

The Capacity of Safety-net Family Planning Clinics in Two States in the U.S. South to Provide Person-centered Contraception Counseling and Access: Role of Contraceptive Access Initiatives

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Today's panel will:

- Describe the abilities of safety-net clinics to provide reproductive health services
 - In two southern U.S. states where policies are restrictive and Medicaid family planning reimbursements are limited.
- Discuss the capacity of safety-net clinics to provide equitable reproductive health counseling to adolescents

Today's panel will:

- Review the influence of Choose Well, a contraceptive access initiative within safety-net clinics in South Carolina
- Evaluate the efficacy of person-centered contraceptive counseling (PCCC) training
- Examine PCCC impact on patient experience
- Provide recommendations for policy to enhance reproductive health care

Introduction

Reproductive Autonomy

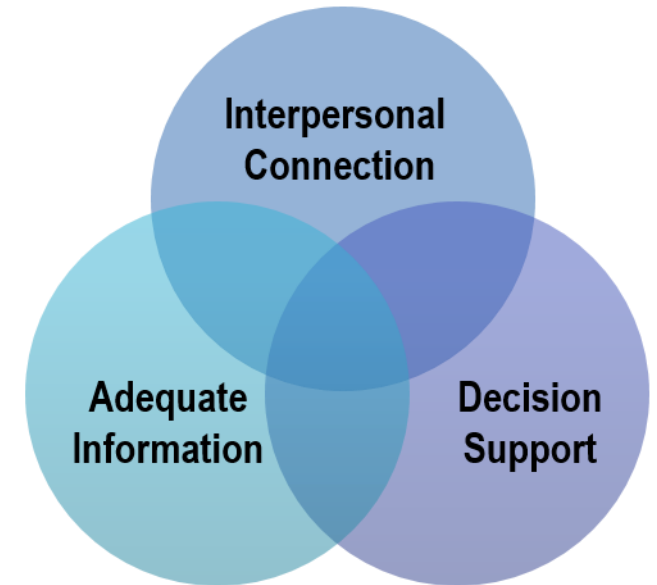
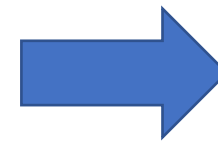
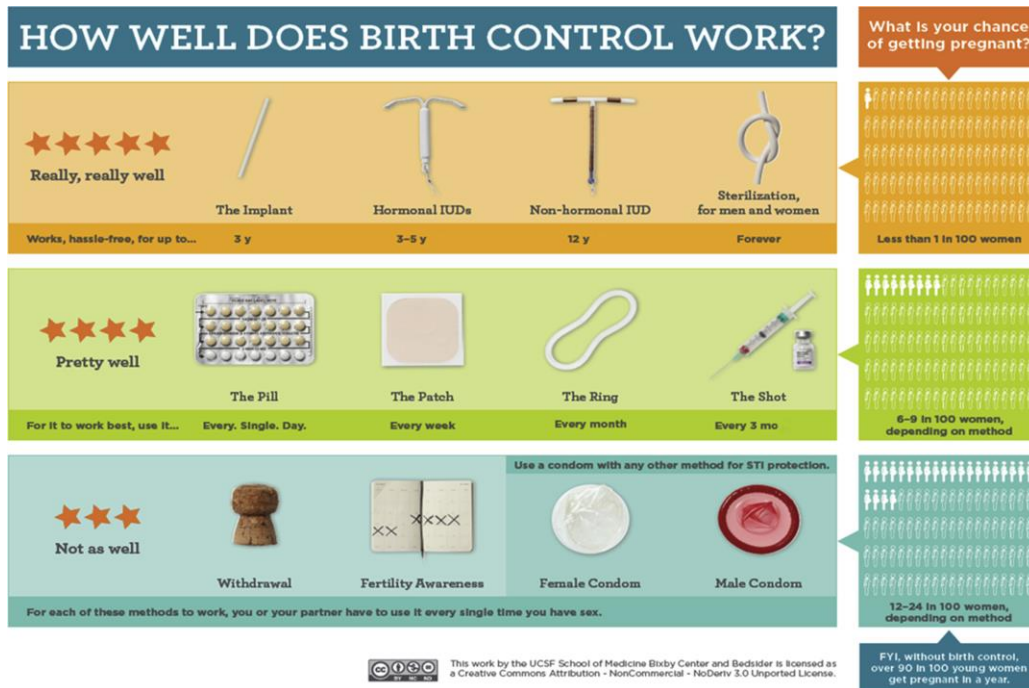
- About half of all pregnancies in the U.S. are unintended.¹
 - furthers concern around restriction of access to reproductive care
- Unintended pregnancy may not be the most useful measure of need/disparity.
 - Unintended pregnancy situates blame on pregnant people rather than the health care system for a lack of access.

Reproductive Autonomy

- Reproductive autonomy is a crucial aspect to full spectrum sexual and reproductive health care.
- Person-centeredness is paramount in provision of contraceptive care.^{10,11}
- Access to a full range of methods + person-centered counseling = two tenants of ensuring optimum reproductive autonomy for patients.^{11, 12}

Reproductive Autonomy

- Person-centered care is often not prioritized.^{12,13}



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The Health Care Safety-net

- Safety-net health clinics are crucial in ensuring under-resourced populations have access to a full range of contraceptive methods.
- Safety-net clinics can help alleviate some of these barriers for patients who are under-resourced.
 - health departments (HDs)
 - federally-qualified health centers (FQHCs)

The Health Care Safety-net

- HDs and FQHCs provide contraceptive care to low income, uninsured, and underinsured patients.^{2,3}
- Title X can help alleviate some of the financial burden on safety-net clinics.

The Health Care Safety-net

- We assessed HDs and FQHCs, some of which participated in a contraceptive access initiative to increase SRH service availability for patients.
- In our study, both states of interest have centralized health department structures.
 - HDs are states' only Title X recipients
 - FQHC systems in both states receive other government funding and are not centrally regulated, are governed at the system-level
 - Neither states have expanded Medicaid

The Choose Well Initiative

- A privately-funded statewide contraceptive access initiative in South Carolina (SC) aiming to enhance reproductive health equity without judgment or coercion.
 - Safety-net family planning clinics are key CW partners.
- Implemented through four impact areas:
 - Infrastructure & Workforce
 - Capacity Building & Training
 - Integrated Marketing & Communications
 - Strategic Learning & Sustainability

The Choose Well Initiative

- Infrastructure and workforce:
 - Funding for facility improvements
 - Funding for staffing
 - Funding for contraception
 - Stocking contraceptives
 - Funds for patients' preferred methods

The Choose Well Initiative

- Capacity Building and Training:
 - Provider training:
 - Counseling training
 - Training for device provision
 - Business training:
 - Stocking and inventory tracking
 - Revenue Cycle Management
 - Billing and coding

The Choose Well Initiative

- Integrated Marketing and Communications:
 - Media Campaign – [“No Drama”](#)
 - Partner Hub
- Strategic Learning and Sustainability

The Choose Well Initiative

- First initiative of its kind to be implemented in the U.S. South.
- Prioritized patients of reproductive age seeking contraceptive care.
- CW planned to engage clinics from 2017-2022.



The Choose Well Initiative

- Provided person-centered contraceptive counseling (PCCC) training to providers in CW-participating clinics.
- Facilitated the provision of eight contraceptive methods at low or no costs:
 - IUD
 - Implant
 - Oral contraceptive
 - Contraceptive injection
 - Patch
 - Ring
 - Diaphragm
 - Male condom

The Choose Well Evaluation

- CARE Women's Health at ETSU
 - External evaluators of Choose Well since 2017
- The data reflected herein reflect three separate studies within the Choose Well Evaluation efforts



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Center for Applied Research and
Evaluation in Women's Health

Study Aims

- We conducted and triangulated the results of three studies to evaluate:
 - Safety-net clinics' capacity to provide equitable services to adolescents in the two states in the U.S. South
 - CW's influence on contraceptive method provision
 - CW's influence on PCCC training
 - Differences in CW vs non-CW patient experience with contraceptive counseling

Study Aims

- This study:
 - Addresses differing policy and its impact on care provision
 - Provides recommendations for how health care intervention can work cohesively to help fill care gaps which may be impacted by differing policy

Study 1:
Confidentiality and Consent: Measuring Southern
Clinics' Capacity to Provide
Equitable Adolescent Contraceptive Services

Research into youth-centered care at safety-net health clinics conducted by Dr. Kristen Surles

Introduction

- Ensuring reproductive health equity for adolescents can be a challenge for safety-net clinics in the United States (US) South due to:
 - lack of training
 - limited Title X funding
 - more restrictive and varied policies

Introduction

- Ensuring that youth are aware of their rights to consent to and receive confidential contraceptive services is essential to providing youth-friendly, person-centered contraceptive care.^{4,5,6,7}
- Youth who feel like their confidentiality might be breached are less likely to seek contraceptive care.^{7,8}

Introduction

- Youth and providers may be unaware of which services youth can legally consent to, which services should be considered confidential, or how providers can protect confidentiality.^{7,8}
- Providers report lacking training in protecting youth confidentiality and in their state's laws on consent.^{4,7,8}
- When youth are informed of their rights to consent to and receive confidential care, they are more likely to discuss sensitive matters like contraception.⁴

Introduction

- Clinic type impacts how adolescents' rights to consent to and receive confidentiality are protected.
- Title X funding (HD clinics in both study states) allows clinics to provide confidential and affordable services to adolescents and minors without parental consent.⁹
 - However this topic is nuanced and is in flux governmentally.
- FQHC systems are more varied in their protocol.

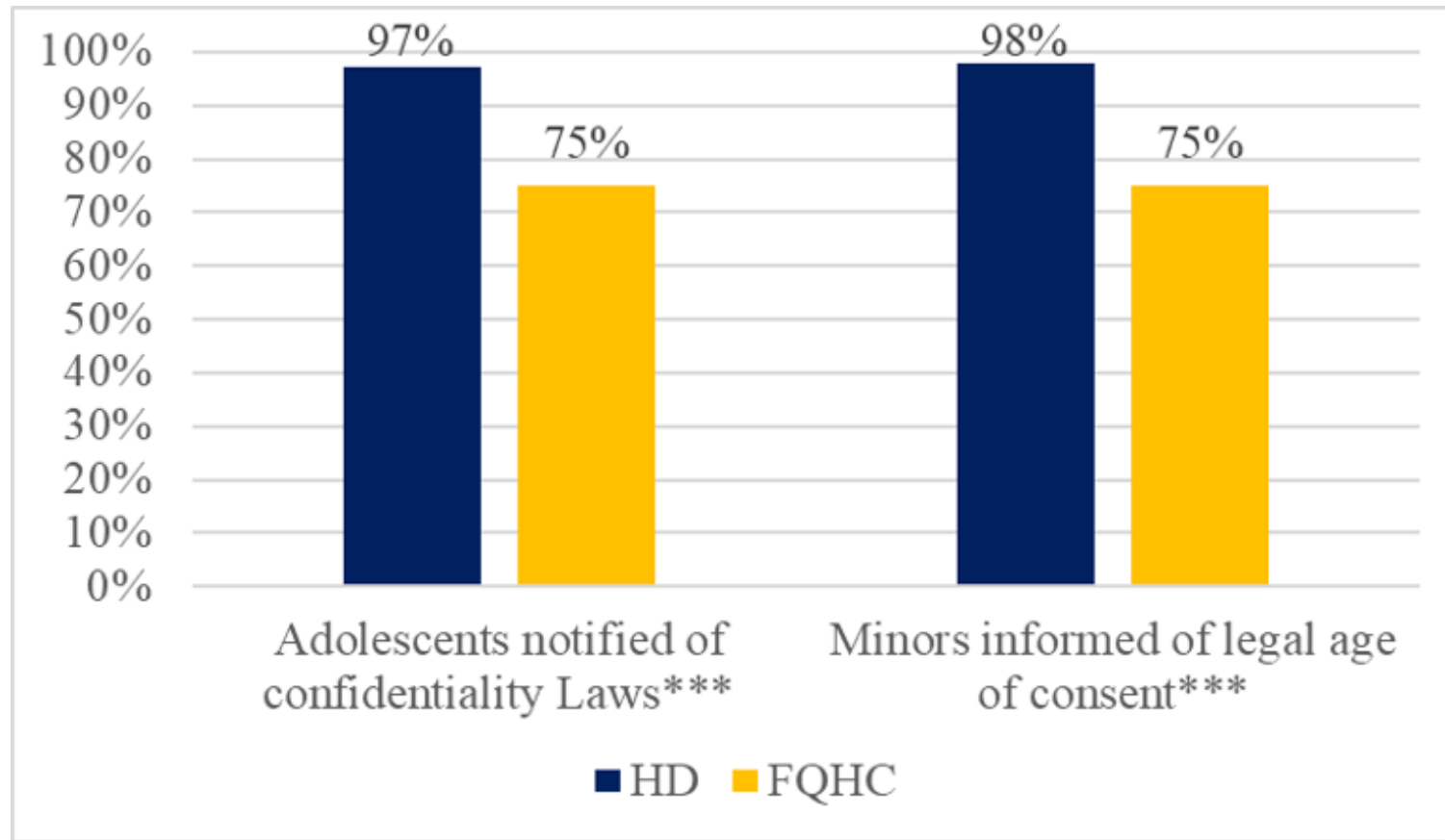
Introduction

- This study examines safety-net clinics' capacity to provide equitable services to adolescents in the US South.

Methods

- Mixed-methods design:
 - 2020 Survey of Federally Qualified Health Centers (FQHCs) and health departments (HDs) in South Carolina and a comparison state
 - Key informant interviews conducted with clinic administrators assessed barriers and facilitators to adolescent contraceptive care.

Quantitative Results



***p<.0001

Qualitative Results

- Administrators noted that consent laws were a barrier to care.
- In SC, minors could consent to receiving all contraceptive services, but could not legally consent to removing the contraceptive implant.

‘We can place the Nexplanon, but in order for you to get out, you’re going to need parental consent because it’s a minor surgical procedure.’

“I have had them cry and beg and I tell them, ‘I cannot take this out of your arm, unless I have a parent’s signature.’ They get very upset about that.” It was also noted how this law had impacted adolescents’ choices, when one participant stated, “Believe it or not, over the years, that’s been a swaying factor.”

Discussion

- Health departments in both states receive Title X funding, which may have an impact on the higher rates of information provided to adolescents compared to FQHCs, which often vary in system-level and clinic-level policies.
 - Centralized policy can help alleviate the burden of inequitable care for youth
- Regular communication with adolescents about their reproductive rights is key to equitable care and needs to be further advanced across clinic types.

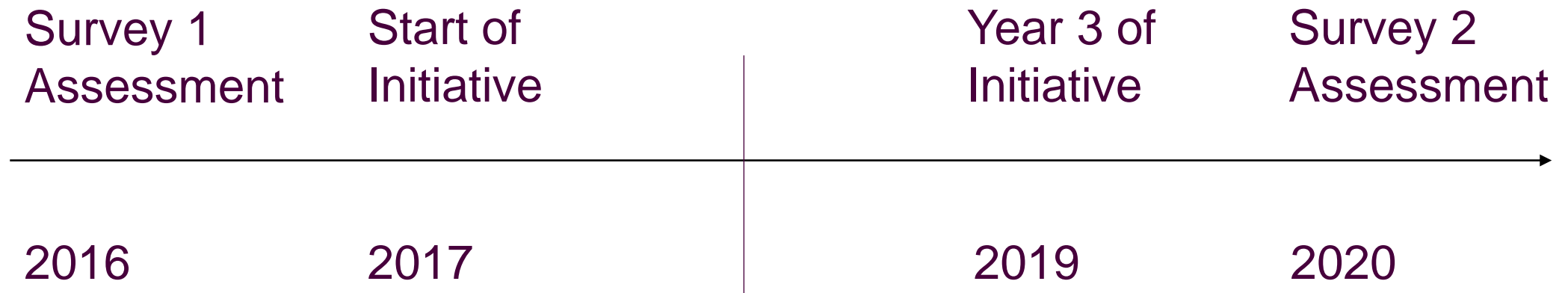
Study 2:

The Choose Well Initiative: Measurable Improvements to Support Reproductive Health Equity at Safety-Net Clinics

Research into clinic-level care at safety-net health clinics

Methods

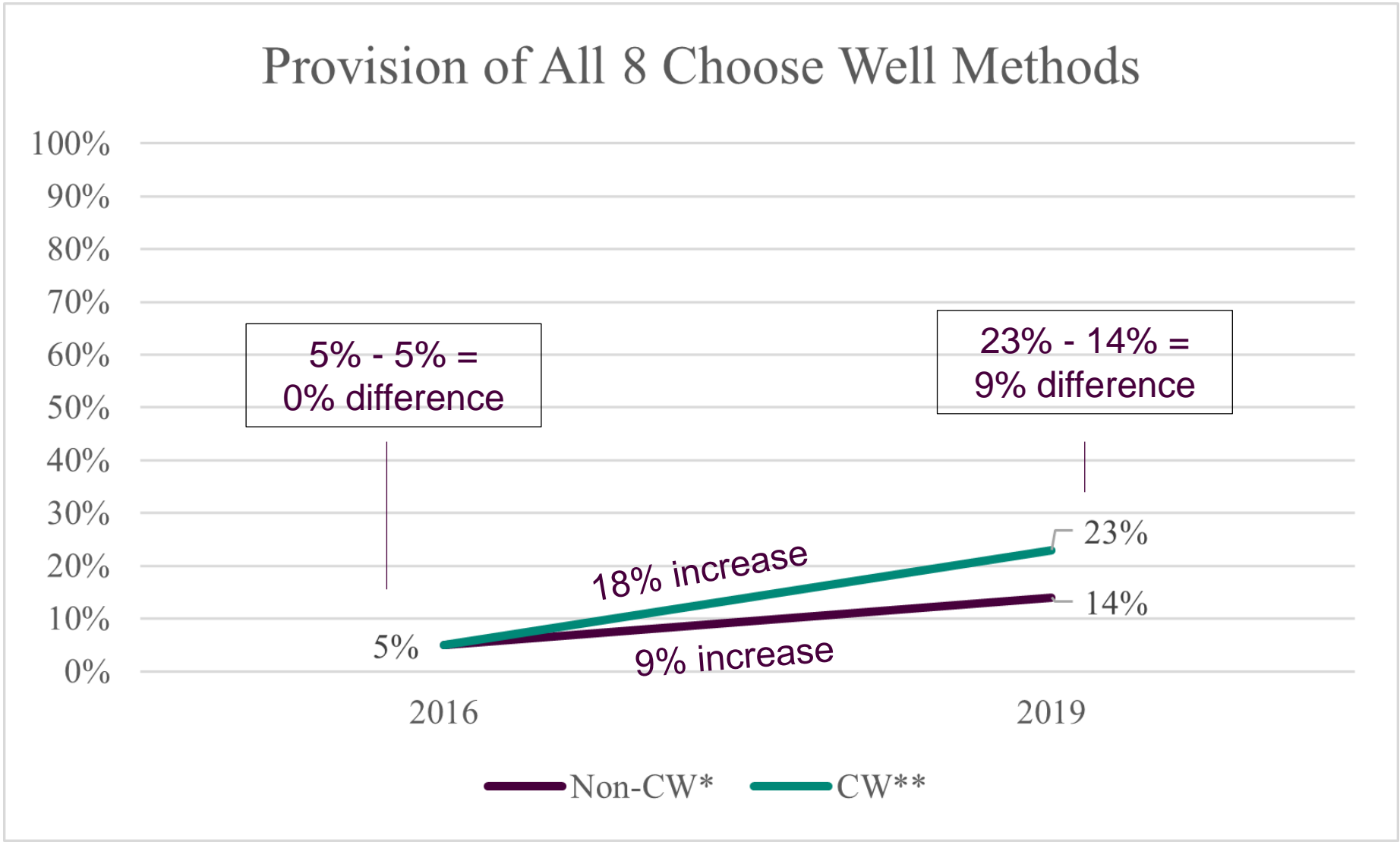
- The clinic study employed a quasi-experimental design involving safety-net clinics in SC and a comparison state in 2017 (assessing 2016, the year prior to the start of the initiative) and 2020 (assessing the third year of the initiative).



Methods

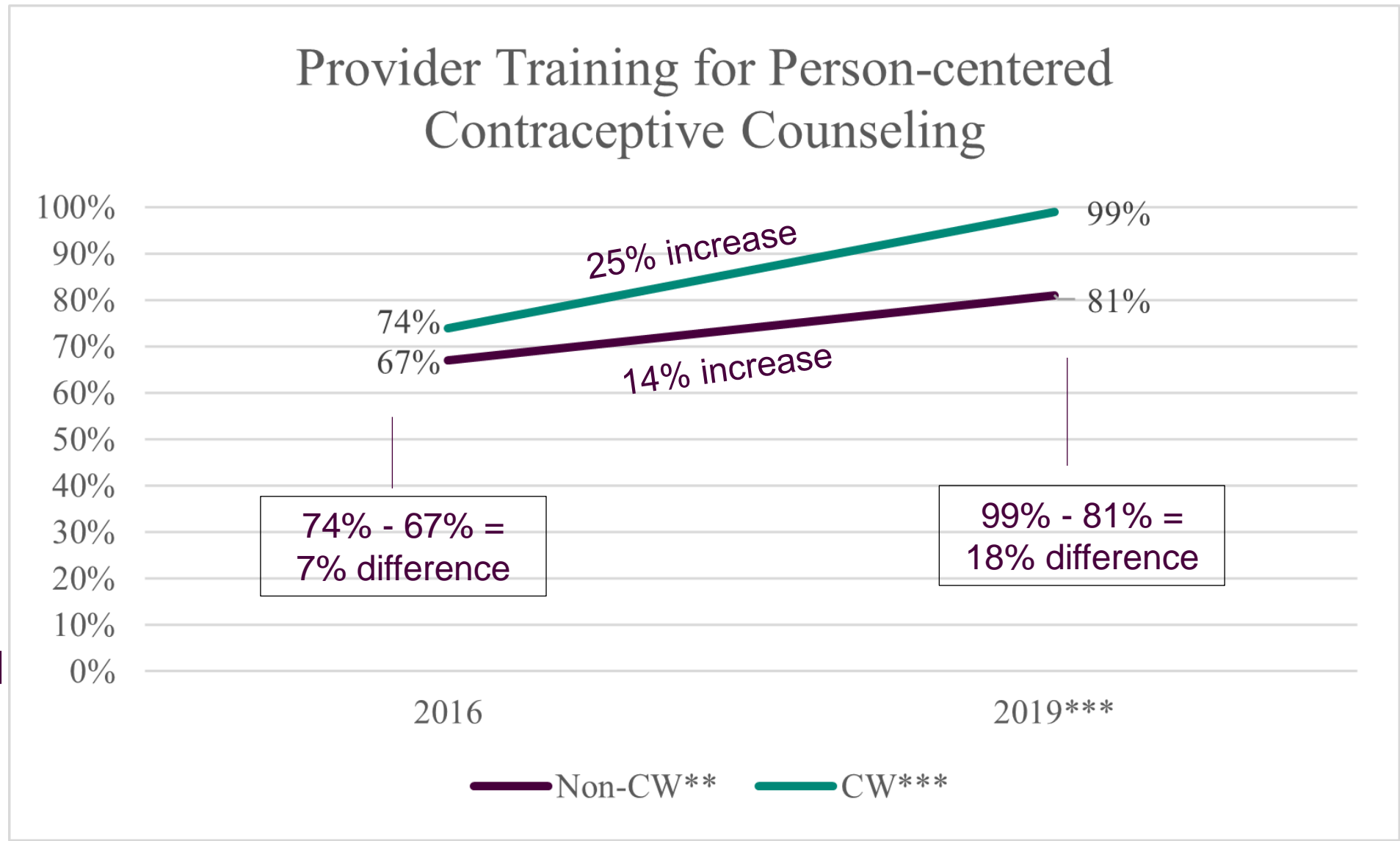
- Clinics in the comparison state (CS) were surveyed because the health care funding mechanisms (non-expanded Medicaid), policy environment, rates of unintended pregnancy, and patient populations are similar to SC.^{14–22}
- Survey items assessed on-site method availability and provider trainings.
- Unadjusted [difference-in-differences \(DiD\)](#) and generalized binomial regression models

Results



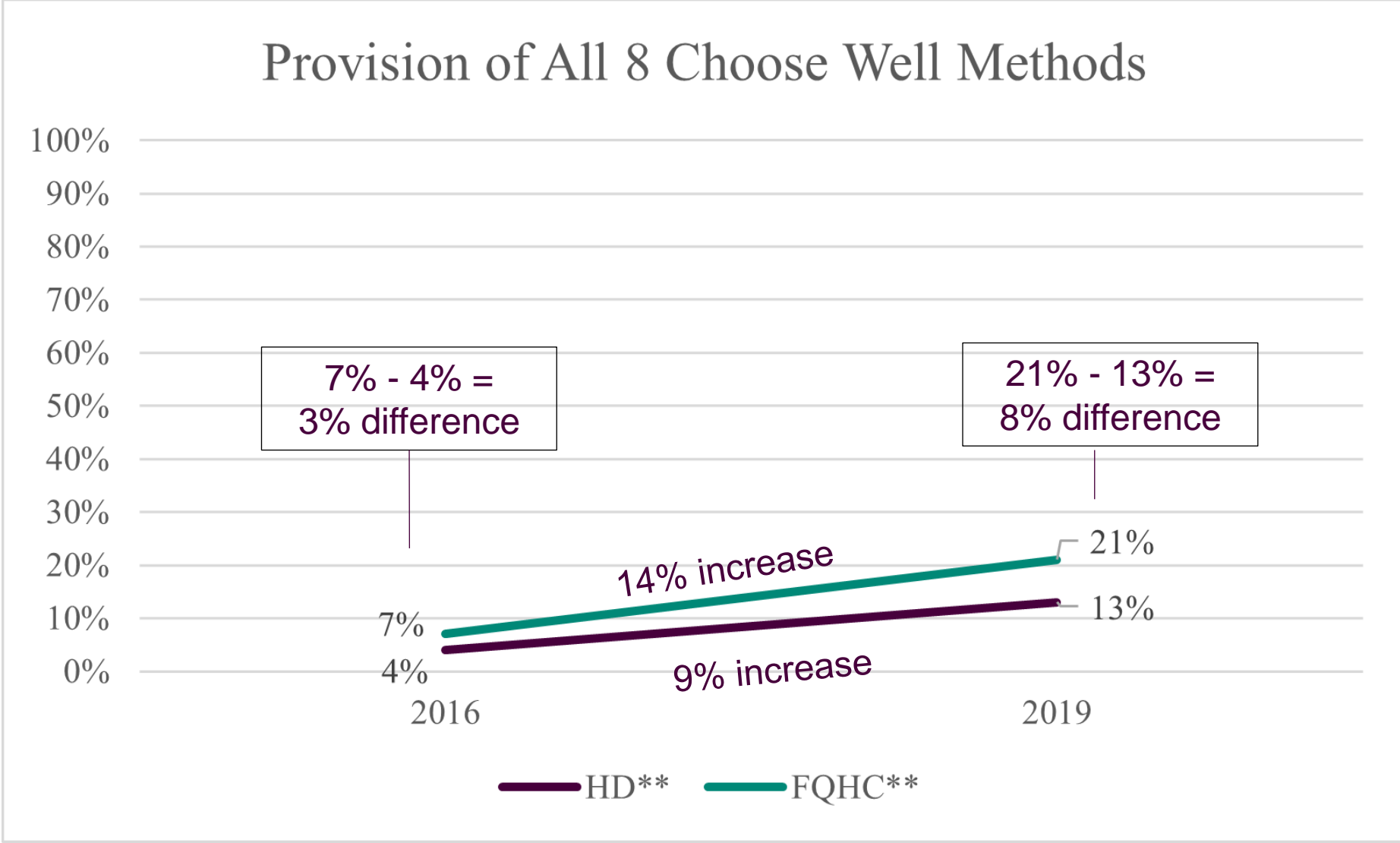
*p<.05, **p<.01

Results



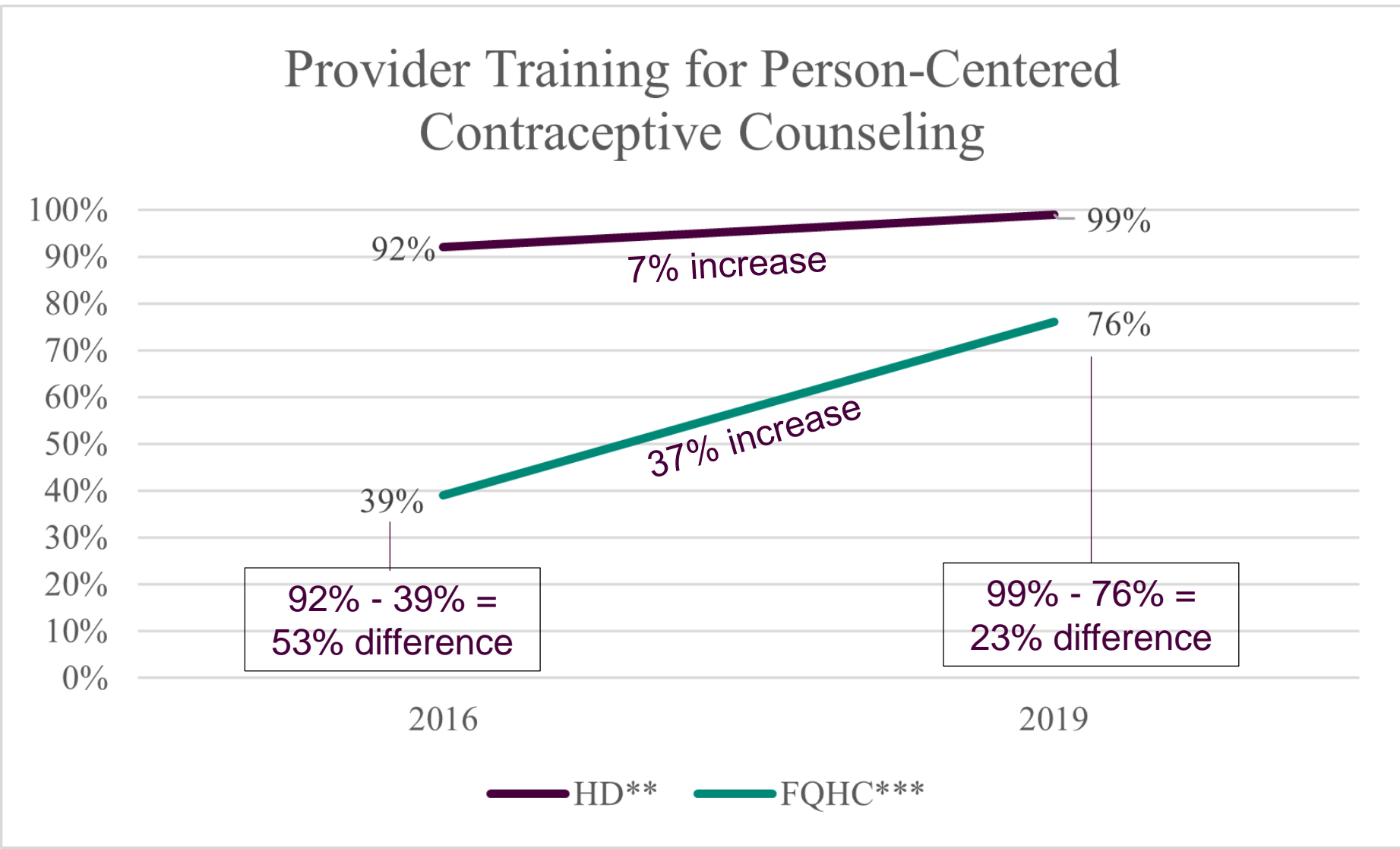
p<.01, *p<.0001

Results



**p<.01

Results



p<.01 *p<.0001

Discussion

- CW may have facilitated increases in method availability and PCCC training at participating clinics.
- Variation exists among clinic type in addition to among CW and non-CW clinics, which may be due to the centralized nature of HDs and de-centralization of FQHC systems.
- Difference in policy structure is likely a contributing factor.

Discussion

- Utilizing training and intervention facilitates patient choice and reproductive autonomy through:
 - Expanded access to contraceptive methods
 - Enhanced provider counseling
- Contraceptive access initiatives like CW have been shown to increase access to contraceptive services and ultimately help decrease unintended pregnancies.²³⁻²⁶

Discussion

- CW is the first initiative of its kind to be conducted in the U.S. South's politically conservative environment.²⁷
 - Evaluation key in assessing how initiatives such as CW can impact clinics in these settings.
- Findings indicate:
 - significant positive impact on contraceptive provision and training due to participation in CW
 - feasibility of increased access to contraception at clinics in general

Study 3:
The Choose Well Initiative: Patient Experiences
with Person-Centered Contraceptive Counseling
at Safety-Net Clinics

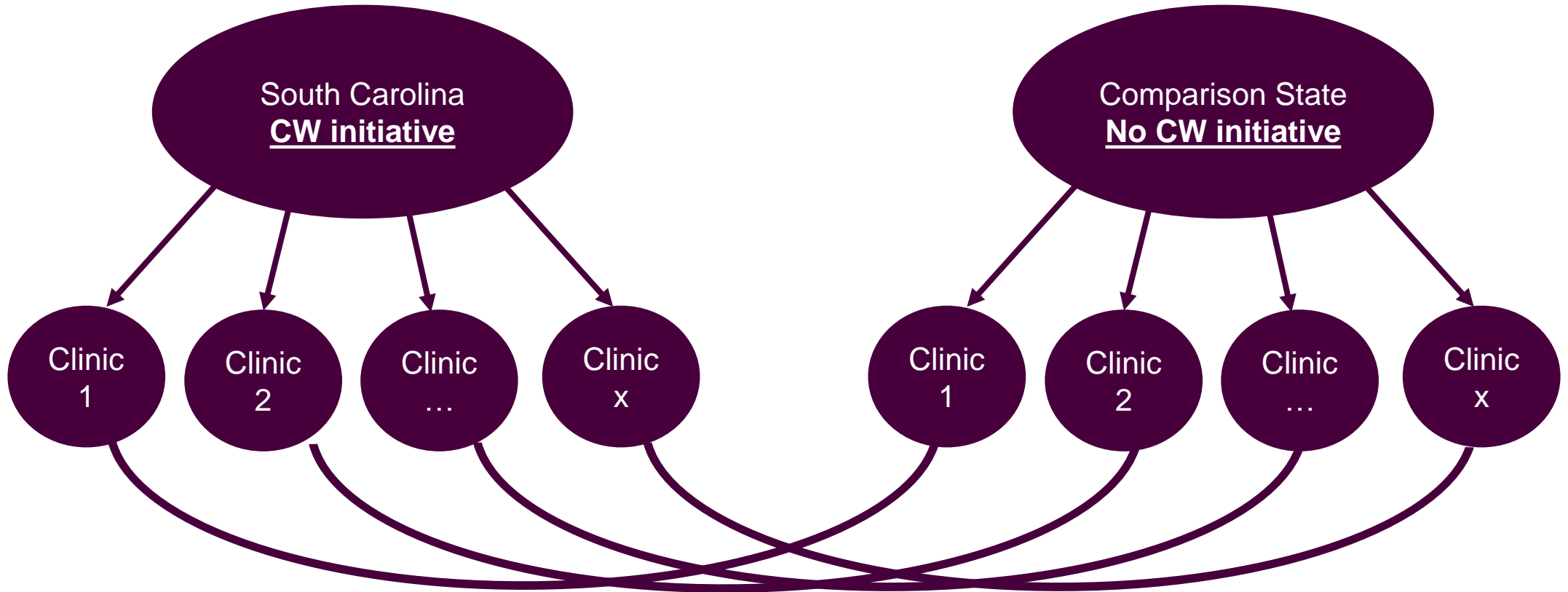
Research into patient-level experience at safety-net health clinics

Methods

- Women's Longitudinal Study (WLS):
 - experiences of contraceptive healthcare services, their contraceptive attitudes and behaviors, and their birth outcomes among patients of CW-participating clinics in South Carolina (SC) relative to those at non-participating clinics in a comparison state (CS)
- A quasi-experimental design
 - Match up CW participating clinics and non-CW participating clinics

Methods

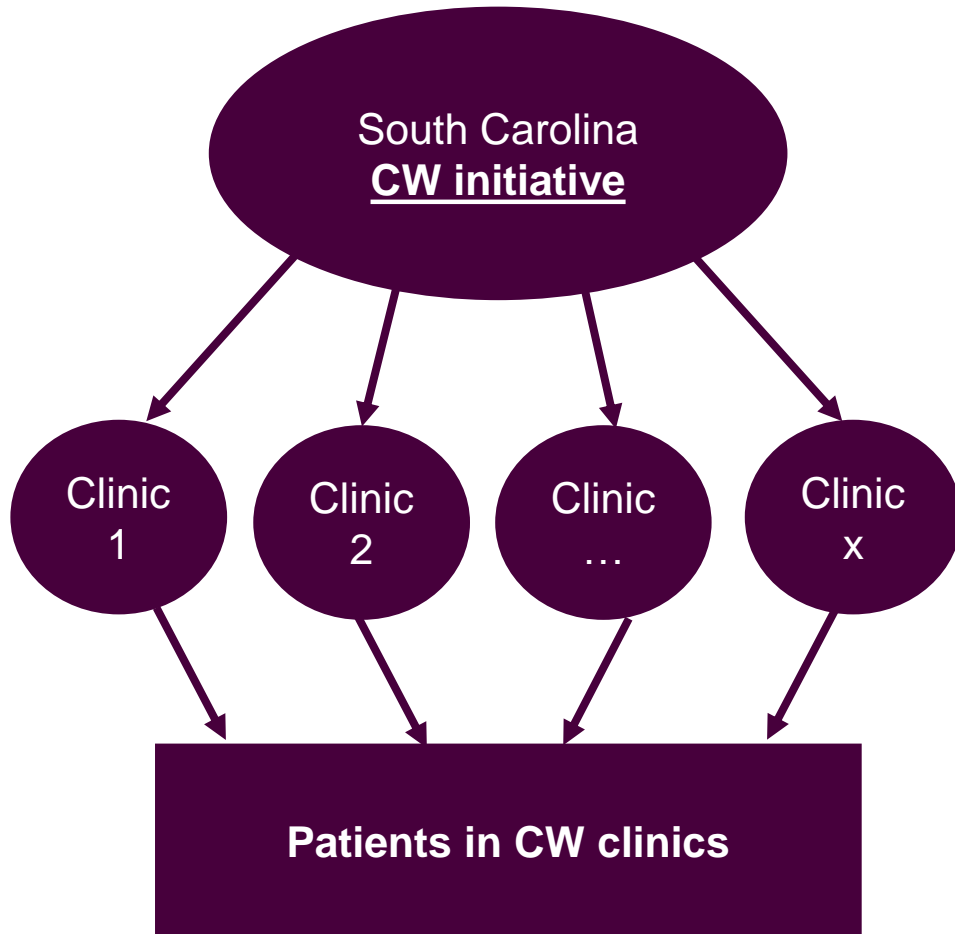
A quasi-experimental design



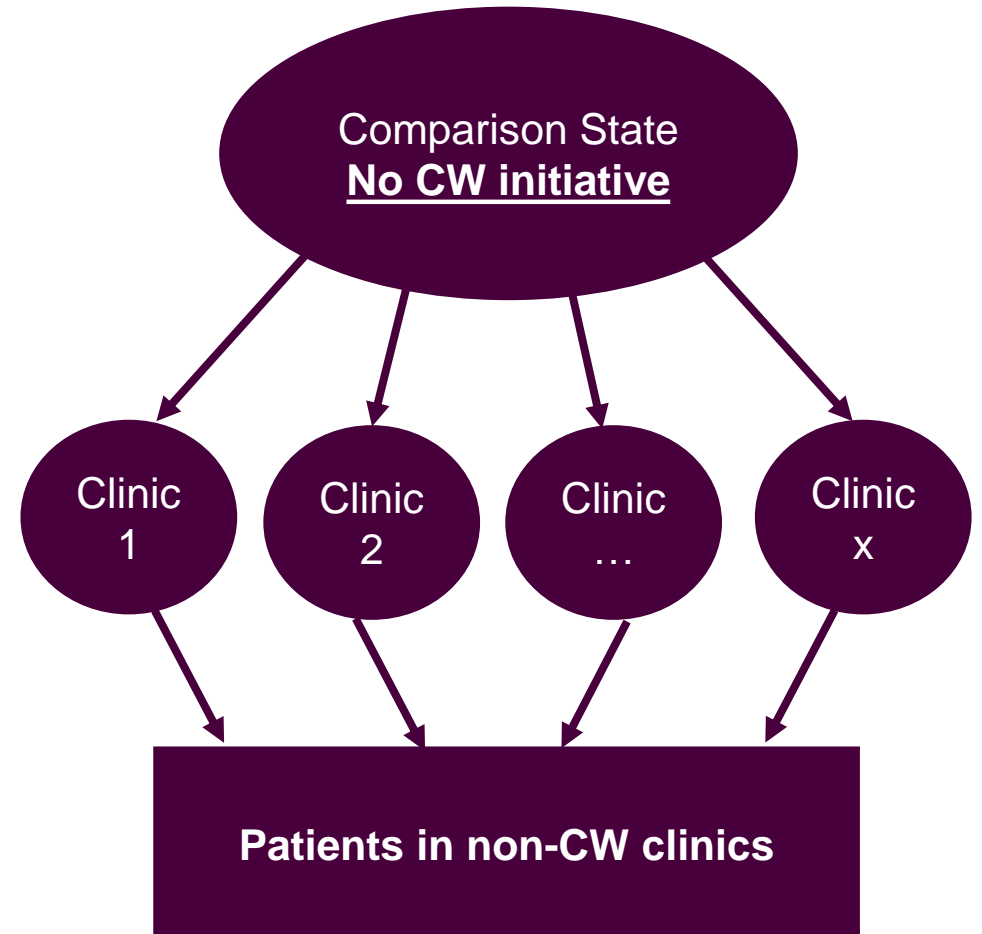
Matching criteria: county population size, rurality, racial minority population composition, percentage of women living below the federal poverty level, and percentage of the population with insurance

Methods

A quasi-experimental design



V.S.



Methods

- Recruitment and Data Collection
 - October 2018 and continued through December 2021
 - Primarily in clinic waiting areas, as well as through peer and provider referrals
 - 6 time points of data collection across two years.

Methods

- WLS-eligible patients completed a survey assessing their care experience.
- Chi-square tests of independence assessed differences between CW and non-CW clinics in patient-reported perceptions of PCCC and its four key components of PCCC.

Methods

Think about your visit. How do you think [provider name] did? *Please rate them on each of the following by circling a number.*

Disagree

Slightly agree

Moderately agree

Very much agree

Completely agree

Respecting me as a person

1

2

3

4

5

Letting me say what mattered to me about my birth control method

1

2

3

4

5

Taking my preferences about my birth control seriously

1

2

3

4

5

Giving me enough information to make the best decision about my birth control method

1

2

3

4

5

Results

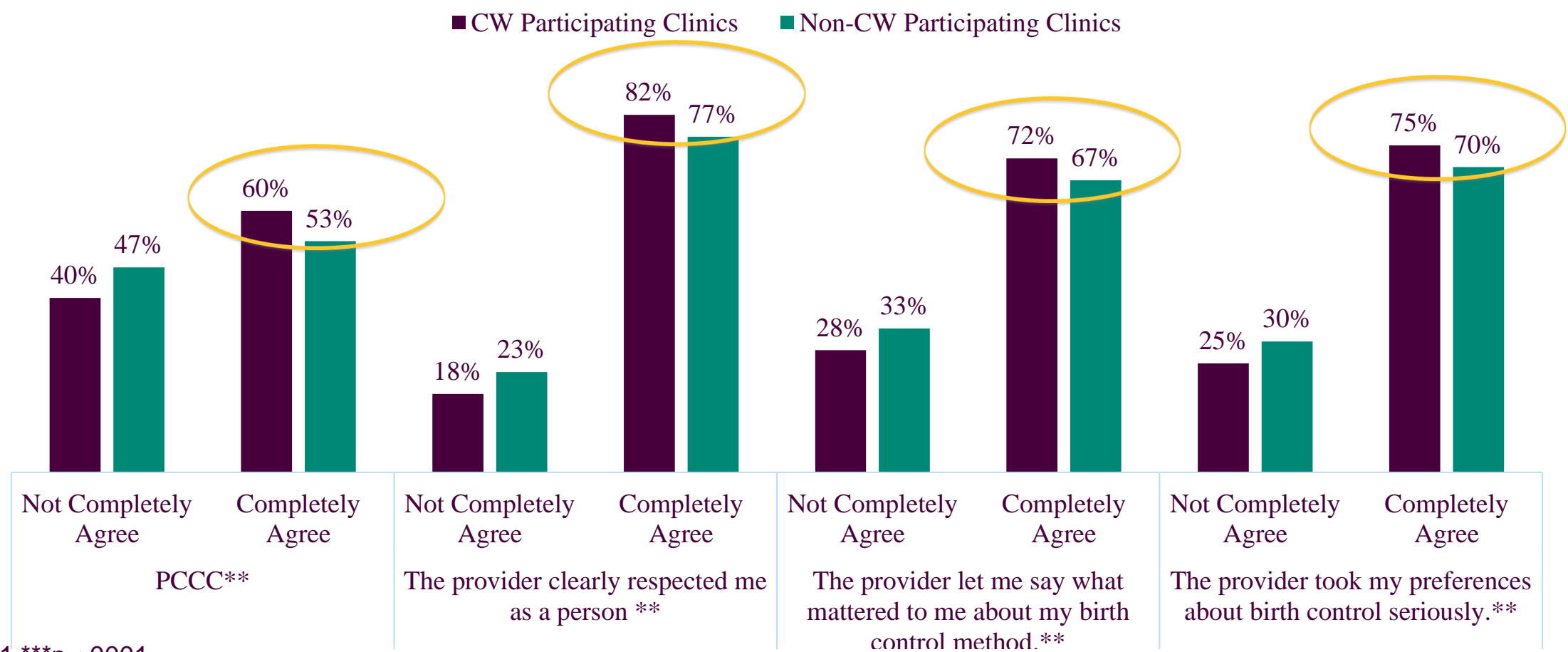
	CW Participating Clinics (N %)	Non-CW Participating Clinics (N %)	p-value
Person-centered Contraceptive Counseling as A Whole			0.002
Not Completely Agree	402 (40%)	500 (47%)	
Completely Agree	597 (60%)	567 (53%)	
The provider clearly respected me as a person.			0.008
Not Completely Agree	183 (18%)	245 (23%)	
Completely Agree	814 (82%)	816 (77%)	
The provider let me say what mattered to me about my birth control method.			0.007
Not Completely Agree	277 (28%)	353 (33%)	
Completely Agree	720 (72%)	709 (67%)	
The provider took my preferences about birth control seriously.			0.006
Not Completely Agree	245 (25%)	318 (30%)	
Completely Agree	751 (75%)	742 (70%)	
The provider gave me the information I needed for me to choose the best birth control method.			0.081
Not Completely Agree	332 (33%)	392 (37%)	
Completely Agree	664 (67%)	667 (63%)	

Results

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Results

Differences in PCCC and Its Key Components by Clinics' Choose Well Participation Status



*p<.05 **p<.01 ***p<.0001

Discussion

- CW trainings may have been effective in influencing levels of patient-centered care received in participating clinics.
- This supports the need for provider training in PCCC and the value of statewide contraceptive access initiatives, in particular policy changes for enhanced training.

Discussion

- Despite thorough trainings on PCCC and its key components in the CW initiative, not all key components vary significantly in their proportions across the CW-participation status
 - The item of information provision would reflect good care across the board
 - Patients and/or providers may prioritize some aspects of PCCC over others. This can be especially true for shorter contraceptive counseling sessions.

Limitations

Study 1: Key Informant Interviews

- Themes highlighted should not be interpreted as being representative of all FQHCs and HDs in the South.
- Views and themes expressed by participants from FQHCs are limited to SC.
- Themes identified through coding may also be impacted by individual coder bias.

Study 2: The Clinic Survey

- Results are subject to recall bias.
 - Equally applied to providers in both CW and non-CW clinics
- The survey was fielded during the first year of the COVID-19 pandemic (July-November, 2020).
 - May have impacted completion rates and non-response bias
 - Possibility for recall bias
 - Response rates remained strong for industry standard
- Study did not account for patient- or community-level factors.

Study 3: Survey of Women

- Our analytical results were based on initial surveys that were cross-sectional in nature.
- The WLS was collected based non-probabilistic sampling of women patients who were looking for contraceptive healthcare services in clinics in the SC and CS, and therefore any findings based on these data are limited in their generalizability to other states with different reproductive care environments and policies.

Conclusions

Conclusions

- Triangulation of these results tell us that:
 - There is variation among clinic type within the safety-net care provision.
 - Policy structure differences are likely a contributing factor.
 - Contraceptive access initiatives can help to enhance care provision among safety-net clinics.

Conclusions

- The differences in provider trainings related to PCCC by CW participation status correlate with patient-report experiences related to person-centeredness in CW clinics.
 - The congruence in these findings emphasizes that provider training is impacting patient experience.
 - This study provides a unique contribution to intervention research in triangulating these results.

Recommendations

- Standardization of protocol can help ensure enhanced care provision, especially among adolescent and young adult populations.
 - Youth care is often an entry point into the safety-net system for reproductive health care and is crucial to continued care.

Recommendations

- High-level policy should focus on expanding reproductive healthcare coverage and provider training, especially among clinics that do not receive Title X funding.
- Policy should support sexual and reproductive health access and education through a variety of funding mechanism, Medicaid expansion, etc.

Recommendations

- As reproductive health policy is in constant flux, in particular in the US South, ensuring care remains accessible to under-resourced populations is paramount.
- Initiatives such as CW can help improve care at both the patient- and clinic-level and should thus be regarded as substantive options for enhanced care at safety-net clinics.

Thank you!

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