

Grays Harbor County Public Health and Social Services Client Data Sheet - 2014

Key Points....

An estimated 429,910 women in Washington are in need of publicly funded contraceptive services and supplies.¹

- In 2014, GHPH served 1,105 family planning clients; 97% of clients obtained care in their home county.

Population groups with greatest need for publicly supported family planning services include women under age 20, women with low income, and women of color.²

- In 2014, 90% of GHPH's clients had an income at or below 138% of poverty; 69% used Medicaid coverage; and 40% were persons of color.

Access to affordable, effective contraceptive methods is critical to preventing unintended pregnancies.² An estimated 288 unintended pregnancies are prevented per 1,000 users of publicly funded contraceptive services.³

- In 2014, GHPH's contraceptive services prevented nearly 250 unintended pregnancies. This translates to about 130 fewer births from unintended pregnancies, 80 fewer abortions and 40 fewer miscarriages.

Long-acting reversible contraceptives (LARC)—intrauterine devices and hormonal implants—are among the most effective methods for preventing unintended pregnancy.²

- In 2014, 94% of GHPH's female clients used some method of birth control, including 18% who used LARC.

Publicly funded family planning services yield a net saving of \$5.68 for every \$1 invested.⁴

- In state fiscal year 2014, Washington's Medicaid program paid for 41,456 births at an average cost of \$9,253.⁵ An estimated 50% of these births were unintended at conception.² The average annual cost for publicly funded contraceptive care in Washington is \$335 per person.³

Public investment in family planning programs also helps avoid cervical cancer, HIV & other sexually transmitted infections, infertility, and preterm and low birth weight births. When these broader benefits are included, the return on investment increases to \$7.09 for every public dollar spent.⁴

Grays Harbor County Public Health and Social Services (GHPH) is one of 16* agencies contracted by the Washington State Department of Health in 2014 to distribute state and federal (Title X) family planning funds.* In 2014, GHPH's contract with the Department of Health supported a family planning center in Grays Harbor County.

* 15 agencies received state and federal (Title X) funds; 1 agency received state funds only.

Client's County of Residence	County Where Family Planning Services Were Provided
	Grays Harbor
Grays Harbor	1,076 (97%)
Pacific	13 (1%)
Other	16 (1%)
Total	1,105 (100%)

Age	Females	Males	Total
17 and under	163 (15%)	1 (50%)	164 (15%)
18-19	134 (12%)	0 (0%)	134 (12%)
20-24	292 (26%)	1 (50%)	293 (27%)
25-29	219 (20%)	0 (0%)	219 (20%)
30-34	153 (14%)	0 (0%)	153 (14%)
35 & older	142 (13%)	0 (0%)	142 (13%)
Total	1,103 (100%)	2 (100%)	1,105 (100%)

*All percentages may not add to 100 due to rounding.

Ethnicity & Race	
Non-Hispanic (NH)	
American Indian/Alaska Native, NH	27 (2%)*
Asian, NH	18 (2%)*
Black/African American, NH	4 (0%)*
Multiple race, NH	30 (3%)*
Native Hawaiian/ Pacific Islander, NH	4 (0%)*
White, NH	653 (60%)*
Hispanic, of any race	360 (33%)*
Unknown race and ethnicity	9 (1%)

*Percentage based on total clients with known race/ethnicity.

References:

- Frost JJ, Zolna MR, Frohworth L. Contraceptive Need and Services, 2010: National and State Report. New York, NY: Guttmacher Institute; 2013.
- Washington State Department of Health. Unintended Pregnancy. Health of Washington State. Olympia, WA: Washington State Department of Health; 2013
- Frost JJ et al. Contraceptive Needs and Services, 2010: Methodological Appendix. New York, NY: Guttmacher Institute; 2013.
- Frost JJ, Sonfield A, Zolna MR & Finer LB. Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program. Milbank Quarterly, 92: 696-749; 2014.
- Washington Health Care Authority. State of Washington pregnancy related expenditures fiscal years 1988-2014; 2015.

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Primary Source of Payment		
Source	No.	%
No Charge (e.g. < 100% FPL)	202	18%
Title XIX (Medicaid)	649	59%
Take Charge (Medicaid)	109	10%
Private Insurance	122	11%
Other (including full & partial self pay)	23	2%
Total	1,105	100%

Note: Primary source of payment is the expected source of payment at time of visit and may not represent the source that eventually paid for the visit.

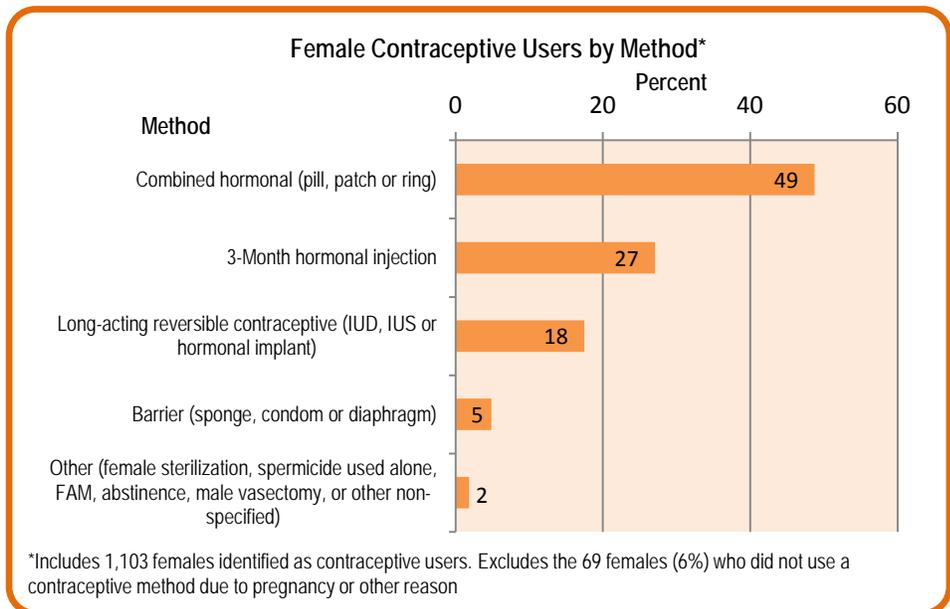
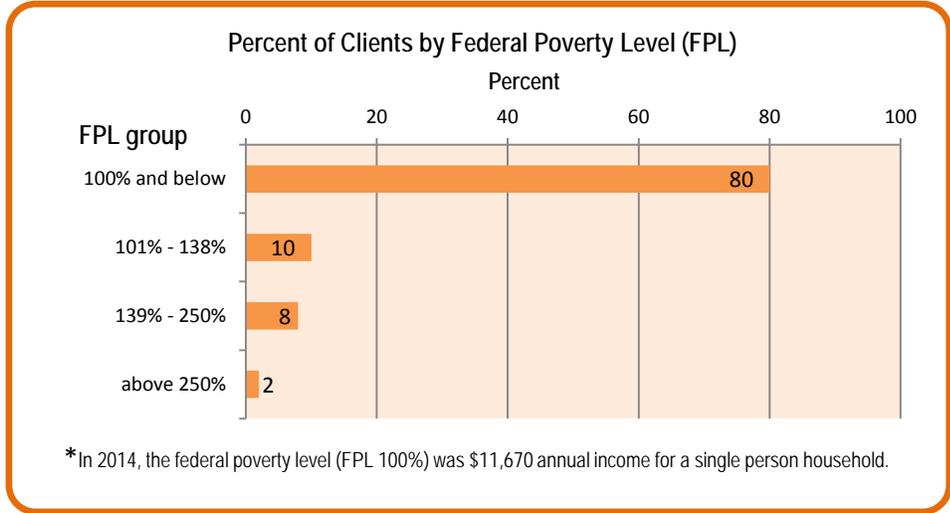
Clients Receiving Selected Services		
Physical Examinations		
	No.	%
Initial and annual*	831	75%
Breast *	310	28%
Pap test*	308	28%
Genitalia**	0	0%

Contraceptive Services		
	No.	%
Hormone injection*	309	28%
LARC insert (IUD, IUS & hormonal implant)*	130	12%
Emergency contraception*	458	42%
Contraceptive counseling*	1,088	98%

Pregnancy Services		
	No.	%
Pregnancy test*	341	31%
Preconception counseling*	23	2%
Pregnancy counseling*	36	3%

STD/HIV Services		
	No.	%
Chlamydia test***	540	49%
Chlamydia test – females ages 15-24*	458	78%
Gonorrhea test***	540	49%
STD treatment***	65	6%
HIV test***	1	0%
STD/HIV counseling***	881	80%

* includes female clients only
** includes male clients only
*** includes female and male clients



Use of LARC Among Female Contraceptive Users by Age and Year, 2012, 2013, and 2014

Age	Year		
	2012	2013	2014
10-24	60 (8%)	67 (10%)	98 (18%)
25-34	70 (17%)	53 (14%)	58 (17%)
35 and older	27 (19%)	20 (15%)	25 (18%)
All ages	157 (12%)	140 (12%)	181 (18%)

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