

**Family Planning Expansion Project
Evaluation Progress Report**
(Data analysis as of January 2003)

SUMMARY:

FPEP Enrollment. FPEP program annual participation increased from 46,201 in the first calendar year of operation to 89,815 in the fourth calendar year. A total of 190,901 clients enrolled at some point during the first four Project years.

Client data. To compare client populations before and after the beginning of the Demonstration Project, the evaluation focuses in part on the subset of clients (both FPEP and non-FPEP) seen in the state's Title X grant-supported clinics. Clinics participating in the state's Title X grant program as of 1998 have seen substantial client increases over the Project's life. Client increases were larger among two FPEP target groups: clients with incomes less than 185% FPL and men (Evaluation Objective 1). The proportion of female clients using the most effective methods increased slightly, with most of the increase occurring among teens, bringing them closer to the level of adults (Evaluation Objective 2a). FPEP clients served by these agencies use more effective methods than non-FPEP clients served there.

Population data. According to Oregon Youth Risk Behavior Survey (YRBS) data, the proportion of teens using any contraceptive, the proportion using the condom and the proportion using the pill or shot at last intercourse have all increased (Evaluation Objective 4b). Vital statistics data show a decrease in the teen pregnancy rate (Evaluation Objective 7). The teen pregnancy rate had been decreasing before FPEP, but the rate of decline is steeper since the Demonstration Project began. The proportion of teen repeat births has not changed significantly (Evaluation Objective 6b).

According to Oregon Behavior Risk Factor Surveillance System (BRFSS) data, the point estimate of the percent of adults using more effective contraceptives increased from 1998 to 2001, but the confidence intervals for this measure are wider than the increase (Evaluation Objective 4a). Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) data show a non-significant decrease in the unintended birth rate from 1998 to 2001 (Evaluation Objective 5a). Vital statistics data show that the total pregnancy rate, birth rate, and abortion rate had statistically significantly decreases from before to after FPEP began (Evaluation Objective 5b).

Budget Neutrality. Medicaid births increased less than would have been expected, given the increase in Medicaid coverage for pregnant women implemented the year before FPEP began. The first two years of FPEP were budget neutral using CMS-approved methodology.

LIST OF EVALUATION OBJECTIVES:

Objective 1: Increase the number of clients using DHS Title X agency family planning clinics.

Objective 2a: Increase the percent of DHS Title X agency reversible method users who use a more effective method.

Objective 2b: Increase the number of men obtaining Medicaid-funded vasectomies. *Not measured because vasectomy component of FPEP not implemented.*

Objective 3: Decrease the percentage of adults not using contraceptives because of financial barriers. *Not measured for reasons outlined in the 1999 3rd Quarterly Report to HCFA.*

Objective 4a: Increase the percent of adults in the total population using more effective reversible contraceptives.

Objective 4b: Increase the percent of high school students using contraceptives at last intercourse.

Objective 5a: Decrease the percent of births reported as unintended.

Objective 5b: Decrease the adult pregnancy rate.

Objective 5c: Decrease unintended pregnancies reported by men for their partners. *Not measured because vasectomy component of FPEP not implemented.*

Objective 6a: Decrease the percent of births with inadequate spacing (less than 2 years).

Objective 6b: Decrease the percent of teen (15-19) births that are repeat births.

Objective 7: Decrease the teen pregnancy rate (15-19).

INDIVIDUAL OBJECTIVE ANALYSIS:

Objective 1: Has the number of clients using DHS Title X agency family planning clinics increased? (Excludes FPEP-only agencies/providers because of lack of comparative data)

Before FPEP, from 1994 to 1998, the total number of clients seen in DHS Title X agency clinics fluctuated very little from year to year (-200 to +1200 clients from the 5-year average of 51,750), with a *net increase of only 1%*. The net increase was slightly greater for teens (8%) and males (9%).

Since FPEP began January 1, 1999, the number of clients has increased 10% or more each year, for a *net increase of 42%* from 1998 (52,004 clients) to 2001 (74,024 clients). The net increase was *greater for clients meeting the FPEP income criteria* of <185% FPL (47% increase from 48,535 to 71,522) *and males* (159% increase from 1,200 to 3,104). *Teens had the same net increase as the total number of clients* (42% increase from 18,200 to 25,838).

Objective 2a: Has the percent of DHS Title X agency reversible method users who use a more effective method (IUD or hormonal) increased?

The percent of female DHS Title X agency reversible method users using a more effective method fluctuated only slightly since 1995 (between 81% and 83%). While the objective differences cited below are small, they are statistically significant.

The average increased slightly from *before FPEP* (82.1% in 1995-1998) *to after FPEP* (83.1% 1999-2001). Also, as of CY 2001, of FPEP clients served at state-supported Title X agency clinics were more likely to use a more effective method (83.5%) than non-FPEP clients (82.7%).

The age-group trend looks slightly different. For *teens*, the average percent *increased slightly* from 79.8% in the five years before FPEP to 82.1% during the first three years of FPEP. *The gap appears to be closing between teens and adults.* (The trend for *adults* remained essentially unchanged, from an average of 83.5% to 83.6%.)

Objective 2b: Has the number of men obtaining Medicaid-funded vasectomies increased? *This objective has not been measured, since the vasectomy component of FPEP has not been implemented.*

Objective 3: Has the percentage of adults not using contraceptives because of financial barriers decreased? *This objective was dropped for reasons explained in the 1999 3rd Quarterly Report to HCFA.*

Objective 4a: Has the percent of adults (18-44) in the total population using more effective reversible contraceptives (IUD or hormonal) increased?

BRFSS data show the percent increased from 63.4% in 1998 to 68.1% by 2001. However, the increase is not statistically significant and the point estimates of the percents for the two intervening years of 1999 and 2000 were actually lower than in 1998, before increasing in 2001.

Objective 4b: Has the percent of high school students using contraceptives at last intercourse increased?

The percent of high school students using *some method* at last intercourse *increased* from 83.8% in 1997 *before FPEP* to 90.5% in 2001 *after FPEP*. In the same time period, the percent of teens using a *condom* at last intercourse *increased* from 58.0% to 66.7%, and the percent using the *pill or shot* to prevent pregnancy at last intercourse *increased* from 20.5% to 31.2%.

Objective 5a: Has the percent of births reported as unintended decreased?

The percent of births reported as unintended by the total group of women surveyed by PRAMS has *remained essentially steady*: 39.7% of births in 1998/99, 40.1% in 1999/00 and 39.3% in 2000 (the differences are not statistically significant).

Objective 5b: Has the adult pregnancy rate decreased? (*This objective originally focused on the percent of **unintended** pregnancies among adults, but the number of pregnant adults surveyed by BRFSS is so small that even when looking at pregnancies within the last 5 years, the confidence intervals are too wide to reasonably expect to detect changes.*)

The overall pregnancy rate, including both the birth rate and the abortion rate, has decreased for 15-44 year-olds since FPEP began. The average pregnancy rate for the five years before FPEP could have had an impact (1994-1999) was 83.2 per 1,000. The average fell to 81.5 by 2000-2001 (a statistically significant difference). Similarly, the average birth and abortion rates for these time periods are statistically significantly different (63.0 vs. 62.3 for the birth rate; 20.2 vs. 19.2 for the abortion rate). While the changes are statistically significant, they do not yet appear to be larger than secular trends observed before 1994.

Objective 5c: Have men reported a decrease in unintended pregnancies for their partners? *This objective has not been measured, since the vasectomy component of FPEP has not been implemented and since the number of men surveyed by BRFSS was so small that confidence intervals were too wide to reasonably detect changes.*

Objective 6a: Has the percent of births with inadequate spacing (less than 2 years) decreased? *Analysis is not yet available.*

Objective 6b: Has the percent of teen (15-19) births that are repeat births decreased?

While the percent of teen (15-19) repeat births appears to have actually increased from 1994 (18.9%) to 2000 (19.9%), the difference between the two years is *not statistically significant*.

Objective 7: Has the teen pregnancy rate (15-19) decreased?

Specifically for the 15-19 year-old group, the *declines* from 1998 to 2000 and 1999 to 2000 are *statistically significant*. Teen pregnancy rates were falling before the start of FPEP, but the percent decrease was greater from 1999 to 2000 (-8.7%) than it was from 1998 to 1999 (-3.6%).

Budget Neutrality Objectives: Has the number of Medicaid births and/or their ratio to total births decreased since FPEP began? Has Medicaid experienced a net cost savings?

To continue the Waiver program, CMS (federal Medicaid) requires that the costs be shown to be less than or equal to what the cost would have been without the waiver. The expectation is that the family planning services provided through the waiver will reduce the number of Medicaid births and thus Medicaid costs.

The number of Medicaid births has actually increased slightly from before the waiver in 1998 to the most recently available 2001 data. All factors that may contribute to the rise in Medicaid births have not been analyzed, but one factor is that in March of 1998 Medicaid coverage for Oregon pregnancies increased from 133% to 170% of the federal poverty level. Oregon also experienced population growth over this period and, due to economic factors, an increase in the number of people eligible for Medicaid overall.

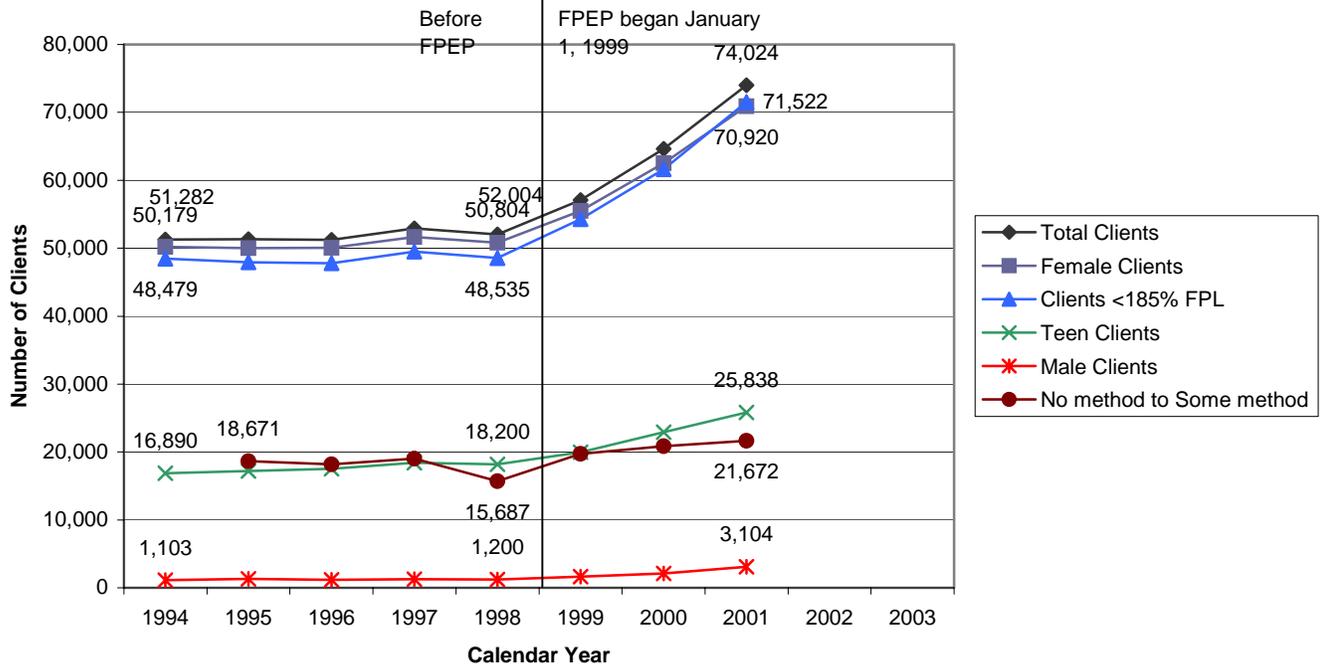
Since an increased share of the population was eligible for Medicaid birth coverage, one would expect that the proportion of Medicaid-paid births in Oregon would rise. In fact, the increase since 1998 has been very slight and the proportions remain consistent with those throughout the decade. This may indicate that FPEP has been effective.

Moreover, as shown under Objective 7, the total birth rate decreased in Oregon beginning in 2000 (the first year we would have expected our waiver to have had an impact). The most accurate comparator would be a specific birth rate for the subgroup of Oregon women who were either Medicaid-eligible or Medicaid-enrolled during the year. However, one is not available.

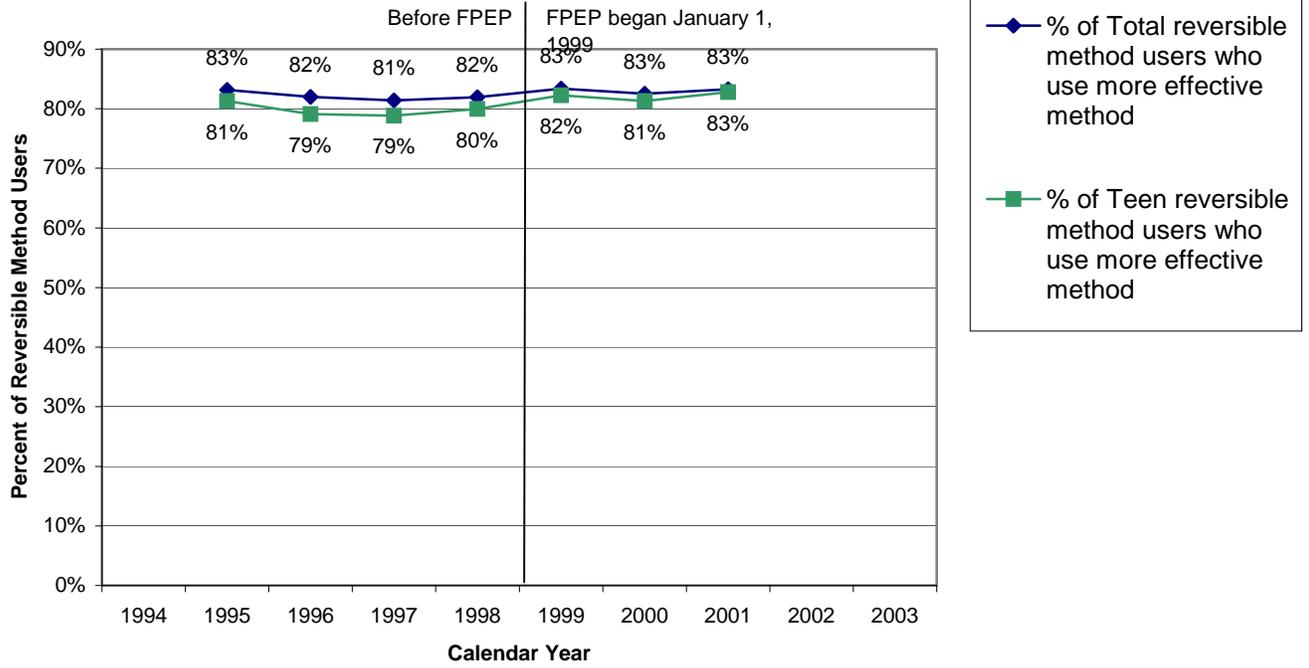
In order to accommodate this gap in data, CMS terms and conditions provide for a calculation based on a pre-waiver estimate of a “fertility rate” for the population the program is intending to serve. That rate is then compared over time to the actual birth rate of individuals **actually served by the waiver program** but who had a Medicaid birth. We have done two years of analysis and the Medicaid birth rates for our clients was, as we would have predicted, considerably below that pre-Waiver estimates of the population to be served. Formal monitoring of budget neutrality for the first two years of FPEP shows 11,242 births averted. With the cost per birth estimated at \$5604, the

total savings attributed to those two years are \$62.9 million, and net savings are estimated as \$38.9 million.

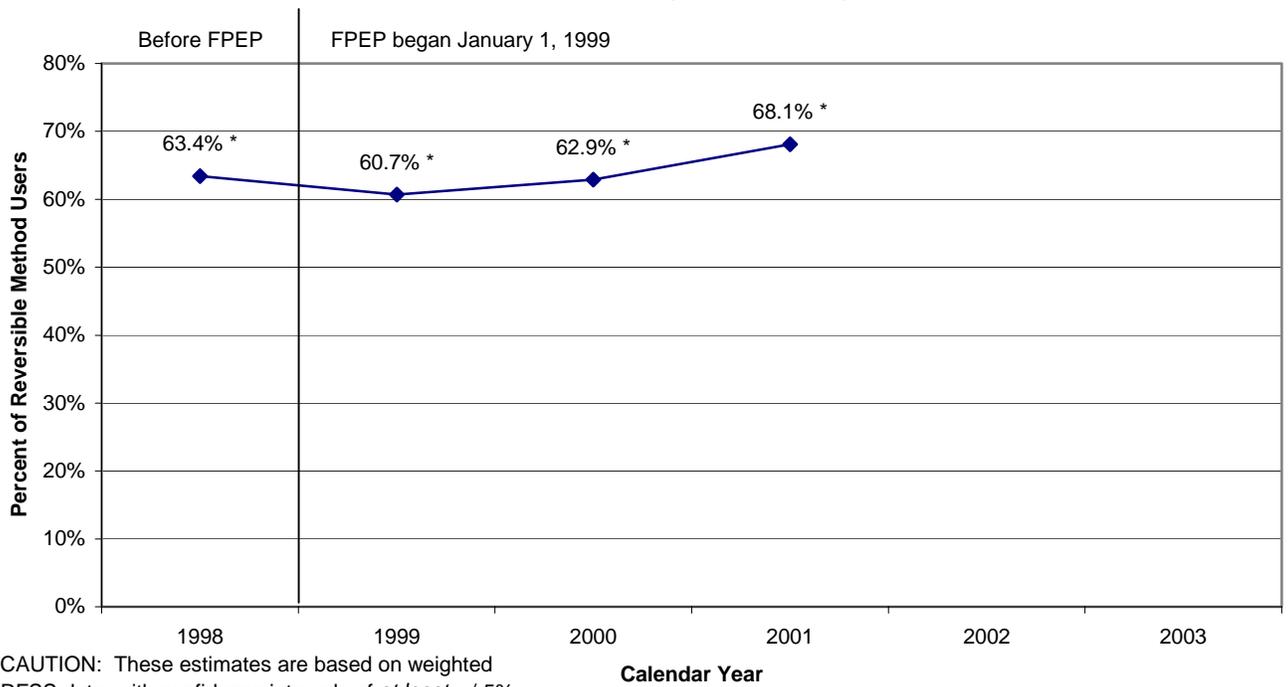
Family Planning Expansion Project
OBJECTIVE 1: Increase the number of clients using
DHS Title X agency family planning clinics



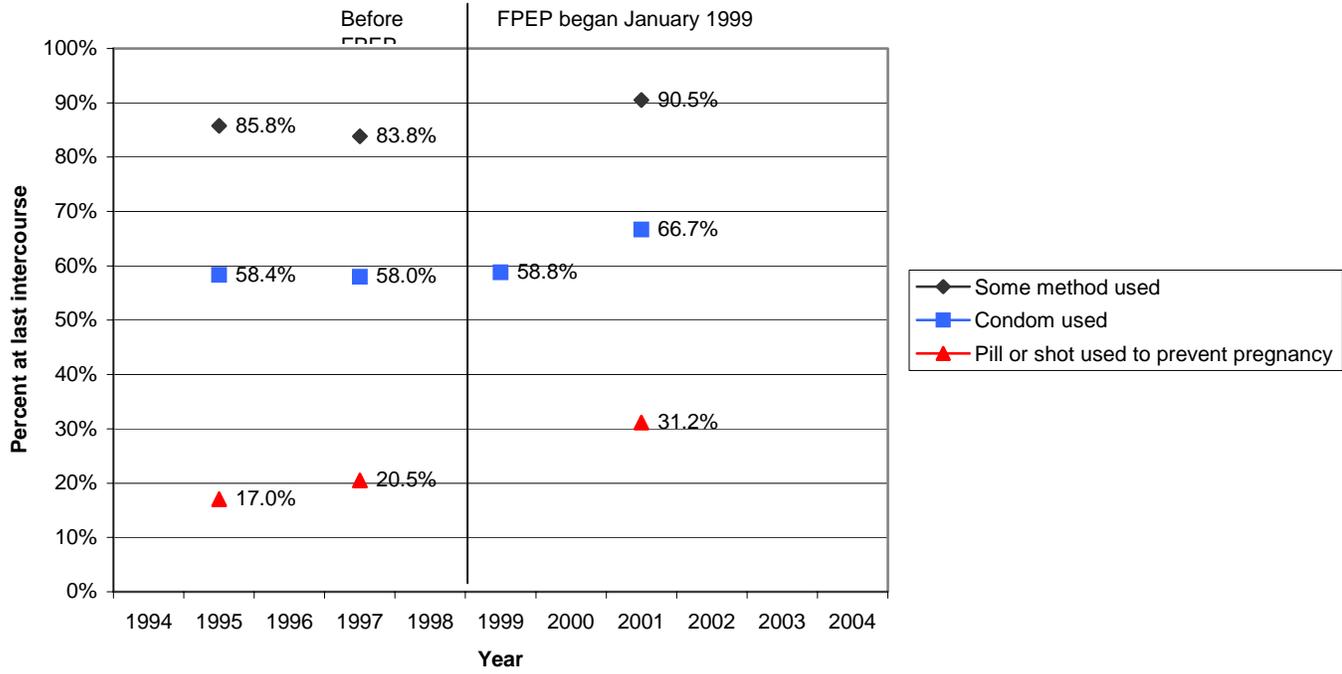
Family Planning Expansion Project
OBJECTIVE 2a: Increase the % of female DHS Title X agency reversible method users who use a more effective method (IUD or hormonal)



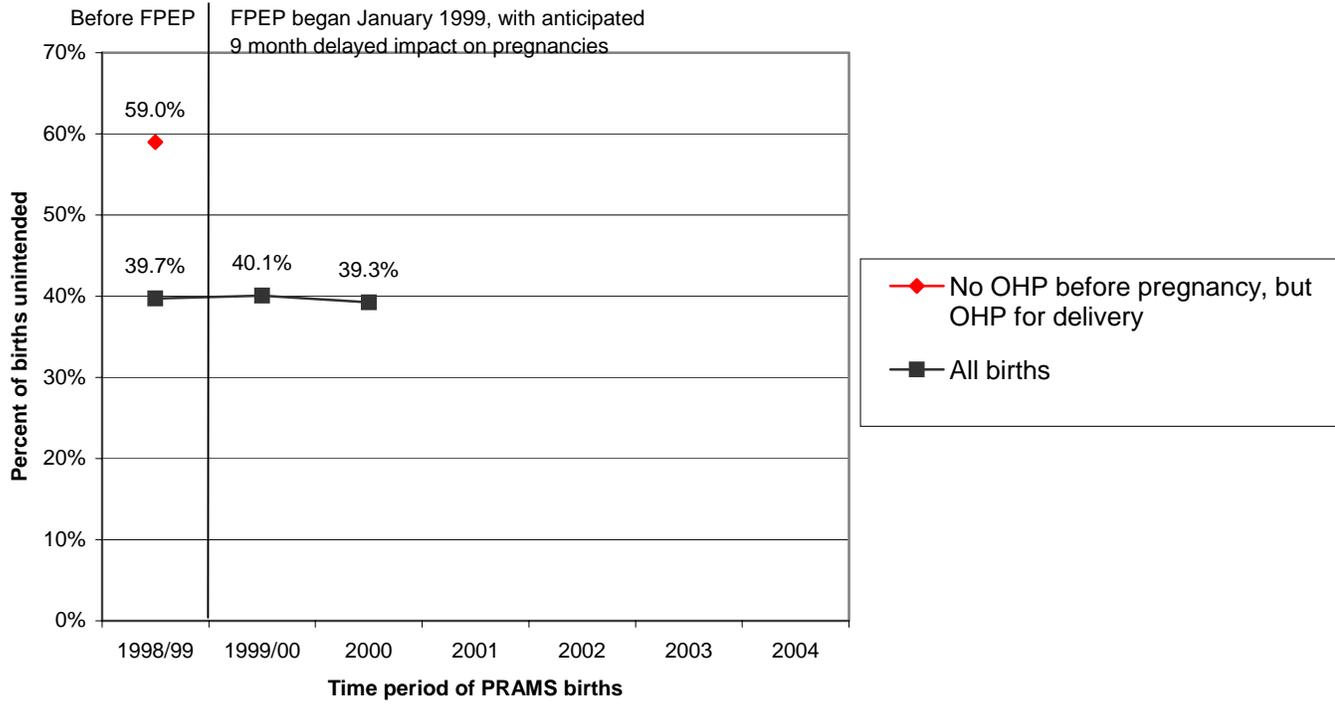
Family Planning Expansion Project
OBJECTIVE 4a: Increase the percent of adult female reversible method users in Oregon who use a more effective method (IUD or hormonal)



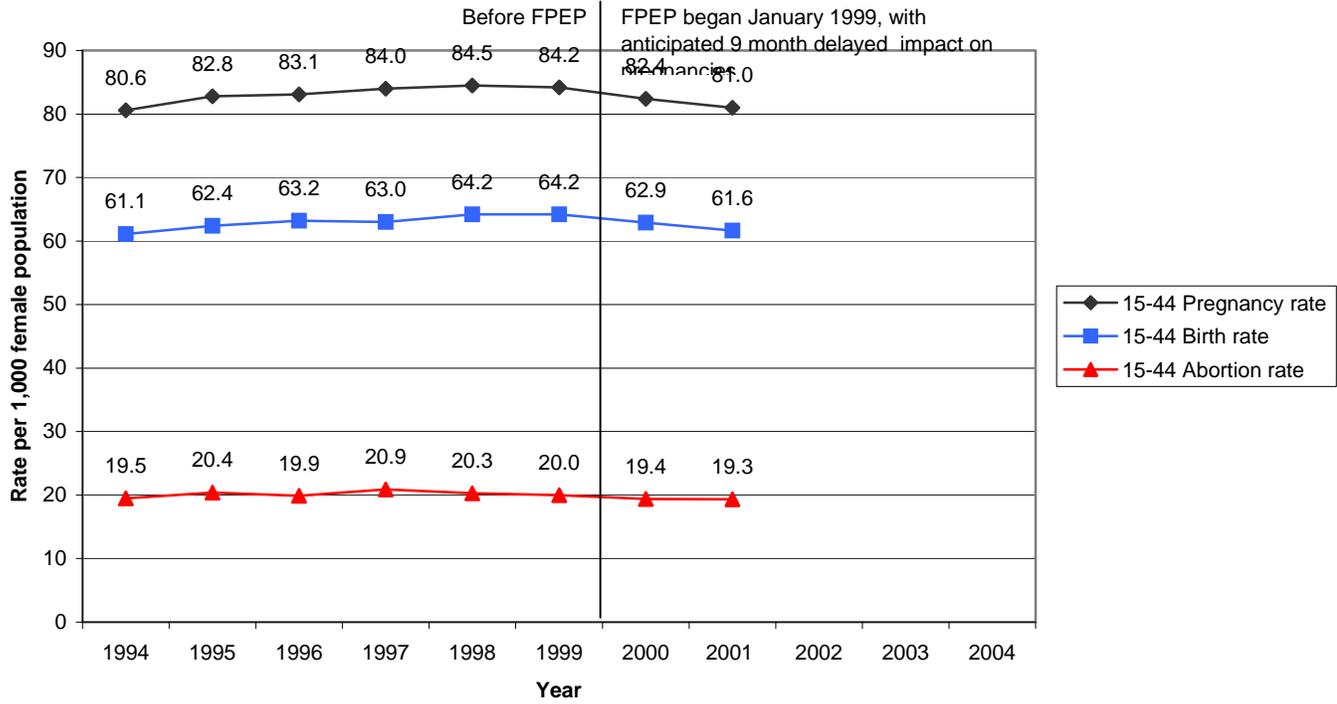
Family Planning Expansion Project
OBJECTIVE 4b: Increase percent of high school students
using contraceptives at last intercourse



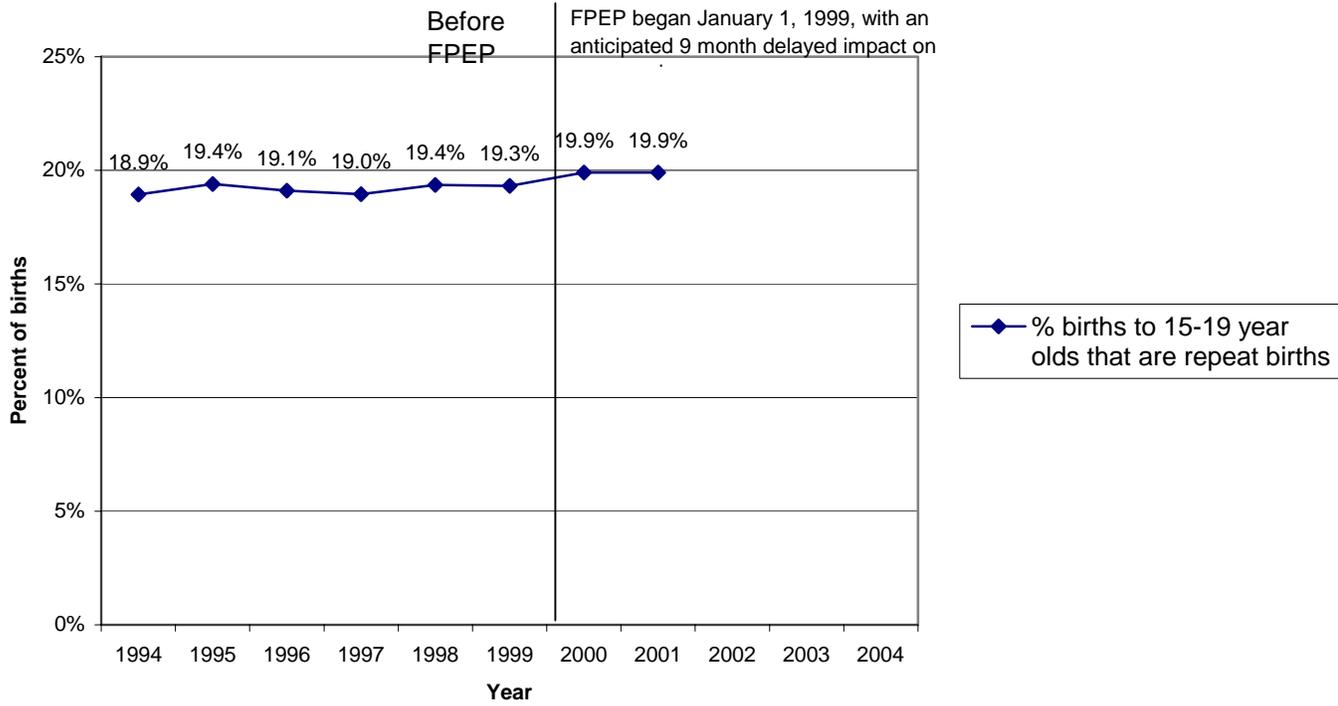
Family Planning Expansion Project
OBJECTIVE 5a: Decrease the percent of births reported as unintended



**Family Planning Expansion Project
OBJECTIVE 5b: Adult Pregnancy Rates**



Family Planning Expansion Project
OBJECTIVE 6b: Decrease percent of births to 15-19 year olds that are repeat births



**Family Planning Expansion Project
OBJECTIVE 7: Decrease the teen pregnancy rate (15-19)**

