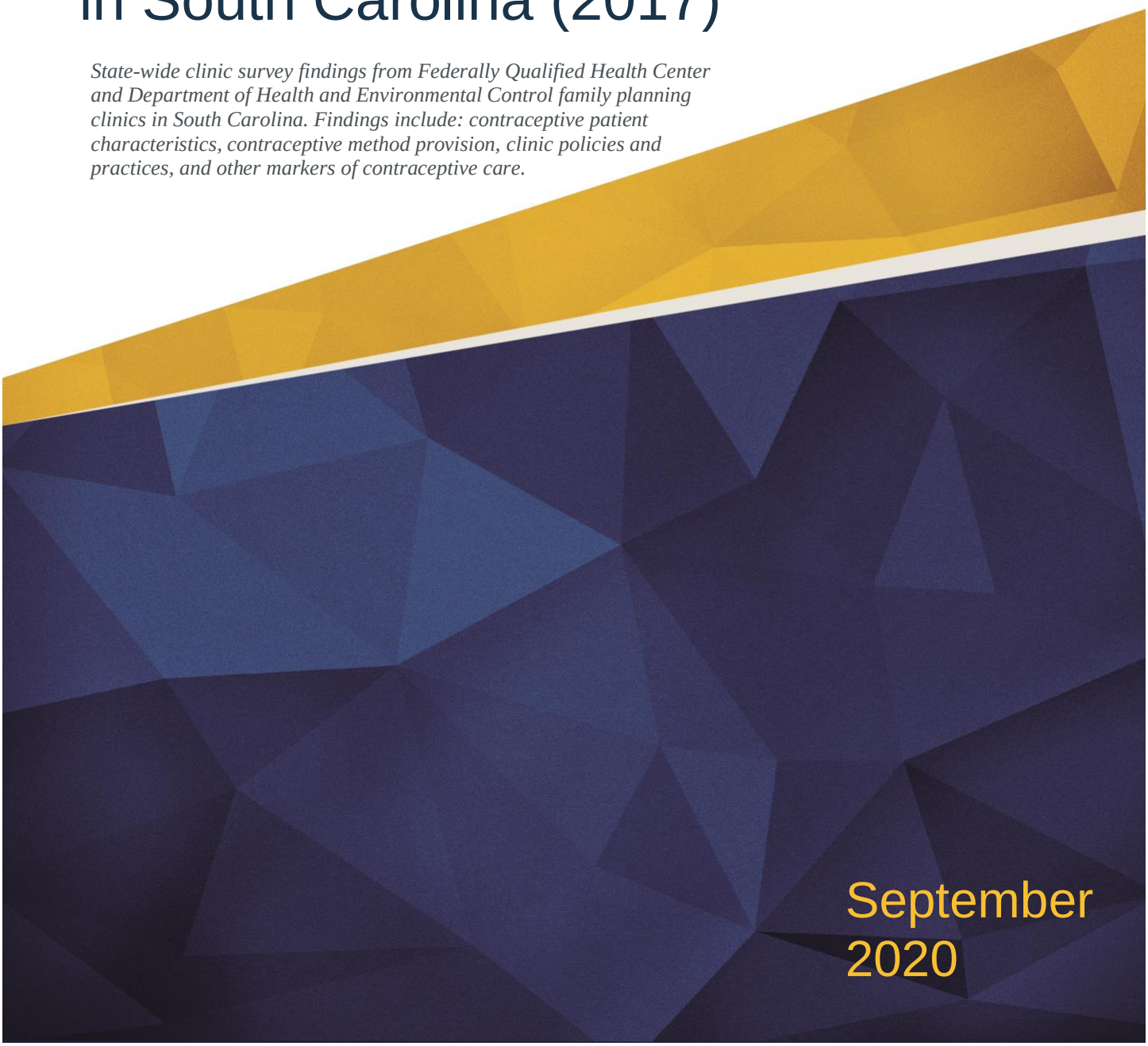
COLLEGE of PUBLIC HEALTH
EAST TENNESSEE STATE UNIVERSITY

Publicly Funded Contraceptive Care Services in South Carolina (2017)

State-wide clinic survey findings from Federally Qualified Health Center and Department of Health and Environmental Control family planning clinics in South Carolina. Findings include: contraceptive patient characteristics, contraceptive method provision, clinic policies and practices, and other markers of contraceptive care.



September 2020

TABLE OF CONTENTS

TABLES AND FIGURES

State Level Findings

FQHC Level Findings

EXECUTIVE SUMMARY

This report presents findings pertaining to the delivery of contraceptive care services at federally funded family planning clinics in South Carolina. Primary data were collected through a clinic survey fielded in 2017, which was developed and administered by researchers at East Tennessee State University. The study population included Department of Health and Environmental Control (DHEC) family planning clinics and every Federally Qualified Health Center (FQHC) clinic that offered contraceptive care services in South Carolina (SC) in 2016. A total of 125 clinics were included in the sample size with 57 DHEC clinics and 68 FQHC clinics. The first section of the report highlights state level findings, which include an aggregate of both DHEC and FQHC responses, regarding contraceptive patient populations, contraceptive method provision, and policies and procedures related to access to contraceptive care services. The second section of the report focuses on the capacity of FQHC clinics within the state to provide contraceptive care services and outreach efforts.

Across all SC clinics surveyed, 20% of contraceptive care patients were adolescents and 50% identified as racial or ethnic minorities. The contraceptive patient population at FQHC clinics was similarly composed, with 20% adolescents and 40% identifying as racial or ethnic minorities. The contraceptive patient population at FQHC clinics also included 12% of patients with limited English skills, 6% of patients with substance use concerns, and about 5% who identified as homeless.

Nearly all DHEC and FQHC clinics in the state provided pregnancy testing, human immunodeficiency virus (HIV) testing, and sexually transmitted infection (STI) testing and treatment. In addition, all FQHC clinics provided the HPV vaccine either on-site or through a referral within their organization. One in three FQHC clinics provided preconception care.

Regarding contraceptive method provision, oral contraceptives were offered to patients on-site at almost all responding DHEC and FQHC clinics in SC. Half of all responding clinics utilized the Quick Start protocol for oral contraceptive provision, and about half of clinics provided oral contraceptives to new patients without a pelvic exam. At FQHC clinics, over 30% of clinics provided oral contraceptives to new patients without a pelvic exam. Considering long-acting reversible contraceptive (LARC) method provision at the state level, intrauterine devices (IUDs) were less often provided than contraceptive implants. Sixty-four percent of all surveyed clinics offered IUDs on-site, while 20% offered same-day IUD insertion. Although the implant was more likely to be available on-site at clinics throughout the state (75% of clinics), same-day implant insertion procedures were available at less than one quarter of all responding clinics. When looking at IUD provision among FQHC clinics in SC, it was common for clinics to refer patients to another clinic within their organization to obtain any type of IUD. Same-day IUD insertion procedures at FQHC clinics were rarely or never offered. Regarding implants, half of responding FQHC clinics offered the implant on-site, and the majority of clinics rarely or never offered same-day implant insertion procedures. While adolescents made up 20% of the contraceptive patient population in the state, less than half of all clinics in SC provided LARC devices to adolescents. Similarly, most FQHC clinics rarely or never provided LARC devices to adolescents.

FQHC clinics in SC had a variety of language services available for limited English-speaking individuals such as on-site translators and bilingual administrative and clinical employees. Additionally, FQHC clinics provided on-site and off-site programs for limited English-speaking individuals and

immigrants. On-site and/or off-site programming for adolescents was also available at about 20% of clinics. Few clinics provided such outreach efforts as tailored messaging through social or mass media.

INTRODUCTION

This report presents select findings from the Clinic Survey fielded in South Carolina (SC) in 2017 related to access to and provision of contraceptive care services at federally funded family planning clinics. The Clinic Survey is an important aspect of the Clinic Study conducted by East Tennessee State University (ETSU) as a component of an external evaluation of a statewide contraceptive initiative. The Clinic Study examines the effect of organizational and clinical characteristics, such as resources, staffing capacity, scope of services, policies and practices, on access to contraceptive methods and clinic-level contraceptive provision. The survey was sent to clinic administrators at every department of health and environmental control (DHEC) family planning clinic and every federally qualified health center (FQHC) clinic that offered contraceptive services in SC in 2016. The data collected in this baseline survey represents 2016, i.e., the time *before* the statewide contraceptive initiative was implemented. Baseline data will be compared to data from the midline and endline clinic surveys in order to assess changes over time related to the implementation of the statewide contraceptive initiative in the clinic setting.

This report includes a brief overview of the survey methods, followed by select findings related to family planning service provision. The report is comprised of two main sections: SC state level findings and FQHC specific findings. The state level findings include aggregate data from DHEC and FQHC clinics, which are assessed by region. Significant differences are noted at the state level to indicate differences in access between regions. Findings specific to FQHC clinics provide a granular analysis of the provision of family planning and related services, such as program and outreach efforts, at FQHC clinics throughout SC. Results are presented in graphical and/or tabular representations with a brief interpretation of each graph and table. The report also includes a highlight of key findings throughout.

METHODS

SURVEY DESIGN

A cross-sectional survey of publicly-funded family planning clinics in SC was conducted in 2017. The survey was sent to clinic administrators at every DHEC family planning clinic and every FQHC clinic that offered contraceptive services within SC. The survey was developed and tested by ETSU faculty and staff and included questions related to the scope of contraceptive provision, clinic policies and practices, resources, and organizational characteristics, among other topics. Clinic administrators were asked to report on the year prior to the survey, i.e., 2016. During survey development, a formal content mapping process was used, whereby each survey item was mapped to the relevant conceptual construct, followed by item revision and new item generation. Item development conformed to standard survey research benchmarks including content saturation and clear and concise language. The survey was tested through review sessions with current and former clinic administrators in Tennessee and SC, revised and finalized.

DATA COLLECTION & ANALYSIS

Survey operations were managed by the Applied Social Research Lab (ASRL) at ETSU. Each clinic administrator was sent a paper survey via FedEx or through the US Mail up to four times. Clinic administrators also had the option to complete a web-based survey, and telephone follow-up was conducted with non-responding clinics. A total of 125 clinics were included in the analysis, 57 DHEC clinics and 68 FQHC clinics. Overall, a 70% response rate was achieved. The response rate for DHEC clinics was 100% and the response rate for FQHC clinics was 56%.

Unless otherwise specified, findings in this report represent the percent of affirmative responses to each item. The percentages reported throughout are based on the total responses for each respective survey item and may not include the full sample size due to non-response. Statistical significance of differences between regions were determined using Chi-Square tests of independence for survey items with categorical responses and one-way ANOVA for survey items with continuous responses. Where there were fewer than five responses to a categorical survey item, Fisher's Exact tests were used in place of the Chi-square tests. All analyses for this report were conducted using SPSS version 24 (Armonk, NY) and SAS version 9.4 (Carry, NC). Statistical significance between regions at the state level were noted with an asterisk where the *P* value was less than 0.05, and the level of significance was indicated as follows: * $P < 0.05$; ** $P < 0.01$, *** $P < 0.001$.

STATE LEVEL FINDINGS

Patient Demographics at the State Level

Key Findings

- Of all contraceptive care patients seeking services at federally funded family planning clinics in 2016, nearly 21% were adolescents.
- Half of all contraceptive care patients seeking services at federally funded clinics identified as racial or ethnic minorities.
- Clinics within the Midlands region served a larger proportion of contraceptive care patients with limited English skills compared to other regions.

Table 1: State Level Demographics for Contraceptive Care Patients at Publicly Funded Clinics in SC					
	SC Total	**Upstate**	**Midlands**	**Pee Dee**	**Lowcountry**
	Mean % (95% UCL, 95% LCL) [+]				
Adolescents	20.5 (16.9, 24.2)	23.7 (14.1, 33.4)	17.5 (10.7, 24.3)	17.5 (11.5, 23.5)	27.7 (18.9, 36.6)
Racial or ethnic minorities	50.4 (45.1, 55.7)	57.8 (48.8, 66.8)	53.0 (42.2, 63.9)	41.6 (32.3, 50.9)	58.2 (45.7, 70.6)
Males	10.6 (8.3, 12.8)	11.7 (7.6, 15.7)	10.6 (6.0, 15.2)	8.2 (4.4, 11.9)	14.3 (8.3, 20.4)
Limited English skills**	10.5 (7.5, 13.4)	7.3 (3.4, 11.2)	18.4 (10.0, 26.8)	5.9 (1.9, 10.0)	11.2 (6.1, 16.4)
Homeless*	3.3 (0.6, 5.9)	1.1 (-0.6, 2.9)	9.7 (-0.3, 19.7)	0.6 (0.2, 1.1)	1.4 (-0.2, 2.9)
Dealing with intimate partner violence	1.9 (1.3, 2.6)	2.1 (-0.5, 4.7)	2.3 (0.7, 3.9)	1.2 (0.5, 1.9)	3.0 (1.2, 4.8)
Dealing with substance abuse	7.2 (4.7, 9.7)	3.9 (-1.1, 8.8)	5.9 (1.8, 9.9)	6.2 (2.5, 10.0)	11.7 (4.5, 18.9)
Physically or Intellectually disabled	2.1 (1.1, 3.1)	1.1 (-0.1, 2.4)	1.5 (0.7, 2.4)	2.5 (0.3, 4.7)	2.3 (0.8, 3.9)
LGBTQ*	5.1 (3.5, 6.7)	6.2 (-0.6, 13.0)	5.5 (2.2, 8.8)	2.6 (0.9, 4.3)	8.9 (4.4, 13.3)

* P < 0.05 ** P < 0.01 *** P < 0.001

Interpretation of Table 1: Of all contraceptive care patients served at DHEC and FQHC clinics, 20.5% were adolescents and 50.4% identified as racial or ethnic minorities. The Midlands region reported a higher percentage of contraceptive patients (18.4%) with limited English skills compared to all other regions (p=.007). Similarly, more contraceptive patients identified as homeless within the Midlands region (9.7%) compared to all other regions (p=.037). In total, clinics reported that 7.2% of their contraceptive patients were dealing with substance use. Higher rates of LGBTQ contraceptive patients were reported by clinics in the Upstate (6.2%) and Lowcountry (8.9%) regions (p=.024).

[+] *LCL and UCL are the lower and upper confidence limits, respectively. These confidence limits indicate the range in which the true mean percentage is expected to fall. For example, we estimate that 20.5% of the contraceptive patients at DHEC and FQHC clinics in SC are adolescents. However, we did not receive completed surveys from every clinic. To account for this uncertainty based on the variation in the data we have, we are 95% confident that the true mean percentage of adolescent patients receiving care in DHEC and FQHC clinics in SC is between 16.9% and 24.2%.*

Health Services Offered at the State Level

Key Findings

- Nearly all DHEC and FQHC clinics provided pregnancy testing (99.2%), HIV testing (99.2%), and sexually transmitted infection (STI) testing and treatment (99.2%).
- The HPV vaccine was provided at 93.4% of federally funded family planning clinics.
- While nearly 3 in 4 clinics in the state provided preconception care, the Pee Dee region had more clinics offering this service compared to other regions.

Table 2: Health Services Offered at Publicly Funded Clinics in SC					
	SC Total	Upstate	Midlands	Pee Dee	Lowcountry
	Freq (%)				
Primary medical care	60 (51.7)	7 (36.8)	20 (60.6)	27 (62.8)	6 (28.6)
Pregnancy testing	121 (99.2)	19 (95.0)	35 (100.0)	44 (100.0)	23 (100.0)
HIV testing	121 (99.2)	19 (95.0)	35 (100.0)	44 (100.0)	23 (100.0)
STI screening	120 (99.2)	19 (95.0)	34 (100.0)	44 (100.0)	23 (100.0)
STI treatment	120 (99.2)	19 (95.0)	34 (100.0)	44 (100.0)	23 (100.0)
Cervical cancer screening	112 (94.1)	18 (94.7)	30 (90.9)	42 (95.5)	22 (95.7)
HPV vaccine	113 (93.4)	19 (95.0)	33 (94.3)	42 (95.5)	19 (86.4)
Preconception care**	88 (76.5)	11 (64.7)	21 (63.6)	40 (93.0)	16 (72.7)
Infertility counseling	29 (25.7)	4 (23.5)	3 (9.7)	17 (38.6)	5 (23.8)
Infertility treatment	7 (6.3)	3 (16.7)	1 (3.2)	1 (2.4)	2 (9.1)

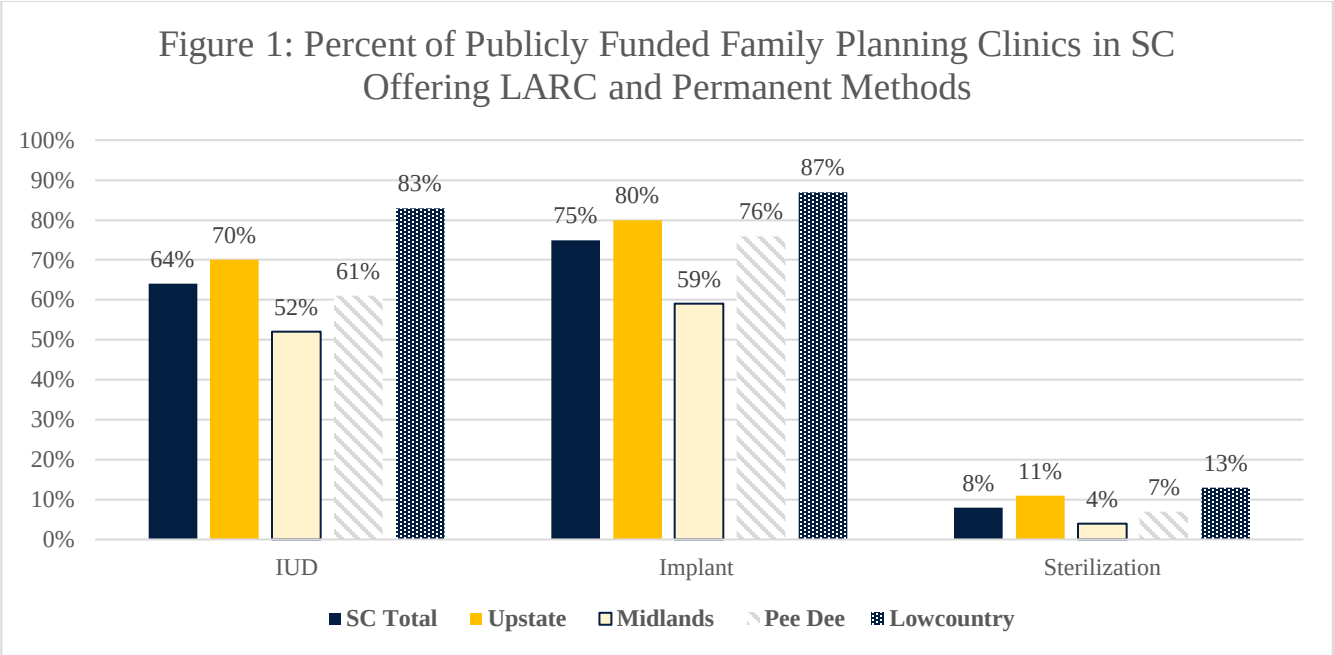
* P < 0.05 ** P < 0.01 *** P < 0.001

Interpretation of Table 2: Nearly all DHEC and FQHC clinics provided pregnancy testing (99.2%), HIV testing (99.2%), sexually transmitted infection (STI) screening (99.2%) and treatment (99.2%). Most, though not all, clinics provided cervical cancer screening (94.1%) and the HPV vaccine (93.4%). Primary medical care was restricted to 51.7% of clinics within the safety-net. The availability of preconception care differed significantly between regions. The Upstate (64.7%) and Midlands (63.6%) regions reported lower proportions of clinics offering preconception care compared to the Lowcountry (72.7%) and Pee Dee (93.0%) regions (p= 0.006).

Contraceptive Method Provision at the State Level

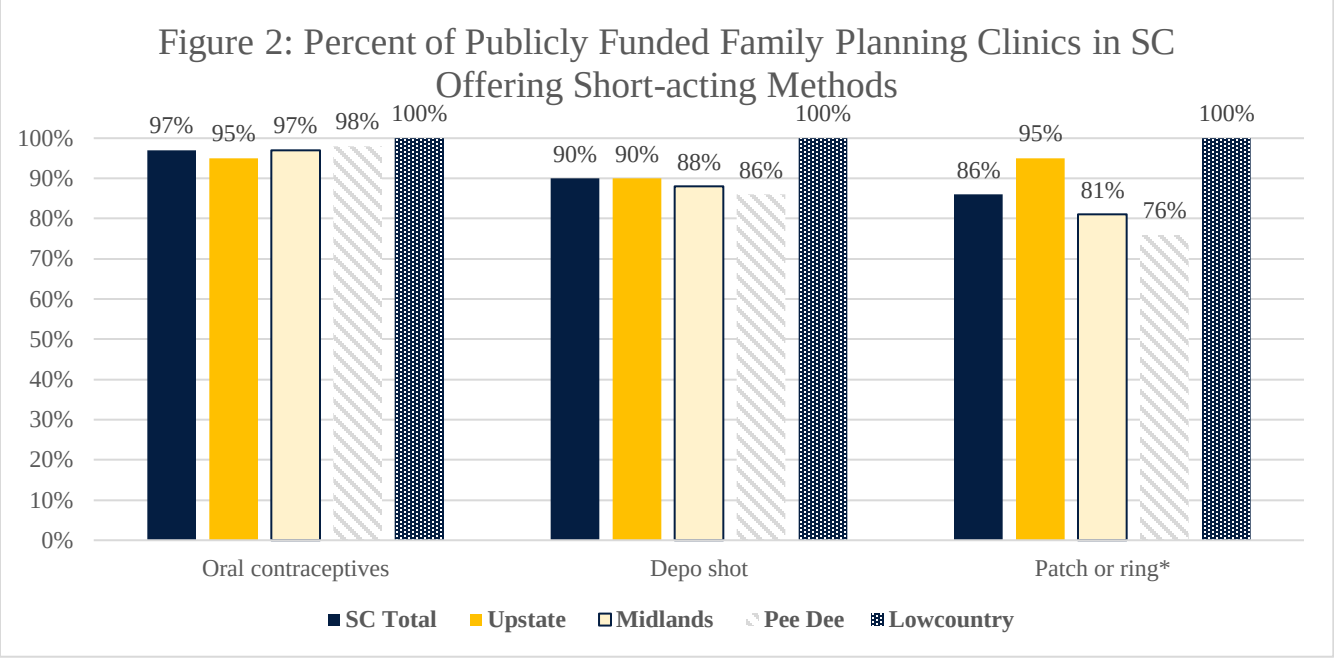
Key Findings

- Nearly all federally funded family planning clinics (97.4%) in the state provided oral contraceptive pills.
- Fewer than 3 in 4 clinics provided any type of IUD on-site.
- Access to emergency contraception (EC) varied between regions. While most clinics in the Lowcountry (95.5%) offered EC on-site, 60.0% of clinics in the Midlands region offered EC.
- The fertility awareness method was offered at nearly half of clinics in the state.



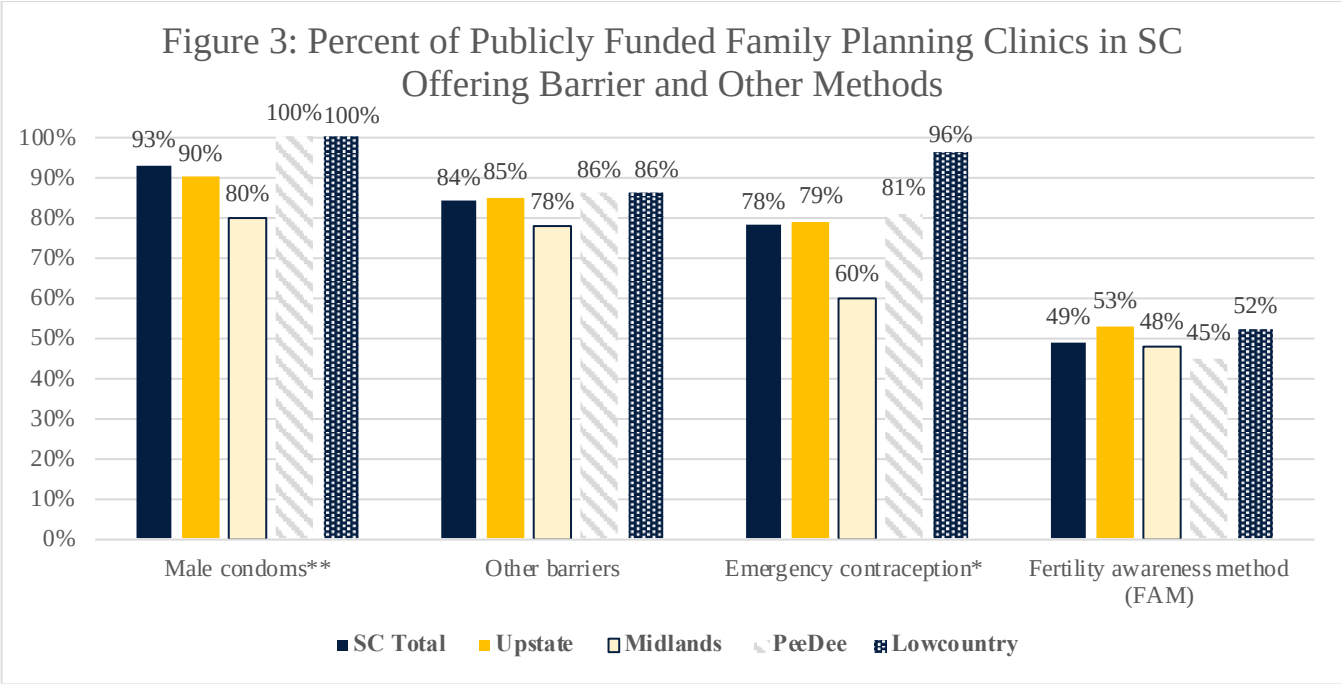
* P < 0.05 ** P < 0.01 *** P < 0.001

Interpretation of Figure 1: About 2 out of 3 clinics provided any type of IUD on-site. About 3 in 4 clinics provided contraceptive implants on-site. In total, 8% of clinics within the federally funded family planning network (DHEC and FQHC clinics) provided sterilization methods on-site, which included vasectomy and/or tubal ligations. There was no statistical difference in access to the provision of long-acting or permanent contraceptive methods between regions.



* P < 0.05 ** P < 0.01 *** P < 0.001

Interpretation of Figure 2: Nearly all responding clinics within the state offered oral contraceptive pills on site (97.4%). Additionally, the majority of clinics provided the Depo shot on-site (90.0%). There was a statistical difference in on-site access for the patch or ring across regions. While 76% of clinics in the Pee Dee region offered the patch or ring on-site, every clinic in the Lowcountry (100.0%) offered either of these methods on-site (p=.022).



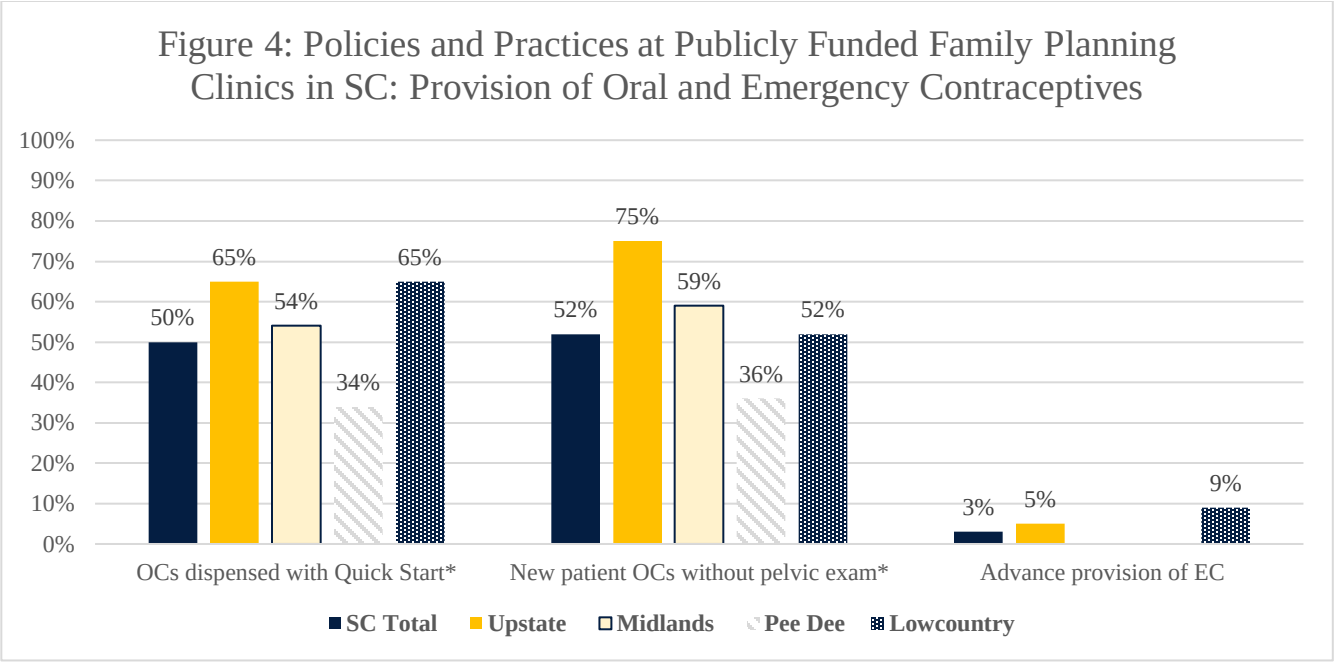
* P < 0.05 ** P < 0.01 *** P < 0.001

Interpretation of Figure 3: There was a significant difference between regions regarding on-site male condom provision, with 80% of clinics the Midlands region offering male condoms compared to 100% of clinics in the Pee Dee and Lowcountry (p=.0012). In total, 83.9% of clinics offered other types of barrier methods on-site, which included the diaphragm, cervical cap, sponge, or the female condom. Regarding emergency contraception (EC), access varied between regions. While most clinics in the Lowcountry (95.5%) offered EC on-site, 60.0% of clinics in the Midlands region offered EC (p=.02). The fertility awareness method was offered at nearly half of clinics in the state (48.7%).

Contraceptive Care Policies at the State Level

Key Findings

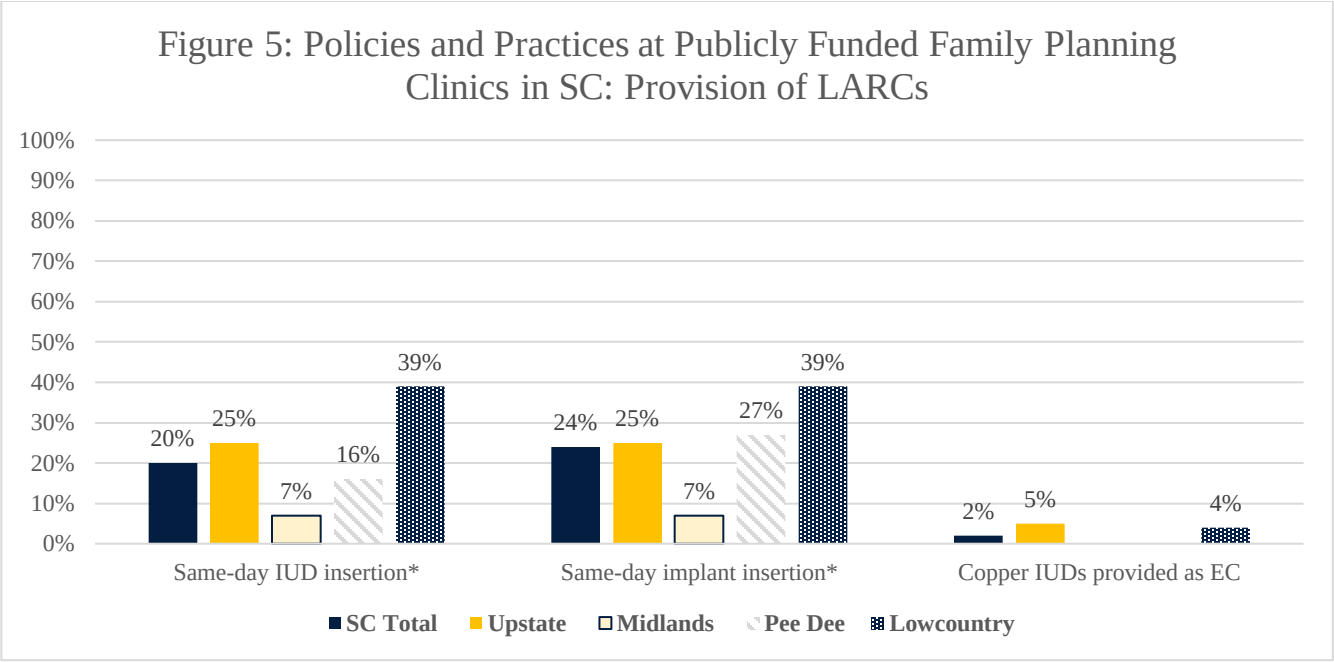
- Fifty percent of federally funded family planning clinics provided oral contraceptive methods through the Quick Start protocol.
- Less than a quarter of all clinics provided same-day IUD or implant insertion.
- Less than half of all clinics provided any type of LARC device to adolescents.
- Very few clinics within the state had online accommodations, such as offering patients the option to schedule appointments online or ask medical staff follow-up questions online.



* P < 0.05 ** P < 0.01 *** P < 0.001

Interpretation of Figure 4: Half of all responding clinics reported "always" or "often" dispensing OCs using the quick start method. Differences in access to the quick start protocol between regions were evident. The Upstate region had the most clinics providing access to the quick start protocol (65.0%) and the Pee Dee region had the fewest clinics providing the Quick Start protocol (34.1%) (p=.036).

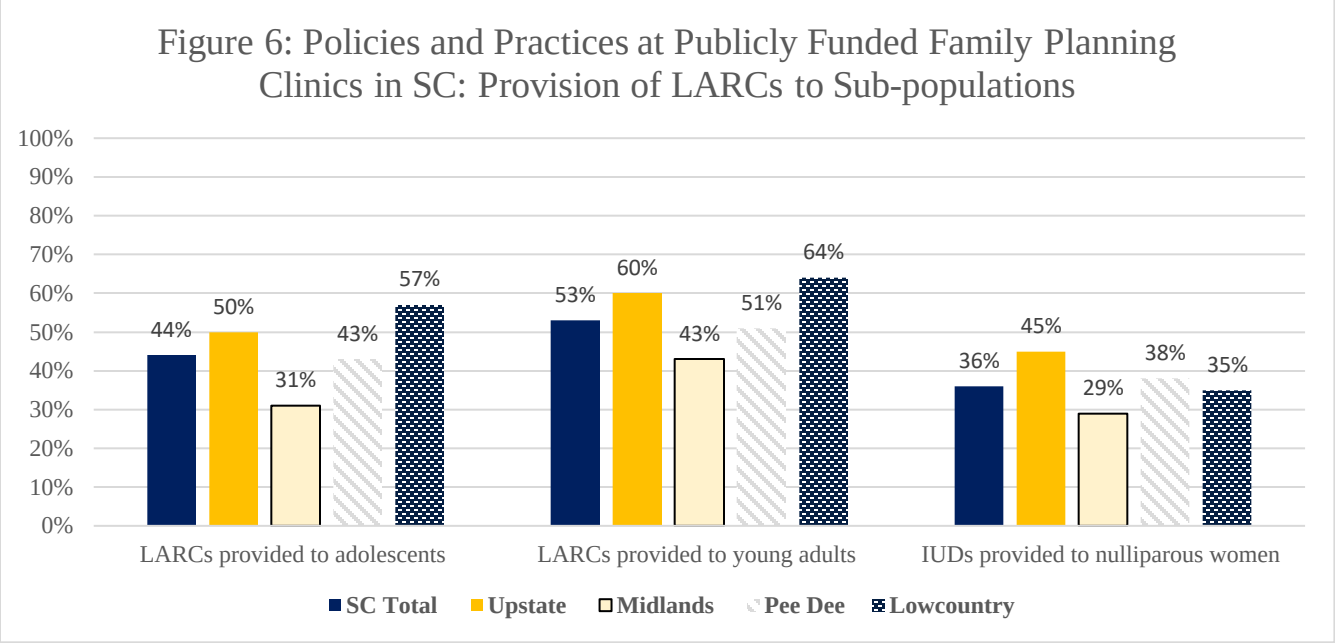
Similarly, half of all responding clinics reported "always" or "often" prescribing OCs to new patients without the pelvic exam. Differences in access to oral contraceptives without a pelvic exam between regions were evident. Three quarters of clinics within the Upstate region provided OCs to patients without a pelvic exam, more than any other region (p=.028). Very few clinics had a policy for the advanced provision of emergency contraceptive pills. The Upstate and Lowcountry regions were the only regions where clinics offered this method.



* P < 0.05 ** P < 0.01 *** P < 0.001

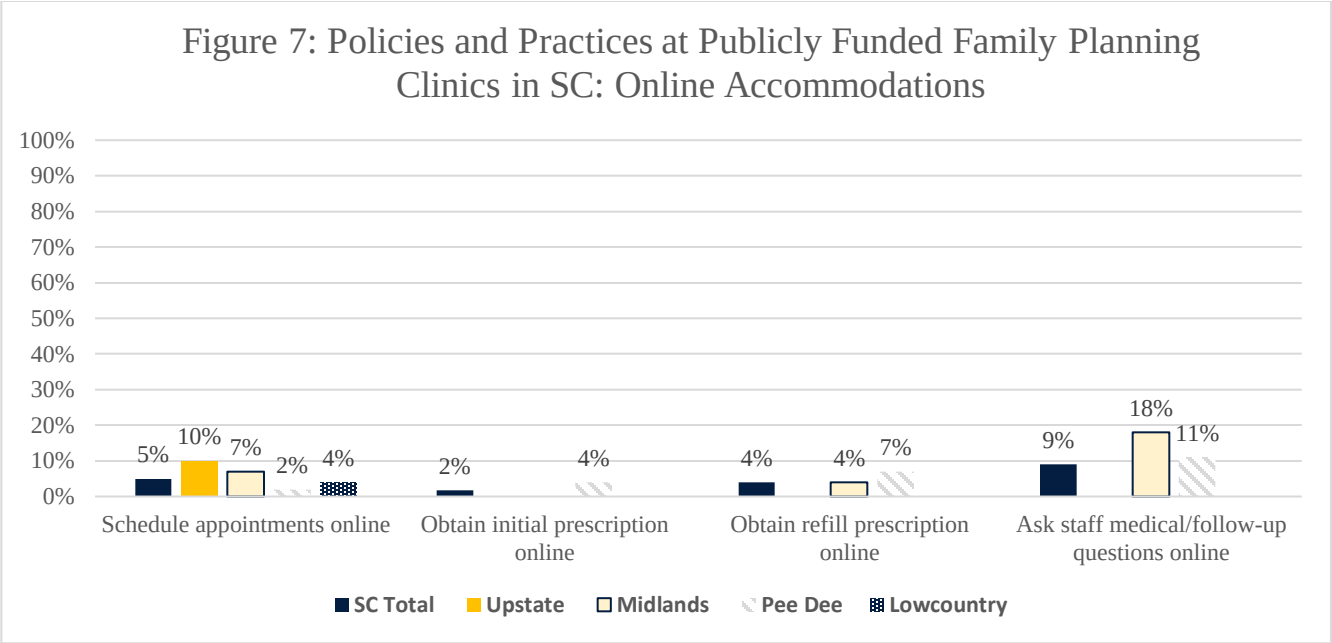
Interpretation of Figure 5: Only 1 in 5 clinics state-wide "always" or "often" offered same-day IUD insertion. There was a significant difference between regions in the provision of same-day IUD insertion. Clinics within the Lowcountry (39.1%) region were more likely to provide IUD insertions on the same day compared to all other regions (p=.037). For example, same-day IUD insertions were offered in only 7.4% of clinics in the Midlands region.

About 1 in 4 clinics state-wide "always" or "often" offered same-day implant insertion. The Lowcountry region had the highest percentage of clinics that offered same-day implant insertion (39.1%), while the Midlands region had the fewest number of clinics offering this service (7.1%), indicating a significant difference between regions (p=.047). Copper IUDs were provided as emergency contraception at two clinics in the state, including one clinic in the Upstate and one clinic in the Lowcountry region.



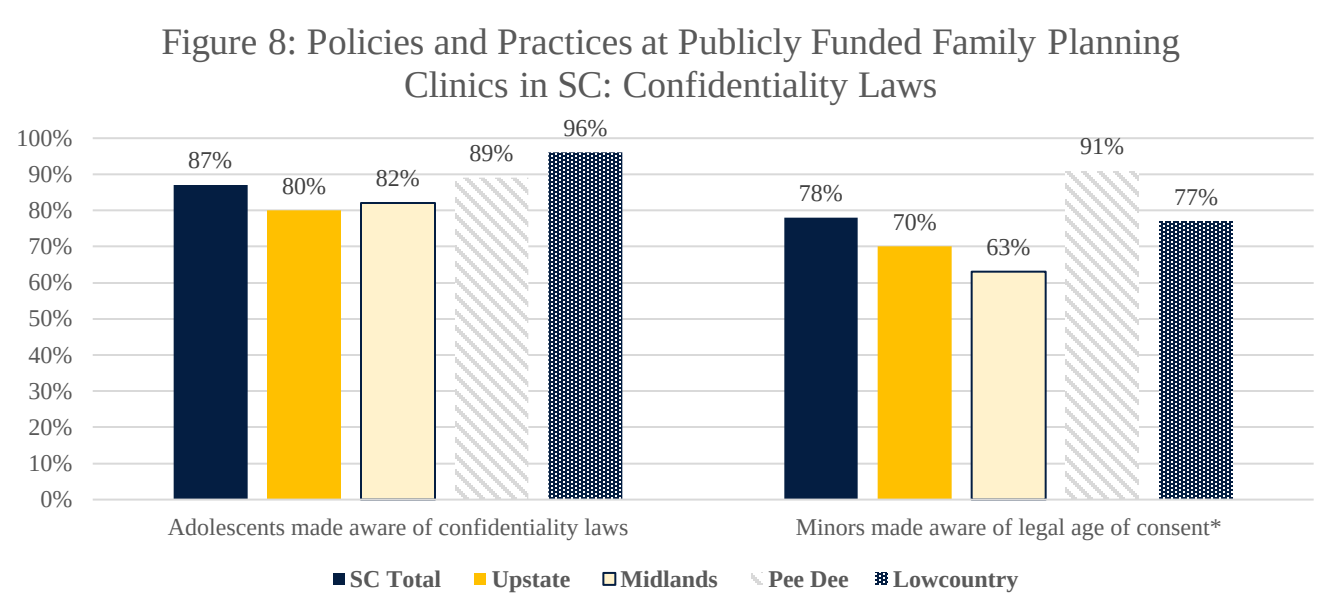
* P < 0.05 ** P < 0.01 *** P < 0.001

Interpretation of Figure 6: Forty-four percent of federally-funded family planning clinics "always" or "often" provided LARCs to adolescent patients. About half of clinics (53.0%) "always" or "often" provided LARCs to young adults. Approximately one-third of clinics (36.2%) "always" or "often" provided IUDs to nulliparous women.



* P < 0.05 ** P < 0.01 *** P < 0.001

Interpretation of Figure 7: Five percent of clinics offered patients the option to schedule appointments online. Two clinics in the state offered the option for patients to obtain an initial prescription for contraceptive methods online. Nearly 4% of clinics had the option for patients to obtain a refill prescription for contraceptive methods online. Approximately 1 in 10 clinics offered patients the option to ask staff medical or follow-up questions online (8.6%).



* P < 0.05 ** P < 0.01 *** P < 0.001

Interpretation of Figure 8: Most clinics (87.1%) in the state reported that adolescents were "always" or "often" made aware of confidentiality laws. Fewer clinics (78%) "always" or "often" made minors aware of the legal age of consent, and this varied by region. The Pee Dee region had the highest proportion of clinics (91.3%) that "always" or "often" made minors aware of the legal age of consent compared to all other regions (p= .021).

FQHC LEVEL FINDINGS

Patient Demographics at FQHC Clinics

Key Findings

- Nearly 2 in 5 contraceptive care patients at FQHC family planning clinics identified as racial or ethnic minorities.
- Adolescents comprised 20% of the contraceptive patient population at FQHC clinics.
- Patients with limited English skills were the third largest sub-population of contraceptive care patients (11.8%) at FQHC clinics.
- The contraceptive care patient population at FQHC clinics also included individuals who identified as homeless (4.6%) and individuals who were dealing with substance use (6.3%).

Table 3: Demographics for Contraceptive Care Patients at FQHC Clinics	
	mean % (95% LCL, 95% UCL) [+]
Adolescents	20.1 (13.8, 26.4)
Racial or ethnic minorities	37.8 (29.5, 46.0)
Males	4.6 (1.5, 7.7)
Limited English skills	11.8 (6.9, 16.7)
Homeless	4.6 (-0.0, 9.2)
Dealing with intimate partner violence	1.6 (0.7, 2.5)
Dealing with substance abuse	6.3 (3.0, 9.6)
Physically or Intellectually disabled	2.5 (0.7, 4.4)
LGBTQ	2.0 (1.0, 3.1)

Interpretation of Table 3: Of all contraceptive care patients at FQHC clinics, 20.1% were adolescents and 37.8% identified as racial or ethnic minority. The third largest subpopulation seeking care were patients with limited English skills (11.8%). Additional subpopulations included patients dealing with substance use (6.3%), homeless (4.6%), patients with a physical or intellectual disability (2.5%), and patients who identify as LGBTQ (2.0%).

[+] *LCL and UCL are the lower and upper confidence limits, respectively. These confidence limits indicate the range in which the true mean percentage is expected to fall. For example, we estimate that 20.1% of the contraceptive patients at FQHC clinics in SC are adolescents. However, we did not receive completed surveys from every clinic. To account for this uncertainty based on the variation in the data we have, we are 95% confident that the true mean percentage of adolescent patients receiving care in FQHC clinics in SC is between 13.8% and 26.4%.*

Health Services Offered at FQHC Clinics

Key Findings

- Pregnancy, HIV, and STI testing was available on-site at nearly all FQHC family planning clinics.
- While cervical cancer screening was provided on-site at most FQHC clinics, some clinics referred patients to a different clinic either within or outside the organization.
- The HPV vaccine was provided either on-site or through a referral within the organization at all FQHC clinics.
- 1 in 3 FQHC clinics provided preconception care on-site.

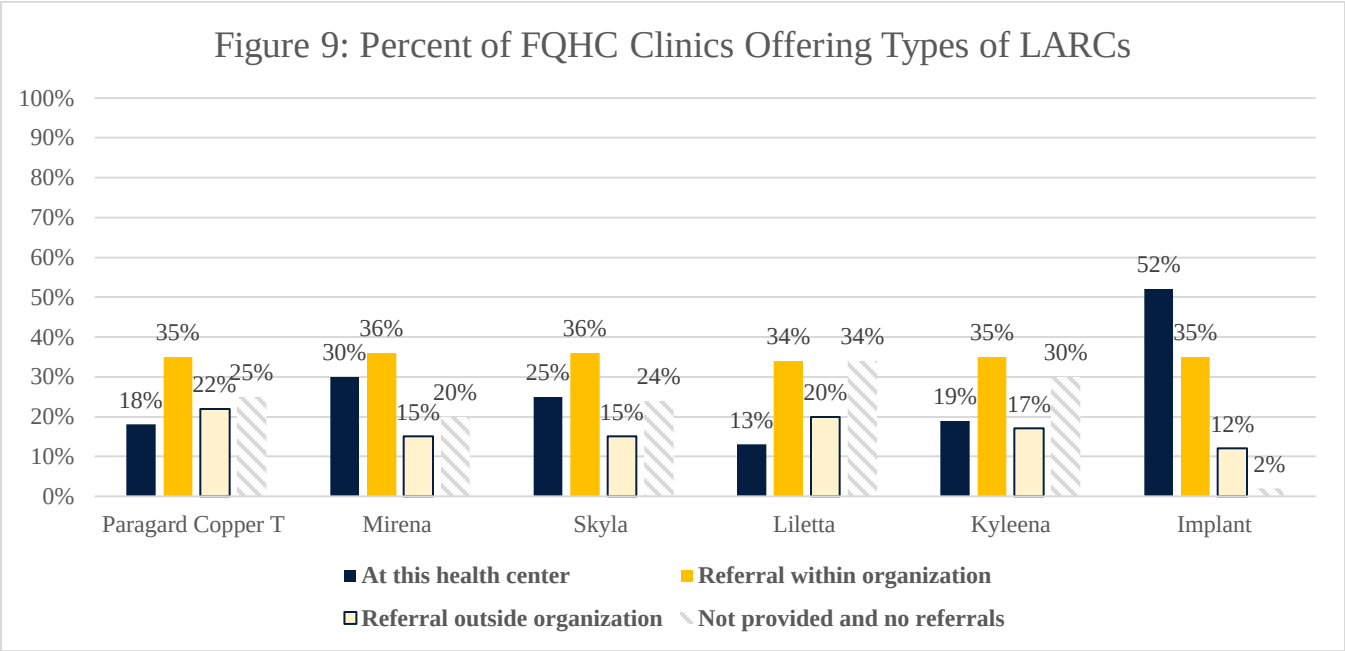
Table 4: Health Services Offered to Patients at FQHC Clinics				
	Provided On-Site	**Referral within System**	**Referral outside System**	**Not Provided and No Referrals**
	Freq (%)			
Primary medical care	60 (96.8)	2 (3.2)	0 (0.0)	0 (0.0)
Pregnancy testing	64 (98.5)	1 (1.5)	0 (0.0)	0 (0.0)
HIV testing	64 (98.5)	1 (1.5)	0 (0.0)	0 (0.0)
STI screening	63 (98.4)	1 (1.6)	0 (0.0)	0 (0.0)
STI treatment	63 (98.4)	1 (1.6)	0 (0.0)	0 (0.0)
Cervical cancer screening	58 (92.1)	4 (6.4)	1 (1.6)	0 (0.0)
HPV vaccine	59 (92.2)	5 (7.8)	0 (0.0)	0 (0.0)
Preconception care	47 (77.1)	7 (11.5)	5 (8.2)	2 (3.3)
Infertility counseling	11 (18.3)	13 (21.7)	29 (48.3)	7 (11.7)
Infertility treatment	7 (12.3)	8 (14.0)	35 (61.4)	7 (12.3)

Interpretation of Table 4: Nearly all FQHC clinics provided primary medical care services on-site (96.8%). Similarly, nearly all FQHC clinics provided pregnancy testing (98.5%), HIV testing (98.5%), STI screening (98.4%) and treatment (98.4%) on-site. Ninety-two percent of clinics provided cervical cancer screening on-site, and 8% of clinics provided a referral for screening services. The HPV vaccine was available at all clinics either on-site (92.2%) or through a referral within the organization (7.8%). Preconception care was available at 3 in 4 clinics.

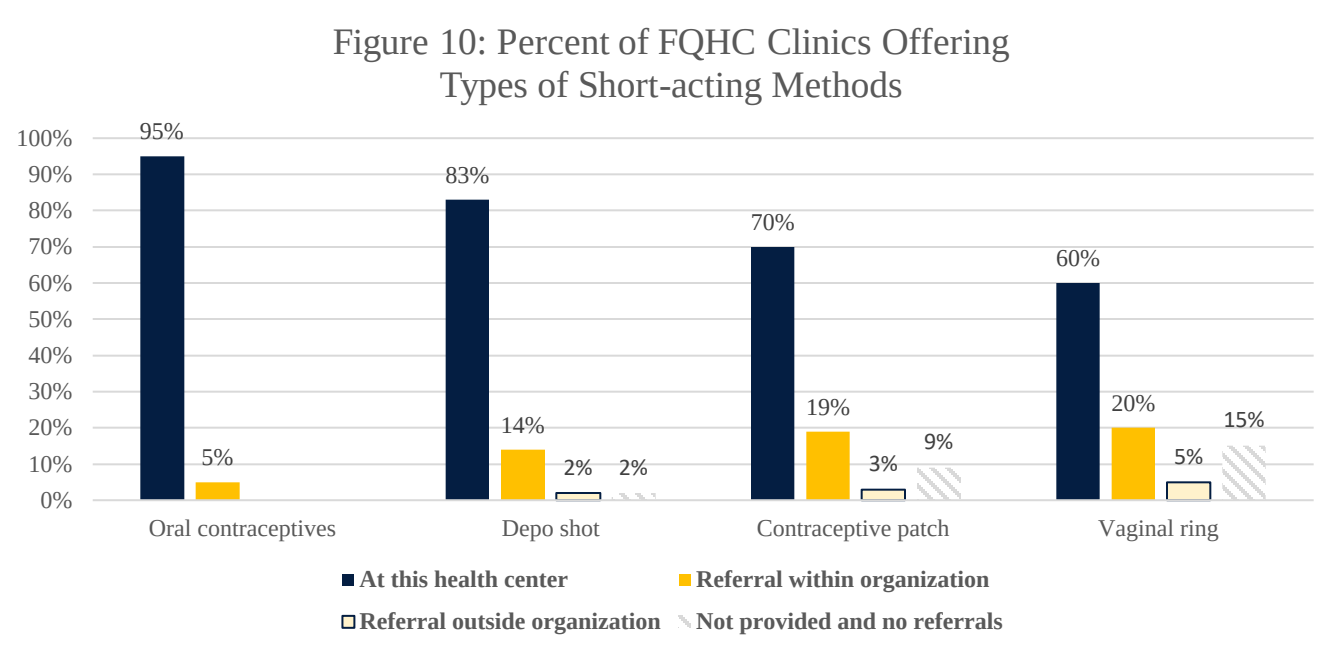
Contraceptive Method Provision at FQHC Clinics

Key Findings

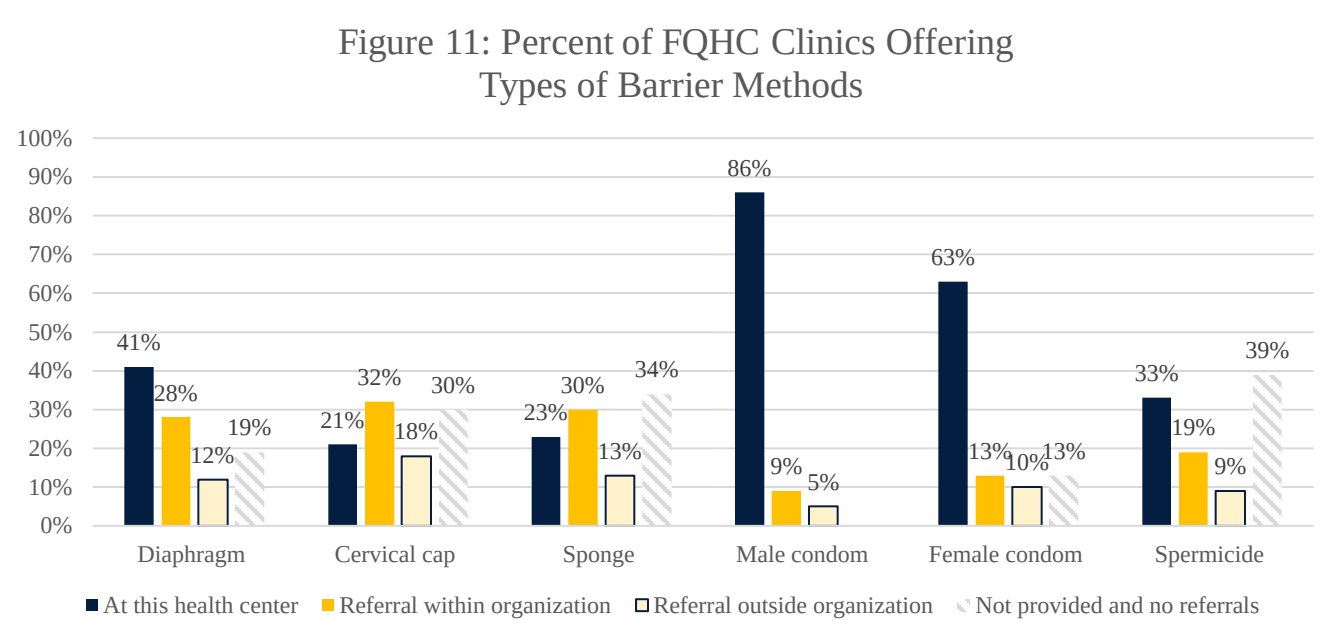
- The contraceptive implant was provided on-site at about half of all FQHC family planning clinics.
- One in 4 FQHC clinics did not provide the Paragard Copper T IUD on-site or by referral.
- The Mirena IUD was provided on-site at 30% of clinics and by referral at 51% of clinics. The remaining 20% of clinics did not provide or refer for the Mirena IUD.
- All clinics provided oral contraceptives on-site or through a referral within the organization.
- While not universal, male and female condoms were the most widely available barrier methods.
- Two in 5 clinics did not provide the fertility awareness method nor any referrals.



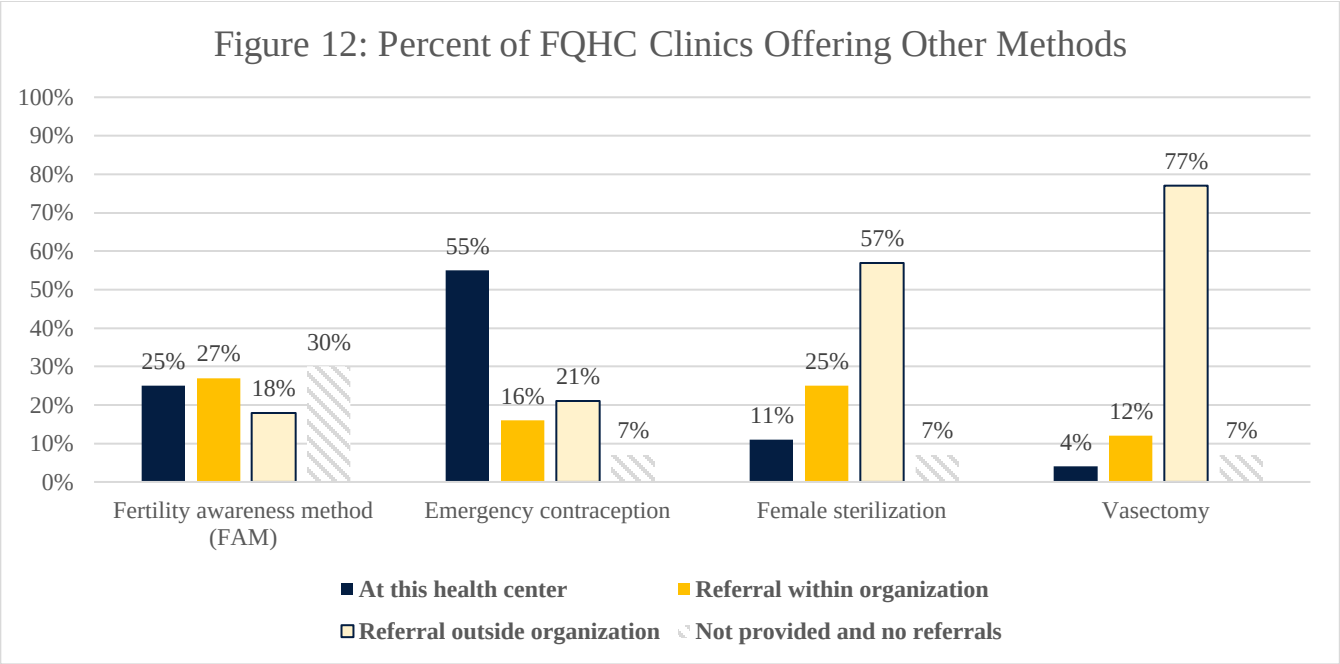
Interpretation of Figure 9: At a quarter of clinics, the Paragard Copper T IUD was not available on-site nor were any referrals provided. Among hormonal IUDs, the Mirena IUD was provided on-site at 29.5% of clinics and by referral within the FQHC system/organization at 36.1% of clinics. The Skyla IUD was available on-site at a quarter of all clinics, and 35.6% of clinics provided referrals within their parent organization. Not all types of IUDs were an option for women at all clinics. The contraceptive implant was available on-site at about half of FQHC clinics, and was also provided through a referral either within the organization (34.5%) or outside the organization (12.1%).



Interpretation of Figure 10: All FQHC clinics either provided oral contraceptives on-site (95.0%) or through a referral within the organization (5.0%). Most clinics either provided the Depo shot on-site (82.5%) or referred patients within the organization (14.3%). While the contraceptive patch was provided on-site at 69.5% of clinics, it was not provided at 8.5% of clinics on-site nor through referrals. Similarly, the vaginal ring was provided on-site at 60.0% of clinics, although 15.0% of clinics did not provide the ring on-site nor any referrals.



Interpretation of Figure 11: While not universal, the most widely available barrier methods on-site at FQHC clinics were male condoms (85.9%) and female condoms (63.3%). Other barrier methods were provided by fewer clinics. The diaphragm was provided on-site at 41.4% of clinics, whereas the cervical cap and the sponge were provided on-site at 21% and 23% of clinics, respectively. Spermicide was available on-site at a third of clinics.

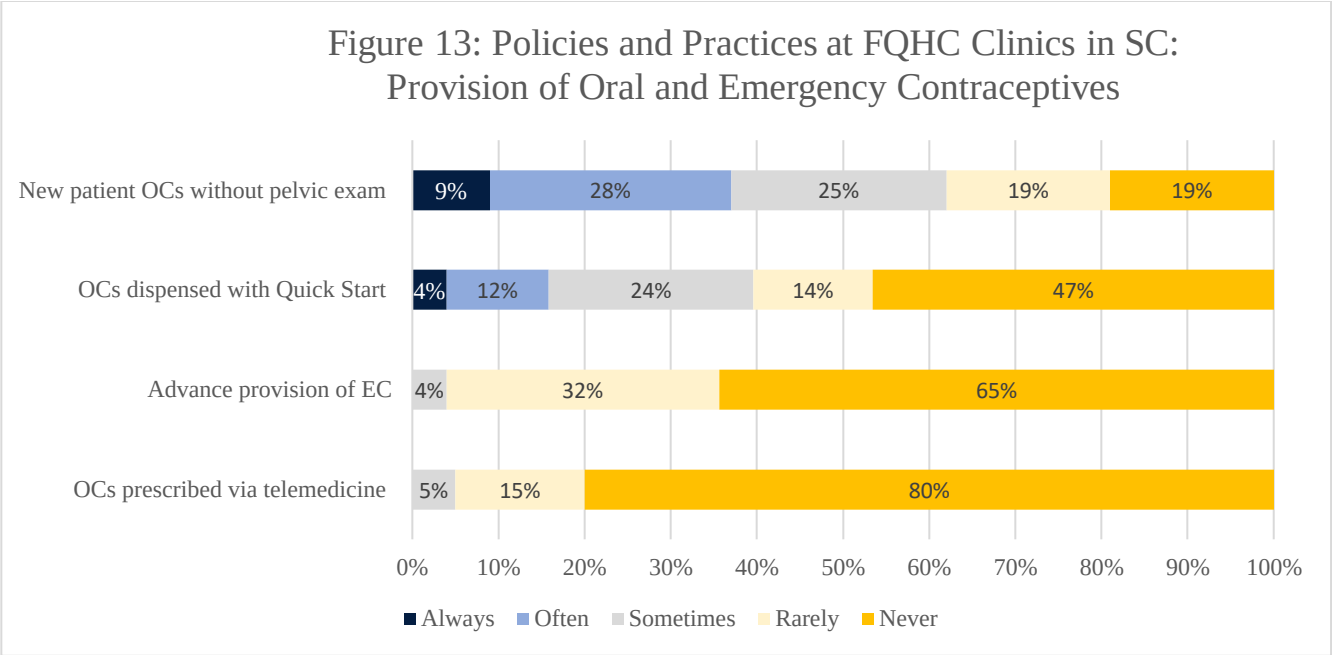


Interpretation of Figure 12: One in 4 FQHC clinics offered the fertility awareness method (FAM) on-site, while 30.0% of clinics did not provide the FAM method nor any active referrals. Over half of all clinics provided emergency contraception on-site. Sterilization procedures were mostly referred outside of the organization/system, with 57% of clinics referring out for female sterilization procedures and 77% of clinics referring out for vasectomies.

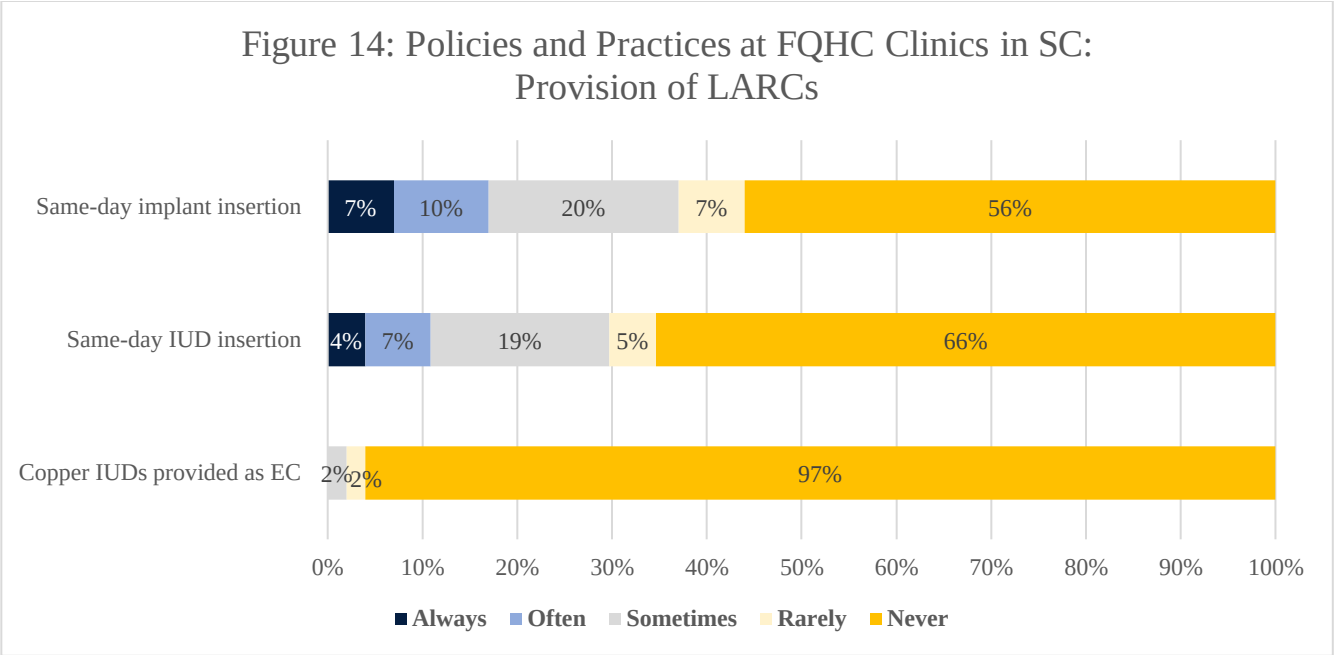
Contraceptive Care Policies at FQHC Clinics

Key Findings

- Almost forty percent of FQHC family planning clinics provided oral contraceptives to new patients without a pelvic exam either “always” (8.8%) or “often” (28.1%).
- The majority of FQHC clinics rarely or never offered same-day IUD insertion (70.7%) or same-day implant insertion (62.8%).
- Three in 4 FQHC clinics did not provide IUDs for nulliparous women.
- Over 60% of FQHC clinics rarely or never provided LARC methods to adolescents.
- Few FQHC clinics offered any online accommodations such as the ability for patients to schedule appointments online, to ask medical/follow-up questions online, or to obtain a prescription online (initial or refill).

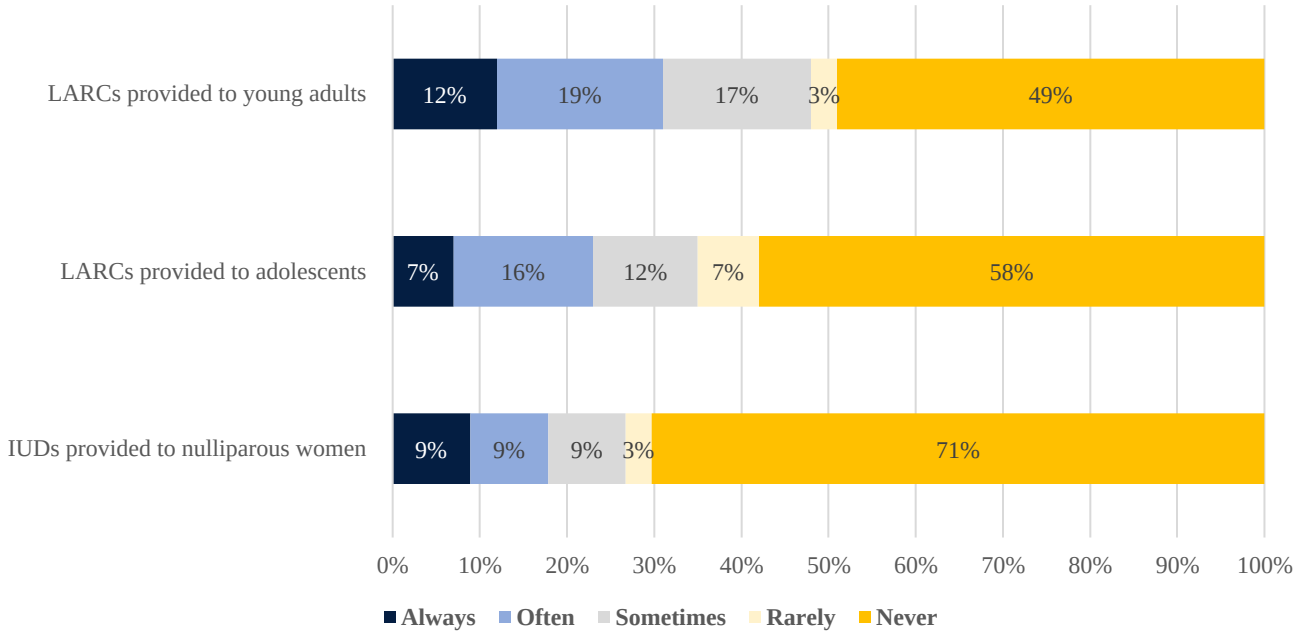


Interpretation of Figure 13: Almost forty percent of FQHC clinics provided oral contraceptives to new patients without a pelvic exam always (8.8%) or often (28.1%). Fewer clinics readily dispensed oral contraceptive pills with the Quick Start protocol, with most clinics rarely (13.8%) or never (46.6%) initiating oral contraceptives with the Quick Start protocol. Nearly two-thirds of clinics never provided emergency contraceptive pills in advance. The majority of clinics never (79.7%) provided oral contraceptives through telemedicine services.



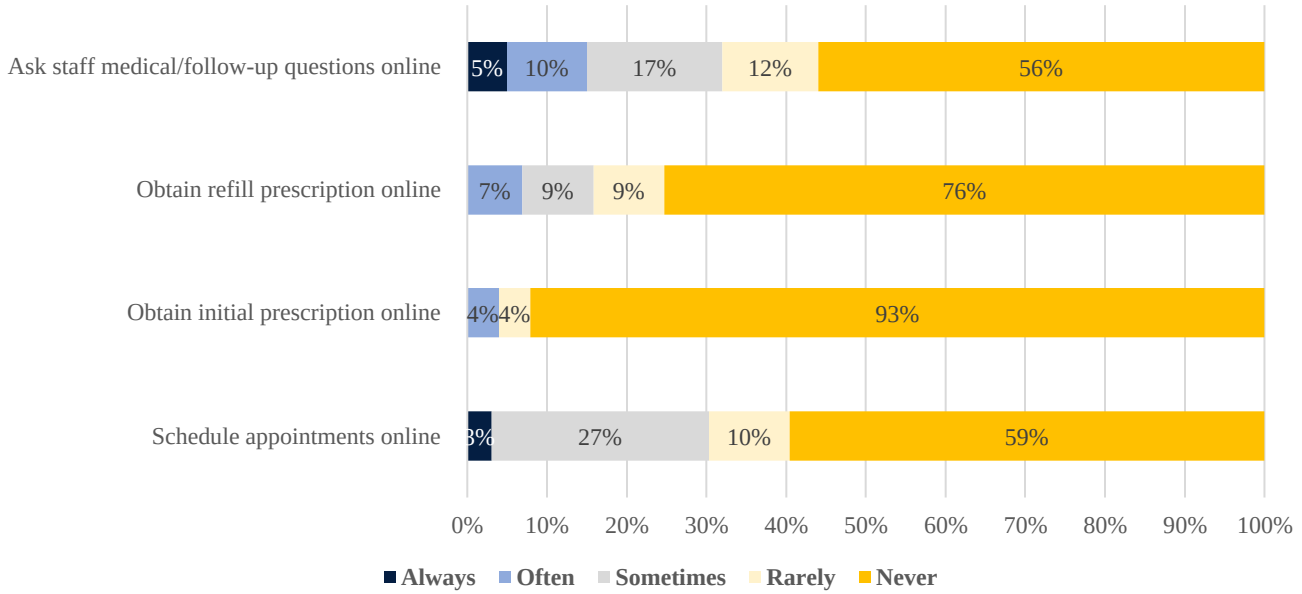
Interpretation of Figure 14: Relatively few FQHC clinics provided same-day implant insertion procedures always (6.8 %) or often (10.2 %). Similarly, few clinics provided same-day IUD insertion procedures always (3.5 %) or often (6.9 %). Nearly all clinics never provided copper IUDs as a form of emergency contraception (96.6%).

Figure 15: Policies and Practices at FQHC Clinics in SC:
Provision of LARCs to Sub-populations

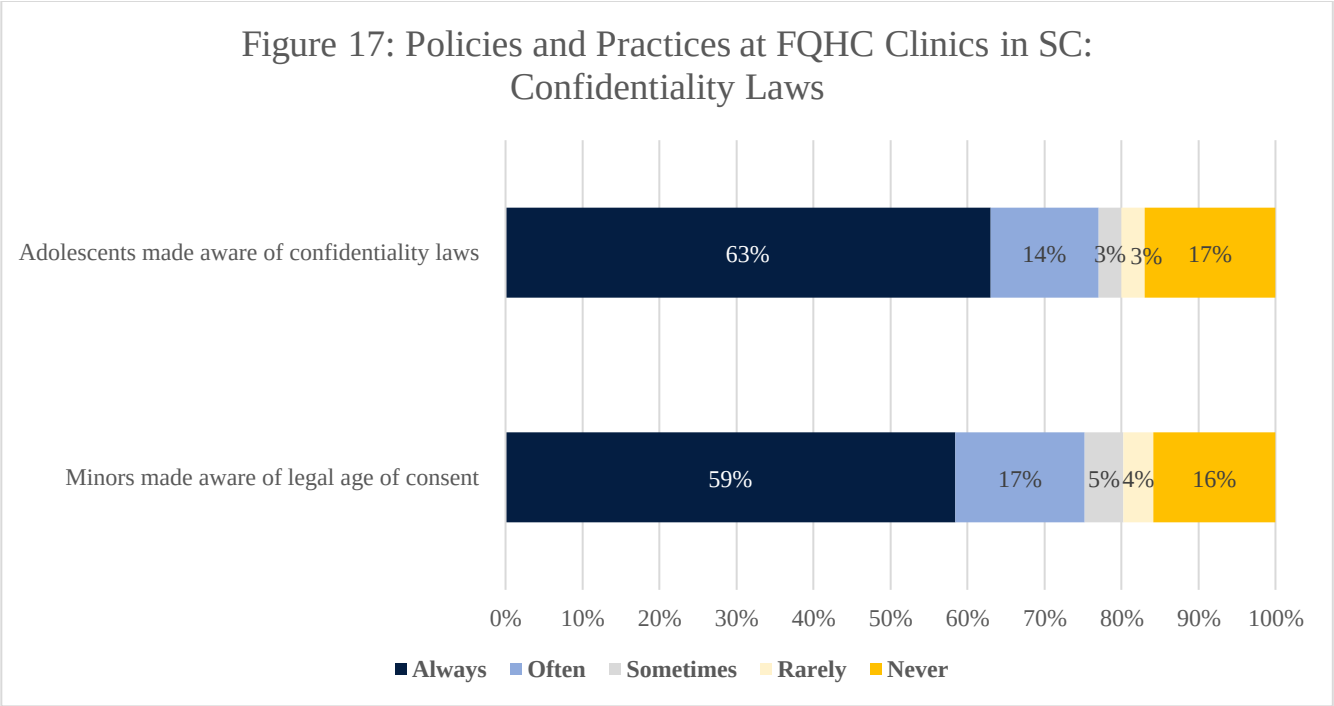


Interpretation of Figure 15: Most clinics never provided IUDs to nulliparous women (71.2%). While about one-third of clinics provided a type of LARC device to young adults always (11.9%) or often (18.6%), almost half (49.2%) never provided LARC devices to young adults. Similarly, over half of FQHC clinics never provided LARCs to adolescents (57.9%).

Figure 16: Policies and Practices at FQHC Clinics in SC: Online Accommodations



Interpretation of Figure 16: Overall, most clinics did not have policies or practices in place for any type of online accommodation. However, some clinics always (5.1%) or often (10.2%) had the option for patients to ask staff medical/follow-up questions online. Also, 27% of clinics sometimes had the option for patients to schedule appointments online.



Interpretation of Figure 17: The majority of FQHC clinics always (58.6%) or often (17.2%) made minors aware of the legal age of consent. Also, the majority of clinics always (62.7%) or often (13.6%) made adolescents aware of confidentiality laws.

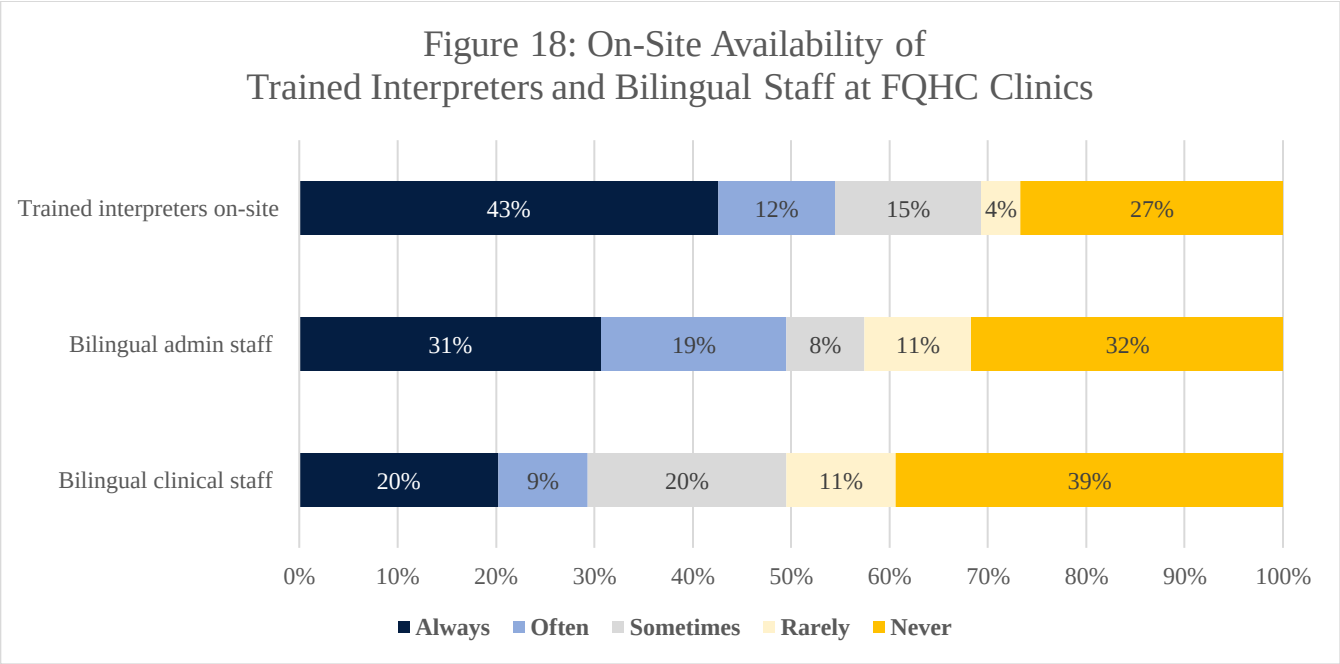
Clinic Wait Times and Language Services at FQHC Clinics

Key Findings

- The median in-clinic wait time for a contraceptive care appointment at FQHC family planning clinics was 20 minutes.
- Over 50% of FQHC clinics had on-site interpreters available always or often.
- Telephone access to off-site interpreters was available at least some of the time at 70% of clinics. Community health or outreach workers rarely or never provided translation.

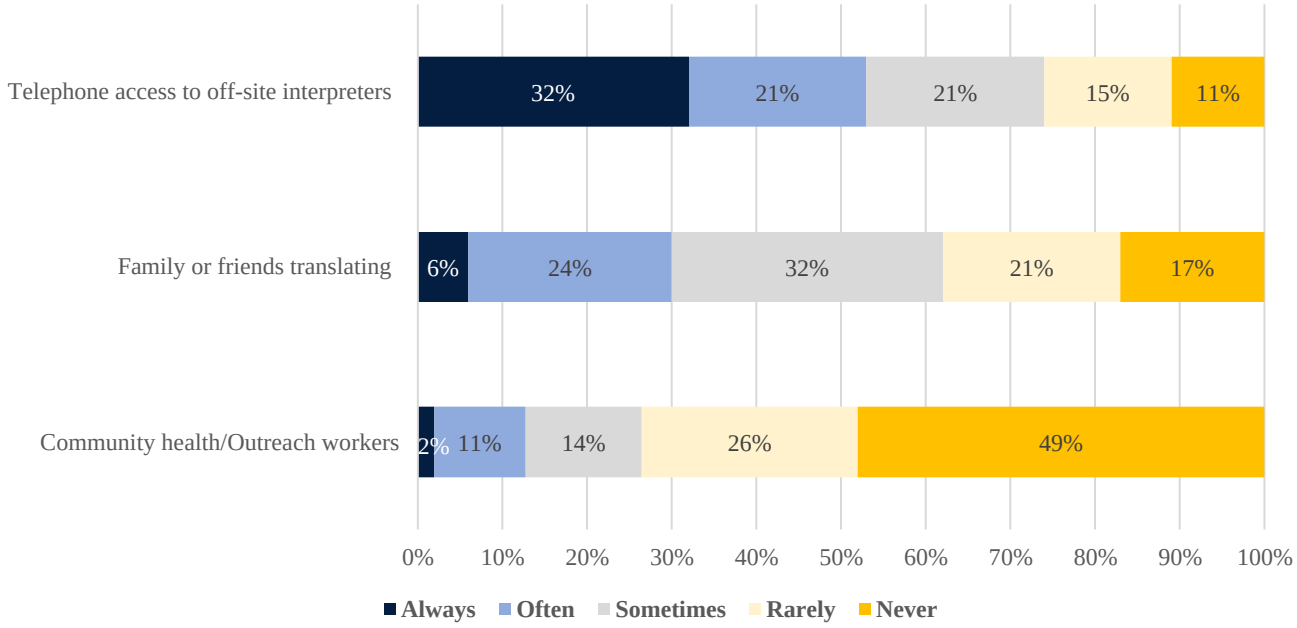
Table 5: Average Clinic Wait Times for New and Established Patients at FQHC Clinics	
	Median (25th Percentile, 75th Percentile)
Initial visit--new patient (days)	2.0 (0.0, 7.0)
Initial visit--established patient (days)	1.5 (0.0, 3.0)
In-clinic wait time (minutes)	20.0 (15.0, 30.0)

Interpretation of Table 5: The median wait time for an initial contraceptive care visit for a new FQHC patients was about 2 days. For established patients, the median wait time for an initial contraceptive care visit was 1.5 days. The median in-clinic wait time to see a contraceptive provider was 20 minutes, and the majority of contraceptive care patients waited in the clinic between 15 and 30 minutes.



Interpretation of Figure 18: A majority of FQHC clinics had on-site availability of trained interpreters always (42.7%) or often (11.8%). Nearly half of FQHC clinics had bilingual administrative staff always (30.8%) or often (18.5%). One in five clinics always had bilingual clinical staff.

Figure 19: Availability of Language Services at FQHC Clinics



Interpretation of Figure 19: Most clinics offered telephone access to off-site interpreters always (31.8%) or often (21.2%). At a majority of clinics, family or friends provided translation often (24.2%) or some of the time (31.8%). At most clinics, community health or Outreach workers rarely or never provided translation services.

Outreach Efforts at FQHC Clinics

Key Findings

- Less than one quarter of FQHC family planning clinics provided on-site programs for adolescents.
- Three in 10 clinics provided on-site programs for patients who are immigrants, and 3 in 10 provided on-site programs for patients who have limited English skills.
- Few clinics provided outreach efforts through tailored messaging or social or mass media.

Table 6: Programmatic and Outreach Efforts at FQHC Clinics for Various Sub-Populations			
	On-site Programs	**Off-site Programs**	**Outreach Efforts**
	Freq (%)		
Adolescents	16 (23.5)	14 (20.6)	4 (5.9)
Men	11 (16.2)	5 (7.4)	1 (1.5)
Physically Disabled	5 (7.4)	9 (13.2)	2 (2.9)
Intellectually Disabled	5 (7.4)	10 (14.7)	1 (1.5)
Substance Abuse	12 (17.7)	15 (22.1)	3 (4.4)
Homeless	11 (16.2)	7 (10.3)	3 (4.4)
Non-English Speaking	23 (33.8)	8 (11.8)	4 (5.9)
Immigrants	21 (30.9)	9 (13.2)	3 (4.4)
Minors in Foster Care	8 (11.8)	6 (8.8)	1 (1.5)
LGBTQ	14 (20.6)	6 (8.8)	1 (1.5)
Sex Workers	2 (2.9)	2 (2.9)	0 (0.0)
Sex Trafficking Victims	3 (4.4)	7 (10.3)	0 (0.0)

Interpretation of Table 6: On-site programs for adolescents were provided at 16 clinics (23.5%) whereas 14 clinics (20.6%) provided off-site programs for adolescents. For people with substance use concerns, 17.7% of clinics provided on-site programs and 22.1% of clinics provided off-site programs for this subgroup. One-third of FQHC contraceptive clinics (33.8%) in the state provided on-site programs for individuals who are non-English speaking, and nearly one-third of clinics (30.9%) provided on-site programs for individuals who are immigrants. Off-site programming was also provided for non-English speaking individuals (11.8% of clinics) and immigrants (13.2% of clinics) as well. Few clinics offered outreach efforts to any sub-population such as messaging on social media or mass media, tailored materials or events.

**On-site programs included programs that are tailored to specific subgroups delivered at the clinic. Off-site programs were delivered at other locations such as mobile clinics sites or in schools or prisons. Outreach efforts included messaging for subgroups on social media or in mass media, specific materials tailored to a subgroup, or attending events that reach a specific subgroup.*

CONTACT INFORMATION

Please send any questions, comments, or correspondence to:

Kate Beatty, PhD, MPH
Associate Professor
Department of Health Services Management and Policy
Phone: (423) 439-4482
Email: beattyk@etsu.edu

Mike Smith, DrPH
Assistant Professor
Department of Health Services Management and Policy
Phone: (423) 439-4443
Email: smithmg1@etsu.edu