

PPDE BASELINE EVALUATION
FOR
THE STATE OF DELAWARE PRECONCEPTION CARE GRANT
Final Report

by

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I. EXECUTIVE SUMMARY

This report documents a preliminary evaluation of Planned Parenthood of Delaware (PPDE) preconception services. Preconception care is aimed at addressing a range of biomedical, behavioral and social risks to women's health and to the health of her future baby. Due to Delaware's infant mortality rates and poor ranking relative to the rest of the country (6th), the State of Delaware has focused on the issue of preconception care in order to decrease infant mortality rates.

The preconception services provided by PPDE are funded through a State of Delaware Public Health grant with the objective of enhancing efforts in the provision of preconception services, particularly to a targeted population of women at high risk of problem pregnancies and/or poor birth outcomes. PPDE's targeted population consists of African American women in Delaware and women in high risk Delaware zip codes which were identified by the Division of Public Health.

The evaluation is based on data on PPDE services from January 2006 through November 2007. The period of January 2006 – January 2007 serves as a baseline of client services, and the period of February 2007 – November 2007 provides a picture of the implementation of PPDE's enhanced services. HSPRG attempted to address four major evaluation questions but due to the staggered start-up of different aspects of the PPDE program, this report will provide a *preliminary baseline analysis* of two evaluation questions.

Evaluation Question #1: Is there a change in knowledge, attitudes or behavior for clients exposed to the outreach and education efforts?

The basis for this analysis is the Psychosocial History Form (PSF) which was implemented by PPDE as a screening tool for a range of preconception-related risk factors and is now given to all PPDE Family Planning and Surgical clients at each visit.¹ The PSF screens patients for eighteen specific risk factors that, for this analysis, are grouped into three categories: Behavioral Risk, Risk Condition, and Barriers to Access. Behavioral Risks include general health risks such as cigarette use and weight. Risk Conditions are those conditions that impact quality of life such as depression or home safety. Barriers to Access include transportation or health insurance needs.

¹ PPDE is working towards implementing educational workshop evaluation forms that will facilitate better measurement of change in knowledge, attitudes, and behavior by clients.

Due to the newness in the application of the PSF, there are a limited number of clients who have filled out more than one PSF.

Preliminary findings from the PSF analysis are:

- The average number of risk factors that clients manifest is similar for women residing in targeted (2.4) and non-targeted (2.2) zip code areas.
- A majority of clients in both targeted (82%) and non-targeted (79%) zip codes have at least one risk factor.
- The most predominant category of risk is “Behavioral Risk” for both groups; 71% for clients in the targeted areas and 68% of clients in non-targeted areas.
- Five risk factors of Behavioral Risk show greater prevalence, with 20% to 31% of clients indicating risks. These five factors include: (1) “not seen a dentist within two years”, (2) “smokes cigarettes”, (3) “no GYN exam within two years”, (4) “sexually active but does not use birth control” and (5) “does not take folic acid or vitamins w/folic acid.” The percentages were similar for clients in the targeted and non-targeted zip code areas.
- The prevalence of Behavioral Risks among clients with two visits was slightly lower at the second visit.
- For the Risk Condition category, there appears to be a considerable drop in the percentage of clients reporting risk factors at the second visit.
- For the Barriers to Access risk category, there is no difference for clients in both the targeted and non-targeted areas for reporting risk factors at first and second visit.

Evaluation Question #2: Is there an increase in targeted clients accessing Planned Parenthood of Delaware medical services due to social marketing or outreach efforts?

The basis for this analysis is data from the E-Medsys which is PPDE’s medical management system. Profiles of PPDE preconception clients were created to evaluate the changes in patient flows after implementation of the state grant. Preliminary findings for the demographic analysis are:

- The impact of outreach efforts cannot be addressed because of the limited scope of such activities at the time of data collection. PPDE started to hold more town meetings in April 2007 and did not start the door to door outreach and community event outreach in the targeted zip code areas until May 2007. An analysis of the impact of these outreach efforts can be made after a longer implementation time of the preconception program has occurred.
- The percentage of clients residing in the targeted areas rose slightly between the two periods, from 40% to 43%.

- The predominant purpose of visits for both targeted and non-targeted clients is for “initial” visit.
- The percentage of clients having initial visits declined in the second period for both targeted and non-targeted clients while the percentage of clients coming into PPDE for pregnancy tests increased for both groups.
- There is similarity in the age grouping of targeted and non-targeted clients in both the pre-program period and also in the program period.
- There were at least twice as many African American and Hispanic clients from targeted areas than there were from the non-targeted ones.
- There is virtually no difference in the distribution of poverty levels of clients in the pre-program period and the program period. Compared to clients in non-targeted areas, a slightly higher proportion of clients from the targeted areas are classified as individuals residing in households at 100% and below the poverty level.

Recommendations:

As stated previously, this analysis is preliminary and allows a baseline picture of the PPDE preconception services. In order to make a full analysis of the services, the following recommendations are made:

- In order to conduct a stringent statistical assessment of the program, additional data from a longer program implementation timeframe is needed.
- The components of case management and nutritional counseling for preconception clients have recently been implemented. The availability of client data for these programs will allow assessment of these two new components.
- PPDE has recently added the question “Where did you hear about PPDE?” to their PSF form. This addition will be extremely helpful in looking at the impact of the outreach services.

II. INTRODUCTION

This report documents a preliminary evaluation conducted by the Health Services Policy Research Group (HSPRG) under contract with the Planned Parenthood of Delaware (PPDE). The contract stipulates that the HSPRG will conduct an evaluation of preconception services that were provided by PPDE with financial support in the form of a grant from the State of Delaware (the state grant). The grant objective was to enhance PPDE efforts in the provision of preconception services, particularly to a targeted population of women at high risk for problem pregnancies and/or poor birth outcomes (e.g., pre-term births, low birth-weight babies, birth defects, and infant mortality).

The contract was signed in 2007 and specified that the analyses was to be completed two months after the PPDE delivered all relevant program data to HSPRG. This report complies with this requirement. The contract also specified that the time frame to be covered by the evaluation was to be February 2007 to May 2007. However, given the opportunity for accessing additional data, the HSPRG extended the data analysis to cover the time period of January 2006 through November 2007. In this way, the data collected during the period of January 2006 through January 2007 could serve as a baseline for client flows. The additional six months (June 2007-November 2007) following the implementation of the grant allowed the analysis of the implementation period to be expanded to February 2007 through November 2007 and also provide the foundation for future analysis as well. As discussed in more detail below, four major evaluation questions to be addressed were outlined in the contract; however, gaps in the availability of data at this time limited the scope of the evaluation and the ability of HSPRG to fully address all of the questions. Therefore, preliminary findings are reported, along with a status report on outstanding questions and recommendations for ongoing data collection and future evaluation strategies.

Background

Preconception care is broadly defined as the care of women of reproductive age before a first pregnancy or between pregnancies (also referred to as interconception care) that aims to identify and address health concerns that could pose a risk to mothers and infants. Simply stated, it aims to promote the health of women before conception and thereby improve pregnancy-related

outcomes. Preconception care generally involves a continuum of strategies, including screening and identification of risks, education and health promotion, and interventions to modify or manage risks. Importantly, preconception care is aimed at addressing a range of *biomedical*, *behavioral* and *social* risks to women's health and to the health of her future baby (Johnson et al., 2006).

Ideally, preconception care would be a fundamental part of primary care for all women of reproductive age. Some experts have even recommended that certain health risks be addressed during every encounter with the health care system, particularly because of the large numbers of unintended pregnancies. However, only about one-quarter of primary care physicians currently provide routine preconception care, most insurers do not pay for it, and the public is largely unaware of the benefits of preconception health and health care (DHHS, 2006). For this reason, and due to the lack of consensus on specific clinical guidelines related to preconception care, the Centers for Disease Control and Prevention (CDC) and a number of advocacy groups and experts convened in June 2005 to share expertise and develop recommendations to improve preconception health in the U.S. In April 2006, the CDC published its recommendations which include the following key areas (Johnson et al., 2006):

- *Individual responsibility across the lifespan*: Each woman, man and couple should be encouraged to have a reproductive life plan.
- *Consumer Awareness*: Increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts.
- *Preventive Visits*: As a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes.
- *Interventions for Identified Risks*: Increase the proportion of women who receive interventions as follow-up to preconception risk screening, focusing on high priority interventions (i.e., those with evidence of effectiveness and greatest potential impact).

- *Interconception Care*: Use the interconception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome (i.e., infant death, fetal loss, birth defects, low birth weight, or preterm birth).
- *Prepregnancy Checkup*: Offer, as a component of maternity care, one pre-pregnancy visit for couples and individual women planning pregnancy.
- *Health Insurance Coverage for Women with Low Incomes*: Increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and preconception and interconception care.
- *Public Health Programs and Strategies*: Integrate components of preconception health into existing local public health and related programs, including emphasis on interconception interventions for women with previous adverse outcomes.
- *Research*: Increase the evidence base and promote the use of the evidence to improve preconception health.
- *Monitoring Improvements*: Maximize public health surveillance and related research mechanisms to monitor preconception health.

In addition, the CDC and its expert panel identified fourteen preconception interventions that show clear, evidence-based effectiveness in improving pregnancy outcomes, and are, therefore, recommended for inclusion in clinical practice guidelines. Table II.1 below outlines the 14 recommended interventions for health conditions that are amenable to preconception care.

Table II.1

Recommended Interventions for Preconception Care	
Intervention	Evidence-based Health Effect
Folic acid supplementation	Reduces occurrence of neural tube defects by two thirds.
Rubella vaccination	Provides protection against congenital rubella syndrome.
Diabetes management	Substantially reduces the threefold increase in prevalence of birth defects among infants of diabetic women.
Hypothyroidism management	Adjusting Levothyroxine dosage early in pregnancy protects proper neurological development.
Hepatitis B vaccination for at-risk women of reproductive age	Prevents transmission of infection to infants in utero and eliminates the risks to the woman of hepatic failure, liver carcinoma, cirrhosis and death due to HBV infection.
HIV/AIDS screening and treatment	Allows for timely treatment and provides women (or couples) with additional information that can influence the timing of pregnancy and treatment.
STD screening and treatment	Reduces the risk of ectopic pregnancy, infertility, and chronic pelvic pain associated with Chlamydia trachomatis and Neisseria gonorrhoea, and also reduces the possible risk to a fetus of fetal death or physical and developmental disabilities, including mental retardation and blindness.
Maternal PKU management	Prevents babies from being born with PKU-related mental retardation.
Oral anticoagulant use management	Switching women off teratogenic anticoagulants (i.e., Warfarin) before pregnancy avoids harmful exposure.
Antiepileptic drug (AED) use management	Changing to a less teratogenic treatment regimen reduces harmful exposure.
Accutane use management	Preventing pregnancy for women who use Accutane, or ceasing Accutane use before conception, eliminates harmful exposure.
Smoking cessation counseling	Completing smoking cessation before pregnancy can prevent smoking-pregnancy associated preterm birth, low birth weight and other adverse perinatal outcomes.
Eliminating alcohol use	Controlling alcohol binge drinking and/or frequent drinking before pregnancy prevents fetal alcohol syndrome and other alcohol-related birth defects.
Obesity control	Reaching a healthy weight before pregnancy reduces the risks of neural tube defects, preterm delivery, diabetes, cesarean section, and hypertensive and thromboembolic disease that are associated with obesity.

The CDC and its various partners have continued to meet and work on implementation of the recommendations outlined above, and many state level initiatives are under way aimed at improving preconception health and birth outcomes. Delaware’s Preconception Care Program is one such initiative.

Delaware’s Preconception Care Program - Concerns about Delaware’s infant mortality rate, and specifically about the state’s poor ranking relative to the rest of the country (6th worst in 2002), prompted the appointment of the Infant Mortality Task Force by Governor Ruth Ann Minner in

2004. The Task Force subsequently produced a series of recommendations aimed at reducing infant mortality and the racial disparity in infant mortality rates within Delaware. Delaware's Preconception Care Program (<http://www.dhss.delaware.gov/dph/chca/impregnationcare.html>) is one of the programs developed by the State to implement the recommendations of the Infant Mortality Task Force. Many features of Delaware's program are consistent with the recommendations produced by the CDC, as well as the growing literature base on preconception health and health care.

Delaware's Preconception Care Program targets women who:

- have previously had a poor birth outcome, such as preterm birth (<37 weeks gestation), low birth weight baby (<2500 grams), an infant death (mortality <12 months of age), or fetal death/stillbirth (weight at least 350 grams or if weight unknown, at least 20 weeks gestation at demise);
- live in certain zip codes noted as high-risk areas,
- are African American/Black women,
- are Medicaid eligible, medically underinsured, or uninsured,
- have chronic diseases including hypertension and diabetes, and/or
- have psychosocial risk factors such as substance abuse, domestic violence, high stress levels, and poor social support systems.

Priority services provided under the program include:

- Access to preconception care for women which includes but is not limited to:
 - o reproductive health services,
 - o psycho-social needs,
 - o nutrition counseling,
 - o contraceptive education and counseling,
 - o pregnancy diagnosis and counseling,
 - o access to a broad range of contraceptive methods,
 - o testing and treatment for Sexually Transmitted Diseases (STD) including Gonorrhea, Chlamydia, and Syphilis,

- testing and treatment referral for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome (HIV/AIDS),
- Level 1 infertility counseling,
- Genetics information, education and referral.
- Screening for alcohol, drug, and tobacco use and referral to smoking cessation and drug treatment programs.
- Trained community support services personnel to provide street level outreach, reinforce patient education and assist patients with social service needs.
- Social work services to address family psychosocial needs.
- Nutrition services including basic nutrition counseling, breastfeeding promotion and support, folic acid education and specialized counseling for patients with chronic diseases or pregnancy induced complications which may result in poor birth outcomes.
- Oral health education and referral.

PPDE is among the health and social service providers within the State of Delaware that are under contract with the State to provide preconception services described above and to help implement the recommendations of the Infant Mortality Task Force. It is this contract, and the preconception services funded through the contract, that are currently being evaluated by the HSPRG.

PPDE had been providing many preconception-related services prior to the award of the state grant, consistent with some of the CDC recommendations. With support from the state grant, PPDE was to augment their current preconception care through additional outreach to target groups and enhance existing or offer new services such as case management and nutrition counseling. More specifically, PPDE proposed to implement a holistic health promotion approach to educate, treat, and/or refer high-risk African American women for all health services to maximize their preconception health care. PPDE's scope of services for the grant included targeting all of the high-risk zip codes identified by the Division of Public Health. These targeted zip codes are listed in Table II.2.

Table II.2

Targeted Zip Codes for PPDE Preconception Services	
County	Zip Code
New Castle County	19720, 1980 (high priority), 19701,19702,19703, 19711, 19713, 19801, 19802, 19808
Kent County	19901 (high priority) 19904
Sussex County	19956, 19966, 19973

PPDE additionally proposed to target services for women with prior poor birth outcomes; women who are Medicaid eligible, medically underinsured or uninsured; women with chronic diseases including hypertension and diabetes; and women with psychosocial risk factors such as substance abuse, domestic violence, high stress levels, and poor social support systems. Many of these preconception risks were to be identified through the use of a Psychosocial History form that clients were instructed to complete at the same time they completed PPDE's existing Demographic and Medical History forms at their first and all subsequent visits. In addition to risk screening and assessment, the service components of the PPDE preconception project included family planning services, street level outreach, health education, clinical and social service referrals, nutrition counseling and case management.

Purpose

The HSPRG is under contract to evaluate PPDE preconception services provided with support from their state grant. The following evaluation questions, which were specifically outlined in the contract, were developed as a collaborative effort between HSPRG and PPDE:

1. Is there a change in knowledge, attitudes or behavior for clients exposed to the outreach and education efforts?
2. Is there an increase in targeted clients accessing Planned Parenthood of Delaware medical services due to social marketing or outreach efforts?
3. Have case managed clients experienced a reduction in risk factors?
4. Have nutritional counseling clients formed healthier eating habits and lifestyle choices?

Please see Appendix A, for a more detailed outline of these questions, how HSPRG proposed to address them, and corresponding data sources and methods.

According to a public health program evaluation framework published and endorsed by the CDC, there are four main purposes for conducting a program evaluation in public health, and the purpose of the evaluation subsequently determines what kinds of methods are used (Milstein et al, 1999). Further, characteristics of the program, particularly its stage of development and other contextual characteristics will influence the purpose and scope of an evaluation. The CDC evaluation framework outlines the following specific purposes:

1. *To gain insight*: The focus is to obtain (a) knowledge about the feasibility or practicality of a new approach for application to larger scale programs, and/or (b) information from prior evaluations to derive the necessary views for bringing about expected changes through a developing program.
2. *To change practice*: This purpose is generate information about type and scope of program processes during the implementation stage of an established program in order to improve how the program operates, and to enhance overall program strategy. Such evaluations are conducted to raise the quality, effectiveness, or efficiency of program activities.
3. *To assess effects*: Evaluations are undertaken to assess the relationship between program activities and observed consequences. These types of evaluations pertain to mature programs. One objective is to ascertain the extent to which the interventions were delivered to target population(s). A second objective is to confirm whether program activities produce (a) their intended consequences, and/or (b) have unintended consequences. A third objective is to establish whether program outcomes are also the result of (a) social forces outside of the program and (b) the contribution of other programs.
4. *To affect those who participate in the inquiry*: This purpose can be applicable to any phase of program development. The self-reflection of stakeholders as participants in an evaluation can be an impetus for self-induced change. An evaluation can be undertaken to foster multiple objectives designed to favorably influence stakeholders. These objectives could encompass: (a) informational support of the program, (b) empowerment of program participants; (c) promotion of staff development; (d) contributions to organizational growth; and/or (e) facilitation of social transformation (Milstein et al, 1999).

Elements of the first three purposes of (CDC recommended) program evaluation can be found among the four main PPDE evaluation questions outlined above. However, addressing all four of the PPDE evaluation questions as were originally articulated in the contract has encountered logistical obstacles given the program's early stage of development. Start up activities, particularly in the area of case management and nutrition counseling took longer than anticipated and data were not readily generated to adequately assess these services. For these reasons,

questions three and four are not included in this report. However, these services have now been firmly established at PPDE, and data collection is currently underway that will facilitate our ability to address the remaining questions for a subsequent time period.

III. EVALUATION COMPONENTS

Analysis of PSF data – With initial support from the HSPRG, PPDE developed and subsequently implemented use of a Psychosocial History Form (PSF). The PSF is used as a screening tool for a range of preconception-related risk factors. Beginning February 2007, all new patients were instructed on their first visit to complete the form at the time of their registration (when they also were to complete PPDE’s existing Demographic and Medical History forms). Subsequent PSFs were also to be completed at all subsequent visits. The PSF screened patients for eighteen specific risk factors that were broken into four categories: Basic Needs, General Health, Sexual/Reproductive Health and Quality of Life (see Figure III.1 for a copy of the PSF). For the purposes of the evaluation, these risk factors were classified into three groups: behavioral risks, risk conditions, and barriers to access. A database of patient responses to the PSF was used to create a baseline profile of PPDE preconception clients and their risk factors, and to undertake—as indicated by evaluation question number one—a preliminary evaluation of a small subset of clients who have completed the PSF on two occasions.

Analysis of Patient Demographics and Patient Flows – Data from the E-Medsys (i.e., PPDE medical management system) was used create a profile of PPDE preconception clients and to evaluate the changes in patient flows after implementation of the state grant. More specifically, the data allows for an increased understanding of the demographic characteristics of PPDE patients, such as their socioeconomic status, insurance status, age and race. Further, the demographic data allows for tracking patient zip codes, which is important indicator for assessing how well preconception services are reaching the target population as identified by the Division of Public Health. Finally, the E-Medsys data are used to document changes in the number of patients served over time, and the types of services provided, including a comparison of before and after implementation of the state grant.

Figure III.1



Patient Name: _____ DOB: _____ Patient Number: _____

Please Check all That Apply:		FOR STAFF USE	
ONLY:			
X	BASIC NEEDS	LIT Offered	REFERRALS (staff write in)
<input type="checkbox"/>	I do not have access to transportation. I have difficulty getting where I need to go.		
<input type="checkbox"/>	I do not have health insurance or I have limited health insurance		
<input type="checkbox"/>	I need to find services to help pay for basic needs, like food, rent or childcare		
	GENERAL HEALTH		
<input type="checkbox"/>	I am not able to eat regular healthy balanced meals		
<input type="checkbox"/>	I have not been to a dentist in the past 2 years		
<input type="checkbox"/>	I smoke cigarettes		
<input type="checkbox"/>	My alcohol or drug use sometimes causes problems in my life		
<input type="checkbox"/>	My doctor/ nurse has told me that my weight is a health concern / My weight is a concern		
<input type="checkbox"/>	My doctor/ nurse has told me that I have a chronic illness (e.g. diabetes, asthma, high blood pressure, HIV, etc.) I have: _____		
	SEXUAL / REPRODUCTIVE HEALTH		
<input type="checkbox"/>	I have not had a gynecological exam (PAP test) or breast exam in 2 or more years		
<input type="checkbox"/>	I am sexually active and do not use condoms or birth control		
<input type="checkbox"/>	I do not currently take folic acid / I do not take vitamins with folic acid		
<input type="checkbox"/>	I am planning to get pregnant in the next 6 months		
<input type="checkbox"/>	I do not feel safe in my home or I do not feel safe with my partner		
<input type="checkbox"/>	I have been sexually abused / assaulted and would like information about services		
	QUALITY OF LIFE		
<input type="checkbox"/>	A doctor/nurse has told me I have depression or anxiety		
<input type="checkbox"/>	I have felt much more sad or stressed than usual in the past few months		
<input type="checkbox"/>	I do not have close friends or family who I can talk to		
<input type="checkbox"/>	None of the above statements apply to me		
If you have checked any of the above, we would like to provide you with information and support, is it okay to contact you? If yes, how? <input type="checkbox"/> Phone: _____ Best Times to Call: _____ <input type="checkbox"/> Email: _____			
May we leave a message at the above number? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No Special Instructions: _____			
BELOW - STAFF ONLY			
INTERCONCEPTION DATA			
MEDICAL CENTER: <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> R			
# Live Births _____ Birthdates: _____			
<input type="checkbox"/> Declined <input type="checkbox"/> + Pregnancy Test			

IV. PRELIMINARY FINDINGS

A. Evaluation Question One

This section presents preliminary findings with respect to evaluation question one: **Is there a change in knowledge, attitudes or behavior for (PPDE preconception) clients exposed to the outreach and education efforts?** Addressing this question entails the presentation of data for a number of dimensions drawn from clients' responses to the PsychoSocial Form (PSF), which included immediately below. This section of the report contributes to the establishment of a baseline description of PPDE preconception clients. Data limitations restrict our ability to describe changes resulting from outreach and education efforts; rather, this section includes a presentation of the risk profile of preconception clients, as of February 2007.

Risk factors are categorized into three main groups from the PsychoSocial Form (with the risks numbered consecutively, 1 through 18, on the form). The risk categories and the risk factors that correspond to the numbered questions of the PSF are as follows:

- Behavioral Risk (BR): nine risk factors measured by questions 4, 5, 6, 7, 8, 10, 11, 12 and 13 of the PSF;
- Risk Condition (RC): six risk factors measured by questions 9, 14, 15, 16, 17, and 18 of the PSF;
- Barriers to Access (BA): three risk factors measured by questions 1, 2, and 3 of the PSF.

Some dimensions of the baseline risk profile are presented in counts and percentages of clients by targeted and non-targeted zip code areas. Many of the detailed and disaggregated dimensions of the risk profiles are confined to the appendix. As stated above, due to data collection limitations, measurement of (a) changes in risk factors before and after the PPDE outreach and

education efforts, and (b) risk behavior and referrals linkages, have been postponed for later analyses. All data are descriptive in nature and differences noted in the tables and in the text are not necessarily statistically significant (i.e., no statistical analysis was formed in this preliminary evaluation).

Table IV. 1

Total Forms Completed			
	Completed Form	Refused Form	Total
Count	5,193	228	5,421
Percent	95.8%	4.2%	100.0%
<i>Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008</i>			

- The PSF received a very favorable acceptance by PPDE clients.
- Of the 5,421 PPDE clients to whom the PSF was offered during the baseline period, 95.8% of them completed the form and only 4.2% of them refused to fill out the PSF.

Table IV.2

Zip Code Distribution of PSF Respondents		
Zip code	Frequency	Percent
19701	172	3.2%
19702	266	4.9%
19703	126	2.3%
19711	326	6.0%
19713	203	3.7%
19720	272	5.0%
19801	138	2.6%
19802	157	2.9%
19805	242	4.5%
19808	112	2.1%
19901	125	2.3%
19904	119	2.2%
19956	15	0.3%
19966	54	1.0%
19973	12	0.2%
Non-Targeted	3,082	56.9%
TOTAL	5,421	100.0%
<i>Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008</i>		

- Of the 5,421 new clients, a majority (56.9%) resided in non-targeted zip codes areas, and 43.1% of the clients resided in the targeted zip code areas.
- Clients drawn from each of the targeted zip code areas represent small proportions of total new clients.
- Clients residing in the targeted zip code areas of 19711, 19702, 19720, and 19805 have the largest representation of the targeted client base.

Table IV. 3

PSF Forms Indicating NO risk factors present By Targeted Zip Codes		
Zip Codes	Count	Percent*
Total Targeted	390	18%
Non-Targeted	619	21%
TOTAL	1,009	19%
*Percent is the number of respondents indicating no risk factors present divided by the number of total respondents in that zip code. Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008		

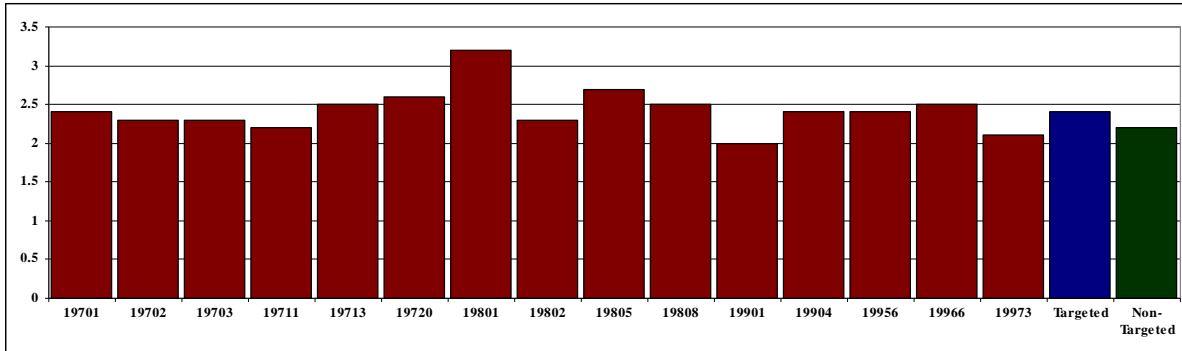
- With respect to the targeted zip code areas, 18% of clients did not report any risk factors. Conversely, 82% of clients in the targeted areas had at least one risk factor.
- The reporting of no risk factors among clients residing in non targeted zip code areas is similar to clients of the targeted zip code areas: 21% of clients had no risk factors present, and conversely, 79% of all clients from non-targeted areas did manifest one or more risk factors.

Table IV. 4

Average Number of Risk Factors By Targeted and Non-Targeted Zip Code Areas		
Average Number of Risk Factors	Non-Targeted Zip Codes	Targeted Zip Codes
	2.2	2.4
Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008		

- The average value of the number of risk factors that clients manifest is limited for both targeted and non-targeted zip codes.
- Client residing in the targeted zip code areas have a slightly higher number of risk factors.

Figure IV.1 Average Risk Factors By Zip Code



- The graph (Figure IV.1) merely indicates that average number of risk factors is limited for clients in the targeted zip code areas.
- Of the targeted zip code areas, clients residing in the area of 19801 have reported a higher average number of risk factors.

Table IV. 5

Number of Risk Factors By Non-Target and Target Zip Code Areas									
Total Number of Risk Factors Identified	Non-Targeted Zip Codes			Targeted Zip Codes			Total		
	#	%	Cum. %	#	%	Cum. %	#	%	Cum. %
0	619	21%	21%	390	18%	18%	1,009	19%	19%
1	668	23%	44%	440	20%	38%	1,108	21%	40%
2	631	21%	65%	490	22%	60%	1,121	22%	62%
3	418	14%	79%	331	15%	75%	749	14%	78%
4	283	10%	89%	239	11%	86%	522	10%	88%
5	169	6%	95%	153	7%	93%	322	6%	94%
6	81	3%	98%	89	4%	97%	170	3%	97%
7 or more	96	2%	100%	96	2%	100%	192	2%	3%
Total	2,965	100%	100%	2,228	100%	100%	5,193	100%	100%

Percentages may not total precisely to their reported numerical values due to rounding.

Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008

- The table shows the number of clients in the targeted and non-targeted zip codes areas according to the number of risk factors that they reported.

- Overall, the prevalence of risk factors by the two groups is generally similar, with a slightly larger proportion of clients in the targeted areas manifesting more risk factors.
- 60% of the “targeted” clients reported 2 or fewer (including no) risk factors, while 65% of “non-targeted” clients signified 2 or fewer (including no) risk factors.
- Conversely, 40% of the “targeted” clients claimed 3 or more risk factors, while 35% of “non-targeted” clients reported 3 or more risk factors.
- Approximately 20% of clients in both zip code areas affirmed having 4 or more risk factors.

Table IV. 6

Total Number of Self-Reported Risk Factors by Age Group									
Age Groups	0	1	2	3	4	5	6	7+	Total
0-14	25%	6%	22%	21%	11%	5%	6%	3%	100%
15-17	18%	21%	27%	14%	11%	4%	4%	2%	100%
18-19	20%	23%	22%	15%	9%	5%	3%	3%	100%
20-24	18%	24%	21%	15%	10%	7%	2%	4%	100%
25-29	20%	19%	23%	15%	11%	6%	3%	3%	100%
30-34	19%	22%	18%	15%	10%	8%	3%	6%	100%
35-39	23%	13%	19%	15%	14%	4%	5%	7%	100%
40-44	23%	13%	17%	19%	11%	6%	5%	7%	100%
45-54	17%	20%	19%	12%	7%	8%	8%	9%	100%
55-	35%	18%	6%	12%	12%	12%	0%	6%	100%

Missing = 1,338
Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008

- With the exception of the 0-14 age group and clients 55 years and older, the clients of the different age groups manifest a similar pattern in the reporting of the number risk factors.
- As indicated above, across all age groups other than the 0-14 age group and clients 55 years and older, approximately 60% of clients reported 2 or fewer (including no) risk factors.
- For 0-14 and 55 and older age groups, a large proportion of women did not report any risk factors.
- Clients 55 years and older are unlikely to be seeking or require preconception-related services, and their numbers are presented for information purposes.

Table IV. 7

Average Risk Factors by Poverty Level						
Average number of risk factors reported	100% AND BELOW	101% THRU 150%	151% THRU 200%	201% THRU 250%	251% THRU 500%	500% AND GREATER
	2.41	2.38	2.21	2.14	1.80	2.18
	n=1,857	n=685	n=432	n=183	n=342	n=347

missing=1,347 valid n=3,846
Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008

- The average number of risk factors reported is slightly lower for the clients in households which have higher scores above the poverty level.
- The exception to this association is that of clients residing in households with incomes 500% and above the poverty level.

Table IV. 8

Average Number of Risk Factors by Access to Insurance		
Average Number of Risk Factors	No or limited health insurance (n=1,848)	Lack of insurance not identified as risk factor (n=3,345)
	3.3	1.7

Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008

- The table classifies the average number of risk factors according to whether clients had “no or limited health insurance,” itself a risk factor measured by the PSF.
- Clients with “no or limited health insurance” reported more risk factors on average, almost twice as many, than clients who did not signify a lack of insurance.

Table IV.9

Average Number of Risk Factors by Race/Ethnicity					
Risk Categories	Black	Black, Non-Hispanic	Hispanic	White	White, Non-Hispanic
Behavioral Risk	1.3	1.6	1.2	1.4	1.5
Risk Condition	0.4	0.5	0.4	0.4	0.5
Barriers to Access	0.5	0.5	0.6	0.5	0.5

Source: PPDE PsychoSocial Form, Health Policy Research Group, University of Delaware, 2008

- There is very little difference between racial/ethnic groups in their reporting of the separate risk categories.
- Table B.12 in the Appendix presents the disaggregated form of this table.

Table IV. 10

One or More Risk Factors by Risk Category and Zip Code Category						
Risk Categories	Targeted Zip Code Areas		Non-Targeted Zip Code Areas		Total	
	n=2,228		n=2,965		n=5,193	
	#	%	#	%	#	%
Behavioral Risk	1,588	71%	2,006	68%	3,594	69%
Risk Condition	692	31%	776	26%	1,468	28%
Barriers to Access	931	42%	1,227	41%	2,158	42%
Percent is the number of respondents in that zip code category responding yes to 1 or more risk factors in that risk category divided by the total number of respondents in that zip code category; totals do not add to 100% because respondents check all that apply.						
<i>Source: PPDE PsychoSocial Form, Health Policy Research Group, University of Delaware, 2008</i>						

- The responses of clients in the targeted and non-targeted groups are similar in their reporting of the separate risk categories.
- The most predominant category of risk is the “Behavioral Risk” for both groups of individuals.
 - 69% of all clients reported at least one behavioral risk factor.
- The second highest risk category reported is “Barriers to Access” in which there is virtually identical prevalence for the two groups.
 - 42% of all clients reported one or more risk factors.
- Compared to the non-targeted clients, a slightly larger proportion of the “targeted” clients reported one or more risk factors under the “Risk Condition” category.
 - 31 % of clients residing in the “targeted” areas and 26% of clients residing in “non-targeted” areas reported one or more risk factors encompassed by Risk Condition.

Figure IV.2 One or More Risk Factors by Risk Category and Zip Code Category

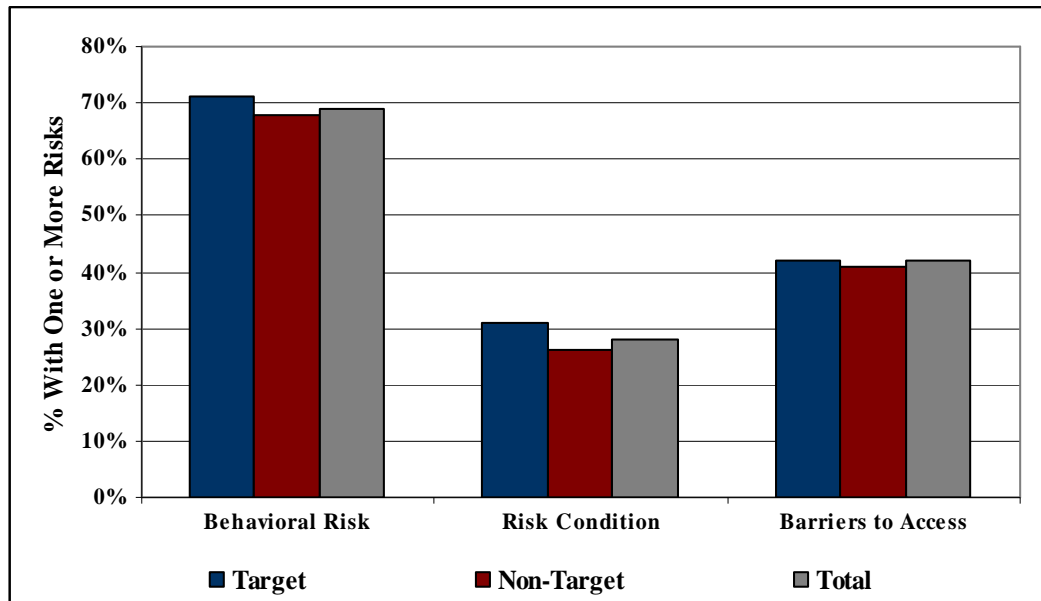


Table IV. 11

Average Number of Risk Factors by Risk Category and Zip Code Category			
Risk Categories	Targeted n=2,228	Non-Targeted n=2,965	Total n=5,193
Behavioral Risk	1.5	1.3	1.4
Risk Condition	0.5	0.4	0.4
Barriers to Access	0.5	0.5	0.5

Source: PPDE PsychoSocial Form, Health Policy Research Group, University of Delaware, 2008

- The average number of risk factors reported by clients for each risk category is limited.
- The pattern of risk factors for each risk category is virtually identical for targeted and non-targeted groups.
- Clients that reported behavioral risk factors manifested an average 1.5 risk factors.
- Clients reporting risk condition factors and barrier to access risk factors manifested an average of one risk factor.
 - However, the “Barriers to Access” category is only comprised of three risk factors.

Table IV. 12

Risk Factor Categories by Targeted and Non-Targeted Zip Codes						
Risk Factor Categories	Targeted Zip Code Areas		Non-Targeted Zip Code Areas		Total	
	n=2,228		n=2,965		n=5,193	
	#	%*	#	%	#	%
Behavioral Risks						
Unable to eat regular healthy meals	88	4%	109	4%	197	4%
Not seen dentist in past 2 yrs	500	22%	551	19%	1,051	20%
Smokes cigarettes	622	28%	781	26%	1,403	27%
Alcohol/drug use sometimes problematic	34	2%	46	2%	80	2%
Concerned about weight	172	8%	206	7%	378	7%
No GYN exam or breast exam in past 2 years	547	25%	639	22%	1,186	23%
Sexually active but does not use birth control	557	25%	604	20%	1,161	22%
Does not take folic acid or vitamins w/folic acid	698	31%	925	31%	1,623	31%
Planning to get pregnant in next 6 months	50	2%	42	1%	92	2%
Risk Conditions						
Has a chronic illness	221	10%	239	8%	460	9%
Does not feel safe at home or w/my partner	19	1%	15	1%	34	1%
Has been sexually abused & would like information	25	1%	26	1%	51	1%
Has been diagnosed w/depression or anxiety	318	14%	370	12%	688	13%
Has felt more sad/stressed than usual in past few months	378	17%	399	13%	777	15%
No close friends/family to talk to	72	3%	66	2%	138	3%
Access Barriers						
Limited access to transportation	224	10%	196	7%	420	8%
No or inadequate health insurance	780	35%	1,068	36%	1,848	36%
Need help w/other basic needs	136	6%	137	5%	273	5%
% = the number of respondents in that zip code category responding yes to the risk factor question divided by the total number of respondents in that zip code category; totals do not add to 100% because respondents check all that apply. Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008						

- The pattern of separate risk factors under each of the three categories are similar for the both the targeted and non-targeted clients.
- Five risk factors of Behavioral Risk show greater prevalence, with 20% to 31% of clients indicating such risks. These five factors are highlighted with hatch marks. They are: (a) “not see a dentist within two years”, (b) “smokes cigarettes”, (c) “no GYN exam within two years”, (d) “sexually active but does not use birth control,” and (e) “does not take folic acid or vitamins w/folic acid.”
- With respect to risk conditions, the risk factors with higher prevalence manifestation are highlighted with hatch marks. That they “had been diagnosed with depression or anxiety” was reported by approximately 13% of all clients, and 15% of all clients reported that they have “felt more sad/stressed than usual in past few months.”
- For Access Barriers, the one predominant client response is that 36% of all clients did not have any or they had inadequate health insurance.

Table IV. 13

Risk factors identified by women planning to get pregnant and at high risk of unintended pregnancy				
Risk Factors	Planning to get pregnant (n=92)		Sexually active w/o using condoms or BC (n=1,163)	
	#	%	#	%
No or inadequate health insurance	37	40.2%	464	39.9%
Need help w/other basic needs	18	19.6%	130	11.2%
Unable to eat regular healthy meals	11	12.0%	84	7.2%
Not seen dentist in past 2 yrs	30	32.6%	351	30.2%
Smokes cigarettes	35	38.0%	455	39.1%
Alcohol/drug use sometimes problematic	3	3.3%	37	3.2%
Concerned about weight	18	19.6%	104	8.9%
Has a chronic illness	17	18.5%	142	12.2%
No GYN exam or breast exam in past 2 years	19	20.7%	388	33.4%
Does not take folic acid or vitamins w/folic acid	47	51.1%	449	38.6%
Does not feel safe at home or w/my partner	3	3.3%	19	1.6%
Has been sexually abused & would like info	6	6.5%	22	1.9%
Has been diagnosed w/depression or anxiety	14	15.2%	219	18.8%
Has felt more sad/stressed than usual in past few months	15	16.3%	284	24.4%
No close friends/family to talk to	8	8.7%	59	5.1%

*Note - % is the total number of respondents in that category answering yes to the risk factor question divided by the total number of respondents in that category; Numbers do not total 100% because respondents may check all that apply.
Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008*

- The table identifies the risk factors associated with two groups of clients: one who is planning to become pregnant, and clients who are at high risk of unintended pregnancy by engaging in sexual activity without using condoms and/or other forms of birth control.
- With respect to the pregnancy planning group, the most frequently reported risk factors included: “Not seen dentist in past 2 years,” “Smokes cigarettes,” “No or inadequate health insurance,” and, of particular note, is that 51.1% of these clients reported “Does not take folic acid or vitamins w/folic acid.”
- The risk profile for those who reported being sexually active without using condoms or other birth control was similar in some respects to those planning to get pregnant but different in other ways. For instance, similarities existed with respect to the percent reporting “No or inadequate health insurance,” “Not seen dentist in past 2 year,” and “Smokes cigarettes.” While a large proportion (38.6%) of those sexually active without using condoms or other birth control reports “does not take folic acid or vitamins w/folic acid,” this is still lower than among those planning pregnancy (51.1%). Among those sexually active without using condoms or birth controls,

concerns about being overweight were reported less frequently, but they were more likely to have reported “having felt more sad/stressed than usual in past few months.”

Table IV. 14

One or More Risk Factors by Risk Category and Poverty Level												
Risk Categories	100% AND BELOW		101% THRU 150%		151% THRU 200%		201% THRU 250%		251% THRU 500%		500% AND GREATER	
	n=1,857		n=685		n=432		n=183		n=342		n=347	
	%	#	%	#	%	#	%	#	%	#	%	#
Behavioral Risk	72%	1,333	68%	469	68%	293	66%	121	60%	206	67%	234
Risk Condition	29%	537	25%	174	27%	115	24%	44	22%	76	34%	118
Barriers to Access	40%	738	55%	374	54%	235	48%	87	33%	113	22%	77

*Percent is the number of respondents in that zip code category responding yes to 1 or more risk factors in that risk category divided by the total number of respondents in that zip code category; totals do not add to 100% because respondents check all that apply.
Missing=1,347
Source: PPDE PsychoSocial Form, Health Policy Research Group, University of Delaware, 2008*

- The pattern of client risk manifestation varies according to clients’ household poverty level and risk categories.
- Both Behavioral Risks and Risk Condition categories appear to be negatively associated with poverty level.
 - The lowest level of poverty (100% and below) has a larger proportion of clients in that income bracket with one or more risk factors.
 - As the poverty level decreases (i.e., as client scores higher above poverty level), the proportion of clients in the poverty level group with one of more behavioral risk and risk condition factors is lower.
 - There are two notable exceptions:
 - For Behavioral Risk, clients in the highest income bracket above the poverty level (500% and greater) have similar risk prevalence as clients in the 101% to 250% poverty level categories.
 - With respect to Risk Condition, clients in the 500% and greater bracket have the largest proportion of risk prevalence.
- Client responses to risk factors of the Barriers to Access category manifest an irregular pattern at different poverty levels.

Figure IV.3 One or More Risk Factors by Risk Category and Poverty Level

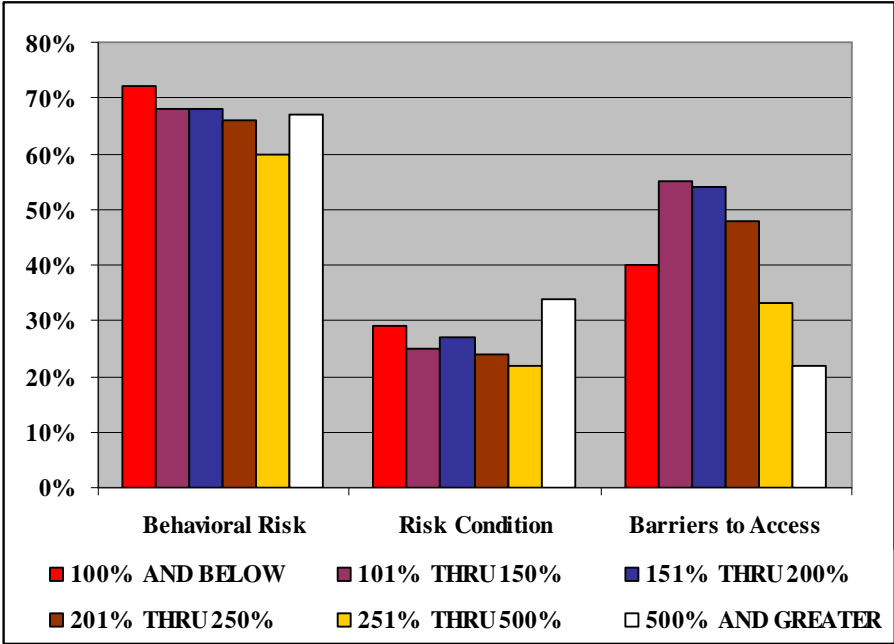


Table IV.15

Self-Reported Risk Factors by Age Group										
Risk Categories	0-14		15-17		18-19		20-24		25-29	
	n=63		n=552		n=692		n=1219		n=659	
	%	#	%	#	%	#	%	#	%	#
Behavioral Risks										
Unable to eat regular healthy meals	5%	3	4%	23	4%	31	3%	42	2%	16
Not seen dentist in past 2 years	10%	6	12%	64	15%	101	22%	268	26%	169
Smokes cigarettes	19%	12	19%	105	23%	158	29%	358	32%	209
Alcohol/drug use sometimes problematic	2%	1	2%	10	1%	10	1%	15	2%	13
Concerned about weight	11%	7	6%	32	6%	41	6%	74	8%	51
No GYN exam or breast exam in past 2 years	41%	26	49%	268	29%	203	15%	184	14%	93
Sexually active but does not use birth control	25%	16	23%	128	21%	146	22%	274	21%	140
Does not take folic acid or vitamins w/folic acid	41%	26	31%	169	31%	217	31%	382	32%	213
Planning to get pregnant in next 6 months	0%	0	1%	7	1%	9	2%	22	3%	17
Risk Conditions										
Has a chronic illness	6%	4	7%	39		54	8%	98	6%	38
Does not feel safe at home or w/my partner	3%	2	0%	0	1%	5	1%	10	1%	4
Has been sexually abused & would like info	8%	5	1%	4	0%	1	1%	10	1%	6
Has been diagnosed w/depression or anxiety	11%	7	10%	57	9%	61	13%	158	17%	109
Has felt more sad/stressed than usual in past few months	19%	12	14%	77	13%	92	14%	165	15%	99
No close friends or family to talk to	5%	3	2%	10	3%	18	2%	24	3%	18
Access Barriers										
Limited access to transportation	22%	14	13%	74	12%	80	6%	75	5%	34
No or inadequate health insurance	13%	8	23%	127	35%	242	44%	532	38%	251
Need help w/other basic needs	2%	1	3%	16	4%	31	5%	65	5%	31
*Percent is the number of respondents in that age group responding "yes" to the risk factor identified divided by the total number of respondents in that age group.										
Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008										

Table IV. 15 (continued)

Risk Categories	30-34		35-39		40-44		45-54		55+	
	n=284		n=175		n=108		n=86		n=17	
	%	#	%	#	%	#	%	#	%	#
Behavioral Risks										
Unable to eat regular healthy meals	4%	10	3%	6	5%	5	7%	6	6%	1
Not seen dentist in past 2 years	22%	63	25%	43	24%	26	27%	23	6%	1
Smokes cigarettes	31%	89	31%	54	33%	36	34%	29	12%	2
Alcohol/drug use sometimes problematic	1%	4	1%	2	1%	1	1%	1	0%	0
Concerned about weight	13%	36	13%	22	11%	12	15%	13	18%	3
No GYN exam or breast exam in past 2 years	15%	42	19%	33	20%	22	35%	30	24%	4
Sexually active but does not use birth control	24%	67	19%	33	25%	27	15%	13	0%	
Does not take folic acid or vitamins w/folic acid	32%	92	31%	54	27%	29	30%	26	29%	5
Planning to get pregnant in next 6 months	5%	15	1%	2	2%	2	0%	0	0%	0
Risk Conditions										
Has a chronic illness	13%	38	17%	30	18%	19	20%	17	18%	3
Does not feel safe at home or w/my partner	1%	3	1%	1	1%	1	3%	3	0%	0
Has been sexually abused & would like info	1%	2	2%	4	3%	3	3%	3	0%	0
Has been diagnosed w/depression or anxiety	14%	39	21%	36	21%	23	26%	22	24%	4
Has felt more sad/stressed than usual in past few months	15%	44	19%	33	14%	15	17%	15	24%	4
No close friends or family to talk to	4%	10	5%	9	5%	5	7%	6	12%	2
Access Barriers										
Limited access to transportation	8%	22	7%	12	10%	11	6%	5	6%	1
No or inadequate health insurance	35%	99	35%	62	36%	39	41%	35	35%	6
Need help w/other basic needs	7%	21	8%	14	9%	10	14%	12	0%	0
*Percent is the number of respondents in that age group responding "yes" to the risk factor identified divided by the total number of respondents in that age group.										
Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008										

- The table presents clients' reporting of their risk factors according to the risk categories and their age.
- The percentages measure the proportion of respondents in the selected age group responding "yes" to the risk factor question divided by the total number of respondents in that age group.

- Clients 55 years and older are unlikely to be seeking or require preconception-related services, and their numbers are presented for information purposes (their scores are not considered in the following statements.)
- For each risk category, the hatch marked rows indicate the higher prevalence for a particular risk factor.
- For Behavioral Risk: the highest prevalence of risk factors among clients are (1) not seen dentist in past 2 years, (2) smokes cigarettes, (3) no GYN or breast exam in past 2 years, (4) sexually active but does not use birth control, and (5) does not take folic acid or vitamins w/folic acid. Problematic alcohol and/or drug use is reported by fewer than 2% of clients.
 - **Risk factor “Not seen a dentist in two years”:** The proportion of clients reporting this risk factor is increasingly larger for each older age group (10% to 27%) up to 45- 54 years of age.
 - **Risk factor “Smokes cigarettes”:** The proportion of clients who smoke is larger for older clients.
 - **Risk factor “No GYN exam or breast exam in past 2 years”:** A large percentage of younger clients (0-19) report not having exams. At 35%, a large proportion of clients in the age group of 44-54 years old also report that they have not been examined within two years.
 - **Risk factor “Sexually active but does not use birth control”:** Generally 20% to 25% of clients across all age groups report not using birth control.
 - **Risk factor “Does not take folic acid or vitamins w/folic acid”:** Generally 30% of all clients across all age groups do not take folic acid.
- For Risk Condition category, the higher prevalence of risk factors is among clients who: (1) have been diagnosed with depression or anxiety, and (2) have felt more sad/stressed than usual in past few months. This result does not clarify whether clients with depression/ anxiety diagnosis and sad/stressed overlap.
 - **Risk factor “Diagnosed w/depression or anxiety”:** This risk factor appears to increase with age.
 - **Risk factor “Has felt more sad/stressed than usual in past few months”:** This risk factor is similar in prevalence across all ages except for clients 14 year or younger.
- For Barriers to Access, “no or inadequate health insurance” is the dominant risk factor.
 - Except for clients 17 years and younger, health insurance is a problem, on average, for 35% of all clients irrespective of their age.

Table IV. 16

Risk Factor Categories for Patients with Two Visits				
Risk Factor Categories	First Visit		Second Visit	
	n=256		n=256	
	#	%*	#	%
Behavioral Risks	183	71%	175	68%
Risk Conditions	83	32%	65	25%
Access Barriers	101	39%	99	39%
% = the number of respondents in that zip code category responding yes to the risk factor question divided by the total number of respondents in that zip code category; totals do not add to 100% because respondents check all that apply. Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008				

- The table presents a comparison of clients who had two visits within the evaluation period encompassed by the present report.
 - The percentages for each visit (first and second) measure the proportion of clients (PSF respondents) that answered positively (yes) to risk factor questions in each period.
 - Higher (lower) percentages in second period indicate an increase (decrease) in risk prevalence by clients as a group.
- The prevalence of Behavioral Risks among clients with two visits was slightly lower at the second visit.
- For the Risk Condition category, there appears to be a considerable drop the percentage of clients reporting risk factors at the second visit.
- For the Barriers to Access risk category, there is no difference as a group for reporting risk factors at first and second visits.

Table IV. 17

Individual Risk Factors for Patients with Two Visits				
Risk Factor Categories	First Visit		Second Visit	
	n=256		n=256	
	#	%*	#	%
Behavioral Risks				
Unable to eat regular healthy meals	6	2%	13	5%
Not seen dentist in past 2 yrs	50	20%	52	20%
Smokes cigarettes	77	30%	66	26%
Alcohol/drug use sometimes problematic	4	2%	5	2%
Concerned about weight	11	4%	16	6%
No GYN exam or breast exam in past 2 years	63	25%	41	16%
Sexually active but does not use birth control	61	24%	51	20%
Does not take folic acid or vitamins w/folic acid	68	27%	77	30%
Planning to get pregnant in next 6 months	4	2%	4	2%
Risk Conditions				
Has a chronic illness	30	12%	21	8%
Does not feel safe at home or w/my partner	1	0%	0	0%
Has been sexually abused & would like info	1	0%	2	1%
Has been diagnosed w/depression or anxiety	38	15%	31	12%
Has felt more sad/stressed than usual in past few months	55	21%	33	13%
No close friends/family to talk to	6	2%	3	1%
Access Barriers				
Limited access to transportation	19	7%	19	7%
No or inadequate health insurance	79	31%	90	35%
Need help w/other basic needs	15	6%	13	5%
% = the number of respondents responding yes to the risk factor question divided by the total number of respondents; totals do not add to 100% because respondents check all that apply. Source: PPDE PsychoSocial Form, Health Policy Research Group, University of Delaware, 2008				

- The table presents a comparison of clients who had two visits within the evaluation period encompassed by the present report.
 - The percentages measure the proportion of clients (PSF respondents) that answered positively (yes) to risk factor questions at each visit (first and second).
 - The table also shows that changes in the aggregate risk categories can obscure the differences in individual risk factors.

- Higher (lower) percentages for a second visit indicate increases (decreases) in a risk factor by the proportion of clients as a group.
 - Where the rows have no markings, clients' risk factors manifest no or very little change from the first to the second visit.
 - The rows with horizontal markings indicate that the percentage of clients subject to a risk has increased from the first to the second visit.
 - The rows with hatch markings indicate that percentage of clients subject to a risk has decreased from the first to the second visit.

Table IV. 18

Average Risk Factors By First and Second Visits		
Average Number of Risk Factors	First Visit	Second Visit
		2.3

Source: PPDE PsychoSocial Form, Health Policy Research Group, University of Delaware, 2008

- The average number of risk factors was lower in the second visit than in the first visit among PPDE preconception clients.

Table IV. 19

Number of Risk Factors By Risk Categories for Patients with Two Visits				
Risk Factor Categories	First Visit		Second Visit	
	n=256		n=256	
	#	%*	#	%
Behavioral Risks				
0	73	29%	81	32%
1	85	33%	85	33%
2	55	21%	50	20%
3	26	10%	27	11%
4	14	4%	9	4%
5	3	1%	2	1%
6	0	0%	1	0%
7	0	0%	1	0%
	256	100%	256	100%
Risk Conditions				
0	173	68%	191	75%
1	43	17%	45	18%
2	33	13%	15	6%
3	6	2%	5	2%
4	1	0%	0	0%
	256	100%	256	100%
Access Barriers				
0	155	61%	157	61%
1	89	35%	79	31%
2	12	5%	17	7%
3	0	0%	3	1%
	256	100%	256	100%
% = the number of respondents responding yes to the risk factor question divided by the total number of respondents (256); totals do not add to 100% because respondents check all that apply. <i>Source: PPDE PsychoSocial Form, Health Policy Research Group, University of Delaware, 2008</i>				

- The table indicates the changes in the proportion of clients reporting individual risk factors subsumed under each risk category.
- The greatest gain to clients as a group occurs for the Risk Condition category where the percentage of clients reporting no risk factors increased from 68% in the first visit to 75% at the second visit.

B. Evaluation Question Two

In section B, preliminary findings are presented with respect to evaluation question two: **Is there an increase in targeted clients accessing Planned Parenthood of Delaware medical services due to social marketing or outreach efforts?** This section of the report facilitates the establishment of data baseline of PPDE preconception clients by presenting a profile of preconception clients by socioeconomic and demographic characteristics and targeted and non-targeted zip code areas. The profile includes:

- Number of clients that came into PPDE before the state supported preconception program (February 2007);
- Type of medical service for non-pregnant women (birth-control and non-birth control) , or purpose of preconception visit;
- Birth control method of preconception clients;
- A comparison of monthly flows for January 2006 to January 2007 (1/06 – 1/07), and February 2007 to November 2007 (2/07 – 11/07); and
- Some aspects of PPDE outreach efforts.

Many of the detailed and disaggregated dimensions of this profile have been placed in the appendix. The profile is drawn from data on patient registration data (Source: Patient Registration Data Screen).

Table IV. 20

Preconception Clients In Targeted and Non-Targeted Zip Codes January 2006 – November 2007						
Zip Code Areas	Jan 2006 – Jan 2007		Feb 2007 – Nov 2007		Total	
	#	%	#	%	#	%
Non-Targeted	5,028	60%	6,722	56%	11,750	58%
Targeted	3,315	40%	5,124	43%	8,439	42%
Total	8,343	100%	11,846	100%	20,189	100%

- The table summarizes the number and percentage of clients from targeted and non-targeted zip code areas in the time periods before and after the initiation of the preconception program.
- More than half of the preconception clients are in the non-target zip code areas.
- The percentage of clients residing in the targeted areas rose slightly between the two periods, from 40% to 43%.

Table IV. 21

Preconception Clients by Age Group and Zip Code Areas						
Age Group	Jan 2006 - Jan 2007					
	Non-Targeted Zip Codes		Targeted Zip Codes		Total	
	#	%	#	%	#	%
0-14	38	1%	99	1%	137	1%
15-17	660	15%	1,061	16%	1,721	16%
18-19	892	21%	1,236	18%	2,128	19%
20-24	1,366	32%	,2208	33%	3,574	32%
25-29	678	16%	1,092	16%	1,770	16%
30-34	263	6%	476	7%	739	7%
35-39	196	5%	275	4%	471	4%
40-44	119	3%	129	2%	248	2%
45-54	87	2%	115	2%	202	2%
55-	19	0%	31	0%	50	0%
Total	4,318	100%	6,722	100%	11,040	100%
<i>Missing: 710</i>						
Age Group	Feb 2007 - Nov 2007					
	Non-Targeted Zip Codes		Targeted Zip Codes		Total	
	#	%	#	%	#	%
0-14	37	1%	77	2%	114	1%
15-17	504	15%	816	16%	1,320	16%
18-19	635	19%	859	17%	1,494	18%
20-24	993	30%	1,607	31%	2,600	31%
25-29	565	17%	892	17%	1,457	17%
30-34	226	7%	382	7%	608	7%
35-39	173	5%	224	4%	397	5%
40-44	93	3%	139	3%	232	3%
45-54	73	2%	102	2%	175	2%
55-	16	0%	26	1%	42	0%
Total	3,315	100%	5124	100%	8,439	100%
<i>Source: PPDE Patient Registration Data, Health Policy Research Group, University of Delaware, 2008</i>						

- There is considerable similarity in the age grouping of targeted and non-targeted clients in both the pre-program period and also in the program period.
- Also and concomitantly, there are little differences in the age groupings of clients of targeted and non-targeted zip codes before and after the initiation of the preconception program.
- See the graph following.

Figure IV.4. Percent of Clients by Age Groups, Jan 06-Jan 07 vs. Feb 07-Nov 07

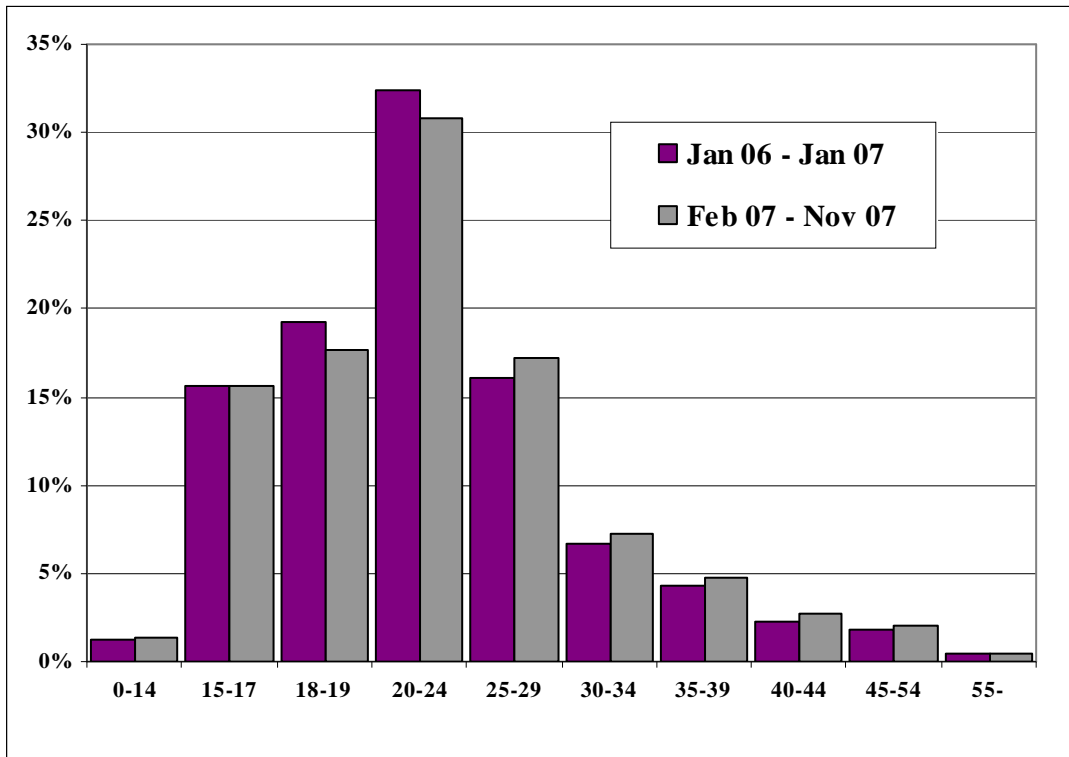


Table IV. 22

Preconception Clients by Race and Zip Code Areas						
Jan 2006 - Jan 2007						
Race Category	Non-Targeted Zip Codes		Targeted Zip Codes		Total	
	#	%	#	%	#	%
American Indian/Alaskan	16	0%	23	0%	39	0%
Asian	65	2%	107	2%	172	2%
Black	542	13%	1,977	29%	2,519	23%
Black Non-Hispanic	148	3%	760	11%	908	8%
Hispanic	83	2%	306	5%	389	4%
Native Hawaiian/Pacific	0	0%	0	0%	0	0%
Other	103	2%	209	3%	312	3%
Unknown	42	1%	66	1%	108	1%
White	2,668	62%	2,599	39%	5,267	48%
White Non-Hispanic	649	15%	672	10%	1,321	12%
TOTAL	4,316	100%	6,719	100%	11,035	100%
<i>Missing: 718</i>						
Feb 2007 - Nov 2007						
Race Category	Non- Targeted Zip Codes		Targeted Zip Codes		Total	
	#	%	#	%	#	%
American Indian/Alaskan	15	0%	27	1%	42	0%
Asian	37	1%	60	1%	97	1%
Black	487	15%	1,703	33%	2,190	26%
Black Non-Hispanic	97	3%	486	9%	583	7%
Hispanic	73	2%	211	4%	284	3%
Native Hawaiian/Pacific	5	0%	5	0%	10	0%
Other	77	2%	198	4%	275	3%
Unknown	29	1%	69	1%	98	1%
White	2,100	63%	1,938	38%	4,038	48%
White Non-Hispanic	392	12%	423	8%	815	10%
TOTAL	3,312	100%	5,120	100%	8,432	100%
<i>Missing: 7</i>						
<i>Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008</i>						

- There is little difference between the pre-program period and the program period. The pattern of racial composition remains the same for targeted and non-targeted in both periods.
- In both periods, however, there are differences in the racial composition of clients residing in the targeted and non-targeted zip code areas.
 - Irrespective of time period, the targeted clients account for proportionally larger number of all PPDE preconception clients
 - There were at least twice as many African American and Hispanics clients from targeted areas than there were from the non-targeted ones.
 - There were almost twice as many White clients from non- targeted areas than there were from the targeted ones.

- See graph immediately below.

Figure IV.5. Percent of Clients by Race, Jan 06-Jan 07 vs. Feb 07-Nov 07

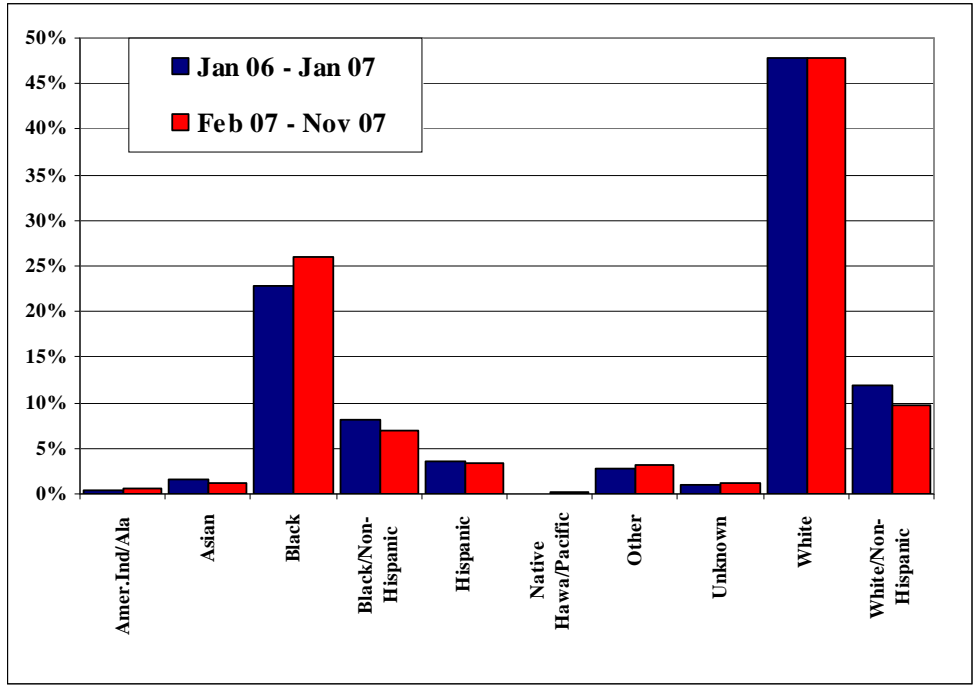


Figure IV. 6 Percent of Minority Clients, Targeted Zip Code Areas Feb 2007 Nov 2007

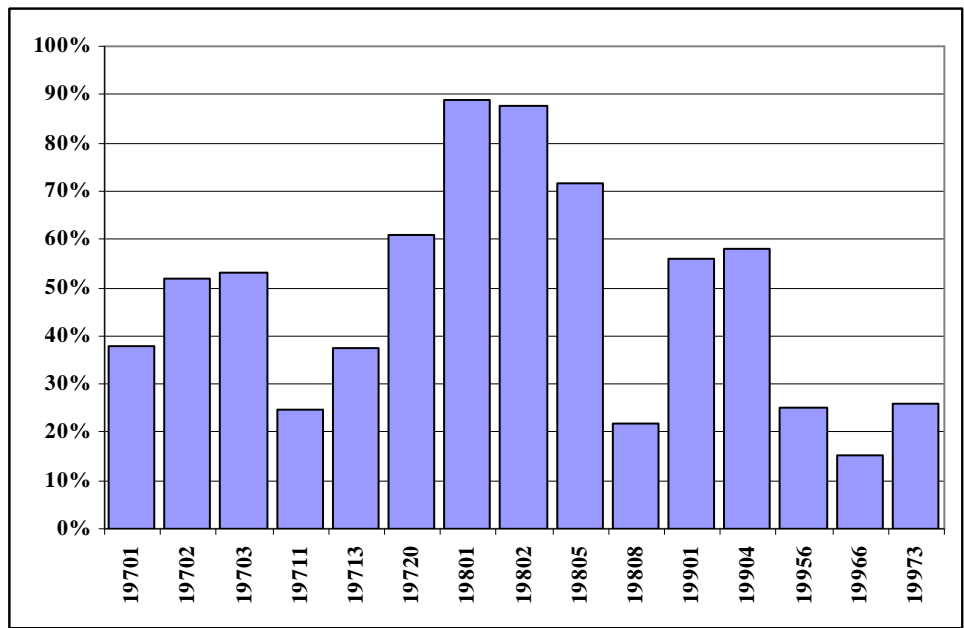


Table IV. 23

Languages of Clients by Time Period						
Language	Jan 06 – Jan 07		Feb 07 – Nov 07		Total	
	#	%	#	%	#	%
English	11,542	98%	8,275	98%	19,817	98%
Limited English	48	0%	32	0%	80	0%
Spanish	148	1%	118	1%	266	1%
Total	11,738	100%	8,425	100%	20,163	100%
Missing=26						
Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008						

- Irrespective of the period, English is the predominant language with 98% of all clients speaking that language.
- For both periods, only 1 % of all clients spoke only Spanish.

Table IV. 24

Preconception Clients by Hispanic Ethnicity in Zip Code Areas						
Jan 2006 - Jan 2007						
Hispanic Ethnicity	Non- Targeted Zip Codes		Targeted Zip Codes		Total	
	#	%	#	%	#	%
Hispanic	165	4%	507	8%	672	6%
Non-Hispanic	4,149	96%	6,213	92%	10,362	94%
Total	4,314	100%	6,720	100%	11,034	100%
Missing: 719						
Feb 2007 - Nov 2007						
Hispanic Ethnicity	Non- Targeted Zip Codes		Targeted Zip Codes		Total	
	#	%	#	%	#	%
Hispanic	125	4%	351	7%	476	6%
Non-Hispanic	3,186	96%	4,770	93%	7,956	94%
Total	3,311	100%	5,121	100%	8,432	100%
Missing: 7						
Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008						

- There is virtually no difference in the composition of Hispanic and non-Hispanic clients in the pre-program period and the program period.
- In both periods, however, there is slight difference in the composition of Hispanic and non-Hispanic clients from targeted and non-targeted zip code areas.

Table IV. 25

Preconception Clients by Poverty Rate in Zip Code Areas									
Jan 2006 - Jan 2007									
Poverty Level	Non- Targeted Zip Codes			Targeted Zip Codes			Total		
	#	%	Cum. %	#	%	Cum. %	#	%	Cum. %
100% and below	2,274	49%	49%	3,600	58%	58%	5,874	54%	54%
101% thru 150%	979	21%	70%	1,065	17%	75%	2,044	19%	73%
151% thru 200%	497	11%	81%	487	8%	83%	984	9%	82%
201% thru 250%	199	4%	85%	212	3%	86%	411	4%	86%
251% thru 500%	334	7%	92%	327	5%	91%	661	6%	92%
500% and greater	376	8%	100%	513	8%	100%	889	8%	100%
Total	4,659	100%		6,204	100%		10,863	100%	
<i>Missing: 890</i>									
Feb 2007 - Nov 2007									
Poverty Level	Non- Targeted Zip Codes			Targeted Zip Codes			Total		
	#	%	Cum. %	#	%	Cum. %	#	%	Cum. %
100% and below	1,557	47%	47%	2,759	54%	54%	4,316	51%	51%
101% thru 150%	707	21%	68%	854	17%	71%	1,561	19%	70%
151% thru 200%	368	11%	79%	449	9%	80%	817	10%	80%
201% thru 250%	160	5%	84%	202	4%	84%	362	4%	84%
251% thru 500%	283	9%	93%	392	8%	92%	675	8%	92%
500% and greater	231	7%	100%	456	9%	100%	687	8%	100%
Total	3,306	100%		5,112	100%		8,418	100%	
<i>Missing: 21</i>									
<i>Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008</i>									

- There is virtually no difference in the distribution of poverty levels of clients in the pre-program period and the program period.
- In both periods however, there is a slight difference in the poverty level of clients from targeted and non-targeted zip code areas.
- Compared to clients from non-targeted areas, a slightly higher proportion of clients from the targeted areas are classified into the category of “at 100% and below” the poverty level.

Table IV. 26

Birth Control Methods of Preconception Clients						
Jan 2006 - Jan 2007						
Birth Control Methods	Non- Targeted Zip Codes		Targeted Zip Codes		Total	
	#	%	#	%	#	%
Diaphragm	8	0%	2	0%	10	0%
DMPA	250	6%	542	8%	792	7%
Fertility Awareness	1	0%	3	0%	4	0%
Foam or Condom	919	21%	1,222	18%	2,141	19%
IUD	14	0%	42	1%	56	1%
None	1,401	33%	2,467	37%	3,868	35%
Norplant	1	0%	1	0%	2	0%
Nuvaring	55	1%	96	1%	151	1%
Oral	1,445	34%	1,962	29%	3,407	31%
Other A/W	40	1%	69	1%	109	1%
Patch	139	3%	276	4%	415	4%
Sterilization	24	1%	40	1%	64	1%
Total	4,297	100%	6,722	100%	11,019	100%
Missing=731						
Feb 2007 - Nov 2007						
Birth Control Methods	Non- Targeted Zip Codes		Targeted Zip Codes		Total	
	#	%	#	%	#	%
Diaphragm	3	0%	2	0%	5	0%
DMPA	199	6%	408	8%	607	7%
Fertility Awareness	1	0%	1	0%	2	0%
Foam or Condom	604	18%	779	15%	1,383	16%
IUD	15	0%	32	1%	47	1%
None	1,265	38%	2,219	43%	3,484	41%
Norplant	1	0%	2	0%	3	0%
Nuvaring	71	2%	87	2%	158	2%
Oral	1,018	31%	1,351	26%	2,369	28%
Other A/W	20	1%	50	1%	70	1%
Patch	103	3%	165	3%	268	3%
Sterilization	15	0%	28	1%	43	1%
Total	3,315	100%	5,124	100%	8,439	100%
<i>Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008</i>						

- As displayed by the hatch marked row, in both periods, clients from the targeted areas are more likely than clients from the non- targeted areas to use “NONE” birth control method.
- In both periods, clients residing in non-targeted zip code areas are more reliant on oral form of birth control than clients residing in targeted zip code areas.

Table IV. 27

Purpose of Preconception Client Visit By Zip Code Areas						
Jan 2006 - Jan 2007						
Purpose	Non- Targeted Zip Codes		Targeted Zip Codes		Total	
	#	%	#	%	#	%
Annual	688	14%	565	17%	1,253	15%
EC-only	1,003	20%	242	7%	1,245	15%
HIV-only	117	2%	43	1%	160	2%
HOPE	665	13%	476	14%	1,141	14%
Initial	1,545	31%	1,158	35%	2,703	32%
Pregnancy Test	287	6%	232	7%	519	6%
Revisit	549	11%	425	13%	974	12%
Supply	174	3%	174	5%	348	4%
Total	5,028	100%	3,315	100%	8,343	100%
Feb 2007 - Nov 2007						
Purpose	Non-Targeted Zip Codes		Targeted Zip Codes		Total	
	#	%	#	%	#	%
Annual	1,028	15%	792	15%	1,820	15%
EC-only	1,384	21%	388	8%	1,772	15%
HIV-only	125	2%	84	2%	209	2%
HOPE	947	14%	646	13%	1,593	13%
Initial	1,576	23%	1,584	31%	3,160	27%
Pregnancy Test	745	11%	589	11%	1,334	11%
Revisit	731	11%	826	16%	1,557	13%
Supply	186	3%	215	4%	401	3%
Total	6,722	100%	5,124	100%	11,846	100%

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

- In both periods, the most significant purpose of client visits is shown in the rows with hatch marks.
- The predominant purpose of visits for both targeted and non-targeted clients is for “initial.”
 - Clients from the targeted areas always account for slightly more of the initial visits.
 - The relative importance of initial visits declined in the second period for both targeted and non-targeted groups.
- Emergency Conception is the second most dominant purpose for clients from non-targeted areas.
 - The relative importance of emergency conception to these clients did not change in the pre-program and program periods.
 - The proportion of clients from the non-targeted areas who accessed PPDE for emergency conception is almost three times that of clients from the targeted areas.

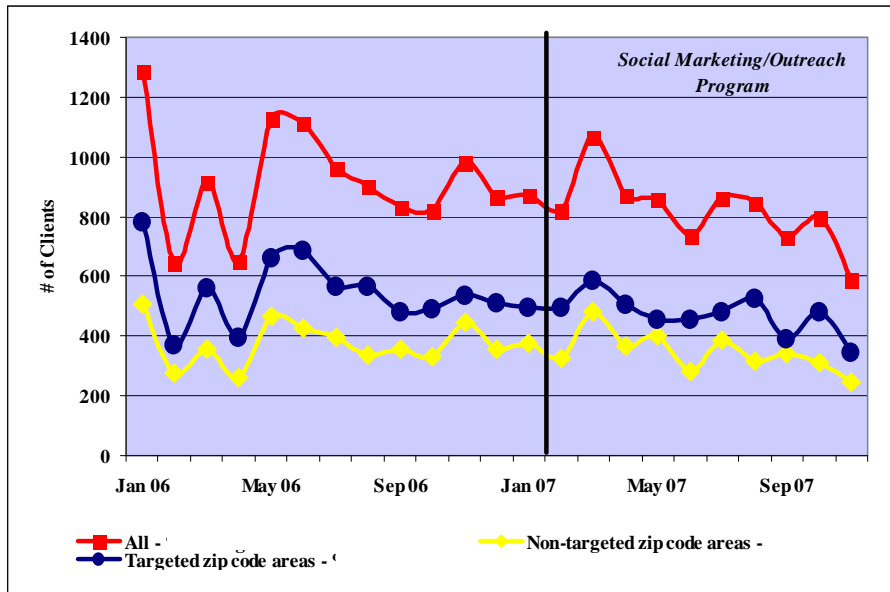
The next series of tables (Tables IV. 27 through IV. 30) and graphs present data on PPDE client flows and PPDE outreach efforts. However, as explained above, the impact of outreach efforts cannot be addressed because of the limited scope of such activities at the time of data collection. Data acquisition that encompasses additional time periods will permit the evaluation of outreach efforts. The tables and graphs are presented without commentary.

Table IV. 28

Monthly PPDE Clients, January 2006 - November 2007						
Month/Year	All		Non-Targeted zip code areas		Targeted zip code areas	
	#	% Change	#	% Change	#	% Change
Jan 06	1,288		505		783	
Feb 06	646	-46	274	-52	372	-50
Mar 06	916	29	354	51	562	42
Apr 06	653	-27	259	-30	394	-29
May 06	1,130	80	467	68	663	73
June 06	1,115	-8	429	3	686	-1
July 06	965	-7	398	-17	567	-13
Aug 06	905	-15	338	0	567	-6
Sep 06	835	5	354	-15	481	-8
Oct 06	824	-7	330	3	494	-1
Nov 06	983	36	448	8	535	19
Dec 06	867	-20	357	-5	510	-12
Jan 07	874	5	376	-2	498	1
Feb 07	822	-14	325	0	497	-6
Mar 07	1,068	48	481	18	587	30
Apr 07	874	-24	367	-14	507	-18
May 07	856	9	401	-10	455	-2
June 07	736	-30	280	0	456	-14
July 07	865	37	384	5	481	18
Aug 07	846	-17	317	10	529	-2
Sep 07	731	7	339	-26	392	-14
Oct 07	797	-8	313	23	484	9
Nov 07	593	-21	247	-29	346	-26
Average	878		363		515	
<i>Average – 01/2006 – 02/2007</i>	923	1	376	2	547	1
<i>Average 02/2007 – 11/2007</i>	819	-3	345	-1	473	-2

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

Figure IV. 7. Monthly PPDE Preconception Clients, January 2006 – November 2007



**Figure IV. 8. Monthly PPDE Preconception Clients, January 2006 – November 2007
Percent Change**

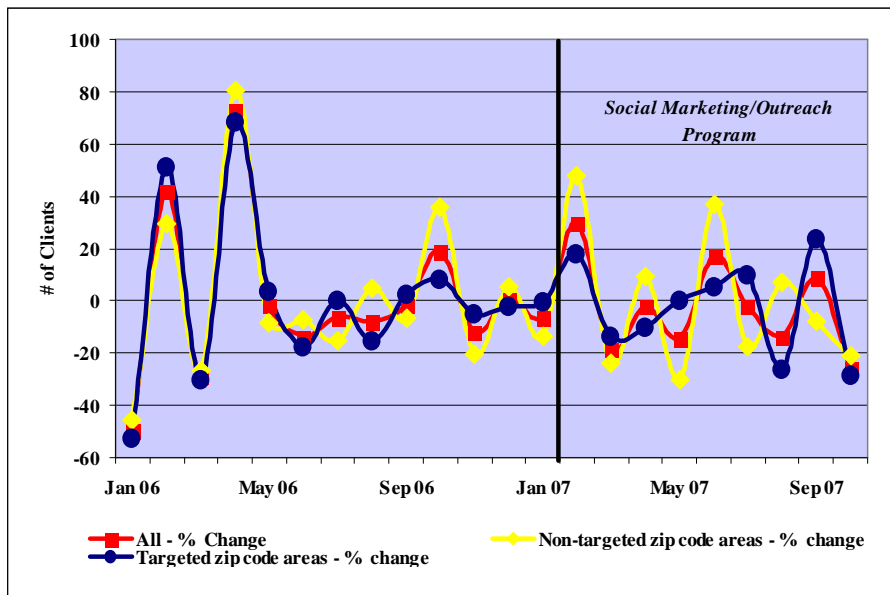


Table IV. 29

PPDE Town Meetings in Targeted Zip Codes								
Month	Year	# meetings	# participants	# female participants	# African Americans		# African American females	
					#	%	#	%
July	2006	0	0	0	0	n/a	0	
August	2006	1	27	14	7	26%	4	15%
September	2006	1	27	14	7	26%	4	15%
October	2006	1	28	15	8	29%	4	14%
November	2006	1	27	14	8	30%	4	15%
December	2006	0	0	0	0	n/a	0	n/a
January	2007	1	6	6	0	0%	0	0%
February	2007	2	45	35	13	29%	10	22%
March	2007	1	41	38	36	88%	33	80%
April	2007	7	74	35	54	73%	26	35%
May	2007	6	122	97	86	70%	68	56%
June	2007	1	20	20	11	55%	11	55%
July	2007	5	131	50	104	79%	40	31%
August	2007	4	34	23	23	68%	16	47%
September	2007	0	0	0	0	n/a	0	n/a
October	2007	4	43	35	29	67%	24	56%
November	2007	6	73	60	58	79%	48	66%
December	2007	10	328	276	205	63%	173	53%
TOTAL:		51	1,026	732	649	63%	465	45%

Data taken from PPDE Outcome Report, 2008

Figure IV.9. Town Meeting Participation vs. PPDE Clients in Targeted Zip Codes

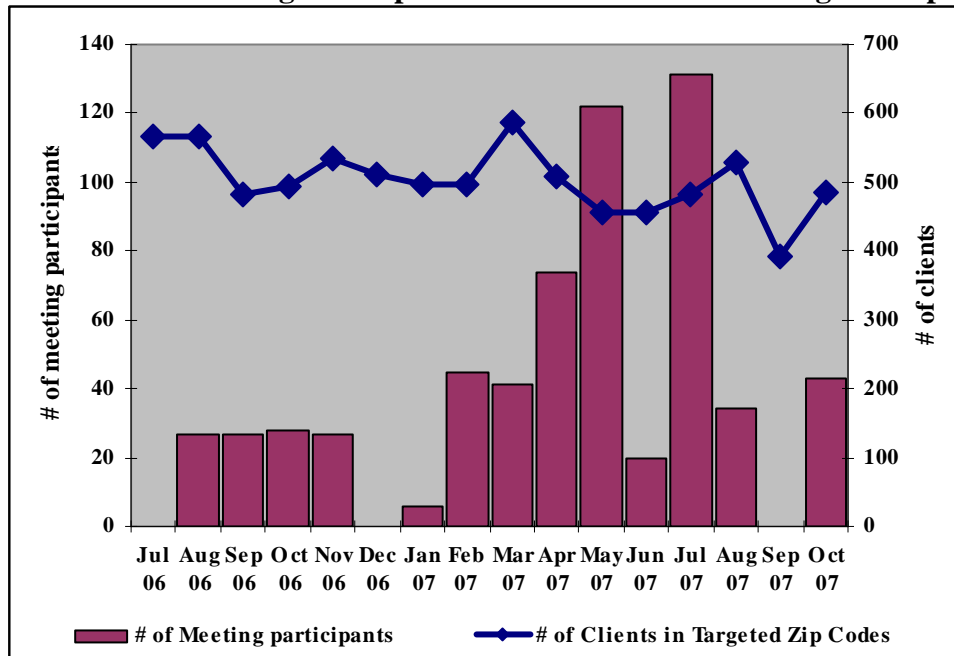


Table IV. 30

PPDE Door to Door Outreach in Targeted Zip Codes								
Month	Year	# households	# persons	# females	# African Americans		# African American females	
					#	%	#	%
July	2006	0	0	0	0	n/a	0	n/a
August	2006	0	0	0	0	n/a	0	n/a
September	2006	0	0	0	0	n/a	0	n/a
October	2006	0	0	0	0	n/a	0	n/a
November	2006	0	0	0	0	n/a	0	n/a
December	2006	0	0	0	0	n/a	0	n/a
January	2007	0	0	0	0	n/a	0	n/a
February	2007	0	0	0	0	n/a	0	n/a
March	2007	0	0	0	0	n/a	0	n/a
April	2007	0	0	0	0	n/a	0	n/a
May	2007	512	1,322	691	384	29%	201	15%
June	2007	1,551	4,002	2,081	1,337	33%	695	17%
July	2007	527	1,359	704	295	22%	153	11%
August	2007	756	1,951	1,021	515	26%	270	14%
September	2007	807	2,083	1,075	433	21%	223	11%
October	2007	919	2,371	1,209	1,116	47%	569	24%
November	2007	192	495	261	231	47%	122	25%
Total		5,264	13,583	7,042	4,311	32%	2,233	16%

Data taken from PPDE Outcome Report, 2008

Figure IV. 10. Door to Door Outreach (Persons) vs. PPDE Clients in Targeted Zip Codes

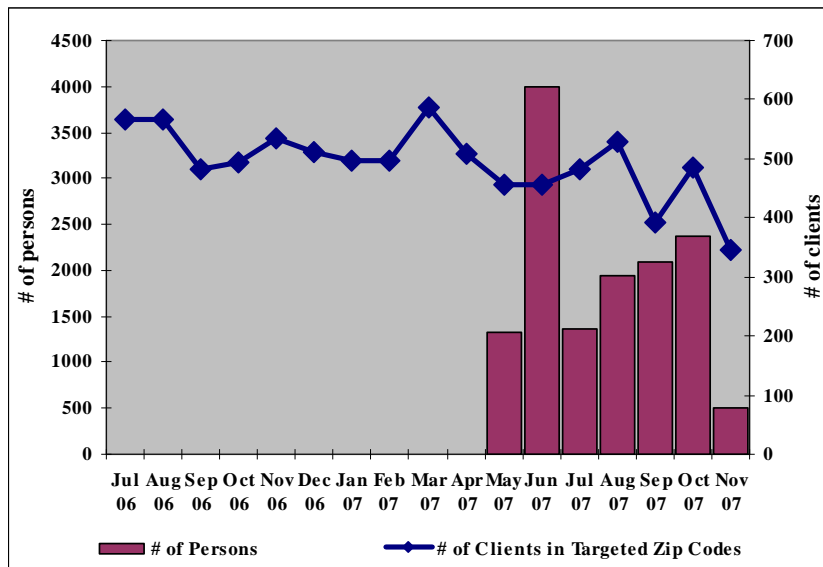
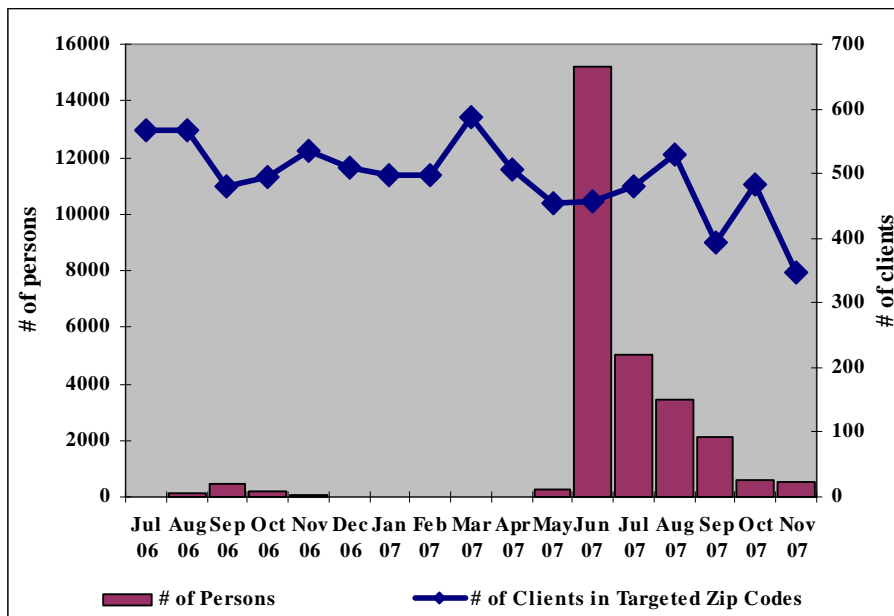


Table IV. 31

Community Event Outreach in Targeted Zip Codes								
Month	Year	# events	# persons	# females	# African Americans		# African American females	
					#	%	#	%
July*	2006	0	0	0	0	n/a	0	n/a
August*	2006	2	120	unknown	unknown	n/a	unknown	n/a
September*	2006	3	450	unknown	unknown	n/a	unknown	n/a
October*	2006	3	175	unknown	unknown	n/a	unknown	n/a
November*	2006	1	50	unknown	unknown	n/a	unknown	n/a
December*	2006	0	0	0	0	n/a	0	n/a
January	2007	0	0	0	0	n/a	0	n/a
February	2007	0	0	0	0	n/a	0	n/a
March	2007	0	0	0	0	n/a	0	n/a
April	2007	0	0	0	0	n/a	0	n/a
May	2007	8	275	224	151	55%	123	45%
June	2007	8	15,190	12,146	12,123	80%	9,694	64%
July	2007	1	5,000	2,500	2,000	40%	1,000	20%
August	2007	4	3,450	1,940	1,382	40%	777	23%
September	2007	6	2,142	1,210	903	42%	510	24%
October	2007	2	570	532	242	42%	223	39%
November	2007	2	550	312	200	36%	113	21%
December	2007	1	200	200	150	75%	150	75%
Total		41	28,172	19,064	17,151	61%	12,590	45%

**Events conducted by PPDE's Public Health Department. 2007 events conducted by Education and Training
Data taken from PPDE Outcome Report, 2008*

Figure IV.11. Community Event Outreach (Persons) vs. PPDE Clients in Targeted Zip Codes



APPENDIX A

Planned Parenthood – Measurements to answer 4 main PPDE questions:

1. Is there a change in knowledge, attitudes or behavior for clients exposed to the outreach and education efforts?

- We would want to measure change in risk factors before and after entering the outreach and education efforts.
- Instrument: PsychoSocial Form
- Establish baseline (profile) of preconception clients (as of 2/07)
- Break risks into 3 main groups from the PsychoSocial Form (numbering the risks consecutively on the form 1-18)
 - Behavior Risk (BR): 4-8, 10-13
 - Risk Condition (RC): 9, 14-18
 - Barriers to Access (BA): 1-3
- Presenting a profile (count, proportions) of risk behavior (BR, RC, BA) by targeted zip codes
 - SES profile
 - Multiple vs. Single Risk and combination of risks
 - Risk behavior and referrals linkage

2. Is there an increase in targeted clients accessing Planned Parenthood of Delaware medical services due to social marketing or outreach efforts?

- Breakdown the following by SES and targeted zip codes
 - Targeted zip codes
 - Number of clients that came into PPDE before program (2/07)
 - Number of clients that came into PPDE after program.
- Comparison of monthly flows for 1/06 – 2/07 and 2/07 – 5/07
- Disaggregation of Prenatal Service, Preconception Services (Birth control/non-birth control) (*Needed: a codebook for type of services given*).
 - Breakdown by type of services
- Differences in the number who signed up for community education or training. (*Did these occur pre and post?*)
- “Dosage of education/outreach material in the zip codes (Outreach/Education Form).
- Type of medical service for non-pregnant women (birth-control and non-birth control) (Source: Patient Registration Data Screen) to look for change in prenatal client services.

3. Have case managed clients experienced a reduction in risk factors?

- We would want to measure change in risk factors before and after entering the case management service.
- Instrument: PsychoSocial Form
- Establish baseline (profile) of preconception clients (as of 2/07)
- Break risks into 3 main groups from the PsychoSocial Form (numbering the risks consecutively on the form 1-18)
 - Behavior Risk (BR): 4-8, 10-13
 - Risk Condition (RC): 9, 14-18
 - Barriers to Access (BA): 1-3
- Presenting a profile (count, proportions) of risk behavior (BR, RC, BA) by targeted zip codes
 - SES profile
 - Multiple vs. Single Risk and combination of risks
 - Risk behavior and referrals linkage

4. Have nutritional counseling clients formed healthier eating habits and lifestyle choices?

- Provide a baseline profile of clients involved in nutritional program.
- List measurements to be collected and survey for the nutritional program clients.

**APPENDIX B
DETAILED DATA TABLES**

PSF Tables

Table B.1

Completed Forms by Targeted Zip Code		
Zip Code	Count	Response Rate
19701	162	94.2%
19702	255	95.9%
19703	119	94.4%
19711	311	95.4%
19713	193	95.1%
19720	256	94.1%
19801	133	96.4%
19802	145	92.4%
19805	230	95.0%
19808	106	94.6%
19901	121	96.8%
19904	117	98.3%
19956	15	100.0%
19966	54	100.0%
19973	11	91.7%
Total Targeted	2,228	95.2%
Non-Targeted	2,965	96.2%
<i>Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008</i>		

Table B.2

PSF Forms Indicating NO risk factors present By Targeted Zip Codes		
Targeted Zip Codes	Count	Percent*
19701	24	15%
19702	53	21%
19703	23	19%
19711	65	21%
19713	29	15%
19720	34	13%
19801	17	13%
19802	28	19%
19805	43	19%
19808	10	9%
19901	28	23%
19904	21	18%
19956	5	33%
19966	7	13%
19973	3	27%
Total Targeted	390	18%
Non-Targeted	619	21%
TOTAL	1,009	19%

**Percent is the number of respondents indicating no risk factors present divided by the number of total respondents in that zip code.
Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008*

Figure B.1. Average Risk Factors By Zip Code

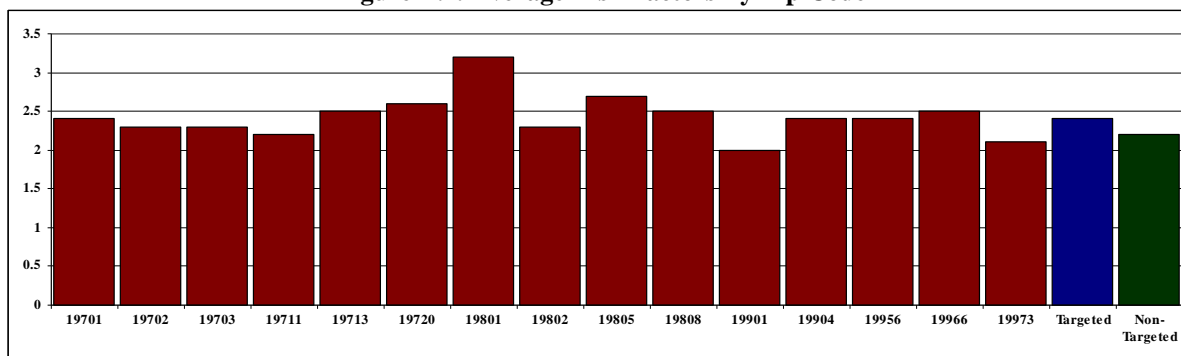


Table B.3

Total number of risk factors by risk category						
Risk Factor Categories	Targeted Zip Codes		Non-Target Zip Codes		Total	
	#	%	#	%	#	%
Behavioral Risks						
0	640	29%	959	32%	1599	31%
1	624	28%	869	29%	1493	29%
2	505	23%	627	21%	1132	22%
3	278	12%	334	11%	612	12%
4	125	6%	118	4%	243	5%
5	42	2%	44	1%	86	2%
6	9	0%	12	0%	21	0%
7	4	0%	2	0%	6	0%
8	1	0%	0	0%	1	0%
Category Total	2,228	100%	2,965	100%	5,193	100%
Risk Conditions						
0	1,536	69%	2189	74%	3725	72%
1	433	19%	521	18%	954	18%
2	192	9%	190	6%	382	7%
3	53	2%	53	2%	106	2%
4	13	1%	8	0%	21	0%
5	1	0%	1	0%	2	0%
6	0	0%	3	0%	3	0%
Category Total	2228	100%	2965	100%	5,193	100%
Access Barriers						
0	1,297	58%	1,738	59%	3,035	58%
1	743	33%	1,076	36%	1,819	35%
2	167	7%	128	4%	295	6%
3	21	1%	23	1%	44	1%
Category Total	2,228	100%	2,965	100%	5,193	100%
<i>Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008</i>						

Table B.4

One or More Risk Factors by Risk Category and Zip Code Category						
Risk Categories	Target		Non-Target		Total	
	n=2,228		n=2,965		n=5,193	
	#	%	#	%	#	%
Behavioral Risk	1,588	71%	2,006	68%	3,594	69%
Risk Condition	692	31%	776	26%	1,468	28%
Barriers to Access	931	42%	1,227	41%	2,158	42%

Percent is the number of respondents in that zip code category responding yes to 1 or more risk factors in that risk category divided by the total number of respondents in that zip code category; totals do not add to 100% because respondents check all that apply.

Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008

Table B.5

Average Number of Risk Factors by Risk Category and Zip Code Category			
Risk Categories	Target n=2,228	Non-Target n=2,965	Total n=5,193
Behavioral Risk	1.5	1.3	1.4
Risk Condition	0.5	0.4	0.4
Barriers to Access	0.5	0.5	0.5

Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008

Table B.6

One or More Risk Factors by Risk Category and Poverty Level												
Risk Categories	100% AND BELOW		101% THRU 150%		151% THRU 200%		201% THRU 250%		251% THRU 500%		500% AND GREATER	
	n=1,857		n=685		n=432		n=183		n=342		n=347	
	%	#	%	#	%	#	%	#	%	#	%	#
Behavioral Risk	72%	1,333	68%	469	68%	293	66%	121	60%	206	67%	234
Risk Condition	29%	537	25%	174	27%	115	24%	44	22%	76	34%	118
Barriers to Access	40%	738	55%	374	54%	235	48%	87	33%	113	22%	77

Percent is the number of respondents in that zip code category responding yes to 1 or more risk factors in that risk category divided by the total number of respondents in that zip code category; totals do not add to 100% because respondents check all that apply.
Missing=1,347

Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008

Table B.7

Self-Reported Risk Factors by Poverty Level													
POVERTY LEVEL		100% AND BELOW		101% THRU 150%		151% THRU 200%		201% THRU 250%		251% THRU 500%		500% AND GREATER	
Risk Factors		%	#	%	#	%	#	%	#	%	#	%	#
Basic Needs	Limited access to transportation	1%	236	5%	35	4%	16	3%	5	3%	11	7%	25
	No or inadequate health insurance	3%	582	51%	349	51%	221	46%	84	31%	106	16%	54
	Need help w/other basic needs	1%	124	5%	33	3%	12	3%	6	3%	10	4%	14.0
General Health	Unable to eat regular healthy meals	0%	85	4%	24	1%	5	2%	3	4%	12	4%	13
	Not seen dentist in past 2 yrs	2%	361	26%	176	21%	91	18%	33	13%	43	17%	58
	Smokes cigarettes	3%	482	29%	198	28%	119	29%	53	27%	91	31%	108
	Alcohol/drug use sometimes problematic	0%	32	1%	8	1%	6	1%	2	1%	2	2%	7
	Concerned about weight	1%	138	8%	54	7%	29	8%	15	8%	27	8%	26
	Has a chronic illness	1%	168	7%	48	9%	39	7%	13	8%	28	12%	42
	Sexual Health	No GYN exam or breast exam in past 2 years	3%	573	19%	128	15%	63	12%	21	13%	44	21%
	Sexually active but does not use birth control	2%	449	22%	147	18%	79	21%	38	15%	50	23%	79
	Does not take folic acid or vitamins w/folic acid	3%	585	32%	220	33%	141	33%	61	30%	102	30%	103
	Planning to get pregnant in next 6 months	0%	39	1%	9	3%	8	2%	4	2%	8	2%	6
	Does not feel safe at home or w/my partner	0%	16	1%	8	0%	1	0%	0	0%	1	1%	3
	Has been sexually abused & would like info	0%	21	1%	8	1%	3	0%	0	0%	1	1%	5
Quality of Life	Has been diagnosed w/depression or anxiety	1%	238	12%	84	13%	58	15%	28	13%	43	18%	64
	Has felt more sad/stressed than usual in past few months	2%	283	14%	95	13%	57	12%	21	10%	35	18%	63
	No close friends/family to talk to	0%	63	3%	17	2%	8	2%	4	1%	2	3%	11

*Percent is the number of respondents in that income category responding "yes" to the risk factor identified divided by the total respondents in that income group; Numbers will not total 100% because respondents may check all that apply. Missing=1,347
 Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008

Table B.8

**Self-Reported Risk Factors by Targeted Zip Code
New Castle County - Suburban**

Risk Factors		19701		19702		19703		19711		19713		19720	
		n=162		n=255		n=119		n=311		n=193		n=256	
		%	#	%	#	%	#	%	#	%	#	%	#
Behavioral Risks	Unable to eat regular healthy meals	1%	2	4%	9	0%	0	2%	7	7%	13	5%	13
	Not seen dentist in past 2 yrs	22%	35	21%	54	22%	26	21%	66	22%	43	21%	54
	Smokes cigarettes	31%	51	22%	57	31%	37	29%	91	30%	58	29%	75
	Alcohol/drug use sometimes problematic	1%	2	1%	3	1%	1	2%	6	2%	4	1%	2
	Concerned about weight	7%	11	6%	16	8%	9	6%	20	7%	14	8%	21
	No GYN exam or breast exam in past 2 years	21%	34	25%	63	24%	29	24%	75	31%	59	26%	67
	Sexually active but does not use birth control	24%	39	23%	59	24%	29	16%	50	27%	53	27%	70
	Does not take folic acid or vitamins w/folic acid	27%	43	33%	85	26%	31	31%	96	34%	66	31%	79
	Planning to get pregnant in next 6 months	1%	2	3%	8	3%	4	2%	5	0%	0	3%	7
Risk Conditions	Has a chronic illness	12%	20	9%	24	6%	7	10%	30	8%	15	11%	29
	Does not feel safe at home or w/my partner	1%	2	2%	4	0%	0	0%	1	1%	1	1%	3
	Has been sexually abused & would like info	0%	0	2%	4	2%	2	1%	2	1%	2	1%	2
	Has been diagnosed w/depression or anxiety	15%	25	14%	36	15%	18	17%	53	12%	24	14%	36
	Has felt more sad/stressed than usual in past few months	19%	30	13%	34	10%	12	17%	52	18%	35	18%	45
	No close friends/family to talk to	5%	8	3%	7	1%	1	2%	5	3%	6	3%	8
Access Barriers	Limited access to transportation	7%	11	7%	19	12%	14	8%	24	7%	14	11%	29
	No or inadequate health insurance	44%	71	39%	99	35%	42	30%	92	37%	72	36%	91
	Need help w/other basic needs	2%	4	4%	10	7%	8	6%	19	7%	13	9%	23

*Percent is the number of respondents in that zip code responding "yes" to the risk factor identified divided by the total respondents in that zip code; Numbers will not total 100% because respondents may check all that apply.

Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008

Table B.9

Self-Reported Risk Factors by Targeted Zip Code Wilmington City									
Risk Factors		19801		19802		19805		19808	
		n=133		n=145		n=230		n=106	
		%	#	%	#	%	#	%	#
Behavioral Risks	Unable to eat regular healthy meals	6%	8	6%	9	4%	9	4%	4
	Not seen dentist in past 2 yrs	34%	45	23%	34	28%	65	16%	17
	Smokes cigarettes	34%	45	22%	32	31%	72	30%	32
	Alcohol/drug use sometimes problematic	5%	6	1%	1	2%	4	1%	1
	Concerned about weight	14%	18	9%	13	9%	21	6%	6
	No GYN exam or breast exam in past 2 years	20%	26	17%	24	22%	51	29%	31
	Sexually active but does not use birth control	38%	51	30%	44	32%	74	20%	21
	Does not take folic acid or vitamins w/folic acid	33%	44	29%	42	27%	63	38%	40
	Planning to get pregnant in next 6 months	4%	5	3%	4	3%	7	1%	1
Risk Conditions	Has a chronic illness	17%	22	12%	17	13%	30	5%	5
	Does not feel safe at home or w/my partner	3%	4	0%	0	1%	3	1%	1
	Has been sexually abused & would like info	4%	5	1%	1	2%	4	0%	0
	Has been diagnosed w/depression or anxiety	20%	27	7%	10	15%	34	18%	19
	Has felt more sad/stressed than usual in past few months	21%	28	19%	28	19%	43	20%	21
	No close friends/family to talk to	8%	10	3%	5	6%	14	3%	3
Access Barriers	Limited access to transportation	18%	24	16%	23	15%	34	9%	10
	No or inadequate health insurance	38%	51	23%	34	31%	72	46%	49
	Need help w/other basic needs	15%	20	6%	9	6%	13	4%	4

**Percent is the number of respondents in that zip code responding "yes" to the risk factor identified divided by the total respondents in that zip code; Numbers will not total 100% because respondents may check all that apply.
Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008*

Table B.10

Self-Reported Risk Factors by Targeted Zip Code Kent and Sussex											
Risk Factors		19901		19904		19956		19966		19973	
		n=121		n=117		n=15		n=54		n=11	
		%	count	%	count	%	count	%	count	%	count
Behavioral Risks	Unable to eat regular healthy meals	3%	4	3%	4	7%	1	7%	4	9%	1
	Not seen dentist in past 2 yrs	18%	22	18%	21	27%	4	24%	13	27%	3
	Smokes cigarettes	17%	20	22%	26	40%	6	33%	18	45%	5
	Alcohol/drug use sometimes problematic	0%	0	3%	3	7%	1	0%	0	0%	0
	Concerned about weight	8%	10	7%	8	0%	0	9%	5	0%	0
	No GYN exam or breast exam in past 2 years	30%	36	27%	32	13%	2	31%	17	18%	2
	Sexually active but does not use birth control	21%	26	26%	30	7%	1	17%	9	18%	2
	Does not take folic acid or vitamins w/folic acid	32%	39	38%	45	33%	5	30%	16	45%	5
	Planning to get pregnant in next 6 months	2%	3	3%	3	0%	0	2%	1	0%	0
Risk Conditions	Has a chronic illness	8%	10	5%	6	0%	0	13%	7	9%	1
	Does not feel safe at home or w/my partner	0%	0	0%	0	0%	0	0%	0	0%	0
	Has been sexually abused & would like info	0%	0	2%	2	0%	0	2%	1	0%	0
	Has been diagnosed w/depression or anxiety	6%	7	14%	16	33%	5	13%	7	9%	1
	Has felt more sad/stressed than usual in past few months	12%	15	19%	22	40%	6	15%	8	0%	0
	No close friends/family to talk to	1%	1	2%	2	7%	1	2%	1	0%	0
Access Barriers	Limited access to transportation	7%	8	9%	11	0%	0	6%	3	0%	0
	No or inadequate health insurance	34%	41	36%	42	20%	3	39%	21	27%	3
	Need help w/other basic needs	2%	3	6%	7	7%	1	6%	3	0%	0

**Percent is the number of respondents in that zip code responding "yes" to the risk factor identified divided by the total respondents in that zip code; Numbers will not total 100% because respondents may check all that apply.
Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008*

Table B.11

Self-Reported Risk Factors by Age Group										
Risk Categories	0-14		15-17		18-19		20-24		25-29	
	n=63		n=552		n=692		n=1219		n=659	
	%	#	%	#	%	#	%	#	%	#
Behavioral Risks										
Unable to eat regular healthy meals	5%	3	4%	23	4%	31	3%	42	2%	16
Not seen dentist in past 2 yrs	10%	6	12%	64	15%	101	22%	268	26%	169
Smokes cigarettes	19%	12	19%	105	23%	158	29%	358	32%	209
Alcohol/drug use sometimes problematic	2%	1	2%	10	1%	10	1%	15	2%	13
Concerned about weight	11%	7	6%	32	6%	41	6%	74	8%	51
No GYN exam or breast exam in past 2 years	41%	26	49%	268	29%	203	15%	184	14%	93
Sexually active but does not use birth control	25%	16	23%	128	21%	146	22%	274	21%	140
Does not take folic acid or vitamins w/folic acid	41%	26	31%	169	31%	217	31%	382	32%	213
Planning to get pregnant in next 6 months	0%	0	1%	7	1%	9	2%	22	3%	17
Risk Conditions										
Has a chronic illness	6%	4	7%	39		54	8%	98	6%	38
Does not feel safe at home or w/my partner	3%	2	0%	0	1%	5	1%	10	1%	4
Has been sexually abused & would like info	8%	5	1%	4	0%	1	1%	10	1%	6
Has been diagnosed w/depression or anxiety	11%	7	10%	57	9%	61	13%	158	17%	109
Has felt more sad/stressed than usual in past few months	19%	12	14%	77	13%	92	14%	165	15%	99
No close friends or family to talk to	5%	3	2%	10	3%	18	2%	24	3%	18
Access Barriers										
Limited access to transportation	22%	14	13%	74	12%	80	6%	75	5%	34
No or inadequate health insurance	13%	8	23%	127	35%	242	44%	532	38%	251
Need help w/other basic needs	2%	1	3%	16	4%	31	5%	65	5%	31
*Percent is the number of respondents in that age group responding "yes" to the risk factor identified divided by the total number of respondents in that age group.										
Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008										

Table B.11 continued

Risk Categories	30-34		35-39		40-44		45-54		55+	
	n=284		n=175		n=108		n=86		n=17	
	%	#	%	#	%	#	%	#	%	#
Behavioral Risks										
Unable to eat regular healthy meals	4%	10	3%	6	5%	5	7%	6	6%	1
Not seen dentist in past 2 yrs	22%	63	25%	43	24%	26	27%	23	6%	1
Smokes cigarettes	31%	89	31%	54	33%	36	34%	29	12%	2
Alcohol/drug use sometimes problematic	1%	4	1%	2	1%	1	1%	1	0%	0
Concerned about weight	13%	36	13%	22	11%	12	15%	13	18%	3
No GYN exam or breast exam in past 2 years	15%	42	19%	33	20%	22	35%	30	24%	4
Sexually active but does not use birth control	24%	67	19%	33	25%	27	15%	13	0%	
Does not take folic acid or vitamins w/folic acid	32%	92	31%	54	27%	29	30%	26	29%	5
Planning to get pregnant in next 6 months	5%	15	1%	2	2%	2	0%	0	0%	0
Risk Conditions										
Has a chronic illness	13%	38	17%	30	18%	19	20%	17	18%	3
Does not feel safe at home or w/my partner	1%	3	1%	1	1%	1	3%	3	0%	0
Has been sexually abused & would like info	1%	2	2%	4	3%	3	3%	3	0%	0
Has been diagnosed w/depression or anxiety	14%	39	21%	36	21%	23	26%	22	24%	4
Has felt more sad/stressed than usual in past few months	15%	44	19%	33	14%	15	17%	15	24%	4
No close friends or family to talk to	4%	10	5%	9	5%	5	7%	6	12%	2
Access Barriers										
Limited access to transportation	8%	22	7%	12	10%	11	6%	5	6%	1
No or inadequate health insurance	35%	99	35%	62	36%	39	41%	35	35%	6
Need help w/other basic needs	7%	21	8%	14	9%	10	14%	12	0%	0
*Percent is the number of respondents in that age group responding "yes" to the risk factor identified divided by the total number of respondents in that age group. Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008										

Table B.12

Self-Reported Risk Factors by Race										
Risk Categories	Black		Black, Non-Hispanic		Hispanic		White		White Non-Hispanic	
	n=909		n=215		n=110		n=2008		n=382	
	%	#	%	#	%	#	%	#	%	#
Behavioral Risks										
Unable to eat regular healthy meals	4.7%	43	4.7%	10	6.4%	7	2.9%	59	3.7%	14
Not seen dentist in past 2 yrs	23.1%	210	28.8%	62	25.5%	28	16.1%	323	23.6%	90
Smokes cigarettes	17.0%	152	27.9%	60	15.5%	17	30.2%	606	42.7%	163
Alcohol/drug use sometimes problematic	0.8%	7	1.4%	3	0.9%	1	1.8%	37	1.8%	7
Concerned about weight	8.7%	79	9.3%	20	3.6%	4	6.4%	129	9.7%	37
No GYN exam or breast exam in past 2 years	22.7%	206	12.6%	27	19.1%	21	26.0%	521	17.5%	67
Sexually active but does not use birth control	27.3%	248	35.4%	76	25.5%	28	18.0%	362	20.9%	80
Does not take folic acid or vitamins w/folic acid	27.1%	247	33.5%	72	24.6%	27	33.6%	675	31.2%	119
Planning to get pregnant in next 6 months	2.9%	26	4.2%	9	2.7%	3	1.1%	21	2.4%	9
Risk Conditions										
Has a chronic illness	10.1%	92	12.1%	26	6.4%	7	7.8%	157	8.6%	33
Does not feel safe at home or w/my partner	1.4%	13	0.9%	2	0.9%	1	0.5%	9	0.8%	3
Has been sexually abused & would like info	0.9%	8	1.4%	3	0.0%	0	1.0%	20	1.0%	4
Has been diagnosed w/depression or anxiety	8.3%	75	13.0%	28	9.1%	10	15.0%	302	21.5%	82
Has felt more sad/stressed than usual in past few months	15.4%	140	18.1%	39	16.4%	18	12.8%	256	18.3%	70
No close friends or family to talk to	4.1%	37	5.1%	11	2.7%	3	1.9%	39	2.4%	9
Access Barriers										
Limited access to transportation	13.2%	120	10.2%	22	11.8%	13	6.8%	137	4.5%	17
No or inadequate health insurance	29.2%	265	27.0%	58	40.9%	45	39.1%	786	38.5%	147
Need help w/other basic needs	7.3%	66	11.2%	24	10.0%	11	3.4%	69	5.2%	20
*Percent is the number of respondents in that age group responding "yes" to the risk factor identified divided by the total number of respondents in that age group.										
Source: PPDE PsychoSocial Form, Health Services Policy Research Group, University of Delaware, 2008										

Patient Registration Data

Table B.13

Preconception Clients by Age Group and Zip Code Areas						
Age Group	Jan 2006 - Jan 2007					
	Non-Target Zip Codes		Target Zip Codes		Total	
	#	%	#	%	#	%
0-14	38	1%	99	1%	137	1%
15-17	660	15%	1,061	16%	1,721	16%
18-19	892	21%	1,236	18%	2,128	19%
20-24	1,366	32%	,2208	33%	3,574	32%
25-29	678	16%	1,092	16%	1,770	16%
30-34	263	6%	476	7%	739	7%
35-39	196	5%	275	4%	471	4%
40-44	119	3%	129	2%	248	2%
45-54	87	2%	115	2%	202	2%
55-	19	0%	31	0%	50	0%
Total	4,318	100%	6,722	100%	11,040	100%
<i>Missing: 710</i>						
Age Group	Feb 2007 - Nov 2007					
	Non-Target Zip Codes		Target Zip Codes		Total	
	#	%	#	%	#	%
0-14	37	1%	77	2%	114	1%
15-17	504	15%	816	16%	1,320	16%
18-19	635	19%	859	17%	1,494	18%
20-24	993	30%	1,607	31%	2,600	31%
25-29	565	17%	892	17%	1,457	17%
30-34	226	7%	382	7%	608	7%
35-39	173	5%	224	4%	397	5%
40-44	93	3%	139	3%	232	3%
45-54	73	2%	102	2%	175	2%
55-	16	0%	26	1%	42	0%
Total	3,315	100%	5124	100%	8,439	100%
<i>Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008</i>						

Table B.14

Preconception Clients in New Castle Suburban Targeted Zip Code Areas - Race												
Jan 2006 - Jan 2007												
Race	19701		19702		19703		19711		19713		19720	
	#	%	#	%	#	%	#	%	#	%	#	%
American Indian/Alaskan	1	0%	1	0%	1	0%	4	1%	0	0%	2	0%
Asian	10	3%	18	3%	6	2%	18	2%	11	2%	8	1%
Black	81	21%	170	24%	122	33%	61	8%	88	18%	263	34%
Black Non-Hispanic	23	6%	63	9%	40	11%	23	3%	30	6%	97	13%
Hispanic	5	1%	37	5%	13	4%	18	2%	15	3%	44	6%
Native Hawaiian/Pacific	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	16	4%	23	3%	9	2%	22	3%	17	3%	25	3%
Unknown	3	1%	5	1%	11	3%	9	1%	4	1%	6	1%
White	181	48%	305	43%	138	37%	518	68%	265	54%	248	32%
White Non-Hispanic	58	15%	87	12%	30	8%	92	12%	65	13%	77	10%
Total	378	100%	709	100%	370	100%	765	100%	495	100%	770	100%
Feb 2007 - Nov 2007												
Race	19701		19702		19703		19711		19713		19720	
	#	%	#	%	#	%	#	%	#	%	#	%
American Indian/Alaskan	1	0%	2	0%	3	1%	4	1%	1	0%	3	1%
Asian	6	2%	8	2%	5	2%	13	2%	6	2%	3	1%
Black	75	24%	158	31%	115	35%	52	9%	80	21%	213	38%
Black Non-Hispanic	14	4%	35	7%	26	8%	15	3%	14	4%	56	10%
Hispanic	2	1%	28	6%	7	2%	16	3%	10	3%	43	8%
Native Hawaiian/Pacific	0	0%	1	0%	0	0%	1	0%	0	0%	0	0%
Other	16	5%	20	4%	11	3%	27	5%	26	7%	23	4%
Unknown	5	2%	8	2%	5	2%	12	2%	8	2%	3	1%
White	166	53%	188	37%	134	41%	362	64%	193	50%	179	32%
White Non-Hispanic	31	10%	55	11%	19	6%	65	11%	48	12%	41	7%
Total	316	100%	503	100%	325	100%	567	100%	386	100%	564	100%

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

Table B.15

Preconception Clients in Wilmington Targeted Zip Code Areas - Race								
Jan 2006 - Jan 2007								
Race	19801		19802		19805		19808	
	#	%	#	%	#	%	#	%
American Indian/Alaskan	2	0%	2	0%	3	0%	0	0%
Asian	1	0%	5	1%	4	1%	6	2%
Black	256	55%	310	55%	228	31%	27	8%
Black Non-Hispanic	125	27%	154	27%	117	16%	13	4%
Hispanic	21	5%	10	2%	109	15%	21	6%
Native Hawaiian/Pacific	0	0%	0	0%	0	0%	0	0%
Other	9	2%	11	2%	29	4%	9	3%
Unknown	2	0%	7	1%	8	1%	5	2%
White	36	8%	52	9%	169	23%	191	58%
White Non-Hispanic	11	2%	15	3%	73	10%	55	17%
Total	463	100%	566	100%	740	100%	327	100%
Feb 2006 - Nov 2007								
Race	19801		19802		19805		19808	
	#	%	#	%	#	%	#	%
American Indian/Alaskan	1	0%	2	1%	2	0%	0	0%
Asian	0	0%	2	1%	1	0%	4	2%
Black	215	59%	243	61%	192	38%	15	7%
Black Non-Hispanic	94	26%	88	22%	70	14%	9	4%
Hispanic	7	2%	2	1%	68	13%	8	4%
Native Hawaiian/Pacific	0	0%	0	0%	1	0%	0	0%
Other	2	1%	2	1%	24	5%	5	2%
Unknown	4	1%	9	2%	8	2%	5	2%
White	27	7%	37	9%	108	21%	138	66%
White Non-Hispanic	14	4%	12	3%	36	7%	25	12%
Total	364	100%	397	100%	510	100%	209	100%

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

Table B.16

Preconception Clients in Kent and Sussex Targeted Zip Code Areas - Race										
Jan 2006 - Jan 2007										
Race	19901		19904		19956		19966		19973	
	#	%	#	%	#	%	#	%	#	%
American Indian/Alaskan	4	1%	3	1%	0	0%	0	0%	0	0%
Asian	9	2%	10	2%	0	0%	1	1%	0	0%
Black	183	38%	172	37%	3	14%	6	5%	7	18%
Black Non-Hispanic	37	8%	33	7%	1	5%	2	2%	2	5%
Hispanic	6	1%	4	1%	2	9%	1	1%	0	0%
Native Hawaiian/Pacific	0	0%	0	0%	0	0%	0	0%	0	0%
Other	18	4%	15	3%	1	5%	5	4%	0	0%
Unknown	3	1%	0	0%	0	0%	3	3%	0	0%
White	191	39%	198	42%	12	55%	69	58%	26	65%
White Non-Hispanic	33	7%	35	7%	3	14%	33	28%	5	13%
Total	484	100%	470	100%	22	100%	120	100%	40	100%
Feb 2007 – Nov 2007										
Race	19901		19904		19956		19966		19973	
	#	%	#	%	#	%	#	%	#	%
American Indian/Alaskan	2	0%	6	1%	0	0%	0	0%	0	0%
Asian	4	1%	5	1%	0	0%	3	3%	0	0%
Black	168	40%	166	41%	1	6%	9	8%	1	4%
Black Non-Hispanic	30	7%	30	7%	1	6%	1	1%	3	13%
Hispanic	8	2%	9	2%	1	6%	2	2%	0	0%
Native Hawaiian/Pacific	0	0%	0	0%	0	0%	1	1%	1	4%
Other	23	5%	15	4%	1	6%	2	2%	1	4%
Unknown	1	0%	1	0%	0	0%	0	0%	0	0%
White	157	37%	146	36%	9	56%	81	69%	13	57%
White Non-Hispanic	28	7%	23	6%	3	19%	19	16%	4	17%
Total	421	100%	401	100%	16	100%	118	100%	23	100%

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

Table B.17

Language by Time Period						
Language	Jan 06 - Jan 07		Feb 07 - Nov 07		Total	
	#	%	#	%	#	%
English	11,542	98%	8,275	98%	19,817	98%
Limited English	48	0%	32	0%	80	0%
Spanish	148	1%	118	1%	266	1%
Total	11,738	100%	8,425	100%	20,163	100%
Missing=26						

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

Table B.18

New Castle Suburban Targeted Zip Code Areas - Monthly Flows												
Month/Yr	19701		19702		19703		19711		19713		19720	
	#	% Chg	#	% Chg	#	% Chg	#	% Chg	#	% Chg	#	% Chg
Jan 06	40		89		55		81		58		92	
Feb 06	25	-38	34	-62	10	-82	31	-62	39	-33	50	-46
Mar 06	28	12	62	82	37	270	63	103	39	0	67	34
Apr 06	23	-18	27	-56	20	-46	47	-25	40	3	38	-43
May 06	45	96	59	119	38	90	76	62	42	5	73	92
June 06	48	7	71	20	39	3	75	-1	51	21	78	7
July 06	38	-21	67	-6	32	-18	72	-4	44	-14	62	-21
Aug 06	26	-32	61	-9	32	0	71	-1	47	7	64	3
Sep 06	24	-8	56	-8	37	16	53	-25	42	-11	57	-11
Oct 06	32	33	44	-21	36	-3	44	-17	27	-36	61	7
Nov 06	39	22	56	27	26	-28	62	41	32	19	60	-2
Dec 06	38	-3	50	-11	36	38	43	-31	43	34	62	3
Jan 07	19	-50	55	10	19	-47	63	47	45	5	53	-15
Feb 07	33	74	55	0	31	63	54	-14	51	13	47	-11
Mar 07	28	-15	62	13	31	0	68	26	59	16	75	60
Apr 07	26	-7	54	-13	35	13	56	-18	37	-37	48	-36
May 07	23	-12	40	-26	27	-23	59	5	26	-30	53	10
June 07	30	30	39	-3	30	11	57	-3	32	23	46	-13
July 07	28	-7	59	51	24	-20	56	-2	26	-19	51	11
Aug 07	38	36	55	-7	34	42	71	27	32	23	60	18
Sep 07	20	-47	39	-29	15	-56	48	-32	21	-34	51	-15
Oct 07	22	10	47	21	32	113	49	2	26	24	61	20
Nov 07	21	-5	31	-34	19	-41	33	-33	22	-15	26	-57
TOTAL	694		1212		695		1332		881		1335	
Average	58	3	101	3	58	13	111	2	73	-2	111	0
<i>Average – 01/2006 – 02/2007</i>	34	5	56	7	33	22	60	4	42	0	64	2
<i>Average 02/2007 – 11/2007</i>	27	6	48	-3	28	10	55	-4	33	-4	52	-1

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

Table B.19

Wilmington Targeted Zip Code Areas - Monthly Flows								
Month/Yr	19801		19802		19805		19808	
	#	% Chg	#	% Chg	#	% Chg	#	% Chg
Jan 06	54		65		98		40	
Feb 06	25	-54	36	-45	29	-70	23	-43
Mar 06	42	68	57	58	63	117	28	22
Apr 06	26	-38	30	-47	34	-46	20	-29
May 06	50	92	67	123	80	135	34	70
June 06	39	-22	62	-7	69	-14	27	-21
July 06	38	-3	51	-18	56	-19	25	-7
Aug 06	30	-21	37	-27	50	-11	25	0
Sep 06	30	0	44	19	51	2	15	-40
Oct 06	51	70	30	-32	47	-8	20	33
Nov 06	35	-31	36	20	60	28	35	75
Dec 06	41	17	33	-8	51	-15	18	-49
Jan 07	28	-32	38	15	52	2	22	22
Feb 07	30	7	38	0	46	-12	10	-55
Mar 07	36	20	43	13	65	41	27	170
Apr 07	39	8	40	-7	63	-3	20	-26
May 07	31	-21	42	5	52	-17	23	15
June 07	27	-13	39	-7	57	10	29	26
July 07	34	26	36	-8	60	5	27	-7
Aug 07	45	32	47	31	46	-23	16	-41
Sep 07	29	-36	25	-47	34	-26	18	13
Oct 07	38	31	41	64	48	41	24	33
Nov 07	32	-16	26	-37	42	-13	10	-58
TOTAL	830		963		1,253		536	
Average	69	4	80	3	104	5	45	5
<i>Average – 01/2006 – 02/2007</i>	38	7	46	3	57	9	26	1
<i>Average 02/2007 – 11/2007</i>	34	4	38	1	51	0	20	7

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

Table B.20

Kent and Sussex Targeted Zip Code Areas - Monthly Flows										
Month/Yr	19901		19904		19956		19966		19973	
	#	% Chg	#	% Chg	#	% Chg	#	% Chg	#	% Chg
Jan 06	51		47		2		10		1	
Feb 06	30	-41	24	-49	2	0	9	-10	5	400
Mar 06	34	13	29	21	3	50	9	0	1	-80
Apr 06	38	12	40	38	0	-100	11	22	0	-100
May 06	45	18	47	18	0	-	2	-82	5	-
June 06	59	31	49	4	3	-	14	600	2	-60
July 06	38	-36	37	-24	0	-100	5	-64	2	0
Aug 06	57	50	44	19	3	-	17	240	3	50
Sep 06	36	-37	27	-39	2	-33	4	-76	3	0
Oct 06	42	17	45	67	2	0	7	75	6	100
Nov 06	34	-19	39	-13	1	-50	17	143	3	-50
Dec 06	39	15	40	3	2	100	12	-29	2	-33
Jan 07	42	8	46	15	2	0	10	-17	4	100
Feb 07	41	-2	41	-11	1	-50	15	50	4	0
Mar 07	33	-20	37	-10	2	100	17	13	4	0
Apr 07	33	0	41	11	2	0	11	-35	2	-50
May 07	42	27	28	-32	0	-100	4	-64	5	150
June 07	37	-12	24	-14	1	-	8	100	0	-100
July 07	40	8	26	8	4	300	9	13	1	-
Aug 07	39	-3	35	35	0	-100	9	0	2	100
Sep 07	30	-23	47	34	0	-	11	22	4	100
Oct 07	36	20	42	-11	2	-	14	27	2	-50
Nov 07	29	-19	36	-14	4	100	13	-7	2	0
TOTAL	905		871		38		238		63	
Average	75	0	73	2	3	7	20	42	5	24
Average – 01/2006 – 02/2007	42	2	39	4	2	-17	10	74	3	23
Average 02/2007 – 11/2007	36	-2	36	0	2	36	11	12	3	17

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

Table B.21

New Castle Suburban Target Zip Code Areas – Use of Birth Control –												
Jan 2006 - Jan 2007												
BIRTH CONTROL	19701		19702		19703		19711		19713		19720	
	#	%	#	%	#	%	#	%	#	%	#	%
None	145	38%	278	40%	142	39%	271	35%	185	38%	295	39%
Birth control	233	62%	424	60%	225	61%	494	65%	308	62%	471	61%
Total	378	100%	702	100%	367	100%	765	100%	493	100%	766	100%
Feb 2007 - Nov 2007												
BIRTH CONTROL	19701		19702		19703		19711		19713		19720	
	#	%	#	%	#	%	#	%	#	%	#	%
None	138	44%	225	45%	154	48%	224	40%	175	45%	276	49%
Birth control	178	56%	276	55%	167	52%	343	60%	210	55%	285	51%
Total	316	100%	501	100%	321	100%	567	100%	385	100%	561	100%

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

Table B.22

Wilmington Targeted Zip Code Areas - Birth Control									
Jan 2006 - Jan 2007									
Birth control	19801		19802		19805		19808		
	#	%	#	%	#	%	#	%	
None	188	41%	211	38%	262	36%	126	39%	
Birth control	274	59%	350	62%	475	64%	200	61%	
Total	462	100%	561	100%	737	100%	326	100%	
Feb 2007 - Nov 2007									
Birth control	19801		19802		19805		19808		
	#	%	#	%	#	%	#	%	
None	177	49%	180	46%	226	44%	87	42%	
Birth control	186	51%	215	54%	282	56%	122	58%	
Total	363	100%	395	100%	508	100%	209	100%	

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

Table B.23

Kent and Sussex Zip Code Areas - Birth Control										
Jan 2006 - Jan 2007										
Birth control	19901		19904		19956		19966		19973	
	#	%	#	%	#	%	#	%	#	%
None	157	33%	163	35%	8	38%	27	23%	9	24%
Birth control	318	67%	307	65%	13	62%	91	77%	29	76%
Total	475	100%	470	100%	21	100%	118	100%	38	100%
Feb 2007 - Nov 2007										
Birth control	19901		19904		19956		19966		19973	
	#	%	#	%	#	%	#	%	#	%
None	160	38%	147	37%	10	67%	31	27%	9	41%
Birth control	257	62%	252	63%	5	33%	85	73%	13	59%
Total	417	100%	399	100%	15	100%	116	100%	22	100%

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

NOTE: "Sterilization" and "Fertility Awareness" were dropped from the Zip code birth control tables because of too few cases.

Table B.24

Purpose of Preconception Clients Visit By Zip Code Areas						
Jan 2006 - Jan 2007						
Purpose	Non-Target Zip Codes		Target Zip Codes		Total	
	#	%	#	%	#	%
Annual	688	14%	565	17%	1,253	15%
EC-only	1,003	20%	242	7%	1,245	15%
HIV-only	117	2%	43	1%	160	2%
HOPE	665	13%	476	14%	1,141	14%
Initial	1,545	31%	1,158	35%	2,703	32%
Pregnancy Test	287	6%	232	7%	519	6%
Revisit	549	11%	425	13%	974	12%
Supply	174	3%	174	5%	348	4%
Total	5,028	100%	3,315	100%	8,343	100%
Feb 2007 - Nov 2007						
Purpose	Non-Target Zip Codes		Target Zip Codes		Total	
	#	%	#	%	#	%
Annual	1,028	15%	792	15%	1,820	15%
EC-only	1,384	21%	388	8%	1,772	15%
HIV-only	125	2%	84	2%	209	2%
HOPE	947	14%	646	13%	1,593	13%
Initial	1,576	23%	1,584	31%	3,160	27%
Pregnancy Test	745	11%	589	11%	1,334	11%
Revisit	731	11%	826	16%	1,557	13%
Supply	186	3%	215	4%	401	3%
Total	6,722	100%	5,124	100%	11,846	100%

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

Table B.25

New Castle Suburban Zip Code Areas - Purpose of Visit												
Jan 2006 – Jan 2007												
Purpose	19701		19702		19703		19711		19713		19720	
	#	%	#	%	#	%	#	%	#	%	#	%
Annual	55	15%	124	17%	59	16%	104	14%	95	19%	120	16%
EC-only	86	23%	143	20%	65	18%	214	28%	92	19%	132	17%
HIV-only	12	3%	15	2%	8	2%	29	4%	8	2%	11	1%
HOPE	51	13%	98	14%	39	11%	133	17%	78	16%	112	15%
Initial	99	26%	167	24%	87	24%	162	21%	107	22%	188	24%
Pregnancy Test	30	8%	74	10%	34	9%	41	5%	51	10%	101	13%
Revisit	29	8%	60	8%	63	17%	50	7%	47	9%	85	11%
Supply	16	4%	28	4%	15	4%	32	4%	17	3%	21	3%
Total	378	100%	709	100%	370	100%	765	100%	495	100%	770	100%
Feb 2007 – Nov 2007												
Purpose	19701		19702		19703		19711		19713		19720	
	#	%	#	%	#	%	#	%	#	%	#	%
Annual	50	16%	78	16%	49	15%	97	17%	75	19%	84	15%
EC-only	21	7%	37	7%	40	12%	51	9%	37	10%	36	6%
HIV-only	8	3%	12	2%	4	1%	10	2%	4	1%	10	2%
HOPE	49	16%	63	13%	29	9%	83	15%	42	11%	73	13%
Initial	99	31%	142	28%	105	32%	164	29%	97	25%	188	33%
Pregnancy Test	19	6%	54	11%	41	13%	33	6%	43	11%	72	13%
Revisit	52	16%	85	17%	46	14%	79	14%	60	16%	86	15%
Supply	18	6%	32	6%	11	3%	50	9%	28	7%	16	3%
Total	316	100%	503	100%	325	100%	567	100%	386	100%	565	100%

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

Table B.26

Wilmington Targeted Zip Code Areas – Purpose of Visit								
Jan 2006 - Jan 2007								
Birth control	19801		19802		19805		19808	
	#	%	#	%	#	%	#	%
Annual	72	16%	84	15%	98	13%	53	16%
EC-only	64	14%	84	15%	134	18%	93	28%
HIV-only	5	1%	12	2%	7	1%	2	1%
HOPE	37	8%	51	9%	94	13%	47	14%
Initial	98	21%	124	22%	194	26%	68	21%
Pregnancy Test	113	24%	98	17%	116	16%	22	7%
Revisit	71	15%	104	18%	89	12%	30	9%
Supply	4	1%	9	2%	10	1%	12	4%
Total	464	100%	566	100%	742	100%	327	100%
Feb 2006 - Nov 2007								
Birth control	19801		19802		19805		19808	
	#	%	#	%	#	%	#	%
Annual	46	13%	67	17%	71	14%	42	20%
EC-only	19	5%	33	8%	26	5%	15	7%
HIV-only	8	2%	10	3%	4	1%	2	1%
HOPE	34	9%	38	10%	54	11%	32	15%
Initial	99	27%	113	28%	182	36%	63	30%
Pregnancy Test	94	26%	58	15%	73	14%	16	8%
Revisit	64	17%	74	19%	85	17%	30	14%
Supply	2	1%	4	1%	16	3%	9	4%
Total	366	100%	397	100%	511	100%	209	100%
<i>Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008</i>								

Table B.27

Kent and Sussex Zip Code Areas - Purpose of Visit										
Jan 2006 - Jan 2007										
Birth control	19901		19904		19956		19966		19973	
	#	%	#	%	#	%	#	%	#	%
Annual	62	13%	64	14%	2	9%	31	26%	5	13%
EC-only	132	27%	114	24%	6	27%	23	19%	2	5%
HIV-only	5	1%	10	2%	0	0%	1	1%	0	0%
HOPE	94	19%	84	18%	1	5%	16	13%	12	30%
Initial	104	21%	122	26%	9	41%	32	27%	15	38%
Pregnancy Test	27	6%	29	6%	3	14%	4	3%	2	5%
Revisit	52	11%	40	9%	1	5%	8	7%	2	5%
Supply	8	2%	7	1%	0	0%	5	4%	2	5%
Total	484	100%	470	100%	22	100%	120	100%	40	100%
Feb 2007 - Nov 2007										
Birth control	19901		19904		19956		19966		19973	
	#	%	#	%	#	%	#	%	#	%
Annual	44	10%	63	16%	1	6%	20	17%	5	22%
EC-only	36	9%	30	7%	1	6%	6	5%	0	0%
HIV-only	4	1%	7	2%	0	0%	1	1%	0	0%
HOPE	77	18%	53	13%	3	19%	14	12%	2	9%
Initial	134	32%	132	33%	11	69%	45	38%	10	43%
Pregnancy Test	34	8%	40	10%	0	0%	11	9%	1	4%
Revisit	85	20%	64	16%	0	0%	13	11%	3	13%
Supply	7	2%	12	3%	0	0%	8	7%	2	9%
Total	421	100%	401	100%	16	100%	118	100%	23	100%

Source: PPDE Patient Registration Data, Health Services Policy Research Group, University of Delaware, 2008

VI. References

- Johnson, K., Posner, S., Biermann, J., Cordero, J., Atrash, H., Parker, C., Boulet, S. & Curtis, M. (2006). Recommendations to improve preconception health and health care. *MMWR*, 55(RR06), p.1-23.
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