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HEALTH MANAGEMENT ASSOCIATES

*Challenges to Underserved Women's Access to  
Family Planning Services in Wisconsin 2016*

PREPARED FOR PLANNED PARENTHOOD FEDERATION OF AMERICA

JANUARY 2017

*Research and Consulting in the Fields of Health and Human Services Policy, Health Economics  
and Finance, Program Evaluation, Data Analysis, and Health System Restructuring*

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## Introduction

Since 2015, nearly half the states<sup>1</sup> in the United States have attempted to exclude, terminate, or restrict Planned Parenthood health centers and other women's health providers from public health funding, including Medicaid, the Title X Family Planning Program, and Centers for Disease Control and Prevention (CDC) programs. These federal programs provide funds for screening and treatment of sexually transmitted infections (STIs) and cancer screening and diagnosis. Even prior to 2015, some states have taken action to exclude or restrict public health programs. In fact, in 2011, Wisconsin excluded Planned Parenthood and other similar providers from receiving state family planning funds and Title V Maternal and Child Health Services Block Grant Program funds.

This report examines demographic, health, and provider access data to better understand the extent to which underserved women's options for health care in Wisconsin (WI) might be severely limited if Planned Parenthood health centers in Wisconsin (PPWI) were to close or no longer participate in the state Medicaid Program. Our analysis includes health indicators related to barriers to care such as income level, and insurance coverage and health needs for women of reproductive age (18-44) in WI, and the potential of alternate providers (Federally Qualified Health Centers and family planning service providers) to absorb the current PPWI patients if they were to seek health services elsewhere.

As the report describes in more detail, results from our qualitative assessment demonstrate that there would be a significant family planning provider shortage for Medicaid enrollees in the state if PPWI health centers are no longer able to participate in the state's Medicaid program. According to the Centers for Medicare & Medicaid Services Essential Community Provider (ECP) 2016 list of Federally Qualified Health Centers (FQHCs) and family planning providers in the state, it appears that at least 32

## KEY FINDINGS

- **22 PPWI health centers operate in areas with disproportionately high rates of Medicaid enrollment, STI prevalence, and teen birth rates.**
- **PPWI health centers serve a disproportionate share of female Medicaid beneficiaries, particularly women of color.**
- **PP health centers in 11 WI counties are either the only, or only one of two, providers that offer family planning services to Medicaid beneficiaries.**
- **Women in 7 WI counties would have *no access to providers of family planning services* if PP were to be defunded by Medicaid.**
- **Without PP's participation in the state's Medicaid program, low-income women—particularly low-income women of color—will face significant challenges to accessing family planning services, potentially exacerbating existing health conditions such as STIs, HIV, and teen pregnancy rates.**

<sup>1</sup> AL, AR, AZ, FL, GA, IA, IL, KS, KY, LA, MI, MN, MO, MS, NC, NH, OH, OK, PA, SC, TX, UT, VA, WI

potential alternate providers could provide family planning services to women in the 22 WI counties under study.<sup>2</sup> **However, results from our analysis demonstrate that nearly 50% of the 15 counties served by PPWI will have no alternative provider to turn to if the PPWI health centers were to close.** In addition, many of the alternative providers in the other counties *do not offer* the same level or comprehensiveness of family planning services, hours of operation, or appointment availability as PPWI. Thus, should PPWI health centers close or not be able to accept Medicaid, there would be a dearth of alternate providers in these counties that women enrolled in Medicaid could turn to for family planning services.

Importantly, the inability of PPWI to participate in the state's Medicaid program would serve to increase health disparities and affect underserved women, particularly women of color. PPWI health centers operate in areas with disproportionately high rates of Medicaid enrollment, STI prevalence, and teen birth rates. Further, PPWI health centers serve a disproportionate share of Medicaid beneficiaries of color. **Without PPWI health center's participation in the state's Medicaid program, low-income women, particularly low-income women of color, will face significant barriers to accessing family planning services and other reproductive health care.** As a result, unintended pregnancy rates and STI/HIV rates could increase, resulting in exacerbated health disparities and producing detrimental health impacts for individuals in these counties and for the state as a whole.

Our analysis reaffirms findings from a previous study in 2014 that analyzed the impact of a WI law that cut off state family planning funds and federal maternal and child health (Title V) funds from PPWI health centers.<sup>3</sup> As noted in that research, the funding cuts had real life implications for women in the state, particularly those who are low-income and already experience socioeconomic disparities. The elimination of funding resulted in center closures, which in turn, substantially impeded access to critical preventive health care such as breast and cervical cancer screenings and wellness exams. Similarly, our analysis supports and provides more detail about previous findings from a study conducted by the Guttmacher Institute, which found that PP plays a vital role in the safety-net system, both in terms of serving a high percentage of women who rely on family planning safety-net providers for care<sup>4</sup> and offering a wide range of family planning services to patients.<sup>5</sup>

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<sup>2</sup> We used the Centers for Medicare and Medicaid list of 2017 Essential Community Providers for this analysis and counted any provider categorized as a Federally Qualified Health Center and/or family planning provider as a potential alternative provider of family planning services similar to those provided by PPWI. Centers for Medicare and Medicaid Services. "2017 Essential Community Providers." <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/PY2017-Final-ECP-LIST.xlsx>.

<sup>3</sup> Lu, Yao and Slusky, David Jason Gershkoff. "The Impact of Family Planning Funding Cuts on Preventive Care." May 20, 2014. Princeton Center for Health and Wellbeing Working Paper. Available at SSRN: <http://ssrn.com/abstract=2442148>.

<sup>4</sup> Guttmacher Institute. "Response to Inquiry Concerning Geographic Service Availability from Planned Parenthood Health Centers." August 14, 2015. <https://www.guttmacher.org/sites/default/files/pdfs/pubs/guttmacher-cbo-memo-2015.pdf>.

<sup>5</sup> Frost, Jennifer and Hasstedt, Kinsey. Health Affairs Blog. "Quantifying Planned Parenthood's Critical Role in Meeting the Need for Publicly Supported Contraceptive Care." September 8, 2015. <http://healthaffairs.org/blog/2015/09/08/quantifying-planned-parenthoods-critical-role-in-meeting-the-need-for-publicly-supported-contraceptive-care/>.

This research focuses on 15 WI counties in which 22 PPWI health centers are located. These counties include Brown Co., Columbia Co., Dane Co., Eau Claire Co., Kenosha Co., Manitowoc Co., Milwaukee Co., Outagamie Co., Racine Co., Sheboygan Co., Walworth Co., Washington Co., Waukesha Co., Winnebago Co., and Wood Co.

## **Populations Served by PPWI**

PPWI plays a critical role in meeting the needs of women in the state, particularly women of reproductive age, low-income women, and women of color. From October 2014 to September 2015, approximately 44,646 women ages 18 to 44 years received care from the 22 PPWI health centers. During this time frame, women ages 18 to 44 accounted for over 80% of the population served statewide by PPWI health centers.

As shown in Table 1 below, the population served by PPWI from October 2014 through September 2015 shows much greater diversity than the individual counties and the state as a whole. Statewide, the vast majority of women 18 to 44 years of age are White at approximately 86%; yet only 56% of all PPWI patients are White. Limitations on the services provided and/or closures of health centers would disproportionately impact people of color.

**Table 1: Percent of Women 18-44 Years of Age, by Race and Ethnicity, by County and by PPWI Health Centers**

County		White	Black	Other Race	Multiracial	Hispanic**
<b>Brown</b>	<b>County Women 18-44</b>	88%	2%	7%	3%	8%
	<b>Patients Served by County PP Center</b>	83%	6%	9%	2%	6%
<b>Columbia</b>	<b>County Women 18-44</b>	96%	2%	1%	1%	3%
	<b>Patients Served by County PP Center</b>	87%	4%	7%	2%	11%
<b>Dane</b>	<b>County Women 18-44</b>	85%	5%	7%	3%	6%
	<b>Patients Served by County PP Center</b>	62%	15%	17%	6%	28%
<b>Eau Claire</b>	<b>County Women 18-44</b>	93%	1%	4%	2%	2%
	<b>Patients Served by County PP Center</b>	94%	2%	3%	1%	3%
<b>Kenosha</b>	<b>County Women 18-44</b>	88%	7%	3%	2%	12%
	<b>Patients Served by County PP Center</b>	68%	17%	8%	7%	16%
<b>Manitowoc</b>	<b>County Women 18-44</b>	94%	1%	4%	1%	3%
	<b>Patients Served by County PP Center</b>	84%	5%	9%	2%	13%
<b>Milwaukee</b>	<b>County Women 18-44</b>	63%	26%	8%	3%	14%
	<b>Patients Served by County PP Center</b>	37%	48%	11%	4%	21%
<b>Outagamie</b>	<b>County Women 18-44</b>	91%	1%	6%	2%	4%
	<b>Patients Served by County PP Center</b>	86%	5%	7%	2%	7%
<b>Racine</b>	<b>County Women 18-44</b>	81%	11%	5%	3%	12%
	<b>Patients Served by County PP Center</b>	53%	31%	11%	5%	31%
<b>Sheboygan</b>	<b>County Women 18-44</b>	91%	1%	6%	2%	6%
	<b>Patients Served by County PP Center</b>	79%	7%	11%	3%	13%
<b>Walworth</b>	<b>County Women 18-44</b>	93%	1%	4%	2%	11%
	<b>Patients Served by County PP Center</b>	85%	2%	10%	3%	27%
<b>Washington</b>	<b>County Women 18-44</b>	96%	1%	2%	1%	3%
	<b>Patients Served by County PP Center</b>	94%	2%	3%	1%	8%
<b>Waukesha</b>	<b>County Women 18-44</b>	93%	1%	4%	2%	4%
	<b>Patients Served by County PP Center</b>	79%	10%	8%	3%	16%
<b>Winnebago</b>	<b>County Women 18-44</b>	92%	2%	4%	2%	4%
	<b>Patients Served by County PP Center</b>	88%	6%	5%	1%	5%
<b>Wood</b>	<b>County Women 18-44</b>	96%	0%	3%	1%	3%
	<b>Patients Served by County PP Center</b>	86%	2%	11%	1%	3%
<b>Statewide*</b>	<b>WI Women 18-44</b>	86%	8%	3%	3%	10%
<b>Statewide*</b>	<b>PP Patients Served in WI</b>	56%	30%	10%	4%	19%

\*Statewide percentages are calculated using 2015 U.S. Census Bureau Current Population Survey data.

\*\*Race totals include Hispanic population, Hispanic column is not mutually exclusive.

Source: Estimates based on the American Community Survey 5 year estimates 2010-2014 and the PPWI health center data, October 2014 – September 2015.

## Barriers to Accessing Family Planning in Wisconsin

Assessing family planning access requires, in part, analysis of the number of people who have health insurance coverage, as health insurance coverage impacts a woman's ability to receive the family planning care she needs. In addition, it is critical to determine whether any geographic areas are designated by the federal government to have provider shortages because such barriers may indicate unserved or underserved populations within the region of study.

### Low Income Populations

Assessing populations with incomes below 200% Federal Poverty Level (FPL) and 100% FPL is helpful in illustrating potential Medicaid enrollment for the entire population. Additionally, those with low incomes have limited resources to support traveling farther distances or paying higher amounts to access medical care. The percentage of the statewide population with income below 100% FPL is 13.2% and below 200% FPL is 30.5%. Six of the 15 counties of interest (40%) are faring poorer than the statewide benchmark for income below 100% FPL, ranging from 13.3% in Racine and Dane Counties to 21.9% in Milwaukee County. For the percentage of the population with income below 200% FPL, there are five counties faring poorer than the statewide benchmark, ranging from 31.3% in Walworth to 42.9% again in Milwaukee County. (See Table 2 and Appendix B: Individuals below 200% of Federal Poverty Level as a Percent of Total Population, by Wisconsin County.)

Although effective April 1, 2014, WI's Medicaid program for the low-income population, BadgerCare Plus, dropped income eligibility limits for non-pregnant parents/caretakers and childless adults receiving a full benefit package from 200% FPL to 100% FPL, the eligibility limits for Family Planning Only Services continue to be covered for adults of reproductive age up to 300% FPL.<sup>6</sup> Of the total population served by PPWI, 73% is covered by Medicaid.

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<sup>6</sup> State of Wisconsin Department of Health Services, BadgerCare Plus Eligibility Handbook. Release 16-01, February, 15, 2016. <http://www.emhandbooks.wisconsin.gov/bcplus/policyfiles/3/16/16.1.htm>.

**Table 2: Percent of Population with Income below 100% FPL and Below 200% FPL, by County**

County	% of Population with Income Below 100% of the Federal Poverty Level	% of Population with Income Below 200% of the Federal Poverty Level
Brown	11.7%	29.9%
Columbia	9.2%	23.3%
Dane	13.3%	26.7%
Eau Claire	15.4%	34.2%
Kenosha	15.3%	32.7%
Manitowoc	9.9%	28.6%
Milwaukee	21.9%	42.9%
Outagamie	8.9%	24.1%
Racine	13.3%	29.9%
Sheboygan	9.3%	28.7%
Walworth	13.6%	31.3%
Washington	6.2%	17.5%
Waukesha	5.6%	15.1%
Winnebago	12.5%	29.5%
Wood	11.2%	31.4%
Statewide	13.2%	30.5%

Source: American Community Survey 5 year estimates 2010-2014.

### Enrollment in Medicaid

A heat map, also known as a density map, presents "quartiles" to visualize the geographic variation of Medicaid beneficiary prevalence. As shown in the heat map, Map 1 and Table 3 below, the proportion of females of reproductive age (ages 18 to 44 years) that are enrolled in Medicaid is much greater in the lesser populated, rural northern region of Wisconsin, with the exception of a handful of counties throughout the state. However, 13 of the 22 PPWI health centers are located within or adjacent to counties with the third and highest quartiles of female Medicaid beneficiaries and the more populous southeastern regions (PPWI health centers in Columbia Co. Eau Claire Co.; Kenosha Co.; Milwaukee Co.; Racine Co.; Washington Co.; Waukesha Co.; and Wood Co.).<sup>7</sup> Of the 15 counties in which the PPWI health centers operate, Milwaukee Co. is within the highest quartile of Medicaid beneficiaries as a percent of total female population 18 to 44 years of age at 27.4%. Wood Co. (25.3%), Kenosha Co. (22.2%) and Racine Co. (22.0%) are within the third quartile. (See Appendix C: Female Medicaid Beneficiaries as a Percent of Total Female Population (18-44 Years), by Wisconsin County.)

<sup>7</sup> Curtis, Katherine J. and Sarah E. Lessem. 2014. "2010 Census Chartbook: Demographic Trends in Wisconsin." Applied Population Laboratory, University of Wisconsin-Madison/Extension. [http://www.apl.wisc.edu/publications/2010\\_census\\_chartbook\\_wi.pdf](http://www.apl.wisc.edu/publications/2010_census_chartbook_wi.pdf).

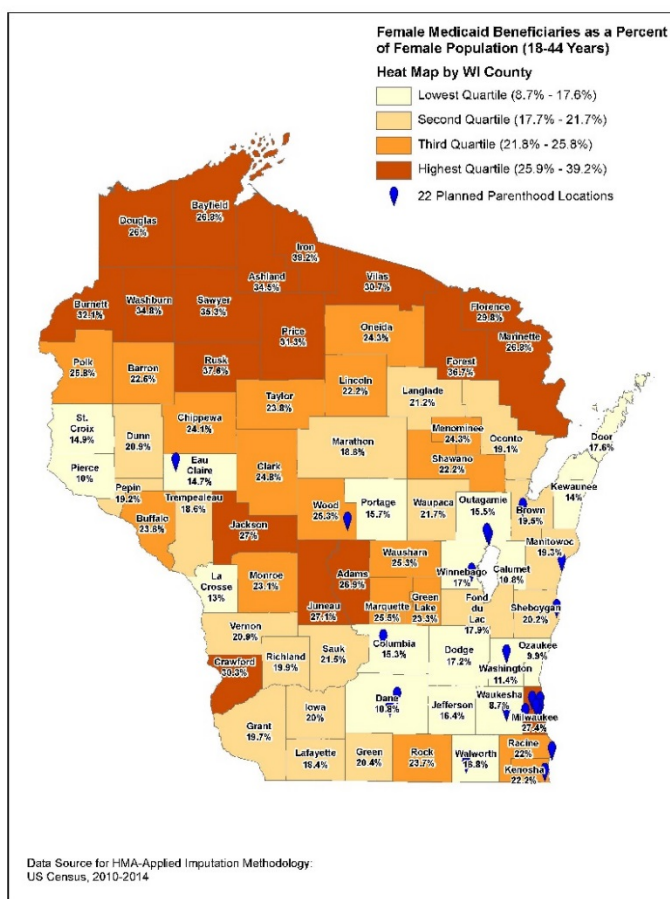
Research demonstrates that in largely rural counties, it is not uncommon to travel across county lines to access care.<sup>8</sup> As depicted in Map 1 below, many PPWI health center counties are located adjacent to counties in the third or fourth quartile (Please note, full size maps are appended to this report). For example, Waukesha Co. borders Milwaukee Co., which is a high Medicaid enrollment county; and Wood is a third quartile county that borders three high quartile counties and another third quartile county. Further, Columbia Co. borders Adams and Juneau Counties, which have high Medicaid enrollment. And although Eau Claire Co. falls in the lowest quartile, it is adjacent to Jackson Co. (fourth quartile – 27.0%), Chippewa Co. (third quartile – 24.1%), Clark Co. (third quartile – 24.8%), and Buffalo Co. (third quartile – 23.6%). If women residents of these adjacent counties do travel across county lines for family planning services, they may be negatively affected by the possible closing of PPWI health centers.

**Table 3: Female Medicaid Beneficiaries as a Percent of the Total Female Population (18 to 44 Years of Age), by County**

County	Female Medicaid Beneficiaries as a Percent of the Total Female Population (18 to 44 Years of Age)
Brown	19.5%
Columbia	15.3%
Dane	10.8%
Eau Claire	14.7%
Kenosha	22.2%
Manitowoc	19.3%
Milwaukee	27.4%
Outagamie	15.5%
Racine	22.0%
Sheboygan	14.9%
Walworth	16.8%
Washington	11.4%
Waukesha	8.7%
Winnebago	17.0%
Wood	25.3%

Source: U.S. Census, 2010-2014.

**MAP 1: Female Medicaid Beneficiaries as a Percent of the Total Female Population (18 to 44 Years of Age), by County**



<sup>8</sup> Rosenthal, Meredith; Zaslavsky, Alan; and Newhouse, Joseph. “The Geographic Distribution of Physicians Revisited.” December 2005. HSR: Health Services Research 40:6, Part I. DOI: 10.1111/j.1475-6773.2005.00440.x or <http://europaemc.org/backend/ptpmcrender.fcgi?accid=PMC1361233&blobtype=pdf>.

### Poverty and Access to Health Insurance

Statewide, 21% of women 18 to 44 years of age are insured under Medicaid as shown in Table 4 below. However, rates of enrollment in Medicaid insurance coverage vary significantly across races and ethnicity and income levels. White women ages 18 to 44 with incomes below 100% FPL access insurance coverage through Medicaid at a rate of 47% compared to 15% with incomes above 100% FPL. However, black women ages 18 to 44 with incomes below 100% FPL access insurance coverage through Medicaid at a rate of 74%, dropping only to 21% for those with incomes over 100% FPL. Because women of color ages 18-44 access insurance coverage through Medicaid at higher rates, with 74% of Black women and 80% and women of “Other Races” under 100% FPL relying on Medicaid, respectively, not only will limitations on PPWI health centers to serve the WI Medicaid population disproportionately impact women of color, but women of color at the lowest income level. (See Appendix D: Percent Women 18 to 44 Years of Age in Wisconsin, by Race and Ethnicity, and Health Insurance Coverage Status and Poverty Level, 2015, percent of uninsured women 18-44 years, by County.)

**Table 4: Percent Women 18 to 44 Years of Age in Wisconsin, by Race and Ethnicity, and Health Insurance Coverage Status and Poverty Level, 2015**

Women 18-44 Years of Age	White	Black	Other Races	Multiracial	Total	Hispanic
<b>Total</b>	<b>86%</b>	<b>8%</b>	<b>3%</b>	<b>3%</b>	<b>100%</b>	<b>10%</b>
<i>% of Race/Ethnicity Uninsured</i>	7%	12%	6%	37%	8%	26%
<i>% of Race/Ethnicity Medicaid</i>	19%	45%	30%	26%	21%	34%
<i>% of Race/Ethnicity Other Insured</i>	75%	42%	64%	37%	71%	40%
<b>Under 100% Federal Poverty Level (FPL)</b>	<b>66%</b>	<b>23%</b>	<b>7%</b>	<b>3%</b>	<b>100%</b>	<b>27%</b>
<i>% of Race/Ethnicity Uninsured</i>	16%	15%	0%	0%	14%	28%
<i>% of Race/Ethnicity Medicaid</i>	47%	74%	80%	40%	55%	56%
<i>% of Race/Ethnicity Other Insured</i>	38%	12%	20%	60%	31%	15%
<b>100% FPL and Above</b>	<b>90%</b>	<b>5%</b>	<b>3%</b>	<b>3%</b>	<b>100%</b>	<b>6%</b>
<i>% of Race/Ethnicity Uninsured</i>	5%	10%	9%	48%	7%	25%
<i>% of Race/Ethnicity Medicaid</i>	15%	21%	9%	24%	15%	17%
<i>% of Race/Ethnicity Other Insured</i>	80%	69%	83%	29%	78%	58%

Source: U.S. Census Bureau, Current Population Survey, 2015

### Medically Underserved Areas and Populations, and Health Professional Shortage Areas

To further understand the barriers to accessing services for the low income and uninsured populations, the Health Resources and Services Administration (HRSA) has three designations to identify underserved geographies and populations—Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs), and Health Professional Shortage Areas (HPSAs) for primary care, behavioral health, and dental care. MUAs and MUPs are areas or populations that have too few primary care providers, high infant mortality, high poverty and/or high elderly population. Of the 15 counties of interest in this research, Sheboygan Co. has the highest percent of the county population living in an MUA and MUP, at 42.5%, followed by Winnebago Co. (37.4%) and Milwaukee Co. (29.0%), as shown in Table 5.

Milwaukee Co. has the highest percentage of county population living in a primary care HPSA at 32.4%. Milwaukee Co., the most populous county in Wisconsin, with a largely urban population, is also the most racially diverse of all 15 counties. PPWI serves over 23,000 women ages 18 to 44 at their six health centers located across the county. With a high percentage of Milwaukee Co. living in MUA/MUP and Primary Care HPSA, this indicates an area with significant barriers to care.

**Table 5: Percent of Individuals and Women 18 to 44 Years of Age living in MUA/MUP and in Primary Care HPSA, by County**

County	% of County Population Living in MUA/MUP	% of County Women 18-44 Living in MUA/MUP	% of County Population Living in Primary Care HPSA	% of County Women 18-44 Living in Primary Care HPSA
Brown	8.3%	10.7%	0.0%	0.0%
Columbia	0.0%	0.0%	0.0%	0.0%
Dane	8.4%	8.9%	0.0%	0.0%
Eau Claire	9.7%	7.2%	9.7%	7.2%
Kenosha	15.1%	16.8%	5.3%	5.7%
Manitowoc	0.0%	0.0%	21.9%	21.8%
Milwaukee	29.0%	32.4%	32.4%	33.8%
Outagamie	0.0%	0.0%	0.6%	0.5%
Racine	9.8%	11.5%	9.8%	11.5%
Sheboygan	42.5%	48.9%	13.1%	17.4%
Walworth	0.0%	0.0%	0.0%	0.0%
Washington	0.0%	0.0%	0.0%	0.0%
Waukesha	2.8%	4.3%	0.0%	0.0%
Winnebago	37.4%	36.2%	0.0%	0.0%
Wood	6.0%	5.3%	0.0%	0.0%

Source: HRSA database accessed on 7/7/2016.

## Health Indicators

An analysis of health indicators related to STIs and teen birth rates can illuminate a population's need for and access to family planning and reproductive health care. The data below demonstrate that women in the 15 counties under study, and particularly within the southeastern counties in which many PPWI health centers are located, have high STI prevalence rates and teen birth rates. Without PPWI, it is likely that these health indicators would worsen.

### Prevalence of Sexually Transmitted Infections

The sexual health of a community largely depends on the treatment and control of STIs. Table 6 shows the rate per 100,000 individuals by county of four indicator STIs including chlamydia, gonorrhea, syphilis, and HIV. Chlamydia is the most common of these four STIs, with a statewide rate of 406 per 100,000 individuals, followed by HIV (116.9 per 100,000), gonorrhea (72 per 100,000), and syphilis (5 per 100,000).

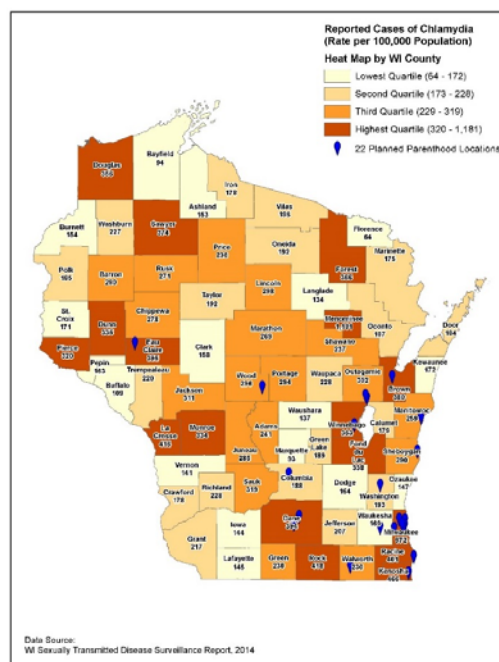
Overall, the southeastern WI region, including Milwaukee Co., was found to be a hot spot for STIs. Further, prevalence trends are similar across STIs/HIV and counties, with Milwaukee, Kenosha, and Dane Counties all having higher rates than the statewide average for more than one STI (See Map 2 below and Appendix E). Specifically, Milwaukee Co. has higher rates of chlamydia (972 per 100,000), gonorrhea (260 per 100,000), and syphilis (18 per 100,000) than the state as a whole. Kenosha Co. has a higher prevalence of chlamydia (466 per 100,000) and gonorrhea (117 per 100,000) than the state. Lastly, Dane Co. has higher rates of gonorrhea (83 per 100,000) and syphilis (10 per 100,000). (See Appendix E-H: Reported Cases of Each STI (Rate per 100,000 Population) by Wisconsin County.)

**Table 6: Rate of Sexually Transmitted Infections per 100,000 Individuals, by County, 2014**

County	Chlamydia Rate Per 100,000	Gonorrhea Rate Per 100,000	Syphilis Rate Per 100,000	HIV Rate Per 100,000
Brown	380	53	1	96
Columbia	188	11	0	55
Dane	394	83	10	163
Eau Claire	395	40	7	59
Kenosha	466	117	3	152
Manitowoc	259	5	5	48
Milwaukee	972	260	18	342
Outagamie	302	30	2	62
Racine	401	81	3	123
Sheboygan	290	31	4	53
Walworth	230	11	0	56
Washington	193	22	2	35
Waukesha	169	19	1	48
Winnebago	363	34	1	55
Wood	296	3	0	55
<b>Statewide</b>	<b>406</b>	<b>72</b>	<b>5</b>	<b>117</b>

Source: WI Sexually Transmitted Disease Surveillance Report, 2014.

**MAP 2: Reported Cases of Chlamydia per 100,000 Individuals, by County**



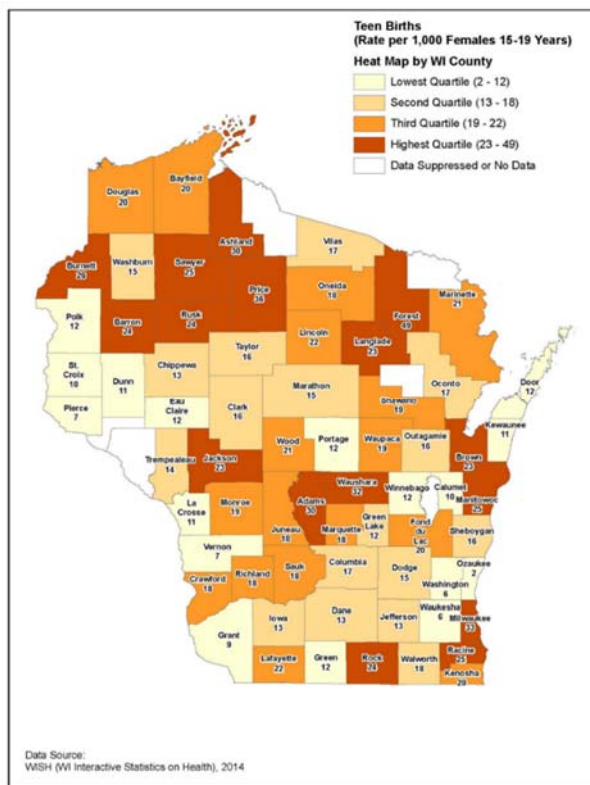
### Teen Birth Rate

To ensure population health, all youth including pregnant and parenting young people must be provided access to the support, information, and care necessary to make healthy decisions. Too often, pregnant teens are subject to pervasive social stigma—a fundamental driver of health inequities including low birth weight and preterm birth. These challenges exacerbate other negative health, educational, and economic outcomes that may affect young parents and their children. Teen birth rate data is helpful to understand the need for youth-friendly publicly funded family planning services and information. Table 7 and Map 3 show the rate per 1,000 females 15 to 19 years of age by county revealing that Milwaukee Co. has the highest teen birth rate at 33, followed by Racine Co. at 25.4, and Manitowoc Co. at 24.5. (Appendix I: Teen Births (Rate per 1,000 Females 15-19 Years), by Wisconsin County, 2014 Births.)

**Table 7: Teen Birth Rate per 1,000 Females 15 to 19 Years of Age, by County, 2014**

County	Teen Birth Rate per 1,000 Females 15 to 19 Years of Age
Brown	22.5
Columbia	16.6
Dane	12.6
Eau Claire	12.1
Kenosha	20.2
Manitowoc	24.5
Milwaukee	33.0
Outagamie	15.8
Racine	25.4
Sheboygan	15.7
Walworth	17.6
Washington	6.0
Waukesha	5.9
Winnebago	12.3
Wood	21.4
Statewide	18.3

**MAP 3: Teen Birth Rate per 1,000 Females 15 to 19 Years of Age, by County, 2014**



Source: WI Interactive Statistics on Health (WISH), 2014

## Service Area Resources

### PPWI Service Area Definition and Distribution of Patients among PPWI Health Centers

In 2015, the 22 PPWI health centers saw 59,234 total patients, of which 44,656 or 75% were women ages 18 to 44. Of those total patients, 49,278 were female contraception patients (of which 73% were Medicaid enrollees). Further, an estimated 40,871 patients (69%) used Medicaid to pay for their visit. These health centers also provided 54,779 STI tests; 11,138 HIV tests, 2,276 Pap test, 2,633 breast exams, and 17,749 patient exams. PPWI dispenses approximately 178,411 units of 340B-funded<sup>9</sup> contraception annually. Nineteen percent of all Wisconsin female Medicaid enrollees ages 18 to 44 reside within these counties.<sup>10</sup>

<sup>9</sup> The 340B Drug Pricing Program enables covered entities (FQHCs and look-alikes, and other providers) to purchase outpatient drugs for their Medicaid populations at significantly reduced prices. <https://www.hrsa.gov/opa/>

<sup>10</sup> Calculation: 2010-2014 estimate of female population 18 to 44 by county and 2010-14 females 18 to 44 with Medicaid/means test public coverage to calculate percent of females with Medicaid to get 18.9%.

**Table 8: Patients Served by PPWI Health Center by County, October 2014 - September 2015**

County (# of Health Centers)	Age Group					Total Women 18-44	% of County Women 18-45	Total Patients % White	Total Patients % Black	Total Patients % Other Race	Total Patients % Multiracial
	18-19	20-24	25-29	30-39	40-44						
<b>Brown (1)</b>	236	650	410	280	31	1,607	3.6%	83%	6%	9%	2%
<b>Columbia (1)</b>	91	203	137	122	21	574	6.8%	87%	4%	7%	2%
<b>Dane (2)</b>	301	1,378	954	879	155	3,667	3.5%	62%	15%	17%	6%
<b>Eau Claire (1)</b>	153	601	294	137	25	1,210	5.7%	93%	2%	3%	1%
<b>Kenosha (1)</b>	309	754	523	385	48	2,019	6.8%	68%	17%	8%	7%
<b>Manitowoc (1)</b>	104	258	157	119	25	663	5.7%	84%	5%	9%	2%
<b>Milwaukee (6)</b>	2,405	8,190	6,504	5,403	897	23,399	12.2%	37%	48%	11%	4%
<b>Outagamie (1)</b>	182	566	396	256	49	1,449	4.7%	85%	5%	7%	2%
<b>Racine (1)</b>	259	647	454	459	80	1,899	6.0%	53%	31%	11%	5%
<b>Sheboygan (1)</b>	120	358	236	206	36	956	5.4%	79%	7%	11%	3%
<b>Walworth (1)</b>	154	436	274	248	47	1,159	6.5%	84%	2%	10%	3%
<b>Washington (1)</b>	187	383	277	188	46	1,081	5.4%	93%	2%	3%	1%
<b>Waukesha (1)</b>	396	1,016	765	590	116	2,883	4.9%	79%	10%	8%	3%
<b>Winnebago (1)</b>	171	595	266	164	17	1,213	4.0%	87%	6%	5%	1%
<b>Wood (1)</b>	152	369	193	139	24	877	8.0%	86%	2%	11%	1%
	<b>5,220</b>	<b>16,404</b>	<b>11,840</b>	<b>9,575</b>	<b>1,617</b>	<b>44,656</b>	<b>1</b>	<b>56%</b>	<b>30%</b>	<b>10%</b>	<b>4%</b>

Source: PPWI Patient Database

Note: Total patients in Outagamie Co. only reflect one of two PPWI health centers because one was temporarily closed at time of study.

## Provider Access and Demand Projection

To better understand the extent to which underserved women's options for health care in Wisconsin might be circumscribed if PP health centers in Wisconsin no longer participated in the state Medicaid Program, or even ceased to exist, we assessed what we call "alternate providers" (i.e. non-Planned Parenthood providers) in the counties in which PPWI health centers are located. We focused on alternate providers listed in the Centers for Medicare and Medicaid Services (CMS)-designated "Essential Community Providers" (ECPs).<sup>11</sup> ECPs are defined as providers who serve predominantly low-income, medically underserved individuals. Specifically, we focused on two ECP types "Federally Qualified Health Centers (FQHCs)" and "family planning providers" which may or may not receive of Title X funds.<sup>12</sup>

<sup>11</sup> We used the Centers for Medicare and Medicaid list of 2017 Essential Community Providers for this analysis and counted any provider categorized as a Federally Qualified Health Center and/or family planning provider as a potential alternative provider of family planning services similar to those provided by PPWI. Centers for Medicare and Medicaid Services. "2017 Essential Community Providers." <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/PY2017-Final-ECP-LIST.xlsx>.

<sup>12</sup> FQHCs and family planning providers include organizations serving an underserved area or population by offering a sliding fee scale and comprehensive services. FQHCs receive grants under Section 330 of the Public Health Services (PHS) Act and qualify for enhanced reimbursement under Medicaid and Medicare. Family planning providers include providers receiving grants under Title X of the PHS Act, as well as not-for-profit or governmental family planning service sites that do not receive Federal funding under Title X of the PHS Act or other 340B-qualifying funding.

When comparing PP health centers to FQHCs or other alternate providers, it is important to note that services from alternate providers may not be as comprehensive as, or of similar quality, to those offered by PP health centers. For example, research demonstrates that *FQHCs may not offer a full range of contraceptive methods to their patients, and may be unable to offer women the most effective contraceptive methods even when receiving dedicated funding to provide family planning through the Title X program.*<sup>13</sup> Further, in 2013, researchers concluded that *the majority of FQHCs nationally are unable to meet important women's health quality measures.*<sup>14</sup>

### Alternate Provider Study Methodology

Within the ECP list, there are 32 alternate providers that could potentially provide family planning services in the 15 counties PPWI serves. In addition to the 32 alternate providers on the ECP list, we included two other alternate providers encountered in our research, to make a total of 34 possible alternate providers to review. Because the 22 PPWI health centers provide 41% of the family planning for the safety net population in these counties, the analysis below seeks to understand the capacity of the alternate providers to serve underserved women with family planning services if PPWI were to close or no longer participate in the state Medicaid program.

We reviewed available websites and/or collected service and access information directly from the 34 alternate providers<sup>13</sup> via telephone inquiries. We attempted to call all potential alternate providers over a period of 5-7 business days and called each one at least 3 times. If the potential alternate provider responded affirmatively to offering family planning services, we followed a standard phone script (See Appendix L: Phone Survey Script) to gather more details about those services and their hours of operation, appointment availability, scheduling processes, sliding fee scale availability, and their acceptance of new patients with Medicaid coverage to determine if the alternative provider afforded a community the same access to care as PPWI. (For a detailed description of survey responses, see Appendix M: Alternate Providers.)

Table 9 and Map 4 indicate the locations of PPWI health centers and alternate providers (Appendix K: Percent of Females 18-44 Years of Total Population Living in HPSA, MUA, or MUP and Location of ECP, by County). Additionally, this map depicts with cross-hatches in counties or regions that are designated HPSA, MUA, or MUP.

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<sup>13</sup> Wood, Susan PhD; Goldberg, Debora PhD, MBA, MHA; Beeson, Tishra MPH; Bruen, Brian MS; Johnson, Kay MPH, EdM; Mead, Holly PhD; Shin, Peter PhD, MPH; Lewis, Julie MPH; Artis, Shavon DrPH; Hares, Katherine JD; Cunningham, Merle MD MPH; Lu, Xiaoxiao MPH; and Rosenbaum, Sara JD. Geiger Gibson/RCHN Community Health Foundation Research Collaborative and the Jacobs Institute of Women's Health and the George Washington School of Public Health & Health Services, Department of Health Policy. "Health Centers and Family Planning: Results of a Nationwide Study." (31). March 7, 2013. [http://www.rchnfoundation.org/wp-content/uploads/2013/04/Health\\_Centers\\_and\\_Family\\_Planning-final-1.pdf](http://www.rchnfoundation.org/wp-content/uploads/2013/04/Health_Centers_and_Family_Planning-final-1.pdf).

<sup>14</sup> Kaiser Family Foundation, The Kaiser Commission on Medicaid and the Uninsured. "Issue Brief: Quality of Care in Community Health Centers and Factors Associated with Performance." (6). June 2013. <https://kaiserfamilyfoundation.files.wordpress.com/2013/06/8447.pdf>.

**Table 9: Number of ECP FQHCs, Family Planning Providers, PP Health Centers, and Total Alternate Providers, by County**

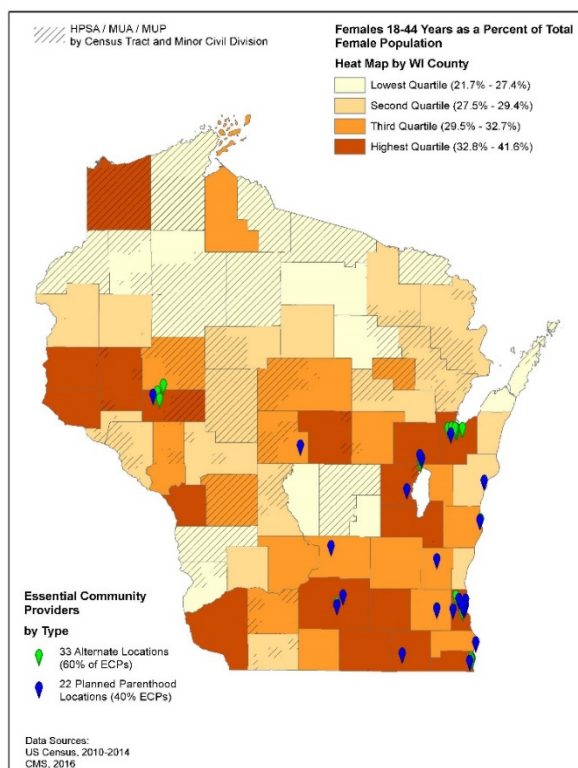
Counties with PP health centers	Total ECP FQHCs & Family Planning Providers, including PPWI health centers <sup>15</sup>	Total PP Health Centers per county	Total Potential Alternate Providers
Brown	11	1	10
Columbia	1	1	0
Dane	3	2	1
Eau Claire	5	1	4
Kenosha	4	1	3
Manitowoc	1	1	0
Milwaukee	15	6	9
Outagamie	3	2	1
Racine	1	1	0
Sheboygan	2	1	1
Walworth	1	1	0
Washington	1	1	0
Waukesha	2	1	1
Winnebago	2	1	1
Wood	2	1	1
<b>TOTAL</b>	<b>54</b>	<b>22</b>	<b>32</b>

Source: CMS, PY2017 Final ECP List.

## Alternate Provider Results

We were able to communicate directly via telephone with 17 of the 34 individual alternate providers to determine if they offered family planning services and collect detailed data about their services offerings. These 17 alternate providers are located within six of the 15 counties under study (Brown Co, Dane Co, Eau Claire Co, Kenosha Co, Milwaukee Co, and Winnebago Co.). Importantly, taken in aggregate, information collected from the 17 alternate providers suggests that they **likely do not have the capacity to serve patients currently served by PPWI health centers**. Only 8 out of 17 we spoke with reported that they offered family planning services, accepted new Medicaid patients, and offered a sliding fee scale of payment as an option to uninsured women (See Appendix M: Alternate Providers for details). These providers were located in Dane Co., Eau Claire Co., Kenosha Co. and Milwaukee Co.

Yet, without detailed information about volume from these alternate providers in comparison with volume data from PPWI, the conclusion that alternative providers could absorb PPWI patients with equitable services is not definitive and most likely problematic. For example, the one clinic we were able

**MAP 4: Percent of Females 18-44 Years of Total Population Living in HPSA, MUA, or MUP and Location of ECP, by County**

<sup>15</sup> Centers for Medicare and Medicaid Services. "2017 Essential Community Providers."

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/PY2017-Final-ECP-LIST.xlsx>.

to speak with in Kenosha Co. is a county-run clinic that is only open for walk-in appointments for STI screening four hours a week and a well-women's clinic one day a week, indicating limited capacity to absorb PPWI patients.

Moreover, our analysis reveals that in seven of the counties under study, underserved women would have *no family planning service options* if PPWI health centers were to close (Columbia Co., Manitowoc Co., Racine Co., Sheboygan Co., Walworth Co., Washington Co., and Winnebago Co.). Further, four other counties under study have only *one* alternate family planning provider. ***This means that in 11 of the 15 counties in which PPWI currently operates (73% of the counties) there are zero or one alternate provider that could provide family planning services that are comparable to PPWI (See Table 10).***

However, in six of those 11 counties (Dane Co., Outagamie Co., Sheboygan Co., Waukesha Co., Winnebago Co., and Wood Co.), only *one* alternate provider exists and would most likely be unable to absorb all the patients seen at PPWI. Two of those six potential alternate providers ***do not*** offer family planning services (Sheboygan Co. and Winnebago Co.), effectively leaving these counties without a meaningful alternative provider to PPWI. Further, there are ***no*** alternate providers that provide family planning services in five counties in which PPWI health centers currently operate (Columbia Co., Manitowoc Co., Racine Co., Walworth Co., and Washington Co.)

**Stated another way, nearly 50% of the 15 counties served by PPWI will have *no alternative provider with family planning services for PPWI patients to turn to if the PPWI health centers were to close or no longer participate in the state Medicaid program. And, an additional four counties have only one alternate provider that could possibly absorb more patients for family planning services if needed.*** Without volume service information, it is difficult to predict if these alternative sites would be able to absorb all PPWI health center patients. However, it should be noted that in some counties, PPWI health centers account for more than half of the total ECP and FQHC family planning providers.

**Table 10: Number of Family Planning Service Options in Counties with ≤1 Potential Alternate Provider**

WI Counties with PP health centers	Total ECP FQHCs, and Family Planning Providers, including PPWI Health Centers <sup>16</sup>	Total PPWI Health Centers per County	Alternate Providers w/ family planning services in Counties with 0-1 Alternate Providers
<b>Columbia</b>	1	1	<b>0</b>
<b>Dane</b>	3	2	<b>1</b>
<b>Manitowoc</b>	1	1	<b>0</b>
<b>Outagamie</b>	3	2	<b>1</b>
<b>Racine</b>	1	1	<b>0</b>
<b>Sheboygan</b>	2	1	<b>∅*</b>
<b>Walworth</b>	1	1	<b>0</b>
<b>Washington</b>	1	1	<b>0</b>
<b>Waukesha</b>	2	1	<b>1</b>
<b>Winnebago</b>	2	1	<b>∅*</b>
<b>Wood</b>	2	1	<b>1</b>

\* ∅ indicates that the only alternate provider in the county does *not* offer family planning services.

Source: CMS, PY2017 Final ECP List.

A close look at the 11 counties that have zero or one alternate provider highlights the real challenges women could face in accessing family planning care in Wisconsin. Of the 11 counties, three, Manitowoc Co., Walworth Co., and Wood Co., are rural.<sup>17</sup> Further, in all 11 counties, the percentage of uninsured women 18-44 years is between 7.6% and 8.7%, with eight of the counties (Racine Co., Columbia Co., Sheboygan Co., Wood Co., Outagamie Co., Manitowoc Co., Washington Co., and Waukesha Co.) having higher uninsured rates than the statewide benchmark of 8.0% (Appendix N: Percent of Uninsured Women 18-44 years, by Wisconsin County).

Sheboygan Co. has the highest percentage of the county population living in an MUA and MUP, at 42.5%, followed by Winnebago Co. (37.4%). Twenty-nine and a half percent of Winnebago Co. population has an income below 200% of the FPL. In these counties, the percentage of Medicaid beneficiaries as a percent of total female population, 18-44 years, was highest in Wood Co. (25.3%), Racine Co. (22.0%), and Manitowoc Co. (19.3%) (Appendix C: Female Medicaid Beneficiaries as a Percent of Total Female Population (18-44 Years), by Wisconsin County).

Finally, two of the counties with zero or one alternate provider (Kenosha Co. and Racine Co.) have a larger percentage of women of color than Whites currently utilizing PPWI health centers; are in the third and fourth quartile of Medicaid beneficiaries; and have high rates of STIs. Taken together, these data paint a bleak picture of the impact the closure of PPWI health centers, or their non-participation in the

<sup>16</sup> Centers for Medicare and Medicaid Services. “2017 Essential Community Providers.” <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/PY2017-Final-ECP-LIST.xlsx>.

<sup>17</sup> Wisconsin Department of Workforce Development. Labor Market Information. May 2015. Accessed 7/20/15. [http://worknet.wisconsin.gov/worknet\\_info/TEA/tea\\_rural.pdf](http://worknet.wisconsin.gov/worknet_info/TEA/tea_rural.pdf).

state Medicaid program, would have on women of color, and the potential for existing health disparities to be further exacerbated should that come to pass.

## Conclusion

Findings from this in-depth analysis of demographics, health indicators, and provider access data shed light on the extent to which underserved women's options for health care in WI could be severely circumscribed if PPWI no longer participated in the state Medicaid Program or were to close. Our analysis supports and provides more detail on previous findings from a study conducted by the Guttmacher Institute, which found that PP health centers play a vital role in the safety-net system, both in terms of serving a high percentage of women who rely on family planning safety-net providers for care<sup>18</sup> and furnishing a wide range of family planning services to patients.<sup>19</sup> ***PPWI plays an outsized role in serving low income women, especially low income women of color, in WI, and an essential role in several counties in the state as sole providers of family planning services.***

In this report, we identify several common barriers to accessing family planning health services in the state, signaling potential obstacles to care for female residents. For example, we found income levels in the 100% and 200% FPL ranges in seven counties were above the statewide benchmarks. Medicaid enrollment was also high in the counties in the southeastern region of the state where PPWI is located. Additionally, many of the PPWI health centers are adjacent to other counties with high Medicaid enrollment and, as such, may serve beneficiaries who travel across county lines to receive family planning services. Our analysis made clear that 13 of the 22 PPWI health centers (~60%) are located within or adjacent to counties with the third and highest quartiles of female Medicaid beneficiaries and the more populous southeastern regions. Finally, counties served by PPWI, such as Sheboygan Co. and Milwaukee Co., include designated MUA/MUP or HPSA areas, indicating the existence of additional barriers for women in accessing the care they need.

In terms of health indicators, this analysis indicates that women in the 15 counties under study—particularly within the southeastern counties in which many PPWI health centers are located—have higher STI prevalence rates and teen birth rates. As such, closure of PPWI health centers would be detrimental for those most affected by these health disparities.

We demonstrate that the patient population served by PPWI is more diverse than the overall populations in many of the 15 individual counties and statewide. Statewide, the vast majority of women 18 to 44 years of age are White (86%); yet only 56% of all PPWI patients are White.

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<sup>18</sup> Guttmacher Institute. "Response to Inquiry Concerning Geographic Service Availability from Planned Parenthood Health Centers." August 14, 2015. <https://www.guttmacher.org/sites/default/files/pdfs/pubs/guttmacher-cbo-memo-2015.pdf>.

<sup>19</sup> Frost, Jennifer and Hasstedt, Kinsey. Health Affairs Blog. "Quantifying Planned Parenthood's Critical Role in Meeting the Need for Publicly Supported Contraceptive Care." September 8, 2015. <http://healthaffairs.org/blog/2015/09/08/quantifying-planned-parenthoods-critical-role-in-meeting-the-need-for-publicly-supported-contraceptive-care/>.

In summary, our findings suggest that if PPWI health centers were to close, this would leave significant and detrimental gaps in women's health service delivery in the state. These closures would disproportionately affect low-income women of color and would exacerbate existing health disparities, potentially resulting in increased rates of negative health outcomes.

### **Limitations**

This study is not without limitations. Data concerning service volumes by alternate providers and PPWI health centers could provide more insight into the capacity of alternate providers to absorb PPWI patients if PPWI health centers were to close or their ability to serve Medicaid enrollees were to be limited. We were unable to access this information.

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