

# Family Planning

Healthy Kansans 2010

Steering Committee Meeting

April 1, 2005

# Sharp Declines in Teen Pregnancy Rates

U.S. overall 30% decrease in last 10 years

Kansas 1994-2003

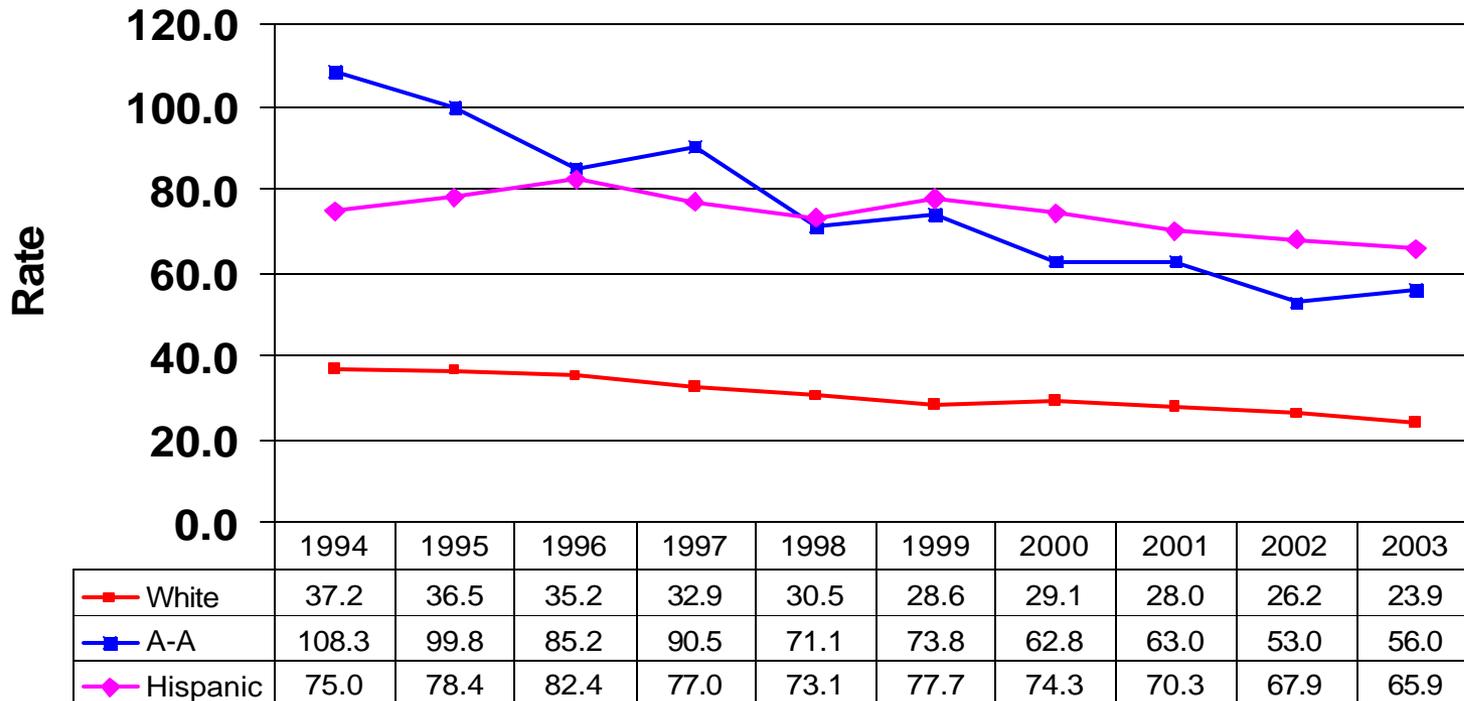
Age 10-19, all races – 24.1% decrease

Age 10-17, all races – 34.0% decrease

Age 10-19, A-A - 42.5% decrease

# Teen Pregnancy Rates by Race/Ethnicity Kansas, 1994-2003

Per 1000 age-specific population



Teen = ages 15-17

Pregnancy = livebirths, fetal deaths, abortions

# Teen Pregnancy

- 1998 cross over effect for A-A and Hispanic TP rates has continued
- African-American TPR still 2.34 x white TPR and Hispanic TPR 2.75 x white TPR
- HP 2010 Goal – 43.0 / 1000 LB; Kansas 2003 26.6

# Activities/Best Practices

- Communities with high TP rates
- Prevention projects – community/school education; peer education; case management
- A-A TP in Sedgwick; HTP in SW Kansas
- Comprehensive School Health Education
- Youth development focus

# National Campaign to Prevent TP

- No Easy Answers 1997; Emerging Answers 2001; Another Chance 2004
- Switch focus to 2<sup>nd</sup> births to teen mothers
- 25% of teen mothers - 2<sup>nd</sup> birth before age 20
- Goal: reduce % of 2<sup>nd</sup> teen births to <20%

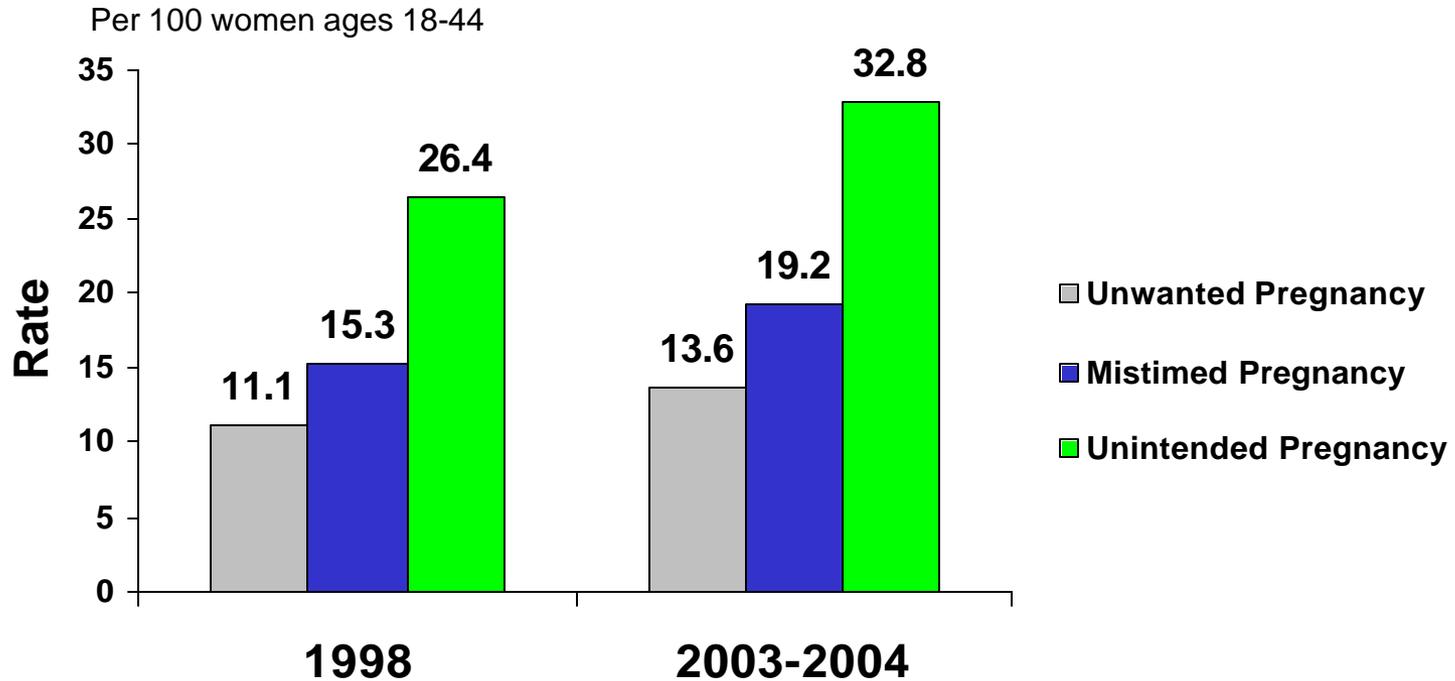
# Best Practices

- Close, sustained relationship with teen
- Initiate in PG, continue to age 2 for child & age 18 for mother
- Personnel with training and authority to address complexities of FP, domestic violence, etc
- Avoid group ed and counseling; indiv. attention
  - Emphasis on contraceptive education
- Encourage education & economic self-sufficiency
- Provide child care
- Encourage living with parents and not boyfriend

# Unintended Pregnancy

- 50-60% of pregnancies (mistimed, unwanted)
- Occur in all segments of society
- Less likely to seek early PNC, to BF
- More likely to expose fetus to noxious subst.
- High risk of LBW & complications
- 1/2 end in abortion

# Est. Unintended Pregnancy in Women Ages 18-44, Kansas



Unwanted = self-reports she did not want to ever be pregnant

Mistimed pregnancy = self-reports she wanted to be pregnant later

Unintended = unwanted + mistimed

# Unintended Pregnancy

- HP 2010 Goal:
- decrease unintended preg. to 30%
- 9:10 women at risk not using contraception

# Family Planning Services Kansas, SFY 2005



### Multi-County Projects:

1. SC KS Coalition: Barber, Comanche, Edwards, Harper, Kingman, Kiowa, Pratt
2. NEK: Atchison, Brown, Jackson
3. SEK: Allen, Anderson, Bourbon, Linn, Woodson
4. Barton, Lane
5. Cloud, Republic
6. Crawford, Cherokee
7. Ellsworth, Rice
8. Geary, Dickinson
9. Grant, Kearny
10. Lincoln, Ottawa
11. Meade, Gray
12. Morris, Chase
13. Russell, Osborne
14. Seward, Haskell
15. Sherman, Wallace
16. Thomas, Logan, Rawlins

### Data Source:

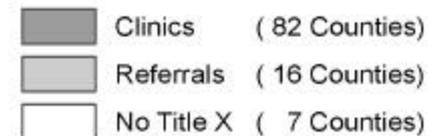
Kansas Cartographic Dataset  
KDHE, Bureau for Children, Youth & Families

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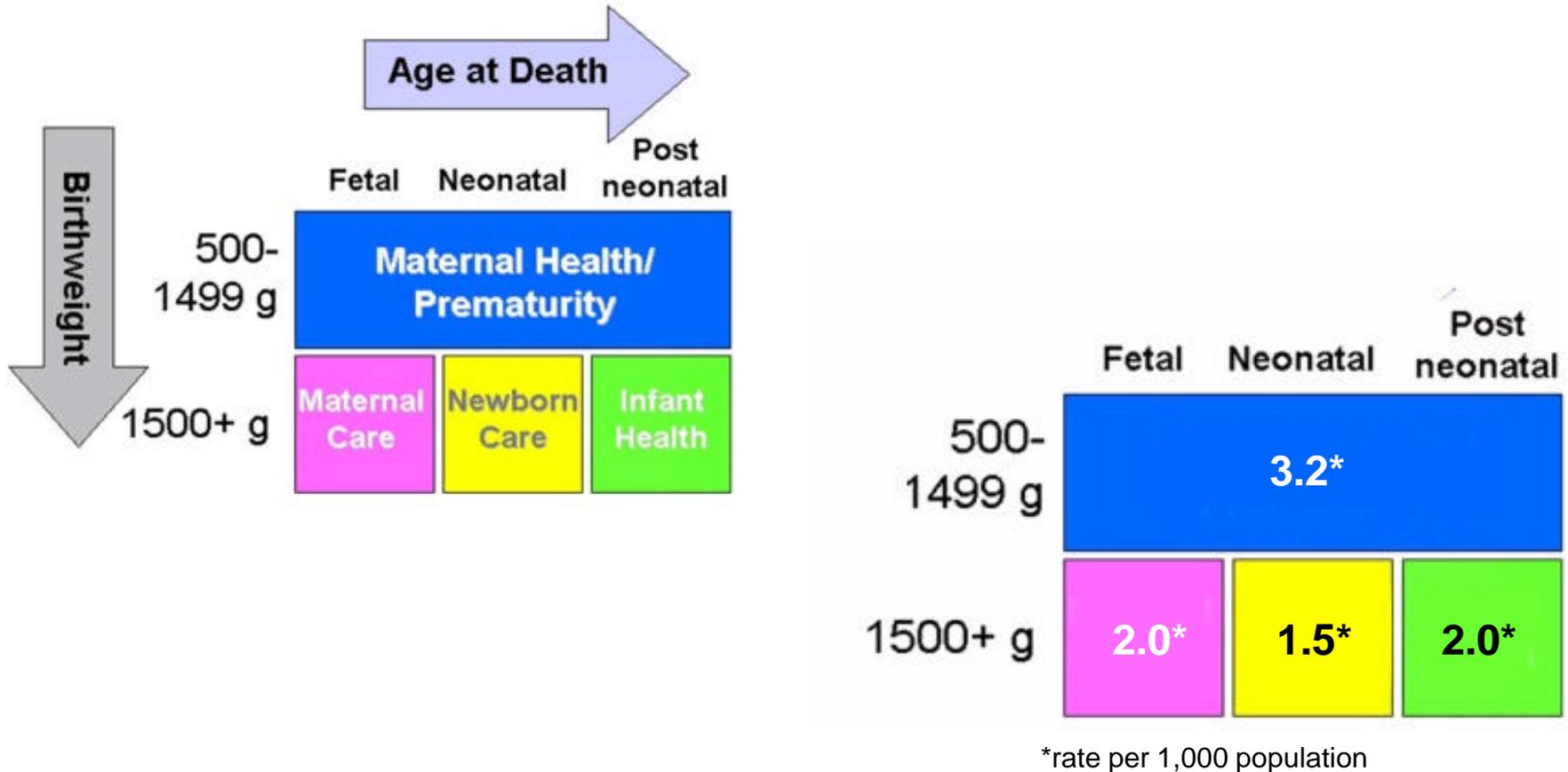
# Best Practices

- Initiate PRAMS or similar surveillance
- Improve access to health care in reproductive years
- Increase knowledge about reproductive health & contraceptive use
- Improve access to more highly effective methods (also more expensive)

# PPOR Approach/Best Practice

- Used in developing countries to target resources
- Simple approach
- Strong conceptual basis
- ID gaps (excess mortality)
- Mobilize community to action
- Target resources - prioritize prevention efforts
- Establish on-going surveillance

# Perinatal Periods of Risk Analysis Kansas, 1999 through 2003



Numerator = Number of fetal and infant deaths

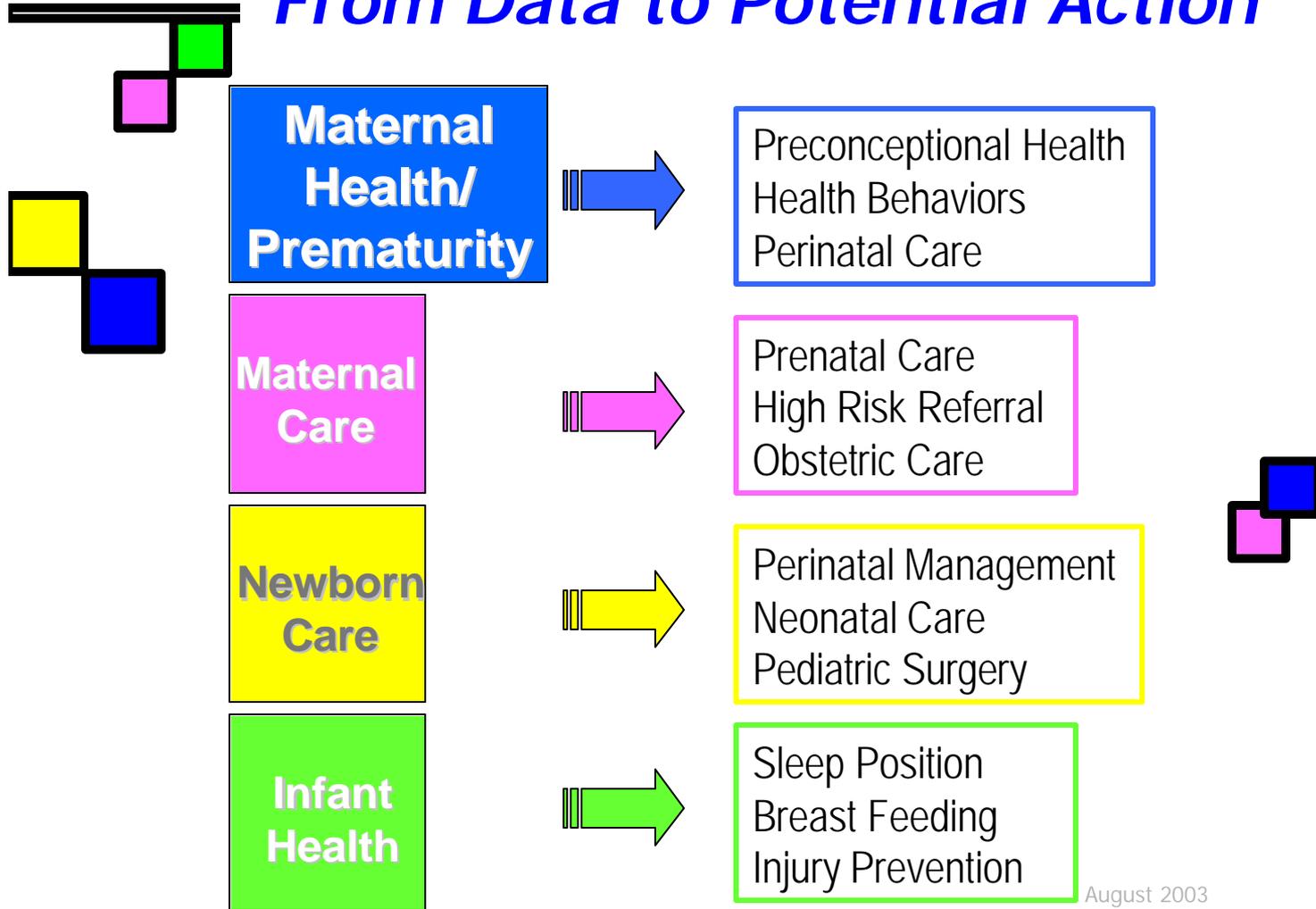
Denominator = Number of live births + fetal deaths

Excludes: fetal deaths before 24 weeks, under 500 g; LB less than 500 g; abortions

Method of Analysis Source: CityMatch

Data Sources: Center for Health & Environmental Statistics, Kansas Department of Health & Environment

# *From Data to Potential Action*



# Recommendations

- Initiate state perinatal surveillance (PRAMS, PPOR)
  - partnership Kansas Perinatal Council
- Support local perinatal surveillance (PPOR, FIMR)
  - Sedgwick federal Healthy Start Program
  - Wyandotte – Dr. Jim Guillory
- Focus efforts on area of excess mortality
  - preconceptional health (women's health care, family planning, smoking cessation)
  - health behaviors prior to pregnancy

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Ref: PPOR [www.CityMatCH.org](http://www.CityMatCH.org)