Impact of Training for Contraceptive Provision at Title X Clinics: Evidence from South Carolina

Introduction

Low-income women and women living in rural areas face unique challenges in accessing reproductive healthcare services.[1] Access to high-quality contraceptive care, including contraceptive counseling and the full range of contraceptive method options, can help individuals achieve their personal reproductive goals and prevent unintended pregnancy; however, multiple barriers prevent women from obtaining contraceptives and using them effectively and consistently.[2]

Studies have found that trainings can change providers' attitudes, knowledge, and counseling practices related to contraceptive provision.[3] Contraceptive device placement and removal trainings are paramount for all healthcare providers who provide contraceptive care services. Many providers report insufficient training and skills to provide quality contraceptive care.[4]

Barriers and misconceptions affect contraceptive provision such as lack of providers' training, cost and lack of access to contraceptive services, lack of accurate information, insurance issues, and many others.[5]

The lack of necessary training poses as one of the main barriers to patients' access to contraceptive care.[2,6]

Choose Well (CW), an ongoing statewide contraceptive access initiative in South Carolina, was launched in 2017 and aimed to implement contraceptive care best practices via training and funding for contraceptive methods.[7,8] As part of the initiative, clinics within the South Carolina Health Department (DHEC clinics), which is the state's Title X agency, received trainings in the areas of administrative support, contraceptive counseling, and device placement and removal, in addition to funding for contraceptive devices.

Title X Family Planning program is a federal program that provides reproductive health services for low-income patients through a network of safety-net clinics.[9,10] While Title X has standards and requirements for training, there are still some gaps in the trainings for contraceptive provision.[11]

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Study Aim

As part of the CW evaluation, we examined the perceptions of training impact on contraceptive provision among CW DHEC partners, the duration of CW's partnership with DHEC. The CW partnership with DHEC was from 2017 through 2020.

Methods

Data were collected in 2018, 2019, 2020, and 2021 via key informant interviews with DHEC partners (n=92 interviews overall) to assess the impact of training on contraceptive provision. Twelve individual interviews were conducted in 2018, 31 interviews in 2019, 18 interviews in 2020, and 31 interviews in 2021. A total of 54 individuals were interviewed across all years. A total of 54 individuals were interviewed across all years. Data were aggregated and presented as the unduplicated totals (total interviews).

A semi-structured interview guide was used, and interviews were recorded, transcribed, and consensus coded. A codebook was developed based on the interview guide. Data from select questions of interest related to the impact of trainings on patient care and overall performance were analyzed for this study.

Coding was conducted with NVivo software version 1.6.1.[12]

Results

Findings reflect the positive impact of trainings provided by CW on patient care and overall performance at CW partner DHEC clinics from 2017 to 2020. The findings also show that the content of trainings enhanced contraceptive counseling and provision, and expanded perspective on reproductive health.

Table 1: The most prevalent positive perception towards the impact of training on organization and resources was increased knowledge among staff. Even though some participants perceived positively that the content was applicable to the practice, other participants perceived that the training content was not relevant to all attendees at the training sessions.

Table 1 - Impact of Training on Organization and Resources

Code	N	Representative Quotation
Total Positive	**47**	
Increased knowledge base through informative training	29	**"I think just the increased mileage within our staff and their ability to then impart that to our clients who have been one of the beneficial aspects of their training. I think overall there's been an increased knowledge base for our staff."**
Content was applicable to practice	10	**"I get extremely good feedback from the staff on the training. They feel like it's training that they could actually implement their day-to-day interaction with their clients. I feel like it's been beneficial."**
Improved billing and coding practices	9	"I get extremely good feedback from the staff on the training. They feel like it's training that they could actually implement their day-to-day interaction with their clients. I feel like it's been beneficial."
Enhanced clinic workflow and efficiency	8	"Just trying to find best practices related to accessibility and scheduling. We changed some of our scheduling to... have more access to new clients. Then our nurse practitioners have more LARC based appointment types as opposed to a mixed clinic of non-LARC appointment types."
Enhanced clinic infrastructure	6	"It gave us more of the updates that we needed even some of our forms were updated as well, especially with the options that are offered to patients."
Enhanced inter clinic networking	3	"When it was primarily our agency there and the majority of those that's how it was, I felt like it helped actually break down some of the pieces between our own providers, being able to discuss and talk about some of these things."
Increased staff buy-in and engagement	3	"In general it's always a good thing to help engage staff and help staff associate with those continuous quality improvement methods."
Materials relevant for inexperienced staff	2	"It is like you say it's been really nice as it helps me go through the books and everything with the newer employees that haven't had their healthcare worker certification."
Quality improvement audits and reporting	2	"I think that especially having the quality improvement audits and stuff that it has helped overall. Because we had a new staff member. They've had to learn that and administrative. I think it's helped."
Increased capacity for train the trainer	1	"I think that especially having the quality improvement audits and stuff that it has helped overall. Because we had a new staff member. They've had to learn that and administrative. I think it's helped."
Total Positive	**7**	
No impact on administrative components	7	"I'm not sure about that. I don't work with that part too much. I wouldn't be able to answer that fully."
Total Challenges	**23**	
Training content not relevant to practice	11	**"All in all, yes, the training was good, but I think there was an overall lack of understanding of how the agency delivers our services to the residents of South Carolina."**
Repetitive and redundant trainings	7	" The only thing that I could say negatively, and it's not really a negative thing, is the training that I went to for healthcare workers, because I already knew a lot of the information."
Organizational policies restricted implementation	3	"I think that the training that was provided somewhat conflicted with the standing orders that the nurses have to follow, in the beginning."
Limited availability of administrative trainings	2	" I believe our nurse probably took most of those trainings. Most of the time they don't offer it to non-nurses, even though, I think, we have two or three sites that have non-nurses as the manager. Sometimes we get offered those trainings, sometimes we don't, so that makes another barrier for us."
Challenges with sufficient staffing capacity	1	"I've had huge staffing issues, and I've actually been closed a good bit. I couldn't tell you whether I think it's increased our numbers or decreased, just for the simple fact that I really hadn't had the staffing to stay at where we're used to being at."
Persistent confusion regarding billing for CW devices	1	"When we fill out our billing sheets, we know… Let's say we're putting in an IUD that's covered by Choose Well or not covered by Choose Well. You have regular and Choose Well products. Our admin staff, when they work up a patient, document whether or not that patient is Choose Well eligible. Then when they get to the clinic and the provider fills it out, they would know whether or not to mark it as Choose Well in their charge or use it as a regular and document that, as well."

"I think just the increased mileage within our staff and their ability to then impart that to our clients who have been one of the beneficial aspects of their training. I think overall there's been an increased knowledge base for our staff."

"I get extremely good feedback from the staff on the training. They feel like it's training that they could actually implement their day-to-day interaction with their clients. I feel like it's been beneficial."

"All in all, yes, the training was good, but I think there was an overall lack of understanding of how the agency delivers our services to the residents of South Carolina."

Results Continued

Table 2: The most prevalent positive perceptions towards the impact of training on the services were improved capacity for enhanced contraceptive counseling and service provision.

Table 3: The most prevalent positive perceptions towards overall performance were improved quality of services, infrastructure, and clinic workflow.

Table 2 - Impact of Training on Contraceptive Services

Code	N	Representative Quotation
Total Positive	**47**	
Improved capacity for enhanced contraceptive counseling	29	**"I felt like it made a big difference, because the staff felt more confident and they felt more well-equipped in terms of having the conversations with their patients. Then using a lot of the skills that were provided in the training."**
Increased capacity for enhanced contraceptive service provision	20	"We are continuously looking at utilization of staff and looking at where the need is. I hadn't really seen any changes there, but I think from a quality standpoint we're seeing a little bit better quality."
Gain knowledge on best practices	9	"Then we do try to take whatever advice or anything that we can potentially get out of training that we can add to our not necessarily policies, but how we operate in the clinic to make sure that we're hopefully meeting best practices."
Improved patient-centered care	9	"I would say that, yes, they have most likely assimilated their training into their service provision and service practice."
Improved confidence and communication	8	"I thought it was very informative. A lot of great information was given. It didn't give me a whole lot more on what I already do as a provider, but it helped you talk about how to communicate that information effectively to patients."
Increased capacity for implant and IUD provision	6	"Our LARC insertions are pretty good for our region."
Expanded perspective on reproductive health	4	"They help broaden your horizons on some of the preventative health."
Total Neutral	**10**	
No training weaknesses	6	"No, none that I can think of."
Enhanced existing services	4	"It's just reinforced our principles of what we are already doing."
Total Challenges	**4**	
Internet challenges with appointment times	4	"The amount of education that they want us to offer to our clients is a little unrealistic given the limited amount of time that we have to spend with each client."

Table 3 - EXIT QUESTIONS - Perceptions of Training

Code	N	Representative Quotation
Training Impacts - Overall	**29**	
Training was beneficial for patient care and patient-centered care	13	**"I think the trainings provided a better resource for education for the nurses and nurse practitioners to make it easier for us to talk to the clients about their needs. That's about it."**
Training enhanced prior skills and knowledge	8	"Trainings that the staff received: there was an enhancement to their skills and knowledge they already had. The trainings did make a difference in ensuring clients all got the same care and counseling."
Training was instrumental to improve contraceptive counseling	8	"I think it was called, "The family planning healthcare worker certification training," where we received really in-depth training on various birth control methods, how to counsel patients on different types of methods."
Positive impact on quality improvement	3	"I thought it was very informative. A lot of great information was given. It didn't give me a whole lot more on what I already do as a provider, but it helped you talk about how to communicate that information effectively to patients."
Agency policy limited the impact of training	2	I think our policies are very up to date. That could have something to do with Choose Well. I'm not 100 percent sure, but we're trying to stay in line with Title X and the CDC."
Overall positive impact	2	"I think it definitely had a positive impact. Again, like I had stated before, I think that the trainings were useful, they were helpful, they were informative, so they definitely had a positive impact."
No impact	1	"For me personally, they haven't."

"I felt like it made a big difference because the staff felt more confident and they felt more well-equipped in terms of having the conversations with their patients. Then using a lot of the skills that were provided in the training."

"I think the trainings provided a better resource for education for the nurses and nurse practitioners to make it easier for us to talk to the clients about their needs. That's about it."

Conclusion

Most individuals perceived a positive impact of trainings towards contraceptive provision and enhanced clinic efficiency from 2017 to 2020 at CW implementing DHEC clinics.

Reproductive healthcare systems should consider providing contraceptive trainings to practitioners to improve contraceptive provision and reduce barriers for patients accessing contraceptive care. Improving healthcare providers' training and knowledge about contraceptive methods can improve access, provision, and allow for safer use.[2]

Consistent availability of hands-on training methods for reproductive health care practitioners can help women have access to all available contraceptive methods.[13] Future training programs may be optimized by tailoring the content of the trainings to the specific needs and setting of training participants and also by considering the environment and policies of the organizations where training participants work.

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This issue brief was compiled by Rakesh Adelli, Dr. Kate Beatty, Liane Ventura, and Molly Sharp. For more information on Choose Well implementation, the impacts of reproductive health trainings, or to learn more about other research from CARE Women's Health visit www.etsu.edu/cph/care-womens-health or email carewomenshealth@etsu.edu.