

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

North Carolina Family Planning Waiver
Waiver Year Three
Primary Care Referrals
Report on Focus Groups and
Male Participant Survey

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EXECUTIVE SUMMARY

Navigant Consulting organized three focus groups in August 2008 to assess primary care referrals during Waiver Year Three (October 1, 2007 – September 30, 2008) of the Family Planning Waiver, known as Be Smart.¹ Seventeen women participated in the focus groups in Buncombe, Granville and Robeson Counties.² Navigant Consulting also interviewed one participant over the telephone who had signed-up for one of the focus groups but did not attend. In addition, Navigant Consulting conducted a survey of 82 males participating during Waiver Year Three to assess their experience with primary care referrals. The survey response rate was 48 percent.

In Waiver Years One and Two, all female focus group participants reported they were satisfied with the Be Smart program services. The majority of the female focus group participants (65 percent) did not receive a primary care referral from their family planning providers. This represents an improvement from Waiver Year Two results, in which 86 percent of participants did not receive a referral. Waiver Year Three had a decline in the percent of participants receiving a referral when compared to results from Waiver Year One, in which 42 percent of participants did not receive a referral.³ The Waiver Evaluation Plan hypothesizes that the percent of participants who receive a referral will increase annually. Only six of the female focus group participants received a referral from their family planning providers when the need for primary care arose and no male survey respondents received a referral.

Of the female focus group participants who did not receive a referral, some had access to free or affordable primary care, but many had no usual source of primary care. Many factors may contribute to whether participants receive primary care referrals, including participant health status, access to existing primary care and provider knowledge of referral requirements. Relative to primary care referral services:

- Family planning helps the female focus group participants plan the size of family they need, while maintaining a healthy status. In general, the results of the male survey indicated that men used the Be Smart program primarily for birth control, most commonly for vasectomies.

¹ The *North Carolina Family Planning Waiver, Waiver Year One, Primary Care Referral Focus Groups September 2007* report summarizes the information collected during the Year One Focus Groups. The *North Carolina Family Planning Waiver, Waiver Year Two, Primary Care Referral Focus Groups January 2008* report summarizes the information collected during the Year Two Focus Groups

² This figure and subsequent figures (unless otherwise noted) exclude one focus group participant who reported she did not receive family planning services from the Be Smart program.

³ Thirty-five percent of Waiver Year 3 focus group participants reported success in obtaining a referral. This number is inclusive of the one telephone interviewee's experiences.

- Many participants report they are relatively healthy and do not have extensive healthcare needs, but are not aware of their options for access to free or affordable care should the need arise.
- Six female focus group participants (35 percent) received a primary care referral. Of the six receiving referrals, two participants used the referral successfully; one participant reported that her health worsened before her scheduled primary care appointment and she sought services at the emergency room; three participants were billed for what they thought would be free or reduced price services. Participants had varied levels of satisfaction with the referral depending on their referral experiences.
- Four female participants (24 percent) had access to free or affordable primary care even without a referral. All but one participant reported they did not receive information about primary care referrals at the time of enrollment.
- Ten out of 17 female focus group participants (59 percent) do not indicate an awareness of the availability of primary care referral services. Further, only two of the female participants who received a referral in a time of medical need were aware it was required under the Waiver.

Female focus group participants in Waiver Year Three reported higher rates of primary care referrals than did focus group participants in Waiver Year Two (35 percent compared to 14 percent), but they continue to exhibit a lack of knowledge regarding referrals. Waiver Year Three female participants displayed similar confusion regarding their Medicaid eligibility as those in Waiver Year Two, but were likely to know they were required to recertify their eligibility.

Navigant Consulting cannot determine whether the differences in the experiences of focus group participants between Waiver Years One, Two and Three are a result of a trend in knowledge of or access to primary care referrals or whether other differences between the counties in which the focus groups were located might affect participants' experiences. The rate of focus group participation in Waiver Year Three varied across the counties. There were two participants in one focus group (plus one telephone interview), five participants in another focus group and ten participants in the third. We cannot determine whether the characteristics of the individuals who chose to attend Waiver Year Three focus groups differed across the participating counties. Furthermore, we cannot determine whether the characteristic differed in a meaningful way from those who attended in Waiver Years One and Two (e.g., if individuals who were less satisfied with their access to care chose to attend the Waiver Year Three focus groups).

Due to the small number of focus group participants and because participants are not randomly selected for the focus group, the results from the focus group cannot be

generalized to the entire Waiver population. Nevertheless, the experiences reported by focus group participants indicate many commonalities and Navigant Consulting does believe they provide useful information about participant experiences in the program. We gathered feedback regarding potential strategies to improve participation in future years and have summarized these options in the following report.

Due to continued low participation in the focus groups, the Department of Health and Human Services (DHHS) should consider replacing the focus group process with a survey similar to the survey used for men. A survey would reach more female participants than the focus groups and gain a statewide perspective on experiences with the Waiver. Navigant Consulting would randomly select the women to survey so that we could generalize the survey results to apply to the larger female population of participants. We could also then track the survey results from year to year to evaluate with more certainty whether referral rates are increasing.

Navigant Consulting continues to believe that a mail survey is an effective way to gather information from male participants. In the report, we recommend additional improvements for upcoming Waiver Year evaluations.

The report that follows describes the objectives of the focus group discussions; the methodology for selection of focus group participants; characteristics of focus group participants and the methodology for conducting the focus group sessions; findings and issues and potential solutions identified from the focus group process. This report also provides the information collected from the male participant survey.

SECTION I: INTRODUCTION

Overview

The evaluation plan approved by the Centers for Medicare and Medicaid Services (CMS) for the Family Planning Waiver includes a quality of care indicator to measure whether an increased proportion of Waiver participants who lack a source of primary care at the time of enrollment in the Waiver are referred to an appropriate source of primary care. The Waiver Evaluation Plan specifies the use of four focus groups with participants who have been enrolled in the Waiver for at least six months to explore their experiences in obtaining primary care referrals from their family planning providers, their success in following up on the referrals, the barriers that they may have encountered in the process and their satisfaction with the referral process.⁴ Navigant Consulting determined, along with the Division of Medical Assistance (the Division), that female and male focus groups should be conducted separately, to encourage candid discussion and increase the comfort level of participants. We planned to conduct three female focus groups and one male focus group. In Waiver Year Two, we discovered that only 94 men were participating in the Waiver during the first nine months of the waiver year and, because those men were spread out across the state, we determined that a male focus group would not be practical. Instead, we proposed to use a survey of all male participants, which we believed would be a better tool with which to gather information about male experiences with primary care referrals. CMS and the Division approved our proposal. For the same reason, we continued the use of the male survey in Waiver Year Three.

This report provides Waiver Year Three results and a comparison to the Waiver Years One and Two findings.

Evaluation Objectives

The Family Planning Waiver Evaluation Plan sets forth the hypotheses to be tested to determine if the Waiver program meets the established objectives. The Waiver Evaluation Plan approved by CMS is designed to measure the overall impact of the Waiver. The overall evaluation includes a retrospective cohort study and a process evaluation. The retrospective cohort study involves secondary analyses of information routinely obtained at the State Center for Health Statistics as well as Medicaid claims data. The process evaluation includes a standard set of quality of care indicators. One of the specific process and quality indicators is represented as Hypothesis D.1.2.:

“Increased proportion of Waiver participants lacking a source of primary care at the time of their enrollment in the Waiver will be referred to an appropriate source of care: To evaluate the extent of participants’ follow-up on primary care referrals received from their family planning providers, we will report results

⁴ Throughout the report, Navigant Consulting uses the term “focus group” to refer to the group of individuals we gathered to discuss primary care referrals and “focus group session” to refer to the actual meeting itself.

from at least 4 focus groups held annually with enrollees participating in the program for at least 6 months. The composition of the focus groups will be based on the demographic and geographic distribution of enrollees. We will explore their experiences in obtaining primary care referrals from their family planning providers, their success in following up on the referrals, barriers they may have encountered in either process and their satisfaction with the referral process.”

SECTION II: METHODOLOGY

In this section, we describe:

- The process used to identify focus group participants and obtain their participation
- The process used to identify male participants and encourage them to complete the survey
- The characteristics of the focus group participants and survey respondents
- The focus group and survey processes

Process Used to Identify Participants and Obtain Their Participation

Navigant Consulting used two approaches to identify and obtain participation from male and female Waiver Year Three participants, as described below.

Focus Groups

In June 2007 and November 2007, respectively, Navigant Consulting conducted focus groups to evaluate participant experiences in Waiver Years One and Two, using County providers to assist in identifying and contacting potential focus group participants. Based on the requirement in the Waiver Evaluation Plan to use focus groups and the success of the Years One and Two focus groups, we returned to the same approach to evaluate Waiver Year Three. We made this decision for a number of reasons:

- The County Health Departments are typically the largest providers of family planning services in the State. This means that the County Health Department staff are very familiar with the Waiver and have access to the greatest number of participants in their counties.
- The County Health Departments have existing relationships with participants and understand the challenges that might be encountered in obtaining focus group participants. A representative of a County Health Department originally suggested that, because of their existing relationship with participants, County Health Department representatives would be the best initial contact to identify willing participants; other County Health Department representatives concurred. The County Health Departments also agreed to provide a venue for the focus groups because they had the space to hold meetings and the participants were familiar with the location.

- The County Health Departments maintain the most accurate and up-to-date contact information for Waiver participants who have received services. This was important for the County Health Departments to initiate interest in the focus group and for Navigant Consulting to use that information to conduct reminder phone calls prior to the focus group sessions.
- Using County Health Department staff to initiate contact proved relatively successful for the Years One and Two focus groups.

Navigant Consulting continues to recognize that there could be some potential issues related to bias in selection of focus group participants given the providers' roles in the notification of potential focus group participants. To reduce the chance of provider bias, Navigant Consulting gave each County Health Department a list of eligible consumers whom we had prescreened for eligibility. The number of eligible consumers for each focus group location was relatively small (ranging from 24 eligible consumers from Robeson County to 83 from Buncombe County), and the likelihood of provider bias in the selection of focus group participants was minimized by the limited number of Waiver participants from whom to recruit.

To capture different perspectives than those captured in earlier sessions, Navigant Consulting worked with the Division to select counties for the Waiver Year Three focus groups that differed from those selected for the previous two years. The goals for county selection were to:

- Include representation from each area of the state
- Include at least one rural area
- Select counties with a variety of ages and races across focus group participants

Navigant Consulting examined both Medicaid Management Information System (MMIS) claims data and enrollment data to determine the frequencies of race and age groups for women who had a claim within twelve months of enrolling. At the time of the focus group participant selection, paid claims data for Waiver Year Three (October 1, 2007 to September 30, 2008) and the enrollment file for Waiver Year Three enrollees were both available through the end of May 2008. Navigant Consulting examined the frequencies of race and age groups to select counties that would best represent the female Waiver participant population's diversity as a whole. After identifying several possible counties that had a high number of unduplicated Waiver participants with varying ages and races, we discussed the selected counties with the Division. This discussion narrowed the selection and the Division initiated contact with the counties to determine their willingness to participate. Based on the analysis of county demographics and initial discussions with counties, the Division settled on the following counties to achieve the desired geographic and rural and urban mix:

- Buncombe County – Large, urban county in the western region of the State

- Granville County – Average-sized (neither small nor large) urban county in the north central region of the State
- Robeson County – Relatively large rural county in the south central region of the State

To be eligible to participate in the focus group, participants must have been enrolled in the Waiver for at least six months and must have received a service in Waiver Year Three.⁵ After the Division approved the county selections, Navigant Consulting used claims data for those counties to provide the County Health Department with a list of individuals who accessed services through the County Health Department and who met the criteria of a participant during Waiver Year Three. We provided the list as a secured, password-protected file that contained the first and last name, Medicaid ID number, date of birth, address, race and age group of each individual. The County Health Departments were given the responsibility of inviting all the women from the list who were served by the County Health Department.

Staff of the respective County Health Departments placed the initial calls to eligible Be Smart enrollees to invite them to participate in the focus groups. We offered participants \$25 in cash if they participated in the focus groups, as well as food and refreshments during each of the focus group sessions. Each County Health Department had a goal of obtaining 30 to 35 verbal commitments from consumers to participate in the focus group.⁶ Based on experience from prior Waiver years, we expected that the number of actual participants would be lower due to a certain number of “no-shows” for each group. Buncombe, Granville and Robeson Counties obtained 17, 14 and 11 commitments, respectively.

After the low participation for the Buncombe County focus group, i.e., only two attendees, Navigant Consulting sent flyers requesting attendance at the focus group sessions to eligible participants in Granville and Robeson counties. Navigant Consulting mailed flyers to all eligible Waiver participants from the counties, including women who received services from providers other than the County Health Departments. The flyers instructed interested women to call the County contact to sign up for the focus group.

- Robeson: Navigant Consulting mailed 94 flyers to the sample population, which included County Health Department users and participants who received services at private providers.

⁵ Because the enrollment file contained information on enrollment through the end of May, we excluded all women who first enrolled in the program after March 2008 to capture only women who would have six months enrollment in the Waiver program at the time of the focus groups in August.

⁶ Because Robeson County Health Department staff only had 24 consumers to solicit, their goal was to obtain as many commitments as possible.

- Granville: Navigant Consulting mailed 59 flyers to the sample population, which included County Health Department users and participants who received services at private providers.

One to two days prior to the focus groups, either Navigant Consulting or the County Health Department made telephone calls to those consumers who had verbally committed to participate to remind them of the time, date and location of the focus group, as well as the \$25 cash, food and refreshments that they would receive upon arrival.

Male Participant Survey

Time and logistical constraints prevented Navigant Consulting from conducting a male focus group in Waiver Year One. For Waiver Year Two, we proposed using a mail survey to compile information from qualified male participants in the program; CMS and the Division approved this proposal. Based on the success of this approach and low male participation in the Waiver, we also used a male survey in Waiver Year Three.

Navigant Consulting developed the survey questions so that the information collected was comparable to the information collected in the female focus groups. We asked, for example, questions about the individual's background, experiences with receiving primary care referrals, barriers encountered in either receiving or following up on the referrals and the level of satisfaction with the process. Although the objective of the focus groups and survey was to assess referrals to primary care services, we also asked other questions about the Waiver program to develop a context for questions about primary care referrals. We included optional space on the survey for the individual to include his name and contact information, if he desired, for any follow-up questions or clarification of responses. Based on the responses we received in Waiver Year Two, we modified the Waiver Year Three survey to gather additional detail on the participants' experiences with the referral process. We made these modifications in an attempt to capture information analogous to what was obtained through the free-flowing discussion in the focus groups. We have included the survey as Appendix B.

Using claims data and eligibility data, Navigant Consulting identified 82 males who met the criteria for the individuals we were hoping to evaluate (enrolled in the Waiver for at least six months and receiving a service in Waiver Year Three). On July 2, 2008, we sent a survey to each of the 82 male participants, offering a \$25 Wal-Mart gift card as an incentive to return the survey by the due date of July 21, 2008. As part of Navigant Consulting's agreement with CMS and the Division, we agreed to track completed surveys and follow-up unreturned surveys with postcard reminders. We sent 52 postcards on August 8, 2008 to solicit the return of the remaining surveys, and received 9 additional surveys due to follow-up.

Female Focus Group Participants and Male Survey Respondents

Of the 42 female consumers who agreed to participate, 17 actually attended the focus group sessions. Table 1, below, details the number of female focus group participants per county.

Table 1: Waiver Year Three (October 1, 2007-September 30, 2008) Family Planning Waiver Female Focus Groups Participation

Date	Location	Number of Registered Participants	Number of Actual Participants
August 14	Buncombe County Department of Health	17	2
August 27	Robeson County Department of Health	11	5 ⁷
August 28	Granville County Department of Health	14	10
Total		42	17

Navigant Consulting received 39 responses out of the 82 surveys sent to male participants; five respondents indicated that they were enrolled in the program for less than six months. Furthermore, one respondent did not use Be Smart between October 1, 2007 and March 30, 2008. We did not include the responses from these six surveys in our male survey analysis, thus analyzing only the 33 valid male surveys.

The 17 women who participated in the focus groups and 33 male survey respondents varied in terms of racial backgrounds and ages. Navigant Consulting did not select focus group participants using a statistical, random sampling approach; instead, we relied on the willingness of the enrollees to take part in the focus group. Further, although all male participants received a survey, the responses reflect only those who were willing to complete the survey and therefore are also self-selected and not random. The following pages provide details about the demographics for the female focus group participants and the male survey respondents.

As Table 2 on the next page demonstrates, the majority of the women participating in the focus group were between the ages of 19 and 24 (35 percent) or 25 and 29 (29 percent), but participation was distributed over all age groups. County by county, there was some variability in age. In Granville, for example, participants ranged from age 19 to over 40; in Robeson County, all the focus group participants were between the ages of 19 and 34.

⁷ Excludes one woman who attended the focus group session, but reported she did not participate in the Be Smart program. Subsequent claims analysis showed that she was, in fact, a participant.

Table 2: Waiver Year Three (October 1, 2007-September 30, 2008) Family Planning Waiver Female Focus Group: Age Distribution of Participants by County

Location	Number of Participants	Age 19-24	Age 25-29	Age 30-34	Age 35-39	Age 40-55
Granville County Department of Health	10	4	4	0	1	1
Robeson County Department of Health	5	2	0	3	0	0
Buncombe County Department of Health	2	0	1	0	1	0
Total	17	6	5	3	2	1
Percent of Total	100%	35%	29%	18%	12%	6%

Table 3, on the following page, details the number and percentage of male survey respondents by age group. Table 4, on the next page, provides the percentage for the population of 82 men surveyed. Men in the age group 30–34 responded at a rate (39 percent) that was higher than the proportion they represented in the entire population (27 percent). Men in the 25–29 age group represent a similar proportion of the population of men (26 percent) as the age group 30–34; however, the response rate for men in the 25–29 age group was much lower (18 percent). Responses for the other age groups were relatively comparable to their representation in the overall population.

In Waiver Year Two, the response rates for men in the 25–29 and 35–39 age groups were higher, both at 27 percent; the rate for men in the age-group 30–34 was lower in Waiver Year Two at 17 percent. The Waiver Year Two response rates for the other age groups were relatively comparable to Waiver Year Three.

**Table 3: Waiver Year Three Family Planning Male Survey
Age Distribution of Survey Respondents and Male Participant Population**

Age Group	Number of Survey Respondents	Percent of Survey Respondents
Age 19-24	3	9%
Age 25-29	6	18%
Age 30-34	13	39%
Age 35-39	5	15%
Age 40-55	5	15%
Age 56 or older	1	3%
Total⁸	33	100%

For comparison, we reviewed the age distribution of eligible participants statewide, in Table 4 below.⁹ As with the Waiver Year Two focus group participation, older women were represented at the focus groups in a higher proportion than in the participant population as a whole. The ages of the male survey respondents were relatively representative of the male participant population as a whole, with younger men slightly underrepresented and older men overrepresented.

Table 4: Age Distribution of Family Planning Participants

Age Group	Female Percentage	Male Percentage
Age 19-24	52%	13%
Age 25-29	24%	26%
Age 30-34	13%	27%
Age 35-39	7%	16%
Age 40-55	4%	17%
Age 56-60	N/A	1%
Total¹⁰	100%	100%

⁸ Components may not add to total due to rounding.

⁹ Participants are defined as individuals who are enrolled in Be Smart for at least six months and received a service during Waiver Year 3.

¹⁰ Components may not add to total due to rounding.

The majority of female focus group participants were African American (59 percent) and the majority of male survey respondents were White (76 percent) as shown in Table 5 below. No female focus group participants reported Hispanic ethnicity; one male survey respondent was Hispanic.

Table 5: Racial/Ethnic Background of Focus Group Participants and Survey Respondents

Race	Focus Group Participants		Survey Respondents	
	Number	Percentage	Number	Percentage
African American	10	59%	4	12%
American Indian or Alaskan Native	1	6%	0	0%
Asian	0	0%	0	0%
Pacific Islander or Hawaiian Native	0	0%	0	0%
White	6	35%	25	76%
No identification	0	0%	4	12%
Total	17	100%	33	100%
Total Indicating Hispanic Ethnicity	0	0%	1	3%

For comparison, Navigant Consulting examined the racial background of male and female Family Planning Waiver participants across the State, as shown in Table 6 on the next page.¹¹

African Americans are the second largest proportion of female participants in the Waiver (44 percent); at 59 percent the focus group participants overrepresented African Americans and underrepresented Whites. African American females were also overrepresented in the Waiver Year One and Two focus groups.

The racial distribution of male survey respondents is dependent on those who chose to respond to the survey. Navigant Consulting made attempts to obtain survey responses from all 82 men, regardless of demographics. As with the age distribution, the racial background of the male survey respondents was fairly representative of the male participant population as a whole, with African Americans slightly underrepresented and Whites slightly overrepresented.

¹¹ Participants are defined as individuals who are enrolled in Be Smart for at least six months and received a service during Waiver Year Three.

Table 6: Racial Background of Family Planning Participants

Race	Female Percentage	Male Percentage
African American	44%	17%
American Indian or Alaskan Native	2%	0%
Asian	<1%	1%
Pacific Islander or Hawaiian Native	<1%	0%
White	49%	74%
No identification	4%	7%
Total ¹²	100%	100%

Process Used to Conduct the Focus Groups

Because of the sensitivity of family planning as a topic for discussion in a large group, Navigant Consulting believes there are inherent challenges to encouraging female participants’ attendance and active participation in focus group sessions. The Navigant Consulting focus group leader took a number of steps to promote a degree of comfort. The focus group leader:

- Used a standard script to assure participants of the protection of confidentiality and privacy; the focus group leader repeated these assurances throughout the sessions
- Eliminated taping of the focus group session, a standard procedure used for most focus groups.
- Used an individual sign-in sheet instead of a group sign-in sheet for focus group participants.
- Secured the master list of registered individuals.
- Provided refreshments and beverages, as well as a stipend for attending, as discussed above.

Due to the precautions regarding confidentiality taken with the female participants, all three focus group sessions proceeded as planned, and participants were active and interactive with one another. Again with Waiver Year Three, Navigant Consulting observed one of the most salient features of the focus group format for female consumers was the opportunity for the participants to learn from the experiences of others.

¹² Components do not add to total due to rounding.

Focus Groups and Male Survey Limitations

Discussion in focus groups is free-flowing and allows for the collection of more detailed and specific information about participant experiences than can be obtained through the male survey. The structure of the focus group sessions, however, can limit our ability to quantify these experiences.

Navigant Consulting sent two representatives to each focus group session: one representative (the focus group leader) to facilitate the session and the other to observe and take detailed notes. Navigant Consulting tracked and compiled the responses to each specific question asked by the focus group leader. The structure of the focus group sessions, however, allowed for open discussion and participants often made additional observations that were useful and relevant to the report. To facilitate dialogue between participants and to keep the discussion moving, the focus group leader did not always stop the group at each statement to take a count of how many participants agreed or disagreed with the discussion point. As a result, Navigant Consulting does not have precise figures for every observation presented in the report. Therefore, in some cases, we used terms such as “most,” “many,” or “few” to convey the verbal and non-verbal responses observed by the Navigant Consulting representatives. Both representatives have confirmed these observations and the focus group results that are presented in this report.

The male survey allows us to quantify male participant responses and provide detailed statistics that are not possible through the focus group process. The survey does not, however, allow for the additional follow-up questions and discussion that provide a deeper understanding of participant experiences. The survey is also limited by inconsistent and unclear responses, as discussed later in the report, despite efforts to clarify questions as much as possible.

SECTION III: FINDINGS

Below Navigant Consulting presents the findings from the three focus groups and the male participant survey. We describe findings related to each of the focus group or survey questions and provide a summary of overall findings with observations according to age and racial/ethnic background of the participants.¹³

Responses to Structured Focus Group and Survey Questions

For the Waiver Year Three focus groups, Navigant Consulting used the same questions as those used for Waiver Years One and Two. For the Year One focus groups, Navigant Consulting developed a set of structured focus group questions with follow-up questions. Although the objective of the focus group was to assess referrals to primary care services, we also asked other questions about the Waiver program to develop a context for questions about primary care referrals. We provided this list of questions to the Division for its review. Based on Division staff suggestions, Navigant Consulting made some revisions and the Division approved the final focus group questions. Since we felt that the questions elicited useful responses and generated further constructive discussions, we used the same questions in the Years Two and Three focus groups. We used these questions for all three focus groups; responses to and discussion related to each question are summarized below. We have provided the questions as Appendix A.

Likewise, Navigant Consulting developed the male survey questions to gather much of the same information as we were collecting for the female focus groups. Based on the responses received in Waiver Year Two, we modified the Waiver Year Three survey to:

- Inquire about the participant's knowledge of the availability of and general issues related to the primary care referral process
- Request information regarding participants' existing access to primary care services and the location where those services are received
- Ask about participant health status, to give context regarding the need for primary care referrals

We have provided the survey as Appendix B.

To protect participant and provider confidentiality, we have not provided a summary of responses by age, racial/ethnic background and geographic area.

¹³ In some cases, male survey respondents did not answer every survey question. We have reported the percentages related to each survey question based on the number of individuals who answered that specific question.

1. *Have enrollees indicated that they heard about Waiver services from one or more sources?*

Female Focus Groups

Participants reported they heard about Waiver services by the following means:

- They were offered the Family Planning Waiver when applying or reapplying for Medicaid benefits because their income was too high to qualify for traditional Medicaid (71 percent).
- One individual reported she heard about Be Smart while employed at a family planning provider's office. Another individual heard about the program while receiving health care services during her pregnancy.

Eighty-three percent of female focus group participants who reported their program enrollment length have been enrolled in the program for more than a year.¹⁴ All but one of the female focus group participants was aware of the need to recertify their eligibility. Most reported that, although it required a lot of information and documentation, the recertification process was relatively easy.

There were several areas of concern:

- Only one focus group participant recalled receiving the Be Smart brochure or other written information, although many women reported they could not recall whether they received information. The woman who did report receiving the brochure could not recall its contents.¹⁵
- The majority of focus group participants were unaware of the full array of providers participating in the Waiver. Most understood that they were eligible to receive family planning services at their county health department. Few knew that private providers participate in the Be Smart program.
- Few focus group participants were aware of the fact that men are also covered. Participants indicated that one method for increasing male participation in the program would be to reach them through their partners (i.e., increase female awareness of male eligibility).

¹⁴ This information was not reported for five focus group participants.

¹⁵ The Division of Medical Assistance and the Division of Public Health tasks the County Department of Social Services with providing waiver applicants with a packet of materials. These packets of materials have information on the local availability of primary care providers and explain how to obtain family planning services and primary care services verbally to the applicant. Case managers are requested to note the exchange of information in the individual's file. Since their original enrollment in the program might have occurred more than 12 months prior to the focus group meeting, participants might have had difficulty recalling the details of the enrollment process.

- Participants' experiences in accessing waiver services varied drastically from county to county. Participants in one county reported consistently long wait times for scheduled visits at the local county health department. One participant reported that she waited more than seven hours for her last annual visit, while others confirmed that the average wait time for prescription refills was two to three hours. Upon complaining about the long wait, participants were told by staff that the health department was understaffed and no changes could be made. Participants in this county found that the long wait times and the generally unwelcoming nature of the county health department staff were barriers to receiving waiver services. Focus group participants in the other two counties received care quickly and had no complaints about long wait times.

Male Survey Respondents

A majority of the male survey respondents indicated that they heard about the Waiver services from the County Health Department Staff (30 percent), followed by their case managers (27 percent), and family or friends (27percent). Other sources such as the new enrollee letter, posters or brochures, and health care providers were each identified at least once. Six respondents indicated that they heard about Waiver services through more than one source. In addition, three respondents indicated they heard about the Waiver services through the Medicaid renewal application.

2. *Are participants less likely to be lost to follow-up?*

Female Focus Groups

Almost all of the female focus group participants indicated that once enrolled in Be Smart, they received reminders about annual checkups and other related family planning visits. Participants indicated that, although it was up to them to make the follow-up appointments, these reminders improved the likelihood of their receiving the annual exams. In most cases, the annual exam is the only health care service the participants received; thus, many participants reported that they made sure to make their appointments each year.

Male Survey Respondents

Eight of the male respondents (24 percent) reported having an initial/yearly examination from a health care provider when first enrolling in the program. Only four respondents (13 percent) indicated returning for periodic visits to their family planning providers after their initial/yearly examination. One respondent indicated that he did not have an initial/yearly examination when first enrolling in Be Smart; however, he had a periodic visit to his family planning provider.

3. *Are participants more likely to report continuous use of a contraceptive method? Are participant women more likely to report use of a highly effective method of contraception?*

Female Focus Groups

Sixteen of the female focus group participants reported use of a contraceptive method (94 percent).¹⁶ Participants indicated they were aware of the various contraceptive options available to them and all of the participants using contraceptives reported satisfaction with their chosen method. Of the women using contraceptives, all but one reported continuous use. One participant indicated she voluntarily stopped using her contraceptives due to side effects.

Of the participants using contraception, 10 (59 percent) used birth control pills and 4 (24 percent) used Depo-Provera; other contraceptive use varied, with one person (6 percent) using each of the following methods: sterilization, IUD and no method.

Male Survey Respondents

Nineteen of the male survey respondents (58 percent) reported using a method of birth control to prevent pregnancy. However, when asked about the type of birth control method 21 male respondents (64 percent) reported having a vasectomy, four of whom (19 percent) had reported they did not use birth control. In response to a later survey question, an additional seven men who did not provide an answer to the question regarding the type of birth control they used, reported either having a vasectomy or that their partner was sterilized. These discrepancies in respondent's perception of birth control may require clarification in the next survey.

The survey asked men whether they changed their method of birth control when they joined the Be Smart Family Planning Program. There were nine men who answered "no" to that question, five (56 percent) of whom also reported having a vasectomy. Of the fourteen men who did change their method of birth control upon enrollment in the Be Smart Family Planning Program, all reported having a vasectomy.

Ten respondents indicated that they did not use birth control prior to joining the Be Smart Family Planning program.¹⁷ Six of the ten respondents (60 percent) indicated that they changed their birth control method when they joined Be Smart; all six reported having a vasectomy. Of the thirteen men who reported using birth control prior to joining Be Smart, eight (62 percent) indicated they changed their birth control when they joined Be Smart; all eight reported having a vasectomy. In determining which type of birth control to use, 10 of the 19 men (53 percent) who reported using a method of birth control cited convenience as the reason they chose their

¹⁶ One participant reported not using contraceptives for health-related reasons; she had tried various contraceptive methods while enrolled in the program but had adverse reactions.

¹⁷ Twenty-three men answered the survey question regarding whether they used birth control prior to joining the Be Smart program.

method.¹⁸ The second most common factor contributing to men's decisions regarding their method of birth control was advice from their healthcare provider (5 out of 19 men who used birth control, or 26 percent). Of the five men who provided a specific reason why they did not use birth control, two cited convenience, one cited advice from his healthcare provider (he had a vasectomy), one indicated his wife took care of birth control and one reported he had a vasectomy because it was less risky than other methods.

Eight of the men who reported that they use a birth control method (42 percent) indicated they were not given a choice by their health care provider as to which type of birth control to use.¹⁹ Six of these eight men (75 percent) also reported that they received a vasectomy or were sterilized.

4. Are there longer inter-pregnancy intervals among Waiver participants? Are there lower unintended pregnancies among Waiver participants or their partners?

Female Focus Groups

Most female focus group participants reported successful results from the Waiver program. No participants reported unplanned pregnancies while participating in the program. The general sentiment is that family planning helps them plan the size of family they need, while maintaining a healthy status.

Male Survey Respondents

Twenty-one (64 percent) of the male survey respondents reported they have been responsible for an unplanned pregnancy prior to participation in the program.²⁰ Ten of these men reported they were responsible for one pregnancy, seven reported they were responsible for two pregnancies, three reported they were responsible for three or more pregnancies and one did not indicate the number of unplanned pregnancies. Three respondents reported they have been responsible for one unplanned pregnancy since enrolling in the Be Smart Family Planning program.

¹⁸ Twenty-five men answered the survey question regarding reasons for using their specific birth control method. Of the 25 men, 19 reported using birth control; six reported they did not use birth control and five of the six men provided a specific reason why not.

¹⁹ We excluded from this count two respondents who reported their health care provider did not give them a choice as to the type of birth control to use, but at the same time indicated that they did not use birth control.

²⁰ Thirty-two men answered the survey question related to unplanned pregnancies.

5. *What are Waiver participants' experiences in obtaining primary care referrals from family planning providers?*

Female Focus Groups

Table 7, on the next page, and Table 8, on page 20, provide information regarding focus group and male respondent experiences with primary care referrals. The Evaluation Plan requires measurement of whether the number of individuals lacking a source of primary care at the time of enrollment who are referred to an appropriate source of care is increasing.²¹ Therefore, the focus groups and male survey attempt to assess referrals for all individuals lacking a source of primary care. Navigant Consulting reports referral status on all participants, regardless of whether they have access to primary care, because some individuals report receiving a referral even though they had an existing source of care. A participant's health status and need for a referral are also important to consider when evaluating the participant's success in obtaining a referral. A participant who is in generally good health might not seek healthcare services or need a referral. Thus, Navigant Consulting has presented the referral information gathered through the focus groups and male participant surveys stratified by whether the participant had an existing source of primary care, and whether the participant sought healthcare services that were not covered by the Be Smart program and therefore would have required a referral to an appropriate source of care.

Only six focus group participants and no male survey respondent reported receiving primary care referrals. In all three counties, at least one of the focus group participants received a referral from a family planning provider for services outside the scope of the waiver program; however, ten out of seventeen participants (59 percent) were unaware that referrals were available to them. Table 7, on the following page, outlines focus group participants' overall experiences with primary care referrals.²²

²¹ Navigant Consulting interprets the term "appropriate source of care" to be "free or affordable" care.

²² Be Smart program language states that "When medical conditions/problems indicated by history, physical examination, or laboratory and clinical tests are discovered that are outside the scope of the Family Planning Waiver and the provider has no mechanism to make services financially affordable, a referral to a primary care "safety net" provider must be made. If the provider offers free or affordable care for services outside the scope of the Family Planning Waiver, then no referral is necessary. The provider should continue medical care." May 2006 Special Bulletin, *Family Planning Waiver "Be Smart."* Available on-line: <http://www.dhhs.state.nc.us/dma/bulletin/FPW.pdf>

Table 7: Primary Care Referrals for Focus Group Participants

Pre-Referral Care Access		Received Referral		Percent Receiving a Referral
		Yes	No	
Participants reporting existing access to free or affordable primary and diagnostic care		1	3	25%
Participants reporting limited or no access to primary and diagnostic care	Sought care services outside the scope of the waiver program	5	2	72%
	Did not seek additional care services	0	6	0%
Total Focus Group Participants		6	11	35%

Of the 17 focus group participants, four (24 percent) had a usual source of primary care. Thirteen women (76 percent) reported limited or no access to free or affordable primary care. Of these 13 women, two reported they sought primary care services without receiving referrals; six women did not report seeking care beyond family planning services. Five women sought care beyond family planning and received referrals.

In one county, the County Health Department offered free or affordable primary care services, making referrals less necessary. In this county, all participants reported using the County Health Department as their sole source of primary care. However, one participant in this county received a referral for free diagnostic services.

In the second county, a county in which the County Health Department does not offer primary care services, all participants reported they had no usual source of primary care. Of the women in this county, all participants reported seeking primary care services. Three participants received a primary care referral from their family planning providers; two participants did not seek a referral and received primary care services at the Emergency Department. Of the three participants who sought referrals from their family planning providers, only one woman was successful in receiving affordable primary care. One woman went to the Emergency Department for care before her scheduled primary care appointment. Another participant reported that she followed up on the referrals but was billed unaffordable fees for the services she received.

Comparable to experiences of women in the second county, the majority of participants in the final county reported limited access to primary care services. The County Health Department

does not offer primary care services. Two participants in this county accessed affordable primary care services at private provider offices. These participants' employer-based insurance covered their primary care needs. The majority of participants, however, were unaware of the availability of affordable primary care services and did not seek services beyond family planning. Two participants in this county sought referrals from their family planning providers for diagnostic/follow-up care after their annual visits. Both participants reported a lack of satisfaction with the referral process as they were billed unaffordable fees for their diagnostic services.

The focus group participants were unanimous in their suggestion that the information about the primary care referrals should be part of the enrollment process. Several participants suggested that enrollees should be provided a list of family planning and primary care providers upon enrollment.

Male Survey Respondents

Almost 25 percent of male survey respondents reported having an existing source for primary care services, resulting in no referrals for this group. For the remaining 25 respondents (75 percent), all but one of whom did not indicate whether or not they had access to primary care, none reported needing a referral or receiving a referral if they needed one. Table 8 below, outlines male experiences with primary care referrals.

Table 8: Primary Care Referrals for Male Survey Respondents

Pre-Referral Care Access		Received Referral		Percent Receiving a Referral
		Yes	No	
Participants reporting existing access to free or affordable primary and diagnostic care ²³		0	8	0%
Participants reporting limited or no access to primary and diagnostic care ²⁴	Sought care services outside the scope of the waiver program	0	0	0%
	Did not seek additional care services	0	1	0%
No response		0	24	0%
Total Male Survey Participants		0	33	0%

²³ If a respondent indicated "Yes" to question 29 of the survey, they were counted here. We used the response to Question 32 to indicate whether the respondent received a referral.

²⁴ If a respondent indicated "Yes" to question 31 of the survey, they were counted here. We used the response to Question 32 to indicate whether the respondent received a referral.

In our analysis of Waiver Year Two results, Navigant Consulting recognized that the male surveys were limited in their ability to probe more fully regarding referrals and existing access to health care providers. To respond to this limitation, for Waiver Year Three, we updated the survey to include additional questions related to existing access to health care providers who offered free or affordable medical care. The responses to the questions allowed us to report the number of respondents who perhaps did not need a referral because they already had access to a primary care health provider.

6. *How successfully do Waiver participants follow up on primary care referrals obtained from family planning providers?*

Female Focus Groups

Of the six focus group participants who received a referral during times of medical need, all six made an appointment with the provider to whom they were referred. One participant reported that her health worsened before the scheduled appointment and she sought care at the local Emergency Department. Two participants received affordable or free primary care services and were satisfied with the referral process. However, three participants reported being billed surprisingly unaffordable fees for services they received from the providers to which they were referred.

Male Survey Respondents

No male survey respondents received a referral.

7. *What are the barriers faced by Waiver participants in obtaining primary care referrals from family planning providers?*

Female Focus Groups

Similar to the findings in Waiver Year Two, the primary barrier to obtaining a primary care referral was the lack of knowledge of the availability of the referral service. Female focus group participants did not know about the availability of referrals and were unaware of locations where they could receive free or affordable primary care services. Focus group participants indicated they would like information about primary care referrals and guidance about what to do in the event of an illness. Participants indicated they would welcome referrals to primary care providers who provide free or affordable care because they indicated most physician services were unaffordable.

Male Survey Respondents

The survey did not explicitly ask male participants about the barriers they faced to obtaining a referral. There were 16 respondents who indicated they did not know what services are covered by the Be Smart Program. Based on the lack of responses to the questions related to primary care referrals, we are unclear whether respondents understand the difference between what might be covered by the Be Smart Program and what might require a referral; this may limit the respondent's ability to tell us about their referral experience. There were 10 respondents who indicated that they had a health problem during the first six months of Waiver Year Three; 7 of these 10 respondents indicated that the Be Smart Family Planning Waiver paid for the visit to the health care provider, which may also indicate a lack of understanding about the difference between a Waiver service and a service that might require a referral.

8. *What is the level of satisfaction of Waiver participants in obtaining primary care referrals from family planning providers?*

Female Focus Groups

The level of satisfaction in obtaining primary care referrals varied among the participants. Three women (50 percent) who received a primary care referral were satisfied with the referral process and the two women who used the referral were satisfied with the subsequent care they received. Three participants (50 percent) who received unaffordable bills for the services they received were entirely dissatisfied with the referral process. Of the female focus group participants who did not receive a referral but who did have a usual source of primary care, almost all were satisfied with the care provided.

Participants who did not have a usual source of primary care expressed a desire for a referral to free or affordable care and seemed frustrated with the lack of primary care options.

Male Survey Respondents

No male survey respondents received a referral.

Summary of Findings

Below is a comparison of Navigant Consulting's observations in Waiver Year Three with Waiver Years One and Two and a summary of our overall Waiver Year Three findings.

Comparison of Waiver Year One, Waiver Year Two and Waiver Year Three Experiences

Although many factors contribute to whether participants receive referrals, Navigant Consulting expected that in the third year of the Waiver both participants and providers would

be more familiar with the Waiver and that participants would receive referrals at a higher rate than in Waiver Year Two. Compared to the female focus group experiences in Waiver Year Two, a higher percentage of female focus group participants and a lower percentage of male participants reported receiving a primary care referral, as shown in Table 9.

Table 9: Comparison of Primary Care Referrals from Waiver Years One and Two to Waiver Year Three

	Focus Groups			Male Survey	
	Waiver Year One	Waiver Year Two	Waiver Year Three	Waiver Year Two	Waiver Year Three
Total Participants	38	14	17	30	33
Number Who Obtained a Primary Care Referral	22	2	6	1	0
Number Who Did Not Obtain a Primary Care Referral	16	12	11	27	1
No Response	-	-	-	2	32
Percent of Respondents Who Obtained a Primary Care Referral	58%	14%	35%	4%	0%

As in Waiver Year Two, in the Waiver Year Three focus groups, Navigant Consulting asked additional probing questions regarding participants' access to existing primary care and thus developed a more complete picture about participants' primary care experiences. In addition, reported access to primary care varied between the counties we visited for the focus groups, often based on the level of free or affordable primary care provided by the County Health Departments. For example, we discovered that one County Health Department we visited to conduct the Waiver Year Three focus group sessions provided free or affordable care to all of the focus group participants. Therefore, no participants in that county received a primary care referral because none needed a referral. However, one focus group participant in this county received a referral for affordable diagnostic services. This individual is included in the number of participants who received a primary care referral.²⁵

Because we did not collect the same level of detailed information in the male survey, and due to the variation between counties, it is difficult to determine whether our primary care statistics are directly comparable. Nevertheless, although primary care referrals in Waiver Year Three were higher than in Waiver Year Two, they were still lower than in Waiver Year One and several individuals who sought primary care services from their family planning providers were not referred to a primary care provider.

²⁵ If we were to remove the participants who accessed free or affordable care through their County Health Department from the equation, the percent of respondents who obtained a primary care referral would be 40 percent.

Summary of Waiver Year Three Experiences

Participation in the Waiver Year Three focus groups was varied: sites had anywhere from 2 to 10 participants, making it difficult to generalize results from the information collected. However, because of the continued relatively low participation in the focus groups, DHHS should consider replacing the focus group process with a survey similar to the survey used for men. A survey would reach more female participants than the focus groups and gain a statewide perspective on experiences with the Waiver. Navigant Consulting would randomly select the women to survey so that we could generalize survey results to the larger female population of participants. The current focus group approach does not allow us to discuss results in terms of the greater participant population.

As reported above, most female focus group participants reported successful results from the Waiver program and all female participants were satisfied with their services. In addition, the general sentiment is that family planning helps participants plan the size of the family they want, while maintaining a healthy status. Female participants unanimously express a desire for broader healthcare coverage, but are thankful for the services that are covered.

Approximately 48 percent of the surveys sent were completed by male participants and returned; 85 percent of returned surveys met the criteria of the analysis. Navigant Consulting received responses from a representative cross-section of the entire participating population. Male survey respondents reported they received Waiver services primarily for birth control purposes; 70 percent of respondents used a method of birth control. A majority (64 percent) of the respondents indicated that their method of birth control was a vasectomy/sterilization.

Because discussion in focus groups is typically more free-flowing than the questions asked in a survey, Navigant Consulting was able to obtain more detailed and specific information about the experiences of female focus group participants than male survey respondents. Below, is a summary of the major findings related to primary care referral services.

- **Of participants who did not have access to affordable primary care, less than half indicated that they were successful at obtaining a referral for primary care services.**

Thirteen focus group participants (76 percent) reported having no or limited access to affordable primary care services. Five of these thirteen participants indicated they were successful in obtaining a referral for primary care services (38 percent). (One participant with access to primary care services also obtained a referral.) Two of the thirteen participants (15 percent) sought primary care services without a referral; six participants reporting no or limited access to free or affordable primary care services did not seek services beyond those covered by the waiver program.

No male survey respondents indicated experiences with a referral for primary care services.

The number of referrals for primary care services for Waiver Year Three was an improvement over the results from Waiver Year Two, but was lower than in Waiver Year One. Again, since the focus groups are held in different counties, comparing results across the counties is difficult. Since many factors contribute to whether a participant receives a referral, including the participant's health status and existing access to primary care, it is difficult to determine conclusively why primary care referrals still remain relatively low. Possible factors might include: the individuals who choose to participate in the focus group sessions or who return the survey might be healthier overall, thus lessening the need for referrals; a lack of understanding by the participant of when an appointment might be a referral; and a lack of provider familiarity with the program's referral requirements. Although some factors are outside of the control of the Division, the Division may want to consider targeting the areas in which it does have the potential to affect the rate of primary care referrals, such as providing technical assistance or education to providers regarding program referral requirements.

- **Several female focus group participants were billed what they consider unaffordable fees from providers to which they were referred.**

All female focus group participants who received primary care referrals reported that they were successful in following up with the referrals. Three participants, however, reported that they received bills for the subsequent services that they believed were unaffordable. In one county, the only two participants who sought referrals for primary care services were referred to the same provider and both perceived the bills to be unaffordable. Those who were billed indicated they were not aware of the potential cost of the referred services.

- **The majority of female focus group participants were not aware of the availability of primary care referral services.**

Focus group participants were typically unaware of the availability of referrals. In four cases, participants did not require a referral due to existing access to primary care. Others indicated they either went without care or sought care from emergency departments when necessary.

The focus group participants indicated that information about primary care referrals was not part of their enrollment packet. As a result, they were not aware of the primary care referral process.

- **For healthy focus group participants, the annual physical examination at the family planning site seemed adequate for them to maintain a healthy status; most participants were healthy but were concerned about what might happen if they became ill. Eight of the male survey respondents (25 percent) reported receiving an initial yearly exam; five of the respondents (13 percent) also reported having one or more additional visits each year.**

It is important to view the access to primary care referral in the context of the health status of the participants. Some female focus group participants have reported general good health, and an annual physical check-up seems sufficient to meet their needs. Four female participants reported seeking primary care services from a hospital emergency department when they became ill. Many female participants did express concern; however, that they had few options if they needed health services beyond primary care. Most reported they would use the emergency department.

For Waiver Year Three, Navigant Consulting added questions to the male survey to gain an understanding of the experiences of the male respondents. We asked respondents about the services that they understood the Waiver to provide, and 52 percent of respondents said they knew the services that were covered by the Waiver and based on the responses to follow-up questions, they do understand. Nineteen respondents (58 percent) said they used a method of birth control and seven of these men indicated they began using birth control after participating in the Waiver.²⁶ Finally, we added a question to ask whether respondents had existing access to free or affordable care; eight respondents (25 percent) indicated they have an existing health care provider who offers free or affordable medical care.

²⁶ An additional eleven men who reported that they did not use birth control (33 percent of all respondents, and 79 percent of respondents who did not use birth control) also reported having a vasectomy or that their partner was sterilized, which, for the purposes of this report, is considered a form of birth control.

SECTION IV: LESSONS LEARNED AND RECOMMENDATIONS FOR IMPROVING THE FOCUS GROUP APPROACH

In this section, Navigant Consulting discusses some of the suggestions we made in the Waiver Year Two report and whether they improved the approach in Waiver Year Three. We have also identified a number of additional “lessons learned” about the focus group approach and recommendations related to improving the approach for Years Four and Five of the Waiver evaluation. However, if DHHS decides to forego the focus group approach for a mail survey, these recommendations would no longer apply and we will work with DHHS to develop a survey for women.

Implementation of Year Two Focus Group Solutions

In the Waiver Year Two report, Navigant Consulting identified several logistical issues related to recruiting focus group participants and offered potential solutions for Waiver Year Three. Table 10 below summarizes our suggestions and the results of their implementation.

Table 10: Year Two Focus Group Issues, Potential Solutions and Year Three Results

Issue	Description/Potential Solutions/Additional Challenges	Results
<p>Low Focus Group participation/difficulties for consumers in attending focus groups</p>	<p>Focus group participation was low. Some consumers experienced difficulties in attending the focus group meetings due to factors such as transportation to the meeting site, lack of child care and other commitments during the meeting time.</p> <p>We identified a number of steps to encourage participation in focus groups:</p> <ul style="list-style-type: none"> • We proposed to begin planning the focus groups several weeks earlier to allow more than sufficient time to obtain commitments. • We proposed to consider conducting the focus groups earlier in the year to reach consumers who are busy or otherwise unavailable in the late fall. • We proposed having Navigant Consulting make follow-up phone calls to individuals contacted by the County Health Departments to answer questions and encourage participation. • We proposed to identify additional means for reminding the consumers about the focus group, for example, postcard reminders in addition to or in place of telephone reminders. • Based on feedback from focus group participants, we proposed to consider increasing the attendance stipend or reimbursing for transportation in addition to the 	<p>Despite our efforts described below, turnout for the focus groups was low.</p> <ul style="list-style-type: none"> • We began planning the focus groups with sufficient time to obtain commitments. • We scheduled the focus groups for late summer, rather than late fall. • We sent flyers requesting attendance at the focus group sessions to all eligible participants in Granville and Robeson counties, including women who received services from providers other than the County Health Departments. The flyers instructed interested women to call the County contact to sign up for the focus group • We mailed reminder flyers to program participants informing them of the upcoming focus group.

Table 10: Year Two Focus Group Issues, Potential Solutions and Year Three Results
(continued)

Issue	Description/Potential Solutions/Additional Challenges	Results
	<p>stipend.</p> <ul style="list-style-type: none"> We proposed to explore alternative meeting times such as weekends to capture participants who are unavailable during the week 	<ul style="list-style-type: none"> We made follow-up calls to registered participants one to two days prior to the focus group to answer questions and provide additional information. Navigant Consulting made the calls in two of the three counties. The County Health Department contact made the calls in the third county.
<p>Selection of focus group participants required significant provider participation, creating potential “independence” issues and requiring cooperation from providers</p>	<ul style="list-style-type: none"> We did not believe there were sufficient participants to solicit participation using a random sample; thus, potential “independence” issues may persist. <p>We proposed to continue to provide County Health Departments with a list of prescreened enrollees to reduce the possibility of selection bias.</p> <ul style="list-style-type: none"> Although we continued to believe provider assistance was essential to obtain focus group participation, we acknowledged the administrative burden on providers may be great. <p>We therefore proposed having Navigant Consulting make follow-up phone calls to individuals contacted by the County Health Departments to answer questions, encourage participation and reduce the burden on County Health Departments.</p>	<p>The active participation of the County Health Departments is crucial to the success of recruiting individuals for the focus groups. The County Health Department personnel are limited by the amount of time they can commit to the process and the support given to them by their supervisors. We took the following steps to assist in recruitment.</p> <ul style="list-style-type: none"> We provided the County Health Departments with a list of prescreened enrollees to reduce the possibility of selection bias. We mailed event flyers to the full list of program participants in two counties. We made follow-up calls to individuals with the exception of one county that preferred to make the follow-up calls themselves.

Table 10: Year Two Focus Group Issues, Potential Solutions and Year Three Results
(continued)

Issue	Description/Potential Solutions/Additional Challenges	Results
<p>Focus group participants may over/under-represent age groups and race/ethnic background</p>	<p>Despite our efforts to select counties with a racial and age distribution that mirrored the Be Smart population as a whole, the makeup of focus group participants did not represent the age or race/ethnic background distribution of Be Smart enrollees.</p> <p>We proposed having Navigant Consulting provide the counties with a list of “priority individuals” according to age or race/ethnic background and to have the counties call these individuals first when recruiting for the focus groups.</p>	<p>Despite choosing counties with representative racial and age distributions, we cannot control who agrees to participate in the focus group.</p> <ul style="list-style-type: none"> • We selected counties with a race and age mix that represent the diversity of the entire Waiver population. • Due to the limited number of participants in the chosen counties, we believed it was important to reach out to all potential participants rather than to prioritize specific individuals.

Focus Group Logistical Issues and Potential Solutions and Challenges for Subsequent Year Focus Groups

As described in Table 10 above, most of the same logistical issues that presented challenges during the Waiver Year One and Two focus groups continued for the Waiver Year Three focus groups; Navigant Consulting anticipates they may present challenges to us as we conduct focus groups for the remaining two years of the Waiver evaluation period. Assuming that we will continue to use focus groups to gather experiences about the Waiver program from female participants, in Table 11 below, we list and describe issues and challenges that arose in conducting the Waiver Year Three focus groups along with potential solutions for the remaining Waiver years.

Table 11: Waiver Year Three Focus Group Issues and Potential Solutions/Additional Challenges

Issue	Description	Potential Solutions/Additional Challenges for Year Four Focus Groups
<p>Finding counties willing to host a focus group due to competing priorities</p>	<p>We attempted to approach County Health Departments at least six weeks prior to our targeted dates for the focus groups. Due to other projects requiring simultaneous county assistance, namely the Clinical Innovation Project and Health Information System Implementation, we</p>	<p>We propose to work with the DHHS to secure commitments from County Health Departments at least two months prior to the targeted focus</p>

Table 11: Waiver Year Three Focus Group Issues and Potential Solutions/Additional Challenges (continued)

Issue	Description	Potential Solutions/Additional Challenges for Year Four Focus Groups
	initially had difficulties finding County Health Departments to participate in the focus group recruitment. County Health Departments also reported being short staffed and found it difficult to devote staff time to telephone calls.	groups, factoring in the other commitments that the County Health Departments have already made. We might also consider mailing letters to all counties in the State to assess the willingness of counties to host a focus group
Communication between the counties and the evaluators	We found that County Health Department staff were difficult to reach due to their many other responsibilities. The barriers to communication can limit our ability to be timely with decisions about sending out postcards or making follow-up calls to recruit for the focus groups.	We propose to work with County Health Departments staff to schedule an established time for a weekly check-in phone call or email that does not impose on their other responsibilities. Even if there is nothing to report about the status of the recruitment, the contact provides some assurances to the evaluator that the recruitment is still moving ahead.

Implementation of Year Two Male Survey Solutions

In the Waiver Year Two report, Navigant Consulting identified several challenges related to the male survey and offered potential solutions to implement in Waiver Year Three. Table 12 below summarizes our suggestions and the results of their implementation.

Table 12: Waiver Year Two Male Participant Survey Issues, Potential Solutions and Waiver Year Three Results

Issue	Description/Potential Solutions/Additional Challenges	Results
The number of returned surveys may not be high enough to be able to generalize results.	The response rate in Waiver Year Two was 36 percent. <ul style="list-style-type: none"> In addition to mailing the surveys and offering a \$25 Wal-Mart gift card for the completion and return of the survey, we also mailed follow-up reminder flyers to those males who had not returned the survey by the due date and made additional follow-up telephone calls to some of those who did not respond after the reminder flyers had been sent. We also resent surveys 	The initial response rate for the Waiver Year Three survey was 37 percent. We gave respondents four weeks to respond before sending reminders. In addition to a reminder postcard, we enclosed a new copy of the survey printed

Table 12: Waiver Year Two Male Participant Survey Issues, Potential Solutions and Waiver Year Three Results (*continued*)

Issue	Description/Potential Solutions/Additional Challenges	Results
	<p>to participants who called and asked for another copy of the survey.</p> <p>We identified the following steps to increase participation in the male survey:</p> <ul style="list-style-type: none"> • We proposed to send out the male participant survey several weeks earlier to allow more than sufficient time to obtain returned surveys, send out reminder flyers and make additional follow-up telephone calls. • We proposed to identify the telephone numbers for all male participants to make follow-up telephone calls to all participants that have not returned a survey. <p>We proposed to contact respondents who indicated on the survey that it was acceptable to contact them, to discuss the primary care referral process further.</p>	<p>on brightly colored paper. With the additional responses from the second mailing, we had a response rate of 48 percent, but after removing six surveys that did not qualify for the study, the response rate was 40 percent.</p> <p>We did not have a complete list of telephone numbers for male participants. We also did not follow-up about primary care referrals because no one indicated that they experienced a referral.</p>
<p>The survey did not generate detailed information for individuals who did not receive a referral.</p>	<p>The survey was geared primarily to collect information from individuals who received a primary care referral. Only one person reported receiving a primary care referral; therefore, analysis of questions related to primary care referrals could not be performed with any amount of confidence. Further, the survey did not gather enough information about the participants who did not receive a referral. Because these participants were the large majority, gathering additional information about their experiences would have been useful.</p> <p>We identified the following steps to produce more meaningful results related to primary care referrals. We proposed to modify the survey to include survey questions that:</p> <ul style="list-style-type: none"> • Inquired about the participant’s knowledge of the availability and general issues of the primary care referral process • Requested information regarding participants’ existing access to primary care services and the location where those services are received. • Asked about participant health status, to give context regarding the need for primary care referrals. • Elicited more open ended-responses and insights to gain more information comparable to the information received in the focus groups. 	<p>The responses to the additions to the survey helped us understand better the perspective of the respondent. We did not receive any valid responses to the primary care questions despite the improvements we made to those questions.</p>

Male Survey Challenges and Potential Solutions and Challenges for Subsequent Year Male Surveys

Table 13 describes the challenges Navigant Consulting experienced with the male participant survey and our proposed solutions, assuming male enrollment is low and we cannot conduct a male focus group.

Table 13: Year Three Male Participant Survey Issues and Potential Solutions/Additional Challenges

Issue	Description	Potential Solutions/Additional Challenges for Year Four Male Survey
Lack of primary care experiences among respondents	Despite improving the line of questions regarding primary care, based on questions used by other states, we did not receive any valid responses that reported on experiences with primary care.	We could rearrange the survey to put the questions regarding primary care referrals at the front of the survey. Respondents might be fatigued by the time they reach these questions on the current survey and may skip over these detailed questions to quickly complete the survey.
Certain questions prompted inconsistent responses	The questions regarding whether or not the respondent used birth control, the type of birth control used and the reasons for not using birth control, prompted inconsistent responses. For example, four individuals who reported they did not use birth control also reported having a vasectomy, which, for the purposes of the report, is considered birth control.	We propose to clarify the questions to improve respondent understanding of what is considered birth control for the purposes of the report, and increase the likelihood of consistent answers.

APPENDIX A
Focus Group Questions

Appendix A: Focus Group Questions

Research and Sample Questions for Consumer Focus Groups for the “Be Smart” Family Planning Program

In the table beginning on page A-3 we provide the types of questions we identify below.

- **Primary Research Questions (1-8).** These questions contribute to the framework of our evaluation of the programmatic impact of as well as the quality of care provided in the first year of the North Carolina Family Planning Waiver. We will be trying to answer these questions using the consumer focus groups.
- **Questions for Waiver Participant Focus Groups.** These questions will help us to elicit responses from participants to each of the Primary Questions. The intent is for the focus group facilitator to use these questions to help to further frame the conversation around the discussion topic.
- **Additional Questions for Discussion.** We have also provided additional questions that may facilitate more in-depth focus group discussions. These questions may also help to further frame the conversation around the discussion topic, but may not be asked of the focus group participants.

To help the focus group attendees understand the content of the focus group questions we have outlined above, below we have provided some definitions for words or terms used that the focus group facilitator will review with focus group participants prior to the discussion:

- **“Be Smart” Family Planning Program** - The “Be Smart” Family Planning Program is a Medicaid program run by the North Carolina Department of Health and Human Services. The goal of the Family Planning Waiver Program is to increase the number of persons receiving family planning services, decrease the number of unplanned pregnancies and improve the health and well-being of children and families in North Carolina.
- **Eligibility Process** - This refers to the process of determining whether or not a consumer is eligible to participate in the “Be Smart” Family Planning Program. This requires the consumer to fill out an application for the program and, based on information in the application, the State will determine whether or not the consumer meets the requirements for the program, including financial requirements, age requirements, etc.

Appendix A: Focus Group Questions

- **Initial Exam** - For purposes of this focus group, an initial exam has the same meaning as an annual (or yearly) exam. An initial exam is the first annual exam a consumer received upon entry into the program.
- **Primary Care Provider (PCP)** – A PCP is responsible for meeting basic health care needs and referring patients to other doctors for more specialized issues and conditions. When a condition is present that is not generally treated by the family planning provider, the family planning provider will provide the patient with a referral to the primary care provider. (This will occur only if the provider does not offer free or affordable care.)
- **Primary Care Referral** - When a family planning provider determines that a consumer may have a medical condition/issue that is not covered by the family planning program, the family planning provider should refer the consumer to a primary care provider for treatment of the condition/issue. (This will occur only if the provider does not offer free or affordable care.)

Appendix A: Focus Group Questions

No.	Primary Research Question	Questions for Waiver Participant Focus Groups	Additional Questions for Discussion
1.	Are there increased percentages of enrollees indicating that they heard about Waiver services from one or more sources? (RFP Attachment O, D.1)	<ol style="list-style-type: none"> 1. How did you find out about the “Be Smart” Family Planning Program? Did you hear about the program from more than one source? Did you receive a new enrollee letter from the Division of Medical Assistance that notified you about your enrollment in the Family Planning Waiver? 2. Did the information you heard/read encourage you to seek services? Please explain. If not, what made you decide to seek services? 3. Was the eligibility process for the “Be Smart” Family Planning Program easy or difficult? Please explain. 4. How long have you been enrolled in the “Be Smart” Family Planning Program? 	<ul style="list-style-type: none"> • Were you aware that you had/have health care issues unrelated to family planning? • Did you seek services just for family planning, or for other health care concerns as well? • Are you aware of what services are covered under the Family Planning Program? • Were you aware of the kinds of services available through the Family Planning Program before enrolling? Or did you find out after you had enrolled?

Appendix A: Focus Group Questions

No.	Primary Research Question	Questions for Waiver Participant Focus Groups	Additional Questions for Discussion
2.	Are participant women less likely to be lost to follow up? (RFP, Attachment O, C.1.4)	<ol style="list-style-type: none"> 1. Did you receive an initial (yearly) examination when you first enrolled in the “Be Smart” Family Planning Program? 2. After receiving an initial (yearly) exam, have you returned to meet with your provider for services provided under the Family Planning Program? <ul style="list-style-type: none"> ➤ If yes, are these annual (yearly) or periodic (follow-up) visits? Or both? ➤ If periodic (follow-up) visits, how many times per year do you return to see your family planning provider? For what purpose are you visiting the provider? 	

Appendix A: Focus Group Questions

No.	Primary Research Question	Questions for Waiver Participant Focus Groups	Additional Questions for Discussion
3.	<p>Are participant women more likely to report continuous use of a contraceptive method? (RFP Attachment O, C.1.5)</p> <p>Are participant women more likely to report use of a highly effective method of contraception? (RFP Attachment O, C.1.6)</p>	<p>2. Do you use birth control?</p> <ul style="list-style-type: none"> ➤ If yes, do you use birth control as a result of joining the Family Planning Program? ➤ If no, why not? ➤ How often do you refill your birth control supplies? <p>3. What kind of birth control do you use (i.e., IUD, 12-month of pill use, DepoProvera)?</p> <ul style="list-style-type: none"> ➤ Is the birth control method you use one you use all the time? Or are there months that you don't use it or times during the month that you do not use it (i.e., not taking the pill every day)? ➤ Did you use the same type of birth control prior to enrolling in the Family Planning Program? If no, what did you use? ➤ How did you decide on the kind of birth control to use? 	<ul style="list-style-type: none"> • Were you given choices on what kind of birth control to use?
4.	<p>Are there longer inter-pregnancy intervals among Waiver participants? (RFP Attachment O, C.2.1)</p> <p>Are there lower unintended pregnancies among Waiver participants? (RFP Attachment O, C.2.2)</p>	<p>1. Have you had more than one pregnancy in your lifetime?</p> <ul style="list-style-type: none"> ➤ How long after the birth of your first child was it before you became pregnant again? (i.e., 6 months, 1 year) If you have had more than two children was the time between when you had your 	

Appendix A: Focus Group Questions

No.	Primary Research Question	Questions for Waiver Participant Focus Groups	Additional Questions for Discussion
		<p>first child and your second child about the same as the time between the birth of your second child and third child, and so on?</p> <ul style="list-style-type: none"> ➤ Has this amount of time between pregnancies changed since enrolling in the Family Planning Program? For example, are you waiting more time in between pregnancies to have another child? If yes, how much time are you waiting? ➤ Have you had fewer pregnancies/ children since enrolling in the Family Planning Program? <p>2. Were any of your pregnancies unplanned – i.e., you were surprised to find out that you were pregnant?</p> <ul style="list-style-type: none"> ➤ How many unplanned pregnancies have you had? ➤ Have you had an unplanned pregnancy since enrolling in the Family Planning Program? ➤ Have you had more or fewer unplanned pregnancies since joining the Family Planning Program? 	
5.	What are Waiver participants’ experiences in obtaining primary care referrals from family planning providers? (RFP Attachment O, D.2)	<ol style="list-style-type: none"> 1. Do you know what a primary care referral is and why you may need one? (<i>Facilitator may need to define what a referral is.</i>) 2. Has your family planning provider (e.g. doctor, nurse midwife) ever given you a “referral” to see a primary care provider? 	<ul style="list-style-type: none"> • Did your family planning provider (e.g. doctor, nurse midwife) explain why he/she was not able to treat you? • Have you been satisfied with the services you have received through the Family Planning Program? If not, why?

Appendix A: Focus Group Questions

No.	Primary Research Question	Questions for Waiver Participant Focus Groups	Additional Questions for Discussion
		<p>Or do you already have a primary care provider that you see when you need to?</p> <p>3. Have you been told by your family planning provider (e.g. doctor, nurse midwife) that you need to see a primary care provider for treatment of a particular condition that you might have? Or has your family planning provider (e.g. doctor, nurse midwife) been able to offer you free or affordable care to treat your particular condition?</p> <p>4. Did you have to ask your family planning provider (e.g. doctor, nurse midwife) for a referral to see a primary care provider, or did he/she offer to give you a referral without you asking?</p> <p>5. If you received a referral from your family planning provider (e.g. doctor, nurse midwife), do you understand why your family planning provider gave you the referral?</p> <ul style="list-style-type: none"> ➤ Did the family care provider (e.g. doctor, nurse midwife) give you a list of primary care providers for you to select from? ➤ Did this list include the names and phone numbers to call? ➤ Did the list include the names of free or low cost clinics? 	
6.	How successfully do Waiver participants follow up on primary care referrals obtained from family planning providers? (RFP Attachment O, D.2)	1. After receiving a primary care referral from your family planning provider (e.g. doctor, nurse midwife), did you make an appointment to see the primary care	

Appendix A: Focus Group Questions

No.	Primary Research Question	Questions for Waiver Participant Focus Groups	Additional Questions for Discussion
		<p>provider?</p> <p>2. If you did not make an appointment to see a primary care provider, why not?</p> <ul style="list-style-type: none"> ➤ What happened? ➤ What problems were encountered? ➤ What are the effects of your not going to see the primary care provider? <p>3. If you made an appointment to see the primary care provider, did you keep the appointment and actually visit the primary care provider? If not, why not?</p> <ul style="list-style-type: none"> ➤ What problems were encountered? ➤ What are the effects of your not going to see the primary care provider? <p>4. If the cost of going to see a primary care provider was too much for you (or there were other issues, i.e., lack of transportation or child care) did you explain this to your family planning provider (e.g. doctor, nurse midwife)?</p> <ul style="list-style-type: none"> ➤ If yes, how did your provider respond? ➤ If no, why not? 	

Appendix A: Focus Group Questions

No.	Primary Research Question	Questions for Waiver Participant Focus Groups	Additional Questions for Discussion
7.	What are the barriers faced by Waiver participants in obtaining primary care referrals from family planning providers? (RFP Attachment O, D.2)	<ol style="list-style-type: none"> 1. If you did not receive a primary care referral from your family planning provider, why do you think you did not receive a referral? 2. Is the family planning provider (e.g. doctor, nurse midwife) unaware of other health care issues you may have? 3. Has your family planning provider (e.g. doctor, nurse midwife) ever given you a referral to another health care provider for medical care, but not to a provider that was right for you? For example, you have limited funds and would need to go to a free clinic or low cost provider and this type of referral was not provided to you? Or perhaps you wanted to see a female provider and you were given a referral to a male provider? 	<ul style="list-style-type: none"> • Did the family planning provider (e.g. doctor, nurse midwife) ask you about any other health care issues you might have? • Do you believe that the barriers you might have experienced in obtaining a referral are typical of what is occurring to all consumers or are these barriers only specific to your situation?
8.	What is the level of satisfaction of Waiver participants in obtaining primary care referrals from family planning providers? (RFP Attachment O, D.2)	<ol style="list-style-type: none"> 1. Were you satisfied with your experience getting a referral to see a primary care provider for your treatment? <ul style="list-style-type: none"> ➢ What factor(s) contributes the most to your satisfaction or lack of satisfaction with your experience receiving referrals? ➢ What would you change to make the experience better? 	<ul style="list-style-type: none"> • Did the referral help you get the treatment you needed?

APPENDIX B
Male Participant Survey

Medicaid “Be Smart” Family Planning Program Survey

Would you like to receive a \$25 Wal-Mart Gift Card?

Complete this survey and return it by July 21, 2008 using the enclosed self-addressed, stamped envelope. We will mail you a \$25 Wal-Mart Gift Card within 2 weeks of receiving your completed survey.

The North Carolina Division of Medical Assistance (Medicaid) records show that you used family planning services through the Medicaid “Be Smart” Family Planning Program some time from **October 1, 2007 to March 30, 2008**. By answering the questions in this survey, we hope to learn about your experiences using the Medicaid Be Smart Family Planning Program for your family planning needs. Please be assured that we will keep your individual responses confidential.

- Please do your best to answer all of the questions by checking the box to the left of your answer, like this:

Yes

or

Yes

No

No

- You are sometimes asked to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **Go to Question 3**

No

In this example, if you answered “yes” to this question, you would skip the next question and go to question 3. If you answered “no” to this question, you would answer the next question on the survey. You do not need to answer the questions if you are told to skip them.

- When you finish answering all of the questions in the survey, put the survey in the enclosed self-addressed stamped envelope.
- Seal the envelope by pressing it closed.
- Return the sealed envelope by placing it in the mail.
- We may want to call you to clarify your responses. Please answer Question 45 to tell us your willingness to talk with us. If you do not want to be contacted, you will still receive the \$25 gift card for completing this survey and returning it to us by July 27, 2008.

This survey will take you about 10 – 15 minutes to complete.

THANK YOU FOR FILLING OUT THE SURVEY.



“Be Smart” Family Planning Program Survey

1. Gender
 - Male
 - Female → **STOP. This survey is not for you. Return the survey in the self-addressed stamped envelope**

2. Did you use Medicaid Be Smart Family Planning Program services between October 1, 2007 and March 30, 2008?
 - Yes
 - No → **STOP. This survey is not for you. Return the survey in the self-addressed stamped envelope**
 - Unsure

3. Think about the first month that you started using the Be Smart Family Planning Program services. How many months has it been since that first month?
 - Less than 6 months → **STOP. This survey is not for you. Return the survey in the self-addressed stamped envelope**
 - 6 months or more

4. Where did you go to get Be Smart family planning services? (check all that apply)
 - Health Care Provider’s Office
 - Health Department
 - Community Health Clinic
 - Family Planning Agency
 - Hospital
 - Unsure
 - Other: _____

5. How did you find out about the Be Smart Family Planning Program? If you heard about the program from more than one source, please check all that apply.
 - New enrollee letter
 - Health Care Provider
 - Health Department Staff
 - Family or friends
 - Case manager
 - Brochure or poster
 - Don’t remember
 - Other _____

6. Did the information you heard or read about the Be Smart Family Planning Program encourage you to get family planning services?
 - Yes → **Go to Question 8**
 - No

7. If you answered “No” to Question 6, please tell us who or what encouraged you to get family planning services.

8. How would you describe the enrollment process for the Be Smart Family Planning Program?
 - Very Easy
 - Easy
 - Neither Easy nor Difficult
 - Difficult
 - Very Difficult

9. If you felt the enrollment process was difficult, please tell us what was difficult.

10. Did you have an initial (yearly) examination from a health care provider when you first enrolled in the Be Smart Family Planning Program?
 - Yes
 - No

11. After having an initial (yearly) exam, have you returned to get additional services provided under the Be Smart Family Planning Program?
 - Yes, for a yearly check-up
 - Yes, for a periodic visit
 - Yes, for both a yearly check-up and periodic visits
 - No → **Go to Question 13**

12. If you have visited your family planning provider for periodic visits, how many visits do you make per year?
 - 1
 - 2 – 3
 - 4 or more

13. Do you know what services are covered by the Medicaid Be Smart Family Planning Program?
 - Yes
 - No → **Go to Question 15**

14. Please indicate which services you believe are covered by the Medicaid Be Smart Family Planning Program (check all that apply)
 - Annual and periodic family planning exams
 - Most types of birth control
 - Diabetes management
 - Testing for sexually transmitted infections
 - HIV testing
 - Cancer Treatment
 - Vision screening
 - Assistance in planning when to have a baby
 - Voluntary sterilization (including vasectomies)
 - Pregnancy tests



“Be Smart” Family Planning Program Survey

In the next set of questions, we would like to learn more about the choices that you have made for birth control use. If you have children, we also would like information about your experiences as a father. We appreciate your answering these questions to the best of your ability. You may skip any questions that you do not want to answer.

15. Do you use a method of birth control to prevent pregnancy?
- Yes
 No → **Go to Question 21**
16. Did you use birth control prior to joining the Medicaid Be Smart Family Planning Program?
- Yes
 No
17. Did you change the type of birth control that you use when you joined the Medicaid Be Smart Family Planning Program?
- Yes
 No
18. What type of birth control do you use now? (check all that apply)
- Condom
 Vasectomy/Sterilization
 Abstinence
 Spermicides
 My partner takes care of birth control
 Other _____
19. How did you decide on the kind of birth control to use?
- Advice from health care provider
 Price
 Convenience
 Other _____
20. Were you given a choice by your health care provider of the type of birth control to use?
- Yes
 No
21. If you do not use birth control, why not?
- Too expensive
 Don't know which type to use
 I had a vasectomy/My partner is sterilized
 Other _____

22. Have you ever been responsible for an unplanned pregnancy, i.e., you were surprised to find out that there was a pregnancy?
- Yes
 No → **Go to Question 26**
23. How many unplanned pregnancies have you been responsible for?
- 1
 2
 3 or more
24. Have you been responsible for any unplanned pregnancy(cies) since enrolling in the Medicaid Be Smart Family Planning Program?
- Yes
 No → **Go to Question 26**
25. How many unplanned pregnancies have you been responsible for since enrolling in the Medicaid Be Smart Family Planning Program?
- 1
 2
 3 or more

In the next set of questions, we would like to learn more about the health care services you received to treat a medical problem that was discovered by your family planning provider.

26. From October 1, 2007 to March 30, 2008, did you have a health problem that required you to see a health care provider, including your family planning provider?
- Yes
 No
27. What type of health care provider did you see for that health problem?
- My family planning provider
 My family physician
 Other: _____
28. Who paid for that visit to your health care provider?
- I paid
 The Medicaid “Be Smart” Family Planning Program paid
 My insurance paid
 There was no charge
 Other: _____



“Be Smart” Family Planning Program Survey

29. Do you have an existing health care provider who provides medical care that is either free or that you can afford?
- Yes
 No → **Go to Question 31**
30. If you have a health care provider who offers free or affordable medical care, where do you go to get the medical care?
- Health Care Provider’s Office (including Doctor’s Office)
 Health Department
 Community Health Clinic
 Family Planning Agency
 Hospital
 Unsure
 Other: _____
31. At your last family planning visit, did the doctor or nurse tell you that you had any other medical problems that should be taken care of that were not covered by the Medicaid Be Smart Family Planning Program?
- Yes
 No → **Go to Question 45**
 Unsure
32. Did the doctor or nurse suggest a place that you could go to get free or affordable treatment for the other medical problems? **This suggestion is sometimes known as a “referral.”**
- Yes
 No → **Go to Question 45**
 Unsure
33. If you received a referral from your family planning provider, did you understand why you needed to see another health care provider?
- Yes
 No
34. If you received a referral from your family planning provider, did you ask for the referral?
- Yes, I asked for the name of a health care provider.
 No, the referral was offered to me.
 Unsure
35. Did the family planning provider give you a list of health care providers for you to select from?
- Yes
 No → **Go to Question 38**
 Unsure
36. Did the list include names and phone numbers to call?
- Yes
 No
 Unsure
37. Did the list include the names of free or low cost providers?
- Yes
 No
 Unsure
38. After receiving a health care provider referral from your family planning provider, did you make an appointment to see the health care provider?
- Yes → **Go to Question 40**
 No
39. Why did you not make an appointment to see the referral health care provider? (Check all that apply)
- I did not think I needed the services.
 I did not want the services.
 I did not know where I could get services.
 I did not have the time to get services.
 I could not pay for the cost of services.
 I did not have transportation to get to the health care provider.
 I could not find child care so that I could go to see the health care provider.
 I could not find a health care provider I was comfortable using.
 Unsure
 Other: _____
- GO TO QUESTION 42**
40. If you made an appointment to see a primary care provider, did you go to the appointment?
- Yes → **Go to Question 42**
 No
41. If you did not go to the appointment, why not? (Check all that apply)
- I did not think I needed the services after all.
 I decided I did not want to see this health care provider.
 I did not have the time to go to the appointment.
 I could not pay the cost for services.
 I did not have transportation to get to the appointment.
 I could not find child care so that I could go to the appointment.
 Unsure
 Other: _____



"Be Smart" Family Planning Program Survey

42. Were you satisfied with your experience in obtaining a health care provider referral?

- Yes → **Go to Question 45**
- No
- Unsure

43. If you were not satisfied, why not?

44. What would you change to make getting a health care provider referral a better experience?

45. If we have additional questions, may we contact you about your responses?

- Yes (please provide your phone number)
phone #: _____

What is the best time of day to reach you?

- Morning (9AM – Noon)
- Afternoon (Noon – 4PM)
- Evening (4PM – 7PM)
- No

Ethnicity: Spanish/Hispanic/Latino

- Yes
- No

Race (optional, check one)

- African American
- White/Caucasian
- Asian
- American Indian or Alaskan Native
- Pacific Islander or Hawaiian Native
- Other _____

Age

- 18 or younger
- 19-24
- 25-29
- 30-34
- 35-39
- 40-55
- 56 or older

FINISHED

THANK YOU FOR PARTICIPATING

