

Introduction

In order to understand the content and intent of *Healthy People 2010—Reproductive Health*, one must begin with knowledge of the comprehensive, nationwide health promotion and disease prevention agenda, Healthy People 2010. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability, and premature death.

The Healthy People 2010 Initiative

Healthy People 2010 builds on initiatives pursued over the past two decades. In 1979, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention* provided national goals for reducing premature deaths and preserving independence for older adults. In 1980, another report, *Promoting Health/Preventing Disease: Objectives for the Nation*, set forth 226 targeted health objectives for the Nation to achieve over the next 10 years.

Healthy People 2000: National Health Promotion and Disease Prevention Objectives, released in 1990, identified health improvement goals and objectives to be reached by the year 2000. The Healthy People 2010 initiative continues in this tradition as an instrument to improve health for the first decade of the 21st century.

The Development of Healthy People 2010 Goals and Objectives

A diverse range of individuals and organizations have offered ideas and expertise in developing Healthy People 2010:

- The Healthy People Consortium—an alliance of more than 350 national organizations and 250 state public health, mental health, substance abuse, and environmental agencies—conducted three national meetings on the development of Healthy People 2010.
- Many individuals and organizations gave testimony about health priorities at five Healthy People 2010 regional meetings held in late 1998.
- More than 11,000 comments on draft materials were received by mail or via the Internet from individuals in every state, the District of Columbia, and Puerto Rico.

The final Healthy People 2010 objectives were developed by teams of experts from a variety of federal agencies and was coordinated by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.

Healthy People 2010—Reproductive Health

This document, *Healthy People 2010—Reproductive Health*, is an effort to compile into one single document all the objectives that directly address reproductive health. The topic of reproductive health is covered in 12 of the 28 focus areas in Healthy People 2010. The cornerstone for this document is the family planning focus area. The Office of Population Affairs, U.S. Department of Health and Human Services (HHS) is the lead agency in addressing the 13 family planning objectives and is responsible for providing support for the lead agencies of the other 11 focus areas. Family planning service providers throughout the country routinely work with women on a broad number of issues including cancer, HIV, STDs, hepatitis, prenatal care, substance abuse, violence, and nutrition. Therefore, the 12 focus areas encompassed in this reproductive health document are an inclusive listing of measures that concern reproductive health.

Healthy People 2010 is grounded in science, built through public consensus, and designed to measure progress.

In Context: Reproductive Health and Healthy People 2010

Federal Support for Family Planning Began in 1960s

In the 1960s the U.S. Federal Government began very limited funding of family planning services as an effort to address maternal and infant morbidity and mortality. Initial federal efforts for family planning were focused in the Maternal and Child Health (MCH) program and the Office on Economic Opportunity's (OEO) War on Poverty program. The OEO program viewed access to fertility control as a factor to help disadvantaged women and their families out of poverty.

In 1970, the MCH and OEO programs were serving approximately 25 percent of medically indigent citizens needing subsidized family planning services.¹ In 1970, Congress recognized that unwanted childbearing, especially among the poor, was a major problem in the United States. Congress then passed Title X of the Public Health Service Act (the Family Planning Services and Population Research Act of 1970) to specifically provide for expansion of existing services, and research and development of new services. It also passed Title IV-A of the Social Services Administration (later, Title IV-A became Title XX of the Social Service Block Grant).

Title X: Groundbreaking Legislation

The Title X legislation and regulations provided for comprehensive family planning and reproductive health services, provision of information regarding family planning, the expansion of reproductive research, and the training of manpower to carry out the purposes of the program. This marked the first instance in US history where family planning research and services became the primary purpose of any federal law.

This single piece of legislation led to services for millions of low-income individuals through low (or no) cost accessible clinic sites. Title X legislation and rules surpassed the previous federal family planning efforts already in place with its broader, inclusive mandates to:

- Base funding on the specific needs of local communities
- Assure that all services be comprehensive and voluntary
- Provide for (1) training of personnel needed to implement the act, (2) population research, and (3) readily available information on family planning and population growth
- Extend services to people regardless of race, color, creed, handicapping condition, national origin, age, sex, number of pregnancies, or marital status
- Provide a broad range of acceptable, effective, and medically approved family planning methods, including natural family planning
- Conduct program evaluation

Armed with these mandates, the Title X program rapidly became the cornerstone of the modern system of family planning services in the U.S. It eventually established service sites in three-quarters of all of the U.S. counties and in every state. Service sites ranged from stand alone clinic sites to rooms in youth serving agencies, churches and public health facilities.

Title X: Unique Features, High Standards

- **Based on the intent of the legislation, the Title X program defined the minimum clinical and educational services to be provided.**

In 1972 the Title X family planning program and the American College of Obstetricians and Gynecologists drafted comprehensive guidelines. These guidelines were widely accepted and made it possible for a woman to continue care in almost any clinic, nationwide, and get consistent lab tests, counseling, client education, and physical exam services. Every community with a clinic site had some increased level of community education provided. Subsequent revisions of Title X regulations and clinical guidelines have been adopted for a variety of other federal, state, and locally funded family planning services. For example, in states where Title X services are closely coordinated with Medicaid, Maternal and Child Health and the Social Service Block Grant reimbursement or grant funding, many of those programs include the core requirements of the Title X clinical guidelines in their agreements. In the late 70s, the Community and Migrant Health Program issued a national publication on reproductive health standards which mirrored the Title X requirements for clinical and educational services.

- **The Title X program set a precedent by encouraging and funding diverse provider agencies with a diversity of clinic sites in order to flexibly serve the populations in need.**

Among agencies funded are state, county, and city health departments; Planned Parenthood affiliates; Indian nations; statewide, regional, and local family planning councils; and other non-profit community organizations. These agencies, in turn, established a nationwide system of accessible clinic sites, both urban and rural. In 1999, Title X providers operated nearly 4,600 clinic sites located in every state in the U.S. and in more than 75 percent of counties.

- **The Title X program developed its own unique training system by establishing and funding family planning training centers in each of the ten federal regions of the US.**

The regional training centers provided specialty training and continuing education for the critical mass of administrative, clerical, counseling, and clinical staff and, in the process, helped promote the federal initiatives and guidelines.

Among the specialty private non-profit agencies that also provided training were the State Family Planning Administrators (SFPA), the National Family Planning and Reproductive Health Association (NFPRHA), the Family Planning Councils of America (FPCA) and Planned Parenthood Federation of America (PPFA). These organizations conducted regional and national training events for administrative and clinical staff, created educational materials utilized in the family planning field and provided guidance on emerging issues and initiatives (for example, services to males, abstinence, cost analysis, and parental involvement). SFPA focused on issues of significance to state and territorial grantees and unique methods to address these issues within local and state government systems.

In addition, Title X provided dedicated training funds to train midlevel specialists in OB/GYN services. These clinicians were, at first, trained as family planning specialists, but it soon became apparent that the training had to be broader to accommodate the wide variety of needs of their clients. This training helped develop the role of the Women's Health Care Nurse Practitioner (WHCNP). By the mid 1990s, the Title X program had invested more than \$20 million in funding the education of WHCNPs

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who were providing more than 10 million client visits per year.² This Title X initiative had a substantial impact on the ability to improve access for low-income and minority individuals by expansion into under-served urban and rural areas.

- **The national family planning program assured that cost would not be a barrier to services for the low-income client.**

Title X began as a free service to all who wanted such services and in the 1970s, it initiated sliding fee schedule policies that would assure that clients were served regardless of ability to pay.

- **The national family planning program had a positive impact on elimination of racial and ethnic disparities in health care.**

Of the reported 4.4 million family planning users seen in Title X clinics in 1999, 22 percent were African American women or men and 4 percent were from Asian/Pacific Islanders or Native American population groups. Seventeen percent of family planning users identified themselves as Hispanic/Latino.³ In 1997, the Title X program served over 60 percent of all women who obtained publicly subsidized family planning services and a larger proportion of the racial and ethnic minorities. Based on data from the National Survey of Family Growth (1982 and 1995), publicly subsidized family planning services has all but eliminated the (income and) racial disparities in contraceptive use that initially led to greater government involvement in family planning.⁴

- **The national family planning program is accessible to young people.**

During the past thirty years, the Title X program has provided education and information to teens and access to a broad range of reproductive health services. Education and counseling of youth on family involvement is an integral part of counseling in family planning projects. In fact, Title X supported clinics are more likely than others to offer special programs for teenagers, including initiatives that are aimed at encouraging adolescents to postpone sexual activity and improving parent-child communication.⁵

Efforts continue to reduce adolescent pregnancy rates through abstinence programs and through the provision of clinical services. It is estimated that approximately 40 percent of young women see their first medical provider in a family planning clinic.⁶ Three-quarters of the decline in the teenage pregnancy rate between 1985 and 1995 was due to increasingly effective contraceptive use among sexually active adolescents (with the remaining one-quarter due to increased abstinence).⁷

- **Title X set a high standard for evaluation of services and maintenance of quality.**

The Title X program established standards for evaluation of services, training of providers, maintenance of professionally recognized quality of care and for extension of funding resources. This ranged from maintaining federal regional presence in each of the ten regional offices of the U.S. Public Health Service to establishing public/private partnerships with other social and health organizations and programs. A variety of organizations, including the Food and Drug Administration, the Alan Guttmacher Institute, the American Public Health Association, the National Center for Health Statistics, the Centers for Disease Control and Prevention, and the Institutes of Medicine, have supported research that provides quality, efficiency and safety in the Title X program.

There has been a high level of accountability and evaluation due, in great part, to the visibility of the family planning program. While maintaining high standards of care and providing a comprehensive range of contraceptive services, the family planning program has been cost-efficient. For every U.S. dollar spent to provide family planning services, an average of \$3 is saved in Medicaid costs for pregnancy-related care and newborn care.⁸

Clients Served in Title X Family Planning Projects

In 1999, over 4.4 million clients were served through Title X funds. The majority were women with approximately 71 percent of all Title X clients over the age of 20. The largest proportion of family planning users (30 percent) are clients in the 20-24 year old group. Nearly two-thirds (65 percent) of clients had incomes at or below the poverty level, and another 18 percent had family incomes of 101 to 150 percent of poverty. These users chose a wide range of contraceptive methods.⁹

The Family Planning Program and Related Health Services

Numerous studies have shown that family planning is important to both maternal and infant health. Currently, the Title X family planning program, with its 4,600 clinic sites, serve two-thirds of all females receiving subsidized family planning services.¹⁰ Thus, a significant number of the Healthy People 2010 objectives for “promoting health and preventing illness, disability and premature death” will be addressed through the clinical and educational services provided by publicly subsidized family planning programs.

When seeking contraception at local family planning clinics, clients also receive many other reproductive and preventive health care services. For example, in 1999 the Title X program provided nearly 3 million Pap smears and 2.8 million breast exams. In addition, there were nearly 4.8 million tests for sexually transmitted diseases (excluding HIV) and an additional 366,000 HIV tests provided to both male and female users of services in Title X clinics.¹¹ Thousands of publicly-funded family planning clinics receive federal funding through CDC to screen women at risk for chlamydia. Blood pressure screening and breast exams/self breast exam education are required services in Title X subsidized clinics. It is reported that more than 14 percent of women of reproductive age who receive Pap smears and testing and treatment for gynecological infections receive these services in family planning clinics. The percentage of these women obtaining HIV tests from clinics is even higher, 25 percent, and over 33 percent receive their other STD services at clinics.¹²

Family Planning Characterized as “Great Public Health Achievement”

The Centers for Disease Control (CDC) characterizes family planning as one of the “Ten Great Public Health Achievements” of the 20th century because of its opportunity for prevention and the impact on morbidity and mortality. Mentioned specifically by name, the Title X program, led the nation in establishing widespread cervical cancer screening which has led to a 20 to 60 percent reduction in cervical cancer death rates.¹³ The Pap smear quality assurance guidelines, developed by the Office of Family Planning (OPA), set a national standard and were widely utilized nationally by other out-patient services clinics. Another example mentioned is screening for chlamydia,¹⁴ the leading cause of preventable infertility, which is a major effort in Title X programs and has lowered the prevalence of chlamydia in Title X clinic clients.

How Healthy People 2010—Reproductive Health will Improve Nation's Health

As stated before, the national family planning program directly addresses 12 of the 28 focus areas in Healthy People 2010 where health improvement opportunities lie for the next decade. The 12 family planning-related focus areas contain 72 objectives. Many of the additional 16 focus areas and objectives are indirectly influenced by the comprehensive range of services provided in family planning clinics and educational programs (for example, disability, heart disease and stroke, medical product safety, mental health, and tobacco use). All of the objectives are aimed at achieving improved health of all American citizens, with special emphasis on erasing disparities in health for the most disadvantaged.

A robust subsidized family planning program will remain the cornerstone for reaching the desired level of reproductive health for the nation. The Title X program, with its well established systems, tradition of excellence, and bold approaches to reproductive health care, is critical to the domestic family planning effort.

Conclusion

One of the most compelling and encouraging lessons learned from the Healthy People 2000 initiative is that we as a Nation can make dramatic progress in improving the Nation's health in a relatively short period of time. For example, during the last decade we have achieved a substantial decrease in unintended pregnancy. The proportion of women receiving mammograms and Pap tests has increased. For both mammograms and Pap tests, the disparity in use rates for most of the population subgroups and those for all women either has been reduced or eliminated. In addition, fewer teenagers are becoming pregnant.

But we still have a long way to go. Violence and abusive behavior continue to ravage homes and communities across the country. HIV/AIDS remains a serious health problem, now disproportionately affecting women and communities of color.

This companion document to Healthy People 2010 builds on progress achieved since the first objectives for the nation in 1980 and is promulgated to clearly articulate the reproductive health needs that must be addressed to achieve a high-quality level of reproductive health for all Americans.

Healthy People 2010—Reproductive Health together with Healthy People 2010 will be guiding instruments for addressing our nation's health issues, reversing unfavorable trends, and expanding past achievements in health.

CDC characterizes family planning as one of the "Ten Great Public Health Achievements" of the 20th century.

1. Legislative History P.L. 91-572. Family Planning Services and Population Research Act of 1970.
2. Report of The Department of Obstetrics and Gynecology of the University of Texas Southwestern Medical Center, 1998.
3. 1999 Family Planning Annual Report (FPAR).
4. Alan Guttmacher Institute, Fulfilling the Promise; Public Policy and US Family Planning Clinics, AGI, 2000.
5. Ibid.
6. Ibid.
7. Ibid.
8. Alan Guttmacher Institute, Title X and the U.S. Family Planning Effort, 1997.
9. 1999 Family Planning Annual Report (FPAR).
10. Ibid.
11. 1999 Family Planning Annual Report (FPAR).
12. Alan Guttmacher Institute, Title X and the U.S. Family Planning Effort, 1997.
13. Alan Guttmacher Institute, Fulfilling the Promise: Public Policy and US Family Planning Clinics, AGI, 2000.
14. CDC. *Morbidity and Mortality Weekly Report* 47:1078, 1999.

Reader's Guide

This publication has been excerpted from *Healthy People 2010* Volumes I and II, along with their companion volume, *Tracking Healthy People 2010*. The focus of this publication is reproductive health. All sections of Healthy People 2010 related to reproductive health, as determined by the Office of Population Affairs, U.S. Department of Health and Human Services (HHS), have been collected here.

This volume is based on the November 2000 edition of *Healthy People 2010*, which supersedes the January 2000 conference edition. Readers should review the objectives for editorial differences and the addition of new data. While most objectives are unchanged from the conference edition, some have been reworded. Updates to baselines and population group data tables may have resulted in revisions to the targets. In addition, a few developmental objectives are now measurable. Data included in this edition are as of June 1, 2000.

Healthy People 2010 will be updated on the Internet. Data for objectives are expected to be updated on an ongoing basis on the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) Web site at <http://www.cdc.gov/nchs/hphome.htm>. Significant updates to the document will be posted on the Healthy People Web site at <http://www.health.gov/healthypeople>.

This publication generally follows the format of *Healthy People 2010* and is in three sections:

- Healthy People 2010—Understanding and Improving Health
- Healthy People 2010—Objectives for Improving Reproductive Health
- Tracking Healthy People 2010—Reproductive Health

Healthy People 2010—Understanding and Improving Health

The first section provides background on Healthy People 2010 and the Healthy People initiative. It details the two primary goals of Healthy People 2010, and it provides information on health objectives and on the 12 focus areas related to reproductive health. It also touches on the determinants of health and on health status in the United States. It lists 10 Leading Health Indicators and provides the text of the Leading Health Indicator on Responsible Sexual Behavior.

Healthy People 2010—Objectives for Improving Reproductive Health

The second section provides detailed information on the 12 focus areas in Healthy People 2010 that are related to reproductive health. The text describing the focus area Family Planning is printed here in its entirety, and all relevant sections from the other 11 focus areas are included.

As in the main volume, the focus area chapters are presented in alphabetical order. Each chapter contains the following information:

Lead Agency

Each focus area is managed by a designated lead agency or co-lead agencies of the HHS. These lead agencies have expertise in and responsibility for their respective focus areas. They are responsible for undertaking activities to move the Nation toward achieving the year 2010 goals and for reporting progress on the focus area objectives over the decade.

Contents

This brief list details the specific organization of each chapter.

Goal Statement

Each chapter contains a concise goal statement. This statement frames the overall purpose of the focus area.

Overview

The Overview provides the context and background for the objectives and identifies opportunities for prevention or interventions. It addresses the nature of the issues; key trends or developments in the focus area; related costs and other pertinent information; relevant disparities among population groups (including race, ethnicity, gender, age, socioeconomic status, disability status, sexual orientation, and geographic location); and the implications of such factors for prevention, other improvements, and research.

Interim Progress Toward Year 2000 Objectives

Healthy People 2010 builds on the experience of the preceding decade. This section— included in chapters where it is applicable—provides a brief description of progress to date on year 2000 objectives that pertain to the focus area. A final report on the year 2000 objectives, *Healthy People 2000 Review*, will be published by NCHS, CDC.

Reproductive Health–Related Objectives

This section begins with a restatement of the focus area goal and a list of short titles for all objectives in the focus area that are related to reproductive health. Each objective is then described, beginning with an action verb and subject (for example, reduce the breast cancer death rate). Objectives are numbered for reference purposes (for example, 3-3, 3-4, etc.). Some objectives have multiple measures and are labeled sequentially with letters (for example, 3-11a, 3-11b, etc.). Numbering of objectives does not imply priority or importance.

Types of Objectives

There are two types of objectives—measurable and developmental.

Measurable objectives provide direction for action. For measurable objectives, the current status is expressed with a national baseline. A baseline represents the starting point for moving the Nation toward the desired end. The baselines use valid, reliable data derived from currently established, nationally representative data systems. Each measurable objective also includes a target, target setting method, and a data source. (For more information about guidelines used to develop targets, target-setting methods, and general data issues, the reader should consult *Tracking Healthy People 2010: Reproductive Health* in this publication.) Explanatory text follows objectives as needed.

Developmental objectives provide a vision for a desired outcome or health status. Current national surveillance systems do not provide data on these subjects. The purpose of developmental objectives is to identify areas of emerging importance and to drive the development of data systems to measure them. A potential data source is given for each developmental objective.

Population Group Data Table

Because eliminating health disparities is a goal of Healthy People 2010, a standard data table is used to display the baseline status of population groups for population-based objectives for which data are available. Generally, an objective is considered to be population based when its data source counts people.

This table consists of a set of population variables that are to be considered a minimum breakout set for data collection. The minimum set includes race and ethnicity, gender, and measures of socioeconomic status. Within each category in the table, groups are alphabetized or shown by some gradient or level of achievement (such as educational or income levels). Depending on the parameters of the objective, some tables show more detailed or additional breakouts of population groups. In addition, some tables include population groups for which data are provided for informational purposes. In such cases, these population groups will not be tracked.

For more information about data issues involving population groups, please consult *Tracking Healthy People 2010: Reproductive Health* in this publication.

Data Source/Potential Data Source

Data source is defined as the instrument that collects the measure indicated. Measurable objectives cite the data source for the baseline. For HHS data sets, surveys, and reports, the citation includes the name of the data set, the HHS agency, and the institute or center that serves as the source—for example, National Vital Statistics System (NVSS), CDC, NCHS. For non-HHS or non-Federal data sets, surveys, and reports, the citation includes the name of the data set, cabinet-level agency, and bureau/agency/organization—for example, National Crime Victimization Survey (NCVS), U.S. Department of Justice, Bureau of Justice Statistics.

Terminology

Terms are set up as dictionary definitions in alphabetical order. These definitions enable the reader to understand the concepts used in the chapter.

References

The references cited throughout both the overview text and the objectives are listed at the end of each chapter.

Tracking Healthy People 2010—Reproductive Health

Tracking Healthy People 2010: Reproductive Health is organized into three sections, which cover general data issues, operational definitions for each of the 72 Healthy People 2010 objectives related to reproductive health, and the three major health data sources that are responsible for tracking five or more Healthy People 2010 objectives on reproductive health.

For more information on measuring the objectives, technical notes, or operational definitions, consult the complete volume, *Tracking Healthy People 2010*. It is available on the CDC Web site at <http://www.cdc.gov/nchs/hphome.htm>.

For Further Information

For more information about Healthy People 2010, visit the Healthy People Web site at <http://www.health.gov/healthypeople> or call 1-800-367-4725. To obtain copies of Healthy People 2010 documents in print, visit the U.S. Government Printing Office Web site at <http://www.bookstore.gpo.gov/>. For information about a Healthy People 2010 CD-ROM, visit the Healthy People 2010 Web site at <http://www.health.gov/healthypeople>.