



Office of  
Population Affairs

September 2024

# Title X Spotlight: Strategies for Providing Person-Centered Care

## 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

Clinics that receive funding through the Title X program serve a number of clients from diverse communities, whose health needs may have been shaped by a variety of life experiences and challenges, ethnic and cultural backgrounds and languages, and contact with different social service systems in the United States and around the world.<sup>1</sup>

This spotlight discusses the importance of providing care that centers empathy for people's lived experiences and highlights strategies that grant recipients and service site staff have found useful for overcoming systemic barriers to provide appropriate sexual and reproductive health services; these services must be respectful of and responsive to the health beliefs, practices, preferred language, health literacy, and other communication needs of people of all genders, as well as cultural and demographic backgrounds.

## Building staff capacity in the relevant cultural competencies

Service sites funded by Title X see many clients who have language or cultural barriers that affect clients' access to care, as well as the quality of their experience once they enter the clinic. To ensure that these clients can get the care they need, Title X providers have found it helpful to do the following:

■ **Hire staff who are from the communities being served and who speak the relevant languages.**

Key differences in terminology and norms about medical and social needs in different cultural communities can affect the quality

### In their own words

“So, if you walk around every site, you're going to see that from the front desk on, we have team members from many different countries who speak many different languages. From people in our finance department to people at our front desk to our clinical support staff. And that is key to care.”

—Title X clinical director



HHS Office of Population Affairs

Web: [opa.hhs.gov](https://opa.hhs.gov) | Email: [opa@hhs.gov](mailto:opa@hhs.gov) | Twitter: [@HHSPopAffairs](https://twitter.com/HHSPopAffairs) | YouTube: [HHSOfficeofPopulationAffairs](https://www.youtube.com/HHSOfficeofPopulationAffairs)

of care. While audio or video translation services are a common way to address language barriers, staff suggested relying on this alone can be limiting. For example, in some situations, female clients often feel uncomfortable sharing personal information with male translators over the phone, translation may not be available in languages that are less common in the United States, and differences in local dialects or lack of medical terms for specific procedures can make communication difficult. Providers with shared lived experiences can better understand the whole person and identify and help overcome sociocultural barriers to develop tailored solutions.

### ■ Provide tailored cultural competency training to staff

Title X-funded providers receive training on clinical best practices through multiple sources, including two training centers that OPA supports: (1) [the Reproductive Health National Training Center](#) and (2) [the Clinical Training Center for Sexual and Reproductive Health](#).

#### In their own words

“We fund a large FQHC that has 30 sites. They are leading the charge on gender-affirming care for young people. They have an entire site that was years ahead of everyone else in [our state] in terms of policies, behaviors, set-up, to be inclusive of all genders. They’re like a model.”

—Title X grantee director



In listening visit discussions, many staff said they have found that training on cultural competency is most useful when adapted for the communities being served and their needs. Several providers suggested that staff benefit from additional training to meet the SRH needs and desires of LGBTQI+ clients and people of all gender identities. For example, one service site in Texas discussed the use of intensive clinician training and role playing to make sure that clinicians can serve people who may present one way but need certain SRH services. Staff also emphasized the importance of training for not just providers, but also for front desk and call center staff. Another service site in Palau conducts a separate clinic for male clients to facilitate comfort with receiving SRH services and reduce stigma. They have seen an increase

in the number of male clients, particularly young men and fathers, as a result of this strategy. Similarly, many service site staff also expressed the need for training on the specific norms and needs of immigrants and their families. This speaks to the importance of ensuring that trainings are tailored rather than generic and actively draw on the expertise of the leaders or members of the communities being served. For example, a grant recipient in Montana recently hired a Tribal liaison to support a Tribal Community Advisory Committee and strengthen the quality of their services for Native American clients.

### Meeting clients where they are

Serving populations with multiple and complex needs has challenged grant recipients to look for opportunities to reach and serve clients in creative ways. Title X providers work to reduce inequities by creating targeted service experiences for their diverse clients, such as youth, justice-involved clients, or people who are unhoused, in the following ways:

### ■ Increasing youth comfort

Some service site staff emphasized that they have adjusted their clinical procedures when they are serving youth clients, often by paying special attention to confidentiality and privacy, which has helped to improve both access to care and their comfort with service provision. For example, one school-based health center in California has seen increased youth traffic to its clinic by moving the site into a separate building in a private area of the campus. A service site in New York that focuses on youth discussed the importance of taking the time to provide their young clients with tailored sex education through mini clinics during their visits, such as showing them how to use an external condom.

#### In their own words

“One of our agencies that sees a lot of teens and college students, they cater to this population in a very unique way. They hire from their patients. They become peer advocates. Their hours of operation for young adults is evening time. It’s very different. They are in and out in an expedited manner.”

—Title X clinical provider



### In their own words

“We have another nurse practitioner down by our courthouse, next to a facility which helps houseless people, folks who are in rehabilitation. It’s also connected to a safe place for detoxing. So, there’s this whole huge facility down there next to the jail and courthouse and we’re down there regularly conducting Pap smears and STI testing.”

—Title X clinical provider



### Serving clients in other settings

In many service sites, staff provide much-needed SRH care to clients outside the clinic setting (such as in correctional facilities) through strong local partnerships and specialized clinical protocols. For example, in North Dakota, a service site provides care to clients at a regional women’s prison via telehealth and monthly visits. The grant recipient in Maine delivers “street medicine” by providing contraception, STI testing, and SRH education to people who are unhoused. Providers across several service sites emphasized that the needs of clients in correctional facilities are overwhelming, and they often have no access to services or supplies, such as contraception, through the correctional system. Title X-funded clinical staff seeing these clients must do significant preparation ahead of their visits to ensure that they are able to give each client quality care.

### Folding Title X-funded SRH into existing services

Several grant recipients that are departments of health discussed the importance of relying on their strong state networks to deliver critical care to clients in their own environments. For example, a service site in Minnesota

linked their STI testing and family planning services with the Minnesota Department of Health’s needle exchange program. Similarly, FQHCs strive to integrate SRH services into preventive and primary care. Others have found ways to provide high-quality care through substance abuse treatment facilities.

### 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 Equitable Access to Title X Services; and Strategies for Successful Community Engagement and Partnerships to Meet Client Needs
- [Grantee spotlights on the Reproductive Health National Training Center website](#)

### Endnote

<sup>1</sup> 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>.

This report is in the public domain. Permission to reproduce is not necessary.

**Suggested citation:** Asheer, S., J. Walzer, D. Aharpour, and R. Hsu. “Title X Spotlight: Strategies for Providing Person-Centered Care.” Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, 2024.