

**2009 National Title X
Grantee Meeting**

August 20, 2009

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Committee Chair**

**A REVIEW OF THE HHS
FAMILY PLANNING PROGRAM**

Mission, Management, and Measurement of Results



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Context

- In 2005, the Title X program participated in the Program Assessment Rating Tool (PART) process PART Evaluation
- The program received a rating of Moderately Effective



Context – PART Evaluation

- Highest scores achieved in the areas of Program Purpose and Design and Program Management
- Lower scores in the areas of Strategic Planning and Program Results/Accountability



Committee Task

Assess the administration and management of the program including whether the program is serving its intended target populations; and consider the extent to which the Title X program needs to reexamine the scope of its services, objectives and operational requirements of the program.



Committee Task (continued)

Specifically:

- Has OFP used the PART process (including identified goals, objectives and justification) to reflect relevant goals, outcomes, and processes needed to successfully implement and manage the Title X Program?
- Does the overall Title X Program meet relevant past, existing, and foreseeable future needs of the targeted population, using accepted medical, family planning, recognized and professional standards and reproductive health practices (based on the existing legislation, regulations, and guidance)?
- How do Title X Program goals and objectives contribute to those of HHS?
- To what extent is the Title X Program complimentary versus duplicative of other public or private funding sources (e.g. Medicaid, community health centers)?



Study Committee

16 members with expertise in:

- Program administration and management
- Program evaluation
- Health services research
- Family practice
- Obstetrics and gynecology
- Adolescent health
- Health economics
- Law
- Demography
- Policy



Study Process

- Five committee meetings
- Three public workshops
- Literature review
- Program documents (e.g., PART, previous evaluations, annual reports)
- 2 commissioned papers (administration and management, quality)
- 16 visits to Title X clinics



Study Process – clinic visits

- Intended to gather information about the experiences of local administrators and providers
- Sites selected to reflect different geographic regions, clinic types, and patient demographics



Study Process – clinic visits

- Adagio Health Aliquippa, Aliquippa, Pennsylvania;
- Charlottesville/Albemarle Health Department, Charlottesville, Virginia;
- Fred Leroy Health and Wellness Center, Omaha, Nebraska;
- Harbor UCLA Medical Center, Torrance, California;
- La Clinica De La Raza, Oakland, California;
- Midwife Center for Birth and Women’s Health, Pittsburgh, Pennsylvania;
- Mobile County Health Department, Mobile, Alabama;
- New York Presbyterian Hospital, New York, New York;
- Orange County Health Department, Orange, Virginia;
- People’s Community Clinic, Austin, Texas;
- Planned Parenthood of Middle and East Tennessee, Nashville, Tennessee;
- Planned Parenthood of Mid-Michigan, Ann Arbor, Michigan;
- Planned Parenthood of Wisconsin Inc., Madison, Wisconsin;
- Trousdale County Health Department, Hartsville, Tennessee;
- Unity Health Care, Washington, DC; and
- University of Nebraska Medical Center Family Planning Clinic, Omaha, Nebraska.



Primary Themes

1. Why family planning matters, whom the Title X program is intended to serve, and what those individuals need
2. Whether the program goals are clear and consistent and to what extent they have been achieved
3. Whether the management and administration of the program further the achievement of its goals
4. Whether the data collected on the program are adequate for monitoring and evaluation



Theme 1: Why family planning matters

- According to the CDC, family planning is one of the 10 greatest public health achievements of the twentieth century.
- Nearly 75 percent of women of reproductive age receive family planning services.
- Family planning serves three critical needs: (1) helps couples avoid unintended pregnancies; (2) reduces the spread of STDs; and (3) by addressing STDs, it helps reduce rates of infertility.
- Approximately half of all pregnancies in the U.S. are unintended.
- Unintended pregnancy is most likely among women who are young, unmarried, low-income, and/or members of racial or ethnic minorities, although it occurs in significant numbers across demographic groups.
- Since 1970 when the program was enacted, the population of low income individuals and adolescents has grown; the complexity and cost of providing family planning services has grown; and prevalence of STDs has increased.



Theme 1: Why family planning matters

Conclusions

- The provision of family planning services has important benefits for the health and well-being of individuals, families, communities, and the nation as a whole.
- Planning for families—helping people have children when they want to and avoid conception when they do not—is a critical social and public health goal.
- The federal government has a responsibility to support the attainment of this goal. There is an ongoing need for public investment in family planning services, particularly for those who are low income or experience other barriers to care.



Theme 2: Goals and Achievements

- Title X Mission: provide grants to public or nonprofit private entities “to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).”
- The program’s operations are defined by (a) Program Guidelines that indicate required services, (b) annual program priorities and key issues, and (c) performance measures developed in response to the PART review.



Theme 2: Goals and Achievements

A. *Program Guidelines*

- Given limited resources, the array of required services cannot be provided at high level of quality to all who need them.
- Some of the required services are not appropriate for every client.



Theme 2: Goals and Achievements

B. *Program Priorities*

- Program priorities have changed/expanded without a clear strategic process



Theme 2: Goals and Achievements

C. PART Measures

1. Increase number of unintended pregnancies averted
2. Reduce infertility through Chlamydia screening
3. Reduce invasive cervical cancer by providing Pap tests
4. Maintain cost per client below medical care inflation rate



Theme 2: Goals and Achievements

C. *PART* Measures (cont)

- First 2 measures (unintended pregnancies, infertility) relate directly to the program's stated mission.
- Third (cervical cancer) is worthwhile, but less central.
- Fourth, efficiency may come at the expense of quality and/or access. Efficiency measure should take into account, for example, cost of more effective contraceptives and challenges of serving growing and more diverse population.



Theme 2: Goals and Achievements

Title X Accomplishments

- In 2006, Title X grantees provided care to 5 million
 - 67 percent at or below 100 % FPL
 - 90 percent below 200% FPL
 - 61 percent uninsured
 - 24 percent ages 15-19; 32 percent ages 20-24
- Program can make case that it contributes to 3 outcomes (unintended pregnancies, infertility, cervical cancer), but direct effect can not be demonstrated.
- In relation to other sources of funding, Title X has a special and unique role.



Theme 2: Goals and Achievements

Conclusions

- While the program's core goal and contributions to the broader goals of HHS are clear, its operational priorities have fluctuated over time without a clear rationale or grounding in science. This situation has created confusion among the program's grantees about the relative importance of the program's priorities and where to invest the limited resources available.
- The program has not engaged sufficiently in long-term strategic planning. Such planning is needed to produce directives that are evidence based and appropriate, and to cover increasing costs.



Theme 2: Goals and Achievements

Conclusions (continued)

- Although data do not currently exist to permit a comprehensive evaluation of the program, it has clearly delivered care to millions of people despite very limited resources. More funds will be needed, however, to serve the growing number of individuals of reproductive age who lack the means to obtain family planning care and to keep up with changes and improvements in technologies.



Theme 2: Goals and Achievements

Recommendations

- **Recommendation 3-1: Reassert family planning as a core value in public health practice.**
- **Recommendation 3-2: Reassert and commit to the original goals of the Title X program.**
- **Recommendation 3-3: Develop and implement a strategic plan.**



Theme 3: Management and Administration

Issues related to the management and administration of the Title X program:

- Adequacy of funding
- Allocation of program funds
- Costs of the drugs and diagnostics Title X clinics must maintain under the Program Guidelines
- Challenge for clinics of managing multiple funding sources
- Need to review and update the Program Guidelines
- Importance of ensuring transparency in program decisions and improving communication with grantees
- Workforce needs
- Benefits vs. burdens of local review of informational and educational materials



Theme 3: Management and Administration

Conclusions

- The management structure and administration of the program generally work well, but could be improved.
- Specific areas for improvement include overall funding levels, pharmaceutical and lab testing costs, birth control method availability, administrative burden, the evidence base for and flexibility of the Program Guidelines, transparency and communication, staffing, shortages, and informational and educational materials.



Theme 3: Management and Administration

Recommendations

- **Recommendation 4-1: Increase program funding so that statutory responsibilities can be met.**
- **Recommendation 4-2: Examine and, if appropriate, improve methods of funding allocation.**
- **Recommendation 4-3: Improve the ability to purchase drugs and diagnostics at reduced prices by consolidating funding sources.**



Theme 3: Management and Administration

Recommendations (cont)

- **Recommendation 4-4: Improve the continuity of products provided to clients of Title X clinics.**
- **Recommendation 4-5: Reduce the administrative burden on Title X clinics.**
- **Recommendation 4-6: Adopt a single method for determining criteria for eligible services.**



Theme 3: Management and Administration

Recommendations (cont)

- **Recommendation 4-7: Review and update the Program Guidelines to ensure that they are evidence based.**
- **Recommendation 4-8: Increase transparency and improve communication.**
- **Recommendation 4-9: Assess workforce needs.**
- **Recommendation 4-10: Assess the local review of informational and educational materials.**

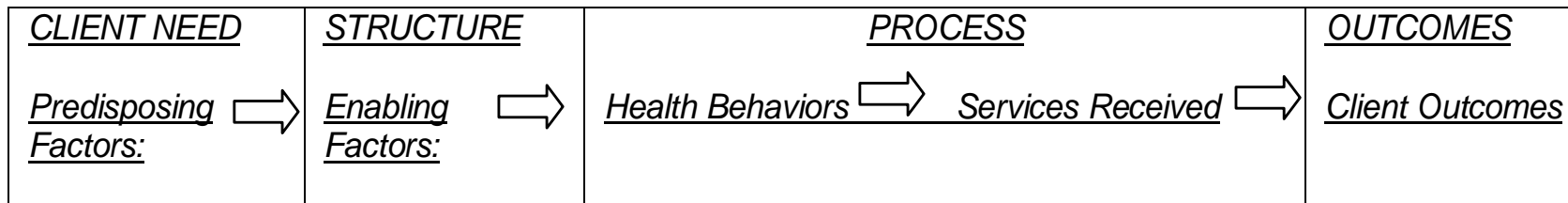


Theme 4: Data Collection

- OFP currently uses data from a variety of sources to monitor and evaluate the program.
- The FPAR and CPR provide the most comprehensive information about the program, including key characteristics of the client population, critical system characteristics, and services performed.
- Client-level data, such as knowledge and pregnancy intentions, are not obtained. Systematic information is not collected on key process and outcome variables.
- The committee developed a framework that can serve as the foundation for a more integrated and comprehensive evaluation approach.



Theme 4: Data Collection *Evaluation Framework*



Client Characteristics	System Characteristics	Process of Care: Client–Provider Encounter	Service Use Performance Indicators for Title X Priority Areas	Modeled Improved Clinical Outcomes
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Theme 4: Data Collection

Conclusions

- The program does not collect all the data needed to monitor the program and evaluate its impact.
- A comprehensive framework for approaching program evaluation could ensure that all major aspects of the program are evaluated and the needs of clients are being met. Gathering these data will require innovative approaches – and new funding – to minimize the burden on providers.



Theme 4: Data Collection *Recommendations*

- **Recommendation 5-1: Fund and use a comprehensive framework to evaluate the Title X program.**
- **Recommendation 5-2: Examine the data elements of the *Family Planning Annual Report (FPAR)*.**



Theme 4: Data Collection

Recommendations (cont)

- **Recommendation 5-3: Collect additional data.** Specifically, OFP should:
 - **Collect additional data on client characteristics.**
 - **Collect data on system characteristics.**
 - **Collect data on the process of care.**
 - **Conduct research to assess program outcomes.**



Theme 4: Data Collection *Recommendations (cont)*

- **Recommendation 5-4: Examine Outreach and Education Evaluation.**
- **Recommendation 5-5: Obtain scientific input on evaluation efforts.**
- **Recommendation 5-6: Communicate evaluation findings.**



Concluding Thoughts

- The program has successfully served millions of low-income men and women and adolescents for almost four decades, despite increasingly limited funds and varying levels challenge.
- Major areas for improvement:
 - focusing on the program's core mission
 - undertaking a strategic planning process
 - addressing administrative barriers
 - implementing patient-focused, scientifically based clinical practices
 - enhancing evaluation and communication
- The dedication of federal agency staff, grantees, delegates, and clinic staff to the goals and clients of the program has remained strong and made it possible for the program to deliver essential services.

