

Michigan Title X Family Planning Annual Report



2009

With trends 2005 to 2009

*Michigan Department
of Community Health*



Rick Snyder, Governor
Olga Dazzo, Director

Michigan Department of Community Health Family Planning Program

Mission Statement

“The mission of the Michigan Family Planning Program is to enable a person’s voluntary access to family planning services, information and means to exercise personal choice in determining the number and spacing of their children.”

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Acknowledgements

We appreciate all the contributors to the Michigan FPAR. The efforts of the local agency directors, health professionals and clerical staff to collect user and agency data make the Family Planning Annual Report possible.

Family Planning Program Basic Principles

- **All services are voluntary and confidential**
- **Abortions are not provided**
- **Services are available to men and women**
- **Services are provided respecting the dignity of each individual; without any discrimination or coercion.**
- **Client charges are based on income; services are not denied due to inability to pay**

The Family Planning Program does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability, gender or age

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Introduction

Family planning has been identified by the Centers for Disease Control and Prevention as one of the greatest public health achievements in the twentieth century.¹ Family planning services provide information and the means for men and women to exercise personal choice in determining the number and spacing

Institute of Medicine (IOM) Report Finding

Finding 3-1. Family planning is a fundamental component of health care.

“... the program’s benefits apply not only to individuals and families but to communities and the nation.”¹

of their children. Authorized under Title X of the Public Health Service Act, the Family Planning Act of 1970 was the first US statute to provide authority, funding and support for comprehensive and voluntary family planning services to all who want and need them.² State’s Medicaid programs were not required to cover the costs of voluntary family planning services and supplies for all beneficiaries of child-bearing age until 1972.

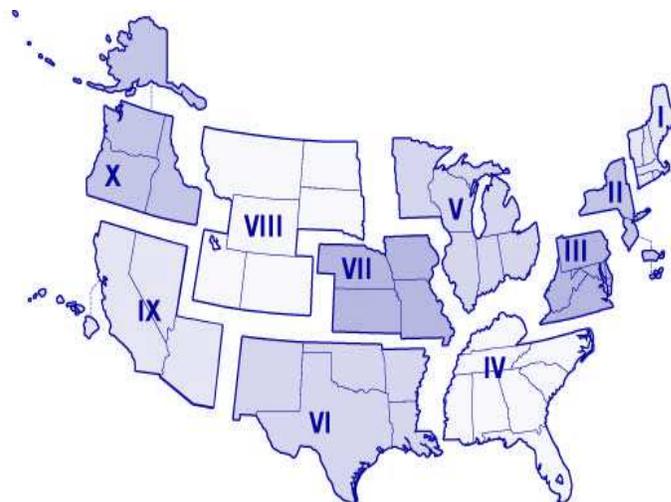
Research has shown that family planning contributes to the health of individuals, families and society as a whole by reducing unintended pregnancies and abortions. Family planning clinics are often the only source of health care (outside of pregnancy) for many women³ and without Title X funding many low income and uninsured users would be unable to access care.

Nationally, for every \$1 spent to avoid unintended pregnancies nearly \$4 in Medicaid expenditures are saved.³

The national Title X family planning program is administered within the Office of Population Affairs (OPA) by the Office of Family Planning (OFP).

OPA allocates Title X service funds to U.S. Department of Health and Human Services (HHS) offices in 10 regions, shown in Figure 1. Each regional office manages the competitive review of Title X grant applications, makes grant awards, and monitors program performance for its respective region.

Figure 1 US Department of Health and Human Services (HHS) regions (Source: Family Planning Annual Report, 2008)



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Introduction-Ethics

In addition to providing financial assistance, Title X mandates agencies to comply with ethical, medical and accountability standards.⁴ Because of the potential risk of misuse of publicly funded family planning, as well as historical attempts to limit fertility of low income women, women of color and those with disabilities, Title X authors included patient protection measures. Services are voluntary; clients must be offered a wide variety of contraceptives and coercion to use a particular method is prohibited. Furthermore, Title X prohibits making contraception a condition of receiving government assistance and all services are confidential.

Current Title X program guidelines, developed in 2001 with the assistance of the American College of Obstetrics and Gynecology (ACOG), ensure that clinics provide a wide range of contraceptive services, related screening tests and referral for follow-up care and additional services. Pregnancy testing is frequently provided and if a user is pregnant she is entitled to receive non-directive counseling and referral for her legal options (pre-natal care, adoption or abortion).⁵ Funding for abortion is expressly prohibited under Title X.

Services are available upon request and no one is denied services because of an inability to pay. Clients whose income is below 100% of the federal poverty level (FPL) are not charged for services, those whose income exceeds 250% of the FPL are

assessed full fees, all others are assessed fees on a sliding scale depending on income and family size. Teens, users whose income is at or below 100% of the federal poverty level or those with special needs are a priority in Michigan's Title X family planning clinics.

FAMILY PLANNING ANNUAL REPORT (FPAR)

Title X administrators and grantees use FPAR data to

- monitor program performance and compliance with statutory requirements;
- comply with accountability and federal performance requirements for Title X family planning funds, as required by the 1993 Government Performance and Results Act and the Office of Management and Budget;
- guide strategic and financial planning and respond to inquiries from policy makers and Congress about the program; and
- estimate the impact of Title X-funded activities on key reproductive health outcomes, including prevention of unintended pregnancy, infertility, and invasive cervical cancer.

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Introduction

Michigan Family Planning Program

Funding for the Michigan Title X Family Planning Program includes the Title X Federal grant, State of Michigan appropriations, other federal grants, local agency resources, revenue from first, second and third party collections and donations. Local agencies submit a grant application to Michigan Department of

Family Planning assures access to contraceptive services to men and women who otherwise can't afford them.

Community Health (MDCH) agreeing to provide contraceptive services and reproductive healthcare to low income men and women of reproductive age as required by federal and state regulations and procedures.

The Michigan Department of Community Health, Women's and Reproductive Health Unit oversees the grant, reviews grant applications, makes grant awards and monitors the program performance of the local agencies.

Title X requires grantees to provide aggregate data regarding users, services and funding. Local Family Planning Agencies send their data to Women's and Reproductive Health Unit at MDCH. Data are verified, analyzed and make up the Michigan Family Planning Annual Report (FPAR).

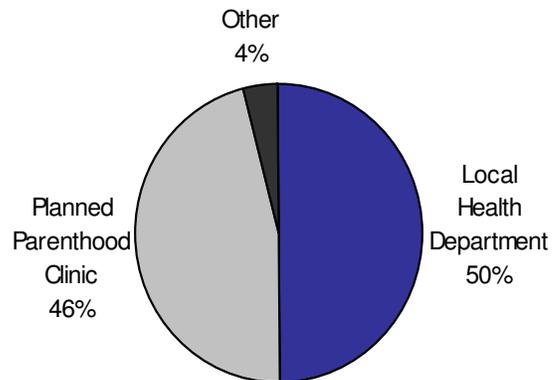
This annual report is available upon request.

Local Agency Characteristics

In Fiscal Year 2009 39 local agencies (such as local health departments, Planned Parenthood organizations, federally qualified health centers, non-profit agencies and hospitals) received Title X funding and operated clinics throughout Michigan (Figures 3 & 4). Approximately half of family planning clinic users visited clinics administered by a local health department and 46% of users utilized services at Planned Parenthood clinics (Figure 2).

Of the local agencies, Planned Parenthood of Mid and South Michigan agency saw the most users (23.9% of all users) and Benzie-Leelanau saw the fewest (0.4%) in 2009 (Figure 3).

Figure 2 Distribution of Title X family planning clinic users by type of clinic, MI FPAR 2009



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Figure 3 Distribution of Title X family planning clinic users by Local Agency & percent change in number of users from 2005 to 2009, MI FPAR 2005-2009

Agency	2009		2005-2009
	Total	%	% change
Barry-Eaton District Health Dept	1,055	0.8%	-27.2%
Bay County Health Dept	1,253	1.0%	13.1%
Benzie-Leelanau District Health Dept	462	0.4%	-19.2%
Berrien County Health Dept	2,161	1.7%	-18.1%
Central Michigan District Health Dept	3,462	2.8%	4.0%
Chippewa County Health Dept	838	0.7%	-24.0%
City of Detroit Dept of Health & Wellness Promotion	6,834	5.5%	13.9%
Public Health Delta & Menominee Counties	1,596	1.3%	-34.0%
Dickinson-Iron District Health Dept	789	0.6%	-14.1%
District Health Dept #2	864	0.7%	-21.3%
District Health Dept #4	948	0.8%	-29.3%
District Health Dept#10	3,058	2.5%	29.3%
Family Planning Association of Allegan	1,506	1.2%	-30.4%
Genesee County Health Dept	2,992	2.4%	-34.3%
Grand Traverse County Health Dept	1,341	1.1%	-1.7%
Huron County Health Dept	770	0.6%	-22.3%
Ingham County Health Dept	6,668	5.3%	-22.2%
Lenawee County Health Dept	1,854	1.5%	-20.7%
Luce Mackinac Alger Schoolcraft District Health Dept	517	0.4%	-20.2%
Macomb County Health Dept	3,260	2.6%	-8.6%
Marquette County Health Dept	710	0.6%	-23.7%
MacKenzie Memorial Hospital	843	0.7%	NA
Midland County Health Dept	1,767	1.4%	-14.8%
Mid-Michigan District Health Dept	2,198	1.8%	-2.3%
Monroe County Health Dept	1,796	1.4%	-9.8%
Muskegon Family Care	1,866	1.5%	-15.1%
Northwest MI Community Health Agency	1,269	1.0%	24.5%
Ottawa County Health Dept	3,163	2.5%	-30.3%
Planned Parenthood of East Central MI	5,479	4.4%	-20.2%
Planned Parenthood of Mid and South Michigan	29,826	23.9%	-23.1%
Planned Parenthood of South Central MI	10,689	8.6%	-13.8%
Planned Parenthood of West and Northern Michigan	11,846	9.5%	-16.6%
Saginaw County Health Dept	4,290	3.4%	-7.6%
St. Clair County Health Dept	2,052	1.6%	-21.6%
Taylor Teen Health Center	550	0.4%	-5.7%
Tuscola County Health Dept	1,068	0.9%	-19.5%
Van Buren-Cass District Health Dept	1,157	0.9%	-32.8%
Wayne County Health Dept	966	0.8%	NA
Western Upper Peninsula Health Dept	958	0.8%	-6.2%
Total	124,721	100.0%	-30.2%

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Figure 4 Geographic locations of MI Title X Family Planning Clinics, 2009-2010

Cities	
Adrian	Kingsford
Allegan	Kingsley
Alpena	Lake City
Ann Arbor (2)	Lake Leelanau
Atlanta	L'Anse
Bad Axe	Lansing (2)
Baldwin	Livonia
Battle Creek	Ludington
Bay City	Mancelona
Benton Harbor (2)	Manistee
Benzonia	Manistique
Bessemer	Marquette
Big Rapids (2)	Menominee
Brighton	Midland
Burton (2)	Mio
Cadillac	Monroe
Caro	Mt. Clemens
Cassopolis	Mt. Pleasant
Charlevoix	Munising
Charlotte	Muskegon
Cheboygan	Negaunee
Chesaning	Newberry
Coldwater	Niles
Croswell	Ontonagon
Detroit (7)	Owosso
East Lansing	Petoskey
Escanaba	Port Huron
Flint (2)	Prudenville
Gaylord	Reed City
Gladwin	Rogers City
Grand Haven	Saginaw (2)
Grand Rapids	Sandusky (2)
Grayling	Sault Ste. Marie
Greenville	St. Clair Shores
Hancock	St. Ignace
Harbor Springs	St. Johns
Harrison	Standish
Harrisville	Stanton
Hart	Sturgis
Hartford	Tawas City
Hastings	Taylor (2)
Hillsdale	Three Oaks
Holland	Three Rivers
Hudsonville	Traverse City (2)
Ionia	Warren (2)
Iron River	Wayne
Ithaca	West Branch
Jackson	White Cloud
Kalamazoo	Wyoming
Kalkaska	Ypsilanti



Funding

Although Michigan’s publicly funded family planning clinics received funding from both public and private sources, Title X and Medicaid are the predominate financial resources. The Title X program distributes funds to grantees that design and operate their own programs; allowing them to address specific local needs and challenges. Medicaid, on the other hand is a publicly funded insurance program with expenditures which increase as enrollees or costs increase. However, legislative or program cuts to Medicaid or physician reimbursement could leave a shortfall in coverage of family planning visits that must be filled by other funding sources. In 2009, Title X comprised 23% and Medicaid 27% of the public funds distributed (Figure 5). Funding

sources have shifted from 2005 to 2009 (Figure 6), with a 149% increase in the proportion of funding from Medicaid and a 12% decrease in the proportion of Title X funding. The Medicaid waiver program “Plan First!” may account for some of the increase in Medicaid expenditures as the number of users with Plan First! coverage exceeded the number of users with Medicaid beginning in 2007 (Figure 21). The proportion of Title V funding declined by 7%. Funding (from all sources) per user increased from \$157 in 2005 to \$253 in 2009, (Figure 7.) This is higher than funding per user both nationally (\$237) and in region V (\$233).⁷

Figure 5 Public expenditures on family planning clinic services, 2009 MI FPAR

Family Planning Program Distribution of Revenues by Source

Percentage of Revenue-Title X Funds

National 22% Region V 29% MI 23%

Percentage of Revenue-Medicaid

National 37% Region V 31% MI 27%

Percentage of Revenue-State Government

National 12% Region V 8% MI 14%

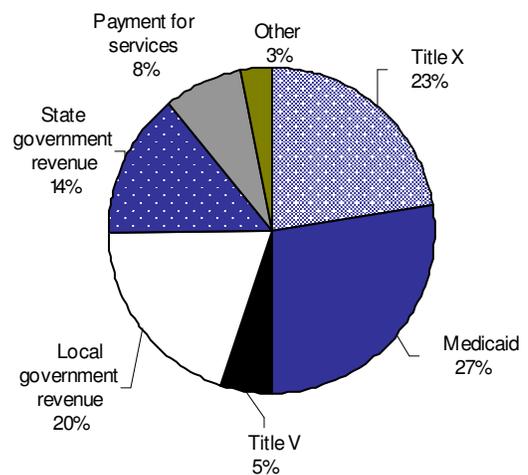
Percentage of Revenue-Local Government

National 7 % Region V 10% MI 20%

Total Funding per user

National \$237 Region V \$233 MI \$253

Source: National & Regional data: FPAR 2009, State: MI FPAR 2009



Funding

Costs

Nationally the cost per user of providing family planning services increased from \$203 in 2004 to \$257 in 2008.^{6,7} The Guttmacher Institute identified several items that may explain increased costs:

- Expanded screening and newer diagnostic tests;
- Newer and more expensive contraceptives;
- And staffing costs.

Despite the increased costs, family planning programs continues to save public funds. Nationally, provision of publicly funded contraceptive services, which enabled women to prevent unintended pregnancies saved \$3.74 for every dollar spent.⁶ In 2008, Michigan saved an estimated \$74 million in Medicaid spending to provide care during pregnancy, delivery and care for the infant to one year.⁶

Some of the decline in users from 2005 to 2009 (Figures 7 & 8) may reflect increased costs of providing services per user, however in 2006 the program implemented a new funding formula. The new formula prioritized services and addressed demographic income and disparity needs in the state. This required agencies to shift funding to outreach and program building in the most underserved and highest need areas of the state. Service to the underserved remains a program priority.

Figure 6 Trends in public expenditures on family planning clinic services, 2005-2009 MI FPAR

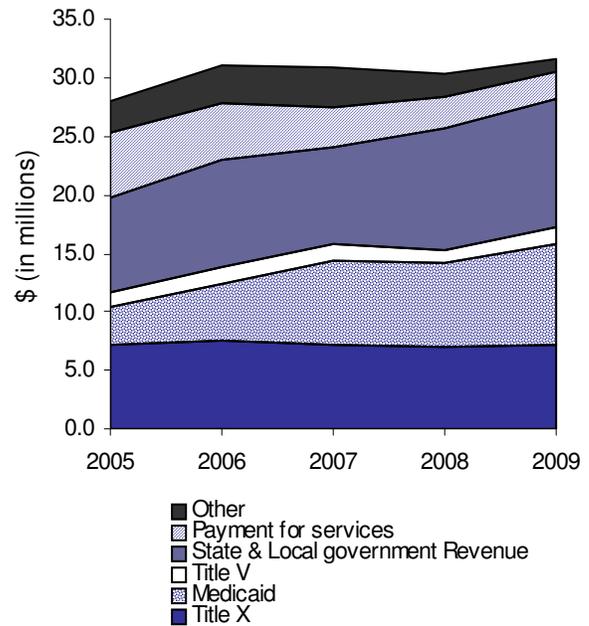
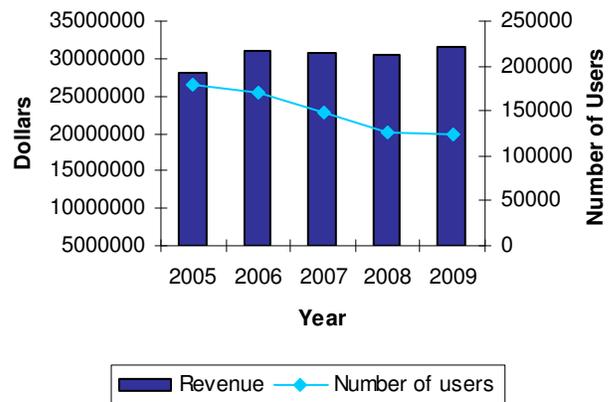


Figure 7 Trends in expenditures on family planning clinic services and number of users, 2005-2009 MI FPAR



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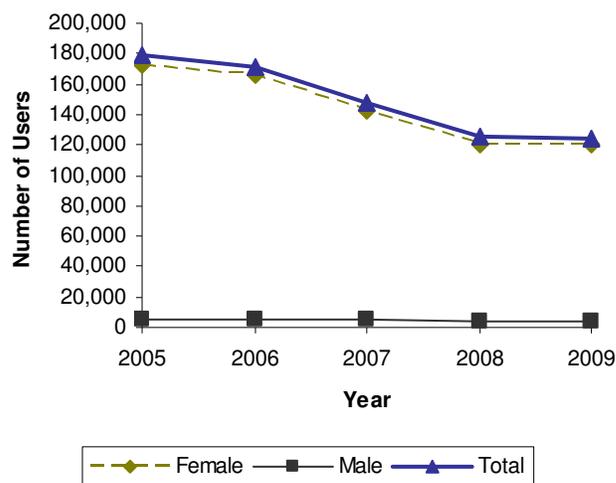
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User Demographics

Based on 2006 data, an estimated 560,020 Michigan women needed publicly supported contraceptive services and supplies; Title X family planning clinics alone met 40.6% of this need ⁸

Overall, 124,721 men and women used Title X Family Planning Services during 2009 in Michigan, a 30% decrease from 2005 (Figure 8). The majority of users were women (96.7%) while males comprised 3.3% of users in 2009, a 2.5% increase from 2005. Users were predominately White, non-Hispanic (73%) not married (80%), reported an income at or below 100% of the FPL (68%) and averaged 1.9 encounters per year in 2009.

Figure 8 Number of MI Title X Family Planning clinic users (total and by gender), MI FPAR 2005-2009



Age

During 2009 26% of all users were between the ages of 15-19 years, the majority (56%) were 20-29 years old, the fewest (0.7 %) were less than 15 years of age while 2% were over the age of 44 years (Figure 9). In comparison, of Michigan women of reproductive age (15-44 years), 27.1% were between the ages of 20 to 29 years.⁹ Michigan's age distribution was similar to that of Region V, but had fewer users age 40 years and older than did the nation. ⁷

From 2005 to 2009 the proportion of older users increased. The largest increase (24%) was among those older than 44 years. In contrast, the proportion of younger users decreased. The largest decrease was seen among users younger than 17 years (22%) and users 18-19 years (12%) (Figure 10).

Typical Family Planning Clinic User

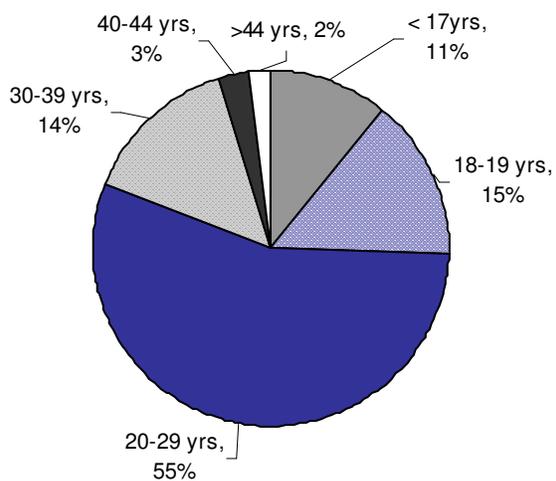
- Female
- Aged 20-24 years
- White, Non-Hispanic
- Uninsured
- Income at or below 100% of the federal poverty level
- Never married

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User Demographics –Age

Figure 9 Distribution of female family planning clinic users by age group, MI FPAR 2009



Family Planning Users Age & Race/Ethnicity Profile

Percentage of users:

Age younger than 20 years
National 23% Region V 26% MI 26%

Age 40 years and older
National 8% Region V 5% MI 4%

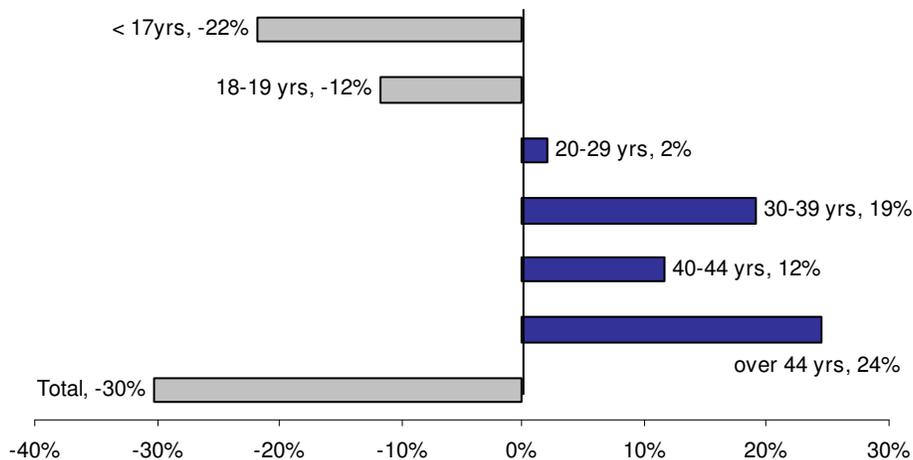
White, non-Hispanic
National 43% Region V 61% MI 73%

Black, non-Hispanic
National 19% Region V 20% MI 17%

Hispanic
National 28% Region V 13% MI 7%

Source: National & Regional data: FPAR 2009⁷, State: MI FPAR 2009

Figure 10 Percent change in distribution of female family planning clinic users by age group from 2005 to 2009, MI FPAR 2005-2009



User Demographics-Race/Ethnicity

Michigan Title X family planning clinic users were predominately White, non-Hispanic (73%), Black or African American, non-Hispanic (17%) or Hispanic (7%) and one percent each American Indian or Alaskan Native, Asian Pacific Islander, and more than one race.

The distribution of race and ethnicity differed by gender; the proportion of male users who identified themselves as White, non-Hispanic was 59% or Black, non-Hispanic was 30% compared to 73% and 17% of women users respectively (Figures 11 & 12). By comparison the racial composition of Michigan's population for the year 2007 (most recent data) is as follows: White, non-Hispanic 78.3%, Black, non-Hispanic 14.6%, Hispanic 4.0%, Asian or Pacific Islander 2.5%, Native American/Alaska Native 0.6%.⁹ From 2005 the prevalence of Hispanic users increased from 6.9% to 7.4% in 2009, an 8% increase. The prevalence of Black, non-Hispanic users increased from 16.8% in 2005 to 17% in 2009 a 1.4 % increase (Figures 13). Multiracial users comprised 1.2% of total users, a 69% increase from 2005 and the fastest growing racial or ethnic group. The proportion of American Indian/Alaska Native, Asian/Pacific Islander and White, non-Hispanic users declined over the same period.

Michigan's race/ethnicity profile differed from that of Region V and the United States. Although the percentage of users who identified themselves as

Figure 11 Distribution of race/ethnicity among female Title X family planning clinic users MI FPAR 2009*

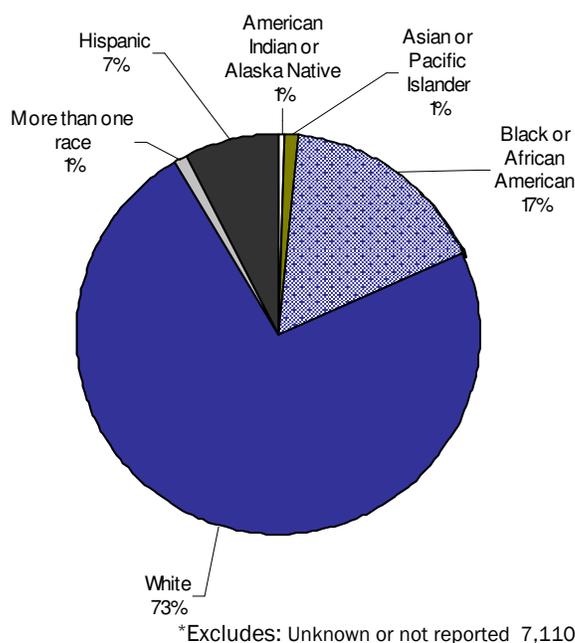
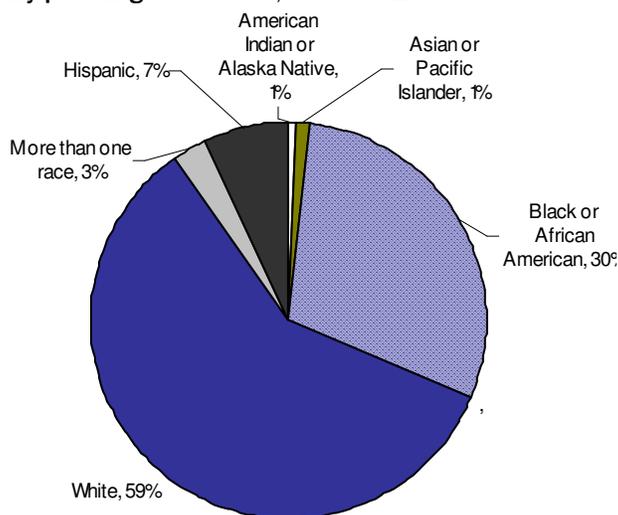


Figure 12 Distribution of race/ethnicity among male Title X family planning clinic users, MI FPAR 2009*

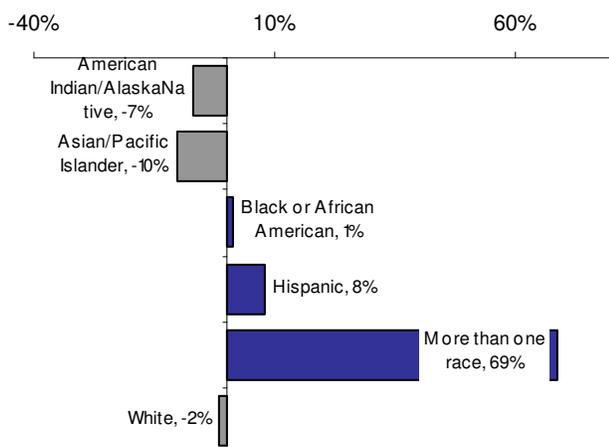


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User Demographics-Race/Ethnicity

Figure 13 Percent change in distribution of race/ethnicity among all Title X family planning clinic users 2005-2009, MI FPAR



Black, non-Hispanic was similar, the proportion of users who were White, non-Hispanic was much higher (73%) than Region V (61%) and the U.S. (43%).⁷ Michigan reported only 7% Hispanic users compared to 13% for Region V and 28% for the nation.

The racial composition of Michigan's Title X local agencies varied, in general agencies that served predominately rural counties saw mostly White, non-Hispanic users, while those located in urban areas tended to see a more diverse population (Figure 14).

Figure 14 Distribution of race and ethnicity for selected urban and rural local agencies, MI FPAR 2009

Urban Title X family planning agency by race and ethnicity												
Agency	White		Black or African American		Hispanic		Asian or Pacific Islander		American Indian or Alaskan Native		More than one race, non-Hispanic	
	N	%	N	%	N	%	N	%	N	%	N	%
Detroit Dept of Health & Wellness Prom.	101	2.5%	2605	63.6%	1339	32.7%	14	0.3%	5	0.1%	30	0.7%
Genesee County HD	1676	57.2%	1027	35.1%	143	4.9%	19	0.6%	9	0.3%	55	1.9%
Kalamazoo County Planned Parenthood	5152	81.1%	935	14.7%	248	3.9%	79	1.2%	19	0.3%	104	1.6%
Kent County Planned Parenthood	4684	62.5%	1448	19.3%	1132	15.1%	125	1.7%	23	0.3%	130	1.7%
Ingham County HD	2754	44.9%	2457	40.1%	707	11.5%	160	2.6%	20	0.3%	34	0.6%
Macomb County HD	2636	80.9%	354	10.9%	170	5.2%	56	1.7%	8	0.2%	33	1.0%
Wayne County HD	584	60.5%	322	33.3%	29	3.0%	14	1.4%	DNS	DNS	17	1.8%

Rural Title X family planning agency by race and ethnicity												
Agency	White		Black or African American		Hispanic		Asian or Pacific Islander		American Indian or Alaskan Native		More than one race, non-Hispanic	
	N	%	N	%	N	%	N	%	N	%	N	%
Barry-Eaton DHD	1000	94.8%	9	0.9%	30	2.8%	7	0.7%	6	0.6%	DNS	DNS
Central Michigan DHD	3304	96.3%	46	1.3%	50	1.5%	12	0.3%	19	0.6%	DNS	DNS
Chippewa County HD	690	82.7%	11	1.3%	8	1.0%	10	1.2%	115	13.8%	DNS	DNS
District #10 DHD	2748	92.0%	26	0.9%	179	6.0%	14	0.5%	19	0.6%	DNS	DNS
Tuscola County HD	1011	94.8%	DNS	DNS	44	4.1%	DNS	DNS	5	0.5%	DNS	DNS

MI FPAR 2009

¹ Unknown or not reported 3,307 DNS= Data not sufficient

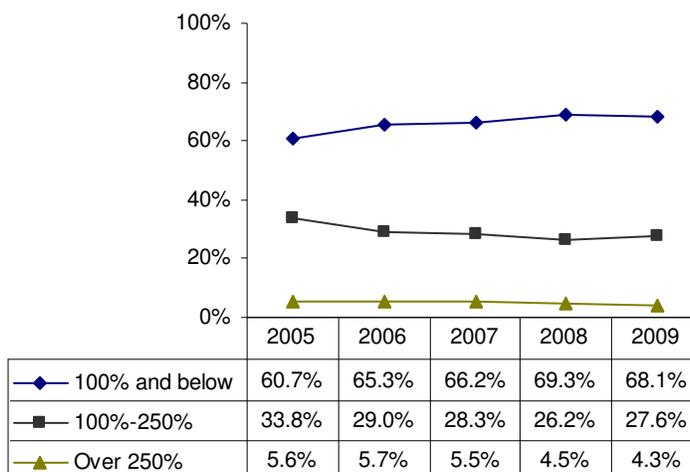
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Income & Insurance

By law persons from low-income families are given priority in receiving Title X funded services. Individuals with a family income at or below the poverty level receive services at no charge, unless a third party (government or private) is authorized or obligated to pay for these services. For individuals with income between 101% and 250% of the federal poverty level (FPL), Title X-funded agencies are required to charge for services using a sliding scale based on family size and family income.⁴ For unemancipated minors seeking confidential services, the assessment of income level is based on their own rather than their family's income.⁴

Figure 15 Trends in prevalence of income as a percentage of federal poverty level among Title X family planning clinic users, MI FPAR 2005-2009



Excludes missing or unknown values

Family Planning Users Social & Economic Profile

Percentage of users:

Income at or below the Federal Poverty Level

National 70% Region V 72% MI 68%

Income at or below 250% Federal Poverty Level

National 96% Region V 96% MI 96%

Uninsured

National 66% Region V 59% MI 67%

Public Insurance

National 20% Region V 28% MI 22%

Source: National & Regional data: FPAR 2009⁷, State: MI FPAR 2009

During 2009 68.1% of Michigan users were at or below the 100% FPL (\$17,170 for a family of three); a 12% increase from 2005 (Figure 15). Nationally the percentage of users with income at or below 100% FPL increased 6.1% for the same period.⁷ The majority (95.7%) of clinic users reported an income at 250% FPL or lower, which was comparable to users nationwide and within Region V.⁷ The percentage of Michigan users with an income greater than 250% FPL decreased 20% from 5.4% in 2005 to 4.3% in 2009 (Figure 15).

Among Michigan's local agencies Family Planning of Allegan, Wayne County Health Department and the Lenawee County Health Department reported the

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Income & Insurance

Figure 16 Prevalence of income at or below 100% FPL among Title X Family Planning users by agency, MI FPAR 2009

Highest Prevalence		
Local Agency		%
Lenawee County HD		93.0%
Wayne County Health Department		93.0%
Family Planning of Allegan District #2 DHD		92.8%
Monroe County Health Department		91.0%
Lowest Prevalence		
Detroit Department of Health & Wellness		61.2%
Planned Parenthood of West and Northern MI		60.5%
Macomb County HD		57.6%
Planned Parenthood of East Central MI		56.3%
Planned Parenthood South Central MI --		
Kalamazoo Co And Calhoun Co		40.6%

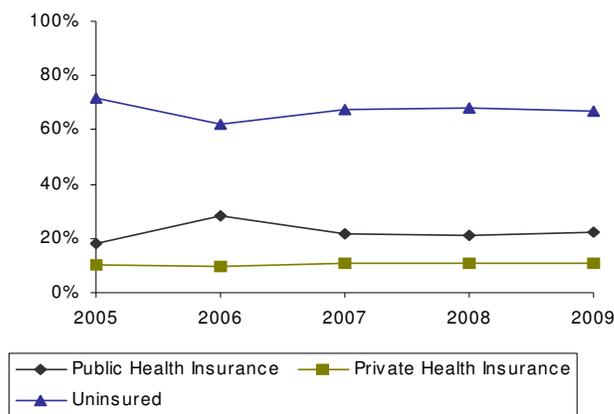
MI FPAR 2009

Figure 17 Prevalence of income at or below 250% FPL among Title X Family Planning users by agency, MI FPAR 2009

Highest Prevalence		
Local Agency		%
Wayne County HD		99.7%
District #4 DHD		99.7%
Mid-Michigan DHD		99.6%
Monroe County HD		99.6%
Berrien County HD		99.6%
Lowest Prevalence		
Ottawa County HD		95.9%
Mackenzie Memorial Hospital		95.6%
Planned Parenthood of Mid & South MI		94.1%
Macomb County HD		93.5%
Planned Parenthood South Central MI --		
Kalamazoo Co And Calhoun Co		81.8%

MI FPAR 2009

Figure 18 Trend in the prevalence of insurance type among Title X family planning clinic users, MI FPAR 2005-2009

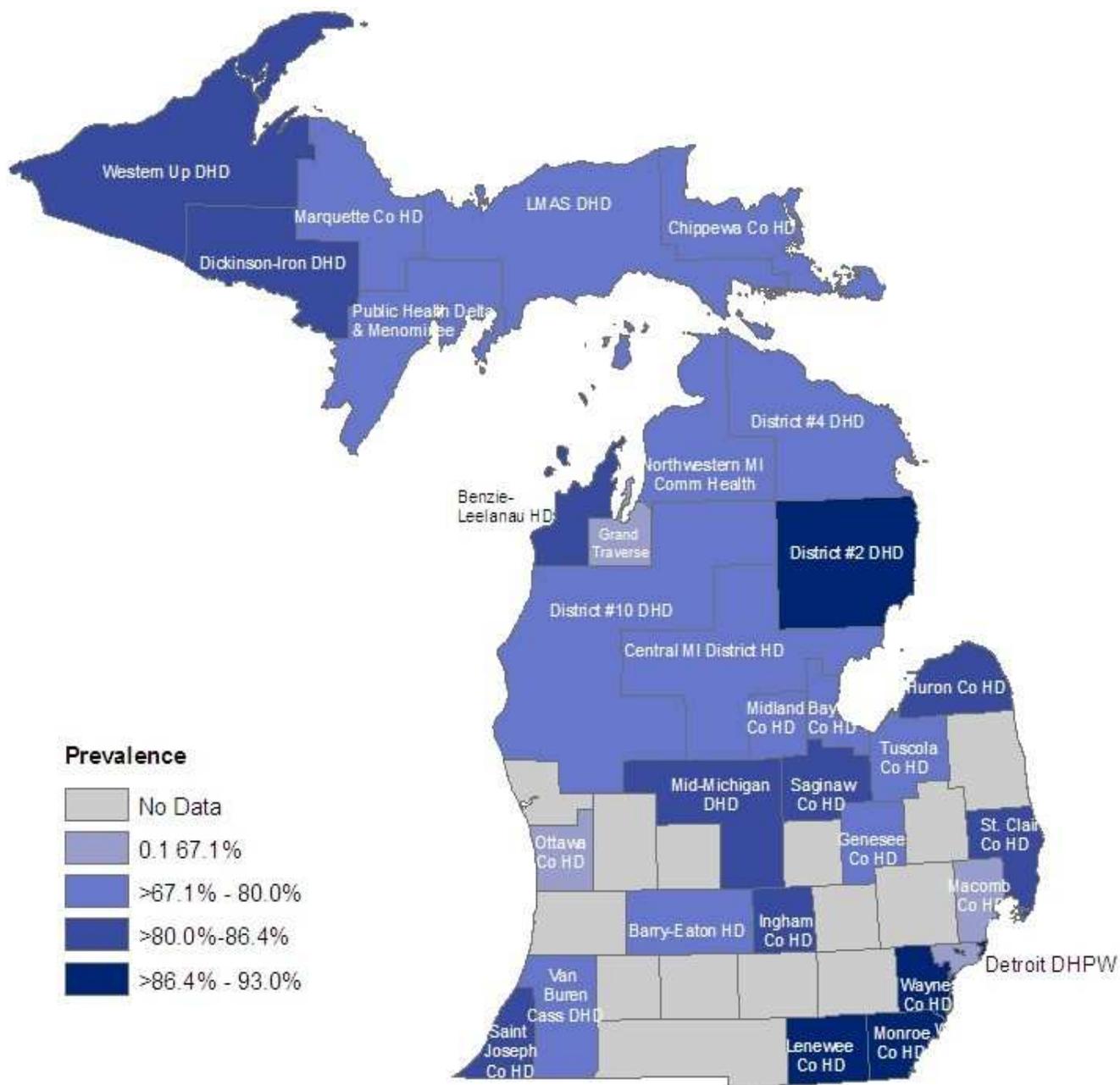


Excludes Missing or unknown

highest prevalence of users whose income was at or below the 100% FPL (Figures 16, 19-20). All agencies reported that the majority of their users reported an income at or below 250% FPL (Figure 17). More than two-thirds of Michigan family planning clinic users were uninsured, one-fifth had public health insurance and one in ten had private insurance (Figure 18). Although the number of users declined from 2005 to 2009 the prevalence of users with public health insurance increased 23% (Figure 18). The prevalence of those with private insurance increased 3% from 2005 to 2009. Of those with private insurance 28% reported full or partial coverage for family planning services. During 2009 27% of clinic users enrolled in Plan First! a Medicaid waiver program, an 111% increase from 2006 (the program's first year).

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Figure 19 Percentage of users with an income at or below 100% FPL among Local Health Department family planning clinics, MI FPAR 2009



Plan First!

In 2006 Michigan received approval for a Medicaid waiver and the authorization to create Plan First! The goal of this project is to provide family planning services for women 19-44 years of age who lack access to family planning services. By improving access to family planning services the state expects to reduce the number of unintended pregnancies, and decrease the incidence of closely spaced pregnancies ultimately leading to healthier pregnancies, improved birth outcomes and improved child health.

Eligibility

Women, 19-44 years of age who are not currently covered by Medicaid, do not have family planning benefits through private insurance, and whose family income is at or below 185% of the Federal Poverty Level. In addition, coverage is limited to Michigan residents and women who meet the Medicaid citizenship requirements.

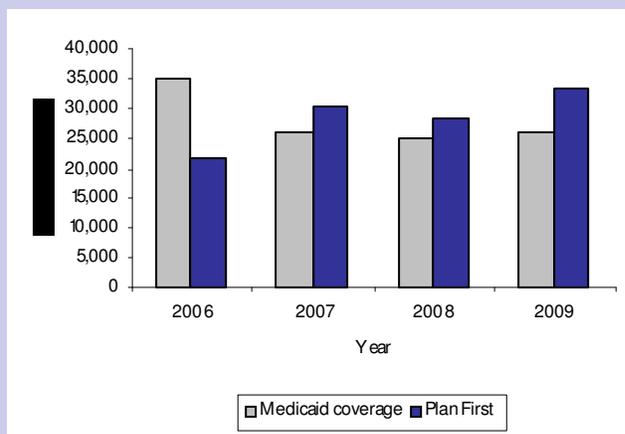
Objectives:

- Increase the proportion of women, 19-44 yrs of age, with an income at or below 185% of the FPL that are receiving family planning services reimbursed through Medicaid (including Plan First!).
- Increase the proportion of primary health care referrals for women without a source for primary health care
- Decrease Medicaid paid deliveries thereby decreasing Medicaid expenditures for prenatal, delivery, newborn and infant care.
- Increase the inter-birth interval.

By increasing the birth interval and the number of women eligible for family planning services and decreasing the number of Medicaid paid births, the program saves both the federal and state governments millions of dollars.

Figure 17 shows the number of users who utilized Plan First! or Medicaid. The number of users who were covered by Medicaid declined by 25.7% while the number of users covered by Plan First! increased by 53.7%.

Figure 21 Number of users with Plan First! or Medicaid coverage by year, MI FPAR 2006 to 2009



For additional information regarding Plan First! including eligibility requirements and covered services contact the Michigan Family Planning program 1-800-642-3195 (toll-free) or www.michigan.gov/planfirst

Services

Although ‘Family Planning’ is commonly thought to be synonymous with birth control, clinics that offer these services are an important health care resource for many users. Title X family planning clinics provide users with comprehensive reproductive health care including contraceptive care, screening for cervical cancer and sexually transmitted infections (STIs) and HIV, pregnancy diagnosis, patient education, and counseling.

The program guidelines (see appendix) clearly mandate services that must be provided by all clinics funded by the Title X, as well quality assurance requirements used to ensure uniformity across all regions. According to the Federal guidelines (last updated in 2001), each Title X clinic must offer the following:

- **All services are voluntary and confidential**
- **By law abortions are not provided**
- **Services are not declined on the basis of inability to pay**
- **Available to men and women**

Client education and counseling, including specialized counseling;

History, physical assessment, and laboratory testing, including breast and cervical cancer screening;

Fertility regulation, including provision of contra-

ceptive methods (including abstinence) and/or prescriptions for contraceptive supplies and other medications;

Basic infertility services;

Pregnancy diagnosis and counseling;

Adolescent services, counseling to minors on how to resist attempts to coerce them into engaging in sexual activities;

Reporting of child abuse, child molestation, sexual abuse, rape, or incest;

Identification of estrogen-exposed offspring;

Gynecological services;

STD and HIV/AIDS prevention education, screening, and referral;

Genetic information and referral;

Health promotion and disease prevention; and

Postpartum care¹.

Without Title X funding many low income and uninsured women and men would be unable to access care (beyond pregnancy). Nationally 62% of all women who received care at a family planning center considered it their only source of care; the proportion is higher for Black women (78%), Latinas (72%), uninsured (75%), those with public insurance other than Medicaid (78%) and women with income is below 100% of the federal poverty guideline (73%).⁸

Family Planning Method Use

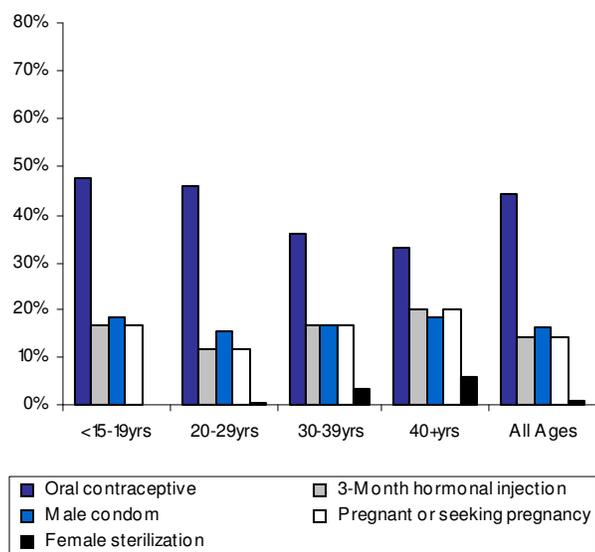
Family Planning Users Method Profile

**Percentage of female users:
Using contraceptive methods at last visit**
National 86% Region V 87% MI 90%

**Percentage of male users:
Using contraceptive methods at last visit**
National 92% Region V 90% MI 94%

Source: National & Regional data: FPAR 2009⁷, State: MI FPAR 2009

Figure 22 Distribution of female family planning users by age group and by contraceptive method, MI FPAR 2009



Michigan's Title X Family Planning Clinics provide information and supplies for a wide range of birth control methods (such as barrier methods, oral contraceptives, other hormonal methods, etc) enabling women to receive contraceptives who otherwise are unable to afford them. By improving access to effective contraceptives, unintended pregnancies decreased by an estimated 78% (nationally) among women who used publicly funded family planning clinics¹⁰.

Method use-Females

In 2009 90% of female Michigan family planning clinic users reported using a contraceptive method at their last family planning encounter. This is higher than the rate reported nationally; 86% of females reported using a contraceptive method.⁷ Approximately 10% did not use a method either because they were pregnant or wanting to become pregnant (7.1%) or other reason (2.9%).

Oral contraceptives were the most popular method among all age groups of female users in 2009 (Figure 22) and have increased in popularity by 1.7% from 2005 (Figure 23). The male condom (16.3%), 3 month hormonal injection (13.9%), vaginal ring (6.2%), other (2.9%) hormonal/contraceptive patch (2.3%) and intrauterine device (2.3%) followed in popularity. Other methods that were utilized by 1% or

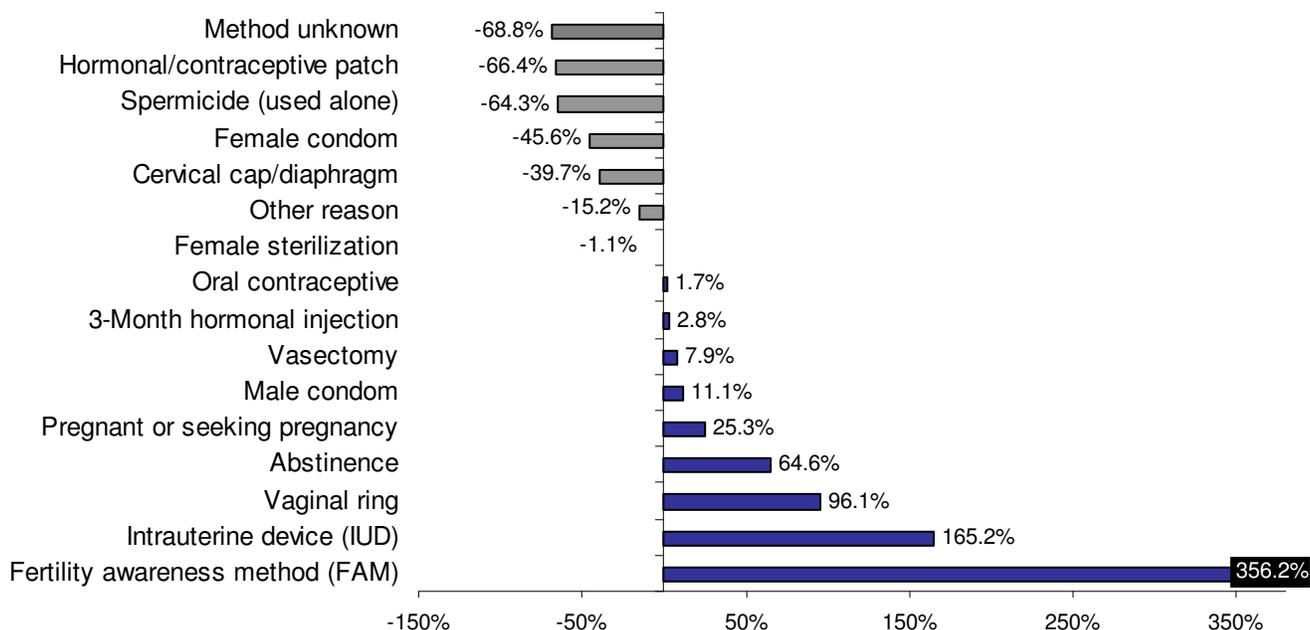
Method Use-Females

fewer users were: female sterilization, abstinence, unknown method, other method, cervical cap/diaphragm, spermicide (used alone), fertility awareness method, and male vasectomy. Contraceptive methods varied by age group with a higher proportion of older users selecting the 3 month hormonal injection, IUD and female sterilization than younger users. In contrast the proportion of users younger than 20 years and older than 40 years who relied on male condoms was higher than among women ages 20–39 years.

Institute of Medicine (IOM) Report Finding

Finding 2-3. *Populations in greatest need of family planning services—low-income individuals and adolescents—have grown dramatically in the last 40 years in absolute numbers, in diversity, and in the complexity of their needs. Their demand for care is likely to continue to grow. (p 57)¹.*

Figure 23 Percent change of proportion of family planning method among female family planning users from 2005 to 2009 MI FPAR 2005 - 2009



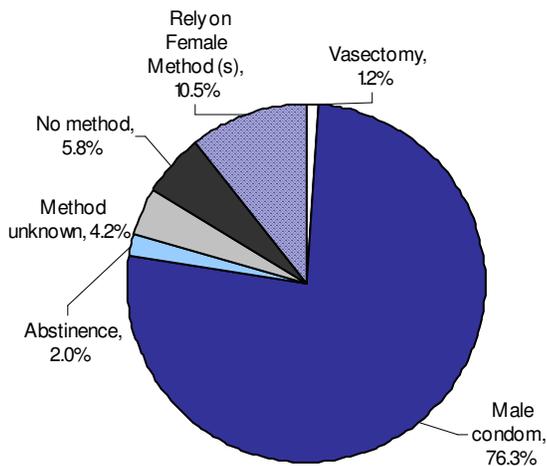
State of Michigan Title X

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Method use-Males

The majority of male family planning clinic users (76.3%) used male condoms (Figure 24). Others used no method (5.8%), relied on female method (10.5%), abstinence (2%), vasectomy. Method was unknown for 4.2% of users. A higher percentage of male family planning clinic users in Michigan reported using contraceptives (94%) than men in Region V (90%) and the nation (92%).

Figure 24 Distribution of family planning method among male users, MI FPAR 2009



Family Planning User Anecdotes

- A young man, whose wife is pregnant with their third child, works as a laborer but does not have insurance. He came to the family planning clinic for counseling and referral for a vasectomy, where he will receive the surgery at 100% discount based on the family income.
- A young woman lost her job, which had provided her with insurance, and she could no longer afford to purchase her contraceptives from the pharmacy. She came to the family planning clinic and was able to maintain her birth control method at an affordable discount based on her new household income.
- A sexually active 17 year old woman came to the family planning clinic because she felt that she might have become pregnant and did not know where to turn. She was provided with pregnancy testing, which was negative, education and counseling regarding healthy choices, communication skills around sexual decision making and was scheduled for a physical exam.
- A 34 year old uninsured woman using the Title X clinic for her family planning services had an abnormal Pap test and was in need of colposcopy follow-up exam. The clinic was able to refer her for this service covered through the joint Family Planning BCCCP program. She will return to the clinic for ongoing follow-up to monitor her cervical cancer risk.

(Source: Program Profile Report –Michigan Family Planning Program)

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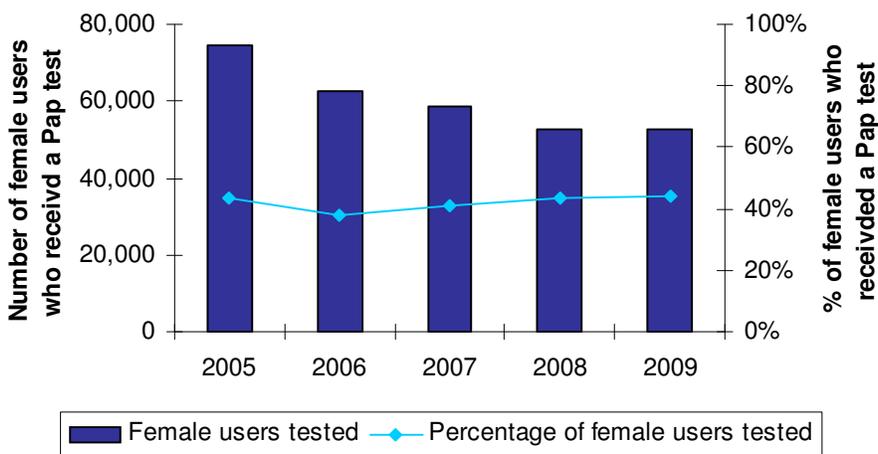
Cervical Cancer Screening

Cervical cancer is one of the easiest cancers to identify and to treat; it is highly curable if detected early. In 2005 the overall age-adjusted cervical cancer incidence in Michigan was 7.0 per 100,00.¹¹ However racial disparities were evident. Cervical cancer was diagnosed 1.3 times more often in Black women than White women,¹¹ and the mortality rate among Black women was twice that of White women.¹²

Because cervical cancer is highly curable if detected early, screening to identify women at the incipient stages is very important. Papanicolaou test or Pap smear is one test that can detect cervical cancer early and is recommended for all women. It looks for pre-cancers, cell changes on the cervix that might become cancer.

Two of every five (43.8%) women seen at Michigan Title X family planning clinics in 2009 were screened for cervical cancer using the Pap test. In 2009 14.2% of women screened had abnormal results and nearly 100% of these were referred for additional care. These rates were comparable to both national and Region V rates. From 2005 to 2009 although the number of women screened for cervical cancer decreased, the percentage of users screened remained fairly constant (Figure 25).

Figure 25 Number and percentage of female users receiving a Pap test 2005-2009, MI FPAR 2005-2009



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Breast Cancer Screening

Breast cancer is the second most common type of cancer among American women (skin cancer is the most common type).¹³

The age-adjusted incidence of female breast cancer was 120.4 per 100,000 in Michigan during 2005.¹¹ Although breast cancer rates were nearly identical for Black and White women, the mortality rate among Black women was 1.5 times that of White women.¹² Michigan Title X funded clinics screened half (51%) of women seen in 2009 for breast cancer by performing clinical breast exam (CBE), a procedure which can detect breast cancer early. Few women (1.2%) were referred for additional diagnostic tests.

The number of women screened for breast cancer decreased from 2005 to 2009. The percentage of users screened decreased 4.5% from 53.4% in 2005 to 51% in 2009 (Figure 26).

Family Planning Users Cancer Screening Profile

Percentage of female users screened for cervical cancer

National 42% Region V 45% MI 44%

Percentage of female users screened who had an abnormal Pap test

National 13% Region V 12% MI 14%

Percentage of female users screened for breast cancer

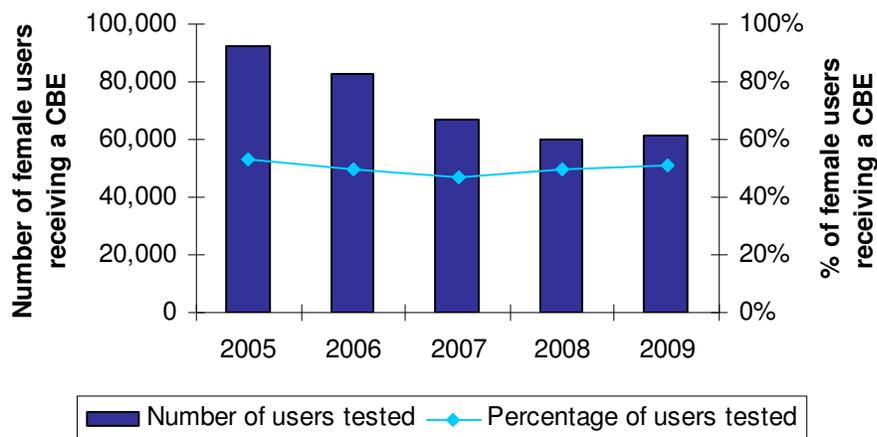
National 45% Region V 50% MI 51%

Percentage of female users screened who were referred based on exam

National 3% Region V 1% MI 1%

Source: National & Regional data: FPAR 2009⁷, State: MI FPAR 2009

Figure 26 Number and percentage of female users who received a clinical breast exam (CBE) MI FPAR 2005-2009



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Sexually Transmitted Infections (STI) Screening

Sexually transmitted diseases now known as sexually transmitted infections (STI)s are caused by infections that are transmitted between people during sexual contact. Screening for STIs is a priority because many STIs have few symptoms and can cause long

Institute of Medicine (IOM) Report Finding

Finding 2-2. *A significant number of people remain at risk for unintended pregnancy, sexually transmitted diseases, and infertility, and therefore are in need of family planning services.” IOM p 57*

term consequences if undiagnosed and untreated. Complications include infertility, chronic health problems and in some cases death. *Chlamydia trachomatis* (chlamydia) and *Neisseria gonorrhoeae*

(gonorrhea) have been associated with ectopic pregnancy, infertility and pelvic pain. Fetal death, significant physical and developmental disabilities (including blindness and intellectual disabilities) can be caused by STIs during pregnancy.⁷

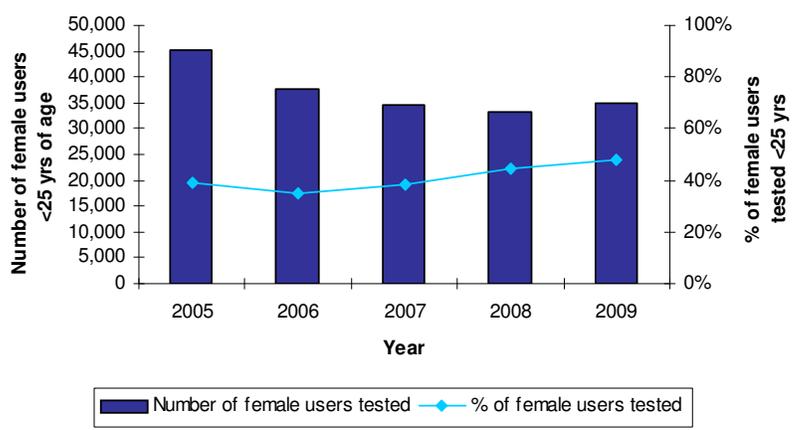
Title X program guidelines mandate funded clinics to provide screening, education and referral for sexually transmitted infections. STI testing is of interest to Title X clinic users, as young, sexually active women have the highest rates of gonorrhea and chlamydia.⁸

Chlamydia Screening

Chlamydia, caused by the bacterium *Chlamydia trachomatis*, can cause serious complications and irreversible damage and may have few or no symptoms in women. It is the most frequently diagnosed STI in the United States. In Michigan the number of chlamydia cases identified increased by 77% from 2000 to 2007; better reporting, improved testing and increased screening of targeted (female) populations may account for some of this increase.¹⁴

The Centers for Disease Control (CDC) recommends chlamydia screening for all sexually active women age 25 years and younger. An annual screening test is also recommended for older women with risk factors for chlamydia (a new sex partner or multiple sex partners). Pregnant women should also have a

Figure 27 Number and percentage of female users who were screened for chlamydia 2005-2008, MI FPAR 2005-2009



Family Planning Annual Report

Sexually Transmitted Infection Screening

Family Planning Users STI-Chlamydia Screening Profile

Percentage of female users < 25 years of age screened for Chlamydia
National 55% Region V 51% MI 48%

Percentage of female users screened for Chlamydia
National 49% Region V 46% MI 42%

Percentage of male users screened for Chlamydia
National 55% Region V 69% MI 46%

Source: National & Regional data: FPAR 2009⁷, State: MI FPAR 2009

were higher, with 46% of all male users tested for chlamydia and 53% of those under the age of 25 years screened. The highest screening rate (62%) was among 18-19 year old men. Overall screening rates at Michigan clinics were lower than that of national and Region V for both female and male users.⁷

Gonorrhea Screening

Gonorrhea, caused by the bacterium *Neisseria gonorrhoeae*, is a sexually transmitted infection that if untreated can cause serious health problems in both men and women. Like chlamydia, some infected men and women have no or mild symptoms. Although any sexually active person can become infected, the highest gonorrhea infection rates are found among sexually active teenagers, young adults and African-Americans.¹⁶ In Michigan the highest reported rate (9.5 per 1,000) was among females ages 15-19 years.¹⁷ Overall the reported infection rate decreased by 10% from 1.83/1,000 in 2000 to 1.64/1,000 in 2008. However, the rate amongst 15-19 year old females increased by 11% during the same period. Michigan Title X clinics screened 34,472 men and

screening test for chlamydia.¹⁵ During 2009 Title X funded clinics in Michigan 42% of female users and 48% of female users younger than 25 years were tested for chlamydia. The 15-17 year old age group had the highest screening rates (50.4%) among female users. The proportion of women younger than 25 years of age who were tested for chlamydia increased 21.8% from 39.3% in 2005 to 47.9% in 2008 (Figure 27). Screening rates among male users

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STI Screening

women for gonorrhea in 2009 a 24.3% increase from 2005 (Figure 28). Screening rates in Michigan varied by gender with the rate for screening among men (40%) nearly 1.5 times higher than among women (27%). Although testing rates in Michigan were lower than for the nation and the region they increased by 71.2% among men and 22.6% among women from 2005 to 2009.

**Family Planning Users
STI –Screening Profile**

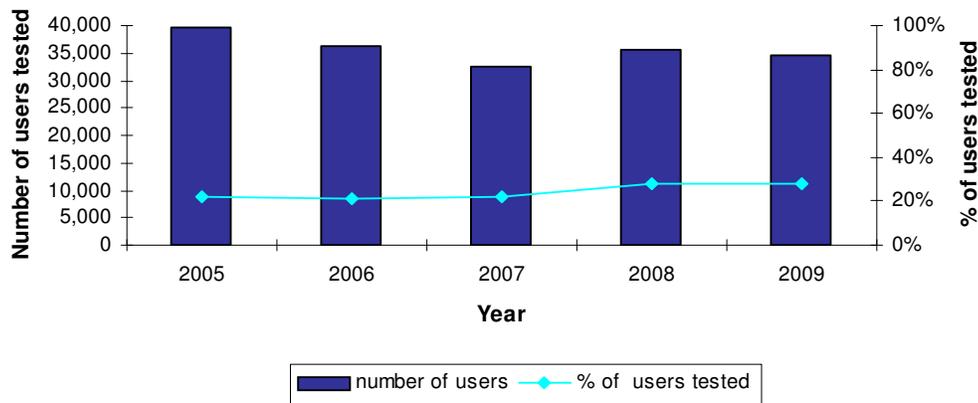
Percentage users screened for Gonorrhea
National 50% Region V 42% MI 28%

Percentage of users screened for Syphilis
National 14% Region V 4% MI 4%

Percentage of users screened for HIV
National 19% Region V 8% MI 4%

Source: National & Regional data: FPAR 2009, State: MI FPAR 2009

Figure 28 Number and percentage of users who were screened for gonorrhea, MI FPAR 2005-2009



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STI Screening

Other STI Screening

In 2009, 5,209 persons were screened for syphilis and 5,660 received a confidential test for Human Immunodeficiency Virus (HIV) at Michigan Title X agencies. This represents 4% of users for each test, below the national screening rate at Title X clinics for each disease.

CDC HIV testing recommendations¹⁸

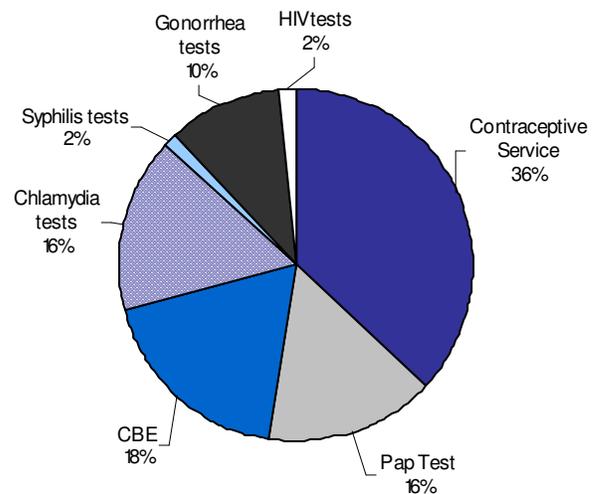
In 2006, the CDC released the following recommendations for HIV screening at primary care health sites:

- *HIV screening is recommended for all patients ages 13-64 in all health care settings after the patient is notified that testing will be done unless the patient declines (opt-out screening).*
- *Persons at high-risk for HIV infection should be screened for HIV at least annually.*
- *Separate written consent for HIV testing is not recommended; general consent for medical care should be sufficient to encompass consent for HIV testing.*
- *Prevention counseling should not be required with HIV diagnostic testing or as part of routine HIV screening programs in health care settings.*
- *HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women, and HIV screening is recommended after the patient is notified that testing will be done unless the patient declines (opt-out screening).*

Services Summary

In 2009, 124,721 Michigan Title X Family Planning clinic users received 337,412 services, with some users receiving more than one service. As shown in Figure 26, services were distributed as follows: contraceptive services 36%, cancer screening 34% and STI testing 30%.

Figure 29 Distribution of services preformed at Michigan Title X clinics, MI FPAR 2009

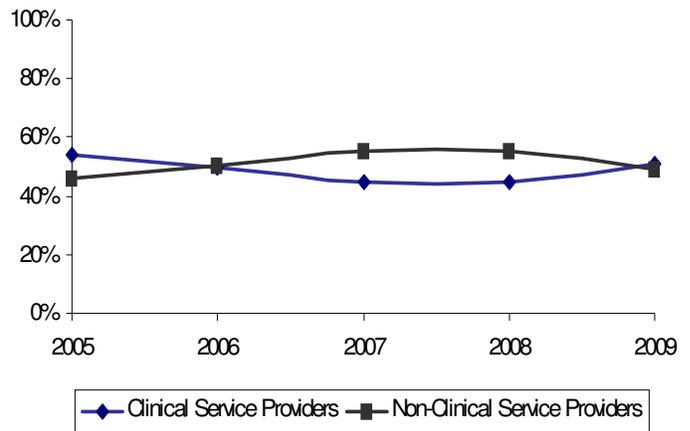


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Providers

In 2009, 58.4 full time equivalent (FTE) clinical service providers (CSP) provided family planning related services at Michigan Title X Family Planning clinics. The majority of FTEs (92.2%) were classified as mid-level clinicians (physician assistants, nurse practitioners, and certified nurse midwives), 4.4% were physicians and 3.4% were other CSP (i.e. RN). Although Michigan’s staffing profile was very similar to Region V, it did differ from the national profile⁷; Michigan family planning clinics used more mid-level clinicians and fewer of those classified as other. Michigan clinics also reported a higher mid-level CSP to physician ratio than did clinics from the region or the nation. From 2005 to 2009 the percentage of family planning encounters furnished by clinical service providers (physicians, physician assis-

Figure 30 Trend in percentage of family planning encounters by provider type, MI FPAR 2005-2009



tants (PA), nurse practitioners (NP), certified nurse midwives (CNM), or registered nurses (RN) declined by 5.1% (Figure 30). During the same period encounters by non-clinical service providers increased by 6%. In addition, the number of full time-equivalent clinical service providers decreased by 44.3% from 2005-2009.

From 2005 to 2009 the number of family planning clinic encounters decreased by 32% from 357,502 in 2005 to 242,587 in 2009 (Figure 31).

During the same period the number of users declined but the number of encounters per user remained fairly constant with 2.0 visits per user in 2005 and 1.9 visits per user in 2009.

Family Planning Clinic Staffing Profile

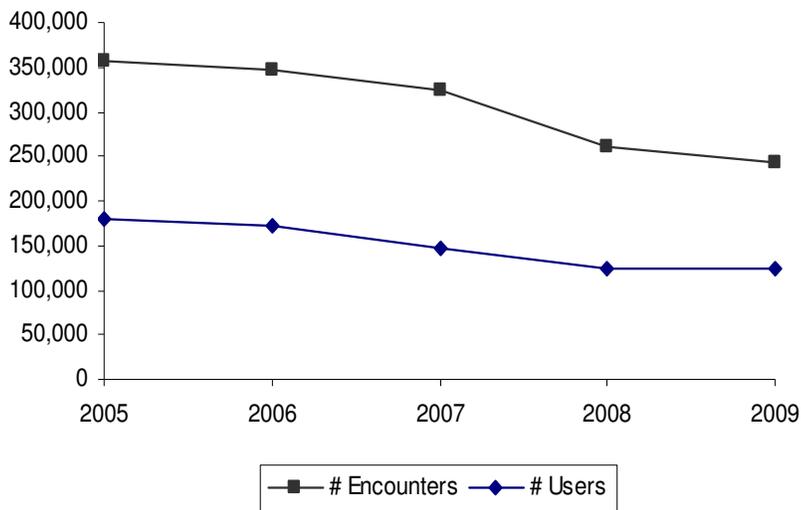
Percentage of FTE Clinic staff –Physicians	National 14%	Region V 14%	MI 4%
Percentage of FTE Clinic staff –PA/NP/CNM	National 60%	Region V 85%	MI 92%
Percentage of FTE Clinic staff –Other CSP	National 26%	Region V 1%	MI 3%
Ratio of PA/NP/CNM to Physician	National 4.3	Region V 5.4	MI 21.1

Source: National & Regional data: FPAR 2009⁷, State: MI FPAR 2009

Encounters



Figure 31 Trend in number of family planning clinic encounters and of number of family planning clinic users, MI FPAR 2005-2009



Family Planning User Anecdotes

An uninsured 22 year old woman came to the family planning clinic when she felt that might be pregnant. Her pregnancy test was positive and she was provided counseling regarding her options. Wishing prenatal care, she was provided with information and assistance for applying to Medicaid. She was also given referrals for prenatal care and support services such as WIC and the Maternal Infant Health Program.

(Source: Program Profile Report- Michigan Family Planning Program)

Conclusion

Publicly subsidized family planning services have been provided to many low-income women and men to determine the timing and spacing of their pregnancies. “The investment of federal and state dollars in family planninghas helped millions of disadvantaged Americans to improve health outcomes for themselves and their children, take advantage of educational and employment opportunities, and better manage their individual and family life” (p 29).¹⁰ Without publicly funded family planning services, unintended pregnancy, abortion and unintended child-bearing among poor women would be nearly double the current rate. In 2006, an estimated 37,700 unintended pregnancies, 16,800 unintended births and

15,700 abortions in Michigan were prevented.¹⁰ However, there remains unmet need. In 2006, less than half (40.2%) of the 560,020 Michigan women between the ages of 13 and 44 years who needed publicly subsidized family planning services received them.⁸ As Michigan’s economy has worsened over the past two years more women and families have fallen into poverty, increasing the numbers of those in need of publicly funded services. In addition, Michigan’s Title X family planning clinics face the challenge of not only meeting the needs of an increasing number of users, but rising costs of services, decreasing state funds and cuts to Medicaid reimbursement.



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Appendix A Definitions used in this report

Family planning user - An individual who has at least one family planning visit encounter at a Title X service site with the purpose to avoid unintended pregnancies or to achieve intended pregnancy.

Family Planning Encounter-Contact between an individual and a family planning provider that is: documented, face-to-face, and takes place at Title X service site for the purpose of providing services to individuals who want to avoid unintended pregnancies or achieve intended pregnancies. A family planning visit represents a single family planning encounter.

Family planning services -comprehensive preventive reproductive health care including:

- General health examination and education
- Routine screening for sexually transmitted diseases, cervical & breast cancer & infertility problems
- Contraception, pregnancy testing and counseling services
- Follow-up & Referrals

Appendix B Minimum Program Requirements

1. Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(1)*
2. Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participate in any other program. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(2)*
3. Provide services in a manner which protects the dignity of the individual. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(3)*
4. Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(4)*
5. Not provide abortion as a method of family planning. Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options: (A) Prenatal care and delivery; (B) Infant care, foster care, or adoption; and (C) Pregnancy termination. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(5) and (i)*
6. Provide that priority in the provision of services will be given to persons from low-income families. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(6)*
7. Provide that no charge will be made for services provided to any persons from a low-income family (at or below 100% of the Federal Poverty Level) except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(7)*
8. Provide that charges will be made for services to persons other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to person from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(8)*
9. If a third party (including a government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title agency is required. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(9)*

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10. Provide for an advisory committee. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(11)*

11. Provide for medical services related to family planning (including physician's consultation, examination prescription, and continuing supervision, laboratory examination, contraceptive supplies) and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b) (1)*

12. Provide for social services related to family planning, including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(2)*

13. Provide for informational and educational programs designed to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by persons to whom family planning services may be beneficial. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(3)*

14. Provide for orientation and in-service training for all project personnel. *42 CFR CH. 1 (10-1-00*

Edition) §59.5 (b)(4)

15. Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(5)*

16. Provide that the family planning medical services will be performed under the direction of a physician with special training or experience in family planning. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(6)*

17. Provide that all services purchased for project participants will be authorized by the project director or his/her designee on the project staff. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(7)*

18. Provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects support by other federal programs. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(8)*

19. Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payments procedures maintained by the agency. The agency must be

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prepared to substantiate, that these rates are reasonable and necessary. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(9)*

20. Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(10)*

21. Any funds granted shall be expended solely for the purpose of delivering Title X Family Planning Services in accordance with an approved plan & budget, regulations, terms & conditions and applicable cost principles prescribed in 45 CFR Part 74 or Part 92, as applicable.

42 CFR CH. 1 (10-1-00 Edition) §59.9

Revised April 2005 (MDCH, Minimum program requirements. Element : [Family Planning](http://www.michigan.gov/documents/mdch/Family_Planning_MPRS_2006_278846_7.pdf) http://www.michigan.gov/documents/mdch/Family_Planning_MPRS_2006_278846_7.pdf)



Michigan Department of Community Health is an equal opportunity provider.