National Family Planning & Reproductive Health Association

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Policy Brief

Title X: Helping Ensure Access to High-Quality Care

The national family planning program, Title X (ten) of the Public Health Service Act, is the only dedicated source of federal funding for family planning services in the United States. Enacted in 1970 with broad bipartisan support, Title X provides high-quality family planning services and related preventive health care to low-income and uninsured individuals who may otherwise lack access to health care.

Improving access to high-quality family planning and sexual health care services for poor and low-income women and men, communities of color, immigrants, and rural residents is an integral component of Title X's mission. Title X-funded health centers are focused on providing services to all in need of high-quality, affordable services, regardless of one's ability to pay, insurance or lack thereof, and documentation status. The National Family Planning & Reproductive Health Association (NFPRHA) supports providing access to family planning and sexual health care for all and believes that there should be no barriers – financial, administrative, or otherwise – that have any impact on patients' ability to have timely access to affordable, confidential, high-quality family planning and sexual health services, supplies, and information.

The services provided at Title X-funded health centers are a vital component of a national effort to reduce unintended pregnancy, promote healthy pregnancies, reduce the transmission of sexually transmitted infections, and lessen the morbidity and mortality of reproductive cancers.

Socioeconomic Status-Related Health Disparities

> ***What are health disparities?***
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> *Health disparities are health differences linked to social, economic, and/or environmental disadvantages that "adversely affect groups of people who have systematically experienced greater obstacles to health" based on race, class, gender, socioeconomic status, etc.*
>
> *-Healthy People 2020*

Socioeconomic status is an important social determinant of health, as it affects health behaviors, access to care, and health outcomes.[1] In 2013, more than 45 million people in the US (15% of the population) lived at or below the federal poverty level (FPL)—meaning they earned $11,770 a year or less.[2] Nearly 42 million people, 13.4% of the population, lacked health insurance.[3] Women are more likely than men to live in poverty and people of color are more likely than white populations to have incomes below the poverty level and be uninsured.[4] Four in ten poor women of reproductive age have no health insurance.[5]

Title X: Serving Poor and Low-Income Individuals

Title X-funded health centers cannot, and do not, turn patients away based on their inability to pay for services. Patient payment within a Title X-funded health center is adjusted along a sliding fee scale based on the patient's annual income up to $29,425 in 2015 for an individual (250% of FPL). The vast majority of Title X's nearly 4.6 million patients are poor and low-income. In 2013, 70% of patients had incomes at or below $11,770 per year (100% of FPL) and received services at no cost to them.[6]

Title X: Serving Uninsured and Underinsured Individuals

Title X-funded health centers also provide care for uninsured and underinsured patients. In 2013, sixty-three percent of Title X patients were uninsured, 25% had Medicaid or other public health insurance, and 10% had private insurance.[7] In the US, nearly 18% of all women do not have health insurance, and women of color are at greater risk of being uninsured, making up three-quarters of all uninsured women.[8]

"Imagine a 22-year-old woman with a job she doesn't love, a toddler she'd die for, and no health insurance. She lives paycheck to paycheck, and always knows to the penny how much cash she has got until the end of the month. She's rushing home on Route 9 to relieve her mom, who's with the kid, and the engine light on the car comes on.
She feels a wave of panic. She knows she is one emergency away from everything falling apart. That's our patient – that is who members of Congress should imagine when they consider Title X funding each year."

-Clare Coleman,
NFPRHA President & CEO

For many women, a family planning provider is their only source of care. For four in ten women, their visit to a family planning health center is the only health care they receive annually.[9] The Title X safety net serves as an important source of health care for patients who may not have the resources or insurance coverage to access health care in other settings. Immigrant women, for example, are much more likely to be uninsured than naturalized citizens, due to policies and regulations restricting access to public and private health insurance as well as the overrepresentation of immigrants in jobs unlikely to provide health insurance.[10] Out of all uninsured women, 39% are non-citizens.[11]

Racial and Ethnic Health Disparities

Unintended pregnancy, unintended births, abortions, and teen pregnancies occur more frequently among minority women and women of low socioeconomic status.

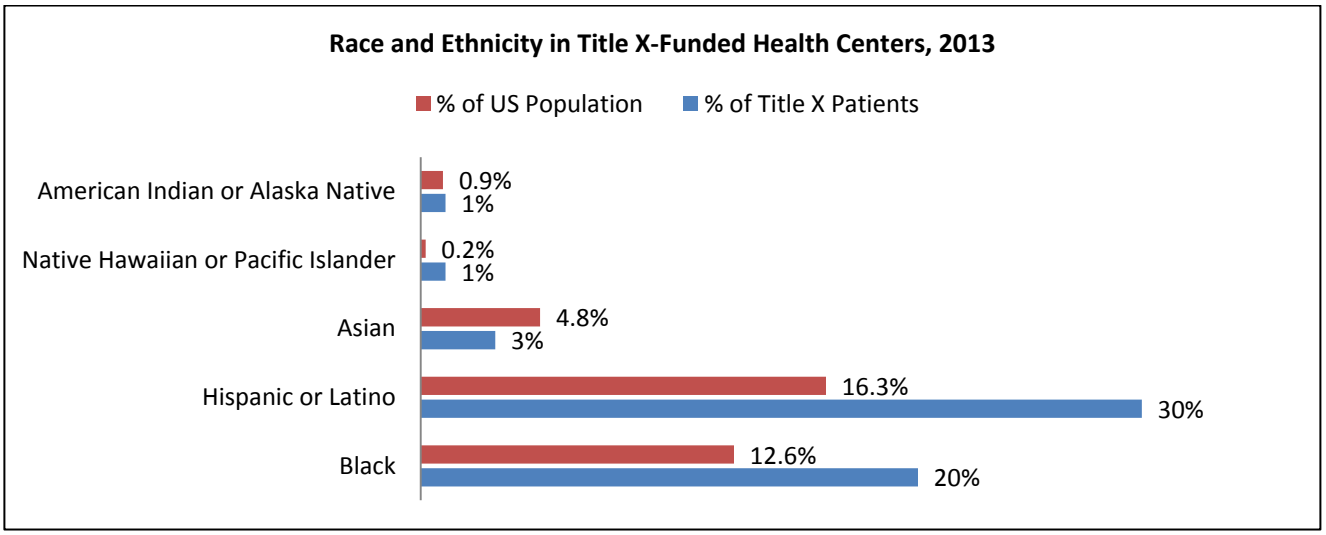
- Poor and low-income women have much higher rates of unintended pregnancy than women earning higher incomes.[12]
- Black and Hispanic teens are nearly twice as likely to become pregnant than white teens.[13]
- Barriers to care for immigrant women are linked to higher birth rates among immigrant women, especially those who are undocumented.[14]

Furthermore, women of color are disproportionately affected by HIV/AIDS and other sexually transmitted infections (STIs).

- Black women have nearly 22 times the rate of newly identified AIDS diagnoses, and Hispanic women have six times the rate of newly identified AIDS diagnoses compared to White women.[15]
- As the immigrant population is disproportionately young and low-income, these women are at a greater risk for STIs, especially HPV.[16]

Title X: Serving Communities of Color

Title X is leading the way in providing culturally competent care. The program's most recent guidelines, released in April 2014, reiterate this tenet, stating "these recommendations highlight the need for providers of family planning to deliver high-quality care to all clients, including adolescents, LGBTQ persons, racial and ethnic minorities, clients with limited English proficiency, and persons living with disabilities."[17] Title X patients are disproportionately Black and Hispanic or Latina, with 20% of Title X patients self-identifying as Black and 30% as Hispanic or Latina,[18] as compared to 12.2% and 16.3% of the nation,[19] respectively. Title X's Asian (3%), Native Hawaiian or Pacific Islander (1%), and American Indian or Alaska Native (1%) patients are proportionately representative of the US population as a whole.[20] People of color make up over half of patients at 31% of Title X-funded health centers.[21]



SOURCE: US Census Bureau, *Overview of Race and Hispanic Origin: 2010* and Fowler et al., *Family Planning Annual Report*.

In 2013 Title X-funded health centers provided over 1.1 million HIV tests leading to 1,771 diagnoses of HIV.[22] According a *Public Health Reports* study on the integration of HIV prevention within Title X family planning provider sites, Title X clinics are a "feasible and effective strategy for detecting HIV infection among women," particularly among women in racial and ethnic minority groups.[23]

Rural and Frontier-Based Health Disparities

Health disparities, most often associated with urban ethnic and racial populations, persist in rural America as well. Women, men, and families living in rural or frontier areas face additional challenges in receiving preventive health care. Rural or frontier areas are defined using multiple factors, such as non-metropolitan counties and having fewer than 35 people per square mile (even fewer people for the frontier).[24] More than 60 million people call these areas home.[25] The obstacles faced by health care providers and patients in rural areas are different than those in urban areas. Such factors include lower incomes, decreased likelihood of having insurance coverage, fewer doctors, and greater transportation difficulties than people living in urban areas.[26]

- Rural residents tend to be poorer than urban residents and are more likely to live below the poverty level. Per capita income is, on average, $7,417 lower than in urban areas. Income disparity is even greater for minorities living in rural areas.[27]
- Rural residents are less likely to have employer-provided health care coverage or prescription drug coverage, and the rural poor are less likely to be covered by Medicaid benefits than the urban poor.[28]
- Though nearly 25% of the population lives in rural areas, only about 10% of physicians practice in rural America. This often requires patients traveling great distances to reach a doctor or hospital.[29]

Title X: Serving Rural and Frontier Residents

Title X is a critical program delivering important health services in rural and frontier areas across the country. There is at least one Title X-funded family planning health center in approximately 75% of all counties in the United States with the sole mission of providing health services to poor, low-income, uninsured, and underinsured women, men, and families.[30]

In addition to being a point of access to care in rural communities, Title X health centers are more likely than other health care centers to provide contraceptives on-site, avoiding the need to fill a prescription at a pharmacy. This extra step can be a significant obstacle for a woman who is juggling the demands of school, family or work, or who is dependent on public transportation or without her own vehicle.[31]

Title X-funded health centers are also more likely to prescribe contraceptives without requiring a woman to have a pelvic exam, in line with evidence-based guidelines.[32] The need to schedule a pelvic exam may cause a delay in places such as rural areas where workforce shortages limit the availability of providers.[33]

Conclusion

Title X-funded health centers provide vital safety-net services for communities most in need of preventive health care. Yet, with the needs so clearly increasing across our nation's most vulnerable populations, Title X funding has been cut over the past few years. While the program may be funded at the same amount it was in FY15, the cuts in recent years contribute to reduced access to critical health services for women, men, and families, particularly those in underserved populations.

Eliminating health disparities and achieving health equity is a national goal, as evidenced by *Healthy People 2020*, the federal initiative to improve the nation's health.[34] This cannot be accomplished without support for the nation's safety-net providers, such as those within the Title X network, working together to ensure access to high-quality health services.

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