

Public Health Idaho North Central District 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, PHINCD served, 278 family planning clients; 0% 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, 80% of PHINCD's clients had an income at or below 138% of poverty; 2% used Medicaid coverage; and 13% 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, PHINCD's contraceptive services prevented over 70 unintended pregnancies. This translates to about 40 fewer births from unintended pregnancies, 20 fewer abortions and 10 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, 91% of PHINCD's female clients used some method of birth control, including 6% 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 percent 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

Public Health Idaho North Central District (PHINCD) is one of 16 agencies contracted by the Washington State Department of Health in 2014 to distribute state family planning funds for Washington clients. In 2014, PHINCD's contract with the Department of Health supported a family planning center in Nez Perce County in Lewiston, Idaho.

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

Client's County of Residence in Washington State	County Where Family Planning Services Were Provided
	Nez Perce (Idaho)
Asotin	271 (97%)
Whitman	5 (2%)
Other	2 (1%)
Total	278 (100%)

Age	Females	Males	Total
17 and under	43 (15%)	0 (0%)	43 (15%)
18-19	42 (15%)	0 (0%)	42 (15%)
20-24	77 (28%)	0 (0%)	77 (28%)
25-29	48 (17%)	0 (0%)	48 (17%)
30-34	29 (10%)	0 (0%)	29 (10%)
35 and older	39 (14%)	0 (0%)	39 (14%)
Total	278 (100%)	0 (100%)	278 (100%)

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

Ethnicity & Race	
Non-Hispanic (NH)	
American Indian/Alaska Native, NH	5 (2%)*
Asian, NH	2 (1%)*
Black/African American, NH	5 (2%)*
Multiple race, NH	0 (0%)*
Native Hawaiian/ Pacific Islander, NH	1 (0%)*
White, NH	232 (87%)*
Hispanic, of any race	22 (8%)*
Unknown race and ethnicity	11 (4%)

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

References:

- Frost JJ, Zolna MR, Frohwirth 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)	184	66%
Title XIX (Medicaid)	2	1%
Take Charge (Medicaid)	3	1%
Private Insurance	0	0%
Other (including full & partial self pay)	89	32%
Total	278	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

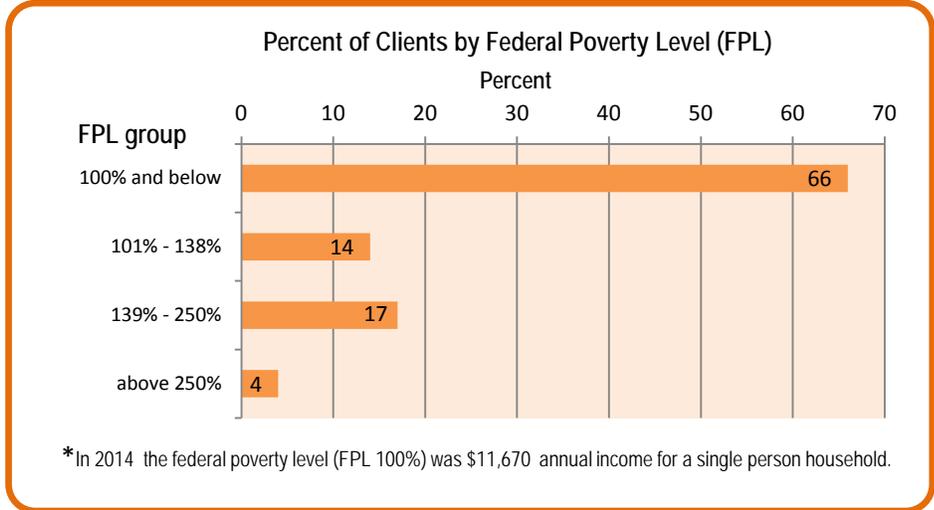
Physical Examinations		
	No.	%
Initial and annual*	198	71%
Breast *	142	51%
Pap test*	68	24%
Genitalia**	0	0%

Contraceptive Services		
	No.	%
Hormone injection*	88	32%
LARC insert (IUD, IUS & hormonal implant)*	11	4%
Emergency contraception*	29	10%
Contraceptive counseling*	258	93%

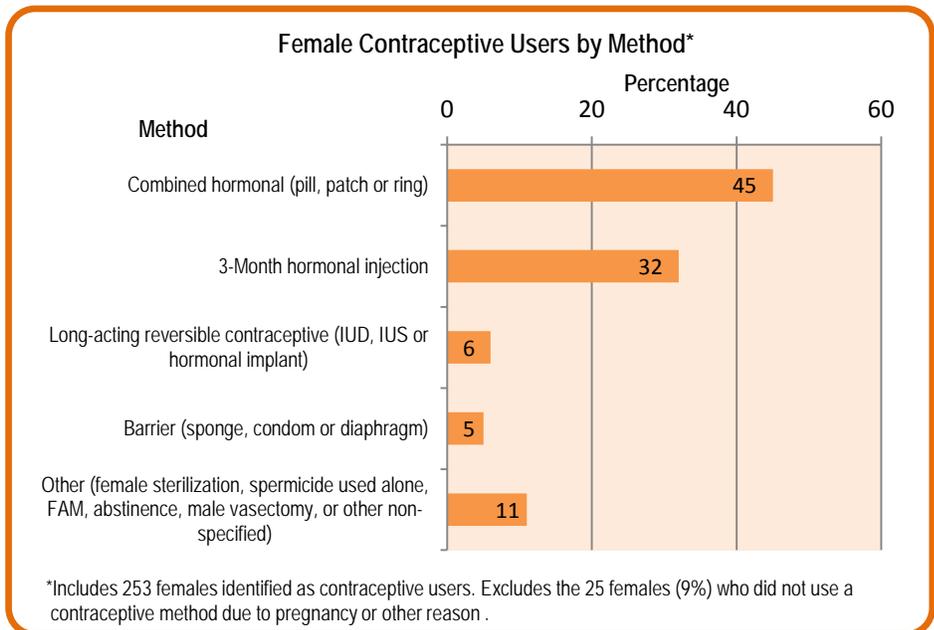
Pregnancy Services		
	No.	%
Pregnancy test*	52	19%
Preconception counseling*	168	60%
Pregnancy counseling*	21	8%

STD/HIV Services		
	No.	%
Chlamydia test***	61	22%
Chlamydia test – females ages 15-24*	39	24%
Gonorrhea test***	23	8%
STD treatment***	13	5%
HIV test***	12	4%
STD/HIV counseling***	174	63%

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



*In 2014 the federal poverty level (FPL 100%) was \$11,670 annual income for a single person household.



*Includes 253 females identified as contraceptive users. Excludes the 25 females (9%) who did not use a contraceptive method due to pregnancy or other reason .

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

Age	Year		
	2012	2013	2014
10-24	11 (6%)	8 (4%)	3 (2%)
25-34	11 (14%)	13 (16%)	9 (13%)
35 and older	6 (15%)	5 (11%)	2 (5%)
All ages	28 (9%)	26 (8%)	14 (6%)

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