

Michigan Department of Community Health

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Michigan Title X Family Planning

Local Agency Survey

Technical Report 2009

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Introduction

This report summarizes the results of the Michigan Title X Family Planning Local Agency Survey, which was conducted from June 29th to July 10th, 2009. The purpose of this survey was to determine current data collection and transmission capabilities of Michigan's Title X Family Planning Agencies & Clinics. By determining local agency capacity we aim to assess the feasibility of expanding family planning surveillance. Ultimately we propose to work collaboratively with family planning analysts, consultants and local agencies to use the information to better assess the effectiveness of Michigan's Title X Family Planning program and to better inform Michigan's Stakeholders of the impact of Family Planning programs.

The survey questions we wished to be answered by the local agency were divided into 4 categories:

1. Identification of the agency –Are all regions represented?
2. Current Data Collection and Transmission-How are data currently stored and transmitted?
3. Current patient level data collected for selected variables- Are agencies collecting demographic characteristics, maternal health information, reproductive health information and health behavior information from their users?
4. Agency willingness to transmit patient level data for selected variables-Are agencies willing to transmit demographic characteristics, maternal health information, reproductive health information and health behavior information about their users?

Methods

A brief internet survey was created, which asked respondents to provide contact information, as well to answer multiple response (choose all that apply) questions regarding their agency's data collection and transmission capacity. Other or comment boxes were also provided for many of the questions. A census of all agencies was conducted using the local agency and medical director's e-mail contact list maintained by Judy Stiles of the Women's and Reproductive Health Unit. An introductory letter with instructions for accessing the survey and contact information was sent electronically to each Title X Family Planning Local Agency Director and copied to each agency Medical Director. Several surveys were returned; once addresses were updated the survey was sent again with none returned.

Results

Title X Family Planning services are provided by 125 clinics that are administered by 39 local agencies. Clinics are located throughout Michigan. The survey was sent to each agency director listed in the sampling frame n=55, some agencies listed more than 1 local agency director. Of the fifty-five directors thirty-six participants responded (a 65% response rate). Four agencies submitted responses from two clinics within each agency and two agencies sent responses from two different directors with the same address. However, responses were received from 29 of Michigan's 39 local family planning agencies or respondents represented 74.4% of Michigan's Title X Local Agencies. The distribution of responders by agency type is outlined in Table 1. The majority of the respondents were from family planning agencies affiliated with local health departments (82.8%); a 77.4% response rate from local agency health departments. Planned Parenthood and other agencies comprised 16.7% of the respondents and with a response rate of 83.3%.

Table 1: Agencies represented by type, MI Title X Family Planning Local Agency Survey, 2009

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

Agencies by geographic region are represented in Table 2. The lowest response rate was from agencies located within the Upper Peninsula (only 50% responded to the survey); these agencies make up 10.3 % of the responding agencies, the lowest percentage of survey responders. The highest percentage of respondents came from the Central Lower MI region (24.1%) while agencies from the Northeastern Michigan region had the highest response rate. Agencies were assigned to geographic regions by the author based on the city listed on the survey. Categorization was made only for purposes of this report and may not reflect an agency's service area as larger districts may serve more than one geographic region.

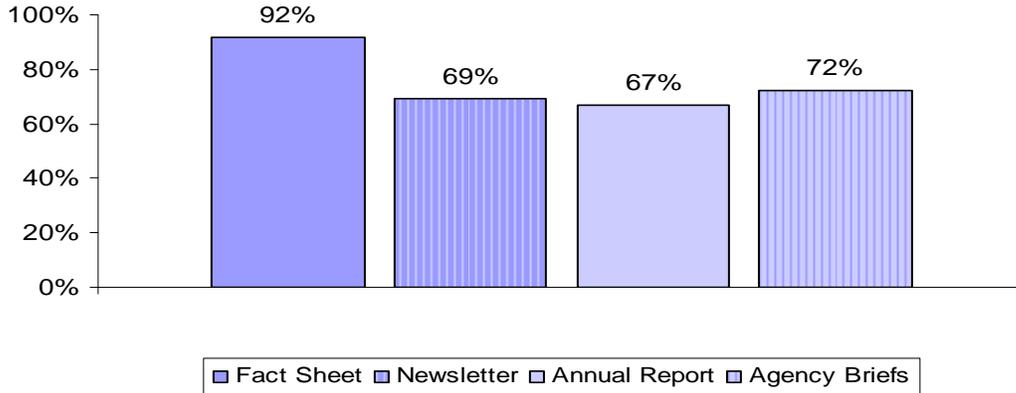
Table 2: Agencies represented by geographic region, MI Title X Family Planning Local Agency Survey, 2009

<i>Geographic region</i>	<i>N</i>	<i>%</i>	<i>Response Rate</i>
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%

As part of collecting demographic information agency directors were asked their preference regarding deliverable product.

More than two thirds of the respondents wished to receive at least one type of deliverable (Figure 1); of the choices given fact sheets were the most popular form.

Figure 1 Percentage of agencies with stated deliverable preference—MI Title X Family Planning Local Agency survey, 2009



N=36 Missing=0

Data Storage & Transmission:

Agency directors were asked how family planning user information is currently stored and to ‘check all that apply’. The majority of agencies (54.3%) store family planning user information using an electronic database only, while 14.3% used paper records only; 31.4% used both paper and electronic to store user information. One agency director did not answer this question. A wide variety of computer software was used by the 31 agencies that store records in an electronic database; the distribution of database type is listed in Table 3. Microsoft Excel and CMHC were used most frequently and 13 agencies (41.9%) used CMHC, Insight or both. Only 17.4 % indicated that they used Electronic Medical Records.

Table 3 Prevalence of electronic database used to store family planning user information—MI Title X Family Planning Local Agency 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%

N =31 Missing =0

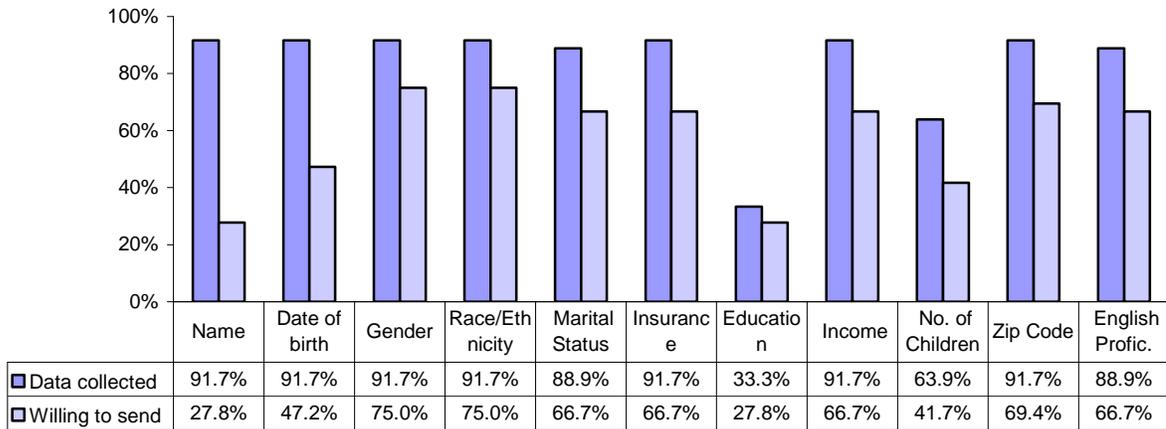
All respondents have the capacity to send data electronically; 68.6% are able to password protect electronic data. Currently 91.4% said that they transmit FPAR data to MDCH electronically via e-mail, while 25% send paper copies via the United States Postal Service or courier and 2.8% send data via fax. Agencies may use more than one method to transmit data.

Data Collected vs. Data sent

With the exception of name, date of birth, education, number of children and zip code, all variables listed in Figure 2 are required to be reported in the FPAR report. The majority of agencies collected listed variables with the exception of education which only one third of the respondents collect. Willingness of agencies to transmit information varied by type of demographic variable collected; less than half of the agencies indicated a willingness to send patient date of birth (47.2%), education (27.8%) or number of children (41.7%). In contrast to the response from all local agencies two-thirds of those that actually collect education level information indicated a willingness to transmit the data. Responses from the few agencies which provided additional comments are listed: maiden name, social security #, place & phone # of employment, sources of income status of employment (part time, seasonal, full time, retired, etc.) checklist of self & family history of medical conditions, medications, history of hospitalization, females: age period began, first day of last period, periods regular, how many days, flow, history of abnormal Pap, colposcopy, cryotherapy, LEEP, #of abortions, miscarriages; Immunized for Rubella & Hepatitis B, History of physical &/or sexual abuse & counseling for it, sexually active, age you started, using contraception, method satisfaction, HIV & STD risk, breast & testicular self exams, family involvement, calcium & diet

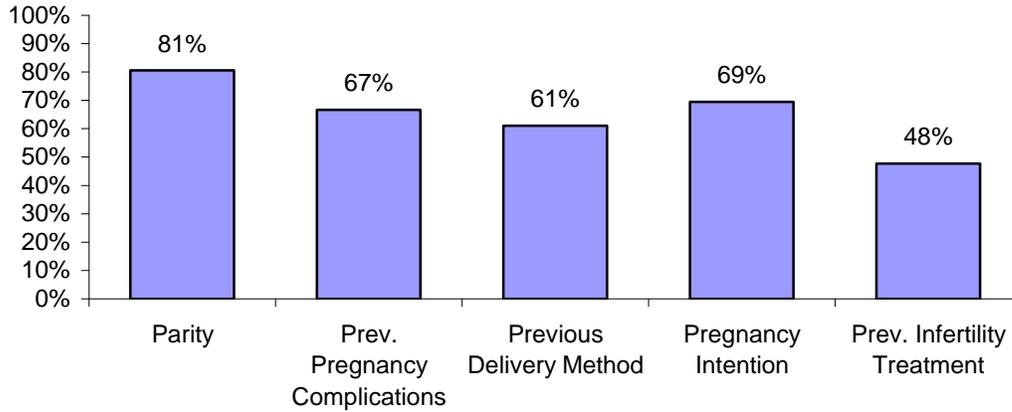
Demographic

Figure 2 Prevalence of data collection and willingness to transmit demographic information — MI Title X Family Planning Local Agencies, LA survey, 2009



Directors were also asked if they collected certain reproductive health indicators. Unfortunately through an error by the author during upload of the survey they were not asked about their willingness to transmit data to the Michigan Department of Community Health (MDCH). From Figure 3 the majority of agencies collected parity, previous pregnancy complications, previous delivery method, and pregnancy intention information from their patients. Slightly less than half (47.7%) collected history of previous infertility treatment.

Figure 3 Prevalence of data collection of selected reproductive health indicators –MI Title X Family Planning Local Agency survey, 2009



Most agencies collect health behavior information (smoking, alcohol use and illicit drug use) and at least 50% would be willing to send this information to transmit the data; the result are outlined in Figure 4.

Figure 4 Prevalence of Health behavior data collected and willingness to transmit –MI Title X Family Planning Local Agencies, LA survey, 2009

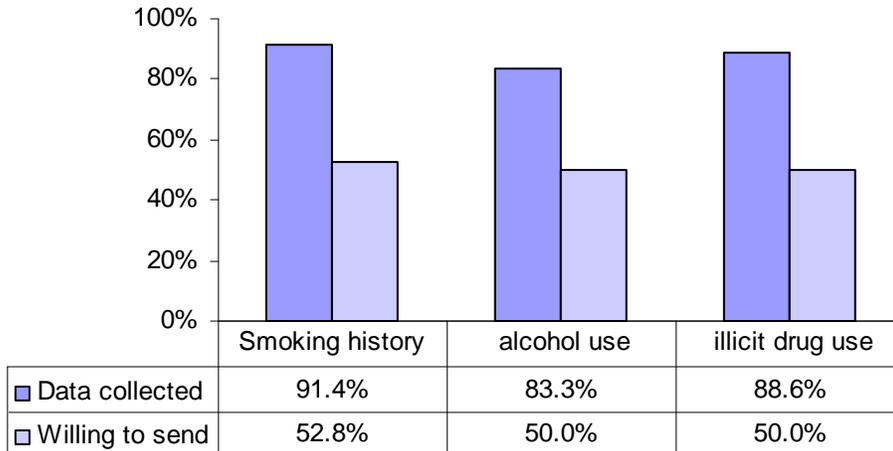
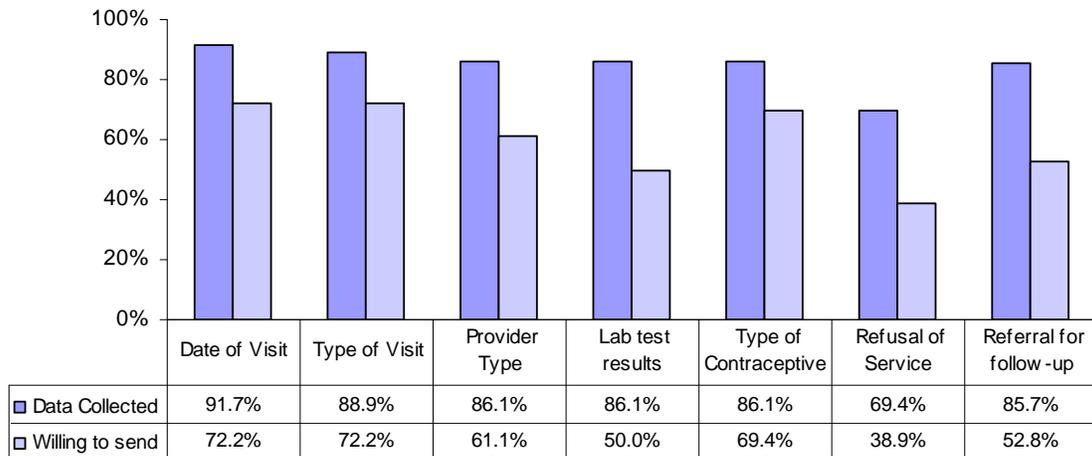


Figure 5 displays results of the last section of the survey which asked agency directors about collection of family planning encounter data and if they would be willing to transmit data. Again the majority of agencies collect the listed variables, but the percentage of directors indicating a willingness to transmit the data ranges from 38.9% (refusal of service) to 72.2% for date and type of visit.

Figure 5 Prevalence of Family Planning Encounter data collected and willingness to transmit – MI Title X Family Planning Local Agencies, LA survey, 2009



Few directors made additional comments:

Two respondents commented that they would send only FPAR data or data that is required by MDCH. Others were willing to send name data if the data was kept confidential; two indicated willingness to transmit data if they received additional database assistance.

Limitations

This survey has several limitations which could bias the results and affect the internal validity. Chiefly, 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. The survey was sent out prior to a legal holiday (Fourth of July) and was open for a limited time which could bias the results. Bias could also be introduced if non-responders and responders differed. Finally the author of the survey made an error when uploading the survey: instead of asking directors to indicate willingness to send reproductive health indicators the willingness to send encounter information was repeated. Clearly this error provides a knowledge gap with regard to data transmission. Despite these limitations the results appear to be a valid summary of Title X local agency data collection capacity and data transmission in MI.

Discussion & Conclusion

The majority of respondents indicated that they use electronic databases, e-mail communication and were able to password protect files. Although there were a few exceptions, many collect the queried variables and for the most part they are willing to transmit this information to the State of Michigan.

Although data security concerns were not addressed by this survey, given the sensitive nature of patient history, reproductive health indicators, and health behavior indicators, data security and HIPAA compliance would be critical for any future data collection system. In addition, minimizing additional burden on the local agencies would also be a priority.

Based on results of this survey collection and transmission of individual patient level data is feasible. Collaboration between epidemiologists, program staff and stakeholders to develop a Title X Family Planning individual data collection system should be explored.