

APPENDIX B

Complete Results - Survey of Women

Study Background

The South Carolina Family Planning Waiver program extends Medicaid coverage for family planning services to all women who have family income at or below 185% of the federal poverty level. This telephone survey was conducted as part of the evaluation of the Medicaid family planning waiver program in South Carolina. The survey questions were redesigned from an earlier telephone survey conducted in 2001 to obtain more specific information as to the perceptions of women with regard to their need for family planning services, their willingness to receive and actual utilization of services through the waiver. The survey was designed to complement the evaluation of the South Carolina waiver program conducted by the Center for Health Services and Policy Research (CHSPR).

Methods

The telephone survey was conducted in February - March 2006. All respondents of the survey were eligible for the Medicaid Family Planning Waiver Program and were categorized into three groups based on their participation, as follows:

- **Participating women** - Women who enrolled in the waiver and who received Medicaid reimbursed family planning services in the past year (n=209).
- **Enrolled but Not Participating** - Women who applied and had been approved for Medicaid coverage of family planning services but did not use waiver services in the past year (n=209).
- **Eligible but Did Not Enroll** - Women who met the eligibility criteria for waiver services, but were not enrolled in the program in the past year (n=310).

Within each of the three groups of women a subset of women were also asked additional questions as follows.

- **Participating women** -
 - A subset of participating women who gave birth in the past year were asked two additional questions
 - A subset of participating women who saw a private doctor were asked one additional question, and
 - A subset of participating women who saw a non-private doctor were asked one additional question.
- **Enrolled but Not Participating** - A subset of enrolled women who gave birth in the past year were asked two additional questions.
- **Eligible but Did Not Enroll** - A subset of eligible women who gave birth in the past year were asked two additional questions.

The 2006 survey was structured into seven sections: demographics, awareness of the waiver, regular source of care, health care services and payment, family planning services and birth

control, pregnancy intention (asked only of women who gave birth in the past year) and client satisfaction. The results presented later in this report are based in the same order. The questionnaire contained 42 questions, plus an additional ten skip pattern questions which were asked based on the respondent's answers and were not applicable to all the sub groups. Therefore, many of the questions had a large number of valid, missing observations which have not been included in the final analysis. A copy of the questionnaire and cover letters used in this study can be obtained from the USC Center for Health Services and Policy Research.

This report presents the frequency of individual responses to questions, the cumulative percentage of the same for each of the three groups of women, total sample size and other analyses (results of cross tabulation between certain specific variables) as applicable. Responses that did not convey a specific meaning or were irrelevant in context to the posed question were grouped together as "Others". Questions that were asked to obtain 'why or why not' type of answers were usually repeated three times by the interviewer in order to ensure women who did not respond the first time, responded when asked a second or a third time. Since these responses did not differ from when asked the first time, only the table detailing the first order responses have been presented. Also, a large group of women within each of the three subgroups (35.5% of participants, 45.3% of enrollees and 34.5% of eligibles) were identified to have either had their tubes tied or had undergone a hysterectomy as a measure of birth control (Section: Family Planning Services and Birth Control, Q. 5) and therefore would not require family planning services. In order to ensure that the cross tabulation results did not include these women as applicable, based on individual questions, a note has been added in the appropriate sections indicating the same.

Results

Section I – Demographics and Pregnancy Intention

Between 50-65% of all women in the survey were between 20-30 years. One-third of them resided in rural areas (33-37%). Seventy to 75% of women from all the three groups had studied up to high school or some college while 47-59% of them were working (either full or part time). Over one-third of all women were married while about 40% of them were never married before. The majority of participating women (56%) were African American whereas among eligible women, the majority were white (58%). Among enrolled women, there were more even numbers of African-Americans and whites (45% each). Almost one half of all women (47-49%) belonged to families with an annual family income less than \$20,000. The majority of women (over 80%) from all the groups did have at least one child already and about one-third of participating and eligible women were planning to have more children in the future, compared to only 17.7% of enrolled women.

1. Survey Participants having children.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Yes	172	82.3	188	90.0	297	95.8
No	31	14.8	12	5.7	5	1.6
Refused	6	2.9	9	4.3	8	2.6
Total	209		209		310	

2. Year of birth of last child.

If answer to 1. was Yes	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Prior to 1990	2	1.2	2	1.0	0	0
1990-1995	15	8.4	7	3.5	1	0.3
1996 -2000	10	5.6	9	4.5	0	0
2001	4	2.2	10	5.1	1	0.3
2002	10	5.6	14	7.1	0	0
2003	13	7.3	25	12.7	2	0.7
2004	67	37.6	89	45.2	76	24.9
2005	48	27.0	29	14.7	201	65.9
2006	3	1.7	2	1.0	14	4.6
Refused	6	3.4	10	5.1	10	3.3
Total	178		197		305	

3. Plans of having any/anymore children.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Yes	67	32.1	37	17.7	94	30.3
No	130	62.2	153	73.2	191	61.6
Do not know	6	2.9	10	4.8	17	5.5
Refused	6	2.9	9	4.3	8	2.6
Total	209		209		310	

Results of a cross tabulation between ‘Planning More Children and ‘Currently Use Birth Control’ (not including women who had their tubes tied and those who had a hysterectomy) revealed women’s intention of having or not having children as it relates to their using or not using any means of birth control. It was found that among participants who said they were not planning to have more children, 50.8% did not use any means of birth control. By comparison, those participating and eligible women who were planning to have a child, 70.1% and 54.3% were using some form of birth control measure respectively. Perhaps this is because women might not be intending to have children in the immediate future, as indicated in their responses in the next question on when they plan to have more children. In addition, a higher percentage of enrolled women, 77.1%, said they were not planning to have more children but did not use any means of birth control compared to that of 59.7% of eligible women. Overall, participants and eligible women who did not intend to have any more children were significantly more likely to also report not using birth control ($p < 0.001$ for participating and $p = 0.039$ for eligible women).

4. When planning to have a child/children.

If answer to 3. was Yes	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Within next 6 months	6	8.2	4	10.8	3	3.2
Between 6-12 months	3	4.1	7	18.9	8	8.5
Between 1-2 years	14	19.2	4	10.8	24	25.5
Between 2-3 years	20	27.4	5	13.5	24	25.5
More than 3 years	22	30.1	10	27.0	33	35.1
Do not know	8	11.0	7	18.9	2	2.1
Total	73		37		94	

5. Age at the time of the survey.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
15-19	0	0	0	0	0	0
20-24	91	43.5	43	20.6	131	42.3
25-29	54	25.8	65	31.1	86	27.7
30-34	31	14.8	43	20.6	44	14.2
35-39	20	9.6	29	13.9	31	10.0
40 +	7	3.4	18	8.6	8	2.5
Refused	6	2.9	11	5.3	10	3.2
Total	209		209		310	

6. Area of residence in South Carolina.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Urban	71	34.0	70	33.5	86	27.7
Suburban	54	25.8	50	23.9	105	33.9
Rural	78	37.3	79	37.8	104	33.5
Don't know/Refused	6	2.9	10	4.8	15	4.9
Total	209		209		310	

7. Highest grade of school or college year completed and got credit for.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
< or = 8	2	1.0	3	1.5	3	1.0
9-11	26	12.4	27	12.9	38	12.3
12	77	36.8	77	36.8	121	39.0
13-15	82	39.2	72	34.4	96	31.0
16 +	16	7.7	20	9.7	43	13.8
Refused	6	2.9	10	4.8	9	2.9
Total	209		209		310	

Note: GED recoded as 12.

8. Current employment status.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Full Time	89	42.6	82	39.3	99	31.9
Part Time	37	17.7	40	19.1	51	16.5
Laid-off / strike/ unemployed	27	12.9	28	13.4	50	16.2
Retired	1	0.5	0	0	0	0
Unable to work	3	1.4	3	1.4	9	2.9
In school	13	6.2	6	2.9	11	3.5
Full time home maker	32	15.3	41	19.6	81	26.1
Don't know/Refused	7	3.3	9	4.3	9	2.9
Total	209		209		310	

* Maternity leave coded as Full time (n=1). Medical Leave recoded as unable to work (n=2).

9. Marital status.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Married	68	32.5	72	34.4	123	39.7
Divorced	11	5.3	16	7.7	17	5.5
Widowed	0	0	2	1.0	2	0.6
Separated	15	7.2	9	4.3	16	5.2
Never Married	100	47.8	88	42.1	108	34.8
Unmarried Couple	9	4.3	13	6.2	33	10.6
Don't know/Refused	6	2.9	9	4.3	11	3.5
Total	209		209		310	

10. Race/ethnicity.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
African-American	117	56.0	94	45.0	110	35.5
White	74	35.4	93	44.5	179	57.7
Hispanic; Puerto Rican; Mexican or Spanish- American	5	2.4	4	1.9	1	0.3
Native American; American Indian	1	.5	1	.5	4	1.3
Asian or Oriental	2	1.0	4	1.9	4	1.3
Other	3	1.5	2	1.0	3	0.9
Don't know/Refused	7	3.3	10	4.8	9	2.9
Total	209		209		310	

11. Primary language.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
English	200	95.7	192	91.9	298	96.1
Spanish	3	1.4	4	1.9	1	0.3
Other	0	0	4	1.9	3	0.9
Refused	6	2.9	0	0	8	2.6
Total	209		209		310	

12. Family's total income for 2005, before deduction of taxes.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Less than \$10,000	52	24.9	48	23.0	88	28.4
\$10,000 - \$19,999	54	25.8	45	21.5	64	20.6
\$20,000 - \$29,999	37	17.7	34	16.3	57	18.4
\$30,000 - \$39,999	21	10.0	26	12.4	37	11.9
\$40,000 - \$49,999	4	1.9	13	6.2	14	4.5
\$50,000 - \$74,999	9	4.3	8	3.8	12	3.9
\$75,000 or more	5	2.4	5	2.4	4	1.3
Refused or Do not know	27	12.9	30	14.4	34	11.0
Total	209		209		310	

Section II - Awareness of the Waiver

Results indicate that women seeing a private provider were more informed about the family

planning waiver program over their counterparts who sought care from a public provider. The analyses also revealed that despite being enrolled in the program, a large number of enrollees were not even aware of that fact and this possibly could have affected their response to whether or not they were currently receiving services from Medicaid family planning waiver program. This indicates lack of effective communication between the provider and the patient. Over one-third of participating and enrolled women found out about the waiver program from the local health department or clinic while the second most important source of information about the program for all three group of women were family and friends, therefore revealing that word of mouth from known people is an effective strategy for communicating about the waiver.

1. Heard or know about the Medicaid Family Planning Waiver Program.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Yes	178	85.2	131	62.7	206	66.5
No	30	14.4	77	36.8	103	33.2
Don't know	1	0.5	1	0.5	1	0.3
Total	209		209		310	

As expected, a greater number of enrolled and eligible women were unaware of the waiver and points to the fact that greater outreach initiatives are needed to communicate with these women. In addition, a cross tabulation between the above question and type of provider (public versus private) was conducted to determine the number of women who had heard about the Medicaid Family Planning Program with respect to the type of provider they went to for seeking family planning services. There were no differences in knowledge in any of the three groups based on provider type.

2. Currently receiving Family Planning Services through Medicaid. The frequency table below includes only women who did not deliver in the past year. However, for the women who were from the 'eligible' group in the survey, the criteria was having given birth in the past year and this group is therefore an exception to the rule.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Yes	54	51.9	25	23.1	136	43.9
No	48	46.1	78	72.2	168	54.2
Don't know	2	1.9	5	4.6	6	1.9
Total	104		108		310	

3. Source from where women found out about the Medicaid Family Planning Waiver Program.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Received notice from Medicaid	17	9.0	6	4.4	23	9.8
Received notice from local health dept	61	32.2	42	30.7	42	17.9
Dept of social services	17	9.0	18	13.1	25	10.6
Health care provider	26	13.7	20	14.6	46	19.6
Pamphlet or brochure	2	1.1	2	1.5	2	0.9
Family, friends	40	21.2	28	20.4	61	26.0
Other	20	10.6	15	10.9	17	7.2
Don't know	6	3.2	6	4.4	18	7.6
Refused	0	0	0	0	1	0.4
Total	189		137		235	

A cross tabulation between 'Place where women found out about the Medicaid Family Planning Program' and type of provider (public versus private) was conducted to determine from where women heard about the Medicaid Family Planning Program with respect to the type of provider they went to for family planning services. Within the group of participating women who saw a private provider, 40.4% found out about the family planning waiver program through a notice they received from the local health department or from Medicaid, while 19.1% of women found out from their health provider. Among women who saw a public provider, fewer women were informed about the program from their provider (6.8% of participants, 12.2% of enrollees and 18.3% of eligibles) as compared to women who saw a private provider (19.1% of participants, 16.2% of enrollees and 20.9% of eligibles) again indicating that public providers should be encouraged to actively inform women who are eligible for the waiver.

4. Aware that waiver covers services at private doctor's office or at health department.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Yes	122	64.6	107	78.1	176	74.9
No	67	35.5	29	21.2	59	25.1
Refused	0	0	1	0.7	0	0
Total	189		137		235	

Overall, participating women were least aware of the above fact with 35.5% of them not knowing about it, compared to the other two groups. A cross tabulation between the above question and type of provider (public versus private) was conducted to determine the frequency of women who were aware of the fact that the waiver covers services obtained at either a private doctor's office or through the health department, by the type of provider they went to for their family planning services. Only one significant difference was noted. Participating women seeing a private

provider were significantly more aware of the fact that services were covered at either a private doctor's office or at a health department ($p < 0.001$). This result is not surprising since women who see a private provider may realize both settings are covered whereas women in the public sector may not realize that services obtained in a private doctor's office are covered.

5. Where first applied to the Medicaid Family Planning Waiver Program.

(Only women who participated and those who enrolled but did not participate)

Response	Participants		Enrollees	
	N	%	N	%
Dept of Social Services	42	22.2	39	28.5
Health Dept/DHEC clinic	102	54.0	74	54.0
Private doctor's office	6	3.2	4	2.9
Community Health Center/Clinic	6	3.2	3	2.2
Other	26	13.8	13	9.5
Don't know	7	3.7	4	2.9
Total	189		137	

The above table indicates that over half of both participating (54%) and enrolled women (54%) applied to the program at the local health department or clinic irrespective of the type of provider they went to. A cross tabulation between 'Place where women first applied to the Medicaid Family Planning Program' and type of provider (public versus private) revealed that both women seeing public and private providers also first applied to the waiver program through the health department. Only a very small percentage applied to the program at a private doctor's office, although the previous analyses have indicated that a greater number of women seeing a private provider are informed about the program's options than their counterparts seeing a public provider. Eligible women were also asked their reasons for not enrolling in the waiver. By far, the most prevalent response (22.4%) was that they were told they were not eligible. This indicates a certain lack of awareness among providers that was echoed in the provider survey also conducted in the spring of 2006.

Additionally, participating and enrolled women were asked about the need to re-apply for the waiver every year. Interestingly, 45% of participating women did not know this, and, in comparison, only 24% of enrollees were unaware. Again, this points to the need for increased outreach to raise awareness of the program and its requirements among all three participation levels.

6. Reason for not enrolling in the Medicaid Family Planning Waiver Program (Only Women who were Eligible but did not enroll).

Response	Eligibles	
	N	%
Had hysterectomy/ Tubectomy	13	7.5
Not know was eligible	7	4.0
Not know about program	12	7.0
Wanted to pay for own care	1	0.6
Not know how to apply	4	2.3
Other Answers: Have Applied	3	1.7
Spouse working	5	2.9
Just have not applied	27	15.5
Told not eligible	39	22.4
Have insurance	18	10.3
Just had baby	5	2.9
On Medicaid	7	4.0
Not needed	10	5.7
Pregnant	1	0.6
Don't know	22	12.6
Total	174	

7. Awareness about need to re-apply to the Medicaid Family Planning Waiver Program every year (Only Women who participated and those who enrolled but did not participate).

Response	Participants		Enrollees	
	N	%	N	%
Yes	144	52.3	104	75.9
No/ Don't know	45	45.4	33	24.1
Total	189		137	

8. Interested in any services of the Medicaid Family Planning Waiver Program that covers cost of family planning services (Only Women who were Eligible but did not enroll).

Response	Eligibles	
	N	%
Yes	91	52.3
No	79	45.4
Don't know	4	2.3
Total	174	

Section

III - Regular Source of Care

This section summarizes where women went most often to seek care by type of provider. The majority of all women went to a medical home to seek primary health care services.

1. Place most often went to seek care if sick, in the past twelve months.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Medical Home	110	59.1	112	64.4	187	66.5
Non Medical Home	76	40.9	61	35.61	94	33.5
Total	186		174		281	

Note that although there were several categories of responses to this question such as health department, private doctor's office, community health center, free clinic etc, for the sake of simplicity of the analyses, these categories were combined according to their appropriateness into a medical home (private doctor's office, nurse practitioner and community health center) or non-medical home (health department or clinic, hospital emergency room, free clinic and other).

2. Is the above source of care the regular source of their primary health care services?

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Yes	150	80.6	155	89.6	234	82.9
No	36	19.4	18	10.4	47	16.7
Refused	0	0	0	0	1	0.1
Total	186		173		282	

3. Type of source through which regular primary health care services are obtained.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Medical Home	31	70.5	13	31	50	82
Non Medical Home	13	29.5	29	69	11	18
Total	44		42		61	

A cross tabulation between the place where women went to seek their primary care services (Medical Home or Non Medical Home) and type of provider (public versus private) used for family planning care was conducted. Among those who went to a Medical Home for their primary care needs, over half of women in each of the three groups went to a private provider for family planning (60.7% of participants, 61.9% of enrollees and 58% of eligibles). The converse was true for women who went to a Non Medical Home, i.e. such women most often went to a public provider for their family planning needs (56% of participants, 52% of enrollees and 81% of eligibles). This result is along the lines of what is expected as women seeing a private provider were grouped into the Medical Home category. Among eligible women this finding is significant

($p=0.007$); more women who do not have a primary care home see a public provider for family planning than see a private provider. This supports the need to do outreach to get more eligible women into waiver services and to continue to link these women to a medical home through primary care referral.

Women in all three groups were also asked their reason(s) for not having a regular source of primary health care service. Of the small number who responded, between 40-50% cited affordability as the main reason they did not have a regular source of primary health care.

Section IV - Health care services and payment

Findings from this section suggest that about two-thirds of all women were ‘Very Interested’ in reproductive services such as Pap smear, breast exam, follow-up services for reproductive health and other health issues. This interest matches up with what was found in the provider survey: mainly that providers would like for these services to be covered under the waiver. Regarding the method of payment for the services that they availed, a third of all women said they paid for the services on their own, a third of participants and eligibles said Medicaid paid for their services, while another third of participants and enrollees said their insurance from the employer paid covered the services they obtained.

1. Degree of interest in a birth control prescription. (Not including women with their tubes tied or those who have had a hysterectomy).

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Very interested	84	47.7	29	21.2	117	46.06
Somewhat interested	27	15.3	26	19	34	13.4
Not too interested	18	10.2	15	10.9	22	8.7
Not at all interested	45	25.6	64	46.7	81	31.8
Don't know	1	0.6	2	1.5	0	0
Refused	1	0.6	1	0.7	0	0
Total	176		137		254	

A cross tabulation between interest in a birth control prescription and pregnancy intention was conducted within the subset of women who had given birth within the last year in order to determine whether women’s responses to interest in birth control reflected their intention of getting pregnant with their last child. No significant group differences between interest in a birth control prescription and pregnancy intention. However, it should be noted that after accounting for women who have had their tubes tied or had undergone a hysterectomy sample sizes were small. Also, such an analysis did not account for other reasons why a woman who has recently given birth may not want a birth control prescription (i.e. she is breastfeeding).

2. Degree of interest in a Pap smear.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Very interested	156	74.6	140	67	208	67.1
Somewhat interested	21	10	39	18.7	54	17.4
Not too interested	22	10.5	6	2.9	17	5.5
Not at all interested	8	3.8	21	10	31	10
Don't know	0	0	1	0.5	0	0
Refused	2	1.0	2	1.0	0	0
Total	209		209		310	

3. Degree of interest in a breast exam.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Very interested	147	70.3	136	65.1	205	66.1
Somewhat interested	35	16.7	42	20.1	52	16.8
Not too interested	15	7.2	11	5.3	26	8.4
Not at all interested	10	4.8	17	8.1	25	8.1
Don't know	0	0	1	0.5	0	0
Refused	2	1.0	2	1.0	2	0.6
Total	209		209		310	

4. Degree of interest in follow-up for reproductive health issues.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Very interested	147	70.3	160	76.6	240	77.4
Somewhat interested	35	16.7	18	8.6	29	9.4
Not too interested	15	7.2	8	3.8	10	3.2
Not at all interested	10	4.8	18	8.6	27	8.7
Don't know	0	0	2	1.0	0	0
Refused	2	1.0	3	1.4	4	1.3
Total	209		209		310	

5. Degree of interest in follow-up for other issues, such as asthma or other health conditions.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Very interested	152	72.7	123	58.9	213	68.7
Somewhat interested	30	14.4	42	20.1	49	15.8
Not too interested	12	5.7	15	7.2	12	3.9
Not at all interested	11	5.3	25	12.0	32	10.3
Don't know	1	0.5	1	0.5	0	0
Refused	3	1.4	3	1.4	4	1.3
Total	209		209		310	

6. Primary method of payment for health care services obtained.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Through job or union	63	30.1	62	29.7	59	19.0
Bought directly from insurance company	5	2.4	8	3.8	5	1.6
Medicaid	61	29.2	43	20.6	115	37.1
Medicare	2	1.0	1	0.5	2	.6
Military / Veterans	4	1.9	1	0.5	3	1.0
Self pay	64	30.6	78	37.3	115	37.1
Other	1	0.5	1	0.5	2	0.6
Don't know	5	2.4	10	4.8	3	1.0
Refused	4	1.9	5	2.4	6	1.9
Total	209		209		310	

Section V - Family planning services and birth control

The detailed analyses within this section suggest that among all three groups of women, most

went to a private provider for seeking family planning services. Participants and eligibles more often received all of the family planning services that they sought compared to enrolled women. This could be partly due to the fact that enrolled women's awareness levels about the program and about their enrolled status was very poor. Financial difficulties and lack of need of services were found to be the two important reasons why women did not received family planning services that they needed. Enrollees were less likely to currently be using a birth control method over the other two groups, after taking into account women who had their tubes tied or had undergone a hysterectomy, however this did not seem to affect the degree of satisfaction with the current birth control method for enrollees and was found to be similar to that of the other two groups of women (high satisfaction with birth control method was found across the board).

1. Place where family planning care is obtained.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Health Dept Clinic	75	35.9	42	20.1	71	22.9
Private Doc's Office	99	47.4	95	45.5	165	53.2
Nurse Practitioner	4	1.9	2	1.0	3	1.0
Community Health Center or Clinic	7	3.3	17	8.1	12	3.9
Hospital ER	2	1.0	3	1.4	9	2.9
Free Clinic	1	0.5	1	0.5	4	1.3
Do Not Receive Family Planning Care	13	6.2	40	19.1	30	9.7
Other	5	2.5	2	1.0	6	2.0
Don't Know	1	.5	3	1.4	5	1.6
Refused	2	1.0	4	1.9	5	1.6
Total	209		209		310	

2. Received all of the family planning services that women sought or needed, in the past twelve months. (Not including women with their tubes tied or those who have had a hysterectomy).

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Yes	151	85.8	95	69.3	205	80.7
No	23	13.1	34	24.8	42	16.5
Don't Know	0	0	3	2.2	0	0
Refused	2	1.1	5	3.6	7	2.8
Total	176		137		254	

Women were also asked their reasons for not having received all the family planning services they sought or needed in the last twelve months. Financial affordability was the most important reason pointed out by all three groups of women (17.8% participating, 20.8% enrolled and 27.5% of eligible women) for not having received family planning services that they sought or needed in the past year. The second most important factor was not requiring or no need to see a doctor (17.8% participating, 17.9% enrolled and 8.6% of eligible women). Other reasons for not having received services were lack of awareness about their enrolled or eligibility status (7.1% of participating women and 16.4% of enrolled women) and lack of insurance (7.1% for participating women).

3. Currently using a birth control method. (Not including women with their tubes tied or those who have had a hysterectomy).

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Yes	116	65.9	49	35.8	140	55.2
No	57	32.4	83	60.6	106	41.7
Don't Know	0	0	1	0.7	1	0.4
Refused	3	1.7	4	2.9	7	2.6
Total	176		137		254	

4. Primary reason women did not use a birth control method (If answer to question above was 'No').

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Currently pregnant	14	15.0	11	6.9	17	10.5
Trying to get pregnant	3	3.2	4	2.5	4	2.5
Had hysterectomy	1	1.1	2	1.3	2	1.2
Had tubes tied	32	34.4	70	44.0	54	33.3
Partner had vasectomy	5	5.4	4	2.5	3	1.9
Not sexually active	8	8.6	11	6.9	15	9.3
Side effects	2	2.2	4	2.5	5	3.1
Unable to obtain	0	0	0	0	3	1.9
Not want to use birth control	5	5.4	4	2.5	9	5.6
Not need to use birth control	1	1.1	11	6.9	6	3.7
Other	16	17.2	27	16.9	37	22.8
Don't know	4	4.3	7	4.4	8	4.9
Refused	3	3.2	4	2.5	7	4.3
Total	94		159		170	

5. Consider this to be their primary method of birth control. Responses below are from the subset of women who said 'yes' to using a birth control method.

Over one half of women who participated in the program used a birth control method. In comparison, only twenty three percent of enrollees and forty five percent of eligible women cited using a specific method. Overall, the birth control pill was the most common method of prevention used by all three groups of women.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Condoms	9	7.8	10	20.0	21	14.9
The Pill	53	45.7	18	36.0	56	39.7
Nuva Ring	5	4.3	3	6.0	3	2.1
The Patch	11	9.5	3	6.0	15	10.6
Depo Provera	23	19.8	4	8.0	23	16.3
IUD	13	11.2	7	14.0	12	8.5
Tubal Ligation	0	0	2	4.0	2	1.4
Abstinence	1	0.9	0	0	2	1.4
Other/Combination	0	0	2	4.0	4	2.8
No Response/Do not Know	1	0.9	1	2.0	2	1.4
Total	116		50		140	

6. Degree of satisfaction with current birth control method.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Very satisfied	81	70.4	37	75.5	101	71.6
Somewhat satisfied	29	25.2	8	16.3	28	19.9
Somewhat unsatisfied	3	2.6	3	6.1	6	4.3
Very unsatisfied	1	0.9	1	2.0	4	2.8
Do not Know	1	0.9	0	0	2	1.4
Total	115		49		141	

A cross tabulation between satisfaction with current birth control method and type of provider (public versus private) was used to determine whether the type of provider had any bearing on satisfaction with their birth control method. Overall, women, regardless of provider type were satisfied with their birth control method as there were no significant differences in satisfaction by provider type.

Enrollees were also a series questions about their reasons for not participating in services under the waiver program. As is seen in the tables below, results are conflicting. They indicate that while the majority of women were not aware of their eligibility or enrollment in the waiver, a majority also indicated using Medicaid for family planning services.

7. Main reason for not currently receiving services covered by the Medicaid program that pays the cost of family planning services (Only women who enrolled but did not participate).

Response	Enrollees	
	N	%
Was refused care/ Doctor refused care	5	2.4
Did not know enrolled in the waiver or eligible/Awareness issues	102	51.5
No need to see doctor now /No need now	16	7.7
Limited service coverage	4	1.9
Unable to have kids/Hysterectomy	5	2.4
Have Insurance	25	12
Other	14	6.7
Don't know	27	12.9
Total	198	

8. Ever used Medicaid program that pays the cost of basic family planning services. (Only women who enrolled but did not participate and not including women with their tubes tied or those who have had a hysterectomy).

Response	Enrollees	
	N	%
Yes	100	76.9
No	18	13.8
Don't Know	12	9.2
Total	130	

9. Main reason for never having used the services of the Medicaid program that pays the cost of family planning services (Only Women who enrolled but did not participate).

Response	Enrollees	
	N	%
Did not know enrolled in the waiver	6	16.7
Not know enough about the program	5	13.9
Want another child	1	2.8
Not aware of the program	3	8.3
Personal Beliefs	2	5.6
No card/ Not Eligible	3	8.3
Have Insurance	2	5.6
Not applied	1	2.8
Do not know /No reason	6	16.7
Refused	7	19.4
Total	36	

Women gave similar reasons for not currently receiving services covered by the Medicaid program and for not using them. About seventeen percent of the enrollees said they were not aware that they were enrolled in the waiver and an equal percentage of women said that they did not know why they never used the services of the program.

Subset of Women Who Had Given Birth within the Last Year

Women who had given birth within the last year in all three groups were asked about whether they were trying to get pregnant just before learning of the pregnancy. This question was designed to get at pregnancy planning. Overall, 20% of participating, 18% of enrolled and 29% of eligible women were trying to get pregnant with their last baby. The majority of women in all three groups, however, were not trying to get pregnant when they found out of their pregnancy.

10. Trying to get pregnant, just before learning of pregnancy with the last baby.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Yes	21	20.0	18	17.8	91	29.4
No	81	77.1	81	80.2	206	66.5
Don't Know	1	1.0	0	0	4	1.3
Refused	2	1.9	2	2.0	9	2.9
Total	105		101		310	

A cross tabulation between this question and type of provider (public versus private) was conducted to determine women's intention of getting pregnant relative to the type of family planning provider they went to. The difference in pregnancy intention among the three groups of participation did not significantly vary by type of provider.

Section VI - Satisfaction with Provider

Overall, the majority of women from all three groups said that they were satisfied with their current provider of primary health care services with only a small percentage of women saying that they were somewhat unsatisfied to very unsatisfied (8-11%). A larger difference was found in satisfaction levels of eligible women by type of provider which may be due to the fact that although they are eligible for the waiver services they can afford to see a private provider and are content with services they receive there.

1. Degree of satisfaction with current provider of primary health care services.

Response	Participants		Enrollees		Eligibles	
	N	%	N	%	N	%
Very satisfied	117	60.3	105	53.3	165	55.7
Somewhat satisfied	58	29.9	72	36.5	93	31.4
Somewhat unsatisfied	10	5.2	11	5.6	18	6.1
Very unsatisfied	6	3.1	6	3.0	15	5.1
Don't know	3	1.5	3	1.5	5	1.7
Total	194		197		296	

A cross tabulation between satisfaction with current provider of primary health care services and type of provider (public versus private) was conducted. While level of satisfaction varied by participation level, as can be seen in the above table, there were no differences in satisfaction level based on the type of provider seen.

2. What they like most about the Medicaid Family Planning Waiver Program.

Response	Participants	
	N	%
Free health care	25	22.9
Free birth control	41	37.6
Availability of services	13	11.9
Convenience	6	5.5
See same doctor as when pregnant	14	12.8
Like all services	8	7.3
Do not like anything about program	1	0.9
Other	1	0.9
Total	109	

A cross tabulation between what participants like most about the waiver and type of provider (public versus private) was conducted. This analysis revealed that what participants like most about the waiver did not vary by provider type.

3. Dislike most about the Medicaid Family Planning Waiver Program.

Almost half of the participating women said they did not dislike anything about the program (42.2%) while 21.1% of them said that they did not like the fact that it does not cover enough services. A smaller proportion of women said they disliked that it had eligibility limits (7.3%).

Section VII - Questions asked of subset of Participating women

The most important reason participating women saw a private doctor instead of a public medical provider was due to their good relationship with the doctor (20.6%), while among those participating women who saw a public provider, the primary reason for doing so was financial difficulty (12%).

1. Primary reason for seeing a private doctor instead of a medical provider like a public health clinic, primary health care clinic, or a nurse practitioner. (Only women who participated but who saw a private doctor)

Response	Participants	
	N	%
Privacy	6	5.9
Negative ideas about public Providers/Do not want to see	2	2.0
Good relationship with doctor	21	20.6
Private doctor/nurse understands me and my culture / more personal	4	3.9
Private doctor saw when pregnant	2	1.9
Medicaid paying for it	1	0.9
More confident	3	2.9
Long wait	6	5.9
See same doctor	6	5.9
Have Insurance	5	4.9
Health Dept. not giving shots	1	0.9
Recommended by family member	3	2.9
Convenience	2	1.9
Health Reasons/ Had Cancer	4	3.9
Financial reasons	2	1.9
Other	17	16.8
Don't know	17	16.8
Total	102	

2. Primary reason for seeing a medical provider like a public health clinic, primary health care clinic, or a nurse practitioner, instead of a private doctor.
 (Only women who participated but who saw a public provider)

Response	Participants	
	N	%
Privacy	1	0.8
Negative ideas about private medical provider/not sure qualified	2	1.7
Good relationship with doctor	5	4.3
Health care provider is closest	2	1.7
Accepts Insurance	1	0.8
Do not have insurance	6	5.1
No time to find a private doctor	2	1.7
Treated Better	5	4.3
Financial Reasons/ Only choice	14	12.1
Birth Control/Family planning	11	9.6
Appointment availability	2	1.8
Sickness/health problems	6	5.2
Is free	6	5.2
Convenience	3	2.6
Always visited the provider	1	0.8
Other	20	17.3
Don't know	23	19.9
Refused	6	5.1
Total	116	

APPENDIX C

Complete Results - Survey of Providers

Study Background

Through the Medicaid Family Planning Waiver, the South Carolina Department of Health & Human Services (SCDHHS) first extended Medicaid family planning coverage to all women who had given birth on Medicaid. Later, this coverage was expanded to all women with family incomes at or below 185% Federal Poverty Level. The Medicaid Family Planning Waiver was intended to avert or delay initial and subsequent pregnancies to women in the target population for having their birth covered by Medicaid. In May 1996, SCDHHS contracted with the Center for Health Services and Policy Research (CHSPR) at the University of South Carolina (USC) to design and deliver an evaluation of the waiver. During SFY 2002, the waiver was renewed for three years and CHSPR agreed to deliver further waiver evaluations. As part of the continued evaluation, surveys used by CHSPR in 2001, to aid in gathering information on the perceptions and use of the Medicaid Family Planning Waiver from both the participant and provider perspectives were re-designed and implemented in FY 2006 (February – July, 2006).

For the 2006 survey of providers, focus was shifted from the private sector to the public sector of providers based on input from SCDHEC and SCDHHS, and 2001 survey results showing that 69% of women participating in the waiver received family planning services at their local health department.

Methods

Sample

As part of this overall evaluation, surveys of health care providers, both public and private, were conducted. For the public sector, contact information for family planning providers at DHEC health clinics and Primary Health Care clinics throughout the state was obtained from personal contacts from the division of family planning at SCDHEC and the South Carolina Primary Health Care Association (SCPHCA). For the private sector, both doctors seeing waiver clients, and doctors not seeing waiver clients were identified through the South Carolina Budget and Control Board Office of Research and Statistics (ORS).

Instrumentation

The survey consisted of 19 questions and was organized into the following four main sections:

- 1) Awareness of the waiver and the services it covers
- 2) Barriers to providing waiver services
- 3) Barriers to women obtaining waiver services
- 4) Importance of waiver coverage options

The surveys used for public and private health care providers were identical with the exception of one question, the wording of which varied to reflect whether the individual was a public provider or in private practice. A copy of the questionnaire and cover letters used in this study can be obtained from the USC Center for Health Services and Policy Research.

Data Collection

On June 2, an initial mailing was sent to 211 public providers, 199 private providers who saw Medicaid waiver patients, and 64 providers who did not see Medicaid patients at all. This mailing included the questionnaire, a cover letter explaining the purpose of the study and soliciting their participation, and a stamped, business-reply envelope for returning the questionnaire. On July 10, a second mailing was sent to those individuals who had not yet responded. This mailing included a slightly revised cover letter, a questionnaire, and a stamped business-reply envelope.

Data Analysis

Once the questionnaires were returned, the responses to the open-ended questions were coded and the information entered into a machine-readable data base. Descriptive statistics and tests of association were performed using SPSS 14.0.

Results

Of the 474 surveys mailed out, 144 (30.4%) were returned. The response rates for these various groups are likely a measure of awareness of and interest in the Medicaid Family Waiver program. Among the public providers, 111 completed questionnaires were returned, a response rate of 52.6%; for the private providers who saw Medicaid patients, 28 completed questionnaires were returned, a response rate of 14.1%; and among private providers who did not see Medicaid patients, five surveys were completed, a response rate of 7.8%. In many ways, this is indicative of participation in delivering family planning services to waiver clients and their awareness of the waiver.

Among all three groups, most of the persons filling out the survey were service providers including nurses (36.1%), nurse practitioners (25.0%), and doctors (18.1%). One hundred percent claimed that they saw Medicaid clients, including those five providers who, according to our records, did not see waiver clients. All public and private providers who were listed as having family planning waiver clients, with the exception of one private provider still see waiver clients. Since participation was so low among private providers who did not see waiver clients (n=5), our ability to make conclusions about that population is limited; therefore, further results are not included herein. The following tables detail the survey results by provider type (public vs. private) and, where applicable, significant differences between the two groups are noted.

Table 1. Percent of Clients Covered by Medicaid

	Percent Public (n=101)	Percent Private (n=28)
Less than 25%	18.8 %	25.0%
25% - 29%	10.9%	39.3%
50% - 74%	17.8%	28.6%
75% or More	52.5%	7.1%

The two provider groups are significantly different ($p < 0.001$) in terms of their overall client composition. Public providers see more Medicaid clients than private providers.

Awareness of the Waiver

Table 2. Percent that Explain the Medicaid Family Planning Waiver to Clients

	Percent Public (n=110)	Percent Private (n=25)
Yes	99.1 %	88.0%
No	0.9%	12.0%

While most public and private providers do explain the Medicaid Family Planning Waiver to their clients, significantly more public providers do. Those who said yes to this question were also asked to identify who explains the waivers to clients. For the majority, that person was identified as a clerical staff person (i.e. receptionist, billing clerk).

Table 3. Percent that are Aware of Which Clients Are Medicaid

	Percent Public (n=105)	Percent Private (n=25)
Yes	95.2 %	80.0%
No	4.8%	20.0%

Public and private providers differ significantly ($p = 0.02$) in their awareness of which clients are covered by Medicaid, with public providers being more likely to know which clients are Medicaid.

Table 4. Services Frequently Provided to Waiver Clients

	Percent Public (n=111)		Percent Private (n=27)	
	Yes	No	Yes	No
Pap Smears	94.6%	5.4%	81.5%	18.5%
Birth Control Products	98.2%	1.8%	70.4%	29.6%
Birth Control Prescriptions	74.8%	25.2%	81.5%	18.5%

There are significant differences between public and private providers in the frequency with which pap smears and birth control products are provided to waiver clients. Public providers more often provide pap smears to waiver clients than private physicians ($p=0.04$) and also provide more birth control products ($p<0.001$). However, there are no differences between public and private providers when it comes to the provision of birth control prescription

Table 5. Perceived Understanding of what the Medicaid Family Planning Waiver Covers

	Percent Public (n=109)	Percent Private (n=23)
Completely	27.5%	17.4%
Very Well	54.1%	34.8%
Somewhat	16.5%	30.4%
Completely	1.8%	17.4%

While all providers were aware of the waiver, their level of understanding of what the Medicaid Family Planning Waiver covers varied. The majority of public providers felt they understood what the waiver covers “very well” while among private providers understanding fell between “very well” and “somewhat”. Additionally, understanding significantly differed by provider group ($p=0.01$) with there being greater understanding of what the waiver covers among public providers.

Table 6. Have Medicaid Family Planning Waiver Program Applications Available

	Percent Public (n=109)	Percent Private (n=20)
Yes	86.2 %	25.0%
No	13.8%	75.0%

Public providers are more likely to have Medicaid Family Planning Waiver program applications in their facility compared to private providers. This difference is highly significant ($p<0.001$).

Table 7. Provider Barriers to Providing Services

	Percent Public (n=111)			Percent Private (n=25)		
	Major	Minor	Not	Major	Minor	Not
Waiver does not cover referrals or follow-up	66.7%	19.8%	13.5%	80.0%	16.0%	4.0%
Waiver does not cover complications	62.2%	27.9%	9.9%	80.0%	16.0%	4.0%
Payments from the waiver are not adequate	20.4%	40.8%	38.8%	31.8%	63.6%	4.5%
My practice is full	2.8%	5.6%	91.7%	8.3%	16.7%	75.0%
Waiver clients do not keep appointments.	7.3%	48.6%	44.0%	16.7%	41.7%	41.7%
My clients are not on the waiver	1.0%	1.0%	98.0%	0.0%	4.3%	95.7%
Waiver clients tend to be non-compliant/do not follow my plan for care.	4.6%	37.6%	57.8%	12.0%	36.0%	52.0%
My clients are not informed about waiver and the services it covers.	4.5%	11.8%	83.6%	30.4%	34.8%	34.8%
I am not informed about the waiver and the services it covers.	2.8%	3.7%	93.6%	13.0%	26.1%	60.9%

Both public and private providers felt that the biggest barriers to providing care to Medicaid Family Planning Waiver clients were that the waiver does not cover referrals or follow-up or cover complications. There were little differences between public and private providers in the importance of various barriers. More private providers felt that payments from the waiver not being adequate was a bigger barrier ($p=0.002$). Also, private providers were more likely to report that both clients' and their own lack of information about the waiver and the services it covers as barriers ($p<0.001$ for both).

Perceived Barriers of Women in the Waiver

Table 8. Barriers for Women Seeking Waiver Services

	Percent Public (n=110)			Percent Private (n=23)		
	Major	Minor	Not	Major	Minor	Not
Waiver does not cover referrals or follow-up	79.8%	11.9%	8.3%	69.6%	17.4%	13.0%
Waiver does not cover complications	72.9%	18.7%	8.4%	73.9%	13.0%	13.0%
Women don't understand what the waiver is or what it covers	19.3%	63.3%	17.4%	73.9%	21.7%	4.3%
Transportation	36.4%	50.9%	12.7%	39.1%	52.2%	8.7%
Childcare	34.5%	49.1%	16.4%	30.4%	60.9%	8.7%
Women may prefer a different type of provider (public vs. private)	3.7%	42.6%	53.7%	13.0%	21.7%	65.2%

Both public and private providers felt that the biggest barriers for Medicaid Family Planning Waiver clients to seek their care were that the waiver does not cover referrals or follow-up or cover complications. Overwhelming majorities of both provider types cited these as major barriers. Private providers also felt that women not understanding the waiver program and the services it covers was a barrier to them seeking care from them. This was a significant difference ($p < 0.001$) between the public and private providers. Of note, most respondents in both groups felt that women wanting a different type of provider was not a barrier at all.

Importance of Covering Various Services

Table 9. Importance that the Waiver Cover/Provide...

	Percent Public (n=110)				Percent Private (n=24)			
	Very	Somewhat	Not Very	Not At All	Very	Somewhat	Not Very	Not At All
Referrals	74.8%	20.6%	1.9%	2.8%	65.2%	21.7%	4.3%	8.7%
Follow up - reproductive health complications	83.6%	12.7%	0.9%	2.7%	83.3%	12.5%	0.0%	4.2%
Follow up - other medical problems	28.2%	35.9%	20.4%	15.5%	43.5%	30.4%	8.7%	17.4%
Follow up - abnormal pap smears	91.7%	5.5%	1.8%	0.9%	87.0%	8.7%	0.0%	4.3%
Additional support services to address non-compliance following the physician's plan of care	25.7%	42.2%	24.8%	7.3%	34.8%	39.1%	17.4%	8.7%
Health related education	38.0%	46.3%	13.9%	1.9%	45.8%	33.3%	16.7%	4.2%
Oral health	20.0%	41.8%	29.1%	9.1%	26.1%	34.8%	21.7%	17.4%
Mental health	25.5%	44.5%	21.8%	8.2%	34.8%	34.8%	13.0%	17.4%
Increased payment	37.7%	42.5%	15.1%	4.7%	62.5%	29.2%	4.2%	4.2%
STD's	78.2%	11.8%	6.4%	3.6%	83.3%	12.5%	0.0%	4.2%

Both public and private providers felt that it was very important that the Medicaid Family Planning Waiver program cover referrals, follow-up for reproductive health complications, abnormal pap smears, and STDs. This sends a clear message that even in the arena of reproductive health, women's needs, particularly related to follow-up for problems that arise during an initial visit be covered under the waiver. There were no differences between provider groups on their perceived importance of coverage.

Conclusion and Recommendations

Generally speaking, both public and private providers who returned the survey are aware of the waiver and the services it covers. However, there are notable differences between public and private providers. Public providers see more Medicaid clients than private providers. Also, public providers are more likely to be aware of which clients are Medicaid, explain the

waiver to clients, have waiver applications available, and cite a greater understanding of what the waiver covers. Results from the 2006 survey of women indicate that 47% of women participating in the waiver program see private doctors, compared with just 24% in 2001. This indicates a shift from what was seen in 2001 and a need for increased awareness of the waiver among private providers.

There were few differences between provider groups in terms of their barriers to providing services, their perception of women's barriers to seeking services, and no differences in their perceived importance of what the waiver should cover. The biggest barriers to care are the fact that the waiver does not cover referral or follow-up for complications found during the family planning visit. Additionally, providers felt that these were important services to cover. Including coverage for referral and follow-up has the potential to increase access to care for waiver women.

One limitation of the survey is the low response rate, particularly among private doctors. It is likely that this represents a selection bias that the private providers who filled it out are more in touch with their Medicaid clients and likely biases their results in a positive direction. Therefore, it is thought that awareness of the waiver, its coverage options, and the ability to have the waiver explained through a private provider is likely lower.

It is clear that outreach should be provided to more private providers and that outreach to public providers should be on-going. Historically, much outreach has been focused on public providers, but given the increase observed over the last five years in women seeing private doctors for family planning, a shift may be warranted.