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community health foundation



COMMUNITY HEALTH CENTERS AND FAMILY PLANNING IN AN ERA OF POLICY UNCERTAINTY

Welcome and Introduction to the Webcast Program

RCHN Community Health Foundation



Feygele Jacobs, DrPH
President and CEO



Featured Speaker:

Henry J. Kaiser Family Foundation



Alina Salganicoff, Ph.D.

**Vice President & Director, Women's Health
Policy, Kaiser Family Foundation**



Featured Speaker:

**Milken Institute School of Public Health
The George Washington University**



Susan F. Wood, Ph.D.

**Professor of Health Policy &
Management Director of the Jacobs
Institute of Women's Health**

**Milken Institute School
of Public Health**

THE GEORGE WASHINGTON UNIVERSITY

Featured Speaker:

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Sara Rosenbaum, J.D.

**Harold and Jane Hirsh Professor of Health
Law and Policy**

**Milken Institute School
of Public Health**

THE GEORGE WASHINGTON UNIVERSITY

Featured Speaker:

**Settlement Health
New York, N.Y.**



**Warria Esmond, M.D.
Chief Medical Officer**



Overview of Key Issues in Publicly-Funded Family Planning Services

Alina Salganicoff, Ph.D.
Vice President and Director Women's Health Policy
Kaiser Family Foundation

April 30, 2018



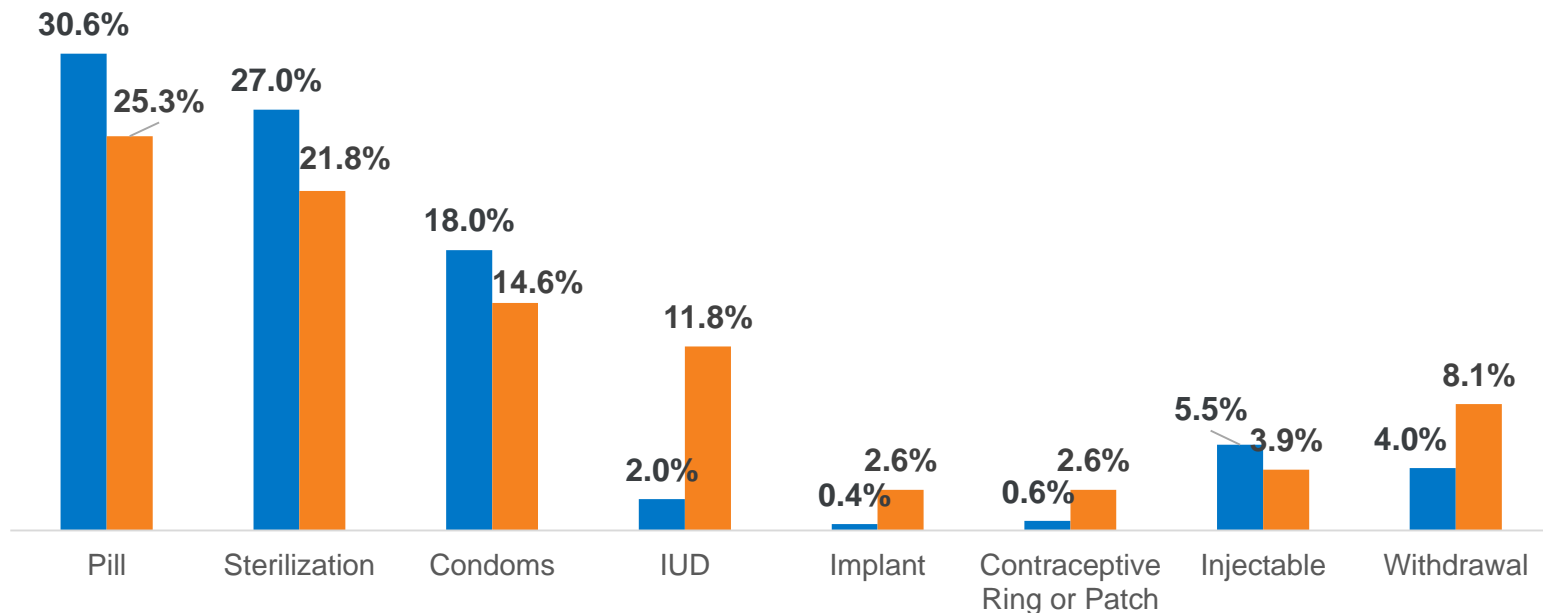
Filling the need for trusted information on national health issues.

Figure 1

Women's Contraceptive Choices and Options Are Changing

Among Women Using Contraception, Ages 15-44,
Share Who Used:

■ 2002 ■ 2013-2015



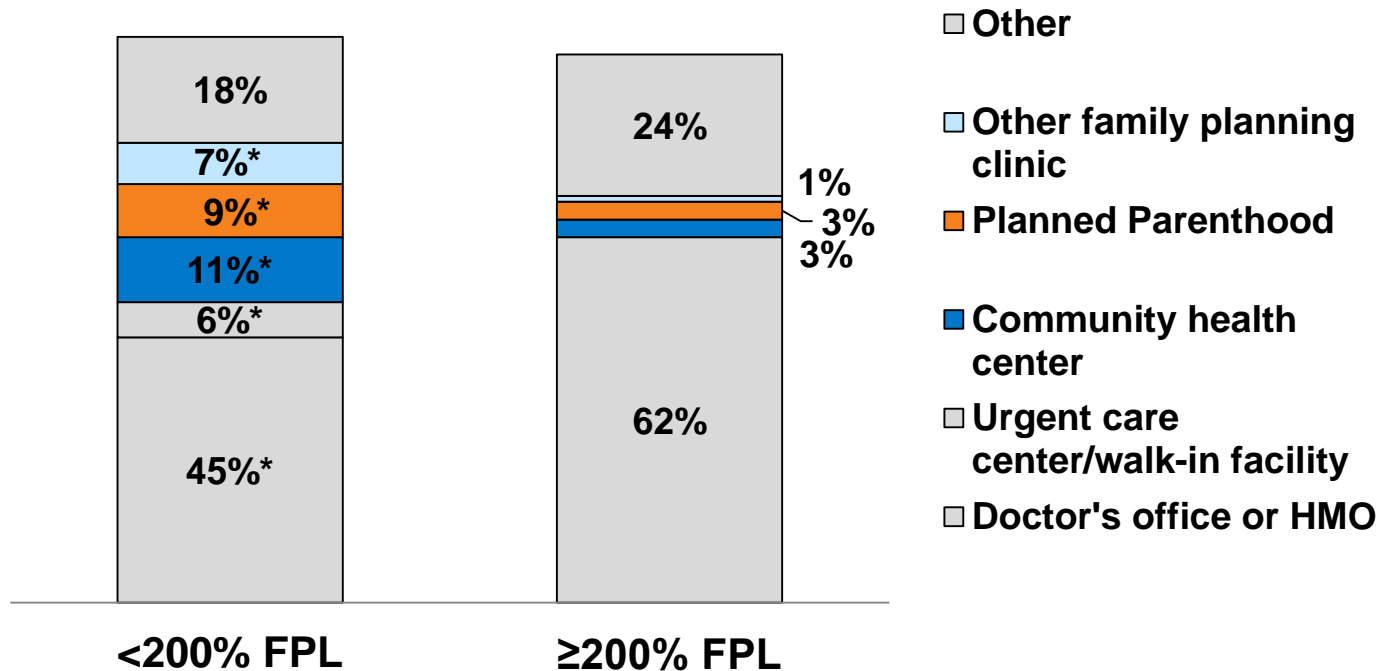
NOTE: More than one method may be used by a woman, but these data only reflect most effective method used.

SOURCE: Kaiser Family Foundation Analysis of the National Survey on Family Growth, Centers for Disease Control (CDC).

Figure 2

One in Four Low-income Women Get Their Contraceptives from a Clinic-Based Provider

Where women got their birth control in the past 12 months:



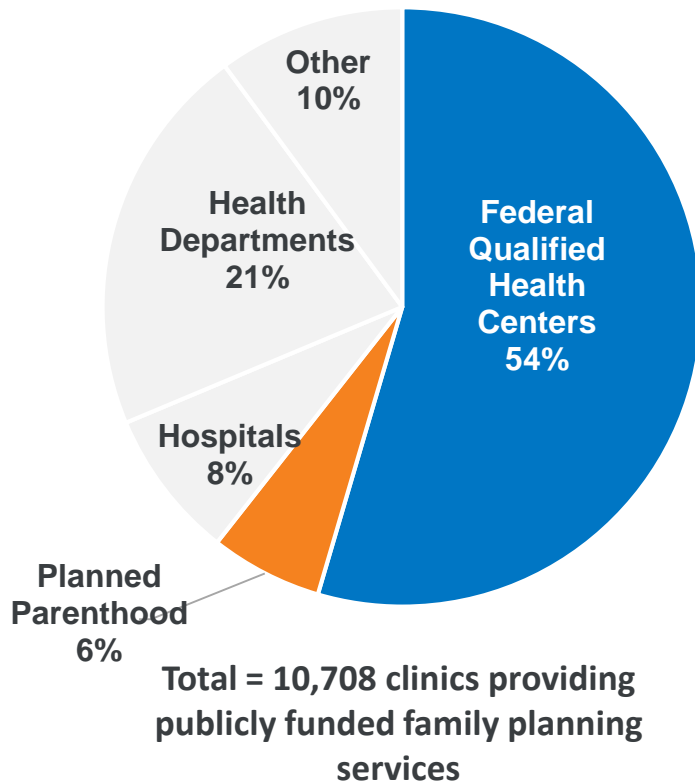
NOTES: Among women ages 18-44 who had used any birth control within the past 12 months. The Federal Poverty Level (FPL) was \$20,420 for a family of three in 2017. "Other place" includes, schools, drugstores and other unspecified sites. *Indicates a statistically significant difference from ≥200% FPL; $p < .05$.

SOURCE: Kaiser Family Foundation, 2017 Kaiser Women's Health Survey.

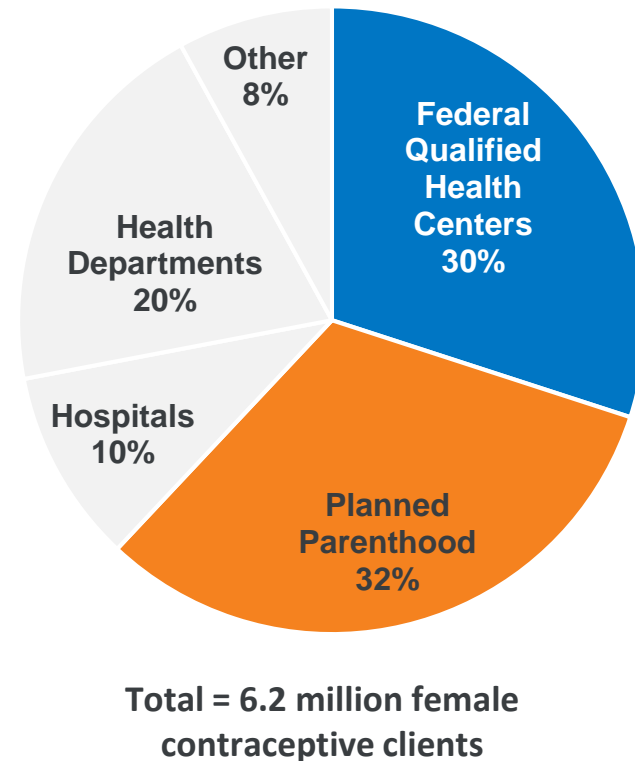
Figure 3

Planned Parenthood Represents a Fraction of Clinics but Serves One-Third of Female Clients at Publicly Funded Sites

Distribution of Clinics



Distribution of Clients

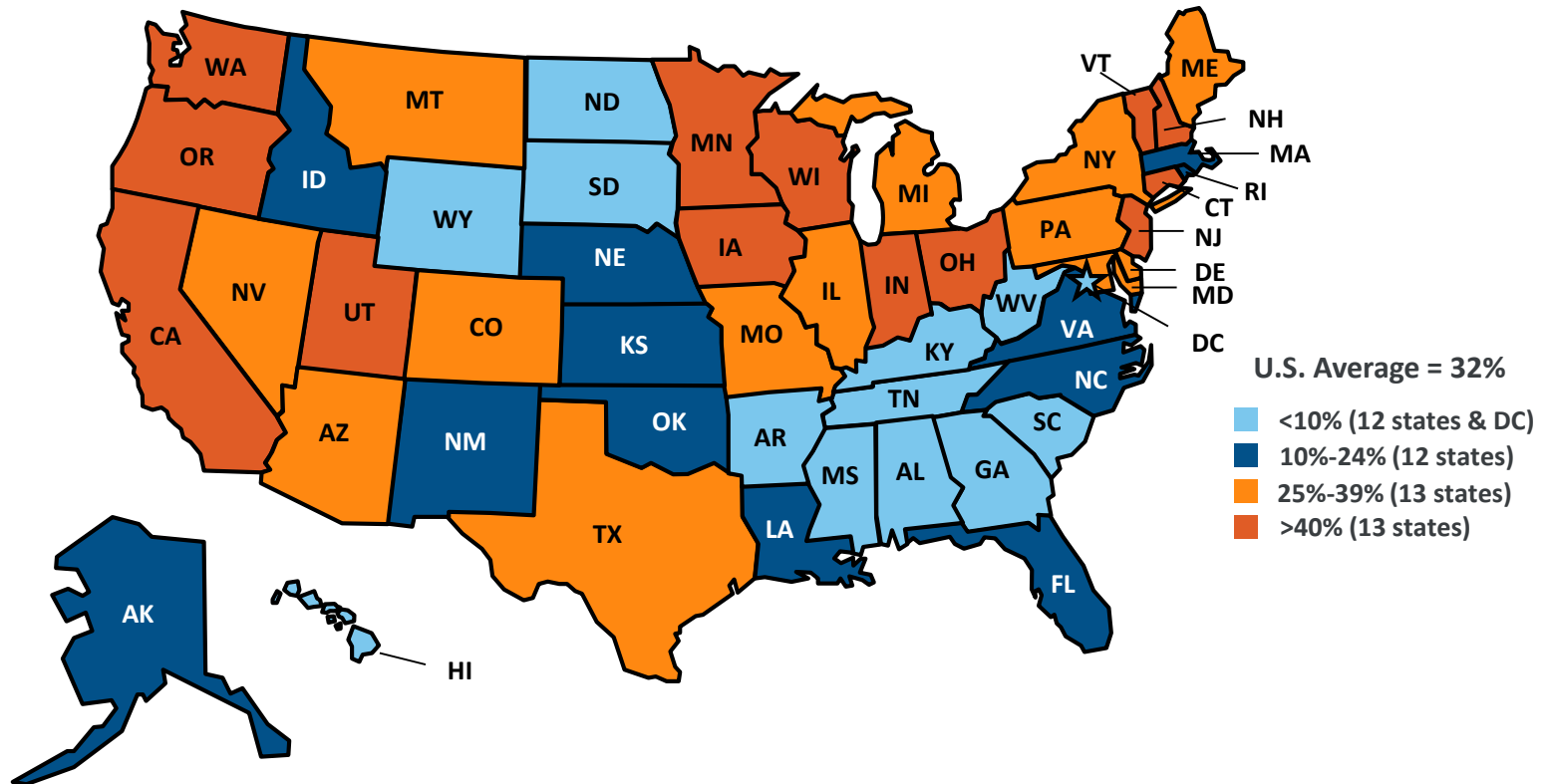


SOURCE: Frost JJ, Frohirth LF, Blades N, Zolna MR, Douglas-Hall A, & Bearak J. Publicly Funded Contraceptive Services At U.S. Clinics, 2015. Guttmacher Institute. April 2017.

Figure 4

The Share of Women Served by Planned Parenthood Varies by State

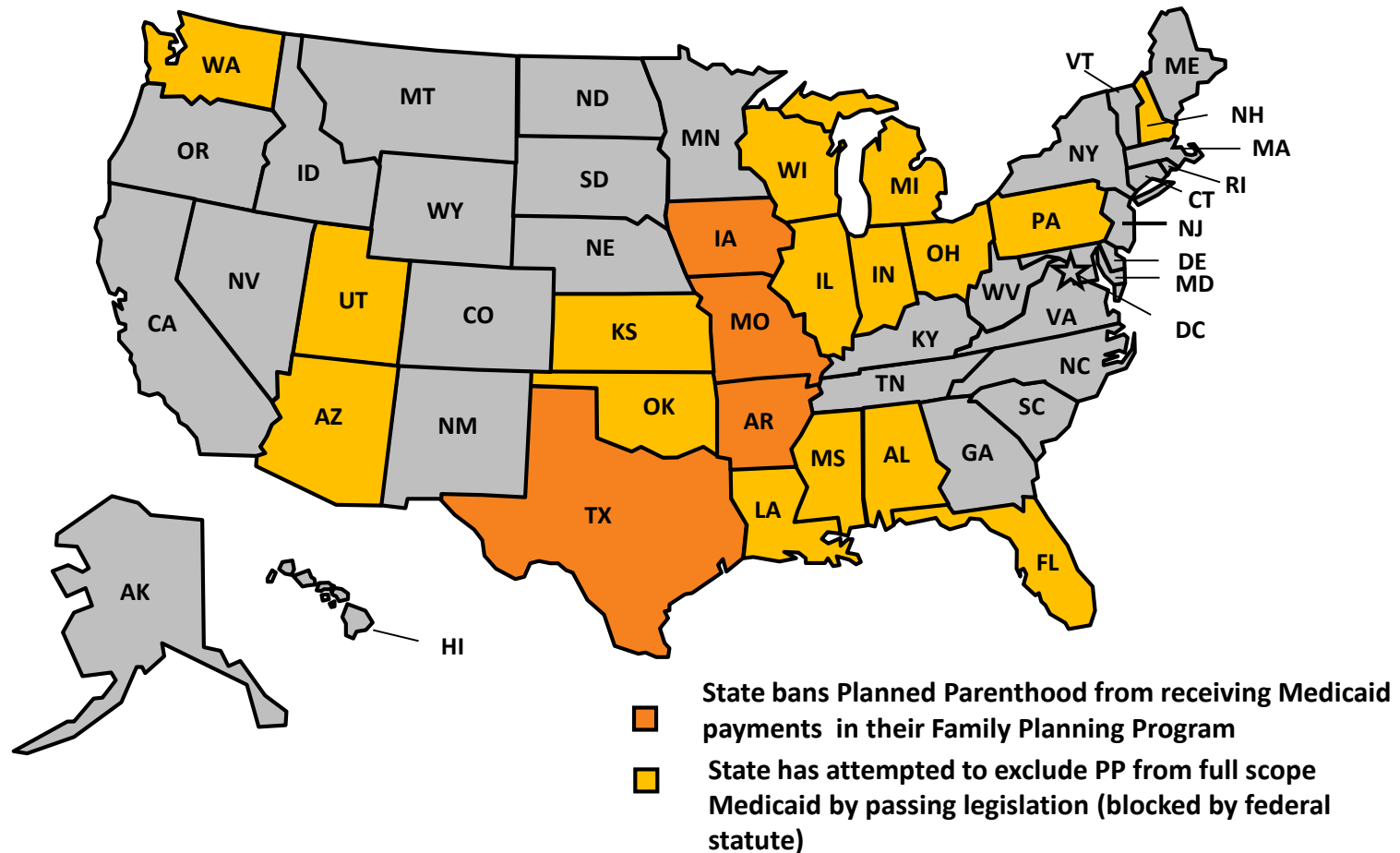
Percent of Female Contraceptive Clients Served at Publicly Funded Centers Who Received Services at Planned Parenthood in 2015



SOURCE: Frost JJ, Frohwirth LF, Blades N, Zolna MR, Douglas Hill A, & Bearak J. Publicly Funded Contraceptive Services at U.S. Clinics, 2015. Guttmacher Institute. April 2017.

Figure 5

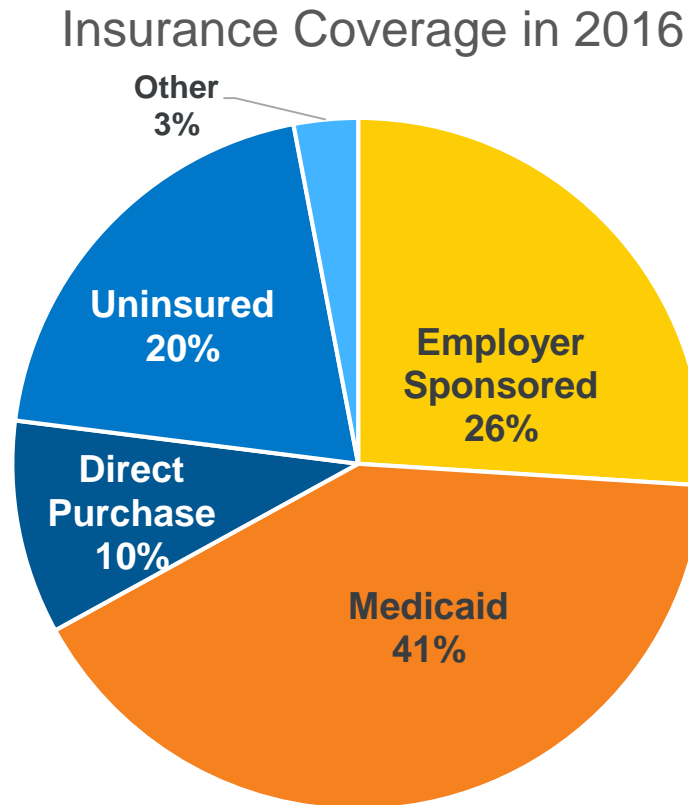
Many States Have Banned or Have Attempted to Ban Planned Parenthood From Receiving Medicaid Payments



SOURCE: Kaiser Family Foundation analysis of state legislation; Guttmacher Institute. State Family Planning Funding Restrictions. February 2018.

Figure 6

Medicaid Covers Four in Ten Low-Income Women of Reproductive Age



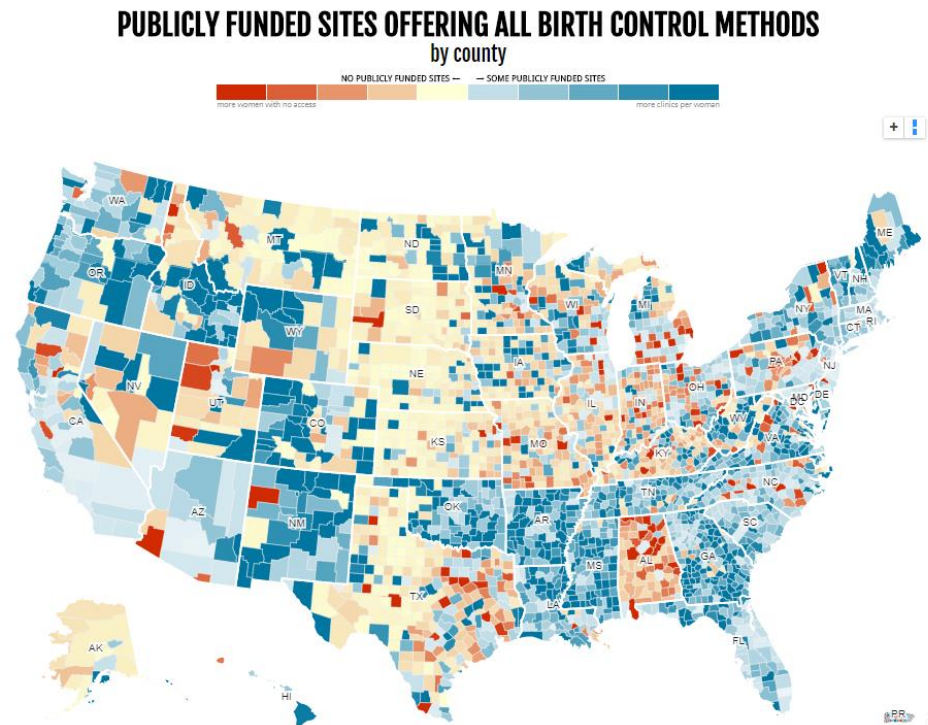
23.2 million Low-Income Women Ages 15-49

NOTES: Among women ages 15-49. Low income includes women living at or below 200% of the federal poverty level (FPL), which equaled \$40,320 for a family of three in 2016. "Other" includes those covered under the military or Veterans Administration as well as nonelderly Medicare enrollees.

SOURCE: Kaiser Family Foundation Analysis of 2017 ASEC Supplement to the Current Population Survey, U.S. Census Bureau.

Contraceptive Options are Limited for Women in Many Parts of the Country

- **More than 3 million women live in areas lacking a public clinic that offers the full range of methods.**
- **Roughly three in ten of women ages 13-44 live in areas without “reasonable access”** (at least one clinic or provider for every 1,000 women in need of publicly funded contraception) to a clinic providing the full range of contraceptive methods.



SOURCE: Power to Decide. Access to Birth Control.

Data from: U.S. Census Bureau, Guttmacher Institute, Centers for Disease Control and Prevention, Federal Communications Commission, and a compilation of data about health care sites managed by The National Campaign.

Figure 8

Providing Quality Family Planning Services (QFP)

- Developed by the CDC and Office of Population Affairs (OPA)
- Based on a review of clinical guidelines published by federal agencies and professional medical associations
- Provides recommendations that describe how to assess client needs and provide appropriate contraceptive, pregnancy, and STI services in a primary care setting.
- Tailors recommendations for both adult and adolescent clients
- Encourages the use of the family planning visit to provide selected preventive health services



SOURCE: CDC. Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs.

CDC/OPA QFP Recommendations for Contraceptive Services

- **A broad range of FDA-approved contraceptive methods should be available onsite.**
- **Referrals** provided for methods not available onsite.
- Providers should instruct the client about correct and consistent use and employ the following strategies to facilitate a client's use of contraception:
 - Provide **onsite dispensing**
 - Begin contraception at the time of the visit (also known as "**quick start**")
 - **Provide or prescribe multiple cycles** of pills, the patch, or the ring
 - Make **condoms easily and inexpensively available**
 - If a client chooses a method that is not available on-site or the same day, provide the client another method to use until she or he can start the chosen method.

National Quality Forum (NQF) Endorsed Clinical Performance Measures for Contraceptive Care

The Contraceptive Care Measures

All Women

Most & Moderately Effective Methods: The percentage of women ages 15-44 years at risk of unintended pregnancy that is provided a ***most effective (that is, sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately effective (injectables, oral pills, patch, ring, or diaphragm).***

Access to LARC: The percentage of women ages 15-44 years at risk of unintended pregnancy that is provided a ***long-acting reversible contraceptive (LARC) method (implants or IUD/IUS).***

Postpartum Women

Most & Moderately Effective Methods: The percentage of women ages 15-44 years who had a live birth that is provided a ***most effective (sterilization, implants, IUD/IUS) or moderately effective (injectables, oral pills, patch, ring, or diaphragm within 3 and 60 days of delivery).***

Postpartum Access to LARC: The percentage of women ages 15-44 who had a live birth that is provided a ***LARC method (implants or IUD/IUS) within 3 and 60 days of delivery.***

Looking Forward

- Title X priorities have shifted. The 2018 funding announcement:
 - Prioritizes religiously affiliated clinics, natural family planning methods, and abstinence counseling for adolescents
 - Includes no reference to contraception or government guidelines regarding standards of care for family planning related services (QFP)
 - Encourages family planning care to be “optimally” delivered in comprehensive primary care settings
- Conservative Republicans are asking HHS to reinstate Reagan era regulations that would ban Title X family planning money from going to organizations that refer patients for abortions and are co-located or financially connected to facilities that provide abortions.
- States continue efforts to exclude Planned Parenthood from Medicaid program
- New administrative rules could restrict contraceptive coverage under the ACA

Community Health Centers and Family Planning in an Era of Policy Uncertainty



Susan F. Wood, PhD

Professor

Director, Jacobs Institute of Women's Health
Department of Health Policy and Management

Milken Institute School
of Public Health

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- Section 330 of the Public Health Service Act requires health centers to provide “voluntary family planning” but allows health centers to determine the scope of services offered
 - Title X as a separate program requires all grantees to comply with certain quality of care standards for family planning services. Approximately one quarter of health centers are Title X grantees.
- Very little national level data on which family planning services are provided at health centers
 - 2010-11: GWU conducted the first national survey of family planning services in health centers
 - 2017: GWU & Kaiser Family Foundation conducted an updated survey to understand the current scope of family planning services, the barriers to providing these services, and any changes since 2011

Survey Methodology

- Conducted outreach to all federally funded community health centers in all 50 states & DC
 - Contacted CEOs of health centers
- Asked CEO (or designee) to answer questions about practices and policies for family planning via SurveyMonkey
 - Focused on the largest comprehensive medical site where family planning services are available
- Fielded survey May-July 2017
- Released the report in March 2018 - Community Health Centers and Family Planning in an Era of Policy Uncertainty

<https://www.kff.org/womens-health-policy/report/community-health-centers-and-family-planning-in-an-era-of-policy-uncertainty/>

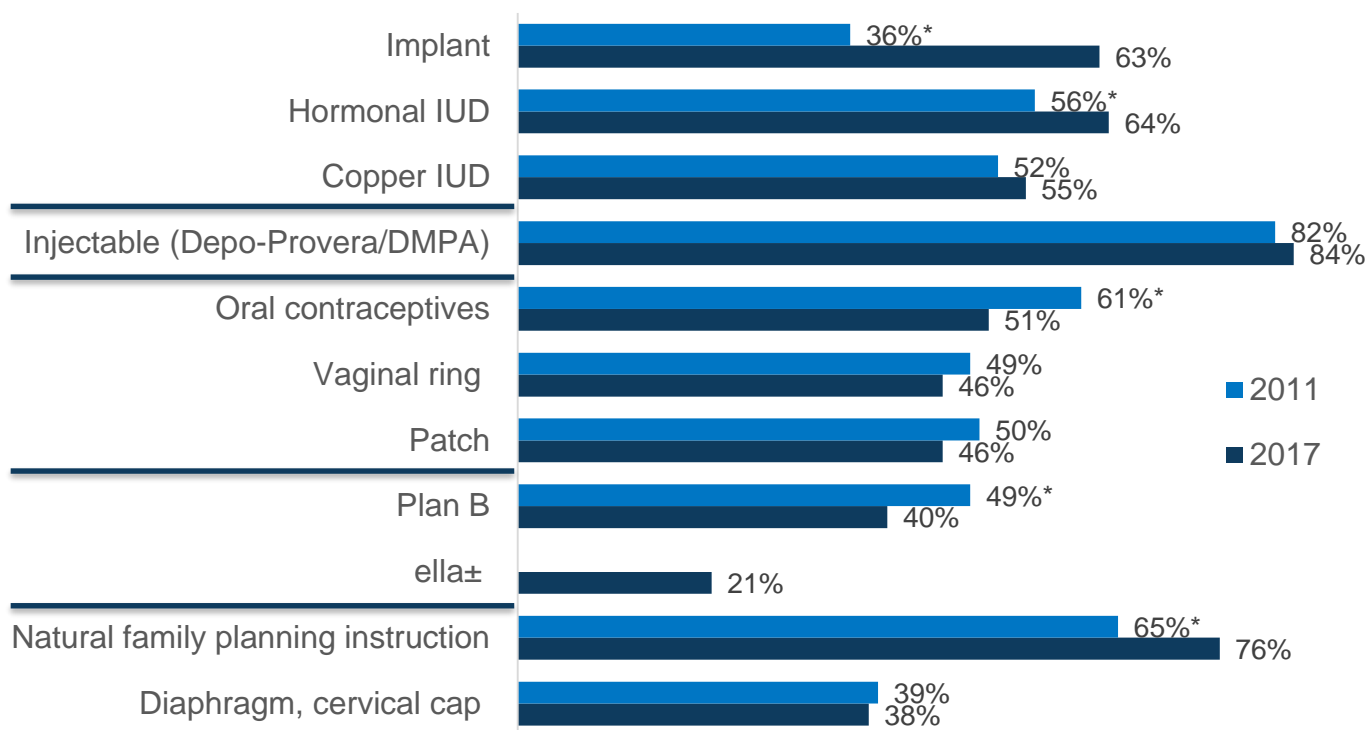
Survey Responses

- Received responses from 546 of 1,345 health centers
 - 41% response rate
- Received responses from health centers in all 50 states and DC
- Health centers that responded to the survey are generally similar to non-responding health centers in terms of size and location (no statistically significant differences)
- Weighted data by health center size (number of patients) and location (US Census region) to ensure representativeness

Figure 1

A Greater Share of Health Centers Offer On-Site Long-Acting Methods, Fewer Offer Direct Provision of OCs and ECs

Percent of health centers reporting they offer:



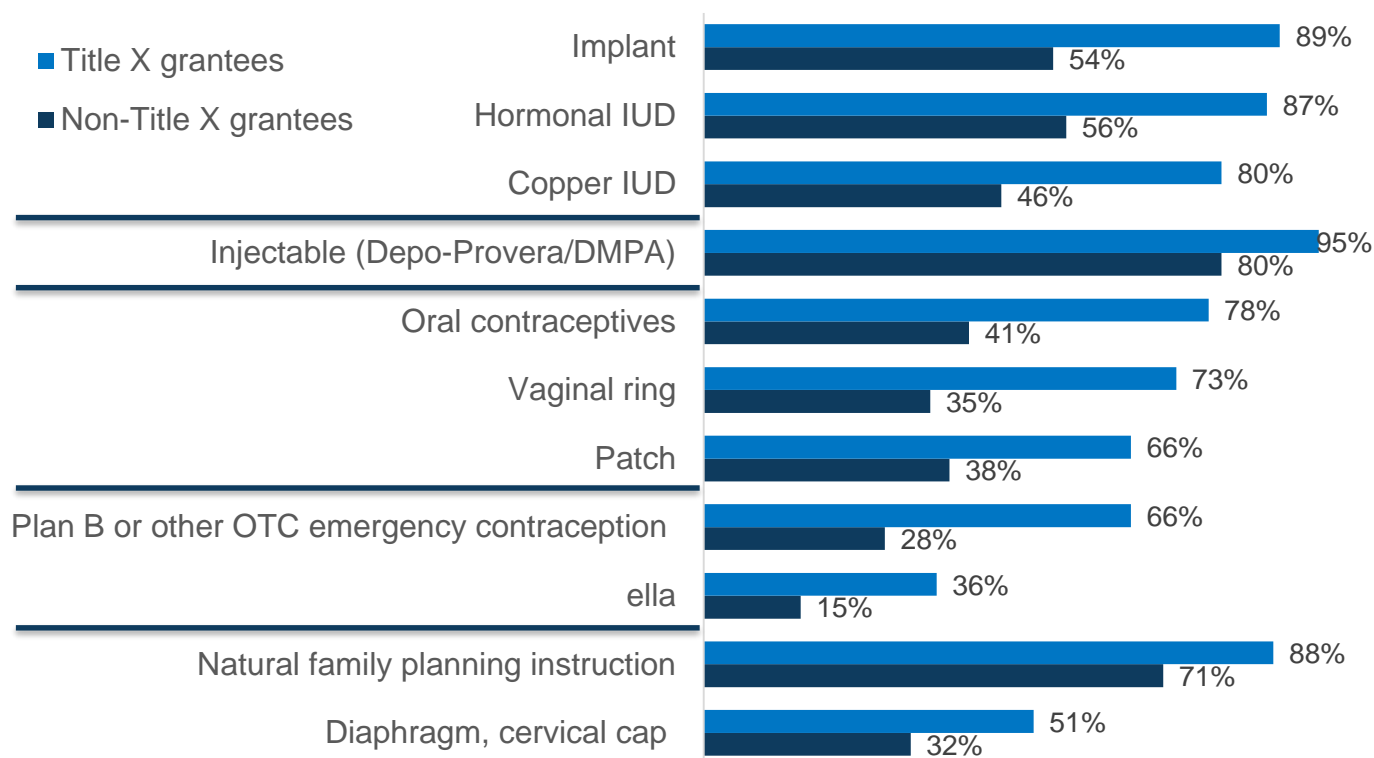
NOTE: ±Not asked in 2011. *Indicates a statistically significant difference from 2017; $p < 0.05$.

SOURCE: Survey of Family Planning and Reproductive Health Services in Federally Qualified Health Centers, 2011; Survey of Family Planning Services in Community Health Centers, 2017

Figure 2

Health Centers Receiving Title X Family Planning Support More Likely to Offer a Broad Range of Supplies

Percent of health centers reporting they offer:

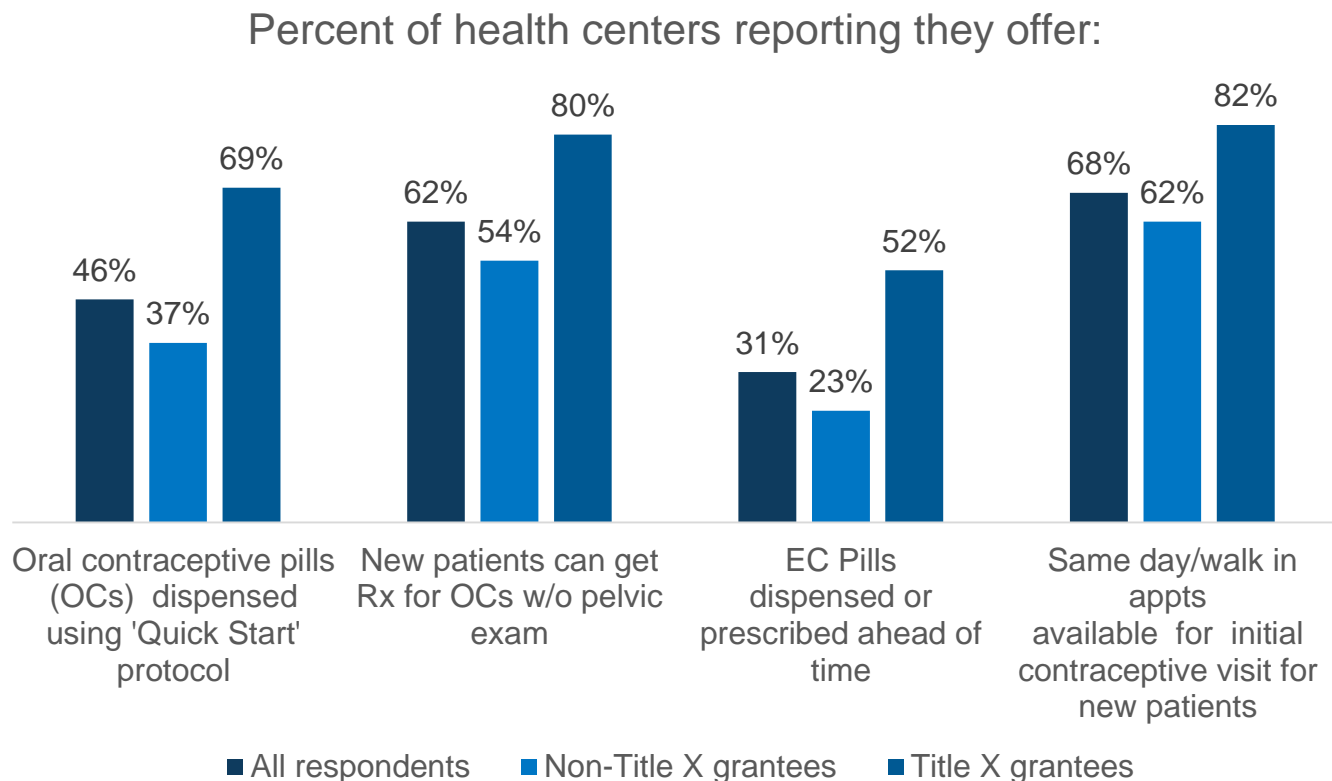


NOTE: Significant difference by Title X status ($p < 0.01$) for all services and supplies.

SOURCE: Survey of Family Planning Services in Community Health Centers, 2017

Figure 3

Health Centers with Title X Status are More Likely to Offer Services Associated with High Quality Care



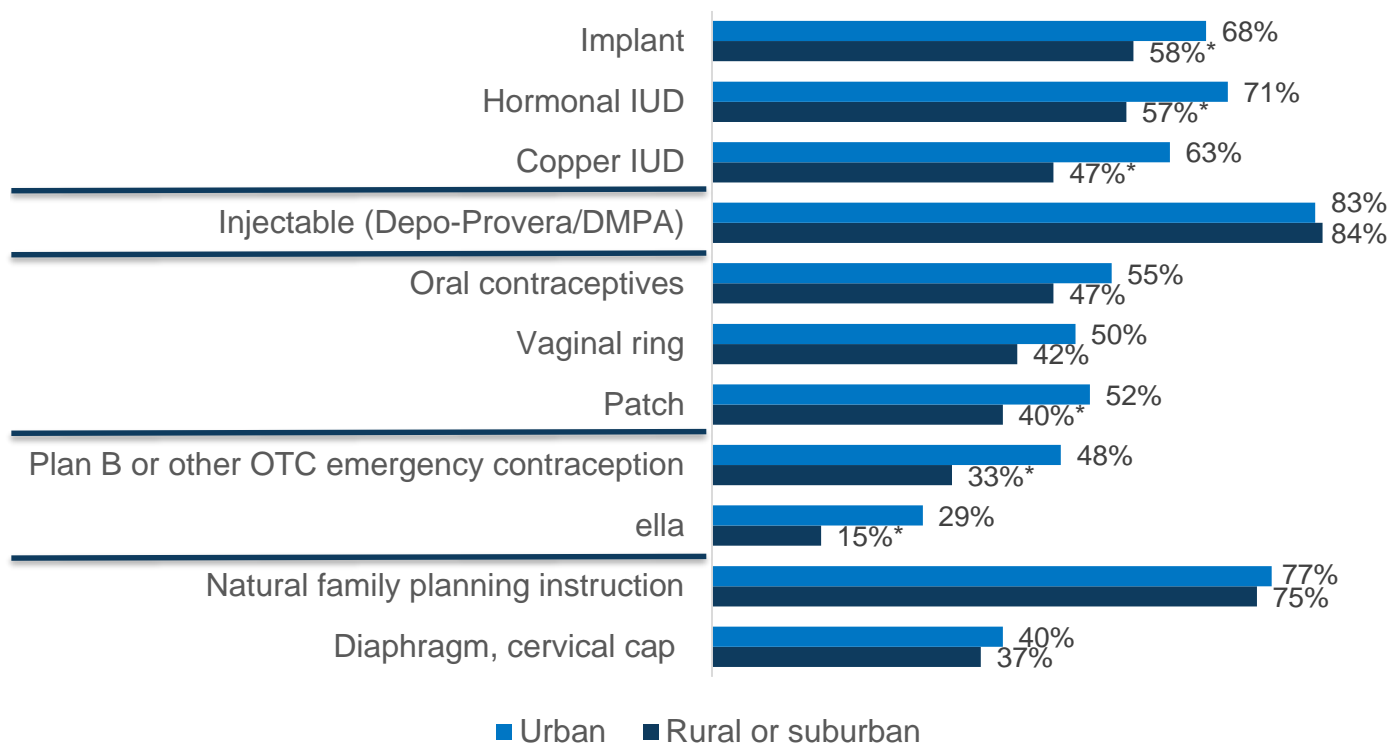
NOTE: Significant difference ($p < 0.01$) by Title X status for all four practices.

SOURCE: Survey of Family Planning Services in Community Health Centers, 2017

Figure 4

Urban Health Centers More Likely to Offer On Site LARC Methods and Emergency Contraception

Percent of health centers reporting they offer:

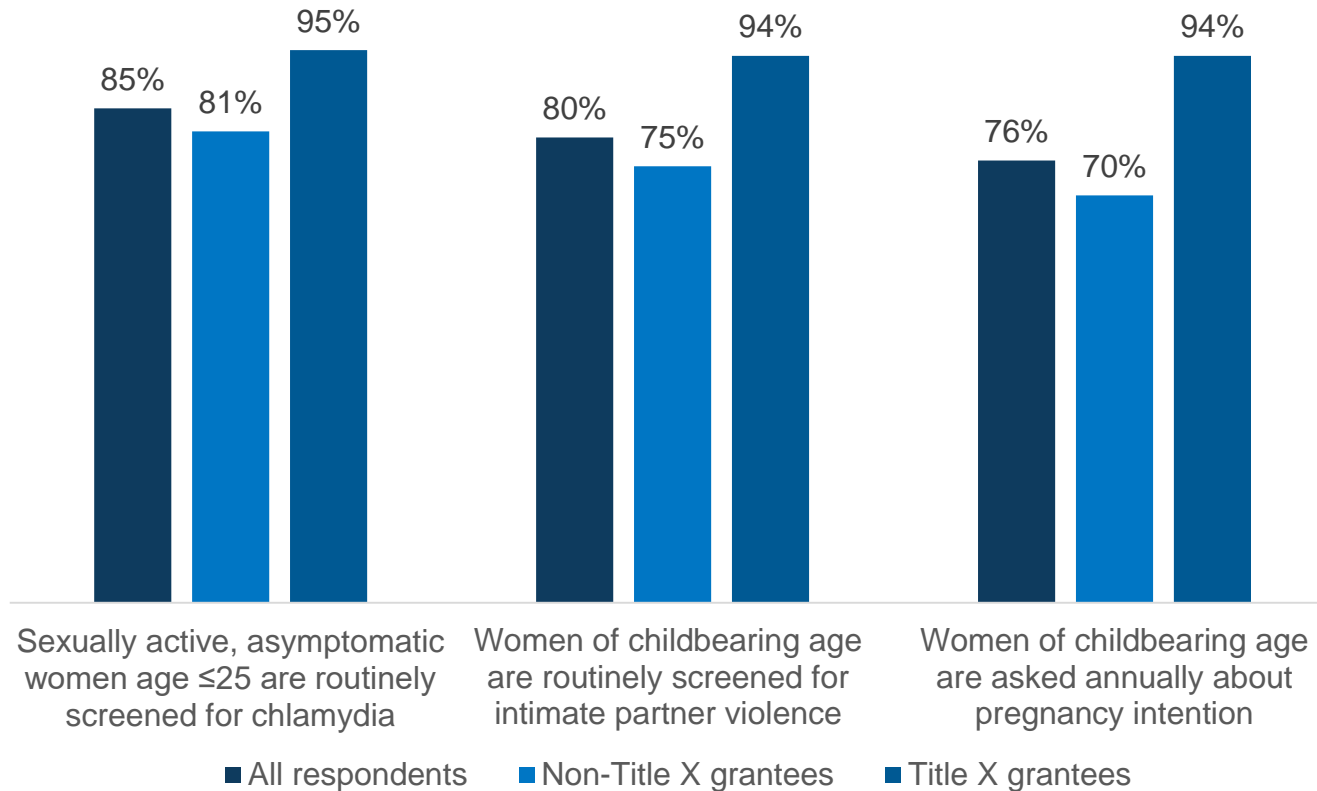


NOTE: *Indicates a statistically significant difference from Urban, $p < 0.05$.

SOURCE: Survey of Family Planning Services in Community Health Centers, 2017

Figure 5

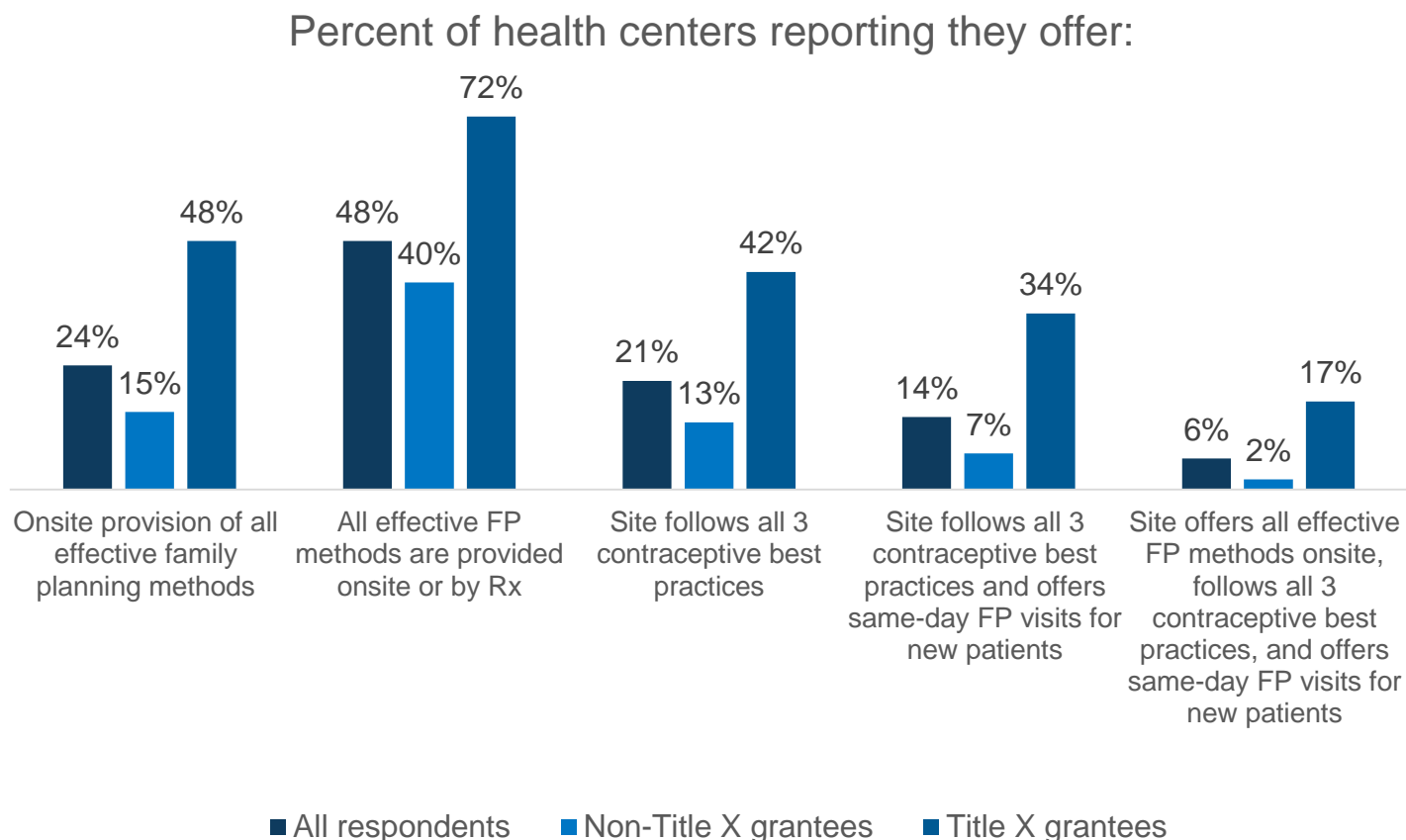
Most Health Centers Employ Best Practices for Screening



NOTE: Significant difference ($p < 0.01$) by Title X status for all screening practices.
SOURCE: Survey of Family Planning Services in Community Health Centers, 2017

Figure 6

Health Centers with Title X Status are More Likely to Provide Effective Family Planning Methods Onsite and to Offer Services Associated with High Quality Care



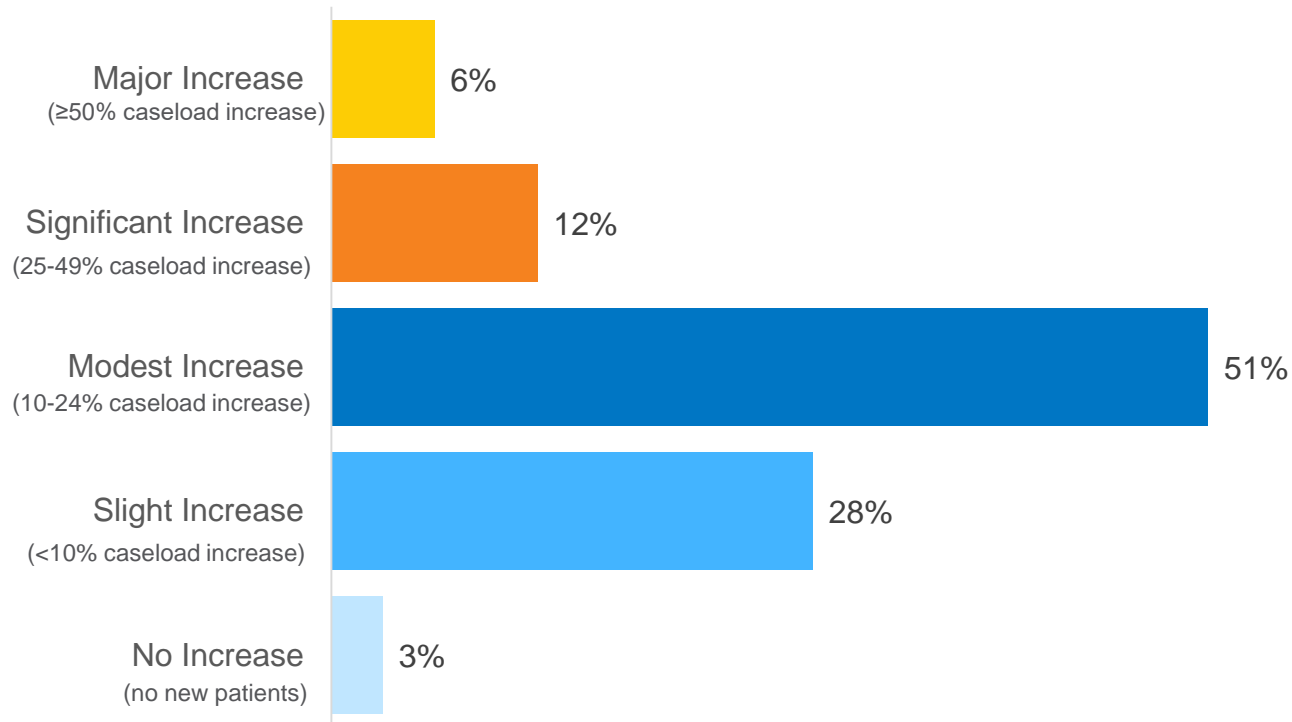
NOTE: Effective family planning (FP) methods include oral contraceptives, hormonal and copper IUDs, implants, injectables, patch, and vaginal ring. Contraceptive best practices include using the oral contraceptive (OC) “quick start” method, providing OCs without a pelvic exam, and dispensing emergency contraceptives ahead of time. Significant difference ($p < 0.01$) by Title X status for all five variables.

SOURCE: Survey of Family Planning Services in Community Health Centers, 2017

Figure 7

Few Centers Feel They Can Absorb a Major or Significant Increase of New Patients

Estimated increase in new patients the CHC site has capacity to accept:

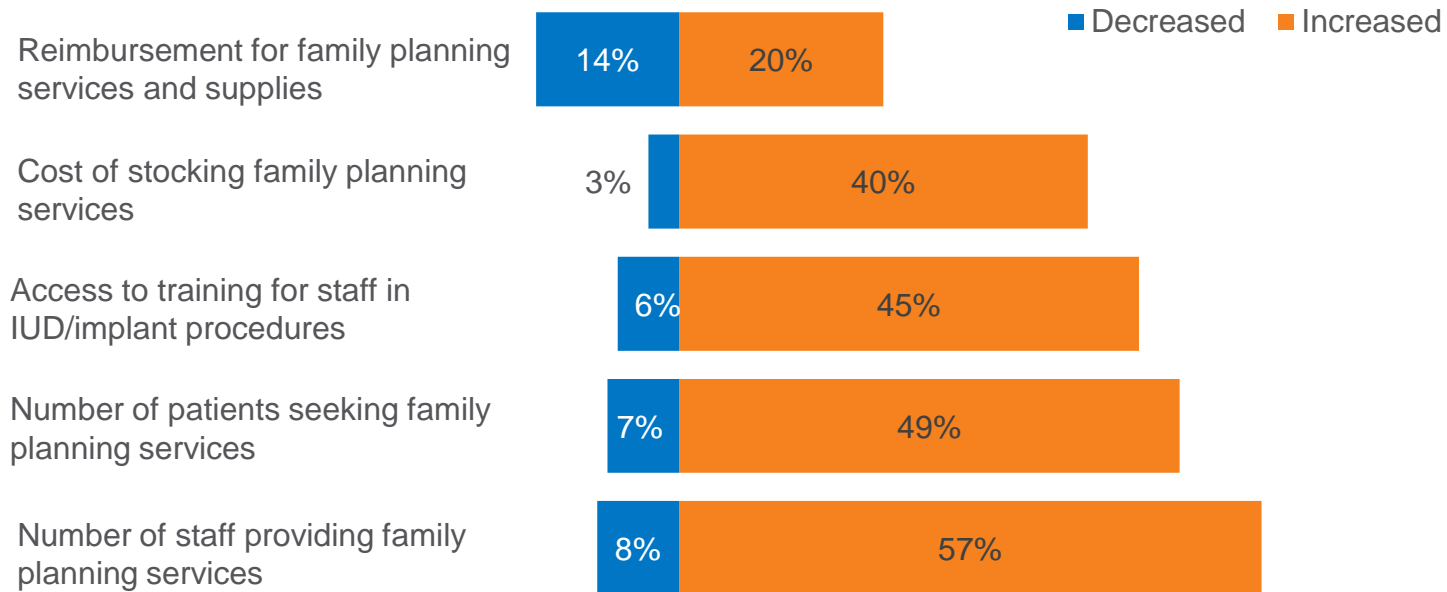


SOURCE: Survey of Family Planning Services in Community Health Centers, 2017

Figure 8

Many Health Centers Have Experienced Increases in Patient Volume, Training, and Staffing for Family Planning

Percent of health centers reporting the following changes in the past five years:



SOURCE: Survey of Family Planning Services in Community Health Centers, 2017

Key Take-Aways

Sara Rosenbaum

Harold and Jane Hirsh Professor of Health Law and Policy
Geiger Gibson Program in Community Health Policy
Department of Health Policy and Management



Milken Institute School
of Public Health

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Key Take-Aways

- Health centers are making progress on most effective forms of contraception, but are losing ground on availability of standard, effective forms of contraception, especially oral contraceptives.
- Further analysis is needed in order to understand and remove barriers to onsite, ready access to oral contraceptives
 - Medicaid payment for onsite dispensing?*
 - Cost of stocking oral contraceptives?*
 - Other factors?*
- Ready access to emergency contraception is a particular challenge
- Title X grantee status makes an enormous difference in all forms of onsite contraceptive access, suggesting a need to focus on 330 requirements
- Title X grantee status has a powerful impact on adoption of best practices, suggesting the need to focus on improving performance by 330-only grantees
- Increased focus by health centers, networks, health center-owned and operated MCOs, and PCAs on capacity and quality is particularly important given loss in many communities of other means of gaining access to family planning
- Limited health center expansion capacity is particularly troubling given declining access to care in many communities

Warria Esmond, M.D.

Chief Medical Officer
Settlement Health
New York, N.Y.



Health Center CMO Perspective

- The current environment is driving a refocus on Family Planning
Consider preparing for potential policy changes that will impact our patients and our communities
- Health Center specific factors affecting focus on Family Planning -
Leadership, Board, Staff, Community
- Current progress in overcoming barriers identified in report
- Family Planning as an essential component of primary care
Can drive focus on overall patient health status



Thank you



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Feygele Jacobs

RCHN Community Health Foundation

www.rchnfoundation.org

55 Broadway, 15th Floor

New York, New York 10006

Phone: (212) 246-1122 ext., 712

Email: fjacobs@rchnfoundation.org