

Expressions

Missouri Family Health Council, Inc.



Building Healthy Foundations for Missouri Families

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We are going GREEN!

In our efforts to be more environmentally friendly and to help reduce costs during these economic times, this will be the last printed version of the **Expressions** newsletter. Future issues will be found on our website at

www.mfhc.org

It's As Easy as 1-2-3:

- 1) Go to www.mfhc.org
- 2) Select ABOUT from the HEADINGS section at the top of the screen
- 3) Click on Newsletter

Let's all do our part to make the world just a little better!

Women's Health Services Program Training Held

The Missouri Department of Social Services recently provided training to the delegate agency clinics of the Missouri Family Health Council on the Women's Health Services Program. This program, created by the Centers for Medicare and Medicaid Services (CMS), allows a state to provide services that Medicaid usually cannot provide.

In January 2009, CMS approved expansion of these women's health services to include family planning services for women. Currently, women who have had a Medicaid-funded delivery are eligible for preventive women's health services for one year.



Theresa Valdes, from the Missouri Department of Social Services, discusses the Women's Health Services Program to delegate agencies.

The objectives of the program are to reduce the number of unintended pregnancies and to provide access to contraceptive supplies and information on reproductive health care and women's health services.

The services provided through the Women's Health Services Program include pelvic exams, Pap tests, testing and treatment for sexually transmitted infections, counseling and education on various birth control methods, as well as provisions of a contraceptive method. Basic preventive women's health services are made available by both the federal government and Missouri, with a 90/10 match rate for federal dollars to state dollars. These services help to prevent unintended pregnancies and deliveries, promoting healthier birth spacing and maternal child health outcomes. These services also save money by averting unintended pregnancies that would be paid for by Medicaid.

Uninsured women ages 18 and older with incomes of up to 185 percent of poverty (about \$19,240 for an individual) are eligible for this program. The income eligibility is equal to the Medicaid prenatal eligibility level.

Applications for Women's Health Services benefits may be made by completing the MO HealthNet for Kids, Pregnant Women and Parents online application at www.dss.mo.gov/mhk/appl.htm.

If you have questions or would like more information, please contact MO HealthNet at (573) 751-3425 or visit their website at www.Ask.MHD@dss.mo.gov.

Delegate Agency Views: SEX Education for Our Teens



Our guest columnist in this issue is **Dr. Daryl Lynch, Chief, Section of Adolescent Medicine Pediatrician and Adolescent Medicine Specialist at Children's Mercy Hospital in Kansas City, Missouri.** Dr. Lynch is a graduate of the University of Kansas School of Medicine in Kansas City, Kan. He completed a residency in pediatrics at Children's Mercy Hospital in Kansas City and a fellowship in adolescent medicine at the University of Arizona. Dr. Lynch's specialty interest areas include general adolescent medicine, sexuality, pregnancy prevention and school-based care.

Over the past decade or so, debate has occurred as to the best approach to protect young people from negative outcomes of sexual activity such as unplanned pregnancies and sexually transmitted diseases. Most adults generally agree that sexual abstinence is the most effective way of prevention. However, the 2007 Youth Risk Behavior Survey data reveals that 65 percent of U.S. high school seniors have had sexual intercourse.¹ Therefore, to encourage responsible decision making, many medical experts and organizations agree that teens should receive comprehensive, developmentally appropriate and medically accurate sex education.

The federal government currently supports and promotes an abstinence-only-until-marriage (AOUM) as its primary method of sex education.² This model is based on an eight point definition of abstinence which includes "sexual activity outside the context of marriage is likely to have harmful psychological and physical effects." Any sex education programs that include information about hormonal contraception or condoms (except to emphasize failure rates) are not allowed to receive federal funding for sex education.

Federal support for this program has grown dramatically. In 1996, \$50 million a year was targeted to the AOUM program, which has grown to \$204 million for 2008. These monies have to be matched with three dollars of state funds for every four federal dollars.



Dr. Daryl Lynch

This brings the total spent in 2008 to \$357 million. With this large investment, interest has swelled regarding the efficacy of the AOUM program. Senator Henry Waxman from California, Mathematica Policy Research Inc. (contracted for evaluation by the Department of Health

and Senior Services) and other researchers have found these programs to be medically inaccurate, misleading, and information that blurs religion and science. Studies have found that AOUM programs do not reduce the likelihood of vaginal intercourse nor do they decrease pregnancy or STD rates.^{3,4,5,6}

In contrast, evidence is increasing that comprehensive programs that encourage abstinence and include information on correct and consistent use of condoms and contraception are effective.^{7,8} Furthermore, the majority of parents favor comprehensive sex education.⁹

The Society for Adolescent Medicine, a leading organization on adolescent health issues, recommends, "Current funding for abstinence-only programs should be replaced with funding for programs that offer comprehensive, medically accurate sexuality education."¹⁰ Policy makers around the country are questioning the outcomes of AOUM. Seventeen states now reject the federal AOUM money. Missouri continues to participate and receive funding. Politics aside, adults need to ensure all adolescents receive the information and resources needed to make healthy reproductive health decisions.

References:

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5. Underhill K et al. Sexual abstinence only programmes to prevent HIV infection in high income countries: systematic review. *British Medical Journal* 2007;335:248.
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9. Eisenberg M et al. Support for Comprehensive Sexuality Education: Perspectives from Parents of School-Age Youth. *Journal of Adolescent Health* 2008;42:353-359.
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Connie's Corner:

The Cost of Doing Nothing With Health Care Reform

Health care is the number one economic issue facing Americans and the majority of voters feel the economic challenges facing us now make it even more urgent to reform health care.

When Wall Street collapsed, taxpayers footed a \$700 billion bailout. But Main Street is hurting too. America's families are struggling to pay skyrocketing health care costs and premiums. Too many of us can no longer afford or have been denied coverage. Our economic recovery is tied to fixing our health care system.

Projections for what will happen to the cost of health care if we don't reform the system are important motivators for change NOW.

Our health care system is broken. The number of uninsured Americans keeps rising. And the staggering amount – \$56 billion annually – of uncompensated care for the uninsured just increases the cost of health care and premiums for all of us. Our current path is unsustainable and we are all paying the price – we have to fix this problem now.

It's wrong for people who work hard and pay taxes to go without affordable, quality health care. Voters are angry with greedy profits of insurance companies and CEO salaries. Our wages are stagnant, yet our premiums continue to rise. Many hard-working people are finding it harder to afford health care they can count on for themselves and their families.

People need economic security and not to have to worry about whether they can afford to take their children or a parent to a doctor. Our leaders need to make health care more affordable for everyone, before our costs rise even higher.

Here are some things we can do. **Don't lose ground.** Push for maintaining existing programs and remind legislators of the cost savings found in preventive care.

\$4 Saved for Every \$1 Invested: Expanding Medicaid Services to More Low-Income Women

By providing millions of young and low-income women access to voluntary contraceptive services, the national family planning program prevents 1.94 million unintended pregnancies, including almost 400,000 teen pregnancies each year. These pregnancies would result in 860,000 unintended births, 810,000 abortions and 270,000 miscarriages, according to a new report by the Guttmacher Institute.

Publicly funded family planning services are highly cost-effective. More than 9 in 10 women receiving them would be eligible for Medicaid-funded prenatal, delivery and postpartum care services if they became pregnant. Avoiding the significant costs associated with these unintended births saves taxpayers **\$4 for every \$1 spent on family planning.**

More than nine million women received publicly funded contraceptive services in 2006. Most (7.2 million) received their care from the national network of family planning centers. Another two million women received Medicaid-funded family planning care from private doctors. According to the report, 6 in 10 women who get care at a family planning center, including

3 out of 4 who are poor, consider the center to be their usual source of health care.

The role of Medicaid in funding family planning has risen since the 1980s. The increase was driven dramatically by efforts in 21 states to expand eligibility specifically for family planning for low-income women who otherwise would not qualify for Medicaid.

“States as varied as Missouri, South Carolina, New York, and Texas decided to undergo the cumbersome and time-consuming process to seek federal permission, known as a waiver, to expand family planning services to more women who need them,” says Rachel Benson Gold, the report's lead author. “It's a popular policy because it helps women while saving public dollars. It more than pays for itself.”

The report recommended that Congress eliminate the waiver requirement. Instead, states should be allowed to use the same income criteria to determine eligibility for family planning under Medicaid that they use to determine eligibility for pregnancy-related care.

Source: The Guttmacher Institute

\$1 spent in family planning equals \$4 saved in Medicaid costs. **Advocate for fair regulations.** The public is angry about denials of coverage, rising premiums and pre-existing coverage loopholes. Regulation of these issues doesn't cost taxpayer money. Begin to build our armies of voters advocates through these entry issues. **Keep the drumbeat going** with local press covering local health care reform stories and issues. National legislators look at their local news clips every morning. If the issue isn't getting coverage locally, don't expect them to

step up to the plate at the national level. They need to know that their constituents care.

Remember – health care reform needs to happen now. State dialogues are what build the grassroots support needed to make national health care reform a reality.

Connie J. Cunningham

Obama Rescinds “Global Gag Rule”

On January 23, 2009, President Obama affirmed his administration’s strong commitment to women’s health and international family planning assistance by rescinding the “global gag rule” and by committing the United States to restoring support for the United Nations Populations Fund (UNFPA). The global gag rule—also known as the Mexico City policy—prohibited overseas organizations from receiving U.S. family planning assistance if they used their non-U.S. funds to provide abortion information, services or counseling, or engaged in any abortion rights advocacy.

The global gag rule was first imposed by President Reagan in 1984, rescinded by President Clinton in 1993, and then reinstated by President Bush in 2001. The Reagan, Bush I and Bush II administrations also blocked any U.S. contribution to UNFPA.

There is overwhelming evidence that helping women avoid becoming pregnant too early, too late, or too often benefits them and their children. Currently, there are 500 million women in the developing world are using some form of family planning, thereby preventing 187 million unintended pregnancies, 60 million unplanned births, 105 million induced abortions, 2.7 million infant deaths and 215,000 maternal deaths (which would leave 685,000 children homeless each year.)

The Obama administration’s reversal of both policies not only will strengthen the global fight against maternal and child mortality. It also is firmly in line with President Obama’s goal of finding common ground in this debate by focusing on preventing unintended pregnancies—including through the provision of contraceptives—and thereby reducing the need for abortion.

Source: Guttmacher Update

Legislative Outlook:

A Guide to Proposed Laws in Missouri



The current legislature started this January, and bills being tracked by MFHC that might affect family planning providers and services can be located at www.mfhc.org on the homepage in QUICK LINKS.

Keeping Communication Open at MFHC

The MFHC staff is here to help. Please feel free to contact the staff with any questions you may have at (573) 636-4060.

Connie Cunningham, Executive Director, Ext. 307
Administrative/policy and contract issues

David Cline, Shipping and Receiving Clerk, Ext. 313
Central Purchasing product information, orders, and order tracking

Robin Corderman, Director of Program Services, Ext. 305
Title X program guidelines, monitoring and reporting issues

Dallas Gresham, Public Information Coordinator, Ext. 312
Public information, social marketing or promotional questions

Gary Lorts, Financial Director, Ext. 301
Fiscal and budgeting issues, Central Purchasing Program enrollment

Ashley Rackers, Clinical Programs Coordinator, Ext. 314
Clinical program guideline issues, monitoring issues, HPV vaccine questions

Pam Rustemeyer, Administrative Secretary, Ext. 300
Receptionist, meeting coordination, document archives

Alice West, Bookkeeper, Ext. 303
Central Purchasing account information



How to Contact Your Elected Officials

Governor Jay Nixon
Office of Governor Jay Nixon
P.O. Box 720
Jefferson City, MO 65102
(573) 751-3222
www.governor.mo.gov

Senator Kit Bond
274 Russell
Senate Office Building
Washington, DC 20510
(202) 224-5721
www.bond.senate.gov

Senator Claire McCaskill
717 Hart
Senate Office Building
Washington, DC 20510
(202) 224-6154
www.mccaskill.senate.gov

To find your representatives in Congress, as well as your state senator and state representatives, visit www.state.mo.gov, and enter your nine-digit ZIP code into the “Legislative Lookup” box on the right. (If you do not know the last four digits of your ZIP code, this website links to the U.S. Postal Service site, where you can look it up.)

MFHC Board Profile:

Getting Better Acquainted With MFHC Board Members

John Rich, MFHC Board President



John Rich

Tell us about you.

I am married (41 years), have two grown children (a daughter and a son), no grandchildren. I have a BS degree in aeronautical engineering and an MBA.

I worked in the for-profit sector in aerospace engineering and design, in the metal container manufacturing industry in engineering research and customer engineering, owned my own business (a Burger King franchise) and also worked for Sprint Communications. In 1994 I joined the nonprofit world, working for Planned Parenthood in Kansas City as Director of Patient Services and later Chief Operating Officer (COO), then in Illinois as an Executive Director. After that, I went to work for the Local Investment Commission (LINC) in Kansas City as their COO. About two and a half years ago I became the Executive Director of the Mid America Assistance Coalition in Kansas City.

Why do you believe in Missouri Family Health Council?

I have always been a strong believer in gender equality, and the right for men and women to make informed choices about their reproductive lives. My nonprofit experience has given me a much deeper appreciation for the need

for health care for low income women and families. Title X family planning clinics are often the only health care low income women receive and the services provided are essential. As the statewide fiscal agent for federal Title X dollars, MFHC serves a critical need for low income women and families in Missouri.

How did you get involved with the Missouri Family Health Council?

My first encounter with MFHC was through my work with Planned Parenthood in Kansas City. I knew little about the Title X regulations when I started. I also worked with terrific people at Planned Parenthood and among those was Lois Culver. Ms. Culver became a MFHC board member long before me and was instrumental in recruiting me for the MFHC board.

“I thoroughly enjoy being on the MFHC board.”

– John Rich, MFHC Board President

What do you like best about your job as board member?

I like the interaction with the MFHC staff and other board members. We have a very knowledgeable group of people. Knowing I can make a difference in improving the health care for low income women and families is very gratifying.

What are your personal aspirations that could be enhanced by service on the board?

In my current position as Executive Director of Mid America Assistance

Coalition I am involved in service of a similar population. We work with more than 250 nonprofit service sites in the greater Kansas City area serving low income and homeless populations. I can apply this experience to my MFHC board service and enhance my advocacy efforts on behalf of these populations.

Give an example that has made you feel Missouri Family Health Council is making a difference?

During my time at Planned Parenthood in Kansas City, I saw many clients who would not have had any access to health care if Title X funds were not available. I know as a MFHC board member that many agencies would not be able to keep their doors open if not for Title X funding. Most recently, MFHC facilitated a grant from the Missouri Foundation for Health, which is allowing thousands of young women across Missouri the opportunity to access the first ever Human Papillomavirus vaccine to prevent a virulent strain of cancer.

Of the three primary board roles of ambassador, advocate and asker – in which role(s) do you want to be most active?

I am most comfortable in the advocate and ambassador roles.

What do you believe is the greatest challenge facing our industry today?

Ignorance and cost.

What are some of your hobbies when not serving on the board?

I spend as much time as possible with my wife, and take every opportunity I have to see my kids. We enjoy going to movies, plays, etc. with our friends. I also like to play tennis whenever I can.

Other comments?

I thoroughly enjoy being on the MFHC board.



2009 Health Observances

MARCH

National Nutrition Month

www.eatright.org
Materials available

APRIL

STD Awareness Month

www.ashastd.org
Materials available

April 6-12

National Public Health Week

www.nphw.org
Materials available

MAY

National Teen Pregnancy Prevention Month

www.advocatesforyouth.org
Materials available

May 6

National Day to Prevent Teen Pregnancy

www.thenationalcampaign.org/national/default.aspx
Materials available

May 10-16

National Women's Health Week

www.womenshealth.gov/whw/
Materials available

JUNE

June 15-21

National Men's Health Week

www.menshealthweek.org
Materials available

Teen Childbearing in Missouri Cost Taxpayers \$186 Million Annually

Despite a 33 percent decline in the state teen birth rate between 1991 and 2004, teen childbearing in Missouri cost taxpayers (federal, state and local) at least \$186 million in 2004, according to a new analysis released by the National Campaign to Prevent Teen Pregnancy. Of these costs, 47 percent were federal costs and 53 percent were state and local costs. The national public sector costs of teen childbearing total \$9.1 billion.

Most of the public sector costs of teen childbearing are associated with negative consequences for the children of teen mothers. In Missouri in 2004, annual taxpayer costs associated with children born to teen mothers included: \$41 million for public health care; \$52 million for child welfare; \$30 million for incarceration; and \$58 million in lost tax revenue due to decreased earnings over the children's career.

There are also costs and savings associated with teen mothers and fathers of their children which are factored into the \$186 million total.

The analysis, called *By the Numbers: The Public Costs of Teen Childbearing*, is authored by Saul Hoffman, Ph.D., Professor of Economics and Department Chair at the University of Delaware, and is the first analysis of what teen childbearing costs in every state.

Between 1991 and 2004, there have been more than 141,600 teen births in Missouri, costing taxpayers an estimated \$3.3 billion

over that period. The 33 percent decline in the teen birth rate between 1991 and 2004 in Missouri has yielded substantial cost savings. The progress Missouri has made in reducing teen childbearing saved taxpayers an estimated \$136 million in 2004 alone.

"This report makes clear that teen pregnancy and childbearing have significant economic and social costs," said Sarah Brown, Director of the National Campaign to Prevent Teen Pregnancy. "Making further progress in reducing teen pregnancy will benefit taxpayers and the economy, as well as improve the educational, health, and social prospects for this generation of young people and the next."

The analysis provides a cautious estimate of the costs of teen childbearing and reflects only those costs clearly associated with a teen birth rather than other associated risks. Specifically, the analysis compares costs associated with teen mothers (aged 19 and younger), their partners, and their children with the same costs for women who delay childbearing until they are aged 20-21.

For more information, visit the website at www.teenpregnancy.org/costs for a fact sheet detailing teen childbearing costs in Missouri and other states by this analysis.

Source: *The National Campaign to Prevent Teen and Unplanned Pregnancy*, www.teenpregnancy.org.

Teenagers and Unmet Needs

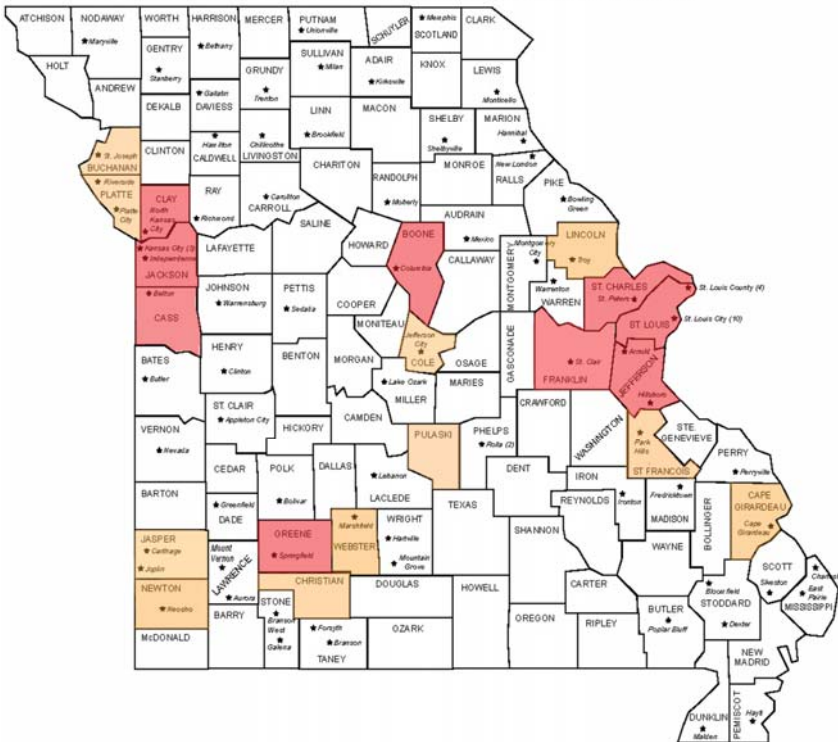
Counties With "Very High Need"	Children Under 18	Counties with "High Need"	Children Under 18
St. Louis	18 8,670	Jasper	690
Jackson	5,570	Platte	580
St. Louis City	3,760	Buchanan	560
St. Charles	2,370	Cole	500
Jefferson	1,500	Cape Girardeau	460
Clay	1,380	Christian	440
Greene	1,370	Lincoln	370
Boone	860	Pulaski	370
Franklin	740	Newton	370
Cass	690	St. Francois	370

Source: *The Alan Guttmacher Institute*

Unmet Needs for Teenagers Under 18

Missouri Counties with Highest Needs for Contraceptive Services and Supplies
December 2008

- Very High Needs Areas:**
Clay, Jackson, Cass, Greene, Boone, Franklin, St. Charles, St. Louis, Jefferson
- High Needs Areas:**
Buchanan, Platte, Jasper, Newton, Christian, Cole, Pulaski, Lincoln, St. Francois, Cape Girardeau



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Unmet Needs for Teenagers

- Missouri teenage pregnancy rate ranks 29th nationally.
- Of the 14,950 teen pregnancies each year in Missouri, 66 percent result in live births, while 19 percent result in abortions.
- More than 100,000 teenagers are in need of publicly supported contraceptive services due to their poverty level.

Source: The Alan Guttmacher Institute

Facts About Teen Pregnancy

According to a recent report from the Alan Guttmacher Institute, the U.S. teen pregnancy rate has been on the increase in recent years. In developed nations, America's teens are more likely to get pregnant than teens in other developed nations like Great Britain, where the ratio is two to one, or Sweden and France, where the ratio is four to one in both countries.¹

The U.S. has spent more than \$1 billion in federal funding on abstinence-only programs for teens that have not worked, and many comprehensive sex education programs emphasizing both abstinence and using protection have been found to have a positive impact on teens. A comprehensive approach to sex education is more effective, and does not send a confusing message to young people.²

Sources: 1. <http://www.parade.com/hot-topics/intelligence-report/archive/truth-about-teen-pregnancy.html>
2. <http://www.guttmacher.org/media/nr/2008/09/16/index.html>

Training and Conference Calendar

2009 Missouri Family Planning Conference

April 14-15, 2009
Columbia, MO
www.devsys.org

NFPRHA 2009 National Conference

April 26-29, 2009
Bethesda, MD
www.nfprha.org

Missouri Foundation for Health

Health Summit: Health Care Workforce Development
June 2-3 2009
St. Louis, MO
www.mffh.org/health_summit09.htm

Missouri Poverty Summit

June 9, 2009
Jefferson City, MO
www.communityaction.org

**Regional HIV / AIDS / STDs and Human Sexuality
Education Conference**

June 10-12, 2009
Kansas City, MO
www.ksde.org

