Research Brief

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Child TRENDS

The Health of Women who Receive Title X-Supported Family Planning Services

OVERVIEW

Title X is a federal grant program that seeks to meet the comprehensive family planning needs of low-income individuals. In addition to offering a range of contraceptive methods, Title X clinics provide related preventive health care, such as patient education and counseling, STI and HIV testing, and breast and cervical cancer screening. Title X clinics serve as the primary point of entry into the broader health care system for many women—especially young and low-income women. Although Title X specifically funds family planning services, recent estimates show that 60 percent of women who receive services at a Title X clinic identify that clinic as their regular source of medical care.[1] Understanding how these women's needs differ from those of other women will enable providers to offer more appropriate, targeted services.

In this research brief, Child Trends drew on data from the 2006-2010 cycle of the National Survey of Family Growth (NSFG) to examine the health of women between the ages of 15 and 44 who received services at a Title X family planning clinic in the past year. We compared them to women who received their family planning services from non-Title X providers and looked at variation in health among Title X clients by race/ethnicity and by age.

KEY FINDINGS

- Women who receive services at Title X clinics have worse self-reported health than do women who receive services elsewhere; 10 percent of women who received Title X services describe their health as fair or poor.
- Hispanic women who received Title X services were less likely than non-Hispanic white and non-Hispanic black women to report physical, mental, or emotional limitations.
- Just over one-third of women receiving services at a Title X clinic were obese, and an additional 29 percent were overweight.
- Women who receive services at a Title X clinic are more likely than other women to have smoked, binge drank, or used marijuana in the past year.

Elizabeth Wildsmith, Ph.D., Jennifer Manlove, Ph.D., Erum Ikramullah, and Megan Barry

Child Trends
7315 Wisconsin Avenue
Suite 1200 W
Bethesda, MD 20814
Phone 240-223-9200

childtrends.org

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About the data used in this brief

The National Survey of Family Growth (NSFG), conducted by the National Center for Health Statistics, is an ongoing nationally representative survey designed to collect information on family life, childbearing, contraception, and the health of women and men aged 15 to 44. The NSFG collects data on the most sensitive topics using an Audio Computer-Assisted Self-Interview (ACASI).[2] The results presented in this brief are based on analyses, by Child Trends, of data from the 2006-2010 cycle of the survey.

In 2011, almost 4,400 clinics funded by Title X provided family planning services to more than five million men and women.[3] We examined the health of women aged 15-44, distinguishing between women who have received at least one family planning service at a Title X clinic in the past year (N=1,493) and women who received family planning services from non-Title X sources (N=7,574). We used demographic age standardization to adjust for differences in the age composition of these groups.[4] We examined the following health measures:

Overall Health

- Self-reported health: assessed as poor, fair, good, very good, or excellent
- Limitations: assessed by any limitations due to physical/mental/emotional problems

Health Risks

- Overweight or Obese: assessed by Body Mass Index (BMI) using self-reported height and weight (assessed for those over age 19)
- Diabetes: assessed by ever being diagnosed with diabetes (non-gestational)
- Cigarette use: assessed by smoking any cigarettes in the past year (among respondents who have smoked at least 100 cigarettes in their life)
- Binge drinking: assessed by ever drinking four or more alcoholic beverages within two hours in the past year
- Marijuana use: assessed by smoking any marijuana at all in the past year

In addition, we calculated a measure of cumulative health, which counted the total number of specific health issues currently facing each respondent (limitations, overweight/obesity, diabetes, smoking, binge drinking, and marijuana use). We weighted all analyses, and controlled for survey design effects. Note that statistically significant differences presented in this brief are significant at $p<.05$.

OVERALL HEALTH

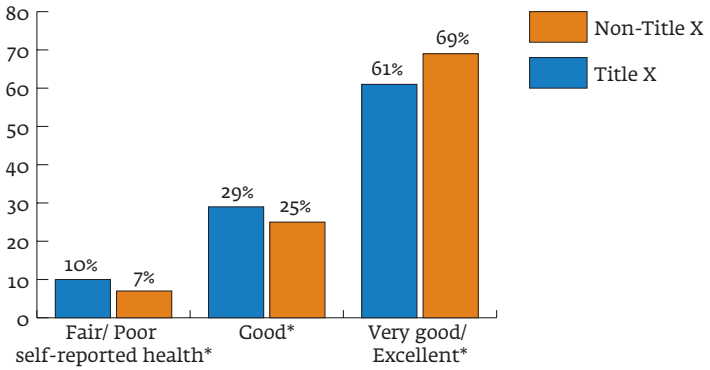
As defined by the World Health Organization, health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[5] The 2006-2010 NSFG includes two indicators of overall health:

1) Self-Reported Health: a five-point scale indicating poor, fair, good, very good, or excellent health

2) Limitations: a yes/no indicator that a respondent was limited in any way by physical, mental, or emotional problems

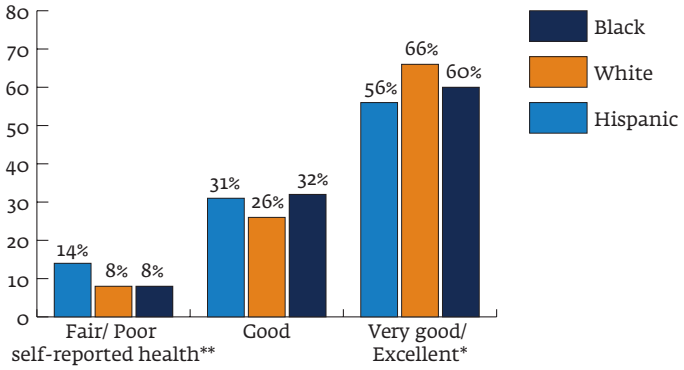
These measures correspond with two health measures monitored by the Healthy People 2020 initiative spearheaded by the U.S. Department of Health and Human Services. They are seen as central to tracking the nation's progress in promoting health, preventing disease and disability, eliminating health disparities, and improving quality of life.[6]

FIGURE 1. SELF-RATED HEALTH AMONG WOMEN RECEIVING FAMILY PLANNING SERVICES



Source: Child Trends' analyses of NSFG data (2006-2010)
*Title X vs. non-Title X significant at p<.05

FIGURE 2. SELF-RATED HEALTH AMONG WOMEN SEEN IN A TITLE X SITE, BY RACE/ETHNICITY



Source: Child Trends' analyses of NSFG data (2006-2010)
*Hispanic vs. white and vs. black marginally significant at p<.10
**Hispanic vs. white marginally significant at p<.10

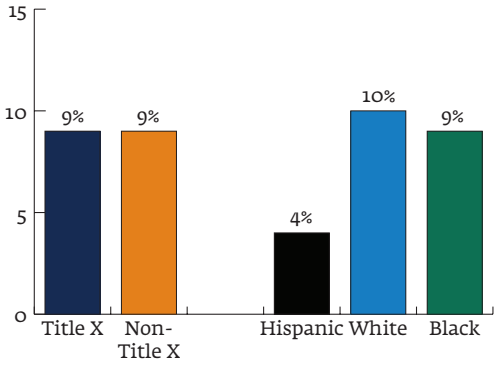
Women who receive Title X services tend to have worse self-reported health than do women who receive services elsewhere.

Women who received Title X services were more likely to describe their health as fair or poor (10 percent) than were women who received services from non-Title X sources (7 percent). Then again, about six in 10 women receiving services at a Title X clinic identified their health as excellent, compared with nearly seven in 10 not receiving services through Title X (see Figure 1.)

- Hispanic women receiving Title X services were (marginally) more likely than non-Hispanic white and non-Hispanic black women to report only fair or poor health (14 percent versus 8 percent) (see Figure 2).

- Self-reported health also varied by age among women receiving Title X services. Just 4 percent of women aged 20-24 reported only fair or poor health, compared with 10 percent of women aged 20-25, 16 percent of women aged 30-34, and 13 percent of women age 35 or older (results not shown).

FIGURE 3. PERCENT OF WOMEN REPORTING LIMITATIONS DUE TO A PHYSICAL, MENTAL, OR EMOTIONAL PROBLEM



Source: Child Trends' analyses of NSFG data (2006-2010)
*Hispanics vs. white and vs. black significant at p<.05

Less than one in 10 women report any limitations due to physical, mental, or emotional problems, regardless of where they receive family planning services.

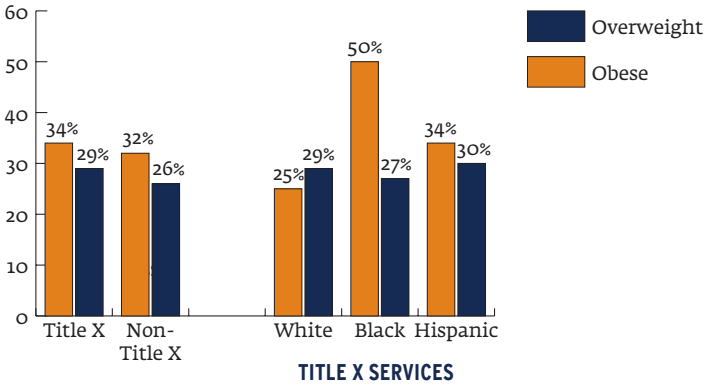
Among women receiving family planning services at a Title X clinic, reports of limitations varied across racial/ethnic and age groups (see Figure 3).

- Hispanic women who received Title X services were less likely than were non-Hispanic white and non-Hispanic black women to report physical, mental, or emotional limitations (4 percent versus 10 percent and 9 percent, respectively).
- Women in their twenties tended to report the best overall health. Seven percent of women aged 20-24 and 5 percent of women aged 25-29 reported any limitations, compared with 10 percent of women aged 30-34 and 15 percent of women aged 35 or older. Eight percent of women aged 15-19 reported any limitations (results not shown).

HEALTH RISKS

Two of the most commonly measured health risks in the United States are being overweight/obese and substance use/abuse, including smoking, binge drinking, and marijuana use. Although health risks do not always indicate the presence of a specific disease or illness, they do contribute to the leading preventable causes of death, disability, and social problems among youth and adults in the United States.[7-11]

FIGURE 4. OBESITY AMONG WOMEN RECEIVING FAMILY PLANNING SERVICES



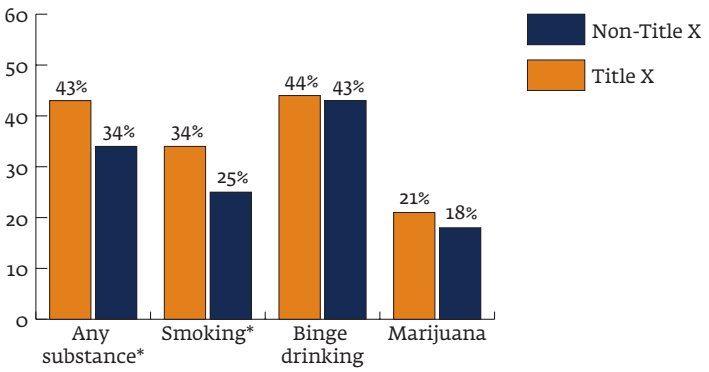
Source: Child Trends' analyses of NSFG data (2006-2010)
*All race/ethnic differences in obesity significant at p<.05

The majority of women receiving family planning services at a Title X clinic are obese or overweight, and this is particularly true of black and Hispanic women.

Just over one-third of women receiving services at a Title X clinic were obese, and an additional 29 percent were overweight (see Figure 4).

- Half of non-Hispanic black women receiving Title X services were obese compared with just over one-third of Hispanic women and one-quarter of non-Hispanic white women.
- A woman's age did not have a bearing on whether she was overweight; however, age was marginally linked to her risk of obesity. Women aged 20-24 who received services at a Title X clinic were (marginally) less likely to be obese (26 percent) than were women aged 30-34 (38 percent) and women 35 and over (39 percent) (results not shown).
- Obesity is strongly linked to diabetes. Although diabetes levels are low, almost 3 percent of women receiving family planning services at a Title X clinic had the disease. Levels of diabetes tend to increase as women age (results not shown).

FIGURE 5. SUBSTANCE USE IN THE PAST YEAR, BY FAMILY PLANNING PROVIDER TYPE



Source: Child Trends' analyses of NSFG data (2006-2010)

*Title X vs. non-Title X significant at p<.05

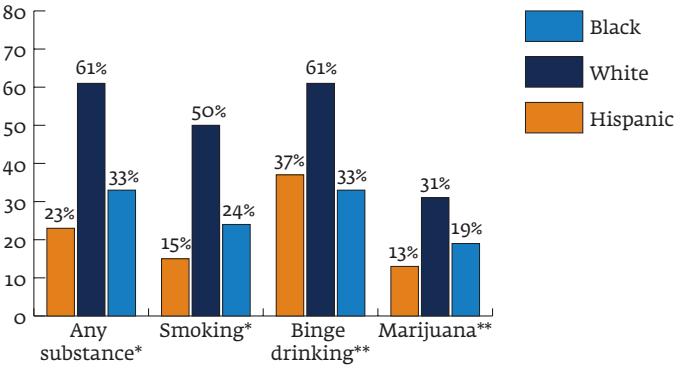
Note: Smoking = smoked any cigarettes daily, among those who have smoked more than 100 cigarettes in their lifetime; Binge drinking = drank more than four alcoholic beverages within a couple of hours; Marijuana = smoked any marijuana at all; Any substance = smoked daily, binge drank, or smoked marijuana in the past year.

Women who receive family planning services at a Title X clinic are more likely than are those who receive services at other locations to report the use of any substances in the past year.

When separated by type, however, levels of substance use were similar among all women regardless of where they received services, with the exception of smoking.

- Thirty-four percent of women who received family planning services at a Title X clinic reported smoking at all in the past year, compared with 25 percent of those who received family planning services at some other location.
- Levels of binge drinking were more similar across all groups of women. Forty-four percent of women receiving services at a Title X clinic reported binge drinking at least once in the past year, as did 43 percent of women receiving services elsewhere.
- Marijuana use was less common than smoking or binge drinking. Twenty-one percent of women receiving services at a Title X clinic reported any marijuana use in the past year, while 18 percent of women receiving services elsewhere did (see Figure 5).

FIGURE 6. SUBSTANCE USE AMONG WOMEN RECEIVING TITLE X SERVICES, BY RACE/ETHNICITY



Source: Child Trends' analyses of NSFG data (2006-2010)

*All groups significantly different at p<.05

**White vs. black and vs. Hispanic significant at p<.05

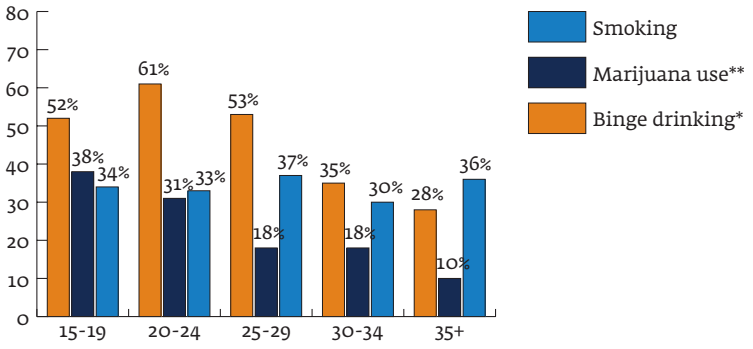
Note: Smoking = smoked any cigarettes daily, among those who have smoked more than 100 cigarettes in their lifetime; Binge drinking = drank more than four alcoholic beverages within a couple of hours; Marijuana = smoked any marijuana at all; Any substance = smoked daily, binge drank, or smoked marijuana in the past year.

Among women receiving family planning services at a Title X clinic, levels of substance use vary by race and ethnicity.

Roughly six in 10 non-Hispanic white women reported smoking, binge drinking, or smoking marijuana at least once in the past year, compared with one-third of non-Hispanic black women and just under one-quarter of Hispanic women. Specifically:

- Half of non-Hispanic white women who received family planning services at a Title X clinic reported any cigarette use, compared with 24 percent of non-Hispanic black women. Hispanic women had the lowest levels of smoking, at 15 percent.
- Non-Hispanic white women receiving Title X services were also more likely to engage in binge drinking at least once in the past year (61 percent) than were non-Hispanic black (33 percent) and Hispanic women (37 percent).
- Additionally, nearly one-third of non-Hispanic white women used marijuana at least once in the past year, compared with 19 percent of non-Hispanic black and 13 percent of Hispanic women (see Figure 6).

FIGURE 7. SUBSTANCE USE IN THE PAST YEAR AMONG WOMEN RECEIVING TITLE X SERVICES, BY AGE



Source: Child Trends' analyses of NSFG data (2006-2010)

*30-34 vs. 15-19, 20-24, and 25-29 and 35+ vs. 15-19, 20-24 and 25-29 significant at p<.05

**15-19 vs. 25-29, 30-34 and 35+ and 20-24 vs. 25-29, 30-34 and 35+ significant at p<.05

Note: Smoking = smoked any cigarettes daily, among those who have smoked more than 100 cigarettes in their lifetime; Binge drinking = drank more than four alcoholic beverages within a couple of hours; Marijuana = smoked any marijuana at all.

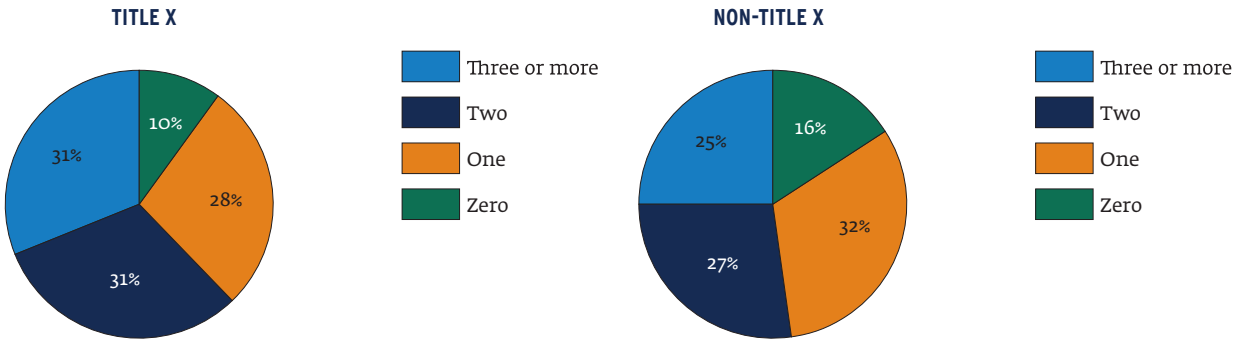
Binge drinking and marijuana use decline as women age; however, smoking does not.

- More than half of women under the age of 30 who received family planning services at a Title X clinic reported binge drinking at least once in the past year, compared with roughly one-third of women aged 30 and older.
- Similarly, marijuana use declined with age. While over thirty percent of women aged 15-24 reported using marijuana in the past year, only 18 percent of women aged 25-34 and 10 percent of women aged 35 and over reported any use.
- Levels of smoking were similar across age categories; roughly one-third of all women receiving family planning services at a Title X clinic reported cigarette smoking at all in the past year, regardless of age (see Figure 7).

MULTIPLE HEALTH PROBLEMS

Many women who receive services at Title X clinics have multiple physical and emotional health care needs. As a basic measure of the extent of these needs, we counted the total number of health problems or risks described in this brief that each NSFG respondent had currently (or in the past 12 months). These included limitations; overweight/obesity; diabetes; daily cigarette use; binge drinking; and marijuana use.

FIGURE 8. NUMBER OF IDENTIFIED HEALTH PROBLEMS BY FAMILY PLANNING PROVIDER TYPE

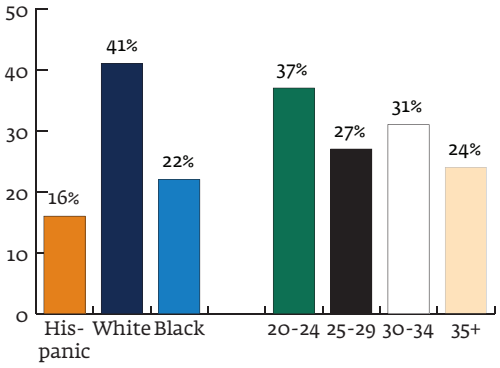


Source: Child Trends' analyses of NSFG data (2006-2010)

The vast majority of women have at least one health problem.

Only 10 percent of women receiving services at a Title X clinic and 16 percent of women receiving services at a non-Title X location reported having none of the measured health problems. In fact, 31 percent of women receiving services at a Title X clinic and 25 percent of women receiving services elsewhere reported three or more health problems (see Figure 8).

FIGURE 9. 3+ HEALTH PROBLEMS AMONG TITLE X WOMEN, BY RACE/ETHNICITY* AND BY AGE**



Source: Child Trends' analyses of NSFG data (2006-2010)
*White vs. Hispanic and vs. black significant at p<.05
**20-24 vs. 25-29 significant at p<.05
Note: Cumulative health index summed the following health measures: diabetes, limitations, overweight/obese, daily smoking, any binge drinking, or marijuana use, in the past year.

Among women receiving Title X services, white women and those in their early twenties reported the most health problems, largely due to higher levels of substance use.

- Forty-one percent of non-Hispanic white women reported three or more health issues, compared with 16 percent of Hispanic women and 22 percent of non-Hispanic black women.

- Almost four in 10 women aged 20-24 identified three or more health issues, compared with fewer than three in 10 women aged 25-29 (see Figure 9).

SUMMARY AND DISCUSSION

Family planning clinics are often the primary point of entry into the health care system for young women. In this research brief, Child Trends examined the heath of women of reproductive age receiving family planning services at Title X clinics in order to assess the health needs of this population.

Women who receive services at Title X clinics have worse self-reported health than do women who receive services elsewhere.

Self-reported health––what people report about their own health status––is the most frequent measure used by researchers to assess whether people are, in fact, healthy. Although this measure is subjective, numerous studies show a link between self-reported health and the length and quality of a person's life across all populations.[12,13] Results of our analyses indicate that one in 10 women who have gone to a Title X clinic in the past year assess their overall health as fair or poor (as opposed to good, very good, or excellent), compared to 7 percent of women receiving services elsewhere. Although the NSFG does not identify why women rate their own health poorly, other research provides some possible explanations. For example, one study indicates that actual mental and physical health outcomes––such the number of health problems experienced in the past year or absence from work due to illness––may contribute the most to respondent reports of self-reported health, as opposed to early life course factors or socioeconomic status, which are also linked to health.13

Among women receiving services at a Title X clinic, Hispanics report fair or poor health almost twice as often as do non-Hispanic white or black women, although this difference is only marginally significant. Other research finds that among adults aged 18 and older, Hispanic and black women are both more likely to report fair or poor health than are white women.[14] Our results may differ, in part, because of who goes to Title X clinics. Women who receive Title X services are younger and have fewer socioeconomic resources, on average, than do other women, regardless of race.[15] Nonetheless, Hispanics who go to Title X clinics may have additional, perhaps unidentified, health care needs.

Behaviors that put women at risk of poor health outcomes are common among women receiving services at Title X clinics.

Two-thirds of women receiving services at a Title X clinic in the past year were overweight or obese, including one-third who were obese. Consistent with prior research, we found that black women were at particular risk: less than one-quarter had a normal BMI.[16] The costs of obesity are high. Obesity puts women at risk for a range of negative health outcomes––including coronary heart disease; stroke; type 2 diabetes; mental health conditions; some cancers; and reproductive health complications, such as infertility.7,8 Additionally, overall medical care costs related to obesity among adults are estimated to be $147 billion a year.[7]

Smoking, binge drinking, and marijuana use were also high among women receiving services at Title X clinics, compared with women who received services in other locations.

Tobacco use is the single largest preventable cause of death and disease among women in the United States and accounts for many billions of dollars in medical costs and lost productivity each year.[17,18] Notably, half of white women who received Title X services reported smoking at all in the past year. That proportion was much higher than that of black and Hispanic women who go to Title X clinics, as well as that of white women more generally.[17]

Most women have multiple health problems, regardless of where they get their family planning services.

Among women receiving services at Title X clinics, white women and young women report the most health problems, which may be due largely to the multiple questions on substance use in our cumulative health measure. Nevertheless, the findings in this brief highlight the compelling reality that the vast majority of women who go to Title X clinics have health concerns beyond those linked directly to reproductive health.

CONCLUSION

The health care services covered by Title X include preventive health care directly related to contraceptive services.[1] Yet women who receive family planning services at Title X clinics often have a broader array of health care needs, needs they do not always feel comfortable disclosing to their family planning provider.[19] In fact, as we have noted in this brief, among women who have received services at a Title X clinic, slightly more than one-quarter reported having at least three of the health problems discussed––although the specific health problems varied by age and by race/ethnicity.

These findings, combined with the fact that family planning clinics are often women's main source of health care, suggest the benefit of having Title X clinics offer expanded health screenings, services, and referrals. Providers who do this should work to increase clients' comfort in disclosing health concerns beyond reproductive health, and expand their ability to refer women to the most relevant resources in their community.[19]

About this brief

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