

Securing Title X Funding on Behalf of Medically Underserved Californians

Prepared by:

Sara Geierstanger, MPH and Annette Gardner, PhD, MPH
The Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco (UCSF)

Yvette Jorgensen, MPA
California Family Health Council
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SUMMARY

This Case Study describes the California Family Health Council's (CFHC) advocacy and education efforts to secure Title X Funding, ensuring continued access to reproductive care for low-income, uninsured Californians. Specifically, CFHC adverted a possible funding reduction of California's 2007 Title X allocation (\$21.1 million) and secured an increase in 2008 and 2009 funding allocations (2.5 percent annually). Key findings that emerged from the analysis of this Case Study include:

- Having a national presence, leadership, knowledge and political "savoir-faire" was vital in securing federal Title X funding;
- CFHC grassroots and partner mobilization resulted in increased commitment of CFHC members and allied organizations to advocate, as well as a strengthened coalition that can be used for future advocacy efforts; and
- The benefits of increased Title X funding for clinic patients were significant. In 2004, health providers served 793,258 clients with Title X funds. This increased by 46% in 2009 when providers served 1,160,476 clients with Title X funds.

INTRODUCTION

In 2001, The California Endowment (The Endowment) provided funding to 15 local and regional community clinic associations and four statewide community clinic organizations (referred to as "consortia") through the Clinic Consortia Policy and Advocacy Program to strengthen the capacity of consortia to engage in advocacy on behalf of their member clinics. Clinic consortia are statewide, regional, and local associations of primary care clinics that undertake activities that individual clinics may not be able to do on their own. In 2004 and 2007, eighteen grantees were refunded for three years to undertake or continue a similar set of activities. To achieve their goals, many consortia focus on policies and issues at the federal, state,

and local levels to increase or maintain clinic financial stability and increase access to care for community clinic target populations. Additionally, many consortia engaged in multi-year initiatives during the grant period to:

- Expand coverage (insurance and/or services) to low-income adults and/or children;
- Expand their expertise in new services and areas of activity; and
- Strengthen the local or regional health care delivery system.

The California Family Health Council (CFHC) works with more than 60 health agencies throughout California to provide medical and non-medical health care services to over 1 million clients each year. The organization distributes federal Title X family planning funds to community based organizations throughout California that perform reproductive health research, conduct education, training and community outreach efforts, and implement and monitor effective programs.

Through educating federal policymakers about the positive impacts of Title X funding on preventing teen pregnancies as well as achieving health care cost-savings, CFHC advocacy resulted in an increase in federal funding.

METHODS

To characterize this effort, UCSF staff conducted open-ended interviews in 2009 and 2010 with decision makers, clinic consortia staff, and partner organizations that were involved with each initiative. Informants were asked to describe their involvement in the initiative, the stakeholders involved, challenges encountered, and benefits to clinics and their target populations. *(Please note that lobbying activities were not funded under this program, and are assumed to be funded by other funding sources.)*

Grantees:

*Community
Clinic
Consortia*

A Program of:

 The
California
Endowment

Prepared by:

 UCSF
University of California
San Francisco

FINDINGS

ISSUE: PRESERVING SERVICES

Title X of the 1970 Public Health Service Act provides federal funding for comprehensive and high quality family planning services and other preventive health care to low-income or uninsured individuals who may otherwise lack access to health care. Nearly all of California's Title X funds are dispersed to clinics through CFHC, which distributes the funds to community agencies serving low-income communities, and also provides those agencies with technical assistance, training and financial services. Title X funds are granted to clinics primarily for family planning services, including contraceptive methods, treatment of STD's (sexually transmitted diseases), preventive services such as screening for breast and cervical cancer, pregnancy tests and counseling, and education programs.

In 2007, Title X provided a fraction of the resources needed to pay for family planning services. The increased costs of care were forcing clinics to limit service hours, close clinics, and/or reduce choices of contraceptive methods. Moreover, after years of flat lined budgets, the Bush Administration actually proposed cutting Title X funding in 2007.

PROMISING SOLUTION: ADVOCACY FOR TITLE X

In 2007, CFHC's Public Policy Department launched a multi-pronged advocacy campaign to maintain Title X funding. Specifically, CFHC developed educational messages and materials speaking to the benefits of Title X funding. It argued that publicly supported family planning services prevent 1.94 million unintended pregnancies, including almost 400,000 teen pregnancies, each year. These pregnancies result nationally in 860,000 unintended births, 810,000 abortions and 270,000 miscarriages (1). Moreover, every dollar invested in helping women avoid unwanted pregnancies saves \$4.02 in Medicaid expenditures that otherwise would have been needed for pregnancy-related care (2).

MAJOR MILESTONES

Although CFHC is a statewide association, it directed most of its education activities at the federal level. CFHC and clinic staff held numerous meetings with national policymakers, including key Congressional leaders in their district offices to describe the benefits of Title X. They emphasized that Americans have overwhelmingly voiced their support for government funding for programs that provide low-income women with a method of contraception, including 73% of Republican voters, 91% of ticket-splitters and 94% of Democratic voters (3). In addition, CFHC asked clinics to contact their U.S. Senators and Representatives.

CFHC was very aggressive in getting the message out. It crafted key messages and materials and distributed Title X brochures, advocacy postcards, petitions, and posters at Title X Regional Meetings, community events and to coalition partners.

As a result of these efforts, the Office of Population Affairs maintained Title X funding in 2007 (\$283 million nationally) and increased it in 2008, 2009 and 2010 by 3 percent. (**Figure 1**) California was able to secure their full allocation of Title X funding or \$21.1 million dollars in 2007. California's share of Title X funding increased by 2.5 percent in 2008.

Figure 1. Congressional Appropriations for Title X

	National Title X Funding	% Change from Previous Year
2010	\$317.5 million	3%
2009	\$307.5 million	3%
2008	\$300 million	3%
2007	\$283 million	0%
2006	\$283 million	-1%
2005	\$286 million	3%

Partnerships and Coalitions: Throughout these efforts, CFHC partnered not only with its state and federal policymakers and its own member clinics, but also with numerous state and federal advocacy organizations. For example, in June 2007, CFHC organized a Legislative Briefing for new Federal Legislative Staffers on family planning and Title X funding in conjunction with the National Family Planning and Reproductive Health Association and Family Planning Councils of America. The objective was to educate new staffers on Title X, family planning, and related healthcare issues to take back to their respective bosses/federal legislators.

National Partner Perspective: CFHC is a "go to" partner. It is the first one we call because it has a tremendous knowledge base and absolute dedication to the population served by Title X. CFHC is deeply in touch with what is going on. It has tremendous knowledge and understands the politics at the national level. This insight is invaluable when trying to mobilize people. *National Family Planning and Reproductive Health Association*

At the state level, CFHC worked closely with the Planned Parenthood Education Fund to clarify for policymakers the vital connection between and need for both Family PACT (Planning, Access, Care and Treatment) and Title X funding sources.

State Partner Perspective: As a statewide organization that solely focuses on family planning services, CFHC has a reputable image as a key player. They create partnerships with other organizations and advocate on behalf of California. *California School Health Centers Association*

Overcoming Challenges: Some federal policymakers suggested that Title X funding should be reduced or cut in California because the state receives both Title X and Family PACT funding. The latter is a fee-for-service funding stream that reimburses family planning services to

low-income men and women. Initially funded only by the state, California received a Medicaid Section 1115 Waiver in 1999, enabling Family PACT to receive federal matching funds. In response, CFHC demonstrated that Title X provides clinics with the ability to pay for services and activities not covered under Medicaid, such as expanded counseling and outreach. Title X funding fills the gap left by inadequate Medicaid reimbursement and it pays for individuals ineligible for Medicaid coverage.

ACCOMPLISHMENTS AND BENEFITS

CHFC was able to achieve an important policy “win” on behalf of member clinics under very challenging conditions. Using the grant Logic Model, the short and long-term outcomes of CFHC’s efforts to maintain and increase title X funding include:

Increased grantee capacity in policy advocacy: CFHC strengthened its coalition of advocacy partners, both at the clinic level as well as the agency level. Before the budget crisis of 2007, CFHC had found it challenging to engage these partners in budget advocacy because the federal funding process is relatively complicated and it takes a long time to secure wins. However, the threats to Title X funding made their clinic and agency allies aware of the importance of this advocacy work. As a result, this strengthened coalition of partners can be called upon for future advocacy efforts.

Increased policymaker awareness of safety net and clinic policy issues: Policymakers became much more aware of the vital need for Title X funding through CFHC’s efforts. For example, CFHC provided training and information on the threat the Title X funding for clinic staff to use at local meetings with their Congressional leaders. Second, federal policymakers often call upon CFHC to help with gathering patient stories, such as the potential impact of the proposed conscience clause regulations.

Increased policymaker support of safety net and clinic policy issues: As shown in **Figure 1**, Congressional support for Title X is evidenced by increases in its appropriations. In 2007, Congress voted to maintain Title X funds despite suggestions to cut it, and then it actually increased Title X funding by 3% in 2008 and 2009.

Strengthened clinic operations: Securing Title X funding for California ensured that clinics could expand counseling and outreach services, as well as clinic staff training. It filled the gap left by inadequate Medicaid reimbursement and provided clinics with funding to serve individuals ineligible for Medicaid coverage.

Member Clinic Perspective: CFHC provides organization and one voice for California clinics. As the only Title X agency north of Butte County, we depend on the advocacy work of CFHC. We can't afford to do the kind of advocacy work needed to maintain our funding. No other organization can represent the potpourri of providers representing family planning, women's health, and a range of geographic areas. That we can be represented by such an umbrella organization representing all the Title X clinics is incredibly important. *Women's Health Specialists of Northern California*

Increased services for the underserved and uninsured:

Title X funds support low- to moderate-income men and women who are uninsured or underinsured. Each year, Title X providers are able to serve more Californians at a lower cost per user rate. In 2004, clinics served 793,258 clients with Title X funds. This increased by 46% in 2009 when providers served 1,160,476 clients with Title X funds (4).

Improved health outcomes for targeted communities and populations:

There is strong evidence that increased funding for family planning services positively contributes to community health status. For example, births to teen mothers in California reached a record low in 2008: approximately 35 babies were born that year for every 1,000 teen females, nearly two fewer babies than the 2007 rate. The falling state birth rate contrasts with the national rate, which has been on the rise in recent years. According to the Office of Family Planning in California’s Department of Health Services, these changes can be attributed to teen-pregnancy prevention efforts, including family planning programs, comprehensive sex education and reproductive health services, of which Title X plays a key role.

FACTORS FOR SUCCESS

CFHC’s advocacy activities helped to build understanding and awareness of the importance of Title X funding among national decision makers. It informed the legislative process at all levels of government, engaged key stakeholders, and mobilized its member clinics. As a clearinghouse of information about the importance of Title X funding, CFHC was also able to mobilize member clinics to serve as effective advocates. Through its internal research, savvy knowledge of the policy process, strong relationships with policymakers, and reputation as smart and dedicated health advocates, CFHC was able to secure funding and administrative wins to ensure and expand access to family planning and other key reproductive health services in California.

LESSONS LEARNED

The primary lesson learned through this experience is the importance of building and maintaining relationships with key decision makers. It is important to demonstrate in-depth policy and programmatic knowledge, and relentlessly work to ensure that the message is conveyed

to decision makers at all levels. In addition, member clinics can provide valuable input into the policy agenda and serve as useful advocates by discussing their concerns and current issues with policymakers.

THE FUTURE

The Title X program has become an integral part of the health care safety-net in America, and is relied upon by millions of low-income and uninsured women and men to help them act responsibly, stay healthy and plan for strong families. In an age of skyrocketing health care costs, dwindling insurance coverage and economic uncertainty, the network of health care providers supported by the Title X program is even more critical to ensuring access to health care for vulnerable populations and providing a cost effective health care delivery system for taxpayers.

CFHC and Title X are faced with several challenges. The country's high deficits coupled with high unemployment rates may encourage lawmakers to tighten spending and further straining programs like Title X. President Obama has already stated that he intends to freeze spending to reduce the deficit. CFHC must work with clinics and stakeholders to better articulate the need for Title X under health care reform. CHFC will continue its work to protect and improve access to reproductive health services for low-income Californians by securing the resources necessary to allow community clinics to provide quality comprehensive family planning services.

CONCLUSIONS

CFHC harnessed its significant knowledge and expertise to not only maintain but to increase Title X funding, ensuring continued access to preventative and reproductive health care. Faced with federal budget threats to Title X funds, CFHC rallied its clinics and coalition partners to educate policymakers about the vital role that Title X funding plays in the lives of Californians.

REFERENCES

- (1) Accessed on April 24, 2010:
<http://www.gutmacher.org/media/nr/2009/02/23/index.html>
- (2) Gold RB et al., Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System, New York: Guttmacher Institute, 2009.
- (3) Accessed on April 24, 2010:
http://www.nfprha.org/main/family_planning.cfm?Category=Public_Support&Section=Access_Poll
- (4) <http://articles.latimes.com/2010/feb/23/local/la-me-teen-births23-2010feb23>

FOR MORE INFORMATION

California Family Health Council

Yvette R. Jorgensen
Director of Public Policy
3600 Wilshire Boulevard, Suite 600
Los Angeles, CA 90010-2648
Phone: 213-386-5614
jorgenseny@cfhc.org
URL: <http://www.cfhc.org/>

The UCSF Evaluation:

Annette Gardner, PhD, MPH
Evaluation Director
Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco
3333 California Street, Suite 265
San Francisco, CA 94118
Phone: (415) 514-1543
Annette.gardner@ucsf.edu
URL: <http://ihps.medschool.ucsf.edu/>