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Planned Parenthood, Community Health Centers, And Women's Health: Getting The Facts Right

Posted By Sara Rosenbaum On September 2, 2015 @ 9:43 am In Costs and Spending,Equity and Disparities,Health Professionals,Long-term Services and Supports,Organization and Delivery,Population Health,Public Health,Quality | 4 Comments

The current Planned Parenthood fight, one of the most disturbing battles over women's health in recent years, has been riddled with inaccuracies. A particularly damaging one is the assertion that the nation's community health centers could pick up the slack if Planned Parenthood is defunded.

I have worked with community health centers for nearly 40 years, and no one believes more strongly than I do in their ability to transform the primary health care landscape in medically underserved low-income communities. But a claim that community health centers readily can absorb the loss of Planned Parenthood clinics amounts to a gross misrepresentation of what even the best community health centers in the country would be able to do were Planned Parenthood [1] to lose over 40 percent of its operating revenues overnight as the result of a ban on federal funding.

For the millions of poor women who depend on Planned Parenthood clinics, this scenario would mean the loss of affordable and accessible contraceptive services and counseling, as well as breast and cervical cancer screenings and testing and treatment for sexually transmitted infections (STIs). The assertion that community health centers could step into a breach of this magnitude is simply wrong and displays a fundamental misunderstanding of how the health care system works.

For now, legislation that would have cost the organization its ability to receive federal funding has failed (S. 1881, 114th Cong., 1st session [2]). But given the frenzy surrounding the issue, it is likely that the subject will be revisited when Congress returns from its August recess.

The Challenges Facing Community Health Centers

Today community health centers serve about 6 million women of childbearing age [3], about one quarter of all low-income women of reproductive health age. In our recent study of community health centers and family planning [4] we found that 59 percent of nearly 2,000 women surveyed obtain family planning services at community health centers and report a high degree of satisfaction, but 40 percent of those who use community health centers also go elsewhere.

Community health center patients are deeply impoverished — over 90 percent have incomes below twice the federal poverty level, and and even with the Affordable Care Act's insurance expansions a large proportion remain uninsured, especially in the Medicaid non-expansion states. Thus, it is likely that these women obtain care at other publicly supported programs, including clinics operated by Planned Parenthood affiliates.

It is important to set the record straight about what it would mean to women were health centers suddenly to have to respond to a hole in care of this magnitude, especially given absurd claims about their financial ability to do so, such as assertions that community health centers could do so for $1.67 per patient [5]. Community health centers are extremely efficient, but the cost of caring for their patients averages about $600 per person annually [6].

While community health centers constitute a vital component of the nation's primary care safety net, three reasons underscore why it's misguided to suggest community health centers could—overnight—compensate for the loss of affordable women's health services at Planned Parenthood clinics.

1. For every patient served by a community health center today, nearly three residents of low-income communities remain without access to primary health care.

The major growth of community health centers [7] is recognition of their importance to the health system and their value to medically underserved communities. Their expansion over the past 15 years, beginning with an initiative launched by President George W. Bush and continuing under the Obama Administration, has been essential to creating health care access.

But even as community health centers close in on 23 million patients served, the National Association of Community Health Centers reports that an estimated 62 million more low-income Americans [8] face elevated health risks and remain without a regular source of primary health care. In the communities they serve, community health centers depend on other sources of affordable health care to help meet their residents' health care needs.

What's more, federal law requires that community health centers be located in communities where there are few other providers. As a result, the notion that there are plenty of community health centers available in those communities to compensate for the loss of Planned Parenthood clinics simply is untrue.

2. A sudden cutoff in funding would create an immediate health care access crisis for millions of women, placing enormous strain on community health centers and other providers.

During the Senate debate over whether to defund Planned Parenthood clinics, California's community health centers wrote to Senator Barbara Boxer that the loss of Planned Parenthood clinics would place "untenable stress" on remaining health care providers, including the state's community health centers (Letter from Andie-Martinez Patterson [9] to the Honorable Barbara Boxer, July 30, 2015).

Community health centers have seen this type of community health threat before. In Texas, the Governor and Legislature in 2012 moved to exclude Planned Parenthood clinics from that state's family planning program; non-Planned Parenthood clinics were faced with having to increase their women's health service capacity by 81 percent on average simply to overcome the loss of Planned Parenthood services.

In Hidalgo County alone, other health care providers, including community health centers, faced a potential 531 percent overnight increase in service demand [10]. Community health centers struggled to meet a surge in need; it is not known how many women faced delays in securing access to care, including life-saving cancer screenings and essential birth control services, as a result.

The state of Texas itself quantified the impact of its decision on women. According to a 2013 report, in nearly every part of the state, the Texas Women's Health Program served fewer women in 2013 (its first year as an entirely state-run program) than it served in 2011 (before the new restrictions took effect). With the loss of family planning clinics, the state experienced [11] a 9 percent decrease in program enrollees, a 26 percent decrease in Medicaid claims and a 54 percent decline in contraceptive claims, all of which illustrate the serious drop-off in utilization that occurred.

Our survey of family planning and community health center patients, the first study ever to examine their experiences in obtaining family planning services, found that only 10 percent were actively trying to get pregnant. This figure underscores that the need for ready access to effective family planning services in poor communities is no less compelling than in better-resourced communities.

3. Community health centers offer women's health services as part of comprehensive primary care programs that must meet a broad array of health care needs among community residents of all ages. They cannot simply put their other responsibilities aside.

Although community health centers count millions of women of childbearing age as their patients, they also are the principal source of care for far more than family planning and preventive care related to the special health needs of women. In the communities they serve, community health centers frequently are the only source of mental health care, dental care, and treatment for patients with serious and chronic health conditions such as hypertension, cardiovascular disease, and diabetes.

Community health centers deliver over one million babies annually. Furthermore, community health centers' services must be available to all community residents regardless of age, not just women of childbearing age.

Efficient, But Not Magic

Community health centers operate on modest budgets and repeatedly have been shown to be highly efficient. But no amount of efficiency can give them the means to ramp up quickly enough to replace the loss of preventive women's health services of the magnitude that would result were Planned Parenthood clinics to close. Unable to access the contraceptive care they need, women would be left to pay the price, as more unintended pregnancies and abortions result.

The last thing that the nation's most vulnerable communities—and the community health centers that serve them—need is a blow of this magnitude. Tens of millions of children and adults whose poverty creates health care access barriers depend on community health centers. But community health centers are not health care magicians. The health care system simply does not work this way.

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URLs in this post:

[1] Planned Parenthood: **http://www.npr.org/sections/itsallpolitics/2015/08/05/429641062/fact-check-how-does-planned-parenthood-spend-that-government-money**
[2] S. 1881, 114th Cong., 1st session: **https://www.congress.gov/bill/114th-congress/senate-bill/1881/text**
[3] women of childbearing age: **https://publichealth.gwu.edu/pdf/hp/health-centers-family-planning-update.pdf**
[4] community health centers and family planning: **https://publichealth.gwu.edu/sites/default/files/Geiger_Gibson_Family_Planning_Report_2015.pdf**
[5] $1.67 per patient: **https://www.lozierinstitute.org/planned-parenthood-the-way-of-the-fotomat/**
[6] $600 per person annually: **https://www.nachc.com/client/A%20Local%20Prescription%20Final%20brief%203%2022%2011.pdf**
[7] community health centers: **http://content.healthaffairs.org/content/34/7/1096.abstract**
[8] low-income Americans: **http://saveourchcs.org/about.cfm**
[9] Letter from Andie-Martinez Patterson: **http://www.gpo.gov/fdsys/pkg/CREC-2015-08-03/pdf/CREC-2015-08-03-senate.pdf**
[10] service demand: **http://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1000&context=sphhs_policy_ggrchn**
[11] state experienced: **http://www.hhsc.state.tx.us/reports/2015/tx-womens-health-program-rider-44-report.pdf**