

Clinic Capacity to Provide Patient-Centered Contraceptive Care to Adolescents in the U.S. South: Impact of rurality and clinic type

Kristen Surlles, MPH, Dr. Kate Beatty, Liane Ventura, Jordan de Jong, Dr. Mike Smith, Dr. Amal Khoury
Department of Health Services Management and Policy and CARE Women's Health, College of Public Health, ETSU

Background

- Federally Qualified Health Centers (FQHCs) and Health Departments (HDs) are essential in providing contraceptive care to adolescents.¹
- Patient-centered care in adolescent contraceptive care empowers youth, improves method use and continuation, and is recommended by several healthcare organizations.²⁻⁴
- Clinics can ensure quality patient-centered adolescent contraceptive care by offering adolescent-specific services and by training providers.⁵⁻⁶
- Despite decreases in adolescent pregnancy rates, rates remain high in the South and in rural counties, suggesting that clinics in these areas might not have the capacity to provide services.

Objectives

- To examine clinic capacity to provide patient-centered adolescent contraceptive care in SC and AL by rurality and clinic type.

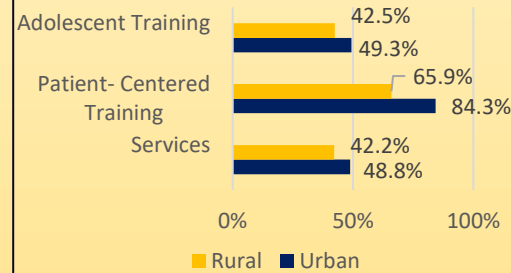
Methods

- Cross-sectional survey of FQHCs and HDs in SC and AL in 2020.
- Rural and urban location determined with Rural-Urban Continuum Codes.
- Capacity determined by three survey items which were dichotomized and combined into a new variable to measure clinics that responded "Yes" to each item. (Survey Items: Patient-Centered Care training; Adolescent-Specific Training; Adolescent-Specific Services/Programs)
- Statistical significance of differences determined with Chi-square tests of independence.

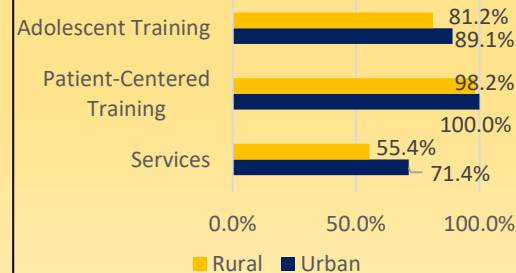
Results

Clinic Type	Urban	Rural	N
Federally Qualified Health Center (FQHC)	56	56	112
Health Department (HD)	82	45	127
Total	138	101	239

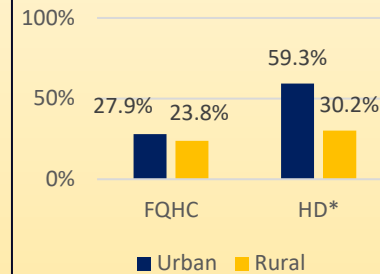
Services and Trainings at FQHCs



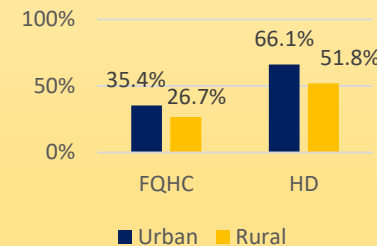
Services and Trainings at HDs



Clinics Providing On-site Services



Clinic Capacity to Provide Patient-Centered Care



Discussion

- Despite recommendations by ACOG and AAP, most clinics in SC and AL do not have the capacity to provide patient-centered adolescent contraceptive care.
- While a higher proportion of HDs overall have the capacity to provide services, many rural HDs do not have the capacity.
- Most FQHCs do not have the capacity to provide services, which may be due to the varied scope and quality of care across these clinic types.
- Fewer rural clinics, especially FQHCs, have the capacity to provide care to adolescents. This is highlighted by the lack of on-site services at both rural FQHCs and rural HDs.

Conclusions

- This gap in services may contribute to higher rates of adolescent pregnancy in rural parts of SC and AL.
- To address this gap, clinics in SC and AL should develop policies and infrastructure that support adolescent-specific services and provider training.

* p < .05 ** p < .01 *** p < .0001

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