

PUBLIC HEALTH SEATTLE & KING COUNTY PROFILE 2021

Public Health Seattle & King County (PHSKC) receives funding devoted solely to sexual and reproductive health and related preventive health services with a focus on low-income and uninsured persons. Funds support services such as breast and pelvic exams, Pap smears and other cancer screenings, STI/HIV testing, pregnancy testing and counseling, and affordable birth control, including long-acting reversible contraception (LARC). PHSKC works with Washington State Department of Health to assure quality and affordable sexual and reproductive health services at its clinics in King County.

In 2021 PHSKC served 4,096 clients during 7,198 clinic visits, representing a 2% decrease in clients and 1.3% decrease in clinic visits from 2020. An estimated 92% of female clients of reproductive age served in 2021 were on some form of contraceptive method resulting in a lower risk of unintended pregnancy, unplanned births, and abortions.

PHSKC served 4,096 clients in 2021

| | 2021 | | 2020 | |
|---------------------------------------|--------------|-------------|--------------|-------------|
| | Count | % of total | Count | % of total |
| Total | 4,096 | 100% | 4,179 | 100% |
| Male | 609 | 15% | 504 | 12% |
| Female | 3,487 | 85% | 3,675 | 88% |
| - reproductive age (15-44 yrs) | 3,299 | 81% | 3,520 | 84% |
| Non Hispanic | | | | |
| - White | 752 | 18% | 717 | 17% |
| - African American | 636 | 16% | 638 | 15% |
| - American Indian/Alaska Native | 23 | 1% | 32 | 1% |
| - Asian, Native Hawaiian/Pacific Isl. | 463 | 11% | 584 | 14% |
| Hispanic | 2,123 | 52% | 2,089 | 50% |

An estimated 92%* of PHSKC's female reproductive age clients used contraception

| | 2021 | | 2020 | |
|----------------------------|-------|------------|-------|------------|
| | Count | % of total | Count | % of total |
| No method | 268 | 8% | 291 | 8% |
| Combined hormonal methods | 1,149 | 35% | 1,262 | 36% |
| 3-month hormonal injection | 442 | 13% | 528 | 15% |
| LARC | 696 | 21% | 734 | 21% |
| Barrier | 501 | 15% | 507 | 14% |
| Other methods | 243 | 7% | 198 | 6% |

*The remaining 8% includes female clients 15-44 years who were pregnant or seeking pregnancy and those reporting no method.

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Sexual & reproductive health services provided by PHSKC prevented an estimated* 750 unintended pregnancies and 250 abortions, and saved over \$3.9M in health care costs in 2021 alone

PHSKC’s sexual & reproductive health services averted unwanted reproductive health outcomes and saved healthcare-related expenses by providing contraceptive services, testing and treatment for sexually transmitted infections, and vaccination against HPV to prevent cervical cancer. Most notably, in 2021 the agency’s services prevented an estimated 750 unintended pregnancies, 350 unplanned births, and 250 abortions resulting in net savings of more than \$3.9 million associated with maternal and birth-related care, miscarriages, ectopic pregnancies, and abortions averted.

Estimate of unwanted outcomes and health expenditures prevented by PHSKC sexual & reproductive health services, 2021

| | |
|--|--------------------|
| Unintended pregnancies | 750 |
| Unplanned births | 350 |
| Abortions | 250 |
| Miscarriages following unintended pregnancies prevented | 140 |
| Maternal & birth-related gross costs saved from contraceptive services | \$4,967,890 |
| Miscarriage & ectopic pregnancy gross costs saved | \$157,820 |
| Chlamydia infections | 60 |
| Gonorrhea infections | 10 |
| HIV Infections | ** |
| Gross costs saved from STI testing | \$57,310 |
| Gross costs saved from Pap and HPV testing & vaccinations | \$50 |
| Total gross savings | \$5,183,070 |
| Total family planning costs | \$1,199,440 |
| Total net savings | \$3,983,630 |

**Estimates are based on Washington State SRHP clinic visit record data and formulas from Guttmacher Institute (Frost JJ et al., Return on investment: A fuller assessment of the benefits and cost savings of the US publicly funded family planning program, The Milbank Quarterly, 2014, <<http://onlinelibrary.wiley.com/enhanced/doi/10.1111/1468-0009.12080>>.)*

*** Unable to report due to small numbers*

Data sources: (1) Washington State Clinic Visit Record data 2020,2021 (2) Guttmacher Institute Data Center. Estimates retrieved from <https://data.guttmacher.org/calculator> on 01/27/2022

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Public Health-Seattle & King County Family Planning Program

Family planning is a proven, global strategy to reduce poverty and improve health outcomes for women and their families for generations to come. The nationally recognized Family Planning Program at Public Health - Seattle & King County works specifically to decrease teen pregnancy, unintended pregnancy, and STDs in King County. The Family Planning Program provides comprehensive family planning clinical services in Public Health Clinics, innovative health education in our communities and produces the nationally recognized FLASH curriculum.

Family Planning Clinics

Public Health Family Clinics serve the most vulnerable populations of King County, providing them with necessary services that will allow them to access education and employment opportunities and to improve their lives and the lives of their families.

- Public Health offers family planning services at four clinics throughout King County, providing birth control and STD services to approximately 5,500 clients a year who may have no other access to family planning care.
- All clients are low-income (below 250%FPL). Over 50% are people of color are served, primarily were Latino clients, who are disproportionately impacted by teen pregnancy and other sexual health disparities.
- Public Health Family Planning clinics utilize best practices and innovative money-saving strategies, such as same-day birth control starts and easy access to highly effective long-acting birth control methods like the implant and IUD in order to decrease unintended pregnancies, and the provision of Partner-Provided Therapy to improve treatment of STDs by allowing clients with an STD to bring home an extra dose of antibiotic to treat a sexual partner who is also infected.

Education and Outreach

The Public Health Family Planning Health Education team partners with communities, schools and other Public Health programs to implement evidence-based interventions that reduce unintended pregnancy, teen pregnancy, and STD rates.

- They design and publish the internationally recognized **FLASH** sexual health education curriculum.
- They provide training for local and national audiences on best practices in the reproductive health field.
- They ensure access to family planning clinical services by conducting outreach, providing professional training and developing materials to improve clinic referrals.
- The health education team provides tailored services to marginalized and underserved populations who are disproportionately affected by teen pregnancy, unintended pregnancy and STDs.

FLASH

Public Health – Seattle & King County’s own High School FLASH sexual health education curriculum was awarded a DHHS Teen Pregnancy Prevention “Rigorous Evaluation of New or Innovative Approaches to Prevent Teen Pregnancy” grant from the Office of Adolescent Health. High School FLASH is proven effective. FLASH was one of 21 programs chosen nationwide in a highly competitive search for promising programs to address adolescent sexual health disparities, and PHSKC was one of only three local health departments awarded this funding.

Quick Facts

- In the U.S., every \$1 spent on family planning saves over \$7.09 in Medicaid expenditures – this saving has significantly increased in the past year
- The average annual cost for publicly funded contraceptive care in Washington is \$335 per person - this cost has significantly decreased in the past year
- Over a quarter of women who lose access to publicly funded family planning services become pregnant within the first year
- 40% of low-income women who receive services at publicly funded family planning clinics receive no other source of health care

Public Health-Seattle & King County Family Planning Program

Client Stories

Lita* is a 16 year-old girl who has hopes and dreams for her future. Lita is uninsured and her father is an alcoholic. Due to issues at home, she recently moved in with her boyfriend's family. She and her boyfriend are both clear that they cannot become pregnant while still in high school. Lita also suffers from severe migraines, which precludes her from taking several popular birth control methods. **She was interested in an IUD, because she had heard that they were extremely effective and long lasting. Unfortunately, previously a primary care doctor erroneously told her that she could not have an IUD because she had never given birth. Thankfully she came to our clinic in search of an effective birth control method she could tolerate. At Public Health she was given up-to-date medical advice, including the fact that she is an excellent candidate for an IUD.** Lita now has a Mirena IUD and loves it, and has come back to receive her HPV vaccines. She plans to become a radiologist and is now enrolled in Running Start, a program that allows her to take college courses at Washington's community and technical colleges.

Dana* is a 21 year-old woman who is living with her abusive boyfriend. He adamantly wants to have children with her; she does not. **She is in need of effective birth control that she can keep private from her boyfriend. She learned from a Public Health family planning health educator at the local community college that she does not have to use her insurance at the clinic for confidentiality purposes. She had not sought clinical care in fear of an explanation of benefits from her insurance being mailed to her house where her abusive boyfriend monitors all her mail.** After discussion with the nurse practitioner at the clinic, Dana chose to use a birth control injection which she can receive every 3 months at the clinic. Dana received her injection that day, but was left with the dilemma of how to prevent pregnancy for the next seven days while the birth control was taking effect. Her boyfriend refused to use condoms or stop sexual activity, since he desired a pregnancy. Dana left the clinic with a week's supply of Emergency Contraception and a referral to a local domestic violence agency in addition to her birth control shot. The birth control she received prevented her and a future child from being tied to an abusive partner for the rest of their lives, and bought her the time she needed to find a way out of the relationship.

Elena* is a 26 year-old mother of two who does not want to become pregnant at this time in her life. She has tried several types of hormonal birth control in the past and did not like the side effects. This has left her with few birth control options, and as a result, she has become pregnant on accident twice and has had two abortions. Elena only wants to become pregnant again at a point in her life when she can adequately care for another child. She was happy she could make an appointment for the next day (the only time in her schedule to go) to begin a new birth control method at her local Public Health family planning clinic. **At her family planning visit, Elena decided to use a type of IUD which contains no hormones and is one of the most effective and long-lasting methods of birth control available. Fortunately, she was also able to enroll in a Medicaid managed care health insurance plan at her visit, so she does not need to worry about being unable to afford her birth control method of choice as it is covered by her new health insurance with no out-of-pocket costs. She was able to get the IUD that day – it only took one visit to get her birth control method of choice and enroll in health insurance.** Now she is in control of her future and can focus on what is best for her and her family.

*Names changed for confidentiality