

Original research article

Scope of family planning services available in Federally Qualified Health Centers[☆]

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Abstract

Objectives: Federally Qualified Health Centers (FQHCs) are a major and growing source of primary care for low-income women of reproductive age; however, only limited knowledge exists on the scope of family planning care they provide and the mechanisms for delivery of these essential reproductive health services, including family planning. In this paper, we report on the scope of services provided at FQHCs including on-site provision, prescription only and referral options for the range of contraceptive methods.

Study Design: An original survey of 423 FQHC organizations was fielded in 2011.

Results: Virtually all FQHCs reported that they provide at least one contraceptive method (99.8%) at one or more clinical sites. A large majority (87%) of FQHCs report that their largest primary care site prescribes oral contraceptives plus one additional method category of contraception, with oral contraception and injectables being the most commonly available methods. Substantial variation is seen among other methods such as intrauterine devices (IUDs), contraceptive implants, the patch, vaginal ring and barrier methods. For all method categories, Title-X-funded sites are more likely to provide the method, though, even in these sites, IUDs and implants are much less likely to be provided than other methods.

Conclusion: There is clearly wide variability in the delivery of family planning services at FQHCs in terms of methods available, level of counseling, and provision of services on-site or through prescription or referral. Barriers to provision likely include cost to patients and/or additional training to providers for some methods, such as IUDs and implants, but these barriers should not limit on-site availability of inexpensive methods such as oral contraceptives.

Implications: With the expansion of contraceptive coverage under private insurance as part of preventive health services for women, along with expanded coverage for the currently uninsured, and the growth of FQHCs as the source of care for women of reproductive age, it is critical that women seeking family planning services at FQHCs have access to a wide range of contraceptive options. Our study both highlights the essential role of FQHCs in providing family planning services and also identifies remaining gaps in the provision of contraception in FQHC settings.

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1. Introduction

Federally Qualified Health Centers (FQHCs) are a major and growing source of primary care for low-income women of reproductive age. These FQHCs provide a wide range of primary care services to low-income and uninsured patients, more than 70% of whom have incomes below the federal

poverty level and are disproportionately represented from racial and ethnic minority populations [1]. In 2011, there were more than 8100 delivery sites nationwide that provided this health care to 20 million people as a result of 1128 FQHC grants [2,3].

It is clear that female patients rely on FQHCs for care and that their access to health care through FQHCs will increase in the future with implementation of the Affordable Care Act and through expansion of Medicaid coverage. Women comprised 59% of all people served by FQHCs, and women of childbearing age (15–44 years) represented 28% of the FQHC patient population in 2011. FQHCs served an

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estimated 24% of all low-income women of childbearing age in the United States, while the number of female patients of FQHCs who are women of childbearing age has doubled over the past decade from 2.8 million to 5.6 million [1,2].

Since the creation of FQHCs in 1974, “voluntary family planning” has been classified by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA) as a required primary care service for FQHCs [4]. Though not specifically defined in FQHC guidelines, family planning and reproductive health funded through federal programs can include preconception and interconception care; screening and treatment of sexually transmitted infections; and education, counseling and provision of effective contraceptive methods for women who are sexually active and not seeking to be pregnant. However, few studies have been conducted on these family planning and reproductive health services provided at FQHCs. The Title X family planning program, also administered by the federal government, awards funding to a variety of clinical settings, including FQHCs and family planning clinics, for the purpose of training clinicians and providing family planning services. A 2010 Guttmacher Institute survey of family planning clinics, which included some FQHCs, noted that clinics focusing on primary care services were less likely to have protocols that support initiation and continuance of contraceptive methods [5]. The survey also found that Title-X-funded family planning clinics provided more contraceptive methods on-site than those without Title X funding [5]. Providing wider choices for women seeking care at FQHCs will promote adoption of the best method for women as well as continued use of the method over time [5–7].

This analysis focuses directly on the scope of contraceptive methods and sexually transmitted infections (STI)/HIV testing services provided at the nation’s FQHCs. We report on the scope of services provided, including access to the range of contraceptive method categories through on-site provision, prescription only and referral options.

2. Materials and methods

Following a meeting of an invited technical advisory panel comprised of individuals with expertise in reproductive health and FQHC domains, the project team developed and pretested a Web-based survey instrument of FQHCs focusing on two key levels of analysis: (a) respondents’ overall approach to family planning across all sites within FQHCs and (b) the services specifically found at the responding center’s largest primary care site. An FQHC designation is given to a health care entity (called a grantee) that may have multiple sites. The research proposal was reviewed by the Institution Review Board at the George Washington University Office on Human Research and was determined to be exempt from review. Information about the study was presented to all participants, and consent to

participate was implied by completion of the survey questions. No further identifying information beyond participants’ email addresses, professional titles and first names were stored. An incentive gift card of \$50 was presented to each FQHC organization that participated in the survey.

The largest primary care site was selected as an indicator of the widest range of services offered to patients of the FQHC grantee. An original survey was developed to obtain detailed information from FQHCs on their approach to family planning and primary reproductive health care, particularly pregnancy prevention and HIV testing and STI vaccine, testing and treatment. The research team focused on issues related to on-site care (including contraceptive dispensing), offsite referrals, patient care-seeking patterns, payment arrangements, staffing issues and information-sharing capabilities with offsite providers on family planning services. The FQHC survey was modified and adapted from existing Guttmacher Institute surveys of publically funded family planning clinics, and it was modified for the setting and services provided by FQHCs [8]. We also asked if the largest site participated in the Title X family planning program, as we hypothesized that FQHC sites with Title X additional targeted funds and program requirements may provide a broader range of services to women.

The online survey using Survey Monkey was distributed by email in 2011 to the medical directors and chief executive officers of 959 federal FQHC grantees for whom we had current contact information made available from the HRSA Uniform Data System (UDS) out of a universe of 1128 FQHC grantees [2]. Follow-up emails and phone calls were placed to encourage completion. Weighting adjustments were utilized to account for the size and regional distribution of FQHC respondents by Census region (West, South, Midwest and East) [9]. Data on contraceptive method category were collected regarding the largest primary care site. Using data from the largest site provides a “best case” scenario that allows for better comparison across FQHCs.

3. Results

3.1. Description of FQHC grantee respondents

We received responses from 423 grantees, for a 44% response rate, during a 6-month fielding period. These grantees that responded to our survey provide primary medical care at more than 1900 health care delivery sites. We categorized FQHCs as either small (less than 10,000 patients), medium (10,000–19,999 patients) or large (more than 20,000 patients) based on the annual patient volume reported in the UDS. Approximately 34% of respondents were categorized as small FQHCs, while medium and large FQHCs represented 29% and 37% of the sample, respectively. We observed that respondents were not significantly different from nonrespondents on most characteristics,

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