

FAMILY PLANNING NEEDS ASSESSMENT AND SERVICE INVENTORY

**For Minneapolis
and
Hennepin County**

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FAMILY PLANNING NEEDS ASSESSMENT MINNEAPOLIS AND HENNEPIN COUNTY

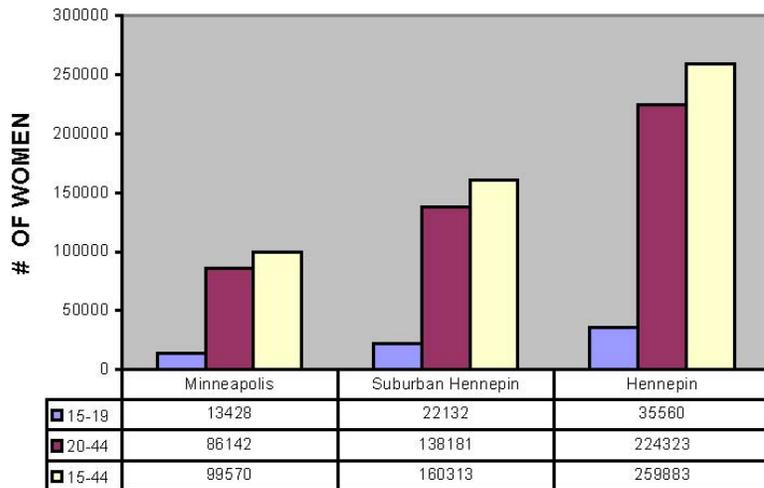
FAMILY PLANNING SERVICE NEED

Recent estimates suggest that approximately 60% of pregnancies in the United States are unintended, meaning they occur sooner than desired or WERE not desired at all (1). About half of these pregnancies result in abortions, the other half in live births. Women who experience unintended or mistimed pregnancies are less likely to receive early prenatal care, and more likely to expose the fetus to harmful substances such as tobacco or alcohol. Babies that result from unwanted pregnancies are more likely to be born at low birth weight, die in the first year of life, experience abuse, and go without the resources necessary for optimum growth and development. Unintended pregnancies are an indication of unmet family planning needs.

According to the US Census Bureau there were 259,883 women between the ages 15 and 44 years who were residents of Hennepin County during 2000. This represents approximately 23.4% of Minnesota women in this age group. Figure 1 depicts the area of residence for Hennepin County women in this age group.

Figure 1

Hennepin County Female Population
By Area of Residence, 2000.



Source US Census Bureau.

Women who are sexually active, fertile and not pregnant, or seeking to become pregnant are defined as at risk of pregnancy. Estimates developed by the Minnesota Department of Health suggest that over 156,520 women in Hennepin County are at risk of unintended pregnancy and in need of family planning services. When male partners of these women are included, the number of Hennepin County residents in need of family planning services increases substantially.

SUBSIDIZED FAMILY PLANNING SERVICE NEED

Women considered to be in need of subsidized family planning are women 13-19 years of age who are at risk of pregnancy, and age 20-44 years at risk of pregnancy and living at or below 200 percent of poverty. It is estimated that there are 62,060 women in Hennepin County in need of subsidized family planning services. Of these, approximately 15,360 are 13-19 years of age, and 46,700 are 20-44 years of age. The total population in need of subsidized family planning services in Hennepin County would far exceed 62,060 if the male partners of these women are included.

BIRTHS

This section presents selected characteristics of resident births for 2005, the most recent year for which data are available, and for 2003 as a point of comparison. There are several factors that can be used to consider health status of mothers and infants. Some of these factors, which are related to pregnancy, are the mother's age and education level, her marital status, and her use of prenatal care. Birth data indicate the need for continued efforts to improve the health of mothers and children in Hennepin County. Substantial differences in health status exist among population groups.

SECTION I:**BIRTHS BY MOTHER'S AGE AND RACE**

Table 1
Number of Births by Region for 2003 and 2005

Region	2003	2005	Percent Change
Minneapolis	6,366	6,125	-3.8
Suburban Hennepin	10,027	10,184	+1.6
Hennepin	16,393	16,310	-0.5

There were 6,125 births to Minneapolis residents in 2005 for a birth rate of 15.9 per 1,000 population. The number of births in Minneapolis and Hennepin County decreased between 2003 and 2005. However, birth *rates* (calculated as the number of live births per 1,000 women aged 15 to 44 years) decreased in Minneapolis and Hennepin County during 2005 as compared to 2003 (see Table 12).

Table 2
Hennepin Resident Live births for Mothers Under 20 years of Age
By Region for 2003 and 2005

Region	2003	2005	Percent Change
Minneapolis	662	580	-12.4
Suburban Hennepin	437	481	+10.1
Hennepin	1099	1061	-3.5

Among Minneapolis residents, 9.5% of births in 2005 were to women under 20 years of age. This percentage is lower than that for 2003.

Among Hennepin County residents, 6.5% of births in 2005 were to women under 20 years of age. In 2005, Minneapolis residents accounted for slightly more than half of the births among Hennepin County residents in the teen-aged population (under 20 years of age).

Overall, the number of teen births decreased in 2005 in Minneapolis and Hennepin County as a whole when compared to 2003. However a slight increase was seen in Suburban Hennepin during the same period.

Table 3
Minneapolis Resident Live Births by Mother's Race
2003 and 2005

Race	2003	2005	Percent Change
White	2,784	2,605	-6.4
African American	1,715	1,746	+1.8
American Indian	214	178	-16.0
Asian/Pacific Islander	460	418	-12.6
Hispanic	1,131	1,115	-1.4

The racial distribution of live births among Minneapolis residents has changed significantly over the past two decades. In 2005, 60% of resident births were to women of color, compared to 20.5% in 1980. The resident births in 2005 increased among African Americans while decreasing among all other races when compared to 2003.

Table 4
Suburban Hennepin County Resident Live Births by Mother's Race
2003 and 2005

Race	2003	2005	Percent Change
White	7,099	6,736	-5.1
African American	1,219	1,446	+18.6
American Indian	62	60	-3.2
Asian/Pacific Islander	871	1,010	+16.0
Hispanic	698	833	+19.3

In 2005, slightly more than a third of Suburban Hennepin County resident births were to women of color. The resident births in 2005 increased among African Americans, Asian/Pacific Islander, and Hispanic while decreasing among Whites and American Indians when compared to 2003.

Table 5
Hennepin County Resident Live Births by Mother's Race
2003 and 2005

Race	2003	2005	Percent Change
White	9,883	9,341	-5.5
African American	2934	3193	+8.8
American Indian	276	238	-13.8
Asian/Pacific Islander	1,331	1,428	+7.3
Hispanic	1,829	1,948	+6.5

In 2005, slightly more than 40% of Hennepin County births were to women of color. The resident births in 2005 increased among African Americans, Asian/Pacific Islander, and Hispanic while decreasing among Whites and American Indians when compared to 2003.

SECTION II:**MARITAL STATUS, EDUCATION STATUS, PRENATAL CARE, AND LOW BIRTH WEIGHT BABIES**

Table 6
Births to Unmarried Women by Race of Mother
For Various Geographic Regions in 2005

Race	Minneapolis		Suburban Hennepin County		Hennepin County	
	Number	Percent	Number	Percent	Number	Percent
White	535	20.5	1067	15.8	1602	17.2
African American	1165	66.7	825	57.0	1990	62.3
American Indian	158	88.8	46	76.7	204	85.7
Asian/Pacific Islander	131	31.3	202	20.0	333	23.3
Hispanic	645	57.8	408	49.0	1053	54.1
All Races	2667	43.5	2578	25.3	5245	32.2

Births to unmarried women often results in the family entry into poverty. As long as births to unmarried women remain high, the number of families living in poverty also is expected to remain high. Minneapolis residents accounted for slightly more than half of all births to unmarried women among Hennepin County residents.

Among Minneapolis resident mothers the proportions by racial group are 88.8% for American Indians, 66.7% for African Americans, 57.8% for Hispanics, 31.3% for Asian/Pacific Islanders, 20.5% for Whites .

Among Hennepin County resident mothers, the proportions of births to unmarried women by racial group are 85.7% for American Indians, 62.3% for African Americans, 54.1% for Hispanic, 23.3% for Asian/Pacific Islanders and 17.2% for Whites.

Table 7
Births to Women With Less Than High School Education
By Race of Mother for Various Geographic Regions in 2005

Race	Minneapolis		Suburban Hennepin County		Hennepin County	
	Number	Percent	Number	Percent	Number	Percent
White	87	3.4	144	2.2	231	2.5
African American	466	28.8	190	14.0	656	22.1
American Indian	71	43.3	16	27.6	87	39.2
Asian/Pacific Islander	87	22.6	86	8.9	173	12.8
Hispanic	622	60.0	361	46.3	983	54.1
All Races	1,342	23.1	800	8.1	2142	13.6

Among mothers living in Hennepin County who gave birth in 2005, mothers living in Minneapolis accounted for slightly more than 60% of all mothers with education less than high school.

Among Minneapolis residents, the proportion of mothers with less than high school education was highest for Hispanics, followed by American Indians, African Americans, Asian/Pacific Islander and Whites. Among Hennepin County resident mother, the proportion was highest for Hispanics, followed by American Indians, African Americans, Asian/Pacific Islander and Whites.

Table 8
Women Who Received First Trimester Prenatal Care
By Race of Mother for Various Geographic Regions in 2005

Race	Minneapolis		Suburban Hennepin County		Hennepin County	
	Number	Percent	Number	Percent	Number	Percent
White	2295	91.5	5971	92.7	8266	92.4
African American	1117	70.9	1027	78.0	2144	74.1
American Indian	94	57.0	38	67.9	132	59.7
Asian/Pacific Islander	257	70.6	750	81.3	1007	78.3
Hispanic	690	64.5	587	75.4	1277	69.1
All Races	4501	78.4	8444	88.0	12945	84.4

PRENATAL CARE

The national goal for prenatal care states that “by the Year 2010, the proportion of women who obtain no prenatal care during the first trimester of pregnancy should not exceed ten percent.” In 2005, the city’s proportion of women receiving prenatal care in the first trimester was 78.4% overall as compared to 70.9% for African Americans, 57% for American Indians, 70.6% for Asian/Pacific Islanders, 64.5% for Hispanics and 91.5% among Whites. For 6.3% (386 cases) of resident births in 2005, data on prenatal care was missing.

Table 9
Women Who Received None or Third Trimester Prenatal Care
By Race of Mother for Various Geographic Regions in 2005

Race	Minneapolis		Suburban Hennepin County		Hennepin County	
	Number	Percent	Number	Percent	Number	Percent
White	51	2.0	79	1.2	130	1.5
African American	97	6.2	64	4.9	161	5.6
American Indian	26	15.8	<=5	*	28	12.7
Asian/Pacific Islander	18	4.9	24	2.6	42	3.3
Hispanic	62	5.8	37	4.8	99	5.4
All Races	254	4.4	210	2.2	464	3.0

Note: Counts and percentages are not displayed for 5 or fewer cases.

LATE OR NO PRENATAL CARE

Women who experience unintended pregnancies are more likely to seek prenatal care late in pregnancy (third trimester) or not at all. Among Hennepin County women who gave birth in 2005, 3% initiated prenatal care late in pregnancy or did not receive any care. Minneapolis women accounted for about 55% of all Hennepin County women who received late or no prenatal care. Of all Minneapolis women who gave birth in 2005, 4.4% obtained prenatal care late in pregnancy or not at all.

LOW WEIGHT BIRTHS

The national goal for reducing low birth weight in babies states that “by the Year 2010, low birth weight babies should constitute no more than five percent of all births. No population group should have a rate that exceeds five percent of all live births.” The proportion of low weight births among Minneapolis residents was 8.2% overall in 2005. For various racial groups the proportions of low weight births in 2005 were: African American 12%, American Indian 11.8%, Asian/Pacific Islander 10.3%, Hispanics and White 6%.

**Table 10
Low Birth Weight** Live Births
By Race of Mother for Various Geographic Regions in 2005**

Race	Minneapolis		Suburban Hennepin County		Hennepin County	
	Number	Percent	Number	Percent	Number	Percent
White	157	6.0	425	6.3	582	6.2
African American	210	12.0	154	10.7	364	11.4
American Indian	21	11.8	<=5	*	25	10.5
Asian/Pacific Islander	43	10.3	79	7.8	122	8.5
Hispanic	67	6.0	46	5.5	113	5.8
All Races	502	8.2	717	7.0	1219	7.5

** Denotes Birth Weight <2500 Grams (5.5 pounds)

Note: Counts and percentages are not displayed for 5 or fewer cases.

SECTION III: INDUCED ABORTIONS

Induced abortion information provides another indication of the continuing need for education and services that promote the use of contraceptives. In 2005, there were 4,673 induced abortions for Hennepin County, representing 287 abortions for every 1,000 live births. Women residing in Minneapolis represent 46.8% of the abortion for Hennepin County. About 13.3% of the abortions reported in Hennepin County in 2005 were to women under 20 years of age and 74.4% were to women 20-34 years of age.

Age	Minneapolis	Suburban Hennepin County	Hennepin County
<15	13	8	21
15-17	85	102	187
18-19	191	236	427
20-24	819	837	1,656
25-29	565	604	1,169
30-34	328	391	719
35-39	171	261	435
>40	56	93	149

Contraceptive history information for Hennepin County women who received induced abortions

in 2005 reveals that 62.9% used contraception in the past but not at the time of conception with the current pregnancy. About 26.5% reported they were using contraception at the time of conception, which indicates they were using ineffective methods or using methods ineffectively. Another 3.1% reported that they never had used a birth control method.

Birth & Fertility Rates

Table 12
Resident Births, Fertility Rates¹, Birth Rates²
For Various Geographic Regions for 2003 and 2005

Region	Births		Fertility Rates		Birth Rate	
	2003	2005	2003	2005	2003	2005
Minneapolis	6,366	6,125	63.9	61.5	16.6	16.0
Suburban Hennepin	10,027	10,184	62.5	63.5	13.7	13.9
Hennepin County	16,393	16,310	63.1	62.8	14.7	14.6

The number of births in Minneapolis and Hennepin County increased between 2003 and 2005. Fertility rates decreased in both Minneapolis and Hennepin County in 2005 when compared to 2003. Birth rates decreased in Minneapolis and Hennepin County during 2005 when compared to 2003.

¹Rate per 1,000 Females 15-44

²Rate per 1,000 Population

SECTION IV:

HIGH RISK BIRTHS AND ADOLESCENTS

HIGH RISK BIRTHS

High risk births are another indicator of family planning need. A birth is defined as high risk if one or more of the following conditions exist:

- Age of mother is younger than 18 years or older than 39 years
- Fewer than four prenatal care visits
- Birth weight less than 2500 grams
- Certain health problems for mother or infant

The proportion of Hennepin County births classified as high risk increased from 41.3% in 2003 to 42.3% in 2005. The proportion of Minneapolis births classified as high risk decreased from 49.6% in 2003 to 47.4% in 2005

ADOLESCENTS

It is estimated that at least 80% of pregnancies experienced by teens are unintended. Therefore, adolescents who are sexually active are at high risk for unintended pregnancy. Table 13 illustrates the percentages of teens in Minneapolis and Hennepin County public schools who report having had sexual intercourse according the 2005 Minnesota Student Survey. These rates were higher for 9th grade male and female students in Minneapolis than in Hennepin County as a whole. Among 12th graders, the City and County rates were much more similar. Rates for high

school seniors in mainstream schools may be misleading, because dropping out of school or transferring to alternative education centers is much more common among students who engage in risk behaviors. Alternative schools have a much higher proportion of sexually active students, in part because they serve pregnant and parenting teens.

Table 13
Percentage of 9th and 12th Grade Students Indicating Sexual Intercourse

Teens Indicating They Have Ever Had Sexual Intercourse	9 th Grade		12 th Grade	
	Male %	Female %	Male %	Female %
Minneapolis Total	37.8	26.7	40.5	42.2
Once or Twice	15.2	13.0	13.1	6.1
Three Times or More	22.6	13.8	27.3	36.1
Hennepin Total	26.7	15.9	43.2	42.6
Once or Twice	10.0	7.5	11.8	6.5
Three Times or More	12.7	8.5	31.4	36.1

Source: Minnesota Student Survey, 2004

Although only one-third of Hennepin County female teenagers aged 13 to 19 years reside in Minneapolis, they accounted for slightly more than half of all Hennepin births in 2005 to women under age 20 years. In 2005, births to women under age 20 years accounted for 6.5% of all Hennepin County births and 9.5% of all Minneapolis births

CONCLUSION

Approximately 400,000 unintended pregnancies occur in the U.S. each year. If subsidized family planning services were not available, it is estimated that there would be between 1.2 and 2.1 million unintended pregnancies each year. The benefit of family planning funding is further supported by a 1994 study which analyzed state-level data and found that increases in family planning funding were associated with reductions in the incidence of low birth weight, neonatal and infant mortality, and abortion rates which are all indicators of unintended pregnancy and unmet family planning needs (2). Evidence of unmet family planning needs in Hennepin County can be found in these and other indicators for unintended pregnancy. The impact of unintended pregnancy in populations who have limited resources and limited access to family planning services supports the continued need for subsidized family planning programs.

DATA SOURCES

A Collaborative Community study, "Barriers and Motivators to Prenatal Care: Experiences of Low Income Women," August, 1998

Alan Guttmacher Institute, Women at Risk: The Need for Family Planning Services, State and County Estimates, 1995

Hennepin County Office of Planning and Development

Minneapolis Department of Health and Family Support

Minnesota Center for Health Statistics, Minnesota Department of Health

REFERENCES

1. The Best Intentions; Unintended Pregnancy and Well-Being of Children and Families
National Academy Press, Washington D.C., 1995
2. Family Planning Services in Hennepin County; Analysis and Recommendations.
Hennepin County Community Health Department, 1995

Providers (Name, address)	Components of Family Planning Services								Number Served*
	Public Info Check if Yes	Out Reach Check if Yes	Counseling All Methods Check if Yes	Method Check if Yes	Follow Up Check if Yes	Referral Check if Yes	Sliding Fee Check if Yes	Low Income (≤ 200% FPL) Check if Yes	
Planned Parenthood of MN, SD & ND:									
1200 Lagoon Ave S Minneapolis, MN55408	X	X	X	X	X	X	X	X	4,884 Clients
6900 – 78 th Avenue No Brooklyn Park, MN 55445	X	X	X	X	X	X	X	X	1,534 Clients
Centro de Salud 1921 Chicago Avenue So. Minneapolis, MN 55404	X	X	X	X	X	X	X	X	912 Clients
Southside Community Clinic: 4243 4 th Ave S Minneapolis, MN 55409		X	X	X	X	X	X	X	737 Clients
Green Central Comm Clinic 4242 – 4 th Avenue So. Minneapolis, MN 55409		X	X	X	X	X	X	X	821 Clients
Teen Age Medical Services 2425 Chicago Ave S Minneapolis, MN 55404	X	X	X	X	X	X	X	X	1,548 Clients
Twin Cities Natural Family Planning Center, Inc 69 West Exchange St St. Paul, MN 55102	X	X		X	X	X			129 Clients
West Suburban Teen Clinic 478 2 nd Street Excelsior, MN 55331	X	X	X	X	X	X	X	X	2,250 Clients

*# Served is the number of clients receiving one-to-one family planning services (method/counseling)