

# Feasibility of individual data collection by Michigan Title X family planning local agencies

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## Background

A recent Institute of Medicine report acknowledged:  
-the importance of Title X funded family planning clinics in provision of essential services to low income individuals  
- data gap which limits program monitoring.<sup>1</sup>

The Michigan Family Planning Program, operated through the Michigan Department of Community Health (MDCH), currently collects aggregate data from local agencies to monitor compliance with federal directives, yet this information is of limited use for program evaluation and quality improvement.

### Study Objective:

- to determine:
  - the type of data collected by local family planning agencies and
  - their capacity/willingness to share them with MDCH for facilitating program evaluation and thus identification of quality improvement opportunities.

## Methods

### Study Design:

A brief internet survey was created, which asked respondents to answer multiple response questions regarding their agency's data collection and transmission capacity. Other or comment boxes were also provided for many of the questions.

**Sampling frame:** Michigan Title X Family Planning Program local agency and medical directors (n=55) e-mail contact list maintained by the Women's and Reproductive Health Unit.

**Sampling design:** A census of all agencies was conducted.

An introductory letter with instructions for accessing the survey was sent electronically to each Title X Family Planning Local Agency Director and copied to each agency Medical Director. The survey questions we wished to be answered by the local agency were divided into 3 categories:

- Current Data Collection
- Current patient level data collected for selected variables
- Agency willingness to transmit patient level data for selected

## Results

### Agency Characteristics

Title X Family Planning services are provided by 125 clinics that are administered by 39 local agencies and are located throughout Michigan. As outlined in Tables 1-3:

- Respondents represented 29 local agencies (74.4%)
- Vast majority of respondents (82.8%) were from agencies affiliated with local health departments.
- All of Michigan's geographic regions were represented.
- All respondents are able to transmit data electronically
- Most agencies (54%) stored user information in an electronic database
  - 14% keep paper records only
  - 31% used both
- Many (68.6%) can encrypt and password protect transmitted data

Table 1. Agencies represented by type, MI Title X Family Planning Local Agency Survey (LA Survey), 2009

Agency Type	N	%	Response
Health Department	24	82.8%	77.4%
Planned Parenthood/Other	5	16.7%	83.3%
Total	29	100.0%	74.4%

Table 2. MI Title X Family Planning Local Agencies represented by geographic region, LA Survey, 2009

Geographic region	N	%	Response
Upper Peninsula	3	10.3%	50.0%
Northwestern Lower MI	4	13.8%	80.0%
Northeastern Lower MI	6	20.7%	100.0%
Central Lower MI	7	24.1%	87.5%
Southeastern Lower MI	4	13.8%	66.7%
Southwestern Lower MI	5	17.2%	62.5%
Total	29	100.0%	74.4%

Table 3. Prevalence of electronic database use among MI Title X Family Planning Local Agencies, LA survey 2009

Type of database	N	%
CMHC	7	23%
MS Excel	7	23%
Insight or CMHC/Insight	6	19%
Other-specified	6	19%
Unspecified	5	16%
Total Electronic database	31	100%

### Data Collection & Willingness to Share

Figure 1. Prevalence of data collection and willingness to transmit demographic information among MI Title X Family Planning Local Agencies, LA survey 2009

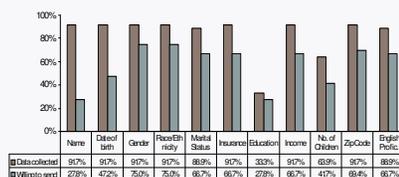
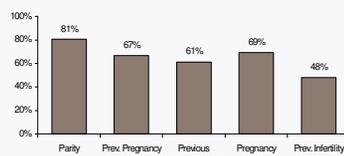


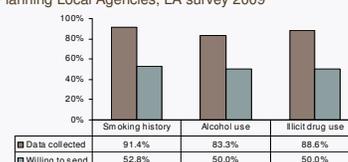
Figure 2. Prevalence of data collection of selected health indicators among MI Title X Family Planning Local Agencies, LA survey 2009



Willingness to transmit data varied by type of variable (Figures 1 & 3)

- Less than half are willing to send:
  - Patient date of birth
  - Education level
  - Number of Children
- Most agencies collect reproductive health history but fewer than 50% collect infertility treatment history (Figure 2)
- Most agencies collect health behavior information (Figure 3) and at least 50% are willing to transmit this information

Figure 3. Prevalence of data collection and willingness to transmit health behavior information among MI Title X Family Planning Local Agencies, LA survey 2009



## Limitations

- The survey was sent electronically and was administered with a web-based survey tool (Survey Monkey), which could bias the results in favor of those agencies whose directors are more comfortable with electronic communication and media.
- It was sent out prior to a legal holiday (Fourth of July) and was open for a limited time.
- Finally the author of the survey made an error when uploading the survey: willingness to transmit selected health indicators was omitted. Clearly this error provides a knowledge gap with regard to data transmission.

## Conclusion

- Most respondents are willing to transmit individual level information.
- Not all are able to comply with data security and privacy protection.

- Developing a successful encrypted and secure Title X Family Planning individual data collection system to allow evidence-based program evaluation and improvement requires collaboration between epidemiologists and program staff with input from stakeholders.

## References

1. Committee on a comprehensive review of the HHS Office of Family Planning Title X program, Clayton, E.W. chair (2009). A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results. National Academies Press, Washington, DC

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