



Office of
Population Affairs

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Title X Spotlight: Strategies for Providing Equitable Access to Title X Services

About the Title X Implementation Study

Title X plays a critical role in supporting the nation's health, especially for vulnerable communities who might otherwise lack access to high-quality family planning services. 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.

Key study activities included (1) a grant recipient-level 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

People often need help accessing affordable and high-quality care to meet their sexual and reproductive health (SRH) needs. This spotlight discusses some of the factors that hinder or facilitate access to high-quality care, and highlights strategies grant recipients and service sites have used to improve equitable access to Title X services in their communities.

Implementing flexible clinic schedules and procedures

Title X staff highlighted that many clients find it challenging to plan appointments in advance or attend appointments during typical clinic operating hours. To address this, some grant recipients have implemented flexible operating schedules to better align with the needs of the populations they serve.

Grant recipients and service sites have taken the following steps to improve access and convenience for clients:

1. Expanding clinic hours to be open early, late, or during lunch
2. Accepting walk-ins and establishing dedicated walk-in hours
3. Offering three to six months' worth of medications, rapid or same-day STI testing, or same-day insertion or removals of long-acting reversible contraceptives (LARCs)

In their own words

"If people are really struggling, we say, 'Hey, well, we can see you at noon over here or we can see you at 7:30 in the morning over here.' So even though our sign says 8 to 5, close for lunch, we rarely ever close for lunch."

—Title X clinical director



For example, a service site in Nevada offers the option of seeing clients over the lunch hour and at least one evening during the week to accommodate work schedules. Similarly, one grant recipient in Alabama found that the implementation of same-day or after-school appointments was particularly attractive for youth and resulted in an increase in the number of youth

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clients who came into the clinic. To facilitate access to information and build awareness, a grant recipient in Ohio introduced a confidential Chat/Text program, where health education specialists answer questions from the public, in real time. During these conversations, the health education specialists promote Title X services and, if needed, work to get the person connected to a health clinic in their area.

Using mobile clinics to bring services to rural or underserved communities

Clinic 555 Mobile Clinic operating in Minnesota



Source: Title X listening visit.

According to many Title X providers, affordable and convenient transportation is a significant driver for improving access to Title X services, especially for people in rural or underserved areas where the transportation options and medical infrastructure are limited. In addition, staff across most service sites emphasized that many clients are balancing competing priorities, such as childcare and work schedules, which can hinder scheduling and attending clinic appointments. Some grant recipients are using mobile clinics as a solution, to bring Title X services directly to those who need them most.

Migrant farmworkers and their families may not have the means or the time to travel to clinic appointments.^{1,2}

To address this challenge, grant recipients in several states have launched mobile clinics to travel to farms and provide care to those working in areas with limited SRH services. Grant recipients have also identified other high-impact locations to utilize mobile clinics. For example, one grant recipient in Kansas uses mobile clinics near Walmart stores, which are easily accessible, centrally located, and frequented by people living in rural areas. Another grant recipient in Nevada positions a mobile clinic near a refugee center to increase access to those who may not otherwise know about the Title X program or its services. In Minnesota, a service site brings their mobile clinic to encampments for unhoused people to provide services.

Integrating telehealth to improve flexibility and access

Many grant recipients and service site staff across the network continue to grapple with the best ways to use telehealth as an option to improve access to services and the client experience. Several providers highlighted the benefits of telehealth such as flexibility; ease of distributing prescriptions; and reducing client scheduling, transportation, and time barriers. However, in many sites, limited access to technology or lack of high-quality internet, as well as client preference for in-person visits with a provider, sometimes make telehealth a less viable or appealing option. In the client survey, the most cited reason for preferring in-person visits was better communication with providers that feel more personal. Service sites also have to navigate variable rules and regulations governing telehealth provision and costs of implementation.

In their own words

“We launched telehealth specifically in rural areas because of transportation problems. Also, not all rural clinics are open 5 days per week and the hours vary across our network due to staffing challenges. Telehealth fills these gaps for us.”

—Title X grant recipient



While telehealth is not a one-size-fits-all solution, some grant recipients have found success with using it to increase access and convenience for both clients and providers. One grant recipient in New Mexico uses telehealth to connect clients to providers via phone or through a hybrid model, where clients come into the public health office and a nurse connects them to a clinician virtually. This allows for same-day access to services even on days where a clinician is not available, while also addressing clients' discomfort with fully virtual visits.

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 Implementation Study: Key Findings and Lessons Learned
- **Title X Spotlights:** 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 Migrant Clinicians Network. "Issues in Migrant Health: Women's Health." 2024. <https://www.migrantclinician.org/explore-issues-migrant-health/womens-health.html>.

² Galarneau, C. "Farm Labor, Reproductive Justice: Migrant Women Farmworkers in the US." Health and Human Rights Journal, 2013. <https://www.hhrjournal.org/2013/10/farm-labor-reproductive-justice-migrant-women-farmworkers-in-the-us/>.

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