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2012-2013 SURVEY FOR ADMINISTRATORS OF PUBLICLY-FUNDED HEALTH CENTERS THAT PROVIDE FAMILY PLANNING

Public reporting burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx).

I. Health Center Characteristics

1. What type of organization is your health center? *(Select all that apply.)*

Hospital	❑
Planned Parenthood	❑
Community health center	❑
Private, non-profit organization	❑
Other:________________________	❑

2. What best describes your health center's clinical focus?

Family planning/reproductive health	❑
Primary (general health) care	❑
Other: ____________________________	❑

3. What state or territory is your agency located in?

____

4. Which best describes the area that your health center serves?

Mostly urban/suburban	❑
Mostly rural	❑
Combination of rural & urban	❑

5. Approximately how many clients received any clinical services at your health center in the last year? *(fiscal or calendar)*

<500	❑
500–999	❑
1,000–4,999	❑
5,000–9,999	❑
10,000–49,999	❑
50,000 +	❑

6. Approximately how many clients received family planning services at your health center in the last year? *(fiscal or calendar)*

<500	❑
500–999	❑
1,000–4,999	❑
5,000–9,999	❑
10,000 +	❑

7. What is the approximate age and gender breakdown of your health center's family planning clients?

All clients (male and female)	
<20 years old	______%
20–29 years old	______%
30–44 years old	______%
45 years or older	______%
Males (all ages)	______%

8. Is your health center a part of the following health care networks?

	Yes	No	Don't know
Accountable care organization	❑	❑	❑
Medical home (PCMH or other)	❑	❑	❑
Medicaid managed care	❑	❑	❑
Other managed care network/PPO	❑	❑	❑
Participating provider in one or more private insurance company networks	❑	❑	❑

II. Clinical Services Provided

9. In the past 3 months, were the following contraceptive methods* provided on site to clients who requested them? Also, please note whether your health center ran out of supplies of that method in the last 3 months.

	Provided on site, last 3 months		Supplies ran out, last 3 months	
	Yes	No	Yes	No
Sterilization (male)	❑	❑		
Sterilization (female)	❑	❑		
LNG-IUD (Mirena®)	❑	❑	❑	❑
Cu-IUD (ParaGard®)	❑	❑	❑	❑
Implant (Implanon® or Nexplanon®)	❑	❑	❑	❑
DMPA (Depo-Provera®)	❑	❑	❑	❑
Patch (Ortho Evra®)	❑	❑	❑	❑
Vaginal ring (NuvaRing®)	❑	❑	❑	❑
Combined Oral Contraceptives (COCs)	❑	❑	❑	❑
Progestin-only oral contraceptives	❑	❑	❑	❑
Emergency contraceptive pills	❑	❑	❑	❑
Male condom	❑	❑	❑	❑
Female condom	❑	❑	❑	❑

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

10. In the past 3 months, about how often did your health center provide the following services?

	Never	Rarely	Occasionally	Frequently
Pregnancy diagnosis & counseling	❑	❑	❑	❑
Contraceptive services for women	❑	❑	❑	❑
Contraceptive services for men	❑	❑	❑	❑
Basic infertility services for women	❑	❑	❑	❑
Basic infertility services for men	❑	❑	❑	❑
STD screening for women	❑	❑	❑	❑
STD screening for men	❑	❑	❑	❑
Preconception health care for women	❑	❑	❑	❑
Preconception health care for men	❑	❑	❑	❑

11. In the past 3 months, how often did your health center use the following referral practices?

	Never	Rarely	Occasionally	Frequently
Provided a resource listing or directory to the client	❑	❑	❑	❑
Provided a documented referral to the client	❑	❑	❑	❑
Made an appointment for the client	❑	❑	❑	❑
Contacted the client directly about the referral outcome	❑	❑	❑	❑
Contacted the referral source to find out if the client was seen	❑	❑	❑	❑
Asked the client about the referral at his or her next visit	❑	❑	❑	❑

12. The following questions refer to your health center's clinical recommendations for on site, routine screening during initial or follow-up family planning visits. *By screening, we mean the process of routinely asking questions about a client's history or performing a physical exam or laboratory test in average-risk asymptomatic persons to help assess risk factors for, or the presence of, a specific disease or condition.*

	Is this standard of care for female clients?		Is this specified in a written protocol?		Is this standard of care for male clients?		Is this specified in a written protocol?	
	Yes	No	Yes	No	Yes	No	Yes	No
Intimate partner and sexual violence	❑	❑	❑	❑	❑	❑	❑	❑
Alcohol and drug use	❑	❑	❑	❑	❑	❑	❑	❑
Tobacco use	❑	❑	❑	❑	❑	❑	❑	❑
Depression	❑	❑	❑	❑	❑	❑	❑	❑
Immunizations	❑	❑	❑	❑	❑	❑	❑	❑
Unhealthy diet	❑	❑	❑	❑	❑	❑	❑	❑
Body-mass index (BMI)	❑	❑	❑	❑	❑	❑	❑	❑
High blood pressure	❑	❑	❑	❑	❑	❑	❑	❑
Diabetes	❑	❑	❑	❑	❑	❑	❑	❑
High cholesterol	❑	❑	❑	❑	❑	❑	❑	❑
Chlamydia	❑	❑	❑	❑	❑	❑	❑	❑
Gonorrhea	❑	❑	❑	❑	❑	❑	❑	❑
Syphilis	❑	❑	❑	❑	❑	❑	❑	❑
HIV	❑	❑	❑	❑	❑	❑	❑	❑
Breast cancer	❑	❑	❑	❑				
Cervical cancer	❑	❑	❑	❑				
Testicular cancer					❑	❑	❑	❑

13. The following questions relate to your health center's clinical recommendations for contraceptive counseling.

	Is this standard of care?		Is this specified in a written protocol?	
	Yes	No	Yes	No
Use open-ended questions	❑	❑	❑	❑
Assess the client's reproductive life plan (i.e., ask about their intentions regarding the number and timing of pregnancies in the context of their personal values and life goals)	❑	❑	❑	❑
Present information regarding potential contraceptive methods with the most effective methods presented first (tiered approach)	❑	❑	❑	❑
Help the client think about potential barriers to using their selected method correctly and develop a plan to deal with these barriers	❑	❑	❑	❑
Use method-specific consent forms	❑	❑	❑	❑
Inform adolescents that long-acting reversible contraceptives are safe and effective options	❑	❑	❑	❑

III. Health Center Infrastructure, Systems, and Community Education

14. In the past 3 months, about how often did your health center make available the following services or materials to clients?

	Never	Rarely	Occasionally	Frequently
Same-day appointments for clinical services	❑	❑	❑	❑
Weekend or evening hours for clinical services	❑	❑	❑	❑
Adolescent-only hours or days for clinical services	❑	❑	❑	❑
Educational materials (written or video) specifically designed for adolescents	❑	❑	❑	❑
Educational materials (written or video) in languages that match the needs of your client base	❑	❑	❑	❑
Language translation services that match the needs of your client base	❑	❑	❑	❑

15. In the past 3 months, about how often did your health center do the following, related to adolescent clients?

	Never	Rarely	Occasionally	Frequently
Offered time alone with a provider for adolescents who came with a parent or guardian	❑	❑	❑	❑
Required parental consent, for adolescents seeking contraceptive services	❑	❑	❑	❑
Actively encouraged communication between adolescents and parents/guardians about sex and reproductive health	❑	❑	❑	❑
Actively promoted the availability of confidential services to adolescents	❑	❑	❑	❑

16. Does your health center use the following technologies?

	No	Yes: Limited use	Yes: Routinely
Electronic health records	❑	❑	❑
Electronic system for billing	❑	❑	❑
Email, phone, or text messages to clients for appointment reminders	❑	❑	❑
Email, phone, or text messages to clients for test results (e.g., STD)	❑	❑	❑
Website that allows clients to make appointments online	❑	❑	❑

17. In the past 12 months, did your health center use any of the following methods for community education?

	Yes	No
TV	❑	❑
Radio	❑	❑
Websites or social media (e.g., Facebook)	❑	❑
Billboards	❑	❑
Newspapers or magazines	❑	❑
Community events	❑	❑
Small group education (1 session)	❑	❑
Small group education (2+ sessions with same group)	❑	❑

18. In the past 12 months, did your health center conduct community education in the following places or groups?

	Yes	No
Schools	❑	❑
Colleges or universities	❑	❑
Other youth-serving groups	❑	❑
Parent groups	❑	❑
Faith-based organizations	❑	❑
Other health care services	❑	❑
Community health fairs	❑	❑
Other social service organizations	❑	❑

IV. Quality Improvement

19. How often does your health center formally review the following aspects of service delivery to monitor the quality of family planning services?
(They could be measured in various ways.)

	Monthly or Quarterly	Annually	Every 2-3 years	As needed	Other frequency	Never/not currently reviewed
Availability of contraceptive methods	❑	❑	❑	❑	❑	❑
Access to services	❑	❑	❑	❑	❑	❑
Clinic efficiency	❑	❑	❑	❑	❑	❑
Client satisfaction	❑	❑	❑	❑	❑	❑
Cultural competency	❑	❑	❑	❑	❑	❑
Referrals and/or care coordination	❑	❑	❑	❑	❑	❑
Contraceptive use	❑	❑	❑	❑	❑	❑
Cost of providing services	❑	❑	❑	❑	❑	❑
Unintended pregnancy	❑	❑	❑	❑	❑	❑
Birth spacing	❑	❑	❑	❑	❑	❑

20. In the past 12 months, has your health center modified any clinical practices or other aspects of the health center, in response to a review of quality improvement data? *Please note this question does not relate to any modification, but only those implemented in response to your center's review of quality improvement data.*

❑ Yes ❑ No

If yes, please briefly describe what aspect of service delivery was changed:

V. Referral Arrangements and Staff Training

21. What kinds of partnerships does your health center have with providers who offer the following contraceptive methods and other services? *(In each row, select all that apply.)*

	We offer this on site	Co-located with those who do, or our parent organization provides this	Contract, or other written agreement	Informal relationships with provider(s) who do this	Referral only
Female sterilization	❑	❑	❑	❑	❑
Male sterilization	❑	❑	❑	❑	❑
IUD insertion/removal	❑	❑	❑	❑	❑
Implant insertion/removal	❑	❑	❑	❑	❑
Natural family planning	❑	❑	❑	❑	❑
HIV treatment	❑	❑	❑	❑	❑
Prenatal care	❑	❑	❑	❑	❑
Primary care	❑	❑	❑	❑	❑
Infertility treatment	❑	❑	❑	❑	❑

22. Please indicate whether all, some, or none of the health center's staff have received training in the following areas:

	All staff	Some staff	No staff
Trained in past 2 years: All relevant staff			
Contraceptive counseling	❑	❑	❑
Serving male clients	❑	❑	❑
Ever trained: Clinical staff only			
Inserting and removing copper IUD	❑	❑	❑
Inserting and removing hormonal IUD	❑	❑	❑
Inserting and removing contraceptive implants	❑	❑	❑

VI. Questions about Survey Completion and Awareness of Guidelines

23. Which of the following best describes the primary role of the person or persons who completed this survey? ***(Select all that apply.)***

Administrator	❑
Medical director	❑
Nurse/nurse practitioner manager	❑
Other (please specify) ____________________	❑

24. If your health center is a part of a multi-site agency, did you consult your parent agency to complete this survey? ***(Select one.)***

Yes, parent completed entire survey	❑
Yes, parent completed or checked parts of the survey	❑
No, parent did not help complete or check the survey	❑
No, we are not part of a multi-site agency	❑
No, we are the parent agency	❑

25. How did you learn about the 2013 Guidance for Providing Quality Family Planning Services? ***(select all that apply)***

I did not know about the guidelines before participation in this survey.	❑
Conference attendance	❑
Journals	❑
Online resources	❑
Parent agency	❑
Professional organization publications or notifications	❑
Other (please specify) ______________________________________	❑

Please share any additional comments that you may have in the space below.

Thank you for completing this survey!

Please return using the enclosed postage paid envelope.