Issue Paper Topic: Family Planning Clinics

Problem Description
There are more than 7,000 subsidized family planning clinics in the United States, serving approximately 1.8 million adolescents each year. Yet it is estimated that only 37 percent of teens who need services currently receive contraceptive care through these sources\(^1\).

Issue Paper Summary
There are 12 million adolescent girls in the United States and family planning clinics have played a critical role in ensuring access to contraceptive services for them. However, logistical and perceived barriers contribute to reduce access to effective family planning services, resulting in a high teen pregnancy rate in the United States. Good planning can easily overcome logistical/actual barriers and lead to increase in access to family planning service by adolescents. Overcoming perceived barriers is a more difficult task and requires the development and implementation of programs that rely on innovative and culturally appropriate strategies.

Background
In the United States, family planning services for teenagers are concentrated in federally funded family planning clinics such as Planned Parenthood affiliates and local health departments, but may also be available from doctors either from hospitals or private offices, which specialize in gynecology, adolescent medicine and family practice (Cromer & McCarthy, 1999). Studies found that while most adolescents are aware of the different contraceptive methods and where to get them, perceived and logistical barriers limit teens’ access to reproductive health services (Brindis & Davis, 1998). Summary of barriers for access to reproductive health services is presented in the figure below\(^2\).

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\(^1\) The Cornerstone Consulting Group, 2001
\(^2\) The figure was developed based on the materials of Advocates for Youth organization and Johns Hopkins University data.
Barriers to effective family planning services

**Logistical Barriers**

Legal and regulatory barriers:
- Parental permission to use family planning clinics
- Funding restrictions

Process/medical barriers:
- In-appropriate follow-up schedule
- Unnecessary procedure required
- Lack/no providers’ skills (counseling, work with adolescent group, etc.)
- Providers bias

Physical and time barriers:
- Waiting time and appointments availability
- Availability of staff
- Client needs and preferences met
- Inflexible working hours

Location barriers:
- Distance
- Travel time
- Difficult to find

Cost barriers:
- Price of contraceptive method/lack of insurance
- Cost of transportation

**Perceived Barriers**

Personal barriers
- Fear of medical procedures (pelvic exam, blood tests, etc.) and side effects
- Lack of knowledge regarding the need of contraception
- Confidentiality concern
- Discomfort with clinic personals
- Lack of awareness of legal rights
- Misinformation about risk of pregnancy and STDs
- Fear of parents find out

Cultural and social barriers
- Parental, friends attitude towards contraceptive use
- Social norms

**Outcomes when barriers are addressed**

- Access to services
- Contraceptive choices
- Quality services provided
Logistical barriers can be addressed with good planning. Study results found that teen friendly clinics allow adolescent clients to feel comfortable, exchange information and get necessary support to make informed decisions about their health. An average of 75% of teenagers at risk for pregnancy were served by teen friendly clinics compared with an average of 28% teenagers at risk who were served by ordinary clinics. Teenagers, who attended such clinics, have higher levels of knowledge about and use of contraceptives, as well as lower pregnancy rates. Teen friendly clinics offered more hours of service per week, more often had special outreach programs for teenagers, were more likely to have a medical staff willing to provide family planning to a minor without parental consent and were more likely to see a patient without an appointment (Cromer & McCarthy, 1999).

However, perceived barriers are wide spread and more difficult to change (Brindis & Davis, 1998). According to Cromer and McCarthy (1999), fear of pelvic exam has been found to delay adolescents’ visit to family planning clinics and to be a significant barrier to American teenagers obtaining family planning services. To overcome this barrier, a family planning clinic in Southeastern Pennsylvania developed the Smart Start program. This program allows new adolescent clients to postpone the pelvic exam and routine blood tests for up to six months while still obtaining oral contraceptives. The young women have a careful medical and social assessment at their initial visit. Results of a comprehensive 18-month evaluation of Smart Start found that participants who choose to delay the pelvic exam are more likely to return to the clinic for follow-up care and have reported more consistent condom use. Most important is that no adolescent is placed at undue risk as a result of having delayed the exam (Brindis & Davis, 1998).

Another strategy, which can be successfully used during work with adolescents, is peer education. Adolescent peer providers may be more effective communicators than adults and peer education can produce better results in such areas as improving reproductive health knowledge and behavior. The Peer Providers of Reproductive Health Services to Teens model was implemented in health clinics in California. This model has three key components:

- Before clients receive clinical services from a medical provider, peer providers meet with them for an intake session to discuss their reasons for the visit, abstinence, birth control options and safer-sex practices.

- Peer providers make follow-up telephone calls to each female client shortly after their first visit and then on a quarterly basis to reinforce health education information, answer questions, provide lab results encourage consistent contraceptive and condom use and make follow-up appointments, if necessary. Peer providers call to male clients only in case provision abnormal test results or follow up on specific problems.

- Two person teams of young adult outreach health educators provide group outreach to adolescents in mainstream, alternative schools and individual outreach to male adolescents in a variety of community settings.

Based on the survey results, female clients of peer provider clinics are significantly more likely to report consistent birth control use, birth control use at last intercourse and use of effective methods. The Peer Provider model appears to be a promising addition to the mix of service delivery models (Brindis, Geierstanger, Wilcox, McCarter & Hubbard, 2005).
The next strategy which can be used is the involvement of mothers, friends and male partners. Study conducted in San Francisco found that support from mothers, friends and male partners is one of the important factors which increase effective contraceptive use among adolescents and influences them to visit family planning clinics for contraception. Pregnancy prevention programs and counseling protocols that integrate supportive networks for adolescents into contraceptive services may help teenagers use effective methods and increase family planning clinics utilization (Harper, Callegari, Raine, Blum & Darney, 2004).

Although girls have traditionally been the main focus of teen pregnancy prevention programs, the importance of targeting boys and young men is now recognized (Ries & Sonenstein, 2006). The great majorities of young men agree that pregnancy prevention, talk about contraception and use of contraception to protect against unwanted pregnancy are male responsibilities (The Cornerstone Consulting Group, 2001). Thus, offering female teenagers in clinic setting the choice to include their male partners in contraceptive counseling may be welcomed in many cases and could create an opportunity for healthy male participation in contraceptive decision making (Harper, Callegari, Raine, Blum & Darney, 2004).

Currently, city of Milwaukee Health Department and other agencies are implementing several programs and initiatives to encourage contraceptive use by teens and increase family planning clinics utilization:

- C.O.O.L. and H.I.P. Project is a mentoring program for pregnant and parenting teens. The project provides mentoring to the target population through visits from nurses and nursing students. During these visits, pregnant and parenting teens are counseled on different topics including contraception and contraceptive use.

- Within the framework of this Program the Milwaukee Teen Pregnancy Prevention Network was established to improve the communication and capacity of teen pregnancy reduction efforts in Milwaukee (City of Milwaukee Health Department Annual Report, 2004).

- Planned Parenthood of Wisconsin is one of the main sources of comprehensive reproductive health services for adolescents. All types of service, except abortion, are provided without parental consent. There is a special protocol on contraception prescription for adolescents, based on this document pelvic exam and other routine tests can be postponed for up to six months while adolescents still can obtain oral contraceptives. During counseling of adolescent clients, Planned Parenthood staff uses individual approaches and emphasize confidentiality and abstinence issues. Parents, friends and male partners are welcomed during service provisions for adolescents (BJ. Bacon, Planned Parenthood of Wisconsin, personal communication, 2006).

- In 2006, Planned Parenthood of Wisconsin received grants, enabling them to offer male-centered programming based on behavior theories. The program offers reproductive and sexual health workshops, community service learning opportunities, male-to-male mentoring, nurturing seminars for fathers of adolescent boys and teen fathers, and training-of-trainer workshops for parents, caregivers and community members that support the growth and development of adolescent boys (Planned Parenthood of Wisconsin, 2006).

- Youth Peer Education Program is implementing by Planned Parenthood of Wisconsin. Peer educators conduct workshops in community-based, school-based and faith-based settings on different topics, including contraceptives and contraceptive use. Peer educators refer their friends, peers and workshop participants to utilize Planned Parenthood Health Centers
when they have sexual health-related questions or concerns (A. Crymes, Planned Parenthood of Wisconsin, personal communication, 2006).

- Counseling Center of Milwaukee (Pathfinders) organizes health education sessions for youth (runaway, homeless and at-risk adolescents). Youth volunteers provide basic information about contraceptives and refer participants in health centers in case of their sexual health-related concerns (J. Bock, Counseling Center of Milwaukee, personal communication, 2006).

- Milwaukee Adolescent Health Program provides medical services to adolescents, including immunizations, general primary care issues, pap-smear and reproductive health counseling and referrals. The target population is referred in their PMD, Planned Parenthood or 12-20 reproductive health clinics for contraception (M. Vukovich, Milwaukee Adolescent Health Program, personal communication, 2006).

- See Annex A for a list of health clinics/agencies which offer family planning services.

**Barriers and Gaps**

- Logistical and perceived barriers.
- Funding limitations.
- Lack of knowledge and skills of medical providers during their work with teen patients.
- School-based and school-linked health centers face strong, conservative opposition.
- Perception that contraceptive distribution encourages teens to have sex.
- Traditional gender roles among women and men in case of contraceptive choice.
- Lack of parents and society support for contraceptive use.

**Community Strengths and Opportunities**

Several studies suggest that black teenagers are significantly more likely to have parents involved in contraceptive decision (Jones, Singh & Purcell, 2005). Thus, work with parents on establishment positive parent-child relations can contribute to fewer risk-taking behaviors, constant and correct use contraceptive methods and fewer births among adolescents.

**Recommendations**

Based on the literature data teens are more likely to attend family planning clinics, when barriers to clinic services are reduced and they are more likely to use contraceptives when non-medical issues are also addressed (The National Campaign to Prevent Teen Pregnancy, n.d.).

**General recommendations:**

- Financial support of non-traditional sites for reproductive health services such as school clinics.

- Promotion of updated Pap smear protocol among adolescents and health care providers, which might encourage patients to come in health facilities more often.

**Recommendations for exist family planning clinics** (proposed characteristics to overcome existed barriers were developed based on the materials of the Cornerstone Consulting Group and Advocates for Youth organization).

**Providers’ characteristics**

- Training of staff from family planning clinics on working with youth, especially in counseling skills.
• Ensure privacy and confidentiality during service provision.
• Staff is with culturally and linguistically appropriate skills.

Family planning clinic characteristics
• Separate time and/or space are set aside for adolescents’ medical service.
• Working hours are convenient for youth.
• Facilities are conveniently located, including places where teens are (schools, workplaces, recreational centers and so forth).
• Adequate space to protect privacy.
• Development referral network with other health and social agencies/clinics/institutions.
• Confidentiality is protected.
• Friendly and comfortable surroundings.

Program design characteristics
• Appointments are quickly available.
• Provisions are made for drop-ins.
• Waits are short and facilities are not overcrowded
• Fees are affordable.
• Partners are welcomed and special services are offered for males.
• Encouraging clients to bring friends
• Appointments are long enough to allow addressing questions and concerns.
• Educational materials on variety of health and social issues of concern to young people are available in waiting areas.
• Follow-up visits are scheduled and monitored.
• Clinic programs are widely and openly publicized / advertised as confidential, low cost services.
• Established linkages with schools.
• Participation in community health fairs or other events.
• Flexible payment system, seeking and accepting federal, state, foundation and corporate funding, conducting community fund raisers.
• Use flexible medical protocols.
• Offer a range of contraceptive methods, including emergency contraception.
• Provision comprehensive services, including prevention, treatment and follow-up care:
  ✓ Pelvic and breast exams
  ✓ Pap smears
  ✓ STD screening, counseling and treatment
  ✓ Contraception and contraceptive counseling (counseling about side effects of different contraceptives should be essential. Based on literature data adolescents who are familiar with the potential problems are more likely to be willing to manage them rather than stop using the contraceptives3).
  ✓ Pregnancy testing
  ✓ Sexual health counseling

Less common and more experimental characteristics
• Trained peer counselors work with adolescents.
• Development or adoption a clinic protocols on service provision and follow up appointments for adolescents.
• Development of contact system to facilitate follow-up visits, so the clinic can contact the client for reminders about upcoming appointments or about missed appointments.

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• Active outreach to youth.
• Help parents and other adults in the community to support teen contraceptive use.
• Organization of small group discussions.
• Development of educational materials on contraception and STDs prevention for parents.
• Provide service or referral for:
  ✓ Prenatal and postpartum care
  ✓ Well-baby care
  ✓ Social services
  ✓ Sports and work physical examination
  ✓ Mental health services
  ✓ Day care services
  ✓ Substance abuse counseling
  ✓ Prevention education and treatment
  ✓ Nutritional services
  ✓ Sexual abuse counseling

References


Annex A. List of health clinics/agencies, which offer family planning services in Milwaukee

<table>
<thead>
<tr>
<th>Clinic / Agency</th>
<th>Address</th>
<th>Service available</th>
<th>Fees/Insurance</th>
<th>Eligibility requirements</th>
</tr>
</thead>
</table>
| Planned Parenthood      | 7630 W. Mill Rd. Milwaukee, WI 53218     | • Pregnancy testing and counseling
• Annual Exams
• Birth control and counseling
• STI testing and treatment
• Confidential HIV testing and counseling
• Cancer screening
• Emergency contraceptive pills | Fees charged: Sliding fee scale.
Accepts private insurance, Badger Care, and Medicaid (T-19), and private pay Title X Region V Family Planning Program | Male and female |
| Planned Parenthood      | 1674 S. 9th Street Milwaukee, WI 53204   | • Pregnancy testing and counseling
• Annual Exams
• Birth control and counseling
• STI testing and treatment
• Anonymous and confidential HIV testing and counseling
• Cancer screening
• Emergency contraceptive pills | Fees charged: Sliding scale.
Accepts private insurance, Badger Care, Medicaid (T-19); private pay Title X Region V Family Planning Program | Male and female |
| Planned Parenthood      | 5380 W. Fond du Lac Ave Milwaukee, WI 53216 | • Pregnancy testing and counseling
• Annual Exams
• Birth control and counseling
• STI testing and treatment
• Anonymous and confidential HIV testing and counseling
• Cancer screening
• Emergency contraceptive pills | Fees charged: Sliding scale.
No requirements; accepts private insurance, Badger Care, Medicare (T-19) Title X Region V Family Planning Program | Male and female |
| Planned Parenthood      | 1748 N. Martin Luther King Drive          | • Pregnancy testing and counseling
• Annual Exams | Fees charged: Sliding scale.
Accepts certain private insurance Title X Region V Family Planning Program | Male and female |
<table>
<thead>
<tr>
<th>Location</th>
<th>Services</th>
<th>Payment Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milwaukee, WI 53212 Phone: (414) 374-8830 By appointment only. NO walk ins.</td>
<td>- Birth control and counseling&lt;br&gt;- STI testing and treatment&lt;br&gt;- Confidential HIV testing and counseling&lt;br&gt;- Cancer screening&lt;br&gt;- Emergency contraceptive pills</td>
<td>insurance, Badger Care, Medicaid (T-19), private pay Title X Region V Family Planning Program</td>
</tr>
<tr>
<td>Planned Parenthood 2207 W. Wisconsin Ave. Milwaukee, WI 53233 Phone: (414) 931-8181 Call for an appointment. Next day scheduling for exams, must call day before right when they open</td>
<td>- Pregnancy testing and counseling&lt;br&gt;- Annual Exams&lt;br&gt;- Birth control and counseling&lt;br&gt;- STI testing and treatment&lt;br&gt;- Anonymous and confidential HIV testing and counseling&lt;br&gt;- Cancer screening&lt;br&gt;- Emergency contraceptive pills</td>
<td>Fees charged: Sliding scale. Accepts private insurance, Badger Care, Medicaid (T-19), private pay</td>
</tr>
<tr>
<td>12 to 20 Health Center at Walker's Point Clinic 611 W National Ave Suite 400 Milwaukee, WI 53204 Phone: (414) 643-0433 Walk-ins and appointments accepted.</td>
<td>- Confidential pregnancy testing&lt;br&gt;- Birth control and counseling&lt;br&gt;- STD testing and treatment&lt;br&gt;- HIV counseling and testing&lt;br&gt;- Information/Education</td>
<td>Fees charged: None. All youth ages 12-20</td>
</tr>
<tr>
<td>MLK Heritage Health Center 2555 N Martin Luther King Jr Dr Milwaukee, WI 53212 Phone: (414) 372-8080 Walk-ins and appointments accepted</td>
<td>- STD testing and treatment&lt;br&gt;- Hepatitis A and B immunizations&lt;br&gt;- Hepatitis C testing and medical referral&lt;br&gt;- Pregnancy testing and counseling&lt;br&gt;- HIV case management&lt;br&gt;- HIV testing and counseling&lt;br&gt;- HIV medical care&lt;br&gt;- Dental care&lt;br&gt;- Birth control and counseling services</td>
<td>Fees charged: Copay required at time of service, sliding fee discount program for uninsured. Accepts GAMP, Badger Care, Medicare B, Medicaid T-19, UHC, Comp Care, Humana, I-Care, BCBS, Managed Health Services, Network Health Plan All ages and all sex</td>
</tr>
</tbody>
</table>
| Milwaukee Adolescent Health 1020 N 12th St Milwaukee, WI 53233 | - Well care<br>- Immunizations | Accepts private insurance, no insurance, T-19 Young men and women ages 11-
<table>
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<tr>
<th>Clinic</th>
<th>Phone: (414) 277-08900</th>
<th>Call for appointment</th>
<th>Medicaid, HMO Government</th>
<th>19;</th>
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</thead>
<tbody>
<tr>
<td>Norris Health Center</td>
<td>3351 N Downer Ave</td>
<td>Milwaukee, WI 53211</td>
<td>Birth control and counseling</td>
<td>Must be currently registered UW-Milwaukee student</td>
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<tr>
<td></td>
<td>Phone: (414) 229-4716</td>
<td>Call to make an appointment</td>
<td>STD testing and treatment</td>
<td>No requirements</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Confidential HIV testing</td>
<td></td>
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<tr>
<td>Sixteen Street</td>
<td>1032 S 16th St</td>
<td>Milwaukee, WI 53204</td>
<td>Anonymous and confidential HIV testing and counseling</td>
<td>Fees charged: Sliding fee scale. HIV test free</td>
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<tr>
<td>Community Health Center</td>
<td>Phone: (414) 672-1353</td>
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<td>STD testing and treatment</td>
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<td></td>
<td>Pregnancy testing</td>
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<td>OB contracts for pregnant uninsured women</td>
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<td></td>
<td></td>
<td></td>
<td>Birth control and counseling services</td>
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<tr>
<td>Summit Women’s</td>
<td>530 N Water St</td>
<td>Milwaukee, WI 53203</td>
<td>Pregnancy testing</td>
<td>Fees charged: Low-cost gynecological care and reduced cost birth control. Payment due in full at time of service. Accepts private insurance, HMO, Medicaid, cash, credit card</td>
</tr>
<tr>
<td>Health Organization</td>
<td>Phone: (414) 278-0424</td>
<td>Must make appointment</td>
<td>Reproductive health care services</td>
<td>Female only</td>
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<td></td>
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<td></td>
<td>Birth control and counseling</td>
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<td>Emergency contraception</td>
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<td></td>
<td></td>
<td>STD testing and treatment</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>General gynecological exams</td>
<td></td>
</tr>
<tr>
<td>Teen – Tot Clinic</td>
<td>1020 N 12th St</td>
<td>Milwaukee, WI 53233</td>
<td>Teen mothers and their babies are seen at the same appointment by the same health care provider</td>
<td>Accept private insurance, no insurance, Primecare, Compcare, Title 19 Medicaid.</td>
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<tr>
<td></td>
<td>Phone: (414) 277-8900</td>
<td></td>
<td>Immunizations</td>
<td>Adolescent parents and their children;</td>
</tr>
<tr>
<td>Well-baby care</td>
<td>Birth control and counseling services</td>
<td>Treatment and prevention of STDs.</td>
<td>Information/Education</td>
<td></td>
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</tbody>
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