

# Michigan Title X Family Planning Annual Report



Michigan Department  
of Community Health



Rick Snyder, Governor  
Olga Dazzo, Director

2010

With trends 2006 to 2010

# 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 grounds of race, color, or national origin, or on the basis of disability, gender or age

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# Family Planning Annual Report

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## Family Planning Annual Report

### Introduction

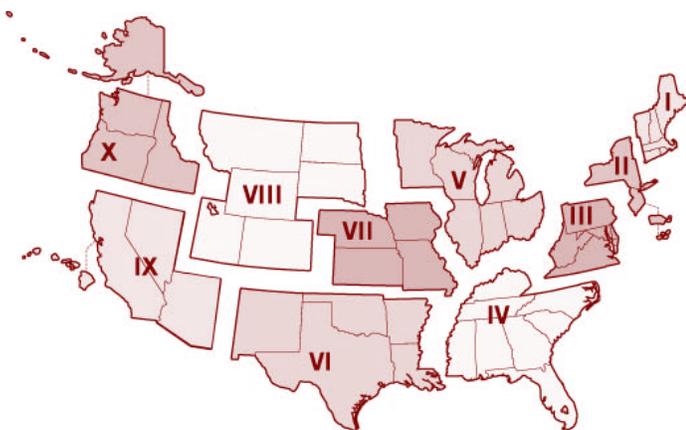
Family planning has been identified by the Centers for Disease Control and Prevention as one of the greatest public health achievements in the twentieth century.<sup>1</sup>

*Title X is the only federal grant program dedicated to providing individuals comprehensive family planning and related services.*

Family planning services provide information and the means for men and women to exercise personal choice in determining the

number and spacing 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.<sup>2</sup> State's Medicaid programs were not required to cover the costs of voluntary family planning services and

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



supplies for all beneficiaries of child-bearing age until 1972.

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 (Figure ). Each regional office manages the competitive review of Title X grant applications, makes grant awards, and monitors program performance for its respective region.

- ◆ Family planning contributes to the health of individuals, families and society as a whole by reducing unintended pregnancies and abortions.
- ◆ The ability to plan pregnancies is associated with:
  - Decreased poverty;
  - Increased educational opportunities; and
  - Increased likelihood of preconception care.<sup>3</sup>
- ◆ Family planning clinics are often the only source of health care (outside of pregnancy) for many women<sup>4</sup> 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 \$4 in Medicaid expenditures are saved.<sup>4</sup>

## Family Planning Annual Report

### Ethics

In addition to providing financial assistance, Title X mandates agencies to comply with ethical, medical and accountability standards.<sup>5</sup> 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.

*Funding for abortion is expressly prohibited under Title X.*

*No one is denied services because of an inability to pay.*

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).<sup>6</sup>

Clients whose income is below 100% of the federal pov-

erty 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.

### 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. The Michigan Department of Community Health (MDCH), Women's and Reproductive Health Unit (WRHU) oversees the grant process and monitors the program performance of the local agencies.

Title X requires grantees to provide aggregate data regarding users, services and funding. Data are sent to the WRHU, where they

- ◆ *Teens;*
  - ◆ *Those whose income is at or below 100% FPL; or*
  - ◆ *Those with special needs*
- are a priority in Michigan's Title X family planning clinics.*

are verified, analyzed and make up the Michigan Family Planning Annual Report (FPAR).

This annual report is available upon request.

## Family Planning Annual Report

Table 1 Distribution of Title X family planning clinic users by local agency &amp; percent change in number of users, MI FPAR 2006-2010

Agency	2010 Total	2010%	2006-2010 % change
Barry-Eaton District Health Dept	1,132	1.0%	-22.8%
Bay County Health Dept	1,232	1.1%	-12.3%
Benzie-Leelanau District Health Dept	427	0.4%	-26.5%
Berrien County Health Dept	1,763	1.6%	-29.4%
Central Michigan District Health Dept	3,766	3.3%	18.5%
Chippewa County Health Dept	825	0.7%	-23.3%
City of Detroit Dept of Health & Wellness Promotion	4,755	4.2%	-22.2%
Public Health Delta & Menominee Counties	1,239	1.1%	-36.9%
Dickinson-Iron District Health Dept	671	0.6%	-27.2%
District Health Dept #2	709	0.6%	-32.2%
District Health Dept #4	911	0.8%	-28.2%
District Health Dept #10	2,874	2.5%	18.3%
Family Planning Association of Allegan	1,252	1.1%	-40.0%
Genesee County Health Dept	2,814	2.5%	-41.3%
Grand Traverse County Health Dept	1,333	1.2%	3.3%
Huron County Health Dept	644	0.6%	-32.4%
Ingham County Health Dept	5,225	4.6%	-25.3%
Lenawee County Health Dept	1,665	1.5%	-23.8%
Luce Mackinac Alger Schoolcraft District Health Dept	463	0.4%	-23.2%
Macomb County Health Dept	3,066	2.7%	-2.6%
Marquette County Health Dept	697	0.6%	-18.7%
MacKenzie Memorial Hospital	705	0.6%	-48.6%
Midland County Health Dept	1,733	1.5%	-15.5%
Mid-Michigan District Health Dept	2,259	2.0%	-7.8%
Monroe County Health Dept	1,634	1.4%	-39.4%
Northwest MI Community Health Agency	1,314	1.2%	22.9%
Ottawa County Health Dept	2,792	2.5%	-43.0%
Planned Parenthood of Mid and South Michigan	35,306	31.1%	-10.0%
Planned Parenthood of South Central MI	10,834	9.5%	7.6%
Planned Parenthood of West and Northern Michigan	9,872	8.7%	-61.3%
Saginaw County Health Dept	4,353	3.8%	-1.5%
St. Clair County Health Dept	1,563	1.4%	-36.3%
Taylor Teen Health Center	456	0.4%	1.6%
Tuscola County Health Dept	985	0.9%	-23.5%
Van Buren-Cass District Health Dept	885	0.8%	-53.0%
Wayne County Health Dept	381	0.3%	-50.7%
Western Upper Peninsula Health Dept	926	0.8%	-10.9%
<b>Total</b>	<b>113,461</b>	<b>100.0%</b>	<b>-33.7%</b>

## Family Planning Annual Report

### Local Agency Characteristics

Figure 2 Distribution of Title X family planning clinic users by type of clinic, MI FPAR 2010

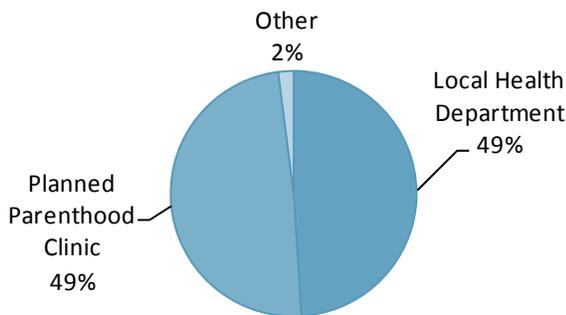
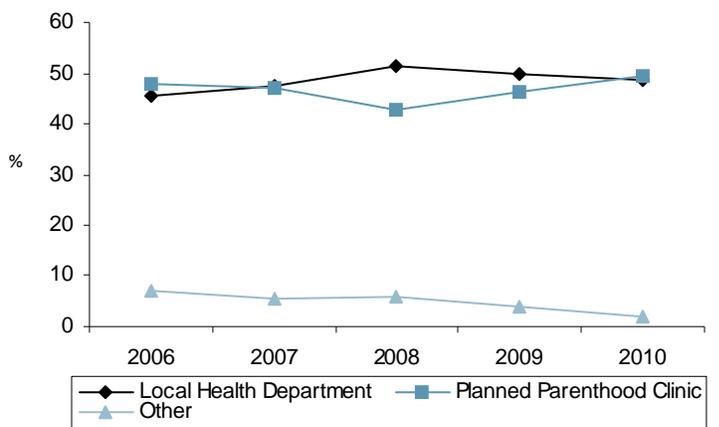


Photo Courtesy of the Indian Health Service/U.S. Department of Health and Human Services.

- ◆ The Michigan Title X Family Planning program funded 37 local agencies operating 116 clinics (Table 1 & Figure 4)
- ◆ Planned Parenthood of Mid and South Michigan agency saw the most users (31.1% of all users)
- ◆ Benzie-Leelanau saw the fewest (0.4%) (Table 1)
- ◆ Local Health Department and Planned Parenthood clinics each saw 49% of users (Figure 2)
- ◆ From 2006 to 2010, the proportion of users seen at 'other' types of clinics declined (Figure 3)

Figure 3 Trend of distribution of Title X family planning clinic users by type of clinic, MI FPAR 2006-2010

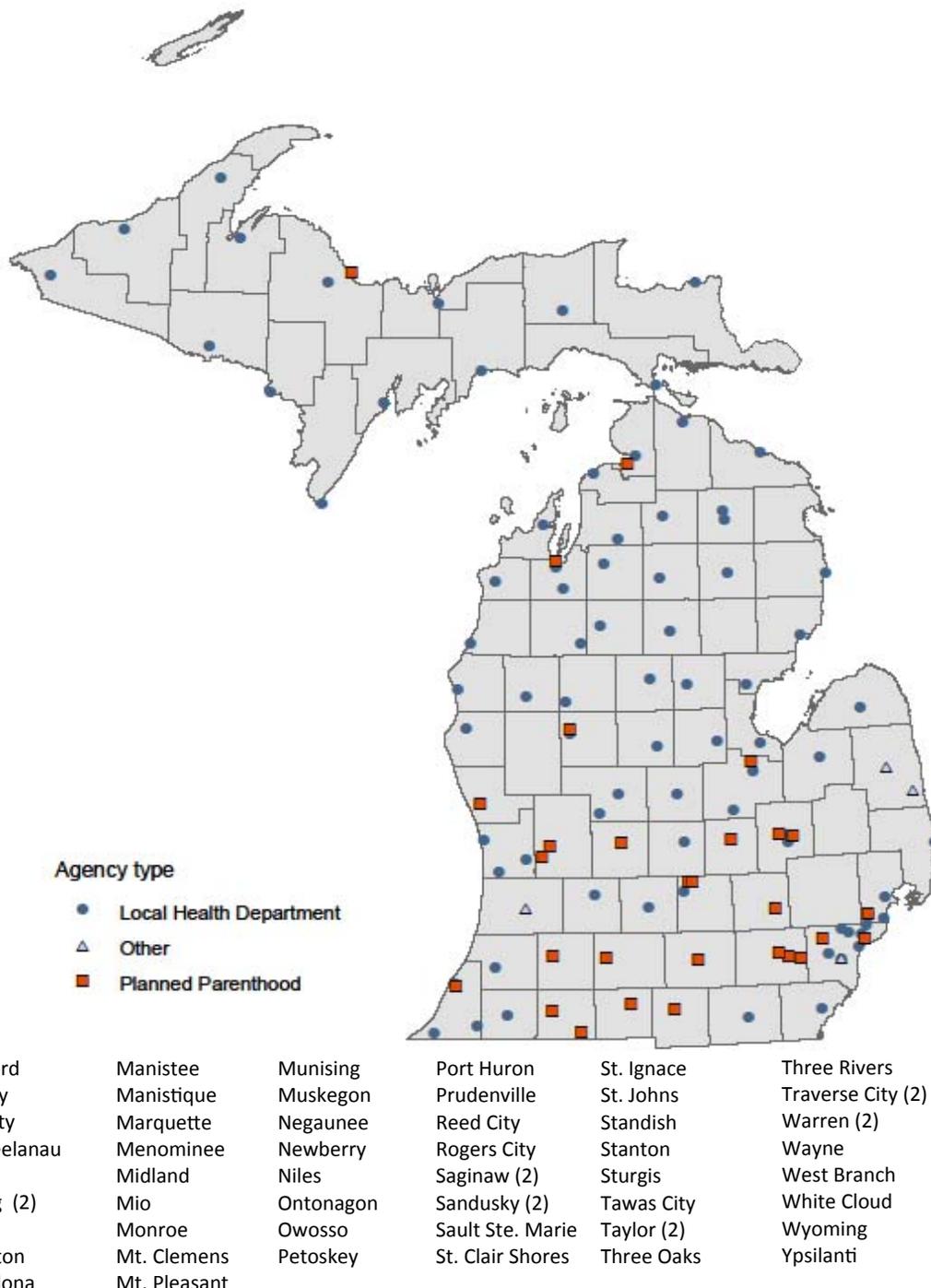


## Family Planning Annual Report

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

Cities

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



## Family Planning Annual Report

### 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.

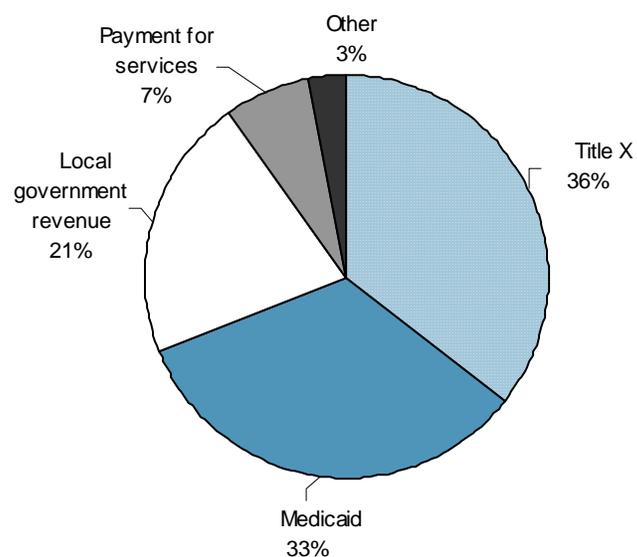
In 2008, Michigan Title X family planning clinics prevented an estimated:

- ◆ 25,100 unintended pregnancies;
- ◆ 11,200 unintended births;
- ◆ 10,500 abortions; and
- ◆ 9,828 births to clients younger than 20.

Net savings to the State of Michigan is estimated to be \$79 million (Cost of averted Medicaid deliveries less Family Planning program costs)<sup>7</sup>

- ◆ Title X comprised 36% and Medicaid 33% of the public funds distributed (Figure 5).
- ◆ Funding (from all sources) per user increased from \$182 in 2006 to \$253 in 2010 (Figure 7).
- ◆ This is comparable to 2010 funding per user both nationally (\$248) and in region V (\$249).<sup>8</sup>

Figure 5 Public expenditures on family planning clinic services, MI FPAR 2010



# Michigan Title X

## Family Planning Annual Report

Figure 6 Trends in public expenditures on family planning clinic services, MI FPAR 2006-2010

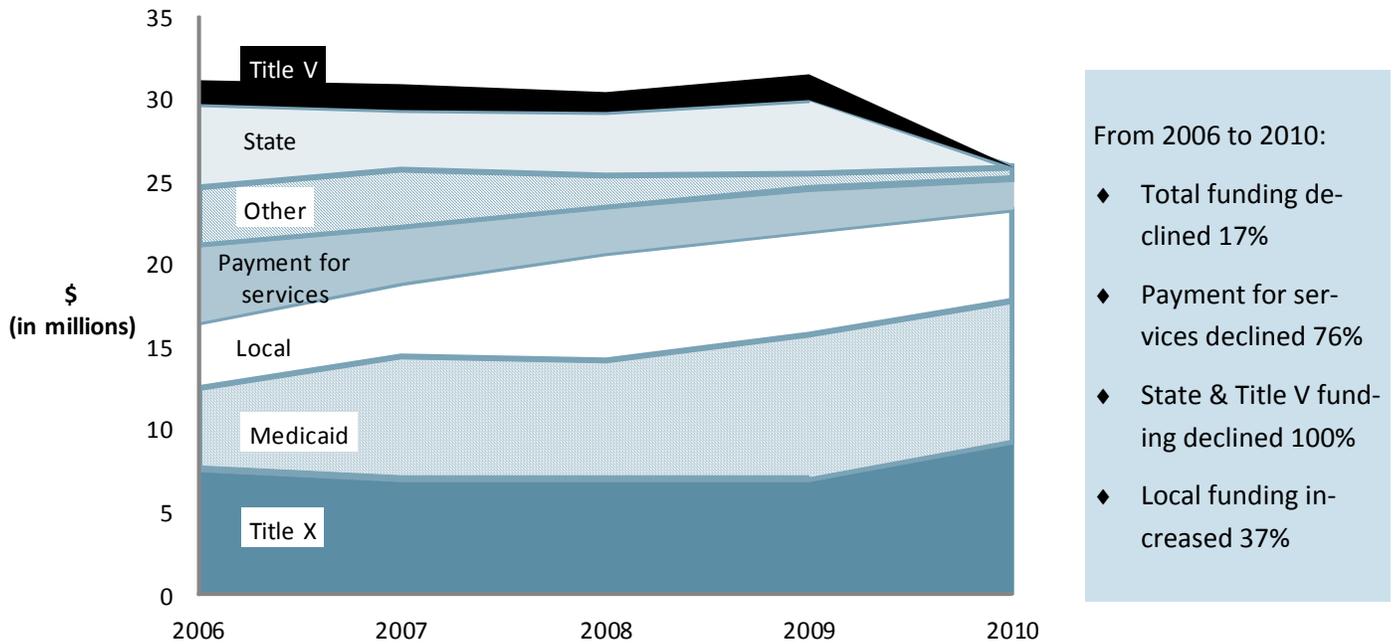
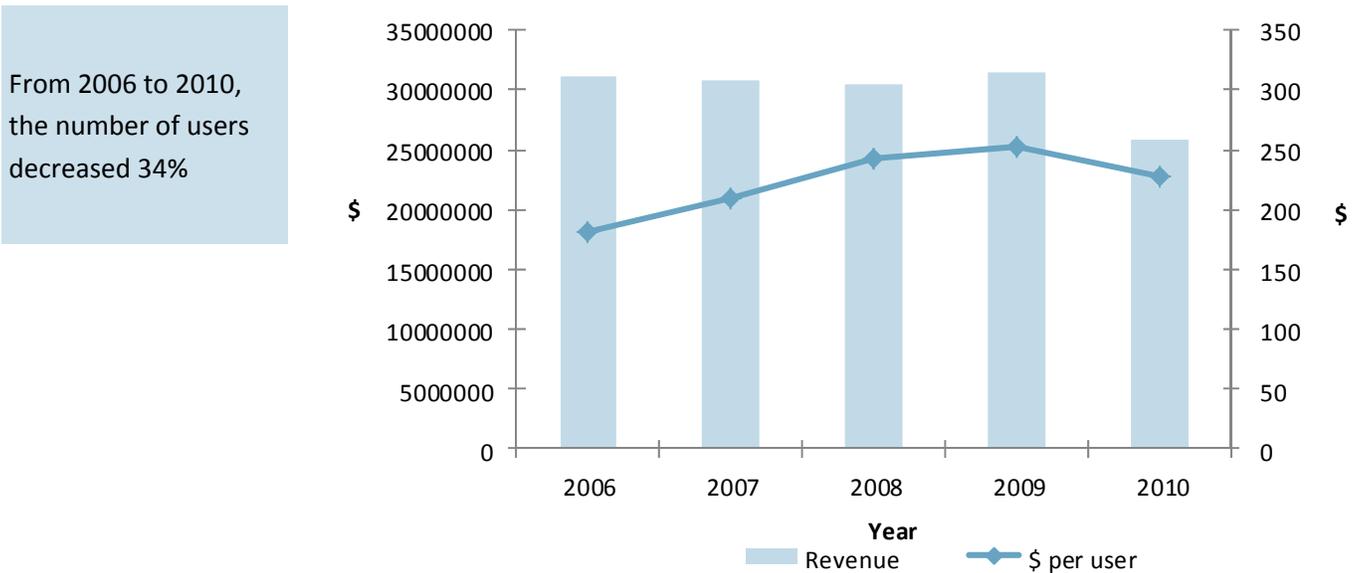


Figure 7 Trends in expenditures on family planning clinic services and number of users, MI FPAR 2006-2010



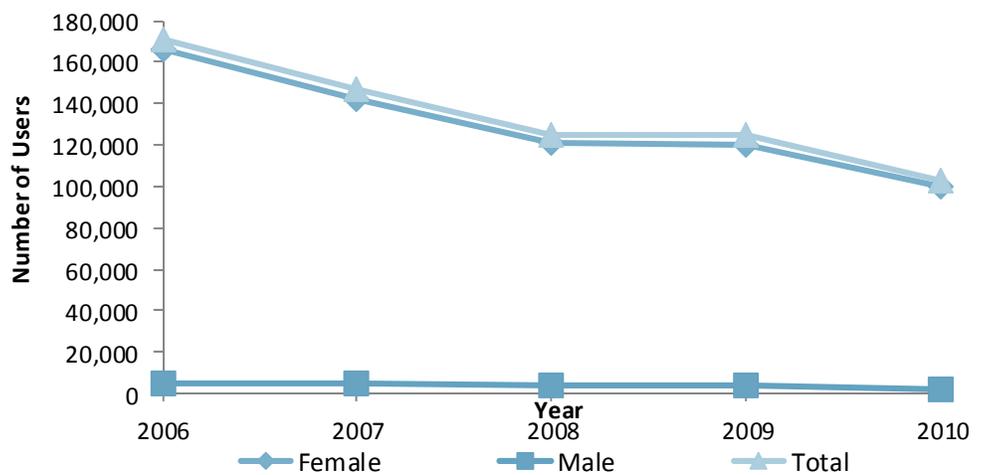
User Demographics

Figure 8 Number of MI Title X Family Planning clinic users (total and by gender), MI FPAR 2006-2010

During 2010, 113,461 men and women used Michigan Title X Family Planning Services .

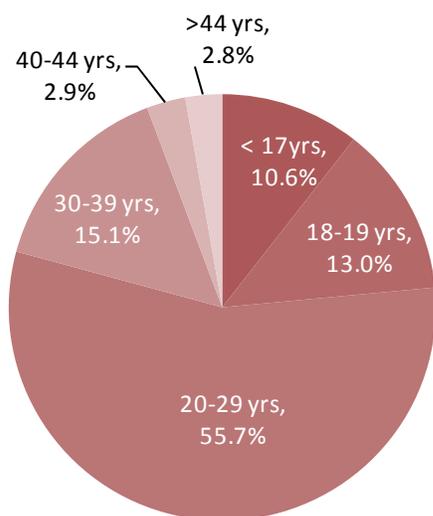
- ◆ Most users were women (97.9%)
- ◆ Males comprised 2.1% of users in 2010

Figure 8



Age

Figure 9 Distribution of family planning clinic users by age group, MI FPAR 2010



During 2010:

- ◆ 15% of all users were between the ages of 15-19 years;
- ◆ Most (56%) were 20-29 years old;
- ◆ 1% were younger than 15 years of age;
- ◆ While 3% were over the age of 44 years.

Figure 9

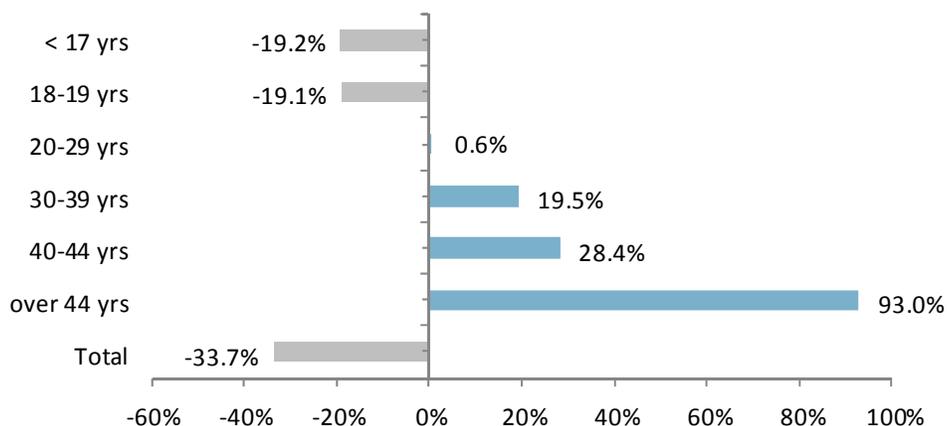
From 2006 to 2010 the proportion of users:

- ◆ Increased 93% among users older than 44 years; and
- ◆ Decreased 19% among users younger than 17 years of age.

Figure 10

# Family Planning Annual Report

Figure 10 Percent change in distribution of female family planning clinic users by age group, MI FPAR 2006-2010



## Family Planning Users Age & Race/Ethnicity Profile

**Percentage of users:**

**Age younger than 20 years**

National 22%, Region V 22%, MI 24%

**Age 40 years and older**

National 8%, Region V 6%, MI 6%

**White, non-Hispanic**

National 42%, Region V 60%, MI 72%

**Black, non-Hispanic**

National 19%, Region V 21%, MI 16%

**Hispanic**

National 29%, Region V 13%, MI 9%

Source: National & Regional data: FPAR 2010<sup>8</sup>,  
State: MI FPAR 2010

User Demographics-Race/Ethnicity

The distribution of race and ethnicity differed by gender.

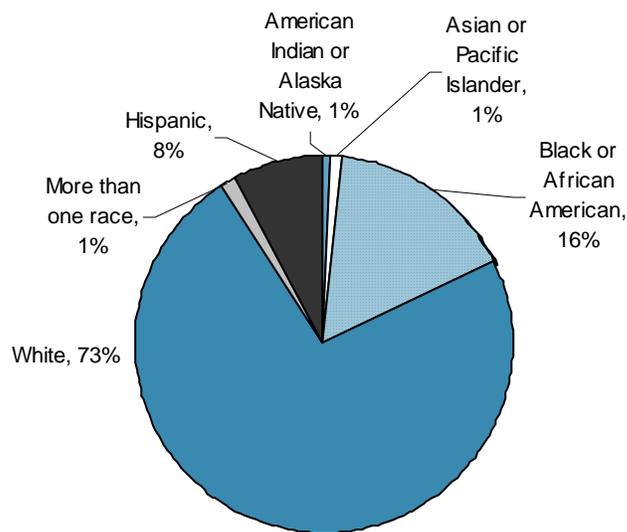
- ◆ Among Female users:
  - The majority of users (73%) were White;
  - Black or African American 16%;
  - Hispanic 8%;
  - Asian Pacific Islander 1%;
  - More than one race 1%; and
  - American Indian or Alaska Native 0.5%.

Figure 11

- ◆ Among Men:
  - The majority were White (52%);
  - Black or African American 39%;
  - Hispanic 5%;
  - More than one race 3%;
  - Asian/Pacific Islander 1%; and
  - American Indian/Alaska Native 0.5%

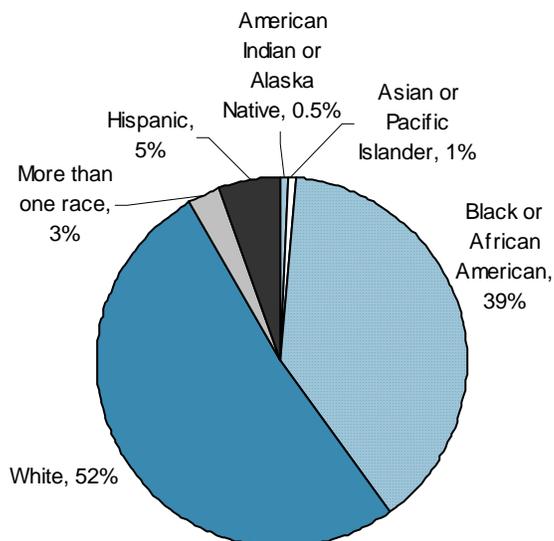
Figure 12

Figure 11 Distribution of race/ethnicity among female Title X family planning clinic users MI FPAR 2010\*



\*Excludes: Unknown or not reported 1,842

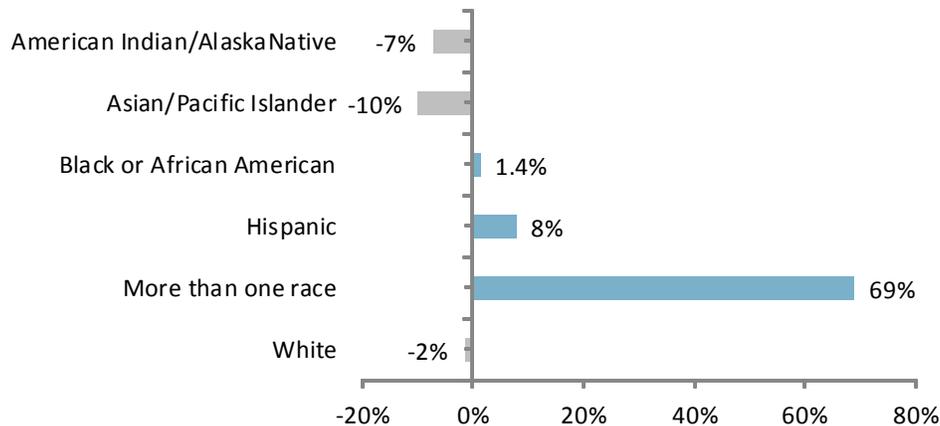
Figure 12 Distribution of race/ethnicity among male Title X family planning clinic users, MI FPAR 2010\*



\*Excludes unknown or not reported 263

## Family Planning Annual Report

Figure 13 Percent change in distribution of race/ethnicity among all Title X family planning clinic users, MI FPAR 2006-2010



From 2006 to 2010, the proportion of multiracial users increased 69% (Figure 13).

- ◆ Michigan's race/ethnicity profile differed from that of Region V and the United States.
- ◆ Race/ethnicity distribution varied by urban/rural composition (Table 2).

Table 2 Distribution of race and ethnicity for selected urban and rural local agencies, MI FPAR 2010

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.	373	8.1%	2195	47.7%	1867	40.5%	62	1.3%	15	0.3%	94	2.0%
Genesee County HD	1660	59.2%	899	32.1%	157	5.6%	21	0.7%	10	0.4%	56	2%
Kalamazoo County Planned Parenthood	492	97.8%	DNS	DNS	6	1.2%	DNS	DNS	DNS	DNS	DNS	DNS
Kent County Planned Parenthood	3356	63.0%	979	18.4%	802	15.0%	70	1.3%	20	0.4%	102	2%
Ingham County HD	2472	47.7%	1877	36.2%	575	11.1%	203	3.9%	18	0.3%	42	1%
Macomb County HD	2386	77.9%	380	12.4%	186	6.1%	59	1.9%	9	0.3%	42	1%
Wayne County Planned Parenthood	4427	59.0%	2397	32.0%	376	5.0%	118	1.6%	19	0.3%	164	2.2%
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	1074	94.9%	14	1.2%	30	2.7%	DNS	DNS	DNS	DNS	DNS	DNS
Central Michigan DHD	3558	95.9%	42	1.1%	72	1.9%	15	0.4%	22	0.6%	DNS	DNS
Chippewa County HD	678	83.0%	13	1.6%	12	1.5%	9	1.1%	105	12.9%	DNS	DNS
District #10 DHD	2556	92.6%	23	0.8%	154	5.6%	13	0.5%	13	0.5%	DNS	DNS
Tuscola County HD	940	95.5%	DNS	DNS	37	3.8%	DNS	DNS	DNS	DNS	DNS	DNS

MI FPAR 2010

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

# Family Planning Annual Report

## Income & Insurance

### Family Planning Users Social & Economic Profile

**Percentage of users:**

**Income at or below the Federal Poverty Level (FPL)**

National 69%, Region V 71%, MI 70%

**Income at or below 250% FPL**

National 91%, Region V 97%, MI 96%

**Uninsured**

National 67%, Region V 60%, MI 66%

**Public Insurance**

National 23%, Region V 30%, MI 25%

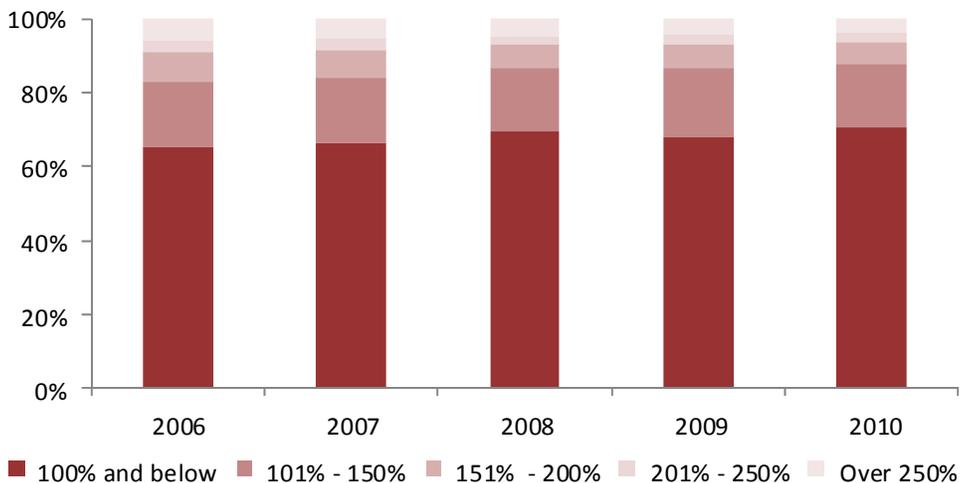
Source: National & Regional data: FPAR 2010<sup>8</sup>  
State: MI FPAR 2010



Figure 14. Trend of income distribution based on FPL among Title X family planning clinic users, MI FPAR 2006-2010

**In 2010:**

- ◆ 70.5% of Michigan users reported income at or below 100% of FPL (\$17,170 for a family of three) a 4% increase from 2006; and
- ◆ 96.1% reported income at 250% FPL or lower.



Excludes missing or unknown values

## Family Planning Annual Report

Table 3 Prevalence of income at or below 100% FPL among Title X family planning users by agency, MI FPAR 2010

Highest Prevalence	
Local Agency	%
Wayne County Health Dept.	93.7%
Family Planning of Allegan	92.0%
Lenawee County Health Dept.	91.6%
Monroe County Health Dept.	91.4%
Benzie-Leelanau District Health Dept.	91.3%
Lowest Prevalence	
Ottawa County Health Dept.	65.9%
Grand Traverse County Health Dept.	65.2%
Planned. Parenthood of Mid and South MI	59.7%
Macomb County HD	58.5%
Planned Parenthood South Central MI --Kalamazoo Co And Calhoun Co	52.5%

MI FPAR 2010

Local family planning agencies with the highest prevalence of users with a reported income less than 100% FPL:

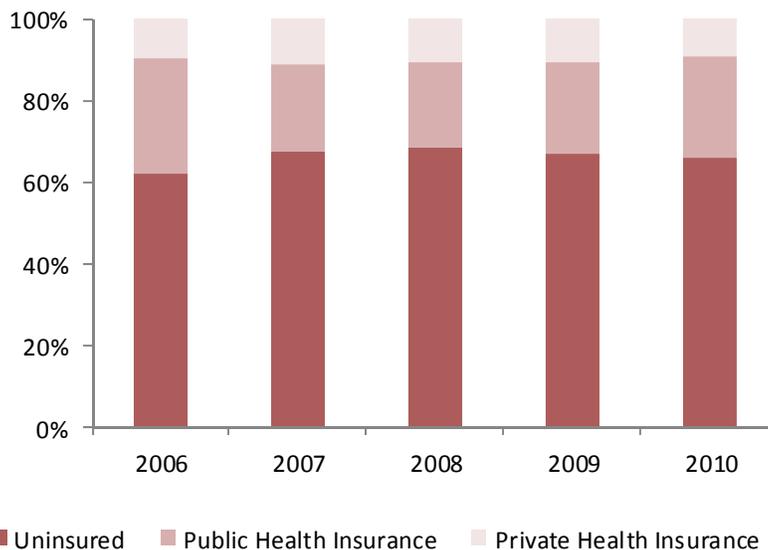
- ◆ Wayne County Health Department
- ◆ Family Planning of Allegan County

Figures 16-17, Table 3

All agencies reported that the majority of their users reported an income at or below 250% FPL.

Figure 15 Trend in the prevalence of insurance type among Title X family planning clinic users, MI FPAR 2006-2010

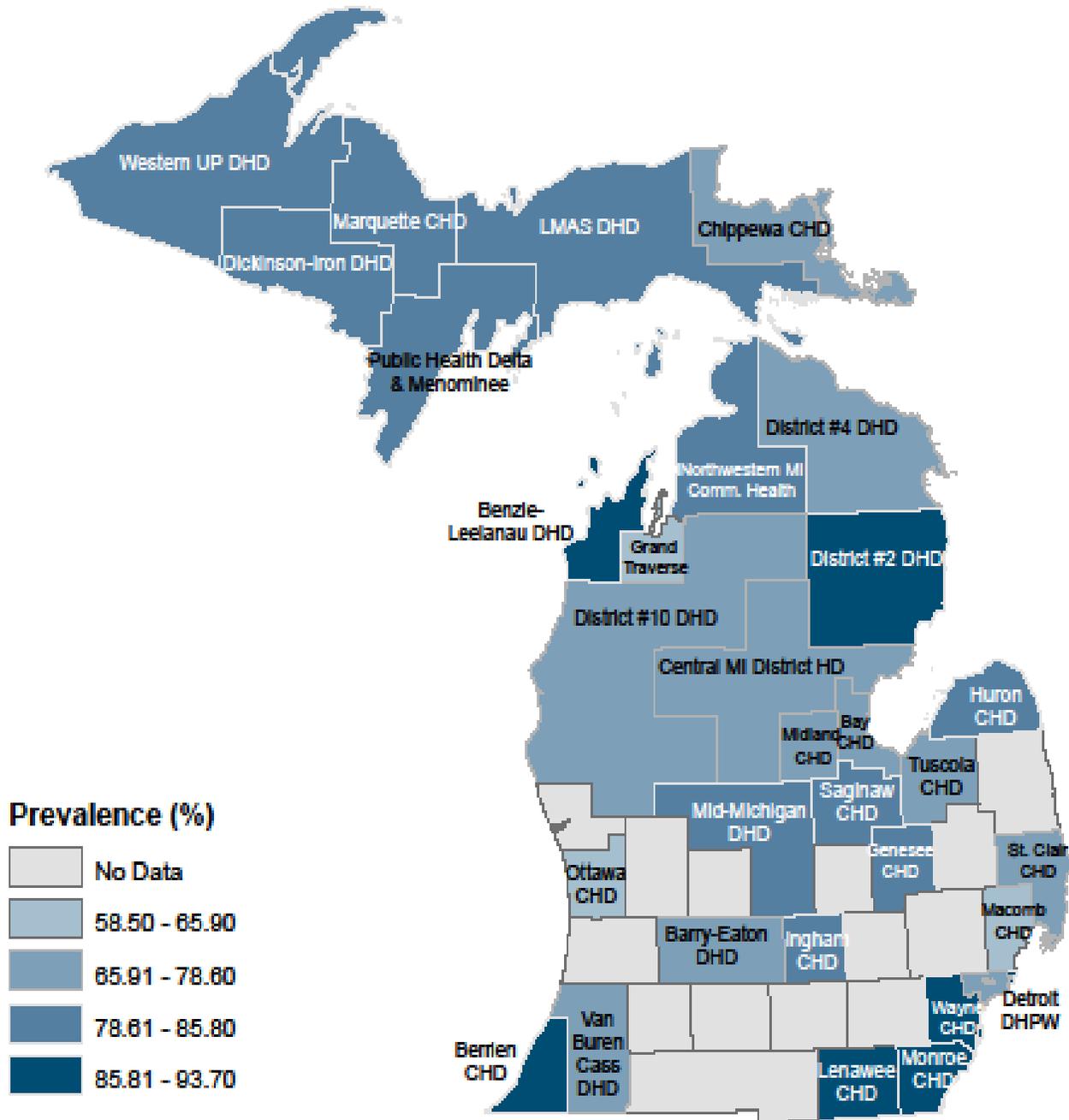
- Two-thirds of Michigan family planning clinic users were uninsured;
- One-quarter had public health insurance; and
- Approximately 9% had private insurance (Figure 15).
- From 2006 to 2010 the prevalence of users with:
  - Private insurance decreased 6% ;
  - Public Insurance decreased 12%; and
  - No insurance increased 6%.



Excludes Missing or unknown.  
Plan First! clients are considered uninsured for data collection purposes

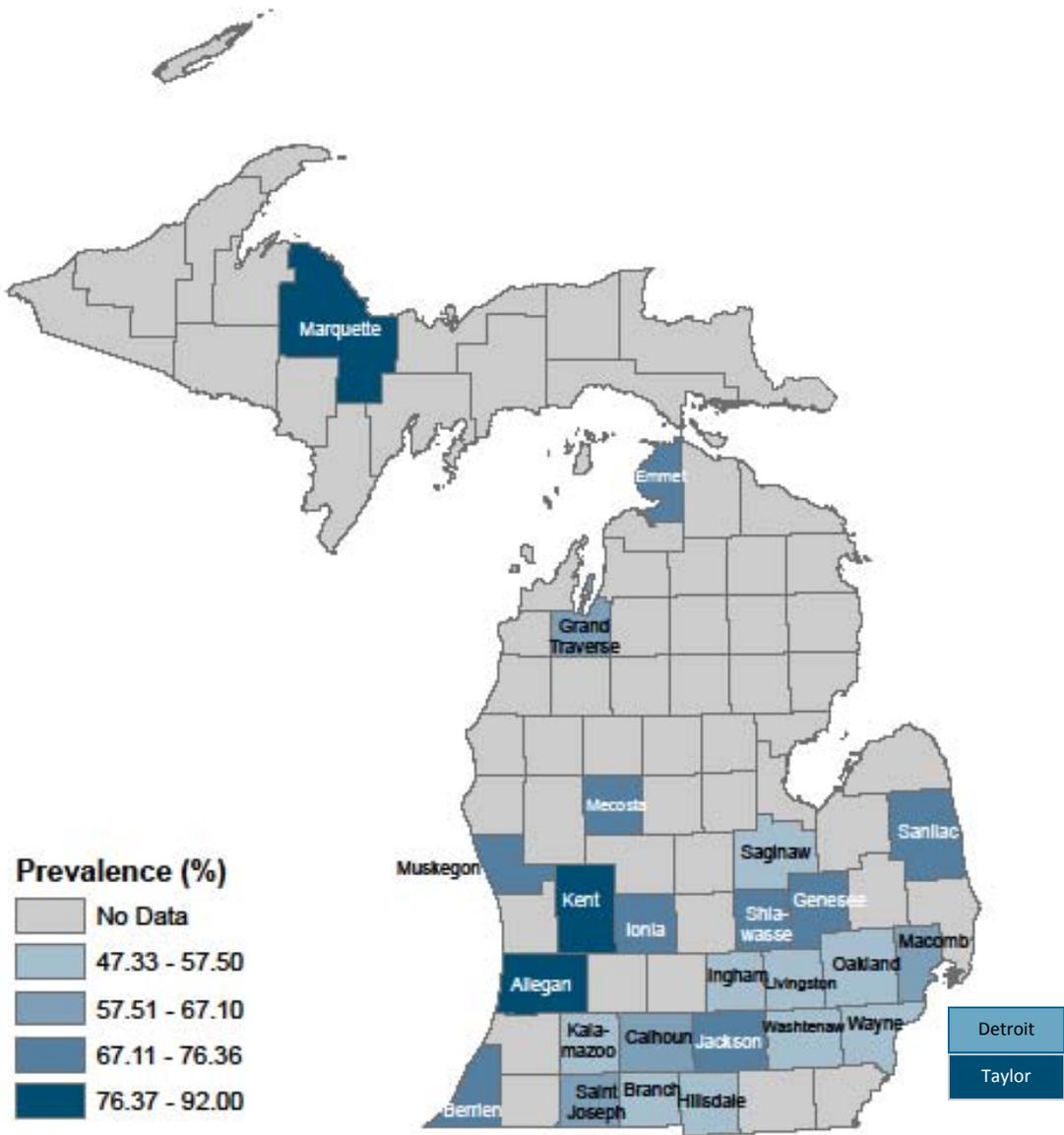
# Family Planning Annual Report

Figure 16 Percentage of users with an income at or below 100% FPL among Local Health Department family planning clinics, MI FPAR 2010



# Family Planning Annual Report

Figure 17 Percentage of users with an income at or below 100% FPL among Planned Parenthood and other then local health department family planning clinics, MI FPAR 2010



# Family Planning Annual Report

## 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:

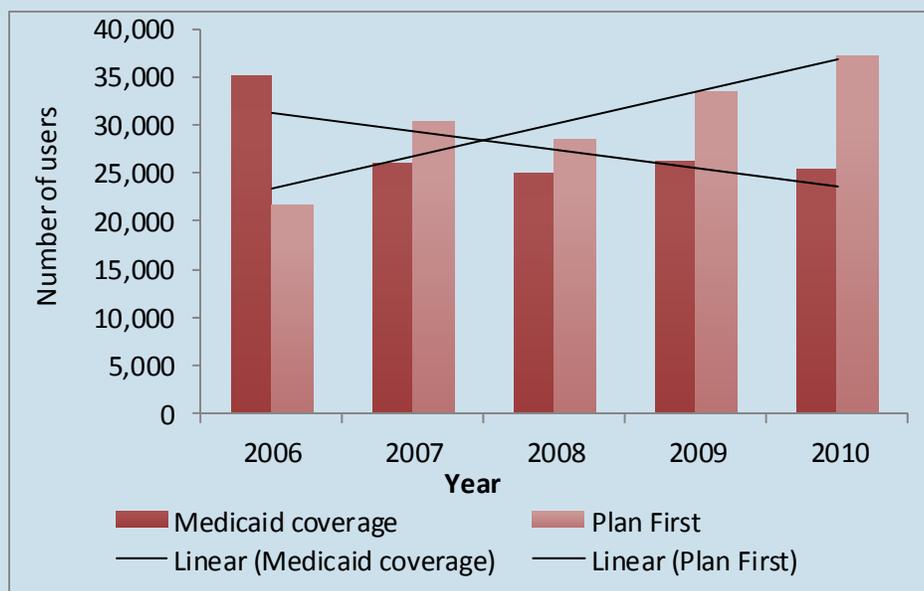
- ◆ Increase the proportion of women, 19-44 yrs. of age, with an income at or below 185% of the FPL that are receiving family planning services reimbursed through Medicaid (including Plan First!).
- ◆ Increase the proportion of primary health care referrals for women without a source for primary health 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 18 shows the number of users who utilized Plan First! or Medicaid. The number of users who were covered by Medicaid declined 28% while the number of users covered by Plan First! increased 71%.

Figure 18 Number of users with Plan First! or Medicaid coverage by year, MI FPAR 2006 - 2010



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](http://www.michigan.gov/planfirst)

# Family Planning Annual Report

## 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 Title X funded clinics, as well quality assurance requirements used to ensure uniformity across all regions.

- ◆ 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

According to the Federal guidelines (last updated in 2001), each Title X clinic must offer the following:

1. Client education and counseling, including specialized counseling;
2. History, physical assessment, and laboratory testing, including breast and cervical cancer screening;
3. Fertility regulation, including provision of contraceptive methods (including abstinence) and/or prescriptions for contraceptive supplies and other medications;

4. Basic infertility services;
5. Pregnancy diagnosis and counseling;
6. Adolescent services, counseling to minors on how to resist attempts to coerce them into engaging in sexual activities;
7. Reporting of child abuse, child molestation, sexual abuse, rape, or incest;
8. Identification of estrogen-exposed offspring; and
9. STI and HIV/AIDS prevention education, screening and referral.<sup>1</sup>

Related services that are available and encouraged at most clinics:

1. Gynecological services;
2. Special counseling such as substance abuse and domestic abuse counseling;
3. Genetic information and referral;
4. Health promotion and disease prevention; and
5. Postpartum care;<sup>1</sup>

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%), public insurance other than Medicaid (78%) and women with income is below 100% of the federal poverty guideline (73%).<sup>9</sup>

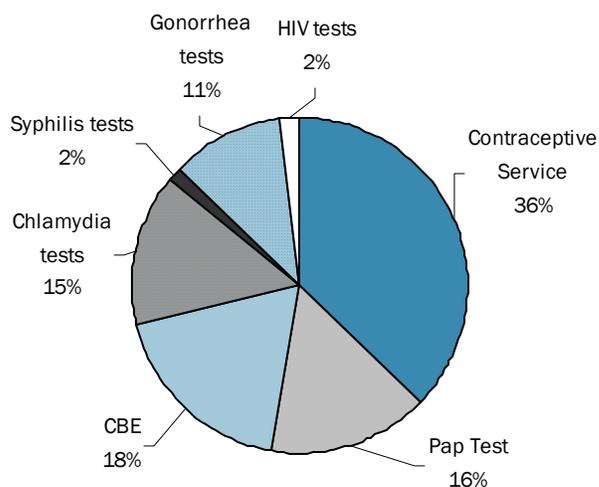
## Services Summary

In 2010, Michigan Title X Family Planning clinic users received 301,974 services.

- ◆ Some users received more than one service.
- ◆ Services were distributed as follows:
  - Contraceptive services 36%;
  - Cancer screening 34%; and
  - STI testing 30%.

(Figure 19)

Figure 19 Distribution of services preformed at Michigan Title X clinics, MI FPAR 2010



## Family Planning Contraceptive Services

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 clinics<sup>10</sup>.

### Family Planning Users

#### Method Profile

**Percentage of female users:**

Using contraceptive methods at last visit  
National 83%, Region V 86%, MI 91%

**Percentage of male users:**

Using contraceptive methods at last visit  
National 89%, Region V 83%, MI 96%

Source: National & Regional data: FPAR 2010<sup>8</sup>, State: MI FPAR 2010

# Family Planning Annual Report

## Method use-Females

Table 4 Distribution of female family planning users by age group and by contraceptive method, MI FPAR 2010

Contraceptive Method	<15-19yrs	20-29yrs	30-39yrs	40+yrs	All Ages
Oral contraceptive	46.9%	47.9%	39.3%	32.7%	43.2%
Male condom	16.7%	14.8%	16.1%	17.8%	15.7%
3-Month hormonal injection	22.2%	13.9%	13.6%	20.1%	15.4%
Pregnant or seeking pregnancy	3.3%	7.1%	7.6%	6.3%	6.7%
Vaginal ring	3.4%	6.7%	8.6%	3.5%	6.6%
Other reason	0.8%	0.6%	0.6%	0.8%	0.6%
Intrauterine device (IUD)	0.3%	2.0%	5.1%	5.1%	2.7%
Hormonal/contraceptive patch	2.4%	2.2%	1.4%	1.4%	2.3%
Female sterilization	DNS	0.1%	4.1%	4.1%	0.9%

MI FPAR 2010

- 91% of female Michigan family planning clinic users reported using a contraceptive method.
- Some users did not use contraception:
  - pregnant or wanting to become pregnant (6.7%); or
  - other reason (2.8%).
- Oral contraceptives (43.2%) were the most popular method among all age groups of female users.

- Other popular methods include:
  - Male condom (15.7%);
  - 3 month hormonal injection (15.4%); and
  - Vaginal Ring (6.6%).
- Contraceptive methods varied by age group:
  - The 3 month hormonal injection was most popular among young women (<19 years);
  - IUDs and female sterilization was most prevalent among women older than 39 years of age.

Table 4

Methods were categorized based on published effectiveness estimates.

Permanent methods include female sterilization and vasectomy.

Reversible= Highly effective reversible methods including oral contraceptives, hormonal injection or patch, vaginal ring or IUD.

Any highly effective method= permanent and highly effective reversible method.

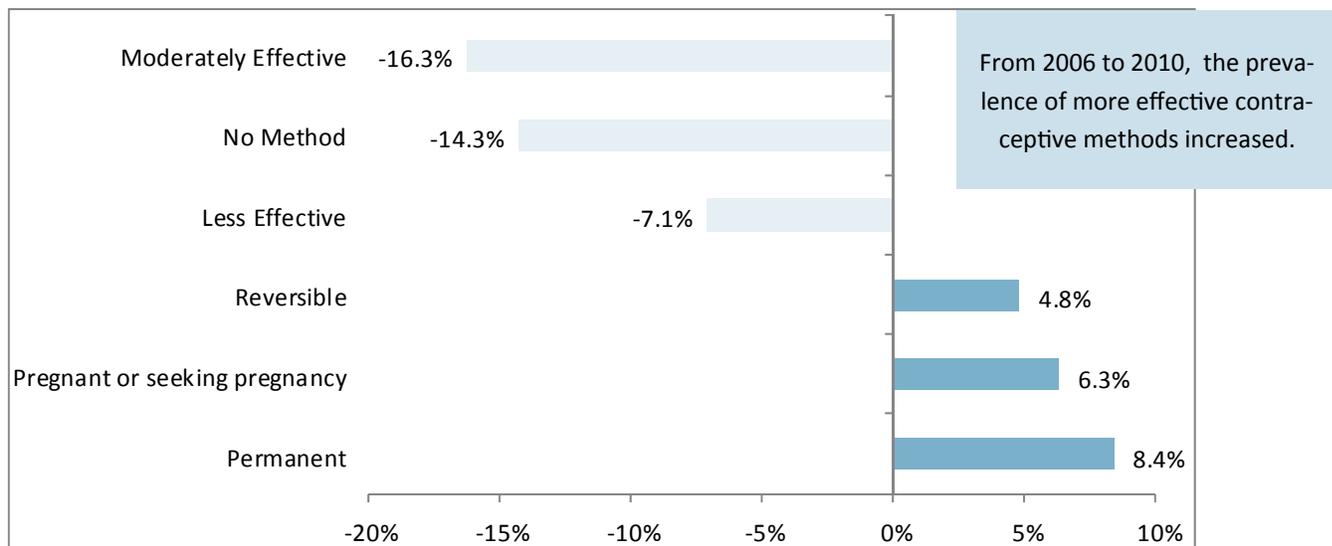
Moderately effective methods include male condoms.

Less effective methods include diaphragm/cervical cap, sponge, spermicide used alone, female condom, fertility awareness method, abstinence, other method or method unknown.

Source: MMWR (2009) 58(30): 821-6

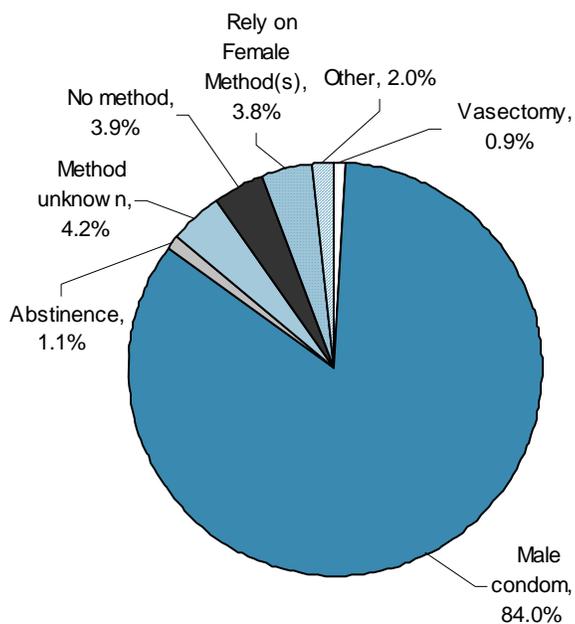
# Family Planning Annual Report

Figure 20 Percent change of proportion of family planning method among female family planning users, MI FPAR 2006 - 2010



## Method use-Males

Figure 21 Distribution of family planning method among male users, MI FPAR 2010



- The majority of male family planning clinic users (84.0%) used condoms.
  - Others methods reported were:
    - Unknown (4.2%);
    - Relied on female method (3.8%);
    - Other method(2%);
    - Abstinance (1%); and
    - Vasectomy (1%);
- Approximately 4% of users reported no method used.

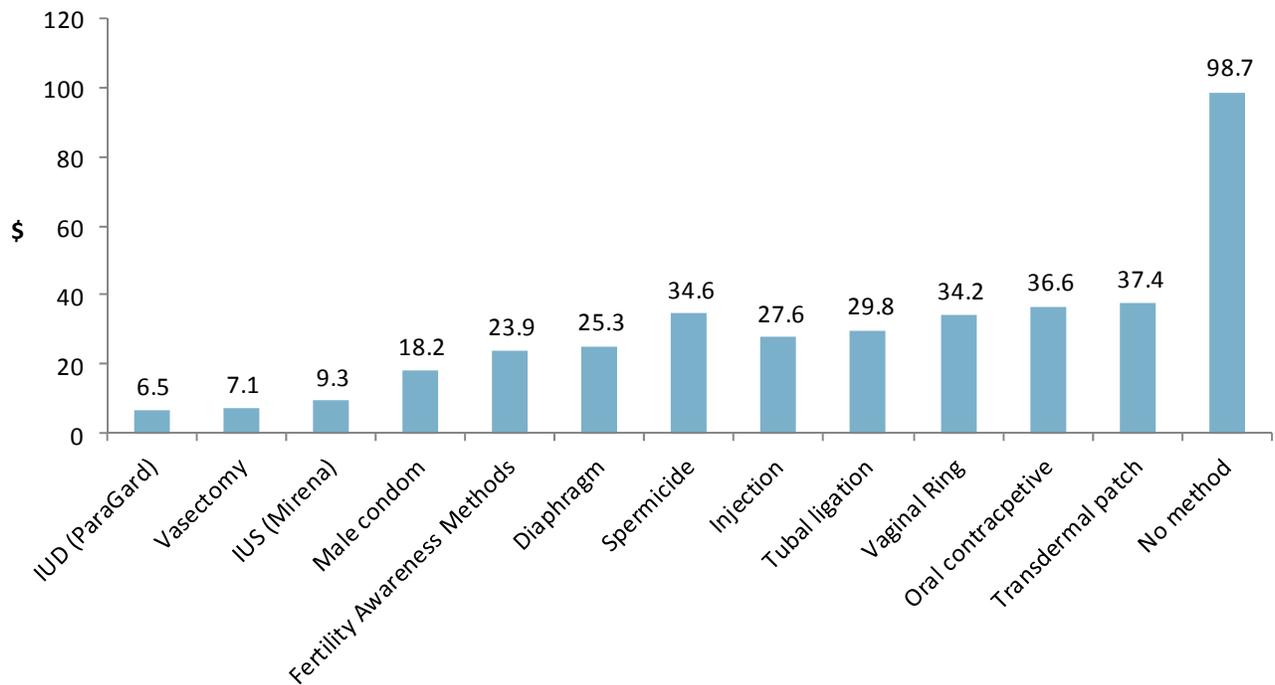
# Family Planning Annual Report

## Methods- Cost Effectiveness

- Contraceptive use saves the United States nearly \$19 billion in direct medical costs per year <sup>11</sup>
- Long-term contraceptives are the most cost-effective <sup>11</sup>
- All contraceptive methods are more cost-effective than no method <sup>11</sup>

Figure 22

Figure 22. Cost-effectiveness of contraceptive methods at 5 years. <sup>11</sup>



# Family Planning Annual Report

## 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.<sup>12</sup> However racial disparities were evident. Cervical cancer was diagnosed 1.3 times more often in Black women than White women,<sup>12</sup> and the mortality rate among Black women was twice that of White women.<sup>13</sup>

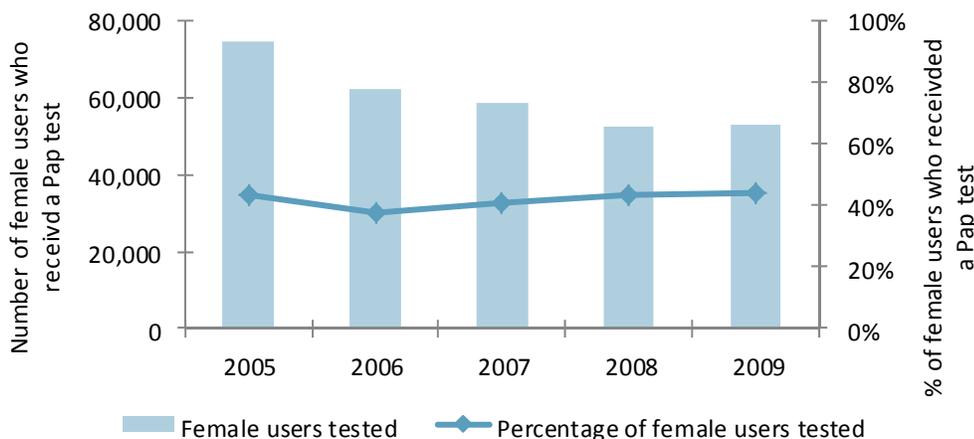
Because cervical cancer is highly curable if detected early, screening to identify women at the incipient stages is very important. Papanicolaou test or Pap smear is one test that can detect cervical cancer early and is recommended for all women. It looks for pre-cancers, cell changes on the cervix that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

Two of every five (42.4%) women seen at Michigan Title X family planning clinics in 2010 were screened for cervical cancer using the Pap test.

- 14.2% of women screened had abnormal results and all were referred for additional care.
- Screening rates were higher than both national and Region V rates.
- From 2006 to 2010 screening rates significantly increased (13%).

Figure 22

Figure 22 Number and percentage of female users receiving a Pap test, MI FPAR 2006-2010



# Family Planning Annual Report

## Breast Cancer Screening

Breast cancer is the second most common type of cancer among American women (skin cancer is the most common type).<sup>14</sup>

The age-adjusted incidence of female breast cancer was 120.4 per 100,000 in Michigan during 2005.<sup>12</sup> 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.<sup>13</sup>

- ◆ Half (50%) of women seen at Michigan Title X clinics received a clinical breast exam (CBE).
- ◆ Few women (1.4%) were referred for additional diagnostic tests.
- ◆ From 2006 to 2010 there was no significant change in the proportion of users screened.

**Family Planning Users  
Cancer Screening Profile**

**Percentage of female users:**

**Screened for cervical cancer**  
National 36%, Region V 36%, MI 42%

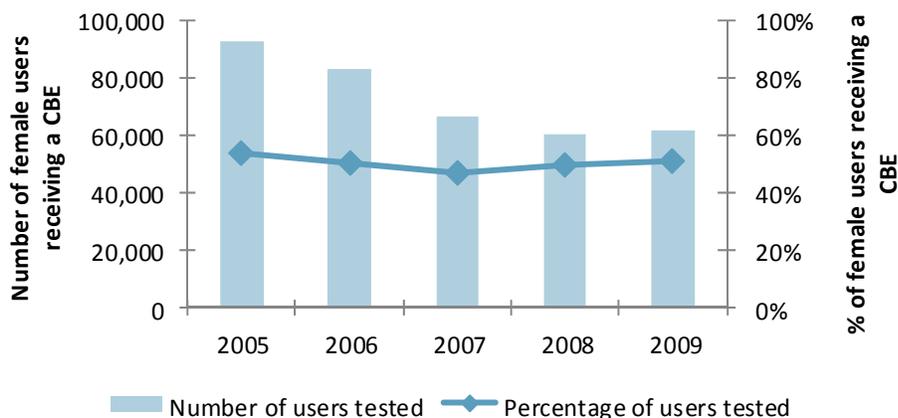
**Screened who had an abnormal Pap test**  
National 14%, Region V 13%, MI 14%

**Screened for breast cancer**  
National 42%, Region V 42%, MI 50%

**Screened who were referred based on abnormal exam**  
National 2%, Region V 1%, MI 1%

Source: National & Regional data: FPAR 2010<sup>8</sup>, State: MI FPAR 2010

Figure 23 Number and percentage of female users who received a clinical breast exam (CBE), MI FPAR 2006-2010



# Family Planning Annual Report

## 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 term consequences if undiagnosed and untreated. Complications include infertility, chronic health problems and in some cases death.

STI testing is of interest to Title X clinic users, as young, sexually active women have the highest rates of gonorrhea and chlamydia.<sup>9</sup>

### 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.<sup>15</sup>

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 screening test for chlamydia.<sup>16</sup>

### Family Planning Users STI-Screening Profile

#### Percentage of female users < 25 years of age screened for Chlamydia

National 57%, Region V 48%, MI 42%

#### Percentage of female users screened for Chlamydia

National 49%, Region V 44%, MI 39%

#### Percentage of male users screened for Chlamydia

National 58%, Region V 74%, MI 54%

#### Percentage users screened for Gonorrhea

National 52%, Region V 42%, MI 29%

#### Percentage of users screened for Syphilis

National 14%, Region V 4%, MI 4%

#### Percentage of users screened for HIV National 2.1%, Region V 10%, MI 5%

Source: National & Regional data: FPAR 2010<sup>8</sup>, State: MI FPAR 2010

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Figure 24 Prevalence of users screened for Chlamydia by age group and gender, MI FPAR 2006-2010

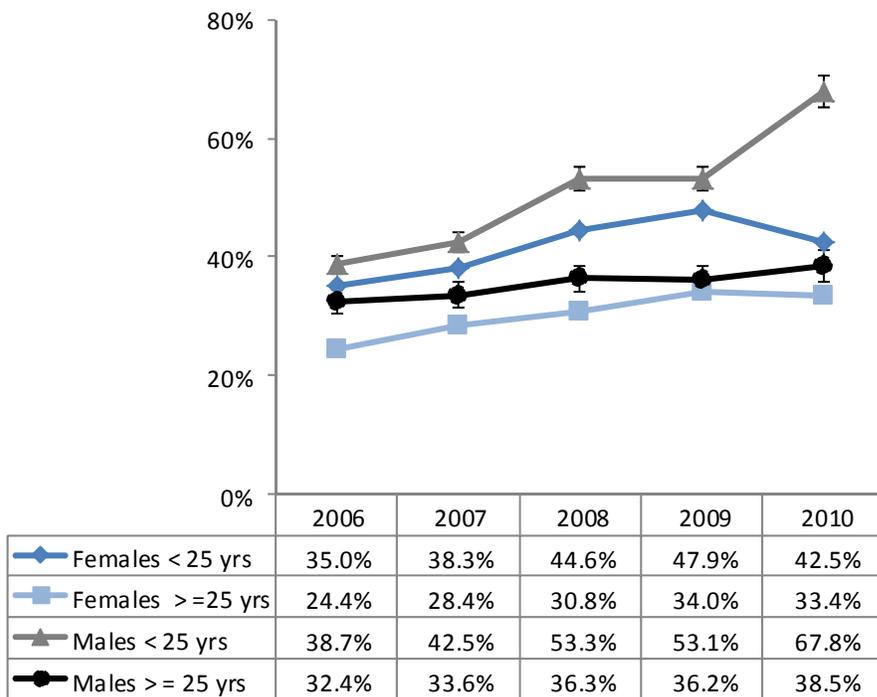
During 2010 Title X funded clinics in Michigan tested:

- ◆ 39% of female users for Chlamydia;
- ◆ 42% of female users younger than 25 years;
- ◆ 54% of all males; and
- ◆ 68% of men younger than 25 years of age.

From 2006 to 2010, the proportion of users tested increased significantly for all except for males over the age of 25 years.

Overall screening rates at Michigan clinics were lower than national and Region V for both female and male users.<sup>8</sup>

Figure 24



## 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.<sup>17</sup> In Michigan the highest reported rate (9.5 per 1,000) was among females ages 15-19 years.<sup>18</sup> Overall the reported infection rate decreased by 10% from 2000 to 2008.

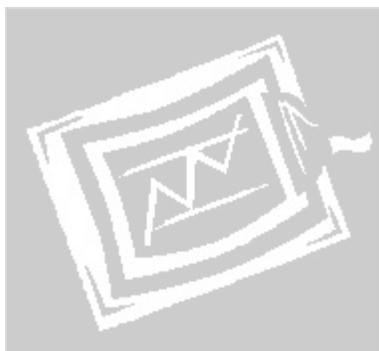
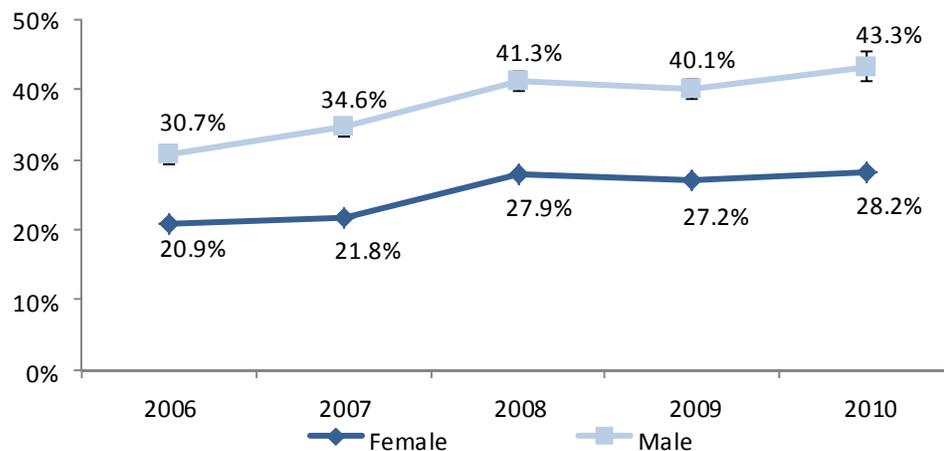
# Family Planning Annual Report

- ◆ Michigan Title X clinics screened 28% of men and women for gonorrhea in 2010.
- ◆ Screening rates among men (43%) were 1.5 times higher than among women (28%).
- ◆ From 2006 to 2010 screening increased 41% among men and 35% among women, both were statistically significant.



Figure 25

Figure 25 Prevalence of gonorrhea testing among users by gender, MI FPAR 2006-2010



## Other STI Screening

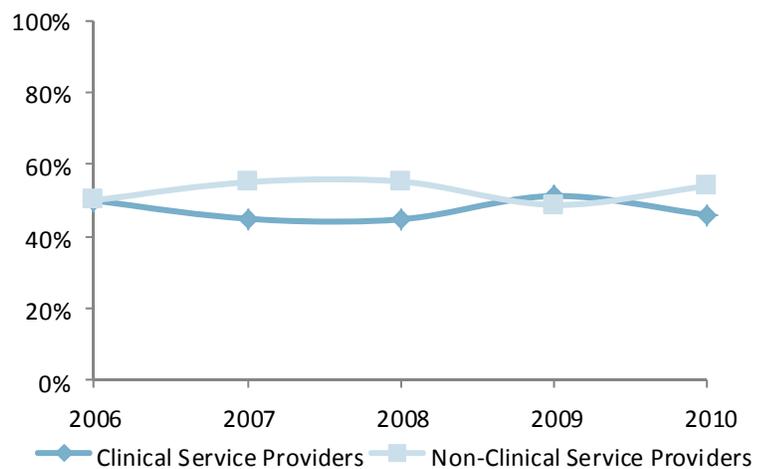
In 2010, 5,209 persons were screened for syphilis and 5,660 received a confidential test for Human Immunodeficiency Virus (HIV) at Michigan Title X agencies. This represents 4% of users for each test, below the national screening rate at Title X clinics for each disease.

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## Providers

In 2010, 64.6 full time equivalent (FTE) clinical service providers (CSP) provided family planning related services at Michigan Title X Family Planning clinics. The majority of FTEs (87%) were classified as mid-level clinicians (physician assistants, nurse practitioners, and certified nurse midwives), 10% were physicians and 3% were other CSP (e.g. RN). Although Michigan’s staffing profile was very similar to Region V, it did differ from the national profile<sup>8</sup>; 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

Figure 26 Trend in percentage of family planning encounters by provider type, MI FPAR 2006-2010



the nation. From 2006 to 2010, the percentage of family planning encounters furnished by clinical service providers (physicians, physician assistants (PA), nurse practitioners (NP), certified nurse midwives (CNM), or registered nurses (RN) significantly declined 8% (Figure 26). During the same period encounters by non-clinical service providers significantly increased by 8%.

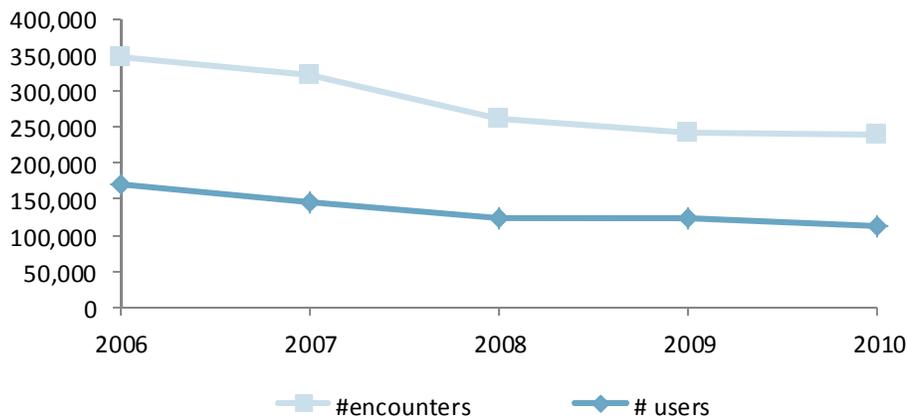
From 2006 to 2010, the number of family planning clinic encounters decreased by 31% from 346,129 in 2006 to 240,053 in 2010 (Figure 27). However, the number of encounters per user remained constant.

Family Planning Clinic Staffing Profile
<b>Percentage of FTE Clinic staff :</b>
<b>Physicians</b>
National 15%, Region V 11%, MI 10%
<b>PA/NP/CNM</b>
National 66%, Region V 84%, MI 87%
<b>Other CSP</b>
National 19%, Region V 5%, MI 3%
<b>Ratio of PA/NP/CNM to Physician</b>
National 4.5 , Region V 7.6, MI 8.8
Source: National & Regional data: FPAR 2010 <sup>8</sup> , State: MI FPAR 2010

## Family Planning Annual Report

### Encounters

Figure 27 Trend in number of family planning clinic encounters and of number of family planning clinic users, MI FPAR 2006-2010



### 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 planning ....has 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).<sup>10</sup> Without publicly funded family planning services, unintended pregnancy, abortion and unintended childbearing 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.<sup>10</sup>

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.<sup>8</sup> 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.

## Family Planning Annual Report

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# Family Planning Annual Report

## 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

## Family Planning Annual Report

### 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)*
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)*

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### Minimum Program Requirements

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 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](http://www.michigan.gov/documents/mdch/Family_Planning_MPRS_2006_278846_7.pdf))



Michigan Department of Community Health is an equal opportunity provider.