

Reducing the Costs* of Unplanned Pregnancy in Texas

***Human Costs and
Economic Costs**



Healthy Futures

*Preventing Teen and Unplanned Pregnancy
in San Antonio and Texas*

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Unplanned Pregnancy ("Unintended")



- Either (at the time she got pregnant):
Unwanted (did not want to be pregnant at all); OR
Mistimed (wanted to be pregnant, but later)
- By the time they arrive, most children are wanted and loved—but not all



Unplanned Pregnancy is Common

- 49% of all U.S. pregnancies
- More common among poor, minorities
 - A Health Disparity
- 71% of pregnancies in unmarried “20-somethings”

Why Worry about Unplanned Pregnancy?

- Higher risk of
 - Late prenatal care
 - Low birth weight, prematurity
 - Lower child cognitive test scores
 - Poor child physical health
 - Poor child mental health
 - Less close relationship with mother
 - Low educational achievement
 - Mother experiences physical violence
 - Post-partum depression
 - Family turmoil/
relationship instability
 - Abortion



Logan C, et al. The Consequences of Unintended Childbearing: A White Paper. Child Trends, May 2007. Fast Facts. The Consequences of Unplanned Pregnancy. National Campaign to Prevent Teen & Unplanned Pregnancy.

***Importance of PLANNING pregnancy to address
Preconception Care***

Unplanned in Texas



- 45% of Texas births unplanned*
 - **56%** are unplanned among Medicaid deliveries

*Texas PRAMS (Pregnancy Risk Assessment Monitoring System)

- **182,983 unplanned births** in 2007
- Even more pregnancies unplanned
 - >81,000 abortions (2007); perhaps 57,000 miscarriages
- High costs: **>\$1.16 billion** (Medicaid) in 2007*
 - 56% of births paid by Medicaid; 56% of these are unplanned

*Est. based on average \$9800 per pregnancy, delivery, infant care

Texas Family Planning Program: *Preventive Care for Uninsured Women*

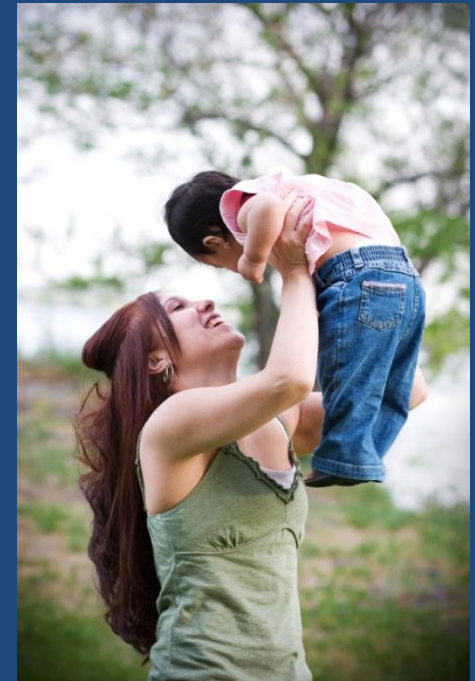
- Provides history, physical, counseling, contraceptives, screening, treatment
- NOT abortion
- Average cost ~\$180/year per woman

Every \$1 spent on family planning saves \$4.02

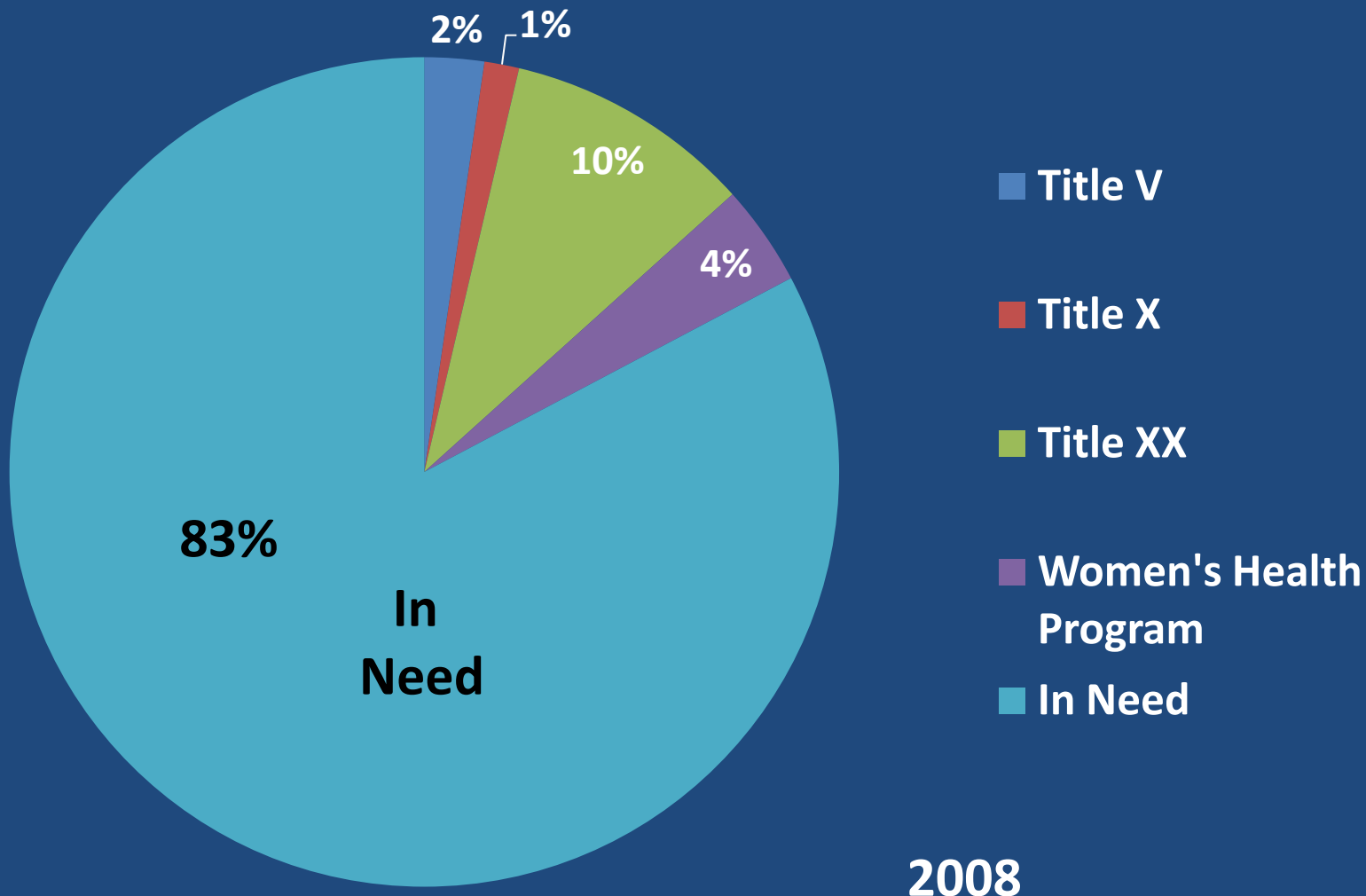
Gold RB, et al. Next Steps for America's Family Planning Program. NY: Guttmacher Institute 2009.

Texas Family Planning: Patchwork of “Titles”

- **Title V: Maternal & Child Health**
 - Block grant (Social Security Act)
 - Undocumented clients
- **Title X: Family Planning**
 - Federal Program (Public Health Services Act)
 - Prohibits requiring parent consent
- **Title XX: Social Services**
 - Block Grant (Social Security Act)
 - Includes some TANF funds (Title IV-A SSA)
- **Title XIX (Regular Medicaid)**
 - Federal Program
 - Women under 17% of FPL in Texas



The Unmet Need for Family Planning in Texas



Dept. of State Health Services (DSHS) Appropriations Rider

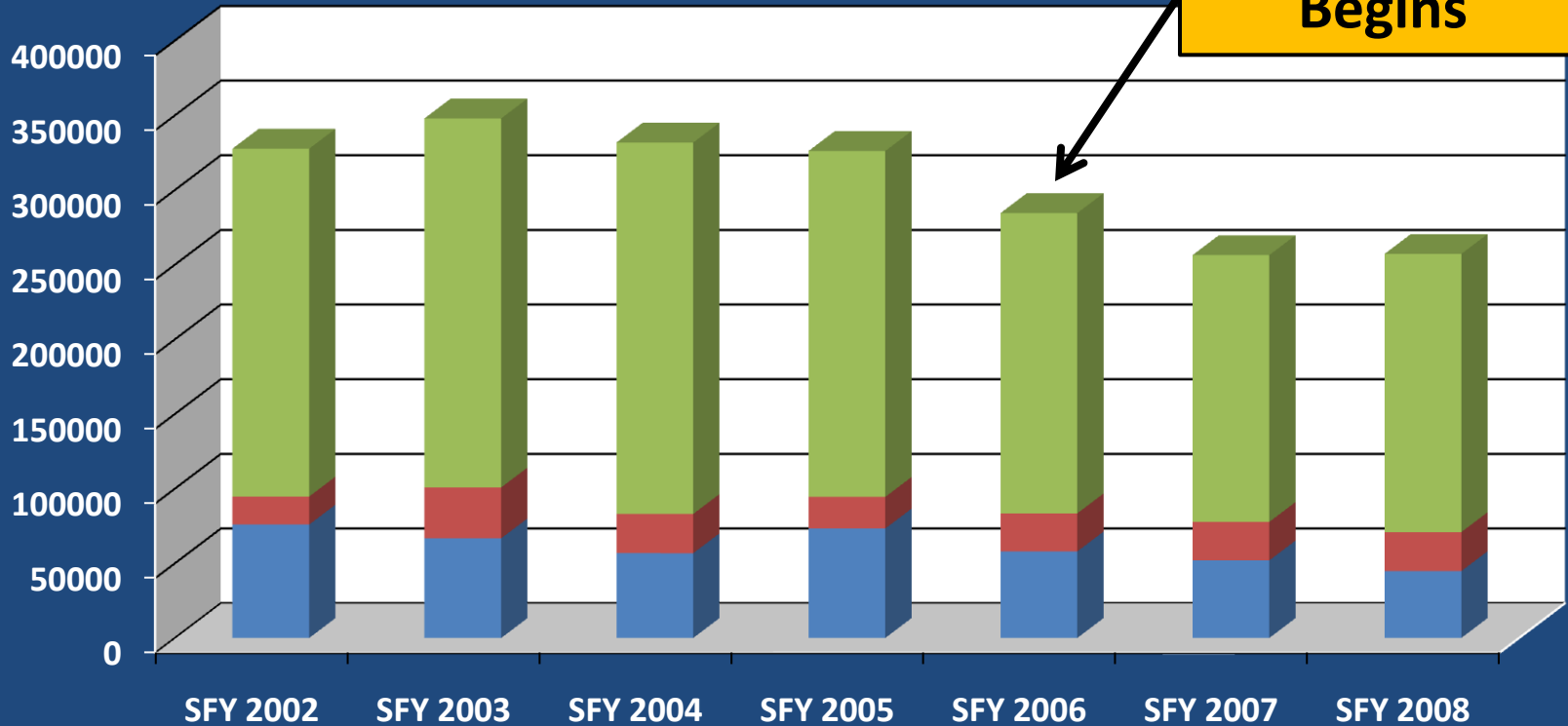
- Author Sen. Deuell
- “Set-aside” of Family Planning Funds for Federally Qualified Health Centers
- \$20 million/biennium
- First done in 79th Legislature (2005)
- Continued in 80th and 81st Legislatures



Effect of Appropriations Riders

Fewer Women Served

**FQHC Rider
Begins**

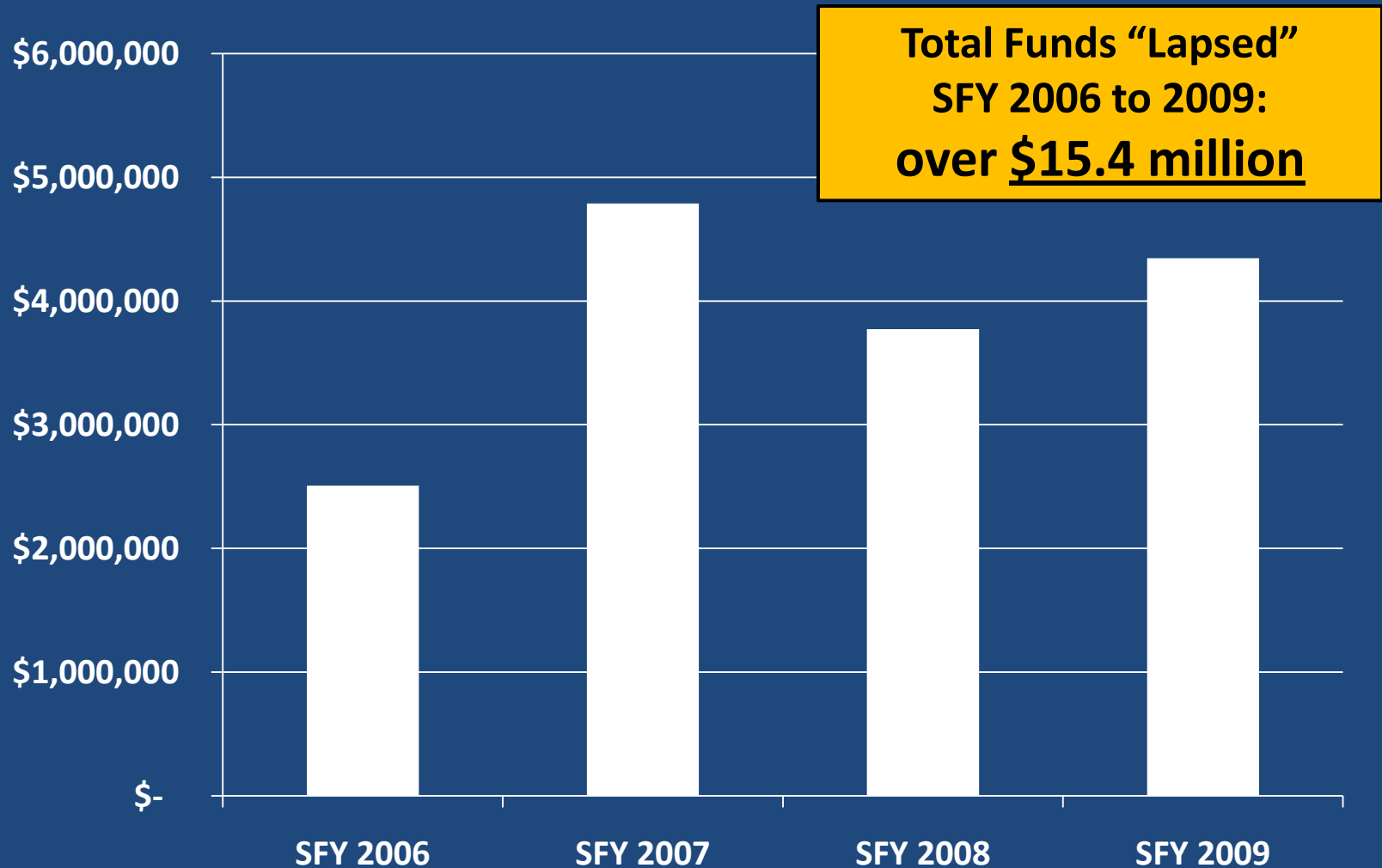


- Title V (Maternal & Child Health Block Grant)
- Title X (Family Planning)

**SFY 2008 vs. SFY 2005:
21% Decrease**

Effect of Appropriations Riders

Federal Funds “Lapsed”





FQHC Appropriations Rider

- We should not arbitrarily set aside funds for FQHCs
- The set-aside reduces the number of women receiving preventive care
- It causes Texas to lose millions of federal dollars
- **Oppose the FQHC Rider in 2011**

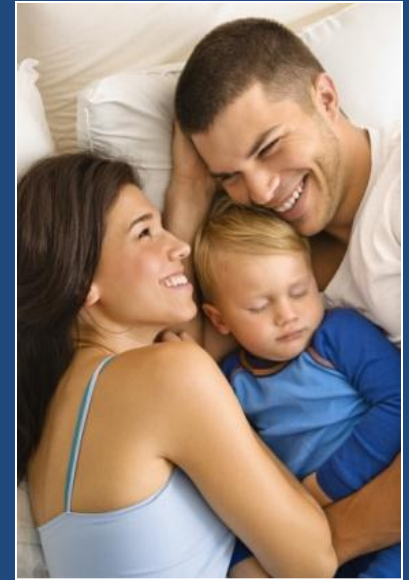


Texas Medicaid Women's Health Program

- Medicaid "1115 Waiver"
 - SB 747 79th Texas Legislative Session
 - 5-year Demonstration Project
- More limited services than regular Medicaid
- Began in January 2007
- \$.90 federal/ \$.10 state

Texas Medicaid Women's Health Program:

- Who is Covered
 - Women 18 to 44 at/below 185% of FPL
 - Citizens, qualified aliens; Texas residents
- Services
 - History, physical
 - Screenings (BP, Diabetes, Cholesterol, STDs, Breast & Cervical Ca, Anemia, TB)
 - Contraceptive methods
 - Preventive counseling (e.g., BP, cholesterol)
 - Referral of medical problems





Women's Health Program: Great Potential —so far not met

- ~100,000 women enrolled in late 2009
 - Enrollment Numbers slowly increasing
- Estimated 2.1 million women eligible
- Could reach many more women
- Small outreach budget
- Enrollment system (TIERS) issues

Women's Health Program: Success



- Saves Money!
 - Over **\$78 million saved** in Year 1
 - 7696 births averted
 - (even though <4% of those eligible served)
- Reduces too-close birth spacing (<24 months)
 - 18.4% among participants
 - 29.3% comparison group



Texas Medicaid Women's Health Program

- We should continue this program
- Reduces costs, improves birth spacing
- Could reach many more
- **Support Reauthorization Legislation in 2011**

SUMMARY:
**Policy Recommendations to
Prevent Unplanned Pregnancy
in Texas**

- Reauthorize the Women's Health Program
- Repeal FQHC Rider



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Teen Pregnancy in Texas

- 3rd HIGHEST teen birth rate:
 - 63.1 per thousand females 15-19 (2006)
 - 51,180 teen births in 2005
- HIGHEST percent repeat teen births:
 - 23% in 2006



Teen Pregnancy in Texas



**By the Numbers:
The Public Costs of Teen Childbearing in Texas**

Minimal estimate:

\$1 billion/year in tax costs

What Prevents Teen Pregnancy?

- Effective sex education, plus
- Access to contraception

- Positive Youth Development



What Works? Effective Sex Education Programs



Abstinence-Only

- One program with strong evidence it delays sex in very young adolescents

Jemmott et al. Arch Ped Adol Med February, 2010

Abstinence-Plus

- Many programs (not all) have positive effects
 - delayed sex and/or increase protection
- None increase sexual activity

- CDC Task Force on Community Preventive Services, 2009.
- Kohler PK et al. J Adol Health 2008; 42: 344-351.
- Underhill K, et al. Cochrane Database of Systematic Reviews 2008.
- Underhill K, et al. Cochrane Database of Systematic Reviews 2007.
- Gilliam ML, et al. Obstet Gynecol 2010; 115:171-172.



Abstinence-Only: the Program that is Shown to Work

- Theory-based, medically accurate
- Does not meet criteria for federal Abstinence-Only funding
- Does not discourage condom use
- Has a positive approach to sexuality; does not moralize
- Tested among young adolescents (average age 12.2 years)
- Not yet commercially available
- Shows that focusing on abstinence can help delay sex!
- (Does not show that all Abstinence-Only programs work)

Jemmott et al. Arch Ped Adol Med February, 2010

Abstinence-Plus

Abstinence-Plus Recommended by:

- American Medical Association
 - Texas Medical Association
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
 - Society for Adolescent Medicine





Most Parents Want MORE than Abstinence

- Overwhelming support for Abstinence-Plus Sex Education¹⁻³
 - Over 80% support teaching birth control
 - About 50% oppose Abstinence-Only
 - Support among conservatives too
- Bexar County Parents:
 - 80% want Abstinence-Plus⁴

1. NPR/KFF/Kennedy School of Govt. Sex Education in America, 2004

2. KFF. survey of parents of 7-12 graders: Sex Education in America, 2000

3. Bleakley A, et al. Arch Pediatr Adolesc Med 2006;160:1151-1156.

4. Realini, Herriott, Katerndahl. SA Medicine 59(3), March 2006.

Abstinence-Plus does not increase Sexual Activity

Numerous Studies are Consistent & Reassuring

No comprehensive sex ed program increased sexual activity (1)

Comprehensive programs did not increase sexual activity (or STDs) (2)

Of 29 evaluations, none increased sexual activity (3)

“**No evidence ... to support concerns** regarding the potential for Comprehensive Risk Reduction (CRR) interventions to result in an increase in sexual activity. **To the contrary, the evidence indicated that CRR interventions reduce both prevalence of sexual activity and frequency of sexual activity” (4)**

1. Kirby D. Emerging Answers 2007, pp 15-16
2. Kohler et al, J Adol Health, April 2008
3. Underhill K, et al. Cochrane Database of Systematic Reviews 2008, Issue 1; CD 007006
4. CDC. Community Guide to Risk Reduction, 11/09





Texas Schools

Texas Education Code §28.004

Requirements:

- Abstinence from sexual activity the preferred behavior
- More attention to abstinence than any other behavior
- Abstinence is the only method that is 100% effective in preventing pregnancy, STDs, HIV/AIDS, & the emotional trauma associated with adolescent sexual activity
- Direct adolescents to a standard of behavior in which abstinence before marriage is the most effective way to prevent pregnancy, STDs, HIV/AIDS



Texas Schools

Texas Education Code §28.004

*NOT the same as Federal Requirements:
May include positive information
about condoms/contraceptives*

- If there is instruction on contraception/condoms, teach human use reality rates, not theoretical rates
- May not distribute condoms with classroom instruction
- May separate sexes
- School Health Advisory Council
- Materials available for reasonable public inspection

Teen Pregnancy Prevention: Policy Recommendations for Texas

Sex Education:

- Require (and define) medical accuracy
- Inform parents
- Encourage use of effective programs
- Prohibit discouraging use of condoms/contraceptives
- HB 741 (Education Works, 2009)

Access to Contraception:

- Maximize Texas' family planning program
- Repeal FQHC Rider
- (Other measures to increase access for teens)

