

**Telephone Interviews 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 Alan Guttmacher Institute (AGI) estimates that half of the annual pregnancies in the United States are unplanned and often unintended (Facts in Brief, 1998). The state of Florida tends to be above the national average on pregnancy and birth statistics with 36 percent of all Florida births being to unmarried women (32 percent nationally), and 112 pregnancies per 1,000 women aged 15-44 (111 pregnancies per 1,000 nationally). In Florida, 21 percent of women aged 15-44 lack private health insurance or Medicaid coverage, and AGI estimates that 804,780 women aged 13-44 need publicly supported contraceptive services. "Florida ranks 45th in the provision of contraceptive services to women in need. While the 352 publicly supported family planning clinics in Florida serve 252,790 women, including 69,850 teenagers, this represents only 31% of all women in need and 31% of teenagers in need" (Facts in Brief, 1998).

Half of all public monies available for family planning services and supplies in the United States are spent by the Medicaid program (Gold, 1999). Medicaid was expanded throughout the 1980s to provide maternity care for pregnant women with incomes up to 133 percent of the federal poverty level, and states were given the discretion to extend eligibility to 185 percent of the poverty level. This coverage included 60 days of postpartum care that often provided family planning services. After those 60 days passed, however, women whose incomes were too high to qualify for regular Medicaid, but low enough to qualify for maternity care, were dropped from the program.

Given the need for contraceptive services in Florida to reduce unintended pregnancies and Medicaid paid births, the state sought approval from the Health Care Financing Administration (HCFA) for a waiver to extend Medicaid family planning services to those women who after 60 days became ineligible for services. This extension of eligibility was for all women at or below 185 percent of the most current federal poverty level, who have received a Medicaid paid pregnancy-related service. The waiver program allowed the extension of family planning services for two years postpartum to these women. Florida's Medicaid family planning waiver went into effect September 1998.

The primary goals of the family planning waiver program are to reduce the number of unwanted and mistimed pregnancies and the number of births paid for by the Florida Medicaid plan. These goals dovetail with a whole host of Healthy People 2010 objectives including increasing the proportion of intended pregnancies, reducing the proportion of births occurring within 24 months of a previous birth, and increasing contraception use among adolescents and adults. Unintended pregnancies occur to women in all socioeconomic, racial, age, and marital status categories, however, "unmarried and poor women as well as women at either end of the reproductive age span are especially likely to become pregnant unintentionally" (Institute of Medicine, 1995, p. 47). In particular, the 2010 objectives point to women age 20 and under and low-income African American women as being most at risk for unintended pregnancies.

The advantages of preventing unintended pregnancies are manifold. Fewer unintended pregnancies would likely decrease the incidence of abortion (Institute of Medicine, 1995). Since a disproportionate number of unintended pregnancies occur among unmarried women and those at either end of the reproductive span, the added socioeconomic risks these women bring to their

pregnancies (i.e., living in poverty, more likely to receive welfare, lower education attainment) could be ameliorated. Additionally, women with unwanted pregnancies are more likely to seek prenatal care late or not at all, to smoke and drink, and to bear a low birth weight child among other problems. Preventing such pregnancies would likely avoid poor outcomes for the mother and child. Therefore, promoting the use of family planning, especially among the Medicaid eligible population, is one avenue for Florida to address the goals of Healthy People 2010 and the consequences of unintended pregnancies.

The Lawton and Rhea Chiles Center for Healthy Mothers and Babies was retained by the Florida Agency for Health Care Administration (AHCA) to evaluate the family planning waiver program. This report provides findings from one component of the design, evaluation of the effectiveness of the waiver's outreach program as perceived by eligible women.

Purpose of the Evaluation

A multistage evaluation design of the waiver program was 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 the waiver, and interviewing eligible women and providers about the services and program. This particular evaluation component was conducted to assess the effectiveness of the Florida family planning waiver outreach methods by measuring eligible women's knowledge of the services available to them and their attitudes toward family planning and Medicaid in general. Outreach methods included mailing notices to all eligible women, educating providers about the waiver's provisions, and a media campaign. Results from this survey will be used to continue the evaluation via development of a consumer satisfaction survey of women using the waiver program.

Limitations

A limitation of the study was the inability to randomize sample respondents. Interviewing only those with a working telephone also may have biased responses.

Population

The target population for this study was women in Medicaid areas 6 and 11, 18 years of age and older, who received a Medicaid paid pregnancy-related service January-June 1999 and were thus eligible for the waiver. Both areas have a higher concentration of Hispanic individuals than other areas of the state; hence, these regions were selected to meet the goal of interviewing women whose primary language is Spanish.

Methodology

The research protocol for this study was submitted for exempt IRB review at the University of South Florida and was approved. The Department of Children and Families provided the names and phone numbers of 875 women in districts 6 and 11 who had a Medicaid paid pregnancy-related service January-June 1999 and were thus eligible for the waiver. The following types of

cases were removed from this initial list: those with no phone number given, those less than 18 years of age, and numbers used during the questionnaire field test.

The research protocol entailed telephoning a woman who had received a Medicaid-paid pregnancy related service January 1-June 30, 1999 and requesting her participation in a telephone interview. Once contacted the interviewer explained the purpose of the study to the woman, informed her that her participation required responding to a questionnaire, assured her that her responses would be kept confidential, and read an informed consent statement. Interviews were conducted only with women who gave verbal informed consent, and all calls were conducted in private offices at The Chiles Center. Names of participants do not appear in any written or recorded reports of this study.

Four women were hired and trained to conduct the telephone interview and to administer the questionnaire. Three of the women are nurses, the other has an MSPH; two of the nurses speak both Spanish and English. Each surveyor attended a two-hour training orientation session that addressed the topics of survey research, role modeling of questionnaire verbal delivery, confidentiality issues, Epi Info, and procedural matters. Each surveyor spent an additional minimum of two hours in one-on-one training with the researcher to practice administering the questionnaire and inputting answers into the computer database. Surveyors field-tested the questionnaire, 28 October-4 November 1999, interviewing potential respondents. Interviews completed during the field test were not calculated in the final data analysis.

Questionnaire

An 88-item questionnaire was constructed to collect demographic data and to gauge the respondents' perceptions of the family planning and Medicaid outreach efforts. The questionnaire included ten questions adapted from Mercier's (1980) instrument to assess secondary school students' attitudes toward family planning education. This instrument measured a number of dimensions deemed important for this study including community effect, family spacing, responsibility, and religion/morals. Other questionnaire items addressed issues of importance to AHCA regarding the family planning waiver. Those issues included knowledge of the program's availability, attitudes toward contraceptive methods, family planning, and Medicaid service providers, reasons for not accessing services, appropriateness of outreach materials, and barriers to access experienced. The question format consisted of selective response and 12 open-ended response questions. The Chiles Center faculty, AHCA, and Department of Health staff reviewed the questionnaire items for completeness and relevance. The questionnaire was formatted using Epi Info in both English and Spanish. The initial version of the questionnaire was field tested for one week for revision and training purposes.

Data Collection

After removal of unusable cases, 674 phone numbers were contacted no fewer than four times to solicit participation in the telephone interviews. Calls were made 9:30 a.m.-8:00 p.m., Monday through Friday, 4 November 1999 until 13 March 2000. Calling was suspended 16 December 1999 through 6 January 2000 due to the holidays. Of the available 674 numbers, 294 were dead-ends (no forwarding number, disconnected, a business or wrong number), leaving 380 numbers

to reach a potential respondent. Of those 380 numbers, 81 completed an interview for a response rate of 21.3 percent. Call outcome results are shown on Figure 1.

Data Analysis

Demographic data, reported as simple frequencies and percentages, are displayed in Table 1. Frequencies and percentages for yes/no responses related to media outreach, knowledge of Medicaid and family planning services and use of such services are shown in Table 2. Responses to statements regarding attitudes toward family planning are displayed in Table 3. Frequencies and percentages of responses to questions about the acquisition and use of birth control are found in Table 4. Frequencies and percentages of the affirmative responses to questions of potential barriers to accessing Medicaid family planning services are found in Table 5.

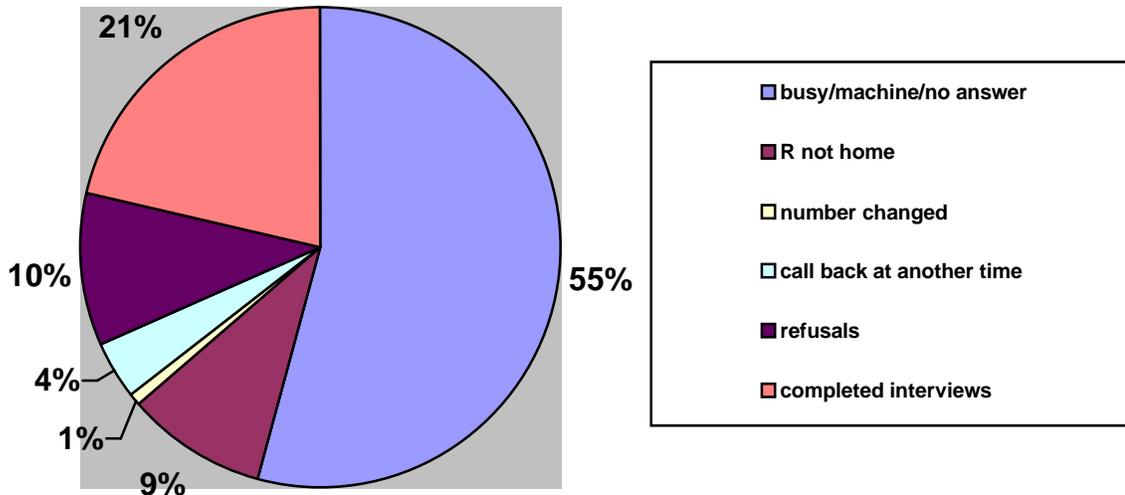


Figure 1. Call Outcomes with All Unavailable Numbers Removed

Table 1.
Demographics

Age	Frequency (percentage)
18-19	10 (12.3)
20-24	27 (33.3)
25-29	15 (18.5)
30-34	13 (16)
35 and over	16 (19.8)

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Race/Ethnicity	Frequency (percentage)
White	27 (33.3)
Black	14 (17.3)
Hispanic	37 (45.7)
Other	2 (2.5)
Asian	1 (1.2)
Marital Status	Frequency (percentage)
Married	50 (61.7)
Separated	1 (1.2)
Divorced	3 (3.7)
Living with someone	7 (8.6)
Never married	20 (24.7)
Religion	Frequency (percentage)
Catholic	28 (34.6)
Protestant	37 (45.7)
Jewish	1 (1.2)
Muslim	1 (1.2)
Other	6 (7.4)
None	8 (9.9)
Education	Frequency (percentage)
8 th grade or less	3 (3.8)
Some HS, but did not graduate	15 (18.8)
HS grad/GED	31 (38.8)
Some college	19 (23.8)
Two year college grad	8 (10)
Four year college grad	2 (2.5)
More than 4 years of college	2 (2.5)
Main health care provider	Frequency (percentage)
Private doctor	37 (46.3)
Private clinic	3 (3.8)
Public health department	36 (45)
Hospital	1 (1.3)
Other	3 (3.8)
Employment status	Frequency (percentage)
Employed	30 (37)
Looking for work	10 (12.3)
Unemployed	37 (45.7)
Unable to work	4 (4.9)
Medicaid region	Frequency (percentage)
Area 6	40 (49.4)
Area 11	41 (50.6)

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Table 2.
Answers to Yes/No Survey Questions

Question	Yes	No
Did you know you are currently eligible to receive Medicaid family planning services for two years after the birth of your last child?	26 (32.1)	55 (67.9)
Did you receive a notice from Medicaid after the birth of your last child?	22 (27.2)	59 (72.8)
Did your health care provider tell you about your eligibility for Medicaid family planning services?*	11 (16.4)	56 (83.6)
Have you used Medicaid family planning services since the birth of your last child?	31 (38.3)	50 (61.7)
Have you <u>ever</u> used Medicaid family planning services in the past?*	17 (33.3)	34 (66.7)
Are you interested in using Medicaid family planning services <u>now</u> ?*	21 (61.8)	13 (38.2)
Were you happy with the family planning services you received from Medicaid?*	40 (85.1)	7 (14.9)
Do you know how to find a health care provider of Medicaid family planning services?*	12 (38.7)	19 (61.3)
Have you seen any billboards about family planning?	23 (28.4)	58 (71.6)
Have you seen any signs on buses about family planning?	2 (2.5)	79 (97.5)
Have you seen any pamphlets or brochures about family planning?	43 (53.1)	38 (46.9)
Have you heard any radio commercials about "baby spacing"?	8 (9.9)	73 (90.1)
Have you seen the TV commercial about the "baby spacing dance"?	9 (11.1)	72 (88.9)
Do your friends use birth control?	70 (86.4)	11 (13.6)
Do members of your family use birth control?	62 (76.5)	19 (23.5)
Do you talk to your partner about birth control?	74 (91.4)	7 (8.6)
Does he approve of using birth control?	76 (93.8)	5 (6.2)
Do you feel like you have enough information about different kinds of birth control to decide which one to use?	66 (81.5)	15 (18.5)
Are you currently using a birth control method or device?	41 (50.6)	40 (49.4)
Have you ever been pregnant because your birth control didn't work for you?	24 (29.6)	57 (70.4)
Do you think it is possible to get pregnant while nursing or breastfeeding?	69 (85.2)	12 (14.8)
Have you ever used birth control when you were nursing?	17 (21)	64 (79)
Are you planning on having another child someday?	40 (49.4)	41 (50.6)
Will you be using birth control to help you avoid getting pregnant?	60 (74.1)	21 (25.9)
Do you get Pap smear tests once a year?	60 (74.1)	21 (25.9)

*Note: n=81, except in cases where the question was asked based on a particular answer to a previous question.

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Table 3.
Answers to Statements About Family Planning

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
Family planning can help couples to improve their relationships.	1 (1.2)	13 (16)	45 (55.6)	22 (27.2)
My <i>personal</i> religious views support the idea of family planning.	4 (5)	20 (25)	48 (60)	8 (10)
My family feels that family planning is unnecessary.	18 (22.2)	52 (64.2)	9 (11.1)	2 (2.5)
The female should be more responsible than the male in preventing pregnancy.	25 (30.9)	35 (43.2)	18 (22.2)	3 (3.7)
My friends support the use of family planning.	0	3 (3.8)	63 (79.7)	13 (16.5)
Family planning should be taught so couples can decide timing and spacing of children.	0	1 (1.2)	49 (60.5)	31 (38.3)
Most churches would support family planning.	1 (1.4)	26 (35.6)	44 (60.3)	2 (2.7)
My family would rather not discuss a subject like family planning.	13 (16)	59 (72.8)	8 (9.9)	1 (1.2)
It is the responsibility of both partners to decide upon the timing of children.	0	2 (2.5)	40 (49.4)	39 (48.1)
My family supports the use of family planning.	1 (1.2)	3 (3.7)	63 (77.8)	14 (17.3)
The male should be more responsible than the female in preventing pregnancy.	17 (21)	53 (65.4)	9 (11.1)	2 (2.5)
My friends feel that family planning is unnecessary.	13 (16.3)	62 (77.5)	5 (6.3)	0
It is important for a couple to plan its family so that no unwanted children are born.	0	9 (11.1)	42 (51.9)	30 (37)
My friends would rather not discuss a subject like family planning.	6 (7.5)	68 (85)	5 (6.3)	1 (1.3)
The timing of when a child is to be born into a family is very important.	0	6 (7.4)	46 (56.8)	29 (35.8)

Table 4.
Answers to Questions about Getting and Using Birth Control

Where do you usually go to get birth control?	Frequency (percentage)
Public health clinic	26 (32.1)
Private doctor	24 (29.6)
Drug or grocery store	17 (21)
Don't use birth control	10 (12.3)
Other	3 (3.7)
Planned Parenthood	1 (1.2)
Who is most responsible for birth control when you are in a relationship?	Frequency (percentage)
Myself	47 (58)

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Both of us	32 (39.5)
My partner	2 (2.5)
What is the main birth control method or device you are using now?	Frequency (percentage)
The Pill	19 (23.5)
Condoms	11 (13.6)
Depo Provera Shot	7 (8.6)
IUD	3 (3.7)
Rhythm Method	1 (1.2)
Not using birth control	40 (49.4)
What is your favorite method of birth control?	Frequency (percentage)
The Pill	33 (41.3)
Condoms	20 (25)
Depo Provera Shot	10 (12.5)
Sterilization	5 (6.3)
Female Condom	4 (5)
IUD	3 (3.8)
Natural Family Planning	2 (2.6)
Norplant	2 (2.6)
Rhythm method	1 (1.3)

Table 5.
Potential Barriers to Using Medicaid Family Planning Services, frequency and percentage responding yes

Barrier	Yes
It is hard for me to get a ride to the health care provider's office.	14 (17.3)
I cannot afford to pay for a family planning appointment.	36 (44.4)
I can only take time off work or school to go to a health care provider if I am sick.	23 (28.4)
Using birth control is against my religion.	8 (9.9)
It is hard to find someone to take care of my kids when I go to a health care provider.	39 (48.1)
I did not know I could go to a health care provider for family planning services.	22 (27.2)
I do not have time to wait at a health care provider's office.	29 (35.8)
I don't need family planning because I am trying to become pregnant right now.	2 (2.5)
I did not think my health insurance would cover a family planning visit.	25 (30.9)
My partner does not want me to use family planning methods.	4 (4.9)
I would be too embarrassed to talk to a health care provider about family planning.	1 (1.2)

Findings

Quantitative Analysis

The response rate of 21.3 percent reflects a total of 81 respondents who completed the interview, 20 of those doing so in Spanish. All but three of the Spanish interviews were conducted with women living in region 11. The demographic characteristics of the respondents reflect the diversity of the population: 33.3 percent were white, 17.3 percent black, and 45.7 percent Hispanic. About half (45.6 percent) of the respondents were age 24 or younger, the majority were married (61.7 percent), but a quarter had never been married. Only 22.6 percent of the respondents had less than a high school education, but almost half (48.8 percent) had at least some college education. Catholics (34.6 percent) and Protestants (45.7 percent) were the most prevalent religions among the respondents. The most common health care providers were private doctors (46.3 percent) and public health departments (45 percent).

Among the 57 women who said they were unemployed, looking, or unable to work were 34 women who by choice or necessity were staying home with their children. Fifty percent of the employed women worked in the service industry as wait staff, cashiers, bartenders, telemarketers, and secretaries. There were also some higher-skilled workers among the respondents including a teacher, training coordinator for disabilities network, a skilled nursing facility director, and a nurse.

Only 32 percent of the respondents were aware they were eligible for extended family planning services through Medicaid. Twenty-seven percent believed they received a notice from Medicaid regarding the waiver and 13.6 percent reported their health care provider informed them that they might be eligible. Among the women who have used Medicaid family planning services at some point in the past, 85 percent indicated they were happy with the services they received. Among those respondents who have not used Medicaid family planning services, only 39 percent said they knew how to find a provider of such services.

Each respondent was asked whether or not they had seen or heard any of the media campaign elements designed to advertise the waiver program. Over half of the respondents had seen the brochures distributed about family planning. Just under 30 percent had seen one of the "Two Years Apart is Baby Smart" billboards. Only 11 percent had seen the television commercial on the "baby spacing dance."

Half of all the respondents are currently using some type of birth control method or device with pills, condoms, and the Depo Provera shot being the top three choices. Those choices retained the same rank ordering when the respondents were asked their favorite method of birth control. About 18 percent of the respondents feel like they don't have enough information about available birth control options to make a choice. Interestingly, 30 percent of the respondents indicate that they have been pregnant in the past because of a birth control failure. While 85 percent of the respondents knew it was possible to get pregnant while breastfeeding, only 21 percent reported ever having used birth control while nursing. Half the respondents reported plans to have another child someday.

Respondents were asked to select from among a list of barriers to accessing family planning services those that might keep themselves from using such services. Forty-eight percent of the respondents felt difficulties in getting someone to take care of their children would keep them from going for a family planning appointment. About 45 percent agreed that not being able to afford to pay for a family planning visit would keep them from going. Not having time to wait at a health care provider's office was chosen by 36 percent of the respondents as a reason for not accessing family planning services.

Some variation in responses is revealed when the respondents are divided by Medicaid region. Women in region 11 (Dade and Monroe counties) were two and a half time more likely than women in region 6 (Hardee, Highlands, Hillsborough, Manatee, and Polk counties) to have used Medicaid family planning services since the birth of their last child (Odds Ratio 2.51; $p=0.05$). Women in region 11 were almost nine times more likely than women in region 6 to say they feel they do not have enough information to decide which method of birth control to use (Odds Ratio 8.82, $p=0.002$). Additionally, women in region 11 were over three times more likely than women in region 6 to say they do not get Pap smear tests once a year (Odds Ratio 3.27, $p=0.03$).

Membership in a particular group also yielded response variation for a couple of items. Women 24 years old and younger are over two and a half times more likely than older women to have used Medicaid family planning services since the birth of their last child (Odds Ratio 2.58, $p=0.04$). Women who completed the questionnaire in Spanish were almost four times more likely than those completing in English to disagree that most churches support family planning (Odds Ratio 3.83, $p=0.015$). Women who at most attained a high school diploma or equivalent were over three times more likely than women with education beyond high school to disagree that most churches support family planning (Odds Ratio 3.21, $p=0.03$). Respondents who are not employed outside the home are over two and a half times more likely than employed respondents to say finding someone to take care of their kids is a barrier to going for a family planning visit (Odds Ratio 2.64, $p=0.04$).

Qualitative Analysis

Participants were invited to respond to a series of open-ended queries within the telephone interview. Those questions included their opinions of Medicaid services received in the past, what would make them likely to use the waiver services, how to find a Medicaid provider, and opinions about the elements of the media campaign. Regarding previously received Medicaid services, 32 women responded positively about the system. Respondents typically answered in very general terms saying they liked the services, that the providers were nice or that the services were simply OK, however, some were a little more specific. A 27-year-old Hispanic woman said "I liked that they provided birth control for the whole year, I didn't have to go in every month to get it." A 32-year-old Hispanic woman also remarked "I like that they give a chance for people of low income to have a doctor, and in case of emergency or for medicine." A 25-year-old Hispanic said "You can go to any doctor until they offer you PPO or Medipass, I like that service especially for my daughters. Just knowing that the bills are covered is a great comfort." And a 40-year-old black woman noted "The services were helpful, if I don't like my health care provider I can change it."

Not surprisingly, while 85 percent of the women asked indicated they were happy with the family planning services they have received from Medicaid, it was those who were not happy that had the most to say about it. A 19-year-old black woman related having her Medicaid cut-off in the eighth month of a pregnancy, attempting to get emergency coverage for the delivery and being put off by Medicaid until just two weeks before the baby was born. A few women noted frustration with having to wait at clinics even if they had an appointment. Said a 33-year-old white woman: "the health department don't have it together... you make an appointment, you sit and wait for hours. It was a hassle." A 24-year-old white woman said of the services: "I'm not happy; 2 [children] are covered, one was not. They messed up my coverage so I had to write a check. I didn't have the money either. They sent me a notice saying all three were covered and when I get there only two were." A 23-year-old black woman had this to say: "When you go in and you are at the registration desk and you say you are there for family planning, they don't want to see you. I have gynecological problems and they will not see me nowhere, so I have to go to the hospital. What I don't understand is if you're not eligible for food stamps, they want to give you Medicaid, but I can't afford the left over payment of the bill. I don't think it's right that I have to pay partial, because I cannot afford the left over bill." In spite of the overall satisfaction with Medicaid family planning services, there are clearly women who are not being served at a level consistent with Medicaid's ideal.

Thirteen of the 34 women, when asked if they were interested in using Medicaid family planning services responded no. Those women were then asked what would make them more likely to use family planning services. Most of those women indicated that they simply weren't interested at this time, or that they didn't need birth control since they or their partner were sterilized. A 39-year-old white woman said she might use the services if she were younger: "I'm more educated and I'm satisfied and doing my own planning right now. If I were younger I would use the services." A 26-year-old white woman noted "If it was free birth control then I think women who could not afford it would be interested."

Women who had never used Medicaid family planning services were asked if they knew how to find a provider of Medicaid family planning services if they wanted or needed to. Twelve of the 31 women asked said they did know how to find a provider. A few women pointed out that the letter they received from Medicaid about the waiver services did not include a phone number for more information, and a few of the women who completed the interview in Spanish remarked that they couldn't read the letter because it was in English. Others noted that they would just call the health department or Medicaid to find a provider, or look through the options packet Medicaid sends. Some women said they would just ask the doctors if they take Medicaid. One woman recalled that the clinic has an information center and that "they will tell you which doctor to use."

A media campaign was designed to inform Florida women about the availability of extended Medicaid family planning services. The media campaign was a five-pronged effort that included billboards, bus placards, brochures, a radio public service announcement, and a television commercial. Each respondent was asked if she had seen each of the elements of the campaign; those answering yes were asked what they thought of that particular element. About 30 percent of the women had seen billboards, 50 percent saw brochures, and a handful of women saw or heard one of the broadcast media. Some of the comments regarding the billboards were: "good

information", "good thing... they need to get out there a little more", "they were informative and gave a phone number", "I thought it was neat", "great, catchy to the eyes", and "easy to understand". Among some of the more critical comments were the following: "they were OK, a bit too wordy so while driving it is hard to read them", and "pretty much they were cheesy". Some comments regarding the brochures were: "They help teenagers or the people who come from everywhere, from other countries where they have big families. They give info, explaining that they have a choice", "they were good, I gave them to my kids", "it was neat... it explained the different types of services", "I just went through the depo section and it was very informative", and "the cover was appealing, they had plenty of information". Some women noticed a few problems with them: "it was informative if you take the time to read it", "I didn't have time to read them", "they did not tell you where you can go to get the different kinds of birth control", and "they are not an attention getter". Some of the comments regarding the broadcast media were: "it's very interesting... they suggest 2-3 years apart, I waited 7", "they were cute and attention getting", "it was good... it brings the word out", and "I didn't really pay attention to them... I would switch stations to find music". A Spanish-speaking respondent commented that she had heard about the radio commercial, but didn't understand it.

Discussion and Interpretations

The results of this survey suggest that outreach methodologies used to inform Florida women of their eligibility for extended Medicaid family planning services had limited effectiveness. Only a third of those surveyed were aware of the waiver, and a little over a third (38.3 percent) have used Medicaid family planning services since the birth of their last child. However, 61.8 percent of those who had not previously used Medicaid family planning services expressed interest in using them now, so clearly the problem is not lack of interest in the services.

Notification processes appear inadequate as only 38 percent of the women interviewed reported receiving information regarding the waiver via Medicaid notices or from their health care provider. The low numbers of respondents who had seen or heard any element of the media campaign further demonstrated the general lack of awareness of the waiver program. While over 50 percent of the respondents saw the brochures on family planning, under 30 percent saw the "Two Years Apart is Baby Smart" billboards, and 21 percent heard or saw the radio and television spots. These numbers suggest augmenting the media campaign to adequately reach the target audience.

Lack of knowledge of the provisions of the family planning waiver program was demonstrated by the women's selection from among ten barriers that might keep them from accessing family planning services. Among the top three barriers selected was not being able to afford the appointment. The provisions of the waiver program, however, should mean that a woman would not have to worry about the cost of a family planning appointment. The other two most frequently cited barriers are not having time to wait at the provider's office and difficulty finding someone to take care of her children. These latter two barriers are consistent with findings from a previous study on barriers to missing health care appointments conducted for AHCA by The Lawton and Rhea Chiles Center for Healthy Mothers and Babies in 1998-1999.

Unemployed women appear to more strongly experience certain barriers to accessing family planning services. Difficulty with obtaining childcare may be associated with women not working outside the home. Women who are not working are likely to be the primary provider of child-care for their family, so it may be a hardship to find alternative care. In addition, women working outside the home might be more likely to schedule health care visits during work hours when their children are already in child-care.

While there was no statistically significant difference in the level of awareness of the waiver program between region 6 and 11, the variation in responses between these Medicaid regions suggests a discrepancy in the level of client service. Women in region 11 feel they lack enough information to make a choice about family planning methods and are more unlikely to get regular Pap tests. Since birth control counseling and Pap tests are a part of regular gynecological care, these results suggest the need for a more concerted effort to provide women the means to regularly utilize those kinds of preventive health care services in region 11. It may be that the waiver program is helping this effort since respondents from region 11 were over twice as likely as those in region 6 to have used Medicaid family planning services since their last birth.

Recommendations and Conclusion

The results of this telephone survey suggest a number of avenues for improving the awareness and availability of 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. Notices should be available in Spanish, perhaps printing the English version on one side of the notice and the Spanish version on the other.

Providers need to be encouraged to be proactive in informing women of their possible eligibility for waiver services. Brochures appeared to be most effective in terms of percent of women reached. Thus, distributing the informational brochures to women before they are discharged from the hospital after a Medicaid-paid pregnancy service and making the brochures available to Medicaid HMOs so they can include them in literature mailings should be considered. Because of the limited response to broadcast outreach mechanisms, consideration should be given to redirecting those resources toward printing more brochures. The brochures might be revised to better highlight the range of birth control options available to women. Another outreach measure to consider is installing an automated toll-free number providing information on the waiver, locations of providers, and birth control options. Displaying the toll-free number on billboards might also be a more effective use of that medium.

Better scheduling techniques at provider sites and some type of provision for childcare, especially for women who do not work outside the home, would begin to address the barriers of time and childcare. There is some evidence to suggest women in region 11 were not being served at the level of women in region 6. This difference may be due to the concentration of Spanish-speakers in region 11. Regardless, it is advisable for Medicaid to explore the reasons for the lesser use of preventive services in region 11. Special attention on the possible barriers to accessing family planning services, the lack of childcare in particular, is warranted.

Efforts to reduce the numbers of mistimed and unwanted pregnancies in the state of Florida will only be successful if the strategies to address them are effective. This study showed that while the desire for Medicaid family planning services exists, fewer than half the eligible women respondents knew about or used them. Outreach strategies must be improved and work must continue to inform women eligible for Medicaid family planning services through the waiver.

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