

OPA RESEARCH & EVALUATION UPDATE

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Office of Population Affairs, Office of Research and Evaluation

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Office of Population Affairs (OPA)- funded principle investigators have recently published a variety of peer-reviewed journal articles on a range of family planning topics. When available, links to abstracts in PubMed or full articles in open-access journals are provided.

OPA-Funded Research Publications

UCSF Center Looks at the California Family Planning Waiver

A report from the Bixby Center for Global Reproductive Health at the University of California, San Francisco (UCSF) examines the California Family PACT Program, which was implemented in 1997 in California to address the need for publicly subsidized family planning services within the state. Family PACT provides no cost family planning services to uninsured residents with incomes at or below 200% of the Federal Poverty Level. Since 1999, the program has been operating under a Centers for Medicaid and Medicare Services (CMS) Section 1115 Research & Demonstration Waiver (the "waiver"). This waiver program has allowed states to expand family planning provider networks and include additional client eligibility groups.

Family PACT functions as a limited scope insurance program: eligible low-income women and men receive free contraceptive and related reproductive health care services and supplies from clinician providers, and at laboratories and pharmacies, which are reimbursed on a fee-for-service basis. In fiscal year 2008/09, Family PACT served nearly 1.8 million low-income Californians, enabling access to family planning for 57% of women in need of publicly funded family planning services. This report describes characteristics of family planning providers, their geographic location and their contributions to meeting the need for subsidized family planning services in California. It is part of a series of briefs, which present results of an analysis of California's comprehensive administrative databases describing how Title X and the waiver program can leverage resources to improve access to family planning services, improve quality of care, and reduce public costs by preventing unintended pregnancy.

Bixby Reproductive Health Brief: Providing Access to Family Planning through Title X and Medicaid Family Planning Expansion (2011). *Bixby Center for Global Reproductive Health, University of California, San Francisco*, 1-4.

Available at http://bixbycenter.ucsf.edu/publications/files/Access%20Brief_Title%20X

Study Examines Children's Experiences after the Birth of a Sibling

Researchers examined whether children with a younger sibling whose birth was unintended experience larger declines in the quality of their home environment and larger increases in behavioral problems than children whose younger sibling's birth was intended. Researchers found that unintended births have negative spillover effects. Compared with children whose sibling's birth was intended, both boys and girls whose sibling's birth was unintended experienced larger declines in the quality of their home environment. Boys had larger increases in behavioral problems. Researchers also found that mistimed births may have larger negative effects than unwanted births. The authors offer some possible explanations that could guide future investigations.

Barber, J.S. & East, P. L. (2011) Children's Experiences after the Unintended Birth of a Sibling. *Demography*, 48(1),101-25.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21336690>

Study Looks at Impact of Having a Teen Father

Much is known about the influence having a teen mother on children's health and developmental outcomes, but the relationship between teenage fatherhood and these factors is less well documented. Using the Early Childhood Longitudinal Study- Birth Cohort, the authors investigated the impact of having a teen father on children. They expected teen fathers' influence on children to differ from adult fathers' in three domains: the household context (including both socioeconomic and other factors), the father- mother relationship, and the father-child relationship. Teen fathers were married less often and were more often cohabiting, and their children experienced a variety of social disadvantages in the household. The quality of the father-child relationship did not often differ between adolescent and adult fathers. Fathers' marital status and children's household contexts each fully explained the negative relationship between having a teen father and children's cognitive and behavior scores at age two. These findings suggest that policy interventions could possibly reduce developmental gaps in the critical preschool years.

Mollborn, S. & Lovegrove, P. (2011). How Teenage Fathers Matter for Children: Evidence from the ECLS-B. *Journal of Family Issues*, 32(1), 3-30.

Available at <http://jfi.sagepub.com/content/early/2010/05/04/0192513X10370110.full.pdf+html>

Child Trends Examines Characteristics of Young Adult Sexual Relationships

A research brief from Child Trends examined characteristics of young adult relationships using national survey data from the National Longitudinal Study of Adolescent Health. The analysis indicates that young adult relationships are fairly diverse; that these relationships have both positive and negative dimensions; and that partner and relationship characteristics and patterns of contraceptive use vary considerably by relationship type, gender, and race/ethnicity.

Four major findings emerged from analyses of these data: Young adults are in diverse types of relationships (e.g., married vs. cohabiting vs. dating), they also differ in partner age, partner race/ethnicity, and in the length of time a couple knew each other before having sex. The majority of young adults are in mutually loving relationships and a large proportion of young adults used some form of contraception the last time that they had sex with their partner. However, a substantial proportion of young adult couples remain at risk for STIs due to low levels of condom use.

Scott, M.E., Steward-Streng, N.R., Manlove, J., Schelar, E., & Cui, C. (2011). Characteristics of young adult sexual relationships: Diverse, sometimes violent, often loving. (Research Brief). *Child Trends*, 2011-01, 1-8.

Available at http://www.childtrends.org/Files/Child_Trends-2011_01_05_RB_YoungAdultShips.pdf

Research by OPA-Funded Principal Investigators

Impact of Family Conflict and Gender on Adolescents' Psychosocial Development

A new study examined the moderating effects of family conflict and gender on the relationship between community violence and adolescent outcomes. The study sample consisted of 728 children and families who were part of the Infant Health and Development Program study of low-birth-weight, pre-term infants. In this sample, adolescent psychosocial outcomes were predicted by community violence differently for male and female children and based on their experiences of conflict at home. The study concluded that community violence and family conflict had a negative effect on later psychosocial functioning, especially by gender. Female children had higher levels of depression and anxiety and male children had higher levels of depression, anxiety and risk-taking behavior.

McKelvey, L.M., Whiteside-Mansell, L., Bradley, R. H., Casey, P.H., Connors-Burrow, N.A., & Barrett, K. (2011). Growing up in violent communities: Do family conflict and gender moderate impacts on adolescents' psychosocial development? *Journal of Abnormal Child Psychology*, 39(1), 95-107.

State by State Tool Examines Potential Impact of State Plan Amendments

Over the past 15 years, 22 states have sought and received federal approval to extend Medicaid coverage for family planning services to residents solely on the basis of income (known as “waivers”). A ground-breaking provision included in the March 2010 health care reform law greatly simplifies the process for a state seeking to expand Medicaid eligibility for family planning and allows for coverage of a larger population than currently included in any existing waiver program. A state must still obtain federal approval for a state plan amendment (SPA), but that is generally a faster and more streamlined process than for a waiver. Moreover, a SPA is a permanent change to a state’s Medicaid program, unlike a waiver, which is initially granted for a specific period and then must be renewed. This report from the Guttmacher Institute provides a tool to help gauge the potential impact in each state of taking up this new authority. Twenty-eight states do not currently have an income-based family planning expansion. Guttmacher estimates that nineteen states without an expansion could each serve at least 10,000 individuals, avert at least 1,500 unintended pregnancies and save at least \$2.3 million in state funds in a single year, by expanding Medicaid eligibility under the new authority. Nine of these 19 states could each serve at least 50,000 individuals, avert at least 7,500 unintended pregnancies and save at least \$17.4 million in state funds in a single year. Of the 22 states that already have a family planning expansion in place via the older waiver process, 11 could each serve at least 10,000 individuals, avert at least 1,300 unintended pregnancies and save at least \$1.7 million in state funds in a single year, relative to current waiver programs.

Sonfield A., Frost J.J. & Gold R.B., Estimating the Impact of Expanding Medicaid Eligibility for Family Planning Services: 2011 Update (2011). *Guttmacher Institute*, 1-82.

Available at <http://www.guttmacher.org/pubs/Medicaid-Family-Planning-2011.pdf>

Moderating Roles of Adolescents', Mothers', and Fathers' Cultural Orientations and Values

This study examined the relationships between adolescents' perceived discrimination and psychosocial adjustment and the moderating roles of adolescents', mothers', and fathers' cultural orientations and values, and adolescent gender in a sample of 246 Mexican-origin families. A survey of mothers, fathers and seventh graders' older siblings revealed that perceived discrimination was positively related to depression, risky behaviors, and deviant peer affiliations. In addition, parents' cultural orientations and values and adolescent gender moderated the relationships between perceived discrimination and some indicators of adjustment. These findings suggest that parents' cultural orientations and values can serve as protective and vulnerability factors in the associations between Mexican-origin adolescents' perceived discrimination and their psychosocial adjustment.

Delgado, M.Y., Updegraff, K.A., Roosa, M.W & Umaña-Taylor, A.J. (2011). Discrimination and Mexican-Origin Adolescents' Adjustment: The Moderating Roles of Adolescents', Mothers', and Fathers' Cultural Orientations and Values. *Journal of Youth and Adolescence*, 40(2), 125-140.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/19882238>

Examining Ethnic Identity Affirmation and the Role of Families

Mexican-origin adolescent mothers are at increased risk for poor psychosocial functioning as a result of various stressors with which they must contend; however, existing theory suggests that cultural strengths may help mitigate the negative effects of stress. This study examined the associations between cultural and economic stressors and Mexican-origin adolescent mothers' internalizing and externalizing behaviors, as well as the degree to which ethnic identity affirmation and an emphasis on family moderated these links. Adolescent mothers who reported higher levels of discrimination, acculturative stress, and economic stress also reported higher depressive symptoms and greater involvement in risky behaviors. Importantly, ethnic identity affirmation minimized the negative associations between cultural stressors and adolescents' involvement in risky behaviors, with the associations being weakest among adolescents with high levels of ethnic identity. The researchers discuss findings, with special attention to the developmental and cultural contexts of these adolescent mothers

Umaña-Taylor, A.J., Updegraff, K.A., & Gonzales- Backen, M.A. (2011). Examining Ethnic Identity Affirmation and Familism as Moderators. *Journal of Youth and Adolescence*, 40(2), 140-158.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed?term=Examining%20Ethnic%20Identity%20Affirmation%20and%20Familism%20as%20Moderators>

Presentations by OPA-Funded Principal Investigators

Medicaid Family Planning Waiver Programs: Evaluation Findings from Six States was presented by Kathleen Adams & Sarah Blake from Emory University Rollins School of Public Health to the Family Planning Workgroup (FPWG) within the Division of Reproductive Health, Centers for Disease Prevention and Health Promotion, January 2011, Atlanta GA.

Results from both the qualitative and quantitative components of the team's evaluation of six (AR, CA, IL, NY, OR, WI) state family planning waivers were presented. The qualitative results suggest that waiver programs have 'freed up' resources for Title X providers by increasing Medicaid revenues and that waivers have been successful in large part due to interagency relationships between these programs. Participants report high satisfaction with the waiver programs and services, though some barriers to enrollment and re-enrollment exist largely due to documentation requirements. The quantitative results focused on the pre/post analysis of unintended pregnancy, post partum birth control use and other outcomes using PRAMS data in AR, IL, NY and OR. Results indicate that in all states, there were reductions in unintended pregnancies among women who would become eligible for Medicaid 'if' pregnant. There was also evidence of increased use of post-partum birth control among teens in AR and those insured by Medicaid in IL.

Concordance and Discordance in Reports of Relationship Context, Relationship Quality, and Contraceptive Use in Young Adult Relationships was presented by Elizabeth Wildsmith, Nicole Steward-Streng, Jennifer Manlove & Kristen Peterson from Child Trends at the Population Association of America Conference, March 2011, Washington, DC.

Couples' concordance and discordance in reports describing their relationships (dating, cohabiting, and marital) were linked to measures of current contraceptive use. Data from the third wave of the National Longitudinal Study of Adolescent Health (Add Health) couples sample was used. This sample includes data collected from partners of original Add Health respondents for approximately 500 dating couples, 500 cohabiting couples, and 500 married couples. Using these data, analyses were conducted to examine whether concordance/discordance in structural (e.g., race, education, and age) and emotional (e.g., relationship quality, emotional intimacy) aspects of couples relationships were associated with female reports of contraceptive use. Additionally, whether these associations vary by relationship type was explored. In general, structural dimensions were linked to hormonal use and dynamic dimensions linked to condom and hormonal use. Low relationship satisfaction by at least one partner reduced hormonal use in dating couples; discordance in relationship satisfaction reduced condom use in cohabiting couples. Contrary to prior work, this analysis shows that increased emotional intimacy reduced contraceptive use in dating couples. Male violence was linked to lower condom use in dating and lower hormonal use in cohabiting couples. Finally, more sex was linked to increased hormonal use in dating, but reduced use in cohabiting couples. This work will provide a better understanding about how relationship dynamics, as reported by both partners, influence contraceptive use.

Factors Impacting Partner Involvement in Women's Contraceptive Services was presented by Megan Kavanaugh & Laura Lindberg from the Guttmacher Institute at the Population Association of America Conference, March 2011, Washington DC.

Involving women's partners in family planning services may be an avenue to reduce rates of unplanned pregnancies. In 2009, a nationally representative sample of 2,113 women aged 18-49 receiving services from publicly funded family planning clinics were surveyed about their reproductive history and current partner's involvement in contraceptive services. Analyses to examine the association of demographic, reproductive, and partner characteristics with partner involvement in contraceptive services were conducted. Fifty six percent of the sample indicated their partners were at least partially involved in their contraceptive services. Married women, women reporting relationship satisfaction, and foreign-born Hispanic women had partners that were more involved than were their counterparts. Women reporting that their partners interfere with their birth control were nearly twice as likely as their counterparts to report partner involvement. Contraceptive use at last sex was not associated with partner involvement in contraceptive services. This work is based on Guttmacher's Service Delivery Improvement award focusing on couples-based family planning services.

Partnerships to Improve Access to and Quality of FP Programs presentation by de Thiel de Bocanegra & Kathryn Horsley from the Bixby Center for Global Reproductive Health, University of California, San Francisco & California Family Health Council at the 2011 National Family Planning and Reproductive Health Association National Conference, March 2011, Washington DC.

Researchers from the University of California, San Francisco and the California Family Health Council explored the opportunities and challenges of integrating private providers into a multi-specialty provider network while maintaining quality of care. Title X funded, non-Title X funded public and private family planning providers each serve a unique set of client groups. Title X funded family planning providers with non-Title X public and private providers were compared on outreach activities, expanded clinic hours, use of technology, provider training, and provision of interpreter services and/or bilingual clinicians. Preliminary data on quality indicators among the three provider types was described. Participants shared their experiences with collaborative partnerships and discuss implications for program planning and monitoring in their respective states.

News from Federal Agencies

New National Center for Health Statistics *Sexual Behavior, Attraction and Identity Report Released*

In March 2011, the CDC's National Center for Health Statistics issued a new report entitled *Sexual Behavior, Sexual Attraction, and Sexual Identity in the United States: Data from the 2006-2008 National Survey of Family Growth*.

With the spread of sexually transmitted infections, including HIV, an ongoing public health concern, the National Survey of Family Growth (NSFG) seeks to provide timely, credible information to contribute to the development of prevention strategies targeting high risk populations. NSFG data reflect interviews with approximately 13,500 men and women aged 15 to 44. The study found that:

- More than half of young persons aged 15-24 who have had oral sex reportedly engaged in this behavior prior to ever having vaginal intercourse. White persons aged 15-24 (57%) were more likely than black or Hispanic persons of the same age (39%) to have had oral sex before intercourse.
- A higher percentage of young males and females reported never having any sexual contact with another person. In 2002, an estimated 22% of males and females aged 15-24 had never had any sexual contact with another person. In 2006-08, this percentage increased to 27% for males and 29% for females.
- While the percentage of women and men aged 18-44 years who reported they were either heterosexual or homosexual was similar (94% of women and 96% of men said they were heterosexual while 1.1% of women and 1.7% of men said they were homosexual or gay), the percentage of women who reported they were bisexual was more than 3 times as high as men (3.5% of women vs. 1.1% of men).

The report is available at www.cdc.gov/nchs/.

The Department of Health and Human Services released its National HIV/AIDS Strategy (NHAS) Operational Plan in February 2011

OPA's NHAS-related activities in FY 2011 include:

- Continued support for routine HIV testing in Title X family planning clinics, especially in those MSAs with the highest burden of disease.
- Continued support for family planning and STD and HIV-related services and counseling, with the majority of services provided to low-income and uninsured or underinsured individuals.
- Continued emphasis on the importance of "linkages to care" as opposed to "referrals to care" for individuals identified as HIV positive in family planning clinics.

The plan is available at <http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/nhas-operational-plan-hhs.pdf>.

Health Indicators Warehouse Launched

Recently, HHS launched new web resources with health data to be used by researchers, policy makers, technology developers and others. The Health Indicators Warehouse (<http://healthindicators.gov>) and HealthData.Gov include a wide variety of data sets and tools to help address questions about health and health care. These resources include technical capabilities enabling automated data download capabilities, social networking options, and community engagement features to encourage use of health data. Reproductive health indicators can be found on these sites.

MMWR Highlights Survey of Contraceptive Methods Available

OPA's Susan Moskosky, the Director of the Office of Family Planning, co-authored a recent *Morbidity and Mortality Weekly Report (MMWR) Weekly Report*, entitled *Contraceptive Methods Available to Patients of Office-Based Physicians and Title X Clinics --- United States, 2009-2010*. To assess the provision of various reversible contraceptive methods by U.S family planning providers, CDC mailed a survey on contraceptive provision to random samples of 2,000 office-based physicians and 2,000 federally funded Title X clinics. This report summarizes those results, which indicated that a greater proportion of Title X clinic providers than office-based physicians offered on-site availability of a number of methods.

The report is available at

<http://www.cdc.gov/mmwr/pdf/wk/mm6001.pdf>

Women in American Report Released

In support of the Council on Women and Girls, the Office of Management and Budget and the Economics and Statistics Administration within the Department of Commerce worked together to create the Women in America report which, for the first time in recent history, compiles baseline information from across federal agencies on how women are faring in the United States today and how these trends have changed over time. The report, released in March 2011, provides a statistical portrait showing how women's lives are changing in five critical areas, including health. The report describes levels and trends in women's life expectancy, the prevalence of chronic health conditions, access to health care, and health insurance coverage.

The report is available at

http://www.whitehouse.gov/sites/default/files/rss_viewer/Women_in_America.pdf

Promising Approaches Symposium

The Office of Adolescent Pregnancy Programs within the Office of Population Affairs, is partnering with the Office of Adolescent Health; Health Resources and Services Administration; HHS Assistant Secretary for Planning and Evaluation; Administration for Children and Families; Healthy Teen Network; The National Campaign to Prevent Teen and Unplanned Pregnancy; and Children's National Medical Center to host a day-long symposium, "Promoting What Works: A Symposium of Approaches for Supporting Pregnant and Parenting Adolescents" May 18, 2011 in Washington, D.C. The conference will lead a dialogue with experts on what works in caring for pregnant and parenting teens and building strong young families. Adolescent pregnancy program planners, researchers, health professionals, and policy makers are invited to attend. Registration and webcast information is available at <http://quest.cvent.com/d/hdq6b2>

