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Center for Applied Research and Evaluation in Women's Health, East Tennessee State University

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# Capacity-building among Safety-Net Family Planning Clinics during the Choose Well Initiative in South Carolina

## Introduction

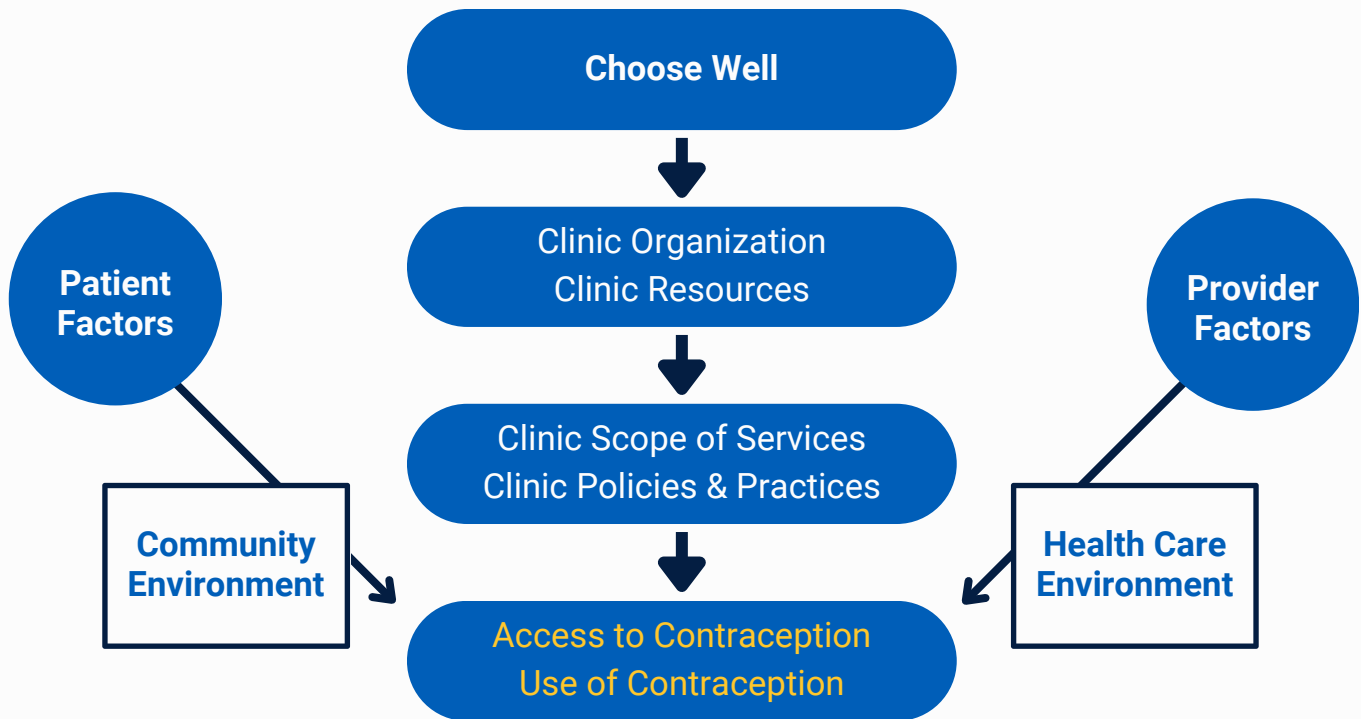
- Person-centered care is an important tenet of quality health care, and includes respect for patients, patient education, and prompting and respecting patient preferences for contraception.<sup>1,2</sup>
- Due to organizational characteristics, contraceptive method options are not equally available among federally funded safety-net clinics. Contraceptive access at these clinics is important for a wide range of individuals, including those who experience poverty and patients who live in rural communities.<sup>3</sup>
- The Title X Family Planning Program is the sole federal funding mechanism for contraceptive care and in addition to providing contraceptive methods, has guidelines that mandate annual trainings for providers, which are provided by national training centers.<sup>3</sup> Among clinics that receive Title X funds, provider training is strongly associated with access to and on-site provision of contraceptive methods.<sup>5-7</sup>
- In South Carolina, health departments (HD) are the primary Title X.
- Choose Well, an ongoing statewide contraceptive access initiative in South Carolina, was launched in 2017 and aimed to implement contraceptive care best practices via training, capacity building, and funding for contraceptive methods among HD and FQHC clinics.<sup>8,9</sup> The trainings, provided by national and state-based experts, covered a breadth of topics including contraceptive counseling, shared decision-making, implant and intrauterine device (IUD) provision, and revenue cycle management.<sup>7,8</sup>
- The aim of this study was to examine perceptions of HD and FQHC clinic- and system-level staff regarding the impact of Choose Well-provided trainings on clinic organizational resources and clinic scope of services.

## Methods

- Semi-structured key informant interviews were conducted each year of Choose Well with clinic staff and leadership from participating clinics.
- Three rounds of key informant interviews were conducted (2018, 2019, and 2020).
- A two-phase coding process was applied. Phase 1 consisted of content summary and codebook development. Phase 2 consisted of coding within NVivo software, calculating interrater reliability (IRR), and consensus coding when IRR was not greater than 80%.
- Questions from the interview guide that pertained to training were included in the analysis.
- Coding was conducted with NVivo software version 1.6.<sup>10</sup>

# Theoretical Framework

Below is the theoretical framework which guided the analysis for this study:



## Results

**Sample Size:** In total, 83 individuals were included across the three-year sample. Forty-one respondents were from HD's and 42 respondents were from FQHCs.

### Impact of Choose Well-supported trainings on organizational resources:

- Respondents emphasized an **increased knowledge base through informative trainings** and that training **content was applicable to practice**.
- Many respondents also noted **improved billing and coding practices** and **enhanced clinic workflow and efficiency**.
- Some respondents perceived that **organizational policies restricted training implementation**.

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

[HD; Round 2]

*"[Training] really tested us to come up with a better workflow, to be a little bit more successful going forward with the implementation of utilizing Choose Well here in our own clinics."*

[FQHC; Round 1]

# Results Continued

## Impact of Choose Well-supported trainings on clinic scope of services:

- Respondents discussed an **improved capacity for enhanced contraceptive counseling** and that training **promoted patient-centered care and an improved patient experience**, including **expanded perspectives on reproductive health**.
- Trainings were seen to have led to **increased capacity for enhanced contraceptive service provision**.

*"I think the trainings were very well received by those who were involved in the training. I think they had a very positive impact on the ultimate delivery of services and ultimately, the impact on those who were receiving the services." [HD; Year 3]*

## Discussion

- Among clinic staff and leadership from HDs and FQHCs in SC, there was an overall positive perception of the impact of Choose Well-provided trainings on clinic organizational resources and clinic scope of services.
- Of note, the Choose Well-provided trainings encompassed both clinical and administrative training opportunities. Both types of training are needed to implement and bolster contraceptive care services within federally funded safety-net clinics.
- Regarding policy recommendations, contraceptive access initiatives should include administrative and clinical training opportunities as central to their efforts. Similarly, clinic organizational policies should be aligned with modern trainings and best practices for contraceptive care.

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***This brief was compiled by Liane Ventura, Dr. Amy Weber, Dr. Kate Beatty, Rakesh Adelli, Dr. Michael G. Smith, Dr. Amal Khoury, and Molly Sharp.***