

Access At Risk

Reproductive Health and Family Planning in New Jersey



Planned Parenthood Action Fund of New Jersey

February 2017

Reproductive Health in New Jersey



Family planning is essential health care. The ability to plan, prevent, and space pregnancies is directly linked to benefits for women, men, children, families, and society, including better educational and economic opportunities, healthier babies, and a reduced taxpayer burden. The prevention of sexually transmitted infections (STIs) and the early detection of breast and cervical cancer saves lives. Planned Parenthood and other family planning providers work every day not only to prevent unintended pregnancy, but also to keep New Jersey healthy by providing these vital services. Here in New Jersey, nearly **100,000** individuals receive preventive health services from Planned Parenthood and other family planning providers across the state each year.

Family planning providers are irreplaceable. Studies show the outsized role Planned Parenthood plays in the provision of essential preventive health care services: Planned Parenthood health centers are more likely to offer a full range of contraception, and offer hours that accommodate women’s busy lives, compared to other safety net providers.¹ Family planning providers are critical to the health care safety net, delivering high-quality services to a majority of women who rely on public funds for care. It is clear that other safety net providers could not meet the overwhelming demand if Planned Parenthood health centers were to close.²

“For many women in America, Planned Parenthood is the only place where they are able to get needed quality care.”

- Mark S. DeFrancesco, MD, MBA, FACOG
Immediate Past President of the American Congress of Obstetricians and Gynecologists

In New Jersey, family planning services are needed. The number of cases of bacterial STIs has increased **35 percent** since 2009.³ Cases of breast and cervical cancer have increased **5.2 percent** since 2009, with a disproportionate effect on women of color.⁴ And women across New Jersey are still in need of publicly funded contraception in order to plan their families. It is estimated that 295,000 New Jersey women of reproductive age still remain uninsured⁵. We must work to ensure that no New Jersey women fall through the cracks and lack access to care.

Blocking access to family planning services has a disproportionate impact on communities of color. Due to the intersection of racism, classism, and other systemic barriers, people of color in the U.S. are disproportionately unable to access and benefit from quality health care, leading to poorer health outcomes. Inequity in health care access is linked to factors like income, and barriers like ability and time to go to a health care provider. This is compounded when politicians place additional barriers to essential and lifesaving health care.

This report provides a snapshot of the status of reproductive health and family planning services in New Jersey. With a rapidly changing and uncertain health care landscape, it is more important than ever to support these services in our state.



Quick Facts: New Jersey

Bacterial STI cases, 2015 ⁶	Increase in bacterial STI cases, 2009-2015 ³
39,983	35%
Number of breast and cervical cancer cases, 2013 ⁷	Increase in breast and cervical cancer cases, 2009-2013 ⁴
7,408	5.2%
Number of women in need of publicly supported contraception, 2013 ⁸	Increase in women needing publicly supported contraception, 2010-2013 ⁸
435,060	5%



Background: Family Planning and the State Budget

In 2010, Governor Chris Christie cut a \$7.45 million line item for family planning services from the New Jersey state budget. This funding went to lifesaving, preventive services such as breast and cervical cancer screenings, birth control, and testing and treatment for sexually transmitted infections and HIV. Planned Parenthood was just one of the safety net providers that had to close some health center doors when this funding was cut.

Every year since 2010, the New Jersey state legislature has voted to restore the funding for family planning services, but each year, Governor Christie has vetoed it. Seven years of vetoed funding adds up to more than \$50 million that has not been available to invest in keeping New Jersey families healthy. This funding accounted for **0.022 percent** of the total statewide budget⁹ - a drop in the bucket when it comes to protecting the health of New Jersey's women, men, and families.

A small investment in family planning goes a long way, making these cuts even more devastating. **Every dollar invested in publicly funded family planning services saves over \$7 in other public funding.**¹⁰ These cost savings occur when unintended pregnancies are prevented. In 2010, 53 percent of all pregnancies in New Jersey were unplanned, and that same year, public spending for unplanned pregnancies in New Jersey totaled an estimated \$477 million.¹¹ Cost savings also occur when intended pregnancies are planned so that closely spaced pregnancies are avoided; closely spaced births can lead to premature births and low birth weight. Additionally, family planning services help save costs when cases of breast and cervical cancer, HIV, and sexually transmitted infections are averted or caught early and easily treated before harmful complications like infertility and even death can occur.¹⁰

Supporting family planning services and access to reproductive health care helps women and families lead healthy lives and achieve economic stability. It is a smart long-term investment for taxpayers - and smart fiscal policy for the state and for the country.



"I was without insurance for many years. I began coming to Planned Parenthood because it was recommended by a friend. I received very good care that was affordable for me. Everyone was always helpful and received a lot of information without judgment. **Everyone deserves this kind of care."**

- Amiee, Belleville

Spotlight:

Sexually Transmitted Infections and HIV/AIDS

Family planning providers such as Planned Parenthood play a critical role in testing for sexually transmitted infections (STIs) and HIV/AIDS and providing treatment or linking patients to other resources for care. In fact, in 2015, family planning providers across New Jersey administered 106,727 tests for bacterial STIs including chlamydia, gonorrhea, and syphilis, and 27,255 HIV tests.¹²

Last year, this report uncovered a dramatic increase in the annual number of cases of bacterial STIs in New Jersey since 2009, the last year family planning funding was included in the state budget. With the inclusion of new 2015 data, the increase is even steeper: **the number of new cases of bacterial STIs each year has increased 35 percent between 2009 and 2015.**

Counties with health center closures due to funding cuts	Increase in bacterial STI cases since 2009 ⁴
Burlington	37.4%
Cumberland	63.3%
Hudson	35.0%
Morris	68.3%
State	35.0%

An increase has occurred in 20 out of New Jersey's 21 counties, with half of counties experiencing an increase of nearly 50 percent or higher.³ In four out of the five counties where family planning health centers closed as a result of the original family planning funding cuts in 2010, the increase is at or above the state average.

Although the STI rate has been increasing nationally, the rise in New Jersey predates the national trend. According to a CDC report released in November 2015, the national uptick in bacterial STIs began occurring between 2013 and 2014, whereas New Jersey's increase was seen as early as 2010, the year after funding for family planning services was eliminated.¹³

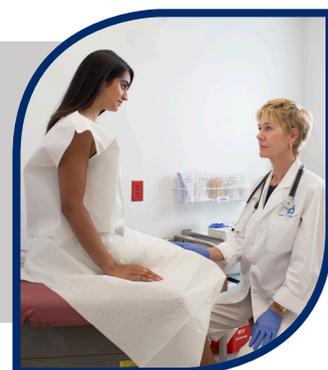
In addition, New Jersey continues to be affected by HIV. **Through the end of 2015, there were 37,435 individuals with HIV or AIDS living in New Jersey.**¹⁴ Of the two major modes of HIV exposure, the proportion of new HIV cases as a result of injection drug use is declining, while new cases as a result of sexual contact is increasing.¹⁵

According to the New Jersey Department of Health, our state has historically had one of the highest percentages of new HIV infections occurring in women. In 2013, New Jersey had the fifth highest rate of new female diagnoses in the U.S., at 27 percent of all new diagnoses.¹⁶ As of 2015, 33 percent of individuals living with HIV or AIDS in New Jersey are women; 44 percent of women living with HIV or AIDS in New Jersey are between the ages of 20 and 49.¹⁵ These demographics closely match the demographics of patients cared for by family planning providers across New Jersey; in 2015, 85 percent of Planned Parenthood patients were between the ages of 20 and 39.

HIV affects communities of color disproportionately in New Jersey. According to a state Department of Health report, over half of the people living with HIV or AIDS are Black, and four out of five women living with HIV or AIDS in New Jersey are women of color.¹⁵

"My boyfriend and I decided to get tested for STDs to make sure we were both safe and healthy. **Planned Parenthood was there for me to make the testing process quick and easy.** It was affordable for me as a college student, and I was glad to be able to take control of my health."

- Olivia, Ewing



Spotlight:

Breast and Cervical Cancer



Family planning providers like Planned Parenthood provide lifesaving screenings for breast and cervical cancer, including regular Pap tests, HPV screenings and vaccinations, and clinical breast exams. In 2015, New Jersey's family planning providers performed 19,001 Pap tests and 27,613 clinical breast exams.¹²

However, a recent national survey showed that many women aren't getting their recommended cancer screenings - especially Black and Hispanic women.¹⁷ The unfortunate reality is that women of color in the U.S. face more barriers to accessing health care than white women, and so are less likely to get preventive screenings, more likely to be diagnosed at later stages, and more likely to experience worse health outcomes when it comes to breast and cervical cancer because of these barriers.

Here in New Jersey, we see this pattern reflected in the increase in breast and cervical cancer cases between 2009 and 2013. Cancer cases increased **5.2 percent** among all women in New Jersey, **6.6 percent** among African American women - and an astounding **25.1 percent** amongst Latinas.⁴

Race/Ethnicity	Change in breast cancer cases, 2009 - 2013 ⁴	Change in cervical cancer cases, 2009 - 2013 ⁴	Change in breast and cervical cancer cases, 2009 - 2013 ⁴
All women	6.3%	-12.5%	5.2%
Black	8.1%	-10.1%	6.6%
Latina	25.8%	18.5%	25.1%

Women of color face significant differences in barriers to accessing breast and cervical cancer screenings. Inequity in access is linked to factors like income, ability and time to go to a provider - which prevent many women from getting the preventive care they need. When asked what prevented them from getting checked for cervical cancer,¹⁷

- 32% of Black women and 42% of Hispanic women strongly agreed that cost of care was a barrier, compared to 19% of white women.
- 27% of black women and 31% of Hispanic women strongly agreed that arranging for time to go to the doctor was a barrier, compared to 18% of white women.
- 22% of black women and 20% of Hispanic women strongly agreed that distance to the health care provider was a barrier, compared to 11% of white women.

Access to quality health care, resources, and information is a fundamental right for all people, necessary for all individuals to reach their fullest potential. **Access to care shouldn't depend on a person's income or zip code.**

"Last year I felt a lump in one of my breasts. **At only 25 years old, I felt terrified and unsure of what to do.** I quickly learned that Planned Parenthood provides breast exams. When I arrived for my appointment the doctor put me at ease. She was kind, thorough, and very helpful. Thankfully it was a false alarm, but I now schedule all my well-woman visits and birth control appointments with Planned Parenthood because I appreciate their genuine and understanding approach."

- Giannina, Little Ferry



Reproductive Health Across New Jersey

County	Estimated percent of uninsured females 18-64, 2016 ¹⁸	Cases of people living with HIV/AIDS, 2015 ¹⁴	Bacterial STI cases, 2015 ^{6*}	Increase in bacterial STI cases, 2009-2015 ⁸	Change in breast & cervical cancer cases, all NJ women, 2009-2013 ^{4**}	Change in breast & cervical cancer cases, Black women, 2009-2013 ^{4**}	Change in breast & cervical cancer cases, Latinas, 2009-2013 ^{4**}	Women aged 13-44 in need of publicly funded contraceptive services and supplies ⁹
Atlantic	6%	1,414	1,595	19.8%	2.1%	-25.6%***	-11.8%***	17,240
Bergen	3%	1,781	2,193	74.9%	8.0%	55.3%***	51.6%	31,080
Burlington	3%	862	1,831	37.4%	17.2%	9.7%***	57.1%***	16,560
Camden	4%	1,869	3,913	19.8%	3.2%	-21.8%	13.3%***	29,090
Cape May	5%	212	369	47.0%	-4.3%	****	****	4,820
Cumberland	7%	599	1,334	63.3%	5.3%	46.7%***	0.0%***	9,650
Essex	6%	9,716	7,746	15.4%	15.5%	25.9%	17.2%	53,380
Gloucester	3%	443	1,189	77.2%	5.1%	8.7%***	57.1%***	12,820
Hudson	7%	5,007	3,565	35.0%	-5.3%	1.6%***	-1.7%	45,410
Hunterdon	2%	159	207	38.9%	0.8%***	****	-16.7%***	3,580
Mercer	4%	1,506	1,996	13.6%	2.8%	-6.6%	29.4%***	21,210
Middlesex	4%	2,149	2,712	36.3%	-0.4%	21.8%***	31.7%	39,720
Monmouth	3%	1,913	1,751	49.1%	-0.5%	4.7%***	-7.4%***	25,090
Morris	2%	867	870	68.3%	7.4%	-50.0%***	180.0%***	14,620
Ocean	3%	779	1,118	59.9%	6.9%	77.8%***	13.0%***	24,810
Passaic	6%	2,505	3,328	73.6%	3.4%	-34.1%***	21.4%	34,690
Salem	4%	160	279	-6.1%	28.6%***	157.1%***	****	2,640
Somerset	2%	612	835	67.0%	1.7%	16.7%***	33.3%***	10,350
Sussex	2%	173	204	55.7%	10.7%***	****	0.0%***	5,260
Union	5%	2,866	2,525	20.6%	12.7%	0.0%	65.0%	28,560
Warren	3%	265	265	124.6%	-15.0%***	****	****	4,470
State Total	4%	37,435	37,657	35.0%	5.2%	6.6%	25.1%	435,060

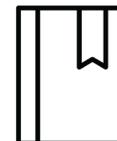
* Chlamydia, gonorrhea, and syphilis cases combined

** Breast and cervical cancer cases combined from New Jersey Cancer Registry

*** Change in breast cancer cases only, cervical cancer data suppressed due to low case count (<5 cases per county).

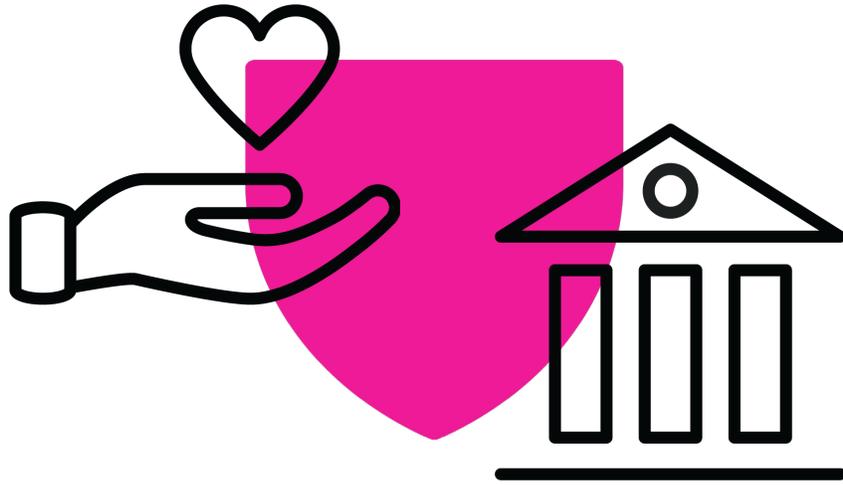
**** Breast and cervical cancer data suppressed due to low case count (<5 cases per county)

Sources



1. Hasstedt, Kinsey. January 12, 2017. "Understanding Planned Parenthood's Critical Role in the Nation's Family Planning Safety Net." <https://www.guttmacher.org/gpr/2017/01/understanding-planned-parenthoods-critical-role-nations-family-planning-safety-net/>
2. Rosenbaum, Sara. January 27, 2017. "Can Community Health Centers Fill The Health Care Void Left By Defunding Planned Parenthood?" <http://healthaffairs.org/blog/2017/01/27/can-community-health-centers-fill-the-health-care-void-left-by-defunding-planned-parenthood/>
3. PPAF NJ calculations from 2009-2015 NJ STD data available here: <http://www.nj.gov/health/hivstdtb/stds/stats.shtml>
4. PPAF NJ calculations from 2009-2013 NJ cancer data available here: <http://www.cancer-rates.info/nj>
5. Kaiser Family Foundation. 2016. Distribution of Eligibility for ACA Coverage Among Women Ages 15-49 Remaining Uninsured as of 2016. <http://kff.org/other/state-indicator/distribution-of-eligibility-for-aca-coverage-among-women-ages-15-49-remaining-uninsured/?currentTimeframe=0&selectedRows=%7B%22nested%22:%7B%22new-jersey%22:%7B%7D%7D%7D>
6. New Jersey Department of Health, Division of HIV, STD, and TB Services. 2016. 2015 Comprehensive STD by County. <http://www.nj.gov/health/hivstdtb/stds/stats.shtml>
7. New Jersey State Cancer Registry. 2016. Age-Adjusted Invasive Cancer Incidence Rates by County in New Jersey, 2009 - 2013. <http://www.cancer-rates.info/nj>
8. Guttmacher Institute. 2015. Contraceptive Needs and Services, 2013 Update. <http://www.guttmacher.org/pubs/win/contraceptive-needs-2013.pdf>
9. PPAF NJ calculations based on the 2015 NJ state budget available here: <http://www.nj.gov/treasury/omb/publications/15budget/pdf/Section%20B%20-%20Summaries.pdf>
10. Frost, Sonfield, Zolna, and Finer. 2014. Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program. http://www.guttmacher.org/pubs/journals/MQ-Frost_1468-0009.12080.pdf
11. The National Campaign to Prevent Teen and Unplanned Pregnancy. 2017. New Jersey Data. <https://thenationalcampaign.org/data/state/new-jersey>
12. Office of Population Affairs. 2016. Family Planning Annual Report: 2015 Summary. <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2015.pdf>
13. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2015. "Reported Cases of STDs on the Rise in the U.S." <https://www.cdc.gov/nchhstp/newsroom/2015/std-surveillance-report-press-release.html>
14. New Jersey Department of Health, Division of HIV, STD, and TB Services. 2016. County and Municipal HIV/AIDS Statistics, 2015. <http://www.state.nj.us/health/hivstdtb/hiv-aids/statmap.shtml>
15. New Jersey Department of Health, Division of HIV, STD, and TB Services, Public Health Services Branch. December 31, 2015. New Jersey HIV/AIDS Report. https://www.state.nj.us/health/hivstdtb/documents/newsletter/hiv_aids_report_123115.pdf
16. New Jersey Department of Health, Division of HIV, STD, and TB Services. 2016. New Jersey HIV/AIDS Epidemiologic Overview, 2015. <http://hiv.rutgers.edu/wp-content/uploads/2016/05/HIVAIDS-Overview-for-2015-MAY-10-2016-3.pdf>
17. Planned Parenthood. 2016. Results Summary: National Survey of Women's Knowledge of Recommended Screenings for Breast and Cervical Cancer. https://www.plannedparenthood.org/files/1314/7076/0158/cancer_survey_results_onepager_FINAL.pdf
18. Enroll America. 2016. New Jersey County Data. https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2016/11/18133115/NJ_CountyData_2016.pdf

Researched, written, and edited by Mary Baum and Casey Olesko.



**For more information on Planned Parenthood
Action Fund of New Jersey,
please visit www.ppactionnj.org.**



Planned Parenthood Action Fund of New Jersey