

FIRST STEPS DATABASE

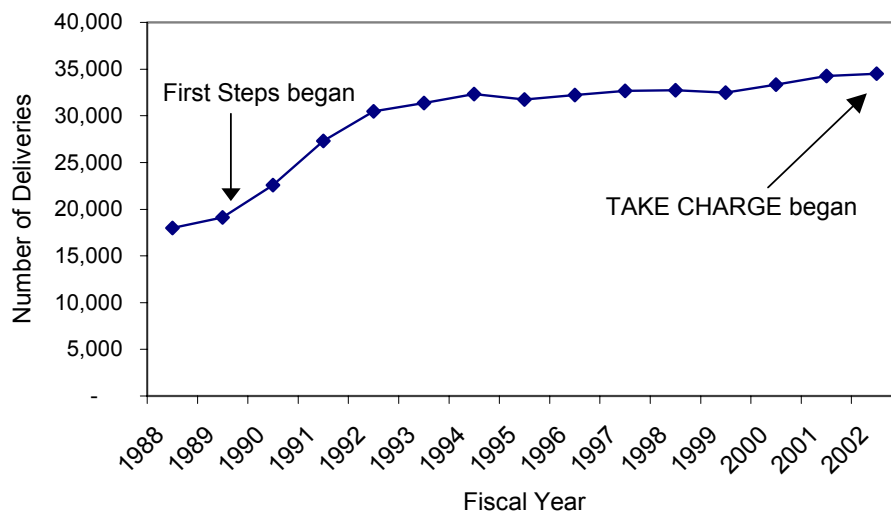
FIRST STEPS, FAMILY PLANNING, AND THE CHANGING ECONOMY

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In 1989, DSHS and DOH implemented the First Steps program to meet the goals of the Maternity Care Access Act passed by the Legislature earlier the same year. First Steps has achieved remarkable success in many of the areas this legislation addressed. Access to prenatal care has improved, low birth weight has decreased, and infant mortality has decreased.

After First Steps increased eligibility for pregnant women up to 185% of the Federal Poverty Level (FPL), the number of births funded by Medicaid increased from 17,984 before First Steps (FY 1988) to 34,257 (FY 2001). Of the Medicaid-funded births, nearly 50% of the pregnancies were unintended at conception. As the number of pregnant women on Medicaid's caseload has grown—Medicaid provided funding for 44% of all deliveries in 2001—what was initially viewed as a program success now represents a substantial and growing expenditure for the Medical Assistance Administration (MAA). At more than \$220 million per year, maternity care is one of MAA's largest expenses.



The State Legislature and program staff recognized years ago that limiting the growth in Medicaid-paid deliveries required increasing access to family planning services, educating communities about the benefits of planning pregnancies, and changing individual behavior. A number of programs were initiated over the past ten years to accomplish this:

- Since 1993, family planning assistance and information for all TANF clients and potential clients have been provided in Community Services Offices (CSOs) across the state.
- In 1993, family planning coverage was extended to a full year post-pregnancy for women who became Medicaid eligible because of pregnancy.
- Since 2000, pregnant women and new mothers have received counseling from Maternity Support Services providers about achieving their desired family size, and assistance in planning for and accessing family planning services.
- In 2001, TAKE CHARGE, a federal waiver allowing Washington to cover pre-pregnancy family planning services for women and men with incomes up to and including 200% of the FPL, was implemented.

In combination, these family planning efforts were designed to reach as broad a target population as possible, within existing policies. Yet, while remaining flat during most of the 1990s, in the early 2000s, the Medicaid maternity-related caseload continued to climb. The rising caseload raised questions about the impact of TAKE CHARGE.

ECONOMIC CLIMATE

In 2000 and 2001, other significant changes were occurring in Washington State. Washington's economy, like that of the rest of the United States, was pretty much stalled. As unemployment in Washington began to increase at the end of 2000, more women needed pregnancy-related medical coverage through Medicaid. While employment is by far the most important source of health insurance in the United States, other changes in the health insurance market in Washington may also have contributed to greater numbers of pregnant women being eligible for Medicaid.

Many policy makers and program staff had hoped that, with the implementation of TAKE CHARGE, a decrease in the number of Medicaid-funded births would occur. The earliest time such a decrease could have occurred would have been the spring of 2002 because of the nine months between conception and delivery. No clear decrease has been observed yet. More time may be required for such a decrease to become apparent. Major changes in the economy, increased unemployment, and health insurance market forces may overshadow any discernible impact of TAKE CHARGE for the foreseeable future.

TAKE CHARGE SUCCESS

The TAKE CHARGE program has been remarkably successful, as measured in the following ways:

- Enrollment in TAKE CHARGE has exceeded expectations. Between July 2001 when TAKE CHARGE began and the end of its first year, a total of 98,973 clients were enrolled in TAKE CHARGE.
- The age distributions of TAKE CHARGE enrollees and pregnant Medicaid women are similar. Seventy percent (70%, or 66,990) of the women enrolled in TAKE CHARGE are between 18 and 29 years of age. In 2001, women 18-29 accounted for 68% of Medicaid-funded births.
- TAKE CHARGE enrollees are using effective family planning methods. Nearly eighty percent (80%) of women newly enrolled, between July 1, 2001 and December 31, 2001, used the more effective family planning methods, including hormonal contraceptives (pills and shots primarily) and tubal ligations.
- The birth rate for TAKE CHARGE enrollees is very low. The birth rate for women who enrolled in TAKE CHARGE during its first year (July 2001 to June 2002) and who received family planning services was 3.9 per 1000, consistent with failure rates for more effective family planning methods.

SUMMARY

Impacting community values and personal/individual behavior regarding use of effective birth control measures is a complex undertaking. Success requires many strategies. Despite all these efforts to decrease the numbers of unintended pregnancies, dramatic changes in Washington's economic climate created a radically different environment for assessing the impact of TAKE CHARGE. Washington's family planning efforts are well positioned. Given the economic changes that have occurred over the past three years, it is likely that the pregnancy caseload growth would have been even greater, had these family planning efforts not been in place.

The First Steps Database was developed as a program monitoring tool for First Steps and is responsible for the evaluation of the TAKE CHARGE program. The database links Medicaid claims and eligibility records with birth and death certificates. Additional copies of this report (#9.66) may be requested from DSHS Research and Data Analysis (phone 360-902-0707). This report and other RDA reports about unintended pregnancy and family planning are available at the website, www1.dshs.wa.gov/rda.