



# 2019 FAMILY PLANNING REPORT

Indianapolis, IN www.ifhc.org info@ifhc.org

#### Kristin A. Adams, Ph.D. President/CEO



## Letter from the President & CEO

Kristin A. Adams, Ph.D.

> The Indiana Family Health Council, Inc. (IFHC) facilitates, promotes and advocates for healthy outcomes for individuals, families and communities. We accomplish our mission through the Indiana Family Planning Partnership Program, which utilizes the federal Title X family planning grant and funds from the Social Services Block Grant (Title XX) and the Temporary Assistance for Needy Families (TANF) program.

> The Indiana Family Planning Partnership program provides funds to 11 entities to improve outcomes for men, women and adolescents by providing quality family planning and reproductive health services. For many of the clients served, this program is the only place they receive health care. Patients are seen regardless of ability to pay.

> Our success is measured by numbers: in 2018 over 23,000 Hoosiers received family planning services from our funded program. Based on this figure, it is estimated 4,570 unintended pregnancies were prevented; 1,540 abortions were prevented; 510 cases of sexually transmitted infections were prevented; and nearly \$25,000,000 in maternal and birth-related costs were saved from contraceptive services provided. More important than any of these statistics is the commitment IFHC and its funded partners provides to each individual served and we provide quality health services with respect and dignity.

As Indiana strives to improve its population health outcomes, the Indiana Family Planning Partnership contributes to this effort by assisting individuals in planning their families. Before a person gets pregnant, the goal is to have the patient utilize folic acid, achieve a healthy weight, stop smoking, and address any other health conditions prior to pregnancy. IFHC will continue with its goal of achieving healthy outcomes for Hoosiers by providing quality family planning services. As more individuals are seeking family planning and reproductive care, IFHC is always looking for ways to expand and broaden our ability to reach new clientele.

The board and I would like to thank everyone who supports the work we do ranging from staff, sub-grantees, donors, patients and the general public. If you are interested in learning more about IFHC or wanting to donate, please visit our website at www.ifhc.org.

#### Kristin A. Adams, Ph.D.

President and CEO, Indiana Family Health Council

## What is family planning?

Family planning is one of the 10 greatest health achievements of the twentieth century.<sup>12</sup>According to the World Health Organization (WHO), family planning is the ability of individuals and couples to achieve their desired number of children and spacing of their births. Family planning offers a variety of services including: contraception, including abstinence and fertility based awareness methods; pre-conception counseling and infertility management.

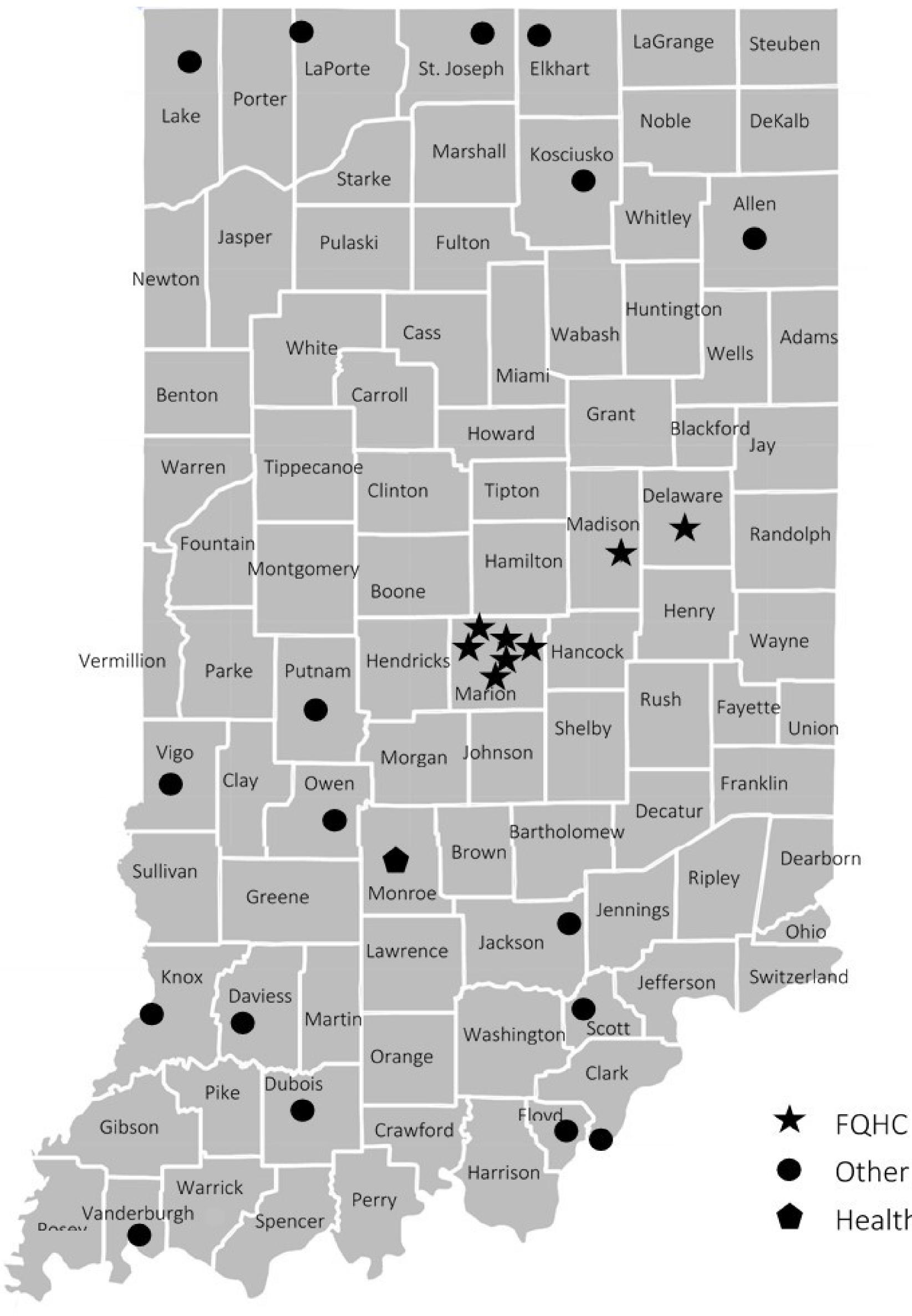
WHO does not recognize abortion as a family planning method. Family planning services have three overarching principles: it reduces unintended pregnancies, thus reducing abortion rates; it reduces the spread of sexually transmitted infections (STIs) and it helps reduce rates of infertility. The benefits of family planning include; protects women's and children's health, improves women's opportunities for education, employment and full participation in society; and reduces poverty.<sup>13</sup>

IFHC has provided access to quality family planning needs for Indiana since 1976. Our services are open to anyone, but the primary focus is for those who are low income, uninsured and under-insured. IFHC does this work through a diverse network of sub-grantees. Currently, services are provided through 11 sub-grantees and 28 clinics located in 22 counties.

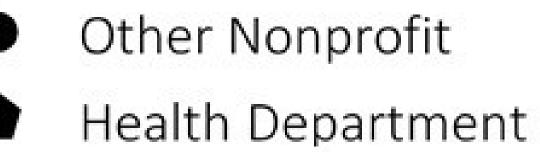
# Family planning services offered:

- Contraceptives and counseling
  Men's and women's wellness
- exams
- Breast and cervical cancer screenings
- Pregnancy testing and counseling
  Sexually transmitted infection (STI) and HIV testing and treatment
- Fertility counseling and referral
  Pre-conception health and
- education

#### **Title X clinic locations**

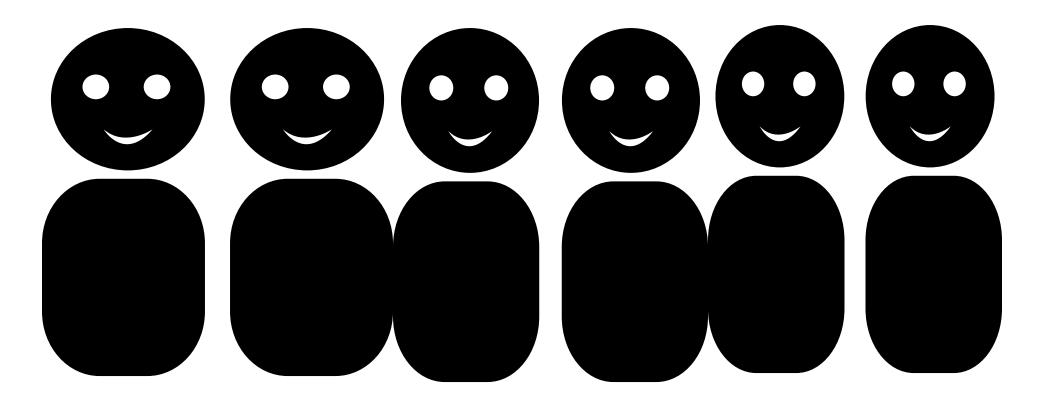


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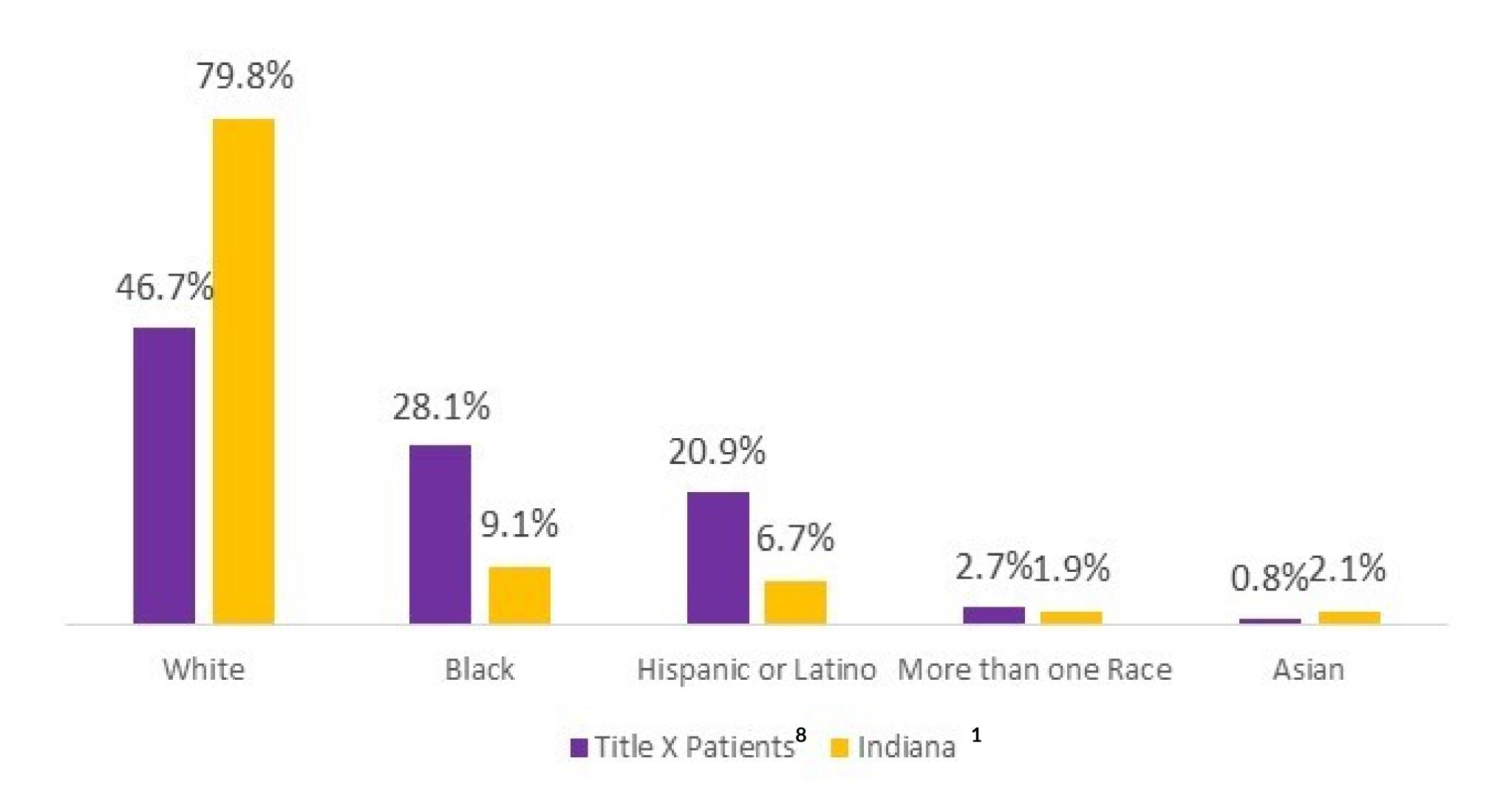
#### **Title X in Indiana**

## Who we serve:



From 2014-2018, Indiana Title X providers served 83,100 individuals, providing them access to reproductive health services, counseling and referrals. In 2018, 23,520 individuals were served.

# Race of Individuals Served by Title X in 2018 Compared to the State



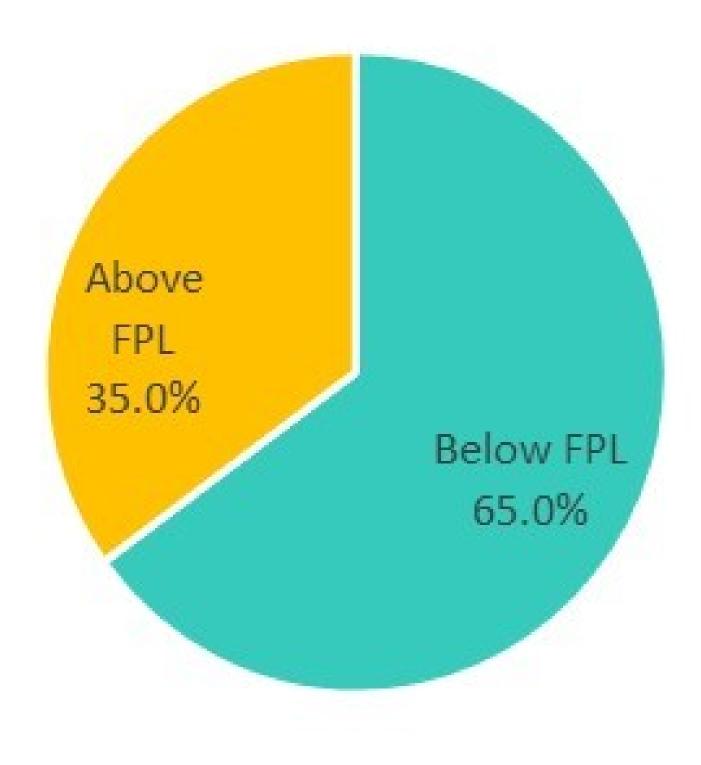
#### Title X in Indiana

## Who we serve:

In 2018, the unemployment rate in Indiana was 3.4 percent.<sup>3</sup> However, 35.4 percent of Title X patients served were unemployed.<sup>\*</sup>

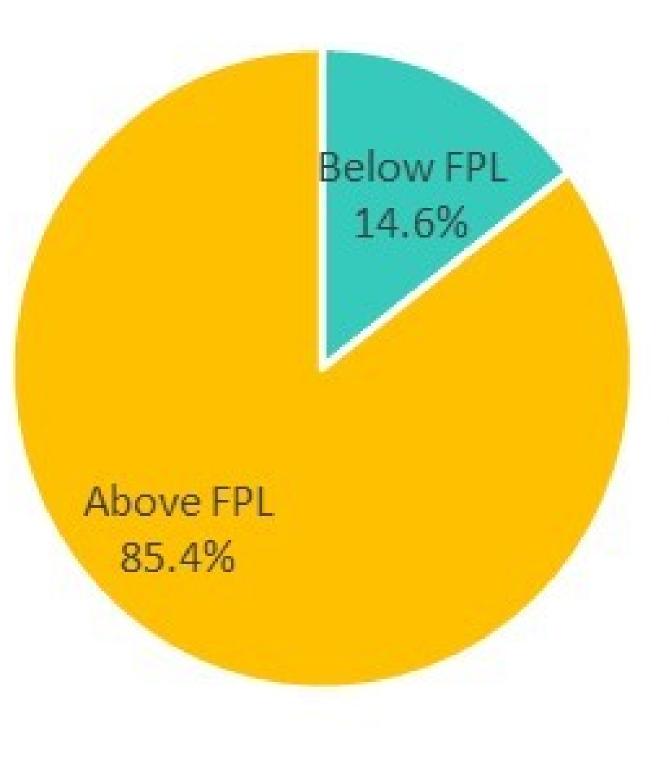
In 2017, 10.3 percent of Hoosiers were uninsured.<sup>4</sup> In 2018, 53.4 percent of Title X patients served were uninsured. <sup>8</sup>

Title X Patient Poverty Level



6

Indiana Residents Poverty Level<sup>8</sup>



## Impact of family planing services in Indiana

In 2018, the Indiana State Department of Health reported:"

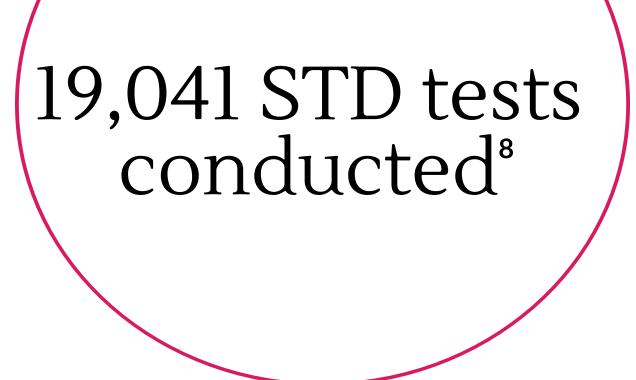
- 34, 481 cases of chlamydia
- 12,020 cases of gonorrhea
- 364 cases of syphilis
- 522 new reports of HIV/AIDS. At the end of 2018, there were 12,708 individuals living with HIV or AIDS
- Title X clinics identified
   5.2 percent of chlamydia cases and 4.8 percent of gonorrhea cases for the state in 2018.<sup>8</sup>

## STD services offered by Title X in 2018:



men tested for chlamydia/ gonorrhea\* 9,387 HIV tests conducted<sup>\*</sup>

In 2017, 68.3 percent of female patients under 25 were screened for chlamydia. In 2018, this increased to 78.9 percent.<sup>\*</sup>



13,225

women tested for chlamydia/ gonorrhea \*

## Impact of family planning services in Indiana

Our work with cervical cancer prevention:

In 2015, the Indiana rates for cervical cancer was 8.6 per 100,000 women.<sup>10</sup>



1,000

#### Pap tests performed in 2018<sup>°</sup>

8

Abnormal results from a pap test in 2018.

5,424 women received a clinical breast exam and 56 were referred for further evaluation.

919



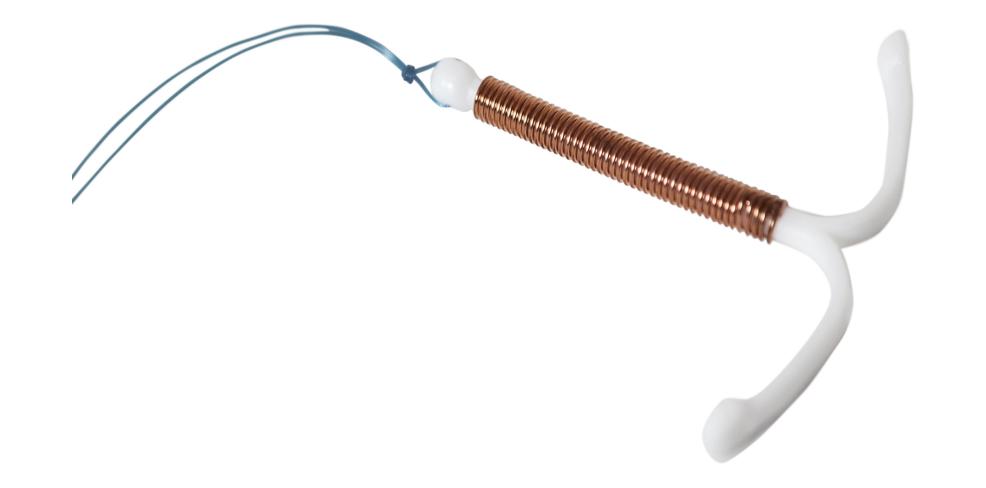
## Family planning sub-grantee agencies served 21,276 female patients and 2,244 male patients in 2018.<sup>\*</sup>



#### Preventing unintended pregnancies

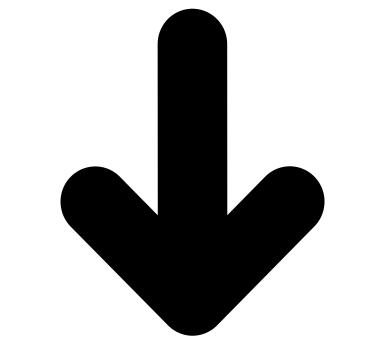
Over the past several years, in an effort to reduce unintended pregnancies, IFHC has aimed to increase the percentage of women using moderately and most effective contraceptive methods.



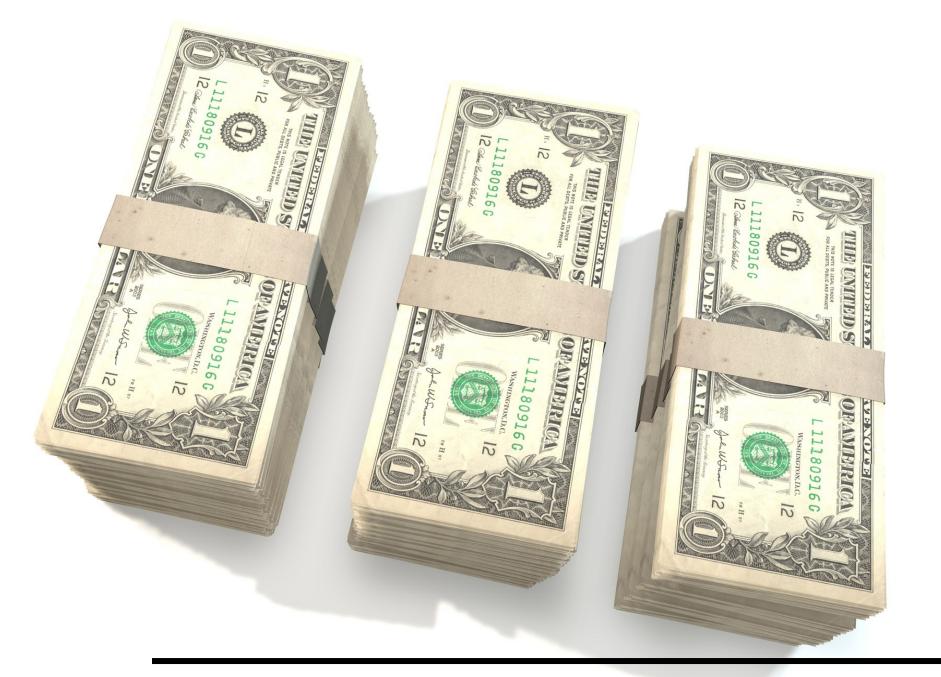


In 2018, 82.7 percent of women ages 15-44 at risk of unintended pregnancy adopted or continued to use a moderately or most effective method of contraception. Of these women at risk, 17.9 percent chose a long-acting reversible (LARC) method.

In 2017, there were 5,152 live births to mothers under 20 years old. The age-specific birth rate for women aged 15 to 19 was 22.8 per, 1,000 women in 2017, down 25 percent from a rate of 30.3 in 2013.



## Indiana pregnancies



Unintended pregnancies cost the state of Indiana an estimated \$91.4 million, in addition to \$284.6 million in federal funding each year.<sup>6</sup>



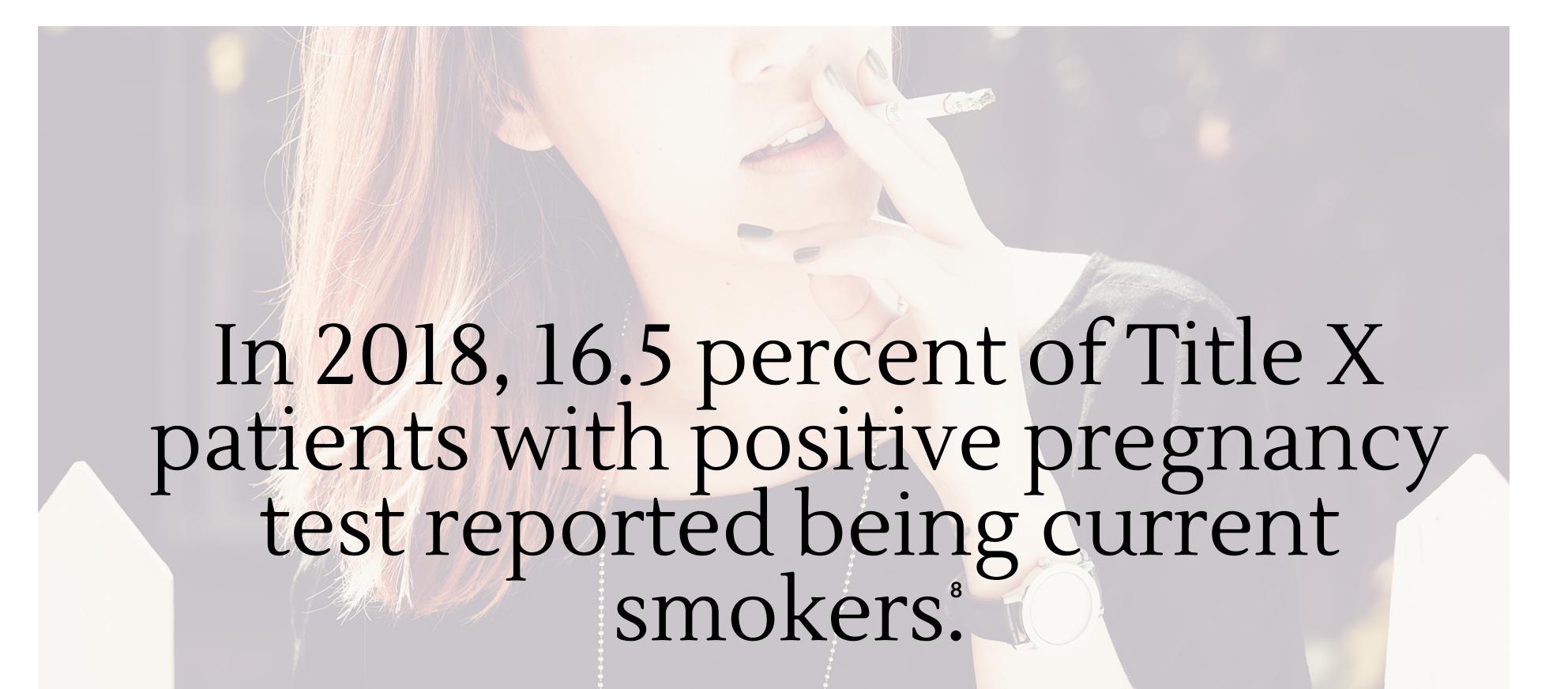
Every **s1** of publi funding spent on contraceptive and preventive health services in the US

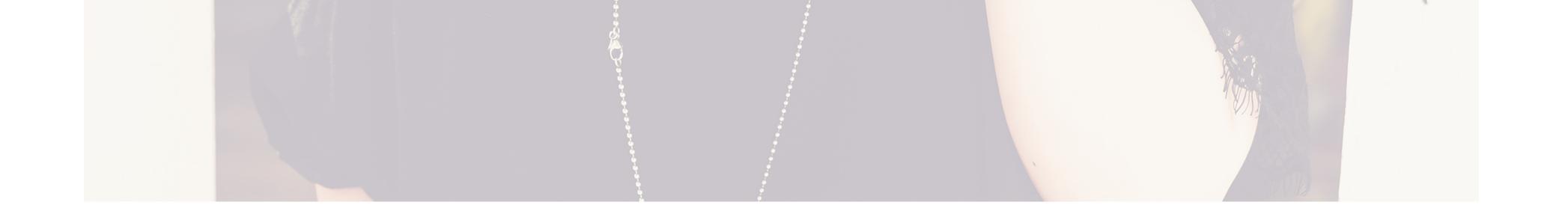
saves \$7.09 in public expenditures.<sup>6</sup>



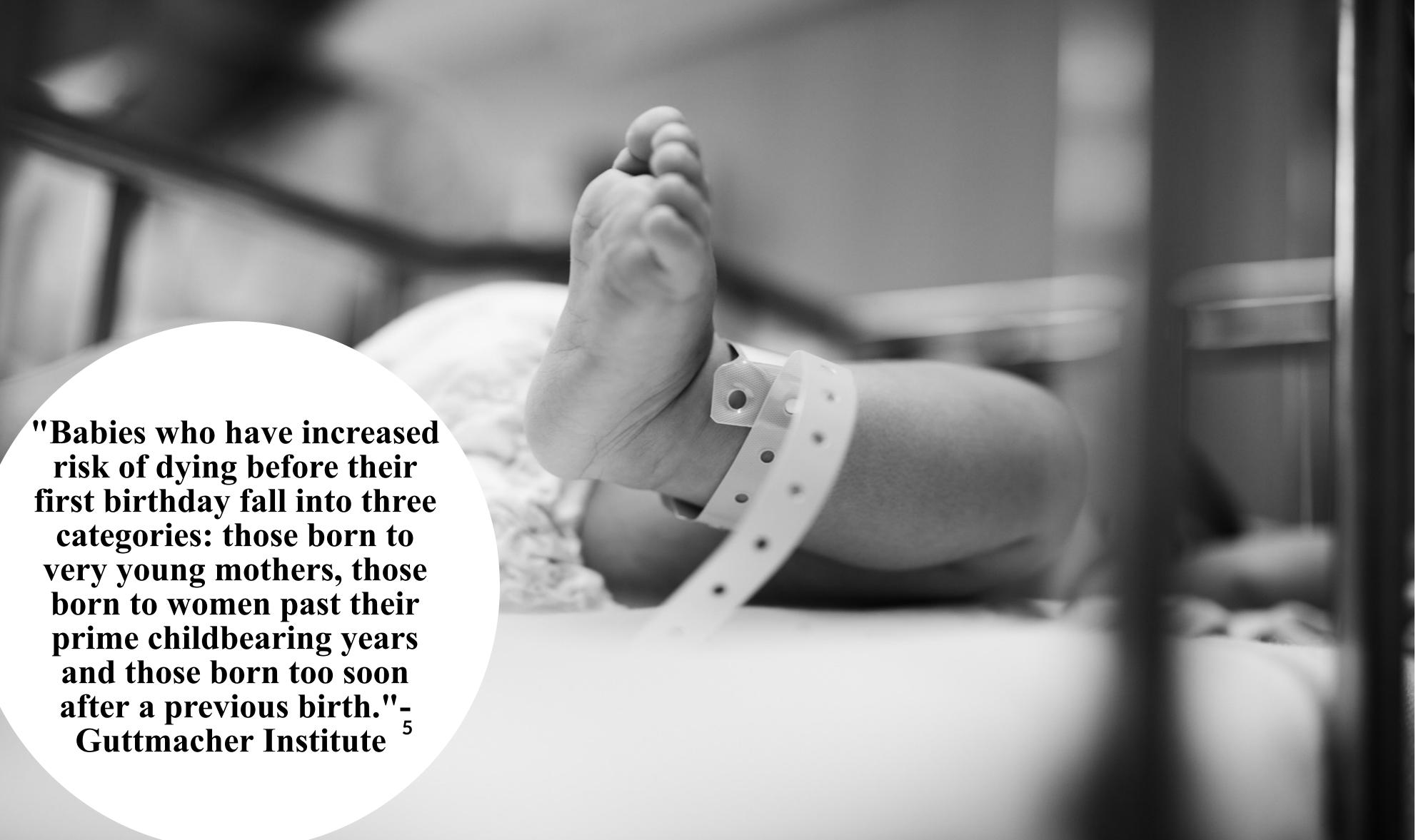
Nearly half (49 percent) of pregnancies in Indiana are unintended, and 41.0 percent of births in Indiana are to mothers on Medicaid.

#### **Infant mortality**





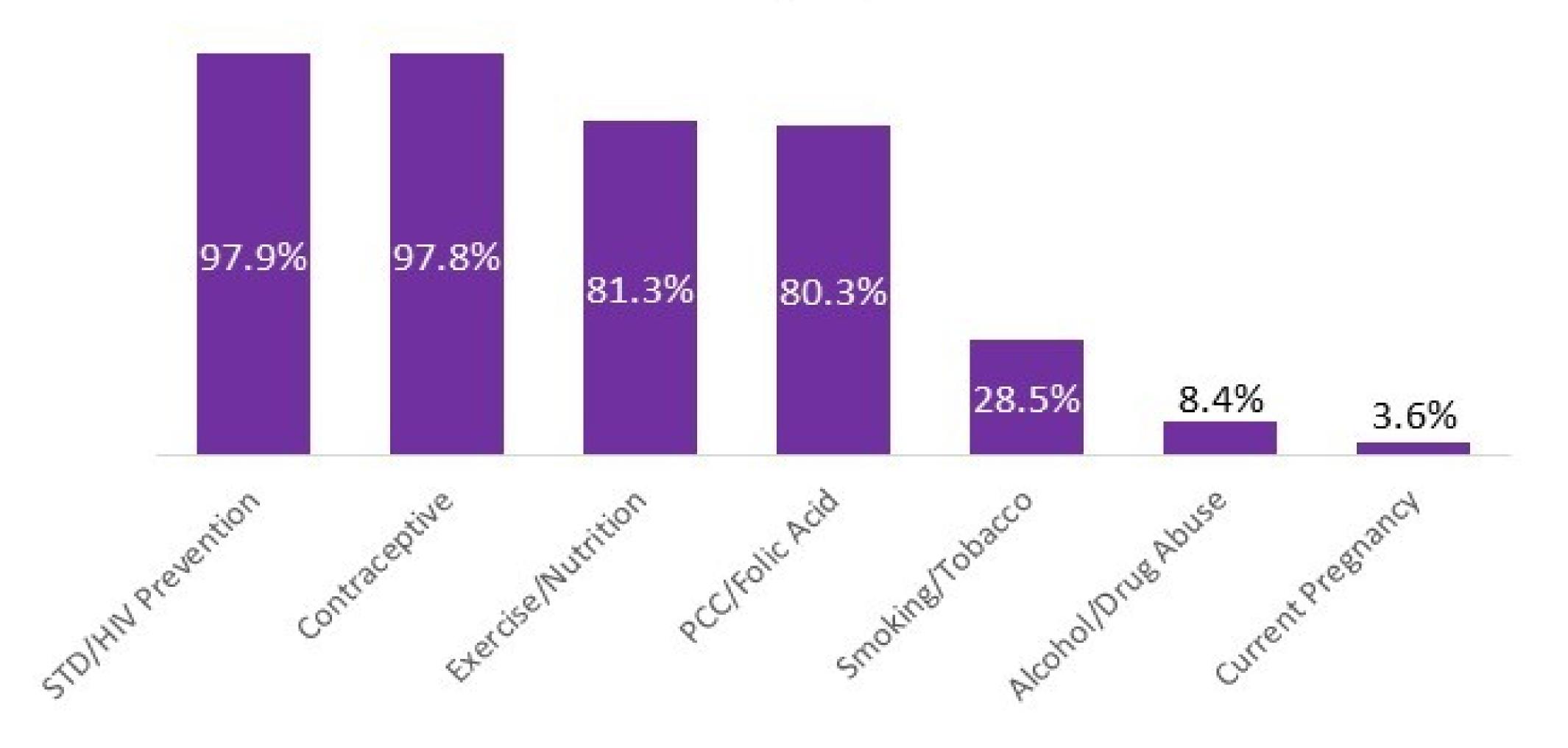


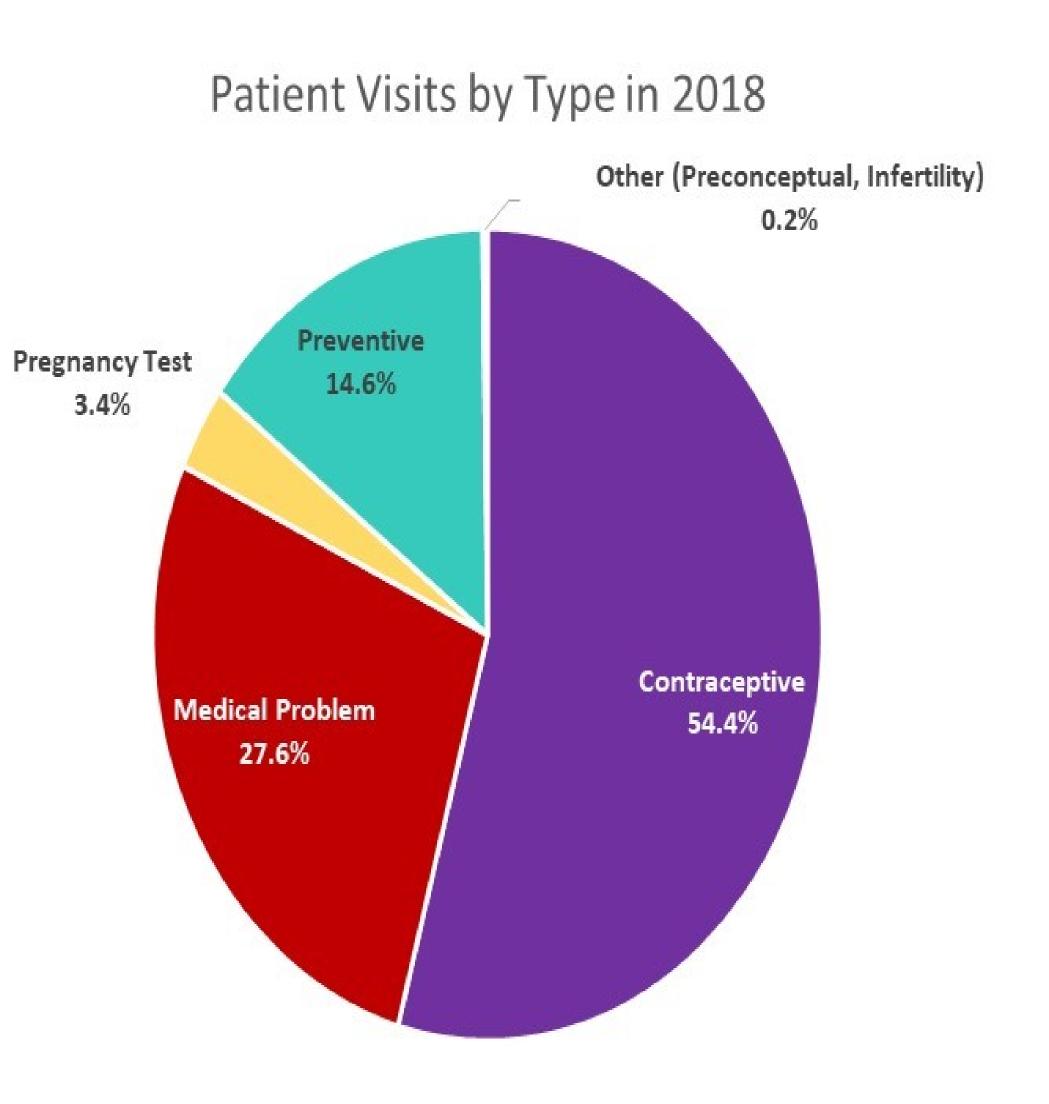


## Family planning and infant mortality<sup>®</sup>

In 2018, Indiana family planning clinics provided family planning services and counseling to 23,520 patients. These services help to reduce risks of maternal and infant mortality by addressing several risk factors. For example, the use of effective contraceptive methods reduces unplanned pregnancies, abortions and helps to ensure men and women achieve their desired number of children and child spacing.

> Percentage of Title X Patients Receiving Counseling on the Following Topics in 2018





<u>Visit Type</u>	Description
Contraceptive	Annual visits by a female family planning client for sole purpose of starting or continuing a contraceptive method, and routine follow- up contraceptive visits for oral contraceptives, vaginal rings, patch- es, diaphragms, or depo injections.
Medical Problems	Visits by a family planning patient for the sole purpose of a problem needing evaluated or treated.
Preventative	Yearly to three-year visit to the clinic by a family planning patient in which medical services including physical exams, lab services and education and counseling are performed based on the screening guidelines for the age of the patient.
Pregnancy Test	Visit for the sole purpose of obtaining a pregnancy test due to suspected pregnancy.
Preconceptual	Visit for the sole purpose of education and counseling prior to seek- ing pregnancy.

## **Infant mortality in Indiana**

In 2017, Indiana's infant mortality rate was 7.3 deaths per 1,000 live births, down slightly from the rate of 75 in 2016. There continues to be a significant disparity between the infant mortality rates of different races. In 2017, the infant mortality rates for black infants was 15.3 compared to 5.9 for whites infants and 7.6 Hispanic infants.<sup>o</sup>



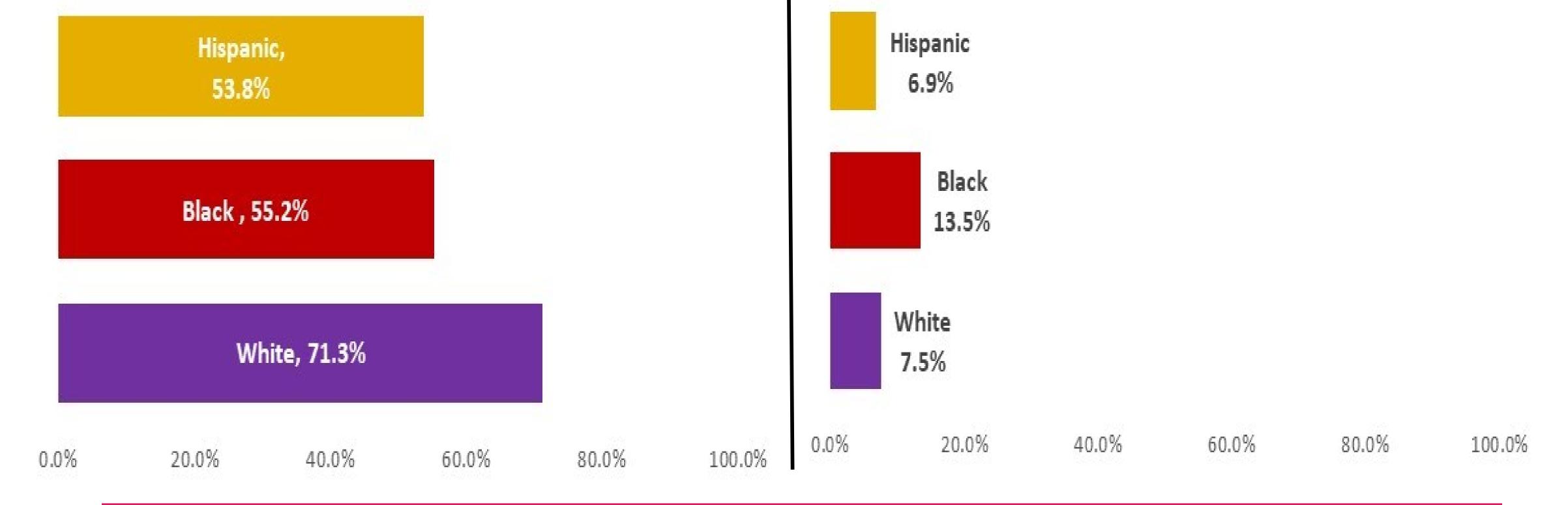
The number of infants born to Indiana residents in 2017, which is a decrease of 812 infants

#### born in 2016. <sup>7</sup>



In 2017, 68.6 percent of Indiana mothers began prenatal care in the first trimester of pregnancy.

Percent of Mothers in 2017 who Received Prenatal Care in the First Trimester of Pregnancy by Race 7 Percent of Indiana Mothers in 2017 that Gave Birth to Infants with Low Birth Weight by Race <sup>7</sup>



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#### What patients say...

Family planning is important to me because:

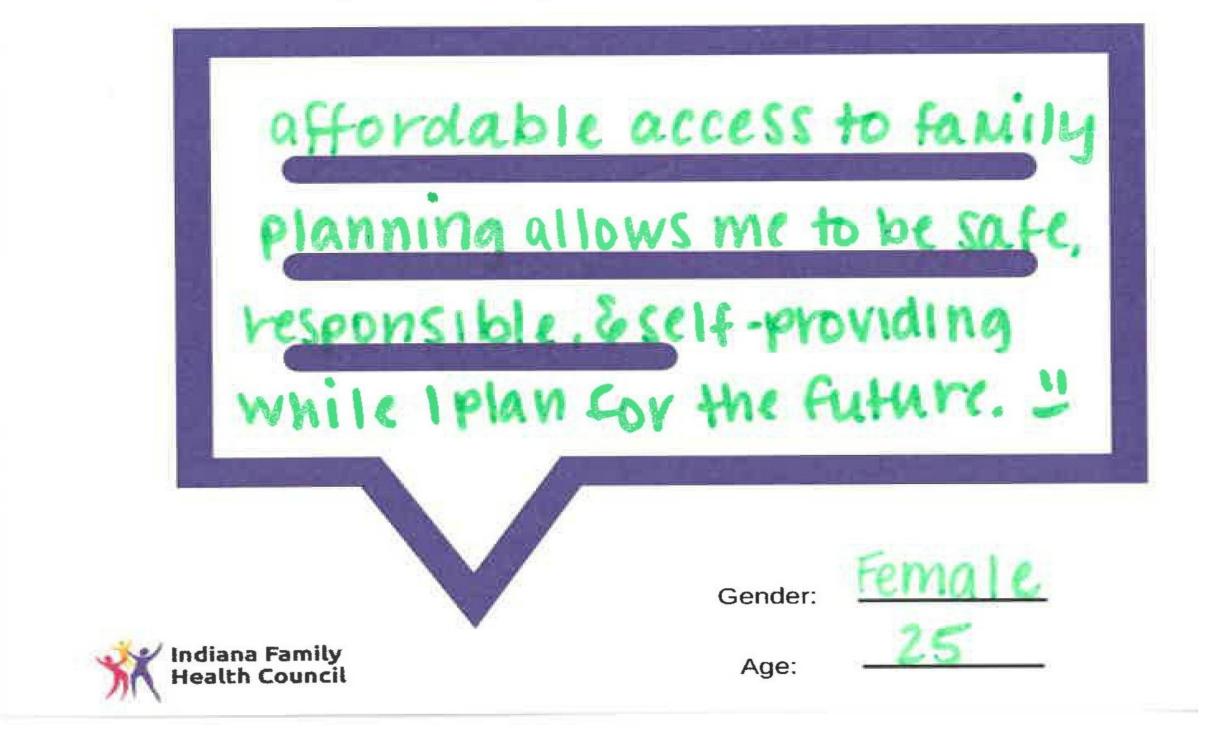
They help me prepare	
For my future and I fee Safe here.	
Gender: F	

Family planning is important to me because:

There are important things I want to accomplish So I'm ready for a family Gender:



Family planning is important to me because:



#### References

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- U.S. Census Bureau, 2013-2018 American Community Survey 5-year Estimates, Table B03002.

#### 2. Indiana Poverty Data:

- U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates. Table B17001.

#### 3. Unemployment Data:

- Local area unemployment stastics, Indiana, statewide. Bureau of Labor and Statistics. Accessed at: httpps://www.bls.gov/lau/

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-U.S. Census Bureau, 2013-2017 Amerian Community Survey 5-Year Estimates. Table S2701.

#### **5. Unplanned Pregnancy:**

Kost K, Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends since 2002, New York: Guttmacher Insitute, 2015. Accessed at: http://www.guttmacher.org/pubs/StateUP10.pdf

#### 6. Cost of Unintended Pregnancy:

- Sonfield A and Kost K, Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010, New York: Guttmacher Institute, 2015. Accessed at: http://www.guttmacher.org/pubs/public-costsof-UP-2010.pdf

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7. Indiana Pregnancy data (birth rates, prenatal care, infant mortality, etc):

- Indiana State Department of Health. Indiana Natality Report, State and County Data 2017. Accessed at: www.in.gov/isdh/19095

8. Title X Patient Data (race, income, insurance, pregnancies, etc.):

- Indiana Title X Network Patient Data 2018.

9. ISDH, Epidemeology Resource Center:

-Data Analysis Team; Vital Records Division. 2017 Mortality Report Table 8a.

#### **10. United States Cancer Statistics**

- Accessed at: www.cdc.gov/cancer

#### 11. Indiana State Department of Health

- Sexually Transmitted Disease Reports, 2017

\*most current data available.\*

## **12. CDC (Centers for Disease Control and Prevention)**

- 1999. Ten great public health achievements: United States, 1900-1999. Morbidity and Mortality Weekly Report 48(12):241-243

## **13. USAID Family Planning and Reproductive Health**

- www.usaid.gov/what-we-do/globalhealth/family-planning

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