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**Title X: A Critical Difference**

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Two important articles in this issue by researchers from the George Washington University (GWU) paint a comprehensive portrait of the family planning services provided in federally qualified health centers (FQHCs). These centers are an important source of health care for low-income and underserved individuals, and their impact will grow considerably as a result of major investments the federal government has made in this network in recent years. With an increasing number of young and low-income individuals likely to receive their family planning services from these centers, it is of the utmost importance that FQHC clients are able to receive the highest quality care and have confidential and convenient access to the full range of contraceptive methods, including the extremely effective long-acting reversible contraceptive (LARC) methods. However, the GWU studies found wide variability in family planning service delivery among FQHCs and identified a number of significant barriers faced by these sites in providing comprehensive contraceptive care that includes a wide range of methods approved by the Food and Drug Administration and on-site availability of prescription methods like oral contraceptives. Some FQHCs, including those that receive funding through the Title X national family planning program or that serve more patients overall, were particularly likely to provide strong packages of family planning services, including provision of LARCs.

By highlighting differences between FQHCs that receive Title X funding and those that do not, the articles underscore the critically important role played by this relatively small program. Since its inception in 1970, Title X has been the only federal program dedicated to ensuring access to family planning services. The program provides funding to 4100 sites nationwide. Guidelines developed for Title X–funded sites set the standard for high-quality family planning services to disadvantaged individuals; as the authors note, these standards could be adapted to serve as the basis for standards of care for all FQHCs, whether or not they receive Title X funds.

As described in the articles, Title X–funded FQHCs provide a wider range of contraceptive methods and are more likely to remove barriers to a woman’s ability to start using her chosen method. These differences hold true not just for FQHCs but for safety net family planning providers more broadly, according to earlier research. On average, Title X–funded sites of all types offer clients a choice of almost 10 contraceptive methods, and nearly 7 in 10 offer at least one LARC method, such as the IUD or the contraceptive implant.

Similar to the findings for FQHCs, sites of all types that receive Title X support are also more likely than centers not funded through the program to provide contraceptives on-site, rather than giving women a prescription that must be filled elsewhere. Doing so is vital, as only giving a woman a prescription means she must make multiple trips to the family planning center and the pharmacy, a significant obstacle for women juggling the demands of school, family or work or who are dependent on public transportation or perhaps a borrowed car. Moreover, centers receiving Title X support work hard to make it easy for women to get started on their method quickly. For example, Title X–supported centers of all types are more likely to use the Quick Start protocol, under which women choosing oral contraceptives begin taking them immediately, rather than having to wait until a certain point in their menstrual cycles.

Moreover, Title X–supported centers generally are more likely to prescribe contraceptives without requiring a woman to have a pelvic exam, in line with evidence-based guidelines issued by the World Health Organization, the American College of Obstetricians and Gynecologists and
Planned Parenthood Federation of America.\textsuperscript{5} Requiring a pelvic exam may cause a delay where workforce shortages limit the availability of providers, such as rural areas. Also, having to obtain a pelvic exam is widely viewed as an unnecessary barrier for younger clients who may never have had a gynecological exam before.

Nationwide, all Title X–funded sites serve 4.7 million contraceptive clients annually or one-quarter of women in need of publicly supported contraceptive services.\textsuperscript{3} In 2010, the family planning services provided at Title X–supported sites helped women avert 1.2 million unintended pregnancies, which prevented 586,000 unplanned births and 403,000 abortions. In the absence of services provided by Title X–funded providers, rates of unintended pregnancy and abortion among U.S. women would be 35% higher and would be 42% higher among teens.

Helping women determine for themselves whether and when to have children also generates significant government savings, by averting costs that otherwise would have been borne by Medicaid for prenatal care, delivery, postpartum care and infant care. In 2010, the contraceptive services provided at Title X–funded centers generated $5.3 billion in government savings.\textsuperscript{3} Put in another way, every dollar invested in the publicly funded family planning effort saved $5.68.

However, as critical as this program is, it has come under relentless attack. The U.S. House of Representatives voted to defund the Title X program in 2011 for the first time in the program’s history. After a showdown with the Senate and President Obama, the House finally relented. Nonetheless, the program has sustained significant budget cuts, with current funding $36.2 million below what it was just 3 years ago.\textsuperscript{6} In fact, taking inflation into account, funding for the program is 67% below what it was in 1980.

As the articles in this issue make a compelling case for Title X, they also make a strong argument for collaborations between FQHCs and health centers that focus on the provision of family planning services, partnerships that build on their shared mission and complementary strengths.\textsuperscript{7} For example, FQHCs that currently do not offer a wide range of contraceptive methods or that do not have staff trained in provision of LARC methods could partner with a nearby health center specializing in reproductive health services, such as a Title X–funded health department or Planned Parenthood center. Such arrangements would give FQHC clients access to a wide range of contraceptive methods and to practitioners with specialized family planning expertise while helping to meet the needs of those who prefer obtaining their family planning services from a separate provider. At the same time, collaborations could ensure that family planning patients are able to receive all necessary follow-up care and non–family planning services (e.g., acute care, dental care and other preventive care) through the FQHC. These partnerships offer enormous benefits to clients and should be actively pursued by these two vital safety net systems that share a common goal of improving access to quality care for disadvantaged individuals.

\textsuperscript{1} Beeson T et al., Accessibility of long-acting reversible contraceptives (LARCs) in Federally Qualified Health Centers (FQHCs), \textit{Contraception}, forthcoming.
\textsuperscript{2} Wood S et al., Scope of family planning services available in federally qualified health centers, \textit{Contraception}, forthcoming.


