

**Final**

**Deliverable 9**

**Analysis of Telephone Survey Results:  
Family Planning Participants' Knowledge of and  
Experience with Primary Care Referral**

**Prepared for**

**Division of Medicaid,  
Florida Agency for Health Care Administration**

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### Introduction

Women who give birth but who are no longer eligible to receive full Medicaid are passively enrolled in the Family Planning Waiver (FPW) program, as long as their family income does not exceed 185% of the federal poverty level. The program provides services related to family planning (such as birth control measures and STD screenings). However, since these women are not on full Medicaid, they may lack the financial resources to pay for primary care. Primary care includes diagnosis and treatment of acute and chronic illnesses (such as cancer, hypertension, or diabetes) which the FPW program does not provide. For many women, family planning services may be the only kind of medical care they receive. Reasons for not accessing primary care vary, but the most likely reason is limited economic circumstances.<sup>1</sup>

States are mandated to provide FPW recipients with information about finding primary care physicians, and to make referrals when deemed appropriate. Thus, by Federal statute, the program is required to effectively disseminate information about available primary care options to recipients. The primary purpose of conducting a telephone survey of FPW recipients in Florida was to assess whether primary care referrals are occurring in the cases when they are deemed necessary. To that end, questions related to family planning usage, primary care access, and location of service were included in a 12-item telephone survey questionnaire. The survey was *not* intended to assess what happened to FPW recipients once they were given a referral to a primary care provider. This report on the results of the telephone survey is intended to provide the chief stakeholders of the FPW program (the Florida Agency for Health Care Administration (the Agency), Division of Medicaid, and the Florida Department of Health, Office of Family

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<sup>1</sup> Rachel Benson Gold and Casey Alrich. Role of Medicaid Family Planning Waivers and Title X in Enhancing Access to Preconception Care. Women's Health Issues, 18(6), Supplement 1, November-December 2008, S47-S51.

Health Services) with a broad picture of FPW recipients' experiences regarding referrals to primary care.

### **Methods**

The survey was administered through a subcontract between the Maternal Child Health and Education Research and Data Center (MCHERDC), the unit charged with evaluating the FPW program, and the University of Florida's Bureau of Economic and Business Research, Survey Research Center. The Survey Research Center has extensive experience conducting telephone surveys for the Agency. A 12-item questionnaire about access to primary care, primary care referrals, and family planning services usage was generated over several months in a series of conference calls and emails between the Bureaus of Medicaid Services, Medicaid Quality Management, the Office of Family Health Services, and MCHERDC. The Survey Research Center also provided suggestions about wording and sequencing. Appendix 1 contains a copy of the final version of the survey instrument that was used by the subcontracted telephone interviewers. The 600 telephone interviews were completed over a six-week period (September 1-October 15, 2009).

The Department of Health determined that for there to be an acceptable confidence interval of 3% around any reported response rate, 600 completed surveys would be needed. The sample was drawn by the Agency by linking Medicaid eligibility files (which contain a flag for women actively or passively enrolled in the FPW program) of women who had 12 months of continuous program participation eligibility. These eligibility files, starting with December 2006 (the start of Florida's most recent FPW), were then linked to Florida's Medicaid claims data set, where matched women were required to have at least one Family Planning claim during the 2008-2009 fiscal year. Approximately 3000 recipients matched these inclusion criteria. Names

and phone numbers of these 3000 potential candidate interviewees were given to UF's Survey Research Center to conduct the telephone survey. To comply with HIPAA regulations, all personal information attached to the survey responses were removed and only the de-identified item responses were loaded onto an Excel spreadsheet and sent to MCHERDC by the Survey Research Center for summary analysis. The final data set contained 600 anonymous sample responses of women who had completed the telephone survey interview. Response frequencies were calculated using SAS v9.2, and bar graphs were generated to illustrate the frequency distributions of the responses. Appendix 2 contains a series of graphs illustrating the response distribution of each survey question. Some questions (Q4, 5, 10, and 12) had non-exclusive responses, that is, respondents were allowed to pick more than one option; thus, the percentages summed across the options can exceed 100%. In the dataset prepared by the Survey Research Bureau, these options were separated into their own questions (i.e., Q4\_1, Q4\_2, etc) showing the number of women who picked the option and the ones that did not. In the graphs, these options were combined to show proportions of affirmative answers for each option and do not add up to the number of total respondents; in other words, those graphs show the percentage of women out of the total answering the question that picked each of the options. Other questions elicited certain skip patterns (Q1, 3, and 11); that is, only if you answer "yes," do you get to answer the next question; otherwise, if you say "no," the interviewer skips to the next question intended to be answered by everyone. For example, those who answered that they did not have a personal doctor in Q1 skipped directly to Q6. Thus, many of the questions have different numbers of respondents.

## Results

Of the 600 women surveyed, more than half (57% or 344) reported having a personal doctor (Q1). Of the 344 respondents who said they had a personal doctor, 38% reported that this doctor was located in their County's Health Department and 36% gave the location as a doctor's office (Q2). Nearly three quarters of the women who said they had a personal doctor reported that they would not have problems seeing this personal doctor "right now" (Q3). Among the 83 women who said that they would have problems right now, the most often cited problem was paying for the visit (58%) (Q4). Almost 60% of the women said they pay for their doctor or clinic visits through Medicaid; 46% responded that they pay for services on their own; and 19% reported having health insurance to pay for their primary care services (Q5).

A very large majority, 86%, reported not having received mailed information about finding personal care doctors in their community (Q6). One possible explanation for this response is that respondents simply did not remember receiving the mailed information. Another example of possible poor recall is that even though the sample consisted of women who had at least one FP claim in the last 12 months, 32% of the respondents said they had not received family planning services within the past year (Q7).

About half of the total sample of 600 interviewed women said that they go to their County's Health Department for family planning services (Q8). About half the respondents reported that their Health Department was where they went for routine problems; the other half said they went elsewhere for routine problems (Q9). Regarding what happened during their family planning visit, 62% of women interviewed reported that their family planning service provider talked to them about getting routine medical care, 28% responded that the provider helped them find a personal doctor, and 31% reported to their provider that they already had a

personal doctor (Q10). Less than one in eight women were told by their family planning provider in the last year that they needed to see another doctor (Q11). Of these 70 women who were told they needed to see another doctor, the most common reason for referral (43%) was for a breast exam or Pap smear (Q12). The second most commonly chosen option for this follow-up question was “Other (Please Specify)” in which the women could supply their own reason. Responses here varied widely but generally were related to women’s health issues such as needing to see a gynecologist.

### **Discussion**

Surveys are a widely used method for obtaining information from participants about their experiences in a program. However, it is widely acknowledged that there are limitations with surveys. For instance, interpretation of results obtained by telephone surveys have to take into consideration the possibility of recall bias. Another limitation of survey methodology is a possible lack of comprehension of the questions by the respondents. Some respondents demonstrated difficulty in grasping the meaning of certain questions. This uncertainty was apparent in their open-ended (free text) responses. For example, one respondent answered that she would have problems seeing her doctor “right now” because at the time the interview was being conducted it was past the doctor’s office hours. Some potential respondents may have been excluded because this survey was conducted with people with listed telephone numbers. It is possible that FPW participants without telephone service might respond differently than the women whose responses were summarized in this report. Since the survey was conducted by trained professional interviewers, it is unlikely there was bias on the part of the interviewers.

Results of this survey should be discussed in depth by the major stakeholders who commissioned this study so that improvements can be made in the way Family Planning Waiver

## Analysis of Telephone Survey Results

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participants understand and access referrals to primary care. In particular, 515 out of the 600 women contacted (86%) reported not receiving information in the mail; efforts should be made to understand this situation better and perhaps modify this form of communication outreach. The survey should be conducted again in subsequent years to examine changes in efforts to inform more women about primary care.

**Appendix 1: Copy of Final Telephone Survey Questionnaire**

Question Q1

Do you currently have a personal doctor or clinic that you can go to for routine health problems?

- Yes
- No
- Don't know
- Refused

Question Q2

Where is this doctor or clinic located?

- Your County's Health Department
- A Community Health Center (not your County's Health Department)
- A hospital
- A doctor's office not located in the places I just mentioned
- Other (Please specify)
- Don't know
- Refused

Question Q3

Would you have problems right now if you needed to go see this personal doctor?

- Yes
- No
- Don't know
- Refused

Question Q4

Would that be because:

- I don't have a personal doctor
- Paying for your doctor visits
- Getting to the doctor's office
- Taking care of your baby or other children
- Finding time to see a doctor
- Other (Please specify)
- Don't know
- Refused



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### Question Q5

How do you pay for personal doctor or clinic visits? I'm going to read a list of options. Please say yes or no after I read each one.

Medicaid

Health insurance

Services are provided free without any aid from Medicaid, health insurance, or any other program

You pay for the services yourself

Other (Please specify)

Don't know

Refused

### Question Q6

During the past three months, have you received information in the mail from the family planning provider at the health department about finding personal care doctors in your community?

Yes

No

Don't know

Refused

### Question Q7

Have you seen a family planning provider, been to a family planning clinic, or been to the health department for family planning services in the past year?

Yes

No

Don't know

Refused

### Question Q8

Where do you get your family planning services?

Your County's Health Department

A Community Health Center (not your County's Health Department)

A hospital

A doctor's office not located in the places I just mentioned

Other (Please specify)

Don't know

Refused

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## Analysis of Telephone Survey Results

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### Question Q9

Is this family planning provider the same as your personal doctor or clinic that you go to for routine health problems?

- Yes
- No
- Don't know
- Refused

### Question Q10

Which of the following statements are true about your family planning visit?

- The family planning provider talked to you about getting routine medical care
- The family planning provider helped you find a personal doctor
- You told the family planning provider "I already have a personal doctor"
- None of the above
- Don't Know
- Refused

### Question Q11

Within the last year, did your family planning provider say you needed to see another doctor?

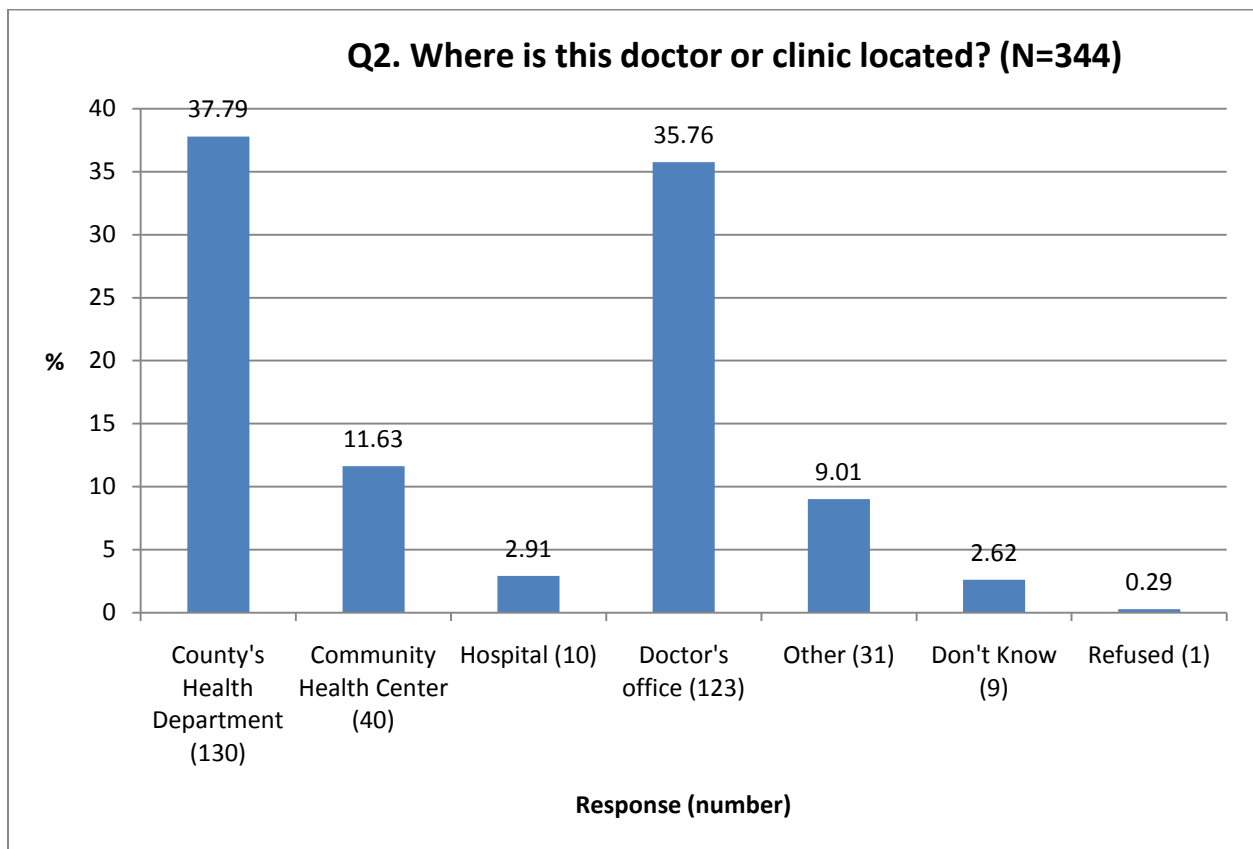
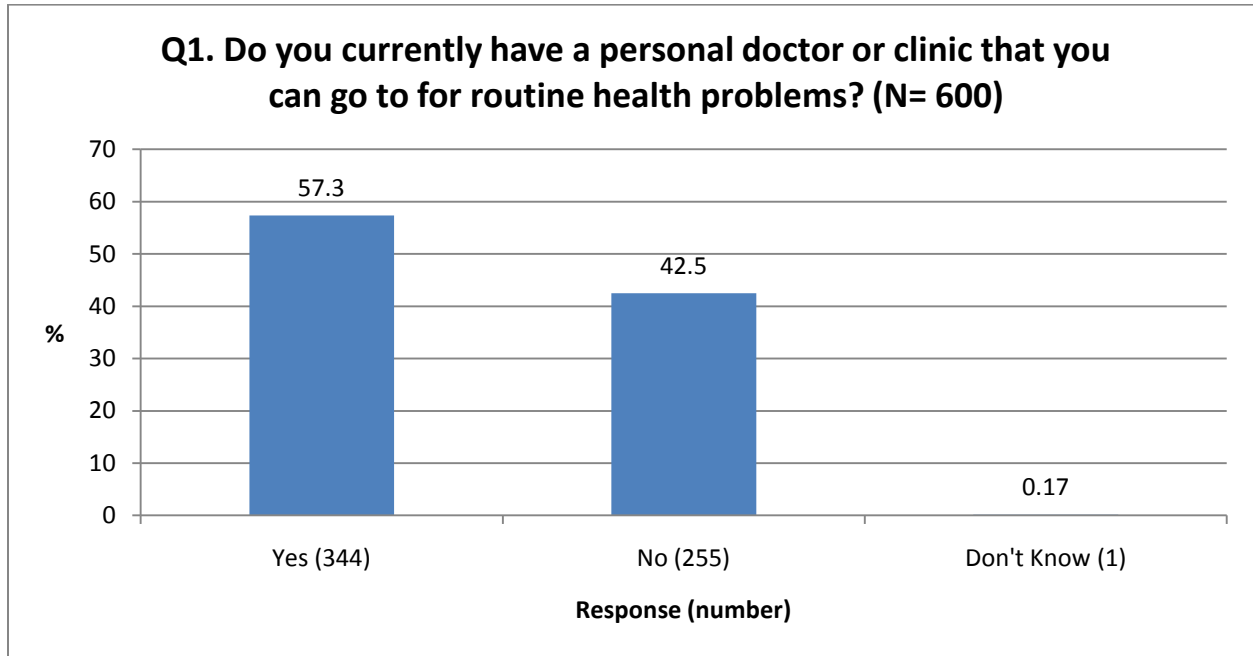
- Yes
- No
- Don't know
- Refused

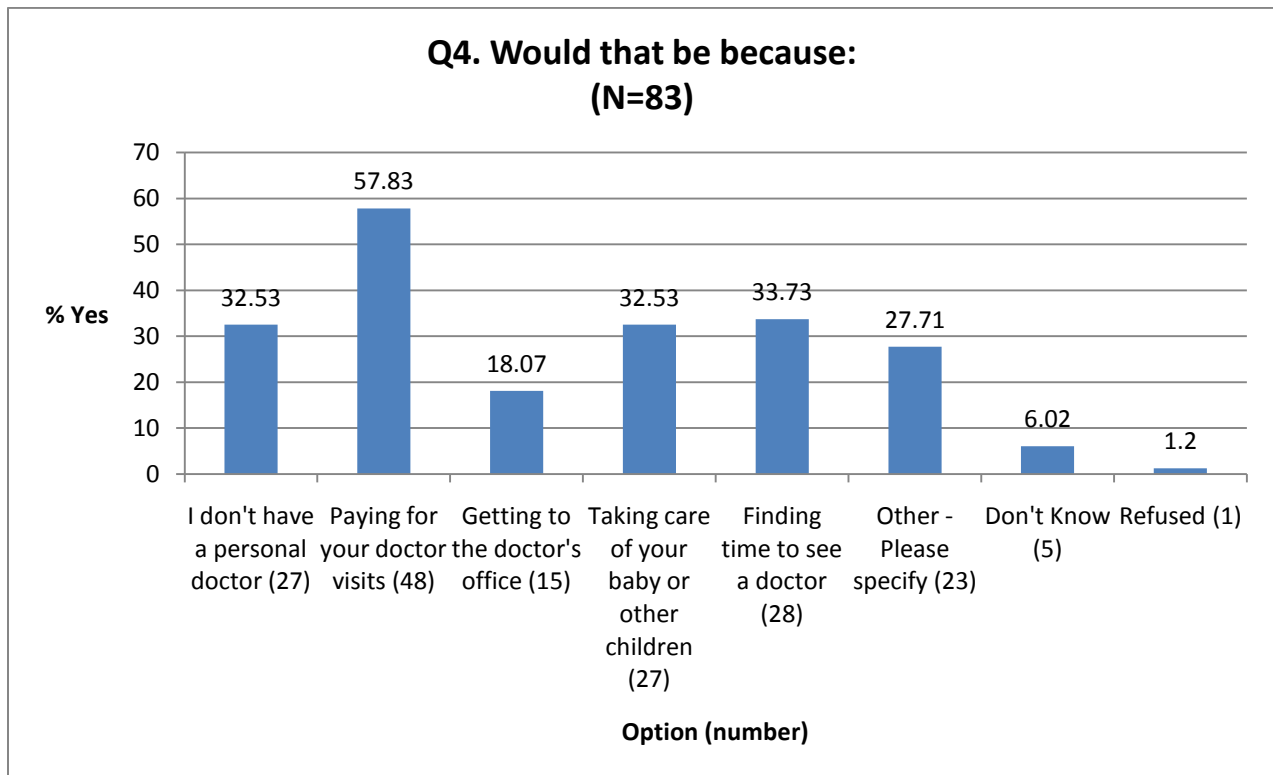
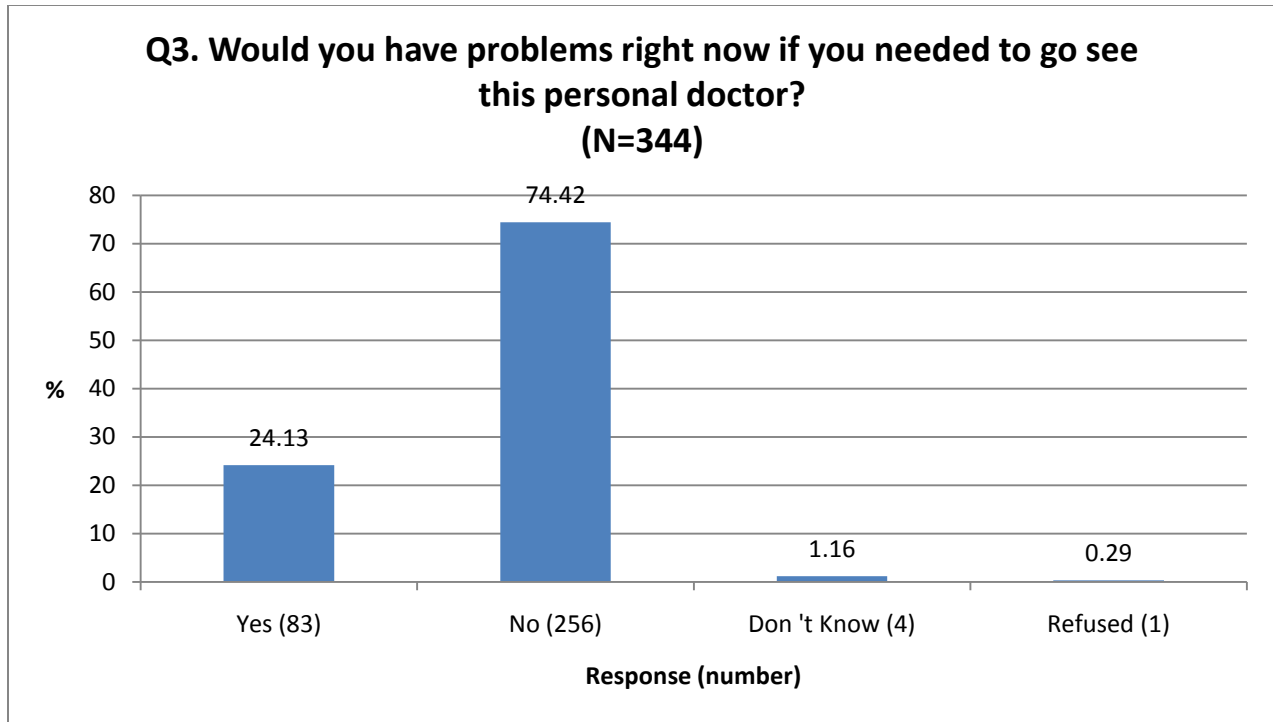
### Question Q12

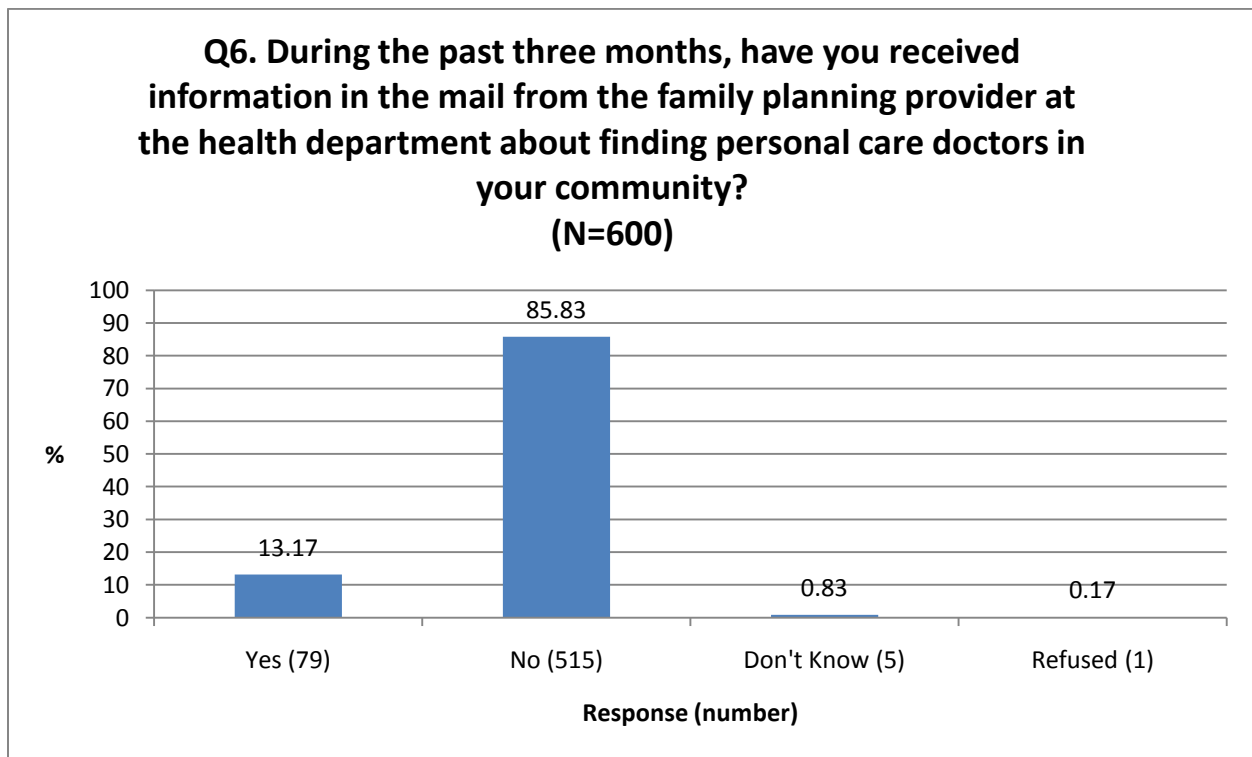
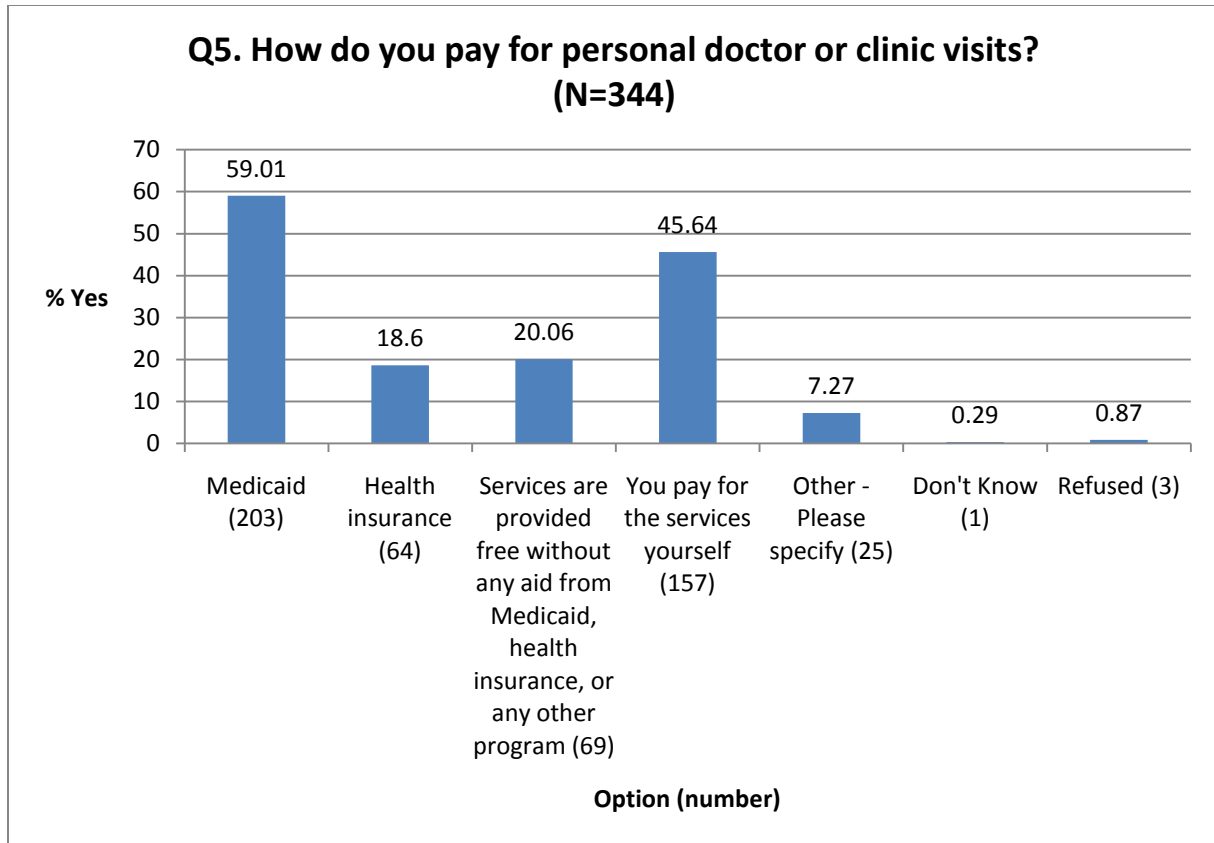
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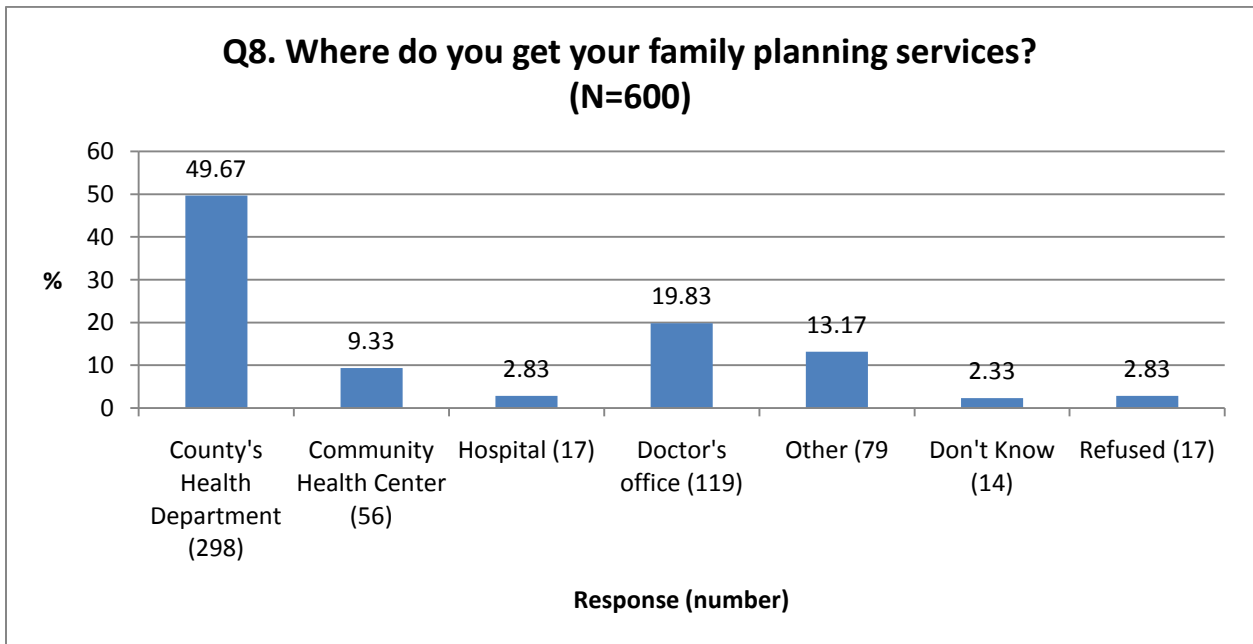
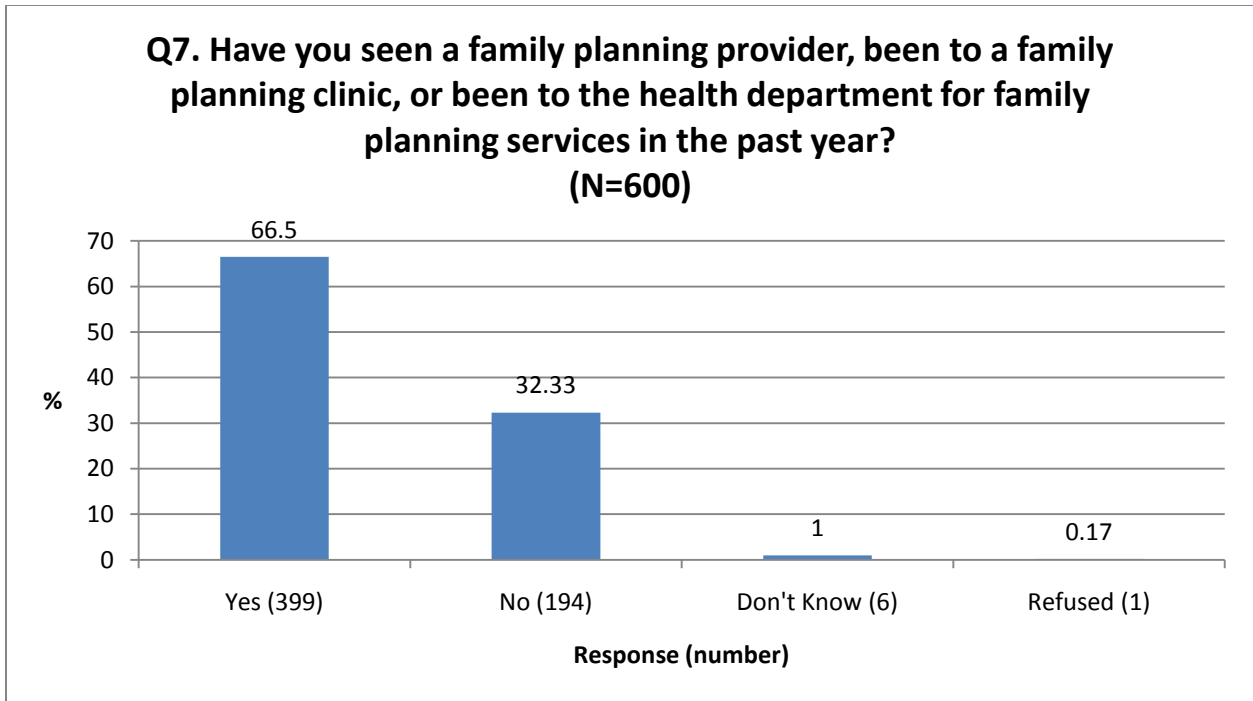
- Breast exam or pap smear
- Diabetes or high blood sugar problems
- Hypertension or high blood pressure
- Infections
- Obesity
- Other (Please specify)
- Did not tell me to see a doctor
- Don't know
- Refused

**Appendix 2. Graphs illustrating response distribution to each survey question**

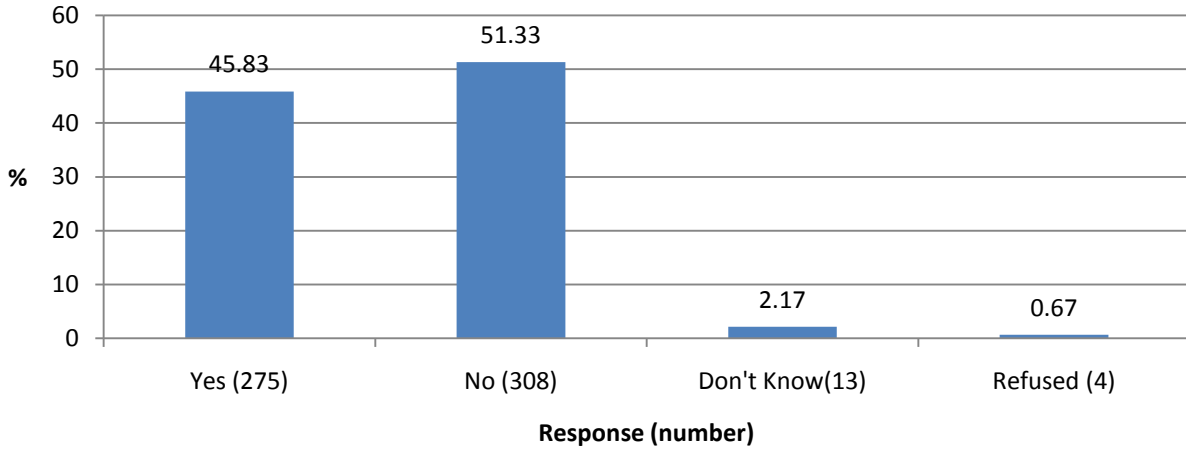








**Q9. Is this family planning provider the same as your personal doctor or clinic that you go to for routine health problems?  
(N=600)**



**Q10. Which of the following statements are true about your family planning visit?  
(N=600)**

