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Variation in Service Delivery Practices Among Clinics Providing Publicly Funded Family Planning Services in 2010

Jennifer J. Frost, Rachel Benson Gold, Lori Frohwirth and Nakeisha Blades

HIGHLIGHTS

- Publicly funded family planning clinics provide critical contraceptive services and related preventive care to millions of poor and low-income women each year.
- Between 2003 and 2010, the proportion of these clinics offering relatively new contraceptive methods (such as Mirena IUDs, implants, patches, vaginal rings and extended-regime oral contraceptives) increased significantly.
- More than half of clinics (54%) reported offering clients at least 10 of 13 possible reversible contraceptive methods in 2010, an increase from 35% in 2003.
- Clinics with a reproductive health focus offer a greater range of contraceptive methods on-site than do those with a primary care focus: Some 67% and 41%, respectively, offer at least 10 methods, and 75% and 57% offer at least one long-acting reversible contraceptive (LARC) method. Clinics with a reproductive health focus are also more likely than primary care–focused clinics to have protocols that help clients initiate and continue using methods, including providing oral contraceptive supplies and refills on-site; using the "quick start" protocol for pill users; and allowing clients to delay pelvic exams.
- Clinics that receive at least some support through Title X provide more contraceptive methods, on average, and are much more likely to have dispensing protocols that enable clients to easily initiate and continue their method, compared with clinics that do not get Title X funding. For example, 86% of Title X–funded clinics provide oral contraceptive supplies and refills at the clinic, whereas only 39% of non-Title X–funded clinics do so. Their staff spend significantly more time with clients in the course of a visit and spend even more time with clients with special needs, such as adolescents, those with limited English proficiency and those presenting with complex medical or personal issues.
- Regardless of their service focus, clinics that receive Title X funds are more likely than those that do not to provide methods on-site or to have protocols making it easier for clients to initiate pill use.
- Clinics located in states that have expanded Medicaid coverage for family planning services are more likely to provide clients with a broad range of contraceptive choices and to have extended service hours than are clinics in states with no Medicaid expansion.

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Background and Significance

Each year, more than seven million American women rely on publicly funded family planning clinics for their contraceptive care.[1] In fact, one-quarter of all U.S. women who receive contraceptive services—and half of all poor women—will receive that care from a publicly funded family planning clinic.[2] These clinics provide critically important sexual and reproductive health services to poor and low-income women, allowing women and couples to avoid unintended pregnancies, plan the timing of wanted pregnancies and receive a range of preventive health services, testing and treatment for sexually transmitted infections, and referrals for other needed care.[3] For many women, visits to publicly funded family planning clinics are the only regular type of health care they receive.[4]

The publicly funded family planning clinic network comprises more than 8,000 sites located throughout the country.[1] This loose network of providers includes all sites that offer contraceptive services to the general public and use public funding, including Medicaid, to provide free or reduced-fee services to at least some clients. These clinics are run by a variety of different types of administrative entities. Some are linked to larger county, state or national organizations, while others are independent community providers. Public health departments administer about one-third of all clinics and serve about one-third of all clients receiving care from this network of providers. Planned Parenthood affiliates administer about 10% of clinics, but serve more than one-third of the clients. The remaining one-third of clients served by this network get care from federally qualified health centers (FQHCs), hospital outpatient departments, independent women's health centers, Indian Health Service sites and other community clinics.

The federal Title X family planning program sets the standards that unify more than half of all publicly funded family planning clinics. For four decades, Title X has served as the only federal program devoted to the provision of family planning services to poor and low-income women, funding contraceptive services at some 4,400 clinics in 2010.[5] Title X–funded clinics serve two-thirds of all clients receiving care from the network of publicly funded family planning providers, and more than half of all Title X clinics are run by public health departments. Title X provides flexible funding that can be used for direct patient care, as well as infrastructure, outreach or educational services; it also provides guidelines that set the standard of care for all clinics that receive at least some financial support through the program. Title X–funded clinics adhere to ethical standards about patient confidentiality and the provision of voluntary services, and follow guidelines about the provision of a wide range of contraceptive methods and related preventive health services for all clients.

The Guttmacher Institute has a long history of monitoring the number and location of all publicly funded family planning clinics[6–9] and conducting sample surveys to better understand and document the clinic network's range of service delivery practices and the challenges it faces.[10–13] Over the years, these studies have examined

- types of contraceptive methods and related services offered onsite and through referral;
- service delivery practices and protocols, particularly those that have the potential to affect service accessibility, method initiation and continuation, and care for patients with special needs;
- staffing, training and scheduling patterns;
- the types of outreach and special programs offered, and whether outreach or programs are tailored to specific client subgroups;
- protocols and technology used for screening and testing (including for cervical cancer, HIV and other STIs);
- service costs and financial challenges; and
- a variety of other aspects related to clinical practices and management.

The current study is both an extension of these earlier surveys and an investigation of new topic areas relevant to the provision of clinic services today. Based on a nationally representative sample of publicly funded family planning clinics conducted in 2010–2011, this report looks at variation across clinics according to their principal service focus (whether they are focused on providing contraceptive and reproductive health care services or comprehensive primary care services), their Title X funding status (funded or not) and their administrative type (health department, Planned Parenthood, FQHC or other). For some mea-

sures, we also examine whether there are differences across clinics according to whether the clinic is located in a state that has implemented a Medicaid family planning expansion; such expansions allow a state to increase the number of women who receive Medicaid-funded family planning care based on their income level.

Our assessment of clinic performance is important for program planners and policymakers seeking to ensure that all women and couples, regardless of their income, are able to receive the contraceptive and preventive care they need to avoid unintended pregnancies and plan for wanted births. These data are especially critical given the challenges and changes brought about by transitions in health care financing and delivery. Moreover, these data can be used to inform the ongoing debate about the benefits of public funding for contraceptive services by providing accurate, up-to-date information about the full range of preventive and diagnostic services offered by the clinic network.

Methodology

Sample

Between September 2010 and May 2011, we surveyed a nationally representative sample of 1,294 clinics providing publicly funded contraceptive services. The sample was drawn from the 8,114 eligible publicly funded family planning clinics known to us at that time. Using directories of Title X–supported clinics, Planned Parenthood affiliates, federally qualified health centers (FQHCs) and Indian Health Service units, as well as personal communications with Title X grantees, agency administrators and others, the Guttmacher Institute maintains a list of all publicly funding family planning providers. Regular updating is conducted to confirm clinic names, addresses, public funding status and provision of contraceptive services.

Sampled clinics were stratified by type (health department, Planned Parenthood, FQHC and other) and whether they received any Title X funding. Clinics were randomly selected within each of the eight resulting categories. Because there are many more clinics of some types than of others, we varied the proportion of each type that was sampled to ensure a sufficient number of cases to make estimates specific to each type. We sampled 28% of Planned Parenthood clinics, 19% of FQHCs, 13% of health departments, and 16% of hospitals and other facilities.

Fieldwork protocols

Surveys were pretested with clinic administrators and were then mailed to clinic family planning directors at the end of September 2010. The eight-page questionnaire asked for basic information about the clinic, including client caseload and staff qualifications, and about the range and type of contraceptive services provided. Questions addressed current reproductive health services provided (or referred) to both male and female clients, the costs associated with these services, as well as any outreach or special programs at the clinic. Most questions were closed-ended, with some requiring specific information to be entered by the respondent. A few questions included open-ended components to capture the full range of responses.

A reminder mailing was sent to clinics in November. To improve the response rate, follow-up phone calls were made to nonresponding facilities between October and May 2011. Over 3,800 contacts were made during this period, via phone, fax and email. To improve the response rate, clinics that had not yet responded to the survey by the beginning of February were offered a $25 incentive for completed surveys, and letters announcing the incentive were mailed directly to the contact person identified as most appropriate during nonresponse follow-up. Two hundred and twenty clinics responded to the incentive offer.

Response

Ultimately, 664 clinics responded to this survey, 20 clinics refused and 610 never responded, even after multiple follow-up attempts. (The original sample included some 114 clinics that were found to be ineligible, primarily because they had closed or stopped providing family planning services at the site due to administrative changes or loss of funding. These clinics were not replaced in the sample.) In addition, some clinics in the original sample were found to be "satellite" sites, i.e. sites that were open less than two days per week and where family planning services were provided by staff from another full-service site in the same agency. In most of these cases, we replaced the satellite site in the sample with another site in the same agency that was not a satellite. The overall response rate was 51%. Response by provider type was: 75% among Planned Parenthoods, 60% among health departments, 39% among FQHCs and 42% among others.

Key measures

We present data on key clinic characteristics and also look at variation in services and protocols according to these characteristics, which are

- principal service focus, measured as reproductive health versus primary care or other non-reproductive health;
- Title X funding status, measured as Title X funded or not;
- clinic type, measured as health departments, Planned Parenthood clinics, FQHCs and other clinics (a category that comprises clinic types whose totals are too small to be analyzed separately); and

- location, measured as being in a state that had implemented an income-based Medicaid family planning expansion prior to 2010 versus all other states.

Statistical analyses

Analyses were performed using SPSS 18.0. All cases were weighted for sampling ratios and nonresponse to reflect the universe of family planning providers at the time the sample was drawn. Comparisons between clinics according to their key characteristics have been tested for significance using independent group t-tests, and significance is reported for all comparisons at $p<.05$.

All comparisons that are mentioned in the text are statistically significant at $p=.05$ or less. However, not all significant comparisons have been mentioned in the text, as the purpose of this report is to highlight those comparisons that illustrate wide differences among groups or those that have policy or substantive importance. The text tables indicate all the significant comparisons and are available for anyone desiring that level of detail.

Appendix A (page 44) includes further detail for most of the survey items. Significance testing has not been done for this table. Appendix B (page 69) is the full questionnaire.

Characteristics of Clinics and Their Clients

In the United States, publicly funded family planning services are administered by a diverse network of provider agencies. These agencies provide services at over 8,000 clinics nationwide. In this section, we compare clinics according to several key characteristics, including their principal service focus, Title X funding status, provider type, size and location. We also look at variation among clinics according to basic client characteristics, including the proportion of clients who are minors, male, from minority groups or affiliated with other special needs groups.

Principal service focus

Half of all publicly funded family planning clinics reported that they were specialized reproductive health care providers whose service focus was providing family planning and related sexual and reproductive health services (Figure 1, page 8, and Table 1, page 30). The other half of clinics reported that they provide contraception services along with the provision of broader care, including full primary care. Throughout this report, we make comparisons between clinics whose principal service focus is on family planning and sexual and reproductive health care, versus general or primary care, with the hope of better understanding some of the benefits and weaknesses of different delivery models in meeting the needs of American women.

Title X funding status

Half (52%) of all publicly funded clinics providing contraceptive care receive some funding from the federal Title X program. More than two-thirds (69%) of Title X–funded sites are focused on providing reproductive health services.

Provider type

Overall, 32% of clinics providing publicly funded family planning services are administered by public health departments, 10% by Planned Parenthood affiliates, 32% by FQHCs and 26% by other types of agencies. Hospital outpatient clinics comprise 6% of the sample and make up the largest single clinic type within the "other" category. Other groups too small to report separately include independent women's clinics, other community clinics not part of the FQHC network, such as FQHC look-alikes, Indian Health Service clinics, and other unaffiliated clinics.

The vast majority of health department sites (70%) and all Planned Parenthood sites are reproductive health–focused. In comparison, only 12% of the FQHCs report being focused on the provision of reproductive health services. Given the fact that most FQHCs are primary care providers, it may be surprising that any report a reproductive health focus; but there are some cases where family planning clinics have been able to secure FQHC funding or become affiliated with or operated by an FQHC network, while retaining their focus on family planning.

Clinic location

Fifty-eight percent of clinics are located in the 20 states* that had implemented an income-based Medicaid family planning expansion by 2010. Clinics that do not receive Title X funding are somewhat more likely than Title X–funded clinics to be located in an expansion state, while health departments are somewhat less likely than all other provider types to be located in an expansion state.

Client caseload

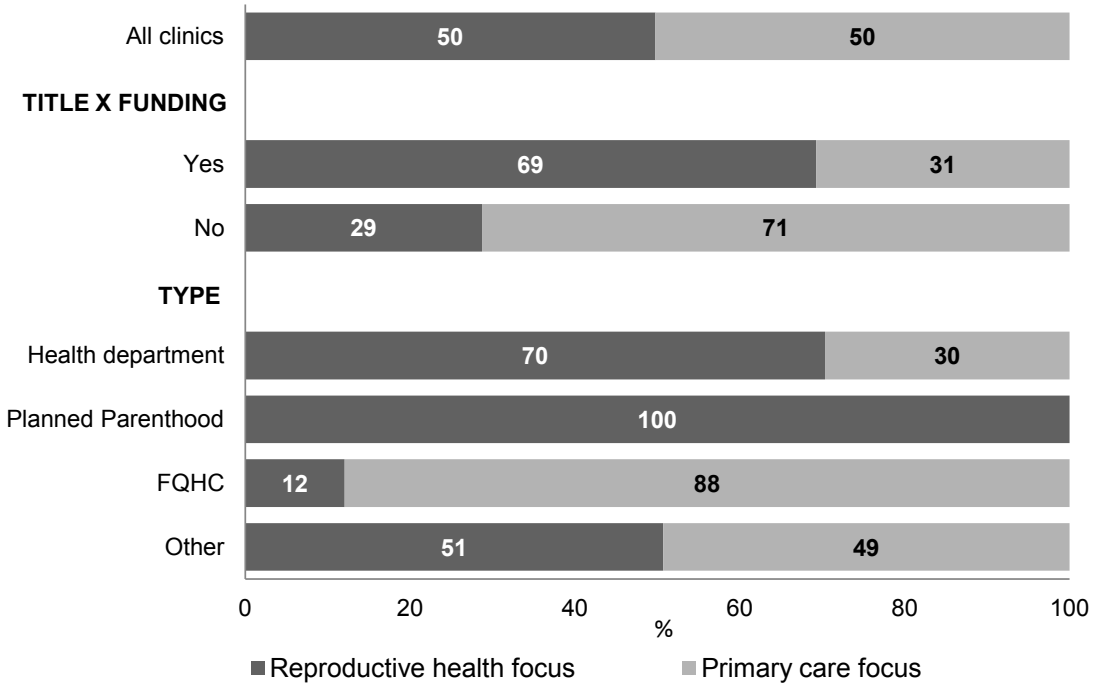
About one-third of clinics (34%) serve fewer than 20 contraceptive patients per week; another one-third (34%) serve between 20 and 49 contraceptive patients per week; and the remaining third (32%) serve 50 or more patients per week. This varies dramatically by service focus and provider type. Primary care–focused clinics serve many fewer contraceptive clients per week than do reproductive health–focused clinics, and Planned Parenthood clinics serve many more contraceptive clients per week than do all other provider types.

Client characteristics

Clinics were asked to provide information about the percentages of their contraceptive or STI clients that have certain characteristics. To facilitate better responses from

*Alabama, Arkansas, California, Illinois, Iowa, Louisiana, Michigan, Minnesota, Mississippi, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Virginia, Washington and Wisconsin.

FIGURE 1. Distribution of publicly funded family planning clinics by service focus, Title X funding status, and type, 2010



clinics, for each characteristic, administrators were asked to check or estimate the percentage category that best represented their clients: 0–9%, 10–24%, 25–49%, or 50% or more (Table 1 and Appendix A).

- *Minors.* One-third of clinics reported that 25% or more of their clients were minors aged 17 or younger. Reproductive health–focused clinics were more likely to report that minors made up at least 25% of their clientele (40%) compared to primary care–focused clinics (25%).
- *Males.* One in five clinics (19%) reported that men make up at least 25% of their clients. Primary care–focused clinics (23%) and FQHCs (24%) were more likely than reproductive health–focused clinics (16%) or all other clinic types (9–19%) to report that men made up at least 25% of their clientele.
- *Minority groups.* Women who are from racial or ethnic minority groups comprise a majority (50% or more) of clients at 37% of all clinics. FQHCs were more likely than all other provider types to report that a majority of their clients are from minority groups (47%).
- *Limited English proficiency.* One-quarter (26%) of all clinics reported that 25% or more of their clients have limited English proficiency. Specifically, 14% reported that 25–49% of clients have limited English proficiency, and 12% of all clinics reported that this is true of at least 50% of all clients. FQHCs were the most likely to report that at least 25% of clients have limited English proficiency (36%) and Planned Parenthood clinics were the least likely (15%).
- *Other special needs subgroups.* More than six in 10 clinics (62%) reported that at least 10% of their clients were dealing with some kind of complex medical or personal issue. Half of clinics (52%) reported that at least 10% of clients are dealing with substance abuse; and one-third (36%) reported a similar level of clients dealing with intimate partner violence. Twenty percent of clinics reported that at least 10% of clients are mentally or physically challenged and 11% reported a similar level of homelessness among clients. In general, FQHCs reported serving higher percentages of clients with a variety of these challenges, compared to all other provider types.

On-Site Provision of Contraceptive and Other Health Services

On-site provision of a wide range of contraceptive methods is one of the hallmarks of the publicly funded clinic network. Contraceptive choice is critical to ensuring that women adopt the best method for their current stage in life and their lifestyle; women who are dissatisfied with their method are more likely to use it incorrectly or inconsistently.[14] Since 2003, when we last measured the availability of methods at publicly funded family planning clinics, a number of methods have come on the market or become much more widely available than they were in 2003. For example, in 2003 there was no contraceptive implant on the market, nor had extended oral contraceptives been approved for use. Other methods, like the contraceptive patch and vaginal ring, had only recently received FDA approval in 2003 and were not widely available in clinics.

In this section, we look at trends and patterns in the availability of different contraceptive methods and other types of health services. Clinic administrators were asked if each method or service was: (1) provided or prescribed at this site; (2) not provided and clients are referred to other clinics affiliated with the clinic; (3) not provided and clients are referred to providers not affiliated with the clinic, or (4) not provided or referred. All data presented here correspond to the percentages of clinics responding that methods or services are provided or prescribed on-site. Additional data about the percentages providing referrals can be found in Appendix A.

Trends in contraceptive method availability

On-site provision of the most widely used methods—oral contraceptives, injectables (e.g., Depo-Provera) and condoms—was high in 2003 and remained high in 2010, with 90% or more of clinics providing each of these methods in each year (Figure 2, page 10, and Table 2, page 31).

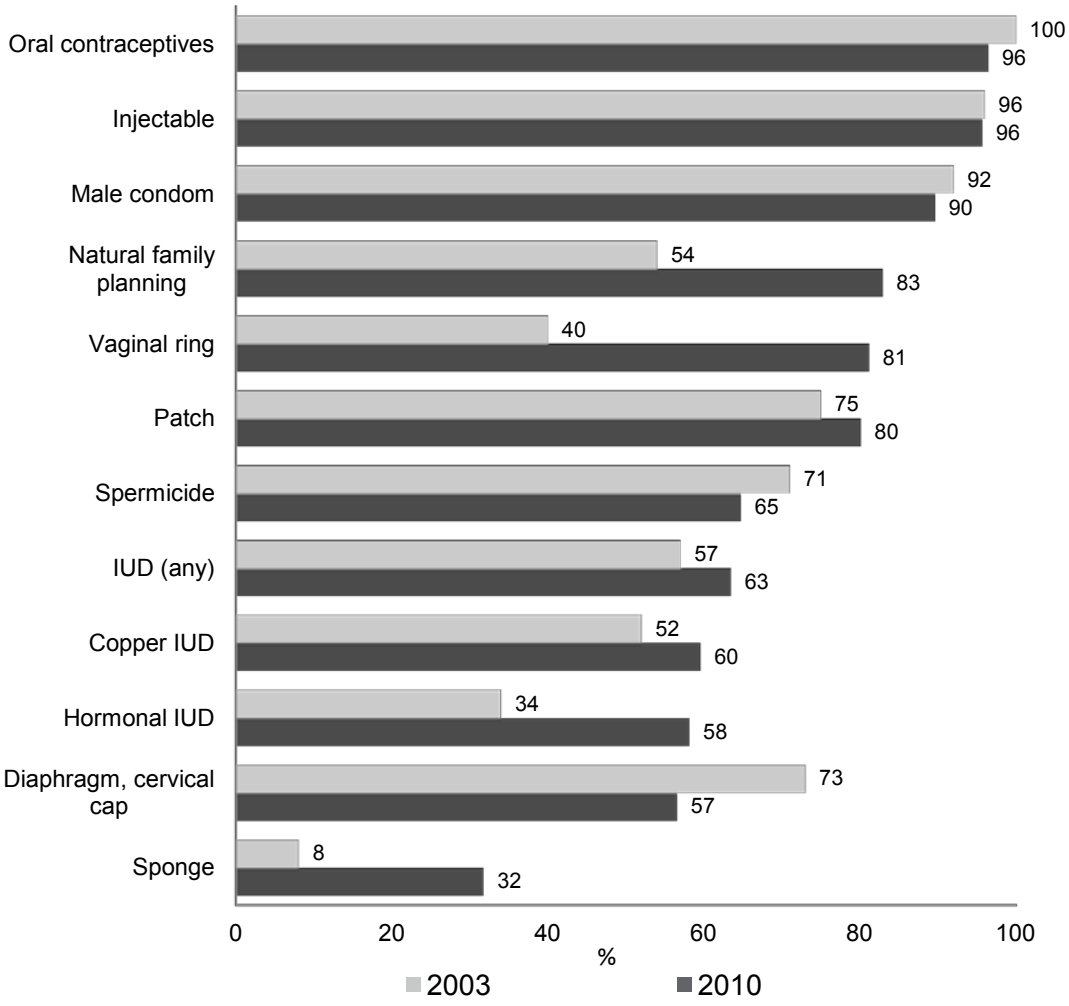
- On-site provision of new hormonal methods increased during the period, with availability of the vaginal ring rising from 40% in 2003 to 81% in 2010, and availability of the contraceptive patch rising from 75% to 80%.
- Extended oral contraceptives, such as Seasonale, which were unavailable in 2003, were offered by 63% of clinics in 2010.
- Availability of long-acting methods rose significantly during the period. The implant, which was unavailable in 2003, was offered by 39% of clinics in 2010. Provision of any type of IUD rose from 57% in 2003 to 63% in 2010, while availability of the copper IUD (e.g., ParaGard) rose from 52% to 60%, and availability of the hormonal IUD (e.g., Mirena) rose from 34% to 58%.
- Among the remaining reversible methods, on-site availability of the sponge, the female condom and natural family planning instruction rose significantly over the period; however on-site provision of some other methods declined: Diaphragm or cervical cap provision fell from 73% to 57% and spermicide provision fell from 71% to 65%.
- On-site availability of emergency contraception at clinics stayed virtually the same in both periods (80–81%).
- Provision of permanent contraceptive methods on-site at publicly funded family planning clinics, already quite low in 2003, plunged even further in 2010. Provision of tubal sterilizations fell from 30% to 14%, and provision of vasectomy fell from 25% to 7%.
- Summarizing overall reversible method availability, we look at three different measures: the percentage of clinics offering at least 10 out of 13 reversible methods,* the percentage of clinics offering any long-acting (LARC) methods (i.e., IUDs or implants) and the mean number of reversible methods offered. Between 2003 and 2010, the percentage of clinics offering at least 10 out of 13 possible reversible methods rose from 35% to 54%; the percentage offering any LARC method rose from 57% to 66%; and the mean number of reversible methods offered rose from 8.1 to 9.2.

Variation in method availability in 2010

- *Service focus.* Publicly funded clinics with a reproductive health service focus were significantly more likely than primary care–focused clinics to provide almost every contraceptive method, providing an average of 10.0

*We chose to measure 10 out of 13 methods because 10 represents about 75% of the available methods asked about, and, both numerically and proportionately this provides a clear indicator of provision of a "wide range" of methods.

FIGURE 2. Percentage of publicly funded family planning clinics offering each contraceptive method on-site, 2003 and 2010



reversible methods on-site, compared with 8.4 methods at primary care–focused clinics (Table 2). In some cases, the differences between clinic types were striking, particularly with respect to LARC methods (IUDs were offered by 72% reproductive health–focused clinics and 55% primary care–focused clinics and implants by 48% and 30%, respectively) and nonprescription methods (male condoms were offered by 97% and 83%, respectively, and natural family planning by 90% and 76%).

- *Title X funding status.* For oral contraceptives and LARC methods, there was no significant difference in on-site method provision between clinics according to Title X funding status. However, Title X–funded clinics were more likely to provide injectables, the vaginal ring, nonprescription methods (condoms and natural family planning) and emergency contraception on-site than were other non-Title X–funded clinics. Overall, the average number of methods provided on-site by Title X–funded clinics (9.6) was significantly greater than the number provided by clinics not receiving Title X funding (8.8).
- *Provider type.* For every method except oral contraceptives, there were wide and significant differences in on-site method provision among clinics according to provider type. With very few exceptions, Planned Parenthood clinics were significantly more likely than all other types of clinics to provide almost all methods. Ninety-one percent of Planned Parenthoods provided at least 10 reversible methods on-site, compared with 48–53% of all other provider types.
- *Location.* In addition to examining variation in method availability by key clinic characteristics, we looked at whether or not there were differences in method avail-

ability according to whether the clinic was located in a state that had implemented an income-based Medicaid family planning expansion. Variation was found for some of the summary measures (see page 25 for details), with clinics in waiver states generally providing a wider range of methods and typically offering LARCs.

Provision of other health services

- *Pregnancy testing.* Virtually all publicly funded family planning clinics reported providing pregnancy testing (Table 3, page 32).
- *STI services.* The vast majority of clinics reported providing STI services: Ninety-seven percent provide STI testing and screening, 95% STI treatment and 92% HIV testing. These levels varied little by clinic characteristics.
- *HPV vaccination.* Eighty-seven percent of clinics reported providing the HPV vaccination on-site. Primary care–focused clinics were more likely to do so than reproductive health–focused sites (96% vs. 77%).
- *Domestic violence screening.* Eight in 10 clinics (83%) reported screening their clients for domestic violence.
- *Preconception care.* Eight in 10 clinics (83%) reported providing preconception care to their clients. Planned Parenthood clinics were significantly less likely than all other provider types to do so (64% vs. 82–87%).
- *Lifestyle improvement services.* Three in four publicly funded family planning clinics reported providing lifestyle improvement services such as weight management and lifestyle interventions (74%) or smoking cessation services (73%). These types of services were much more common at primary care–focused clinics (85–86%), but six in 10 (61–62%) reproductive health–focused sites also reported providing such services.
- *Other screening services.* Seventy-two percent of clinics reported providing diabetes screening, and 64% reported offering mental health screening services. Again, primary care–focused clinics, particularly FQHCs, were more likely to offer such services than were reproductive health–focused clinics.
- *Infertility services.* Four in 10 clinics (42%) reported providing infertility counseling, but only 11% provided infertility treatment. Reproductive health–focused clinics were more likely than primary care–focused clinics to provide counseling for infertility (47% vs. 37%); while the opposite was true of infertility treatment (6% vs. 16% of reproductive health–focused sites).
- *Colposcopy.* Just over one-third (36%) of clinics reported providing colposcopy services on-site. Planned Parenthood clinics, FQHCs and other clinics were all much more likely than health departments to provide this service (52%, 50% and 40%, respectively, vs. 14%).
- *Abortion services.* Few publicly funded family planning clinics reported providing abortion services (8% provided medication abortion and 6% provided surgical abortion); those that do provide abortion services use private sources of funding to pay for them. (Title X funds cannot be used for abortion, and abortion activities must be separate and distinct from Title X project activities.)

Serving men

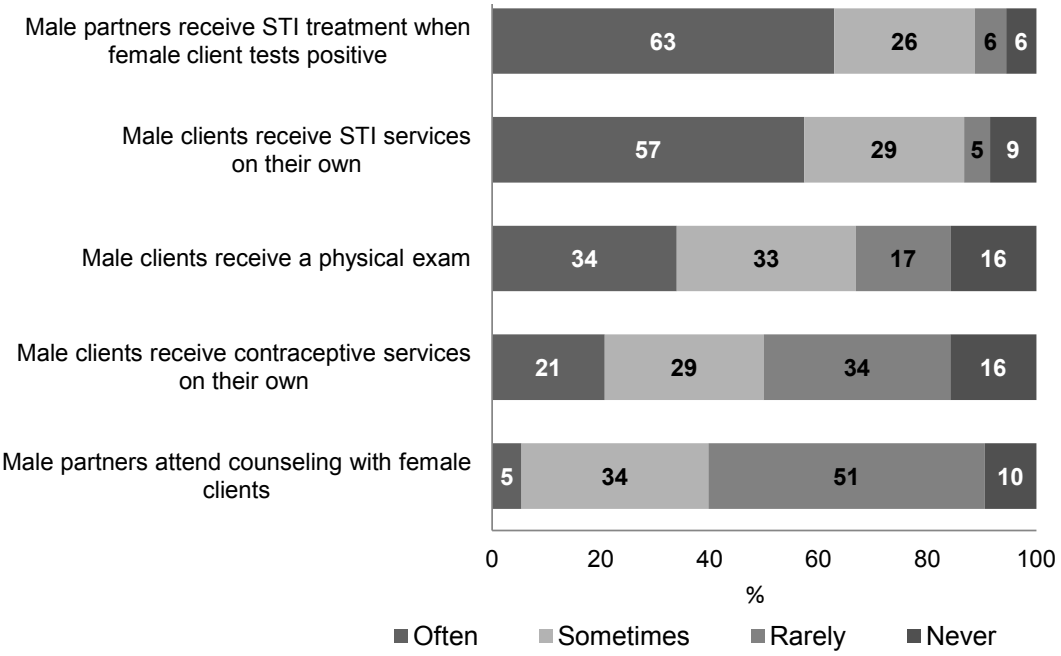
Although most publicly funded family planning clinics focus on serving women, most also offer some services to men. In recent years, there have been increased attention and resources directed toward providing sexual and reproductive health care to men. Since 2001, among Title X–funded clinics, the percentage of clients who are male has doubled, from 4% in 2001 to 8% in 2010.[5] In order to examine how men are served in clinics—whether men are served on their own or as the partner of a female client, and which services are available to men—we asked clinics how frequently certain services for men or that involve male participation are provided at the clinic.

- *STI services.* Some 63% of clinics reported that STI treatment of male partners is often provided when female clients test positive, and 57% of clinics reported that men receive STI services on their own (Figure 3, page 12).
- *Physical exams.* One-third (34%) of clinics reported often providing physical exams to male clients; a similar percentage reported that men sometimes receive physical exams at the clinic.
- *Contraceptive care.* Half of all clinics reported that male clients receive contraceptive services on their own, either often (21%) or sometimes (29%). Only 5% of clinics reported that male partners often attend counseling with female clients; 34% reported that this happened sometimes.

Cervical cancer screening

Screening for cervical cancer is an essential reproductive health service provided by family planning clinics. Over the last decade, there has been considerable change in terms of the availability of and recommended standard of care for new testing options, as well as changes in the recommended testing intervals for different groups of women.[15,16] To assess how well clinics are doing in adopting and integrating new cervical cancer screening technologies, we asked clinics about the type of tests they use. Data from 2010 is similar to the data from 2003, but not identical. To account for changes in the questions, we combined 2003 data on initial screening and follow-up testing into one measure to match the 2010 results.

FIGURE 3. Distribution of publicly funded family planning clinics by provision of services to men, 2010



- Between 2003 and 2010, use at family planning clinics of conventional Pap tests for cervical cancer screening or follow-up testing dropped significantly (from 76% of clinics to 49%), coinciding with a sharp rise in the use of newer, more advanced testing options (Table 4, page 33).
- Use of liquid-based Pap tests for cervical cancer screening or follow-up testing rose from 48% of clinics in 2003 to 87% of clinics in 2010; use of reflex testing for HPV DNA rose from 35% to 66%; and use of the Pap with HPV DNA test rose from 14% to 44%.
- In 2010, use of liquid-based Pap tests was high among all groups of clinics, regardless of service focus, Title X funding status or type. However, Title X–funded clinics and health department sites, particularly, were significantly less likely to have adopted use of the other advanced testing technologies (reflex testing or Pap with HPV DNA testing).

HIV testing

Testing for HIV is considered essential to stopping the spread of AIDS, and the Centers for Disease Control and Prevention recommend that HIV testing be part of every routine medical exam.[17] Publicly funded family planning clinics are critical to ensuring access to HIV testing for the poor and low-income clientele they serve; as reported earlier, more than 90% of clinics provide this service. The traditional screening test for HIV requires a small amount of blood, typically drawn from a finger, which is sent to a lab, and results are provided in 1–2 weeks. This type of testing often involves a second clinic visit to receive the results and any post-test counseling and referrals. Newer testing technologies include rapid-result tests that can be conducted with either saliva or blood and produce results typically within 20–30 minutes. Use of these newer testing modes increase access by eliminating the need for a second clinic visit, and allow clients to receive the test results and any necessary referrals in one day.

- Between 2003 and 2010, use of traditional blood testing for HIV fell from 95% of clinics to 83% of clinics; coinciding with a rise in the use of rapid-result blood testing for HIV, from 3% of clinics to 37% of clinics (Table 4). Use of the rapid-result saliva testing for HIV remained relatively steady, rising only slightly from 22% of clinics to 26% of clinics.
- Reproductive health–focused clinics were significantly more likely to be using rapid-result blood testing for HIV, compared with primary care–focused sites (48% vs. 26%), with Planned Parenthood clinics far more likely to use this test than any other provider type (78% vs. 29–34%).

Clinical Practices to Facilitate Method Access and Continuation

Family planning providers follow a variety of practices and protocols that may help to facilitate initiation and continuation of clients' chosen method of contraception. Practices that require women to visit more than one place or wait before starting a method may impede successful initiation of a method. Clinic administrators were asked a variety of questions to assess the typical practices around method initiation and dispensing at their site.

Oral contraceptive initiation

Successful initiation of oral contraceptive use may be improved by use of the "quick start protocol" (having the client begin pill use on the day of the visit, regardless of where she is in her menstrual cycle),[18] by allowing new oral contraceptive clients to delay the pelvic exam until a later visit,[19-21] and by providing clients with a large supply of pills at the initial visit.[22]

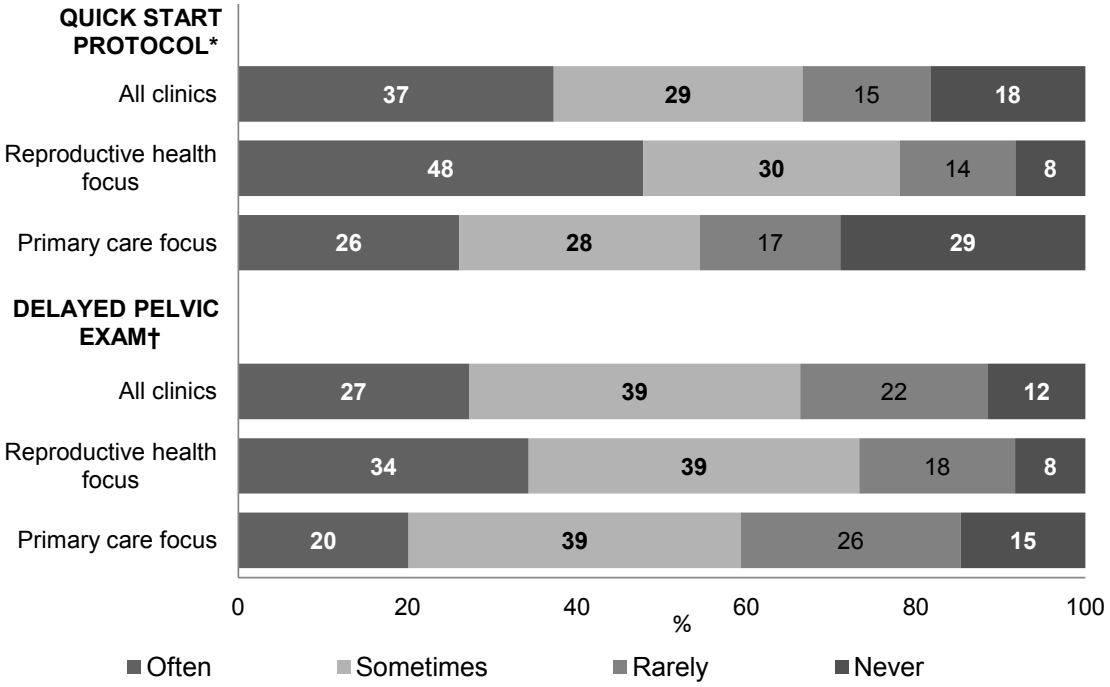
- Overall, two-thirds of clinics (66%) reported use of the quick start protocol often or sometimes. Reproductive health–focused sites and Title X–funded sites were more likely than primary care–focused or non-Title–X funded sites to use this protocol (78% vs. 54% and 74% vs. 58%, respectively; Table 5, page 34, and Figure 4, page 14).
- Planned Parenthood clinics were more likely than all other provider types to use the quick start protocol often or sometimes (93%), and FQHCs were less likely than all other provider types to do so (52%).
- Similarly, two-thirds (66%) of clinics reported allowing new oral contraceptive clients to delay the pelvic exam often or sometimes. The pattern of clinics reporting this policy, by service focus, Title X funding status and provider type, is similar to that of clinics using the quick start protocol.
- Nearly three-quarters (72%) of clinics reported providing fewer than six months' pill supply at an initial visit, typically providing a three-month supply; 28% of clinics reported providing at least a six-month supply, typically a full year's supply. Planned Parenthood clinics were more likely than all other provider types to provide at least a six-month pill supply (61%), while health department clinics were the provider type least likely to do so (15%).

Dispensing protocols

Initiation of oral contraceptives, as well as other methods, can also be affected by whether a client is required to visit more than one place before starting the method. Protocols that require clients to go back and forth between a pharmacy and the clinic to initiate a method introduce multiple points when the client may be unable to continue the process and may fail to initiate method use, even after receiving counseling and a prescription. Streamlined dispensing protocols that require only one visit reduce barriers and help to ensure that clients start on their method right away.

- *Oral contraceptives.* Nearly two-thirds (63%) of clinics reported providing oral contraceptive users with both the initial pill supplies and refill supplies on-site; one in four (24%) provided users with a prescription for both initial and refill supplies (Table 5 and Figure 5, page 15). Reproductive health–focused clinics and Title X–funded clinics were more likely than their counterparts to always provide pill supplies on-site (81% vs. 46% and 86% vs. 39%, respectively). Health department and Planned Parenthood clinics were more likely than FQHCs and others to do so (86–92% vs. 37–55%).
- *Injectables.* When dispensing injectable hormonal contraception (e.g., Depo-Provera) the vast majority of clinics (88%) purchase the supplies and provide them to the client in one visit (Figure 6, page 16). However, 10% of clinics reported providing clients choosing the injectable with a prescription, which she must use to purchase the supply from a pharmacy before returning to the clinic to have it injected. Virtually all health department and Planned Parenthood clinics reported offering injectables in one visit (98–99%), compared with only 75% of FQHCs.
- *IUD.* Among clinics that provide the IUD, 85% reported purchasing IUD supplies and performing insertions on-site; there was little variability in this measure according to clinic characteristics.
- *Implant.* Among clinics that provide the implant, 61% reported purchasing implant supplies and providing insertions on-site. Health department clinics and FQHCs

FIGURE 4. Distribution of publicly funded family planning clinics by frequency with which specific protocols are used in clinical practice, 2010



*When initiating oral contraceptive use, patient takes the first pill on the day of her visit, regardless of where she is in her menstrual cycle. †New clients requesting oral contraceptives may delay having a pelvic exam until a follow-up visit.

were less likely to report these services (49–53%), compared with Planned Parenthoods (88%) and other clinics (65%). Most clinics that indicated that they did not use this protocol, reported that some other protocol was followed, typically referring out to another provider (sometimes one with whom the clinic had a formal contract for such services) or to another clinic within the responding clinic's own agency. Another commonly reported protocol was that the clinic would purchase the method for the client, but then would refer them out for the insertion.

- *Emergency contraception.* Among all clinics, 42% reported often or sometimes dispensing or prescribing emergency contraceptive pills ahead of time for a client to keep at home (i.e., offering advance provision of the method; Table 5). Reproductive health–focused clinics and Title X–funded clinics were more likely than their counterparts to do this (55% vs. 28% and 49% vs. 34%, respectively). Planned Parenthood clinics were much more likely to provide clients with advance provision than were other provider types (85% vs. 29–44%). Only 17% of clinics reported often or sometimes prescribing emergency contraception over the phone without a clinic visit.

Interaction between service focus, type and Title X funding

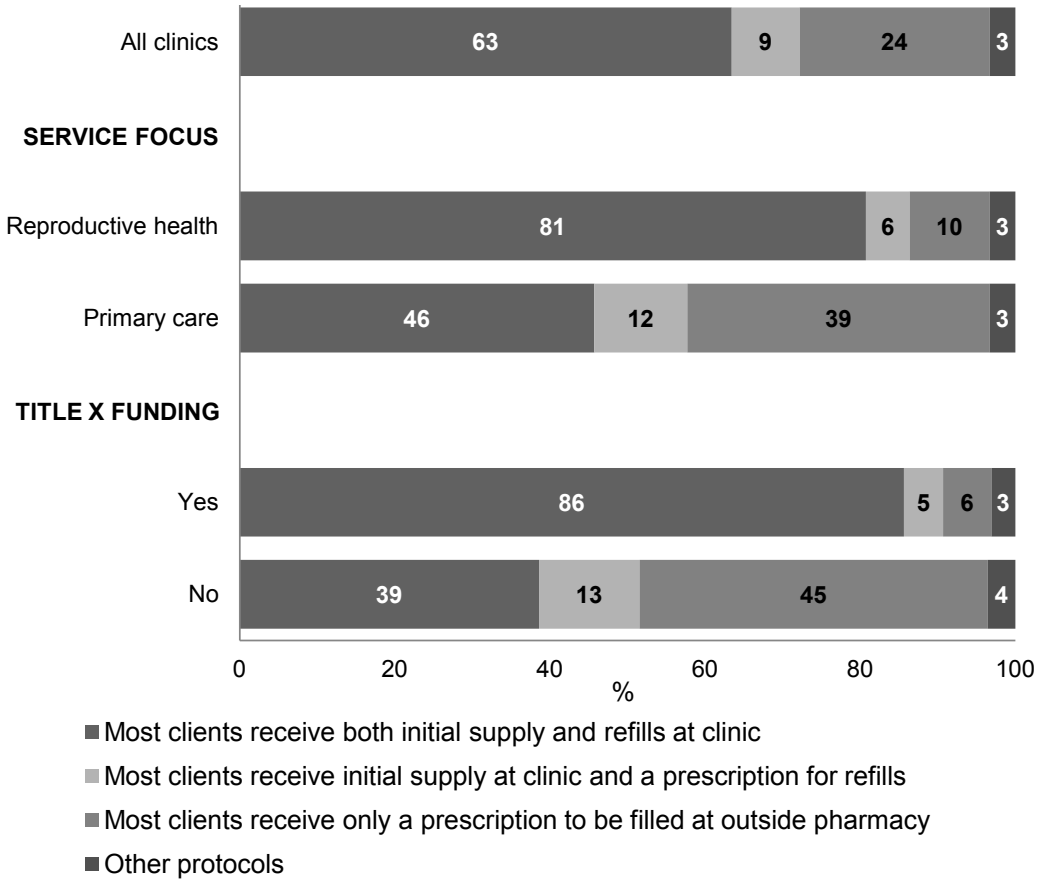
For a variety of dispensing protocols, we found an interaction between service focus or provider type and Title X funding status, such that clinic subgroups with Title X funding did better than those with no Title X funding.

Reproductive health–focused clinics that receive Title X funding were more likely to provide oral contraceptive supplies and refills at the clinic than were reproductive health–focused clinics that do not get Title X funding (90% vs. 57%; Figure 7, page 17). Similarly, primary care–focused clinics that receive Title X were more likely to provide oral contraceptive supplies and refills at the clinic than were primary care–focused clinics with no Title X funding (76% vs. 30%).

Clinics' use of the quick start protocol for initiating pill use also varied within service-focus groups by Title X funding status: Clinics that receive Title X were more likely than those who do not to use the protocol.

These relationships are even more pronounced for FQHCs, a group that is virtually all primary care–focused. FQHCs that receive Title X funding are more likely than those that do not to offer at least 10 of 13 reversible methods on-site (63% vs. 46%), provide oral contraceptive

FIGURE 5. Distribution of publicly funded family planning clinics by typical oral contaceptive dispensing protocols, 2010



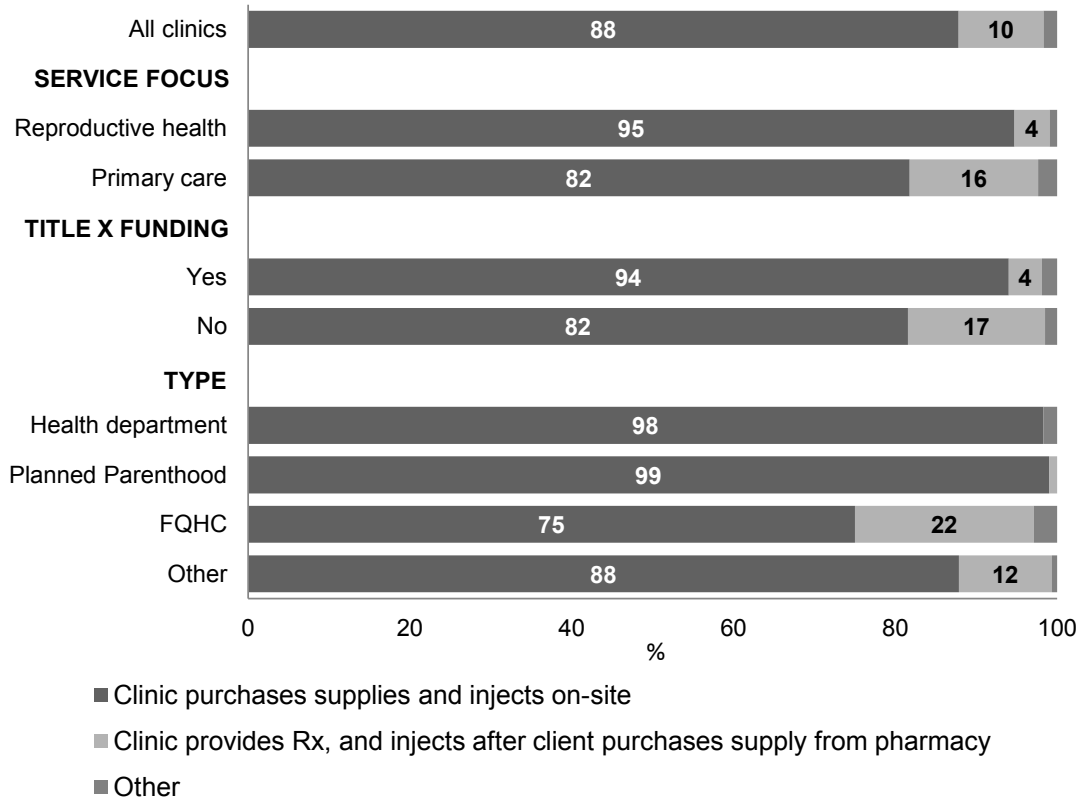
supplies and refills at the clinic (70% vs. 28%), and offer the quick start pill initiation protocol (38% vs. 22%; data not shown).

Time spent on care

Recommendations for improving women's contraceptive use often conclude that contraceptive service providers should offer clients personalized counseling around method choice and use that takes into account their reproductive plan and life situations.[14,23,24] If this type of personalized care is being provided, one might expect that some women will need extra time at an initial visit. We asked clinic administrators to estimate the total time in minutes of a typical initial contraceptive visit (including the time for counseling and the clinical exam, but excluding any wait times) with women of different age-groups and those who might be expected to require extra counseling.

- Overall, the average initial visit time for a typical 25-year-old client was 34 minutes (Table 6, page 35, and Figure 8, page 17).
- The average initial visit time for women with different types of special circumstances was longer: 41 minutes for 16-year-old clients, 45 minutes for women with limited English proficiency, and 50 minutes for women presenting with complex medical or personal issues.
- On average, Title X–funded clinics reported longer initial contraceptive visits with each type of client, compared with non–Title X–funded clinics (Figure 8). Moreover, the difference in time spent was proportionately larger for clients with special circumstances. Title X–funded clinics reported that staff spend, on average, about 20% longer with a typical 25-year-old woman, compared with staff at non–Title X clinics (37 minutes vs. 31 minutes), and 25–35% longer with clients who have limited English proficiency or complex circumstances (46–55 minutes vs. 35–44 minutes).
- Similar patterns were found for differences between reproductive health–focused clinics and primary care–focused clinics.

FIGURE 6. Distribution of publicly funded family planning clinics by typical injectable (Depo-Provera) dispensing protocols, 2010



Type of staff providing care

Different types of clinics rely on different staffing patterns for the delivery of contraceptive care. Some clinics rely more on health counselors or educators and advance practice clinicians (such as nurse practitioners, certified nurse-midwives or physician assistants), while others rely more on nurses and physicians to provide counseling and clinical exams. There is little evidence to date that one staffing model is better than another;[25] however, relying on physicians to provide contraceptive counseling might be expected to sometimes result in shorter counseling times. Regardless of its impact on client's contraceptive use, it is interesting to observe the wide variation among clinics in these staffing patterns by both the type of service asked about and by different provider types.

- Among all clinics, contraceptive counseling is most often provided either by a registered nurse (30%) or by an advance practice clinician (36%; Table 6, page 35, and Figure 9, page 18).
- In contrast, most clinical exams are performed by advance practice clinicians (65%) or physicians (28%), and injections of Depo-Provera are typically performed by registered nurses (55%) or advance practice clinicians (19%).
- Looking at the type of staff involved in contraceptive counseling, there is wide variation by type of provider. Reproductive health–focused clinics rely most on registered nurses and advance practice physicians, while primary care–focused clinics rely most on advance practice clinicians and physicians (Figure 10, page 18).
- Even more striking are the differences by provider type. Health departments rely primarily on registered nurses (70%) for counseling around method selection. Planned parenthoods rely primarily on health counselors (58%), and FQHCs rely primarily on advance practice clinicians (42%) and physicians (36%).

FIGURE 7. Percentage of publicly funded family planning clinics, according to pill-dispensing protocols, 2010

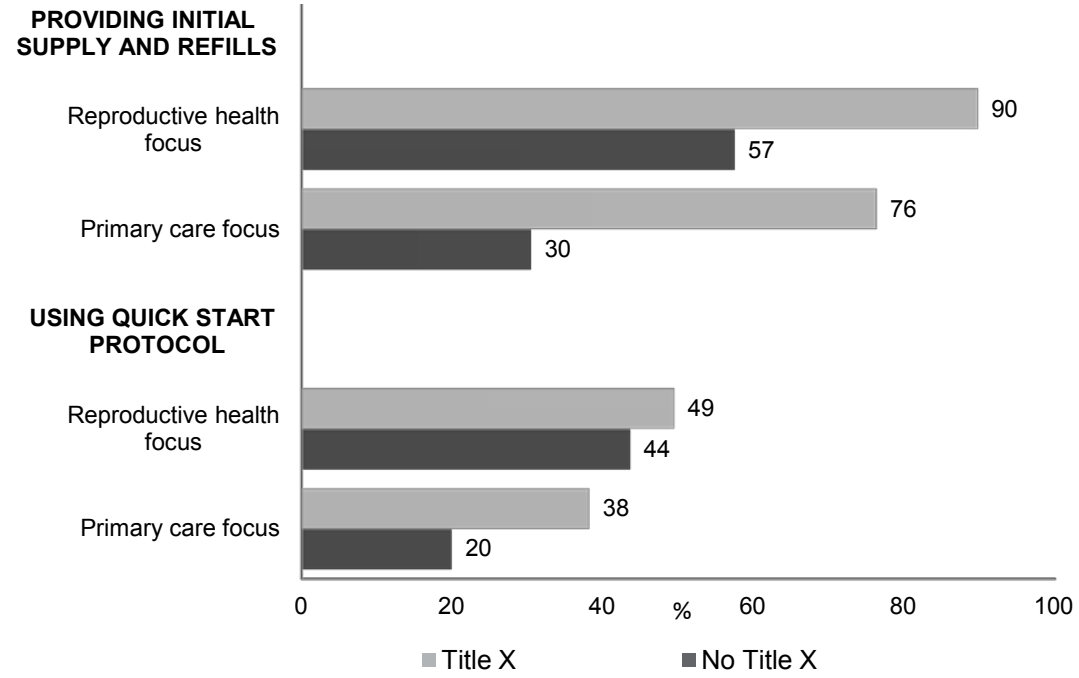


FIGURE 8. Average length of an inital contraceptive visit, by type of client, 2010

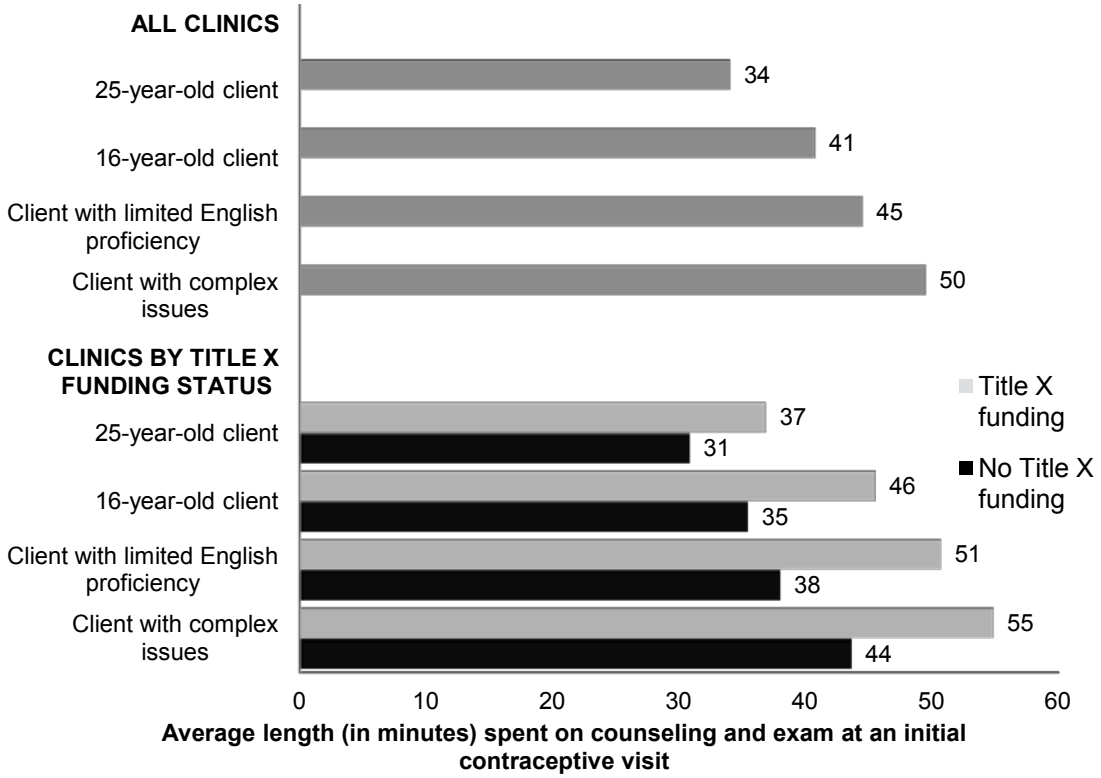


FIGURE 9. Distribution of publicly funded family planning clinics by type of staff typically providing each service, 2010

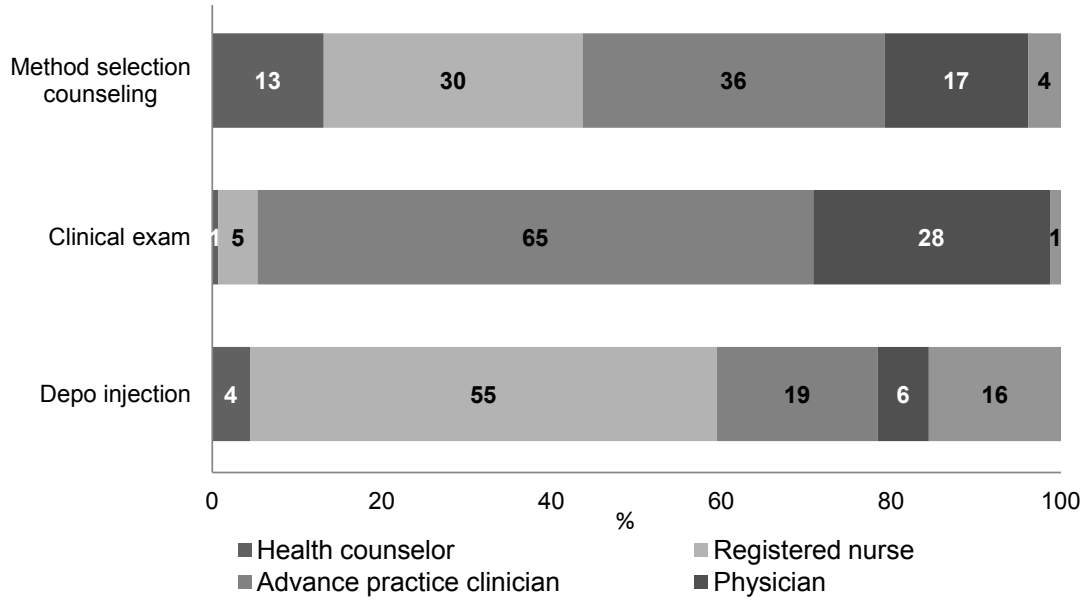
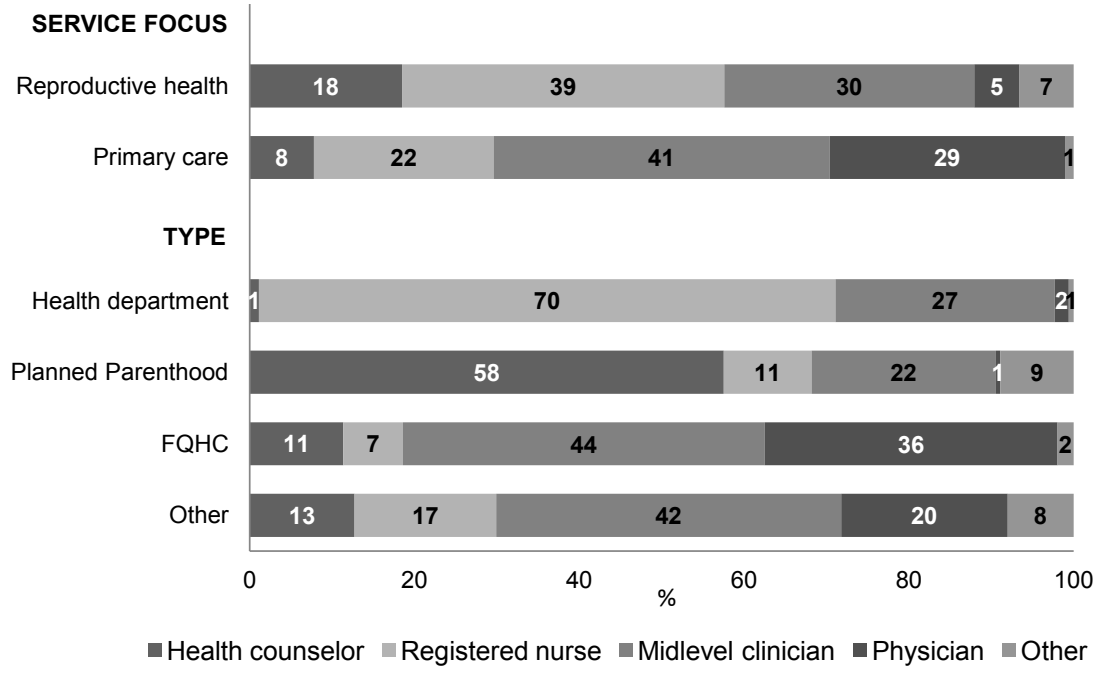


FIGURE 10. Distribution of publicly funded family planning clinics by type of staff typically providing method selection counseling, 2010



Logistical and Financial Access to Care

Publicly funded family planning clinics, like other core safety net providers, take steps to ensure that clients can easily access their services, obtain care in a language they can understand, and receive services that they can afford. Because contraceptive visits are often time sensitive, it is important that clinics reduce the waiting time for an appointment as much as possible. Same-day appointments lessen the chances that a woman will have an unintended pregnancy while she is waiting for an appointment to get a contraceptive method. Offering hours during evenings and weekends also facilitates access, especially for low-income women whose jobs often do not allow flexibility for doctor's visits. It is also critical that publicly funded family planning clinics cater to the large number of immigrant women who come to them for care, by employing staff who can communicate with their clientele or providing translation services. Finally, ensuring affordable care is one of the most important aspects of clinic accessibility. Providing free or reduced-fee services, based on the client's income, is one way that many clinics serve poor and low-income clients. Other ways of making care affordable are by helping clients enroll in and access Medicaid and other state health plans for which clients may be eligible, and by participating in the Medicaid health plans that serve low-income women in their communities.

Scheduling

- Overall, four in 10 clinics (39%) reported offering an initial contraceptive visit appointment on the same day the client called or came in (Table 7, page 36). The average wait time for an initial visit was just over five days. There was little variation by service focus and Title X funding status in appointment availability. However, Planned Parenthood clinics were much more likely to offer same-day appointments (63%) and to have shorter wait times for an initial visit (1.8 days), compared with all other types of providers.
- Four in 10 clinics (39%) reported offering some extended hours—either in evenings (after 6pm), on weekends or both. Again, the biggest variation in this measure was found when examining provider type. On this measure, every provider type was significantly different from all the others in terms of offering extended clinic hours. Health departments were least likely to offer extended hours (17%); followed by "other" clinics (27%) and FQHCs (57%). Planned Parenthood clinics were by far the most likely to offer extended clinic hours (79%).

Language services and translation

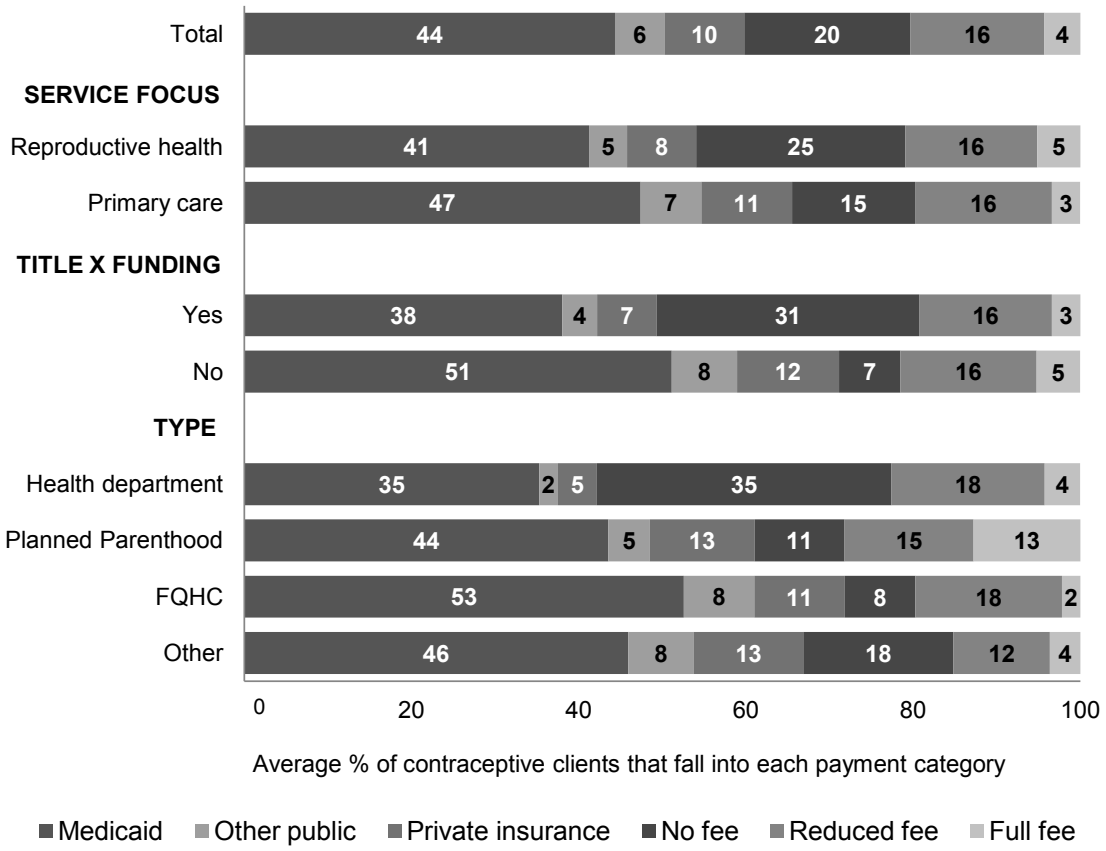
Two-thirds of clinics (64%) reported that three or more languages, other than English, are spoken among by their clientele (Table 7); the range of other languages spoken varied from zero to 20.

- Four in 10 clinics (41%) reported that their clinical staff speak three or more languages, and a similar percentage reported that their nonclinical staff speak three or more languages. FQHCs and "other" clinics were more likely than health department and Planned Parenthood clinics to report that staff speak multiple languages.
- Just over half of clinics reported that either clinical staff (51%) or nonclinical staff (56%) provide translation during client visits often or sometimes. There were no differences according to clinic type or Title X funding status in the frequency with which nonclinical staff provide translation services (often or sometimes). However, FQHCs were much more likely than all other types of clinics to report that clinical staff provide translation at client visits (71% vs. 37–48%).
- Clinics employ a variety of additional methods for meeting clients' language needs. Forty-four percent reported that trained interpreters were available on-site either often or sometimes, and 54% reported that telephone interpretation services were used often or sometimes.

Payment source

Clinic administrators were asked to provide information about the percentage of their clients according to how clients' pay for their visits. Response categories included three types of third-party reimbursement: Medicaid or CHIP, including Medicaid family planning waiver/expansion programs; other public insurance; and private insurance. Response categories for clients that did not pay for their visit using public or private insurance included three

FIGURE 11. Distribution of publicly funded family planning clinics according to client payment category, 2010



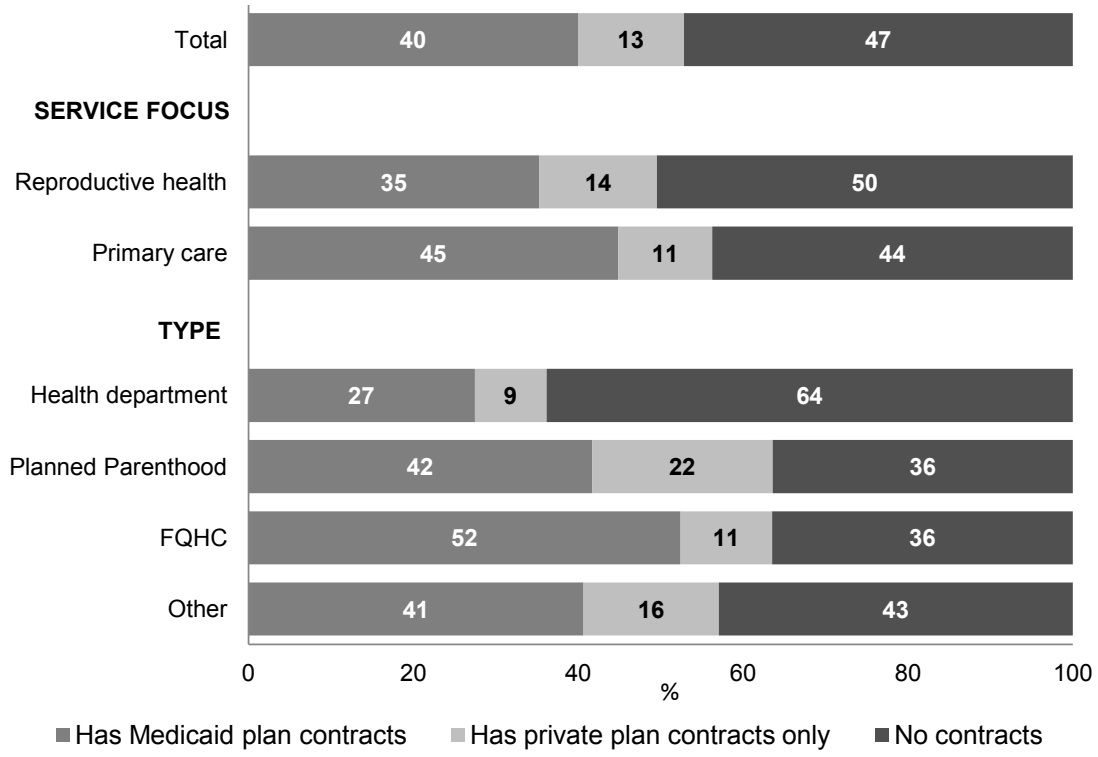
subgroups: No fee or free services, reduced fee and full fee. These subgroups are most relevant to Title X–funded clinics. Under Title X guidelines, clients whose family income is below 100% of the federal poverty level are eligible for free services, and those whose family income falls between 100% and 250% of poverty are eligible for reduced-fee services. Clients whose income is above 250% of poverty and who have no other form of insurance are usually required to pay the full fee.

- In 2010, clinics reported that half of all clients, on average, were covered by either Medicaid (44%) or some other public health insurance (6%; Table 8, page 37, and Figure 11). Twenty percent received free services and 16% received reduced-fee services. Fourteen percent either paid with private insurance or paid the full fee themselves.
- This payment distribution varies somewhat from 2003. Between 2003 and 2010, the average percentage of clients covered by Medicaid increased (from 31% to 44%) and the percentage paying no fee declined (from 30% to 20%; data not shown).
- Compared with other sites, reproductive health–focused clinics and Title X–funded clinics are more likely to have clients paying no fee and less likely to have clients covered by Medicaid. FQHCs are the most likely to have clients covered by Medicaid (53% vs. 35–46%), and health departments are the most likely to have clients that receive free services (35% vs. 8–18%).

Medicaid enrollment practices

- To assist clients who may be eligible for Medicaid benefits, more than seven in 10 clinics (72%) have Medicaid application forms on-site that they distribute to clients (Table 8). In most cases (68%), clinic staff also assist their clients in filling out the form.
- In just over half of clinics (55%), staff are able to submit the completed form for their clients. At 38% of clinics, staff are able to enter client information into the state's eligibility system so that eligible clients can leave the clinic enrolled.

FIGURE 12. Distribution of publicly funded family planning clinics by type of health plan contracts, 2010



- FQHCs are more likely than all other clinic types to facilitate Medicaid enrollment through application submission and on-site eligibility determination and enrollment.

Health plan contracts

- In 2010, just over half of clinics (53%) reported having one or more contracts with health plans—either with Medicaid or with private health insurers (Table 8 and Figure 12). This represents a decrease from 2003, when 61% of clinics reported having at least one managed care contract (data not shown).
- Overall, 40% of clinics reported having contracts with Medicaid health plans and 33% reported having health plan contracts with private insurers; 20% of clinics reported having both kinds of contracts.
- Health departments are the least likely to have any kind of health plan contract (64% have no contracts, compared with 36–43% of all other types of providers).

Outreach and Training to Serve Special Populations

One of the core missions of the publicly funded clinic network is to serve subgroups of the population who otherwise have limited access to care. To accomplish this goal, clinics have long been involved in providing outreach to members of disenfranchised groups, providing special programs or services designed for specific population subgroups, and ensuring that staff are trained to meet the special needs of different populations. In order to better understand the breadth of clinics' involvement in serving different population subgroups, we asked a series of questions on whether clinic staff have received training on how to best serve the special needs of 14 specific groups, whether the clinic has on- or off-site programs to provide contraceptive services tailored specifically for members of each group, and whether the clinic has outreach efforts tailored to each group.

Staff training to provide care to specific populations

- Nearly all clinics (93%) reported that their staff had received training to meet the special needs of some subgroups of their contraceptive clientele.
- On average, clinics reported that staff are trained to meet the special needs of 7.3 different groups (Table 9, page 38). Staff have most commonly been trained in the special needs of adolescents (82% of clinics), individuals experiencing intimate partner violence (75%), non-English-speaking individuals (72%), men (65%), lesbian or gay clients (60%), individuals with substance abuse problems (51%) and minors in foster care (50%).
- On average, Title X–funded clinics reported that their staff had been trained to serve more groups than were reported by non–Title X–funded clinics (8.0 vs. 6.5 groups). Health departments reported having staff trained in the largest number of groups: 8.2 vs. 6.8–7.4 for all other provider types.
- Health departments and Planned Parenthood clinics were both more likely than FQHCs and others to have staff trained in the special needs of adolescents, individuals experiencing intimate partner violence and non-English-speaking individuals. Planned Parenthood clinics were more likely than all other provider types to have staff trained in the special needs of lesbian and gay individuals.

Programs to provide contraceptive care to specific populations

- Three in four clinics (76%) reported having one or more programs to provide contraceptive services that are tailored to specific subgroups of their clientele.
- Clinics reported that, on average, they had specific on- or off-site programs aimed at providing contraceptive services tailored to 4.7 different groups (Table 10, page 39). Like staff training, programs were most commonly tailored to meet the contraceptive needs of adolescents (59% of clinics), non-English-speaking individuals (45%), individuals experiencing intimate partner violence (42%), individuals with substance abuse problems (41%) and men (38%).
- In contrast to staff training, there were far fewer differences between clinics subgroups in terms of whether clinics had programs tailored to serve specific groups and in terms of the average number of groups that such programs were tailored toward.
- Health departments and Planned Parenthoods were both more likely than FQHCs to have programs for adolescents. FQHCs were more likely than most other provider types to have programs for individuals with substance abuse problems, immigrants and homeless individuals.

Outreach efforts to specific groups

- Eight in 10 clinics (79%) reported having outreach efforts tailored to one or more special-needs population.
- On average, clinics reported tailoring outreach efforts to 4.9 different groups (Table 11, page 40). The same groups as reported above were also most likely to have outreach efforts tailored toward them: adolescents, non-English-speaking individuals, men, individuals with substance abuse problems or those experiencing intimate partner violence.
- Clinics with a reproductive health focus were more likely than primary care–focused clinics to tailor outreach efforts to adolescents, men, individuals experiencing intimate partner violence, lesbian or gay individuals, and incarcerated individuals.

Community Linkages

Publicly funded family planning clinics are only one component of much larger system of health care providers that women and men have access to in their communities. For many individuals, family planning clinics provide an entry point into the larger health care system. This may be especially true for relatively healthy young women, whose need for contraception may motivate them to make a health care visit that they might otherwise forgo or deem unnecessary. To better understand whether clinics are indeed providing their clients with needed referrals and to explore how publicly funded family planning providers are connected with the broader health provider system, we asked clinics whether specific types of providers were available in their community and whether or not these other community providers referred clients to the clinic or vice versa.

Availability of other providers

- Eighty-eight percent of clinics reported that their community has at least one other publicly funded clinic that provided primary or general medical care; these included community health centers (76%), migrant health centers (25%) and other primary care community clinics (76%; Table 12, page 41).
- Ninety-four percent of clinics reported that their community has one or more private doctor—a private obstetrician or gynecologist (83%), or other private physicians or group practices (89%).

Referrals

- Among those clinics reporting the existence of other community clinics, nearly nine in 10 (88%) reported that they regularly refer clients to one or more of these providers, and that one or more of these providers regularly refers clients to them.
- Not surprisingly, reproductive health–focused clinics were more likely to refer clients to other primary care clinics in the community than were primary care–focused clinics (96% vs. 79%).
- Among those clinics reporting private physicians in their community, nearly all (95%) reported that they regularly refer clients to private physicians; and eight in 10 (80%) reported that private physicians in the community refer clients to them.
- Reproductive health–focused clinics were more likely than primary care–focused clinics to report referrals, both to and from, private physicians.

Perceived Reasons Why Clients Choose the Clinic

Most women have multiple options when it comes to choosing a family planning clinic or reproductive health care provider. We asked clinics to consider the different providers available in their community and indicate which reasons they thought were important to most, many, some or few of their clients when deciding to come to the clinic in question.

- The reason mentioned by the highest percentage of clinics (74%) as important to most clients was that free or reduced-fee services are available (Table 13, page 42).
- The second most common reason, reported by 62% of clinics, was the availability of confidential services, and third (reported by 59%) was the ability to get high-quality contraceptive care.
- Higher percentages of Title X–funded clinics and health departments than other types of clinics mentioned free or reduced-fee services as important to most of their clients.
- The reason mentioned by the highest percentage of Planned Parenthood clinics was the availability of confidential services.
- Although the top reason mentioned by FQHCs was free or reduced-fee services, the second reason mentioned by FQHCs as important to most clients was the availability of multiple types of services in one place, a reason much less commonly cited among most other types of clinics.

Clinics Located in States with a Medicaid Family Planning Expansion

Over the last two decades, many states have expanded eligibility for Medicaid coverage of family planning services. By 2010, 20 states had initiated broad income-based expansion programs providing family planning services under Medicaid to individuals with incomes well above the cut-off for Medicaid eligibility overall and regardless of whether they meet other requirements for Medicaid coverage, such as being a low-income parent.

According to state and federal evaluations and independent studies, the programs have expanded the network of family planning providers and their capacity to meet the need for services.[26] The services provided have helped reduce levels of unprotected sex, increase use of more-effective contraceptive methods and improve continuity of contraceptive use. They have also expanded access to related preventive care, such as screening for STIs and cervical cancer. Improved contraceptive use has translated into measurable declines in unintended and teenage pregnancy and improvements in women's ability to space their pregnancies. In the process, the expansions have substantially reduced federal and state Medicaid expenditures on unintended pregnancy.

Family planning clinics located in states with expansions have been shown to be able to serve more of the women in need of contraceptive services and supplies in their state, compared with clinics in states without expansions. In addition, clinics in expansion states have more resources than clinics in other states.[3] As a result, we were interested in assessing whether or not there were other differences between clinics in states with and without Medicaid family planning expansion programs. Were the additional resources from greater Medicaid coverage of family planning services (or the lack of such resources) associated with aspects of service delivery among publicly funded family planning clinics?

- *Method availability.* Clinics in states with a Medicaid family planning expansion (expansion states) were more likely than clinics in other states to report on-site provision of at least 10 of 13 reversible contraceptive methods (58% vs. 49%); they were also more likely to report on-site provision of any LARC method (69% vs. 61%; Table 14, page 43).
- *Difficulty stocking methods.* Fewer clinics in expansion states reported that they are unable to stock certain methods due to costs, compared with other states (52% vs. 62%).
- *Cervical cancer testing.* Clinics in states without a Medicaid family planning expansion were more likely to be using conventional Pap smear testing for cervical cancer and less likely to be using combined Pap with HPV DNA testing, compared with clinics in expansion states. There were no differences between the two groups in use of liquid-based Pap testing or reflex testing for HPV DNA.
- *Scheduling.* Neither the clinics' ability to provide clients with same day appointments nor the average wait time for an initial visit appointment varied by state expansion status. However, clinics in expansion states are more likely to have extended evening or weekend hours, compared with clinics in other states (42% vs. 34%).
- *Client payment category.* Not surprisingly, clinics in Medicaid expansion states were much more likely to report a high percentage of clients paying for their visit with Medicaid (55% vs. 30%). Clinics in states without expansions were therefore much more likely to serve uninsured clients who have no form of third-party reimbursement, reporting that more than half of clients pay no fee or a reduced fee (29% and 22% of such clinics, respectively). By comparison, clinics in expansion states reported that only one-quarter of clients pay no fee or a reduced fee (13% and 12%, respectively).
- *Medicaid enrollment assistance.* Given the importance of Medicaid as a payer of family planning care in expansion states, one would expect that publicly funded family planning clinics in those states would do as much as possible to ensure that their clients are able to obtain the Medicaid benefits that they are eligible for. As expected, clinics in expansion states are much more likely than clinics in other states to assist clients with Medicaid enrollment in each of the four ways possible. Eight in 10 clinics in expansions states have Medicaid applications available and assist clients in completing the application (compared with 51–61% of clinics in other states): Two in three clinics in expansion states submit the application (vs. 42% in other states), and four in 10 are able to facilitate eligibility determination and on-site enrollment (vs. 31%).

Discussion

Publicly funded family planning clinics are a vital source of affordable health care for millions of U.S. women each year. In 2008, this network of over 8,000 clinics served an estimated 7.1 million female contraceptive clients, who represented 41% of all women who need publicly funded contraceptive care because of their income level and their desire to prevent an unintended pregnancy.[1] The contraceptive services provided by clinics helped these women avoid some 1.5 million unintended pregnancies, of which 656,000 would have resulted in an unplanned birth and 616,000 would have resulted in an abortion.

In order to meet women's need for high quality care, clinics strive to offer the widest possible range of contraceptives and to incorporate the latest screening and testing technologies into their services. Between 2003 and 2010, there were significant increases in the proportions of clinics offering at least 10 reversible methods, including some of the newest contraceptive methods; as well as increases in the use of the more sensitive liquid-based Pap tests for cervical cancer screening and rapid-result tests for HIV screening.

Half of all clinics providing publicly funded family planning care are specialized providers that focus on the provision of reproductive health and related services, while the other half provide comprehensive primary care services, along with contraceptive services. As expected, clinics with a reproductive health focus are quite different from primary care–focused clinics in the overall contraceptive service package offered and in their approach to providing contraceptive care. Not only do reproductive health–focused clinics offer a greater range of contraceptive methods, they are also more likely to have protocols that encourage clients to initiate and continue using a contraceptive method. Moreover, clinics that specialize in providing reproductive health care are more likely to have staff trained in, and programs and outreach tailored to, the special needs of a wide range of contraceptive client subgroups. Finally, providers at specialized clinics typically spend longer with clients during an initial contraceptive visit than do providers at primary care–focused clinics; visit times are comparatively even longer for special needs clients.

While the differences between reproductive health–focused clinics and primary care–focused sites are not surprising, they are important because they suggest that for some clients, being able to visit a specialized clinic may be critical to their ability to successfully initiate and continue using the method of their choice. Clients who need more than just a pill prescription—for example, those who need a wider choice of methods, who need extra time with clinic staff to discuss method options and find the one best suited to their individual needs, or who may have difficulty making multiple visits when starting a method—may be better served by a clinic that specializes in reproductive health services, rather than primary care.

Clinics that receive some funding from the federal Title X family planning program account for about half of clinics, and they serve about two-thirds of all contraceptive clients receiving care from the family planning clinic network. Title X–funded clinics have always placed a special emphasis on serving poor and uninsured clients; hence, nearly one in three clients receives free care. A majority of Title X clinics have a reproductive health focus and therefore are similar to reproductive health–focused clinics generally on many measures. Compared to clinics without Title X funding, Title X clinics provide a wider selection of reversible contraceptive methods, are more likely to have dispensing protocols that enable clients to easily initiate and continue their method, have staff that spend more time with clients and have staff who are trained to meet the needs of a greater number of special needs groups.

We also found evidence of a significant interaction between a clinic's service focus and whether or not it receives Title X funding. For example, primary care–focused clinics that receive Title X funding are more likely to have contraceptive method dispensing protocols that enhance method initiation and continuation when compared with primary care–focused clinics that do not receive Title X funding. This interaction suggests an especially important added benefit of Title X to those clinics that otherwise do not focus on provision of contraceptive care, and indicates that if primary care clinics are going to be able to provide a full range of accessible contraceptive options, they may need some additional family planning–specific resources in order to best meet the needs of women.

Some of the greatest variation in the measures examined here was found when comparing clinics according to the type of organization that administers services at each clinic. On a wide variety of measures, Planned Parenthood clinics surpass other clinics in terms of offering a wide variety of methods and making those methods easily accessible. Planned Parenthoods offer more methods than any other type of provider, are more likely to have protocols that streamline initiation and use of methods, are able to serve new clients much more quickly than other clinics and are considerably more likely than all other provider types to offer clinic hours in the evening or on weekends.

Health department clinics do well on some measures, including dispensing oral contraceptives and injectables on-site, spending time with clients, having staff trained to meet the special needs of population subgroups, and offering programs or outreach tailored to special groups. However, health departments lag behind other provider types on many key measures. They are the least likely to provide LARC methods on-site, are the most likely to report that they have trouble stocking some methods due to their cost and are unlikely to have clinic hours in the evening or weekends. They are also the least likely to have any contracts with health plans. This latter finding is troubling given that health departments are the most likely to serve clients who receive free or reduced-fee services. Health departments' ability to receive reimbursement from health plans covering the women they serve may be critical to their ability to remain viable as health care providers in a changing health care marketplace.

Federally qualified health centers (FQHCs) are similar to health departments and others in terms of dispensing methods on-site, but lag behind Planned Parenthoods. They are the least likely to have protocols that encourage method initiation and use, often requiring clients to make more than one visit and providing method prescriptions rather than actual contraceptive supplies. Compared with all other provider types, they also have the lowest contraceptive client caseloads. Compared with FQHCs that do not receive Title X funding, those that do are more likely to offer at least 10 of 13 reversible methods on-site, more likely to provide oral contraceptive supplies and refills at the clinic, and more likely to use the quick start pill initiation protocol.

Clinics located in states that have expanded Medicaid coverage for family planning services are more likely than clinics located in other states to provide clients with a broad range of contraceptive choices and to have extended service hours. Not surprisingly, a higher proportion of clients served in these clinics are covered by Medicaid, and a lower proportion have no source of third-party payment for their care.

Although family planning clinics are doing their best to provide high-quality contraceptive and preventive care to millions of women, these data indicate a number of service delivery challenges and show that many clinics are struggling. Many clinics are facing severe financial constraints that have reduced their ability to provide the scope of services to the number of women they would like to be able to serve. Nearly six in 10 clinics reported that they have trouble stocking methods because of costs, and others are unable to use the more expensive methods for cervical cancer or HIV testing. Many clinics reported that they are unable to hold evening or weekend clinic hours or to offer same-day contraceptive appointments.

At the same time that publicly funded family planning clinics are trying to overcome these service delivery hurdles, there is an urgent need for them to move quickly to adapt to a rapidly changing health care landscape. For example, fewer than half of clinics have contracts with Medicaid health plans, and only one in three have contracts with private health plans. Becoming participating providers with health plans will be a necessity if family planning clinics are to remain viable as health care providers. However, in order for clinics to negotiate health plan contracts, they need to fully integrate electronic health records and other health information technology into their practices—something that many clinics, especially health departments, have not yet accomplished.[27] Clinics already report considerable linkages with other providers in their communities. Strengthening and formalizing these linkages may be another strategy for clarifying their role in the new health care landscape—as key providers of an important package of contraceptive and preventive services that is needed by many women and unavailable from other community providers.

Adapting to the new and changing health care environment is an enormous challenge for publicly funded family planning clinics today, one made even more difficult by tremendous financial constraints at both the federal and state levels, as well as perhaps the toughest political environment that reproductive health and family planning programs have faced in decades. Finding ways to successfully meet this challenge is a necessity for publicly funded family planning clinics if they expect to be able to continue to provide the critical services upon which so many American women depend.

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TABLE 1. Percentage of family planning clinics, according to clinic and client characteristics, by service focus, Title X funding status and clinic type, 2010

Characteristics	2010								
		Service focus		Title X funding		Type			
	All clinics	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Clinics									
Focuses on reproductive health	50	na	na	69	29 †	70	100 h	12 h,p	51 h,p,f
Receives Title X funding	52	72	32 *	na	na	87	65 h	23 h,p	39 h,p,f
Located in state with Medicaid expansion	58	56	59	53	63 †	47	65 h	65 h	58 h
Contraceptive client caseload per week									
<20	34	18	51 *	27	43 †	34	4 h	43 h,p	37 p
20–49	34	37	31	34	33	42	22 h	33	29 h
50+	32	45	19 *	39	24 †	25	74 h	24 p	34 h,p,f
Clients									
25%+ are minors <18	32	40	25 *	35	30	37	28	26 h	35
25%+ are men	19	16	23 *	17	23	19	9 h	24 p	18 p
50%+ are ethnic/racial minorities	37	32	42 *	31	44 †	28	23	47 h,p	43 h
25%+ have limited English proficiency	26	24	28	24	28	25	15	36 h,p	21 f
10%+ have complex medical/personal issues	62	56	69 *	56	69 †	53	51	75 h,p	63 f
10%+ are dealing with substance abuse	52	41	63 *	43	62 †	47	28 h	65 h,p	53 p,f
10%+ are dealing with domestic violence	36	28	44 *	29	43 †	29	24	41 h,p	42 h,p
10%+ are mentally/physically challenged	20	13	28 *	14	28 †	16	4 h	31 h,p	21 p,f
10%+ are homeless	11	8	14 *	5	17 †	4	3	18 h,p	15 h,p

*Difference between reproductive health and primary care focus significant at p<.05; †Difference in Title X funding significant at p<.05. h=comparison with health department significant at p<.05; p=comparison with Planned Parenthood significant at p<.05; f=comparison with FQHC significant at p<.05

TABLE 2. Percentage of family planning clinics offering specific contraceptive methods, by service focus, Title X funding status and clinic type, 2003 and 2010

	2003	2010								
			Service focus		Title X funding		Type			
	All clinics	All clinics	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Reversible methods										
Oral contraceptives	100	96 ‡	98	95 *	98	95	97	99	95	96
Extended oral contraceptive regime	na	63	63	63	54	72 †	46	73 h	69 h	71 h
IUD (any)	57	63 ‡	72	55 *	65	61	55	96 h	57 p	70 h,p,f
Hormonal IUD (Mirena)	34	58 ‡	65	51 *	57	59	47	90 h	53 p	66 h,p,f
Copper IUD (Paragard)	52	60 ‡	69	50 *	63	56	52	96 h	54 p	62 p
Implant	na	39	48	30 *	38	40	23	85 h	35 h,p	45 h,p,f
Injectable	96	96	99	92 *	99	93 †	99	99	93 h,p	94 h,p
Patch	75	80 ‡	84	76 *	79	81	72	99 h	80 p	83 h,p
Vaginal ring	40	81 ‡	88	74 *	85	77 †	80	99 h	74 p	85 p,f
Diaphragm, cervical cap	73	57 ‡	67	46 *	64	49 †	63	88 h	44 h,p	52 h,p
Sponge	8	32 ‡	31	32	29	35	22	37 h	37 h	35 h
Male condom	92	90 ‡	97	83 *	97	81 †	97	99	83 h,p	85 h,p
Female condom	45	60 ‡	71	49 *	64	55 †	57	86 h	58 p	56 p
Spermicide	71	65 ‡	69	61 *	70	59 †	71	76	59 h,p	59 h,p
Natural family planning	54	83 ‡	90	76 *	87	79 †	85	91	80 p	81 p
Emergency contraception	80	81	88	74 *	89	72 †	84	98 h	72 h,p	82 p,f
Permanent methods										
Tubal sterilization	30	14 ‡	13	14	10	18 †	10	9	15	19 h,p
Vasectomy	25	7 ‡	7	7	8	6	8	12	5	6
Summary measures										
At least 10 of 13 reversible methods	35	54 ‡	67	41 *	58	50	48	91 h	50 p	53 p
Any LARC method	57	66 ‡	75	57 *	69	63	59	96 h	59 p	70 h,p,f
Mean no. reversible methods offered	8.1	9.2	10.0	8.4 *	9.6	8.8 †	9.1	11.5 h	8.6 p	9.2 p
% reporting some methods not stocked due to cost	53	57	56	57	59	54	66	35 h	54 h,p	55 p

‡Difference between 2003 and 2010 significant at p<.05; *Difference between reproductive health and primary care focus significant at p<.05; †Difference in Title X funding significant at p<.05. h=comparison with health department significant at p<.05; p=comparison with Planned Parenthood significant at p<.05; f=comparison with FQHC significant at p<.05

Table 3. Percentage of family planning clinics offering specific health services, by service focus, Title X funding status and clinic type, 2010

Health service	2010								
		Service focus		Title X funding		Type			
	All clinics	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Pregnancy testing	99	100	99	100	99	100	99	100	98
STI screening/testing	97	97	96	97	96	96	99 h	99	94 p,f
STI treatment	95	96	93	97	92 †	96	99 h	94 p	92 p
HIV testing	92	92	92	93	91	92	98 h	94	88 p,f
HPV vaccination	87	77	96 *	85	89	92	84	93	73 h,f
Intimate partner violence screening	83	81	86	83	84	81	80	87	84
Preconception care	83	81	85	85	81	86	64 h	87 p	82 p
Weight management/ lifestyle interventions	74	62	86 *	70	79 †	68	49 h	90 h,p	73 p,f
Smoking cessation	73	61	85 *	65	82 †	64	56	92 h,p	69 f
Diabetes screening	72	56	89 *	59	87 †	55	46	96 h,p	76 h,p,f
Mental health screeing	64	49	79 *	54	75 †	48	35	87 h,p	66 h,p,f
Primary medical care	52	20	84 *	29	77 †	20	4 h	94 h,p	59 h,p,f
Infertility counseling	42	47	37 *	46	38 †	44	28 h	42 p	44 p
Colposcopy	36	34	38	28	45 †	14	52 h	50 h	40 h
Infertility treatment	11	6	16 *	6	17 †	3	1	19 h,p	16 h,p
Medication abortion	8	12	4 *	7	10	0	44 h	4 h,p	9 h,p
Surgical abortion	6	9	4 *	4	8 †	0	23 h	4 h,p	9 h,p,f

*Difference between reproductive health and primary care focus significant at p<.05; †Difference in Title X funding significant at p<.05. h=comparison with health department significant at p<.05; p=comparison with Planned Parenthood significant at p<.05; f=comparison with FQHC significant at p<.05.

TABLE 4. Percentage of family planning clinics using specific types of tests for cervical cancer and HIV, by service focus, Title X funding status and clinic type, 2003 and 2010

	2003	2010								
			Service focus		Title X funding		Type			
	All clinics	All clinics	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Cervical cancer testing										
Conventional Pap test	76	49 ‡	45	54 *	47	52	47	44	55	46
Liquid-based Pap test	48	87 ‡	88	86	86	87	85	82	89	89
Reflex testing for HPV DNA	35	66 ‡	63	69	62	71 †	52	72 h	78 h	69 h,f
Pap with HPV DNA test	14	44 ‡	39	49 *	37	52 †	29	40	66 h,p	39 h,f
HIV testing										
Traditional blood test	95	83 ‡	78	89 *	79	88 †	88	70 h	91 p	72 h,f
Rapid-result saliva test	22	26 ‡	34	18 *	30	21 †	30	26	13 h,p	38 p,f
Rapid-result blood test	3	37 ‡	48	26 *	42	32 †	34	78 h	32 p	29 p

‡Difference between 2003 and 2010 significant at p<.05; *Difference between reproductive health and primary care focus significant at p<.05; †Difference in Title X funding significant at p<.05. h=comparison with health department significant at

TABLE 5. Percentage of family planning clinics using specific method-dispensing protocols, by service focus, Title X funding status and clinic type, 2010

	2010								
		Service focus		Title X funding		Type			
	All clinics	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Oral contraceptive dispensing protocols									
Initial supply and refills on-site	63	81	46 *	86	39 †	86	92	37 h,p	55 h,p,f
Quick start protocol used often or sometimes	66	78	54 *	74	58 †	73	93 h	52 h,p	64 p,f
Pelvic exam delayed often or sometimes	66	73	59 *	72	61 †	66	89 h	55 h,p	72 p,f
No. cycles dispensed at initial visit:									
<6 cycles (typically 3)	72	72	71	79	64 †	85	39 h	66 h,p	74 h,p
6+ cycles (typically 12)	28	28	29	21	36 †	15	61 h	34 h,p	26 h,p
Clinic purchases supplies and injects or or inserts on-site:									
Injectable	88	95	82 *	94	82 †	98	99	75 h,p	88 h,p,f
IUD	85	83	87	83	87	76	92 h	85	92 h
Implant	61	67	54 *	64	59	49	88 h	53 p	65 h,p
Emergency contraception dispensing protocols									
Dispensed ahead of time often or sometimes	42	55	28 *	49	34 †	38	85 h	29 h,p	44 p,f
Prescribed over phone often or sometimes	17	15	19	11	23 †	6	18 h	20 h	26 h

*Difference between reproductive health and primary care focus significant at p<.05; †Difference in Title X funding significant at p<.05. h=comparison with health department significant at p<.05; p=comparison with Planned Parenthood significant at p<.05; f=comparison with FQHC significant at p<.05.

TABLE 6. Percentage of family planning clinics, according to average visit time and type of staff providing care, by service focus, Title X funding status and clinic type, 2010

	2010								
		Service focus		Title X funding		Type			
	All clinics	Repro-ductive health	Primary care	Yes	No	Health dept.	Planned Parent-hood	FQHC	Othe
Average no. of minutes spent during an initial contraceptive exam with a:									
25-year-old client	34	36	32 *	37	31 †	42	25 h	29 h,p	34 h,
16-year-old client	41	44	37 *	46	35 †	52	30 h	33 h	40 h,
Client with limited English proficiency	45	49	40 *	51	38 †	57	38 h	35 h	43 h,
Client with complex medical/personal issues	50	54	45 *	55	44 †	61	41 h	40 h	49 h,
Type of staff typically providing:									
Method selection counseling									
Health counselor/educator	13	18	8 *	15	11	1	58 h	11 h,p	13 h,
Registered nurse	30	39	22 *	46	14 †	70	11 h	7 h	17 h,
Advance practice clinician	36	30	41 *	30	42 †	27	22	44 h,p	42 h,
Physician	17	5	29 *	5	30 †	2	1	36 h,p	20 h,
Other	4	7	1 *	4	3	1	9 h	2	8 h,
Clinical exam									
Health counselor/educator	1	1	0	0	1	0	1	1	2
Registered nurse	5	4	5	8	1 †	12	1 h	1 h	1 h
Advance practice clinician	65	80	51 *	77	53 †	74	96 h	45 h,p	68 p,
Physician	28	14	42 *	14	43 †	13	2 h	53 h,p	26 h,
Other	1	1	2	0	2	1	1	1	3
Depo-Provera injection									
Health counselor/educator	4	8	1 *	4	5	0	28 h	2 p	4 h,
Registered nurse	55	58	52	64	45 †	86	21 h	41 h,p	46 h,
Advance practice clinician	19	20	18	19	19	11	32 h	19 h,p	24 h
Physician	6	1	11 *	2	10 †	0	1	16 h,p	4 h,
Other	16	13	18	11	21 †	3	18 h	23 h	22 h

*Difference between reproductive health and primary care focus significant at p<.05; †Difference in Title X funding significan at p<.05. h=comparison with health department significant at p<.05; p=comparison with Planned Parenthood significant at p<.05; f=comparison with FQHC significant at p<.05.

TABLE 7. Percentage of family planning clinics, according to appointment timing, extended office hours and translation services, by service focus, Title X funding status and clinic type, 2010

	2010								
		Service focus		Title X funding		Type			
	All clinics	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Scheduling									
Same-day appts available	39	42	36	38	40	30	63 h	40 h,p	40 h,p
Average no. of days to wait for appt.	5.4	5.5	5.4	5.7	5.2	6.8	1.8 h	5.3 p	5.4 p
Extended office hours available	39	35	42	34	43 †	17	79 h	57 h,p	27 h,p,f
Translation services									
Clients speak 3+ languages	64	66	62	59	69 †	58	72 h	64	69 h
Clinicians speak 3+ languages	41	33	49 *	29	55 †	24	29	54 h,p	54 h,p
Nonclinical staff speak 3+ languages	41	38	44	32	50 †	26	36	44 h	57 h,p,f
Clinical staff provide translation often or sometimes	51	46	57 *	42	62 †	37	48	71 h,p	47 f
Nonclinical staff provide translation often or sometimes	56	60	52 *	53	58	53	59	59	54
Interpreters are on site often or sometimes	44	43	45	44	45	48	34 h	47	39
Telephone interpretation used often or sometimes	54	56	51	55	52	60	59	55	41 h,p,f

*Difference between reproductive health and primary care focus significant at p<.05; †Difference in Title X funding significant at p<.05. h=comparison with health department significant at p<.05; p=comparison with Planned Parenthood significant at p<.05; f=comparison with FQHC significant at p<.05.

TABLE 8. Percentage of family planning clinics, according to patient payment category, Medicaid enrollment assistance options and managed care contracts, by service focus, Title X funding status and clinic type, 2010

	2010								
		Service focus		Title X funding		Type			
	All clinics	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Patient payment category[§]									
Medicaid or CHIP	44	41	47 *	38	51 †	35	44	53 h,p	46 h,f
Other public insurance	6	5	7 *	4	8 †	2	5	8 h	8 h
Private insurance	10	8	11 *	7	12 †	5	13 h	11 h	13 h
No third-party payment									
No fee	20	25	15 *	31	7 †	35	11 h	8 h	18 h,p,f
Reduced fee	16	16	16	16	16	18	15	18	12 h,f
Full fee	4	5	3 *	3	5 †	4	13 h	2 h,p	4 p
Medicaid enrollment assistance options									
Applications on-site	72	73	70	72	71	73	60	76 p	68
Staff assist in completing applications	68	64	72 *	64	72 †	62	48 h	78 h,p	70 p
Staff submit applications for clients	55	54	56	55	55	52	47	65 h,p	50 f
Staff determine eligibility and enroll on-site	38	34	41	32	43 †	32	29	45 h,p	39
Health plan contracts									
Has one or more contracts	53	50	56	47	59 †	36	64 h	64 h	57 h
Has a Medicaid plan contract	40	35	45 *	35	46 †	27	42 h	52 h	41 h,f
Contraceptive/STI plans	32	31	33	29	35	23	42 h	38 h	34 h
Maternity/primary care plans	31	21	41 *	22	41 †	16	19	49 h,p	34 h,p,f
Has a private plan contract	33	31	35	26	40 †	15	49 h	39 h	42 h
Contraceptive/STI plans	27	28	26	22	32 †	13	48 h	28 h,p	35 h
Maternity/primary care plans	25	17	33 *	17	34 †	10	23 h	37 h,p	30 h

[§] Numbers represent the average or mean percentage of clients relying on that payment type among clinics and do not represent a percentage distribution of clients at all clinics.

*Difference between reproductive health and primary care focus significant at p<.05; †Difference in Title X funding significant at p<.05. h=comparison with health department significant at p<.05; p=comparison with Planned Parenthood significant at p<.05; f=comparison with FQHC significant at p<.05.

TABLE 9. Percentage of family planning clinics reporting that staff are trained to address the special needs of certain groups of clients, by service focus, Title X funding status and clinic type, 2010

Client groups	2010								
		Service focus		Title X funding		Type			
	All clinics	Repro-ductive health	Primary care	Yes	No	Health dept.	Planned Parent-hood	FQHC	Other
Adolescents	82	90	73 *	91	71 †	92	91	72 h,p	77 h,p
Individuals experiencing intimate partner violence	75	82	67 *	82	67 †	83	81	68 h,p	70 h
Non-English-speaking individuals	72	78	66 *	77	67 †	82	82	65 h,p	65 h,p
Men	65	75	54 *	73	55 †	69	77	59 p	61 p
Lesbian or gay individuals	60	70	49 *	67	51 †	64	83 h	46 h,p	61 p,f
Individuals with substance abuse problems	51	53	49	54	47	58	40 h	52	45 h
Minors in foster care	50	48	51	52	48	55	41	52	45
Immigrants	48	51	46	52	44	54	44	50	42 h
Disabled individuals	47	50	44	53	41 †	56	43	45	42 h
Couples	47	51	43	50	43	50	41	47	47
Homeless individuals	40	41	39	44	35 †	45	23 h	41 p	41 p
Refugees	33	36	31	37	29	38	32	34	28
Sex workers	33	36	29	36	29	36	34	28	32
Incarcerated individuals	30	32	28	32	27	35	24	31	25
Mean no. of groups staff are trained to serve	7.3	7.9	6.7 *	8.0	6.5 †	8.2	7.4	6.9 h	6.8 h

*Difference between reproductive health and primary care focus significant at p<.05; †Difference in Title X funding significant at p<.05. h=comparison with health department significant at p<.05; p=comparison with Planned Parenthood significant at p<.05; f=comparison with FQHC significant at p<.05.

TABLE 10. Percentage of family planning clinics providing on- or off-site contraceptive services programs tailored to meet the special needs of certain groups of clients, by service focus, Title X funding status and clinic type, 2010

Client groups	2010								
		Service focus		Title X funding		Type			
	All clinics	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Adolescents	59	66	51 *	66	50 †	64	66	48 h,p	61 f
Non-English speaking individuals	45	46	44	46	45	50	45	51	34 h,f
Individuals experiencing intimate partner violence	42	43	40	43	40	42	37	45	39
Individuals with substance abuse problems	41	42	41	40	43	41	21 h	52 p	39 p,f
Men	38	44	32 *	42	34	38	45	33	42
Minors in foster care	33	33	34	32	35	31	28	40	32
Immigrants	33	30	36	28	38 †	30	27	45 h,p	25 f
Lesbian or gay individuals	31	32	30	31	31	24	51 h	32 p	31 p
Couples	29	31	26	30	27	29	23	28	32
Homeless individuals	29	24	34 *	27	31	25	18	43 h,p	21 f
Incarcerated individuals	27	30	23	26	27	28	26	25	27
Disabled individuals	26	28	25	28	25	27	23	29	24
Refugees	21	20	23	21	22	21	19	29	14 f
Sex workers	19	18	21	18	20	16	18	25 h	18
Mean no. of groups for which clinic has tailored contraceptive programs	4.7	4.9	4.6	4.8	4.7	4.6	4.5	5.2	4.4

*Difference between reproductive health and primary care focus significant at p<.05; †Difference in Title X funding significant at p<.05. h=comparison with health department significant at p<.05; p=comparison with Planned Parenthood significant at p<.05; f=comparison with FQHC significant at p<.05.

TABLE 11. Percentage of family planning clinics tailoring outreach efforts to certain groups of clients, by service focus, Title X funding status and clinic type, 2010

Client groups	2010								
	All clinics	Service focus		Title X funding		Type			
		Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Adolescents	67	78	56 *	76	57 †	73	75	56 h,p	70 f
Non-English-speaking individuals	49	52	46	49	49	43	49	57 h	49
Men	42	48	36 *	45	39	36	46	40	51 h
Individuals with substance abuse problems	39	40	38	38	40	33	31	47 h,p	41
Individuals experiencing intimate partner violence	39	43	35 *	40	38	38	36	40	41
Immigrants	35	34	36	32	38	24	33	48 h	36 h,f
Lesbian or gay individuals	34	39	28 *	33	35	25	55 h	36 h,p	35 h,p
Homeless individuals	32	30	33	29	34	24	23	45 h,p	30 f
Couples	31	33	27	29	32	26	26	33	36
Minors in foster care	30	30	30	28	32	26	27	34	32
Disabled individuals	26	26	26	23	30	20	25	30 h	30 h
Refugees	23	22	23	23	23	19	24	31 h	18 f
Incarcerated individuals	21	25	17 *	22	20	20	28	21	21
Sex workers	19	20	18	18	20	13	24	25 h	19
Mean no. of groups for whom outreach is tailored	4.9	5.2	4.5	4.9	4.9	4.2	5.0	5.4 h	5.1

*Difference between reproductive health and primary care focus significant at p<.05; †Difference in Title X funding significant at p<.05. h=comparison with health department significant at p<.05; p=comparison with Planned Parenthood significant at p<.05; f=comparison with FQHC significant at p<.05.

TABLE 12. Percentage of family planning clinics, according to the types of other providers available in the community and regular referrals to and from other providers, by service focus, Title X funding status and clinic type, 2010

	2010								
		Service focus		Title X funding		Type			
	All clinics	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Any primary care clinics in community	88	89	87	89	87	87	92	84	92 f
Community health centers	76	74	79	75	78	68	90 h	81 h	75 p
Migrant health centers	25	25	24	18	32 †	15	37 h	31 h	26 h
Other community clinics	76	81	71 *	79	74	75	86 h	72 p	80
Any private doctors in community	94	94	93	95	92	96	94	92	93
Private ob-gyns	83	85	80	83	83	78	94 h	84 p	84 p
Other private physicians	89	92	86 *	93	85 †	94	95	84 h,p	86 h,p
Among clinics with other clinics in the community:									
This clinic refers clients to other clinics	88	96	79 *	93	82 †	97	97	66 h,p	93 f
Other clinics refer clients to this clinic	88	90	85	88	87	89	87	86	89
Among clinics with private doctors in community:									
This clinic refers clients to private doctors	95	98	91 *	96	93	98	99	88 h,p	97 f
Private doctors refer clients to this clinic	80	90	69 *	87	72 †	89	92	66 h,p	82 f

*Difference between reproductive health and primary care focus significant at p<.05; †Difference in Title X funding significant at p<.05. h=comparison with health department significant at p<.05; p=comparison with Planned Parenthood significant at p<.05; f=comparison with FQHC significant at p<.05.

TABLE 13. Percentage of family planning clinics reporting specific reasons are important to most of their clients when choosing to visit the clinics, by service focus, Title X funding status and clinic type, 2010

Reasons for attending the clinic	2010								
		Service focus		Title X funding		Type			
	All clinics	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Free or reduced-fee services	74	77	71	83	64 †	87	67 h	75 h	59 h,f
Confidential services	62	66	59	66	59	67	69	57 h	61
High-quality contraceptive care	59	65	53 *	65	53 †	66	63	50 h	61 f
Female clinicians	52	54	50	54	49	51	56	52	51
Multiple types of services available	49	38	61 *	42	58 †	40	34	66 h,p	46 f
Convenient location	49	42	56 *	46	52	46	36	59 h,p	45 f
Recommended by family or friends	44	47	41	46	41	38	54 h	45	46
Staff understand cultural background	43	41	45	43	43	40	38	51 h	39 f
Wide range of contraceptive methods	37	38	36	39	35	33	48 h	37	38
Adjacent to/near other services	35	26	43 *	27	43 †	27	15 h	46 h,p	40 h,p
Availability of public transportation	28	22	34 *	23	34 †	18	26	37 h	30 h
Services in other languages	27	28	26	26	29	24	26	34 h	24 f
Childcare offered/allows children	17	17	18	15	19	14	13	21 h	18

*Difference between reproductive health and primary care focus significant at p<.05; †Difference in Title X funding significant at p<.05. h=comparison with health department significant at p<.05; p=comparison with Planned Parenthood significant at p<.05; f=comparison with FQHC significant at p<.05.

TABLE 14. Percentage of family planning clinics, according to various measures, by state Medicaid family planning expansion status, 2010

	All clinics	Clinic located in state with a mature income-based Medicaid family planning expansion	
		Yes	No
Method availability			
At least 10 of 13 reversible methods	54	58	49 *
Any LARC method	66	69	61 *
Mean no. of reversible methods offered	9.2	9.4	9.0
% reporting some methods not stocked due to cost	57	52	62 *
Cervical cancer testing			
Conventional Pap smear	49	46	54 *
Liquid-based Pap test	87	86	89
Reflex testing for HPV DNA	66	67	66
Combined Pap with HPV DNA test	44	48	39 *
Scheduling			
Same-day appointment	39	40	37
Average wait time to appt. in days	5.4	5.4	5.5
Extended hours	39	42	34 *
Client payment category			
Medicaid	44	55	30 *
Other public insurance	6	7	4 *
Private insurance	10	9	10
No third-party payment			
No fee	20	13	29 *
Reduced fee	16	12	22 *
Full fee	4	4	5
Medicaid enrollment assistance			
Applications available on-site	72	79	61 *
Staff assist in completing applications	68	80	51 *
Staff submit applications for clients	55	65	42 *
Eligibility determined and client enrolled on-site	38	42	31 *

APPENDIX TABLE A. Percentage distribution of publicly funded family planning clinics, according to their response on questionnaire items, by clinic service focus, Title X funding status and type, 2010

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Total no. (unweighted)		na	664	na	409	255	416	248	196	168	174	126
Q1: What type of organization is your clinic affiliated with?	Health department	32	196	2612	46	19	54	9	100	0	0	0
	Planned Parenthood	10	168	826	20	0	13	7	0	100	0	0
	FQHC	32	174	2581	8	56	14	51	0	0	100	0
	Other/hospital	26	126	2095	26	25	19	33	0	0	0	100
Q2: Which best describes the primary service focus of your clinic?	Reproductive health	50	409	4037	100	0	69	29	70	100	12	51
	Primary care or other health	50	255	4078	0	100	31	71	30	0	88	49
Clinic's Title X funding status	Yes	52	416	4211	72	32	100	0	87	65	23	39
	No	48	248	3903	28	68	0	100	13	35	77	61
Clinic located in Medicaid expansion state	Yes	58	380	4667	56	59	53	63	47	65	65	58
	No	42	284	3447	44	41	47	37	53	35	35	42
Q3: What percentage of your client caseload receives contraceptive services?	<10%	8	45	657	0	16	4	13	4	0	16	6
	10–24%	22	120	1813	4	41	16	29	16	0	39	18
	25–49%	18	90	1443	10	26	16	20	22	1	20	17
	50–74%	20	128	1606	27	13	21	19	23	19	17	20
	75–99%	28	255	2254	51	4	38	16	29	79	6	33
	100%	4	24	302	8	0	5	2	6	2	0	6
	Missing	0	2	38	0	0	0	0	0	0	0	0
Q4: How many clients receive contraceptive services during one typical week?	<5	10	58	787	3	17	7	12	7	1	16	9
	5–19	25	127	1964	16	34	19	31	27	3	27	28
	20–49	34	202	2686	37	31	34	33	42	22	33	29
	50–99	18	131	1438	23	13	21	15	16	23	15	23
	100–199	10	86	790	15	5	12	8	7	29	8	8
	200+	4	50	319	7	0	7	1	2	22	1	3
	Missing	0	10	129	0	0	0	0	0	0	0	0
For each contraceptive method indicate whether clients obtain it at this site, are referred to an affiliated site, are referred to an unaffiliated site or if the method is not provided and referrals are not provided.												
Q5a: Oral contraceptives?	Provided or prescribed at this site	96	638	7719	98	95	98	95	97	99	95	96
	Clients referred within your agency	1	7	80	1	1	1	1	0	1	2	1
	Clients referred outside of agency	0	2	39	0	1	0	1	0	0	0	2
	Not provided or referred	1	3	64	0	1	1	1	1	0	0	2
	Item missing, assume not provided	1	7	101	1	2	1	2	1	1	3	0
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q5b: Extended oral contraceptives?	Provided or prescribed at this site	63	410	5010	63	63	54	72	46	73	69	71
	Clients referred within your agency	2	16	189	2	2	3	2	2	1	3	2
	Clients referred outside of agency	13	98	1062	17	10	18	8	22	14	5	12
	Not provided or referred	15	89	1200	13	17	18	12	24	7	13	9
	Item missing, assume not provided	7	44	543	5	9	7	6	6	6	9	6
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
Q5c/d: Either Mirena or Paragard IUD provided at this site?	No	37	205	2925	28	45	35	39	45	4	43	30
	Yes	63	452	5077	72	55	65	61	55	96	57	70
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
Q5c:Mirena IUD?	Provided or prescribed at this site	58	411	4652	65	51	57	59	47	90	53	66
	Clients referred within your agency	10	64	812	10	11	13	7	14	7	10	7
	Clients referred outside of agency	22	131	1770	19	25	22	22	31	3	26	15
	Not provided or referred	7	37	583	4	11	6	9	6	0	9	10
	Item missing, assume not provided	2	14	186	2	3	2	3	2	1	3	3
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
Q5d: Paragard copper-t IUD?	Provided or prescribed at this site	60	431	4766	69	50	63	56	52	96	54	62
	Clients referred within your agency	10	57	807	10	11	12	8	14	4	9	8
	Clients referred outside of agency	21	121	1707	16	26	18	25	26	0	27	16
	Not provided or referred	6	34	516	5	8	5	8	7	0	6	9
	Item missing, assume not provided	3	14	207	1	4	2	4	1	0	3	5
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
Q5e: Implant?	Provided or prescribed at this site	39	306	3113	48	30	38	40	23	85	35	45
	Clients referred within your agency	10	59	776	6	13	9	11	9	9	11	9
	Clients referred outside of agency	35	201	2782	34	36	38	31	47	5	37	29
	Not provided or referred	14	71	1089	11	17	13	14	18	1	13	14
	Item missing, assume not provided	3	20	242	2	4	3	3	3	1	3	4
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
Q5f: Injectable?	Provided or prescribed at this site	96	638	7656	99	92	99	93	99	99	93	94
	Clients referred within your agency	1	6	99	1	2	1	2	0	1	2	3
	Clients referred outside of agency	1	5	77	0	2	0	2	1	0	1	2
	Not provided or referred	1	3	70	0	2	0	1	1	0	1	2
	Item missing, assume not provided	1	5	101	0	3	0	2	0	0	4	0
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q5g: Patch?	Provided or prescribed at this site	80	545	6410	84	76	79	81	72	99	80	83
	Clients referred within your agency	2	11	162	1	3	2	3	1	1	3	3
	Clients referred outside of agency	8	51	673	8	9	11	6	16	0	6	5
	Not provided or referred	8	40	610	6	9	7	8	9	0	8	8
	Item missing, assume not provided	2	10	148	1	3	1	2	2	0	3	1
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
Q5h: Vaginal ring?	Provided or prescribed at this site	81	555	6495	88	74	85	77	80	99	74	85
	Clients referred within your agency	4	18	288	2	5	2	5	1	1	6	5
	Clients referred outside of agency	9	51	693	7	11	8	9	13	0	12	3
	Not provided or referred	6	26	451	3	8	4	8	5	0	7	7
	Item missing, assume not provided	1	7	75	1	1	1	1	1	0	1	1
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
Q5i: Diaphragm, cervical cap?	Provided or prescribed at this site	57	414	4525	67	46	64	49	63	88	44	52
	Clients referred within your agency	5	39	436	4	7	5	6	3	8	6	7
	Clients referred outside of agency	17	103	1385	12	23	17	18	18	0	25	14
	Not provided or referred	17	82	1399	16	19	12	23	14	2	18	26
	Item missing, assume not provided	3	19	258	2	4	3	4	2	1	6	1
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
Q5j: Sponge?	Provided or prescribed at this site	32	210	2540	31	32	29	35	22	37	37	35
	Clients referred within your agency	3	23	235	2	4	3	2	1	4	5	2
	Clients referred outside of agency	22	160	1735	25	18	26	17	28	25	17	18
	Not provided or referred	37	226	2989	37	38	36	39	43	29	34	38
	Item missing, assume not provided	6	38	505	5	8	6	7	5	5	7	8
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
Q5k: Male condom?	Provided or prescribed at this site	90	614	7172	97	83	97	81	97	99	83	85
	Clients referred within your agency	1	7	97	1	2	1	2	0	1	3	1
	Clients referred outside of agency	3	13	244	0	6	0	6	1	0	8	2
	Not provided or referred	5	17	374	2	7	2	8	2	0	5	10
	Item missing, assume not provided	1	6	115	1	2	0	3	0	0	3	3
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q5l: Female condom?	Provided or prescribed at this site	60	431	4793	71	49	64	55	57	86	58	56
	Clients referred within your agency	3	17	236	2	4	3	3	2	1	4	3
	Clients referred outside of agency	14	81	1113	12	16	14	14	19	5	12	13
	Not provided or referred	20	107	1594	14	26	16	24	19	7	21	25
	Item missing, assume not provided	3	21	267	1	6	3	4	3	1	4	3
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
Q5m: Spermicides?	Provided or prescribed at this site	65	437	5179	69	61	70	59	71	76	59	59
	Clients referred within your agency	3	20	222	1	4	2	4	0	3	6	2
	Clients referred outside of agency	12	77	940	13	10	11	12	13	8	11	13
	Not provided or referred	17	101	1368	15	19	15	20	14	8	18	22
	Item missing, assume not provided	4	22	293	2	5	3	5	1	4	6	3
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
Q5n: Natural family planning?	Provided or prescribed at this site	83	556	6634	90	76	87	79	85	91	80	81
	Clients referred within your agency	3	19	258	2	4	3	3	4	2	5	1
	Clients referred outside of agency	6	39	458	4	7	5	7	6	3	4	8
	Not provided or referred	5	23	410	3	7	2	8	1	1	7	9
	Item missing, assume not provided	3	20	243	1	5	3	3	3	2	4	1
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
Q5o: Emergency contraceptive pills?	Provided or prescribed at this site	81	563	6486	88	74	89	72	84	98	72	82
	Clients referred within your agency	2	9	148	2	2	1	3	0	1	2	5
	Clients referred outside of agency	9	46	729	6	12	6	13	11	0	15	4
	Not provided or referred	7	30	534	3	10	3	10	5	0	9	9
	Item missing, assume not provided	1	9	105	1	2	1	2	0	1	3	1
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
Q5p: Female sterilization?	Provided or prescribed at this site	14	73	1095	13	14	10	18	10	9	15	19
	Clients referred within your agency	18	128	1466	17	20	18	19	15	30	18	18
	Clients referred outside of agency	55	386	4439	60	51	63	48	64	57	53	46
	Not provided or referred	10	54	804	9	11	8	13	8	3	10	15
	Item missing, assume not provided	2	16	198	2	3	2	3	3	1	3	2
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q5q: Vasectomy?	Provided or prescribed at this site	7	46	553	7	7	8	6	8	12	5	6
	Clients referred within your agency	18	128	1468	20	17	17	20	15	35	13	23
	Clients referred outside of agency	58	389	4680	58	59	63	54	64	43	65	51
	Not provided or referred	13	75	1050	13	13	11	16	11	8	13	19
	Item missing, assume not provided	3	19	251	2	4	2	4	2	1	6	2
	Missing on all Q5	0	7	111	0	0	0	0	0	0	0	0
For each health service indicate whether clients obtain it at this site, are referred to an affiliated site, are referred to an unaffiliated site or if the service is not provided and referrals are not provided.												
Q6a: Primary medical care?	Provided or prescribed at this site	52	266	4156	20	84	29	77	20	4	94	59
	Clients referred within your agency	5	33	377	8	1	6	4	4	5	3	7
	Clients referred outside of agency	35	298	2832	59	11	53	16	61	76	2	28
	Not provided or referred	6	49	504	10	3	11	1	14	12	0	2
	Item missing, assume not provided	2	11	134	3	0	1	2	1	2	0	4
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0
Q6b: Pregnancy testing?	Provided or prescribed at this site	99	653	7950	100	99	100	99	100	99	100	98
	Clients referred within your agency	0	2	15	0	0	0	0	0	1	0	0
	Clients referred outside of agency	0	1	33	0	1	0	1	0	0	0	2
	Item missing, assume not provided	0	1	5	0	0	0	0	0	1	0	0
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0
Q6c: HIV testing?	Provided or prescribed at this site	91	612	7378	92	90	92	90	91	98	92	87
	Clients referred within your agency	3	20	223	3	2	4	2	4	1	3	1
	Clients referred outside of agency	4	21	307	4	3	3	4	4	1	2	7
	Not provided or referred	1	2	66	0	2	0	2	0	0	0	3
	Item missing, assume not provided	0	2	28	0	1	0	1	0	0	1	0
	Missing on all Q6	1	7	111	1	2	1	2	1	0	2	2
Q6d: STI screening?	Provided or prescribed at this site	97	637	7732	97	96	97	96	96	99	99	94
	Clients referred within your agency	1	8	78	1	1	2	0	2	1	0	1
	Clients referred outside of agency	1	7	110	1	2	1	2	1	0	0	4
	Not provided or referred	0	1	16	0	0	0	0	1	0	0	0
	Item missing, assume not provided	1	4	67	1	1	0	2	0	0	1	2
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q6e: STI treatment?	Provided or prescribed at this site	95	629	7579	96	93	97	92	96	99	94	92
	Clients referred within your agency	2	12	145	2	1	2	2	2	1	1	3
	Clients referred outside of agency	2	9	153	1	3	1	3	1	0	2	4
	Not provided or referred	0	2	37	0	1	0	1	1	0	1	0
	Item missing, assume not provided	1	5	89	1	2	0	2	0	0	2	2
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0
Q6f: HPV vaccine?	Provided or prescribed at this site	87	553	6935	77	96	85	89	92	84	93	73
	Clients referred within your agency	6	46	462	11	1	6	6	5	10	4	7
	Clients referred outside of agency	6	48	495	11	2	8	4	1	4	3	17
	Not provided or referred	1	7	89	1	1	1	1	1	2	0	2
	Item missing, assume not provided	0	3	22	0	0	0	0	1	0	0	0
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0
Q6g: Preconception care?	Provided or prescribed at this site	83	520	6636	81	85	85	81	86	64	87	82
	Clients referred within your agency	3	19	244	2	4	3	4	2	3	6	1
	Clients referred outside of agency	10	88	798	14	6	9	11	8	28	3	13
	Not provided or referred	2	19	198	3	2	3	2	3	4	1	3
	Item missing, assume not provided	2	11	127	1	2	1	2	1	2	3	1
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0
Q6h: Infertility counseling?	Provided or prescribed at this site	42	261	3352	47	37	46	38	44	28	42	44
	Clients referred within your agency	8	35	608	3	12	4	12	3	4	9	14
	Clients referred outside of agency	39	280	3157	38	41	37	42	38	55	42	32
	Not provided or referred	9	63	721	10	8	11	7	12	11	6	8
	Item missing, assume not provided	2	18	165	2	2	3	1	3	2	1	2
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0
Q6i: Infertility treatment?	Provided or prescribed at this site	11	56	899	6	16	6	17	3	1	19	16
	Clients referred within your agency	9	45	751	7	12	6	13	5	2	8	20
	Clients referred outside of agency	63	449	5078	70	57	70	56	72	80	60	51
	Not provided or referred	14	86	1083	15	13	15	12	19	13	11	10
	Item missing, assume not provided	2	21	192	2	2	3	2	2	3	2	3
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q6j: Colposcopy?	Provided or prescribed at this site	36	241	2887	34	38	28	45	14	52	50	40
	Clients referred within your agency	22	158	1751	21	23	21	22	20	40	21	18
	Clients referred outside of agency	35	218	2814	38	32	44	26	56	6	25	34
	Not provided or referred	6	29	452	6	6	6	5	9	1	4	6
	Item missing, assume not provided	1	11	99	1	1	1	1	1	2	1	1
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0
Q6k: Domestic violence screening?	Provided or prescribed at this site	83	539	6675	81	86	83	84	81	80	87	84
	Clients referred within your agency	2	15	158	2	2	3	1	2	1	1	3
	Clients referred outside of agency	11	78	856	13	8	11	10	14	15	8	7
	Not provided or referred	3	16	231	3	2	3	3	2	2	2	6
	Item missing, assume not provided	1	9	83	1	1	0	2	1	2	2	0
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0
Q6l: Mental health screening?	Provided or prescribed at this site	64	380	5105	49	79	54	75	48	35	87	66
	Clients referred within your agency	5	33	400	7	3	5	5	6	3	5	5
	Clients referred outside of agency	25	201	2026	37	13	35	15	39	51	5	23
	Not provided or referred	4	30	315	5	3	5	3	5	9	1	4
	Item missing, assume not provided	2	13	157	2	2	1	3	2	2	2	3
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0
Q6m: Weight management?	Provided or prescribed at this site	74	458	5938	62	86	70	79	68	49	90	73
	Clients referred within your agency	5	31	405	6	4	5	5	5	3	5	5
	Clients referred outside of agency	15	132	1226	23	8	20	10	21	39	3	15
	Not provided or referred	4	22	288	6	1	3	4	5	5	1	5
	Item missing, assume not provided	2	14	146	2	2	2	2	2	3	1	3
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0
Q6n: Smoking?	Provided or prescribed at this site	73	452	5855	61	85	65	82	64	56	92	69
	Clients referred within your agency	9	55	757	13	6	10	8	15	2	4	12
	Clients referred outside of agency	15	132	1211	22	9	23	7	19	37	4	16
	Not provided or referred	2	11	143	4	0	1	2	2	3	0	3
	Item missing, assume not provided	0	7	37	1	0	0	1	0	3	0	0
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q6o: Diabetes?	Provided or prescribed at this site	72	430	5797	56	89	59	87	55	46	96	76
	Clients referred within your agency	4	30	313	6	2	6	2	5	6	2	4
	Clients referred outside of agency	20	163	1569	32	7	30	8	35	40	1	15
	Not provided or referred	3	26	275	5	2	4	3	5	7	0	5
	Item missing, assume not provided	1	8	50	1	0	1	1	0	2	0	1
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0
Q6p: Surgical abortion?	Provided or prescribed at this site	6	53	483	9	4	4	8	0	23	4	9
	Clients referred within your agency	10	123	797	15	5	11	9	2	63	3	7
	Clients referred outside of agency	58	338	4672	53	63	57	60	58	11	70	63
	Not provided or referred	24	130	1927	21	27	27	21	37	1	22	19
	Item missing, assume not provided	2	13	124	2	2	2	1	2	2	1	2
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0
Q6q: Medication abortion?	Provided or prescribed at this site	8	86	643	12	4	7	10	0	44	4	9
	Clients referred within your agency	7	89	583	11	4	7	7	2	44	2	7
	Clients referred outside of agency	55	322	4432	51	60	55	56	56	10	66	59
	Not provided or referred	27	146	2198	25	30	29	26	40	2	27	23
	Item missing, assume not provided	2	14	147	1	2	2	2	2	1	2	2
	Missing on all Q6	0	7	111	0	0	0	0	0	0	0	0
Which of the following tests are typically used at your clinic for cervical cancer screening and follow up testing?												
Q7a: Pap smear?	Yes	49	299	3802	45	54	47	52	47	44	55	46
	No	46	299	3526	51	40	49	43	49	53	38	48
	Item missing, assume no	5	30	366	3	6	4	5	3	3	6	6
	Missing on all Q7	0	36	420	0	0	0	0	0	0	0	0
Q7b: ThinPrep?	Yes	87	552	6882	88	86	86	87	85	82	89	89
	No	11	75	835	10	11	11	10	14	13	7	9
	Item missing, assume no	3	21	213	2	4	2	3	1	5	4	3
	Missing on all Q7	0	16	184	0	0	0	0	0	0	0	0
Q7c: Reflex testing for HPV DNA?	Yes	66	433	5265	63	69	62	71	52	72	78	69
	No	29	178	2290	33	25	34	23	46	22	14	29
	Item missing, assume no	5	37	375	3	6	4	6	2	7	8	3
	Missing on all Q7	0	16	184	0	0	0	0	0	0	0	0
Q7d: Pap with HPV DNA test?	Yes	44	275	3497	39	49	37	52	29	40	66	39
	No	49	318	3878	54	44	57	41	66	50	26	55
	Item missing, assume no	7	55	554	7	7	6	8	5	10	9	6
	Missing on all Q7	0	16	184	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Which of the following tests are typically used at your clinic for HIV testing?												
Q7e: Traditional blood stick?	Yes	85	479	6096	79	90	81	89	89	73	92	74
	No	15	113	1115	21	10	19	11	11	27	8	26
	Item missing, assume no	0	43	596	0	0	0	0	0	0	0	0
	Missing on all Q7	0	29	306	0	0	0	0	0	0	0	0
Q7f: Cheek Swab?	Yes	29	162	1897	37	20	33	24	33	28	14	43
	No	71	388	4717	63	80	67	76	67	72	86	57
	Item missing, assume no	0	43	596	0	0	0	0	0	0	0	0
	Missing on all Q7	0	71	904	0	0	0	0	0	0	0	0
Q7g: Rapid-result blood test?	Yes	40	277	2703	50	29	44	35	37	81	34	32
	No	60	291	4065	50	71	56	65	63	19	66	68
	Item missing, assume no	0	43	596	0	0	0	0	0	0	0	0
	Missing on all Q7	0	53	749	0	0	0	0	0	0	0	0
Q8a: How are initial prescriptions for oral contraceptives dispensed or prescribed?	Most clients receive both initial supply and refills at clinic	63	472	4975	81	46	86	39	86	92	37	55
	Most clients receive initial supply at clinic and prescription to refill at an outside pharmacy	9	48	690	6	12	5	13	4	4	16	8
	Most clients receive a prescription that they fill at an outside pharmacy	24	108	1921	10	39	6	45	7	3	43	33
	Other	3	20	261	3	3	3	4	3	1	4	4
	Missing	0	16	267	0	0	0	0	0	0	0	0
Q9a: Number of cycles of oral contraceptive provided at intitial visit?	1–2 cycles	13	73	993	10	16	8	17	7	11	13	20
	3–5 cycles	59	364	4643	63	55	71	46	78	28	53	54
	6–11 cycles	8	45	660	6	11	7	10	7	4	12	7
	12–13 cycles	17	148	1307	20	13	13	21	6	54	16	15
	14–23 cycles	1	8	88	1	1	1	1	1	3	0	2
	Indeterminate number	2	9	183	0	4	1	4	1	0	5	2
	Missing	0	17	240	0	0	0	0	0	0	0	0
Q9c: Number of cycles of oral contraceptive provided at refill visit?	1–2 cycles	6	43	449	5	6	3	9	1	14	4	11
	3–5 cycles	25	171	1922	26	24	25	25	21	30	26	28
	6–11 cycles	32	194	2459	35	29	43	21	50	17	25	25
	12–13 cycles	31	185	2361	30	32	26	36	26	33	36	30
	14–23 cycles	3	18	212	2	3	2	3	1	5	2	4
	Indeterminate number	3	13	220	1	4	1	5	1	1	6	2
	Missing	0	40	492	0	0	0	0	0	0	0	0
How often are the following practices provided at this clinic:												
Q10a: Quick start protocal?	Often	37	285	2877	48	26	46	27	41	70	26	32
	Sometimes	29	180	2266	30	28	28	31	32	23	26	32
	Rarely	15	88	1165	14	17	15	16	15	6	21	13
	Never	18	88	1413	8	29	11	27	12	2	27	23
	Missing	0	23	393	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q10b: Delayed pelvic exam?	Often	27	215	2138	34	20	29	26	25	51	21	28
	Sometimes	39	243	3069	39	39	43	35	41	38	34	44
	Rarely	22	120	1738	18	26	21	24	25	7	29	16
	Never	12	67	903	8	15	8	16	10	4	15	12
	Missing	0	19	267	0	0	0	0	0	0	0	0
Q10c: Advance provision of emergency contraception?	Often	23	200	1832	33	14	29	18	22	58	15	21
	Sometimes	18	134	1442	23	14	21	16	16	27	14	23
	Rarely	16	90	1220	12	19	11	20	8	10	24	16
	Never	43	219	3340	33	53	39	46	53	5	47	39
	Missing	0	21	280	0	0	0	0	0	0	0	0
Q10d: Emergency contraception prescribed via phone?	Often	6	40	501	6	6	4	9	2	7	7	11
	Sometimes	10	62	796	8	12	7	14	4	10	13	15
	Rarely	17	112	1349	18	16	16	19	11	19	16	26
	Never	66	425	5136	67	65	73	59	83	63	64	48
	Missing	0	25	332	0	0	0	0	0	0	0	0
When providing clients with each of the following contraceptive methods, what usually happens with regard to dispensing and prescribing?												
Q11a: Injectable?	Clinic purchases supplies, injects/inserts on site	87	416	4995	94	80	93	80	98	99	74	85
	Clinic provides Rx, client obtains from pharmacy, returns to clinic for injection	10	36	597	4	16	4	17	0	1	22	11
	Other (please specify)	2	7	97	1	2	2	1	2	0	3	1
	NA clinic does not dispense or provide this method	1	4	73	0	2	1	2	0	0	2	3
	Missing	0	201	2353	0	0	0	0	0	0	0	0
Q11c: IUD?	Clinic purchases supplies, injects/inserts on site	70	324	3809	73	67	71	69	64	90	65	77
	Clinic provides Rx, client obtains from pharmacy, clinic inj	4	20	237	3	5	3	6	2	7	5	6
	Other (please specify)	8	32	456	12	5	12	4	18	1	6	1
	NA clinic does not dispense or provide this method	17	69	945	11	23	14	21	16	3	24	16
	Missing	0	219	2667	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q11e: Implant?	Clinic purchases supplies, injects/inserts on site	42	279	2721	49	34	43	41	29	82	36	46
	Clinic provides Rx, client obtains from pharmacy, clinic inj	3	19	192	4	1	1	5	0	6	5	2
	Other (please specify)	24	108	1516	20	28	23	24	29	5	27	22
	NA clinic does not dispense or provide this method	31	146	2010	27	36	32	30	42	7	32	29
	Missing	0	112	1675	0	0	0	0	0	0	0	0
Q12a: Total # languages spoken by clients	1 or 2 languages	36	237	2814	34	38	41	31	42	28	36	31
	3 or more languages	64	403	4989	66	62	59	69	58	72	64	69
	Missing	0	24	311	0	0	0	0	0	0	0	0
Q12b: Total # languages spoken by clinical staff	1 or 2 languages	59	410	4608	67	51	71	45	76	71	46	46
	3 or more languages	41	237	3241	33	49	29	55	24	29	54	54
	Missing	0	17	266	0	0	0	0	0	0	0	0
Q12c: Total # languages spoken by nonclinical staff	1 or 2 languages	59	402	4576	62	56	68	50	74	64	56	43
	3 or more languages	41	236	3119	38	44	32	50	26	36	44	57
	Missing	0	26	419	0	0	0	0	0	0	0	0
Q14a: Frequency of language services from physicians, nurses?	Often	29	180	2300	24	34	21	37	19	20	44	27
	Sometimes	22	145	1785	22	23	21	24	19	28	27	19
	Rarely	17	103	1316	17	17	16	17	18	20	12	19
	Never	32	222	2542	38	26	42	21	45	33	17	34
	Missing	0	14	171	0	0	0	0	0	0	0	0
Q14b: Frequency of language services from nonclinical staff?	Often	37	244	2955	39	36	37	38	34	38	40	37
	Sometimes	18	118	1450	21	16	17	20	19	21	19	16
	Rarely	14	100	1139	13	16	15	14	14	19	13	16
	Never	30	186	2355	27	33	32	28	33	22	28	31
	Missing	0	16	216	0	0	0	0	0	0	0	0
Q14c: Frequency of language services from interpreters on site?	Often	27	162	2153	31	24	30	25	35	14	26	24
	Sometimes	17	106	1343	13	21	14	20	14	21	21	15
	Rarely	10	70	800	11	9	11	10	9	12	9	12
	Never	46	308	3624	45	46	46	46	43	54	44	49
	Missing	0	18	194	0	0	0	0	0	0	0	0
Q14d: Frequency of language services via telephone?	Often	27	167	2154	29	25	28	26	33	23	25	24
	Sometimes	27	181	2126	27	26	27	27	27	37	30	17
	Rarely	29	204	2314	32	26	31	27	29	36	22	34
	Never	17	102	1396	13	22	14	21	10	5	23	25
	Missing	0	10	125	0	0	0	0	0	0	0	0
Q15a: Is the clinic open in the evening?	No	69	401	5509	70	68	71	67	86	28	57	78
	Yes	31	254	2482	30	32	29	33	14	72	43	22
	Missing	0	9	123	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q15b: Is the clinic open on the weekends?	No	80	490	6362	82	77	85	74	96	44	66	90
	Yes	20	165	1629	18	23	15	26	4	56	34	10
	Missing	0	9	123	0	0	0	0	0	0	0	0
Q15c: When does the clinic have extended hours?	Both evenings and weekends	13	119	1014	13	12	9	16	1	50	20	5
	Evenings only	18	135	1468	17	20	20	17	13	23	23	17
	Weekends only	8	46	615	5	10	5	10	3	7	14	5
	No evenings or weekends	61	355	4894	65	58	66	57	83	21	43	73
	Missing	0	9	123	0	0	0	0	0	0	0	0
Q16: How soon can a new client get an intitial contraceptive appointment?	Same Day	39	282	3099	42	36	38	40	30	63	40	40
	1–3 days	20	136	1619	20	20	21	20	24	22	18	19
	4–7 days	20	114	1609	16	25	18	23	17	11	26	20
	1–2 weeks	13	74	1063	14	13	15	12	18	3	11	15
	More than 2 weeks	7	43	576	7	7	9	5	12	1	6	5
	Missing	0	15	148	0	0	0	0	0	0	0	0
Which type of staff typically provides the following services at this clinic?												
Q17a: Counseling and education around method selection?	Health counselor or educator	13	149	1054	18	8	15	11	1	58	11	13
	Registered nurse (RN)	30	187	2441	39	22	46	14	70	11	7	17
	Midlevel clinician (NP/CNM/PA)	36	212	2847	30	41	30	42	27	22	44	42
	Physician (MD, DO)	17	74	1359	5	29	5	30	2	1	36	20
	Other (specify below)	4	32	307	7	1	4	3	1	9	2	8
	Missing	0	10	105	0	0	0	0	0	0	0	0
Q17b: Clinical exam and pap test or pelvic exam?	Health Counselor or Educator	1	5	58	1	0	0	1	0	1	1	2
	Registered Nurse (RN)	5	26	365	4	5	8	1	12	1	1	1
	Mid-level Clinician (NP/CNM/PA)	65	475	5193	80	51	77	53	74	96	45	68
	Physician (MD, DO)	28	133	2210	14	42	14	43	13	2	53	26
	Other (specify below)	1	9	103	1	2	0	2	1	1	1	3
	Missing	0	16	185	0	0	0	0	0	0	0	0
Q17c: Depo-Provera injection?	Health counselor or educator	4	58	350	8	1	4	5	0	28	2	4
	Registered nurse (RN)	55	321	4318	58	52	64	45	86	21	41	46
	Midlevel clinician (NP/CNM/PA)	19	136	1485	20	18	19	19	11	32	19	24
	Physician (MD, DO)	6	30	476	1	11	2	10	0	1	16	4
	Other (specify below)	16	100	1221	13	18	11	21	3	18	23	22
	Missing	0	19	265	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Are any of the following types of assistance available at this cliinic to facilitate Medicaid (or Medicaid waiver) enrollment for contraceptive clients?												
Q21a: Medicaid applications available on-site	Yes	72	447	5684	73	70	72	71	73	60	76	68
	No	28	206	2263	27	30	28	29	27	40	24	32
	Item missing, assume no	0	11	167	0	0	0	0	0	0	0	0
Q21b: Clinic staff assist in clients in completing Medicaid applications	Yes	68	406	5370	64	72	64	72	62	48	78	70
	No	32	246	2560	36	28	36	28	38	52	22	30
	Item missing, assume no	0	12	184	0	0	0	0	0	0	0	0
Q21c: Clinic staff submit Medicaid applications on behalf of clients (e.g. by mail or fax)	Yes	55	345	4297	54	56	55	55	52	47	65	50
	No	45	301	3526	46	44	45	45	48	53	35	50
	Item missing, assume no	0	18	291	0	0	0	0	0	0	0	0
Q21d: Clinic staff enter client info into an eligibility system and enrollment determination can be made	Yes	38	218	2958	34	41	32	43	32	29	45	39
	No	62	427	4928	66	59	68	57	68	71	55	61
	Item missing, assume no	0	19	229	0	0	0	0	0	0	0	0
Does this clinic have any managed care contracts with Medicaid or private health plans to provide the following services to their enrollees?												
Q22: Clinic has any managed care contracts with Medicaid plans	No Medicaid plan	60	381	4537	65	55	65	54	73	58	48	59
	Has a Medicaid plan	40	242	3020	35	45	35	46	27	42	52	41
	Missing	0	41	557	0	0	0	0	0	0	0	0
Q22: Clinic has any managed care contracts with private health plans	No private plan	67	413	5076	69	65	74	60	85	51	61	58
	Has a private plan	33	210	2482	31	35	26	40	15	49	39	42
	Missing	0	41	557	0	0	0	0	0	0	0	0
Q22a: Clinic has managed care contracts with Medicaid plans for contraceptive/STI services only	Yes	32	206	2436	31	33	29	35	23	42	38	34
	No	32	187	2432	26	38	30	34	34	18	39	28
	Item missing, assume no	36	230	2689	42	28	40	30	43	41	23	38
	Missing on all Q22	0	41	557	0	0	0	0	0	0	0	0
Q22b: Clinic has managed care contracts with private health plans for contraceptive/STI services only	Yes	27	182	2049	28	26	22	32	13	48	28	35
	No	60	367	4502	63	56	66	53	77	46	53	50
	Item missing, assume no	13	74	1006	9	18	12	15	9	6	18	15
	Missing on all Q22	0	41	557	0	0	0	0	0	0	0	0
Q22c: Clinic has managed care contracts with Medicaid plans for maternity or primary care, including contraceptive/STI services	Yes	31	168	2345	21	41	22	41	16	19	49	34
	No	34	224	2574	37	31	37	30	40	37	28	32
	Item missing, assume no	35	231	2638	42	28	41	29	44	45	23	34
	Missing on all Q22	0	41	557	0	0	0	0	0	0	0	0
Q22d: Clinic has managed care contracts with private health plans for maternity or primary care, including contraceptive/STI services	Yes	25	143	1887	17	33	17	34	10	23	37	30
	No	60	397	4556	70	50	70	50	78	68	42	56
	Item missing, assume no	15	83	1113	12	17	13	16	12	9	20	14
	Missing on all Q22	0	41	557	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q23: Clinic uses an electronic health system (EHR) or plans to implement one within next 2 years	Currently use EHR system	35	198	2722	23	47	25	46	18	22	56	35
	Expect to implement EHR within next 2 years	46	319	3571	48	43	44	48	38	74	43	48
	No plans to implement EHR within next 2 years	19	120	1499	29	10	31	7	44	5	1	16
	Missing	0	27	322	0	0	0	0	0	0	0	0
Q25: Certain contraceptive methods are not stocked due to cost	Yes	57	288	3784	56	57	59	54	66	35	54	55
	No	43	260	2900	44	43	41	46	34	65	46	45
	Missing	0	116	1430	0	0	0	0	0	0	0	0
How frequently are the following services for men or that involve male participation, provided at this clinic?												
Q26a: Male partners attend contraceptive counseling with female clients	Often	5	38	417	4	7	6	5	4	7	5	6
	Sometimes	34	242	2671	43	26	38	30	30	48	25	46
	Rarely	51	307	3946	43	59	48	54	56	38	58	41
	Never	10	56	740	10	9	8	11	10	6	12	7
	Missing	0	21	341	0	0	0	0	0	0	0	0
Q26b: Male clients receive contraceptive services on their own	Often	21	141	1597	23	19	23	18	18	25	18	26
	Sometimes	29	197	2261	33	25	32	26	33	36	25	27
	Rarely	34	213	2648	28	41	34	34	36	30	41	26
	Never	16	88	1225	16	16	11	22	13	8	16	22
	Missing	0	25	385	0	0	0	0	0	0	0	0
Q26c: Male partners receive STI treatment when female client tests positive	Often	63	424	4845	68	57	74	50	80	72	47	57
	Sometimes	26	162	1993	21	30	21	31	16	27	38	24
	Rarely	6	26	444	4	8	2	10	2	1	10	7
	Never	6	26	429	7	5	3	9	3	0	5	12
	Missing	0	26	404	0	0	0	0	0	0	0	0
Q26d: Male clients receive STI services on their own	Often	57	393	4427	61	54	64	50	68	79	46	48
	Sometimes	29	175	2267	25	33	27	32	23	19	40	29
	Rarely	5	30	365	4	6	4	5	3	1	8	4
	Never	9	41	659	10	7	5	13	5	1	7	18
	Missing	0	25	397	0	0	0	0	0	0	0	0
With regard to serving specific subgroups of contraceptive clients, please indicate whether clinic staff have received training in how to best serve the special needs of each group.												
Q27a: Staff trained to serve adolescents	Yes	82	460	5270	90	73	91	71	92	91	72	77
	No	14	54	886	7	21	5	24	6	5	21	17
	Item missing, assume no	5	27	292	3	6	4	5	1	4	7	6
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q27d: Staff trained to serve men	Yes	65	369	4169	75	54	73	55	69	77	59	61
	No	29	136	1881	21	38	21	38	27	17	34	31
	Item missing, assume no	6	36	397	4	8	6	6	4	6	8	8
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27g: Staff trained to serve couples	Yes	47	252	3035	51	43	50	43	50	41	47	47
	No	45	240	2882	43	47	42	48	46	49	45	41
	Item missing, assume no	8	49	531	6	10	8	9	4	10	8	12
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27j: Staff trained to serve clients with disabilities	Yes	47	255	3042	50	44	53	41	56	43	45	42
	No	44	233	2829	43	45	39	49	42	46	45	44
	Item missing, assume no	9	53	577	7	11	8	10	2	12	9	15
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27m: Staff trained to serve homeless clients	Yes	40	209	2582	41	39	44	35	45	23	41	41
	No	50	276	3217	51	48	48	52	53	64	47	44
	Item missing, assume no	10	56	649	8	12	8	13	2	13	12	16
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27p: Staff trained to serve clients with substance abuse problems	Yes	51	265	3272	53	49	54	47	58	40	52	45
	No	38	211	2475	36	41	35	42	36	47	34	42
	Item missing, assume no	11	65	700	11	11	11	11	6	13	13	13
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27s: Staff trained to serve incarcerated clients	Yes	30	157	1923	32	28	32	27	35	24	31	25
	No	58	312	3719	57	59	55	60	58	62	53	60
	Item missing, assume no	12	72	805	11	14	12	13	7	13	16	15
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27v: Staff trained to serve non-English speaking clients	Yes	72	399	4656	78	66	77	67	82	82	65	65
	No	21	99	1346	16	26	16	27	14	11	25	29
	Item missing, assume no	7	43	445	6	8	8	6	4	7	10	7
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27y: Staff trained to serve immigrants	Yes	48	264	3110	51	46	52	44	54	44	50	42
	No	43	224	2764	43	43	40	46	43	46	38	47
	Item missing, assume no	9	53	574	6	12	8	10	3	11	12	11
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q27bb: Staff trained to serve refugees	Yes	33	180	2149	36	31	37	29	38	32	34	28
	No	56	299	3638	57	56	54	60	59	55	51	60
	Item missing, assume no	10	62	661	7	13	9	11	3	13	15	12
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27ee: Staff trained to serve individuals experiencing intimate partner violence	Yes	75	415	4814	82	67	82	67	83	81	68	70
	No	18	85	1138	11	25	12	24	14	12	21	21
	Item missing, assume no	8	41	495	8	8	6	9	3	7	11	9
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27hh: Staff trained to serve lesbian or gay (LGBTQ) clients	Yes	60	348	3839	70	49	67	51	64	83	46	61
	No	33	150	2128	24	42	26	41	34	11	43	30
	Item missing, assume no	7	43	480	6	9	7	8	2	6	11	10
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27kk: Staff trained to serve minors in foster care	Yes	50	257	3205	48	51	52	48	55	41	52	45
	No	42	237	2716	43	41	40	44	42	49	39	43
	Item missing, assume no	8	47	526	9	8	8	8	3	10	9	11
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27nn: Staff trained to serve sex workers	Yes	33	179	2102	36	29	36	29	36	34	28	32
	No	56	297	3594	55	56	54	58	60	54	56	51
	Item missing, assume no	12	65	752	9	14	10	14	4	11	15	17
	Missing on all training	0	88	1187	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
With regard to serving specific subgroups of contraceptive clients, please indicate whether clinic has on or off-site programs to provide contraceptive services that are tailored specificially for member of these groups.												
Q27b: Programs tailored to adolescents	Yes	59	279	3225	66	51	66	50	64	66	48	61
	No	32	131	1749	23	41	23	41	26	22	42	31
	Item missing, assume no	10	47	522	12	7	11	8	10	12	10	8
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27e: Programs tailored for men	Yes	38	187	2114	44	32	42	34	38	45	33	42
	No	50	210	2724	43	57	45	55	52	42	50	49
	Item missing, assume no	12	60	658	13	11	13	11	10	14	17	9
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q27h: Programs tailored to couples	Yes	29	129	1586	31	26	30	27	29	23	28	32
	No	57	259	3155	53	62	54	61	58	62	55	58
	Item missing, assume no	14	69	756	16	11	16	12	13	15	17	10
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27 Programs tailored to clients with disabilities	Yes	26	121	1453	28	25	28	25	27	23	29	24
	No	61	269	3329	58	63	56	65	59	61	58	65
	Item missing, assume no	13	67	714	14	12	16	10	14	15	13	11
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27n: Programs tailored to homeless clients	Yes	29	125	1580	24	34	27	31	25	18	43	21
	No	59	268	3260	61	57	58	61	60	66	46	71
	Item missing, assume no	12	64	657	14	9	16	8	15	16	11	8
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27q: Programs tailored to clients with substance abuse problems	Yes	41	170	2279	42	41	40	43	41	21	52	39
	No	48	231	2666	47	50	47	51	48	64	39	54
	Item missing, assume no	10	56	552	11	9	13	6	11	15	10	7
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27t: Programs tailored to incarcerated clients	Yes	27	116	1458	30	23	26	27	28	26	25	27
	No	62	282	3413	58	67	60	64	59	61	61	67
	Item missing, assume no	11	59	627	12	11	14	8	13	13	15	6
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27w: Programs tailored to non-english speaking clients	Yes	45	204	2494	46	44	46	45	50	45	51	34
	No	43	190	2344	40	45	40	45	39	40	35	56
	Item missing, assume no	12	63	659	13	11	14	10	11	15	14	10
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27z: Programs tailored to immigrants	Yes	33	143	1805	30	36	28	38	30	27	45	25
	No	53	243	2930	55	52	55	52	55	57	40	65
	Item missing, assume no	14	71	761	16	12	17	10	14	16	16	10
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27cc: Programs for refugees	Yes	21	96	1176	20	23	21	22	21	19	29	14
	No	65	288	3553	65	64	62	67	65	64	55	75
	Item missing, assume no	14	73	768	15	13	17	10	14	16	16	11
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q27ff: Programs tailored to clients experiencing intimate partner violence	Yes	42	191	2299	43	40	43	40	42	37	45	39
	No	47	211	2561	44	49	43	50	46	50	41	52
	Item missing, assume no	12	55	637	13	10	13	9	11	13	14	9
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27ii: Programs tailored to lesbian and gay (LGBTQ) clients	Yes	31	162	1705	32	30	31	31	24	51	32	31
	No	55	226	3026	51	59	53	58	61	35	52	58
	Item missing, assume no	14	69	766	17	11	16	11	15	14	16	11
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27ll: Programs tailored to minors in foster care	Yes	33	147	1838	33	34	32	35	31	28	40	32
	No	56	253	3073	55	56	56	56	60	58	46	61
	Item missing, assume no	11	57	585	12	9	12	9	10	14	14	7
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27oo: Programs tailored to sex workers	Yes	19	88	1062	18	21	18	20	16	18	25	18
	No	65	296	3572	67	62	65	65	70	69	57	67
	Item missing, assume no	16	73	863	14	17	17	15	15	14	18	15
	Missing on all programs	0	172	2138	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
With regard to serving specific subgroups of contraceptive clients, please indicate whether clinic has outreach efforts tailored to these groups.												
Q26c: Outreach efforts for adolescents	Yes	67	364	4279	78	56	76	57	73	75	56	70
	No	29	135	1821	18	40	19	40	23	18	39	29
	Item missing, assume no	4	26	258	5	3	5	3	5	7	6	1
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27f: Outreach efforts for men	Yes	42	229	2688	48	36	45	39	36	46	40	51
	No	51	251	3215	45	56	47	55	57	42	50	46
	Item missing, assume no	7	45	456	7	8	8	6	6	12	10	3
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27i: Outreach efforts for couples	Yes	31	151	1942	33	27	29	32	26	26	33	36
	No	60	316	3815	57	63	60	60	66	63	56	56
	Item missing, assume no	9	58	602	9	10	11	7	8	11	11	8
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27 Outreach efforts for clients with disabilities	Yes	26	127	1665	26	26	23	30	20	25	30	30
	No	63	335	4034	63	64	64	63	69	62	59	63
	Item missing, assume no	10	63	659	11	10	13	7	11	13	11	7
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q27o: Outreach for homeless clients	Yes	32	159	2003	30	33	29	34	24	23	45	30
	No	60	315	3810	62	58	59	61	65	68	46	65
	Item missing, assume no	9	51	546	9	8	11	5	11	8	9	6
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27r: Outreach for clients with substance abuse problems	Yes	39	198	2483	40	38	38	40	33	31	47	41
	No	53	280	3392	53	54	53	54	59	59	45	54
	Item missing, assume no	8	47	483	7	8	9	6	9	10	8	5
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27u: Outreach for incarcerated clients	Yes	21	116	1345	25	17	22	20	20	28	21	21
	No	70	360	4475	67	74	68	73	71	63	71	72
	Item missing, assume no	8	49	538	8	9	10	6	9	9	8	8
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27x: Outreach for non-english speaking clients	Yes	49	256	3131	52	46	49	49	43	49	57	49
	No	43	217	2711	39	46	42	44	49	40	36	43
	Item missing, assume no	8	52	517	9	8	9	7	8	12	7	8
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27aa: Outreach to immigrants	Yes	35	178	2235	34	36	32	38	24	33	48	36
	No	56	296	3580	56	56	57	56	65	58	45	58
	Item missing, assume no	9	51	543	9	8	11	6	11	10	7	6
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27dd: Outreach for refugees	Yes	23	120	1451	22	23	23	23	19	24	31	18
	No	68	349	4340	69	67	66	71	72	66	60	74
	Item missing, assume no	9	56	568	9	9	12	6	10	10	9	8
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27gg: Outreach to clients experiencing intimate partner violence	Yes	39	201	2483	43	35	40	38	38	36	40	41
	No	50	265	3206	47	54	49	53	53	53	47	50
	Item missing, assume no	11	59	670	10	11	11	9	9	12	14	8
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27jj: Outreach to lesbian or gay (LGBTQ) clients	Yes	34	196	2162	39	28	33	35	25	55	36	35
	No	57	274	3616	51	63	56	58	67	32	56	56
	Item missing, assume no	9	55	580	9	9	10	8	9	13	9	9
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q27mm: Outreach to minors in foster care	Yes	30	147	1900	30	30	28	32	26	27	34	32
	No	60	319	3810	60	60	61	58	66	62	53	59
	Item missing, assume no	10	59	649	10	10	11	9	9	11	13	8
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Q27pp: Outreach to sex workers	Yes	19	100	1213	20	18	18	20	13	24	25	19
	No	69	359	4360	70	67	70	67	76	64	63	68
	Item missing, assume no	12	66	786	10	15	12	12	12	13	12	13
	Missing on all outreach	0	104	1276	0	0	0	0	0	0	0	0
	Missing on all Q27	0	35	479	0	0	0	0	0	0	0	0
Approximately what percent of all contraceptive or STD clients seen at this clinics are:												
Q28a: Members of racial or ethnic minorities?	0–9%	23	148	1691	27	18	29	15	29	21	14	26
	10–24%	18	132	1364	21	15	19	17	21	33	13	15
	25–49%	22	138	1682	21	24	21	24	23	24	26	17
	50% or more	37	204	2767	32	42	31	44	28	23	47	43
	Missing	0	42	611	0	0	0	0	0	0	0	0
Q28b: Male?	0–9%	47	284	3499	50	44	50	44	49	43	41	53
	10–24%	34	225	2505	35	33	34	33	31	48	35	29
	25–49%	16	85	1164	14	18	13	18	17	8	19	14
	50% or more	4	22	280	2	6	3	5	3	2	5	4
	Missing	0	48	667	0	0	0	0	0	0	0	0
Q28c: Have limited english skills?	0–9%	47	310	3544	50	43	52	41	53	60	33	50
	10–24%	27	158	2054	26	28	24	30	23	25	31	29
	25–49%	14	88	1064	15	13	14	14	17	9	16	9
	50% or more	12	69	907	9	16	10	15	7	6	20	11
	Missing	0	39	545	0	0	0	0	0	0	0	0
Q28d: Less than 18 years old?	0–9%	23	141	1763	16	31	16	32	17	22	25	30
	10–24%	44	285	3338	44	44	50	38	46	50	48	35
	25–49%	25	152	1872	29	20	28	22	29	23	21	25
	50% or more	8	42	568	10	5	7	8	8	5	6	10
	Missing	0	44	574	0	0	0	0	0	0	0	0
Q28e: Homeless?	0–9%	89	569	6704	92	86	95	83	96	97	82	85
	10–24%	8	38	623	7	10	4	13	3	3	12	12
	25–49%	2	7	116	1	2	0	3	1	0	3	2
	50% or more	1	7	81	0	2	1	1	0	0	3	0
	Missing	0	43	589	0	0	0	0	0	0	0	0
Q28f: Dealing with intimate partner violence?	0–9%	64	416	4794	72	56	71	57	71	76	59	58
	10–24%	31	176	2337	25	38	26	38	27	23	36	35
	25–49%	4	20	299	3	5	3	5	3	1	4	7
	50% or more	0	2	28	0	1	0	1	0	0	1	0
	Missing	0	50	656	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q28g: Dealing with substance abuse?	0–9%	48	341	3610	59	37	57	38	53	72	35	47
	10–24%	41	219	3077	33	49	34	49	36	25	53	40
	25–49%	10	51	727	8	12	8	11	10	3	9	13
	50% or more	1	7	99	1	2	1	2	1	0	3	0
	Missing	0	46	601	0	0	0	0	0	0	0	0
Q28h: Physically or mentally challenged?	0–9%	80	524	5972	87	72	86	72	84	96	69	79
	10–24%	18	82	1330	13	23	12	24	16	4	24	18
	25–49%	2	10	157	1	3	1	4	0	0	5	2
	50% or more	0	3	35	0	1	0	1	0	0	2	0
	Missing	0	45	621	0	0	0	0	0	0	0	0
Q28i: Dealing with complex medical/personal circumstances?	0–9%	38	249	2842	44	31	44	31	47	49	25	37
	10–24%	36	225	2670	37	34	35	36	36	36	34	35
	25–49%	19	112	1461	16	23	17	22	13	14	26	22
	50% or more	7	35	548	4	11	4	11	4	1	14	6
	Missing	0	43	593	0	0	0	0	0	0	0	0
Q29: Any primary care clinic available in community	No primary care clinic in community	12	69	940	11	13	11	13	13	8	16	8
	Other primary care clinic available in community	88	575	6943	89	87	89	87	87	92	84	92
	Missing on all primary care	0	20	232	0	0	0	0	0	0	0	0
Q29a: Community health center(s) (CHC) available in community	Yes	76	469	5525	74	79	75	78	68	90	81	75
	No	15	86	1067	17	12	18	11	23	8	9	12
	DK	0	21	276	0	0	0	0	0	0	0	0
	NA	0	25	350	0	0	0	0	0	0	0	0
	Item missing, assume no	9	43	664	9	9	8	11	9	2	10	12
	Missing	0	20	232	0	0	0	0	0	0	0	0
Q29d: Migrant health center(s) (MHC) available in community	Yes	25	119	1497	25	24	18	32	15	37	31	26
	No	50	246	3036	50	50	55	44	56	42	48	47
	DK	0	121	1268	0	0	0	0	0	0	0	0
	NA	0	43	554	0	0	0	0	0	0	0	0
	Item missing, assume no	25	115	1527	24	26	27	23	28	21	21	27
	Missing	0	20	232	0	0	0	0	0	0	0	0
Q29g: Other community clinic(s) providing primary care services available in community	Yes	76	478	5666	81	71	79	74	75	86	72	80
	No	13	76	987	10	17	11	15	13	9	15	14
	DK	0	18	225	0	0	0	0	0	0	0	0
	NA	0	19	245	0	0	0	0	0	0	0	0
	Item missing, assume no	10	53	759	9	12	10	11	13	4	13	7
	Missing	0	20	232	0	0	0	0	0	0	0	0
Q29: Any private doctor available in community	No private doctor in community	6	42	496	6	7	5	8	4	6	8	7
	Private doctor in community	94	602	7387	94	93	95	92	96	94	92	93
	Missing on all private	0	20	232	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q29m: Private obstetrician/gynecologist(s) available in community	Yes	83	536	6383	85	80	83	83	78	94	84	84
	No	11	56	866	8	14	11	11	17	1	9	10
	DK	0	5	76	0	0	0	0	0	0	0	0
	NA	0	10	106	0	0	0	0	0	0	0	0
	Item missing, assume no	6	37	452	7	5	6	6	5	6	7	6
	Missing	0	20	232	0	0	0	0	0	0	0	0
Q29p: Other private physicians/group practices available in community	Yes	89	570	6861	92	86	93	85	94	95	84	86
	No	4	20	346	1	8	2	7	1	0	7	8
	DK	0	6	97	0	0	0	0	0	0	0	0
	NA	0	8	55	0	0	0	0	0	0	0	0
	Item missing, assume no	7	40	524	7	6	6	8	5	5	9	6
	Missing	0	20	232	0	0	0	0	0	0	0	0
Q29: Clinic receives referrals from at least one primary care clinic in community	Clinic does not receive referrals from primary care clinics	12	41	500	10	15	12	13	11	13	14	11
	Clinic receives referrals from primary care clinics	88	293	3516	90	85	88	87	89	87	86	89
	No primary care clinics available in community	0	69	940	0	0	0	0	0	0	0	0
	Missing on primary care clinic availability	0	20	232	0	0	0	0	0	0	0	0
	Missing on referrals from primary clinics	0	241	2926	0	0	0	0	0	0	0	0
Q29: Clinic provides referrals to at least one primary care clinic in community	Clinic does not provide referrals to primary care clinics	12	47	663	4	21	7	18	3	3	34	7
	Clinic provides referrals to primary care clinics	88	433	5010	96	79	93	82	97	97	66	93
	No primary care clinics available in community	0	69	940	0	0	0	0	0	0	0	0
	Missing on primary care clinic availability	0	20	232	0	0	0	0	0	0	0	0
	Missing on referrals to primary clinics	0	95	1269	0	0	0	0	0	0	0	0
Q29: Clinic receives referrals from at least one private doctor in community	Clinic does not receive referrals from private doctors	20	53	803	10	31	13	28	11	8	34	18
	Clinic receives referrals from private doctors	80	284	3201	90	69	87	72	89	92	66	82
	No private doctors available in community	0	42	496	0	0	0	0	0	0	0	0
	Missing on private doctor availability	0	20	232	0	0	0	0	0	0	0	0
	Missing on referrals from private doctors	0	265	3382	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q29: Clinic provides referrals to at least one private doctor in community	Clinic does not provide referrals to private doctors	5	23	298	2	9	4	7	2	1	12	3
	Clinic provides referrals to private doctors	95	480	5702	98	91	96	93	98	99	88	97
	No private doctors available in community	0	42	496	0	0	0	0	0	0	0	0
	Missing on private doctor availability	0	20	232	0	0	0	0	0	0	0	0
	Missing on referrals from private doctors	0	99	1387	0	0	0	0	0	0	0	0
Please indicate which of the following reasons are important to most, many, some or few of your contraceptive clients when choosing to visit your clinic for care.												
Q31a: Free or reduced fee services available	Most clients	74	485	5827	77	71	83	64	87	67	75	59
	Many Clients	20	127	1586	18	22	15	26	12	25	21	27
	Some Clients	4	19	320	2	6	2	7	1	2	3	10
	Few Clients	1	8	69	2	0	0	1	0	3	0	2
	NA or No Clients	1	8	80	1	1	0	2	0	3	1	2
	Missing	0	17	232	0	0	0	0	0	0	0	0
Q31b: Confidential services available	Most clients	62	416	4933	66	59	66	59	67	69	57	61
	Many Clients	25	158	1982	24	26	24	27	20	26	29	27
	Some Clients	9	57	698	7	11	9	9	9	4	14	4
	Few Clients	2	8	148	1	2	1	3	2	1	0	5
	NA or No Clients	2	7	132	2	2	1	3	2	0	1	3
	Missing	0	18	222	0	0	0	0	0	0	0	0
Q31c: High quality contraceptive care available	Most clients	59	396	4693	65	53	65	53	66	63	50	61
	Many Clients	29	182	2297	29	30	27	31	25	32	33	29
	Some Clients	10	61	814	6	15	7	13	8	5	16	8
	Few Clients	1	3	49	0	1	0	1	0	0	0	2
	NA or No Clients	1	5	50	0	1	0	1	1	0	1	0
	Missing	0	17	211	0	0	0	0	0	0	0	0
Q31d: Location near clients' home or work	Most clients	49	291	3863	42	56	46	52	46	36	59	45
	Many Clients	32	215	2525	34	30	32	32	29	41	28	37
	Some Clients	15	113	1217	20	11	19	12	20	21	11	14
	Few Clients	3	19	207	3	3	3	3	4	2	1	3
	NA or No Clients	1	7	69	1	1	1	1	1	0	1	1
	Missing	0	19	234	0	0	0	0	0	0	0	0
Q31e: Location near public transportation	Most clients	28	171	2200	22	34	23	34	18	26	37	30
	Many Clients	21	135	1660	22	21	17	26	12	28	28	22
	Some Clients	14	101	1112	17	11	16	12	14	19	12	15
	Few Clients	11	84	891	15	8	11	12	11	19	9	12
	NA or No Clients	25	153	1979	24	26	33	17	44	9	14	21
	Missing	0	20	272	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (unweighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q31f: Multiple services available in one place	Most clients	49	284	3883	38	61	42	58	40	34	66	46
	Many Clients	21	144	1693	21	22	21	23	21	29	21	19
	Some Clients	17	122	1331	23	10	21	12	23	22	9	16
	Few Clients	7	55	532	9	5	9	4	8	10	1	10
	NA or No Clients	6	41	444	9	2	8	3	7	4	2	9
	Missing	0	18	230	0	0	0	0	0	0	0	0
Q31g: Adjacent/near where clients get other services	Most clients	35	189	2691	26	43	27	43	27	15	46	40
	Many Clients	16	94	1255	15	17	14	19	14	11	20	16
	Some Clients	23	161	1806	25	21	27	19	27	30	20	19
	Few Clients	14	112	1109	20	8	18	10	16	29	7	16
	NA or No Clients	12	84	911	13	11	14	9	17	16	7	9
	Missing	0	24	343	0	0	0	0	0	0	0	0
Q31h: Provides wide range of contraceptive methods	Most clients	37	250	2881	38	36	39	35	33	48	37	38
	Many Clients	30	197	2357	35	25	29	32	29	35	29	31
	Some Clients	20	119	1539	16	23	20	20	22	15	23	15
	Few Clients	9	49	684	8	9	9	9	12	1	8	9
	NA or No Clients	4	28	337	3	6	4	5	4	1	3	7
	Missing	0	21	317	0	0	0	0	0	0	0	0
Q31i: Has female clinicians	Most clients	52	346	4105	54	50	54	49	51	56	52	51
	Many Clients	33	201	2621	32	35	32	35	33	30	33	34
	Some Clients	11	77	896	11	11	10	12	10	12	13	10
	Few Clients	1	8	75	1	1	2	0	2	1	0	1
	NA or No Clients	3	16	206	3	2	2	3	3	1	1	5
	Missing	0	16	211	0	0	0	0	0	0	0	0
Q31j: Has staff that understands clients' cultural background and needs	Most clients	43	276	3395	41	45	43	43	40	38	51	39
	Many Clients	31	193	2475	30	32	29	34	29	30	32	35
	Some Clients	17	121	1354	19	15	19	15	22	22	15	13
	Few Clients	6	41	482	6	6	6	6	6	8	2	10
	NA or No Clients	2	14	163	3	1	3	1	3	1	1	3
	Missing	0	19	246	0	0	0	0	0	0	0	0
Q30k: Has childcare or allows children to accompany client	Most clients	17	107	1336	17	18	15	19	14	13	21	18
	Many Clients	19	107	1508	17	21	16	23	17	11	20	25
	Some Clients	23	150	1793	26	20	24	21	22	28	21	25
	Few Clients	14	104	1102	16	12	15	13	16	23	12	10
	NA or No Clients	27	170	2078	24	30	30	23	31	26	26	22
	Missing	0	26	297	0	0	0	0	0	0	0	0
Q31l: Recommended or used by clients' family or friends	Most clients	44	308	3454	47	41	46	41	38	54	45	46
	Many Clients	40	234	3184	39	42	37	45	42	32	40	42
	Some Clients	13	86	1061	11	16	15	12	17	12	13	11
	Few Clients	2	14	160	3	1	2	2	3	1	2	0
	NA or No Clients	0	1	7	0	0	0	0	0	0	0	0
	Missing	0	21	248	0	0	0	0	0	0	0	0

APPENDIX TABLE A, (cont.)

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (un-weight-ed)	No. (weight-ed)	Repro-ductive health	Primary care	Yes	No	Health dept.	Planned Parent-hood	FQHC	Other
Q31m:Provides services in client's language (not English)	Most clients	27	179	2144	28	26	26	29	24	26	34	24
	Many Clients	24	140	1888	24	24	21	27	22	19	29	24
	Some Clients	18	124	1382	19	16	20	15	23	26	14	12
	Few Clients	15	106	1153	15	15	17	12	17	22	9	15
	NA or No Clients	16	92	1261	14	18	16	16	15	7	14	24
	Missing	0	23	287	0	0	0	0	0	0	0	0

Note: na=not applicable.

APPENDIX B

2010 SURVEY OF CLINICS PROVIDING CONTRACEPTIVE SERVICES

The Guttmacher Institute
125 Maiden Lane, New York, NY 10038
Phone (212) 248-1111 • Fax (212) 248-1951 • www.guttmacher.org

The purpose of this survey is to gather information about patterns of service delivery among the wide variety of organizations that provide publicly funded contraceptive services. Please help us by providing the information requested.

PLEASE BE ASSURED THAT WE WILL MAKE EVERY EFFORT TO PROTECT THE CONFIDENTIALITY OF YOUR RESPONSE. We will not publish results that in any way will permit identification of individual respondents or clinics. Please return this survey by **October 19, 2010**. Use the enclosed postage-paid envelope or send to the address above. You may also complete an on-line version, see instructions in cover letter.

Contraceptive services are defined as any service related to postponing or preventing conception. Contraceptive services may include taking a history of sexual health and behavior, a medical examination related to provision of a contraceptive method, contraceptive counseling and education, method prescription or supply revisits.

If your clinic does **not** currently provide contraceptive services, and did not do so in any part of 2009, please contact the field coordinator by e-mail or phone so we can remove you from our list of family planning providers. Any questions regarding this survey should be directed to Lori Frohwirth, field coordinator, at (212)248-1111x2272 or lfrohwirth@guttmacher.org or Jennifer Frost, project manager, x2279 or jfrost@guttmacher.org.

Thank you very much for completing this survey!

Please mark any address corrections:

Please provide the following:

Name: _____

Title: _____

Telephone: _____

Fax: _____

E-mail: _____

(1-5)

I. CLINIC CHARACTERISTICS

1. What type of organization is your clinic affiliated with? *Check only one box.*

Health department (e.g., state, county, local)	❑ -1
Hospital	❑ -2
Planned Parenthood	❑ -3
Community/migrant health center	❑ -4
Other (specify: _____)	❑ -5

(6) (7)

2. Which of the following best describes the primary service function of your clinic? *Check only one box.*

Reproductive health services	❑ -1
Primary (general health) care	❑ -2
Other (specify: _____)	❑ -3

(8) (9)

3. Approximately what percentage of your clinic's total outpatient client caseload receives contraceptive services?

(10) <10% ❑ -1 | 10-24% ❑ -2 | 25-49% ❑ -3 | 50-74% ❑ -4 | 75-99% ❑ -5 | 100% ❑ -6

4. Approximately how many clients receive any contraceptive service during ***one typical week*** at this clinic?

(11) <5 ❑ -1 | 5-19 ❑ -2 | 20-49 ❑ -3 | 50-99 ❑ -4 | 100-199 ❑ -5 | 200+ ❑ -6

II. SERVICES AND REFERRALS

For each of the following methods of contraception and health services, indicate whether:

(1) The method/service is provided or prescribed at this site;
(2) Clients are referred to another clinic/provider within your agency/organization for this method/service;
(3) Clients are referred to a clinic/provider that is not affiliated with your agency/organization for this method/service;
(4) The method/service is not provided and referrals are not given.

	5. Methods of contraception	*Check one box for each method/service*			
		Provided or prescribed **at this site**	Clients **referred** to clinic/provider: Within your agency	Clients **referred** to clinic/provider: Not affiliated with your agency	**Not** provided or referred
(12)	Oral contraceptives (OCs)	❑ -1	❑ -2	❑ -3	❑ -4
(13)	Extended OC regimen (Seasonale, Seasonique)	❑ -1	❑ -2	❑ -3	❑ -4
(14)	IUD: Mirena	❑ -1	❑ -2	❑ -3	❑ -4
(15)	IUD: ParaGard (Copper-T)	❑ -1	❑ -2	❑ -3	❑ -4
(16)	Implant (Implanon)	❑ -1	❑ -2	❑ -3	❑ -4
(17)	Injectable (Depo-Provera)	❑ -1	❑ -2	❑ -3	❑ -4
(18)	Patch (Ortho Evra)	❑ -1	❑ -2	❑ -3	❑ -4
(19)	Vaginal ring (NuvaRing)	❑ -1	❑ -2	❑ -3	❑ -4
(20)	Diaphragm, cervical cap (Lea's Shield, FemCap)	❑ -1	❑ -2	❑ -3	❑ -4
(21)	Sponge (Today)	❑ -1	❑ -2	❑ -3	❑ -4
(22)	Male condom	❑ -1	❑ -2	❑ -3	❑ -4
(23)	Female condom	❑ -1	❑ -2	❑ -3	❑ -4
(24)	Spermicides	❑ -1	❑ -2	❑ -3	❑ -4
(25)	Natural family planning instruction	❑ -1	❑ -2	❑ -3	❑ -4
(26)	Emergency contraceptive pills (ECP), Plan B	❑ -1	❑ -2	❑ -3	❑ -4
(27)	Female sterilization (tubal ligation, Essure)	❑ -1	❑ -2	❑ -3	❑ -4
(28)	Vasectomy	❑ -1	❑ -2	❑ -3	❑ -4

	6. Other health services				
(29)	Primary medical care	❑ -1	❑ -2	❑ -3	❑ -4
(30)	Pregnancy testing	❑ -1	❑ -2	❑ -3	❑ -4
(31)	HIV testing	❑ -1	❑ -2	❑ -3	❑ -4
(32)	STI screening/testing	❑ -1	❑ -2	❑ -3	❑ -4
(33)	STI treatment	❑ -1	❑ -2	❑ -3	❑ -4
(34)	HPV vaccination	❑ -1	❑ -2	❑ -3	❑ -4
(35)	Preconception care	❑ -1	❑ -2	❑ -3	❑ -4
(36)	Infertility counseling	❑ -1	❑ -2	❑ -3	❑ -4
(37)	Infertility treatment	❑ -1	❑ -2	❑ -3	❑ -4
(38)	Colposcopy	❑ -1	❑ -2	❑ -3	❑ -4
(39)	Domestic violence screening	❑ -1	❑ -2	❑ -3	❑ -4
(40)	Mental health screening	❑ -1	❑ -2	❑ -3	❑ -4
(41)	Weight management/lifestyle interventions	❑ -1	❑ -2	❑ -3	❑ -4
(42)	Smoking cessation	❑ -1	❑ -2	❑ -3	❑ -4
(43)	Diabetes screening	❑ -1	❑ -2	❑ -3	❑ -4
(44)	Surgical abortion	❑ -1	❑ -2	❑ -3	❑ -4
(45)	Medication abortion	❑ -1	❑ -2	❑ -3	❑ -4

7. Which of the following tests are ***typically*** used at your clinic for screening at initial or annual visits and for follow-up testing?

	Cervical cancer screening/testing	Screening Yes	Screening No	Follow-up Yes	Follow-up No
(46-47)	Conventional Pap smear	❑ -1	❑ -2	❑ -1	❑ -2
(48-49)	Liquid-based Pap test (ThinPrep)	❑ -1	❑ -2	❑ -1	❑ -2
(50-51)	Reflex testing for HPV DNA (“hybrid capture”)	❑ -1	❑ -2	❑ -1	❑ -2
(52-53)	Combined Pap+DNA test (DNA with Pap)	❑ -1	❑ -2	❑ -1	❑ -2
	HIV testing				
(54)	Traditional blood stick	❑ -1	❑ -2		
(55)	Cheek swab (OraSure)	❑ -1	❑ -2		
(56)	Rapid-result blood test (OraQuick or Clearview)	❑ -1	❑ -2		

III. DISPENSING PROTOCOLS

8. When providing clients with an initial prescription for oral contraceptives, what usually happens with regard to dispensing or prescribing the method?

		Check one
	Most clients receive both the initial supply and additional refills at the clinic site.	❑ -1
	Most clients receive an initial supply at the clinic and a prescription to fill additional cycles at an outside pharmacy.	❑ -2
	Most clients receive a prescription that they fill at an outside pharmacy.	❑ -3
(57)	Other (specify) _____	❑ -4

(58)

9. How many cycles of oral contraceptives are typically provided/prescribed during:

		Number of OC cycles provided/prescribed: *Check one box per row* 1	3	6	12/13	Other
(59-60)	An initial contraceptive visit	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5_____
(61-62)	A refill supply visit	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5_____

10. Are the following practices often, sometimes, rarely or never provided at this clinic:

		Often	Some-times	Rarely	Never
(63)	Oral contraceptive pills (OCs) are dispensed using the ‘Quick Start’ protocol (patient takes first pill on day of visit, regardless of her menstrual cycle)	❑ -1	❑ -2	❑ -3	❑ -4
(64)	New clients requesting OCs delay having a pelvic exam until a follow-up visit	❑ -1	❑ -2	❑ -3	❑ -4
(65)	Emergency contraceptive pills (ECP) are dispensed or prescribed ahead of time for a woman to keep at home (advance provision of ECP)	❑ -1	❑ -2	❑ -3	❑ -4
(66)	ECPs are prescribed over the phone (or Internet) without a clinic visit	❑ -1	❑ -2	❑ -3	❑ -4

11. When providing clients with each of the following contraceptive methods, what usually happens with regard to dispensing or prescribing:

Check one box in each column

	Injectable	IUD	Implant
Clinic purchases supplies and injects or inserts on-site	❑ -1	❑ -1	❑ -1
Clinic provides prescription, client obtains method from outside pharmacy, and returns to clinic for injection or insertion	❑ -2	❑ -2	❑ -2
Other (please specify)_____	❑ -3	❑ -3	❑ -3
N/A – clinic does not dispense or prescribe method	❑ -4	❑ -4	❑ -4
	(67-68)	(69-70)	(71-72)

IV. LANGUAGE SERVICES

12. How many different languages, other than English, are spoken by contraceptive clients receiving care from this clinic and by the staff who provide that care?

Please provide an estimate or approximation if precise data are unavailable

(73-74)	Total number of other languages spoken by contraceptive clients:	_____
(75-76)	Total number of other languages spoken by clinicians (physicians, mid-level clinicians, nurses):	_____
(77-78)	Total number of other languages spoken by non-clinical staff (administrative staff, counselors, educators):	_____

(79-80) **13.** In how many different languages are client intake forms and educational materials on contraceptive services or methods available at your clinic? _____

14. Are the following language services often, sometimes, rarely or never utilized during the provision of contraceptive services at this clinic?

		Often	Some-times	Rarely	Never
(81)	Bilingual physicians, mid-level clinicians or nurses provide translation	❑ -1	❑ -2	❑ -3	❑ -4
(82)	Bilingual non-clinical staff (administrative staff, counselors) provide translation	❑ -1	❑ -2	❑ -3	❑ -4
(83)	Trained interpreters are available on-site at the clinic	❑ -1	❑ -2	❑ -3	❑ -4
(84)	Telephone used to access off-site interpreters, language line	❑ -1	❑ -2	❑ -3	❑ -4

V. CLINIC HOURS, STAFFING AND TIME SPENT ON CARE

15. ***Clinic schedule*** – fill in this clinic's daily schedule for provision of contraceptive services during a typical week

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
(85-112)	Clinic hours (e.g., 9 – 5)	___–___	___–___	___–___	___–___	___–___	___–___	___–___

16. If a new client contacts your clinic today, how soon can she/he get an appointment for an initial contraceptive visit?

Same day ❑ -1 (113)	_____ # of days (114-115)	_____ # of weeks (116)

17. For each of the following services, check the box indicating which type of staff ***typically*** provides the service at this clinic.

Type of staff ***typically*** providing service to clients:
Check only one box per row

		Health Counselor or Educator	Registered Nurse (RN)	Mid-level Clinician (NP/CNM/PA)	Physician (MD, DO)	Other (specify below)
(117)	Counseling and education around method selection	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(118)	Clinical exam and pap test or pelvic exam	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(119)	Depo-Provera injection	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(120)	Other:_____					

18. For typical clients with the following characteristics, please estimate the following:

	16-year-old client	25-year-old client	Limited English-speaking client	Client with complex personal or medical circumstances
(121-132) Total length in ***minutes*** of an initial contraceptive visit, including counseling and the clinical exam (but not waiting time)	_____	_____	_____	_____

Number of minutes spent during an initial contraceptive visit discussing or counseling on:

(133-144) Method selection	_____	_____	_____	_____
(145-156) How to correctly and consistently use the chosen method	_____	_____	_____	_____
(157-168) HIV/STI prevention	_____	_____	_____	_____
(169-180) Life events that might affect contraceptive use	_____	_____	_____	_____
(181-192) Client's reproductive plans and current motivation to avoid pregnancy	_____	_____	_____	_____

VI. PAYMENT AND MANAGED CARE

19. Approximately what percentage of all contraceptive clients fall into each of the following payment categories? *Please estimate if figures are not available.*

(193-194)	Medicaid or CHIP (Includes all Medicaid family planning waiver/expansion programs such as PlanFirst or Family PACT, etc.)	____%
(195-196)	Other public insurance	____%
(197-198)	Private insurance	____%
	No third-party payment:	
(199-200)	No fee (free services)	____%
(201-202)	Reduced fee	____%
(203-204)	Full fee	____%
	Total	100%

20. Does this clinic receive any federal funding from the Title X family planning program?

(205)	Yes ❑ -1	No ❑ -2

21. Are any of the following types of assistance available at this clinic to facilitate Medicaid (or Medicaid waiver) enrollment for contraceptive clients?

		Yes	No
(206)	Medicaid applications are available on-site	❑ -1	❑ -2
(207)	Clinic staff assist clients in completing application	❑ -1	❑ -2
(208)	Clinic staff submit Medicaid applications on behalf of clients (e.g. by mail or fax)	❑ -1	❑ -2
(209)	Clinic staff enter client information into an eligibility system and enrollment determination can be made on-site; a client can leave the clinic enrolled	❑ -1	❑ -2

22. Does this clinic have any **managed care contracts** with Medicaid or private health plans to provide the following services to their enrollees?

		Medicaid plans		Private plans	
		Yes	No	Yes	No
(210-211)	Contraceptive/STI services only	❑ -1	❑ -2	❑ -1	❑ -2
(212-213)	Maternity or primary care, including contraceptive/STI services	❑ -1	❑ -2	❑ -1	❑ -2

23. Does this clinic currently use an electronic health record (EHR) system? And, if not, do you expect to implement each a system anytime within in the next two years?

		Check one
(214)	Currently use EHR system	❑ -1
	Expect to implement EHR within next 2 years	❑ -2
	No plans to implement EHR within next 2 years	❑ -3

VII. CLINIC COSTS

24. For each of the following services or staff, please indicate the current cost to the clinic (in 2010), the amount the clinic is currently reimbursed by Medicaid, and the cost of the service 5 years ago (in 2005).

		Current (2010)		**Past (2005)**
		Cost to clinic	**Medicaid reimbursement**	**Cost to clinic**
(215-223)	A single dose of Depo-Provera (supply only)	$_____	$_____	$_____
(224-232)	One cycle of your most commonly prescribed oral contraceptives	$_____	$_____	$_____
(233-241)	A Mirena IUD (supply only)	$_____	$_____	$_____
(242-250)	A single Pap test (regular)	$_____	$_____	$_____
(251-259)	A single Pap test using ThinPrep	$_____	$_____	$_____
(260-268)	An annual contraceptive visit (excluding contraceptive supplies)	$_____	$_____	$_____
(269-286)	Annual full-time salary* for a:			
	Receptionist/appointment scheduler	$_____/year		$_____/year
	Registered Nurse (RN)	$_____/year		$_____/year
(287-304)	Mid-level clinician (NP, CNM or PA)	$_____/year		$_____/year

**Report full-time salary even if staff are part-time (if you employ several staff with different salaries and degrees, choose the most typical type of staff employed and report comparable salaries for that level in both 2005 and 2010)*

25. Are there certain contraceptive methods that this clinic does not stock or provide because of their cost? (305) Yes ❑ -1 No ❑ -2

(306-309) If yes, please list method(s) not stocked:
_____

VIII. SERVICES FOR MEN

	26. How frequently are the following services for men or that involve male participation, provided at this clinic?	Often	Some-times	Rarely	Never
(310)	Male partners attend contraceptive counseling with female clients	❑ -1	❑ -2	❑ -3	❑ -4
(311)	Male clients receive contraceptive services on their own	❑ -1	❑ -2	❑ -3	❑ -4
(312)	Male partners receive STI treatment when female client tests positive	❑ -1	❑ -2	❑ -3	❑ -4
(313)	Male clients receive STI services on their own	❑ -1	❑ -2	❑ -3	❑ -4
(314)	Male clients receive a physical exam	❑ -1	❑ -2	❑ -3	❑ -4

IX. TRAINING, SPECIAL PROGAMS AND OUTREACH

27. With regard to serving specific subgroups of contraceptive clients, please indicate whether:

(1) Clinic staff have received training in how to best serve the special needs of each group,

(2) Clinic has on or off-site programs to provide contraceptive services that are tailored specifically for members of these groups, and/or

(3) Clinic has outreach efforts tailored to these groups. *Check all that apply*

		Staff trained in special needs of group		On or off-site programs tailored to group		Outreach efforts tailored to group	
		Yes	No	Yes	No	Yes	No
(315-317)	Adolescents	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(318-320)	Men	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(321-323)	Couples	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(324-326)	Disabled individuals	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(327-329)	Homeless individuals	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(330-332)	Individuals with substance abuse problems	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(333-335)	Incarcerated individuals	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(336-338)	Non-English speaking individuals	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(339-341)	Immigrants	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(342-344)	Refugees	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(345-347)	Individuals experiencing domestic abuse	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(348-350)	Lesbian or gay (LGBTQ) individuals	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(351-353)	Minors in foster care	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(354-356)	Sex workers	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(357-362)	Other populations (specify): _____	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2
(363-368)	_____	❑ -1	❑ -2	❑ -1	❑ -2	❑ -1	❑ -2

28. Approximately what percent of all contraceptive or STD clients seen at this clinic are:

If unsure, give your best estimate

		0-9%	10-24%	25-49%	50% or more
(369)	Members of racial or ethnic minorities?	❑ -1	❑ -2	❑ -3	❑ -4
(370)	Male?	❑ -1	❑ -2	❑ -3	❑ -4
(371)	Limited English proficiency?	❑ -1	❑ -2	❑ -3	❑ -4
(372)	Less than 18 years of age?	❑ -1	❑ -2	❑ -3	❑ -4
(373)	Homeless?	❑ -1	❑ -2	❑ -3	❑ -4
(374)	Dealing with domestic abuse issues?	❑ -1	❑ -2	❑ -3	❑ -4
(375)	Dealing with substance abuse issues?	❑ -1	❑ -2	❑ -3	❑ -4
(376)	Physically or mentally challenged?	❑ -1	❑ -2	❑ -3	❑ -4
(377)	Dealing with complex medical/personal circumstances?	❑ -1	❑ -2	❑ -3	❑ -4

X. COMMUNITY SERVICES AND LINKAGES

29. We are interested in ***other service providers*** available in your community.

(1) Is a provider of each type listed below available in your community? And, if YES,

(2) Are clients regularly referred by any of these other providers to your clinic and/or do you regularly refer clients to any of these other providers for services?

(Check NA if your clinic is the only provider of this type in your community and DK if you don't know If these providers are available.)

	Service provider type	Available in our community?				Referrals by provider ***to you***		Referrals ***by you*** to provider	
		Yes	No	DK	NA	Yes	No	Yes	No
(378-380)	Community Health Center(s) (CHC)	❑ -1	❑ -2	❑ -3	❑ -4	❑ -1	❑ -2	❑ -1	❑ -2
(381-383)	Migrant Health Center(s) (MHC)	❑ -1	❑ -2	❑ -3	❑ -4	❑ -1	❑ -2	❑ -1	❑ -2
(384-386)	Other community clinic(s) providing primary care services	❑ -1	❑ -2	❑ -3	❑ -4	❑ -1	❑ -2	❑ -1	❑ -2
(387-389)	STD/STI clinic(s)	❑ -1	❑ -2	❑ -3	❑ -4	❑ -1	❑ -2	❑ -1	❑ -2
(390-392)	Private obstetrician/gynecologist(s)	❑ -1	❑ -2	❑ -3	❑ -4	❑ -1	❑ -2	❑ -1	❑ -2
(393-395)	Other private physicians/group practices	❑ -1	❑ -2	❑ -3	❑ -4	❑ -1	❑ -2	❑ -1	❑ -2

(396-403) **30.** If you answered 'Yes' regarding any regular referrals <u>to</u> your clinic from other providers, what are the services that your clinic most often receives referrals for? Please specify:

_____

31. Most women have multiple choices when it comes to choosing a family planning or reproductive health care provider. Given the many different providers available in your community, please indicate which of the following reasons are ***important*** to most, many, some or few of your contraceptive clients when choosing to visit *your* clinic for care.

		Reason is **<u>important</u>** for: *(check one box per row)*				
		Most clients	Many clients	Some clients	Few clients	NA or no clients
(404)	Free or reduced fee services are available	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(405)	Ability to get confidential services	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(406)	Ability to get high-quality contraceptive care	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(407)	Location is near clients' home or work	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(408)	Location is near public transportation	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(409)	Can get multiple types of services in one place	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(410)	Is adjacent/near where clients get other services	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(411)	Provides a wide/wider range of contraceptive methods	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(412)	Has female clinicians	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(413)	Has staff that understand clients' cultural background and needs	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(414)	Has childcare or allows children to accompany client	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(415)	Is recommended or used by clients' family or friends	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(416)	Provides services in client's language (not English)	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(417-418)	Other reasons (specify) _____	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5
(419-420)	_____	❑ -1	❑ -2	❑ -3	❑ -4	❑ -5

Thank you again for completing the survey!

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