

# **MED145**

## **Deliverable 1.5**

### **Final DY15 Report**

**Presented to**



**AGENCY FOR HEALTH CARE ADMINISTRATION**

**by**

**UF** UNIVERSITY of  
**FLORIDA**  
Family Data Center

**June, 2014**

**Table of Contents**

Introduction ..... 1

Project status, Accomplishments and Challenges ..... 1

    Project Status..... 1

    Accomplishments..... 2

    Challenges..... 2

Key, relevant information from conference calls with FPW state evaluators ..... 3

Descriptive statistics of new DY15 Enrollees and Participants and rate of change as compared to DY11..... 4

    Summarized Results from Table 1: Race/Ethnicity of FPW Newly Enrolled Women in DY15 and rate of change as compared to DY11)..... 4

    Summarized Results about Table 2: Age of FPW Newly Enrolled Women in DY15 and rate of change as compared to DY11 ..... 6

    Summarized Results about Table 3: Ratio of Participants to New Enrollees in DY15 and rate of change as compared to DY11 ..... 7

    Summarized Results about Table 4: Participation, Evaluation and Management Services, Contraceptives, Sterilization in DY15 ..... 8

Rate of Re-Enrollment by DY15 Participants as Compared to DY11 ..... 9

Interbirth interval for Enrollees and Participants, disaggregated by SOBRA category for DY15 as compared to DY9-11 ..... 9

Trend and analysis of DY15 FPW Enrollees’ participation in each region, compared to DY11 and DY14..... 13

Summary of meetings held with identified FPW Program administrators to discuss DY14 area success trends, measures and outcomes..... 17

Lessons learned and recommendations for program implementation, including improvements, supported by the data presented ..... 25

    Findings Related to Waiver Objectives ..... 26

        Reduce the Number of Unintended Pregnancies in Florida..... 26

Reduce Florida’s Medicaid Costs by Demonstrating Savings Associated with Averted Births.....	29
Increase Access to Title XIX Funded Family Planning Services.....	30
Increase Child Spacing Intervals Through Effective Contraceptive Use .....	31
Recommendations for Program Implementation.....	31
Table 1. Race/Ethnicity of FPW Newly Enrolled Women in DY15 and rate of change as compared to DY11.....	34
Table 2: Age of FPW Newly Enrolled Women in DY15 and rate of change as compared to DY11 .....	39
Table 3: Ratio of Participants to New Enrollees in DY15 and rate of change as compared to DY11 .....	43
Table 4: Participation, Evaluation and Management Services, Contraceptives, Sterilization to New Enrollees in DY15.....	47
Table 5. Rate of Re-Enrollment by DY15 Participants as Compared to DY11.....	49
Table 6. Trend and analysis of DY15 FPW New Enrollees’ participation in each region, compared to DY11 and DY14 .....	53
Appendix 1. Aggregation of Responses from Survey Questionnaire Sent to County Health Department Officials who provide services through the Medicaid Family Planning Waiver. ....	59
Appendix 2. Responses to Two Healthy Start Prenatal Risk Screen Questions Analyzed to Estimate Pregnancy Intendedness .....	65

## **Introduction**

This report by the University of Florida's (UF) Family Data Center (FDC) provides information about Enrollees and Participants in Florida's Medicaid Family Planning Waiver (FPW) program during Demonstration Year (DY) 15 (July 1, 2012 to June 30, 2013). The report is organized around eight components:

- Project status, accomplishments, and challenges as discussed in Agency conference calls.
- Key, relevant information from conference calls with FPW state evaluators.
- Descriptive statistics of new DY15 Enrollees and Participants and rate of change as compared to DY11.
- Rate of re-enrollment by DY15 Participants as compared to DY11.
- Interbirth interval for Enrollees and Participants, disaggregated by SOBRA category for DY15 as compared to DY9-11.
- Trend and analysis of FPW Enrollees' participation in each region.
- Summary of meetings held with identified FPW Program administrators to discuss DY14 area success trends, measures and outcomes.
- Lessons learned and recommendations for program implementation, including improvements supported by the data presented.

## **Project status, Accomplishments and Challenges**

### *Project Status*

On February 25, 2014, UF received final approval from the Agency to post an online survey using Qualtrics software for collecting information about resources and policies at 13 county health departments that provide services to women through the Medicaid FPW.

The Agency was interested in learning about the different methods that county health departments used in DY14 (July 1, 2011 to June 30, 2012) to advertise the program, identify eligible clients and administrative barriers, train staff, and track customer satisfaction.

UF received the email addresses of 13 county health department officials from the Administrator of the Florida Department of Health's (DOH's) School, Adolescent and Reproductive Health Section on March 20, 2014. UF notified these 13 officials on March 31, 2014 via email that the FPW survey was now available online and that the window of time for completing their response was two weeks. At the conclusion of the two week period, ten county health department officials had completed the survey. These responses were aggregated and summarized and appear in the Trend and Analysis of FPW Enrollees' Participation section of this report.

### *Accomplishments*

- The Qualtrics survey of county health department officials was successfully launched after thorough review by three participating stakeholders: the Agency, Department of Health, and UF's survey research experts. Responses were collected from 10 of the 13 contacted counties (77%).
- UF received an updated Medicaid claims dataset from the Agency on April 23, 2014 which enabled it to complete its calculations of interbirth interval and cost savings.
- Deliverable 1.3, DY14 Report, was approved by the Agency on February 17, 2014.
- On April 3, 2014 UF signed Contract Amendment 1 which extended the due date of final Deliverable 2.4, DY16 Final Report, to January 5, 2016.
- Deliverable 1.4, DY15 Interim Report, was approved by the Agency on April 8, 2014.

### *Challenges*

The online Qualtrics survey closed on April 15th. Despite two follow-up email reminders to complete the survey, three of the 13 designated counties did not reply. In the interest of completeness UF notified the Administrator of the Florida Department of Health's School, Adolescent & Reproductive Health Section on April 24, 2014 that three counties had not responded (Broward, Leon, and Seminole). UF asked the Administrator to contact these three county health departments and to request them to fill out a Word version of the survey and return it via email to UF as soon as possible and no later than close of business May 1, 2014.

As of May 15, only one of the three counties had returned the completed survey so the global summary and analyses of the ten county stratified samples were not modified. Details about the

methodology that the Agency used to stratify the sampled counties can be found in the next to last section of this report.

The purpose of the stratification methodology was to compare counties with similar-sized populations on two dimensions: 1) change in Participation Ratio between DY11 and DY14 that was less than or greater than the state average and 2) change above or below the state average in the number of additional Participants needed in DY14 which would equal the number of Participants in DY11. The pool of counties that was selected for comparison was intended to constitute “a good mix of large, medium, and small sized counties” Only in the case of the second stratification analysis did UF encounter a challenge. As some counties did not complete the survey, some analyses were unable to be completed.

**Key, relevant information from conference calls with FPW state evaluators**

Since submission of the last report, two monthly conference calls were hosted by the Cecil G. Sheps Center for Health Services Research, University of North Carolina, on March 10 and April 14<sup>th</sup>, 2014. Highlights from those calls follow:

- Southeast states participating on the call (Alabama, Florida, North Carolina, South Carolina, and Arkansas) discussed collaborating on a series of papers about lessons learned from their Medicaid FPW programs that might inform implementation of the Affordable Care Act (ACA) and assist states considering Medicaid expansion.
- Evaluators from South Carolina, Alabama and Florida volunteered to serve as lead authors for each paper. Their first assignment was to prepare and circulate a list of variables for each state to determine: 1) whether the information was routinely collected and readily available and 2) whether it could be shared.
- Key components of the first planned paper would address enrollment into the FPW program by different race and age groups, barriers to enrollment, and how these barriers have been addressed.
- A second proposed paper would focus on utilization of services and would cover program features such as type of contraceptive services and Sexually Transmitted Infections (STI) screening.

- A third paper would focus on outcomes, such as cost savings, as a result of improved birth weight and optimal birth spacing.

A conference call was held on Monday May 12, 2014 but minutes from that call will not be circulated until early June. Key, relevant information from the May 12 call will be included in the next report due September 30, 2014.

### **Descriptive statistics of new DY15 Enrollees and Participants and rate of change as compared to DY11**

Tables 1-4 (on pages 34-48) report descriptive statistics about DY15 New Enrollees and Participants and the rate of change in enrollment and/or participation compared to DY11. The sequence of tables provides information about these DY15 women broken out in seven different ways: 1) Race/Ethnicity of FPW Newly Enrolled Women; 2) Age of FPW Newly Enrolled Women; 3) Ratio of Participants to New Enrollees; 4) Length of Enrollment; 5) Types of Visits; 6) Types of Contraceptives; and, 7) Counts of Sterilization.

The following definitions apply to Enrollees and Participants in all four of these descriptive statistics tables:

1. “New Enrollees” are women who have a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file. For DY15, the Aid Category Effective Date must fall between July 1, 2012 and June 30, 2013. For DY11, the Aid Category Effective Date must fall between December 1, 2008 and November 30, 2009.
2. “Participants” refer to New Enrollees who have at least one paid Medicaid claim record and an FP program code (PGMCD). For DY15, Participants must have a date of service within the enrollment time period (any given day or span of days) and it must fall between July 1, 2012 and June 30, 2013. For DY11, Participants must have a date of service within the enrollment time period (any given day or span of days) and it must fall between December 1, 2008 and November 30, 2009.

#### *Summarized Results from Table 1: Race/Ethnicity of FPW Newly Enrolled Women in DY15 and rate of change as compared to DY11)*

- The number of DY15 New Enrollees statewide of all race/ethnicity groups (71,666) declined by 3% from DY11.

- At 26% each, Black and Hispanics accounted for half of all statewide New Enrollees in DY15 while White Enrollees represented approximately 42%. The number of statewide Black and of White New Enrollees declined from DY11 (6% and 8% respectively). Hispanic New Enrollees in DY15 slightly increased (1%) from DY11.
- New Enrollees statewide of two small race/ethnicity groups increased dramatically between DY11 and DY15: there was a 48.2% increase of new Enrollees in the American or Asian Indian and Other group, and a 20.3% increase in Asian New Enrollees.
- Of all Black New Enrollees statewide in DY15, 78% were enrolled in Areas 4, 6, 7, 9, 10, and 11. In these Areas, the percent of DY15 New Enrollees who are Black ranged from 23% in Area 6 to 48% in Area 10. The number of Black New Enrollees in DY15 did not change significantly from DY11 in Areas 9, 10, and 11 while in Areas 6 and 7 there was a decline from DY11 of 20% and 12% respectively. Area 4 was the only Area in this group that had an increase (8%) in the number of Black New Enrollees.
- At the county level, 64% of all 19,025 statewide Black New Enrollees were enrolled in Broward, Duval, Hillsborough, Miami-Dade, Orange, and Palm Beach counties. In these counties, the percent of New Enrollees who are Black ranged from 25% in Miami Dade to 48% in Broward County. Also in these counties, the change from DY11 in the number of Black New Enrollees ranged from a decline of 15% in Hillsborough to an increase of 6% in Duval County.
- White New Enrollees in Areas 3 and 5 accounted for approximately one quarter of all White New Enrollees statewide during DY15. Also in Areas 3 and 5, White New Enrollees accounted for more than 65% of all New Enrollees within their area.
- Area 9 was the only Area where the proportion of Black and of White New Enrollees was the same (35%). In this Area, the number of Black New Enrollees (2,214) and the number of White New Enrollees (2,204) slightly declined from DY11 (1.5% and 7.5% respectively).



- 50% or more of all DY15 New Enrollees in Volusia, Polk, Pinellas, Pasco, Lee, and Brevard Counties are White. White New Enrollees in these counties accounted for approximately one quarter of all White New Enrollees statewide (29,815). From DY11 to DY15, the number of White New Enrollees declined in all of these counties except in Volusia, where it increased by 5%. In Polk, Pinellas, Pasco, Lee, and Brevard Counties the decline in number of White New Enrollees ranged from a low of 7% in Pinellas County to a high of 22% in Polk County.
- Hispanics accounted for more than 67% of all DY15 New Enrollees in Miami Dade County. In this county, the number of Hispanic New Enrollees (6,688) increased by 6% from DY11. Hispanic New Enrollees in Miami Dade constituted approximately 36% of Hispanic New Enrollees statewide.

*Summarized Results about Table 2: Age of FPW Newly Enrolled Women in DY15 and rate of change as compared to DY11*

- Statewide, 60% of all DY15 New Enrollees were in the 20-29 age category (42,967 out of 71,666) and 21% were in the 30-34 age category (14,947 out of 71,666). The 14-19 age category accounted for about 4% of all DY15 New Enrollees statewide. More than half of the DY15 New Enrollees in each Area were in the 20-29 age group category.
- The 14-19 age group witnessed the largest decline (59%) in New Enrollees from DY11 to DY15; however, this age group represented only 4% of all New Enrollees in DY15 (2,596 of 71,666).
- Statewide, there were positive changes between DY11 and DY15 for the three oldest age groups: the number of New Enrollees increased among 30-34 year old women (up 33%), 35-44 year old women (27%), and 45-55 year old women (38%). This last age group, however, constituted less than one percent of all New Enrollees (491 of 71,666).
- Approximately 45% of DY15 New Enrollees of ages 14-19 were enrolled in Broward, Duval, Hillsborough, Miami Dade, Orange, Palm Beach, Pinellas and Polk counties. In these counties, the percent of New Enrollees who were ages 14-19 ranged

from a low of 2% in Broward, Miami Dade and Palm Beach counties to 4% in Polk and Hillsborough counties. The number of DY15 New Enrollees of ages 14-19 declined in all eight counties as compared to DY11. The percent decline from DY11 in New Enrollees of ages 14-19 ranged from 52% in Duval County to 68% in Orange and Pinellas Counties.

- The proportion of New Enrollees who were in the age group category of 35-44 ranged from a low of 9% in Area 2 to a high of 22% in Area 11. More than half (52%) of statewide New Enrollees who were ages 35-44 were enrolled in Broward, Hillsborough, Miami Dade, Orange, and Palm Beach counties. In these counties, the percent of New Enrollees who were ages 35-44 ranged from a low of 14% in Hillsborough County to 22% in Miami Dade County. The number of DY15 New Enrollees in age group 35-44 increased in five counties as compared to DY11, from a low of 22% in Miami Dade County to a high of 51% in Broward County.

*Summarized Results about Table 3: Ratio of Participants to New Enrollees in DY15 and rate of change as compared to DY11*

- In DY15, the statewide Participation Ratio declined 13% from DY11.
- The county with the largest decline in Participation Ratio from DY11 to DY15 was Jefferson (45%). Area 6 showed the largest decline on this measure (18%).
- The Participation Ratio of New Enrollees declined from DY11 by 12% on average in Medicaid Areas and by 13% on average in counties.
- Area 11 had the highest number of New Enrollees (10,123), followed by Area 7 (9,275), Area 4 (8,838) and Area 6 (8,451). More than half (51%) of all statewide DY15 New Enrollees were enrolled in these four Areas. The average DY15 Participation Ratio in these Areas was 27%, ranging from a low of 25% in Area 11 to a high of 29% in Area 4. The average decline in Participation Ratio from DY11 for the Areas was 13%, which ranged from a 4% decline in Area 11 to a 17% decline in Areas 4 and 6.
- At the county level, Miami Dade had the highest number of Enrollees (9,909), followed by Broward (5,996), Hillsborough (4,892), Orange (4,822), Duval (4,549) and Palm

Beach (4,325). These counties enrolled 48% (34,493 / 71,666) of all statewide New Enrollees with an average Participation Ratio of 26%, ranging from a low of 24% in Broward County and to a high of 29% in Duval County.

- The Participation Ratio in Areas ranged from a low of 24% in Area 10 to a high of 39 % in Area 1.
- At the county level, the Participation Ratio ranged from a low of 25% in Miami-Dade to 49% in Walton County.

*Summarized Results about Table 4: Participation, Evaluation and Management Services, Contraceptives, Sterilization in DY15*

- The average period of enrollment for New Enrollees in DY15 was 6 months, a decline of 5% since DY11.
- The total number of natural family planning (FP) visits for New Enrollees (45) increased by 200% since DY11.
- The total number of FP services for treatment of Sexually Transmitted Infections (STI) for New Enrollees (3,714) declined 37% from DY11 to DY15.
- The total number of New Enrollees receiving FP contraceptive services (812) declined 29% from DY11 to DY15.
- The total number of contraceptive services delivered to New Enrollees in DY15 (2,732) increased 55% over contraceptive services delivered to newly enrolled women in DY11.
- Of the four leading contraceptives distributed to New Enrollees in DY15, Paraguard and Implanon showed an increase (92% and 343%, respectively) between DY11 and DY15.
- The total number of sterilization services delivered to New Enrollees in DY15 (193) declined 52% from DY11 to DY15.

### **Rate of Re-Enrollment by DY15 Participants as Compared to DY11**

Table 5 (on pages 49-52) contains descriptive statistics about the rate of re-enrollment\* by DY15 Participants compared to DY11. The bullets below summarize the key findings from Table 5.

- Of the 47,763 women participating in DY15 statewide, 2,524 (5%) of them re-enrolled.
- The statewide average for percent change in the rate of re-enrollment increased 10% from DY11 to DY15.
- The rate of re-enrollment by DY15 Participants ranged from a low of 4% in Area 10 to a high of 7% in Area 11.
- At the county level, Miami Dade had the highest number of DY15 Participants who re-enrolled (393), followed by Hillsborough (202), Palm Beach (163), Duval (135), Broward (133), and Orange (129) counties. These counties re-enrolled approximately 46% of all Participants who re-enrolled statewide. The rate of re-enrollment ranged from a low of 4% in Broward and Orange counties to a high of 7% in Miami Dade. The rate of re-enrollment declined from DY11 in two counties, Duval and Broward, with 17% and 36% rates of change, respectively. The rate of re-enrollment significantly increased from DY11 in Hillsborough and Miami Dade counties (30% and 45%, respectively). The remaining two counties, Palm Beach and Orange, both showed a slight increase from DY11 of 3%.

### **Interbirth interval for Enrollees and Participants, disaggregated by SOBRA category for DY15 as compared to DY9-11**

This section reports on one of the four main FPW Program objectives: increase child spacing intervals through effective contraceptive use. UF developed two methods for measuring change in child spacing intervals. The first method consists of a statistical comparison of two

\* Re-enrollment includes women who have a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and the number of months elapsed between the earliest Aid Category Effective Date and the latest Aid Category End Date exceeded 12 months. The time period (any given day or span of days) for this Aid Category code must fall between July 1, 2012 and June 30, 2013 for DY15 and between December 1, 2008 and November 30, 2009 for DY11.

proportions based on interbirth intervals that were less than 24 months during two distinct FPW periods, DY9-DY11 and DY15. The denominator of the two proportions includes program Participants in each of the two time periods who independently met two prerequisites: 1) delivered within one year prior to enrolling in the FPW Program; and 2) delivered again no later than 6 months after the end of the reporting period, e. g., December 31, 2013 for DY15. The first birth, which occurred within one year prior to the woman enrolling in the program, is termed the index birth since it marks the beginning of the interbirth interval. The subsequent birth is termed the repeat birth. The numerator of each proportion for the two time periods includes Participants for whom the number of months elapsed between the index birth and the repeat birth, or interbirth interval, was less than 24 months. The formula for calculating the two proportions follows:

$$\frac{\text{Number of participants whose interbirth interval was less than 24 months}}{\text{Number of participants whose index birth occurred within one year prior to program enrollment and whose repeat birth occurred no later than six months after the end of the reporting period}}$$

The second part of the methodology to measure changes in child spacing consists of applying inferential statistics to test the hypothesis that there were fewer FPW Participants in DY15 who had an interbirth interval that was less than 24 months compared to Participants in DY9-DY11. To test this hypothesis, a two-sample test for equality of proportions without continuity correction was conducted. This test yields the statistical evidence needed to measure the significance of the difference between the proportions derived for each time period DY9-DY11 and DY15.

Following are results obtained from applying the first method to measure change in child spacing:

	Participants whose index birth occurred within one year prior to program enrollment = (A)		Participants in (A) and whose repeat birth occurred no later than six months after the end of the reporting period= (B)		Participants in (B) and whose interbirth interval was less than 24 months	
Medicaid Eligibility Subgroup	DY9-DY11	DY15	DY9-DY11	DY15	DY9-DY11	DY15

MED145 Deliverable 1.5 DY15 Report

<b>SOBRA</b>	31,201	32,104	6,383	8,834	2,186	2,779
<b>Other</b>	6,566	8,600	2,190	3,154	574	844
<b>Participants</b>	37,767	40,704	8,573	11,988	2,760	3,623

- 37,767 Participants delivered within one year prior to enrolling in the FPW during the DY9-DY11 period and 40,704 during the DY15 period.
- Of the 37,767 Participants who delivered within one year prior to enrolling in the FPW in the DY9-DY11 period, 83% (31,201) were identified as SOBRA eligible for their index birth.
- Of the 40,704 Participants who delivered within one year prior to enrolling in the FPW in the DY15 period, 79% (32,104) were identified as SOBRA eligible for their index birth.
- Approximately 23% (8,573 / 37,767) of Participants who delivered within one year prior to enrolling in the FPW during DY9-DY11 had a repeat birth no later than six months after the end of the reporting period.
- Approximately 29% (11,988 / 40,704) of Participants who delivered within one year prior to enrolling in the FPW during DY15 had a repeat birth no later than six months after the end of the reporting period.
- 32% (2,760 / 8,573) of Participants who delivered within one year prior to enrolling in the FPW during DY9-DY11 had a repeat birth with an interbirth interval of less than 24 months and no later than six months after the end of the reporting period.
- 30% (3,623 / 11,988) of Participants who delivered within one year prior to enrolling in the FPW during DY15 had a repeat birth with an interbirth interval of less than 24 months and no later than six months after the end of the reporting period.
- A statistical test of the two proportions (32% for DY9-DY11 and 30% for DY15) indicated that there was a significant difference between FPW Participants in DY15 who had a repeat birth with an interbirth interval of less than 24 months and no later than six months after the end of the reporting period compared to Participants in DY9-DY11.

- Statistical tests conducted using the proportions for SOBRA eligible Participants (34% for DY9-DY11 and 31% for DY15) indicated that there was a significant difference between the two periods regarding repeat births with an interval less than 24 months. The proportions for Other Medicaid Eligibility subgroups did not show any statistically significant change between the two periods.

These results indicate that there were fewer FPW Participants in DY15 who had an interbirth interval less than 24 months compared to Participants in DY9-DY11.

A second method that UF applied to measure change in child spacing was operationalized by comparing the difference in length of the mean and median interbirth interval in two groups of women: 1) those who were enrolled and received at least one family planning service during enrollment (Participants) and 2) those who were enrolled and did not receive any family planning services during enrollment (Non-Participants). The two groups were constructed by linking women who were enrolled in the FPW Program in DY14 to Birth Certificate records used to identify a delivery (the index delivery) within one year prior to enrolling in the FPW Program and a repeat birth no later than six months after the end of the reporting period (e. g., December 31, 2013 for DY15). Statistical tests were conducted to identify significant differences between the mean of interbirth intervals between the two groups. Summarized results derived from this method follow:

	<b>Enrollees whose index birth occurred within one year prior to program enrollment = (A)</b>	<b>Enrollees in (A) and whose repeat birth occurred no later than six months after the end of the reporting period= (B)</b>	<b>Enrollees in (B) and whose interbirth interval was less than 24 months</b>
<b>Program Participation</b>	<b>DY14</b>	<b>DY14</b>	<b>DY14</b>
<b>DY14 Non-Participants</b>	83,229	21,093	5,629
<b>DY14 Participants</b>	24,886	7,375	2,190
<b>DY14 Enrollees</b>	108,115	28,468	7,819

- 108,115 DY14 Enrollees delivered within one year prior to program enrollment.

- 23% (24,886 / 108,115) of DY14 Enrollees who delivered within one year prior to program enrollment participated in the program.
- 30% (7,375 / 24,886) of FPW Participants who enrolled in DY14 delivered no later than six months after the end of the reporting period.

Program Participation	Average interbirth interval in months	Standard Deviation of interbirth interval in months	Median interbirth interval in months
DY14 Non-Participants	46.59	29.58	39
DY14 Participants	44.74	29.33	37
DY14 Enrollees	46.11	29.56	39

DY14 Participants and Non-Participants had different average interbirth intervals: 44.74 months for Participants; 46.59 months for Non-Participants. A two-sample t-test was conducted to determine whether one month or two months were within the 95% confidence interval of the true difference between the two averages. Results indicated that a difference of one month was statistically significant and a difference of two months was not. Since the difference in the interbirth interval between Participants and Non-Participants was close to two months (1.85 months to be exact), we have to conclude that the shorter, 44.74 month interbirth interval of Participants was not significantly different from the longer 46.59 month interbirth interval of Non-Participants.

In summary, the statistical analysis produced two findings: 1) the proportion of Participant women who had an interbirth interval of less than 24 months was significantly smaller in DY15 compared to DY9-11 (30.2% vs. 32.2%), and 2) there was no significant difference in the interbirth interval of DY15 Participants and Non-Participants.

**Trend and analysis of DY15 FPW Enrollees’ participation in each region, compared to DY11 and DY14**

This section reports on the fourth major FPW Program objective: increase access to Title XIX funded family planning services. Changes in access to Title XIX funded family planning services in DY15 (July 1, 2012 – June 30, 2013) were measured by conducting a trend analysis of program enrollment and participation data using DY11 (December 1, 2008 - November 30,



2009) and DY14 (July 1, 2011 – June 30, 2012) as baseline years. The trend analysis was supported by chi-square tests to verify whether the increased or decreased program participation between the two periods was statistically significant. These statistical tests of change in enrollment and participation rates were conducted for each Florida county and Medicaid Area.

Table 6 (on pages 53-58) reports information about women newly enrolled in DY15, newly enrolled and participating in DY15, and compares the DY15 Participation Ratio to that of DY11 and DY14. Medicaid Areas and counties where the percent change in participation ratio was significant are indicated in the table with a bold font. For example, the last row of the table reports the statewide average. Both in the Percent Change in DY15 from DY11 Participation Ratio cell and the Percent Change in DY15 from DY14 Participation Ratio are bolded. The Percent Change in DY15 from DY11 Participation Ratio number is **(13%)**, indicating that the Participation Ratio declined 13% between DY11 and DY15. The Percent Change in DY15 from DY14 Participation Ratio number is **24%**, indicating that the Participation Ratio increased 24% between DY14 and DY15. The bolding indicates that these changes in Participation Ratio are statistically significant. The chance that these differences in rates is a chance occurrence is less than 5 in a 100, the standard level set for not accepting that these differences are simply a random event.

Figures 1 and 2 are provided to show the multiple dimensions and relationships of the tabular data presented in Table 6.

Figure 1 shows the percent change in DY15 of the Participation Ratio of newly enrolled women from DY11 (Y Axis) as a function of the number of Participants needed by Florida counties to match in DY15 the Participation Ratio from DY11 (X Axis). The range of negative values in the Y axis indicates that the rate of participation of newly enrolled women declined in DY15 in all Florida counties as compared to the Participation Ratio in DY11. The circle shapes in the plot area are counties for which statistical tests yielded significant changes in the Participation Ratio in DY15 as compared to DY11. The red lines mark the mean values of both axes.

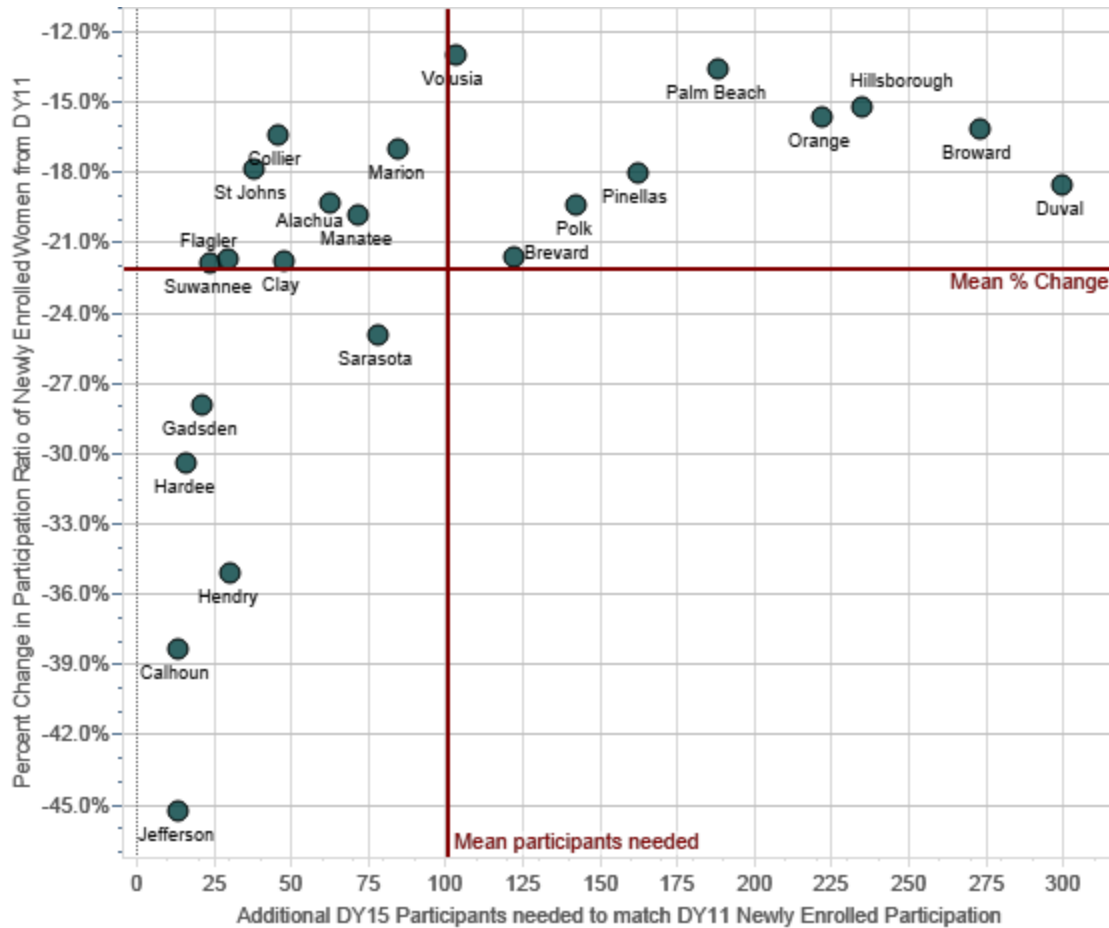


Figure 1. Percent change in Participation Ratio by number of DY15 Participants needed to match DY14 participation

The visual layout designed for these figures helps to identify clustering patterns that are difficult if not impossible to detect in tabular data. For example, in Figure 1 there is a group of eight counties (Collier, St. Johns, Marion, Alachua, Manatee, Flagler, Clay, and Suwannee) in the left upper quadrant that are similar in both measures, percent change in Participation Ratio from DY11 (Y axis) and number of Participants needed in the DY15 to match the Participation Ratio of DY11 (X axis). This group emerges as a visual pattern as a result of simultaneously plotting the mean values of both Number Needed to Match DY11 and Percent Change in Participation Ratio. Another observation from Figure 1 is that urban counties Volusia, Brevard, Polk, Pinellas, Palm Beach, Orange, Hillsborough, Broward, and Duval are plotted on the upper right quadrant of the graph, above the mean value of Participants Needed, which is an indicator of the size of their populations. In these counties, the variation of percent changes in Participation Ratio from DY11 ranges from -13% in Volusia County to -23% in Brevard County.

Figure 2 is similar to Figure 1 in that it shows the relationship of these same two metrics (Numbers Needed to Match and Change in Participation Ratio) but now using DY14 as the baseline. In Figure 2, the values of the percent change in the Y axis show an increase of participation in all counties during DY15 as compared to DY14. It can also be observed that Miami-Dade stands out from other urban counties (Broward, Palm Beach, Duval, Hillsborough, and Orange) in number of Participants needed in DY15 to match the Participation Ratio of DY14.

Figures 1 and 2 offer a method for measuring changes in access to Title XIX funded family planning services. This method is similar to the one used by the Agency to decide which counties to survey in an effort to understand how variation in program resources and policies affects enrollment and participation rates.



Figure 2. Percent change in Participation Ratio by number of DY15 Participants needed to match DY14 participation

In summary, the Participation Ratio in DY15 was lower than in DY11, but higher than DY14, indicating an increase in access from DY14 to DY15.

**Summary of meetings held with identified FPW Program administrators to discuss DY14 area success trends, measures and outcomes**

The Agency and UF decided to use an online survey rather than physically meeting with FPW Program administrators to solicit input about DY14 success, trends, measures and outcomes. The Agency and UF collaborated on creating a survey questionnaire designed to gather information from county health department officials about the resources available to administer the Medicaid FPW. UF received permission from both the Agency and the Florida Department of Health to

use Qualtrics, an online tool, to distribute, collect, and analyze the answers to the survey questionnaire. The Agency devised a sampling strategy to collect responses from both large and small counties, as well as most Medicaid Areas. Using 2008-11 Census data, the Agency identified a mix of large, medium, and small Florida counties based on the female population ages 15-64 in the years 2008-11. A total of 13 counties were selected. All verbatim responses to the online survey are in Appendix 1 (pages 59-64).

Appendix 1 aggregates responses from ten county health department officials that completed the Qualtrics online survey. The main findings are:

Question 1: What kind of public transportation was available to your facility?

- City bus was the most commonly reported public transportation available to the facility (60%).

Question 2: Did you conduct outreach activities to alert women ages 14-55 in your county about the Medicaid Family Planning Waiver (FPW)?

- Most health departments (70%) conducted outreach activities to alert women ages 14-55 in their county about the Medicaid Family Planning Waiver.

Question 3: If yes, what kind of outreach activities?

- The most common kind of outreach activities were handing out pamphlets/brochures, mounting posters, and participating in health fairs and community events.

Question 4: If not, what kind of barriers did you encounter that prevented you from doing outreach?

- Only two of the 10 respondents answered the question: Neither response contained information about the kind of barriers that were encountered.

Question 5: How did you identify women that were eligible to be enrolled in the FPW? (Mark all that apply).

- The most commonly reported method for identifying women that were eligible to be enrolled in FPW is when women self-present at the health department (100% of respondents).

Question 6: How did you train your staff about features and regulations governing the FPW?  
(Mark all that apply).

- The most frequently selected forms of training about features and regulations governing the FPW were: 1) circulating relevant documents (80% of respondents); 2) in service workshops (70%); and, 3) online tutorials (60%).

Question 7: What administrative barriers did you experience in implementing the FPW? (Mark all that apply).

- The most frequently selected responses to what administrative barriers were experienced in implementing FPW (out of 9 received) were: 1) lack of funding for staff positions (67%) and 2) lack of funding for outreach activities (56%).

Question 8: Have you distributed customer satisfaction surveys to FPW participants?

- Most county health departments (70%) did not distribute customer satisfaction surveys specifically to FPW participants.

Question 9: If yes, how have you collected and analyzed them?

- All three counties that did distribute customer satisfaction surveys collected and analyzed them.

Question 10: If not, why not?

- The seven counties that did not distribute satisfaction surveys responded that they did not have specific surveys for FPW Program Participants.

In addition to obtaining this global view of how a sample of county health departments administered the FPW, the Agency employed a stratification design intended to shed light on how possible county-level variations in resources and policies might be related to differences in enrollment and Participation Ratios. The Agency used Participation Ratio data supplied by the Family Data Center (calculated as the total number of women who participated, that is, received at least one FPW service, over the total number of women who were enrolled in the FPW in DY11 and DY14, to rank all 67 counties on the difference between DY11 and DY14 participation ratios. The statewide average difference between the DY11 and DY14 Participation Ratios was computed to be negative 5.5, that is, a decline of five and half percentage points from DY11 to DY14. In its sampling frame, the Agency excluded counties whose female population ages 15-64 during years 2008-2011 was less than 50,000.

The first stratification strategy was to select two large and two small counties whose change in Participation Ratio between DY11 and DY14 was less than the state average of 5.5% and two large and two small counties whose change in Participation Ratio between DY11 and DY14 was greater than the state average of 5.5%. The purpose of this first stratification strategy was to identify four pairs of similar sized counties to compare and contrast. The change in the Participation Ratios between DY11 and DY14 among these eight counties is illustrated in the table below.

<b>Change in Participation Ratio Between DY 11 and DY14 BELOW State Average (5.5%)</b>						
Large Counties	% Change	Area		Small Counties	% Change	Area
Orange	-5.50%	7		Putnam	0.90%	3
Miami-Dade	-2.60%	11		Martin	-1.80%	9
<b>Change in Participation Ratio Between DY 11 and DY14 ABOVE State Average (5.5%)</b>						
Large Counties	% Change	Area		Small Counties	% Change	Area
Broward	-6.20%	10		Walton	-5.60%	1
Pinellas	-6.50%	5		Nassau	-6.40%	4

UF examined the responses of these four groups (large and small counties above and below the state average in change in Participation Ratio) to discern how below and above average large counties were similar to each other and how they were different. The same procedure was followed for small counties below and above the state average in change in Participation Ratio. We then asked in what ways below average and above average large and small counties were different from each other. The bullet points below summarize the results of examining the survey responses of these eight counties:

Large counties below the state average change in Participation Ratio between DY11 and DY14

- Orange and Miami-Dade both had a city bus available to their facility.
- Both counties used multiple methods to conduct outreach activities (participate in health fairs, distribute flyers, mail postcards, call clients, post to a website, and collaborate with other health organizations such as Healthy Start and MomCare).
- Both counties identified women eligible to be enrolled in FPW by pulling reports from Health Management Systems (HMS) based on women who lost MMP (Medicare-Medicaid Plan)

- Both counties used all three methods to train staff about the features and regulations governing FPW (in service workshops, online tutorials, and circulate relevant documents).
- Neither county distributed customer satisfaction surveys, either because they didn't have time or because there was no specific survey for FPW Participants.

Small counties below the state average change in participation ratio between DY11 and DY14

- One of the two small counties (Martin) had no public transportation to its facility.
- Martin County identified participating in community events (such as local family health day) as its chief method for conducting outreach activities.
- Both counties indicated women self-presenting at the health department as the way they identified women eligible to be enrolled in the FPW.
- Each county named one method for staff training: in service workshops (Putnam) and online tutorials (Martin).
- Putnam named all three administrative barriers in implementing the FPW: lack of funding for outreach activities, lack of funding for staff positions, and lack of information about the program. Martin named the first two as barriers it experienced.
- Putnam distributed customer satisfaction surveys to FPW Participants. Martin conducted client satisfaction surveys for all family planning clients in their clinic but did not conduct one specifically for FPW Participants.

Similarities and differences between large and small counties who were below the state average in change in Participation Ratio between DY11 and DY14

- Large counties employed multiple methods to conduct outreach activities whereas small counties appear to have fewer resources.
- Large counties interfaced directly with the HMS system, pulling reports of eligible clients; smaller counties relied on women self-presenting at their clinics to identify women eligible for services through the FPW.



Large counties above the state average change in Participation Ratio between DY11 and DY14

- As of April 29, 2014, one designated large county (Broward) had not completed the FPW survey.
- Pinellas County provided several unique responses:
  - Only private transportation was available to its facility.
  - No outreach activities were conducted, at least not by the senior clerk who completed the survey and who was stationed in the Admitting office. She responded that her job description did not include outreach services.
  - Women eligible to be enrolled in the FPW were identified 1) when they were being seen for other services and were captured at that time; 2) using a list from AHCA; and, 3) women self-presenting at the health department.
  - Three other administrative barriers to implementing the FPW were noted:
    - 1) major preparation of the paperwork; 2) lack of funding for staff positions; and,
    - 3) lack of information about the program.
  - Clients were asked to fill out surveys on a computer that encompasses all the services offered, including the FPW.

Small counties above the state average change in Participation Ratio between DY11 and DY14

- Neither of the two small counties (Walton and Nassau) had local public transportation available to their facility. Walton relied on the Tri-County Community Council transportation provider that also serves Holmes and Washington counties.
- Nassau conducted no outreach activities. Walton reported coordinating with the AIDS Healthcare Foundation in Pensacola to offer free HIV testing in Miramar Beach and setting up a booth at a high school athletic event to promote county health department programs that included the FPW.
- Both counties identified women who self-presented at the health department as eligible to be enrolled in the FPW. Walton indicated that they also received a list from AHCA.
- Walton used all three methods to train staff (in service workshops, online tutorials, and circulate relevant documents), whereas Nassau used only the third method. Both counties

indicated using one other training method: creating cheat sheets (Nassau) and in service at staff meetings (Walton).

- Nassau indicated two administrative barriers to implementing the FPW (lack of funding for outreach activities and lack of funding for staff positions). Walton experienced no administrative barriers.
- Walton distributed customer satisfaction surveys to FPW Participants and analyzed them by hand. Nassau did not have any surveys specific to the FPW Program.

Similarities and differences between large and small counties who were above the state average in change in Participation Ratio between DY11 and DY14

- The two small counties varied considerably in how they implemented their FPW Program. One possible explanation is that Walton County adjoins a large county (Escambia) and was able to cooperate on joint outreach activities whereas Nassau is not adjacent to an urban county and hence more reliant on limited resources.

The second stratification strategy involved calculating the additional Participants a county would need in DY14 to match DY11. The stratification strategy involved 1) calculating the statewide average for additional DY14 Participants which was computed to be 98; 2) identifying “a good mix of large, medium and small sized counties”; and, 3) selecting four counties who were below the state average and four counties who were above the state average for needing additional Participants in DY14 to equal the number of Participants in DY11. The following table shows the result of this stratification strategy for identifying eight counties to compare and contrast.

<b>Number of Additional Participants Needed</b>					
Counties <b>Below</b> State Average					
Medium Counties	Number of Additional Participants Needed	Area	Small Counties	Number of Additional Participants Needed	Area
St. Johns	60	4	Putnam	6	3
Leon	87	11	Martin	11	9
<b>Number of Additional Participants Needed</b>					
Counties <b>Above</b> State Average					
Medium Counties	Number of Additional Participants Needed	Area	Large Counties	Number of Additional Participants Needed	Area
Collier	102	8	Broward	572	10
Seminole	110	7	Duval	505	4

UF followed the same strategy for analyzing the eight counties stratified by needing additional Participants as it used for analyzing counties stratified by change in Participation Ratio. We examined the responses of four counties (two medium counties below and two medium counties above the state average in number of additional Participants needed) to discern how medium counties were similar to each other and how they were different.

We did not compare the responses of small counties below the state average in the number of additional Participants needed to large counties above the state average in the number of additional Participants needed (right panels in table above). The discrepancy in the size of their populations makes such a comparison unsound.

UF did not receive completed surveys from Leon and Seminole Counties. Therefore, the only possible comparison was between St. Johns County, which was below the state average in needing 60 additional Participants in DY14 to equal the number of Participants in DY11 and Collier County, which was above the state average in needing 102 additional Participants in DY14 to equal the number of Participants in DY11. The bullet points below summarize the results of examining the survey responses of these two counties:

- Both counties indicated that a city bus was the only public transportation available to their facility.

- For kinds of outreach activities, St. Johns listed health fairs and other community events whereas Collier listed five activities: 1) Healthy Start staff handing out pamphlets; 2) Women’s Health Foundation putting up posters; 3) DOH-Collier County website having a link to the FPW form; 4) Planned Parenthood giving out brochures; and, 5) Health Fairs distributing FPW brochures.
- For how they identify women eligible to be enrolled in the FPW, St. Johns answered only “women self-presented at the health department”, whereas Collier, along with women self-presenting at the health department, also relied on referrals from the Women’s Health Foundation and Healthy Start.
- Both counties circulated relevant documents to train staff about features and regulations governing the FPW. Collier also provided in service workshops, whereas St. Johns used online tutorials.
- St. Johns listed no administrative barriers to implementing the FPW, whereas Collier listed two: lack of funding for outreach activities and lack of providers who accept Medicaid for FPW services.
- Collier did not distribute customer satisfaction surveys to FPW Participants whereas St. Johns collected and analyzed the surveys electronically.

The summary of responses from the two medium-sized counties above, one from a county below the state average of 98 in additional Participants needed in DY14 to equal DY11 (St. Johns, with 60), the other a county above the state average (Collier, with 102) presented no clear cut or consistent differences in either resources or policies that could identify a medium-sized county that was particularly effective in recruiting FPW Enrollees and retaining FPW Participants.

**Lessons learned and recommendations for program implementation, including improvements, supported by the data presented**

This last section of the report consists of two parts. The first part summarizes the findings from the data that that are most relevant for drafting lessons learned and providing recommendations for program implementation. The section begins with findings related to the two of four FPW objectives that have not yet been covered in the report. It then summarizes key data findings about the other two waiver objectives that were discussed earlier. The second part of this last

section contains a set of recommendations for improving program implementation, based on UF's evaluation of the extent to which during DY15 the FPW Program achieved the objectives set out in the Special Terms and Conditions, set forth by the Centers for Medicare and Medicaid Services.

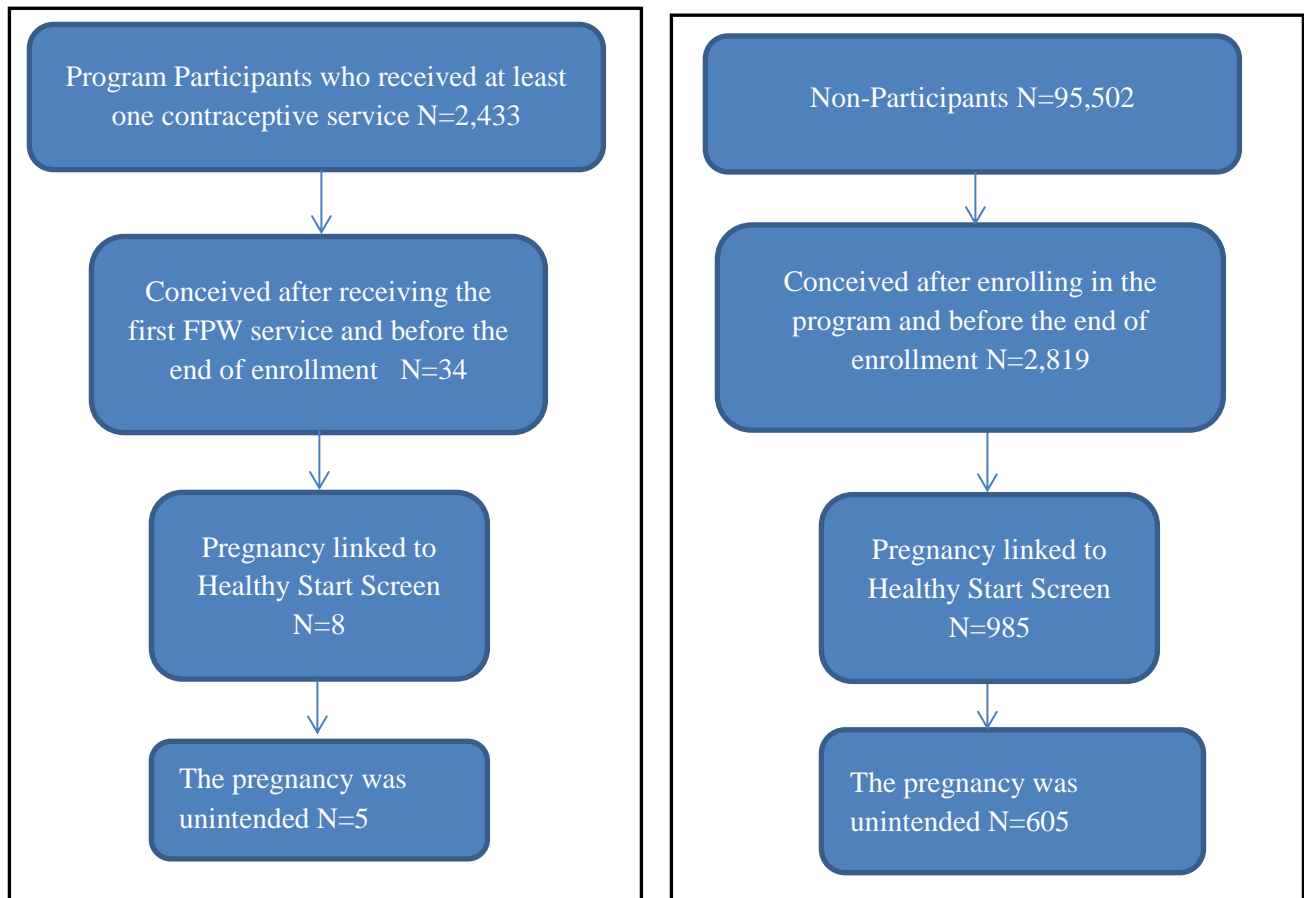
### *Findings Related to Waiver Objectives*

#### **Reduce the Number of Unintended Pregnancies in Florida**

The evaluation of the FPW Program aims to measure attainment of four program objectives as outlined in the Special Terms and Conditions set by federal CMS for the FPW Program. One of the four program objectives is to reduce the number of unintended pregnancies in Florida. By agreement with the Agency, UF proposed to measure the difference in the rate of unintended pregnancies during DY14 among two groups of women: 1) those who enrolled in DY14 and received at least one family planning service during enrollment (Participants) and 2) those who enrolled in DY14 and did not receive any family planning services during enrollment (Non-Participants).

To estimate whether there was a difference in the rate of unintended pregnancies among Participants and Non-Participants during DY14, the evaluation examined two distinct tracks of available data. First, Participants were disaggregated by whether or not they received at least one Family Planning service that included provision of contraceptives. This distinction was necessary to exclude from the comparison other services such as treatment of Sexually Transmitted Infection (STI)s, which are not related to delaying or preventing pregnancy and constitute the majority of the services provided by the program as indicated in Table 4. Second, a linkage to Birth Certificate records was used to find Participants who had become pregnant after their first recorded service during DY14. Third, a linkage to answers 5 and 14 on the Healthy Start Prenatal Risk Screen was established to determine how many Participants who had become pregnant did not wish to become pregnant, despite having received contraceptive services. UF used Healthy Start Prenatal Risk Screen data through December 31, 2012. The questions used on the Health Start Prenatal Risk Screen are listed in Appendix 2 on page 65.

For the Non-Participants group, a different process was devised to arrive at the number of unintended pregnancies. For this group, a pregnancy identified during enrollment was used as the first step in the construction of the sample. Then a linkage to the Healthy Start Prenatal Risk Screen was examined to derive the number of unintended pregnancies among those who were screened. The Non-Participant group is more affected by the limitations in the Healthy Start data since there is no surrogate for intention to become pregnant as there is in the Participants group about whom we have information about known contraceptive use. The diagram below illustrates the processes used to construct the Program Participants and Non-Participants samples:



From the previous process diagram, UF determined that the estimated rate of unintended pregnancies among this selected group of Participants during DY14 was 14.7% (5 over 34)

For the group of Non-Participants, the estimated rate of unintended pregnancies among this selected group of Non-Participants was 21.5% (605 over 2,819). A chi-square test determined that this difference in proportions was not statistically significant (p=0.39). The result of the statistical test means we cannot rule out the possibility that the lower rate of unintended

pregnancies that was observed among Participants was a chance occurrence and not necessarily the result of this group of women receiving FPW contraceptive services.

Caution must be exercised in making recommendations for program implementation based on these relatively small sample sizes. It is unknown whether these unintended pregnancies were the result of inconsistent or incorrect use of effective contraceptive methods or whether the births that did occur were the result of Participant women changing their mind about family size. It is furthermore unknown whether there are systematic differences between FPW Participants who consented to complete a Healthy Start Prenatal Risk Screen and FPW Participants (as well as Non-Participants) who did not consent to complete a Risk Screen. Intention or lack of intention to become pregnant is a highly sensitive, personal issue and the option to declare it during an initial prenatal visit with a health care provider may be exercised differently depending on a woman's life circumstances and sense of trust. Given that Florida has pioneered the use of the Healthy Start screen to identify women at high risk for low birth weight and infant mortality, the FPW evaluation is fortunate to be able to utilize this data source to estimate unintended pregnancy, while acknowledging that the data source does not contain information about the entire population of Medicaid women in Florida who become pregnant.

In summary, this component of the evaluation is focused on a comparison of unintended pregnancy rates among Participants who had used a contraceptive service and Non-Participants whom we knew had conceived after they had enrolled in the FPW program. The sample was restricted to women who met three conditions: 1) those who had received at least one FPW contraceptive service (Participants); 2) those had conceived after receiving a FPW contraceptive service (Participants) and those who had conceived after enrolling in the program (Non-Participants); and, 3) both these groups had to be able to be linked to the Healthy Start Prenatal Risk screen to determine whether their pregnancy had been unintended. Using this comparison methodology, the evaluation estimated that the rate of unintended pregnancies among the selected group of Participants was nearly seven percentage points lower than that among the selected group of Non-Participants: 15% vs. 22%.

## **Reduce Florida's Medicaid Costs by Demonstrating Savings Associated with Averted Births**

The cost savings estimation analysis uses data available as of May 2014. This analysis is offered as a provisional alternative to CMS's budget neutrality methodology which would require additional data that are not yet available. UF will employ the CMS method of estimating cost savings for DY14 in the final evaluation report, due in December 2015. By that time, the complete set of Birth Certificate records for DY14 will be available from the Department of Health. The proposed provisional alternative method consists of the following steps:

1. Estimate averted births in DY14 by constructing a sample of Program Participants identical to the sample used to compute unintended pregnancies in the previous section.
2. To the set of Program Participants who received contraceptive services constructed in step 1, add Participants who received sterilization services. An estimated number of averted births can be derived from the resulting sample dataset.
3. Construct a dataset with Program Participants who deliver within one year prior to enrolling in the program.
4. Compute average costs to Medicaid for prenatal care, delivery, and first year postnatal care using claim records for both mother and infant for the dataset of Program Participants constructed in step 3 above. This group is derived from mother and child Medicaid eligibility records linked to birth certificate through July 1, 2011 which covers Participants in DY14. This delivery is equivalent to the index delivery derived from construction of the dataset used to estimate changes in length of the interbirth interval described in a previous section of this report. The costs are calculated by summing the dollar amounts listed in the claim files from the estimated date of conception through the child's first year of life for DY14 Participants who had an index delivery within one year prior to enrolling in the FPW.



5. Multiply the combined average cost of prenatal, delivery, birth, and post natal medical care for both the mother and the infant by the number of estimated averted births from step 2.
6. Calculate the total FPW costs during DY14 and subtract from the total costs computed in step 5 above.

The resulting total in step 6 is the estimated net cost savings for the FPW Program. Results from conducting this analysis are summarized below:

- The estimated number of averted births in DY14 is 2,399 (2,433 – 34) calculated from the dataset constructed for the unintended pregnancies analysis.
- A total of 122 Participants received at least one sterilization service during DY14. Adding these participants to the number of averted births obtained from step 1 produces a new total of 2,521 (2,399 + 122) averted births for DY14.
- The average combined costs of prenatal care, delivery, birth, and postnatal of the mother and the infant for DY14 Participants is \$14,195.
- The estimated cost savings by averting births is approximately \$35,785,595 (2,521 \* \$14,195).
- Program expenditures to provide FPW services in DY14 are estimated to be \$6,233,755.

Subtracting program expenditures from the estimated cost savings by averting births results in a net cost savings for the FPW Program in DY14 of \$29,551,840.

In the section below, the main findings about achievement of the FPW's two other program objectives during DY15 are summarized.

---

### **Increase Access to Title XIX Funded Family Planning Services**

- 71,666 women newly enrolled in FPW during DY15.
- This number represented a 3% decline in the number of enrollees from DY11 and a 42% decline from DY14.

- Of the 71,666 women who newly enrolled in DY15, 19,852, or 28%, participated in the program, that is, received at least one family planning service.
- This Participation Ratio of 28% for DY15 newly enrolled women represented a 24% increase over DY14.
- Jefferson County showed the greatest percent change, a 66% increase in the Participation Ratio of Newly Enrolled Women in DY15 over DY14.
- Areas 7 and 10 tied for largest percent change, a 27% increase in the Participation Ratio of Newly Enrolled Women in DY15 over DY14.

---

### **Increase Child Spacing Intervals Through Effective Contraceptive Use**

The section below summarizes the main findings on the fourth FPW objective:

- The average interbirth interval of DY14 Participants was approximately two months shorter (46.59 vs. 44.74) than DY14 Non-Participants.
- The percentage of repeat births with an interbirth interval of less than 24 months decreased from 32% in DY9-11 to 30.2% in DY15.
- Approximately 29% (11,988 / 40,704) of Participants who delivered within one year prior to enrolling in the FPW during DY15 had a repeat birth.
- This repeat birth rate of 29% in DY15 compares to the repeat birth rate of 23% for Participants (8,573 / 37,767) who delivered within one year prior to enrolling in the FPW during DY9-DY11.

### *Recommendations for Program Implementation*

Based on the data about the achievement of the four FPW program objectives outlined in the section above, the UF evaluation team recommends the Agency implement the following steps:

- The Agency should seek to extend federal waiver authority to continue providing FPW services to the eligible population because the net savings in Medicaid spending attributable to providing family planning during DY14 was estimated to be approximately \$30 million.
- Look into providing a FPW specific customer satisfaction survey that targets the experience of FPW Participants because most respondents that participated in the

online survey of county health department officials reported that they did not distribute a FPW specific customer satisfaction survey. Participant satisfaction surveys will be useful for assessing the availability, accessibility, and quality of services, and possibly the outcomes of referrals to primary care.

- Such a FPW-specific customer satisfaction survey could be produced in a collaborative effort by the Agency, the Department of Health's Office of Reproductive Health, and the UF evaluation team.
- The Agency, the Department of Health, and the evaluation team should review the summarized results of the online survey and consider revising the questionnaire to elicit information about other aspects FPW program operation and service delivery by county health departments. Modifying the survey may be needed because the responses from the first online survey did not yield any clear cut or consistent differences in resources and policies that identified counties who were particularly effective in recruiting FPW Enrollees and retaining Participants in DY14.
- The analysis of the child spacing objective for DY15 may need to be stratified by age and race because no significant difference was found in the interbirth interval among Participants and Non-Participants in DY14. Stratification may be able to identify whether certain age-by-race, and possibly parity, subgroups benefitted from program participation.
- The analysis of unintended pregnancies in future iterations of the FPW evaluation will need to utilize additional annual data from the Healthy Start Prenatal Risk Screen. The current analysis of unintended pregnancies in this year's report was limited by a data truncation issue: women who enrolled late in DY14, for example in April 2012, may have become pregnant sometime within the next nine months. However, the Healthy Start Prenatal Risk Screen data ends at December 31, 2012. For women who enrolled late in DY14, we were unable to determine with the data available whether their pregnancy was unintended or intended. Being able to look further ahead by using another year of data from the Healthy Start Prenatal Risk

screen will provide a more accurate assessment of the rate of unintended pregnancies among Participants and Non-Participants.

- In conjunction with the Department of Health, the Agency and the evaluation team should explore a possible alternative data source to the Healthy Start Prenatal Risk Screen (possibly the Pregnancy Risk Assessment Measurement System or PRAMS telephone survey) because the quantity and quality of the answers to the two questions designed to measure pregnancy intention are not sufficient. PRAMS is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. It collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.

Assessing achievement of FPW's four program objectives during DY15 involved analyzing a large volume of data and a large number of findings were produced. However, a full evaluation of the program's effects was hampered by the truncation of data about pregnancy outcomes following enrollment in the program. With the acquisition of additional data about Enrollees in DY15 and DY16, UF will be able to analyze outcomes among different age-by-race/ethnicity sub-groups. Access to a longer span of information about duration in the program and subsequent pregnancy will enable UF to analyze outcomes for all Enrollees, not just the sub-set that was confined to the available data. A more comprehensive examination of the data on the full set of FPW Participants and Non-Participants may yield a more accurate depiction of the program's effectiveness.

**Table 1. Race/Ethnicity of FPW Newly Enrolled Women in DY15 and rate of change as compared to DY11**

		Black		White		Asian		Hispanic		American/Asian Indian & Other		County Total	
Medicaid Area	County	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11
Area 1	Escambia	398	-17.3%	729	-11.3%	38	15.2%	50	28.2%	33	-2.9%	1,248	-11.4%
	Okaloosa	153	20.5%	646	-0.8%	23	-14.8%	50	11.1%	31	210.0%	903	5.0%
	Santa Rosa	30	7.1%	484	-11.2%	14	55.6%	11	10.0%	10	11.1%	549	-8.7%
	Walton	18	12.5%	200	-19.4%	1	-50.0%	9	-40.0%	3	-57.1%	231	-19.8%
	<b>Total</b>	<b>599</b>	<b>-8.1%</b>	<b>2,059</b>	<b>-9.1%</b>	<b>76</b>	<b>7.0%</b>	<b>120</b>	<b>10.1%</b>	<b>77</b>	<b>28.3%</b>	<b>2,931</b>	<b>-7.2%</b>
Area 2	Bay	158	-15.5%	774	-6.7%	21	5.0%	37	54.2%	25	47.1%	1,015	-5.8%
	Calhoun	9	50.0%	55	-21.4%	1		1	-66.7%	3		69	-12.7%
	Franklin	2	-71.4%	55	5.8%			0		2		59	0.0%
	Gadsden	105	-33.5%	31	6.9%	1		19	0.0%	2	-33.3%	158	-24.4%
	Gulf	5	-44.4%	58	-12.1%			0	-100.0%	3	0.0%	66	-16.5%
	Holmes	2	-50.0%	111	-22.4%			2	0.0%	2	-33.3%	117	-23.0%
	Jackson	71	-30.4%	164	-3.5%	2	100.0%	2	-66.7%	3	-25.0%	242	-14.5%
	Jefferson	21	-19.2%	28	64.7%			2	-50.0%	2	0.0%	53	8.2%
	Leon	500	-4.0%	288	-10.8%	12	-25.0%	38	123.5%	24	33.3%	862	-3.7%
	Liberty	0	-100.0%	32	28.0%			0	-100.0%			32	18.5%
	Madison	89	81.6%	57	-6.6%			3	200.0%	0	-100.0%	149	28.4%
	Taylor	28	0.0%	86	-13.1%	3		1		1	0.0%	119	-7.0%
	Wakulla	9	-10.0%	90	25.0%	0		0	-100.0%	2		101	21.7%
	Washington	17	88.9%	97	-4.9%	1		1	0.0%	4	33.3%	120	4.3%
<b>Total</b>	<b>1,016</b>	<b>-9.0%</b>	<b>1,926</b>	<b>-6.5%</b>	<b>41</b>	<b>10.8%</b>	<b>106</b>	<b>32.5%</b>	<b>73</b>	<b>23.7%</b>	<b>3,162</b>	<b>-5.7%</b>	

**Table 1. Race/Ethnicity of FPW Newly Enrolled Women in DY15 and rate of change as compared to DY11**

		Black		White		Asian		Hispanic		American/Asian Indian & Other		County Total	
Medicaid Area	County	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11
Area 3	Alachua	375	27.6%	409	4.6%	17	21.4%	59	31.1%	34	13.3%	894	15.5%
	Bradford	19	58.3%	99	10.0%	0	-100.0%	3		3	200.0%	124	18.1%
	Citrus	21	-12.5%	456	-12.8%	1	-80.0%	38	22.6%	10	-33.3%	526	-12.0%
	Columbia	68	-1.4%	257	1.2%	0	-100.0%	6	-62.5%	9	125.0%	340	-1.7%
	Dixie	5	25.0%	76	5.6%			0		0	-100.0%	81	5.2%
	Gilchrist	2	-60.0%	68	6.3%			4	100.0%	3	50.0%	77	5.5%
	Hamilton	19	-17.4%	33	-5.7%	1		7	40.0%	1		61	-3.2%
	Hernando	49	-21.0%	507	-8.5%	8	33.3%	74	-15.9%	23	-4.2%	661	-9.9%
	Lafayette	3	-40.0%	17	-22.7%			2	100.0%	0		22	-21.4%
	Lake	168	-8.2%	650	-17.1%	14	27.3%	187	3.9%	56	40.0%	1,075	-10.3%
	Levy	16	-23.8%	136	-4.2%	0		7	16.7%	5	66.7%	164	-4.7%
	Marion	274	-17.5%	815	-24.3%	18	38.5%	183	-6.6%	47	42.4%	1,337	-19.0%
	Putnam	96	1.1%	262	-14.7%	2	-33.3%	47	46.9%	8	166.7%	415	-5.7%
	Sumter	30	-26.8%	108	-31.2%	1		16	45.5%	4	33.3%	159	-25.0%
	Suwannee	32	-8.6%	169	4.3%	2	100.0%	14	55.6%	7	133.3%	224	6.7%
Union	12	33.3%	60	39.5%			0	-100.0%	0	-100.0%	72	26.3%	
	<b>Total</b>	<b>1,189</b>	<b>-2.1%</b>	<b>4,122</b>	<b>-11.8%</b>	<b>64</b>	<b>10.3%</b>	<b>647</b>	<b>3.4%</b>	<b>210</b>	<b>28.8%</b>	<b>6,232</b>	<b>-7.5%</b>
Area 4	Baker	18	-5.3%	95	-15.9%	1	0.0%	0		1	0.0%	115	-14.2%
	Clay	124	69.9%	496	-2.6%	15	15.4%	50	-2.0%	40	90.5%	725	8.7%
	Duval	2,148	5.6%	1,740	-2.8%	156	47.2%	328	17.6%	177	38.3%	4,549	4.8%

**Table 1. Race/Ethnicity of FPW Newly Enrolled Women in DY15 and rate of change as compared to DY11**

		Black		White		Asian		Hispanic		American/Asian Indian & Other		County Total	
Medicaid Area	County	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11
	Flagler	55	-12.7%	234	-11.7%	7	40.0%	43	38.7%	27	145.5%	366	-2.4%
	Nassau	19	-20.8%	246	-2.8%	2	-66.7%	9	80.0%	5	-16.7%	281	-4.4%
	St. Johns	74	27.6%	428	12.9%	9	125.0%	23	0.0%	28	154.5%	562	18.3%
	Volusia	425	15.8%	1,413	4.6%	35	29.6%	308	5.1%	59	20.4%	2,240	7.3%
	<b>Total</b>	<b>2,863</b>	<b>8.5%</b>	<b>4,652</b>	<b>-0.2%</b>	<b>225</b>	<b>38.9%</b>	<b>761</b>	<b>11.6%</b>	<b>337</b>	<b>48.5%</b>	<b>8,838</b>	<b>5.6%</b>
Area 5	Pasco	90	-13.5%	1,229	-9.9%	26	18.2%	236	4.0%	84	33.3%	1,665	-6.5%
	Pinellas	574	-28.1%	1,687	-7.1%	79	-8.1%	297	21.7%	177	43.9%	2,814	-8.2%
	<b>Total</b>	<b>664</b>	<b>-26.4%</b>	<b>2,916</b>	<b>-8.3%</b>	<b>105</b>	<b>-2.8%</b>	<b>533</b>	<b>13.2%</b>	<b>261</b>	<b>40.3%</b>	<b>4,479</b>	<b>-7.6%</b>
Area 6	Hardee	5	-54.5%	49	-22.2%	1	-50.0%	59	-35.2%	4	0.0%	118	-31.0%
	Highlands	50	-39.8%	182	-26.3%	3	-40.0%	71	-26.0%	11	175.0%	317	-27.1%
	Hillsborough	1,267	-15.3%	1,744	-5.3%	104	15.6%	1,493	-3.9%	284	34.0%	4,892	-5.8%
	Manatee	169	-27.2%	545	-10.8%	10	-23.1%	230	-10.2%	39	129.4%	993	-12.0%
	Polk	460	-23.7%	1,120	-22.0%	28	33.3%	449	-18.5%	74	51.0%	2,131	-19.9%
	<b>Total</b>	<b>1,951</b>	<b>-19.5%</b>	<b>3,640</b>	<b>-13.3%</b>	<b>146</b>	<b>11.5%</b>	<b>2,302</b>	<b>-9.6%</b>	<b>412</b>	<b>44.1%</b>	<b>8,451</b>	<b>-11.8%</b>
Area 7	Brevard	256	-33.0%	1,092	-20.0%	35	52.2%	153	-5.0%	85	32.8%	1,621	-18.7%
	Orange	1,625	-7.5%	1,251	-9.7%	126	14.5%	1,607	-9.0%	213	31.5%	4,822	-6.9%
	Osceola	177	-12.8%	427	-7.2%	20	25.0%	895	-5.2%	57	-20.8%	1,576	-7.0%
	Seminole	268	-8.5%	599	-6.3%	30	57.9%	311	-2.2%	48	54.8%	1,256	-3.4%
	<b>Total</b>	<b>2,326</b>	<b>-11.7%</b>	<b>3,369</b>	<b>-12.5%</b>	<b>211</b>	<b>25.6%</b>	<b>2,966</b>	<b>-7.0%</b>	<b>403</b>	<b>22.5%</b>	<b>9,275</b>	<b>-8.8%</b>
Area 8	Charlotte	37	-22.9%	376	-3.3%	9	12.5%	25	-41.9%	8	60.0%	455	-7.7%

**Table 1. Race/Ethnicity of FPW Newly Enrolled Women in DY15 and rate of change as compared to DY11**

		Black		White		Asian		Hispanic		American/Asian Indian & Other		County Total	
Medicaid Area	County	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11
	Collier	146	-17.0%	316	-14.1%	19	11.8%	397	-9.2%	31	34.8%	909	-11.0%
	Desoto	15	-42.3%	73	-17.0%	0	-100.0%	40	-11.1%	7	133.3%	135	-17.7%
	Glades	1	-85.7%	13	0.0%			10	233.3%	0		24	4.3%
	Hendry	20	-52.4%	58	-38.9%	0		129	-1.5%	6	500.0%	213	-20.8%
	Lee	368	-13.0%	1,106	-10.8%	35	-2.8%	624	-9.4%	91	85.7%	2,224	-8.7%
	Sarasota	128	-20.5%	747	-2.6%	22	69.2%	146	24.8%	56	86.7%	1,099	1.0%
	<b>Total</b>	<b>715</b>	<b>-19.0%</b>	<b>2,689</b>	<b>-9.2%</b>	<b>85</b>	<b>11.8%</b>	<b>1,371</b>	<b>-6.4%</b>	<b>199</b>	<b>79.3%</b>	<b>5,059</b>	<b>-7.9%</b>
Area 9	Indian River	88	-22.8%	255	-16.1%	4	-33.3%	69	-21.6%	11	175.0%	427	-17.2%
	Martin	32	-34.7%	164	-21.5%	3	50.0%	58	1.8%	18	50.0%	275	-16.4%
	Okeechobee	14	7.7%	105	-31.8%	1	0.0%	52	-1.9%	5	25.0%	177	-21.3%
	Palm Beach	1,749	2.3%	1,222	8.4%	97	61.7%	1,106	7.5%	151	135.9%	4,325	8.4%
	St. Lucie	331	-8.3%	458	-22.1%	12	-7.7%	209	-17.1%	38	81.0%	1,048	-15.1%
	<b>Total</b>	<b>2,214</b>	<b>-1.5%</b>	<b>2,204</b>	<b>-7.5%</b>	<b>117</b>	<b>42.7%</b>	<b>1,494</b>	<b>1.0%</b>	<b>223</b>	<b>112.4%</b>	<b>6,252</b>	<b>-0.7%</b>
Area 10	Broward	2,849	0.5%	1,143	6.4%	127	13.4%	1,562	14.0%	315	64.9%	5,996	7.4%
	<b>Total</b>	<b>2,849</b>	<b>0.5%</b>	<b>1,143</b>	<b>6.4%</b>	<b>127</b>	<b>13.4%</b>	<b>1,562</b>	<b>14.0%</b>	<b>315</b>	<b>64.9%</b>	<b>5,996</b>	<b>7.4%</b>
Area 11	Miami Dade	2,495	0.5%	493	9.8%	62	24.0%	6,688	5.9%	171	67.6%	9,909	5.4%
	Monroe	26	-18.8%	102	-15.0%	5	150.0%	69	21.1%	12	500.0%	214	0.5%



**Table 1. Race/Ethnicity of FPW Newly Enrolled Women in DY15 and rate of change as compared to DY11**

		Black		White		Asian		Hispanic		American/Asian Indian & Other		County Total	
Medicaid Area	County	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11	Newly Enrolled Women in DY15	% Change from DY11
	<b>Total</b>	<b>2,521</b>	<b>0.3%</b>	<b>595</b>	<b>4.6%</b>	<b>67</b>	<b>28.8%</b>	<b>6,757</b>	<b>6.0%</b>	<b>183</b>	<b>76.0%</b>	<b>10,123</b>	<b>5.3%</b>
Unknown*	Unknown <sup>†</sup>	118	-24.4%	500	0.0%	16	128.6%	195	15.4%	39	69.6%	868	1.5%
	<b>Total</b>	<b>118</b>	<b>-24.4%</b>	<b>500</b>	<b>0.0%</b>	<b>16</b>	<b>128.6%</b>	<b>195</b>	<b>15.4%</b>	<b>39</b>	<b>69.6%</b>	<b>868</b>	<b>1.5%</b>
<b>Statewide</b>		<b>19,025</b>	<b>-5.9%</b>	<b>29,815</b>	<b>-7.9%</b>	<b>1,280</b>	<b>20.3%</b>	<b>18,814</b>	<b>1.4%</b>	<b>2,732</b>	<b>48.2%</b>	<b>71,666</b>	<b>-3.2%</b>

\* The unknown Medicaid Area groups records for which the County is unknown.

†An unknown County means that County of Residence information was not available in the recipient’s Medicaid Eligibility records from which FPW enrollment was derived.

**Table 2: Age of FPW Newly Enrolled\* Women in DY15 and rate of change as compared to DY11**

Medicaid Area	County	14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Other Age Groups <sup>†</sup>		All Ages	
		New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11
Area 1	Escambia	54	-62.5%	846	-12.9%	215	29.5%	124	3.3%	4	-33.3%	5	150.0%	1,248	-11.4%
	Okaloosa	50	-25.4%	581	-8.8%	167	70.4%	86	53.6%	8	300.0%	11		903	5.0%
	Santa Rosa	39	-27.8%	339	-19.7%	109	51.4%	58	20.8%	0	-100.0%	4	33.3%	549	-8.7%
	Walton	17	-55.3%	148	-19.1%	43	4.9%	22	-8.3%	0	-100.0%	1		231	-19.8%
	<b>Total</b>	<b>160</b>	<b>-47.2%</b>	<b>1,914</b>	<b>-13.5%</b>	<b>534</b>	<b>41.6%</b>	<b>290</b>	<b>16.9%</b>	<b>12</b>	<b>0.0%</b>	<b>21</b>	<b>320.0%</b>	<b>2,931</b>	<b>-7.2%</b>
Area 2	Bay	48	-63.6%	702	-4.6%	172	48.3%	82	-7.9%	2	0.0%	9	200.0%	1,015	-5.8%
	Calhoun	5	-50.0%	45	-21.1%	8	-20.0%	10	400.0%	1		0		69	-12.7%
	Franklin	2	-85.7%	45	40.6%	5	-44.4%	5	66.7%	0	-100.0%	2		59	0.0%
	Gadsden	11	-57.7%	88	-38.5%	37	37.0%	18	38.5%	4		0		158	-24.4%
	Gulf	5	66.7%	44	-18.5%	11	-21.4%	6	-14.3%	0	-100.0%			66	-16.5%
	Holmes	11	-26.7%	74	-33.9%	21	61.5%	10	-9.1%	0	-100.0%	1		117	-23.0%
	Jackson	15	-65.9%	165	-10.8%	41	13.9%	19	26.7%	0	-100.0%	2	100.0%	242	-14.5%
	Jefferson	1	-80.0%	37	0.0%	8	100.0%	7	133.3%	0				53	8.2%
	Leon	25	-65.3%	569	-10.8%	180	35.3%	80	56.9%	7	600.0%	1		862	-3.7%
	Liberty	3	0.0%	20	11.1%	7	133.3%	2	-33.3%					32	18.5%
	Madison	8	-42.9%	105	45.8%	25	56.3%	10	-28.6%	1				149	28.4%
	Taylor	12	-7.7%	72	-21.7%	23	64.3%	10	25.0%	2	100.0%			119	-7.0%
	Wakulla	6	0.0%	68	9.7%	16	77.8%	11	120.0%			0	-100.0%	101	21.7%

\* New Enrollees are women who have a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file. For DY15, the Aid Category Effective Date between must fall between July 1, 2012 and June 30, 2013. For DY11, the Aid Category Effective Date between must fall between December 1, 2008 and November 30, 2009.

<sup>†</sup> Other Age Groups refers to women who were younger than 14 or older than 55 on June 30, 2013 or on the last day of enrollment if it was before June 30, 2013 for DY15. For DY11, Other Age Groups refers to women who were younger than 14 or older than 55 on November 30, 2009 or on the last day of enrollment if it was before November 30, 2009.

**Table 2: Age of FPW Newly Enrolled\* Women in DY15 and rate of change as compared to DY11**

		14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Other Age Groups†		All Ages	
Medicaid Area	County	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11
	Washington	9	-35.7%	91	26.4%	15	-6.3%	5	-61.5%					120	4.3%
	<b>Total</b>	<b>161</b>	<b>-56.6%</b>	<b>2,125</b>	<b>-8.0%</b>	<b>569</b>	<b>35.5%</b>	<b>275</b>	<b>16.0%</b>	<b>17</b>	<b>88.9%</b>	<b>15</b>	<b>200.0%</b>	<b>3,162</b>	<b>-5.7%</b>
Area 3	Alachua	22	-68.1%	592	8.2%	170	58.9%	104	108.0%	6	500.0%	0		894	15.5%
	Bradford	6	-40.0%	78	-1.3%	23	109.1%	17	240.0%	0		0		124	18.1%
	Citrus	28	-55.6%	346	-12.6%	102	27.5%	46	-13.2%	3	-25.0%	1	-50.0%	526	-12.0%
	Columbia	20	-48.7%	224	-8.6%	67	48.9%	28	64.7%	1				340	-1.7%
	Dixie	1	-88.9%	56	3.7%	17	88.9%	5	0.0%	2				81	5.2%
	Gilchrist	2	-60.0%	51	-1.9%	15	36.4%	8	60.0%	1		0		77	5.5%
	Hamilton	4	0.0%	41	7.9%	12	-25.0%	3	-40.0%	1				61	-3.2%
	Hernando	37	-40.3%	423	-13.1%	116	1.8%	82	20.6%	3	0.0%	0		661	-9.9%
	Lafayette	2	-60.0%	17	-22.7%	3	200.0%	0						22	-21.4%
	Lake	46	-60.3%	691	-15.5%	197	28.8%	128	24.3%	11	266.7%	2	-60.0%	1,075	-10.3%
	Levy	8	-42.9%	101	-12.2%	37	32.1%	16	33.3%	2	0.0%	0	-100.0%	164	-4.7%
	Marion	71	-54.8%	830	-25.2%	263	20.1%	162	5.2%	9	12.5%	2	-33.3%	1,337	-19.0%
	Putnam	23	-42.5%	283	-3.7%	66	15.8%	40	-13.0%	1	-50.0%	2	100.0%	415	-5.7%
	Sumter	8	-69.2%	103	-28.5%	29	93.3%	18	-30.8%	0		1	0.0%	159	-25.0%
	Suwannee	16	33.3%	157	0.0%	26	8.3%	24	41.2%	0		1		224	6.7%
Union	5	-28.6%	53	39.5%	11	57.1%	3	-25.0%	0	-100.0%			72	26.3%	
	<b>Total</b>	<b>299</b>	<b>-53.1%</b>	<b>4,046</b>	<b>-11.9%</b>	<b>1,154</b>	<b>28.7%</b>	<b>684</b>	<b>20.0%</b>	<b>40</b>	<b>66.7%</b>	<b>9</b>	<b>-30.8%</b>	<b>6,232</b>	<b>-7.5%</b>
Area 4	Baker	10	-56.5%	75	-20.2%	18	63.6%	12	100.0%	0		0		115	-14.2%
	Clay	39	-36.1%	469	3.8%	142	42.0%	73	43.1%	2	-33.3%	0		725	8.7%
	Duval	184	-51.6%	2,949	-1.9%	891	55.8%	499	42.6%	22	15.8%	4	-69.2%	4,549	4.8%
	Flagler	12	-65.7%	216	-10.0%	77	42.6%	57	42.5%	4	-20.0%	0	-100.0%	366	-2.4%
	Nassau	9	-72.7%	202	0.5%	49	16.7%	20	11.1%	1				281	-4.4%
	St. Johns	22	-55.1%	340	16.4%	126	70.3%	70	22.8%	3		1	-66.7%	562	18.3%
	Volusia	91	-50.5%	1,482	4.8%	424	51.4%	227	15.2%	13	160.0%	3	-57.1%	2,240	7.3%

**Table 2: Age of FPW Newly Enrolled\* Women in DY15 and rate of change as compared to DY11**

		14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Other Age Groups†		All Ages	
Medicaid Area	County	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11
	<b>Total</b>	<b>367</b>	<b>-52.0%</b>	<b>5,733</b>	<b>0.6%</b>	<b>1,727</b>	<b>52.4%</b>	<b>958</b>	<b>33.2%</b>	<b>45</b>	<b>40.6%</b>	<b>8</b>	<b>-66.7%</b>	<b>8,838</b>	<b>5.6%</b>
Area 5	Pasco	73	-59.9%	1,057	-9.0%	319	20.8%	205	24.2%	11	120.0%	0	-100.0%	1,665	-6.5%
	Pinellas	101	-68.2%	1,714	-10.9%	590	21.6%	373	15.8%	14	-6.7%	22	1000.0%	2,814	-8.2%
	<b>Total</b>	<b>174</b>	<b>-65.2%</b>	<b>2,771</b>	<b>-10.2%</b>	<b>909</b>	<b>21.4%</b>	<b>578</b>	<b>18.7%</b>	<b>25</b>	<b>25.0%</b>	<b>22</b>	<b>340.0%</b>	<b>4,479</b>	<b>-7.6%</b>
Area 6	Hardee	11	-69.4%	87	-15.5%	12	-40.0%	8	-27.3%	0	-100.0%			118	-31.0%
	Highlands	18	-60.0%	202	-33.6%	55	5.8%	39	25.8%	3	50.0%	0	-100.0%	317	-27.1%
	Hillsborough	197	-60.4%	3,019	-10.6%	958	25.4%	673	27.9%	35	84.2%	10	25.0%	4,892	-5.8%
	Manatee	56	-60.6%	610	-15.7%	194	36.6%	121	10.0%	8	100.0%	4	-42.9%	993	-12.0%
	Polk	109	-61.6%	1,395	-24.7%	376	19.0%	240	21.8%	10	25.0%	1	-50.0%	2,131	-19.9%
	<b>Total</b>	<b>391</b>	<b>-61.1%</b>	<b>5,313</b>	<b>-16.5%</b>	<b>1,595</b>	<b>23.3%</b>	<b>1,081</b>	<b>23.5%</b>	<b>56</b>	<b>64.7%</b>	<b>15</b>	<b>-16.7%</b>	<b>8,451</b>	<b>-11.8%</b>
Area 7	Brevard	47	-70.8%	994	-27.8%	361	33.2%	210	22.1%	7	-41.7%	2	-33.3%	1,621	-18.7%
	Orange	142	-68.4%	2,923	-11.9%	996	17.9%	730	37.2%	27	22.7%	4	-71.4%	4,822	-6.9%
	Osceola	72	-56.6%	944	-11.7%	305	13.4%	237	28.1%	14	250.0%	4	100.0%	1,576	-7.0%
	Seminole	39	-64.9%	731	-17.8%	287	62.1%	189	61.5%	4	33.3%	6	100.0%	1,256	-3.4%
	<b>Total</b>	<b>300</b>	<b>-66.2%</b>	<b>5,592</b>	<b>-15.9%</b>	<b>1,949</b>	<b>24.8%</b>	<b>1,366</b>	<b>35.8%</b>	<b>52</b>	<b>26.8%</b>	<b>16</b>	<b>-27.3%</b>	<b>9,275</b>	<b>-8.8%</b>
Area 8	Charlotte	17	-70.2%	299	-1.0%	84	-3.4%	52	18.2%	3	50.0%	0	-100.0%	455	-7.7%
	Collier	34	-63.8%	510	-16.3%	195	35.4%	162	-1.8%	8	0.0%	0	-100.0%	909	-11.0%
	Desoto	11	-56.0%	87	-16.3%	32	68.4%	5	-66.7%	0	-100.0%			135	-17.7%
	Glades	1	-75.0%	15	-6.3%	7	133.3%	1		0		0		24	4.3%
	Hendry	17	-45.2%	127	-22.1%	45	4.7%	19	-38.7%	5	400.0%	0		213	-20.8%
	Lee	72	-68.0%	1,312	-15.8%	473	23.2%	344	32.3%	21	162.5%	2	100.0%	2,224	-8.7%
	Sarasota	45	-52.1%	608	-10.7%	253	46.2%	186	43.1%	5	-44.4%	2	100.0%	1,099	1.0%
	<b>Total</b>	<b>197</b>	<b>-62.8%</b>	<b>2,958</b>	<b>-13.9%</b>	<b>1,089</b>	<b>27.7%</b>	<b>769</b>	<b>19.2%</b>	<b>42</b>	<b>44.8%</b>	<b>4</b>	<b>0.0%</b>	<b>5,059</b>	<b>-7.9%</b>
Area 9	Indian River	25	-54.5%	255	-23.4%	91	31.9%	50	-7.4%	5	66.7%	1	-50.0%	427	-17.2%
	Martin	10	-72.2%	191	-12.8%	45	0.0%	28	-3.4%	1		0		275	-16.4%
	Okeechobee	7	-75.9%	130	-13.9%	23	0.0%	16	-15.8%	1	-50.0%	0	-100.0%	177	-21.3%

**Table 2: Age of FPW Newly Enrolled\* Women in DY15 and rate of change as compared to DY11**

		14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Other Age Groups <sup>†</sup>		All Ages	
Medicaid Area	County	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11	New Enrollees	% Change from DY11
	Palm Beach	117	-57.8%	2,353	-2.5%	979	49.7%	826	39.8%	43	48.3%	7	-73.1%	4,325	8.4%
	St. Lucie	39	-59.4%	585	-24.4%	236	22.9%	176	8.6%	10	42.9%	2	-50.0%	1,048	-15.1%
	<b>Total</b>	<b>198</b>	<b>-59.8%</b>	<b>3,514</b>	<b>-9.7%</b>	<b>1,374</b>	<b>39.8%</b>	<b>1,096</b>	<b>28.2%</b>	<b>60</b>	<b>46.3%</b>	<b>10</b>	<b>-69.7%</b>	<b>6,252</b>	<b>-0.7%</b>
Area 10	Broward	121	-59.0%	3,083	-9.7%	1,523	49.8%	1,211	51.2%	47	14.6%	11	-8.3%	5,996	7.4%
	<b>Total</b>	<b>121</b>	<b>-59.0%</b>	<b>3,083</b>	<b>-9.7%</b>	<b>1,523</b>	<b>49.8%</b>	<b>1,211</b>	<b>51.2%</b>	<b>47</b>	<b>14.6%</b>	<b>11</b>	<b>-8.3%</b>	<b>5,996</b>	<b>7.4%</b>
Area 11	Miami Dade	196	-59.9%	5,190	-1.6%	2,316	27.4%	2,106	21.7%	91	24.7%	10	-16.7%	9,909	5.4%
	Monroe	4	-55.6%	113	-9.6%	52	48.6%	41	-2.4%	3		1	-50.0%	214	0.5%
	<b>Total</b>	<b>200</b>	<b>-59.8%</b>	<b>5,303</b>	<b>-1.8%</b>	<b>2,368</b>	<b>27.8%</b>	<b>2,147</b>	<b>21.1%</b>	<b>94</b>	<b>28.8%</b>	<b>11</b>	<b>-21.4%</b>	<b>10,123</b>	<b>5.3%</b>
Unknown <sup>†</sup>	Unknown <sup>†</sup>	28	-65.9%	615	0.2%	156	57.6%	65	10.2%	1	0.0%	3		868	1.5%
	<b>Total</b>	<b>28</b>	<b>-65.9%</b>	<b>615</b>	<b>0.2%</b>	<b>156</b>	<b>57.6%</b>	<b>65</b>	<b>10.2%</b>	<b>1</b>	<b>0.0%</b>	<b>3</b>		<b>868</b>	<b>1.5%</b>
<b>Statewide</b>		<b>2,596</b>	<b>-59.2%</b>	<b>42,967</b>	<b>-9.9%</b>	<b>14,947</b>	<b>33.0%</b>	<b>10,520</b>	<b>27.1%</b>	<b>491</b>	<b>37.5%</b>	<b>145</b>	<b>-6.5%</b>	<b>71,666</b>	<b>-3.2%</b>

\* The unknown Medicaid Area groups records for which the County is unknown.

† An unknown County means that County of Residence information was not available in the recipient's Medicaid Eligibility records from which FPW enrollment was derived.

**Table 3: Ratio of Participants\* to New Enrollees† in DY15 and rate of change as compared to DY11**

Medicaid Area	County	New Enrollees	% Change from DY11	DY15 Newly Enrolled who Participated	% Change In Participants	DY15 Newly Enrolled Participation Ratio	% Change from DY11
Area 1	Walton	231	-19.8%	113	-19.3%	48.9%	0.6%
	Okaloosa	903	5.0%	365	16.2%	40.4%	10.7%
	Santa Rosa	549	-8.7%	206	-13.8%	37.5%	-5.6%
	Escambia	1,248	-11.4%	449	-17.6%	36.0%	-7.0%
	<b>Total</b>	<b>2,931</b>	<b>-7.2%</b>	<b>1,133</b>	<b>-8.5%</b>	<b>38.7%</b>	<b>-1.4%</b>
Area 2	Jefferson	53	8.2%	16	-40.7%	30.2%	-45.2%
	Liberty	32	18.5%	11	-8.3%	34.4%	-22.7%
	Franklin	59	0.0%	18	-35.7%	30.5%	-35.7%
	Gulf	66	-16.5%	22	-42.1%	33.3%	-30.7%
	Gadsden	158	-24.4%	55	-45.5%	34.8%	-28.0%
	Taylor	119	-7.0%	40	-29.8%	33.6%	-24.5%
	Jackson	242	-14.5%	103	-25.4%	42.6%	-12.7%
	Calhoun	69	-12.7%	21	-46.2%	30.4%	-38.4%
	Madison	149	28.4%	62	67.6%	41.6%	30.5%
	Washington	120	4.3%	47	6.8%	39.2%	2.4%
Holmes	117	-23.0%	37	-35.1%	31.6%	-15.7%	

\* Participants refer to Enrollees who have at least one paid Medicaid claim record and an FP program code (PGMCD). For DY15, Participants must have a date of service within the enrollment time period (any given day or span of days) and it must fall between July 1, 2012 and June 30, 2013. For DY11, Participants must have a date of service within the enrollment time period (any given day or span of days) and it must fall between December 1, 2008 and November 30, 2009.

† New Enrollees are women who have a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file. For DY15, the Aid Category Effective Date between must fall between July 1, 2012 and June 30, 2013. For DY11, the Aid Category Effective Date between must fall between December 1, 2008 and November 30, 2009.

**Table 3: Ratio of Participants\* to New Enrollees† in DY15 and rate of change as compared to DY11**

Medicaid Area	County	New Enrollees	% Change from DY11	DY15 Newly Enrolled who Participated	% Change In Participants	DY15 Newly Enrolled Participation Ratio	% Change from DY11
	Wakulla	101	21.7%	31	19.2%	30.7%	-2.0%
	Leon	862	-3.7%	248	-15.1%	28.8%	-11.8%
	Bay	1,015	-5.8%	300	-13.8%	29.6%	-8.4%
	<b>Total</b>	<b>3,162</b>	<b>-5.7%</b>	<b>1,011</b>	<b>-18.7%</b>	<b>32.0%</b>	<b>-13.8%</b>
Area 3	Suwannee	224	6.7%	85	-16.7%	37.9%	-21.9%
	Lafayette	22	-21.4%	7	-50.0%	31.8%	-36.4%
	Sumter	159	-25.0%	55	-34.5%	34.6%	-12.7%
	Hamilton	61	-3.2%	28	12.0%	45.9%	15.7%
	Putnam	415	-5.7%	163	-2.4%	39.3%	3.5%
	Dixie	81	5.2%	31	-6.1%	38.3%	-10.7%
	Levy	164	-4.7%	53	-26.4%	32.3%	-22.8%
	Bradford	124	18.1%	43	22.9%	34.7%	4.0%
	Union	72	26.3%	27	17.4%	37.5%	-7.1%
	Columbia	340	-1.7%	114	-12.3%	33.5%	-10.8%
	Gilchrist	77	5.5%	25	4.2%	32.5%	-1.2%
	Citrus	526	-12.0%	171	-15.8%	32.5%	-4.2%
	Marion	1,337	-19.0%	413	-32.7%	30.9%	-17.0%
	Alachua	894	15.5%	262	-6.8%	29.3%	-19.3%
	Hernando	661	-9.9%	214	0.0%	32.4%	11.0%
	Lake	1,075	-10.3%	286	-18.3%	26.6%	-8.9%
<b>Total</b>	<b>6,232</b>	<b>-7.5%</b>	<b>1,977</b>	<b>-16.6%</b>	<b>31.7%</b>	<b>-9.9%</b>	
Area 4	Flagler	366	-2.4%	107	-23.6%	29.2%	-21.7%
	St. Johns	562	18.3%	174	-2.8%	31.0%	-17.8%
	Duval	4,549	4.8%	1,320	-14.6%	29.0%	-18.5%
	Volusia	2,240	7.3%	688	-6.6%	30.7%	-13.0%

**Table 3: Ratio of Participants\* to New Enrollees† in DY15 and rate of change as compared to DY11**

Medicaid Area	County	New Enrollees	% Change from DY11	DY15 Newly Enrolled who Participated	% Change In Participants	DY15 Newly Enrolled Participation Ratio	% Change from DY11
	Nassau	281	-4.4%	78	-22.0%	27.8%	-18.4%
	Clay	725	8.7%	170	-15.0%	23.4%	-21.8%
	Baker	115	-14.2%	30	-9.1%	26.1%	5.9%
	<b>Total</b>	<b>8,838</b>	<b>5.6%</b>	<b>2,567</b>	<b>-12.5%</b>	<b>29.0%</b>	<b>-17.1%</b>
Area 5	Pasco	1,665	-6.5%	506	-10.6%	30.4%	-4.4%
	Pinellas	2,814	-8.2%	739	-24.7%	26.3%	-18.0%
	<b>Total</b>	<b>4,479</b>	<b>-7.6%</b>	<b>1,245</b>	<b>-19.6%</b>	<b>27.8%</b>	<b>-13.0%</b>
Area 6	Hardee	118	-31.0%	37	-51.9%	31.4%	-30.4%
	Highlands	317	-27.1%	118	-33.7%	37.2%	-9.0%
	Manatee	993	-12.0%	289	-29.5%	29.1%	-19.9%
	Polk	2,131	-19.9%	591	-35.4%	27.7%	-19.4%
	Hillsborough	4,892	-5.8%	1,306	-20.1%	26.7%	-15.2%
	<b>Total</b>	<b>8,451</b>	<b>-11.8%</b>	<b>2,341</b>	<b>-27.2%</b>	<b>27.7%</b>	<b>-17.4%</b>
Area 7	Brevard	1,621	-18.7%	442	-36.3%	27.3%	-21.6%
	Seminole	1,256	-3.4%	371	-7.9%	29.5%	-4.7%
	Osceola	1,576	-7.0%	408	-13.7%	25.9%	-7.2%
	Orange	4,822	-6.9%	1,195	-21.5%	24.8%	-15.7%
	<b>Total</b>	<b>9,275</b>	<b>-8.8%</b>	<b>2,416</b>	<b>-21.9%</b>	<b>26.0%</b>	<b>-14.3%</b>
Area 8	Hendry	213	-20.8%	56	-48.6%	26.3%	-35.1%
	Desoto	135	-17.7%	37	-37.3%	27.4%	-23.8%
	Charlotte	455	-7.7%	156	5.4%	34.3%	14.2%
	Glades	24	4.3%	8	-20.0%	33.3%	-23.3%
	Lee	2,224	-8.7%	669	-15.8%	30.1%	-7.8%
	Collier	909	-11.0%	233	-25.6%	25.6%	-16.4%
	Sarasota	1,099	1.0%	235	-24.2%	21.4%	-25.0%



**Table 3: Ratio of Participants\* to New Enrollees† in DY15 and rate of change as compared to DY11**

Medicaid Area	County	New Enrollees	% Change from DY11	DY15 Newly Enrolled who Participated	% Change In Participants	DY15 Newly Enrolled Participation Ratio	% Change from DY11
	<b>Total</b>	<b>5,059</b>	<b>-7.9%</b>	<b>1,394</b>	<b>-20.1%</b>	<b>27.6%</b>	<b>-13.2%</b>
Area 9	Okeechobee	177	-21.3%	73	-29.8%	41.2%	-10.8%
	Martin	275	-16.4%	79	-30.1%	28.7%	-16.4%
	St. Lucie	1,048	-15.1%	319	-22.9%	30.4%	-9.2%
	Indian River	427	-17.2%	129	-25.0%	30.2%	-9.4%
	Palm Beach	4,325	8.4%	1,194	-6.4%	27.6%	-13.6%
	<b>Total</b>	<b>6,252</b>	<b>-0.7%</b>	<b>1,794</b>	<b>-13.7%</b>	<b>28.7%</b>	<b>-13.1%</b>
Area 10	Broward	5,996	7.4%	1,419	-9.9%	23.7%	-16.1%
	<b>Total</b>	<b>5,996</b>	<b>7.4%</b>	<b>1,419</b>	<b>-9.9%</b>	<b>23.7%</b>	<b>-16.1%</b>
Area 11	Monroe	214	0.5%	67	-8.2%	31.3%	-8.6%
	Miami Dade	9,909	5.4%	2,432	1.8%	24.5%	-3.4%
	<b>Total</b>	<b>10,123</b>	<b>5.3%</b>	<b>2,499</b>	<b>1.5%</b>	<b>24.7%</b>	<b>-3.6%</b>
Unknown*	Unknown†	868	1.5%	56	-65.0%	6.5%	-65.5%
	<b>Total</b>	<b>868</b>	<b>1.5%</b>	<b>56</b>	<b>-65.0%</b>	<b>6.5%</b>	<b>-65.5%</b>
<b>Statewide</b>		<b>71,666</b>	<b>-3.2%</b>	<b>19,852</b>	<b>-16.1%</b>	<b>27.7%</b>	<b>-13.3%</b>

\* The unknown Medicaid Area groups records for which the County is unknown.

† An unknown County means that County of Residence information was not available in the recipient’s Medicaid Eligibility records from which FPW enrollment was derived.

**Table 4: Participation, Evaluation and Management Services, Contraceptives, Sterilization to New Enrollees in DY15**

		14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Other Age Groups		All ages	
Report Type	Measure	Count	% Change from DY11	Count	% Change from DY11	Count	% Change from DY11	Count	% Change from DY11	Count	% Change from DY11	Count	% Change from DY11	Count	% Change from DY11
Participation	total # of women newly enrolled in DY15	2,596	-59%	42,967	-10%	14,947	33%	10,520	27%	491	38%	145	-6%	71,666	-3%
	total months of enrollment	14,479	-62%	276,014	-16%	97,722	28%	68,545	22%	3,364	36%	853	-17%	460,977	-8%
	average period of enrollment (in months)	6	-8%	6	-7%	7	-4%	7	-4%	7	-1%	6	-11%	6	-5%
	portion of the waiver that women remain enrolled	24.2%	40%	27.9%	42%	28.4%	46%	28.3%	46%	29.8%	50%	25.6%	35%	28.0%	44%
Evaluation and Management Services	total natural FP visits			15	7%	24	2,300%	6						45	200%
	total FP services for treatment of STIs	258	-66%	2,499	-40%	581	2%	356	-5%	20	33%			3,714	-37%
	total # of women enrolled for 90+ days	2,030	-60%	35,865	-10%	12,606	36%	8,828	29%	431	42%	112	-14%	59,872	-3%
	total # receiving at least one PC FP visit	195	-73%	2,934	-42%	891	-2%	501	-13%	25	4%			4,546	-38%
	Participation Ratio	9.6%	-32%	8.2%	-36%	7.1%	-28%	5.7%	-33%	5.8%	-27%			7.6%	-36%
Contraceptives	total # of women receiving services	48	-68%	556	-32%	141	18%	64	45%	3	200%			812	-29%
	total # of services	177	-25%	1,866	51%	451	167%	215	82%	23	475%			2,732	55%
	J1055 - Depo-Provera	9	-87%	93	-71%	23	-44%	16	-6%					141	-68%

\* Portion of the waiver that women remain enrolled is defined in two steps. First, the total months of enrollment is divided by the total number of women newly enrolled in DY15. Second, the number resulting from the first step is divided by the number of months since the beginning of the waiver to the end of the reporting period DY15 or 23 months.

**Table 4: Participation, Evaluation and Management Services, Contraceptives, Sterilization to New Enrollees in DY15**

		14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Other Age Groups		All ages	
Report Type	Measure	Count	% Change from DY11	Count	% Change from DY11	Count	% Change from DY11	Count	% Change from DY11	Count	% Change from DY11	Count	% Change from DY11	Count	% Change from DY11
	<b>J7300 - Paraguard</b>	7	0%	166	73%	51	240%	22	83%	3				249	92%
	<b>J7302 - Mirena</b>	20	-72%	211	-47%	58	-8%	22	57%		-100%			311	-43%
	<b>J7307 - Implanon</b>	13	160%	96	405%	9	200%	6	500%					124	343%
<b>Sterilization</b>	<b>total # of services</b>			88	-55%	60	-39%	45	-58%		-100%			193	-52%

<b>Table 5. Rate of Re-Enrollment* by DY15 Participants† as Compared to DY11</b>					
<b>Medicaid Area</b>	<b>County</b>	<b>Women Participating in the FPW</b>	<b>Women Participating in the FPW who Re-enrolled</b>	<b>Rate of Re-Enrollment</b>	<b>% Change from DY11 in Rate of Re-enrollment</b>
Area 1	Escambia	1,001	30	3.0%	-39%
	Okaloosa	827	50	6.0%	45%
	Santa Rosa	459	24	5.2%	-12%
	Walton	251	18	7.2%	17%
	<b>Total</b>	<b>2,538</b>	<b>122</b>	<b>4.8%</b>	<b>-5%</b>
Area 2	Bay	648	32	4.9%	-21%
	Calhoun	57	3	5.3%	33%
	Franklin	50	6	12.0%	56%
	Gadsden	154	11	7.1%	91%
	Gulf	57	2	3.5%	-22%
	Holmes	96	7	7.3%	46%
	Jackson	206	10	4.9%	32%
	Jefferson	40	2	5.0%	185%
	Leon	611	33	5.4%	49%
	Liberty	32	3	9.4%	
	Madison	122	6	4.9%	102%
	Taylor	100	6	6.0%	-34%
	Wakulla	78	8	10.3%	495%
	Washington	97	5	5.2%	28%
	<b>Total</b>	<b>2,348</b>	<b>134</b>	<b>5.7%</b>	<b>22%</b>
Area 3	Alachua	548	18	3.3%	-11%

\* Re-enrolled are women who have a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and the number of months elapsed between the earliest Aid Category Effective Date and the latest Aid Category End Date must exceed 12 months. The time period (any given day or span of days) for this Aid Category code must fall between July 1, 2012 and June 30, 2013 for DY15 and between December 1, 2008 and November 30, 2009 for DY11.

† Participants refer to Enrollees who have at least one paid Medicaid claim record and an FP program code (PGMCD). For DY15, Participants must have a date of service within the enrollment time period (any given day or span of days) and it must fall between July 1, 2012 and June 30, 2013. For DY11, Participants must have a date of service within the enrollment time period (any given day or span of days) and it must fall between December 1, 2008 and November 30, 2009.

<b>Table 5. Rate of Re-Enrollment* by DY15 Participants† as Compared to DY11</b>					
<b>Medicaid Area</b>	<b>County</b>	<b>Women Participating in the FPW</b>	<b>Women Participating in the FPW who Re-enrolled</b>	<b>Rate of Re-Enrollment</b>	<b>% Change from DY11 in Rate of Re-enrollment</b>
	Bradford	104	7	6.7%	84%
	Citrus	408	18	4.4%	5%
	Columbia	252	13	5.2%	52%
	Dixie	54	2	3.7%	156%
	Gilchrist	58	2	3.4%	72%
	Hamilton	60	5	8.3%	104%
	Hernando	468	27	5.8%	55%
	Lafayette	23	1	4.3%	
	Lake	660	39	5.9%	84%
	Levy	138	11	8.0%	123%
	Marion	993	46	4.6%	5%
	Putnam	382	12	3.1%	-18%
	Sumter	162	8	4.9%	-25%
	Suwannee	190	12	6.3%	49%
	Union	54	1	1.9%	-59%
	<b>Total</b>	<b>4,554</b>	<b>222</b>	<b>4.9%</b>	<b>25%</b>
Area 4	Baker	79	2	2.5%	-3%
	Clay	409	19	4.6%	12%
	Duval	2,991	135	4.5%	-17%
	Flagler	266	15	5.6%	-24%
	Nassau	189	9	4.8%	38%
	St. Johns	350	20	5.7%	54%
	Volusia	1,527	89	5.8%	7%
		<b>Total</b>	<b>5,811</b>	<b>289</b>	<b>5.0%</b>
Area 5	Pasco	1,153	71	6.2%	41%
	Pinellas	1,846	101	5.5%	54%
		<b>Total</b>	<b>2,999</b>	<b>172</b>	<b>5.7%</b>
Area 6	Hardee	112	4	3.6%	95%
	Highlands	311	6	1.9%	-75%
	Hillsborough	3,226	202	6.3%	30%

<b>Table 5. Rate of Re-Enrollment* by DY15 Participants† as Compared to DY11</b>					
<b>Medicaid Area</b>	<b>County</b>	<b>Women Participating in the FPW</b>	<b>Women Participating in the FPW who Re-enrolled</b>	<b>Rate of Re-Enrollment</b>	<b>% Change from DY11 in Rate of Re-enrollment</b>
	Manatee	719	26	3.6%	-5%
	Polk	1,563	74	4.7%	39%
	<b>Total</b>	<b>5,931</b>	<b>312</b>	<b>5.3%</b>	<b>20%</b>
Area 7	Brevard	1,165	51	4.4%	-17%
	Orange	3,110	129	4.1%	3%
	Osceola	981	63	6.4%	37%
	Seminole	834	59	7.1%	49%
	<b>Total</b>	<b>6,090</b>	<b>302</b>	<b>5.0%</b>	<b>10%</b>
Area 8	Charlotte	333	20	6.0%	-16%
	Collier	580	48	8.3%	53%
	Desoto	113	5	4.4%	170%
	Glades	15	1	6.7%	
	Hendry	149	2	1.3%	-74%
	Lee	1,575	90	5.7%	-4%
	Sarasota	582	35	6.0%	6%
	<b>Total</b>	<b>3,347</b>	<b>201</b>	<b>6.0%</b>	<b>5%</b>
Area 9	Indian River	326	6	1.8%	-51%
	Martin	247	6	2.4%	-28%
	Okeechobee	183	8	4.4%	24%
	Palm Beach	2,978	163	5.5%	3%
	St. Lucie	837	43	5.1%	-25%
	<b>Total</b>	<b>4,571</b>	<b>226</b>	<b>4.9%</b>	<b>-6%</b>
Area 10	Broward	3,226	133	4.1%	-36%
	<b>Total</b>	<b>3,226</b>	<b>133</b>	<b>4.1%</b>	<b>-36%</b>
Area 11	Miami Dade	6,006	393	6.5%	45%
	Monroe	151	5	3.3%	374%
	<b>Total</b>	<b>6,157</b>	<b>398</b>	<b>6.5%</b>	<b>47%</b>

<b>Table 5. Rate of Re-Enrollment* by DY15 Participants† as Compared to DY11</b>					
<b>Medicaid Area</b>	<b>County</b>	<b>Women Participating in the FPW</b>	<b>Women Participating in the FPW who Re-enrolled</b>	<b>Rate of Re-Enrollment</b>	<b>% Change from DY11 in Rate of Re-enrollment</b>
Unknown*	Unknown†	191	13	6.8%	48%
	<b>Total</b>	<b>191</b>	<b>13</b>	<b>6.8%</b>	<b>48%</b>
<b>Statewide</b>		<b>47,763</b>	<b>2,524</b>	<b>5.3%</b>	<b>10%</b>

\* The unknown Medicaid Area groups records for which the County is unknown.

† An unknown County means that County of Residence information was not available in the recipient’s Medicaid Eligibility records from which FPW enrollment was derived.

**Table 6. Trend and analysis of DY15 FPW New Enrollees\* participation† in each region, compared to DY11 and DY14**

Medicaid Area	County	Women Newly Enrolled in DY15	Percent Change from DY11	Percent Change from DY14	Women Newly Enrolled in DY15 and Participating in the FPW	Percent Change from DY11	Percent Change from DY14	Participation Ratio of DY15 Newly Enrolled Women	Percent Change from DY11	Percent Change from DY14	Additional DY15 Participants needed to match DY11 Newly Enrolled Participation	Additional DY15 Participants needed to match DY14 Newly Enrolled Participation
Area 1	Walton	231	-20%	-43%	113	-19%	-22%	48.9%	1%	<b>36%</b>	-1	<b>-30</b>
	Okaloosa	903	5%	-40%	365	16%	-27%	40.4%	11%	<b>21%</b>	-35	<b>-64</b>
	Santa Rosa	549	-9%	-43%	206	-14%	-27%	37.5%	-6%	<b>28%</b>	12	<b>-45</b>
	Escambia	1,248	-11%	-42%	449	-18%	-23%	36.0%	-7%	<b>31%</b>	34	<b>-107</b>
	Total	2,931	-7%	-41%	1,133	-8%	-25%	38.7%	-1%	<b>28%</b>	16	<b>-248</b>
Area 2	Liberty	32	19%	-35%	11	-8%	-54%	34.4%	-23%	-30%	3	5
	Gadsden	158	-24%	-50%	55	-46%	-54%	34.8%	<b>-28%</b>	-8%	<b>21</b>	5
	Jefferson	53	8%	-32%	16	-41%	-45%	30.2%	<b>-45%</b>	-19%	<b>13</b>	4
	Taylor	119	-7%	-41%	40	-30%	-46%	33.6%	-25%	-9%	13	4
	Jackson	242	-14%	-42%	103	-25%	-12%	42.6%	-13%	<b>52%</b>	15	<b>-35</b>

\* New Enrollees are women who have a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file. For DY15, the Aid Category Effective Date between must fall between July 1, 2012 and June 30, 2013. For DY11, the Aid Category Effective Date between must fall between December 1, 2008 and November 30, 2009. For DY14, the Aid Category Effective Date between must fall between July 1, 2011 and June 30, 2012.

† Participants refer to Enrollees who have at least one paid Medicaid claim record and an FP program code (PGMCD). For DY15, Participants must have a date of service within the enrollment time period (any given day or span of days) and it must fall between July 1, 2012 and June 30, 2013. For DY11, Participants must have a date of service within the enrollment time period (any given day or span of days) and it must fall between December 1, 2008 and November 30, 2009. For DY14, Participants must have a date of service within the enrollment time period (any given day or span of days) and it must fall between July 1, 2011 and June 30, 2012.



**Table 6. Trend and analysis of DY15 FPW New Enrollees\* participation† in each region, compared to DY11 and DY14**

Medicaid Area	County	Women Newly Enrolled in DY15	Percent Change from DY11	Percent Change from DY14	Women Newly Enrolled in DY15 and Participating in the FPW	Percent Change from DY11	Percent Change from DY14	Participation Ratio of DY15 Newly Enrolled Women	Percent Change from DY11	Percent Change from DY14	Additional DY15 Participants needed to match DY11 Newly Enrolled Participation	Additional DY15 Participants needed to match DY14 Newly Enrolled Participation
	Gulf	66	-16%	-43%	22	-42%	-37%	33.3%	-31%	10%	10	-2
	Franklin	59	0%	-33%	18	-36%	-36%	30.5%	-36%	-4%	10	1
	<b>Calhoun</b>	69	-13%	-47%	21	-46%	-45%	30.4%	<b>-38%</b>	4%	<b>13</b>	-1
	Madison	149	28%	-22%	62	68%	2%	41.6%	30%	30%	-14	-14
	Holmes	117	-23%	-39%	37	-35%	-42%	31.6%	-16%	-5%	7	2
	<b>Washington</b>	120	4%	-37%	47	7%	-2%	39.2%	2%	<b>56%</b>	-1	<b>-17</b>
	Wakulla	101	22%	-31%	31	19%	-33%	30.7%	-2%	-3%	1	1
	<b>Bay</b>	1,015	-6%	-38%	300	-14%	-23%	29.6%	-8%	<b>25%</b>	28	<b>-61</b>
	<b>Leon</b>	862	-4%	-41%	248	-15%	-27%	28.8%	-12%	<b>25%</b>	33	<b>-49</b>
	Total	3,162	-6%	-39%	1,011	-19%	-28%	32.0%	<b>-14%</b>	<b>19%</b>	<b>162</b>	<b>-158</b>
Area 3	<b>Suwannee</b>	224	7%	-34%	85	-17%	-27%	37.9%	<b>-22%</b>	10%	<b>24</b>	-7
	Putnam	415	-6%	-38%	163	-2%	-28%	39.3%	3%	17%	-5	-23
	<b>Hamilton</b>	61	-3%	-40%	28	12%	0%	45.9%	16%	<b>66%</b>	-4	<b>-11</b>
	Levy	164	-5%	-42%	53	-26%	-39%	32.3%	-23%	4%	16	-2
	Lafayette	22	-21%	-55%	7	-50%	-46%	31.8%	-36%	20%	4	-1
	Sumter	159	-25%	-51%	55	-35%	-45%	34.6%	-13%	13%	8	-6
	Bradford	124	18%	-34%	43	23%	-33%	34.7%	4%	2%	-2	-1
	<b>Dixie</b>	81	5%	-29%	31	-6%	15%	38.3%	-11%	<b>62%</b>	4	<b>-12</b>

**Table 6. Trend and analysis of DY15 FPW New Enrollees\* participation† in each region, compared to DY11 and DY14**

Medicaid Area	County	Women Newly Enrolled in DY15	Percent Change from DY11	Percent Change from DY14	Women Newly Enrolled in DY15 and Participating in the FPW	Percent Change from DY11	Percent Change from DY14	Participation Ratio of DY15 Newly Enrolled Women	Percent Change from DY11	Percent Change from DY14	Additional DY15 Participants needed to match DY11 Newly Enrolled Participation	Additional DY15 Participants needed to match DY14 Newly Enrolled Participation
	Union	72	26%	-36%	27	17%	0%	37.5%	-7%	56%	2	-10
	<b>Columbia</b>	340	-2%	-35%	114	-12%	-19%	33.5%	-11%	<b>26%</b>	14	<b>-23</b>
	Citrus	526	-12%	-44%	171	-16%	-34%	32.5%	-4%	17%	8	-25
	<b>Marion</b>	1,337	-19%	-45%	413	-33%	-29%	30.9%	<b>-17%</b>	<b>30%</b>	<b>85</b>	<b>-95</b>
	Gilchrist	77	5%	-39%	25	4%	-24%	32.5%	-1%	25%	0	-5
	<b>Alachua</b>	894	16%	-30%	262	-7%	-5%	29.3%	<b>-19%</b>	<b>35%</b>	<b>63</b>	<b>-68</b>
	<b>Hernando</b>	661	-10%	-43%	214	0%	-20%	32.4%	11%	<b>40%</b>	-21	<b>-61</b>
	<b>Lake</b>	1,075	-10%	-41%	286	-18%	-25%	26.6%	-9%	<b>26%</b>	28	<b>-59</b>
	<b>Total</b>	<b>6,232</b>	<b>-7%</b>	<b>-40%</b>	<b>1,977</b>	<b>-17%</b>	<b>-25%</b>	<b>31.7%</b>	<b>-10%</b>	<b>26%</b>	<b>216</b>	<b>-411</b>
<b>Area 4</b>	<b>Flagler</b>	366	-2%	-40%	107	-24%	-36%	29.2%	<b>-22%</b>	6%	<b>30</b>	-6
	<b>St. Johns</b>	562	18%	-25%	174	-3%	1%	31.0%	<b>-18%</b>	<b>34%</b>	<b>38</b>	<b>-44</b>
	<b>Volusia</b>	2,240	7%	-34%	688	-7%	-13%	30.7%	<b>-13%</b>	<b>30%</b>	<b>103</b>	<b>-160</b>
	<b>Duval</b>	4,549	5%	-34%	1,320	-15%	-17%	29.0%	<b>-19%</b>	<b>26%</b>	<b>300</b>	<b>-272</b>
	Nassau	281	-4%	-42%	78	-22%	-29%	27.8%	-18%	22%	18	-14
	<b>Clay</b>	725	9%	-33%	170	-15%	-32%	23.4%	<b>-22%</b>	2%	<b>47</b>	-4
	Baker	115	-14%	-45%	30	-9%	-38%	26.1%	6%	14%	-2	-4
	<b>Total</b>	<b>8,838</b>	<b>6%</b>	<b>-34%</b>	<b>2,567</b>	<b>-13%</b>	<b>-18%</b>	<b>29.0%</b>	<b>-17%</b>	<b>24%</b>	<b>531</b>	<b>-504</b>
<b>Area 5</b>	<b>Pasco</b>	1,665	-6%	-41%	506	-11%	-21%	30.4%	-4%	<b>36%</b>	23	<b>-133</b>

**Table 6. Trend and analysis of DY15 FPW New Enrollees\* participation† in each region, compared to DY11 and DY14**

Medicaid Area	County	Women Newly Enrolled in DY15	Percent Change from DY11	Percent Change from DY14	Women Newly Enrolled in DY15 and Participating in the FPW	Percent Change from DY11	Percent Change from DY14	Participation Ratio of DY15 Newly Enrolled Women	Percent Change from DY11	Percent Change from DY14	Additional DY15 Participants needed to match DY11 Newly Enrolled Participation	Additional DY15 Participants needed to match DY14 Newly Enrolled Participation
	<b>Pinellas</b>	2,814	-8%	-43%	739	-25%	-31%	26.3%	<b>-18%</b>	<b>20%</b>	<b>162</b>	<b>-125</b>
	Total	4,479	-8%	-42%	1,245	-20%	-27%	27.8%	<b>-13%</b>	<b>26%</b>	186	-259
<b>Area 6</b>	<b>Hardee</b>	118	-31%	-53%	37	-52%	-54%	31.4%	<b>-30%</b>	-2%	<b>16</b>	<b>1</b>
	<b>Highlands</b>	317	-27%	-53%	118	-34%	-38%	37.2%	-9%	<b>32%</b>	12	<b>-29</b>
	<b>Polk</b>	2,131	-20%	-49%	591	-35%	-42%	27.7%	<b>-19%</b>	<b>14%</b>	<b>142</b>	<b>-72</b>
	<b>Manatee</b>	993	-12%	-45%	289	-30%	-28%	29.1%	<b>-20%</b>	<b>32%</b>	<b>72</b>	<b>-69</b>
	<b>Hillsborough</b>	4,892	-6%	-43%	1,306	-20%	-29%	26.7%	<b>-15%</b>	<b>26%</b>	<b>235</b>	<b>-269</b>
	Total	8,451	-12%	-46%	2,341	-27%	-34%	27.7%	<b>-17%</b>	<b>22%</b>	<b>494</b>	<b>-429</b>
<b>Area 7</b>	<b>Brevard</b>	1,621	-19%	-50%	442	-36%	-38%	27.3%	<b>-22%</b>	<b>24%</b>	<b>122</b>	<b>-84</b>
	<b>Seminole</b>	1,256	-3%	-41%	371	-8%	-21%	29.5%	-5%	<b>33%</b>	18	<b>-93</b>
	<b>Osceola</b>	1,576	-7%	-44%	408	-14%	-28%	25.9%	-7%	<b>29%</b>	32	<b>-91</b>
	<b>Orange</b>	4,822	-7%	-47%	1,195	-21%	-33%	24.8%	<b>-16%</b>	<b>26%</b>	<b>222</b>	<b>-244</b>
	Total	9,275	-9%	-46%	2,416	-22%	-32%	26.0%	<b>-14%</b>	<b>27%</b>	<b>404</b>	<b>-513</b>
<b>Area 8</b>	Glades	24	4%	-33%	8	-20%	-11%	33.3%	-23%	33%	2	-2
	<b>Hendry</b>	213	-21%	-44%	56	-49%	-50%	26.3%	<b>-35%</b>	-10%	<b>30</b>	<b>6</b>
	Desoto	135	-18%	-49%	37	-37%	-49%	27.4%	-24%	-1%	12	0
	<b>Lee</b>	2,224	-9%	-40%	669	-16%	-23%	30.1%	-8%	<b>27%</b>	<b>57</b>	<b>-144</b>
	<b>Charlotte</b>	455	-8%	-44%	156	5%	-15%	34.3%	14%	<b>51%</b>	-19	<b>-53</b>

**Table 6. Trend and analysis of DY15 FPW New Enrollees\* participation† in each region, compared to DY11 and DY14**

Medicaid Area	County	Women Newly Enrolled in DY15	Percent Change from DY11	Percent Change from DY14	Women Newly Enrolled in DY15 and Participating in the FPW	Percent Change from DY11	Percent Change from DY14	Participation Ratio of DY15 Newly Enrolled Women	Percent Change from DY11	Percent Change from DY14	Additional DY15 Participants needed to match DY11 Newly Enrolled Participation	Additional DY15 Participants needed to match DY14 Newly Enrolled Participation
	<b>Collier</b>	909	-11%	-46%	233	-26%	-31%	25.6%	<b>-16%</b>	<b>28%</b>	<b>46</b>	<b>-51</b>
	<b>Sarasota</b>	1,099	1%	-39%	235	-24%	-33%	21.4%	<b>-25%</b>	9%	<b>78</b>	-20
	<b>Total</b>	5,059	-8%	-42%	1,394	-20%	-28%	27.6%	<b>-13%</b>	<b>23%</b>	<b>212</b>	<b>-262</b>
<b>Area 9</b>	<b>Okeechobee</b>	177	-21%	-50%	73	-30%	-29%	41.2%	-11%	<b>41%</b>	9	<b>-21</b>
	<b>Martin</b>	275	-16%	-54%	79	-30%	-55%	28.7%	-16%	-1%	15	1
	<b>St. Lucie</b>	1,048	-15%	-51%	319	-23%	-38%	30.4%	-9%	<b>25%</b>	32	<b>-65</b>
	<b>Indian River</b>	427	-17%	-53%	129	-25%	-37%	30.2%	-9%	<b>34%</b>	13	<b>-33</b>
	<b>Palm Beach</b>	4,325	8%	-42%	1,194	-6%	-26%	27.6%	<b>-14%</b>	<b>28%</b>	<b>188</b>	<b>-261</b>
	<b>Total</b>	6,252	-1%	-45%	1,794	-14%	-31%	28.7%	<b>-13%</b>	<b>26%</b>	<b>270</b>	<b>-369</b>
<b>Area 10</b>	<b>Broward</b>	5,996	7%	-36%	1,419	-10%	-18%	23.7%	<b>-16%</b>	<b>27%</b>	<b>273</b>	<b>-302</b>
	<b>Total</b>	5,996	7%	-36%	1,419	-10%	-18%	23.7%	<b>-16%</b>	<b>27%</b>	<b>273</b>	<b>-302</b>
<b>Area 11</b>	<b>Monroe</b>	214	0%	-46%	67	-8%	-22%	31.3%	-9%	<b>44%</b>	6	<b>-20</b>
	<b>Miami Dade</b>	9,909	5%	-41%	2,432	2%	-29%	24.5%	-3%	<b>21%</b>	87	<b>-426</b>
	<b>Total</b>	10,123	5%	-42%	2,499	2%	-29%	24.7%	-4%	<b>22%</b>	94	<b>-446</b>




**Table 6. Trend and analysis of DY15 FPW New Enrollees\* participation† in each region, compared to DY11 and DY14**

Medicaid Area	County	Women Newly Enrolled in DY15	Percent Change from DY11	Percent Change from DY14	Women Newly Enrolled in DY15 and Participating in the FPW	Percent Change from DY11	Percent Change from DY14	Participation Ratio of DY15 Newly Enrolled Women	Percent Change from DY11	Percent Change from DY14	Additional DY15 Participants needed to match DY11 Newly Enrolled Participation	Additional DY15 Participants needed to match DY14 Newly Enrolled Participation
<b>Unknown*</b>	<b>Unknown†</b>	868	2%	-43%	56	-65%	-57%	6.5%	<b>-66%</b>	-25%	<b>106</b>	19
	Total	868	2%	-43%	56	-65%	-57%	6.5%	<b>-66%</b>	-25%	<b>106</b>	19
<b>Statewide</b>		71,666	-3%	-42%	19,852	-16%	-27%	27.7%	<b>-13%</b>	<b>24%</b>	<b>3,045</b>	<b>-3,893</b>

\* The unknown Medicaid Area groups records for which the County is unknown.

† An unknown County means that County of Residence information was not available in the recipient’s Medicaid Eligibility records from which FPW enrollment was derived.

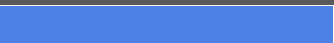
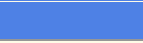
**Appendix 1. Aggregation of Responses from Survey Questionnaire Sent to County Health Department Officials who provide services through the Medicaid Family Planning Waiver.**

<b>1. What kind of public transportation was available to your facility?</b>				
#	Answer		Response	%
1	City Bus		6	60%
2	County Van		0	0%
3	Not Sure/Don't Know		0	0%
4	None		2	20%
5	Other (please describe)		2	20%
	Total		10	100%

Other (please describe)
private transportation
Tri-County Transportation

Statistic	Value
Min Value	1
Max Value	5
Mean	2.40
Variance	3.38
Standard Deviation	1.84
Total Responses	10





**2. Did you conduct outreach activities to alert women ages 14-55 in your county about the Medicaid Family Planning Waiver (FPW)?**

#	Answer		Response	%
1	Yes		7	70%
2	No		3	30%
	Total		10	100%

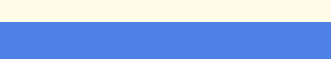

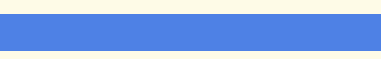

Statistic	Value
Min Value	1
Max Value	2
Mean	1.30
Variance	0.23
Standard Deviation	0.48
Total Responses	10

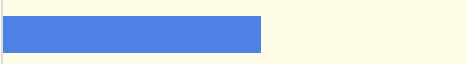



<b>3. What kind of outreach activities did you conduct?</b>	
<b>Text Response</b>	
<p>1. Health fairs 2. Hand out flyers with waiver information 3. Sent post cards via us mail with waiver information 4. Call clients to give them more information about waiver</p>	
<p>working with other offices on program guidelines and training on who would be qualified to receive these services</p>	
<p>Online Website, Staff members conduct community outreach, Healthy Start outreach and MomCare</p>	
<p>We participated in YMCA health fair, Local Family Health Day event at the fairgrounds, Breast feeding community event</p>	
<p>1. Healthy Start staff handed out pamphlets to their clients. 2. The Women's Health Foundation was given posters to put up in their office and brochures to hand out to their clients. 3. The DOH-Collier website has a link to the Family Planning Waiver form to print out. 4. Planned Parenthood of Collier County was given brochures to hand out. 5. At some health fairs the FPW brochures were available for the public.</p>	
<p><b>HEALTH FAIRS AND OTHER COMMUNITY OUTREACH EVENTS</b></p>	
<p>4/9/12 thru 4/13/12 Had staff members to present information regarding all WCHD programs including Family Planning Waiver at 5 sites: Paxton, DeFuniak Springs, Freeport, Mossy Head and Santa Rosa Beach. 6/27/12 Coordinated with AHF (Pensacola) to offer free HIV testing in Miramar Beach. Staff presented information regarding all programs at WCHD which included Family Planning Waiver. 5/11/12 Booth set up at Tivoli High School 5K run, promoted programs offered at WCHD including Family Planning Waiver.</p>	
<b>Statistic</b>	<b>Value</b>
Total Responses	7

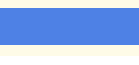
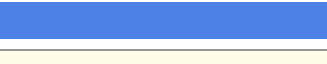
4. What kind of barriers did you encounter that prevented you from doing outreach?	
Text Response	
<p>I complete eligibility review sheets on our 5 Staff members who take applications in our clinics. We have women self-present at our clinics and some are referred from Department of Children and Families. We also have providers, nurses and Field staff as well who refer women.</p> <p>My job description is as a Senior Clerk does not include outreach services. I am stationed in the Admitting office.</p>	
Statistic	Value
Total Responses	2

5. How did you identify women that were eligible to be enrolled in the FPW? (Mark all that apply).				
#	Answer		Response	%
1	Received a list from AHCA		3	30%
2	Received a list from DOH		1	10%
3	Women self-presented at the health department		10	100%
4	Other (please describe)		5	50%
Other (please describe)				
HMS list of clients				
verified eligibility for prospective applicants				
Pulled reports via HMS based on women who lost MMP				
From the Women's Health Foundation and Healthy Start clients				
Seen for other services, client captured at that time				
Statistic				Value
Min Value				1
Max Value				4
Total Responses				10



<b>6. How did you train your staff about features and regulations governing the FPW? (Mark all that apply).</b>				
#	Answer		Response	%
1	In service workshops		7	70%
2	Online tutorials		6	60%
3	Circulate relevant		8	80%
4	Other (please describe)		3	30%
<b>Other (please describe)</b>				
My supervisor is in charge of training staff.				
Created cheat sheets to help educate staff.				
One on one training, in services at staff meetings				
Statistic		Value		
Min Value		1		
Max Value		4		
Total Responses		10		

7. What administrative barriers did you experience in implementing the FPW? (Mark all that apply).				
#	Answer		Response	%
1	Lack of funding for outreach activities		5	56%
2	Lack of funding for staff positions		6	67%
3	Lack of information about the program		2	22%
4	Other (please describe)		4	44%
Other (please describe)				
Not Applicable				
Lack of providers who accept the Family Planning Waiver				
Major preparation with the paperwork and little or no follow-up from client to get services at Health Department				
None				
Statistic			Value	
Min Value			1	
Max Value			4	
Total Responses			9	

8. Have you distributed customer satisfaction surveys to FPW Participants?				
#	Answer		Response	%
1	Yes		3	30%
2	No		7	70%
	Total		10	100%
Statistic			Value	
Min Value			1	
Max Value			2	
Mean			1.70	
Variance			0.23	
Standard Deviation			0.48	
Total Responses			10	

9. How have you collected and analyzed the surveys?	
Text Response	
yes	
ELECTRONICALLY	
distributed by hand and compiled by hand	
Statistic	Value
Total Responses	3

10. Why did you not distribute the surveys?	
Text Response	
<p>We did not distribute a survey specific for FPW Participants because we did not have the staff to do it. But we had one survey that covers all type of services within the program and FPW is one of the services.</p>	
<p>We do not at this time nor have we in the past had surveys for FPW.</p>	
<p>I am not in charge of overseeing FPW Program as it relates to advertising, surveys, outreach, etc. We do have clinic surveys in all our clinics.</p>	
<p>We conduct FP client satisfaction surveys for our Family Planning Clients through our clinic. FPW Participants may have been given the satisfaction survey, but we have not done one specifically for FPW patients.</p>	
<p>The Family Planning Waivers were previously handled by another department. As of March 10th we are now handling the Family Planning waiver process.</p>	
<p>Clients are asked to fill out surveys on a computer that encompasses all the services offered including FPW</p>	
<p>We did not have surveys specific to the FPW Program.</p>	
Statistic	Value
Total Responses	7

**Appendix 2. Responses to Two Healthy Start Prenatal Risk Screen Questions Analyzed to Estimate Pregnancy Intendedness**

Question 5: Is this a good time for you to be pregnant? Yes/No

Question 14: Thinking back to just before you got pregnant, did you want to be . . . ?

pregnant now    pregnant later    not pregnant