



MICHIGAN FAMILY PLANNING PROGRAM UPDATE

In this newsletter for the Michigan Family Planning program we detail the impact of the recession on Michigan Title X Family Planning clinics.

Impact of the Recession

Inside this issue:

- Impact of the recession on Michigan** 1-2
- Changes in family planning client characteristics** 3
- Changes in funding sources** 4

Throughout the past decade many Michigan families have been affected by the recession. The percentage of residents who are unemployed, underemployed, or uninsured has increased (see sidebar page 2). Furthermore, the percentage of residents living at or below the federal poverty level (FPL) increased throughout Michigan (Figures 1–4). Women, children and households headed by women were disproportionately affected; the prevalence of women of reproductive age (18-44 years) with an annual household income at or below 100% FPL also increased from 2000 to 2009 (Figures 2 and 3).

The estimated prevalence of Michigan women whose household income is at or below 185% FPL, the threshold for many safety net services, is shown in Figure 4. The prevalence is estimated from an average of three years of survey data and is combined into regions for less populated counties, thus the estimates may over or under estimate the true prevalence in some areas. Nevertheless, increased demand has been placed on the 'safety net' services, including Family Planning clinics, needed to ensure the health of Michigan's most vulnerable populations. For many low income and uninsured men and women Title X funded Family Planning clinics are often the only source of health care outside of pregnancy. ¹

Figure 1: Prevalence of income at or below 100% FPL among Michigan residents by county, US Census 2000²

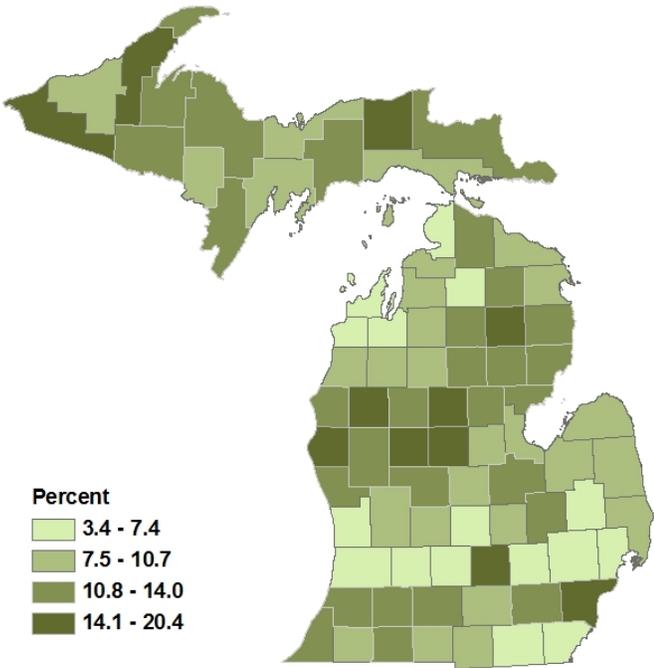
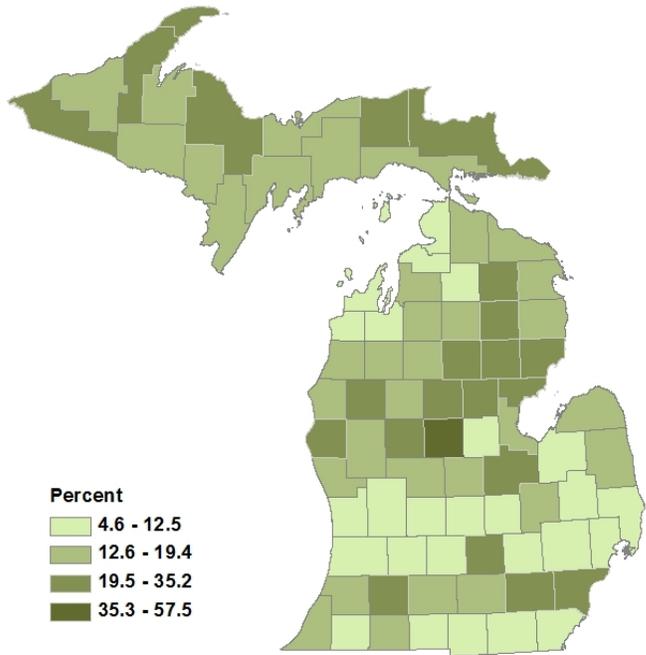


Figure 2: Prevalence of income at or below 100% FPL among Michigan women 18-44 years by county, US Census 2000²



MICHIGAN FAMILY PLANNING PROGRAM UPDATE

IMPACT OF THE RECESSION ON FAMILY PLANNING

Michigan Indicators

Employment

The average annual unemployment rate was:

- 3.7% in 2000;
- 6.5% in 2005; and
- 13.6% in 2009³

The average annual labor underutilization* rate was:

- 12.2% in 2003; and
- 21.5% in 2009⁴

Income

In 2009, the prevalence of reported income at or below 100% FPL was:^{5,6}

- 16.2% among Individuals, a 54% increase from 2000;
- 22% among Women 18 - 44 years of age, a 45% increase from 2000; and
- 53.6% among households with children younger than 5 years with female head of household.

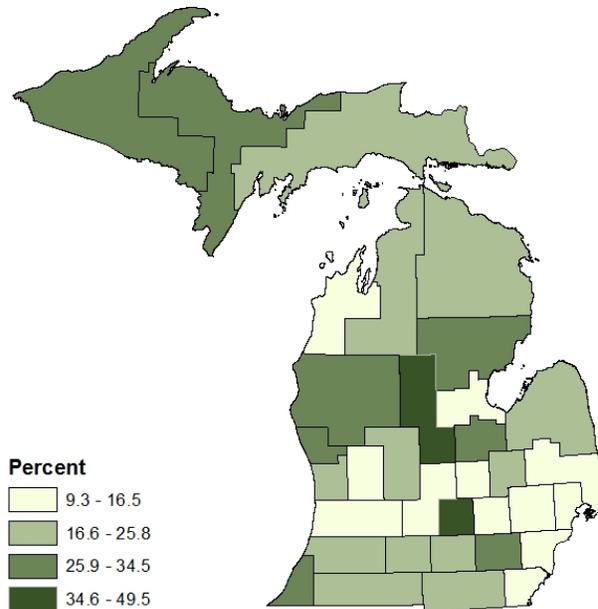
Insurance

Insurance coverage among MI residents in 2009⁶:

- Uninsured 12.2%
- Insured 87.8%
 - Publicly insured 31.6%

* Labor underutilization is defined as total unemployed, plus all marginally attached workers, plus total employed part time for economic reasons, as a percent of the civilian labor force plus all marginally attached workers.

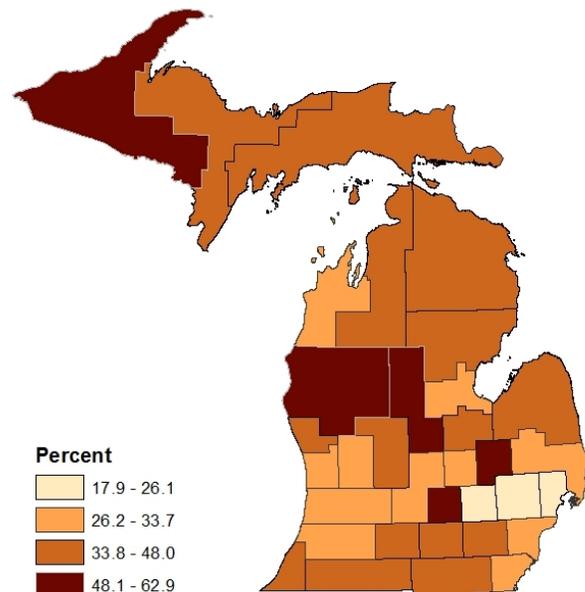
Figure 3: Estimated prevalence of income at or below 100% FPL among Michigan women 18-44 years by county**, ACS 2007-2009⁵



Cities (not included in respective counties)

Detroit 36.8%
 Flint 41.3%
 Grand Rapids 34.0%
 Kalamazoo 44.7%
 Lansing 30.3%

Figure 4: Estimated prevalence of income at or below 185% FPL among Michigan women 18-44 years by county**, ACS 2007-2009⁵



Cities (not included in respective counties)

Detroit 60.2%
 Flint 60.3%
 Grand Rapids 49.2%
 Kalamazoo 60.0%
 Lansing 50.7%

**Counties with < 25,000 residents aggregated

IMPACT OF THE RECESSION ON FAMILY PLANNING

Changes in MI Family Planning clinic client characteristics

From 2005 to 2009, the proportion of users increased who:

- Were uninsured;
- Reported annual household income less than 100% FPL; and
- Were older than 39 years old

While the proportion decreased among users who:

- Were insured;
- Reported annual household income greater than 250% FPL; and
- Were younger than 20 years old.

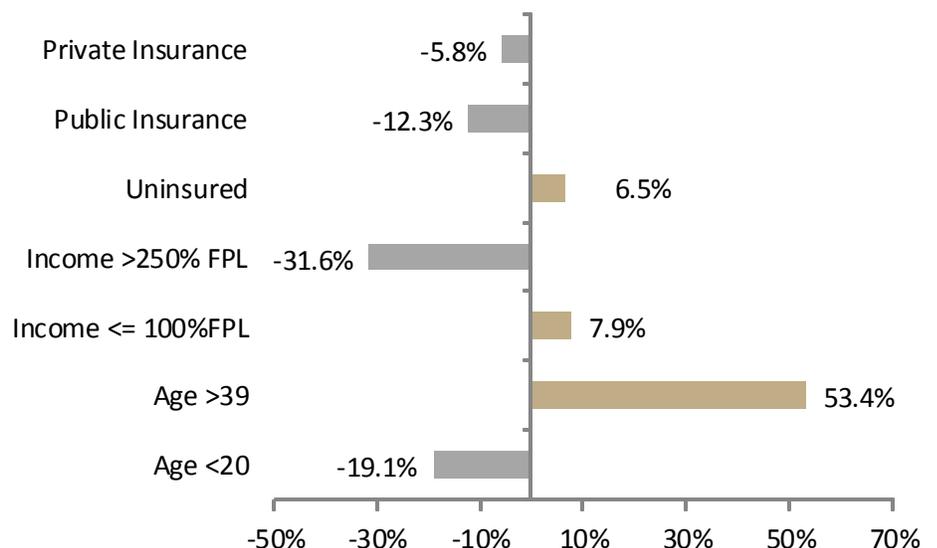
(Figure 5)



Results from a recent survey of low and moderate income women 18-34 years of age found that more than 40% reported that because of the economy, they wanted to get pregnant later, have fewer children or no more children.⁷ Women who responded to the survey, especially those that were worse off financially, reported delaying gynecological visits, skipping birth control use or delaying prescription refills to save money.

At the same time public health providers, including local health departments, community health centers and others, are challenged to meet the increased demand while costs to provide care rise and state funding is diminished.

Figure 5: Percent change of selected characteristics among MI Title X Family Planning clinic users MI Family Planning Annual Report (FPAR), 2006 to 2010



Michigan Family Planning Program

109 West Michigan Avenue

Lansing, MI 48933



Mission

"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."

Vision

"The vision of the Michigan Family Planning Program is to reduce unintended pregnancies and improve the overall health status of Michigan families by assuring access to quality effective contraception and reproductive health services."

REFERENCES

1. Guttmacher Institute (2009) *In Brief: Facts on publicly funded contraceptive service in the United States*. Accessed on July 16, 2009 at: http://www.guttmacher.org/pubs/fb_contraceptive_serv.pdf
2. United States Census Bureau (USCB) Quick tables: DP3 Profile of selected economic characteristics: 2000 Accessed on October 28, 2010 at <http://factfinder.census.gov/home/saff/main.html?lang=en>
3. United States Bureau of Labor Statistics (2009) Local Area Unemployment Statistics Unemployment rates for states Accessed on October 27, 2010 at <http://www.bls.gov/lau/lastrk00.htm>
4. United States Bureau of Labor Statistics (2010) Alternative Measures of Labor Underutilization for States, Third Quarter of 2009 through Second Quarter of 2010 Averages Accessed on October 27, 2010 at <http://www.bls.gov/lau/stalt.htm>
5. USCB, 2007-2009 American Community Survey 3 year estimates
6. USCB (2010) Michigan Selected Economic characteristics, 2009. Accessed on October 28, 2010 at http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=04000US26&-qr_name=ACS_2009_1YR_G00_DP3&-context=adp&-ds_name=&-tree_id=309&-lang=en&-redoLog=false&-format=
7. Guttmacher Institute (2009) A real-time look at the impact of the recession on women's family planning and pregnancy decisions. September 2009.

FUNDING

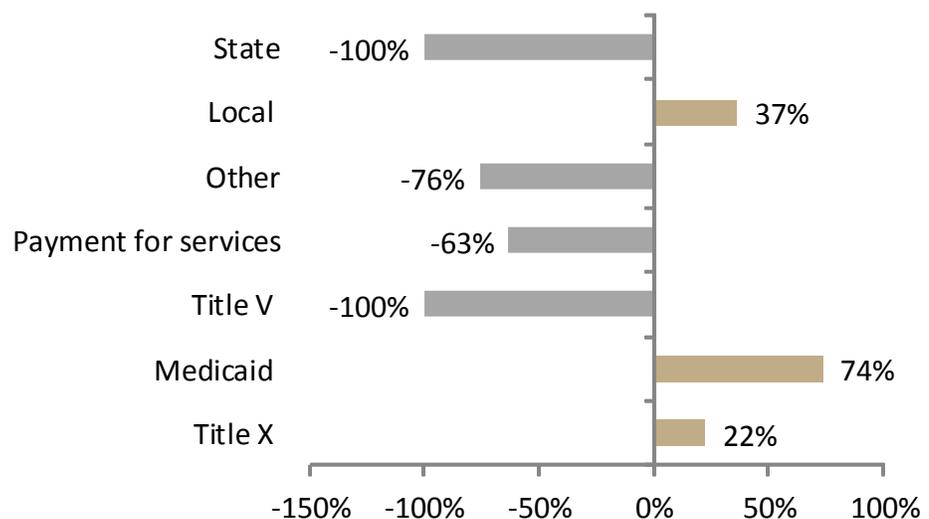
Overall funding for Michigan Family Planning clinics decreased 17% from 2006 to 2010, (Figure 6).

In 2006 the program implemented a new funding formula which prioritized services to those most in need by addressing demographic, economic and service disparities in the state.

Service to the underserved remains a program priority.



Figure 6: Percent change in funding (\$) provided by selected sources, MI FPAR 2006-2010



Suggested citation: McKane, P, Derman Q, Lightning J, Dobyne Dunbar P. Michigan Department of Community Health: Family Planning Program Update: Impact of the recession. Volume 2, Issue 1 February 2012