

Why the Census Matters for Reproductive Health

FEDERAL FUNDING FOR REPRODUCTIVE HEALTH PROGRAMS & SERVICES

KEY TAKEAWAYS

- Census data guide the distribution of more than \$800 billion in annual federal funding—including funding for reproductive health programs and services.
- A fair and accurate census is important to ensure that federal funds are allocated appropriately for programs and services in the communities that need them.

The decennial census is the constitutionally-mandated count of every person in the United States used to apportion seats in the U.S. House of Representatives. The census provides local leaders and officials with the reliable information they need to make decisions—like where to locate schools and hospitals.

Census data also help us understand the health status and health needs of the population. For example, the census-linked American Community Survey (ACS), the Survey of Income and Program Participation (SIPP), and Current Population Survey (CPS) provide [crucial fertility data](#). These datasets also are used directly in a number of the most important programs that support access to reproductive health care services for people with low incomes.

Census data guide the distribution of more than [\\$800 billion](#) in annual federal funding—including funding for reproductive health programs and services. **A fair and accurate 2020 Census is essential to the appropriate allocation of federal funding for programs and services that support reproductive health.**

MEDICAID

[Medicaid](#) is the largest federal assistance program that distributes funds on the basis of census-derived statistics. Medicaid helps over [66 million](#) low-income individuals access primary and preventative health care services. In 2016, the federal government spent over [\\$360 billion](#) on the Medicaid program—primarily reimbursing states for a share of their Medicaid costs. Federal Medicaid funds

are distributed to states using the FMAP (Federal Medical Assistance Percentage) which is computed using average per-capita income statistics partially derived from census data. This means if a state is undercounted in the census (i.e., the census fails to count all of the population of the state), that state could be awarded less Medicaid funding through the federal match. Other relevant [programs impacted by FMAP](#) levels are the State Children’s Health Insurance Program, Title IV-E Foster Care Program, and Child Care and Development Fund.

Medicaid covers [25 million women](#). Nearly three-quarters (67) percent of those are of reproductive age. Medicaid also covers [nearly half](#) of all U.S. births, and accounts for [over 70 percent](#) of all family planning services provided for men and women with low incomes, making it the single largest single health insurance program in the country. In fact, over [16 million non-elderly women](#) depend on Medicaid as their primary source of essential health care. For these women, it makes the difference between whether or not they [have access](#) to birth control, cancer screening, and testing for sexually transmitted infections (STIs) or HIV.

TITLE X FAMILY PLANNING GRANT PROGRAM

The U.S. Department of Health and Human Services (HHS) [Title X Family Planning Grant Program](#) provides family planning grants to both public and private nonprofit organizations for the purpose of providing reproductive health services to uninsured and low-income women and men. Title X-funded [health care providers](#) helped provide services to [over 4 million men and women](#) in 2017, including birth control, STI/HIV services, and cervical and breast cancer screenings. The grants are distributed regionally and awarded to applicants based on formulas that include census-derived population counts and economic statistics as well as periodic estimates of reproductive service needs.

TITLE V MATERNAL & CHILD HEALTH BLOCK GRANT PROGRAM

The [Title V Maternal and Child Health Block Grant Program](#) aims to improve the health and well-being of women (particularly mothers) and children. Funding provides access to quality care for low-income individuals, assistance in the reduction of infant mortality, access to prenatal and postnatal care for low-income women and those at risk of pregnancy-related health problems, and preventative and rehabilitation services for certain children, among other services. In 2017, states reported reaching [56 million pregnant women, infants, children, and others](#), through the Title V Block Grant. Individual state funding allocation is based on a formula that uses population data derived from the census, among other sources.

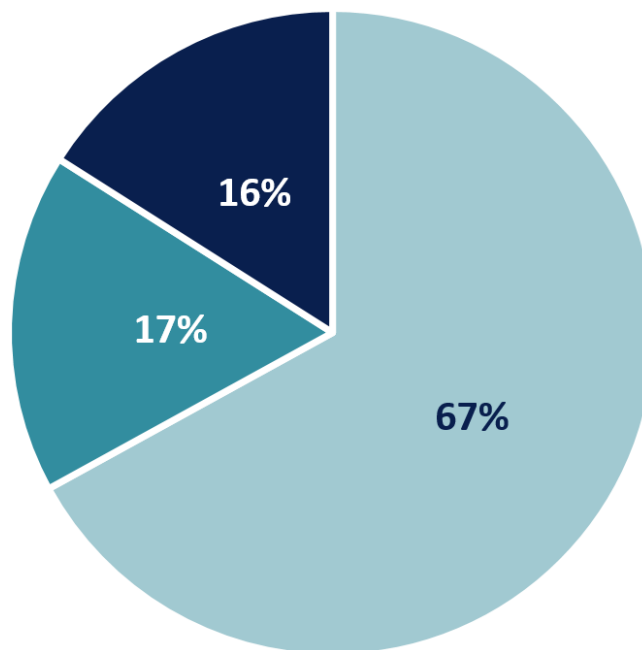
SOCIAL SERVICES BLOCK GRANT

The [Social Services Block Grant \(SSBG\)](#) provides funds that are used in a variety of ways to support women's reproductive health. The federal government provides grants to states to support social services, such as family planning, for example. In FY2016, SSBG allocations to states and territories totaled more than [\\$1.5 billion](#) and approximately [26 million individuals](#) received services that were supported in whole or in part by SSBG funds. Funding for this program relies partially on population data derived from the census.

Figure 1. Medicaid Covers 25 Million Adult Women

Women of reproductive age make up 67% of adult women on Medicaid

■ 19-49 years ■ 50-64 years ■ 65 years & older



Source: Kaiser Family Foundation estimates based on 2014 Medicaid Statistical Information System (MSIS). Available at <http://files.kff.org/attachment/Fact-Sheet-Medicoids-Role-for-Women>.