

TITLE X - FAMILY PLANNING**FY 2002 Performance Plan, Revised Final FY 2001 Plan and FY 2000 Performance Report**

The Title X program is the only Federal program devoted solely to the provision of family planning and reproductive health care. The program is designed to provide access to contraceptive supplies and information to all who want and need them but who cannot afford them, with priority given to low-income persons. A broad range of effective and acceptable family planning methods and services are available on a voluntary and confidential basis. In addition to contraceptive services and related counseling, Title X supported clinics also provide a number of preventive health services such as: patient education and counseling; breast and pelvic examinations; cervical cancer, STD and HIV screenings; and pregnancy diagnosis and counseling. For many clients, Title X clinics provide the only continuing source of health care or health education.

The Title X program also supports three key functions aimed at assisting clinics in responding to clients needs: (1) training for family planning clinic personnel through general training programs, as well as training for clinicians; (2) information dissemination and community-based education and outreach activities; and (3) data collection and research to improve the delivery of family planning services.

Title X is a critical component of a national strategy to reduce unintended pregnancy and prevent adolescent pregnancy. Family planning clinics are also key contributors to healthy families and healthy babies. Title X family planning clinics also play an important role in addressing the hidden epidemic of sexually transmitted diseases, including the prevention of HIV transmission.

The program is administered by the Office of Population Affairs (OPA) within the Office of Public Health and Science (OPHS), although its budget line is located within the Health Resources and Services Administration (HRSA) appropriation. Therefore, the OPA family planning program efforts are reflected in two performance plans— (1) generally described in the program office contributions toward the priorities contained in the OPHS performance plan and (2) in the program specific measures contained in the HRSA-wide performance plan.

The program included in this section is:

2.33 Title X - Family Planning

FY 2002 Performance Plan, Revised Final FY 2001 Plan and FY 2000 Performance Report

2.33 Program Title: Title X- Family Planning

Performance Goals	Targets	Actual Performance	Reference
<p>I. ELIMINATE BARRIERS TO CARE A. Increase Utilization for Underserved Populations 1. Increase the number of service demonstration grants in the family planning program focusing on underserved populations, including males, adolescents, substance abusers, and incarcerated populations. (Measure to be deleted in FY 2002.)</p>	<p>Male Grants FY 02: N/A FY 01: 15 FY 00: 15 FY 99: 15</p> <p>Adolescent Grants FY 02: N/A FY 01: 8 FY 00: 8 FY 99: 8</p> <p>Substance Abuse Grants FY 02: N/A FY 01: 3 FY 00: 1 FY 99: 1</p> <p>Incarcerated Grants FY 02: N/A FY 01: 6 FY 00: 3 FY 99: 3</p>	<p>FY 01: (11/01) FY 00: 9 grants FY 99: 15 FY 98: 17 FY 97: 10</p> <p>FY 01: (11/01) FY 00: 35 projects FY 99: 8 FY 98: 15 FY 97: 10</p> <p>FY 01: (11/01) FY 00: 4 projects FY 99: 1</p> <p>FY 01: (11/01) FY 00: 4 projects FY 99: 3 FY 98: 1</p>	<p>B</p> <p>New FY00 Data</p>
<p>C. Focus on Target Population 1. Increase the number of individuals served by Title X clinics. (Measure revised for FY 2002 -- see below)</p>	<p>Unduplicated Users FY 02: N/A FY 01: 4.792 million (revised) FY 00: 4.692 (revised) FY 00: 5.25 FY 99: 5.0</p>	<p>FY 01: (11/02) FY 00: (11/01) FY 99: 4.442 FY 98: 4.408 FY 97: 4.477 FY 96: 4.562</p>	<p>B</p> <p>New FY99 Data</p>

Performance Goals	Targets	Actual Performance	Reference
<p>1. Continue to assure that priority is given to furnishing family planning services to persons from low-income families. (Total number of clients served and the proportion of clients with incomes at or below 200 percent of the Federal poverty level.) (Revised measure for FY 2002)</p>	<p>Unduplicated Users FY 02: 90% 4.792 million FY 01: 4.792(revised) FY 00: 4.692(revised) FY 99: 5.00 million</p>	<p>FY 02: (11/03) FY 01: (11/02) FY 00: (11/01) FY 99: 90% 4.442 FY 98: 89% 4.408 FY 97: 90% 4.477 FY 96: 90% 4.562</p>	<p>B</p>
<p>II. ELIMINATE HEALTH DISPARITIES A. Reduce Incidence/Prevalence of Disease and Morbidity/Mortality 1. Ensure women receive screening for cervical and breast cancer. (New measure in FY 2002.)</p> <p>(a) # of Pap Tests provided</p> <p>(b) # of Breast exams provided</p>	<p>FY 02: 3.0 million Pap tests</p> <p>FY 02: 2.8 million breast exams</p>	<p>FY 02: FY 01: FY 00: (11/01) FY 99: 2.970 million FY 98: 2.937 million FY 97: 3.130 million</p> <p>FY 02: FY 01: FY 00: (11/01) FY 99: 2.812 million FY 98: 2.774 million FY 97: 2.961 million</p>	
<p>2. Assure access to HIV tests performed in family planning clinics. (New measure in FY 2002.)</p>	<p>FY 02: 383,360</p>	<p>FY 02: FY 01: FY 00: (11/01) FY 99: 365,883 FY 98: 418,437 FY 97: 324,234 FY 96: 353,956</p>	

Performance Goals	Targets	Actual Performance	Reference
<p>IV. IMPROVE PUBLIC HEALTH AND HEALTH CARE SYSTEMS</p> <p>B. Promote Education and Training of the Public Health and Health Care Workforce</p> <p>1. Improve skill level of all clinical personnel through continuing education. (Measure to be deleted in FY 2002)</p>	<p>FY 02: N/A FY 01: 21,000 trained FY 00: 21,000 FY 99: 21,000</p>	<p>FY 01: (11/01) FY 00: 21,000 FY 99: 21,000 FY 98: 21,000</p>	<p>New FY 99 and FY00 Data</p>
<p>Total Funding: Family Planning (\$ in 000's)</p>	<p>FY 2002: \$254,170 FY 2001: \$253,910 FY 2000: \$238,885 FY 1999: \$214,932 FY 1998: \$202, 903</p>	<p>*B x: page # budget HP: Healthy People goal</p>	

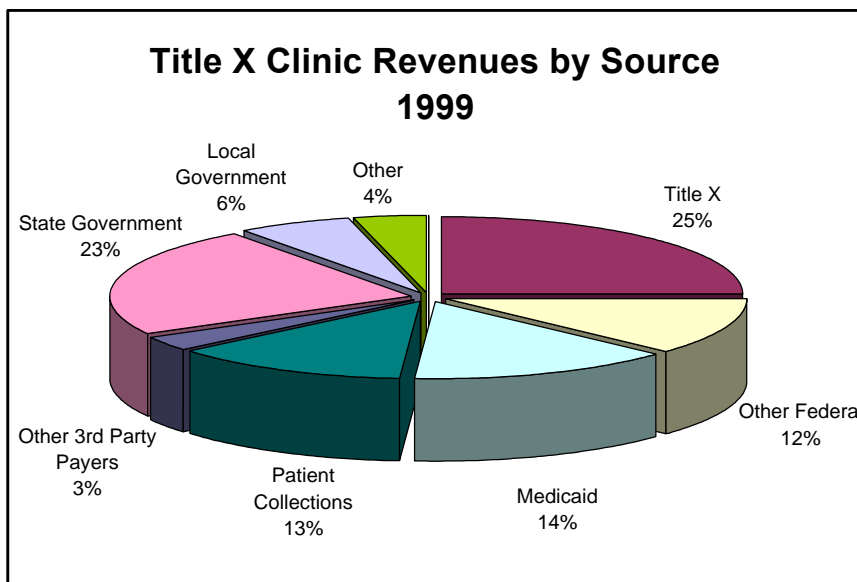
2.33.1 Program Description, Context and Summary of Performance

The Title X program is the only Federal program solely dedicated to family planning and reproductive health with a mandate to provide a broad range of acceptable and effective family planning methods and services. The program supports a nationwide network of more than 4,600 clinics and provides reproductive health services to approximately 4.4 million persons each year. Title X service funds are allocated to the ten DHHS Regional Offices which, in turn, manage the competitive review process, make grant awards and monitor program performance. In fiscal year 2000, Title X provided federal funds for service delivery grants to 91 public and private organizations to support the provision of comprehensive family planning services and information. Services are delivered through a network of community-based clinics that include State and local health departments, hospitals, university health centers, Planned Parenthood affiliates, independent clinics, and public and non-profit agencies. In nearly 75 percent of U.S. counties, at least one provider of contraceptive services is funded by the Title X family planning program.

Title X funds are critical to maintaining and operating clinics which ensure the availability of family planning services to low-income and uninsured individuals in the United States. Over the last thirty years, the network of Title X family planning clinics has played a critical role in ensuring access to confidential contraceptive services for millions of low-income or uninsured women for free or at a reduced fee. Title X also provides access for many insured women who do not have coverage for contraceptive services, devices or drugs. For many women, Title X serves an entry point into the health care system, as well as a source of primary health care services. Title X-funded services, available regardless of ability to pay, help ensure access to reproductive health care for low-income and uninsured persons, a population which is disproportionately composed of racial and ethnic minorities. Nearly two-thirds (65%) of Title X clients have incomes below 100 percent of the poverty level, and 90 percent have incomes below 200 percent of the poverty level.

The contraceptive counseling and services available in all Title X funded clinic settings help couples space births and plan intended pregnancies, an important element in ensuring positive birth outcomes and a healthy start for infants. Each year, publicly subsidized contraceptive services help women avoid an estimated 1.3 million unintended pregnancies. Estimates also show that every public dollar spent for contraceptive services saves an average of \$3 in Medicaid costs for pregnancy-related health care and for medical care of newborns. Title X services also assist individuals in avoiding sexually transmissible infections and concomitant complications. For example, over the last decade, the family planning program has been working in collaboration with the Centers for Disease Control and Prevention to implement effective prevention strategies designed to reduce the prevalence of chlamydia and its debilitating complications. Chlamydia screening in family planning clinics is an opportunity to prevent infertility and other serious complications resulting from this common sexually transmitted disease which is frequently asymptomatic in women. CDC estimates that every dollar spent on early detection can save an estimated \$12 in complication-associated costs.

The Title X program is the glue that holds the national family planning system together largely determining both its structure and the substance of services that are provided. As such, Title X funding is an important source of revenue which leverages other sources of funding to support the provision of subsidized family planning care. Although Title X is a key funding source, it comprises approximately



one-fourth of the operating budgets of clinics providing services. Various other sources of funding supplement the Title X grant funds to support the total cost of client care. In 1999, Title X service grantees reported total revenues of \$737.9 million to support the provision of family planning services. Slightly more than half of these funds come from federal sources, including federal grants (including about 25 percent from Title X grants) and Medicaid reimbursements. The other half of all

revenues come from sources such as state and local funds, patient fees and third party collections. Title X clinics continue to face a challenge in maintaining the current level of care in light of the increasing cost of some contraceptive methods and advanced technologies, the desire to serve additional clients, including the growing number of uninsured women, and expanding services to hard-to-reach populations. All these efforts are dependent on not only support from Title X funds, but on continued support at the same rate from other revenue sources in order to support the total cost of client care.

In FY 2002, the program remains committed to improving and expanding service delivery for its target population, addressing HIV prevention among women, and increasing utilization of services for underserved populations. An increasing demand for subsidized reproductive health services, coupled with the increasingly higher costs of new medical technologies require substantial Title X service expansion if the program is to remain accessible and maintain high standards of care. In addition, Title X serves a population at increasing risk for HIV infection – young, low-income and minority women. The program already has both the clinical facility and focus necessary to deliver effective HIV prevention services, and it is imperative that a concerted prevention effort in this area is undertaken. Finally, social and cultural barriers to reproductive health services still exist for many populations.

Title X currently has a number of initiatives in place to reach these underserved groups and plans to continue to expand them. The family planning program is committed to increasing services to males, and emphasizing shared responsibility for preventing unintended pregnancy and STD/HIV infection. Additional efforts are needed in order to serve males given the fact that reproductive health services have traditionally targeted women, and the fact that there is great difficulty in drawing men into the clinical setting. Nationally, the reported male clients represent only 3 percent of all Title X family planning users, but this number represents a 9 percent increase in male clients served between 1998 and 1999, and a 35 percent increase in male clients served since 1995. In response to this, the program has begun funding various community-based organizations, which already provide a variety of services to males, in order to examine ways to deliver reproductive health education and clinical services to men. Part of this

strategy includes the development of an identifiable male services component in service delivery grant programs.

The Title X family planning program works in partnership with a variety of federal and external partners, including state and local governments, national professional organizations, community-based organizations, and minority organizations. Over the last decade, a key family planning partnership has been worked in collaboration with the Centers for Disease Control and Prevention (CDC) to implement effective prevention strategies designed to reduce the prevalence of chlamydia and its potentially debilitating complications. Begun in 1987 as a demonstration project in PHS Region X, the effort has been expanded, through a phased-in process, to all ten PHS regions. The success of this approach has been demonstrated by the fact that chlamydia prevalence rates decreased by as much as 69 percent in Region X, where the chlamydia screening program has been in place for more than 10 years. The program is studying the development of a program-specific measure aimed at monitoring the proportion of women in Title X clinics who receive chlamydia testing.

Collaboration will continue as we continue to work with existing partners and pursue new linkages. Examples of family planning partnerships include:

- Ongoing collaborative efforts with CDC in regional infertility prevention projects and HIV training in family planning clinics.
- Membership in the STD Prevention Partnership, a public-private consortium, managed through CDC.
- Sponsorship of activities with crosscutting benefits such as funding for and analysis of data from the National Survey of Family Growth (NCHS/CDC), the National Survey of Adolescent Males (Urban Institute) and the ADD Health Survey (NICHD/NIH).
- Projects with community-based organizations to examine ways in which to deliver reproductive health services to adolescent and young men.

The FY 2002 family planning performance plan has been revised to better reflect current activities and program goals. Two measures have been deleted (the number of service demonstration projects and the number of individuals trained) because of the difficulty in collecting uniform information on a regular basis. The goal on numbers of clients served has been revised to measure the proportion of clients who are low-income individuals. New goals have been added to monitor the provision of related preventive health services. The OPA, in consultation with providers, currently is examining ways in which family planning measures and data collection efforts can be improved in order to better monitor program performance and quality of services.

2.33.2 Goal-by-Goal Presentation of Performance

Goal I.A.1: Increase the number of service demonstration grants in the family planning program focusing on underserved populations, including males, adolescents, substance abusers, and incarcerated populations. (Measure deleted for FY 2002.)

Context: One of the program priorities is increased services to hard-to-reach populations by partnering with community-based organizations and others that have a stake in the prevention of unintended

pregnancy. Underserved populations include adolescents, males, substance abusers, the homeless and incarcerated populations. Currently, targeted grants are awarded in only one of the listed categories of underserved populations – males. For the other identified categories, projects (subgrants) that focus on special populations are funded through existing Title X family planning services grantees. Title X funds male involvement programs as demonstration projects to develop, implement, and evaluate program components to deliver family planning services and promote reproductive health among males. Nine of these are funded as direct grants from the central office, and 21 are special projects funded through existing Title X grantees. These programs are based in a variety of settings, including clinics, social services agencies, and youth development organizations to test a number of approaches for reaching and working with young men.

While the program will continue its ongoing efforts to increase access to services for these all of these populations, the measure itself is being deleted in FY 2002. Since there is no uniform method for identifying and reporting on various special initiative projects targeting underserved populations, this is not a useful measure for assessing program performance.

Performance:

Indicator: Number of grants/projects aimed at underserved populations.

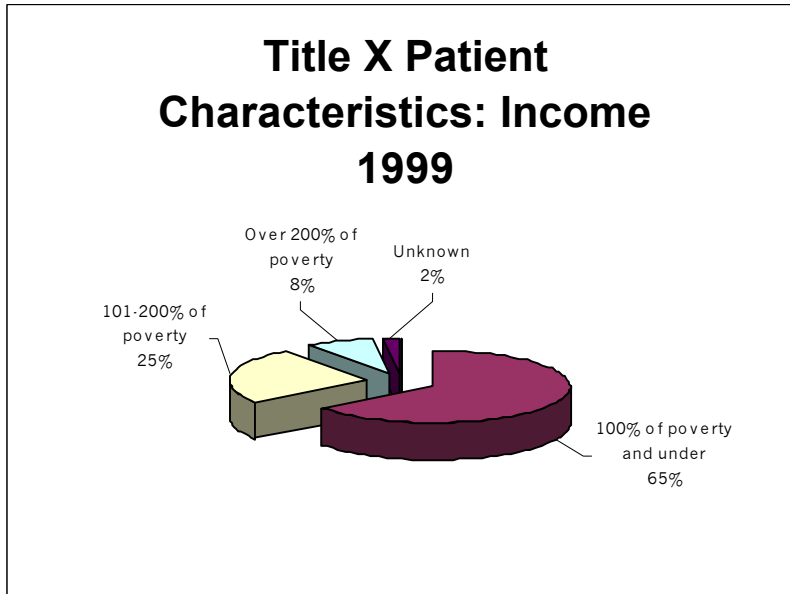
I.C.1: Increase the number of individuals served by Title X clinics. (Measure revised for FY 2002 - see below.)

Goal I.C.1: Continue to assure that priority is given to furnishing family planning services to persons from low-income families. (Proportion of clients with incomes at or below 200 percent of the Federal poverty level.) (Revised measure for FY 2002)

Context: Title X clinics play an essential role in providing family planning and reproductive health services to individuals who can least afford such services – low-income persons, many of whom have no insurance or lack insurance coverage for family planning and related reproductive health care services. Most private health insurance plans either do not cover birth control or provide more limited coverage for contraceptives than for other prescription drugs and supplies. Medicaid, the public health insurance for the poor, does cover contraception, but many low income women do not qualify for Medicaid. The Title X program is a safety net for those women without the financial resources to pay for reproductive health care services. In the absence of such resources, many women will forego birth control altogether, will use contraception sporadically, or will use a less expensive method that may not be the most appropriate for them.

The fundamental purpose of the Title X program is to provide reproductive health education and services to all persons who desire them, and assure access by giving priority to low-income persons. Services are

provided without regard to an individual's ability to pay, and if the person's income is below the poverty



level, the services are free of charge. In 1999, the most recent year for which data are available, 4.4 million clients were seen in Title X clinics. Nearly two-thirds (65 percent) of Title X clients have incomes at or below 100 percent of the federal poverty level and are provided services free of charge. Twenty-five percent had incomes between 101 and 200 percent of the poverty level, while only 8 percent of users had incomes that are more than 200 percent of the poverty level. Title X services are offered on a sliding fee scale to clients with incomes between 101 and 250 percent of the

federal poverty level.

Performance:

Indicator: Proportion of Title X family planning clients with income at or below 200 percent of the Federal poverty level.

Final program data show that the FY 1999 baseline for client served was actually 4.4 million individuals, rather than the initial projected estimate of 5.0 million clients. The baseline, therefore, has been adjusted, as well as to the projected estimates for FY 2000 and FY 2001. The FY 2000 goal of increasing clients by 250,000 remains a performance goal, however the FY 2001 goal has been revised downward. The numbers of additional clients anticipated in FY 2001 assumed enactment of the program's proposed request of \$35 million in additional funds; however, the enacted level provides for \$15 million in new funds (\$13 million of which is devoted to family planning clinical services.) The revised FY 2001 target of 100,000 new clients takes into account several factors: the level of funds available for clinical service delivery, the continuing cost of maintaining care, and preliminary projections (based on partial information from regional offices) of the number of new clients served with FY 2000 funding.

In addition, to the natural lag time between data collection and reporting of final data, it is important to note that the actual number of new clients served with FY 2000 funds will probably not be reflected in the 2000 program data, given the fact that the obligation of almost half of the funding increase for services was delayed, by law, until late in the fiscal year. The program guidance for the use of the additional funds highlighted the FY 2000 performance goal of serving additional clients who are not currently connected to the public health delivery system, as well as the need to reach those who are underserved. This includes individuals who may be uninsured/under-insured, males in need of clinical services, adolescents, substance abusers, migrant workers and the homeless – populations that are often hard-to reach and for whom service delivery is often more intensive and expensive.

The revised FY 2002 target assumes continued funding at the FY 2001 level.

Data Issues: This information is currently collected through the Family Planning Annual Report.

Goal II.A.1 Ensure that women receive screening for cervical and breast cancer. (New measure in FY 2002.)

Context:

Family planning clinics provide a broad range of preventive reproductive health services, including breast examinations and pap tests, to a population that is predominately low-income and who have less access to appropriate health screening and preventive services. Breast and cervical cancer screening are crucial to reducing future morbidity and mortality, particularly between poor, minority and uninsured women. Early detection with pap tests can prevent a significant percentage of potential cervical cancers. Access to these services can help eliminate disparities in health and prevent breast and cervical cancers in women of reproductive age. Although all sexually active women are at risk for cervical cancer, the disease is more common among women of low socioeconomic status, those with a history of multiple partners or early onset of sexual intercourse and smokers. In 1999, Title X clinics provided 2.9 million pap tests and 2.8 million breast examinations to family planning clients. Based on historical data, the FY 2002 target assumes that approximately 7 pap tests and over 6 breast exams will be provided for every 10 female family planning users. In the future, the program is working to develop measures that also monitor the number of abnormal tests and appropriate referrals for followup. The program expects to pursue this further in consultation with providers.

Performance:

Indicator: Total number of pap tests and breast exams provided in Title X family planning clinics.

Data Issues:

The Family Planning Annual Report currently collects information on the number of pap tests and breast exams provided.

Goal II.A.2 Assure access to HIV testing performed on-site in family planning clinics. (New measure in FY 2002.)

Context:

Title X family planning clinics play a critical role in addressing the prevention of HIV by providing confidential HIV prevention education and counseling, screening and referral for treatment. Since Title X clinics serve clients who may be at increased risk for HIV infection, ensuring access to HIV testing is an essential service. Title X clinics provide services to a population that matches the demographics of the population of women most at risk for HIV – primarily young (60 percent under the age of 25), low-income (89 percent under 200 percent of the federal poverty level), and minority (40 percent). These clients are sexually active and therefore at risk for STD and HIV infection.

In 1999, 365,883 HIV tests (339,505 tests to females and 26,378 tests to males) were provided to clients in the Title X family planning services grant program. The FY 2002 target assumes that family planning clinics will continue to provide clients with access to HIV testing services consistent with previous patterns. In 1999, the ratio of HIV tests to total users is .08 or about one test for every twelve users, a ratio that is down slightly from the 1998 ratio of .10 or 1 test for every ten users. (There was a decrease in the number of HIV tests reported between 1998 and 1999. It should be noted that several grantees report that these tests are often provided but not funded with Title X monies and thus not reported on the FPAR.) In addition to monitoring the number of HIV tests provided on-site to clients, the program is examining improved methods for monitoring the proportion of HIV tests which are positive and referral management of HIV positive clients.

HIV services in family planning clinics is an important intervention for reaching people with prevention counseling and an opportunity to link infected individuals with needed care and treatment services. In FY 2001, the program is undertaking a special initiative to supplement existing Title X projects in targeted areas to better integrate and extend HIV counseling, testing and referral services into the family planning system. This effort will help increase awareness of the disease and its prevention, provide HIV-related services to women at increased risk of HIV, and provide referrals for care to women who are identified as HIV positive.

Performance:

Indicator: The total number of HIV tests provided in Title X family planning clinics.

Data Issues:

The FPAR currently collects information on the number of HIV tests provided in family planning clinics.

Goal IV.B.1: Improve skill level of all clinical personnel through continuing education. (Measure is deleted for FY 2002.)

Context:

Both the general training and the nurse practitioner training programs are undergoing changes which affect our ability to measure this goal. In order to more efficiently address the changing training needs in the individual regions, the Office of Family Planning shifted administration of the general training grants to the regional offices. For FY 2000 and 2001, no increase is projected in the number of clinical personnel trained. This measure is being deleted in FY 2002 because counting the number of individuals trained is not a useful measure of program performance in this area. The program is examining ways in which to better assess Title X provider training and education in the future.

Performance:

Indicator: The number of individuals participating in Title X training programs.

Data Issues:

Information on the number of individuals trained in FY 2001 should be available in November, 2001.

Data Collection and Validation:

Family Planning Annual Report

All service grantees receiving funding under the Title X services program are required to submit annual data on the number of family planning users by selected demographic characteristics, contraceptive method adopted or used at the time of last visit, number of pap tests, breast exams and STD tests, staffing profiles, and funding sources. The responsibility for the collection and tabulation of annual service data from Title X grantees rests with the Office of Population Affairs, which is responsible for the administration of the program. Reports are submitted annually on a calendar year basis (January 1 - December 31) to the regional offices.

Grantee reports are tabulated and an annual report prepared summarizing the regional and national data. The annual reports present information on the methodology used both in collection and tabulation of grantee reports, as well as the definitions developed and provided by OPA to the grantees for use in completing data requests. In the 1998 report, national totals and regional highlights are presented and, in

some cases, trends between 1995 and 1998 are discussed. Also included in the report are lengthy notes that provide detailed information regarding any discrepancies between the OPA requested data and what individual grantees were able to provide. All data inconsistencies and their resolution are noted in an appendix to the report. These are included for two reasons: (1) to explain how adjustments were made to the data, and how discrepancies affect the analysis and (2) to identify the problems grantees have in collecting and reporting data, in hope of improving the process.