



COLLEGE of  
PUBLIC HEALTH

EAST TENNESSEE STATE UNIVERSITY

# Publicly Funded Contraceptive Care Services in Alabama (2017)

*State-wide clinic survey findings from Federally Qualified Health Center (FQHC) and Alabama Department of Public Health (ADPH) family planning clinics in Alabama. Findings include: contraceptive patient characteristics, contraceptive method provision, clinic policies and practices, and other markers of contraceptive care.*

September  
2020

# TABLE OF CONTENTS

- EXECUTIVE SUMMARY ..... 4
- INTRODUCTION ..... 6
- METHODS ..... 7
- STATE LEVEL FINDINGS..... 8
  - Overview of Key Findings ..... 8
  - Patient Demographics at the State Level ..... 8
  - Health Services Offered at the State Level..... 10
  - Contraceptive Service Provision at the State Level ..... 12
  - Contraceptive Care Policies at the State Level..... 16
- FQHC LEVEL FINDINGS..... 24
  - Overview of Key Findings ..... 25
  - Patient Demographics at FQHC Clinics ..... 24
  - Health Services Offered at FQHC Clinics..... 26
  - Contraceptive Service Provision at FQHC Clinics..... 28
  - Contraceptive Care Policies at FQHC Clinics..... 33
  - Clinic Wait Times and Language Services at FQHC Clinics..... 39
  - Outreach Efforts at FQHC Clinics..... 43
- CONTACT INFORMATION..... 45

# TABLES AND FIGURES

## State Level Findings

Contraceptive Patient Demographics at the State Level  
Table 1: Demographics for Contraceptive Care Patients at Publicly Funded AL Clinics.....9

Health Services at the State Level  
Table 2: Health Services Offered at Publicly Funded Family Planning Clinics in Alabama.....11

Contraceptive Service Provision at the State Level  
Figure 1: Percent of Publicly Funded Family Planning Clinics in AL Providing LARC Methods..13  
Figure 2: Percent of Publicly Funded Family Planning Clinics in AL Providing Short-Acting Reversible Contraceptive Methods.....14  
Figure 3: Percent of Publicly Funded Family Planning Clinics in AL Providing Barrier Contraceptive Methods .....15  
Figure 4: Percent of Publicly Funded Family Planning Clinics in AL Offering Other Contraceptive Methods.....16  
Figure 5: Percent of Publicly Funded Family Planning Clinics in AL Offering Emergency Contraceptive Methods .....17

Contraceptive Policies at the State Level  
Figure 6: Policies and Practices at Publicly Funded Family Planning Clinics in AL: Provision of Oral Contraceptives.....19  
Figure 7: Policies and Practices at Publicly Funded Family Planning Clinics in AL: Provision of LARCs .....20  
Figure 8: Policies and Practices at Publicly Funded Family Planning Clinics in AL: Provision of LARCs to Sub-Populations.....21  
Figure 9: Policies and Practices at Publicly Funded Family Planning Clinics in AL: Online Appointment and Follow-up Accommodations.....22  
Figure 10: Policies and Practices at Publicly Funded Family Planning Clinics in AL: Confidentiality Laws.....23

## FQHC Level Findings

Patient Demographics at FQHC Clinics  
Table 3: Demographics for Contraceptive Care Patients at FQHC Clinics.....25

Health Services at FQHC Clinics  
Table 4: Health Services Offered to Patients at FQHC Clinics .....27

Contraceptive Service Provision at FQHC Clinics  
Figure 11: Percent of FQHC Clinics Offering Types of LARCs to Patients.....29  
Figure 12: Percent of FQHC Clinics Offering Types of Short-Acting Contraceptives.....30  
Figure 13: Percent of FQHC Clinics Offering Types of Barrier Contraceptive Methods .....31  
Figure 14: Percent of FQHC Clinics Offering Other Contraceptive Methods .....32

Contraceptive Care Policies at FQHC Clinics

Figure 15: Policies and Protocols at FQHC Clinics in AL: Provision of Oral and Emergency Contraceptives.....	34
Figure 16: Policies and Protocols at FQHC Clinics in AL: Provision of LARCs .....	35
Figure 17: Policies and Protocols at FQHC Clinics in AL: Provision of LARCs to Sub-Populations .....	36
Figure 18: Policies and Protocols at FQHC Clinics in AL: Online Accommodations.....	37
Figure 19: Policies and Protocols at FQHC Clinics in AL: Confidentiality Laws .....	38
<b>Clinic Wait Times and Language Services</b>	
Table 5: Average Clinic Wait Times for New and Established Patients at FQHC Clinics .....	40
Figure 20: On-Site Availability of Trained Interpreters and Bilingual Clinic Staff at FQHC Clinics .....	41
Figure 21: Availability of Language Services at FQHC Clinics .....	42
<b>Outreach Efforts</b>	
Table 6: Programmatic and Outreach Efforts at FQHC Clinics for Various Sub-Populations .....	44

# EXECUTIVE SUMMARY

---

This report presents findings pertaining to the delivery of contraceptive care services at federally funded family planning clinics in Alabama. 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 Alabama Department of Public Health (ADPH) family planning clinics and every Federally Qualified Health Center (FQHC) clinics that offered contraceptive care services in Alabama (AL) in 2016. A total of 111 clinics were included in the sample with 72 ADPH clinics and 39 FQHC clinics. The first section of the report highlights state level findings, which include an aggregate of both ADPH 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 AL clinics surveyed, 30% of contraceptive care patients were adolescents and 48% identified as racial or ethnic minorities. The contraceptive patient population at FQHC clinics was similarly composed, with 25% adolescents and 46% identifying as a racial or ethnic minority. The contraceptive patient population at FQHC clinics also included 14% of patients with limited English skills, 8% of patients with substance use concerns, and about 7% who identified as physically or intellectually disabled.

All federally funded family planning clinics in the state provided pregnancy testing, human immunodeficiency virus (HIV) testing, sexually transmitted infection (STI) screening, and cervical cancer screenings. While the human papilloma virus (HPV) vaccine (94.4%) and STI treatments (99.1%) were provided at most clinics, these services were not provided at all clinics. Regarding clinical care services provided at FQHC clinics, all clinics provided the HPV vaccine and STI treatments either on-site or through a referral within their organization. A majority of FQHC clinics provided preconception care on-site or through referral. Preconception care was offered at 91.4% of FQHC clinics compared to 81.6% of clinics statewide.

Regarding contraceptive method provision, oral contraceptives were offered to patients on-site at almost all responding clinics in AL. About half of all responding clinics utilized the Quick Start protocol for oral contraceptive provision, and fewer than 4 in 10 clinics provided oral contraceptives to new patients without a pelvic exam. Similar findings were noted among FQHC clinics, with 27% of clinics providing oral contraceptives to new patients without a pelvic exam. About half of clinics throughout the state dispensed oral contraceptives using the Quick Start protocol (47.6%) while FQHCs utilized this method always or often at a rate of 34.4%.

Considering long-acting reversible contraceptive (LARC) method provision at the state level, intrauterine devices (IUDs) were less often provided than contraceptive implants. While the implant device was more likely to be available on-site at clinics throughout the state, same-day implant insertion procedures were available at 16% of all responding clinics. Eleven percent of clinics offered IUDs on-site. Examining LARC provision among FQHC clinics, it was more common for FQHC clinics to refer patients to another clinic outside of their organization to obtain an IUD, and same-day insertion procedures were never offered. Similarly, 11% of FQHC clinics offered the implant on-site though did

not typically offer same-day implant insertion procedures. While adolescents made up 30% of the contraceptive patient population, less than a quarter of clinics in the state provided LARC devices to adolescents. Eighty-two percent of FQHC clinics rarely or never provided LARC devices to adolescents and 91% of clinics never provided IUDs to nulliparous women.

Around half of the FQHC clinics in AL offered language services for limited English-speaking individuals such as on-site translators, bilingual administrative and clinical employees, and telephone access to off-site interpreters. Additionally, about a quarter of FQHC clinics provided on-site programs for limited English-speaking individuals, individuals dealing with substance abuse, and LGBTQ patients. Some FQHC Clinics also offered off-site programs for non-English speaking individuals, homeless individuals, and intellectually disabled individuals. 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 Alabama (AL) in 2017 related to access and provision of contraceptive care services among federally funded family planning clinics with specific focus on Federally Qualified Health Centers (FQHC). The Clinic Study, conducted by East Tennessee State University (ETSU), 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 Alabama Department of Public Health (ADPH) family planning clinic and every FQHC clinic that offered contraceptive services in AL in 2016.

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: AL state level findings and FQHC specific findings. The state level findings include aggregate data from ADPH 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 AL. 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 AL was conducted in 2017. The survey was sent to clinic administrators at every ADPH family planning clinic and every FQHC clinic that offered contraceptive services within AL. 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 South Carolina, 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 111 clinics were included in the analysis, 72 ADPH clinics and 39 FQHC clinics. Overall, a 67% response rate was achieved. The response rate for ADPH clinics was 91% and the response rate for FQHC clinics was 44%.

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 at the state level 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, 30% were adolescents.
- There was a significant difference between regions in patients who identified as racial or ethnic minorities with the largest percentage of racial or ethnic minority patients being located in the West Central region (63.6%).
- Clinics within the Jefferson region served a larger proportion of contraceptive care patients who identified as homeless (8.6%) compared to other regions.

**Table 1A: Demographics for Contraceptive Care Patients at Publicly Funded AL Clinics**

	Adolescents	Racial or ethnic minorities*	Males	Limited English skills*	Homeless**
mean% (95% LCL-UCL)					
<b>AL total</b>	<b>30.3 (21.9, 38.77)</b>	<b>48.2 (42.1, 54.4)</b>	<b>3.3 (2.2, 4.5)</b>	<b>13.4 (9.8, 17.1)</b>	<b>2.2 (1.1, 3.2)</b>
Northern	25.0 (17.3, 32.7)	32.4 (22.3, 42.5)	4.2 (2.0, 6.4)	23.2 (11.4, 35.0)	3.0 (1.1, 4.8)
Northeastern	27.8 (17.4, 38.3)	36.9 (21.5, 52.4)	4.8 (0.7, 9.0)	20.8 (4.8, 36.7)	1.0 (1.0, 2.0)
Jefferson	11.6 (3.9, 19.2)	61.4 (33.5, 89.4)	0.3 (0, 1.0)	14.6 (5.2, 24.0)	8.6 (2.2, 15.0)
West Central	25.4 (14.5, 36.2)	63.6 (45.6, 81.5)	1.8 (0, 3.6)	11.0 (0, 24.2)	0.9 (0, 2.6)
East Central	31.2 (17.5, 44.8)	49.8 (30.3, 69.3)	5.2 (0.1, 10.4)	14.0 (8.0, 20.0)	3.0 (0, 8.5)
Southwestern	34.9 (8.8, 61.0)	62.6 (37.9, 87.3)	0.8 (0, 2.0)	4.9 (0.8, 9.0)	0.2 (0, 0.7)
Southeastern	50.9 (0, 102.1)	50.2 (35.2, 65.3)	4.6 (0.6, 8.7)	5.8 (2.3, 9.2)	0.7 (0, 1.5)
Mobile	25.0 (0, 67.1)	30.0 (0, 86.6)	1.5 (0, 5.3)	4.3 (0, 11.2)	1.7 (0, 8.8)

**Table 1B: Demographics for Contraceptive Care Patients at Publicly Funded AL Clinics**

	Dealing with intimate partner violence	Dealing with substance abuse	Physically or Intellectually disabled	LGBTQ
mean% (95% LCL-UCL)				
<b>AL total</b>	<b>3.0 (2.1, 3.9)</b>	<b>9.2 (7.3, 11.1)</b>	<b>6.5 (4.6, 8.5)</b>	<b>4.9 (3.4, 6.4)</b>
Northern	5.5 (2.4, 8.5)	14.2 (9.1, 19.3)	4.8 (2.8, 6.7)	3.9 (1.7, 6.2)
Northeastern	1.9 (0.5, 3.3)	7.6 (2.0, 13.1)	3.9 (1.6, 6.3)	7.9 (0, 16.2)
Jefferson	3.0 (0.7, 5.3)	10.7 (5.8, 15.7)	15.1 (0, 31.0)	2.7 (0, 6.0)
West Central	3.2 (0.8, 5.6)	9.5 (4.3, 14.6)	10.2 (4.0, 16.5)	4.4 (0.6, 8.3)
East Central	3.4 (0, 7.3)	6.9 (2.3, 11.4)	4.2 (0.5, 7.9)	7.7 (3.4, 12.1)
Southwestern	1.3 (0, 2.8)	7.3 (0.2, 14.5)	7.9 (0.3, 15.5)	5.0 (0, 10.8)
Southeastern	2.0 (0.8, 3.2)	6.4 (2.4, 10.4)	2.6 (0.7, 4.5)	2.6 (0.4, 4.8)
Mobile	2.0 (0, 8.6)	11.5 (0, 41.9)	11.5 (0, 41.9)	5.0 (0, 68.5)

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

**Interpretation of Table 1:** Of all contraceptive care patients served at ADPH and FQHC clinics, 30.3% were adolescents. There was a significant difference between regions in patients who identified as racial or ethnic minorities, with 63.6% of patients in the West Central region identifying as a racial or ethnic minority and 30.0% of patients in the Mobile region identifying as a racial or ethnic minority (p=.019). There was a significant difference between regions of the contraceptive patients in the state with limited English skills, with the Northern region having the highest percentage of patients with limited English skills (23.2%) and Mobile serving the lowest proportion of patients with limited English skills (4.3%) (p=.049). Similarly, significantly more contraceptive patients identified as homeless within the Jefferson region (8.6%) compared to all other regions (p=.006). In total, 9.2% of contraceptive care patients throughout the state were dealing with substance use concerns.

+ LCL and UCL are the lower and upper confidence limits, respectively, which indicate the range in which the true mean percentage is expected to fall. For example, we estimate that 30.3% of the contraceptive patients at ADPH and FQHC clinics in AL 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 ADPH and FQHC clinics in AL is between 21.9% and 38.77%.

## Health Services Offered at the State Level

### Key Findings

- All ADPH and FQHC clinics provided pregnancy testing, HIV testing, sexually transmitted infection (STI) screening, and cervical cancer screening (100.0%).
- The HPV vaccine was provided at 94.4% of federally funded family planning clinics.
- STI treatments were provided at almost every clinic statewide (99.1%).
- Preconception care was offered at 81.6% of clinics in the state.

<b>Table 2A: Health Services Offered at Publicly Funded Family Planning Clinics in Alabama</b>					
	<b>HIV testing</b>	<b>STI screening</b>	<b>STI treatment</b>	<b>Cervical cancer screening</b>	<b>HPV vaccine</b>
	<b>freq (%)</b>				
<b>Total</b>	<b>108 (100.0)</b>	<b>108 (100.0)</b>	<b>107 (99.1)</b>	<b>108 (100.0)</b>	<b>102 (94.4)</b>
<b>Northern</b>	21 (100.0)	21 (100.0)	21 (100.0)	21 (100.0)	20 (95.2)
<b>Northeastern</b>	13 (100.0)	13 (100.0)	13 (100.0)	13 (100.0)	13 (100.0)
<b>Jefferson</b>	8 (100.0)	8 (100.0)	8 (100.0)	8 (100.0)	8 (100.0)
<b>West Central</b>	17 (100.0)	17 (100.0)	17 (100.0)	17 (100.0)	15 (88.2)
<b>East Central</b>	15 (100.0)	15 (100.0)	14 (93.3)	15 (100.0)	13 (86.7)
<b>Southwestern</b>	11 (100.0)	11 (100.0)	11 (100.0)	11 (100.0)	11 (100.0)
<b>Southeastern</b>	18 (100.0)	18 (100.0)	18 (100.0)	18 (100.0)	17 (94.4)
<b>Mobile</b>	5 (100.0)	5 (100.0)	5 (100.0)	5 (100.0)	5 (100.0)

<b>Table 2B: Health Services Offered at Publicly Funded Family Planning Clinics in Alabama</b>					
	<b>Primary medical care***</b>	<b>Pregnancy testing</b>	<b>Preconception care</b>	<b>Infertility counseling</b>	<b>Infertility treatment</b>
	<b>freq (%)</b>				
<b>Total</b>	<b>40 (38.1)</b>	<b>108 (100.0)</b>	<b>84 (81.6)</b>	<b>38 (37.6)</b>	<b>2 (2.0)</b>
<b>Northern</b>	9 (42.9)	21 (100.0)	16 (80.0)	6 (28.6)	0 (0)
<b>Northeastern</b>	2 (16.7)	13 (100.0)	12 (92.3)	7 (58.3)	0 (0)
<b>Jefferson</b>	8 (100.0)	8 (100.0)	6 (85.7)	4 (57.1)	0 (0)
<b>West Central</b>	7 (41.2)	17 (100.0)	11 (68.8)	3 (17.7)	0 (0)
<b>East Central</b>	4 (26.7)	15 (100.0)	11 (78.6)	5 (33.3)	1 (6.7)
<b>Southwestern</b>	2 (18.2)	11 (100.0)	9 (90.0)	3 (30.0)	0 (0)
<b>Southeastern</b>	4 (25.0)	18 (100.0)	15 (83.3)	7 (46.7)	0 (0)
<b>Mobile</b>	4 (80.0)	5 (100.0)	4 (80.0)	3 (75.0)	1 (25.0)

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

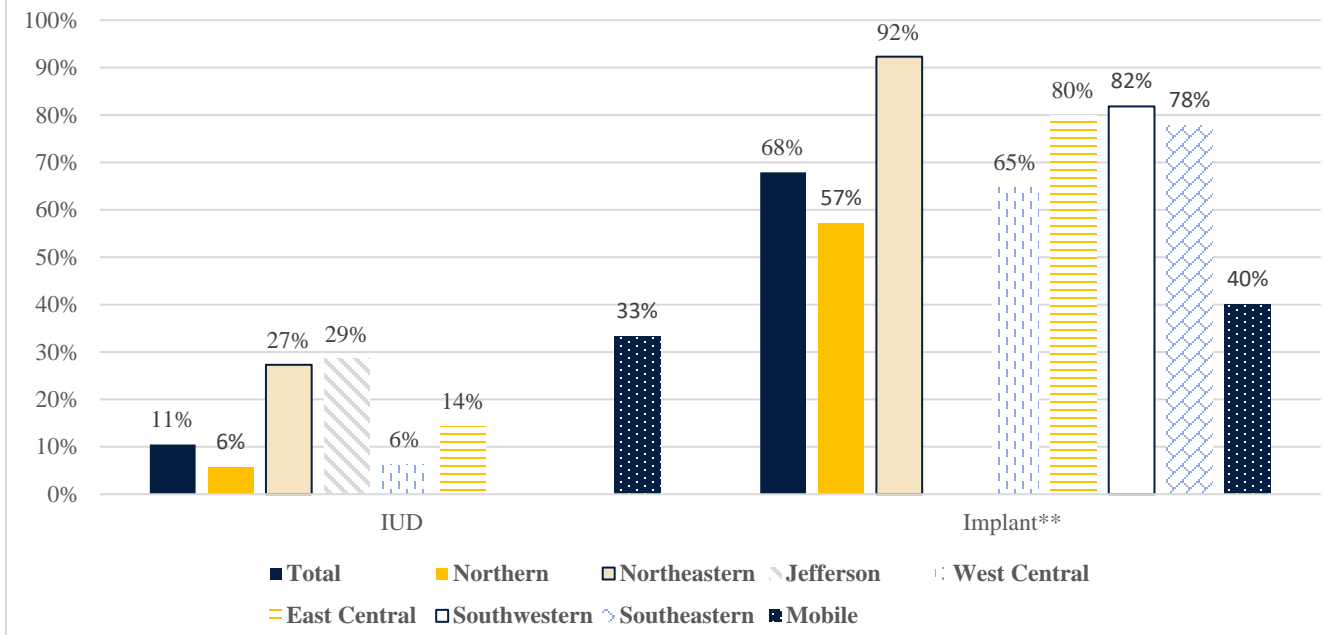
**Interpretation of Table 2:** All ADPH and FQHC clinics provided pregnancy testing, HIV testing, sexually transmitted infection (STI) screening, and cervical cancer screening (100.0%). Many, though not all, clinics offered STI treatment (99.1%) and the HPV vaccine (94.4%). A statistical significance was noted in the provision of primary medical care between regions with 100% of clinics in the Jefferson region offering these services and 16.7% in the Northeastern region offering primary medical care (p=.001). Infertility counseling was offered at 37.6% of clinics in the state with only 2% of clinics offering infertility treatment. Most clinics in AL offered preconception care with just over four in five clinics offering this service (81.6%).

## Contraceptive Method Provision at the State Level

### Key Findings

- Eleven percent of federally funded family planning clinics in the state offered any type of IUD on-site at the clinic.
- Nearly all clinics (99.1%) in the state provided oral contraceptive pills and most clinics (93.5%) offered the Depo shot.
- Fifty-five percent of clinics in the state offered the fertility awareness method.
- Fifty-six percent of clinics in the state offered barrier methods such as diaphragm, cervical cap, sponge, or female condom and showed a significant difference in availability between regions.
- Permanent methods were offered in 2 of the 8 regions in the state.

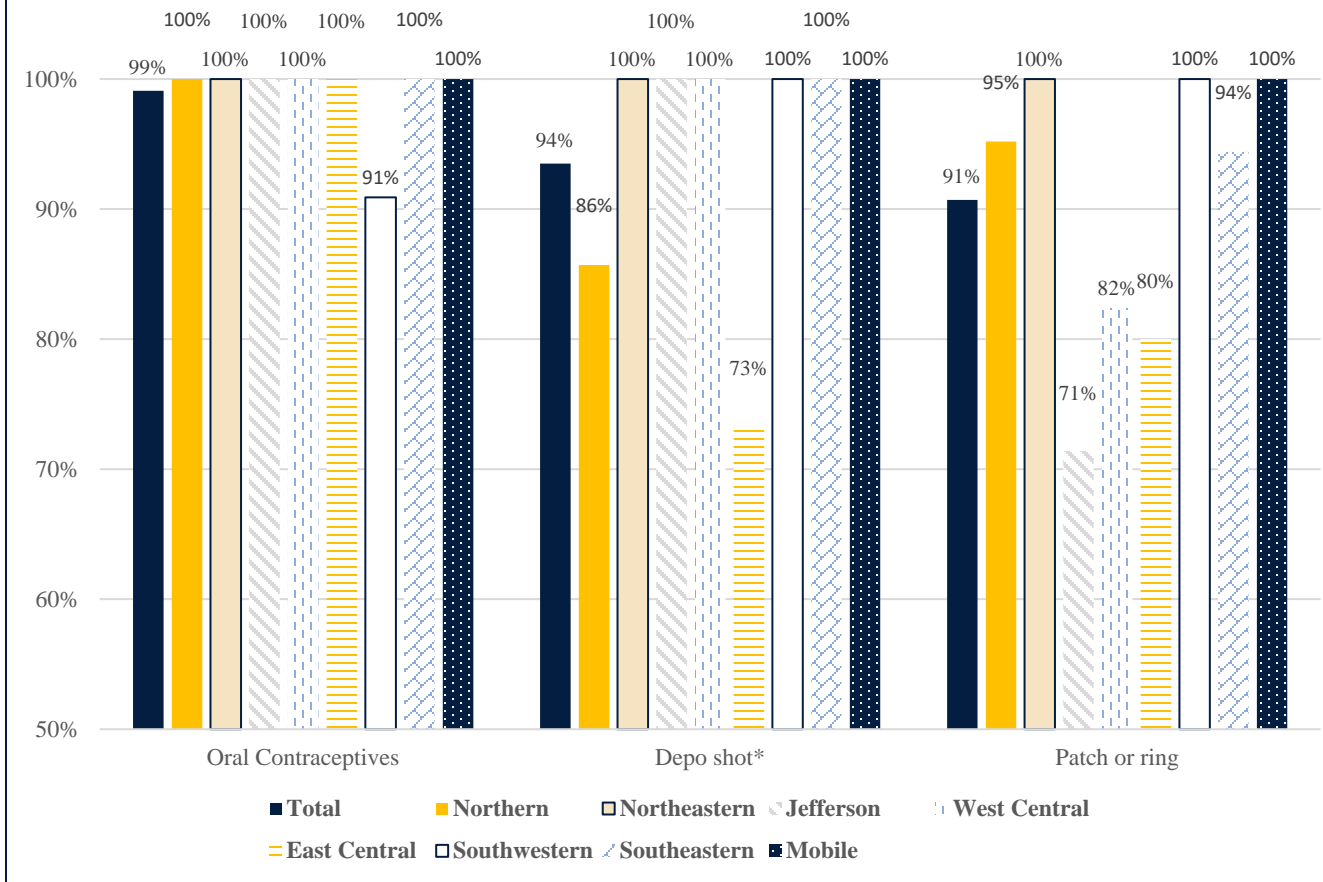
Figure 1: Percent of Publicly Funded Family Planning Clinics in Alabama Providing LARC Methods



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

**Interpretation of Figure 1:** About one in ten clinics provided any type of IUD on-site (10.5%). There was a significant difference in the number of clinics offering the contraceptive implant. Clinics in the Northeastern region had the largest proportion of clinics (92.3%) that offered on-site provision for the implant whereas none of the clinics in the Jefferson region offered implants on-site (p=.002).

Figure 2: Percent of Publicly Funded Family Planning Clinics in Alabama Providing Short-Acting Contraceptive Methods

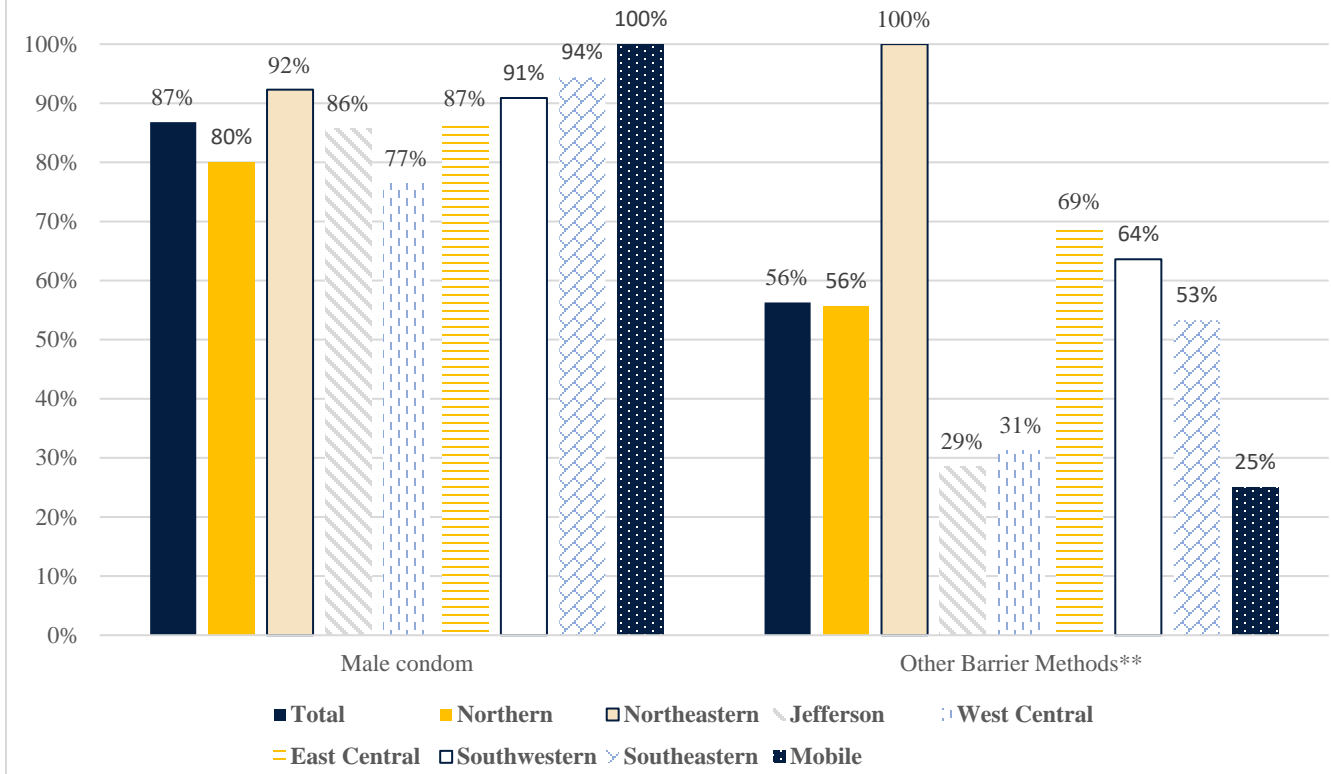


\* P < 0.05 \*\* P < 0.01 \*\*\* P < 0.001

**Interpretation of Figure 2:** Nearly all responding clinics within the state offered oral contraceptive pills on-site (99.1%). Additionally, the majority of clinics in the state provided the patch or ring on-site (90.7%). There was a statistical difference in on-site access to the Depo shot across regions. While about 73% of clinics in the East Central region offered the 3-month injection on-site, almost all clinics in other regions offered this method on-site (p=.031).



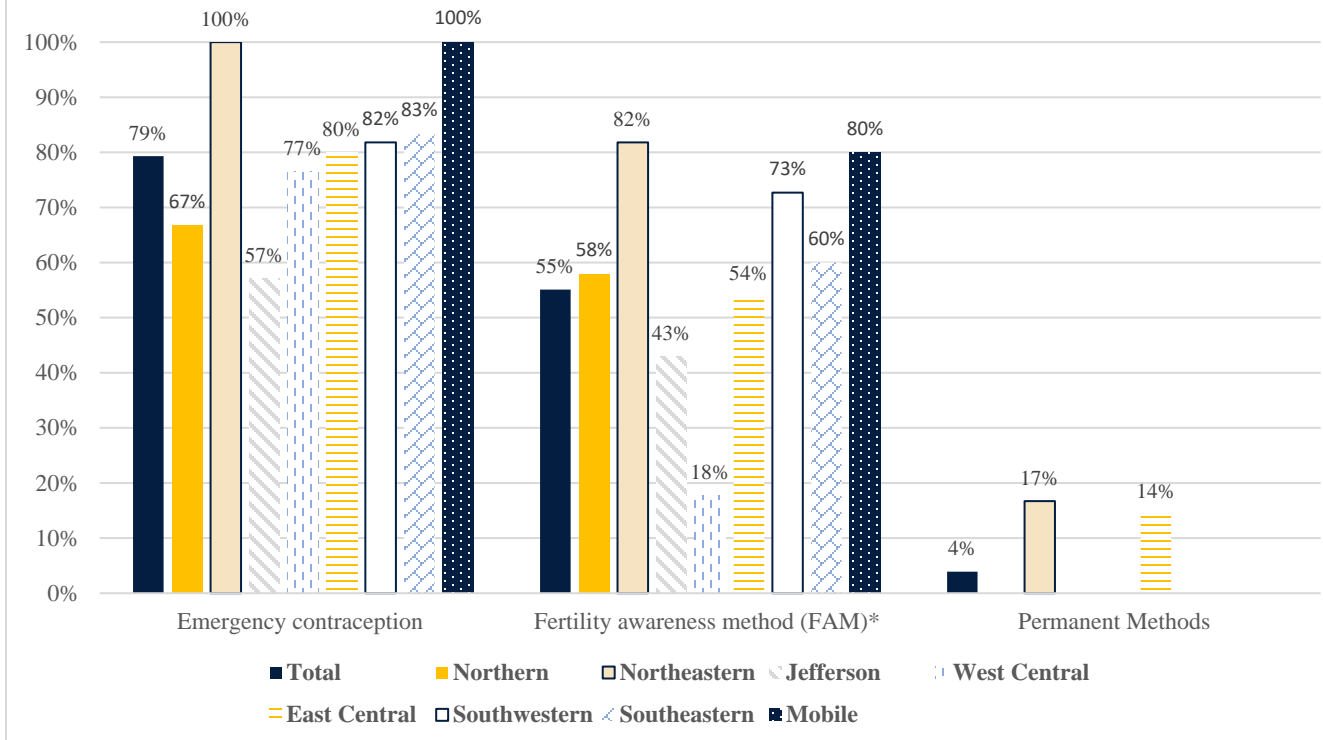
Figure 3: Percent of Publicly Funded Family Planning Clinics in Alabama Providing Barrier Contraceptive Methods



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

**Interpretation of Figure 3:** Eighty-seven percent of clinics in the state offered male condoms on-site (86.8%). In total, a little over half of all clinics offered other types of barrier methods on-site, which included the diaphragm, cervical cap, sponge, or the female condom (56.3%). There was a significant difference between regions proportion of clinics offering of other barrier methods, with all clinics in the Northeastern region (100.0%) offering some type of other barrier method on-site, while less than 3 in 10 clinics offered any of these methods in the Jefferson region (28.6%) (p=.004).

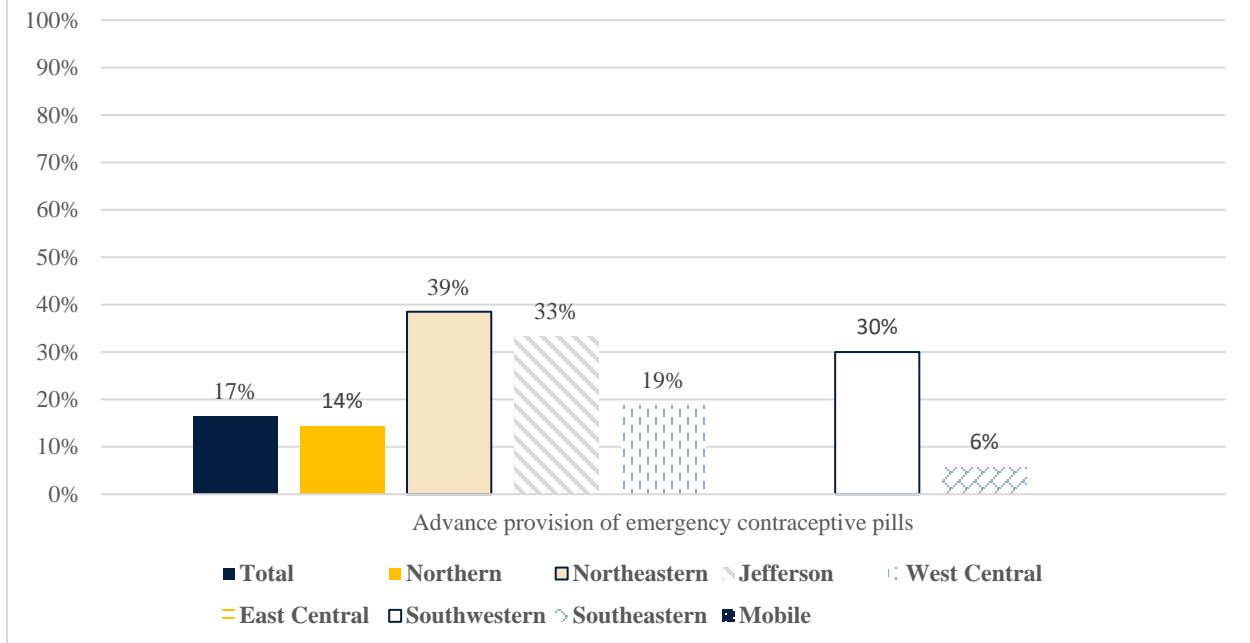
Figure 4: Percent of Publicly Funded Family Planning Clinics in Alabama Offering Other Contraceptive Methods



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

**Interpretation of Figure 4:** Eight in ten clinics in the state offered emergency contraception (EC) (79.3%). In provision of emergency contraception, all clinics in the Northeastern (100.0%) and Mobile (100.0%) regions offering emergency contraception compared to 57% in the Jefferson region (57.1%). Results showed a significant difference in the distribution of clinics that offered the fertility awareness method (FAM) between regions. In the Northeastern region, 81.8% of clinics provided FAM while 17.7% of clinics offered this method in the West Central region (p=.021). In total, 3.9% of clinics within the federally funded family planning network provided permanent methods on-site, which included vasectomy and/or tubal ligations. Permanent methods were offered only in the Northeastern and East Central regions.

Figure 5: Percent of Clinics Offering Advance Provision of Emergency Contraception



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

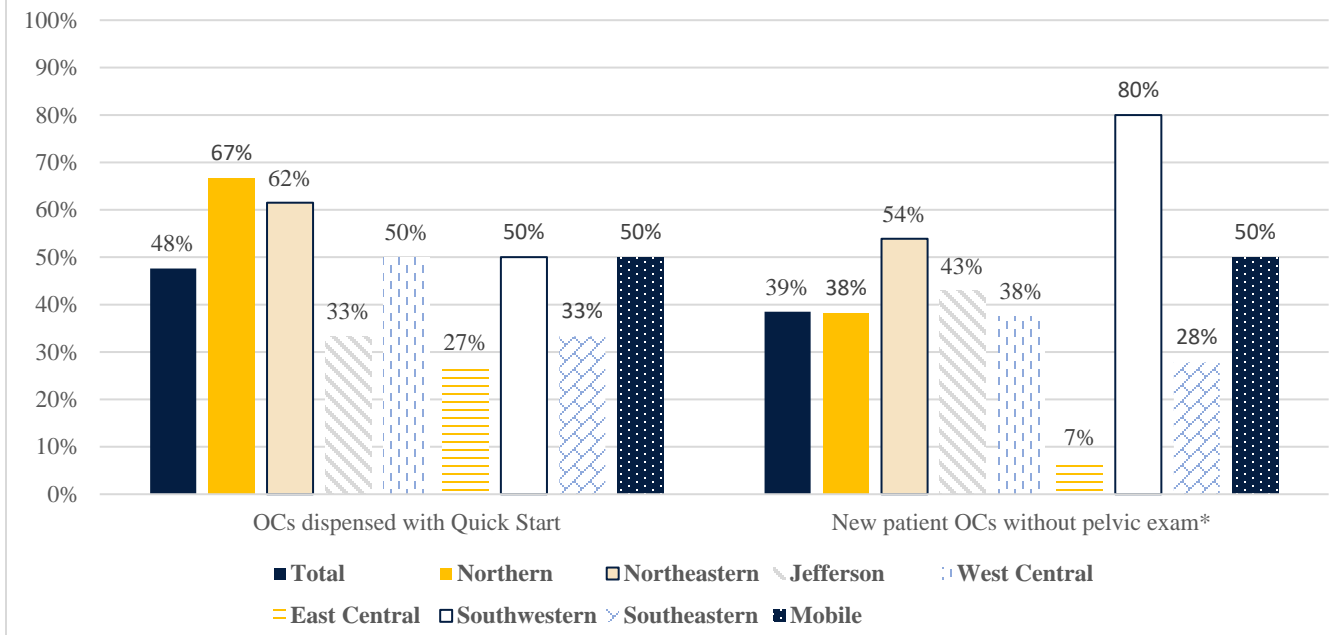
**Interpretation of Figure 5:** Advance provision of emergency contraceptive pills was offered at 16.5% of clinics in the state. The East Central and Mobile regions did not offer advance provision of emergency contraception.

## Contraceptive Care Policies at the State Level

### Key Findings

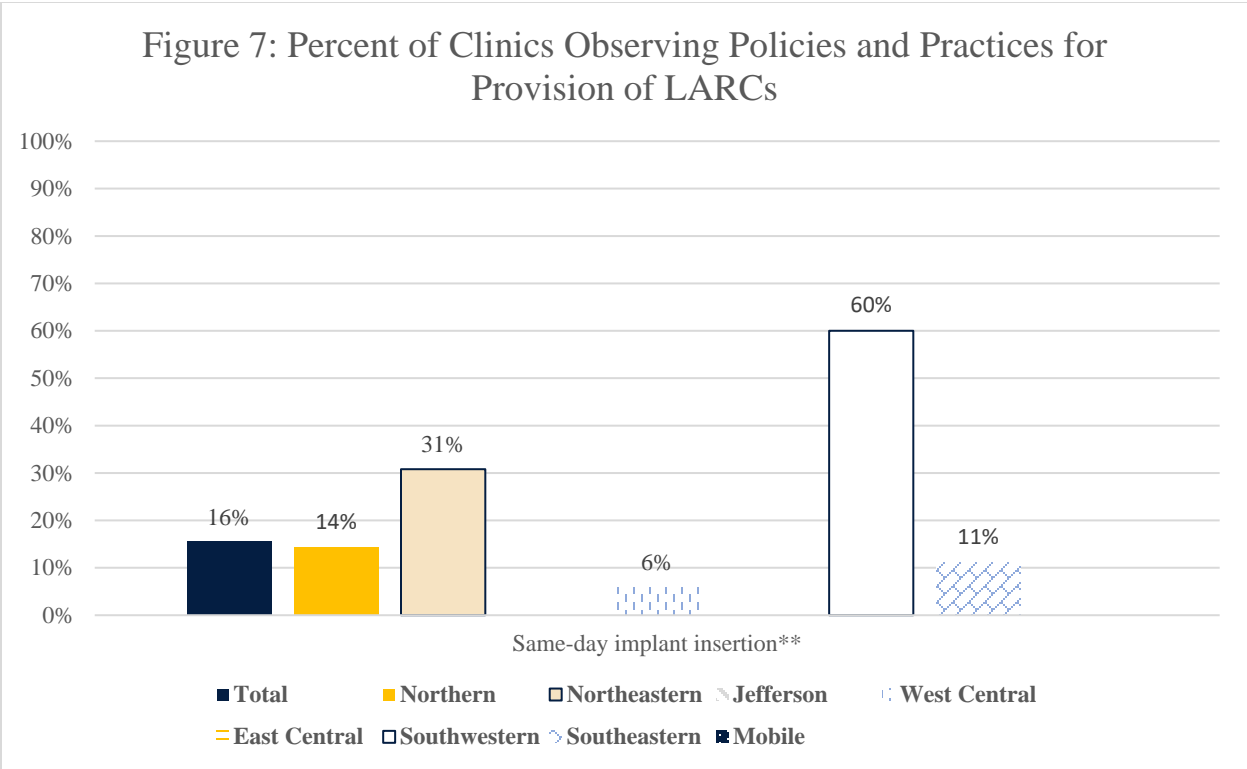
- Forty-eight percent of federally funded family planning clinics provided oral contraceptive methods through the Quick Start protocol.
- No clinics in the state reported providing same-day insertion for an IUD.
- Sixteen percent of clinics across the state offered same-day implant insertion.
- Less than one quarter of all clinics provided any type of LARC device to adolescents.
- 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.

Figure 6: Policies and Practices at Publicly Funded Family Planning Clinics in Alabama: Provision of Oral Contraceptives



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

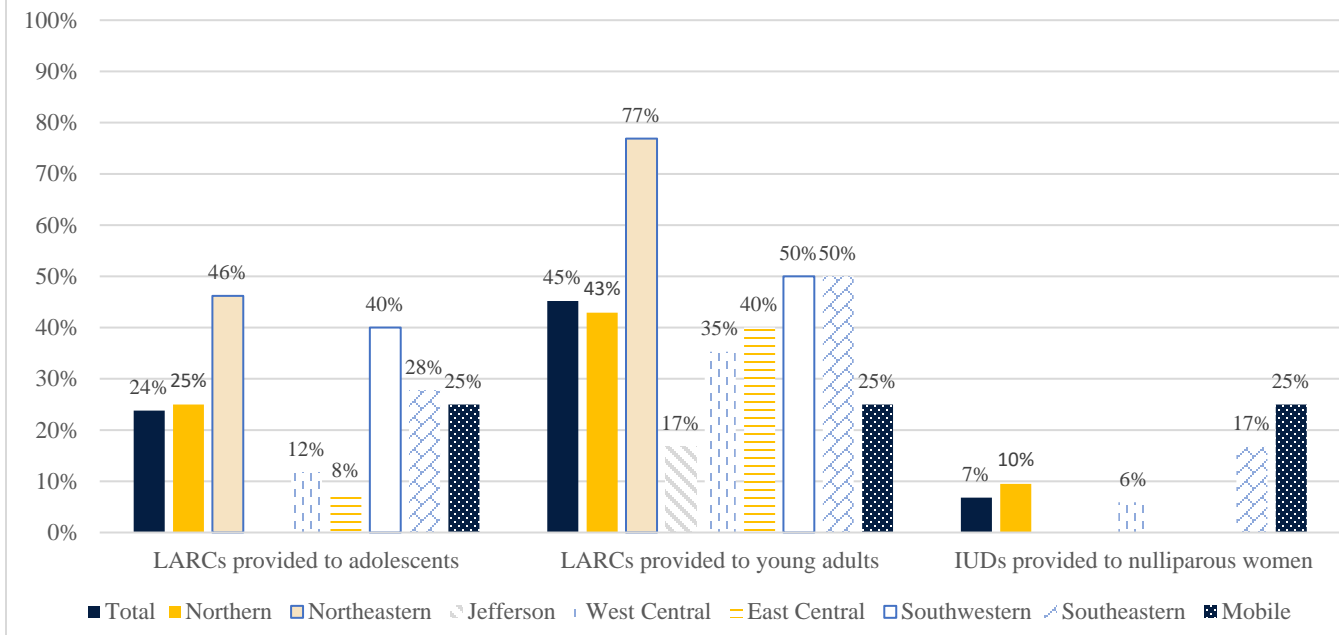
**Interpretation of Figure 6:** Half of responding clinics throughout the state reported always or often dispensing oral contraceptives with the quick start method (47.6%). Differences in access between regions to oral contraceptives without a pelvic exam were evident. While clinics in the Southwestern region reported offering this service always or often at 80.0%, 6.7% of clinics in the East Central region always or often offered oral contraceptives without a pelvic exam (p=.015).



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

**Interpretation of Figure 7:** The Southwestern region had the highest percentage of clinics that always or often offered same-day implant insertion (60.0%) while the Jefferson, East Central, and Mobile regions did not offer this service (0.0%).

Figure 8: Policies and Practices at Publicly Funded Family Planning Clinics in Alabama: Provision of LARCs to Sub-Populations

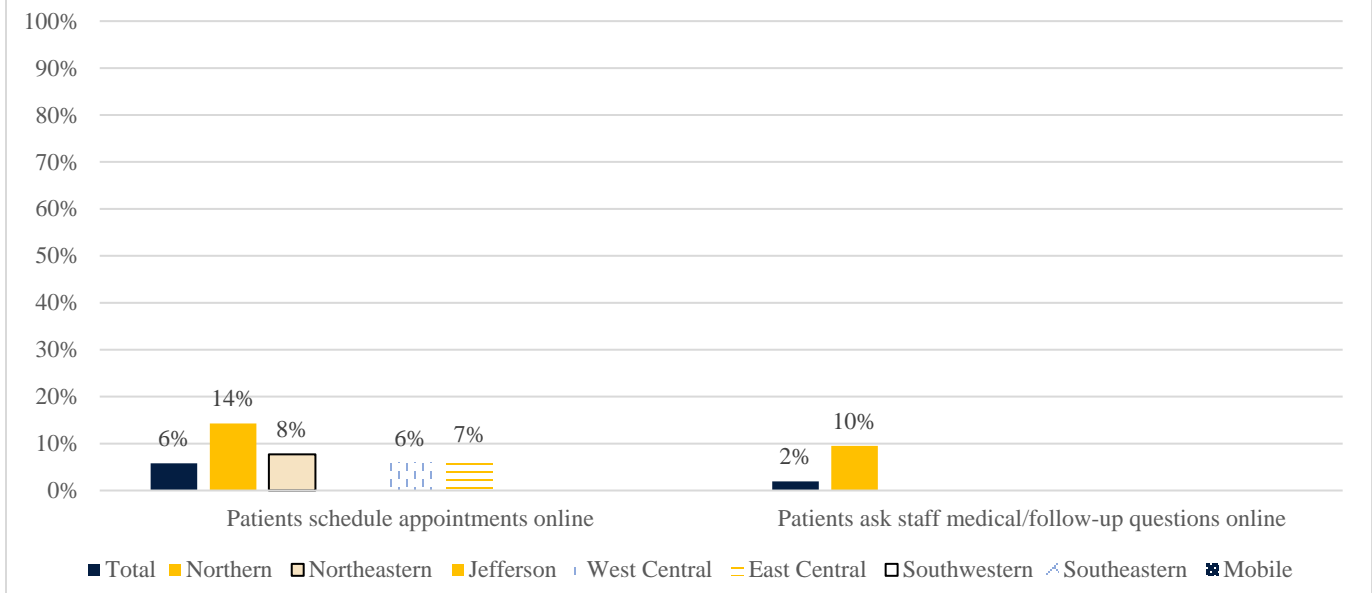


\* P < 0.05 \*\* P < 0.01 \*\*\* P < 0.001

**Interpretation of Figure 8:** Around one quarter of clinics provided LARCs to adolescents who wanted LARCs always or often (23.8%) and nearly half of all clinics provided LARC devices to young adult patients who wanted LARC devices always or often (45.2%). Less than one in ten clinics provided IUDs to nulliparous women (6.8%) while no clinics in the Northeastern, Jefferson, East Central, or Southwestern regions offered this service.



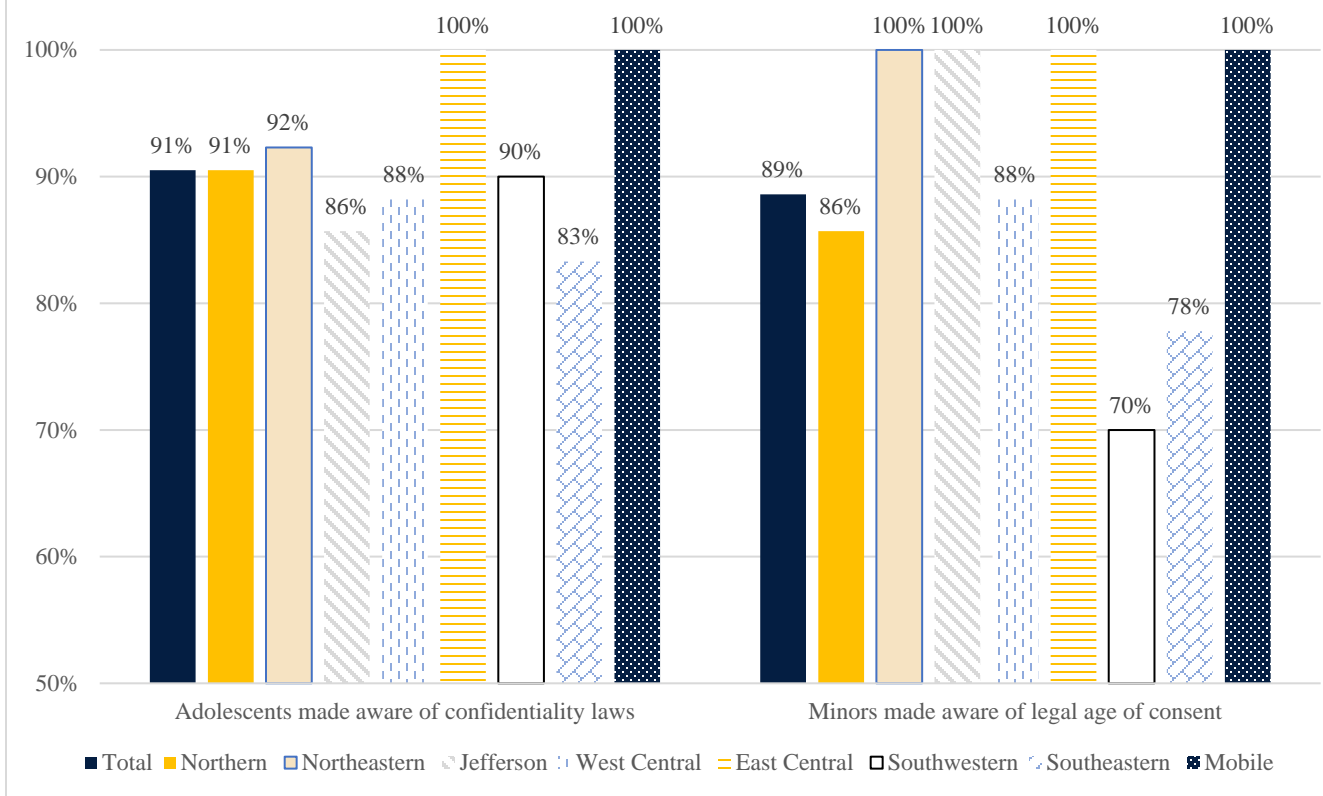
Figure 9: Policies and Practices at Publicly Funded Family Planning Clinics in Alabama: Online Appointment and Follow-up Accommodations



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

**Interpretation of Figure 10:** Six percent of clinics offered patients the option to schedule appointments online. Two percent of clinics offered online accommodations for patients to ask staff medical or follow-up questions online with those clinics located exclusively in the Northern region.

Figure 10: Policies and Practices at Publicly Funded Family Planning Clinics in Alabama: Confidentiality Laws



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

**Interpretation of Figure 11:** Most clinics (90.5%) in the state reported that adolescents were always or often made aware of confidentiality laws. Slightly fewer clinics always or often made minors aware of the legal age of consent (88.6%).

# FQHC LEVEL FINDINGS

---

## Patient Demographics at FQHC Clinics

### Key Findings

- Patients who identified as racial or ethnic minorities made up a large sub-population accessing contraceptive care served by FQHC clinics (46.3%).
- Adolescents comprised about a quarter of the contraceptive patient population at FQHC clinics (25.1%).
- Patients with limited English skills comprised a meaningful sub-population of contraceptive care patients at FQHC clinics (13.5%).
- The contraceptive care patient population at FQHC clinics also included individuals who were dealing with substance abuse (8.4%) and physically or intellectually disabled individuals (7.0%).

<b>Table 3: Demographics for Contraceptive Care Patients at FQHC Clinics</b>	
<b>AL FQHC</b>	
	<b>mean% (95% LCL-UCL)</b>
Adolescents	25.1 (16.2, 34.0)
Racial or ethnic minorities	46.3 (34.0, 58.7)
Males	2.1 (0.4, 3.9)
Limited English skills	13.5 (5.5, 21.6)
Homeless	3.7 (0.8, 6.7)
Dealing with intimate partner violence	2.4 (0.9, 3.8)
Dealing with substance abuse	8.4 (4.5, 12.3)
Physically or Intellectually disabled	7.0 (2.3, 11.7)
LGBTQ	1.9 (0.4, 3.5)

**Interpretation of Table 3:** Of all contraceptive care patients at FQHC clinics, a quarter were adolescents (25.1%) and nearly half identified as racial or ethnic minorities (46.3%). The third largest subpopulation seeking care were patients with limited English skills (13.5%). Additional subpopulations included patients dealing with substance abuse (8.4%) and physically or intellectually disabled individuals (7.0%).

*+ 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 25.1% of the contraceptive patients at FQHC clinics in AL 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 AL is between 16.2% and 34.0%.*

## Health Services Offered at FQHC Clinics

### Key Findings

- Pregnancy testing, HIV testing, and STI screening, and cervical cancer screening were available on-site at all FQHC family planning clinics.
- While STI treatment was provided on-site at most FQHC clinics, some clinics referred patients to a different clinic within the organization.
- The HPV vaccine was provided either on-site or through a referral within or outside of the organization at all FQHC clinics.
- Few FQHC clinics offered infertility counseling (17.1%) or infertility treatment (14.7%) referral options within their organization. No clinics reporting options for infertility treatments within their clinics.

<b>Table 4: Health Services Offered to Patients at FQHC Clinics</b>				
	<b>At this Health Center</b>	<b>Referral within Organization</b>	<b>Referral outside Organization</b>	<b>Not provided and no referrals</b>
	<b>Freq (%)</b>	<b>Freq (%)</b>	<b>Freq (%)</b>	<b>Freq (%)</b>
Primary medical care	37 (100.0)	0 (0)	0 (0)	0 (0)
Pregnancy testing	37 (100.0)	0 (0)	0 (0)	0 (0)
HIV testing	37 (100.0)	0 (0)	0 (0)	0 (0)
STI screening	37 (100.0)	0 (0)	0 (0)	0 (0)
STI treatment	36 (97.3)	1 (2.7)	0 (0)	0 (0)
Cervical cancer screening	37 (100.0)	0 (0)	0 (0)	0 (0)
HPV vaccine	32 (86.5)	2 (5.4)	3 (8.1)	0 (0)
Preconception care	23 (65.7)	4 (11.4)	5 (14.3)	3 (8.6)
Infertility counseling	6 (17.1)	6 (17.1)	19 (54.3)	4 (11.4)
Infertility treatment	0 (0)	5 (14.7)	25 (73.5)	4 (11.8)

**Interpretation of Table 4:** All FQHC clinics provided pregnancy testing, HIV testing, STI screening and cervical cancer screening on-site (100.0%). Ninety-seven percent of clinics offered STI treatment on-site (97.3%) and the remaining 2.7% was offered via referral within the organization. The HPV vaccine was available at all clinics either on-site (86.5%) or through a referral within the organization (5.4%) or outside of the organization (8.1%). Preconception care was available at about two-thirds of clinics (65.7%) or either by referral within (11.4%) or outside (14.3%) the organization.

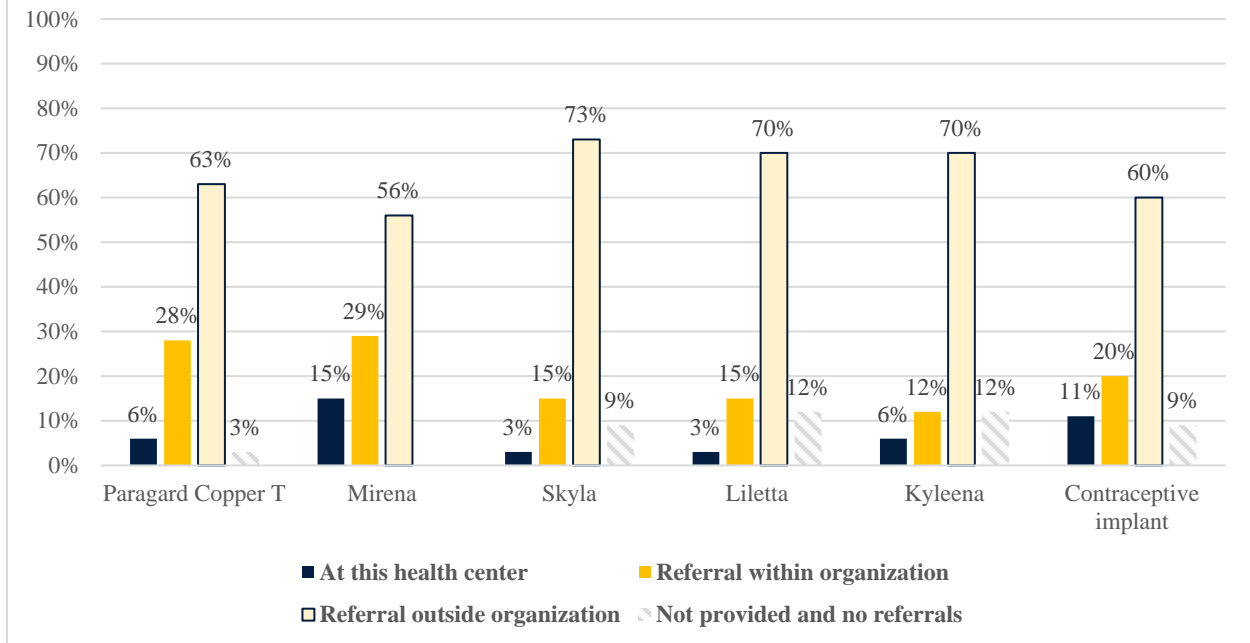
## Contraceptive Method Provision at FQHC Clinics

### Key Findings

- The contraceptive implant was provided on-site at about 11% of all FQHC family planning clinics.
- Most clinics provided IUDs through a referral outside of the organization.
- All clinics provided oral contraceptives on-site.
- About one in four clinics did not provide the fertility awareness method or emergency contraception.

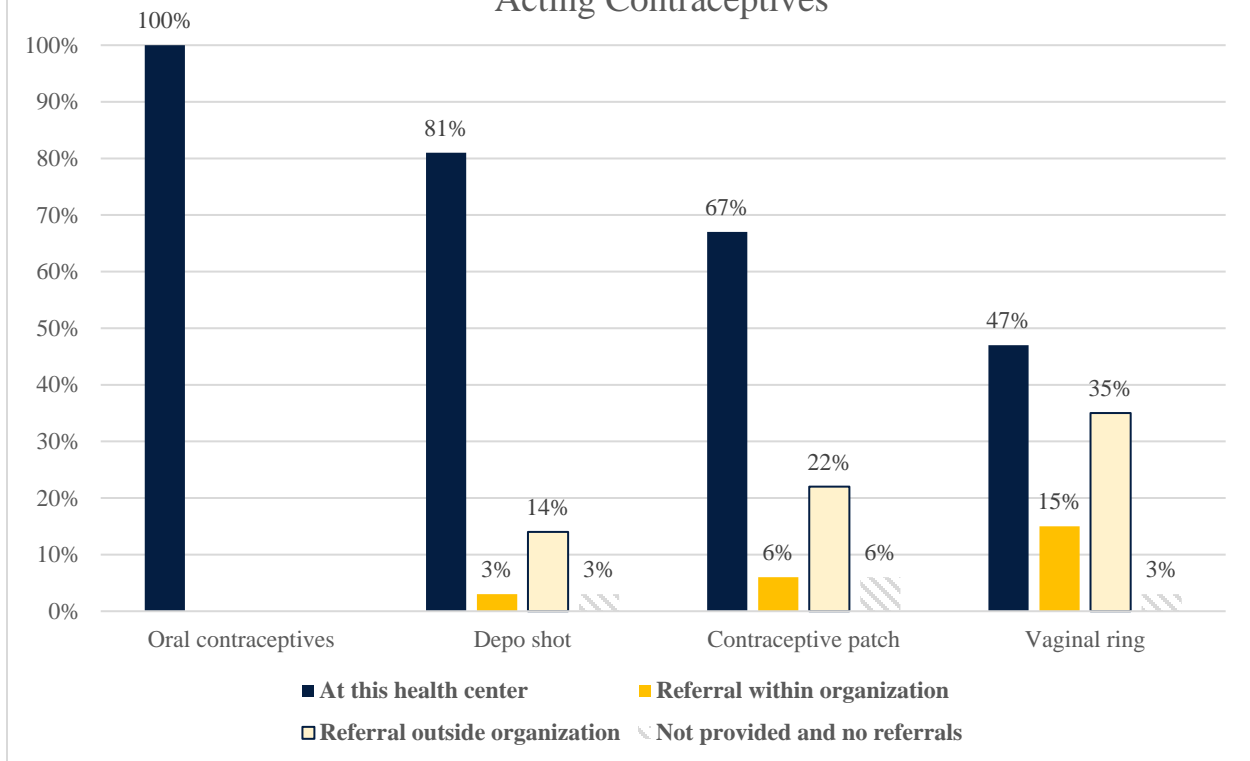


Figure 11: Percent of FQHC Clinics Offering Types of LARCs to Patients



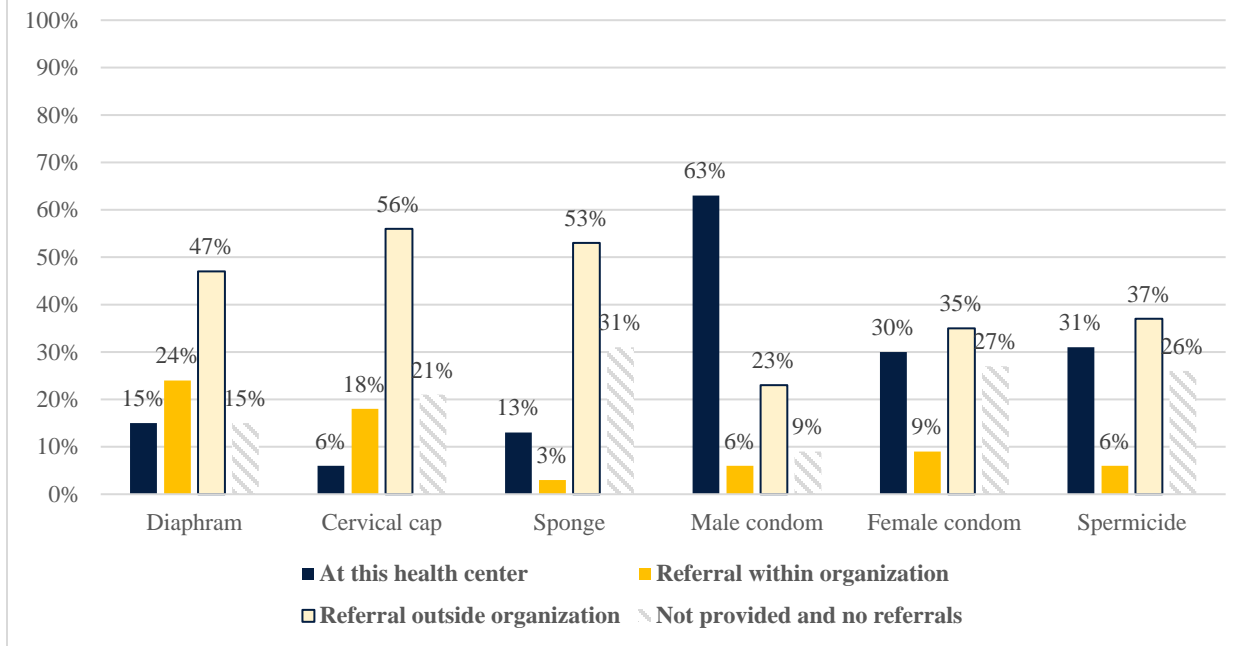
**Interpretation of Figure 12:** The most widely available type of IUD was the Mirena IUD. At FQHC clinics, the Mirena IUD was the most frequently provided IUD on-site (14.7%). IUDs were most frequently offered through a referral outside of the organization. While the contraceptive implant was available on-site at about 11% of FQHC clinics, and was provided through a referral either within the organization (20.0%) or outside the organization (60.0%), 8.6% of clinics did not provide the implant nor a referral.

Figure 12: Percent of FQHC Clinics Offering Types of Short-Acting Contraceptives



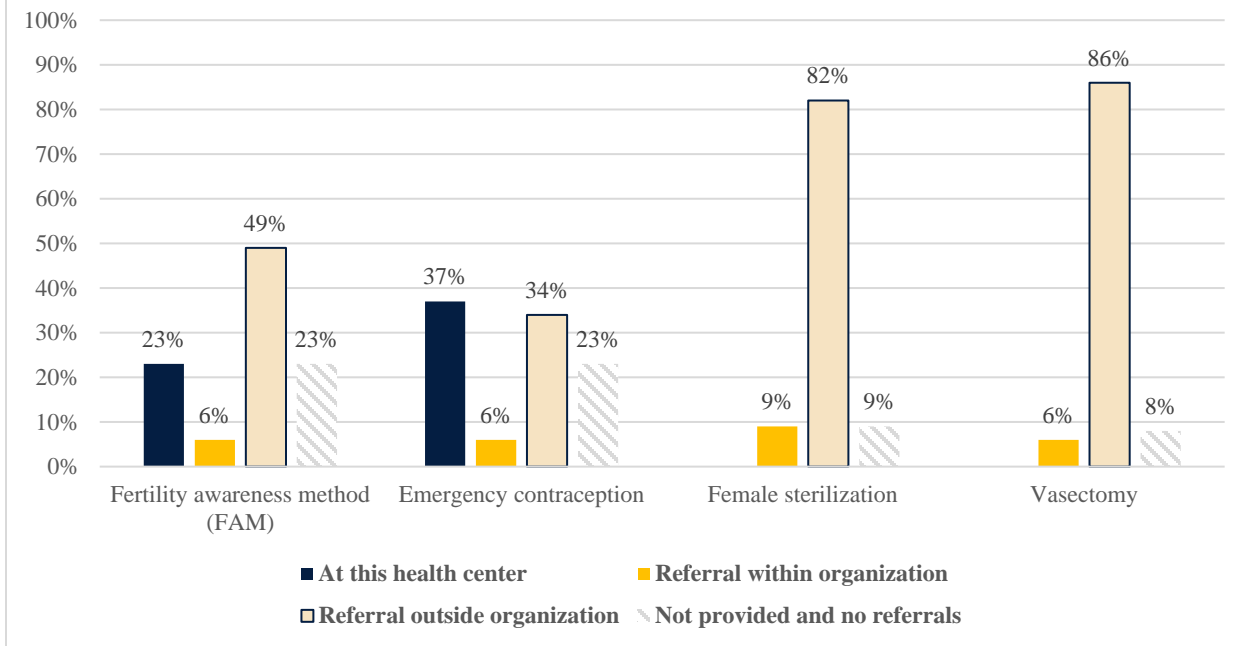
**Interpretation of Figure 13:** All FQHC clinics provided oral contraceptives on-site (100.0%). Most clinics either provided the Depo shot on-site (80.6%). The contraceptive patch was provided on-site at 66.7% of clinics. The vaginal ring was provided on-site at 47.1% of clinics.

Figure 13: Percent of FQHC Clinics Offering Types of Barrier Contraceptive Methods



**Interpretation of Figure 14:** The most widely available barrier method on-site at FQHC clinics was male condoms (62.9%). All other barrier methods were most commonly available through a referral outside of the organization/system. The contraceptive sponge was the method offered the least, with 31.3% of FQHC clinics not offering within the organization/system or through referral.

Figure 14: Percent of FQHC Clinics Offering Other Contraceptive Methods



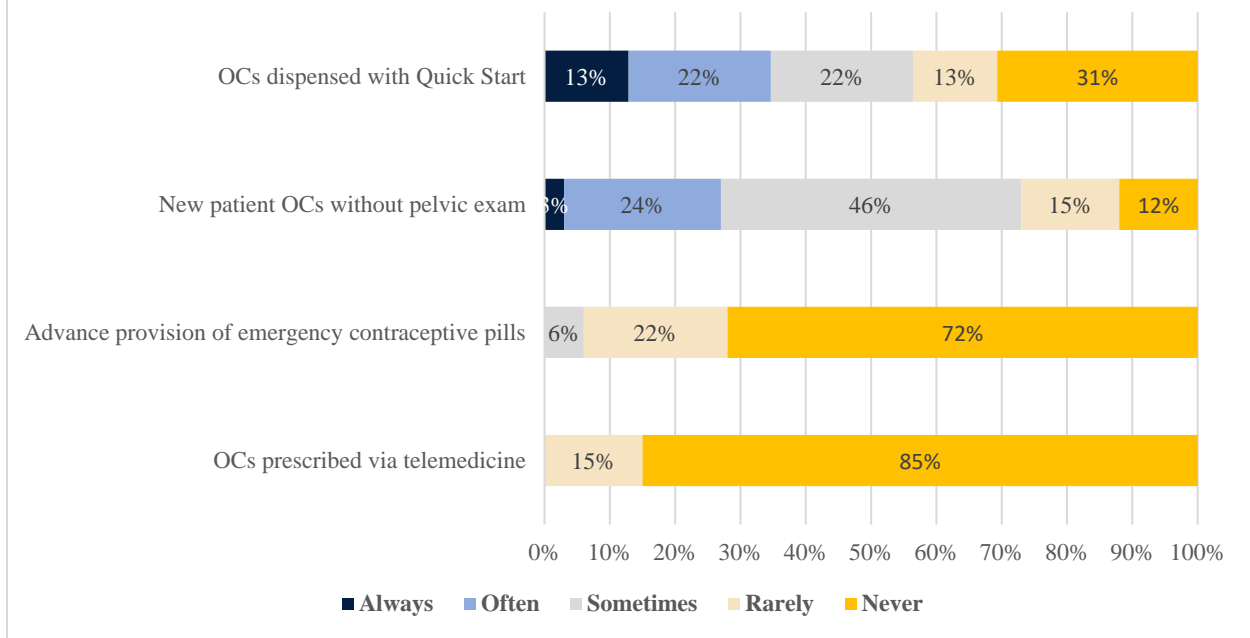
**Interpretation of Figure 15:** About one in four FQHC clinics offered the fertility awareness method (FAM) on-site (22.9%), while about half of all clinics offered the FAM method through referral outside of the organization/system (48.6%). Emergency contraception was provided on-site at 37.1% of FQHC clinics. Sterilization procedures were not offered on-site at any clinics. For sterilization procedures, patients were mostly commonly referred to a clinic outside of the organization/system, with 81.8% of clinics referring out for female sterilization procedures and 86.1% of clinics referring out for vasectomies.

## Contraceptive Care Policies at FQHC Clinics

### Key Findings

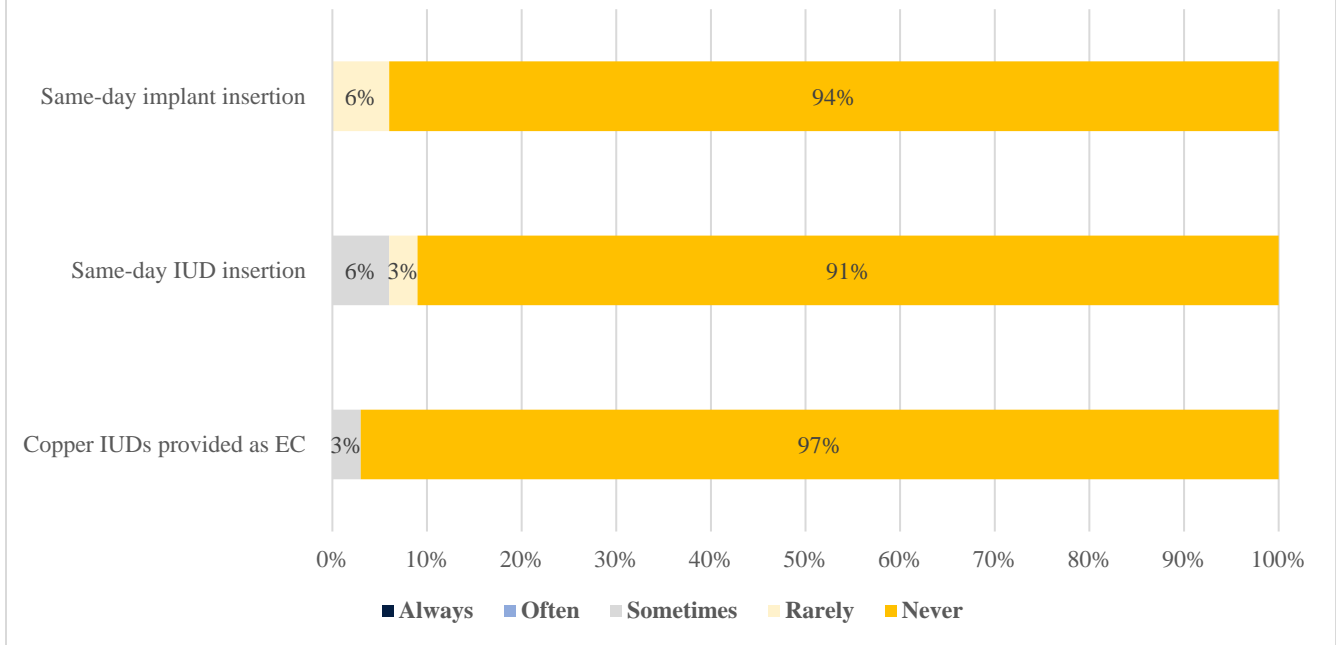
- Almost 30% of FQHC family planning clinics provided oral contraceptives to new patients without a pelvic exam always or often.
- The majority of FQHC clinics rarely or never offered for IUDs or implants.
- Nine out of ten FQHC clinics rarely or never provided IUDs for nulliparous women.
- Eighty-eight percent 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).

Figure 15: Policies and Protocols at FQHC Clinics in Alabama:  
Provision of Oral and Emergency Contraceptives



**Interpretation of Figure 16:** FQHC clinics varied in their method of dispensing oral contraceptives with the Quick Start protocol, with over one third of clinics always (12.5%) or often (21.9%) using this method. Thirty-one percent of clinics never used the Quick Start method (31.1%). Just over one out of four clinics provided oral contraceptives to new patients without a pelvic exam always (3.0%) or often (24.2%). Seventy-two percent of clinics never provided emergency contraceptive pills in advance (71.9%). The majority of clinics never (84.8%) provided oral contraceptives through telemedicine services.

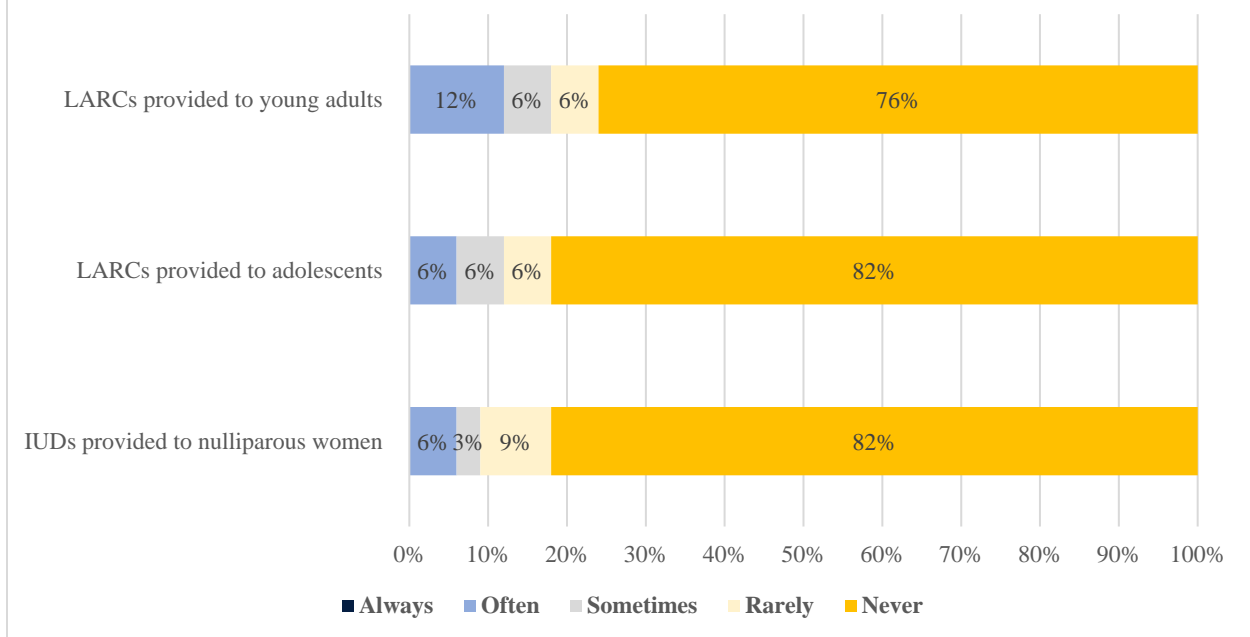
Figure 16: Policies and Protocols at FQHC Clinics in Alabama:  
Provision of LARCs



**Interpretation of Figure 17:** Almost all clinics never provided IUD insertion (90.9%) or implant insertion (93.8%) on the same day. Similarly, nearly all clinics never provided copper IUDs as a form of emergency contraception (97.0 %).

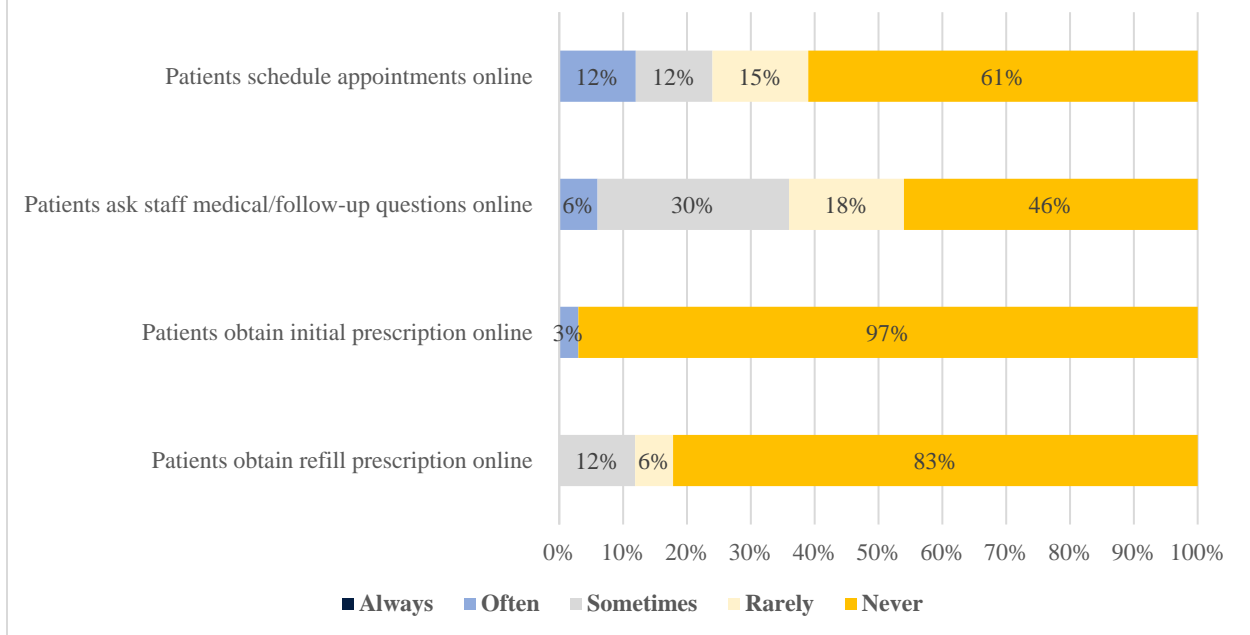


Figure 17: Policies and Protocols at FQHC Clinics in Alabama:  
Provision of LARCs to Sub-Populations



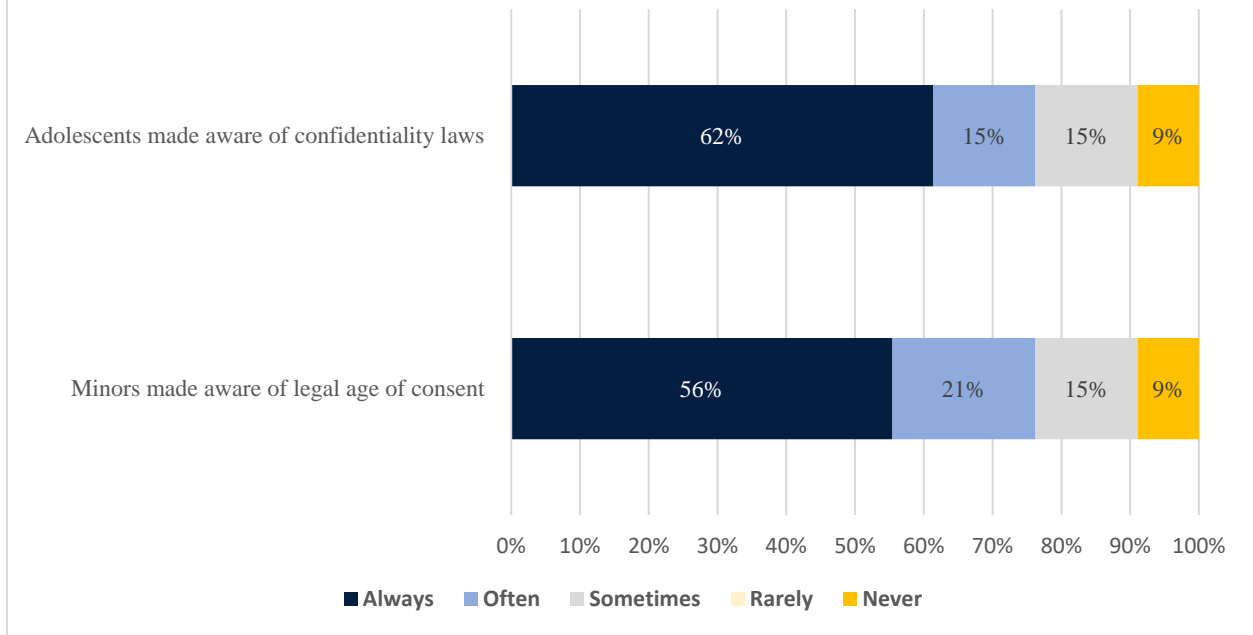
**Interpretation of Figure 18:** Seventy-six percent of clinics never provided LARC devices to young adults (75.8%). About 12% of clinics provided a type of LARC device to young adults who wanted one often (12.1%). Most clinics (81.8%) never provided LARC devices to adolescents. Similarly, about eighty-two percent of FQHC clinics (81.8%) never provided IUDs to nulliparous women.

Figure 18: Policies and Protocols at FQHC Clinics in Alabama:  
Online Accommodations



**Interpretation of Figure 19:** Overall, most clinics did not have policies or practices in place for any type of online accommodation. However, some clinics often (12.1%) had the option to schedule an appointment online. Also, over one third of clinics often (6.1%) or sometimes (30.3%) had the option to ask medical staff/follow-up questions online. Online refills for birth control were not widely available.

Figure 19: Policies and Protocols at FQHC Clinics in Alabama:  
Confidentiality Laws



**Interpretation of Figure 20:** The majority of FQHC clinics always (61.8%) or often (14.7%) made minors aware of confidentiality laws. Also, the majority of clinics always (55.9%) or often (20.6%) made adolescents aware of the legal age of consent.

## Clinic Wait Times and Language Services

### Key Findings

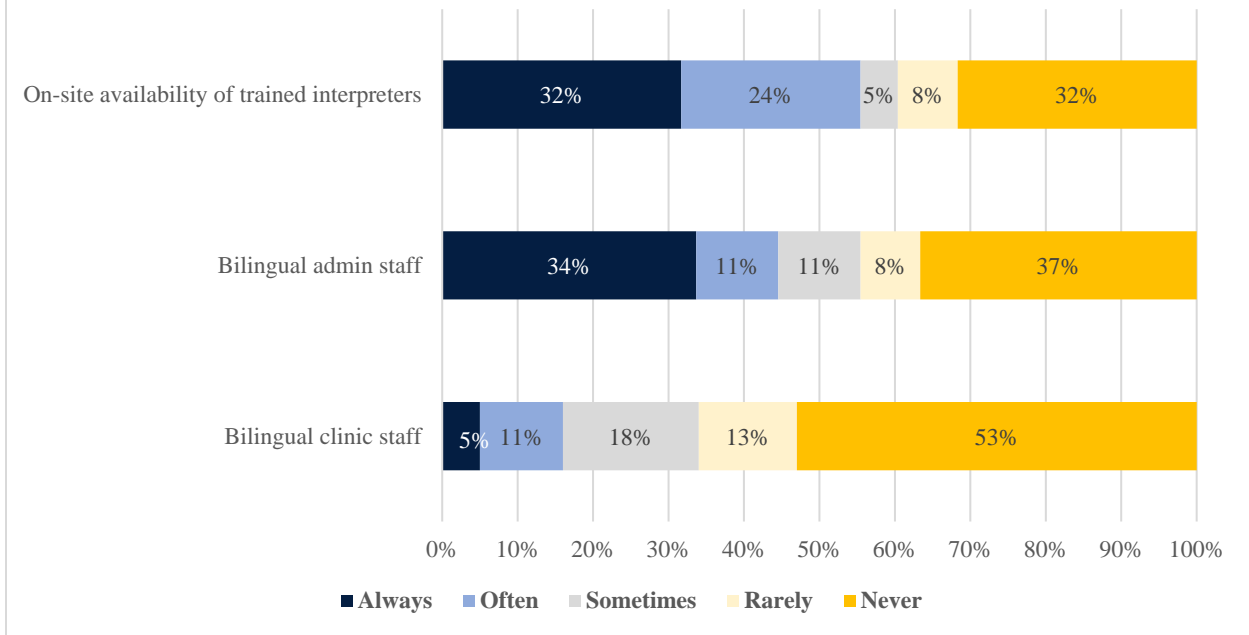
- The median wait time for an initial contraceptive care appointment at FQHC family planning clinics was about one day.
- The median in-clinic wait time for a contraceptive care appointment was 30 minutes.
- Over 55% of FQHC clinics had on-site interpreters available always or often.
- Telephone access to off-site interpreters was available always or often at 50% of clinics. Community health or outreach workers were rarely or never available for translation.

**Table 5: Average Clinic Wait Times for New and Established Patients at FQHC Clinics**

<b>Average waiting times</b>	
	<b>Median (25<sup>th</sup> Percentile, 75<sup>th</sup> Percentile)</b>
Initial visit--new patient (days)	1.0 (0.0, 3.0)
Initial visit--established patient (days)	1.0 (0.0, 3.0)
In-clinic wait time (minutes)	30.0 (17.5, 30.0)

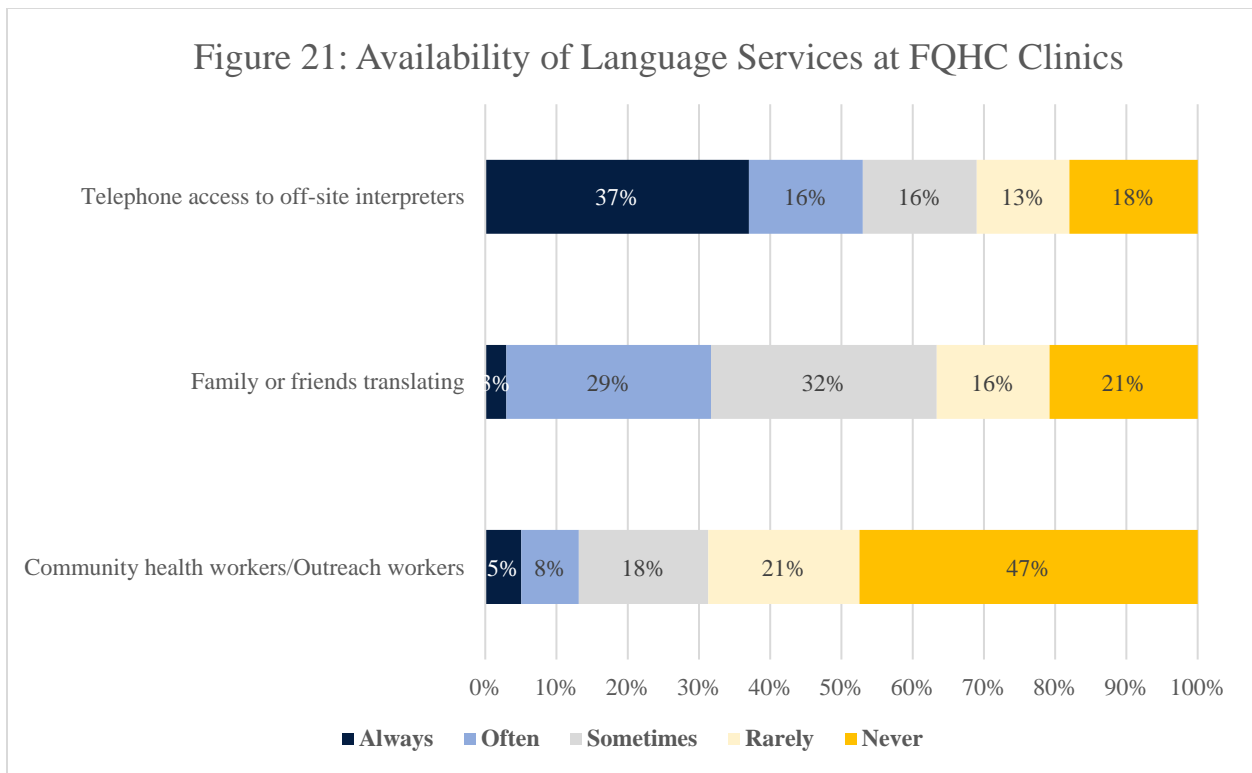
**Interpretation of Table 5:** The median wait time for a new patient to have an initial contraceptive care visit for new FQHC patients was about 1 day. For established patients, the median wait time for an initial contraceptive care visit was 1 day. The median in-clinic wait time to see a contraceptive provider was 30 minutes, with the majority of patients waiting between about 17.5 and 30 minutes.

Figure 20: On-Site Availability of Trained Interpreters and Bilingual Clinic Staff at FQHC Clinics



**Interpretation of Figure 21:** A majority of FQHC clinics had on-site availability of trained interpreters always (31.6%) or often (23.7%). Nearly half of FQHC clinics had bilingual administrative staff available on-site always (34.2%) or often (10.5%). Over half of clinics (52.6%) never had bilingual clinical staff on-site.

Figure 21: Availability of Language Services at FQHC Clinics



**Interpretation of Figure 22:** Over half of all clinics offered telephone access to off-site interpreters always (36.8%) or often (15.8%). At a large majority of clinics, family or friends provided translation often (28.9%) or sometimes (31.6%). At most clinics, community health/outreach workers rarely or never provided translation services.

## Outreach Efforts at FQHC Clinics

### Key Findings

- Three in ten FQHC clinics provided on-site programs for limited English-speaking patients.
- Nearly three in ten clinics provided on-site programs for individuals dealing with substance abuse.
- Eighteen percent of clinics provided on-site programs for immigrants.
- About 13% of clinics provided on-site programs for adolescents (12.8%) and homeless (12.8%) patients.



<b>Table 6: Programmatic and Outreach Efforts at FQHC Clinics for Various Sub-Populations</b>			
	<b>On-Site Programs</b>	<b>Off-Site Programs</b>	<b>Outreach Efforts</b>
	<b>freq (%)</b>		
<b>Adolescents</b>	5 (12.8)	4 (10.3)	2 (5.1)
<b>Men</b>	4 (10.3)	4 (10.3)	1 (2.6)
<b>Physically disabled</b>	5 (12.8)	5 (12.8)	0 (0)
<b>Intellectually disabled</b>	3 (7.7)	7 (18.0)	1 (2.6)
<b>Substance abuse</b>	11 (28.2)	5 (12.8)	0 (0)
<b>Homeless</b>	5 (12.8)	7 (18.0)	2 (5.1)
<b>Non-English speaking</b>	12 (30.8)	9 (23.1)	5 (12.8)
<b>Immigrants</b>	7 (18.0)	3 (7.7)	1 (2.6)
<b>Minors in foster care</b>	3 (7.7)	5 (12.8)	0 (0.0)
<b>LGBTQ</b>	10 (25.6)	2 (5.1)	1 (2.6)
<b>Sex workers</b>	4 (10.3)	1 (2.6)	0 (0)
<b>Sex trafficking victims</b>	3 (7.7)	2 (5.1)	0 (0)

**Interpretation of Table 6:** Twelve clinics (30.8%) in the state provided on-site programs for individuals who are non-English speaking, whereas 7 clinics (18.0%) provided on-site programs for individuals who are immigrants. Nearly 13% of clinics reported on-site programs for adolescents (12.8%) and those who identified as homeless (12.8%). Around 25% of clinics offered on-site programs for LGBTQ individuals (25.6%) and individuals dealing with substance abuse (28.2%). Few clinics reported programs or outreach efforts for minors in foster care, sex workers, or sex trafficking victims.

*\*On-site programs included programs that were 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](mailto:beattyk@etsu.edu)

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