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# The Organization and Delivery of Family Planning Services in Community Health Centers

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A B S T R A C T

*Background:* Family planning and related reproductive health services are essential primary care services for women. Access is limited for women with low incomes and those living in medically underserved areas. Little information is available on how federally funded health centers organize and provide family planning services.
*Methods:* This was a mixed methods study of the organization and delivery of family planning services in federally funded health centers across the United States. A national survey was developed and administered ($n = 423$) and in-depth case studies were conducted of nine health centers to obtain detailed information on their approach to family planning.
*Findings:* Study findings indicate that health centers utilize a variety of organizational models and staffing arrangements to deliver family planning services. Health centers' family planning offerings are organized in one of two ways, either a separate service with specific providers and clinic times or fully integrated with primary care. Health centers experience difficulties in providing a full range of family planning services.
*Major Challenges:* Major challenges include funding limitations; hiring obstetricians/gynecologists, counselors, and advanced practice clinicians; and connecting patients to specialized services not offered by the health center.
*Conclusions:* Health centers play an integral role in delivering primary care and family planning services to women in medically underserved communities. Improving the accessibility and comprehensiveness of family planning services will require a combination of additional direct funding, technical assistance, and policies that emphasize how health centers can incorporate quality family planning as a fundamental element of primary care.


Family planning services are central to women's health and well-being. These services include counseling regarding birth control methods, provision of birth control, screening and treatment of sexually transmitted infections (STIs), as well as other medical services such as pregnancy testing (Fowler, Lloyd, Gable, Wang, & McClure, 2012; Martinez, Chandra, Febo-Vazquez, & Mosher, 2013).

Over the last four decades, there have been dramatic improvements in access to family planning and reproductive health services for women. These improvements are mostly the result of Title X and Medicaid program expansions. In 1970, Title X of the Public Health Services Act was established to set policy and award grants for the direct provision of family planning services. Medicaid, through multiple program expansions, is now a large and important source of funding for private practices and clinics to deliver women's health services to low-income women.

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Despite improvements resulting from these programs, access to family planning services remains a concern, particularly for women with low incomes, the uninsured, and those living in medically underserved areas—areas with limited access to primary care physicians and other care providers (Gold, Sonfief, Richards, & Frost, 2009; Goodman, Klerman, Johnson, Chang, & Marth, 2007). Increasing access to family planning services has become even more critical with the passage of the Affordable Care Act (ACA), which expanded coverage for contraception and other family planning services.

Numerous studies have found inadequate access to family planning and reproductive health services is associated with unintended pregnancies, higher STI and cervical cancer rates, and higher morbidity and mortality rates for mothers and infants (Anachebe, 2006; Dehlendorf, Rodriguez, Levy, Borrero, & Steinauer, 2010; Stidham Hall, Moreau, & Trussell, 2011). The Institute of Medicine's 2011 report on *Clinical Preventive Services for Women* highlights the need for improved family planning services including screening for STIs and human immunodeficiency virus (HIV); a full range of contraceptive education, counseling, and methods; and annual "well woman" visits for primary and preventive care (Institute of Medicine, 2011).

Providers of family planning services include private medical practices, family planning clinics, health departments, HIV/STI clinics, hospital and school-based clinics, and health centers. Federally funded health centers are organizations receiving grants under Section 330 of the Public Health Service Act to provide health care services to an underserved area or population. As of 2013, health centers operated approximately 8,500 unique delivery sites in urban and rural areas (Health Resources and Services Administration [HRSA], 2013) and served an estimated twenty million people. Women of childbearing age (15–44 years) comprise 28% of the people who receive care from health centers, making them one of the largest groups of health center patients (HRSA, 2011).

Health centers receive funds from the HRSA Health Center Program to provide a comprehensive range of primary care and preventive services to underserved populations either through on-site services or through contracts and cooperative agreements with other health care providers. Services include clinical examinations and relevant laboratory and radiology services, as well as preventive health care including well-child care, prenatal and postpartum care, immunizations, family planning, and health education (Grants for Community Health Services, 1976). A growing number of health centers offer "one stop shopping" that includes primary care, specific women's health services, mental health services, dental care, health promotion and disease prevention education, and on-site pharmacy services. The dramatic expansion of health centers across the nation as a result of increased funding under the Bush Administration (Department of Health and Human Services, 2007) and the ACA (Shin, Sharac, Alvarez, & Rosenbaum, 2013) positions health centers as one of the leading providers of primary care services, including family planning, to low-income women and those living in medically underserved areas.

Little information is available on how health centers organize and provide family planning services. Several previous studies of family planning clinics included some health centers in their research (Frost, Gold, Frohwirth, & Blades, 2012; Klerman, Johnson, Chang, Wright-Slaughter, & Goodman, 2007); however, no studies have a national representative sample of health centers and detailed information on how family planning services are delivered. The goal of this study was to examine systematically the design, organization, and operation of women's family planning services at health centers. The study sought to characterize how care is coordinated on site and through referral arrangements with other providers in the community, understand challenges health centers face in providing family planning services, as well as identify areas for improvement.

## Methods

### *Research Design*

This research was based on a sequential explanatory mixed methods design whereby we collected and analyzed quantitative data, then followed up with collection and analysis of qualitative data. The study, conducted between 2010 and 2012, was guided by a national expert panel consisting of specialists in family planning and health centers. The study involved a nationwide survey and in-depth case studies to gain a deep understanding of the organization and delivery of family planning services. For purposes of this study, the term "family planning" encompasses outreach to at-risk populations; education and counseling; screening, testing, and treatment for conditions that can affect reproductive health; and access to a range of birth control methods.

### *Sampling and Data Collection*

Federally funded health centers were identified for study participation from the Uniform Data System, a HRSA database that houses a variety of health center information. The research team developed and administered a 30-question survey focused on the health center's overall approach to providing family planning services as well as the organization of services at the respondent's largest delivery site. Most health center organizations consist of multiple delivery sites. We asked respondents to report on the site serving the greatest number of patients in an effort to represent sites most likely to have a full array of services and to bring greater analysis comparability across health centers.

The surveys were sent by email in 2011 to the medical directors and chief executive officers of 959 health centers with adequate contact information in the Uniform Data System, out of a universe of approximately 1,130 health centers. The survey included questions on the range of contraceptive services offered; onsite availability of prescription drugs and devices; staffing arrangements; screening, testing, and treatment practices; and collaborations with community providers serving the same population. The survey achieved a 44% response rate ($n = 423$) during a 6-month survey fielding period.

Case studies were conducted in 2011 and early 2012 to add to the depth of knowledge on how family planning is organized and delivered. Sites were selected for study participation based on a maximum variation of size, geographic area, urban/rural location, and receipt of funding through Title X of the Public Health Service Act. Nine health centers were recruited for in-depth case studies. The team interviewed a range of staff, including the chief executive officer, medical director, chief financial officer, physicians, nurse practitioners, nurse midwives, and patient educators. Site visit questions focused on services and contraceptive methods provided on-site, referral arrangements for services, and successes and challenges of providing a full range of contraceptive services.