

## The Availability of HIV and Sexually Transmitted Infection Testing and Treatment Services at Crisis Pregnancy Centers in the United States

### What Are CPCs?

Crisis Pregnancy Centers (CPCs) are religious non-profit organizations that aim to deter people from having abortions.<sup>2,3</sup> CPCs promote sexual abstinence before marriage only and oppose condom use. There are currently >2,500 CPCs in the United States (U.S).<sup>4,5</sup> CPCs offer free pregnancy tests and counseling designed to influence pregnancy decisions toward childbearing and frequently provide inaccurate medical information.<sup>2,6</sup> CPCs increasingly offer limited medical services and give the appearance that they are comprehensive medical clinics.<sup>2,3</sup> However, most are not licensed medical facilities nor staffed by licensed medical professionals.<sup>3</sup> **CPCs do not adhere to national ethical and medical practice standards<sup>1</sup>**

### Government Support for CPCs

CPCs receive substantial government funding and support.<sup>1</sup> The centers have received federal funds to provide abstinence-only-before-marriage programs, which have been shown to be ineffective and harmful to students, in public schools for decades. CPCs have also been awarded federal funding through the Title X national family planning program and Teen Pregnancy Prevention Program. Many states fund CPCs through the sale of “Choose Life” license plates. Some states also directly fund CPCs through dedicated grant programs.<sup>1</sup> Currently, the Centers for Disease Control and Prevention (CDC) makes referrals to CPCs through its [national HIV/STI service finder](#).

### HIV/STIs In the U.S.

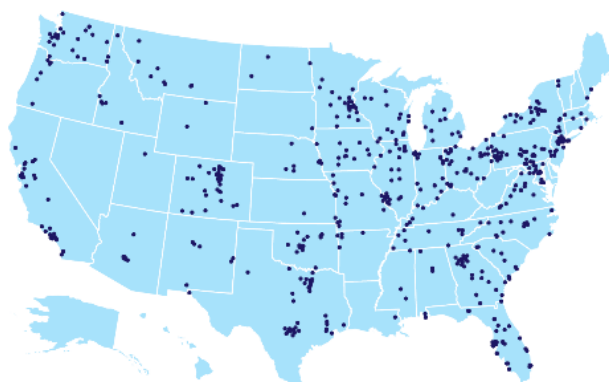
[CDC](#) recently announced that national sexually transmitted infection (STI) rates reached an all-time high for the sixth consecutive year, and HIV rates remain high. Marked racial/ethnic and other social disparities are persistent emblems of the HIV/STI epidemic in the U.S.

### National Findings: Availability of HIV/STI Services At CPCs<sup>7</sup>

During 2018-2019, researchers at the University of Georgia collected data to examine the availability of HIV/STI services at CPCs. Trained research assistants reviewed 100% of CPCs’ proprietary client-facing websites and reached 99% (n=2,467) of all CPCs operating in the U.S. by telephone to inquire about HIV/STI services. Although referrals were not requested, they were documented.

### Key Results Highlight Limitations of CPC Services

Results showed that 552 (22%) CPCs offered STI testing for at least one STI. The figure below shows the locations of CPCs that offered STI testing. A total of 146 (6%) CPCs in 32 states offered expedited partner therapy (EPT).



Locations Of CPCs That Offered STI Testing, 2018-2019

Most (60%, n=319) CPCs that offered STI testing only tested for two STIs. HIV testing was unavailable at nearly two-thirds (63%, n=208) and on-site treatment was unavailable at almost one-third (32%, n=377) of CPCs that offered STI testing.



Most CPCs Did Not Provide Referrals for Services Not Offered:



Where services were unavailable, most CPCs did not proactively provide HIV/STI-related referrals: 58% (n=1,120) did not provide a referral for STI testing, 92% (n=2,089) did not refer for HIV testing, and 92% (n=1,920) did not refer for STI treatment. CPCs that offered STI testing commonly appeared to lack a strategy to treat diagnosed infections. Nearly one-quarter (23%, n=126) of CPCs that offered testing did not offer STI treatment on-site or provide a referral.

### CPCs Pose Risk

Failure to counsel sexually active individuals at risk for STIs and individuals who test positive for HIV/STIs about correct and consistent condom use, to make condoms easily accessible, and to ensure comprehensive care, including timely treatment, risks both individual and public health.

Given that CPCs particularly target communities disproportionately burdened by HIV/STIs, including young people, people of color, and people with low incomes, any harms due to CPC services could widen disparities.

### Toward Better Public Health

Position statements on CPCs by the American Public Health Association (APHA),<sup>8</sup> Society for Adolescent Health and Medicine (SAHM),<sup>1</sup> and North American Society for Pediatric and Adolescent Gynecology (NASPAG)<sup>1</sup> urge governments to only support programs that provide accurate, comprehensive information. State and local health departments and national public health agencies should review ways in which they support CPCs<sup>1</sup> including referrals through resource directories, and exclusively support clinics and testing sites known to provide evidence-based care and information.<sup>7</sup>

Clinicians, public health professionals, and health consumers should make themselves aware about CPCs, CPCs operating in their local areas, and CPC services.<sup>1,7</sup> Health and medicine professionals should also aim to increase awareness about the limitations of CPC services and help people identify safe, quality sources of HIV/STI care and information.<sup>1,7</sup>

### Further Information

For more information, please contact the study authors at [cpcmap@uga.edu](mailto:cpcmap@uga.edu).

#### References

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