



Written Testimony on Women's Health in Rural Pennsylvania

Submitted to the Center for Rural Pennsylvania Public Hearing on Women's Health

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Submitted by

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Chair Yaw, members of the Center for Rural Pennsylvania, Senator Schwank, and distinguished guests:

Thank you for the opportunity to submit written testimony on the health of women across Pennsylvania's rural communities. I provide this testimony on behalf of the Family Health Council of Central Pennsylvania (FHCCP), a community-based 501(c)(3) organization dedicated to advancing health equity since 1973. FHCCP operates across 28 counties in central Pennsylvania from its administrative offices in Camp Hill, supporting 20 community-based Tapestry of Health sites, a mobile health unit, and a dedicated team of more than 75 staff members who deliver programs focused on reproductive health, family planning, maternal health, adolescent health, nutrition, HIV prevention and care, substance use recovery supports, and preventive services.

In 2024, FHCCP reached over 67,000 individuals. Nearly 90% of our clients live below 200% of the Federal Poverty Level; 30.2% identify as people of color, and 31.2% identify as Hispanic or Latino—representing a rate more than four times the regional average. These statistics reflect the communities most affected by barriers to care and underscore the urgent need to address rural women's health through both clinical access and community-based supports.

My testimony emphasizes a fundamental principle: Every woman in Pennsylvania should have access to timely, comprehensive healthcare, regardless of where she lives. Yet women in rural communities may face overlapping barriers, including provider shortages, transportation challenges, hospital service reductions, and shortages in the healthcare workforce. These barriers affect access not only to pregnancy and childbirth services, but also to preventive care, family planning, adolescent health services, and care during midlife and older adulthood.

This testimony highlights three connected needs for rural women's health in Pennsylvania: sustaining the preventive care safety net, expanding trusted community-based access points, and

strengthening the clinical systems that must receive referrals when health concerns are identified. Rural women need more than isolated programs; they need a coordinated continuum of care that works across geography, income, age, and life stage.

Rural Women's Health Challenges

While healthcare access challenges affect all Pennsylvanians, they are particularly pronounced in rural communities. The Center for Rural Pennsylvania recently reported that 23 of Pennsylvania's 67 counties lack hospitals providing labor and delivery services, with all 23 counties classified as rural. These counties represent nearly half of Pennsylvania's rural counties. Furthermore, only 25 of Pennsylvania's 75 hospitals that offer labor and delivery services are in rural areas. The closure or consolidation of maternity services increases travel distances and creates additional barriers for expectant mothers seeking prenatal care and delivery services. Timely access to maternity care is crucial for improving maternal and infant health outcomes.

The Pennsylvania Office of Rural Health reported that more than 130,000 births occurred in Pennsylvania in 2020, yet only 13 counties had moderate access to maternity care, with six counties classified as maternity care deserts. These statistics highlight the importance of continued investments in healthcare infrastructure, workforce development, and community-based services that support women throughout their lives.

Women's healthcare needs change over the course of a lifetime, but the need for accessible, coordinated care remains constant. A woman seeking family planning services today may need prenatal or postpartum support in the future, preventive screenings throughout adulthood, and specialized care as she approaches menopause. In rural communities, meeting these needs requires more than individual programs. It requires accessible providers, coordinated services, and trusted community-based organizations that can help women connect with care and follow through on referrals.

The Importance of the Title X Family Planning Program

A cornerstone of Pennsylvania's women's healthcare safety net is the Title X Family Planning Program. Title X is the only federal program dedicated exclusively to family planning and related preventive health services. Through Pennsylvania's Family Health Council network, women can access healthcare services regardless of income or insurance status. FHCCP serves as the Title X grantee for 24 counties in central Pennsylvania, delivering services to approximately 28,000 clients through a network of hospitals, health departments, federally qualified health centers, family planning clinics, and other healthcare providers.

Among our Title X clients, 86% reported household incomes below 200% of the Federal Poverty Level, and 35% were uninsured. Providers conducted over 6,200 breast exams and cervical cancer screenings. Title X-supported services include:

- Contraceptive services

- Pregnancy testing and counseling
- Preconception health services
- Basic infertility services
- HIV and STI testing and treatment
- Breast cancer screening
- Cervical cancer screening
- Mental health screening
- Intimate partner violence screening

For many women, Title X-funded providers serve as an essential entry point into the healthcare system. These visits create opportunities to identify health concerns early and connect women to additional healthcare and social services before conditions escalate.

FHCCP also administers both Title X and Pennsylvania Department of Human Services Title XX family planning programs, supporting providers that deliver comprehensive reproductive health services and helping eliminate cost barriers for low-income and uninsured individuals. As Pennsylvania evaluates the future of women's health services, maintaining access to preventive care through programs such as Title X must remain a priority.

Women's Health Services and Preventive Care

Women's health encompasses far more than pregnancy and childbirth. Preventive healthcare services are vital for maintaining health, identifying diseases early, and reducing long-term healthcare costs. Women require access to routine wellness visits, cancer screenings, contraceptive care, sexually transmitted infection screening, reproductive healthcare, and referrals to specialized services when necessary. These services are especially crucial in communities where healthcare resources are limited.

FHCCP's Women's Health Services program illustrates this need. In one year, the program completed 21,942 client visits, provided 15,770 health screenings and referrals, and distributed 44,446 essential healthcare products, including menstrual and postpartum supplies, sexually transmitted infection tests, diapers, and blood pressure cuffs. This program collaborates with 22 healthcare and social service organizations and 20 Tapestry of Health sites across 26 Pennsylvania counties, assisting uninsured and underinsured women in accessing free preventive health services, education, supplies, and referrals.

This model is particularly valuable in rural and small urban communities, where women often require more than one clinical visit. They may need supplies, screenings, counseling, referrals, transportation support, and a trusted community health worker who can help navigate follow-up

care. FHCCP's Women's Health Services program explicitly combines preventive services with education, counseling, care navigation, and referrals for medical and social support.

Strong preventive care systems help ensure that women receive needed services before health issues escalate into emergencies. Continued investment in women's health programs contributes to healthier families and stronger communities.

Investing in Adolescent Health

Women's health begins long before pregnancy. Evidence-based adolescent health and teen pregnancy prevention programs empower young people to build decision-making skills, develop healthy relationships, access accurate health information, and connect with healthcare resources. These efforts are particularly valuable in rural communities where healthcare access and health education opportunities may be limited.

Helping adolescents establish healthy behaviors and connections to care can support positive health outcomes throughout their lives. FHCCP's FY25 annual report reveals the scale of this work: 6,285 youth participated in evidence-based programming, and 124 Health Resource Center visits provided confidential, youth-friendly care across eight school districts, 15 school buildings, and six community organizations. Through FHCCP's Title X provider network, adolescents can also access confidential reproductive healthcare services, including contraceptive counseling and opportunities to discuss healthy relationships, reproductive coercion and other sexual health concerns with trained healthcare professionals.

Supporting health across the life course also means ensuring that adolescents have the information, skills, and services they need to make informed decisions, and that people who become pregnant can access timely, respectful care. The transition from adolescence to adulthood is part of a broader continuum of women's health. Maternal outcomes are shaped by access to care, social and economic conditions, and the availability of support before, during, and after pregnancy.

Maternal Health and Health Equity

Maternal health remains a critical issue for Pennsylvania. The Pennsylvania Office of Rural Health reports that racial disparities continue to impact maternal and infant outcomes statewide. Among births in Pennsylvania, the low birth weight rate for non-Hispanic Black women was 14.5%, compared to 6.8% for White women and 8.3% statewide. These disparities underscore the need for ongoing collaboration among healthcare providers, public health agencies, community organizations, policymakers, and individuals with lived experience.

The Pennsylvania Maternal Mortality Review Report identifies improving access to care, addressing social determinants of health, strengthening rural maternity care access, expanding behavioral health supports, and growing the maternal healthcare workforce as critical priorities.

Community-based approaches that address healthcare access, transportation, social support, and care coordination can contribute to improved outcomes for mothers and infants.

FHCCP's WIC program demonstrates how trusted, community-based access points can serve as maternal health hubs for rural and underserved families. Through WIC and Tapestry of Health, nearly 13,000 individuals per month receive nutrition support and counseling in settings that many families already know and trust. FHCCP is building on that foundation by using WIC as a maternal health hub model—connecting pregnant and postpartum women to breastfeeding education, blood pressure screening, behavioral health and substance use screening, referrals, care navigation, and follow-up support. This approach meets women where they are, identifies risks earlier, reduces missed opportunities for intervention, and helps bridge the gap between nutrition services, preventive healthcare, and maternal support in communities where access to maternity care may be limited.

FHCCP's experience also demonstrates an important limitation: identifying a health concern and making a referral does not guarantee that a person can obtain timely care. Community health workers can help women navigate resources and connect with providers, but provider shortages, limited appointment availability, and transportation barriers may delay or prevent follow-up. Community-based screening and navigation should therefore be paired with investments in the clinical workforce, appointment capacity, transportation, and referral networks needed to make follow-up care possible.

FHCCP's Enhanced Maternal Care Screenings Program is an example of this maternal health hub approach in practice. The program provides blood pressure screenings during WIC appointments, distributes educational materials on managing hypertension, connects clients with community health workers for follow-up, and provides participants with elevated readings a free wrist blood pressure cuff, tracking log, and multilingual resources in Spanish, Arabic, Haitian Creole, and Swahili. By embedding maternal health screenings and care navigation into WIC, FHCCP helps transform a familiar community setting into a practical access point for earlier intervention and ongoing support.

Perimenopause and Menopause

Women's health does not cease with reproductive years. Perimenopause and menopause affect millions of women and can significantly influence physical health, mental health, sleep, cardiovascular health, bone health, and overall quality of life. Women in rural communities may encounter additional challenges in accessing providers with expertise in menopause care. Continued attention to education, access, and evidence-based treatment options is essential to support healthy aging among Pennsylvania women.

Pennsylvania's approach to women's health should recognize the importance of supporting women throughout their entire lifespan, including midlife and older adulthood. At FHCCP, perimenopause and menopause are becoming more prominent topics in conversations with our

healthcare partners. As we explore how to better address these needs, we recognize the importance of access to clinicians who understand this stage of life, particularly in rural communities where specialty care may be difficult to obtain.

Policy Priorities

Based on FHCCP's experience serving women, adolescents, families, and communities across central Pennsylvania, I respectfully urge the Center and policymakers to pursue a coordinated approach that strengthens the full continuum of care from prevention and family planning to maternal health, adolescent services and healthy aging. The following priorities would help address both immediate access barriers and the underlying capacity challenges facing rural communities.

1. Sustain and strengthen Title X and Title XX family planning services as core components of the rural women's health safety net.
2. Invest in preventive women's health services, including cancer screenings, STI testing, contraceptive care, perinatal supports, and care navigation.
3. Expand community-based maternal health hubs that integrate screenings, nutrition support, breastfeeding counseling, blood pressure monitoring, behavioral health and substance use screening, education, referrals, care navigation, and follow-up support into trusted settings such as WIC offices and local community sites.
4. Pair investments in community-based screening and maternal health hubs with concrete investments in the healthcare systems to which women are referred, including rural provider capacity, timely appointment availability, transportation supports, care coordination, and specialty referral networks so that identification of a health concern leads to meaningful access to follow-up care.
5. Support adolescent health education and confidential access points that empower young people to build healthy behaviors before adulthood.
6. Strengthen the rural healthcare workforce, expand access to community health workers and care navigation services, and support transportation solutions to enable women to access timely care close to home.
7. FHCCP supports House Bill 1140 and other similar legislation that support state legislative and administrative efforts that expand access to women's health, reproductive health, and maternal health services across Pennsylvania. Relevant efforts may include improving insurance coverage for contraception, strengthening access to maternity care in underserved areas, supporting Medical Assistance coverage for doula services, and improving access to behavioral health and telehealth services.

FHCCP supports legislation that reflects the comprehensive approach rural women need: access to contraception, protection of reproductive health decision-making, investment in maternity care infrastructure, community-based maternal supports, and care models that acknowledge racial and geographic disparities in health outcomes.

Conclusion

The challenges facing women's health in rural Pennsylvania are significant, but they are not insurmountable. Pennsylvania already possesses important assets, including Title X family planning services, maternal health initiatives, preventive care programs, community partnerships, and ongoing efforts to strengthen rural healthcare systems.

By continuing to invest in preventive care, maternal health, adolescent health, workforce development, transportation, and healthcare access, Pennsylvania can ensure that every woman receives the care she needs throughout her life. FHCCP's model demonstrates what is possible when public investments are paired with trusted community partnerships: food and nutrition support, preventive screenings, reproductive healthcare, maternal health services, adolescent health education, HIV care, housing supports, and substance use recovery resources can collectively work to reduce barriers and improve health outcomes across rural and underserved communities.

Every woman, regardless of her location, deserves access to timely, comprehensive, high-quality healthcare. The future health of Pennsylvania depends on it.

Respectfully submitted,

Signed by:


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Santaisha M Hicks

Footnotes

1. Pennsylvania Department of Health, Family Planning Program, identifying Family Health Council of Central Pennsylvania as the regional family planning council serving 24 counties in central Pennsylvania.
2. U.S. Department of Health and Human Services, Office of Population Affairs, Family Health Council of Central Pennsylvania, Inc., Title X Grantee Profile (FY 2026), identifying FHCCP as the Title X grantee serving approximately 28,000 clients through a network of providers.
3. Center for Rural Pennsylvania, Update: The Expanding Maternity Care Desert in Pennsylvania (January 2026), reporting that 23 Pennsylvania counties lack hospitals providing labor and delivery services and that all 23 counties are rural.
4. Center for Rural Pennsylvania, Update: The Expanding Maternity Care Desert in Pennsylvania (January 2026), reporting that the 23 counties without labor and delivery services represent approximately 48% of Pennsylvania's rural counties.
5. Center for Rural Pennsylvania, Update: The Expanding Maternity Care Desert in Pennsylvania (January 2026), reporting that 75 hospitals in Pennsylvania provide labor and delivery services and that only 25 of those hospitals are located in rural counties.
6. Pennsylvania Office of Rural Health, Pennsylvania Maternal Health State and County Fact Sheets Released (August 2023), reporting that Pennsylvania recorded more than 130,000 births in 2020.
7. Pennsylvania Office of Rural Health, Pennsylvania Maternal Health State and County Fact Sheets Released (August 2023), reporting that only 13 Pennsylvania counties had moderate access to maternity care and six counties were considered maternity care deserts.
8. Family Health Council of Central Pennsylvania, Family Planning and Contraceptive Services, describing the Title X network and services available through FHCCP provider sites.
9. Pennsylvania Department of Health, Family Planning Program, describing statewide family planning services supported through Pennsylvania's regional Family Health Councils.
10. U.S. Department of Health and Human Services, Office of Population Affairs, Family Health Council of Central Pennsylvania, Inc., Title X Grantee Profile (FY 2026), describing services provided through the FHCCP Title X network, including contraception, pregnancy testing and counseling, STI services, HIV services, infertility services, and cancer screenings.
11. Family Health Council of Central Pennsylvania, Title X Family Planning Programs in Central PA, describing preventive, reproductive health, and screening services provided through the Title X program.

12. Pennsylvania Office of Rural Health, Pennsylvania Maternal Health State and County Fact Sheets Released (August 2023), reporting that the low birth weight rate among non-Hispanic Black women in Pennsylvania was 14.5%, compared with 6.8% among White women and 8.3% statewide.

13. Pennsylvania Department of Health, Pennsylvania Maternal Mortality Review: 2025 Report, identifying maternal mortality, rural health access, workforce capacity, behavioral health, and social determinants of health as priorities for improving maternal outcomes in Pennsylvania.

14. Penn Medicine, Menopause and Postmenopause Care, describing the health effects and care needs associated with perimenopause and menopause.

15. Penn State Health, Menopause, describing common symptoms and health considerations during perimenopause and menopause, including cardiovascular and bone health concerns.

16. Family Health Council of Central Pennsylvania, 2025 Annual Report: Leaning Into Our Strength, describing FHCCP's mission, 28-county service region, 20 Tapestry of Health sites, mobile health unit, more than 75 employees, and 2024 reach of more than 67,000 people, including client demographic and income data.

17. Family Health Council of Central Pennsylvania, 2025 Annual Report: Leaning Into Our Strength, Women's Health Services section, reporting 21,942 client visits, 15,770 health screenings and referrals, 44,446 essential healthcare products distributed, and a network of 22 healthcare and social service organizations and 20 Tapestry of Health sites across 26 Pennsylvania counties.

18. Family Health Council of Central Pennsylvania, 2025 Annual Report: Leaning Into Our Strength, Adolescent Health Programs section, reporting 6,285 youth participants in evidence-based programming, 124 Health Resource Center visits, and programming across 8 school districts, 15 school buildings, and 6 community organizations.

19. Family Health Council of Central Pennsylvania, 2025 Annual Report: Leaning Into Our Strength, WIC Nutrition Services and maternal health program sections, reporting nearly 13,000 individuals per month receiving nutrition support, 2,500 women receiving breastfeeding education and peer counseling, 1,417 blood pressure screenings and more than 385 referrals, and 2,733 substance use disorder and depression screenings for pregnant and postpartum women.

20. Family Health Council of Central Pennsylvania, 2025 Annual Report: Leaning Into Our Strength, Reproductive Health Services section, reporting 27,723 family planning clients, 86% of clients below 200% of the Federal Poverty Level, 35% uninsured clients, and 6,200 breast exams and cervical cancer screenings.

21. Family Health Council of Central Pennsylvania, 2025 Annual Report: Leaning Into Our Strength, Family Planning Programs section, describing FHCCP's administration of federal Title X and Pennsylvania Department of Human Services Title XX family planning programs.

22. Family Health Council of Central Pennsylvania, 2025 Annual Report: Leaning Into Our Strength, Women's Health Services Program Overview, describing preventive health services, education, care navigation, essential healthcare products, and referrals for follow-up medical and social services.
23. Family Health Council of Central Pennsylvania, 2025 Annual Report: Leaning Into Our Strength, Enhanced Maternal Care Screenings Program section, describing blood pressure screenings during WIC appointments, hypertension education, referrals to community health workers, blood pressure cuffs, tracking logs, and multilingual resources.
24. Family Health Council of Central Pennsylvania, 2025 Annual Report: Leaning Into Our Strength, Fiscal Report section, describing FHCCP as a steward of public funds and reporting \$29,246,037 in total revenue for July 1, 2024 through June 30, 2025.
25. Family Health Council of Central Pennsylvania, 2025 Annual Report: Leaning Into Our Strength, Partnership section, listing FHCCP's FY2025 partner network and emphasizing collaboration among grassroots organizations, healthcare systems, schools, public agencies, and community-based organizations.
26. Pennsylvania General Assembly, House Bill 1140, 2025–2026 Regular Session, "An Act providing for access to contraceptives," referred to the Senate Banking and Insurance Committee after House passage on June 3, 2025.