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
Featured Speaker:

Milken Institute School of Public Health
The George Washington University

Sara Rosenbaum, J.D.
Harold and Jane Hirsh Professor of Health Law and Policy
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
Women’s Contraceptive Choices and Options Are Changing

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>30.6%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Sterilization</td>
<td>27.0%</td>
<td>27.0%</td>
</tr>
<tr>
<td>Condoms</td>
<td>18.0%</td>
<td>14.6%</td>
</tr>
<tr>
<td>IUD</td>
<td>11.8%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Implant</td>
<td>0.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Contraceptive Ring or Patch</td>
<td>0.6%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Injectable</td>
<td>5.5%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>8.1%</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

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).
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.


![Figure 2](image)

**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:

<table>
<thead>
<tr>
<th></th>
<th>&lt;200% FPL</th>
<th>≥200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Parenthood</td>
<td>18%</td>
<td>24%</td>
</tr>
<tr>
<td>Community health center</td>
<td>6%*</td>
<td>62%</td>
</tr>
<tr>
<td>Urgent care center/walk-in facility</td>
<td>7%*</td>
<td>1%</td>
</tr>
<tr>
<td>Doctor’s office or HMO</td>
<td>9%*</td>
<td>3%</td>
</tr>
<tr>
<td>Other family planning clinic</td>
<td>11%*</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>45%*</td>
<td>6%*</td>
</tr>
</tbody>
</table>

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

**Distribution of Clinics**
- Federal Qualified Health Centers: 54%
- Health Departments: 21%
- Hospitals: 8%
- Planned Parenthood: 6%
- Other: 10%

Total = 10,708 clinics providing publicly funded family planning services

**Distribution of Clients**
- Federal Qualified Health Centers: 30%
- Planned Parenthood: 32%
- Health Departments: 20%
- Hospitals: 10%
- Other: 8%

Total = 6.2 million female contraceptive clients

The Share of Women Served by Planned Parenthood Varies by State

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

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

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

Insurance Coverage in 2016

- Medicaid: 41%
- Employer Sponsored: 26%
- Direct Purchase: 10%
- Uninsured: 20%
- Other: 3%

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.

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.

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.
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

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

| 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.

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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
THE GEORGE WASHINGTON UNIVERSITY
• 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
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
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:

- **Implant**: 36% (2011) vs. 63% (2017)
- **Hormonal IUD**: 56% (2011) vs. 64% (2017)
- **Copper IUD**: 52% (2011) vs. 58% (2017)
- **Injectable (Depo-Provera/DMPA)**: 82% (2011) vs. 84% (2017)
- **Oral contraceptives**: 51% (2011) vs. 61% (2017)
- **Vaginal ring**: 49% (2011) vs. 46% (2017)
- **Patch**: 50% (2011) vs. 46% (2017)
- **Plan B**: 40% (2011) vs. 49% (2017)
- **ella±**: 21% (2011) vs. 65% (2017)
- **Natural family planning instruction**: 39% (2011) vs. 65% (2017)
- **Diaphragm, cervical cap**: 38% (2011) vs. 76% (2017)

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

Percent of health centers reporting they offer:

<table>
<thead>
<tr>
<th>Service</th>
<th>Title X grantees</th>
<th>Non-Title X grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implant</td>
<td>54%</td>
<td>89%</td>
</tr>
<tr>
<td>Hormonal IUD</td>
<td>56%</td>
<td>87%</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>46%</td>
<td>80%</td>
</tr>
<tr>
<td>Injectable (Depo-Provera/DMPA)</td>
<td>80%</td>
<td>95%</td>
</tr>
<tr>
<td>Oral contraceptives</td>
<td>41%</td>
<td>78%</td>
</tr>
<tr>
<td>Vaginal ring</td>
<td>35%</td>
<td>73%</td>
</tr>
<tr>
<td>Patch</td>
<td>38%</td>
<td>66%</td>
</tr>
<tr>
<td>Plan B or other OTC emergency contraception</td>
<td>28%</td>
<td>66%</td>
</tr>
<tr>
<td>ella</td>
<td>15%</td>
<td>36%</td>
</tr>
<tr>
<td>Natural family planning instruction</td>
<td></td>
<td>71%</td>
</tr>
<tr>
<td>Diaphragm, cervical cap</td>
<td>32%</td>
<td>51%</td>
</tr>
</tbody>
</table>

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

Percent of health centers reporting they offer:

- Oral contraceptive pills (OCs) dispensed using 'Quick Start' protocol: 46% (All respondents), 37% (Non-Title X grantees), 69% (Title X grantees)
- New patients can get Rx for OCs w/o pelvic exam: 62% (All respondents), 54% (Non-Title X grantees), 80% (Title X grantees)
- EC Pills dispensed or prescribed ahead of time: 31% (All respondents), 23% (Non-Title X grantees), 52% (Title X grantees)
- Same day/walk in appts available for initial contraceptive visit for new patients: 68% (All respondents), 62% (Non-Title X grantees), 82% (Title X grantees)

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

Percent of health centers reporting they offer:

- Implant: Urban 58%, Rural 68%
- Hormonal IUD: Urban 57%, Rural 71%
- Copper IUD: Urban 47%, Rural 63%
- Injectable (Depo-Provera/DMPA): Urban 83%, Rural 84%
- Oral contraceptives: Urban 47%, Rural 55%
- Vaginal ring: Urban 42%, Rural 50%
- Patch: Urban 40%, Rural 52%
- Plan B or other OTC emergency contraception: Urban 33%, Rural 48%
- ella: Urban 15%, Rural 29%
- Natural family planning instruction: Urban 40%, Rural 75%
- Diaphragm, cervical cap: Urban 40%, Rural 37%

NOTE: *Indicates a statistically significant difference from Urban, p < 0.05.
SOURCE: Survey of Family Planning Services in Community Health Centers, 2017
Most Health Centers Employ Best Practices for Screening

**Figure 5**

Sexually active, asymptomatic women age ≤25 are routinely screened for chlamydia: 85% (All respondents), 81% (Non-Title X grantees), 95% (Title X grantees).

Women of childbearing age are routinely screened for intimate partner violence: 80% (All respondents), 75% (Non-Title X grantees), 94% (Title X grantees).

Women of childbearing age are asked annually about pregnancy intention: 76% (All respondents), 70% (Non-Title X grantees), 94% (Title X grantees).

**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
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

Percent of health centers reporting they offer:

- Onsite provision of all effective family planning methods
  - All respondents: 24%
  - Non-Title X grantees: 15%
  - Title X grantees: 48%

- All effective FP methods are provided onsite or by Rx
  - All respondents: 48%
  - Non-Title X grantees: 40%
  - Title X grantees: 72%

- Site follows all 3 contraceptive best practices
  - All respondents: 21%
  - Non-Title X grantees: 13%
  - Title X grantees: 42%

- Site follows all 3 contraceptive best practices and offers same-day FP visits for new patients
  - All respondents: 14%
  - Non-Title X grantees: 7%
  - Title X grantees: 34%

- Site offers all effective FP methods onsite, follows all 3 contraceptive best practices, and offers same-day FP visits for new patients
  - All respondents: 6%
  - Non-Title X grantees: 2%
  - Title X grantees: 17%

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
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:

- **Major Increase** (≥50% caseload increase): 6%
- **Significant Increase** (25-49% caseload increase): 12%
- **Modest Increase** (10-24% caseload increase): 51%
- **Slight Increase** (<10% caseload increase): 28%
- **No Increase** (no new patients): 3%

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

- Reimbursement for family planning services and supplies: 20% increased, 14% decreased
- Cost of stocking family planning services: 40% increased, 3% decreased
- Access to training for staff in IUD/implant procedures: 45% increased, 6% decreased
- Number of patients seeking family planning services: 49% increased, 7% decreased
- Number of staff providing family planning services: 57% increased, 8% decreased

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
THE GEORGE WASHINGTON UNIVERSITY
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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