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University of California San Francisco

Birth Rates by County among Teens and Low-Income Adult Women in California, 2007-09

**A Supplemental Report to Access to Publicly Funded Family Planning
Services in California, Fiscal Year 2006-07**

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OFFICE OF FAMILY PLANNING
DEPARTMENT OF HEALTH CARE SERVICES

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Introduction

California is the most populous state in the nation, consisting of 58 counties of varying land size, population density, and demographic characteristics. Most of California's population growth could be directly attributed to natural increase – an excess of births over deaths – rather than migration.¹ The number of births is largely determined by the population of reproductive age women. More than half of California's women of childbearing age 15-44 reside in five counties located in the south, wherein Los Angeles County alone comprised 28 percent and another 28 percent in the counties of Orange, San Diego, Riverside, and San Bernardino combined.

More than a third of adult women of reproductive age in California were with income below 200 percent of the federal poverty level (FPL).² This level of poverty, however, varied substantially by county and by Service Planning Area (SPA) within Los Angeles County. In general, counties located in the San Joaquin/Central Valley region of the state have a larger share of low-income adult women when compared with counties in the Greater Bay Area region. Countywide, the proportion of low-income women in Los Angeles is similar to the state overall; however, it varied widely by SPA from 18 percent in the West to 77 percent in the South SPA.

This report supplements the Access to Publicly Funded Family Planning Services for Fiscal Year (FY) 2006-07 report. Access to family planning services is measured by comparing the number of women who received a family planning service at least once during FY 2006-07 to the total number of women who were in need of these services. Statewide, 71 percent of women age 15-44 in need of publicly funded family planning services accessed Medi-Cal, California's Medicaid program, or Family Planning, Access, Care and Treatment (Family PACT), California's Medicaid family planning expansion program,^a in FY 2006-07.³ Examination of individual county data, however, shows that substantial variation in access existed across California's 58 counties.

The birth rate is an important measure of the population change and the use of family planning services is one of its crucial determining factors. The principal goal of this supplemental study is to investigate the associations between access to publicly funded family planning services (referred to as "access" in this report) and birth rates among teens age 15-19 and low-income adult women age 20-44 at the county level. The teen birth rates (TBR) have been declining nationwide, including a dramatic decline in California; however, a large disparity in TBR exists across California counties.⁴ Early childbearing has long been a concern because of the consequences for the teen mothers and their children, and the overall cost to society.⁵

Similarly, births among low-income women are also of interest because most unintended pregnancies occur among this population subgroup.⁶ In California, the 2006 Maternal and Infant Health Assessment (MIHA) Survey showed that nearly 6 in 10 reproductive age women whose incomes were below the FPL reported their most recent pregnancy as unintended. There was an inverse relationship found between income

^a Family PACT was transitioned to the Medicaid State Plan in March 2011.

and unplanned pregnancy: the higher the women's income the lower the rate of reported unintended pregnancy.⁷ There is paucity of data on birth rates among low-income women. This lack of data may partly be explained by the fact that there is no income information collected in the vital records. Thus, we present here the adult low-income birth rate overall and by county by using two proxy variables available in the Birth Statistical Master Files (BSMF).

Given that unintended pregnancy appears to be more pervasive among low-income women, publicly funded family planning services are critical to this population subgroup to improve access to contraceptive methods. Additionally, for many women access to a family planning clinic serves as their main entry point into the health care system and is considered as their usual source of care.⁸ Access to family planning services is vital to reaching one of the goals of the Healthy People 2020,⁹ which is to improve pregnancy planning and spacing, and prevent unintended pregnancy. The Family PACT Program, administered by the Office of Family Planning (OFP), is California's publicly funded family planning program that provides contraception and other reproductive health services to low-income California residents with income at or below the 200 percent of federal poverty guidelines and with no other source of reproductive health care.

We used the proportions of access to Family PACT and Medi-Cal and the estimated birth rates among teens and low-income women to identify potential priority counties. The main goal in identifying these counties is to support the Family PACT Program in maximizing its resources by targeting efforts where potential need is found to be the greatest.

Methods and Data Sources

The methodology used to estimate access to family planning services is described in detail in the *Access to Publicly Funded Family Planning Services in California, FY 2006-07* report.^b The number of births by county is an average derived by aggregating the birth events from three consecutive years of birth data, 2007 through 2009, using the BSMF. Analyzing a three-year average of birth records helps to account for the random variation that occurs in any given year and it improves the stability of the birth rate calculation, especially in counties with small populations. Additionally, the choice to use this pooled three-year average birth events allowed for the lag time requisite when women in need had access to contraceptive services in FY 2006-07 and had births later. The data presented by county represent the women's reported county of residence at the time of birth using the BSMF. The access to publicly funded family planning services by county represents the women's reported county of residence at the time of receiving such services through Family PACT or Medi-Cal.

The teen birth rate is the number of births per 1,000 females age 15-19. The BSMF does not collect data on mothers' income. Thus, we considered birth records in which

^b See http://www.familypact.org/Files/Reports-and-Briefs/2011-0407_AccessToPubliclyFundedFPServicesCA_FY0607_508.pdf.

Medi-Cal was reported as the payer source for prenatal care or expected payer source for the delivery as proxy for births among low-income women (numerator). We calculated the estimated number of low-income women below 200 percent FPL by deriving the proportion from the pooled 2007-09 California Health Interview Survey and applying this proportion to the population of women age 20-44 (denominator) as published by the California Department of Finance. The adult women low-income birth rate (LIBR) is the number of births per 1,000 women age 20-44 with income below 200 percent FPL. In addition to data by county, data for Los Angeles County was disaggregated into eight SPAs based on information provided by the Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology.

We identified potential priority areas by generating a matrix table showing the association of access to publicly funded family planning services and birth rates. For example, we generated a table showing a grid of counties arranged by the estimated TBR (row) and proportion of access to publicly funded family planning services (column) among teens age 15-19. We used quartiles, a measure in which we calculated four equal groups of counties and SPA using the values of TBR and the proportion of access to publicly funded family planning services. Data were tabulated in a 16-cell table such that the row and column were arrayed into four categories of highest, higher, lower, and lowest. For example, counties with the highest teen birth rate and lowest proportion of access to publicly funded family planning services appeared on the first cell of the table. A similar table was generated for low-income adult women.

Table 1 provides a summary of the major data sources, including the name of the data sources, the period in years, a brief description of the data source, and the variables used in this report. Data sources used in the calculation of access to publicly funded family planning services are described elsewhere.

Table 1: Data Sources, Years of Data and Brief Description of Data Used

Data Sources	Years	Descriptions	Variables
Birth Statistical Master Files (BSMF)	2007-09	Public use data files on California's births that include demographic information related to the infant, mother, and father, as well as medical data related to the vital event http://www.cdph.ca.gov/programs/ohir/Pages/OHIRApplications.aspx	Number of births
California Health Interview Survey (CHIS)	2007 and 2009	Population-based telephone survey of households in California conducted by the University of California, Los Angeles; covers a wide range of topics, including respondents' sociodemographic, health status, health conditions, health-related behaviors, health insurance coverage, access to and use of health care services http://www.chis.ucla.edu/	Percent of women below 200 percent of federal poverty level by county and SPA
Department of Finance Population Data	2007-09	California's official source of population data http://www.dof.ca.gov/research/demographic/data/race-ethnic/2000-50/	Base population data
Access report	FY 2006-07	http://www.familypact.org/Files/Reports-and-Briefs/2011-0407_AccessToPubliclyFundedFPServicesCA_FY0607_508.pdf	Access rates among teens and low-income adult women

Results

Teen Birth Rates among Women Age 15-19

The average teen birth rate statewide, using the combined three years (2007-09) of BSMF data, was 34.8 per 1,000 teens. Significant variations in TBR by county and SPA were noticeable.

Comparisons of TBR with Access

California's 58 counties demonstrated substantial variability in TBR. See Appendix Table 2. We found 19 counties showing a statistically significantly higher TBR than the State rate,^c of which nine are located in the San Joaquin/Central Valley region of California. The top four counties with the highest TBR were Kern (62.8), Tulare (62.1), Kings (59.5), and Madera (57.7). The four other counties in the San Joaquin/Central Valley region with TBR that were significantly higher than the State rate are Fresno (54.4), Merced (51.0), San Joaquin (41.6), and Stanislaus (40.6). Although the TBR for Los Angeles County (33.9) was lower than the State rate, the TBR by SPA varied widely with three of the eight SPA demonstrating TBR that were significantly higher than the State rate. These SPAs were South (62.9), East (37.7), and Metro (36.5).

To support OFP's efforts in identifying priority counties that are potentially in need of expanded access to contraceptive services for teens, we developed a matrix displaying counties that have high TBR and low access. Table 2 shows a detailed grid of counties' TBR and access. Of the 19 counties with statistically significantly higher TBR than the statewide TBR, 10 counties showed lowest or lower access to publicly funded family planning services, ranging from 29 percent in Imperial to 51 percent each in San Joaquin and Yuba. In Table 2, TBR and access are shown for Los Angeles County as a whole and TBR and access disaggregated for the eight SPAs. Of these eight SPAs, the three (South, Metro, and East) with TBR that were statistically significantly higher than the State TBR also showed low access.

^c State teen birth rate was calculated after subtracting the counts from a given county with which the State was being compared. For example, when Kings County birth rate is compared to the State birth rate, the State birth rate excluded the numbers from Kings. The 19 counties with statistically higher TBR than the State are Colusa, Del Norte, Fresno, Glenn, Imperial, Kern, Kings, Lake, Madera, Merced, Monterey, Riverside, San Bernardino, San Joaquin, Santa Barbara, Stanislaus, Tehama, Tulare, and Yuba.

Table 2: Access to Publicly Funded Family Planning Services in FY 2006-07 and Teen Birth Rate among Teens Age 15-19, 2007-09

Year 2007-09 Teen Birth Rate ¹ Adolescents Age 15-19	Information in parentheses consists of percent access and teen birth rate Percent Access among Teens Age 15-19, Fiscal Year 2006-07			
	Lowest (Below 40%)	Low (40% - 51%)	High (52% - 60%)	Highest (Above 60%)
Highest (Above 41 per1000)	Alpine (5%, 49) Colusa ² (32%, 45) Imperial ² (29%, 55) San Bernardino ² (39%, 45) Tulare ² (39%, 62)	Kern ² (42%, 63) Monterey ² (50%, 55) Yuba ² (51%, 43) South, LA ³ (46%, 63)	Del Norte ² (52%, 44) Glenn ² (60%, 45) Fresno ² (56%, 54) Kings ² (58%, 59) Merced ² (58%, 51) Tehama ² (60%, 43)	Lake ² (63%, 42) Madera ² (66%, 58) Santa Barbara ² (64%, 42)
High (34 - 41 per 1000)	Riverside ² (35%, 39) Stanislaus ² (35%, 41) Metro, LA ³ (39%, 37)	Los Angeles (40%, 34) San Benito (45%, 34) San Joaquin ² (51%, 41) Ventura (44%, 35) East, LA ³ (46%, 38)	Sacramento (53%, 35) Sutter (56%, 36)	Inyo (61%, 34) Mendocino (75%, 36) Santa Cruz (71%, 34) Shasta (62%, 34) Siskiyou (66%, 38)
Low (24 - 33 per 1000)	Alameda (38%, 26) Antelope Valley, LA (16%, 33)	Orange (44%, 26) Santa Clara (48%, 24) Solano (44%, 29) San Fernando, LA (40%, 24) San Gabriel, LA (43%, 30) South Bay, LA (43%, 30)	Lassen (55%, 28) Modoc (54%, 27) San Diego (59%, 33) Trinity (59%, 28) Tuolumne (55%, 26)	Butte (63%, 27) Humboldt (83%, 28) Napa (64%, 25)
Lowest (Below 24/1000)	Calaveras (39%, 21) El Dorado (35%, 16) Mariposa (30%, 20) Placer (36%, 14) Yolo (35%, 21) West, LA (36%, 7)	Contra Costa (45%, 21) Marin (46%, 12)	Mono (60%, 17) Nevada (52%, 14) San Mateo (52%, 21)	Amador (67%, 22) Plumas (97%, 21) San Francisco (76%, 22) San Luis Obispo (68%, 20) Sonoma (63%, 23)

Data Sources: BSMF, 2007-09; Department of Finance Population Data; Access data at http://www.familypact.org/Files/Reports-and-Briefs/2011-0407_AccessToPubliclyFundedFPServicesCA_FY0607_508.pdf

Note: There are 15 counties where estimates of access may be unstable due to the small population (Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, Sierra, Trinity, and Tuolumne). Sierra was excluded due to fewer than five teen births that occurred in the county.

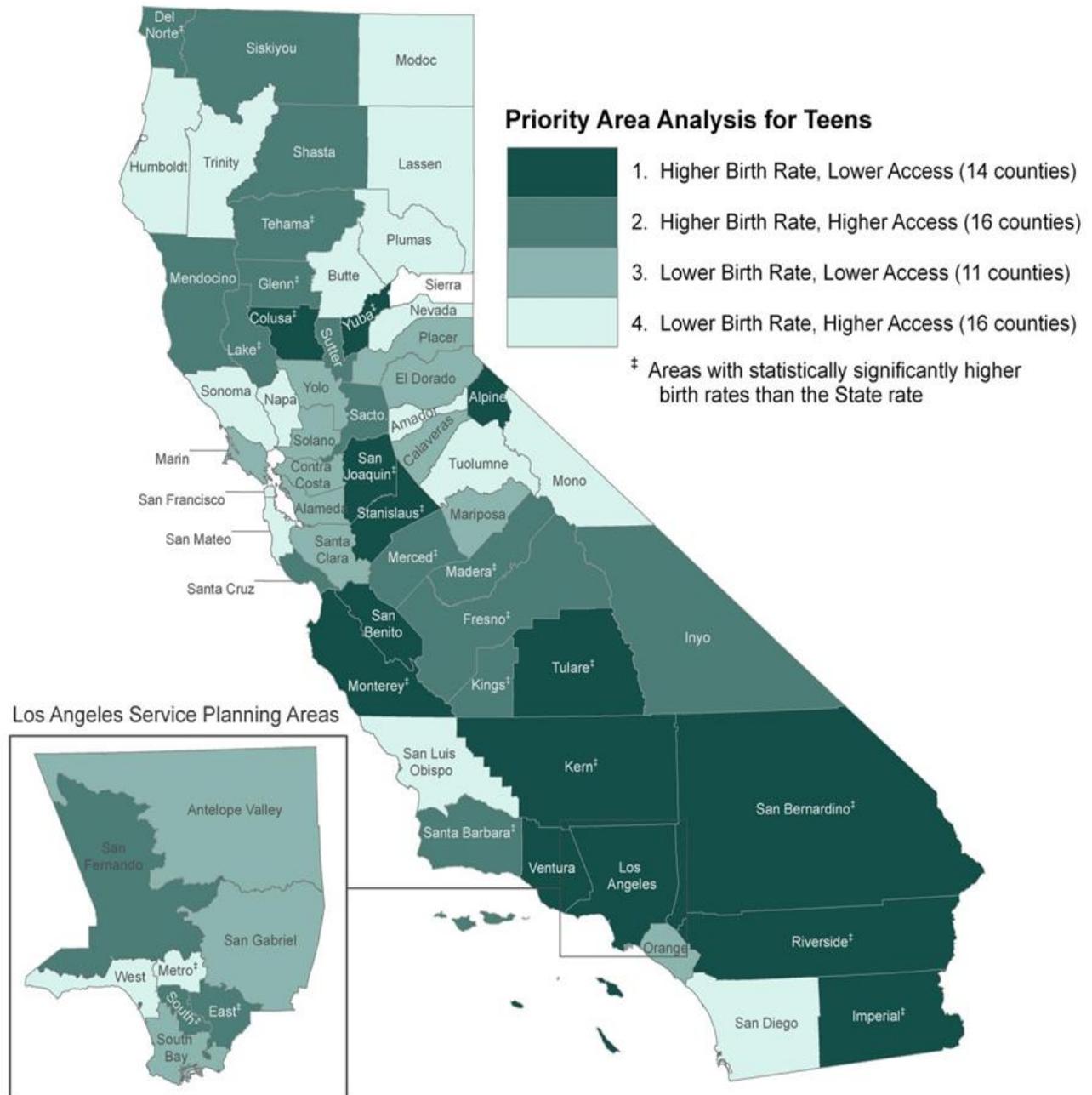
¹ Teen Birth Rate is number of births per 1,000 females age 15-19

² 19 counties with statistically significantly higher teen birth rate than the State rate

³ Three SPAs demonstrated (South, Metro, and East) statistically significantly higher TBR than the State rate

Figure 1 shows a map summarizing Table 2 information into four levels of TBR and access. The inland counties demonstrated high TBR and low access, while low birth rates and high access were mostly seen in northern and central coastal counties of the State including San Luis Obispo, San Mateo, San Francisco, Sonoma, Napa, and Humboldt. Ten counties exhibited low access and TBR that were significantly higher as compared with the State TBR and are shaded in dark teal on the map (counties with low to lowest access and high to highest teen birth rates).

Figure 1: Access to Publicly Funded Family Planning Services in FY 2006-07 and Teen Birth Rate among Teens Age 15-19, 2007-09



Data Sources: State of California, Department of Finance, *Race-Ethnic Population with Age and Sex Detail, 2000–2050*. Sacramento, CA, July 2007; California Health Interview Survey, 2005 and 2007; California Women’s Health Survey, 2006-08; Medi-Cal and Family PACT claims data, 2006-07. Pooled 2007-09 BSMF.

Notes: Publicly funded family planning services are provided by Medi-Cal and the Family PACT Program. Rate of Access was derived from the report http://www.familypact.org/Files/Reports-and-Briefs/2011-0407_AccessToPubliclyFundedFPServicesCA_FY0607_508.pdf. Sierra was excluded due to fewer than five teen births that occurred in the county in year 2007-09.

Low-Income Birth Rates (LIBR) Among Women Age 20-44

In California, the average birth rate for adult women age 20-44 was 75.8 per 1,000 using the combined 2007-09 BSMF. Low-income women demonstrated a higher birth rate at 92.3 per 1,000, about 16 more births per 1,000, compared to the overall statewide birth rate. Similar to the teen birth rate, the low-income adult women birth rate differs substantially among California counties and among SPA in Los Angeles County.

Comparisons of LIBR with Access

Across California's 58 counties, LIBR showed a substantial variation ranging from 29.2 per 1,000 in Modoc to 132.9 per 1,000 in El Dorado. There were 18 counties with significantly higher LIBR than the State rate and six of these counties (Kern, Stanislaus, Tulare, Fresno, San Joaquin and Merced) are located in the San Joaquin/Central Valley region. Kern (120.1), Stanislaus (115.2), Tulare (114.2), Fresno (113.1), San Joaquin (105.3), and Merced (100.0) all exhibited high LIBR that were at or above 100 per 1,000 low-income adult women. Of these counties, Kern appeared to have low access at 51 percent. High access and significantly lower LIBR than the State were seen in most of the Greater Bay Area counties and select counties along the coast (see Figure 2). These counties tended to exhibit high access as well, ranging from 65 percent in Contra Costa to 83 percent in San Francisco. Countywide, Los Angeles' LIBR was 87 per 1,000 and significantly lower than the State LIBR. However, when Los Angeles County was disaggregated by SPA, three of the eight SPAs had LIBR that were significantly higher than the State LIBR, ranging from 96 to 106 per 1,000 in San Fernando and East, respectively. The West SPA had the lowest LIBR at 50 per 1,000 low-income adult women.

To support OFP's efforts in identifying priority counties that are potentially in need of expanded access to contraceptive services among low-income adult women, a matrix table showing counties that have high LIBR and low access was developed. Table 3 shows a detailed grid of counties' access and LIBR while Figure 2 shows a map demonstrating four levels of LIBR and access. Fifteen counties had high to highest LIBR and low to lowest access, representing the first four cells (first two rows and columns) of Table 3.

The map in Figure 2 illustrates the list of potential priority counties in need of improvements in access among low-income adult women. Five of the fifteen counties on this list are in the San Joaquin/Central Valley region. The southeastern region known as the Inland Empire consisting of Riverside and San Bernardino as well as Imperial County also fell into this list. According to the combined 2005-06 MIHA Survey, these regions also exhibited the highest proportions (49 and 48 percent, respectively) of pregnancies that were unintended.¹⁰

Table 3: Access to Publicly Funded Family Planning Services in FY 2006-07 and Birth Rates among Low-Income Women Age 20-44, 2007-09

Year 2007-09 Low-Income Birth Rate ¹ , Women Ages 20-44	Information in parentheses consists of percent access and low-income birth rate Percent Access among Low-Income Women Ages 20-44, Fiscal Year 2006-07			
	Lowest (Below 48%)	Low (48% - 63%)	High (64% - 73%)	Highest (Above 73%)
Highest (Above 99 per 1000)		Kern ² (51%, 120) Merced ² (53%, 100) Sacramento ² (58%, 104) Stanislaus ² (62%, 115) Tulare ² (60%, 114)	El Dorado ² (69%, 133) Fresno ² (68%, 113) Monterey ² (65%, 107) Placer ² (68%, 122) San Joaquin ² (73%, 105) South, LA ³ (71%, 103) East, LA ³ (68%, 106)	Napa ² (88%, 100) San Diego ² (82%, 116) Santa Barbara ² (81%, 105) Solano ² (87%, 103) Ventura ² (86%, 100)
High (87 - 99 per 1000)	Imperial (45%, 95) Lake (47%, 96) Yuba (34%, 96)	Colusa (56%, 91) Inyo (55%, 90) Kings (63%, 90) Mendocino (62%, 90) Riverside (52%, 86) San Bernardino ² (49%, 98) Sutter ² (57%, 98)	Los Angeles (66%, 87) Nevada (65%, 87)	San Benito (78%, 94) San Mateo ² (81%, 98) Santa Clara (77%, 88) San Fernando, LA ³ (79%, 96)
Low (68 - 86 per 1000)	Del Norte (42%, 76) Shasta (42%, 77) Tehama (42%, 69) Trinity (46%, 73) Antelope Valley, LA (34%, 85)	Alameda (52%, 79) San Gabriel, LA (54%, 76) South Bay, LA (53%, 77)	Madera (65%, 86) Mono (73%, 74) Orange (64%, 81) Metro, LA (68%, 75)	Butte (75%, 71) Glenn (82%, 86) Humboldt (74%, 80) Santa Cruz (91%, 86) Sonoma (79%, 86)
Lowest (Below 68 per 1000)	Alpine (22%, 44) Calaveras (36%, 54) Lassen (32%, 53) Mariposa (27%, 59) Modoc (35%, 29) Sierra (26%, 38) Siskiyou (47%, 62) Yolo (42%, 59)	Amador (49%, 51) Plumas (63%, 50)	Contra Costa (67%, 65) San Luis (64%, 55) Obispo Tuolumne (64%, 58)	Marin (99%, 66) San Francisco (83%, 66) West, LA (83%, 50)

Data Sources: Birth Statistical Master Files, 2007-09; Department of Finance Population Data; Access data at http://www.familypact.org/Files/Reports-and-Briefs/2011-0407_AccessToPubliclyFundedFPservicesCA_FY0607_508.pdf

Notes: There are 15 counties where estimates of access may be unstable due to the small population (Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, Sierra, Trinity, and Tuolumne).

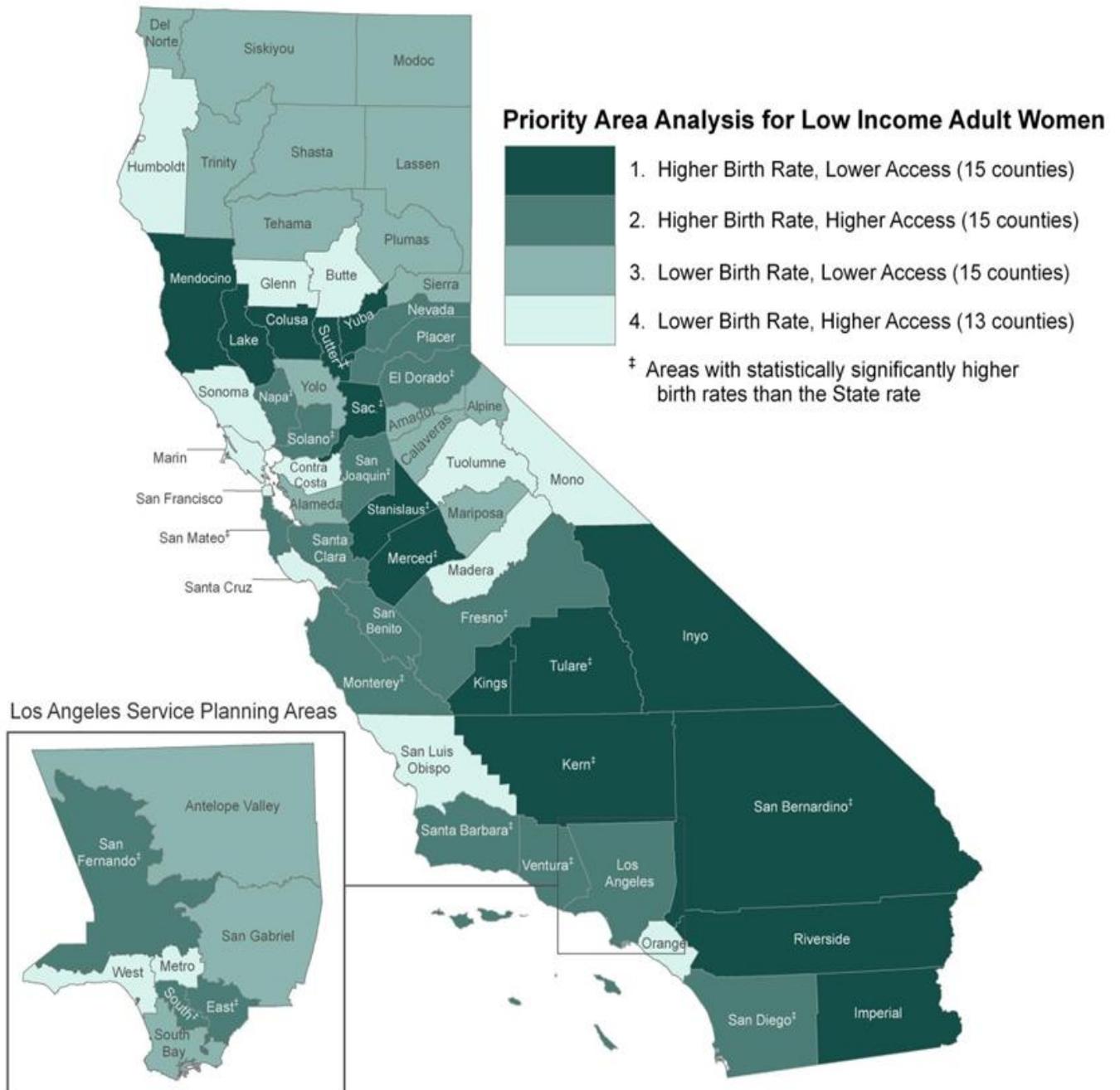
¹ Low-income Birth Rate is number of low-income births per 1000 females age 20-44 below 200 percent FPL

² 18 counties with statistically significantly higher low-income birth rate than the State rate

³ Three SPAs (South, San Fernando, and East) demonstrated statistically significantly higher LIBR than the State rate

To further characterize the list of counties that could potentially be targeted for possible intervention, we investigated whether an individual county was simultaneously listed in the category “Higher Birth Rate, Lower Access” as shown in the map for both the teen and low-income adult women population. The result showed that there are eight counties (Colusa, Imperial, Kern, Riverside, San Bernardino, Stanislaus, Tulare, and Yuba) that fell into this category. Within Los Angeles County, two SPAs fell into this category (South and East).

Figure 2: Access to Publicly Funded Family Planning Services in FY 2006-07 and Birth Rates among Low-Income Women Age 20-44, 2007-09



Data Sources: State of California, Department of Finance, *Race-Ethnic Population with Age and Sex Detail, 2000–2050*. Sacramento, CA, July 2007; California Health Interview Survey, pooled 2007 and 2009; California Women’s Health Survey, 2006-08; Medi-Cal and Family PACT claims data, 2006-07. Pooled 2007-09 BSMF.

Notes: Publicly funded family planning services are provided by Medi-Cal and the Family PACT Program. Rate of Access was derived from the report http://www.familypact.org/Files/Reports-and-Briefs/2011-0407_AccessToPubliclyFundedFPServicesCA_FY0607_508.pdf.

Discussion and Conclusion

Family planning is one of the ten great public health achievements of the 20th century and as stated by one of the Healthy People 2020 objectives, it improves pregnancy planning and spacing, and prevents unintended pregnancy.¹¹ Thus, improving access to family planning services among low-income women in need, especially in areas where low access is found will continue to be a critical goal of the Family PACT Program.

This study revealed that across California counties and among the eight SPAs in Los Angeles County, substantial variations exist in access to publicly funded family planning services and birth rates. In examining both the teen and low-income adult women birth rates and access to publicly funded family planning services, eight counties emerged as potential target counties to improve access. These eight counties – Colusa, Imperial, Kern, Riverside, San Bernardino, Stanislaus, Tulare, and Yuba – fell into the category “Higher Birth Rate, Lower Access” illustrating a group of counties that could be targeted for potential intervention. Likewise, in Los Angeles County, two SPAs – South and East – appeared as potential areas where improvement in access to publicly funded family planning services can be targeted.

Increasing access to family planning services and related reproductive health care for teens is a major goal of the program. In 2007, the Family PACT program averted more than 80,000 estimated teen pregnancies through the provision of contraceptive methods.¹² Critical to reaching teens is the collaborative partnership (“clinical linkages”) with the State’s Teen Pregnancy Prevention Program (TPP). The TPP requirement to develop clinical linkages with at least one Family PACT provider in their communities led to reaching new teen clients and to more understanding of issues important to teens.¹³ This collaborative partnership facilitates not only access to family planning services but also access to important education and counseling services among teens.

It is important to note that our measure of access does not necessarily mean contraceptive coverage for an entire year. Therefore, women who accessed services may have periods of nonuse. To the extent that women choose methods that require regular refills or are likely to be used inconsistently, they may not be covered for a full year just because they accessed a family planning provider. Further analysis of the different types of family planning services received by low-income women and their pregnancy outcomes may provide additional insights about the relationship between receipt of Family PACT services and birth rates.

In sum, access to Family PACT is critical in helping to reduce the birth rates among teens and low-income adult women. The program has made progress in reaching and serving women in need of family planning services, especially teens. To continue this progress in meeting the need for these services, not only does the program have to maintain its current efforts, but it also has to focus on areas that require special attention. This report has identified counties that appear to exhibit both high TBR and LIBR while also having low access to family planning services.

Appendix

Appendix Table 1: Population of Teens and Adult Women, by County and SPA

County/SPA	Pooled 2007-09 Population, Women Ages 15-19	Pooled 2007-09 Population, Women Ages 20-44	Total Women Ages 15-44	Population Distribution	County's Proportion of Women Ages 15-19
Alameda	151,056	847,301	998,357	4.16%	15.13%
Alpine	123	573	696	0.00%	17.67%
Amador	3,513	12,642	16,155	0.07%	21.75%
Butte	27,249	113,358	140,607	0.59%	19.38%
Calaveras	4,955	16,758	21,713	0.09%	22.82%
Colusa	2,895	11,071	13,966	0.06%	20.73%
Contra Costa	115,776	510,787	626,563	2.61%	18.48%
Del Norte	3,220	12,525	15,745	0.07%	20.45%
El Dorado	21,825	75,765	97,590	0.41%	22.36%
Fresno	122,111	502,377	624,488	2.60%	19.55%
Glenn	3,749	13,969	17,718	0.07%	21.16%
Humboldt	14,291	70,385	84,676	0.35%	16.88%
Imperial	24,749	84,320	109,069	0.45%	22.69%
Inyo	2,147	7,073	9,220	0.04%	23.29%
Kern	105,416	427,537	532,953	2.22%	19.78%
Kings	17,924	72,988	90,912	0.38%	19.72%
Lake	6,794	25,722	32,516	0.14%	20.89%
Lassen	3,456	13,055	16,511	0.07%	20.93%
Los Angeles	1,239,008	5,366,522	6,605,530	27.55%	18.76%
Madera	18,906	82,179	101,085	0.42%	18.70%
Marin	21,976	98,204	120,180	0.50%	18.29%
Mariposa	1,836	6,785	8,621	0.04%	21.30%
Mendocino	9,578	40,327	49,905	0.21%	19.19%
Merced	35,038	139,336	174,374	0.73%	20.09%
Modoc	1,117	4,167	5,284	0.02%	21.14%
Mono	1,500	6,489	7,989	0.03%	18.78%
Monterey	47,014	206,141	253,155	1.06%	18.57%
Napa	14,556	62,091	76,647	0.32%	18.99%
Nevada	10,913	37,092	48,005	0.20%	22.73%
Orange	341,010	1,687,473	2,028,483	8.46%	16.81%
Placer	39,797	149,124	188,921	0.79%	21.07%
Plumas	2,215	8,278	10,493	0.04%	21.11%
Riverside	283,759	1,112,508	1,396,267	5.82%	20.32%
Sacramento	166,021	720,623	886,644	3.70%	18.72%
San Benito	7,697	30,889	38,586	0.16%	19.95%

County/SPA	Pooled 2007-09 Population, Women Ages 15-19	Pooled 2007-09 Population, Women Ages 20-44	Total Women Ages 15-44	Population Distribution	County's Proportion of Women Ages 15-19
San Bernardino	281,185	1,122,602	1,403,787	5.85%	20.03%
San Diego	342,849	1,578,192	1,921,041	8.01%	17.85%
San Francisco	40,386	522,176	562,562	2.35%	7.18%
San Joaquin	91,876	337,212	429,088	1.79%	21.41%
San Luis Obispo	30,790	114,250	145,040	0.60%	21.23%
San Mateo	65,036	370,623	435,659	1.82%	14.93%
Santa Barbara	49,416	211,712	261,128	1.09%	18.92%
Santa Clara	175,618	893,260	1,068,878	4.46%	16.43%
Santa Cruz	27,159	149,354	176,513	0.74%	15.39%
Shasta	21,311	84,055	105,366	0.44%	20.23%
Sierra	331	1,388	1,719	0.01%	19.26%
Siskiyou	4,864	18,390	23,254	0.10%	20.92%
Solano	49,873	212,424	262,297	1.09%	19.01%
Sonoma	51,952	225,716	277,668	1.16%	18.71%
Stanislaus	70,806	267,219	338,025	1.41%	20.95%
Sutter	11,605	45,954	57,559	0.24%	20.16%
Tehama	7,456	30,019	37,475	0.16%	19.90%
Trinity	1,588	5,335	6,923	0.03%	22.94%
Tulare	59,420	232,753	292,173	1.22%	20.34%
Tuolumne	5,244	19,820	25,064	0.10%	20.92%
Ventura	95,602	406,975	502,577	2.10%	19.02%
Yolo	29,770	116,464	146,234	0.61%	20.36%
Yuba	9,891	39,531	49,422	0.21%	20.01%
CALIFORNIA	4,397,218	19,581,858	23,979,076	100.00%	18.34%
Los Angeles SPA					
Antelope Valley	54,474	169,013	223,487	0.93%	24.37%
San Fernando	244,430	1,090,847	1,335,277	5.57%	18.31%
San Gabriel	230,032	956,510	1,186,542	4.95%	19.39%
Metro	124,768	683,927	808,695	3.37%	15.43%
West	59,059	363,256	422,315	1.76%	13.98%
South	153,863	553,213	707,076	2.95%	21.76%
East	180,549	716,270	896,819	3.74%	20.13%
South Bay	191,834	833,486	1,025,320	4.28%	18.71%

Data Sources: Department of Finance Population, July 2007. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology.

Appendix Table 2: Estimated Number of Adult Low-income Women, Average Birth Rates among Teens and Adult Low-income Women, by County and SPA

County	Estimated number of low-income adult women ages 20-44	Teen Birth Rate, Ages 15-19	Low-income Birth Rate, Ages 20-44
Alameda	235,715	25.7	78.7
Alpine	275	48.8	43.6
Amador	6,068	21.6	51.1
Butte	50,054	27.6	71.1
Calaveras	8,044	21.4	53.7
Colusa ¹	6,838	44.6	90.8
Contra Costa	150,135	21.4	64.8
Del Norte ¹	7,202	44.4	76.4
El Dorado ²	12,628	16.0	132.9
Fresno ^{1,2}	248,926	54.4	113.1
Glenn ¹	8,628	45.3	86.3
Humboldt	31,052	28.3	79.5
Imperial ¹	47,975	55.5	94.6
Inyo	3,395	33.5	89.5
Kern ^{1,2}	205,851	62.8	120.1
Kings ¹	41,707	59.5	90.0
Lake ¹	12,104	41.8	95.8
Lassen	7,507	27.8	53.2
Los Angeles	2,407,339	33.9	87.2
Madera ¹	50,873	57.7	85.8
Marin	31,098	12.0	66.1
Mariposa	3,257	19.6	58.6
Mendocino	21,715	35.6	90.5
Merced ^{1,2}	72,835	51.0	99.6
Modoc	2,396	26.9	29.2
Mono	3,115	16.7	74.2
Monterey ^{1,2}	110,649	54.8	107.3
Napa ²	19,105	24.9	99.6
Nevada	10,386	14.5	86.9
Orange	607,554	25.7	80.6
Placer ²	22,942	13.5	122.1
Plumas	4,760	21.2	50.0
Riverside ¹	505,541	39.0	86.4
Sacramento ²	243,119	34.7	103.6
San Benito	12,012	34.4	93.7

County	Estimated number of low-income adult women ages 20-44	Teen Birth Rate, Ages 15-19	Low-income Birth Rate, Ages 20-44
San Bernardino ^{1,2}	482,719	44.6	98.4
San Diego ²	460,243	33.1	115.7
San Francisco	110,962	22.2	66.3
San Joaquin ^{1,2}	147,900	41.6	105.3
San Luis Obispo	55,340	20.0	55.4
San Mateo ²	78,026	20.9	98.2
Santa Barbara ^{1,2}	89,817	42.3	105.5
Santa Clara	248,046	23.8	88.3
Santa Cruz	53,218	33.7	85.6
Shasta	39,454	33.3	77.2
Sierra	798	-	37.6
Siskiyou	10,574	38.0	61.7
Solano ²	63,560	29.5	103.3
Sonoma	77,833	23.2	85.8
Stanislaus ^{1,2}	103,649	40.6	115.2
Sutter ²	22,185	35.8	97.5
Tehama ¹	18,541	43.1	68.7
Trinity	3,068	27.7	72.7
Tulare ^{1,2}	139,652	62.1	114.2
Tuolumne	9,514	26.5	58.0
Ventura ²	155,898	34.8	100.0
Yolo	47,862	20.6	58.8
Yuba ¹	20,556	41.9	95.6
CALIFORNIA	7,631,704	34.8	92.0
Los Angeles SPA			
Antelope Valley	75,913	32.7	85.2
San Fernando ²	374,232	24.4	95.9
San Gabriel	435,073	30.3	75.8
Metro ¹	354,519	36.5	75.1
West	66,960	7.1	50.3
South ^{1,2}	426,720	62.9	103.0
East ^{1,2}	300,138	37.7	106.4
South Bay	362,793	29.6	77.3

Data Sources: BSMF, 2007-2009, Department of Finance Population, July 2007, California Health Interview Survey, 2007 and 2009.

- Represents counties with less than five events

¹ County with teen birth rate that was statistically significantly higher than the State rate

² County with low-income adult women birth rate that was statistically significantly higher than the State rate

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