Family Planning Special Projects Program

Background

Established by the Minnesota Legislature in 1978, the Family Planning Special Projects (FPSP) program provides low-income, high-risk individuals pre-pregnancy family planning services. Grants are awarded to cities, counties, Tribal governments, or nonprofit organizations to provide family planning services in communities located throughout the state. Funding is targeted to:

- Individuals who otherwise would have difficulty accessing services because of barriers such as poverty, lack of insurance or transportation
- Women who are at high risk for poor pregnancy outcomes.

FPSP is governed by Minnesota Statute 145.925 and Minnesota Rule 4700.1900—4700.2500. Funding is distributed through a regional formula with a separate competitive award process within each of eight regions. The SFY 2017 appropriation is $6.353 million per year, $100,000 of that is awarded annually for a statewide family planning hotline. In addition to the toll-free phone line (1-800-783-2287), individuals throughout the state can now access information by web chat and text messaging at www.sexualhealthmn.org. In SFY 2016, the Hotline responded to over 3,300 inquiries.

For the 2015-2017 grant cycle, there are 27 grantees located throughout the state. Grantees include one county-and one university-operated clinic, ten local public health agencies, and 15 nonprofit organizations.

Services Provided by FPSP Grantees SFY2016

- Reached 89,000 individuals through outreach activities such as classes and health fairs.
- Counseled 39,758 individuals on reproductive life planning and contraceptive options.
- Provided 30,477 men and women with a range of family planning method services, with 19.2 percent of women choosing a Long Acting Reversible Contraceptive (LARC), which is an increase of 2.3 percent from SFY 2015 and 7.6 percent from SFY 2014.
- Screened 26,240 males and females for Chlamydia, which is a 35% increase over SFY 2015

Individuals Served – SFY2016

- 62 percent had incomes below 100 percent of the federal poverty guidelines and 88 percent were below 200 percent.
- 89 percent of individuals receiving method services were 18 or older with 71 percent between ages 18 and 29.
- 50 percent of individuals receiving family planning methods were served by agencies in Greater Minnesota
- Individuals served by Race and Ethnicity
  - Caucasian – 64 percent
  - African-American – 16 percent
  - Asian – 4 percent
  - American Indian – 1.4 percent
  - More than one race/Unknown – 14.6 percent
  - Of the above, 15 percent reported Hispanic Ethnicity
The Importance of Family Planning

Family planning is the voluntary planning and action taken by individuals to prevent, delay or achieve a pregnancy. Family planning services include counseling, preconception care including encouraging the use of a Reproductive Life Plan, screening and treatment for sexually transmitted infections such as Chlamydia and Syphilis, as well as all FDA approved methods of contraception. Access to affordable family planning services is an important factor in planning for healthy pregnancies. Family planning clinics often serve as a “gateway” into health care for many teens, young adults, low income, and uninsured or underinsured individuals. Family planning information and services help individuals maintain their overall health and plan for when or if they want to be a parent.

Unintended pregnancy is a critical public health problem that can have serious consequences for children, families and society. An unintended pregnancy can mean that there is less opportunity for the parents to prepare physically and financially; take advantage of pre-pregnancy risk identification and management; and initiate needed changes in diet, exercise, smoking, drinking, and other chemical or medication use that helps ensure a healthy pregnancy.

For some, unintended pregnancies can result in poor pregnancy outcomes due to late or inadequate prenatal care, fetal exposure to alcohol, tobacco, and other toxins, and maternal depression. Unintended pregnancies are also associated with economic hardship, child health and development problems, and child abuse and neglect.

Family Planning Saves Money

According to The Guttmacher Institute, the services provided at publicly funded family planning centers saved the federal and state governments an estimated $13.6 billion in 2010. For every $1.00 invested in helping women avoid unplanned pregnancies, the Medicaid program saved $7.09 in related health expenditures.¹

What is the need?

- 36 percent of all pregnancies in Minnesota in 2010 were unintended.²
- In 2015, the chlamydia rate increased by 7 percent overall and remained highest among women, African-Americans, and 20-24 year-olds.³
- The pregnancy rates for Black, American Indian, and Hispanic/Latina youth ages 15-19 in Minnesota are more than three times greater than that of White youth.⁴
- 20 percent of sexually active 11th graders in Minnesota report that they did not use an effective method to prevent pregnancy the last time they had sexual intercourse.⁵

¹ Guttmacher Institute, “Publicly Funded Family Planning Services in the United States”, September 2016
² Guttmacher Institute, Fact Sheet “Unintended Pregnancy in the United States”, March 2016
⁴ University of Minnesota Healthy Youth Development Prevention Research Center, “2016 Adolescent Sexual Health Report.” June 2016
⁵ Minnesota Student Survey, 2016
January 2017

To obtain this information in a different format, call: 651-201-3760