



State Facts on Publicly Funded Family Planning Services:

Wisconsin

Modern contraception has given women and couples the means to control whether and when to have children, which in turn has had important health, social and economic benefits. Nonetheless, many people find it difficult to effectively practice contraception for the bulk of their reproductive lives when they prefer not to become pregnant. As a result, nearly half of U.S. pregnancies—almost three million each year—are unintended, and these pregnancies are highly concentrated among poor and low-income women.(1)

The federal and state governments have worked for decades to expand access to family planning services for young and low-income women and men, channeling public funds through multiple programs. Most notably, the joint federal-state Medicaid insurance program provides the large majority of public funding for clinical care, and the Title X national family planning program buttresses the system of family planning centers, sets standards of care and fills gaps in services and coverage.

This public effort serves millions of U.S. women and men each year. The contraceptive services provided help them avoid pregnancies they do not want, and avoid the unplanned births, abortions and miscarriages that would otherwise follow. Moreover, publicly supported family planning visits also include screenings for STIs such as chlamydia, gonorrhea and HIV; cervical cancer prevention services, including Pap tests and testing and vaccination for human papillomavirus (HPV); and other key preventive care services, all of which have their own health benefits. Collectively, these family planning services yield substantial government savings—\$13.6 billion nationally in 2010, or \$7.09 for every public dollar spent.(2)

Need for Services

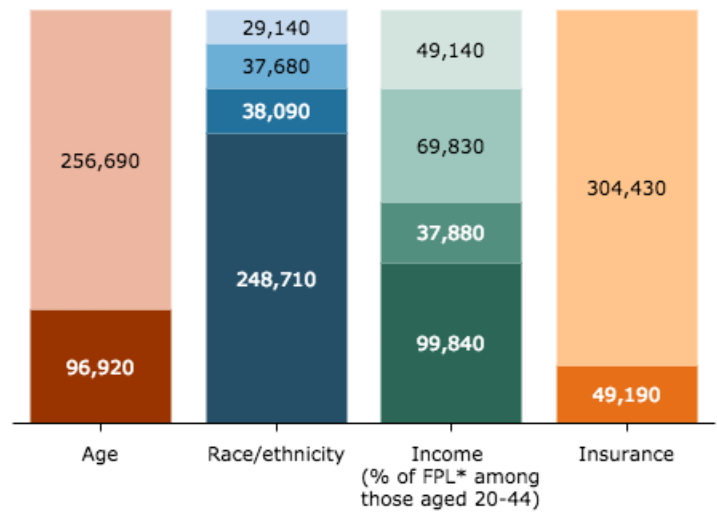
In 2010, 42,000 Wisconsin residents experienced an unintended pregnancy, a rate of 38 such pregnancies per 1,000 women aged 15–44.(3) These unintended pregnancies cost the state and federal governments \$313.5

million.(4) In 2011, there were 6,620 pregnancies among Wisconsin teens aged 15–19, a rate of 34 pregnancies per 1,000 teen women.(5)

In 2014, 353,620 women in Wisconsin were in need of publicly supported contraceptive services and supplies.(6) Women are considered to be in need of publicly supported contraceptive services and supplies if they have ever had sex, are aged 13–44, are able to become pregnant, are not pregnant or postpartum nor are they trying to become pregnant, and either have a family income below 250% of the federal poverty level or are younger than age 20. Large proportions of these women are young, nonwhite, low-income or uninsured.(6)

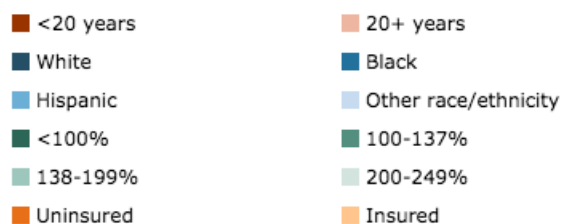
Diversity of Need

Women in need of publicly supported family planning services in Wisconsin in 2014 had the following demographic characteristics.



*FPL=federal poverty level

www.guttmacher.org



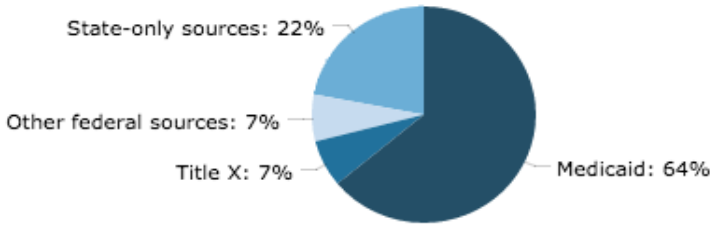
Provision of Services

Public funding for family planning comes from a variety of sources. In Wisconsin, 64% of funding is from Medicaid and 7% is from Title X.(7)

Most women who obtain publicly funded family planning

Sources of Funding

Public funding for family planning services in Wisconsin in 2010 came from these sources.



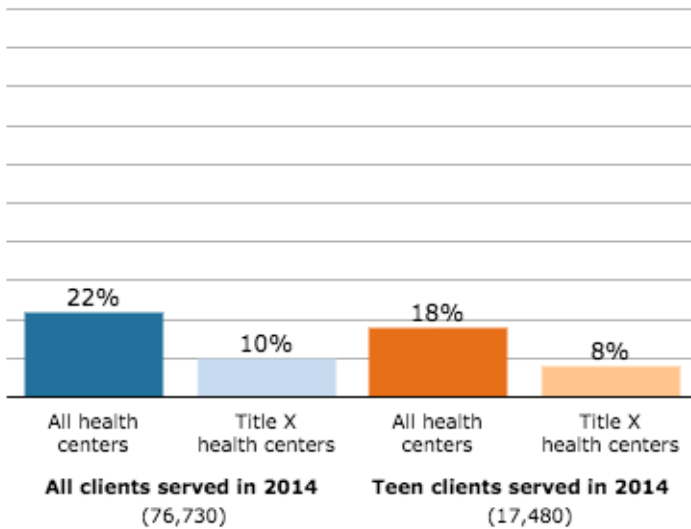
www.guttmacher.org

services do so at safety-net health centers. These family planning providers are particularly critical for those most likely to fall through the cracks of the U.S. health care system. For example, centers are trusted, accessible sources of contraceptive counseling and care for teens, who often lack financial resources and have confidentiality concerns that may bar them from seeking resources from their families or even from using their insurance coverage.

Publicly supported health centers provided contraceptive

Meeting the Need

Proportion of the 353,620 women in need of publicly funded contraceptive services who obtained services at safety-net health centers in Wisconsin



www.guttmacher.org

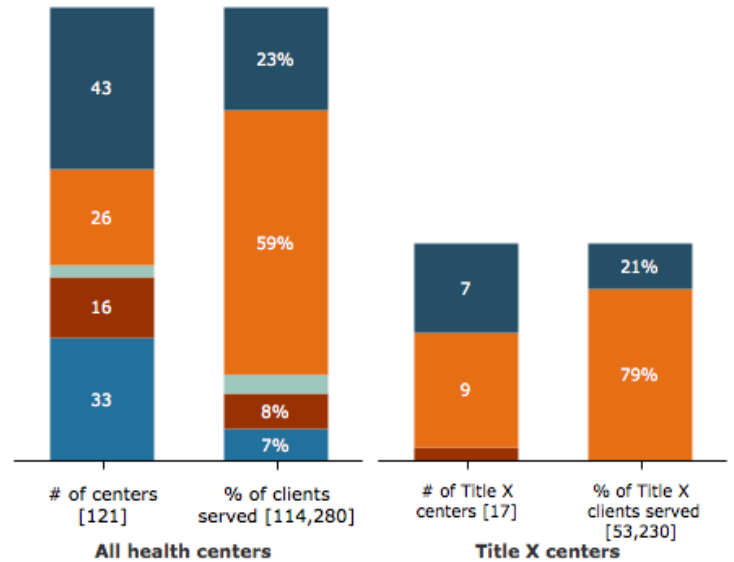
care to 76,730 women in Wisconsin in 2014, including 35,740 women served by Title X–supported centers.(6) Health centers in Wisconsin served 17,480 teenage women in 2014, including 8,180 teens served by Title X–supported centers. These totals amount to substantial proportions—but not nearly all—of the women in need of publicly supported contraception.(6)

Safety-net health centers include state and local health departments, federally qualified health centers (FQHCs), Planned Parenthood affiliates, hospital-based clinics and other independent agencies, such as family planning councils. In 2010, 121 publicly funded health centers in these five categories provided family planning services in Wisconsin, including 17 that received support from Title X.(8,9)

Impact of Services

Safety-Net Providers: Wisconsin

Distribution of Wisconsin health centers and Title X-supported centers and proportion of clients served in 2010, by type of health center.



www.guttmacher.org

- Federally qualified health centers
- Health department clinics
- Hospital outpatient clinics
- Planned Parenthood clinics
- Other independent clinics

Making effective methods of contraception available to women who want them but could not otherwise afford to use them consistently and correctly prevents a substantial number of unintended pregnancies.(2,6) That, in turn, reduces the incidence of the unplanned births, abortions and miscarriages that would otherwise follow. Many unplanned births also result in short interpregnancy intervals (defined as periods of less than 18 months between a birth and a subsequent pregnancy) and in babies being born prematurely or at low birth weight.

In the absence of the publicly supported family planning services provided at safety-net health centers, the rates of unintended pregnancy, unplanned birth and abortion would be 44% higher in Wisconsin, and the teen pregnancy rate would be 62% higher.(10,11)

Screening for STIs, including chlamydia and gonorrhea, is an integral component of the family planning services provided at safety-net health centers. STI screening results in early detection and treatment of these infections, reducing transmission to partners and helping women and men avoid negative health outcomes that might otherwise

follow, such as pelvic inflammatory disease, ectopic pregnancy and infertility. Cervical cancer screening through Pap tests and HPV tests is another basic preventive care service provided at publicly funded family planning visits, along with vaccination for HPV. These services help to prevent cases of cervical cancer, either by detecting abnormal cervical cells and precancer cases before they develop into cancer or by preventing the HPV infection that leads to future health problems. In Wisconsin, publicly funded providers helped women and men avoid many such negative health outcomes.(9)

By helping clients avoid unintended pregnancies, reproductive cancers and STIs, these services lead to considerable savings on Medicaid and other taxpayer-funded health programs. In Wisconsin, the services provided at publicly funded family planning centers in 2010 helped save \$171,542,000 in public funds.(2) That includes savings from reduced maternity and birth-related costs, along with reduced costs related to miscarriage and abortion and savings related to STI screening and cervical cancer prevention services.(2)

Unintended Pregnancy Prevention

Outcomes prevented in Wisconsin as a result of publicly funded services

	Year	All health centers	Title X centers
Unintended pregnancies	2014	18,600	8,700
Teen pregnancies	2014	4,200	2,000
Unplanned births	2014	9,000	4200
Abortions	2014	6,700	3,100
Short interpregnancy interval births	2010	3,690	1,720
Preterm/low birth weight births	2010	1,910	890

STI and Cervical Cancer Prevention

Outcomes prevented in Wisconsin as a result of publicly funded services provided in 2010

	All health centers	Title X centers
Chlamydia infections	1,100	510
Gonorrhea infections	260	123
Pelvic inflammatory disease cases	140	65
Abnormal cervical cell cases	96	45
Precancer cases	19	9
Cervical cancer cases	25	12

Public Cost Savings

Cost savings achieved in Wisconsin as a result of publicly funded services provided in 2010

All health centers			Title X centers		
	\$188,506,000	Maternity- and birth-related costs		\$87,616,000	Maternity- and birth-related costs
+	\$5,650,000	Miscarriage costs	+	\$2,702,000	Miscarriage costs
+	\$8,000	Abortion costs	+	\$4,000	Abortion costs
+	\$949,000	Chlamydia, gonorrhea and HIV testing	+	\$442,000	Chlamydia, gonorrhea and HIV testing
+	\$179,000	Pap and HPV testing and HPV vaccination	+	\$83,000	Pap and HPV testing and HPV vaccination
=	\$195,292,000	Total gross savings	=	\$90,847,000	Total gross savings
-	\$23,750,000	Family planning costs	-	\$11,063,000	Family planning costs
=	\$171,542,000	Total net savings	=	\$79,784,000	Total net savings

References

- Finer LB and Zolna MR, Declines in unintended pregnancies in the United States, 2008–2011, *New England Journal of Medicine*, 2016, 374(9):834–852, <http://nejm.org/doi/full/10.1056/NEJMsa1506575>.
- Frost JJ et al., Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program, *Milbank Quarterly*, 2014, 92(4):696–749, <http://onlinelibrary.wiley.com/enhanced/doi/10.1111/1468-0009.12080/>.
- Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002*, New York: Guttmacher Institute, 2015, <https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002>.
- Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, <https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy>.
- Guttmacher Institute, *U.S. Teenage Pregnancies, Births and Abortions, 2011: State Trends by Age, Race and Ethnicity*, New York: Guttmacher Institute, 2016, <https://www.guttmacher.org/report/us-teen-pregnancy-state-trends-2011>.
- Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update*, New York: Guttmacher Institute, 2016, <https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update>.
- Sonfield A and Gold RB, *Public Funding for Family Planning, Sterilization and Abortion Services, FY 1980–2010*, New York: Guttmacher Institute, 2012, <https://www.guttmacher.org/report/public-funding-family-planning-sterilization-and-abortion-services-fy-1980-2010>.
- Frost JJ, Zolna MR and Frohwirth L, *Contraceptive Needs and Services, 2010*, New York: Guttmacher Institute, 2013, <https://www.guttmacher.org/report/contraceptive-needs-and-services-2010>.
- Unpublished tabulations of data from Frost JJ, Zolna MR and Frohwirth L, *Contraceptive Needs and Services, 2010*.
- Special tabulations of data from Frost JJ, Zolna MR and Frohwirth L, *Contraceptive Needs and Services, 2012 Update*, New York: Guttmacher Institute, 2014, and Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2002, 2004, 2006 and 2008*, New York: Guttmacher Institute, 2013.
- Special tabulations of data from Frost JJ, Zolna MR and Frohwirth L, *Contraceptive Needs and Services, 2010*, New York: Guttmacher Institute, 2012, and Kost K and Henshaw S, *U.S. Teenage Pregnancies, Births and Abortions, 2008: State Trends by Age, Race and Ethnicity*, New York: Guttmacher Institute, 2013.