

# Family Planning Providers Share Respectful Care Strategies to Improve Client Experience

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## Introduction

Data from prior research show that patient-centered care, or care that prioritizes individuals' needs and their desired health outcomes,<sup>1</sup> results in better health outcomes for patients and plays a role in reducing health disparities.<sup>2,3</sup> However, marginalized communities—including Black, Brown, and LGBTQ+ women and women with limited English proficiency—are less likely to report receiving patient-centered care in family planning as compared to White women, cis straight women, and those proficient in English.<sup>4</sup>

Respectful care expands the patient-centered care approach to acknowledge how discrimination and systemic inequities can impact people's sexual and reproductive behaviors and decision making, and uses that expanded vision of care as an impetus for change. In this brief, we share respectful care strategies from family planning providers that consider discrimination, power imbalances, and systemic inequities across three levels; we also cover recommendations to implementing such strategies.

## Why respectful care matters

People with marginalized identities—across race and ethnicity, income, sexual orientation, geography, disability, gender identity, and age—bear a disproportionate burden of sexual and reproductive health conditions such as sexually transmitted infections, reproductive cancer, and maternal mortality and morbidity.<sup>5,6</sup> These disparities are directly and indirectly influenced by an individual's social environment, including poverty,<sup>7</sup> neighborhood characteristics,<sup>8,9</sup> insurance status,<sup>10</sup> access to clinic services and contraception,<sup>11,12,13</sup> and interactions with providers.<sup>14</sup>

Many studies have highlighted how women of color experience discrimination from health care providers and receive inadequate care.<sup>15</sup> Provider biases and behaviors may cause unintended harm during interactions with clients, which may in turn affect quality of care, future access to care, treatment decisions, and health outcomes.<sup>16,17</sup> Respectful care combats this by honoring the experiences of people of color, promoting freedom and dignity, balancing power between patients and providers, and dismantling beliefs and practices driven by racism.<sup>18,19</sup>

\* These authors made equal contributions to this brief.



## Who we talked to

We interviewed family planning providers from Title X family planning clinics. The Title X Family Planning Program is the only federal program designed to provide comprehensive family planning and related preventive health services to individuals with low incomes and those who are uninsured.<sup>20</sup> About 83 percent of Title X clients have low incomes<sup>a</sup> and 27 percent are uninsured.<sup>21</sup> Many clients with these characteristics live in states with high proportions of Black, Hispanic, Asian, American Indian, or Native Hawaiian residents.

Because Title X providers are trained to provide patient-centered care and to improve the quality of services,<sup>22</sup> they are a key source for identifying strategies to improve care and health outcomes, particularly among marginalized populations. See Appendix A to learn more about the providers we interviewed, Appendix B to learn more about the clients that providers serve, and Appendix C for detailed recruitment, sampling, and analysis methods.

## Providers' Respectful Care Strategies

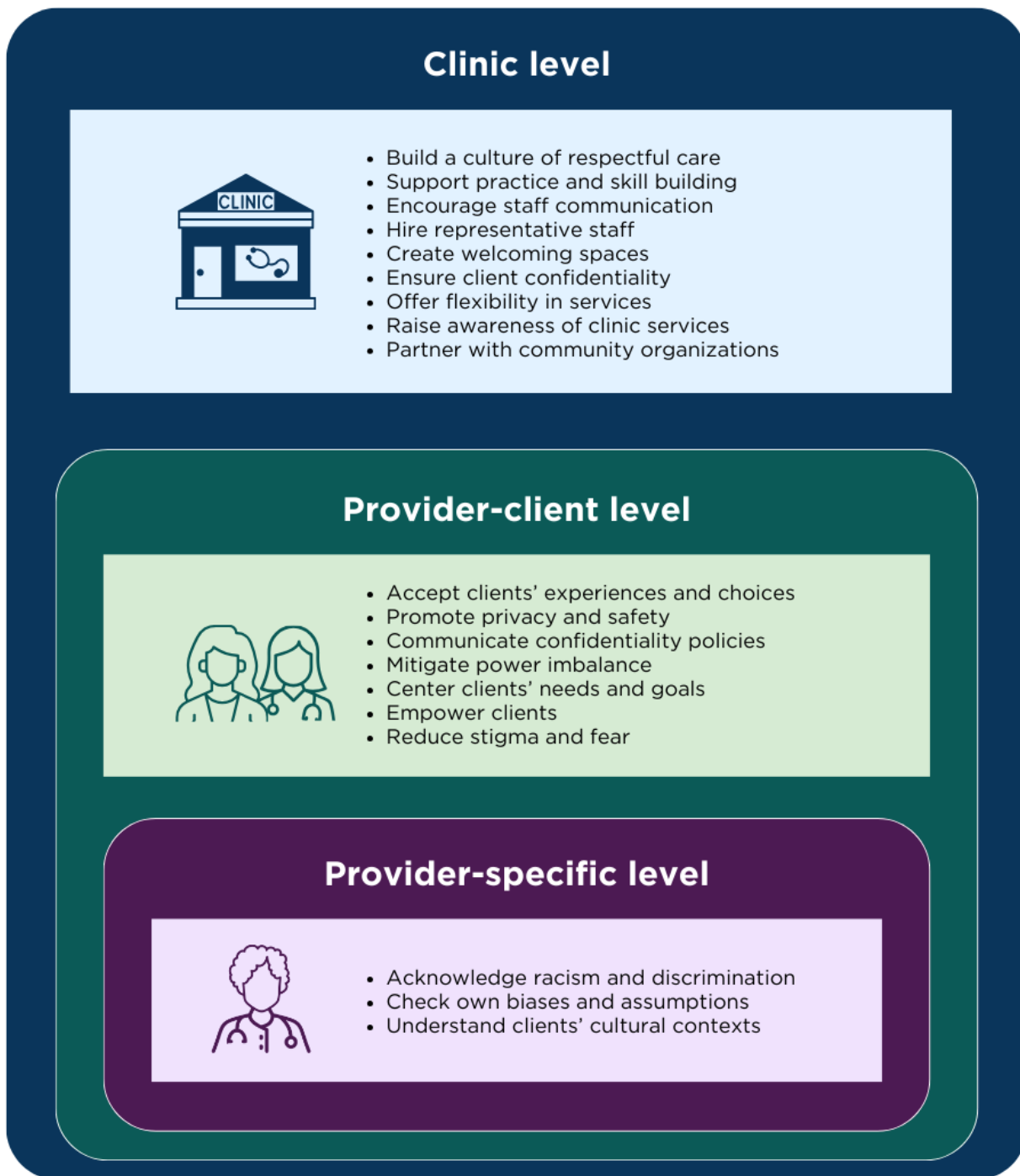
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We asked the providers in our sample to share respectful care strategies they used with their clients to honor the experiences of people of color, promote freedom and dignity, balance power between patients and providers, and acknowledge bias and racism. As seen in Figure 1, providers offered strategies at three levels: (1) clinic operations and outreach (“Clinic level”), (2) providers’ interactions with clients (“Provider-client level”), and (3) providers’ own knowledge and awareness (“Provider-specific level”).

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<sup>a</sup> We define households as having low incomes if their household income is below 250 percent of the federal poverty level.

Figure 1: Providers' Respectful Care Strategies





## Clinic-level strategies for respectful care

Providers discussed a range of strategies and supportive structures for respectful care focused on clinic structures and operations. These included specific strategies to address staffing, wait times, confidentiality, and racism and bias in the clinic.

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### Build a clinic culture of respectful care from the top.

Building a clinic culture that encourages respectful care starts with leadership, and all staff should be committed to upholding these standards. Multiple champions modeling respectful care—in various clinic roles—can support the implementation of equitable practices clinic-wide.



*You have to have leadership that wants it and is supportive of it ... and not just want the clinic to be a conveyor belt of patients, it just has to be one of our values that we kind of live by.”* – **Provider from a Planned Parenthood clinic in the Northeast**

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### Support practice and skill building to help staff gain and apply knowledge and skills.

Trainings help staff acknowledge their biases and build knowledge on topics that affect their client populations. Providers in our survey appreciated trainings on population-specific needs (e.g., LGBTQ+ health care, inclusive language), DEI and cultural competency, and patient-centered or trauma-informed care. They felt that multi-modal training (e.g., virtual, in-person) allows learning to be accessible. Ongoing scenario-based practice opportunities and regular reminders of knowledge, policies, and goals related to respectful care reinforce knowledge, awareness, and preparedness for serving clients.



*I have never experienced one training as one and done, like that's not how you make change. It's a constant conversation.”* – **Provider who works at a community-based organization in the Northeast**

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### Encourage and create opportunities for staff communication to foster respectful care.

Providers noted that structures to support and monitor patient experiences are crucial for addressing systemic racism and bias within the clinic. Such structures include roles and committees dedicated to championing diversity, equity, and inclusion, or simply having structured spaces for communication. Creating structured spaces for open and consistent communication between staff provides a dedicated space to help resolve issues when challenges arise (e.g., negative client feedback, insurance). These spaces might include dedicated space at monthly full staff meetings or something separate. Frequent communication allows providers to adjust staffing and pacing of appointments to better meet client needs.



*Every week we have a morning huddle to discuss, just reminders of what our approach with our patients are ... this is what we're implementing these strategies are the ones that we're trying to enforce ... just keep on reminding them rather than just like say it once.”* – **Provider from a federally qualified health center in the West**

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## Hire staff whose demographics represent the communities served, who speak clients' languages, and who prioritize patient-centered care.

Providers reported that clients appreciate seeing their own ethnic, racial, religious, gender, and other identities reflected in clinic staff. A shared identity can foster connection, comfort, and understanding between providers and clients. Providers noted that having diverse staff who reflect or come from the communities the clinics serve is crucial for providing respectful care.

“ Hiring someone that has MA experience is not the top of our list, they're a dime a dozen. But looking for someone who is part of the Haitian community that has worked in social service settings, understands about providing trauma-informed care in a way that is respectful of the Haitian community, then that makes a lot of difference.” – **Provider from a federally qualified health center in the Northeast**

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## Create welcoming spaces where clients feel comfortable, respected, and seen.

Providers acknowledged that medical racism, discrimination, and past traumas can make some marginalized populations feel uncomfortable accessing services. Incorporating posters, signage, and materials that affirm diverse identities in the clinic space can help clients recognize the clinic as a safe space. Providers said that supportive clinic practices—such as explicitly noting LGBTQ+ affirming services and the provision of accessibility aids (e.g., hearing or vision amplification devices)—help clients feel they belong, and that the clinic is aware of and responsive to their needs.

“ We're very LGBTQ friendly. We're trans friendly. We're also Black-affirming ... It's youth-affirming. So it was posters about content that was important to them. It was studies that were important to them on the walls ... Sort of like, “You're allowed to do this. This is a space for you.” – **Provider from a hospital in the Southeast**

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## Ensure client confidentiality throughout the visit.

Providers recognize that confidentiality breaches can occur unintentionally, especially in smaller clinics or close-knit communities. By implementing protocols such as confidential intake processes and providing separate waiting rooms for youth, clinics can protect clients who fear being seen by someone they know.

“ We have two entrances to the wellness center, So, students are able to access through one end where it's a [separate] waiting area now from our regular patients. – **Provider from a federally qualified health center in the West**

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## Offer flexibility in services to increase accessibility.

Providers recognize that limited appointments and long wait times negatively impact patients' access to care and their experiences. Given high demand for services, clinics have provided flexible hours and/or walk-in appointments and feature accessible systems for making appointments.



*I think the biggest lesson has been the success of our walk-in appointments, because it acknowledges that people need to be able to get care when they can get care, and it's not always on our eight to five.” – Provider who works at a health department in the West*

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## Raise awareness of clinic services, particularly among youth.

Direct outreach and engagement within local communities can enhance awareness of clinic services and increase clinic utilization. Providers noted that, especially for youth, outreach in youth-serving settings—such as health education classes, school-based clinics, recreation centers, and church youth groups—can boost comfort levels and interest in receiving services, build rapport, and destigmatize clinic processes and services.



*They see our face and they get to know what our services are and what we do so that it's not as scary to get connected if you do need the services” – Provider from a health department in the Midwest*

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## Partner with community organizations to learn about, reach, and serve marginalized populations.

Community-based organizations have well-established connections with the communities they serve and a deep understanding of their circumstances and needs. Providers noted that partnering with these organizations gives clinics access to resources and can enhance their work with local populations, particularly those who have historically (and currently) been marginalized. In addition to outreach events, partnering often involves clinics delivering services or supplies to organizations to help serve their target community's needs (e.g., providing harm reduction supplies to an organization serving people experiencing substance use).



*We have done a ton of community outreach events ... and not just saying we're going to deliver the service, but saying, 'What services do you need at this community function for us to like partner with you and deliver what your goals are?'" – Provider from a hospital in the Southeast*



## Provider-client level strategies for respectful care

Providers in our survey also highlighted respectful care strategies focused on their interactions with clients. These included specific strategies that help empower clients, center their voices, reduce stigma and judgment around health and health care, and prioritize client privacy and confidentiality.

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### Accept clients' experiences and choices.

Providers understand that it's essential to accept clients at whatever stage they are on in their health journeys. This kind of acceptance is not possible if providers criticize or judge their clients' lifestyles, experiences, and/or choices. Providers facilitate trust and build rapport with their clients by remaining calm and neutral regardless of what information a client shares (e.g., trauma, sexual behavior, complaints). Ultimately, providers must be open to clients making health care decisions they may not agree with and accept that clients may change their minds about prior decisions. By accepting clients' experiences and decisions, providers can build a solid foundation of non-stigmatizing, patient-centered care.



*If you're not ready to use condoms, things like that, that's fine. We'll figure out another way to help you stay safe, but we don't offer judgment on what you choose to do and how you're doing it."*

– Provider who works in community-based organizations in the Northeast

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### Promote clients' privacy and safety, particularly among youth.

The providers who responded to our survey work hard to prioritize their clients' privacy. Strategies include asking about and using clients' preferred method of communication, minimizing the number of unnecessary visits with clients, and ensuring that check-in and check-out procedures are private. These strategies are especially important for clients who have safety concerns (e.g., those who have experienced intimate partner or sexual violence), who live in smaller communities where confidentiality can be harder to maintain, and who live with others. When discussing youth populations, additional strategies include asking parents to leave the room during parts of the visit, providing youth-only clinic days, accommodating walk-in and telehealth visits, not sending bills home, and providing hands-on referrals (e.g., providers calling to set up appointments for youth with their permission). Many of these strategies support privacy for clients of all ages.



*The client with the triage nurse gets privacy and the ones that are waiting to be triaged, are not able to hear what's being asked over at the triage desk. We've also moved to a number [system]. Instead of calling out the client's names ... we just call out #1, #2 and they'll get up."*

– Provider from a hospital in the Pacific Islands

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### Communicate the clinic's confidentiality policies.

Providers build trust with clients by clearly communicating confidentiality policies during each visit. This is particularly important for younger clients who may have concerns about their parents finding out about their visits. In addition to having clients sign consent forms, providers verbally inform clients of their privacy rights and protections under HIPAA (Health Insurance Portability and Accountability Act). By explaining and repeating who is allowed to know details about the visit, and describing the limits of confidentiality (i.e., mandated reporting laws), providers help clients feel more comfortable sharing information during their visit.



*Resetting ... I feel like a broken record reiterating, you know, that the confidentiality has been from all steps. But the focus of what happens in that room with the closed door between the provider and the patient, really going over that confidentiality again with them."*

– Provider from a federally qualified health center in the Northeast

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## Adjust behaviors to mitigate power imbalance between providers and clients.

Providers recognize that power dynamics can stand in the way of patient autonomy and comfort. One strategy that disrupts this dynamic is to opt for more casual clothing rather than traditional white lab coats. Similarly, some providers allow clients to keep their clothes on during the visit, only asking them to undress when necessary for a medical examination. Other strategies include sitting in a chair that is lower than their clients' seat, maintaining eye contact, not looking at their computer, engaging in casual conversation with clients before jumping into the visit, and keeping a gentle or soft tone of voice. When providers adjust their behaviors, they can reaffirm respect for clients.



*We ditched our white coats ... it says something, right? 'I'm better than you. I'm smarter than you. I know better than you.'* – Provider from a health department in the Midwest

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## Center clients' family planning goals, needs, and concerns.

Providers recognize that they must center their clients' needs during visits. This means having ample time (30 minutes or more) to allow clients to share the reason(s) for their visit—and any concerns they may have—and for providers to meaningfully respond and tailor their care. Some clients may hesitate to reveal concerns, so patience and gentle probing (e.g., “Tell me more about that.”) can help. This is important: Not addressing clients' specific requests or concerns can make them feel dissatisfied with their care. Sometimes not all needs or concerns can be met in one visit, in which case it's essential to schedule follow-up appointments.



*It's not about what the provider necessarily thinks is the most medically appropriate path, but what meets the needs of the client.* – Provider from a federally qualified health center in the Northeast

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## Empower clients by giving them options, encouraging questions, and allowing them to decline services.

Providers can help clients advocate for themselves by providing a range of care options (e.g., birth control options) during visits, encouraging clients to ask questions, and ensuring that clients know they can decline any unwanted procedure or treatment (e.g., immunizations, pelvic exams). Providers told us they explain to clients *why* they are asking certain questions—which are often of a sensitive nature—and give them the option to skip any they are uncomfortable with. These strategies help clients feel heard and empowered to take the lead in their health care journey.



*I want you to be giving the permission, not me saying this is how we're going to do things. Just kind of a flip of how we used to do things years ago [...] I think it builds trusting relationships and people come back.* – Provider who works in a health department in the Midwest



## Reduce stigma and fear around sexual and reproductive health and health care, while also acknowledging that these fears and stigmas exist.

Providers know that some clients have beliefs or misinformation that can fuel fear and stigma around sexual activity, contraception, and STIs. To counter this, providers educate clients, making sure to correct any misinformation they hear, and encourage clients to take their time deciding on a particular birth control method. Highlighting the wide range of services offered by clinics—beyond STI testing and treatment, for example—can help reduce stigma around family planning clinics and encourage youth, in particular, to seek out care. When possible, having health educators join the provider during a visit can make clients feel more comfortable. Clients often discuss their concerns with the health educator first, which helps ease their anxiety and build trust in the provider.



*So I'm not here to dispute your experiences ... but simply to acknowledge that you have the experience. But I also have a responsibility and a duty to give you the facts as well.” – Provider who works in a health department in the Southeast*





## Provider-specific level strategies for respectful care

Strategies at the provider level focused on building providers' awareness, knowledge, and recognition about client context, medical racism, and individual biases/assumptions. Each of these strategies resulted in providers adjusting the way they provide care.

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### Acknowledge how racism and discrimination affect clients' experiences and choices in family planning care.

Providers understand that racism and discrimination in medical systems impact their clients' comfort in seeking family planning care. They recognize that some clients may be uncomfortable with certain medical procedures or methods of contraception because of the history of forced sterilization and reproductive coercion in Black, Brown, and other marginalized communities.<sup>23,24,25</sup> Providers in our survey emphasized the importance of listening to clients' concerns and fears and stepping back if a client does not feel comfortable.



*I've heard from a lot of women of color that they're afraid of the long-acting contraceptives, maybe was promoted as a way to sterilize the population ... So I don't push those, I show them all the options.” – Provider from an adolescent medicine practice in the Southeast*

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### Self-check personal biases and assumptions about clients' race or ethnicity, age, sexuality, gender identity, income, or other factors.

Providers in our survey were cognizant that personal biases and assumptions about clients' identities and lifestyles can prevent some providers, including themselves, from delivering high-quality, patient-centered care. They noted the importance of being aware of internal biases and “self-checking” in the moment. Providers understood that managing these personal biases requires ongoing self-reflection and continued training and learning opportunities.



*I have two teenage boys, and so when I'm working with a teenage boy ... – I think of my kids right? So I'm immediately influenced. And so... [it's] always, like putting yourself in check.” – Provider who works at a health department in the Midwest*

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### Learn and understand clients' personal, familial, cultural, historical, and political contexts.

Providers can better connect with clients and understand their family planning needs, preferences, and concerns by learning about the history, culture, and needs of their community—and their community's experiences with health care systems and other institutions. Learning about the cultural norms of specific populations (e.g., religious practices, norms around eye contact) and identifying areas where social support is needed (e.g., services for immigrants, intimate partner violence support) can help providers engage with clients holistically and respectfully. Participation in community outreach and completion of trainings on cultural competency support providers' learning.



*You're there to adjust everything around their [clients'] needs ... [For example, for Ramadan] I'm gonna ... [tell you] how to manage these [medications] during from sunset to 3:00 AM ... It's allowing them to see that everything that you're advising will shift.” – Provider who works at a federally qualified health center in the Northeast*

# Recommendations When Implementing Respectful Care

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In addition to the identified strategies to implement and support respectful care, providers also noted some recommendations in implementing respectful care. Below, we provide provider reflections about doing this work:

## 1. Having ongoing and dedicated support for providers helps with the difficulty of implementing respectful care in practice.

Providers acknowledged that wrestling with biases and accepting clients' decisions and choices is hard—particularly around contraceptive choices, abortion, and treating clients for repeat health concerns (e.g., frequent STI treatments). These concerns can be more intense with younger clients, and especially in situations where providers feel they would make a different choice for their client. Well-intentioned and culturally competent providers who understand the importance of centering clients' needs emphasized that acceptance can be challenging in certain situations.

Additionally, providers shared that some of their tenured colleagues continue to lack awareness of their biases or problematic behaviors that negatively impact care, and have difficulty “see[ing] something different” or “fear of doing something a different way.” This can slow momentum and impact the culture of the clinic. Having support structures and dedicated reflection time in the clinic can help providers share experiences and navigate challenges implementing respectful care practices.

## 2. Care for providers to prevent burnout.

Providers shared that they often feel burnt out. Professional burnout due to limited support in the workplace and personal stress can cause providers to be distracted—and make it harder for them to show up as their best selves for clients. Providers felt that support and trainings specifically focused on self-care would be beneficial to help them manage stress in and out of the workplace.

## 3. Create structures that support the time needed to implement these strategies.

Many of the provider strategies shared in this brief require time. The populations our sample of providers serve have multifaceted needs; addressing each of those needs, and validating and making space for concerns, requires more time with clients and clinic structures that support that time.

## Conclusion

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Collectively, the providers we talked with shared three levels of respectful care strategies that have the potential to mitigate longstanding disparities in sexual and reproductive health. Some strategies help providers increase their own knowledge and limit biases, which affects their behaviors; others help them more effectively engage with diverse clients or enhance their operations to more intentionally support populations they serve; others still help clinics increase their connections with local communities.

The strategies shared in this brief can serve as inspiration for the broader field of family planning providers and clinic staff looking to provide respectful care to clients with diverse needs. Some strategies will not be relevant for all clinics, while providers and clinic staff in various settings will likely have many more strategies that have worked for them. The respectful care strategies discussed here are deeply interlinked and should be considered in relation to one another. Strategies at one level may be impacted and supported by a strategy at another level, and advancing respectful care will require a multipronged approach as much as possible.

As you and your team review these strategies, we encourage reflection on what organizational structures are needed to support these strategies and the barriers that may stand in their way. For example, providers shared strategies around acknowledging one's own biases, and many emphasized the difficulty of doing so. For many, making a change like this—internalizing the principles of respectful care—may be a lifelong journey that takes ongoing training and reflection. To support staff on this journey, one training on bias will not suffice. Rather, trainings require follow-up and informal and formal structures to become a regular practice for staff and a cultural norm within the clinic. Additionally, providers should feel safe and supported in sharing their realities in implementing practices. Lastly, providers need holistic support and established clinic procedures and practices to help them thrive and limit burnout, thereby empowering them to show up as their best selves for their clients.

## Acknowledgments

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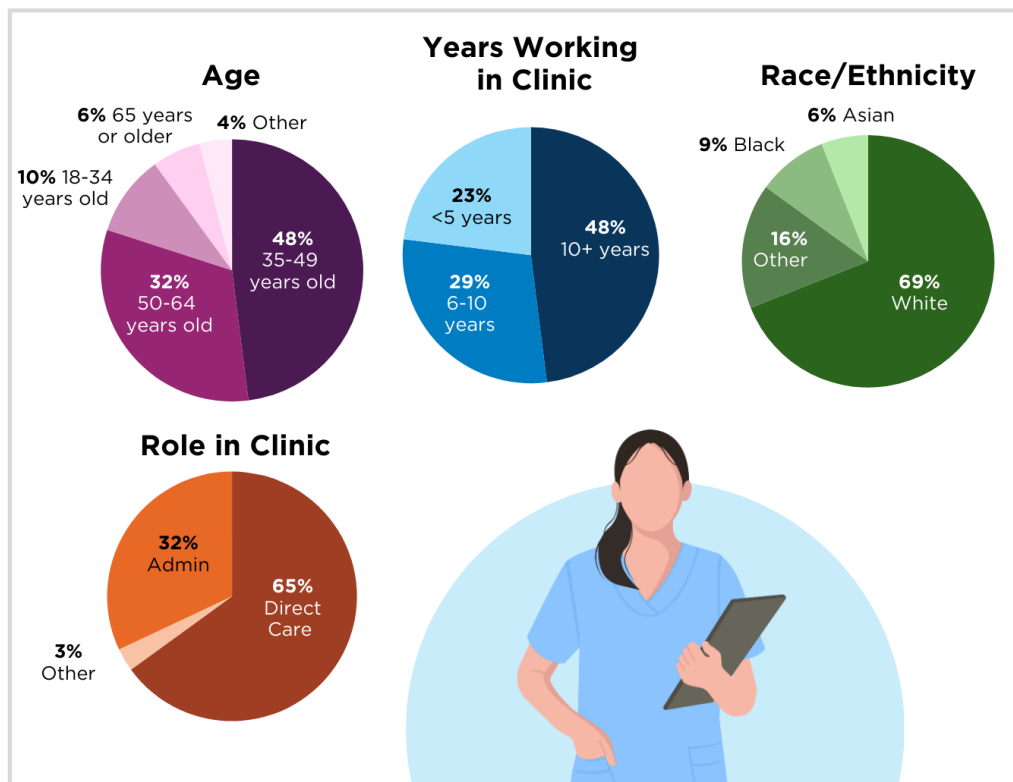
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# Appendix A: Study Sample – Let’s Meet the Providers

We conducted interviews with 32 Title X providers from May to October 2023. Most providers (65%) provided direct care to clients as physicians and nurse practitioners; others (32%) focused on administrative work as clinic and grant managers. We included administrative staff in our samples to construct a comprehensive profile of service delivery. Nearly half of the providers (47%) had worked in the field for over a decade and approximately 28 percent had worked in their clinic for six to 10 years. The majority of providers indicated that they consider racism and system inequities in their care of clients with marginalized identities, by either changing how they provide care or intentionally adjusting their clinic operations to consider any historical trauma clients may have faced due to racism and systemic inequities.<sup>b</sup>

Nearly half (47%) of the providers we interviewed were 35 to 49 years old and the majority (69%) identified as White/Caucasian. Most providers (77%) reported that they spoke only English fluently. While not a diverse sample, our sample generally resembles national physician demographics and captures the discordance that is present in health care between providers’ and clients’ demographics. Figure A1 below is the provider profile of who we interviewed.

Figure A1: Provider Characteristics<sup>c</sup>



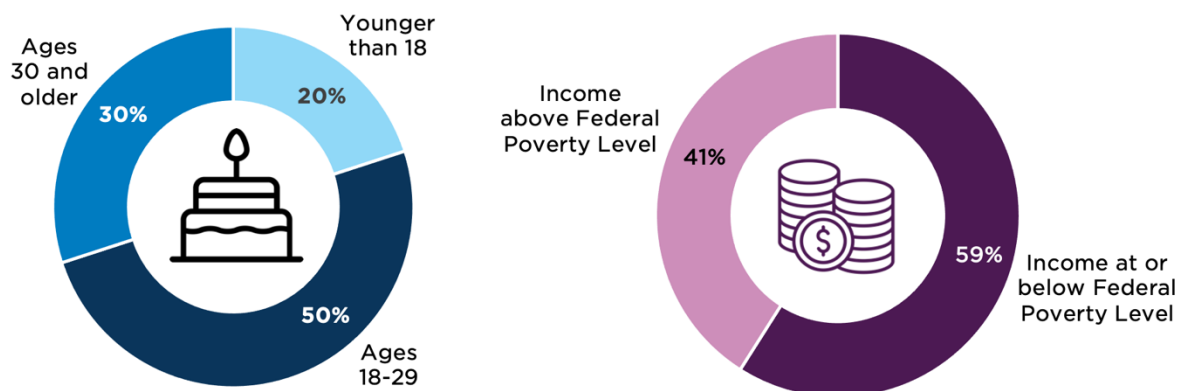
<sup>b</sup> A question about the extent to which providers and clinics consider racism and systemic inequities in their care of clients with marginalized identities was incorporated into the recruitment process after data collection started and became an inclusion criterion for the study.

<sup>c</sup> The "Other" category in this figure represents instances where the participant did not respond to the question in the screener survey.

# Appendix B: Who These Providers Serve

The providers we spoke with worked at clinics that served a wide range of clients. On average, their clients ages 18 to 29 years old made up roughly half of the clinic's population, although their clinics also served a substantial proportion of youth and older adults. Additionally, clinics reported that more than half (59%) of their clients had incomes below 100 percent of the federal poverty level. On average, providers reported that more than 10 percent of their clinic's clients identify as LGBTQ+ (65% of clinics), have limited English-language proficiency (58% of clinics), are at risk of homelessness (55% of clinics), and are at least 20% non-White non-Hispanic.

Figure A2 and A3: Average age and income of clients served across clinics



## Client needs and stressors

Providers were asked about their clients' most common **sexual and reproductive health care needs**. These needs included:

- STI testing/treatment
- Pregnancy testing
- Discussion of birth control methods, including LARCs (long-acting reversible contraceptives) such as IUDs and implants

The providers we spoke with also identified other unmet **health care needs** faced by their clients. These included:

- Dental care
- Mental health care and supports (e.g., for substance use, anxiety, and eating disorders)
- Gender-affirming care
- Primary health care (e.g., vaccinations, chronic disease management for conditions such as hypertension or diabetes); many providers noted that they served as the medical home for their clients

Providers noted that, in addition to health care needs, clients faced other **stressors** in their lives that impact their health and ability to access needed health care. These include:

- Material hardships—such as a lack of health insurance; financial, housing, and food insecurity

- Limited access to reliable transportation
- Domestic violence
- Establishing healthy relationships and navigating consent



*I think the social needs really are huge. So people need help with figuring out steady sources of income, and sometimes people need help finishing up high school or moving on to college, so higher education. And there there's a lot of food scarcity.* – **Provider who works at a hospital in the Northeast**

## Client strengths

Despite the stressors in many clients' lives, many providers also shared that their clients have **numerous strengths** that facilitate health care visits and overall health. They noted that many clients come to their visits ready to advocate for their health care needs and goals. Providers consider clients' desire to be healthy to be a strength, along with self-awareness of where clients need support. Many clients want to make decisions around their health with autonomy, so they actively seek out knowledge from providers and are very receptive to the information they receive.

Providers also described clients as supportive community members, who are resilient and resourceful even in the face of disenfranchisement. Many clients are self-reliant and have managed to navigate difficult systems effectively, particularly in areas with fewer resources.



*I mean I think our clients are advocate[s] for themselves, so they know when something isn't right, they know when something isn't quite going on, even if they can't fully articulate what the thing is ... They are very receptive and open to the information that they're being provided. They want the help that they're seeking.* – **Provider who works at a Health Department in the Southeast**

# Appendix C: Methodology

## Study sample

In 2023, Title X clinics served nearly 2.8 million clients across all 50 states, the District of Columbia, five U.S. territories, and two sovereign states associated with the United States.<sup>26</sup> Clinics are located in urban, rural, and suburban communities. For our study, we aimed to learn from providers who staffed clinics in diverse geographical locations. Twenty-two percent of the clinics were located in rural areas, 65 percent were located in urban areas, and 13 percent were located in suburban communities. Table A1. features characteristics of the 32 clinics that providers we interviewed worked at.

**Table A1.** Clinic Characteristics

Location of Title X Clinics, by Region		
	Number of sites	% of sites
Central Pacific	1	3%
Midwest	6	19%
Northeast	10	31%
Pacific Islands	1	3%
Southeast	7	22%
Southwest	1	3%
West	6	19%
<b>Total</b>	<b>32</b>	<b>100%</b>
Urban Categorization		
	Number of sites	% of sites
Rural	7	22%
Suburban	4	13%
Urban	21	65%
<b>Total</b>	<b>32</b>	<b>100%</b>



Site Type		
	Number of sites	% of sites
Community-based organization	3	9%
Federally Qualified Health Center (FQHC)	6	19%
Health department	12	38%
Hospital	6	19%
Planned Parenthood	3	9%
Other	2	6%
<b>Total</b>	<b>32</b>	<b>100%</b>

# Methods

## Recruitment

From May to October 2023, the project team conducted 32 interviews with family planning providers and staff from current Title X clinics across the United States. To recruit providers for the study, we utilized two methods.

**Participants from previous OPA Trends project:** Initially, we reviewed interview summaries from clinics that participated in our previous [OPA Trends](#) project (2020-2021) to identify sites that implemented multiple strategies for increasing access to family planning care for marginalized and underserved populations and which indicated they would continue using telehealth services post-COVID. We also considered geographic diversity during the review. In total, 29 previously participating clinics were identified and contacted to participate in an interview.

**Recommendations from Title X project officers and grantees:** Child Trends gathered recommendations from Title X officers for grantees whose clinics 1) implemented practices that align with respectful care or 2) served populations that have been historically excluded from accessing family planning services, including but not limited to:

- People of color
- People who are non-English-speaking
- People who identify as LGBTQ+
- People with disabilities
- Expectant and parenting youth
- People who experience family planning stigma and discomfort

Based on their recommendations and our population criteria, we identified and contacted 38 Title X grantees. We reviewed the public Title X directory, with an emphasis on geographic location, and identified 137 clinics under the 38 grantees to contact.

## Screening

To determine eligibility for a virtual interview, potential participants completed an 18-question screener. They were asked about their clinic's background; the characteristics of clients served, including what marginalized populations they served; clinic staffing; telehealth and digital infrastructure capabilities; and whether they collected client satisfaction data. Initially, we thought that ensuring providers served people with marginalized identities would naturally produce respectful care strategies in the data. After a few interviews, we realized that was not sufficient and we needed more specific criteria.

In response, we included questions that speak explicitly to racism and respectful care practices. Specifically, we asked, 1) "Have you considered racism and systemic inequities in your care of clients with marginalized identities?" and 2) "To what extent do you consider racism and system inequities in your care of clients with marginalized identities?" Incorporating these questions ensured that we would be able to successfully use our interview protocol with participants and elicit relevant data. Once scheduled for their virtual interview, participants also completed a brief survey to capture their sociodemographic characteristics and family planning career background.

## Virtual interviews

In-depth virtual interviews with providers explored respectful care approaches that providers utilize during family planning care. Interviews also included a series of questions on best practices for capturing clients' feedback on care received during their family planning visits—particularly experiences of unfair treatment—and telehealth and COVID innovations implemented to enhance service delivery. The interview team used semi-structured interview protocols to conduct 60- to 90-minute interviews. All interviews were recorded with the participant's permission. In addition to the interviewer, another study team member was present at all interviews to take notes on participant responses to supplement the audio recordings. Following each interview, participants received a \$100 gift card via email.

## Analysis

The project team utilized an online platform to transcribe all completed interviews and team members verified the transcriptions. After every interview, we wrote interview summaries to serve as our form of analytic memo writing. Throughout data collection, the team regularly held interview debrief meetings.

To analyze the data, we coded interview transcripts in Dedoose using a blended approach combining codes developed both from the interview protocol and in response to the data. To ensure [inter-rater reliability](#), we double-coded multiple interviews and then reconciled differences through a consensus-building process. We also regularly held coding debrief meetings during this period. After finishing coding, we developed an analysis process that involved reviewing coded excerpts by category (e.g., client health and social needs, provider-staff interactions, respectful care strategies) to identify themes emerging in the data and develop thesis statements for each theme. Finally, using the themes and thesis statements, we identified strategies that providers used to implement respectful care.

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