

**North Carolina**  
**Department of**  
**Health and Human Services**  
*Division of Medical Assistance*

*North Carolina Be Smart*  
*Medicaid Family Planning Waiver*  
*Clinical Innovation Pilot – Year One*

**November 2009**

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## Executive Summary

The North Carolina Department of Health and Human Services (DHHS) engaged Navigant Consulting, Inc. to provide an independent evaluation of the State's Section 1115 Waiver, the "Be Smart" Medicaid Family Planning Waiver (FPW). Included in FPW is a Clinical Innovation Pilot Program (the Pilot) that provides a unique research and demonstration effort to allow the State flexibility to test new ideas of merit. Although FPW operates statewide, the Pilot operates in six counties as a component of FPW. The purpose of this report is to present preliminary information about the Pilot for the first year, May 2008 through July 2009.<sup>1</sup>

The clinical innovation that DHHS has chosen to implement and evaluate as part of its FPW provides enhanced clinical counseling services over a two-year period within selected health departments. These enhanced clinical counseling services are: specifically targeted messages, contingency planning with a prescription for emergency contraception and telephone contraception counseling provided to a subset of recipients.

DHHS established agreements with six counties to participate in the Pilot, three intervention counties: Wake, Catawba and Sampson; three control counties: Gaston, Cleveland and Union. The women who enrolled in the Pilot in the intervention counties received enhanced family planning counseling services while the women enrolled in the control counties received no additional counseling. Women were eligible to enroll in the Pilot if they were enrolled in FPW or planned to enroll; by definition, enrollment in FPW requires that the women be between the ages of 19 and 55, not pregnant or sterilized, residents of North Carolina and U.S. citizens, and English-speaking with access to a telephone.

DHHS began training County Health Department staff in March 2008, began enrolling women in the intervention group and providing telephone counseling in May 2008 and concluded enrollment in August 2009. A nurse, contracted with DHHS, provided the enhanced family planning counseling services. The nurse counselor conducted telephone interviews with women enrolled in the intervention group to complete a baseline questionnaire and follow-up questionnaires at two months after the baseline, six months after the baseline and 12 months after the baseline. Each questionnaire was designed to capture information about the birth control choices and habits of the women. The Pilot evaluation plan also specified that women enrolled in the control group who completed a baseline questionnaire would be contacted by the nurse counselor 12 months after enrollment in the Pilot to complete a second questionnaire documenting the contraception choices and habits of these women.

There were an insufficient number of enrollees in both the intervention and control groups who completed questionnaires to conduct an evaluation as originally planned. A total of only eight participants completed the 12-month intervention questionnaires. The lack of participation resulted from the following:

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<sup>1</sup> The first year of the Pilot is actually 15 months because initial enrollment for the six counties was phased in over three months.

- Pilot enrollees in the intervention and control groups are not eligible to complete a 12-month questionnaire until they have been enrolled in the Pilot for 12 months; since the Pilot was phased-in at different times for the different counties; most enrollees are not eligible to complete the 12-month questionnaire at this time.
- Pilot enrollees can lose their eligibility for FPW or have never followed through on enrolling in FPW and thus will be dropped from the Pilot.
- Pilot enrollees might change their telephone number, move or might be difficult to reach, which results in incomplete questionnaires.

For these reasons, 136 intervention participants were removed from the study as of July 31, 2009. It was also difficult for the nurse counselor to establish contact with individuals within 12 months of participating in the Pilot control group, for these same reasons.

The Pilot evaluation plan established seven hypotheses to test during the Pilot to measure the effectiveness of the intervention compared to the control group. At this time, NCI is unable to present findings comparing the intervention and control groups to address the evaluation hypotheses. The findings presented below are preliminary and based only on a review of intervention questionnaire data and related eligibility and Medicaid Management Information System (MMIS) paid claims data for intervention group participants.

- As participants move through the intervention, they seem to be choosing more effective methods of birth control. Preliminary data shows a decrease in the percentage of women using condoms as their primary method of birth control and an increase in the use of Intrauterine Devices (IUDs).
- After removing Pilot enrollees who are no longer eligible for the Pilot, there are 318 completed intervention baseline questionnaires, 266 completed intervention two-month questionnaires and 110 completed intervention six-month questionnaires.
- There were 148 intervention participants who used Family Planning Services while enrolled in the Pilot. Participants used services for office visits (40 percent), pregnancy and other lab tests (11 percent) and to obtain birth control (49 percent).

## **Section I. Clinical Innovation Pilot Background**

### **Introduction**

On October 1, 2005, the North Carolina Department of Health and Human Services (DHHS) implemented the Be Smart Family Planning Waiver (FPW), made possible by Section 1115 of the Social Security Act, which authorized states to extend family planning services and supplies to an expanded population beyond current Medicaid eligibles. The Clinical Innovation portion of FPW is provided as a unique research and demonstration effort to allow the State flexibility to test new ideas of merit.

DHHS has chosen to implement and evaluate new clinical counseling services over a two-year period within selected health departments. These enhanced family planning clinical counseling services are specifically targeted messages, contingency planning with a prescription for emergency contraception and telephone contraception counseling provided to a subset of FPW enrollees and are designed to explore the discrepancies between women's pregnancy intention and their contraceptive use, share information on contraception and contraception method use and promote behaviors that reduce unintended pregnancy.

### *Intervention and Control Groups*

DHHS established agreements with six counties to participate in the Pilot, three as intervention counties and three as control counties. Over the two years of the Pilot, DHHS will target 342 FPW eligible subjects for enrollment in the intervention group and 448 FPW eligible subjects for enrollment in the control group. Enrollees in the intervention program will receive targeted messages, contingency planning and telephone counseling. Conversely, enrollees in the control group will receive locally defined usual care, excluding targeted messaging, contingency planning and telephone counseling.

The actual implementation of the Pilot came two years after it was originally planned to begin due to the need to first hire independent evaluators for the project. DHHS had originally proposed six counties to the Centers for Medicare and Medicaid Services (CMS) to use for the Pilot, with the expectation that these counties would have a sufficient number of individuals to enroll in the Pilot. Three of the original proposed counties, however, did not have sufficient FPW participants to enroll women in the Pilot and these counties were replaced with three different counties. DHHS chose the three new counties for the Pilot based on three criteria: the number of people in the county who had participated in FPW, the racial mix of the county and the rural or urban status of the county. The three intervention counties are Wake, Catawba and Sampson; the three control counties are Gaston, Cleveland and Union.

Women were eligible to participate in the Pilot if they were enrolled in FPW or planned to enroll and, since the Pilot involved telephone questionnaires, English-speaking with access to a telephone. By definition, female enrollment in FPW requires:

- Women between the ages of 19 and 55,
- Not pregnant or sterilized,
- Residents of North Carolina, and
- U.S. citizens.

#### *Expected Outcomes of the Clinical Innovation Pilot*

The Pilot is designed to test the expectation that individuals who are exposed to enhanced family planning counseling services will have increased utilization and higher continuation rates for contraceptive use compared to FPW participants who do not participate in the intervention. Expected outcomes of the Pilot for individuals exposed to the enhanced family planning counseling services compared with other women who receive family planning services from public health departments, include the following:

1. Higher rate of continuous contraception use
2. Higher use of high efficacy methods of contraception
3. Higher level of satisfaction with latest contraception method
4. Fewer pregnancy tests
5. Higher likelihood of returning for annual exam between 12 – 15 months of previous exam
6. Fewer family planning visits
7. Fewer contraception related phone calls to the clinic

#### *Evaluation of the Pilot*

CMS approved the evaluation plan for the Pilot as part of the approval for FPW. The Pilot evaluation plan calls for the independent evaluator to evaluate the Pilot by comparing data between the intervention and control group to examine differences in contraception use, satisfaction with contraception method, frequency of pregnancy tests and family planning visits.

For each year of the two-year pilot, NCI will assess outcomes by analyzing paid claims data from the DHHS’s Medicaid Management Information System (MMIS). NCI will compare data for women in the intervention and control groups relating to:

- Contraception prescriptions,
- Pregnancy tests,
- Annual examinations, and
- Family planning visits.

The evaluation plan established seven hypotheses to be tested during the Pilot to measure the effectiveness of the intervention. Below is a table identifying the measures used to test each hypothesis, detailing the data sources that will be used for this analysis.

Hypothesis	Measure	Data Source
1. Individuals exposed to the innovation will have higher rate of continuous use of contraception during the year	Comparison of claims data regarding prescriptions filled between intervention and control groups	Intervention and control groups matched with MMIS paid claims records
2. Individuals exposed to the interventions will have higher use of high efficacy methods of contraception over the course of the year	A. Comparison of claims data regarding prescriptions filled between intervention and control groups B. Comparison of contraceptive methods reported by intervention and control groups	A. MMIS – Claims Paid records B. Intervention and Control Baseline and 12-month questionnaires
3. Individuals exposed to the innovation will have higher level of satisfaction with their latest method of contraception	Comparison of responses to the question “Think about the birth control method that you have used for the last 30 days. How happy or satisfied are you with that birth control method?” between intervention and control groups	Intervention and Control Baseline and 12-month questionnaires

Hypothesis	Measure	Data Source
4. Individuals exposed to the innovation will have fewer pregnancy tests	Comparison of claims data between intervention and control groups	Intervention and control groups matched with MMIS paid claims records
5. Individuals exposed to the innovation will have higher likelihood of returning for annual exam between 12-15 months of reference exam	Comparison of claims data between intervention and control groups	Intervention and control groups matched with MMIS paid claims records
6. Individuals exposed to the innovation will have fewer family planning visits	Comparison of claims data between intervention and control groups	Intervention and control groups matched with MMIS paid claims records
7. Individuals exposed to the innovation will initiate fewer contraception related phone calls	Comparison of responses to Question 10 from the 12-month questionnaire for women receiving care in control counties and women receiving care in intervention counties	Intervention and Control 12-month questionnaire responses

### Implementation of the Clinical Innovation Pilot

Enrollment in the Pilot began in May 2008 during Waiver Year Three and enrollment was completed by August 2009; women are expected to be enrolled in the Pilot for 12 consecutive months.

The Pilot relies on information collected from women enrolled in the intervention and control groups regarding their desire for pregnancy and their birth control choices. DHHS established a series of questionnaires used to interview the women enrolled in the intervention and control groups. As part of the implementation, DHHS field-tested its questionnaires and training in the first intervention county. This allowed DHHS to revise its training materials or questionnaires before implementing in other counties. There was one self-administered questionnaire, the *Control County Baseline Questionnaire*, and five telephone-administered questionnaires: *Control County 12-month Questionnaire*; *Intervention County Baseline Questionnaire*; and *Intervention County 2-month, 6-month and 12-month Questionnaires*. Table 1, on the following page, summarizes these questionnaires.

**Table 1: Information Gathered Through Questionnaires**

Types of information gathered through each questionnaire	Control Baseline	Control 12-month	Intervention Baseline	Intervention 2- and 6-month	Intervention 12-month
Desire for pregnancy	√	√	√	√	√
Birth control use in the last 30 days	√	√	√	√	√
Length of time the respondent has been using their method of birth control	√	√	√	√	√
Satisfaction with their method of birth control	√	√	√	√	√
How certain they are that they will use a method of birth control in the next 30 days to prevent pregnancy	√	√	√	√	√
Situations that might affect their use of birth control	√	√	√		
Whether enrollees had a positive pregnancy test since the last questionnaire		√		√	√
Number of times they called their family planning provider to ask about birth control		√			√
Whether the enrollee remembers the risk reduction steps discussed during the prior telephone interview				√	
Questions about their experience speaking with the nurse counselor					√

In addition, the *Intervention County Risk Reduction Form* was used during each of the intervention telephone interviews. The form was used by the nurse counselor to summarize counseling sessions with the women enrolled in the intervention. During each discussion with the enrollee to complete the series of questionnaires, the nurse counselor provides the enrollee with up to four risk reduction steps to complete prior to the next questionnaire. These are tracked by the nurse and the nurse asks about the steps during the next questionnaire. The risk reduction steps are:

- Continue with current contraceptive method
- Increase the consistency of use of current contraceptive method
- Start or restart a contraceptive method (including changing to one with a higher level of effectiveness)
- Medical follow-up

- Think or talk about starting a method
- Other – to be determined by the nurse counselor

DHHS phased-in the implementation of the Pilot in the three intervention and three control counties over the course of three months beginning in May 2008. Enrollment in the Pilot was on-going; the entire cohort of intervention and control participants were not all enrolled at once. A portion of the target population of participants was enrolled each month until August 2009. Enrollment in the Pilot relied on County Health Department staff to identify women who are already enrolled in or might be eligible to enroll in FPW. Health Department staff then explained the Pilot to the women to ascertain whether the women were willing to be participants in the study. The County Health Department staff forwarded to DHHS staff the names and contact information for the women who were willing to participate in the Pilot. Women who were enrolled in one of the control counties completed a self-administered baseline questionnaire that collects information about the women's desire for pregnancy and her birth control choices and then this questionnaire was forwarded to DHHS.

A nurse, contracted with DHHS, provides the enhanced family planning counseling services for the women enrolled in one of the intervention counties. The nurse initially makes contact with enrollees in the intervention group by telephone to complete a baseline questionnaire to collect information about the women's desire for pregnancy and her birth control choices. During this initial telephone call the nurse also begins to provide counseling regarding the enrollee's birth control choices to possibly steer her towards a method that may be more effective or one that might be easier for her to use consistently. The nurse counselor uses standardized questionnaire forms at two-months after the baseline, six-months after the baseline and 12-months after the baseline to ask many of the same questions about pregnancy and birth control that were included in the baseline questionnaire. In addition, at 12 months the Pilot enrollees are asked to remember how many times over the course of the 12 months they called their family planning clinic to talk to a health care provider about their birth control. With each subsequent telephone interview, in addition to completing the questionnaire, the nurse counselor reviews the prior discussion with the women to determine, for example, whether they have followed through with any changes to their birth control method. The nurse counselor follows-up with the women enrolled in the control group 12 months after enrollment to complete a second questionnaire that again asks about their desire for pregnancy and birth control choices, but also asks them to remember how many times over the course of the 12 months they called their family planning clinic to talk to a health care provider about their birth control.

The nurse counselor will attempt to reach the Pilot participant over a period of days to weeks to complete the follow-up questionnaires, attempting to telephone the participant up to 15 times and obtaining alternate telephone contact numbers if necessary.

NCI designed databases to capture the responses from the questionnaires that the nurse counselor collects. The nurse counselor transfers the information from the questionnaires into the databases and regularly sends NCI questionnaire responses.

### **Data Analysis Approach**

The evaluation plan proposes that primary data be collected to track the quantity and types of services received, identify the number of women who enrolled in the Pilot but were dropped from the Pilot because they were no longer eligible and compare level of satisfaction with the latest contraceptive method used by each of the participants.

To conduct the analysis, NCI matches eligibility data and MMIS paid claims data from DHHS with participant data from the Pilot questionnaires. This allows NCI to pair paid claims data for the women participating in the intervention and control groups with data obtained from the project questionnaires.

### **Barriers to the Analysis**

There were an insufficient number of enrollees in both the intervention and control groups who completed questionnaires to conduct an evaluation as originally planned. A total of only eight participants completed the 12-month questionnaires, all from the intervention group. The lack of participation resulted from the following:

- Pilot enrollees in the intervention and control groups are not eligible to complete a 12-month questionnaire until they've been enrolled in the Pilot for 12 months and since the Pilot was phased-in most enrollees are not eligible to complete the 12-month questionnaire at this time.
- Pilot enrollees can lose their eligibility for FPW or may have never followed through on enrolling in FPW and thus will be dropped from the Pilot.
- Pilot enrollees might change their telephone number or residential address without informing the nurse counselor. This will result in incomplete questionnaires.
- Pilot enrollees may move to a different county. Residence in a county outside of the county selected will make them ineligible.

For these reasons, 136 intervention participants were removed from the study as of July 31, 2009. It was also difficult for the nurse counselor to establish contact with individuals within 12 months of participating in the Pilot control group for these same reasons.

Beginning in July 2009, DHHS began taking steps to review the list of enrollees in both the intervention and control groups to confirm whether they are enrolled in FPW and eligible for

the Pilot. Pilot enrollees who are not eligible receive a letter and a Medicaid application from DHHS reminding them that they should apply for FPW to continue to be enrolled in the Pilot. DHHS has attempted to improve its ability to contact enrollees in the control group, after attempts to reach the participants by telephone have failed, by sending a letter from the nurse counselor to request that the participant contact the nurse counselor by telephone or complete the 12-month questionnaire and return it by mail. Appendix A provides copies of these letters.

## **Section II. Results**

### **Introduction**

This section of the report presents the results of the analyses described in Section I, which is currently limited to responses to questionnaires completed by intervention enrollees and preliminary statistics about services used by intervention enrollees during their enrollment. At this time data is not sufficient to report findings for the seven hypotheses because data for individuals enrolled in the control group are not available.

### **Participant Questionnaires**

The Pilot relies on the completion of enrollee questionnaires, which are designed to elicit information about the enrollee's desire for pregnancy and their birth control choices. In May 2008, the nurse counselor began collecting responses to the intervention baseline questionnaires for the Pilot. The nurse counselor contacts intervention group participants to complete subsequent questionnaires at 2 months, 6 months and 12 months. The County Health Departments in the control group also began enrolling women in the Pilot in May 2008; however, only enrollees in the control group who complete the 12-month questionnaire are considered to be participants in the Pilot. DHHS has had difficulty contacting enrollees in the control group and have not yet finalized a list of participating women in the control group.

Table 2, on the following page, summarizes the number of questionnaires completed by the intervention participants as of July 2009. There were 318 enrollees in the intervention group who completed the baseline questionnaire. Of these enrollees, eight have completed all four questionnaires from the baseline through the 12-month questionnaire. The remaining 310 enrollees are at an interim stage in the Pilot. Excluded from this number are questionnaires completed by individuals who were no longer eligible to participate in the Pilot, usually because they indicated they were no longer eligible to participate in FPW, they were deemed eligible for another Medicaid coverage category or they never applied for Medicaid at all. In addition to excluding these questionnaires, NCI took steps to "clean" the data by identifying and correcting misspelled names and identifying instances where a questionnaire was missing for an enrollee.

**Table 2: Intervention Questionnaire Count**

Type of Questionnaire	Total Received	Number Excluded from Pilot	Number Included in Pilot
Baseline	438	120	318
2 Month	401	135	266
6 Month	155	45	110
12 Month	12	4	8

*Comparison of Responses to Method of Birth Control*

NCI compared questionnaire responses across the phases of the Pilot to examine the use of birth control. These results are preliminary and the sample size for each questionnaire should be considered when drawing conclusions from these results. Table 3, on the following page, provides the percentage of respondents who reported each type of birth control as their primary method. These preliminary results show that as participants continue to receive the intervention counseling, they seem to choose more effective methods of birth control. A lower percentage of participants were using less effective methods of birth control, e.g., condoms after the initial baseline questionnaire, the percentage decreased to 5 percent from 11 percent. Participants using more highly effective methods increased, e.g., the percentage of women using IUDs increased from 6 percent to 11 percent. Table 4 provides effectiveness ratings for contraceptive methods.

The questionnaires do not offer sterilization as a birth control method when asking for the enrollee’s primary method because women who are sterile should not take part in the Pilot; however, sterilization could be a type of birth control that the nurse counselor recommends to an enrollee. Also, the nurse counselor observed that women in the Pilot knew very little about emergency contraception and contingency planning for when a method fails.

**Table 3: Comparison of Responses to Primary Method of Birth Control**

What birth control or contraceptive method is the <u>primary or main method</u> you are currently using?	Baseline	Two-Month	Six-Month	Twelve-Month
Condom	11%	5%	6%	0%
Birth control pills or oral contraceptive	41%	40%	33%	34%
Depo-provera or other injectables	30%	34%	35%	33%
IUD	6%	10%	11%	11%
Diaphragm	0%	0%	0%	0%
Patch	2%	1%	0%	0%
Nuva-ring	2%	2%	3%	0%
Withdrawal	0%	0%	0%	0%
Fertility awareness, rhythm method, or natural family planning (Safe period by temperature, or cervical mucus test, or LAM)	0%	0%	0%	0%
Sponge	0%	0%	0%	0%
Spermicidal foam/cream/film/suppository	<1%	<1%	0%	0%
Female condom	0%	0%	0%	0%
Emergency contraception (or morning after pill)	0%	0%	0%	0%
Periodic abstinence (Rhythm/Calendar)	0%	<1%	0%	0%
Chance	0%	0%	0%	0%
None	2%	1%	2%	0%
Other _____	5%	6%	12%	22%

The effectiveness for each contraceptive method is based on national figures for the percent of women experiencing an unintended pregnancy within the first year of typical use.<sup>2</sup> Table 4 displays the estimated percent of women not experiencing an unintended pregnancy within the first year of use. The contraceptive methods with the highest percentages in the table are considered to have higher effectiveness for preventing pregnancy.

**Table 4: Effectiveness of Contraceptive Methods**

Contraceptive Method	Estimated Percent of Women <u>Not</u> Experiencing an Unintended Pregnancy within the First Year of Use <sup>3</sup>
Male condom	85.00%
Birth control pills or oral contraceptive	92.00%
Depo-provera or other injectables	97.00%
IUD	99.20%
Diaphragm	84.00%
Patch	92.00%
Nuva-ring	92.00%
Withdrawal	73.00%
Fertility awareness, rhythm method, or natural family planning (Safe period by temperature, or cervical mucus test, or LAM)	75.00%
Sponge	Not available
Spermicidal foam/cream/film/suppository	71.00%
Female condom	79.00%
Emergency contraception (or morning after pill)	92.00%
Periodic abstinence (Rhythm/Calendar)	75.00%
Chance	15.00%
Female sterilization	99.50%
Male sterilization	99.85%

Further comparisons among questionnaire responses are too preliminary at this time. Further analysis will be conducted upon the completion of the Pilot.

Appendices B through E provide complete summary statistics from the intervention questionnaires, showing for each question on the questionnaire the percentage of respondents who provided each response. Appendices F and G provide the control baseline and 12 month questionnaires; Appendix H provides the Risk Reduction Form.

<sup>2</sup> Ziemann M, Hatcher RA et al. *A Pocket Guide to Managing Contraception*. Tiger, Georgia: Bridging the Gap Foundation, 2007.

<sup>3</sup> Based on typical use: Among typical couples who initiate use of a method (not necessarily for the first time), the percentage who experience an accidental pregnancy during the first year if they do not stop use for any other reason.

## Service Utilization among Intervention Enrollees

The list of intervention participants included in the Pilot provides us with a basis for evaluating whether these women used FPW services during the intervention enrollment period. NCI examined the State’s eligibility file and MMIS paid claims data to determine which intervention Pilot participants used FPW services while enrolled in the Pilot.

The purpose of this analysis is to compare the utilization of services between Pilot enrollees in the intervention and control groups, therefore NCI evaluated the eligibility and paid claims data to determine whether the Pilot participant was enrolled in FPW during the individuals’ enrollment in the Pilot and whether the services, as determined from paid claims data, occurred during their enrollment. Table 5 provides a summary of the number of participants who received FPW services during the Pilot. The project phase documents the level of completion in the Pilot as of July 2009, i.e., there were 52 women who have completed the baseline questionnaire only and 14 of these women used services, while 156 women have completed both the baseline and two-month questionnaires and 70 of these women used services. As expected, the participants who have been in the Pilot longer are more likely to use services. While just 27 percent of participants in the baseline phase of the Pilot used services, 58 percent of participants in the six-month phase used services. As stated previously, NCI does not yet have control group enrollees to compare with intervention group enrollees in terms of service utilization at this time.

**Table 5: Intervention Group Participant Service Utilization**

Project Phase	Number Included in Pilot	Using Services		Not Using Services	
		Number	Percent	Number	Percent
Baseline	52	14	27	38	73
Two-Month	156	70	45	86	55
Six-Month	102	59	58	43	42
Twelve-Month	8	5	62	3	38
Total	318	148	47	170	53

NCI examined more closely the types of claims that were being paid by FPW for the 148 Pilot enrollees. Claims fell into four general categories: birth control, office visits, pregnancy tests and other lab tests. The number of pregnancy tests is one measure to compare with the control group, along with the types of birth control and whether the birth control chosen is highly effective. Table 6 provides a summary of the types of claims paid on behalf of intervention group participants.

**Table 6: Type of Paid Claims for the Intervention Group**

Type of Paid Claims	Cumulative Number of Participants	Percent of Participants	Number of Paid Claims	Percent of Paid Claims
Birth Control	128	49	335	62
Office Visit	104	40	166	31
Pregnancy Test	22	8	24	5
Other Lab Test	7	3	12	2
<b>Total</b>	<b>261</b>	<b>100</b>	<b>537</b>	<b>100</b>

### **Conclusions**

At this time, NCI is unable to present findings comparing the intervention and control groups to address the evaluation hypotheses. The findings presented below are preliminary and are based only on a review of intervention questionnaire data and related eligibility and MMIS paid claims data for intervention group participants.

- As participants move through the intervention, they seem to be choosing more effective methods of birth control. There was a decrease in the percentage of women using condoms as their primary method of birth control and an increase in IUDs.
- After removing Pilot enrollees who are no longer eligible for the Pilot, there are 318 completed intervention baseline questionnaires, 266 completed intervention two-month questionnaires and 110 completed intervention six-month questionnaires.
- There were 148 intervention participants who had at least one paid claims for family planning services while enrolled in the Pilot. Paid claims were related to office visits (40 percent), pregnancy and other lab tests (11 percent) and to obtain birth control (49 percent).

NCI expects to receive a final database of control group participants for the first 12 months of the Pilot from DHHS in the interim. A complete database of control group participants will be available in September 2010 that will contain all of the women enrolled in the control group. The Clinical Innovation Pilot Year Two report will provide the comparisons between the intervention and control groups for the two year pilot.

**Appendix A**  
**Pilot Contact Letters**



September 10, 2009

Dear Clinical Innovation Project Participant,

Previously, you agreed to participate in a research study titled "The Clinical Innovation Project (CIT)" that is conducted through the Medicaid "Be Smart" Family Planning Waiver (FPW) program. The main objectives of the project are to increase the use of more effective types of birth control and increase the period of time that participants continue to use their birth control method. Participants in this study were assigned to one of two groups, the intervention group or the control group.

Our records indicate that though you are enrolled in CIT, you are currently not enrolled in the FPW program. In order to participate in CIT, you must be an FPW recipient. Please take a few moments to complete the enclosed Medicaid application and return it to your local Department of Social Services or Health Department. Enclosed with the application you will find a brochure which explains the valuable services available through the program. If you have any questions about the study, Medicaid application or FPW program, you may contact me 919-855-4328.

Thank you so much applying for the Family Planning Waiver program and for your participation in the study.

Sincerely,

Tysha N. Grays  
FPW Project Manager  
Division of Medical Assistance

North Carolina  
**Be Smart.**  
*Family Planning*



Date

Dear ,

A year ago, you agreed to participate in a research study titled “The Clinical Innovation Project (CIT)” that is conducted through the Medicaid Family Planning Waiver Program. The main objectives of the project are to increase the use of more effective types of birth control and increase the period of time that participants continue to use their birth control method. Participants in this study were assigned to one of two groups, the **intervention group** or the **control group**.

**Intervention Group:** The intervention group received a total of four telephone calls throughout the year during which participants were asked questions about their contraceptive use. They were also asked questions about their satisfaction with their chosen contraceptive method and were provided information about contraceptive options, as needed. You agreed to participate in the intervention group.

**Control Group:** Control group participants did not receive any telephone calls during the year. Persons in the control group agreed to participate in a telephone interview about their contraceptive use conducted by a study team staff member approximately twelve months from their appointment date.

It has been twelve months since you agreed to participate in this study, and I am sending you this letter because I have not been able to reach you by telephone to conduct the twelve-month follow-up interview. This telephone call will take approximately five (5) minutes of your time. In order to complete this brief interview, please call me at (828) 697 – 4703 . My name is Barbara Stanley and I am the nurse conducting the follow-up interviews. If I am not available, please leave your name, a phone number where you can be reached, and times that are best to call you. If you cannot call me, please mail the enclosed form in the postage paid envelope included with this letter. Your participation is very important and necessary for the success of the project.

Please know that you have the right to withdraw your consent or not participate without penalty. You also have the right to refuse to answer particular study questions. You do not have to participate in this study to receive your routine health care or Medicaid coverage. To protect your privacy, you will be assigned a study identification number. It is important that you know that study staff will not tell anyone that you are in this study, and will not provide any information about what you say during the study. All information you provide is confidential.

Thank you so much for your participation. I look forward to hearing from you.

Sincerely,

Barbara Stanley



**Appendix B**  
**Intervention Baseline Questionnaire Results**

## FPW Telephone Counseling Baseline Questionnaire<sup>1</sup> (Telephone call #I-1)

Introductory Staff Script: Hello, my name is [X]. I am calling from the telephone counseling center to follow-up with you about a program you said you were interested in when you were at your health department visit on *[give date]*. This program involves telephone counseling about birth control. Do you remember talking to someone at the health department about this program?

*[If yes]* That's great: let me tell you about this call and see if you have any questions before we get started.

First, this call should take about 10-20 minutes. Is now a good time for us to talk?

*[If yes]* Good. Let me get started then.

*[If no]* Reschedule ASAP

The purpose of this call is to reinforce the information that you received about birth control at your last visit and see if you have any questions or concerns about the birth control you are using. I'll also ask you some questions about what you think about your birth control and how you are using your birth control (like which method you are using and how often you use it). Then we can talk about some specific steps to take to prevent pregnancy until you want to be pregnant.

After today's call we will talk again in 2 months to see how things are going.

Any questions before I get started with some questions?

*[If no, then continue to questions]*

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Today's Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

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### **First I am going to ask you about the new Family Planning Waiver Program in NC.**

1) Do you know about the FPMW program?

99% Yes

1% No

2) Are you currently receiving a FPMW card?

67% Yes

33% No

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<sup>1</sup> Response rates for each question may exceed 100% due to rounding.

- 3) **[IF NO]** Why are you not on the FPMW
- 2% I don't know
  - 96% my application is pending
  - 0% my coverage ended because my income changed
  - 2% my coverage ended because I didn't reapply
  - 0% my coverage ended for other reasons \_\_\_\_\_
- 

**Now, I would like to ask you a few questions about what you think about pregnancy and your method of birth control.**

- 4) How would you describe your desire for pregnancy? **[circle one]**
- 0% I am pregnant
  - <1% I want to get pregnant now
  - 1% I want to be pregnant in near future
  - 68% I do not want to be pregnant in the near future
  - 29% I do not ever want to be pregnant
  - 1% I don't know whether or not I want to get pregnant
- 5) What birth control or contraceptive method is the primary or main method you are currently using? **[you don't have to read all the choices; just circle the one that they say]**
- 11% Condom
  - 41% Birth control pills or oral contraceptive
  - 30% Depo-provera or other injectables
  - 6% IUD
  - 0% Diaphragm
  - 2% Patch
  - 2% Nuva-ring
  - 0% Withdrawal
  - 0% Fertility awareness, rhythm method, or natural family planning (Safe period by temperature, or cervical mucus test, or LAM)
  - 0% Sponge
  - <1% Spermicidal foam/cream/film/suppository
  - 0% Female condom
  - 0% Emergency contraception (or morning after pill)
  - 0% Periodic abstinence (Rhythm/Calendar)
  - 0% Chance
  - 2% None
  - 5% Other \_\_\_\_\_

- 6) Is this the same method that you talked about with your provider at your last visit to the family planning clinic?  
 86% Yes  
 14% No
- 7) How long have you been using *[name the primary method]*?  
 39% Less than 6 months  
 61% 6 months or more
- 8) Think about the birth control method that have used for the last 30 days. How happy or satisfied are you with that birth control method? (pick one answer)  
 48% Very happy or satisfied  
 27% Somewhat happy  
 5% Not sure  
 18% Not happy or satisfied  
 3% Not using any birth control method for past 30 days

**SKIP #9 IF PARTICIPANT:**

**USES NO METHOD CURRENTLY (Check if this applies \_\_\_\_\_) 5%**

**OR STARTED A NEW METHOD WITHIN LAST 30 DAYS (Check if this applies \_\_\_)21%**

- 9) How often did you use **[name the primary method]** in the last 30 days?  
 15% **[For coital dependent methods]** Condom, diaphragm, sponge, spermicide, withdrawal, chance, emergency contraception  
 10% Every time I had intercourse  
 4% Almost every time I had intercourse  
 1% Sometimes when I had intercourse  
 0% Almost never when I had intercourse  
 45% **[For the pill]** Birth control pills or oral contraceptive  
 34% Same time every day  
 4% Every day, but not at the same time  
 6% Almost every day (missed 1 or 2 pills)  
 1% Most days (missed 3-5 pills)  
 <1% Some of the time (missed more than 5 pills)  
 38% **[For Depo]** Depo-provera  
 36% I get my shot every 12 weeks  
 2% I am sometimes late for my shot  
 0% I am always late for my shot  
 3% **[For patch and Nuva-Ring users]** Patch or Nuva Ring  
 2% I always place my patch (or insert my Nuva-Ring) according to the directions  
 1% I sometimes forget to change my patch/Nuva Ring, or put the Patch on/put the Nuva-Ring in

10) In the next 30 days, how sure are you that you will use a method of birth control to prevent pregnancy every time you have intercourse?

- 86% Very sure
- 11% Somewhat sure
- 2% Not sure
- 1% I won't use birth control every time

11) I'm going to read you a list of situations or things that might affect people's use of birth control. For each item tell me if it might prevent, or make it harder for YOU to use your birth control. [*check all positive responses*]

- <1% Drugs
- <1% Alcohol
- 1% Being sexually aroused
- 0% Partner getting angry
- <1% Partner doesn't want to use condoms
- 0% Partner doesn't want you to use birth control
- 5% Too expensive to use birth control
- 0% Too difficult to get birth control
- <1% Too messy to use birth control
- <1% Too busy to use birth control
- 12% Forget to use birth control
- 2% Too difficult to have birth control on hand
- 4% Too difficult to have follow-up visits at a doctor's office
- 25% Health problems or side effects caused by birth control
- 0% Nervous about using birth control
- 0% Religious reasons
- 50% These situations do not apply
- 0% List any others not mentioned above: \_\_\_\_\_

End time: \_\_\_\_\_

**Appendix C**  
**Intervention Two Month Questionnaire Results**

## FPW Telephone Counseling 2-month Questionnaire<sup>1</sup> (Telephone call #I-2)

---

*Before the call, refer to the risk reduction summary sheet for this client so you can discuss progress and barriers at the end of the call and revise risk reduction steps as needed*

---

Introductory Staff Script: Hello, my name is [X]. I am calling from the telephone counseling center to follow-up after a call we had 2 months ago about your contraceptive use.

This call should take about 15 minutes. Is now a good time for us to talk?  
[If yes] Good. Let me get started then.

[If no] Reschedule ASAP

---

Today's Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

---

**First I'll ask a few questions and then we can review the items we talked about at the last call:**

- 1) Have had a positive pregnancy test since we last spoke (in the last 2 months)?  
    <1% Yes  
    100% No

**Now, I would like to ask you a few questions about what you think about pregnancy and your method of birth control.**

- 2) How would you describe your desire for pregnancy? *[circle one]*  
    0% I am pregnant  
    <1% I want to get pregnant now  
    2% I want to be pregnant in near future  
    65% I do not want to be pregnant in the near future  
    31% I do not ever want to be pregnant  
    2% I don't know whether or not I want to get pregnant

---

<sup>1</sup> Response rates for each question may exceed 100% due to rounding.

3) What birth control or contraceptive method is the primary or main method you are currently using? [*you don't have to read all the choices; just circle the one that they say*]

- 5% Condom
- 40% Birth control pills or oral contraceptive
- 34% Depo-provera or other injectables
- 10% IUD
- 0% Diaphragm
- 1% Patch
- 2% Nuva-ring
- 0% Withdrawal
- 0% Fertility awareness, rhythm method, or natural family planning (Safe period by temperature, or cervical mucus test, or LAM)
- 0% Sponge
- <1% Spermicidal foam/cream/film/suppository
- 0% Female condom
- 0% Emergency contraception (or morning after pill)
- <1% Periodic abstinence (Rhythm/Calendar)
- 0% Chance
- 1% None
- 6% Other \_\_\_\_\_

4) How long have you been using [*name the primary method*]?

- 42% Less than 6 months
- 58% 6 months or more

---

**SKIP #5 IF PARTICIPANT:**

**USES NO METHOD CURRENTLY (Check if this applies  ) 3%**

**OR STARTED A NEW METHOD WITHIN LAST 30 DAYS (Check if this applies  ) 5%**

---

- 5) How often did you use [**name the primary method**] in the last 30 days?
- 6% [**For coital dependent methods**] Condom, diaphragm, sponge, spermicide, withdrawal, chance, emergency contraception
    - 6% Every time I had intercourse
    - <1% Almost every time I had intercourse
    - 0% Sometimes when I had intercourse
    - 0% Almost never when I had intercourse
  - 49% [**For the pill**] Birth control pills or oral contraceptive
    - 41% Same time every day
    - 4% Every day, but not at the same time
    - 2% Almost every day (missed 1 or 2 pills)
    - 1% Most days (missed 3-5 pills)
    - 1% Some of the time (missed more than 5 pills)
  - 41% [**For Depo**] Depo-provera
    - 39% I get my shot every 12 weeks
    - 2% I am sometimes late for my shot
    - 0% I am always late for my shot
  - 4% [**For patch and Nuva-Ring users**] Patch or Nuva Ring
    - 4% I always place my patch (or insert my Nuva-Ring) according to the directions
    - <1% I sometimes forget to change my patch/Nuva Ring, or put the Patch on/put the Nuva-Ring in
- 6) In the next 30 days, how sure are you that you will use a method of birth control to prevent pregnancy every time you have intercourse?
- 92% Very sure
  - 5% Somewhat sure
  - 2% Not sure
  - 1% I won't use birth control every time

**Now, I'd like to ask you about the steps that you said you would take at the end of our telephone call 2 months ago.**

- 7) Do you remember those steps or actions?
- 99% Yes (**IF YES, ask them to talk about them and mark on risk reduction summary sheet if they were completed, not completed or partially completed**)
  - 1% No (**IF NO, remind them and ask them if they remember after prompting; If so, mark on risk reduction sheet if they were completed, not completed or partially completed**)

End time: \_\_\_\_\_

**Appendix D**  
**Intervention Six Month Questionnaire Results**

## FPW Telephone Counseling 6-month Questionnaire<sup>1</sup> (Telephone call #I-3)

---

*Before the call, refer to the risk reduction summary sheet for this client so you can discuss progress and barriers at the end of the call and revise risk reduction steps as needed*

---

Introductory Staff Script: Hello, my name is [X]. I am calling from the telephone counseling center to follow-up after a call we had 4 months ago about your contraceptive use.

This call should take about 15 minutes. Is now a good time for us to talk?  
[If yes] Good. Let me get started then.

[If no] Reschedule ASAP

---

Today's Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

---

**First I'll ask a few questions and then we can review the items we talked about at the last call:**

- 1) Have had a positive pregnancy test since we last spoke (in the last 4 months)?
- 0% Yes
  - 100% No

**Now, I would like to ask you a few questions about what you think about pregnancy and your method of birth control.**

- 2) How would you describe your desire for pregnancy? [*circle one*]
- 0% I am pregnant
  - 1% I want to get pregnant now
  - 3% I want to be pregnant in near future
  - 63% I do not want to be pregnant in the near future
  - 34% I do not ever want to be pregnant
  - 0% I don't know whether or not I want to get pregnant

---

<sup>1</sup> Response rates for each question may exceed 100% due to rounding.

3) What birth control or contraceptive method is the primary or main method you are currently using? [*you don't have to read all the choices; just circle the one that they say*]

- 6% Condom
- 33% Birth control pills or oral contraceptive
- 35% Depo-provera or other injectables
- 11% IUD
- 0% Diaphragm
- 0% Patch
- 3% Nuva-ring
- 0% Withdrawal
- 0% Fertility awareness, rhythm method, or natural family planning (Safe period by temperature, or cervical mucus test, or LAM)
- 0% Sponge
- 0% Spermicidal foam/cream/film/suppository
- 0% Female condom
- 0% Emergency contraception (or morning after pill)
- 0% Periodic abstinence (Rhythm/Calendar)
- 0% Chance
- 2% None
- 12% Other \_\_\_\_\_

4) How long have you been using [*name the primary method*]?

- 21% Less than 6 months
- 79% 6 months or more

---

**SKIP #5 IF PARTICIPANT:**

**USES NO METHOD CURRENTLY (Check if this applies  ) 9%**

**OR STARTED A NEW METHOD WITHIN LAST 30 DAYS (Check if this applies  )1%**

---

- 5) How often did you use [**name the primary method**] in the last 30 days?
- 8% *[For coital dependent methods]* Condom, diaphragm, sponge, spermicide, withdrawal, chance, emergency contraception
    - 7% Every time I had intercourse
    - 1% Almost every time I had intercourse
    - 0% Sometimes when I had intercourse
    - 0% Almost never when I had intercourse
  - 44% *[For the pill]* Birth control pills or oral contraceptive
    - 42% Same time every day
    - 0% Every day, but not at the same time
    - 1% Almost every day (missed 1 or 2 pills)
    - 1% Most days (missed 3-5 pills)
    - 0% Some of the time (missed more than 5 pills)
  - 44% *[For Depo]* Depo-provera
    - 39% I get my shot every 12 weeks
    - 5% I am sometimes late for my shot
    - 0% I am always late for my shot
  - 4% *[For patch and Nuva-Ring users]* Patch or Nuva Ring
    - 4% I always place my patch (or insert my Nuva-Ring) according to the directions
    - 0% I sometimes forget to change my patch/Nuva Ring, or put the Patch on/put the Nuva-Ring in
- 6) In the next 30 days, how sure are you that you will use a method of birth control to prevent pregnancy every time you have intercourse?
- 94% Very sure
  - 3% Somewhat sure
  - 2% Not sure
  - 1% I won't use birth control every time

**Now, I'd like to ask you about the steps that you said you would take at the end of our telephone call 4 months ago.**

- 7) Do you remember those steps or actions?
- 99% Yes (*IF YES, ask them to talk about them and mark on risk reduction summary sheet if they were completed, not completed or partially completed*)
  - 1% No (*IF NO, remind them and ask them if they remember after prompting; If so, mark on risk reduction sheet if they were completed, not completed or partially completed*)

End time: \_\_\_\_\_

**Appendix E**  
**Intervention 12 Month Questionnaire Results**

## FPW Telephone Counseling 12-month Completion Questionnaire<sup>1</sup> (Telephone call #I-4)

Introductory Staff Script: Hello, my name is [X]. I am calling from the telephone counseling center to follow-up with you about a questionnaire that you completed at [give site] a year ago. I would like to ask you just a few questions that are similar to the ones you completed a year ago.

This call should take about 5 minutes. Is now a good time for us to talk?

*[If yes]* Good. Let me get started then.

*[If no]* Reschedule ASAP

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

### First:

1) Have had had a positive pregnancy test in the last 12 months?

0% Yes

100% No

**Now, I would like to ask you a few questions about what you think about pregnancy and your method of birth control.**

2) How would you describe your desire for pregnancy? *[circle one]*

0% I am pregnant

0% I want to get pregnant now

11% I want to be pregnant in near future

67% I do not want to be pregnant in the near future

22% I do not ever want to be pregnant

0% I don't know whether or not I want to get pregnant

3) What birth control or contraceptive method is the primary, or main method you are currently using? *[you don't have to read all the choices; just circle the one that they say]*

0% Condom

34% Birth control pills or oral contraceptive

33% Depo-provera or other injectables

11% IUD

0% Diaphragm

0% Patch

0% Nuva-ring

0% Withdrawal

0% Fertility awareness, rhythm method, or natural family planning (Safe period by temperature, or cervical mucus test, or LAM)

0% Sponge

0% Spermicidal foam/cream/film/suppository

<sup>1</sup> Response rates for each question may exceed 100% due to rounding.

- 0% Female condom
- 0% Emergency contraception (or morning after pill)
- 0% Periodic abstinence (Rhythm/Calendar)
- 0% Chance
- 0% None
- 22% Other \_\_\_\_\_

4) Is this the same method that you talked about with your provider at your last visit to the family planning clinic?

- 78% Yes
- 22% No **[IF NO]** why have you not started the new method yet? \_\_\_\_\_

5) How long have you been using **[name the primary method]**?

- 22% Less than 6 months
- 78% 6 months or more

6) Think about the birth control method that have used for the last 30 days. How happy or satisfied are you with that birth control method? (pick one answer)

- 67% Very happy or satisfied
- 22% Somewhat happy
- 0% Not sure
- 11% Not happy or satisfied
- 0% Not using any birth control for past 30 days

---

**SKIP #7 IF PARTICIPANT:**

**USES NO METHOD CURRENTLY (Check if this applies  ) 22%**

**OR STARTED A NEW METHOD WITHIN LAST 30 DAYS (Check if this applies  ) 0%**

---

7) How often did you use **[name the primary method]** in the last 30 days?

- 0% **[For coital dependent methods]** Condom, diaphragm, sponge, spermicide, withdrawal, chance, emergency contraception
  - 0% Every time I had intercourse
  - 0% Almost every time I had intercourse
  - 0% Sometimes when I had intercourse
  - 0% Almost never when I had intercourse
- 60% **[For the pill]** Birth control pills or oral contraceptive
  - 60% Same time every day
  - 0% Every day, but not at the same time
  - 0% Almost every day (missed 1 or 2 pills)
  - 0% Most days (missed 3-5 pills)
  - 0% Some of the time (missed more than 5 pills)
- 40% **[For Depo]** Depo-provera
  - 40% I get my shot every 12 weeks
  - 0% I am sometimes late for my shot
  - 0% I am always late for my shot

- 0% **[For patch and Nuva-Ring users]** Patch or Nuva Ring
- 0% I always place my patch (or insert my Nuva-Ring) according to the directions
  - 0% I sometimes forget to change my patch/Nuva Ring, or put the Patch on/put the Nuva-Ring in

8) In the next 30 days, how sure are you that you will use a method of birth control to prevent pregnancy every time you have intercourse?

- 100% Very sure
- 0% Somewhat sure
- 0% Not sure
- 0% I won't use birth control every time

9) I'm going to read you a list of situations or things that might affect people's use of birth control. For each item tell me if it might prevent, or make it harder for YOU to use your birth control. **[check all positive responses]**

- 0% Drugs
- 0% Alcohol
- 0% Being sexually aroused
- 0% Partner getting angry
- 0% Partner doesn't want to use condoms
- 0% Partner doesn't want you to use birth control
- 0% Too expensive to use birth control
- 0% Too difficult to get birth control
- 0% Too messy to use birth control
- 0% Too busy to use birth control
- 0% Forget to use birth control
- 0% Too difficult to have birth control on hand
- 0% Too difficult to have follow-up visits at a doctor's office
- 0% Health problems or side effects caused by birth control
- 0% Nervous about using birth control
- 0% Religious reasons
- 100% These situations do not apply
- 0% List any others not mentioned above: \_\_\_\_\_

10) Think back over the past 12 months. How many times have you called the family planning clinic to talk to a doctor, provider, or nurse about your birth control?

- 80% None
  - 0% 1
  - 0% 2
  - 0% 3
  - 0% 4
  - 20% 5 or more
-

---

**Now, I'd like to ask you three questions about what you thought of the telephone counseling line. Think back over that last year when you have talked to the telephone center counselor. Think about the following three statements and tell me if you strongly agree, agree, disagree, strongly disagree or have no opinion about them [circle the best response]:**

10) It was helpful to talk to the telephone center counselor about contraception methods.

67% Strongly Agree      0% Agree    33% No Opinion      0% Disagree      0% Strongly Disagree

11) I would like to talk to the telephone center counselor more often.

22% Strongly Agree      22% Agree      44% No Opinion    11% Disagree      0% Strongly Disagree

12) The telephone counselor was able to address all of my questions adequately.

45% Strongly Agree      22% Agree      33% No Opinion      0% Disagree      0% Strongly Disagree

Thank you so much for your time. We really appreciate your help.

**Appendix F**  
**Control Baseline Questionnaire**

## FPW Baseline Questionnaire

**We are interested in learning more about how helpful reproductive counseling is for women. Please take a few minutes to answer the following questions about birth control methods that can be used to prevent pregnancy**

---

**1. How would you describe your desire for pregnancy? [circle one]**

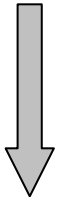
- a. I am pregnant
  - b. I want to get pregnant now
  - c. I want to be pregnant in near future
  - d. I do not want to be pregnant in the near future
  - e. I do not ever want to be pregnant
  - f. I don't know whether or not I want to get pregnant
- 

**Questions 2-8 below are about your use of any methods that can be used to prevent pregnancy. Please circle either NO or YES for each question.**

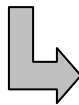
---

**2. Have you used condoms in the last 30 days?**

**NO**



**YES**



**2a. How often did you use this condoms in the last 30 days?**

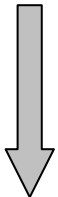
1. Every time I had intercourse
2. Almost every time I had intercourse
3. Sometimes when I had intercourse
4. Almost never when I had intercourse

**2b. How long have you been using this method?**

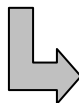
1. Less than 6 months
2. 6 months or more

**3. Have you used a diaphragm, sponge, or spermicide (foam, cream, jelly, or film) in the last 30 days?**

**NO**



**YES**



**3a. How often did you use this method in the last 30 days?**

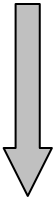
1. Every time I had intercourse
2. Almost every time I had intercourse
3. Sometimes when I had intercourse
4. Almost never when I had intercourse

**3b. How long have you been using this method?**

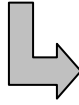
1. Less than 6 months
2. 6 months or more

**4. Have you used Depo-Provera in the last 30 days?**

NO



YES

**4a. How often did you use this method?**

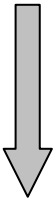
1. I get my shot every 12 weeks
2. I am sometimes late for my shot
3. I am always late for my shot

**4b. How long have you been using this method?**

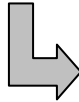
1. Less than 6 months
2. 6 months or more

**5. Have you used birth control pills in the last 30 days?**

NO



YES

**5a. How often did you take your pill in the last 30 days?**

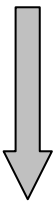
1. Same time every day
2. Every day, but not at the same time
3. Almost every day (missed 1 or 2 pills)
4. Most days (missed 3 to 5 pills)
5. Some of the time (missed more than 5 pills)

**5b. How long have you been using the pill?**

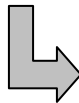
1. Less than 6 months
2. 6 months or more

**6. Have you used the “patch” or the NuvaRing for birth control in the last 30 days?**

NO



YES

**6a. How often did you use this method in the last 30 days?**

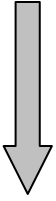
1. All of the time
2. Some of the time (placed the patch or ring late)

**6b. How long have you been using this method?**

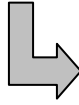
1. Less than 6 months
2. 6 months or more

7. Have you used the “IUD” for birth control in the last 30 days?

NO



YES

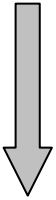


7a. How long have you been using this method?

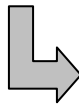
3. Less than 6 months
4. 6 months or more

8. Have you used withdrawal, fertility awareness-based methods (such as rhythm or natural family planning), emergency contraception (EC or “morning after”) or some other method in the last 30 days?

NO



YES



8a. How often did you use this method in the last 30 days?

5. Every time I had intercourse
6. Almost every time I had intercourse
7. Sometimes when I had intercourse
8. Almost never when I had intercourse

8b. How long have you been using this method?

3. Less than 6 months
4. 6 months or more

9. In the next 30 days, how sure are you that you will use a method of birth control to prevent pregnancy every time you have intercourse? (circle one answer)

1. Very sure
2. Somewhat sure
3. Not sure
4. I won't use birth control every time

10. Think about the birth control method that have used for the last 30 days. How happy or satisfied are you with that birth control method? (circle one answer)

1. Very happy or satisfied
2. Somewhat happy
3. Not sure
4. Not happy or satisfied
5. Not using any birth control method the last 30 days

11. Here is a list of situations or things that might affect people's use of birth control. Circle each item below that might prevent, or make it harder for YOU to use your birth control.

- a. Drugs
- b. Alcohol
- c. Being sexually aroused
- d. Partner getting angry
- e. Partner doesn't want to use condoms
- f. Partner doesn't want you to use birth control
- g. Too expensive to use birth control
- h. Too difficult to get birth control
- i. Too messy to use birth control
- j. Too busy to use birth control
- k. Forget to use birth control
- l. Too difficult to have birth control on hand
- m. Too difficult to have follow-up visits at a doctor's office
- n. Health problems or side effects caused by birth control
- o. Nervous about using birth control
- p. Religious reasons
- q. These situations do not apply
- r. List any others not mentioned above: \_\_\_\_\_

*you may circle  
more than one*

**Appendix G**  
**Control 12 Month Questionnaire**

## FPW 12-month Completion Questionnaire

Introductory Staff Script: Hello, my name is [X]. I am calling from the telephone counseling center to follow-up with you about a questionnaire that you completed at [give site] a year ago. I would like to ask you just a few questions that are similar to the ones you completed a year ago.

This call should take about 5 minutes. Is now a good time for us to talk?  
 [If yes] Good. Let me get started then.

[If no] Reschedule ASAP

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

**First:**

- 1) Have had had a positive pregnancy test in the last 12 months?
  - a. Yes
  - b. No

**Now, I would like to ask you a few questions about what you think about pregnancy and your method of birth control.**

- 2) How would you describe your desire for pregnancy? [*circle one*]
  - a. I am pregnant
  - b. I want to get pregnant now
  - c. I want to be pregnant in near future
  - d. I do not want to be pregnant in the near future
  - e. I do not ever want to be pregnant
  - f. I don't know whether or not I want to get pregnant
  
- 3) What birth control or contraceptive method is the primary, or main method you are currently using? [*you don't have to read all the choices; just circle the one that they say*]
  - a. Condom
  - b. Birth control pills or oral contraceptive
  - c. Depo-provera or other injectables
  - d. IUD
  - e. Diaphragm
  - f. Patch
  - g. Nuva-ring
  - h. Withdrawal
  - i. Fertility awareness, rhythm method, or natural family planning (Safe period by temperature, or cervical mucus test, or LAM)
  - j. Sponge
  - k. Spermicidal foam/cream/film/suppository
  - l. Female condom
  - m. Emergency contraception (or morning after pill)
  - n. Periodic abstinence (Rhythm/Calendar)

- o. Chance
  - p. None
  - q. Other \_\_\_\_\_
- 4) Is this the same method that you talked about with your provider at your last visit to the family planning clinic?
- a. Yes
  - b. No **[IF NO]** why have you not started the new method yet? \_\_\_\_\_
- 5) How long have you been using **[name the primary method]**?
- a. Less than 6 months
  - b. 6 months or more

**SKIP #6 IF PARTICIPANT:**

**USES NO METHOD CURRENTLY (Check if this applies )**

**OR STARTED A NEW METHOD WITHIN LAST 30 DAYS (Check if this applies )**

- 6) How often did you use **[name the primary method]** in the last 30 days?
- a. **[For coital dependent methods]** Condom, diaphragm, sponge, spermicide, withdrawal, chance, emergency contraception
    - i. every time I had intercourse
    - ii. almost every time I had intercourse
    - iii. sometimes when I had intercourse
    - iv. almost never when I had intercourse
  - b. **[For the pill]** Birth control pills or oral contraceptive
    - i. same time every day
    - ii. every day, but not at the same time
    - iii. almost every day (missed 1 or 2 pills)
    - iv. most days (missed 3-5 pills)
    - v. some of the time (missed more than 5 pills)
  - c. **[For Depo]** Depo-provera
    - i. I get my shot every 12 weeks
    - ii. I am sometimes late for my shot
    - iii. I am always late for my shot
  - d. **[for patch and Nuva-Ring users]** Patch or Nuva Ring
    - i. I always place my patch (or insert my Nuva-Ring) according to the directions
    - ii. I sometimes forget to change my patch/Nuva Ring, or put the Patch on/put the Nuva-Ring in
- 7) In the next 30 days, how sure are you that you will use a method of birth control to prevent pregnancy every time you have intercourse?
- a. Very sure
  - b. Somewhat sure
  - c. Not sure

- d. I won't use birth control every time
- 8) I'm going to read you a list of situations or things that might affect people's use of birth control. For each item tell me if it might prevent, or make it harder for YOU to use your birth control. [*check all positive responses*]
- a. Drugs
  - b. Alcohol
  - c. Being sexually aroused
  - d. Partner getting angry
  - e. Partner doesn't want to use condoms
  - f. Partner doesn't want you to use birth control
  - g. Too expensive to use birth control
  - h. Too difficult to get birth control
  - i. Too messy to use birth control
  - j. Too busy to use birth control
  - k. Forget to use birth control
  - l. Too difficult to have birth control on hand
  - m. Too difficult to have follow-up visits at a doctor's office
  - n. Health problems or side effects caused by birth control
  - o. Nervous about using birth control
  - p. Religious reasons
  - q. These situations do not apply
  - r. List any others not mentioned above: \_\_\_\_\_
- 9) Think about the birth control method that have used for the last 30 days. How happy or satisfied are you with that birth control method? (pick one answer)
- a. Very happy or satisfied
  - b. Somewhat happy
  - c. Not sure
  - d. Not happy or satisfied
  - e. Not using any birth control over last 30 days
- 10) Think back over the past 12 months. How many times have you called the family planning clinic to talk to a doctor, provider, or nurse about your birth control?
- a. None
  - b. 1
  - c. 2
  - d. 3
  - e. 4
  - f. 5 or more

Thank you so much for your time. We really appreciate your help.

**Appendix H**  
**Intervention Risk Reduction Form**

## FPW Telephone Counseling Risk Reduction Summary Sheet

Check risk reduction steps chosen at each call			Risk Reduction Steps	Step level of completion of steps at each call		
Initial call	TC #2	TC#3		2 months	6 months	12 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continue with current contraceptive method	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increase the consistency of use of current contraceptive method	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start or restart a contraceptive method (including changing to one with a higher level of effectiveness)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical follow-up	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Think or talk about starting a method	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial

NOTES: