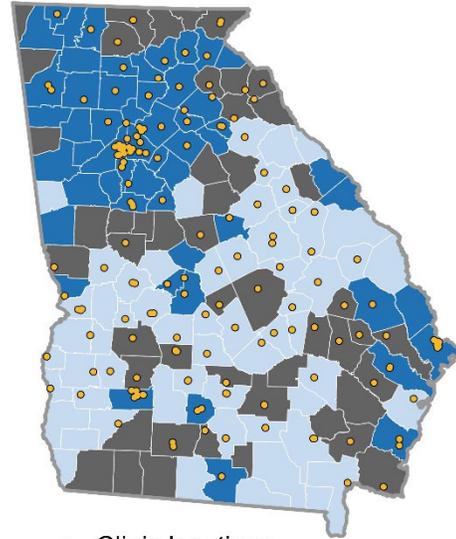


The Family Health Centers of Georgia, Inc.

The Family Health Centers of Georgia, Inc. (FHCGA) is a federally qualified health center (FQHC) that has provided health services since the 1970s. Since 2014, FHCGA has received Title X funding to provide direct family planning services and administer a statewide family planning program called the Georgia Family Planning System (GFPS). GFPS serves approximately 165,000 clients per year through a diverse network of FQHCs, one hospital system, and two community-based nonprofits.¹



• Clinic locations

Pop. per sq. mi.
■ Less than 40
■ 40 - 109
■ 110 or more

Stats at a Glance²

- ▶ Number of family planning (FP) encounters – 137,639
- ▶ FP users with incomes below 100% Federal Poverty Level (FPL) – 109,518 (67%); all FP users with incomes below 250% of FPL – 142,755 (88%)
- ▶ Number of tests performed for gonorrhea – 47,466, syphilis – 26,344, and HIV – 36,713
- ▶ Number of female users who received a chlamydia test – 35,061 or a Pap test – 21,677

Overview of Services Offered

FHCGA and its subrecipients in the GFPS network provide a broad range of FP services including pregnancy prevention and birth spacing, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services. The services are voluntary, confidential, and provided regardless of ability to pay.³ The infographic below is an Overview of Services Offered within the GFPS network. The data shown below are not specific to any particular site but rather are representative of the broader grantee network. For information on services available at individual service sites, please refer to the [OPA clinic locator](#).

Pregnancy assistance and counseling	Contraceptive services	STI services	Other preventative health services
<ul style="list-style-type: none"> ● Counseling on achieving pregnancy ● Preconception health services ● Pregnancy testing and counseling ● Basic infertility services 	<ul style="list-style-type: none"> ● FDA approved long-acting contraceptives ● FDA approved short-acting contraceptives ● Natural family planning methods 	<ul style="list-style-type: none"> ● STI and HIV education and counseling ● STI and HIV screening and testing ● STI and HIV treatment ● STI self-testing ● Expedited partner therapy ● PrEP counseling and risk assessment ● PrEP prescription services ● PEP counseling ● PEP prescription services 	<ul style="list-style-type: none"> ● Screening for breast cancer ● Screening for cervical cancer ● HPV vaccinations ● Screening for intimate partner violence ● Screening for mental health ● Screening for obesity ● Screening for smoking, drug, and alcohol use ● Adolescent-friendly health services
<p>LEGEND</p> <ul style="list-style-type: none"> ● Available at all service sites ◐ Available at service sites and through referrals ○ Available through referral only 			

¹ Source: Data collected by Mathematica in 2023 for the Title X Implementation Study.

² Source: Family Planning Annual Report (FPAR): [2022 National Summary](#).

³ See the [Title X Service Grants web page](#) for more information on the requirements and regulations guiding Title X projects.

Equity in Practice



The GFPS model operates by integrating Title X FP services into primary health care settings. Through this model, the program increases access to FP services for the wide range of clients seen by FQHCs and primary care providers; it aims to ensure that all clients—no matter what kind of care they seek—are asked about their intentions regarding pregnancy and parenthood and receive FP counseling and services based on their needs and desires. This model enables easy linkages and referrals between FP and other essential health services that may be co-located or provided within the same network. This strategy reduces maternal morbidity and mortality, which is particularly high in Georgia and disproportionately impacts Black women. By integrating Title X services into primary care, GFPS can ensure that clients receive optimal care before they become pregnant and can help clients who are pregnant receive timely prenatal care. In addition, this model has proven successful in reaching men, a group that is often underserved by FP programs. Though offering FP services to existing clients, GFPS providers are able to provide FP care to men who are already coming into primary care clinics for other health services. In 2020, men made up 30 percent of GFPS clients.

Innovations in Practice



Several subrecipient agencies in the GFPS use mobile units to reach potential clients. Some mobile units are used to reach rural communities, whereas others serve isolated urban communities in Atlanta. Recognizing ongoing barriers to care and the benefits of mobile units, more subrecipients have adopted mobile unit-based service models over time. Additionally, more of these agencies have begun integrating Title X services into mobile units alongside services such as behavioral health, dental health, and immunizations.

Did You Know?



GFPS staff provide continual training and technical assistance to GFPS's large and diverse network of subrecipients and service sites. For service sites that are new to providing FP services, this support includes emphasizing the importance and relevance of FP—that is, that FP is not limited to "women's health" but rather is relevant for a broad range of clients and can be integrated into various clinical settings. GFPS's medical director regularly shares updates and best practices to ensure that providers are apprised of the latest evidence for providing high-quality FP care. For example, many providers in the network began offering expedited partner therapy after a presentation by the medical director that gave concrete information about the legality of the practice, its importance in reducing STIs, and how to provide it safely.



GFPS routinely uses data from subrecipients and service sites to inform programming shifts and to identify training needs. In one instance, GFPS learned that service site staff were uncomfortable taking sexual histories after noticing that a high percentage of client medical records were missing information about contraceptive methods. The grantee took this opportunity to implement a training focused on taking a sexual history, which included videotaping a medical assistant taking a sexual history and using the video as a tool to identify ways to normalize the process, reduce stigma, and increase comfort for clients and staff in these interactions.



The GFPS network has made important inroads into working with faith-based partners. Some subrecipients in the GFPS network are faith based, and some have relationships with churches in their communities that allow them to provide some services to church groups. GFPS's medical director has been invited by church groups to speak about health topics, including speaking to groups of adolescents and parents. And although most school-based sex education in Georgia adheres to abstinence-only curricula, some school-based health centers within the GFPS network have gained approval from local school systems to provide FP counseling in schools.

About the Title X Program

The Title X Family Planning Program, created in 1970 and authorized under Title X of the Public Health Service Act, is administered by the Office of Population Affairs (OPA) in the U.S. Department of Health and Human Services. For more information, please refer to OPA's [website](#).

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