



**Final Report on a Client Satisfaction Survey with Women
Eligible for Florida's 1115 Waiver to Extend Family Planning
Benefits to Post Partum Women**

Submitted to

Agency for Health Care Administration

by

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Introduction

The Lawton and Rhea Chiles Center for Healthy Mothers and Babies was retained by the Florida Agency for Health Care Administration (AHCA) to implement an evaluation of the 1115 Waiver to extend Medicaid family planning benefits to women who previously would have lost eligibility 60 days post partum. A multistage evaluation design of the waiver program was designed by AHCA and approved by HCFA. Elements of the evaluation design include monitoring rates of pregnancy, interpregnancy interval, and selected birth outcomes for second deliveries among postpartum women eligible for waiver services, calculating the expenditures and cost savings over time due to waiver participation, and interviewing eligible women and providers about the services and program.

This report documents the findings of a survey to assess client satisfaction with the Florida Medicaid family planning waiver. The survey was administered to 465 women eligible for the program, asking both users and non-users about their satisfaction with the services, their attitudes toward family planning, and possible barriers to accessing services.

The research protocol for this study was submitted for exempt Institutional Review Board (IRB) review at the University of South Florida and was approved. The study was completed following IRB procedures and standards for both security and privacy. Details about the research protocol were contained in an earlier report.

Questionnaire

The questionnaire was constructed to gauge client satisfaction with the waiver program among users and non-users of the services, as required by the terms of the contract with AHCA. The questionnaire items addressed: knowledge of program eligibility and outreach, types of services used, satisfaction with provider service, overall satisfaction with the waiver program, possible barriers to access, attitudes about family planning, and use of contraceptive methods. In addition, demographic information was collected.

Data Collection

From an eligible pool of 3,579 women, 18 years old and older who had a Medicaid paid pregnancy delivery January-June 2000, phone numbers were randomly selected and contacted no fewer than four times to solicit participation in a telephone interview. Initially, 460 numbers were released to interviewers; after those numbers had been contacted up to four times, disconnected and no forwarding numbers were replaced with new randomly selected telephone numbers. A total of 1,871 randomly selected phone numbers were contacted. Calls were made 9:00 a.m.-8:00 p.m., Monday's through Thursday's, 9:00 a.m.-4:00 p.m., Friday's, 10:00 a.m.-noon, Saturday's, and 5:00 p.m.-8:00 p.m. Sunday's, April 20 through June 4. Call outcome results are shown in Table 1. Of the contacted 1,871 numbers, 1,306 were dead-ends (no forwarding

number, disconnected, beeper, cell, fax or business number, not an English or Spanish speaker, or was never answered), leaving 565 numbers to reach a potential respondent. Of those 565 numbers, 462 completed an interview for a response rate of 81.8 percent.

In an effort to see if an alternative contact method might reduce bias in the sample (and be cost-effective), 360 numbers that had no forwarding number or were disconnected were mailed an invitation to participate in the survey by calling a toll-free number. The mailing included a gift certificate incentive to participate. Women who called the investigator after receiving the mailed request completed an additional three interviews for a total of 465 completed interviews.

Table 1.
Call Outcomes

Call Outcome	Frequency
Beeper	5
Cell	8
Disconnected/Not in Service	522
Fax	17
Not an English or Spanish speaker	6
Moved/In Jail	6
Privacy Director	26
Business Number	5
Never Answered	237
No Forwarding Number	474
Not Home	66
Refusal	37
Completed Interview	465
Total Numbers Contacted	1,874

Data Analysis

Demographic data, reported as frequencies and percentages, are displayed in Table 2. Most of the respondents, 85 percent, were between the ages of 20 and 34. The racial make-up of the sample reflects that of the population: 35 percent white, 38 percent black, and 23 percent Hispanic. Almost half (48 percent) of the respondents had never been married, 32 percent are married, the rest having varying marital statuses. Forty percent of the respondents have graduated high school, however, 36 percent have less education; 24 percent have some post-high school education. Half of the respondents were employed full or part time, 42 percent are unemployed or looking for work, and 8 percent were unable to work or were currently on maternity leave. Eleven percent of the interviews were conducted in Spanish.

Table 2.
Demographics

Age	Frequency (percentage)
18-19	4 (0.9)
20-24	169 (36.5)
25-29	137 (29.6)
30-34	93 (20.1)
35 and over	60 (13.0)
Race/Ethnicity	Frequency (percentage)
White	162 (35.0)
Black	175 (37.8)
Hispanic	105 (22.7)
Haitian	6 (1.3)
Asian	5 (1.1)
Native American	1 (0.2)
Other	9 (1.9)
Marital Status	Frequency (percentage)
Married	148 (32.0)
Separated	32 (6.9)
Divorced	48 (10.4)
Living with someone	11 (2.4)
Widowed	2 (0.4)
Never married	222 (47.9)
Education	Frequency (percentage)
8 th grade or less	29 (6.2)
Some HS; did not graduate	137 (29.5)
HS grad/GED	186 (40.0)
Vocational school degree	10 (2.2)
Some college	56 (12.0)
Two year college grad	29 (6.2)
Four year college grad	15 (3.2)
More than 4 years of college	3 (0.6)
Employment status	Frequency (percentage)
Employed full-time	160 (34.9)
Employed part-time	67 (14.6)
Looking for work	96 (21.0)
On maternity leave	9 (2.0)
Unemployed	98 (21.4)
Unable to work	28 (6.1)

Frequencies and percentages for yes/no questions related to modes of outreach and knowledge of eligibility for family planning services are shown in Table 3. Well over half (61 percent) of the respondents said they did not know they were eligible for Medicaid

family planning services. About a quarter of the respondents said they had received a mailed notice about Medicaid family planning services. Among those, 30 percent disagreed or strongly disagreed that the notice explained the available services in a way they could understand; however, telephone interviewers noted that some respondents could not recall even reading the notice before throwing it away.

All respondents were asked if they might have heard of Medicaid family planning services from any other sources and were allowed to select as many as were relevant. Twenty-six percent indicated hearing about the waiver from a health care provider, 15 percent from a friend, and 15 percent said they heard from some other way. Among the other ways respondents indicated they heard about Medicaid family planning was from the Department of Children and Families (or other state agent like HRS, social workers, caseworkers, and the Medicaid office), health department clinic or other medical personnel, through the mail, and a few individuals said they found out from the Internet, newspapers, from ‘people talking’, and one who just ‘knew about it’. There were no significant differences in the family planning waiver program knowledge or use by age, race, marital status, education, or employment status.

Table 3.
Answers to Yes/No Survey Questions*

Question	Yes	No
Did you know you were eligible to receive Medicaid family planning services in the year 2000?	179 (38.6)	285 (61.4)
Did you ever receive a notice in the mail from Medicaid about family planning?	104 (22.5)	359 (77.5)
Please tell me if you heard about Medicaid family planning from any of the following (could select more than one):		
Healthcare provider	119 (26.2)	335 (73.8)
Friend	70 (15.4)	384 (84.6)
Family member	42 (9.3)	412 (90.7)
Brochure	67 (14.8)	387 (85.2)
Billboard	29 (6.4)	425 (93.6)
Radio or TV advertisement	19 (4.2)	435 (95.8)
Other	67 (15.1)	377 (84.9)
Did you use Medicaid family planning services at any time in the year 2000?	100 (21.5)	365 (78.5)

*Note: n varies due to missing data.

Of the 465 survey respondents, 100 (22 percent) said they used Medicaid family planning services during the last year. Waiver users’ responses to the consumer satisfaction questions will be discussed in the next section.

Responses to statements regarding attitudes toward family planning are displayed in Table 4. Eighty-five percent of the respondents agree or strongly agree that family planning can help couples improve their relationships. Almost all (95 percent) of the

respondents feel family planning should be taught so couples can decide timing and spacing of children. Fully three-quarters of the respondents say their personal religious views support family planning. A little over half (52 percent) of the respondents disagree or strongly disagree that the female should be more responsible than the male in preventing pregnancy. However, almost three-quarters (73 percent) disagree or strongly disagree that the male should be more responsible than the female in preventing pregnancy.

Table 4.
Answers to Statements About Family Planning

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
Family planning can help couples to improve their relationships.	8 (1.8)	55 (12.7)	295 (68.1)	75 (17.3)
My <i>personal</i> religious views support the idea of family planning.	7 (1.6)	91 (21.1)	303 (70.3)	30 (7.0)
The female should be more responsible than the male in preventing pregnancy.	89 (19.6)	149 (32.7)	147 (32.2)	70 (15.4)
Family planning should be taught so couples can decide timing and spacing of children.	2 (0.4)	22 (4.9)	317 (70.1)	111 (24.6)
The male should be more responsible than the female in preventing pregnancy.	73 (16.1)	258 (56.8)	98 (21.6)	25 (5.5)

Frequencies and percentages of responses to questions about the acquisition and use of birth control are found in Table 5. When asked how often they used birth control methods in the past year, 21 percent said they never used them, 24 percent said they didn't need them because of self or partner sterilization, and 37 percent said they always used birth control methods; the remaining 18 percent said they used them intermittently: rarely, sometimes or usually. Among those using birth control, 33 percent reported getting supplies from a health department clinic, 29 percent from a private provider's office, and 26 percent from a retail store. Half the respondents identified themselves as most responsible for birth control when in a relationship, and half said they and their partner were both responsible.

To get an idea about the varieties of birth control employed, those who indicated they used birth control were asked what kinds they had used most in the past year; respondents were allowed to identify more than one type of birth control. Over half (52 percent) said they used condoms last year; 37 percent used the pill, and 30 percent used the Depo Provera shot. The next most used birth control methods or devices were pills and condoms together (18 percent) and withdrawal (11 percent). All respondents were asked what birth control method or device they liked best of all the types they ever used; the top three methods were the pill (25 percent), condoms (24 percent), and the

Depo Provera shot (17 percent). Thirteen percent of the respondents favored sterilization and 12 percent said they preferred using no birth control.

Respondents were also asked how soon after a birth they thought birth control usage should be resumed to avoid getting pregnant. Sixty-four percent said birth control should be used less than a month after birth; 28 percent said one to two months after delivery. Seventy-eight percent of the respondents said they felt they had enough information about different kinds of birth control to decide which type to use.

Table 5.
Answers to Questions about Getting and Using Birth Control

In the last year, how often did you use birth control methods?	Frequency (percentage)
Never	97 (21.0)
Rarely	22 (4.8)
Sometimes	31 (6.7)
Usually	32 (6.9)
Always	171 (36.9)
Don't need it (respondent or partner sterilized)	110 (23.8)
Where do you usually go to get birth control?	Frequency (percentage)
Private provider's office	74 (28.7)
Health department clinic	84 (32.6)
Other clinic (not health department)	14 (5.4)
Birth Center	4 (1.6)
Planned Parenthood clinic	3 (1.2)
Drug or Grocery Store	66 (25.6)
Other	6 (2.3)
Don't use	7 (2.7)
Who is most responsible for birth control when you are in a relationship?	Frequency (percentage)
Myself	124 (49.2)
My partner	1 (0.4)
Both of us	127 (50.4)
What type of birth control method or device have you used most this past year?	Frequency (percentage)
The Pill	96 (37.4)
Condoms	134 (52.1)
Pills and condoms together	46 (17.9)
Depo Provera Shot	77 (30.0)
Diaphragm	7 (2.7)
Foam, jelly, cream, suppository	19 (7.4)
Female condom	7 (2.7)
Sponge	2 (0.8)
IUD	10 (3.9)

Norplant	4 (1.6)
Natural family planning	14 (5.4)
“Morning After” pills	2 (0.8)
Withdrawal	27 (10.5)
Sterilization	7 (2.7)
Some other method	7 (2.7)
No method of birth control	9 (3.6)
Of all methods ever used, which one do you like the best?	Frequency (percentage)
The Pill	113 (24.6)
Condoms	108 (23.5)
Pills and condoms together	12 (2.6)
Depo Provera Shot	80 (17.4)
Sterilization	61 (13.3)
Sponge	1 (0.2)
IUD	12 (0.2)
Natural Family Planning	5 (1.1)
Norplant	2 (0.4)
Withdrawal	2 (0.4)
Contraceptive foam, cream, jelly, suppository	3 (0.7)
Other (one each for VCS, Lunell, abstinence)	3 (0.7)
None	57 (12.4)
Do you feel like you have enough information about different kinds of birth control to decide which one to use?	
Yes	354 (78.0)
No	100 (22.0)
How soon after having a baby do you think you should begin using birth control to avoid getting pregnant?	Frequency (percentage)
Less than one month	281 (64.3)
Between 1 and 2 months	120 (27.5)
Over 2 but less than 6 months	22 (5.0)
6 months or longer	14 (3.2)

Respondents were asked to select from among a list of barriers those that might make it difficult to access or prevent them from using Medicaid family planning services. Frequencies and percentages of the affirmative responses to questions of barriers to accessing Medicaid family planning services are found in Table 6. Among users of the waiver services, 29 percent said being unable to afford to pay for an appointment made it difficult for them to access services; 25 percent of service users said not knowing Medicaid could pay for it made it difficult for them to use the services. Twenty-one percent of waiver service users felt difficulties getting a babysitter made it a struggle to access services.

Table 6.

Barriers to Accessing or Using Medicaid Family Planning Services, percentage responding yes by service users and non-users

Barrier	Users	Non-users
It was hard for me to get a ride to the family planning provider's office.	16	15
I could not afford to pay for a family planning appointment.	29	28
Using 'artificial' birth control is against my religion.	9	5
It was hard for me to take time off work or school to go to a family planning provider.	20	32
It was hard for me to get a babysitter so I could go to a family planning provider.	21	30
I did not know Medicaid could pay for family planning services for me.	25	71
I didn't need Medicaid family planning because I was trying to get pregnant.	7	4
I don't know where to find a provider of Medicaid family planning services.	14	51
I would rather take care of family planning myself without the help of Medicaid.	17	20
I did not need family planning because I or my partner(s) have been sterilized.	8	22

Among non-users of the waiver services, 71 percent said not knowing Medicaid could pay for family planning services prevented them from accessing services. Half of the service non-users noted not knowing where to find a Medicaid family planning provider as a barrier to accessing family planning services; 32 percent noted difficulties in getting time off from work or school as a barrier.

Findings from Family Planning Waiver Service Users

Because this study was to assess client satisfaction, respondents who indicated they used Medicaid family planning services in the year 2000 were asked a series of questions about their use of and satisfaction with the services. One hundred of the 465 respondents (22 percent) indicated they had actually used Medicaid family planning services. Table 7 shows the types of waiver services those accessing services used.

Table 7.

Use of Medicaid Family Planning Services by service type, numbers responding yes (could select more than one, n=100)

Type of service	Yes
Family planning counseling	19
Birth control supplies	76
Pap smear test	85
Pregnancy test	48
Norplant insertion or removal	1
IUD insertion or removal	4
Tests for STDs	41
Medication for STDs	4
Sterilization operation	12

A majority of the waiver users report using the services for pap smear tests (85 percent) and birth control supplies (76 percent). About half of the users (48 percent) had pregnancy tests performed, and 41 percent were screened for sexually transmitted diseases; only 19 percent of the users mentioned receiving family planning counseling.

Waiver users were asked a series of questions about their use of and satisfaction with Medicaid family planning services. The results from those questions are displayed in Table 8.

Table 8.

Answers to Satisfaction Questions

Where do you usually go to get family planning care?	Frequency (percentage)
Private providers office	38 (40.4)
Health department clinic	43 (45.7)
Other clinic	12 (12.7)
Other	1 (1.1)
In the last year did you make any appointments with a health care provider for family planning?	Frequency (percentage)
Yes	56 (58.9)
No	39 (41.1)
On average, how often did you get an appointment as soon as you wanted?	Frequency (percentage)
Never	4 (7.0)
Rarely	1 (1.8)
Sometimes	6 (10.5)
Usually	12 (21.1)
Always	34 (59.6)

How long did you usually have to wait to get an appointment?	Frequency (percentage)
Same day	6 (10.5)
1-2 days	14 (24.6)
3-6 days	9 (15.8)
1-2 weeks	16 (28.1)
Over two weeks, but less than a month	5 (8.8)
One or more months	7 (12.3)
During the year 2000, how many times did you go to a health care provider to get family planning care or advice?	Frequency (percentage)
Once	18 (18.8)
Twice	24 (25.0)
3 times	11 (11.5)
4 times	9 (9.4)
5 times	7 (7.3)
6 or more times	8 (8.3)
None	19 (19.8)
On average, about long did you spend in the waiting room before seeing your provider?	Frequency (percentage)
Less than ½ hour	36 (46.8)
Between ½ hour and 1 hour	22 (28.6)
Over 1 hour but less than 2 hours	9 (11.7)
2 hours or more	10 (13.0)
When you were in the examining room, how long did the provider usually spend with you?	Frequency (percentage)
Less than 5 minutes	3 (3.9)
5-10 minutes	20 (26.0)
11-20 minutes	27 (35.1)
More than 20 minutes	27 (35.1)
In general, how satisfied were you with the amount of time the provider spent with you?	Frequency (percentage)
Very satisfied	41 (53.2)
Satisfied	25 (32.5)
Somewhat satisfied	9 (11.7)
Not very satisfied	1 (1.3)
Not at all satisfied	1 (1.3)
On average, how often were your family planning providers as helpful as you thought they should be?	Frequency (percentage)
Never	1 (1.3)
Rarely	1 (1.3)
Sometimes	12 (15.6)
Usually	19 (24.7)
Always	44 (57.1)

How often did the family planning providers you visited in the last year really listen to you?	Frequency (percentage)
Never	1 (1.3)
Rarely	0
Sometimes	12 (15.6)
Usually	14 (18.2)
Always	50 (64.9)
On average, how often did family planning providers explain things in a way you could understand?	Frequency (percentage)
Never	1 (1.3)
Rarely	1 (1.3)
Sometimes	6 (7.8)
Usually	16 (20.8)
Always	53 (68.8)
In the last year, did your family planning provider ever talk to you about baby spacing?	Frequency (percentage)
Yes	31 (40.3)
No	46 (59.7)
Did you choose your family planning provider or was one assigned to you?	Frequency (percentage)
Chose provider	54 (71.1)
Assigned provider	22 (28.9)
Reasons for choice of provider (those answering yes)	Frequency (percentage)
Close to home	37 (67.3)
Close to work	15 (27.3)
Friend or family recommendation	19 (34.5)
Close to public transportation	15 (27.3)
Have seen provider in the past	29 (52.7)
Office is open at convenient hours	34 (61.8)
Other reason	16 (34.0)
Would you tell your friends to use Medicaid family planning services?	Frequency (percentage)
Yes	71 (93.4)
No	5 (6.6)
Overall, how satisfied were you with the Medicaid family planning services you received?	Frequency (percentage)
Very satisfied	32 (42.1)
Satisfied	33 (43.4)
Somewhat satisfied	10 (13.2)
Not very satisfied	1 (1.3)
Not at all satisfied	0

Slightly less than half (46 percent) of the waiver users reported obtaining family planning care at a health department clinic; 40 percent obtained care from a private provider's office. Fifty-nine percent of the respondents said they scheduled an appointment with a provider during the past year, while 41 percent did not. Of those who scheduled an appointment, 81 percent said they usually or always got an appointment as soon as they wanted one. A little over half of the respondents (51 percent) got an appointment in less than a week; 35 percent got one in two days or less. However, 21 percent of the respondents reported waiting two weeks to over a month for an appointment. Respondents were asked how many times they visited a provider for family planning care or advice; 80 percent had at least one visit, while 20 percent said they had no visits.

The 77 respondents who reported at least one visit to a provider were asked a series of questions about those visits. Almost half (47 percent) of those respondents indicated waiting less than a half hour in the waiting room to see their provider; 29 percent waited between a half and one hour. Thirteen percent reported waiting two or more hours before seeing a provider. Once they were in the examining room, 35 percent of the respondents reported their provider spent 11-20 minutes with them while another 35 percent said their provider spent over 20 minutes with them; 30 percent had a 5-10 minute visit with their provider. When asked how satisfied they were with the amount of time the provider spent with them, 86 percent reported being satisfied or very satisfied.

Respondents were asked a set of questions about the treatment of their providers. When asked how often they felt their provider was being helpful, 82 percent said their provider was usually or always as helpful as they thought s/he should be. In answer to the question how often did your provider really listen to you, 83 percent said their provider usually or always listened to them. And when asked how often they felt their providers explained things in an understandable way, 90 percent said the provider usually or always was understandable. Since the term "baby spacing" was a prominent part of the initial media campaign for the Medicaid family planning waiver, respondents were asked if their providers talked with them about it. Forty percent of the respondents reported their provider spoke with them about baby spacing.

Seventy-one percent of the respondents chose their provider; the others had one assigned to them. Of those that chose, the following were reasons for picking their provider (they could select more than one reason): close to home (67 percent), office open at convenient hours (62 percent), saw provider previously (53 percent), and friend or family recommendation (35 percent). Thirty-four percent selected a reason not listed. Seven of the 15 respondents who provided a reason not listed mentioned getting good care or being treated well as the reason for selecting their provider.

Medicaid family planning users were asked if they would tell their friends to use the services and 93 percent of the respondents answered yes. Finally, users were asked to rate their overall satisfaction with Medicaid family planning services. Eighty-six percent of the service users said they were satisfied or very satisfied with the services they received.

Discussion and Interpretations

The results of this survey suggest that outreach methods used to inform women of their eligibility for the Medicaid family planning waiver continue to have limited effectiveness. Only 39 percent were aware they were eligible for waiver services, and only 23 percent recalled receiving a mailing from Medicaid about the family planning waiver. The elements of the now-defunct media campaign, brochures, billboards, and radio/TV ads, had minimal effect as 15 percent, 6 percent, and 4 percent of the respondents mentioned them, respectively. Further, only 26 percent of respondents recalled having heard about waiver services from a healthcare provider, the de facto frontline informer.

Lack of knowledge of the specifics of the Medicaid family planning waiver program was demonstrated by the respondent's selection from among the barriers that might keep them from accessing family planning services. The most frequently cited (71 percent) reason for not accessing family planning services was not knowing Medicaid could pay for the services. Additionally, service non-users reported not knowing where to find a provider and difficulties in getting time off from school and work as barriers to accessing family planning services. This finding suggests the need to not only make a more concerted effort to alert eligible women to the services available, but to perhaps target mailings to individual Medicaid regions, supplying a list of approved providers in the area.

Among the top three barriers selected by women who said they used the program services was not being able to afford the appointment and not knowing Medicaid could pay for the services. The provisions of the waiver program should mean that a woman would not have to worry about paying for a family planning appointment. However, since 20 percent of waiver users responded they did not know they were eligible for services, it is likely this lack of knowledge was an initial barrier to access for those who eventually used the services. In essence, these findings suggest that there remains confusion about the waiver and what it provides even among those who ultimately use its services.

Twenty-two percent of the 465 survey respondents said they used Medicaid family planning services at some time during the year 2000. This number is slightly lower than the percentage reflected in the overall eligible population (October 1998-June 2000), so it is possible that survey respondents differ from the eligible population in some ways. Waiver users appear to be using the services primarily for basic, routine care like pap smear tests and birth control supplies; there are also substantial numbers getting pregnancy and STD tests. To the extent that it is a goal of the program to get women to obtain these preventive services, it is a success for those using it.

In general, satisfaction with waiver services is high; 86 percent said they were satisfied or very satisfied with services they received. A majority of waiver users report being able to get an appointment as soon as they wanted one, with about half getting one in

less than a week. About three-quarters of the respondents waited an hour or less to be seen by a provider, and once in the examining room, 86 percent of the respondents reported satisfaction with the amount of time spent with their provider. Over 80 percent of the respondents consistently reported feeling their provider was helpful, listened to them, and explained things in an understandable way. In answer to the standard satisfaction question 'would you recommend these services to friends', almost all (93 percent) of the waiver users said they would tell their friends to use Medicaid family planning services.

Limitations

The research design, required by the terms of the contract, sought to assess client satisfaction among users and non-users of services, rather than with known users of the program. This limitation resulted in obtaining only 100 of 465 interviews with users of the program, not enough to supply statistically sound evidence. Another limitation was unreliable and faulty contact information resulting in the inability to interview people with a non-working telephone or to find a correct number for those who were no longer at the known number.

Recommendations

The results of this telephone survey suggest a number of avenues for improving access to the Medicaid family planning waiver services to eligible Florida women. The system of notifying eligible women should be reviewed for ways to improve upon the number of those receiving mailed notices and alternative ways to notify women if their addresses are incorrect. Since not knowing the services were available was the main obstacle to using them, revamping the notices to make them more eye-catching and memorable, and targeting them to specific Medicaid regions with contact information for area providers is warranted.

Because women who used the services said they selected a provider based on having prior visits, it could be beneficial for increasing waiver awareness and use to do more active outreach with providers who can supply patients with information directly. As was recommended in a previous report, distributing informational brochures to women before they are discharged from the hospital after a Medicaid-paid pregnancy service should be considered an optimal time to make eligible women aware of the waiver program. Since users of the program seem to be using it for routine preventive services, it may also be prudent to market Medicaid family planning services as well-women care services, emphasizing the availability of pap tests and other screenings.

Answers to the questions on attitudes about family planning indicate that among all respondents, whether they were users or non-users of waiver services, there is positive support for family planning. From this one could speculate there would be a higher usage rate of the services, if only more women knew they were eligible. Anecdotal evidence that supports this is the fact that the telephone interviewers supplied to

numerous respondents the telephone number to obtain information about waiver eligibility.

The good news from this survey is that women who have used the services are satisfied with them. Given that the initial trends in the service user data indicates that waiver users are extending the length of time to subsequent pregnancies, coupled with the high satisfaction with the services received found in this study, it is prudent for the State of Florida to consider continued funding for this program.