

The Provision of Public-Sector Family Planning Services: U.S. Family Planning Clinics in 2003

Laura Lindberg
Lawrence B. Finer
Jennifer J. Frost
The Alan Guttmacher Institute
120 Wall Street
New York, NY 10005
(212)248-1111

DETAILED ABSTRACT

Description of Topic

Publicly-funded family planning clinics are a critical source of contraceptive and gynecological care for millions of low-income American women. In 2001, 6.7 million women received contraceptive services from the more than 7,500 clinics located in four out of every five U.S. counties. For many of the women served, alternative care in the private sector is not an affordable option that can easily be substituted for clinic services. Insuring that all women have access to affordable and accessible contraceptive care is crucial for the prevention of unintended pregnancies. It is therefore critical to periodically monitor the network of publicly supported family planning clinics. Updated information is needed to assess whether there have been changes in the types and range of contraceptive and reproductive health services offered by clinics, to review the policies that guide contraceptive service provision and the educational and outreach programs that support this care, and to explore the impact of funding changes on the ability of publicly funded clinics to meet the contraceptive needs of American women. This paper reports on the findings from a new survey of a nationally representative sample of publicly-funded family planning agencies and clinics conducted in 2003 and compares these data with similar studies conducted in 1995 and 1999.

Theoretical Focus

This paper will focus on contraceptive and reproductive health services, related policies, and funding strategies of publicly-funded family planning agencies and clinics. In particular, we will look at how clinics that are run by different types of organizations actually deliver contraceptive care to the millions of low-income women who seek care from public sector providers. Comparisons will be made over time and across provider types—separating clinics according to whether they are a hospital outpatient clinic, a health department clinic, a Planned Parenthood clinic, a community or migrant health center or some “other” type of clinic. Past studies have found that the practices and policies of individual family planning agencies often vary according to the type of the sponsoring agency, as does the mix of funding used to provide contraceptive services. However, although services and programs may vary from clinic to clinic, some commonalities are found among all sites. In particular, those clinics funded through the

Title X program (whether they be hospitals or Planned Parenthood affiliates) follow certain federal guidelines and regulations regarding the provision of services, including the range of methods that must be made available and the range of fees that can be charged to women of different income levels.

The findings from this analysis are intended to assist both program planners and policy-makers who are charged with shaping the future structure and level of public allocations to support the provision of family planning clinic services. What services and programs do the current levels of funding support, how have these services and programs changed over time, and what might be the impact of changes in either the level or structure of future funding?

Data and Research Methods

In 2003, a nationally representative sample of 1,001 family planning agencies was drawn from an Alan Guttmacher Institute list of all publicly-funded family planning agencies in the United States, including all 50 states and the District of Columbia. The universe of publicly-funded family planning agencies consists of 2,953 individual agencies, each of which operates at least one publicly-funded family planning clinic. Family planning clinics are defined as sites open to the general public where contraceptive counseling, education and services are provided. This includes sites providing comprehensive medical services as well as sites that provide only nonmedical contraceptive methods or education so long as they maintain a chart for individual clients requesting family planning. Excluded are organizations that serve restricted populations such as health maintenance organizations and student health centers. To qualify as a publicly-funded clinic, the site must be funded, at least in part, by public funds, such as Title X, Medicaid, community/migrant health center funding, maternal and child health or social service block grant funds, or use private subsidies to provide family planning care to at least some of its clients for free or at a reduced fee.

Agencies were stratified by type of provider (5 groups), geographic region (4 groups) and Title X funding status (yes/no). Within each stratum, a specific proportion of agencies were sampled. Surveys were mailed to the clinic director of each sampled agency, requesting information about services, policies and funding. Agencies with more than one clinic were asked to provide some clinic-specific information regarding services and policies at predetermined sites. Agencies with three or fewer clinics were asked to provide information about each of their individual clinics; agencies with more than three clinics were asked to provide information about only three randomly selected clinics within their agency. The final agency sample consisted of 1,001 agencies, and during fieldwork 28 agencies were found to be ineligible either because they had closed or did not offer publicly funded contraceptive care during the study period. A total of 641 agencies responded for a response rate of 66%. The final clinic sample consisted of 1,832 eligible clinics. Data were obtained for 1,208 of them, resulting in a clinic response rate of 66% as well. The data were checked for consistency and completeness, and many agencies were recontacted by phone to get additional information or to clarify certain responses. For this analysis, the responses will be weighted to represent the actual distribution of family planning

agencies and clinics in the United States, according to the agencies' type and Title X funding status.

Expected Findings and Planned Analyses

This paper will first examine the delivery of contraceptive care at publicly-funded family planning clinics and the specific services, policies and programs that support the delivery of contraceptive care. Of special interest will be information about the provision of newer contraceptive methods (the patch, Lunelle, vaginal ring) and the provision of and policies for Emergency Contraception (Plan B).

Second, we will examine the extent to which publicly-funded family planning clinics provide a range of reproductive health care beyond just contraceptives to low-income women. In particular, we look at the provision of HIV testing and treatment, cervical cancer screening, and specialized services for men and teens.

Third, we will review the types of public and private funding used by clinics to provide care and the payment and fee options that these sites implement to provide for low-income clients. We will also report on responses to direct questions about the extent to which the provision of specific services is constrained by funding concerns.

Finally, by comparing these new data to similar information collected in the past, we will be able to assess what important changes have occurred in the availability of services and in policies since 1999 and 1995, the last two periods when data were collected.