OASH | Office of Population Affairs

Title X Implementation Study: Key Findings and Lessons Learned

About the Title X Implementation Study

The Title X Implementation Study was sponsored by the Office of Population Affairs to understand how Title X grant recipients ensure access to equitable, affordable, and client-centered quality family planning services.

Study activities included (1) a grant-recipient web-based survey, (2) telephone interviews with grant recipients, (3) listening visits with select service delivery sites, and (4) a client survey.

For more information about the Title X Implementation Study, please visit https://opa.hhs.gov/research-evaluation.

Introduction

The Title X Family Planning Program is the only domestic federal program solely dedicated to family planning and related health care services. It plays a critical role in supporting the nation's health, especially for people with low incomes who might otherwise lack access to high-quality sexual and reproductive health (SRH) services. In 2022 alone, Title X-funded grant recipients provided family planning services to 2.6 million people, most of whom were female and a little more than half were under 30 years old.[1]

The Office of Population Affairs (OPA) awards funding to a diverse mix of grant recipient organizations and their subrecipients to offer person-centered and equitable care across the United States. This includes critically important services such as contraceptive care, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, as well as other preventative health care services (such as, screening for intimate partner violence, substance use, immunizations, etc.). The clinics and staff funded through Title X often serve as a vital support system for families, not only for these core SRH services, but often serve as a gateway to numerous other essential services such as primary care, housing and food assistance, and behavioral health services.

To better understand the needs and valuable experiences of Title X grant recipients, staff, and clients, OPA funded a national implementation study in 2021. This brief presents key findings and shares innovative strategies and lessons with implications for the field that were identified through this study.

Where and how do Title X-funded organizations operate?

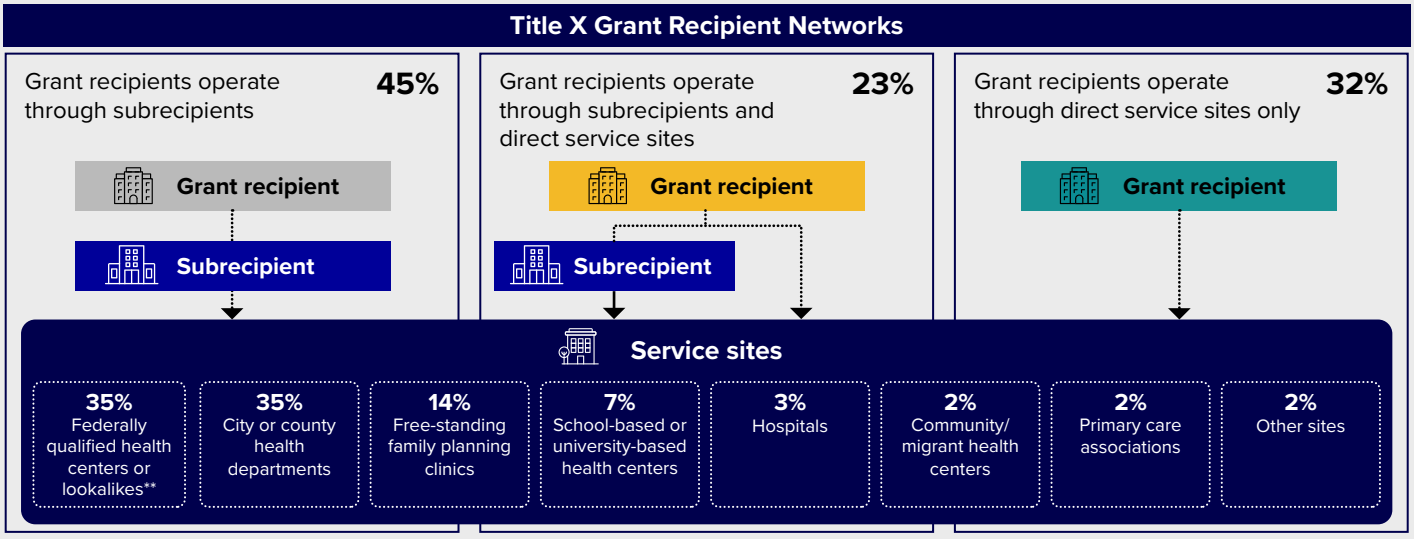
The Title X network consists of an extensive and diverse array of organizations serving communities across the country.[2] Most of the 86 grant recipients funded in 2022 are state health departments or nonprofit community-based organizations. They all provide administrative oversight and ensure that funds are used in alignment with program regulations but are

not one-size-fits-all in terms of their structure and how they operate. While some grant recipients provide direct services to clients, most pass funding through a network of subrecipients and service sites to provide care (Exhibit 1).

Service sites are typically organizations that are deeply embedded in their communities, with longstanding relationships and a history of providing care to underserved people. Among the 2022 grant recipients, most service sites are city or county health departments or federally qualified health centers (FQHCs) (Title X grant recipient survey 2023). Others serve their communities through school- or university-based health centers, hospitals, primary care associations, or stand-alone community-based clinics such as Planned Parenthood.

Title X-funded services reach communities across varied geographic, political, and resource environments (Exhibit 2). Some large, state-wide grant recipients must navigate vastly different contexts from one county to the next and offer the appropriate resources and services to provide high-quality care (Box 1). For example, a grant recipient in California funds over 50 subrecipients to offer Title X services across the state. Dividing their network into regions and meeting regularly has helped the grant recipient better support its subrecipient agencies in meeting the needs of their specific service areas, including urban, rural, and suburban communities. On the other end of the spectrum, grant recipients operating in island communities such as the U.S. Virgin Islands, Puerto Rico, or Guam navigate very different logistical contexts. Their geographic locations and the increasing effects of climate change on infrastructure means that grant recipients on island communities must find creative ways to overcome challenges such as limited access to testing facilities, supplies, and providers due to destroyed buildings, electrical outages, and blocked roads. To address these challenges, several grant recipients have expanded their telehealth capacity to improve availability of services for clients and to increase opportunities for provider training. While the use of telehealth is not without its own risks (such as frequent internet disruptions on island communities), the availability and access to telehealth services often enables clients at remote dispensaries to receive virtual medical consultations from providers at central service sites.

Exhibit 1. Variation in Title X networks and service delivery models



Notes:

Grant recipient: An agency that receives Title X funds directly from the Office of Population Affairs: State and local health departments and nonprofit family planning and community-based health organizations.

Subrecipient: An agency that receives Title X funds from a grant recipient.

Service site or site: A location providing clinical care that is operated by a grant recipient or subrecipient providing Title X-funded family planning services.

* Some subrecipients provide direct services.

** FQHC-Lookalikes meet the core tenets of the FQHC designation and abide by Health Center Program Requirements, but do not receive Health Center grant funding.

Box 1. Key contextual factors affecting access and quality of service delivery

Policy. Federal policy changes that affect access to reproductive health services, such as the Dobbs decision,[a] sex education legislation at the state and local level, pharmacy regulation, and scope of practice policies, impact which services are offered and how and when clients are able to access those services.

Geography. Rural communities must often contend with limited transportation and provider availability, confidentiality concerns, and stigma around sexual and reproductive health. While innovative strategies like mobile clinics and telehealth are promising, not all service sites have the same capacity to implement these strategies due to client barriers, such as internet connectivity and comfort, funding, and state policies.

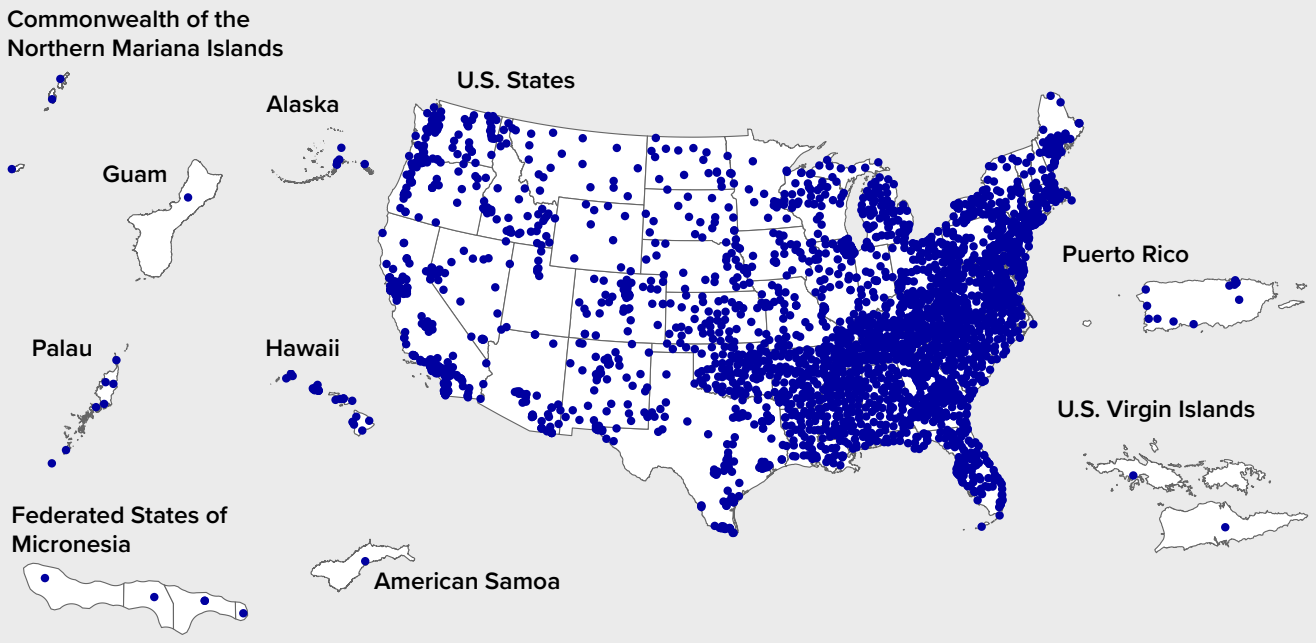
Funding. Title X has been funded at the same level for nearly a decade,[b] leading service sites to stretch their operations thin as inflation and the cost of services continues to rise. Efforts to increase outreach and provide more equitable access to services are often the first thing to be cut when grant recipients face funding shortages.

Demographics. Changing community demographics and increasing migrant and refugee populations are also driving the types of training and hiring decisions grant recipients and their service sites make to ensure that they can provide high-quality, culturally competent care.

[a] Dobbs v. Jackson Women's Health Organization. 597 U.S. 215. 2022. https://www.oyez.org/cases/2021/19-1392.

[b] Frederiksen, B., I. Gomez, and A. Salganicoff. "Rebuilding the Title X Network Under the Biden Administration." KFF, 2023. https://www.kff.org/womens-health-policy/issue-brief/rebuilding-the-title-x-network-under-the-biden-administration/#:~:text=The%20Title%20X%20family%20planning,demand%20for%20family%20planning%20services.

Exhibit 2. Locations of Title X-funded service sites (2023)

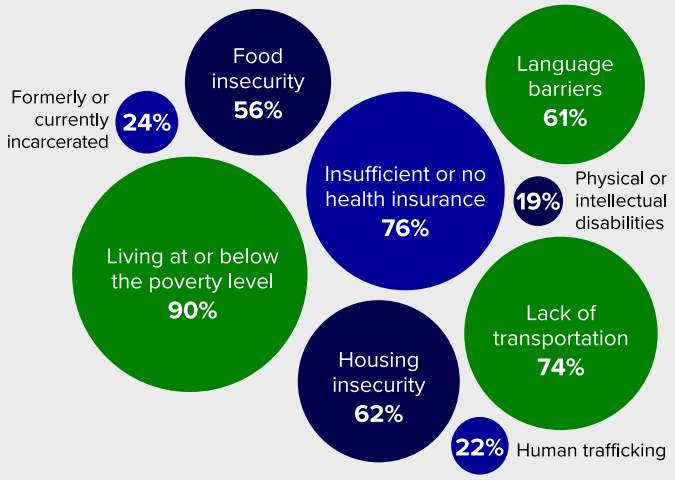


Who does Title X serve and how do clients access the services they need?

Based on discussions with Title X staff, many clients who come into Title X clinics are facing systemic barriers to meeting their health and social needs. Grant recipient directors shared that their clients are typically trying to navigate multiple challenging life circumstances, which affect if and how they are able to access SRH care (Exhibit 3). Most have limited or no income and are seeking stable housing and food, transportation, or health insurance. Clients using Title X services are adolescents and young adults, people who identify as LGBTQI+ (lesbian, gay, bisexual, transgender, queer/questioning, and intersex+), both women and men, people living in rural areas, people in correctional facilities, people with substance use disorders, asylum seekers, refugees, and people who are undocumented. Many staff across multiple service sites, who have been in their roles for more than a decade, also highlighted

that they are seeing increasing numbers of Title X clients from immigrant communities who may not be able to communicate in the languages available in clinics.

Exhibit 3. Grant recipient perceptions of client challenges



Note: Percentage of clients perceived by grant recipients as facing issue as a moderate or major challenge.

Source: Grant recipient survey 2023. N = 62–81 (varies).

In addition to providing health services, many grant recipient and service staff shared how Title X clinics serve as a crucial pathway to meeting and supporting clients' social needs (such as housing and the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]) or emotional and behavioral needs. For example, one grant recipient in Illinois has partnered with a university to use a collaborative care model to increase access to behavioral health services. In this model, primary care providers, including those who provide Title X services, receive training to provide behavioral care for conditions such as depression and attention deficit disorder, and a staff psychiatrist consults on more complex conditions. This approach reduces the number of follow-up appointments for clients and helps minimize the stigma around seeking behavioral health services.

Given their complex and challenging circumstances, clients do not always know what services are available and how to access them. Title X grant recipients and service sites use intentional planning and outreach efforts to raise awareness about available Title X services (Box 2).

In their own words

"I have to find a provider that has the availability at that time, because patients are easy to lose in a second, because it's like, it's 12 o'clock, they don't want to miss lunch at the soup kitchen, because that's the only meal they're going to get or somebody that's like, I'm meeting the DHHS. I'm trying to get reunification with my child. That's more important. They have things in their lives."

—Title X clinical provider

Box 2. Successful community outreach strategies

Participating in community events. One grant recipient in Iowa set up a booth at a Pride event to promote Title X services to young adults and people who identify as LGBTQI+. At the event, they passed out free family planning kits that included condoms, lubricant, pregnancy tests, two doses of emergency contraception, and a health guide that outlines options for contraception and available resources throughout the state. Attending this event made family planning supplies more accessible and built awareness of Title X services among young adults and people who identify as LGBTQI+. A service site in New York hosts regular events on college campuses, such as "sex ed bingo", where students who attend also learn about the organization and what services they offer in the community.

Visiting people who are underserved. Many grant recipients have prioritized maintaining a presence among those living in correctional facilities or substance use treatment centers. For example, one grant recipient in Montana partnered with detention centers to offer health education and STI testing in pre-release centers. Grant recipients in North Dakota and Minnesota partnered with a correctional facility to offer telehealth services and regularly travel to provide short- and long-term reversible contraceptives for women living at a correctional facility. In Alaska, a service site partnered with a syringe service program to provide Title X services on-site for its clients.

Building relationships with other organizations. One grant recipient in Maryland brings Title X services to communities that may not be aware of available services by hosting an annual block party geared toward youth between the ages of 13 and 24. Services available include HIV/STI screenings and appointment scheduling. The grant recipient invites other health, fitness, career, and education organizations to participate at the block party. The block party has been an effective way for the grant recipient to build community connections.

Building on their outreach efforts, grant recipients also use creative strategies to improve equitable access for clients from marginalized communities. For example, many clinics have found success in (1) offering flexible operating schedules to accommodate last minute, same-day, or after-hours appointments; (2) bringing services to clients through mobile clinics, school-based clinics, or pop-up sites; and (3) using telehealth for clients living in areas where access to care is limited. (See Title X Spotlight: Strategies for Providing Equitable Access to Title X Services)

How do Title X grant recipients and clinics equitably serve clients in different contexts?

Each client has unique circumstances and needs, and, therefore, no two Title X visits are alike. However, there are common elements that each service site typically offers during a visit. All clients have access to a range of clinical services and supportive care through the Title X program. These include all Food and Drug Administration-approved contraceptive products and natural family planning methods, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, and STI testing and treatment, either on-site or through referrals. Many service sites also provide related preventative health services such as screening for breast and cervical cancer, drug and alcohol use, and intimate partner abuse.

In their own words

"[We] have some small, local health departments that only see 40 patients a year, [which] are in the more rural, more frontier locations. Staffing is a challenge in those areas…so they [patients/residents] may not have as much access to a midlevel provider as some of our other sites that are located in bigger cities. [In these types of locations], they [the clinic] might have a provider coming every 6 weeks or might have a provider coming every 4 weeks. [The patients] can get pills or NuvaRing or depo because they have an RN, but they don't have access to LARCs [long-acting reversible contraceptives], so they'd have to go to a different location if that was something they were interested in."

—Title X grant recipient director

There is some variability in the types of services that each Title X individual service site can provide due to differences in context, available resources and staffing, and community needs. For example, a clinic that is an FQHC or a local health department may be able to offer screening, testing, and procedures that a mobile clinic is not equipped to provide. Some service sites are co-located with other programs such as WIC or Nurse-Family Partnership, giving clients access to a range of services in one place. Large service sites located in urban centers tend to see a higher population of clients and have greater staffing capacity, compared with smaller rural clinics where providers may rotate on a weekly or monthly schedule. State policies may also influence the type of care that clients can receive. This is the case in Louisiana, where registered nurses can obtain structured training and certification for STI testing from the state, which reduces burden on nurse practitioners and increases the capacity of service sites to offer STI services statewide. On the other hand, in Missouri, nurses must first practice with a collaborating physician for 30 days, which has implications for staffing, particularly in rural areas where service sites face a provider shortage already.

When staff shortages have limited the types of services available to clients, clinics have focused on staff training, education, and coaching to improve the patient experience, expand the scope of care, and address workforce shortages. For example, some Title X clinics have expanded the capacity of their staff by providing professional development on conducting specific tests or clinical services, like insertion of long-acting reversible contraceptives (LARCs). Many have also relied on telehealth to increase access, such as by having providers virtually meet with clients from service locations where regular availability of a provider is limited.

Every client encounter is an opportunity to build trust and reduce barriers to high quality care (see the Title X Spotlight: Strategies for Providing Culturally Responsive, Person-Centered Care). Grant recipient and service site staff highlighted the importance of building trust with clients from when they enter the clinic to after they leave, as a necessity to deliver patient-centered care. Title X providers build trust using balanced, non-judgmental approaches that make clients feel like equal partners in their health care decision making (Box 3).

Box 3. Person-centered strategies to build trust with Title X clients and communities

Allowing time for relationship building. Clinic staff get to know clients by actively listening and allowing time to make sure the clients are comfortable. For example, providers build flexibility into the schedule to accommodate clients who may be in crisis and need longer visits to establish trust and receive the necessary care.

Avoid judgmental responses. Clients coming in the door often experience medical situations that may be stigmatized in their communities. Clinicians build trust by being there to meet clients' current needs, without judgement, such as by integrating harm reduction strategies (for example, needle exchange) as part of SRH care.

Respectful interaction. Staff follow best practices to ensure a respectful dialogue and address client needs in an equitable and holistic manner. For example, clinicians strive to avoid turning their back to clients or sitting behind a computer monitor during a client visit.

In their own words

"The [provider] is an absolute wonder of a woman. I've been so grateful to have her as a part of my health care journey... She is authentic, warm, welcoming, knowledgeable, and appears invested in my personal health care journey. The clinic is clean, well-organized, easy to navigate, and the (other) providers I've seen...are just as knowledgeable and willing to answer questions."

—Client survey respondent

For example, in Maine, staff use pre-visit tools to gather information on client needs and educate the provider ahead of the visit, which adds efficiency to the visits and builds trust. Staff then use these tools to meet with clinicians prior to visits and share important elements that clinicians should know about each client's life.

Establishing trust is essential to offering person-centered care, so Title X clients can continue to access the services they need and overcome the cultural or social stigmas they may be feeling (Box 4). Staff who check clients in at the front desk and patient navigators who greet clients in the waiting room highlighted the importance of establishing an initial connection, getting to know the clients, and building rapport from the start of the visit. Service site staff also emphasized that providing care in a patient-centered and culturally responsive way often requires shifts in staff thinking and learning, addressing language barriers, and building understanding of diverse cultural values. Service sites have found that hiring staff who reflect the lived experience of clients and communities that they serve matters and improves the quality of care.

Box 4. Person-centered contraceptive counseling

Over 70 percent of clients surveyed rated their provider as **excellent** on the following:

- Respecting me as a person
- Letting me say what mattered to me about my birth control method
- Taking my preferences about my birth control seriously
- Giving me enough information to make the best decision about my birth control method

Source: Title X Client Survey (n = 94). Survey available at https://pcccmeasure.ucsf.edu/.

As part of providing high-quality, holistic care to the communities they serve, Title X service sites also rely on strong community partnerships and specialized staff to help clients navigate complex systems of care (see Box 5 and the Title X Spotlight: Strategies for Successful Community Engagement and Partnerships to Meet Client Needs).

Box 5. Community partnerships

Supporting referrals for service provision. Some service sites have partnerships with specialty clinics or hospitals such as those that provide STI services, access to LARCs, prenatal care, infertility services, and/or gender affirming care. Clinics that do not stock HIV prevention medicine (that is, pre-exposure prophylaxis) are able to counsel clients who are interested and facilitate referrals to providers in the area that offer it.

Providing access to clients from marginalized communities. Partnerships also provide access to underserved populations. Colleges may send students to services sites, and employers may refer migrant workers or host clinic staff on site for care. A public health department in Wyoming is co-located in a building with a nonprofit that provides basic health care services to unhoused people, including a limited scope of birth control options. The nonprofit can easily refer interested clients to the health department for more expensive birth control methods, such as implants and intrauterine devices.

Supports outside of SRH care. Clinics partner with community-based organizations and other providers to help with the complex medical needs of their clients, such as housing, dentistry, social services, and substance use treatment. For example, in Delaware, a service site shared that their clinic staff complete screening for behavioral health needs during their SRH visits and, through a partnership with a local substance use clinic, can arrange transportation to quickly connect interested clients with the care they need.

Knowledge and training support. Partnerships are also important for staff training, especially for clients with diverse needs. Staff highlighted the importance of partnering with communities to develop tailored, cultural competency trainings to better understand the cultural norms of the communities they serve, such as stigma around terms or language, as well as barriers related to gender norms. For example, a service site in Iowa has noted an increase in refugee and immigrant populations. To increase quality of care, they are investing in staff sensitivity training around the cultural and religious practices of these new arrival groups by building relationships with elders in the community who can help bridge gaps in understanding between providers and clients. The elders educate providers on the unique needs and cultural considerations of these groups while, in turn, discussing the importance of sexual and reproductive health services with their community members.

In their own words

"People see us as their primary care home … And we have community health workers who do outreach phone calls, who help them get connected to things like … resource support, the Diaper Bank, WIC, state programs to offer public health nurse visits, and things like that."

—Title X clinical provider

Resources for more information

Title X-funded grant recipients and their service delivery sites have played a longstanding and critical role in supporting individuals and their families in overcoming systemic barriers and receiving the care they need.

For more information on the Title X grant recipients and their work, please see the resources below:

- OPA website
- Grantee profiles
- **Title X Spotlights:** Strategies for Providing Equitable Access to Title X Services; Strategies for Providing Person-Centered Care; and Strategies for Successful Community Engagement and Partnerships to Meet Client Needs
- Grantee spotlights on the Reproductive Health National Training Center website

Endnotes

[1] Clochard, A., P. Killewald, A. Larson, W. Leith, N. Paxton, J. Troxel, and M. Wong. "Family Planning Annual Report: 2022 National Summary." Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, October 2023. https://opa.hhs.gov/sites/default/files/2023-10/2022-FPAR-National-Summary.pdf.

[2] Office of Population Affairs. "Fiscal Year 2023 Title X Service Grant Awards." Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, 2023. https://opa.hhs.gov/grant-programs/title-x-service-grants/current-title-x-service-grant-recipients/fy2023-title-X-service-grant-awards.

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