FAMILY PLANNING IN COMMUNITY HEALTH CENTERS: RESULTS OF A NATIONWIDE STUDY
Welcome and Introductions:

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EVP/Chief Operating Officer
RCHN Community Health Foundation
Featured Speaker:

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George Washington University
School of Public Health and Health Services

THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES
Featured Speaker:

Susan Wood, PhD

Associate Professor of Health Policy and Director of the Jacobs Institute of Women’s Health

George Washington University School of Public Health and Health Services
Family Planning in Community Health Centers

Results from a Nationwide Study

Sara Rosenbaum, JD
Susan Wood, PhD

May 2, 2013
Agenda

Introduction
Study Methods
Key Findings
Discussion
Recommendations
5.6 Million Women of Childbearing Age Were Seen at Community Health Centers in 2010
Study methods

Original survey fielded April-October 2011
959 Federally-qualified health centers
Specific questions regarding:

- contraceptive services, onsite availability of prescriptions drugs/devices,
- approaches to special populations, staffing arrangements, screening,
- testing, and treatment practices, collaborations with other providers,
- confidentiality, practice management, and funding

Asked about largest site and all sites
Study methods

Administered via email to 959 CMOs and EDs of 1,130 section 330 grantees
Followed-up with sites to ensure completion
423 respondents represent 1,940 sites offering primary comprehensive care
44% response rate
Respondents and non-respondents had similar patient mixes (proportion insured, uninsured, women of childbearing age)
Respondents tend to be larger than non-respondents
Comprehensive Range of Methods: Index Score

- Adapted from CDC categorization of contraceptive methods
- Scoring mechanism allotted one point for prescription availability of each method with additional points allocated for on-site delivery or dispensing
- Used in regression analysis to describe factors associated with comprehensive scope of services
Comprehensive Range of Methods: Index Score

Table 1. Select Contraceptive Methods in Comprehensiveness Index

- Oral contraceptives/extended oral contraceptive regimen*
- IUD: Mirena and/or ParaGard*
- Injectables*
- Patch and/or vaginal ring*
- Barrier methods including male/female condoms, and/or
diaphragm/cervical cap, and/or sponge
- Natural family planning
- Emergency contraception*

* Methods were weighted with additional values for on-site delivery or dispensing
Case study methods

Six in-depth and three targeted case examined:

• Best practices and successful strategies in providing family planning and reproductive health services
• Internal and external factors that act as either barriers to or facilitators of care
• Identified gaps in care among patient populations
Figure 8. On-site Pregnancy Testing and Infectious Disease Testing and Treatment At Largest Health Center Sites

* On-site treatment includes the prescription, or prescription and dispensing of medication, at a health center’s largest site.
Health Center Provision of Family Planning Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide one or more contraceptive methods</td>
<td>99%</td>
</tr>
<tr>
<td>Provide “typical” family planning services †</td>
<td>87%</td>
</tr>
<tr>
<td>Provide “typical” family planning services plus IUDs and/or implants ‡</td>
<td>51%</td>
</tr>
</tbody>
</table>

† Percent of grantee's primary medical care sites that offer what is here defined as a “typical” service package, including: STI testing/treatment, plus oral contraceptives, plus one other contraceptive method (e.g., injectables, IUDs, emergency contraception pills, condoms, hormonal implants).

‡ Percent of grantee's primary care sites that offer STI testing/treatment, plus oral contraceptives, plus IUDs and/or hormonal implants, plus one other contraceptive method.
Health Center Providing On-site Oral Contraceptives

† Percent of grantee's primary medical care sites that offer what is here defined as a “typical” service package, including: STI testing/treatment, plus oral contraceptives on-site, plus one other contraceptive method (e.g., injectables, IUDs, emergency contraception pills, condoms, hormonal implants).

‡ Percent of grantee's primary care sites that offer STI testing/treatment, plus oral contraceptives on-site, plus IUDs or hormonal implants, plus one other contraceptive method.
Figure 4. Prescribing and Dispensing of Contraceptive Methods Among Largest Health Center Sites

Prescribed and dispensed on-site  Prescription only †  Available by referral or other mechanism

<table>
<thead>
<tr>
<th>Method</th>
<th>On-site</th>
<th>Prescription only</th>
<th>Referral or other mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral contraceptives</td>
<td>36%</td>
<td>7%</td>
<td>61%</td>
</tr>
<tr>
<td>IUDs</td>
<td>59%</td>
<td>8%</td>
<td>34%</td>
</tr>
<tr>
<td>Implants</td>
<td>81%</td>
<td>7%</td>
<td>57%</td>
</tr>
<tr>
<td>Injectables</td>
<td>56%</td>
<td>10%</td>
<td>34%</td>
</tr>
<tr>
<td>Patch and ring</td>
<td>76%</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>Other barrier methods</td>
<td>49%</td>
<td>14%</td>
<td>23%</td>
</tr>
<tr>
<td>Emergency contraception</td>
<td>14%</td>
<td></td>
<td>67%</td>
</tr>
<tr>
<td>All methods</td>
<td></td>
<td></td>
<td>67%</td>
</tr>
</tbody>
</table>

† Prescription only means that the health center site provides prescription and, in some cases, client obtains contraceptive method from outside pharmacy and returns to clinic for administration or insertion, as appropriate.
Figure 5. Distribution of Comprehensive Methods Index Score
Key Characteristics of Health Centers that provide more comprehensive methods

• More likely to have Title X funding
• More likely to be medium or large size
• More likely to be located in self-described urban or suburban setting
• More likely to be located in the West
• More likely to employ staff includes Ob-Gyn and FP counselors
Figure 13. Percent of Health Centers where the Largest Site Received Title X Family Planning Funding

- Health centers with Title X: 26%
- Health centers without Title X: 74%
Figure 8. Routine Referral Relationships Among Service Area Family Planning Providers and Largest Health Center Sites

- Make Referrals: 69%
- Yes referral relationships: 75%
- No referral relationships: 18%
- Health center is only provider: 4%
- Unknown: 3%

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Figure 3. Use of Family Planning Counseling At Largest Health Center Sites, By Type of Clinician

- Family planning counselor: 22%
- Advanced practice clinician (e.g., APRN, PA, CNM): 85%
- Physician (MD, DO): 88%
Figure 7. Adolescent Health Services and Supports Among Largest Health Center Sites

- Staff training on adolescent family planning needs: 65%
- Contraceptive services on- or off-site specifically for adolescents: 47%
- Collaborates in outreach to meet adolescent family planning needs: 52%
- Offers walk-in appointments for adolescents: 78%
- Has a drop-in center: 15%
- Provides alternate entrance/exit for adolescents: 11%
Recommendations

1. Develop Core Health Center Family Planning Guidance that Adapts to Health Center Practice Settings Emerging HHS Policy on Family Planning Practice

2. Establish a Family Planning Practice Re-Design and Quality Improvement Effort as Part of an Overall Primary Health Care Quality Initiative
Recommendations

3. Bring Value-Based Purchasing and “Health Home” Techniques to Family Planning

4. Foster Health Center/Title X Family Planning Program Collaborations
Areas for further research

1. Explore how patients use health center family planning services and what are patient preferences for these services.

2. Conduct an in-depth analysis of Medicaid FQHC payment policies and family planning.

3. Examine the community environment for health center practice improvement in the area of family planning.
Health Centers and Family Planning: Results of a Nationwide Study (March 2013)

Report available on-line at [http://www.rchnfoundation.org/?p=2975](http://www.rchnfoundation.org/?p=2975) and

Thank You

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