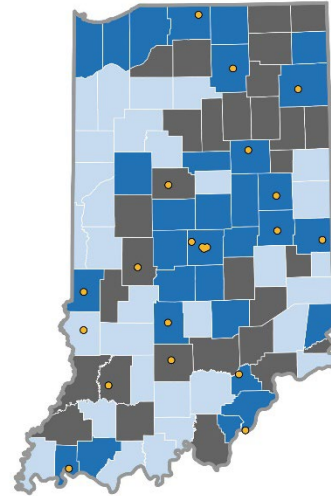


# Indiana Family Health Council

Indiana Family Health Council (IFHC) is a nonprofit organization that has been a statewide Title X grant recipient since the 1970s. It delivers services to approximately 25,000 clients per year through its subrecipients: family planning (FP) clinics, federally qualified health centers (FQHCs), hospitals, and school-based health centers operating in 24 counties across Indiana.<sup>1</sup>

## Stats at a Glance<sup>2</sup>

- ▶ Number of family planning (FP) encounters – 24,624
- ▶ FP users with incomes below 100% Federal Poverty Level (FPL) – 7,774 (58%); all FP users with incomes below 250% of FPL – 12,148 (91%)
- ▶ Number of tests performed for gonorrhea – 11,024, syphilis – 3,807, and HIV – 7,022
- ▶ Number of female users who received a chlamydia test – 7,270 or a Pap test – 3,069



• Clinic locations

Pop. per sq. mi. ■ Less than 65 ■ 65 - 114 ■ 115 or more

## Overview of Services Offered

As a Title X recipient, IFHC provides a broad range of FP services including pregnancy prevention and birth spacing, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services. The services are voluntary, confidential, and provided regardless of ability to pay.<sup>3</sup> The infographic below is an Overview of Services Offered within the IFHC network. The data shown below are not specific to any particular site but rather are representative of the broader grantee network. For information on services available at individual service sites, please refer to the [OPA clinic locator](#).



### Pregnancy assistance and counseling

- Counseling on achieving pregnancy
- Preconception health services
- Pregnancy testing and counseling
- Basic infertility services



### Contraceptive services

- ◐ FDA approved long-acting contraceptives
- FDA approved short-acting contraceptives
- Natural family planning methods



### STI services

- STI and HIV education and counseling
- STI and HIV screening and testing
- STI and HIV treatment
- STI self-testing
- ◐ Expedited partner therapy
- ◐ PrEP counseling and risk assessment
- ◐ PrEP prescription services
- PEP counseling
- PEP prescription services



### Other preventative health services

- Screening for breast cancer
- Screening for cervical cancer
- HPV vaccinations
- Screening for intimate partner violence
- Screening for mental health
- Screening for obesity
- Screening for smoking, drug, and alcohol use
- Adolescent-friendly health services

#### LEGEND

- Available at all service sites
- ◐ Available at service sites and through referrals
- Available through referral only

<sup>1</sup> Source: Data collected by Mathematica in 2023 for the Title X Implementation Study.

<sup>2</sup> Source: Family Planning Annual Report (FPAR): [2022 National Summary](#).

<sup>3</sup> See the [Title X Service Grants web page](#) for more information on the requirements and regulations guiding Title X projects.

## Equity in Practice



To better meet the sexual health needs of adolescents, IFHC's Title X network includes two school-based health centers in Indianapolis public high schools. The health centers provide sexual health education, pregnancy testing, birth control, and testing and treatment of STIs. Offering FP services within schools makes it easier for adolescents to access care and reduces the amount of time they need to be absent from school.

## Innovations in Practice



To address cost as a barrier to contraception use, IFHC is partnering with the Indiana School of Medicine to offer same-day access to long-acting reversible contraceptives (LARCs)—like the IUD and Implant—at no cost to clients. The initiative, called PATH4YOU, is modeled after a similar Missouri initiative, the Contraceptive CHOICE Project, which has been shown to increase access and uptake of LARCs. A study of the Contraceptive CHOICE Project found that when barriers to contraception use such as cost, access, and knowledge were removed, clients choose LARC methods and were highly satisfied with them over time.<sup>4</sup>

## Did You Know?



Anticipating a statewide ban on abortion, IFHC staff worked closely with state policymakers to expand access to FP services with a goal of preventing unplanned pregnancies. In early 2023, IFHC was awarded \$9.5 million to expand Title X services to six previously unserved counties in Indiana. This increase in funding will help IFHC meet the needs of rural communities with limited access to FP services.



In addition to advocating for expanded FP services, IFHC partnered with policymakers to pass a new law in 2023 allowing pharmacists to prescribe some forms of birth control. House Bill 1568 allows pharmacists to prescribe birth control pills, patches, and rings to individuals who are at least 18 years old. The law will allow quicker access to contraceptives, particularly for people living in rural parts of the state with limited access to primary care.



IFHC has established a strong network of partners to increase access to FP services, including partners in the business sector. For example, IFHC partners with the manufacturers of a new brand of emergency contraception to donate the product to clinics in their network at no cost. IFHC also partners with Direct Relief, a nonprofit humanitarian organization that provides LARCs at no cost to uninsured clients. These partnerships help clients in need access contraception without added cost burdens to the grantee or client.

## About the Title X Program

The Title X Family Planning Program, created in 1970 and authorized under Title X of the Public Health Service Act, is administered by the Office of Population Affairs (OPA) in the U.S. Department of Health and Human Services. For more information, please refer to OPA's [website](#).

Grant number: FPHPA006580

Website: <https://www.ifhc.org>

<sup>4</sup> McNicholas, C., T. Madden, G. Secura, and J.F. Peipert. "The Contraceptive CHOICE Project Round Up: What We Did and What We Learned." *Clinical Obstetrics and Gynecology*, vol. 57, no. 4, 2014, pp.635-43.