WOMEN'S HEALTH & FAMILY PLANNING ASSOCIATION OF TEXAS

2019 Annual Report
FROM THE CEO

WHFPT looks forward to continuing our support of the Title X network and growing the organization to support a bold vision of a state where all people have access to safe, unbiased, high-quality sexual and reproductive healthcare.
Texas providers of sexual and reproductive healthcare spent much of fiscal year 2019 grappling with an uncertain funding landscape, impacted in part by the changing regulatory environment as the federal administration set out to implement program rules aimed at limiting access to Title X funded services.

WHFPT’s Title X Project navigated many challenges during fiscal year 2019 as well. Four longtime subrecipients discontinued participation in the project in August 2018 and WHFPT welcomed six new subrecipients in September 2018—the most significant changes to WHFPT’s Title X provider network since we began administering the grant in 2013. These changes also coincided with an unprecedented seven-month grant period, which further complicated the demands of onboarding new subrecipients.

Within this context, it was not a surprise that we saw the number of women, men, and adolescents served by WHFPT’s Title X Project decrease relative to previous years. This decline was a direct result of the abbreviated funding period and changes to the provider network. WHFPT’s record-setting growth experienced the following setbacks in fiscal year 2019:

- The number of clients served decreased from 195,000 in fiscal year 2018 to 178,000;
- The rate of most and moderately effective contraceptive methods decreased from 68% in fiscal year 2018 to 65%; and
- Gains made in fiscal year 2018 related to the number of teens and men receiving services also were eliminated.

Each of these outcomes reflects what we already know from our experience in Texas as a result of changes to state’s women’s health programs beginning in 2011. Changes in funding and program administration impact infrastructure and fundamentally limit providers from being able to provide access to critical services for the people in our communities that need them most.

In the face of these challenges, WHFPT was awarded another three-year Title X grant in April 2019. Significant work remains to reestablish stability and consistency within the Title X Project—work that is still threatened by continued regulatory uncertainty. Yet we know that providers will maintain their focus on increasing access to much needed services.

Likewise, WHFPT has continued to seek opportunities to expand our offerings in training and technical assistance throughout Texas. With funding from the St. David’s Foundation, we deployed training for client-centered contraceptive counseling, developed partnerships with local providers to provide contraception, and began to offer consulting services. We also launched the process for developing our first strategic plan and are excited to launch several new projects in 2020 for a bold vision for increasing access across Texas.

Over the past six years, WHFPT has both supported our network of providers to reopen previously closed clinics, open new clinics, and expand capacity within existing clinics, and expanded our provider network. We look forward to continuing our support of Title X providers that offer critical sexual and reproductive healthcare services while also looking ahead to developing new partnerships with other healthcare providers that seek to join us in our mission to provide all Texans with access to high-quality reproductive healthcare.

In solidarity,

Kami Geoffray
## WHAT WE VALUE

### The principles that inspire & guide our work

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dignity</strong></td>
<td>Each person has the right to make their own healthcare decisions.</td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td>There should be no barriers between people and the healthcare they want and need.</td>
</tr>
<tr>
<td><strong>Facts</strong></td>
<td>When provided with complete and accurate information, individuals can make the best healthcare decisions for their personal circumstances.</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td>Each of us deserves high-quality sexual and reproductive healthcare, regardless of our identity, income, or personal circumstances.</td>
</tr>
<tr>
<td><strong>Quality of Care</strong></td>
<td>Clients deserve the best care and providers deserve the best support.</td>
</tr>
<tr>
<td><strong>Innovation</strong></td>
<td>There is always a better way.</td>
</tr>
</tbody>
</table>
On June 1, 2018, the US Department of Health and Human Services (HHS) officially published a notice of proposed rulemaking for the Title X family planning program. The proposed rule not only reintroduced much of a Reagan-era Title X rule known as the “domestic gag” rule, but it expanded those provisions and introduced numerous new and harmful requirements and restrictions. WHFPT and many of our subrecipient agencies submitted comments in opposition to the proposed rule during the comment period. On March 4, 2019, HHS published the final Title X rule and, following a series of court actions, HHS communicated to all Title X grantees that compliance with the rule was required as of July 15, 2019.

Although the full consequences of the Title X rule remain to be seen—in Texas and nationally—WHFPT anticipates reduced access and adverse health outcomes reminiscent of our experience in Texas in recent years following the adoption of similar policies in state-funded women’s health programs. As detailed in this report, WHFPT’s record-setting growth experienced setbacks even before the Title X rule went into effect, partly as a result of the uncertainty created by the proposed changes.

WHFPT remains dedicated to ensuring that Title X funding continues to be administered by those most qualified and committed to providing a full package of family planning services in an evidence-based, client-centered manner, helping to advance the sexual and reproductive health and well-being of each client who turns to Title X providers for care every year.
Who Relies on Title X Services?

The average Texas Title X client is a woman under the age of 30 living below the poverty line* without health insurance.

*Defined as a single person household with an annual income of $12,140 or less or a family of four with an annual income of $25,100 or less in 2018.

Use of most or moderately effective contraceptive methods* dipped from 68% in FY 2018 to 65.8% in FY 2019.

*LARC use among women at risk of unintended pregnancy increased from 11.5% in FY 2014 to 18.4% in FY 2019.

Clients Served by Fiscal Year (FY)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2019</td>
<td>178,322</td>
</tr>
<tr>
<td>FY 2018</td>
<td>194,776</td>
</tr>
<tr>
<td>FY 2017</td>
<td>183,199</td>
</tr>
<tr>
<td>FY 2016</td>
<td>171,925</td>
</tr>
<tr>
<td>FY 2015</td>
<td>138,249</td>
</tr>
<tr>
<td>FY 2014</td>
<td>117,477</td>
</tr>
</tbody>
</table>

In FY 2019 the numbers of clients served by Title X was impacted by an abbreviated funded period and changes to the provider network.

Client Income Percentage of Federal Poverty Level

- 77.9% ≤ 100% of poverty level
- 10.8% 101–150% of poverty level
- 4.4% 151–200% of poverty level
- 1.9% 201–250% of poverty level
- 2.9% Over 250% of poverty level
- 2.2% Unknown/not reported

Client Age Distribution

- 14% ≤ 19
- 21.3% 20–24
- 20.3% 25–29
- 16.4% 30–34
- 12.5% 35–39
- 15% ≥ 40
Title X Network Map

In FY 2019, WHFPT funded 34 agencies & more than 120 clinic sites.

- **Clients Served by Agency Type**
  - Nonprofit Organizations: 35.3%
  - Public Health Departments: 27.4%
  - Hospitals/ Universities: 21.7%
  - Federally Qualified Health Centers (FQHCs): 15.6%

- **Client Sex Distribution**
  - Female: 89%
  - Male: 11%

- **Client Race Distribution**
  - White: 79.2%
  - Black: 16.5%
  - Unknown/ Not reported: 1.6%
  - Other: 2.6%

- **Client Insurance Status**
  - Public: 16.5%
  - Private: 11.4%
  - Uninsured: 72.0%
  - Unknown/ Not reported: 0.1%

- **Client Ethnicity Distribution**
  - Hispanic: 66.2%
  - Not Hispanic: 33.6%
  - Unknown/ Not reported: 1.6%
Title X providers throughout the WHFPT network are experimenting with strategies to engage people in their communities with the goals of increasing access and bridging gaps in services.

The profiles on the following pages highlight three clinics that participate in WHFPT’s Title X Project and have approached access to care challenges in innovative ways.

**Haven Health** in the Texas Panhandle completely reorganized their contraceptive care process to increase access and uptake.

**Access Esperanza** in South Texas built a partnership with a local community college to connect students with care, learning how local culture impacts access.

**Project Vida** in El Paso took an older strategy—the use of mobile clinics—and updated it to use promotoras (community health workers) to build community trust and improve access to sexual and reproductive healthcare for rural communities with limited access to the urban centers nearby.

Together these clinics highlight some of the innovative ways that Title X providers are best situated to meet the needs of their clients with localized strategies informed by knowledge of and experience in local communities.
Potter County in the Texas Panhandle, home to the city of Amarillo, has one of the highest rates of teen pregnancy in the state.

In 2016 the teen pregnancy rate was nearly three times the national rate, and almost twice the rate for the state of Texas (Teen Birth Rate by County, 1991–2018, n.d.). Haven Health, a WHFPT Title X subrecipient in Amarillo, has been working to increase access to the most effective forms of contraceptive for all clients who need it, regardless of their ability to pay.

Long-acting reversible contraceptive (LARC) devices, such as intrauterine devices (IUDs) and hormonal implants, are the most effective forms of contraception available, but LARC uptake at Haven Health was sluggish. The high upfront cost of LARC devices made it difficult to keep them in stock or provide them to clients without passing on the cost to clients who often were unable to pay. Misinformation on IUDs was prevalent among clients, and contraceptive counselors in the clinic didn’t know how to discuss these options with clients effectively. A few clinicians were uncomfortable placing LARC devices because of lack of training or familiarity with the devices.

In 2015 Haven Health’s CEO, Carolena Cogdill, took a bold step to better serve the clients in the community. Partnering with Upstream, a national nonprofit organization working to end unplanned pregnancy, Cogdill closed the clinic for two days to train staff and clinicians. Haven Health changed their clinical process to ensure that all contraceptive counselors were comfortable and equipped to discuss all contraception options, including LARC devices, and providers felt comfortable inserting and removing devices.

While knowledge and training are part of the equation, access is more than information. Cost of devices remained a significant barrier. Without resources to cover the cost of the devices, clients who wanted LARC devices would still be unable to access it. Cogdill appealed to local funders citing the county’s high rate of teen pregnancy and STI infection. Five local foundations stepped up to fund Haven Health’s first contraceptive access fund. Haven Health received further support from WHFPT’s Quality Improvement and Access Special Fund for contraceptive devices.

Haven Health was able to increase LARC uptake by 133.9% from the previous year. Prior to the contraceptive access fund, clients who wanted an IUD or implant would be placed on a waiting list and would be notified when a device was available. The contraceptive access fund improved access to the most effective contraceptive methods available by enabling Haven Health to provide LARC devices and other contraception for all clients who wanted them – especially for those without insurance or other ways to pay. Coupling training and funding bridged two key barriers to access for many clients at Haven Health.

REFERENCES
ACCESS ESPERANZA & SOUTH TEXAS COLLEGE
Lessons from a community partnership.
Access Esperanza serves the Rio Grande Valley providing family planning services, supported in part by Title X funding.

In 2016 administrators at the Weslaco campus of South Texas College (STC) approached Access Esperanza about a potential partnership. The Weslaco campus lacked an onsite clinic, but administrators thought their 3,700 students would benefit from the convenience of a clinic on campus.

The college and Access Esperanza developed a plan for a partnership and received funding from a local foundation to support the campus clinic. Although Access Esperanza primarily provides reproductive and sexual healthcare services, they were expanding their services to include additional services covered by the Healthy Texas Women program like cholesterol testing, hypertension, and diabetes screenings – providing broader preventive healthcare services to the student body.

Access Esperanza opened the campus clinic and quickly faced a challenge. Students were not frequenting the clinic as expected. STC administrators were likewise puzzled. Clinic leaders and campus administrators tried several strategies to increase traffic to the campus clinic – campus outreach, marketing, talking with student leaders, and other strategies. Although clinic traffic increased slightly, numbers stayed well below expectations. Access Esperanza operates another clinic site in Weslaco that has long been known to the community. While foot traffic at the campus clinic remained sluggish, clients increased steadily at the primary Weslaco clinic.

Through conversations with students and administrators the clinic directors began to realize some interesting truths of campus life at STC. As with many small colleges, the STC student body is a small community where social gatekeeping, rumors, and gossip strongly impact individual behavior. Students mentioned feeling reluctant to visit the clinic because someone else might see them going and assume they were pregnant or had an STI. Although services at Access Esperanza are completely confidential, some students didn't feel like an on-campus clinic offered enough privacy for seeking care they needed.

Clinic and college leadership hypothesized that the reason for the increase of patients at the Weslaco clinic in the community could be partially attributed to the on-campus clinic at STC. Students were aware of the services and seeking them in the place that offered them more safety and privacy than the campus clinic.

The STC campus Access Esperanza clinic partnership continues today, experimenting with strategies to best serve the students and the community. “Sometimes you have an idea that something will work, you give it a shot and find out there are some major barriers,” said Kathryn Hearn, Community Services Director of Access Esperanza. “We learned so much from this partnership and are continuing our partnership; we’re committed now to figuring out how best to serve the needs of the South Texas College student body.”

Facing page: Lupita Vallero, Access Esperanza Clinics Promotora, is tabling at the South Texas College cafeteria to assist students in setting appointments for Access Esperanza Clinics on the campus. Lupita and other staff table and conduct outreach twice each week to reach students. / Above left: Access Esperanza Clinics staff distribute information about its campus clinics at the college’s student center. Staff distribute condoms and play educational games to attract students. / Above right: Access Esperanza Clinics hosts an open house for the campus clinic at the beginning of each semester, giving clinic tours and refreshments. Students sign up for appointments or learn more about the available services.
Project Vida Health Center, a Federally Qualified Health Center and Title X subrecipient, has been serving El Paso for nearly 30 years with a comprehensive approach to healthcare that goes beyond clinical services to include education, housing, and economic development.

Outreach workers from Project Vida serving Socorro, a small community south east of El Paso, had been working closely with students at the local high school. The teens were seeking referrals for STI and pregnancy testing but reported that they could not get to the local clinic because of limited transportation. Project Vida had a successful mobile clinic serving clients experiencing homelessness and thought a similar model could solve some of the access problems for sexual and reproductive healthcare in Socorro and neighboring rural community, San Elizario.

In October 2018 Project Vida bought and remodeled a mobile medical unit, supported in part with funds from WHFPT’s Quality Improvement and Access Special Fund. The mobile unit itself is just a small part of a successful clinic. Having a mobile unit is no guarantee that people will use it.

The mobile clinic operates on a model that links clients through multiple points of service, maintains consistent relationships, and builds trust within the community. It took more than three months to secure sites in Socorro and San Elizario with access to the electricity and water required to regularly operate the mobile unit. Establishing regular locations and hours where people could depend on the unit’s availability was critical to building reliability in the community.
Cristina Ramos, an Outreach Facilitator (also called a Promotora or Community Health Worker) conducts outreach in the community – meeting people in their neighborhoods, at churches, in schools, and other community gathering places to discuss the clinic and its services. She makes appointments for community members using Project Vida’s navigation services.

Jesus Orozco, Project Vida’s Navigator, screens patients for eligibility for various programs including health coverage and other community resources and enrolls them into the appropriate discount and coverage programs. Orozco also schedules clients for appointments with the clinician and medical assistant (MA) team in the mobile clinic.

Yostin Zambrano McKelroy, MSB, APRN, FNP-C, a Family Nurse Practitioner with a background in rural health clinics in Mississippi and the Dominican Republic joined Project Vida to serve as the clinician on site. She’s joined by sisters Georgia Santillana, MA and Rocio Santillana, MA in the mobile unit. McKelroy uses her time with the client to provide clinical care as well as education on sexual and reproductive health.

The key to Project Vida’s mobile unit is its people and relationships. “It’s an amazing idea,” McKelroy said. “No matter what equipment you have, you have to have people who care.”

Since launching the mobile unit, the team has seen a total of 120 clients for services varying from contraception counseling, laboratory services, medication refills, and primary care. This also includes 109 well woman exams.

Carmen Zúñiga-Hernandez, Deputy Outreach Wellness Officer at Project Vida, points to the interconnection between promotoras, navigators, MAs, and clinicians for the success of the mobile clinic. “The collaboration among these individuals is integral to the success in taking services beyond the clinic spaces.”
Central Texas Client-Centered
CONTRACEPTIVE COUNSELING PROJECT
In 2017, WHFPT received its first private foundation funding when the St. David’s Foundation awarded one of ten Opportunity Grants to support training for providers in Central Texas to improve client-centered contraceptive counseling—offering WHFPT its opportunity to expand training and technical assistance efforts beyond our Title X Project.

The Opportunity Grant project was informed by research supporting that clients had more confidence in their contraceptive choices when they trusted their providers. Client-centered contraceptive counseling is an approach that treats a client as a whole person—with respect for the client’s culture as well as for the client’s unique needs, preferences, and values.

WHFPT surveyed Central Texas providers to understand barriers to and concerns about contraceptive access. Providers pointed to several administrative issues that limited access and also described wanting to build the skills needed to discuss reproductive life goals, to complete comprehensive sexual health assessments, to counsel adolescents on contraceptives, and to administer various forms of long-acting reversible contraceptive (LARC) devices.

Informed by this information, WHFPT developed a free one-day training that focused on three of these areas: client-centered contraceptive counseling with several different frameworks; sexual health assessments; and training for clinicians on insertion and removal of different types of LARC devices.

Forty-nine providers from fourteen agencies across the five-county area in Central Texas funded by the St. David’s Foundation attended the training, broadening the network of providers and agencies WHFPT has engaged in training. Following the training, we developed an online toolkit of resources for providers at all levels to learn client-centered contraceptive counseling skills.

From this engagement, we built partnerships with two community agencies, Carma Health and the Travis County Jail. Together we developed a focused project on supporting clients experiencing substance use disorders and incarceration with accessing client-centered sexual and reproductive healthcare services also with the support of the St. David’s Foundation.
WHAT OUR PARTNERS
say about our work

As part of our 2019 strategic planning process, WHFPT received anonymous feedback from our partners that highlighted our commitment to customer service and innovation.

Each service provided by WHFPT is Extremely Valuable. WHFPT is well informed, responsive, and thorough. The staff is consistently able to provide assistance in any area related to Title X and even assists with other aspects with respect to facilitating collaboration between agencies.

WHFPT has excellent staff, clinicians who know what they’re doing, provide trainings, keep us abreast of new techniques & contraceptives.

[WHFPT] are one of the strongest grantees in the country. They are committed and mission-driven. They would always volunteer to provide more than what they’re asked for. They would always go the extra mile. Hold themselves to high standards.

WHFPT provides the best customer service of any granting organization.

[WHFPT is] so helpful and knowledgeable about so many things. They’re educated, experienced, knowledgeable, smart. Haven’t just done one thing in their life – they bring lot of experience to the table. Not just Title X – depth & breadth of knowledge & experience.
In the beginning of 2019, WHFPT’s leadership launched a yearlong strategic planning process.

WHFPT as an organization has undergone significant transition over the last decade. As we looked to the decade ahead, we understood that we needed a strong strategic vision to increase access to sexual and reproductive healthcare.

WHFPT worked with Mission Capital, a non-profit consulting firm, to facilitate the strategic planning process beginning in February 2019 and we will launch our inaugural strategic plan in early 2020.

At the same time, we also began the process of updating our mission and core messaging—including the organizational name and brand identity—which also will be launched in 2020.

This work was supported, in part, by funding from the Episcopal Health Foundation and the Simmons Foundation.
The information above represents the unaudited financial activities for 2018-2019. A complete copy of our financial statements audited by Blazek & Vetterling LLP is available upon request from Women’s Health & Family Planning Association of Texas or at whfpt.org/annual-reports.
WHFPT Revenue & Expenditures

**Revenue**

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<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Federal Grants</td>
<td>$15,836,493</td>
<td>92.59%</td>
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<tr>
<td>Foundation Grants</td>
<td>$1,204,500</td>
<td>7.04%</td>
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<tr>
<td>Public Support</td>
<td>$29,303</td>
<td>0.17%</td>
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<tr>
<td>Other Government</td>
<td>$34,055</td>
<td>0.20%</td>
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<tr>
<td>Other Income</td>
<td>$341</td>
<td>0.00%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$17,104,692</strong></td>
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**Expenditures**

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<th>Percentage</th>
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<tr>
<td>Direct Program Support*</td>
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<td>90.49%</td>
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<tr>
<td>Program Management</td>
<td>$1,221,344</td>
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<tr>
<td>Operations</td>
<td>$202,457</td>
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<tr>
<td>Travel &amp; Meetings</td>
<td>$40,032</td>
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<td>Professional Services</td>
<td>$62,171</td>
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<td><strong>Total</strong></td>
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**Direct Program Support**

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<tr>
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<tr>
<td>Sub-recipient Allocations</td>
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<td>80.73%</td>
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<tr>
<td>Special Funds</td>
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<td>Data Collection</td>
<td>$196,860</td>
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<td>Annual Conference/Quarterly Meetings</td>
<td>$92,396</td>
<td>0.64%</td>
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<td>Audit</td>
<td>$32,749</td>
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<tr>
<td>Sub-recipient Dues/Memberships</td>
<td>$4,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$14,520,579</strong></td>
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Staff
(April 2018–March 2019)

Kami Geoffray, Chief Executive Officer

Claudia Arniella, Title X Project Director

Michelle Beckham, Office Manager

Stephanie LeBleu, Opportunity Grant Project Director

Bernadette Mason, Service Delivery Improvement Project Director

Oda Naraguma, Staff Accountant

Layne Ransom, Executive Assistant

TJ Shelton, Director of Administration

Erica Solis, Compliance Specialist

Board of Trustees
(April 2018–March 2019)

Elizabeth Attel

Alex Berry, Provider Committee Chair**

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Carolina Cogdill, Provider Committee Chair*

Kathryn Hearn, Provider Committee Vice Chair**

Stephen Heartwell

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Shannon Lucas

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Joseph Potter, Vice President

Joanne Richards, Secretary

Blake Rocap, President

Tama Shaw, Treasurer

* Term ended February 20, 2019

** Term began February 21, 2019
Abilene–Taylor County Public Health District**
abilenetx.gov/city-hall/departments/community-services/health

Access Esperanza Clinics, Inc.
accessclinics.org

Avenue 360 Health & Wellness
avenue360.org

Bell County Public Health District
bellcountyhealth.org

Bexar County Hospital District**
www.universityhealthsystem.com

Cameron County Public Health
cocameron.tx.us/iHealth

City of Laredo Public Health
ci.laredo.tx.us/health

Collins Family Planning Clinic
collinsfamilyplanningclinic.org

Community Action, Inc. of Central Texas
communityaction.com

El Buen Samaritano
elbuen.org

Harris County Public Health
publichealth.harriscountytx.gov

Haven Health Clinics
havenhealthamarillo.com

Health Services of North Texas, Inc.
healthntx.org

Houston Health Department
houstontx.gov

Jasper Newton County Public Health District
jaspernewton.org

Legacy Community Health Services**
legacycommunityhealth.org

Midway Family Planning
opa-fpclinicdb.hhs.gov/service-site/midway-family-planning-clinic

Ntarupt (North Texas Alliance to Reduce Teen Pregnancy)**
ntarupt.org

Parkland Health & Hospital System
parklandhospital.com

People’s Community Clinic
austinpcc.org

Planned Parenthood of Greater Texas*

Planned Parenthood San Antonio*

Project Vida Health Center
pvida.net

South Plains Public Health District
southplainshealth.org

South Texas Family Planning and Health Corporation
stfphc.org

Special Health Resources for Texas**
specialhealth.org

Sweetwater–Nolan County Family Planning
nolancountyhealth.com/family_planning.php

Texarkana–Bowie County Family Health Center
ci.texarkana.tx.us/391/Health

Texas Tech University Health Sciences Center Abilene
www.ttuhsc.edu/campus/abilene/default.aspx

Tyler Family Circle of Care
tfcc.tmfhs.info/index.html

University Medical Center of El Paso Women’s Health*

UT Austin Dell Medical School**
dellmed.utexas.edu

Wellness Pointe
wellnesspointe.org

Wilson Family Planning Clinic*

Women’s Health Care Center**
womenshealthcarecenter.org

* Ended participation August 31, 2018
** Began participation September 1, 2018
FUNDERS & SUPPORTERS

WHFPT is honored to have donors and foundations who support us as we work towards a future where every person in Texas has access to safe, unbiased, high-quality sexual and reproductive healthcare.
The publication was supported by SPP-2018-18128 from Merck Sharp & Dohme Corp. Its contents are solely the responsibilities of the authors and do not necessarily represent the official views of funders.
WOMEN’S HEALTH
AND FAMILY PLANNING
ASSOCIATION OF TEXAS
[whftp.org]