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Original article

The Role of Federally Qualified Health Centers in Delivering Family Planning Services to Adolescents

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A B S T R A C T

Purpose: The purpose of this article was to examine the role of community health centers (CHCs) in providing comprehensive family planning services to adolescents, looking at the range of services offered and factors associated with provision of these services.
Methods: This study employed a mixed methods approach comprising a national survey of CHCs and six in-depth case studies of health centers to examine the organization and delivery of family planning services. We developed an adolescent family planning index comprising nine family planning services specifically tailored to adolescents. We analyzed the influence of state-level family planning policies, funding for adolescents, and organizational characteristics on the provision of these services in CHCs. The case studies identified barriers to the provision of family planning to adolescent patients.
Results: The survey found substantial variation in the provision of family planning services at CHCs, with a mean of 6.33 out of a maximum score of 13 on the family planning adolescent services index. Title X funding and location within a favorable state policy environment were significantly associated with higher scores on the family planning adolescent services index (p value $< .001$ and .002, respectively). Case studies revealed barriers to adolescent family planning, including lack of funding, lack of knowledge, and limitations on school-based clinical services.
Conclusions: CHCs have the opportunity to play a significant role in providing high-quality family planning to low-income, medically underserved adolescents. Additional funding, resources, and a favorable policy climate would further improve CHCs' ability to serve the family planning needs of this special patient population.

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IMPLICATIONS AND CONTRIBUTION

Combining results from a national survey of health center organizations and six in-depth case studies, this mixed methods study comprehensively examines the role that community health centers play in providing family planning services to adolescent patients.

High-quality family planning services are difficult for adolescents to obtain in many parts of the country. Adolescents report a range of barriers, including lack of knowledge, inability to use parental health insurance, out-of-pocket costs, transportation, unsatisfactory experiences with providers, and inadequate opportunities to discuss family planning needs [1–5]. Studies have also found that adolescents may not access family planning services because they are unaware of the location of services and their eligibility to use them [6].

Furthermore, lack of specialty training in adolescent care, lack of special funding for adolescent services, and inadequate guidelines for adolescent family planning services create a

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delivery system that is not conducive to high-quality family planning care for adolescents [7–10]. State and local policies, such as restrictions on state funding for family planning, restrictive minor privacy and consent laws, and limitations on school-based health center services, create even more barriers for adolescents [11–16]. For low-income teens or teens living in under-resourced areas, accessing family planning care is even more challenging because of additional access and cost barriers [17].

Community health centers (CHCs) are the most widely utilized safety net provider for medically underserved patients, with approximately 1,200 organizations across the country, serving more than 2.8 million adolescents or 10% of the total U.S. adolescent population aged 12–18 years [18]. These health centers play a critical role in providing quality primary care to underserved communities; in fact, studies show CHCs provide high-quality, effective, and affordable primary care services that are typically as good as or better than those available in other primary care settings [19–22]. Moreover, health centers are mandated by both mission and legislative action to target care to vulnerable populations. They offer subsidized care and are located in low-income, medically underserved, racially diverse, urban and rural places, in an effort to reduce access barriers [23].

Given this position, health centers should serve as an important source of family planning services for underserved adolescents; however, no studies have examined the capacity of CHCs to provide high-quality family planning care to this population. The purpose of this article was to provide the first ever national examination of the role of CHCs in providing comprehensive family planning services to adolescents. We present findings on the services that health centers most frequently offer adolescents and the factors that influence health centers' ability to provide certain adolescent family planning services. Finally, we discuss how health centers could address some of the persistent barriers to quality reproductive care for adolescents.

Methods

This article is part of a larger national study examining the organization and delivery of family planning care in CHCs for underserved women. The study employed a sequential mixed methods approach comprising a national survey of CHC organizations followed by in-depth case studies in six communities. Within the scope of the national study, we also examined services provided specifically to adolescents.

The survey of family planning services was disseminated to the chief executive officer or chief medical officer at health center organizations. Additional information on the development of the survey is published elsewhere [24,25]. The survey asked respondents to indicate typical practice at the organizations' largest primary medical site, recognizing that CHCs often have multiple clinical sites. Selecting the largest primary care site as the unit of analysis offers an indicator of the widest range of services provided to patients of a given health center. We weighted our sample to account for size and regional distribution of health center respondents.

Based on a literature review and input from an expert panel of family planning researchers, practitioners, and policy makers, the survey asked about nine services that have been shown to have implications for the provision and use of family planning among adolescents [26–32]:

- School-based education
- School-based treatment
- Staff training in adolescent family planning
- Contraceptive services tailored to and appropriate for adolescents provided on-site or off-site
- Collaboration with other entities in family planning outreach
- Drop-in centers
- Alternative entrance and/or exit
- Walk-in appointments
- Keeping family planning medical records of adolescents private

To assess the range of services delivered among respondent CHCs, we created an adolescent services index, a weighted composite index score of these nine services. We assigned one point to each of the following services: walk-in appointments; drop-in centers; alternative entrances/exits; and collaboration with other entities around adolescent family planning. School-based education and treatment, provider training for adolescent care, and offering tailored adolescent contraceptive services either on-site or off-site were assigned two points each, based on literature that suggests that they are more significantly associated with increased use of services and improved reproductive health among adolescents.

We conducted chi-square tests of proportions and a multivariate regression analysis to identify the factors that are positively correlated with higher adolescent service index scores. Our multivariate models incorporated organizational characteristics of the health center respondents and their patient populations as covariates. A full explanation of our model and definitions of our covariates are included in Appendix A.

In addition, the research team conducted case studies with six health center organizations to provide an in-depth understanding of how family planning care is organized and more specifically to identify barriers and facilitators involved in the provision of these important services. Case studies were identified after survey analysis was completed, and study sites were selected using a maximum variation sampling strategy with the following criteria:

- Patient volume as a proxy for organizational size
- Regional distribution using Census regions
- Receipt of Title X family planning funding
- The range of contraceptive methods available based on survey findings
- Variation in state Medicaid and other family planning policies

A team of two to four investigators conducted interviews with a range of clinical and administrative staff at each of the six case study sites. Interviews were audio-recorded and transcribed for accuracy. Transcripts were analyzed using thematic analysis, and emerging themes were reviewed by a team of three investigators until consensus was achieved. The George Washington University institutional review board provided approval and oversight the study protocol.

Results

We had 423 CHCs respond to our survey, reflecting a 44% response rate. More than 1.25 million adolescents received care across these CHCs in 2011, representing 13.8% of the respondents' patient population. We found a range of adolescent family planning

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