

## **INSTRUMENT 3**

### **LISTENING VISIT TOPIC GUIDE FOR CLINIC ADMINISTRATORS**

**Implementation Study of the Title X Program**  
**Topic Guide for Clinic Administrators**

Lead Interviewer	Note-taker	Start time	End time	Date

**I. Respondent information**

Name	Title	Org name	Grantee Name (if applicable)	Email/Phone

**II. Introductions and purpose of study**

Hello, my name is [Name] and my colleague [Name] is also joining us today. Thank you so much for meeting with us today. We are with Mathematica, an independent research team studying the implementation of the Title X program as part of a recent study sponsored by the Office of Population Affairs (OPA). The purpose of our discussion is to learn more about your experiences as a [Title X clinic administrator] and about the work you do here. This is not a performance assessment. This study is an effort to tell the rich stories of the Title X program, to hear from those directly involved in and impacted by the program and its services, and to derive important lessons to help sustain and improve those services for families across the country. We are especially interested in lessons about approaches for achieving access, quality, and equity that you think would be useful to share with the field and other administrators like yourself. In designing this study and applying principles of equitable evaluation, we have consulted with staff from grantee organizations and clinics on all the topics that are important for us to discuss and learn about. Your point of view is valuable so that our findings reflect the varied perspectives of partners and stakeholders at all levels of the program. Once the study is complete, OPA will publish and share the study’s overall findings publicly.

We expect this discussion take up to an hour. I will be taking notes as we go, but we would like to audio-record this interview so that we can refer to it to make sure that our notetaking is accurate. The recording is for our internal use only, and after we are sure that we have good notes, we will delete the recording. Are you OK with us recording the interview?

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**III. Privacy and confidentiality**

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Before we start, I want to let you know that your participation in this conversation is voluntary, and there are no penalties or consequences for deciding not to participate in today's conversation.

I also want to inform you of several important notes about how we plan to use the information you provide the study team. We will produce summary reports on themes emerging from the information we collect across all grantees, such as the different strategies grantees use to ensure access to equitable, affordable, and client-centered services. These responses will not contain confidential information. We may use quotes to illustrate findings, but if we do, we will not report any information that will allow a quote to be identified with you. The notes and recording from this discussion will not be shared with anyone beyond the research team. The recording will be erased once we have finalized our notes.

I want to emphasize again that there are no right or wrong answers to our questions. By voluntarily agreeing to participate in this study, you are agreeing to answer these questions with responses that are true for you.

- Do you understand the purpose of our conversation today?
- Do you have any questions or concerns before we begin?

#### **IV. Project Contact Information**

If you have further questions about this project, you may contact the project survey director, Jennifer Walzer, at (312) 994-1042 or [jwalzer@mathematica-mpr.com](mailto:jwalzer@mathematica-mpr.com).

**List of Topics** [Note: These will be tailored based on each grantee and service site's context]

##### **A. Background and role**

- a. Respondent role and responsibilities
  - i. Current role
  - ii. Primary responsibilities
  - iii. Motivation for doing current work
- b. Respondent background
  - i. Relevant experience and qualifications
  - ii. Length of time in current role
  - iii. Length of time in similar/related role(s)

##### **B. Implementation of family planning and related preventative health services**

- a. Client characteristics and needs
  - i. FP, STI, and related health needs in the community served by [clinic name] (Goal 1.4)
  - ii. Key factors (e.g. political, economic, socio-cultural and structural) affecting community access to family planning and other health services (Goal 1.5, 1.6)
  - iii. Client characteristics and service needs at [clinic name] (Goal 1.4)
- b. Service provision
  - i. Services provided by [clinic name] (Goal 1.3)
  - ii. Clinic structure
    - 1. Roles of different staff members (e.g., which staff provide which services to clients) (Goal 1.1, 1.3)

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2. How the clinic interacts with partners or other sites in the network (e.g. referrals, sharing staff, etc.) (Goal 1.3)
  3. How staff and clinical services are financed (Title X versus other sources)
- iii. Description of a typical clinical encounter from appointment scheduling to discharge and follow-up (Goal 1.1)
    1. Appointment scheduling and availability (Goal 1.1)
    2. Clinic flow, length of appointment, time spent with provider (Goal 1.1)
    3. Perceptions of client-provider interactions (Goal 2.2.1)
    4. Tools to manage and improve efficiency (Goal 1.1)
  - iv. Service delivery strategies in place to ensure delivery of affordable, client-centered, quality family planning and other health services at [clinic] (Goal 1.2)
    1. Strategies for reducing financial burden to clients, including process for assessing client eligibility for Title X services, ability to bill commercial insurance, and additional discounts or payment options available (Goal 1.1, 1.2, 1.3)
    2. Contraceptive methods available, including contraceptive methods stocked on site and availability of same-day services (e.g., same-day LARC insertion and removal) (Goal 1.1, 1.2, 1.3)
    3. Referral process for services not provided on site (Goal 1.1, 1.2, 1.3)
    4. Areas for improvement in delivery of affordable, client-centered, quality family planning services at [clinic] (Goal 2.3, 4.5)
  - v. Strategies for delivering high-quality care to diverse populations (e.g. adolescents, LGBTQ+, indigenous communities, persons with limited English proficiency, remote and rural populations) (Goal 2.1)
    1. Success and challenges to providing care for diverse populations (Goal 2.2.3)
    2. Areas for improvement to better reach and serve diverse populations (Goal 2.3)
  - vi. Service delivery changes/adjustments made by [clinic] and providers in response to the COVID-19 pandemic (Goal 3.1)
    1. Adaptations and adjustments that are now integrated into standard practice (Goal 3.4)
    2. Benefits and challenges of adaptations, such as telemedicine, including impact on clients' access to affordable, client-centered, quality family planning and other health services (e.g. STI prevention and treatment) (Goal 3.1.1, 3.3.1)
  - vii. System-level factors in the healthcare delivery system impacting provision of affordable, client-centered, quality family planning and other health services (e.g. STI prevention and treatment)
    1. Clinical factors (e.g. network partnerships, availability of trained providers, availability of equipment or supplies, ability of staff trained in languages spoken by population, cultural sensitivity awareness/training) (Goal 1.5)

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2. Financial and/or administrative factors (e.g. payment models, changes in billing policies, lack of resources to hire or training providers/staff, inability to stock full range of contraceptives) (Goal 1.5)
  3. External factors (e.g. societal, geographic, political, physical) (Goal 1.6)
- viii. Changes to clinic policy, services provided, and staff and provider approach to counseling since rule change permitting counseling, referral for, and co-location of abortion services (Goal 1.5)

#### **C. Outreach and community engagement**

- a. Identification of populations or groups in the community that are underserved by FP and other prevention programs and/or are disproportionately affected by negative reproductive health outcomes (Goal 1.4)
- b. Strategies implemented by organization/clinic to reach groups that are underserved (Goal 2.1)
  - i. Outreach and community engagement activities and role of clinic staff in these activities (Goal 2.2)
  - ii. Community partnerships (Goal 2.2.2)

#### **D. Training and technical assistance**

- a. Most/least useful type of training and/or technical assistance received by staff through Title X? Through other sources?
- b. Staff participation in trainings and professional development focused on serving diverse populations (e.g. adolescents, LGBTQ+, indigenous communities, persons with limited English proficiency, remote and rural populations) and populations that are underserved by family planning and other health service programs
- c. Any changes made to clinic protocols or staff approach to service delivery as a result of trainings
- d. Benefits and drawbacks of virtual trainings, including any increase or decrease in staff and provider participation in trainings as of the switch to virtual platforms
- e. Types of training and/or technical assistance that are missing in the Title X program, and could fill gaps in staff knowledge and skills
  - i. Strategies for addressing these gaps through other funding streams or services?

#### **E. Lessons learned**

- a. Assessment of impact
  - i. Clinic-level achievements and successes in delivering equitable, client-centered, high quality care
  - ii. Key challenges and barriers to ensuring equitable services (Goal 2.3 or 4.4)
- b. Use of data to drive program delivery
  - i. Clinic-level strategies to monitor and evaluate effectiveness in meeting clients' needs for quality, affordable family planning and other health services (Goal 4.1, 4.2, 4.2.1)
  - ii. Clinic-level data and processes used in place to ensure that federal quality of care standards are being met (Goal 4.3)
  - iii. Use and usefulness of different types of data collected (Goal 4.2.1, 4.2.2)

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- iv.** Suggestions for improvements to data gathering and evaluation efforts to reduce burden on clinic and providers and increase effectiveness (Goal 4.4, 4.5)