



COLLEGE of
PUBLIC HEALTH

EAST TENNESSEE STATE UNIVERSITY

Key Informant Interview (2018) Select Findings

Key informant interviews, conducted in 2018, captured respondents' perceptions of Year One (2017) of the Choose Well initiative. Select findings include the perceptions of Choose Well clinical partners in regards to contraceptive access, workforce expansion, training opportunities, communication, and sustainability of change.

SEPTEMBER
2020

CONTENTS

Executive Summary 3

Introduction 4

Methods..... 5

Federally Qualified Health Centers 6

 Key Findings 6

 Infrastructure & Workforce..... 7

 Capacity-Building & Training 10

 Integrated Marketing & Communications 12

 Strategic Learning & Sustainability 13

Department of Health and Environmental Control..... 16

 Key Findings 16

 Infrastructure & Workforce..... 17

 Capacity-Building & Training 20

 Integrated Marketing & Communications 22

 Strategic Learning & Sustainability 23

Contact Information 25

TABLES

Federally Qualified Health Centers (FQHC)

Infrastructure & Workforce

Table 1: Perceptions of Contraceptive Provision – FQHC8

Table 2: Perceptions of Workforce Expansion– FQHC9

Capacity-Building & Training

Table 3: Perceptions of Training – FQHC 11

Integrated Marketing & Communications

Table 4: Perceptions of Communications – FQHC 12

Strategic Learning & Sustainability

Table 5: Perceptions of Sustainability – FQHC 14

Department of Health and Environmental Control (DHEC)

Infrastructure & Workforce

Table 6: Perceptions of Contraceptive Provision – DHEC 18

Table 7: Perceptions of Workforce Expansion – DHEC 19

Capacity-Building & Training

Table 8: Perceptions of Training – DHEC 21

Integrated Marketing & Communications

Table 9: Perceptions of Communications – DHEC 22

Strategic Learning & Sustainability

Table 10: Perceptions of Sustainability – DHEC 24

Executive Summary

As a critical component of the external Choose Well Evaluation conducted by East Tennessee State University (ETSU), the Clinic Study is conducting a series of key informant interviews designed to assess progress and sustainability of change within Choose Well's four impact areas: (1) Infrastructure & Workforce, (2) Capacity-Building & Training, (3) Integrated Marketing & Communications, and (4) Strategic Learning & Sustainability. This report presents select findings from the first round of interviews, conducted in 2018, and assessing implementation in 2017. The findings include two clinical sectors, with respondents from Federally Qualified Health Centers (FQHC) and Department of Health and Environmental Control (DHEC).

Interviews were conducted with 18 Choose Well participating FQHC staff across South Carolina. Overall, FQHC respondents had positive perceptions of the impact of the initiative on increasing access to contraceptive methods. Of note, funding for LARC devices and the ability to provide same-day LARC insertion procedures were the most readily cited facilitators of increased access. Challenges to increased access included perceived provider-related factors, such as lack of buy-in and lack of provider comfortability inserting LARC devices. Some respondents highlighted the benefits of enhanced hiring practices due to expanded service lines as a positive impact of the initiative on workforce capacity. Furthermore, several individuals noted the positive impact of the trainings on increasing clinic capacity to provide contraceptive services and the benefits to patient care of the expanded provision of contraceptive services. Respondents did not have any negative remarks about the impact of training opportunities on clinic performance or patient care. Regarding plans to continue aspects of the initiative past the funding period, several respondents indicated plans to continue to provide staff training and LARC methods past the funding period. The high cost of LARC devices emerged as a barrier to sustainability. Few respondents noted that an increase in patients enrolling in Medicaid would facilitate sustainability.

Interviews were conducted with 12 DHEC staff. Respondents from DHEC noted an overall positive perception of the initiative on increasing access to contraceptive methods, although few respondents shared a neutral opinion, stating they had already provided a full range of contraceptive methods before the initiative. Most frequently, respondents underlined funding for LARC methods as a facilitator of increased access. Remarks about workforce permeated discussions about contraceptive access as well as workforce expansion. Several respondents highlighted that funding for positions by the initiative increased workforce capacity which, in turn, increased access to LARC methods. Several respondents emphasized that training opportunities led to improved quality of services and increased capacity for patient counseling. Barriers to sustainability efforts included funding concerns, such as the high cost of LARC devices.

Introduction

The purpose of this report is to present select findings from the first round of key informant interviews, conducted in 2018, and related to the implementation of the Choose Well initiative in 2017. The overall purpose of the key informant interviews is to assess respondents' perceptions of satisfaction with components of the Choose Well initiative and progress in implementing and sustaining change. The key informant interviews are a critical component of both the Clinic Study and Process Evaluation components of the external Choose Well Evaluation conducted by East Tennessee State University (ETSU). The key informant interviews assessed the impact of the Choose Well initiative within its four impact areas: (1) Infrastructure & Workforce, (2) Capacity-Building & Training, (3) Integrated Marketing & Communications, and (4) Strategic Learning & Sustainability. This report presents findings from two select clinical partner sectors, Federally Qualified Health Centers (FQHC) and the Department of Health and Environmental Control (DHEC), within each impact area.

This report includes a brief overview of the study methods, followed by two main chapters. The first chapter of the report includes findings from the FQHC sector within each impact area. The second chapter includes findings from the DHEC sector within each impact area. Key findings are presented at the beginning of each chapter and a brief interpretation of results is presented with each table.

Methods

The interviews with Choose Well's clinical partners included respondents from family planning clinic staff and systems leaders at FQHC and DHEC clinics. A list of key individuals within each Choose Well partner organization was compiled, and each individual was contacted up to five times through email and/or phone calls to schedule an interview. In total, there were 18 respondents from the FQHC sector and 12 respondents from the DHEC sector.

All interviews were conducted by study staff at ETSU from July through December of 2018 and were focused on the Choose Well objectives for the first year (2017) of implementation. Interviews were conducted privately via phone. All interviews were audio recorded with consent of the participant and notes were written during the interviews. The interview recordings were transcribed by a third-party service (*Babblytype*), coded with QSR International's NVivo 12 qualitative data analysis software, and analyzed by a team of research staff.

The discussion guides for the key informant interviews were developed within the framework of Choose Well's four impact areas. The impact areas were: Infrastructure & Workforce, Capacity Building & Training, Integrated Marketing & Communications, and Strategic Learning & Sustainability. Interview questions were created to assess relevant outcomes within each impact area, which included respondents' perceptions of satisfaction with components of the initiative as well as their thoughts on facilitators and barriers to implementation and sustainability.

The codebook for coding interviews was developed according to the discussion guides and emergent themes were identified. For example, study staff identified themes to describe facilitators and barriers within each impact area. The team utilized consensus coding methodology to ensure validity of the codebook and the data classification between at least two coders. A minimum of 80% interrater agreement was enforced for all primary coding. Codes were further defined through consensus coding between at least two coders.

Federally Qualified Health Centers

Key Findings

Interviews were conducted with 18 FQHC staff. Findings within the Infrastructure & Workforce impact area are focused on respondent perceptions of contraceptive access and workforce capacity. Overall, FQHC respondents had positive perceptions of the impact of the initiative on increasing access to contraceptives (N= 16). Of note, funding for LARC devices (N= 11) and the ability to provide same-day LARC insertion procedures (N= 6) were the most readily cited facilitators of access. Prominent barriers were lack of provider buy-in (N= 6) and a lack of comfortability among providers to insert LARC devices (N= 5). FQHC respondents highlighted enhanced hiring practices due to expanded services lines (N= 5) as a positive impact of workforce expansion efforts.

In assessing the impact of training opportunities on FQHC clinical service provision, several respondents perceived an increase in capacity in the areas of work performance and patient care as a result of the trainings. This included increased capacity for contraceptive service provision (N=7) and contraceptive counseling (N=7). Improvements in clinic workflow (N= 4) were also identified as benefits of training, in addition to the benefits of implementing pregnancy intention screening (N= 3).

Respondents from the FQHC sector indicated a variety of positive aspects of Choose Well's Partner Hub. The most commonly cited positive attributes were the ease of ordering materials (N=5) and the useful and relevant content found on the Partner Hub (N= 4). Few respondents also noted the user-friendly interface of the website (N= 2) and the utility of the calendar (N= 2).

FQHC respondents indicated plans to continue components of the Choose Well initiative past the funding period. The most cited plans were continuation of staff training (N= 7) and of LARC provision (N= 6). To sustain efforts, respondents highlighted that an increase in patients enrolling in Medicaid (N= 3) and successful buy-in among staff and leadership (N= 3) would facilitate plans to continue aspects of the initiative. There were many barriers to sustainability, most notably the high cost of LARC devices (N= 9).

Infrastructure & Workforce

Perceptions of Contraceptive Provision

Respondents from FQHC systems and clinics indicated an overall positive opinion of the impact of the initiative on contraceptive provision (N=16). Respondents highlighted facilitators of contraceptive access, which included funding for LARC methods (N= 11), availability of same-day LARC insertion (N= 6), and enhanced contraceptive counseling (N= 2). (Table 1)

Sixteen (out of 18) respondents identified at least one barrier to expanded provision. The most commonly discussed barrier was provider related factors (N= 11), such as a lack of provider buy-in or a lack of comfort inserting LARCs. Respondents also indicated that limited clinic infrastructure, such as clinic space or electronic workflow, was a barrier to expanded provision (N= 4). One respondent indicated billing and coding as a barrier. (Table 1)

Table 1: Perceptions of Contraceptive Provision (n= 18 FQHC Interviews)

Perceptions of Contraceptive Provision	Interviews	Representative Quotation
FACILITATORS	16	
Funding for LARC methods increased access	11	<i>"Now with Choose Well we're able to give these patients these free devices so now their barrier is non-existent technically because now we get those LARCs free for them."</i>
Availability of same-day LARC insertion	6	<i>"When the product's on-hand, we're able to offer it to them when they come in. We don't have to defer them to another day or refer them to someone else, another facility that may have the products."</i>
Contraceptive counseling facilitated provision	2	<i>"We do extensive counseling. They're able to look at the devices, touch the devices, take information home."</i>
Community knowledge about services offered	1	<i>"I think we probably, from attending the different seminars, our clinic places the most devices and the word has gotten out within the Hispanic community."</i>
Expanded capacity through provider training	1	<i>"...because of Choose Well, all of our willing providers have been trained in the IUD, they've been trained in Nexplanon."</i>
BARRIERS	16	
Provider related barriers to increased access	11	
Lack of buy-in among providers	6	<i>"A few challenges. I know that I'm on board, but getting all of our providers [on board, too]."</i>
Lack of comfort inserting LARC devices	5	<i>"And the comfort measures. Not every provider is comfortable with doing an IUD. They might be okay with a Nexplanon, but they're not all comfortable with doing an IUD."</i>
Religious beliefs	2	<i>"She will discuss; she will counsel, but that's about it. She doesn't do anything else pretty much.... She's Catholic."</i>
Clinic infrastructure challenges	4	<i>"I think the challenge was getting the sexual health assessment in place from an IT perspective or a system enhancement perspective, getting it in place."</i>
Tracking patients and devices	2	<i>"The biggest challenge that my team had, was making sure we had enough methods at our sites and had all of the equipment that we needed at each of our sites."</i>
Billing and coding concerns	1	<i>"The coding from providers, it's a little bit different adding to their regular workload to make a change here and there it's definitely the challenge."</i>
Difficulties with staff recruitment and retention	1	<i>"We have had some staffing issues for the health educator, finding someone that's qualified and willing to work part time and willing to educate the patients. Anyone that's willing to do the job and work part time has been a bit difficult."</i>

Infrastructure & Workforce

Perceptions of Workforce Expansion

FQHC respondents indicated positive or neutral perceptions of Choose Well’s workforce expansion efforts. Notably, respondents cited the benefits of the initiative on workforce capacity including funding for new positions (N= 5), enhanced hiring practices due to expanded service lines (N= 5) and expanded service provision (N= 2). (Table 2)

Respondents discussing a neutral perception indicated there was either no impact on clinic workforce (N= 5) or that their sites had adequate workforce prior to Choose Well implementation (N= 4). (Table 2)

Table 2: Perceptions of Workforce Expansion (n= 18 FQHC Interviews)

Perceptions of Workforce Expansion	Interviews	Representative Quotation
POSITIVE	8	
Enhanced hiring practices due to expanded service lines	5	<i>"We're taking the next step now and we're looking for providers who want to be able to provide these services."</i>
Funding for positions increased workforce capacity	5	<i>"I do know that we were able to hire a nurse practitioner and have assistance with the salaries for our behavioral health specialist, which I think without Choose Well we would have never been able to financially create those positions and sustain those position, or create the atmosphere and/or be able to offer what we can offer because of those positions."</i>
Expanded service provision	2	<i>"I do think that it makes you more appealing because providers like to do procedures, so I think additional service lines do offer more opportunity for providers."</i>
NEUTRAL	9	
No impact on workforce	5	<i>"I don't think it's had any impact at all."</i>
Adequate workforce prior to Choose Well	4	<i>"We still maintain our same amount of providers."</i>
BARRIERS	1	
Rurality is a challenge for recruitment/retention	1	<i>"I'm working in a rural area. We are always suffering from the ability to do all these things, recruit, hire, and maintain."</i>

Capacity-Building & Training

When asked about the impact of trainings on overall clinic performance, FQHC respondents indicated that the training had positive impacts (N= 13), including an increased capacity for contraceptive service provision, improvements in clinic workflow, and improvements in the quality of services offered at the clinic.

Regarding the impact of trainings on patient care, nearly all FQHC respondents indicated overall positive perceptions (N= 17). Opinions about the impact of training on patient care included improved capacity for patient counseling and the expanded provision of contraceptive services, as well as an increased capacity specifically for LARC provision. Additionally, few respondents highlighted that trainings led to implementation of pregnancy intention screening (N= 3). (Table 3).

Table 3: Perceptions of Training (n = 18 FQHC Interviews)

Impact on Performance	Interviews	Representative Quotation
FACILITATORS	13	
Increased capacity for contraceptive service provision	7	<i>"Overall performance, we see more patients of course, and we're offering more of reproductive health [services] and also our numbers have gone up significantly, on their numbers especially for long-term birth controls. The clinic has definitely seen that growth in that area."</i>
Improved clinic workflow due to training opportunities	4	<i>"Aside from patient care we're able to integrate reproductive health counseling in our everyday workflow, not only with our team, who are dedicated just to reproductive health but with all of the providers..."</i>
Improved quality of services due to training opportunities	2	<i>"I do think that it's broadened awareness, it's broadened understanding and a knowledge base, so that all of our team at least have that foundation of knowledge."</i>
NEUTRAL	1	<i>"We haven't seen anything positive or negative."</i>
Impact on Patient Care	Interviews	Representative Quotation
POSITIVE	17	
Improved capacity for patient counseling	7	<i>"[The trainings] have been very instrumental in influencing how we approach the patients and how we talk to our patients about reproductive health."</i>
Expanded provision of contraceptive services	3	<i>"It's given us the ability to provide more services and reach more individuals. It has improved the care because we're able to offer counseling services as well, which is an entity that was not existent at all."</i>
Led to implementation of pregnancy intention screening	3	<i>"I think a big part of it right now is doing the pregnancy intention screening, which nobody was doing before...Prior to this, nobody was asking the questions, and I think a lot of opportunity to provide contraceptives of any type was missed."</i>
Increased capacity for LARC provision	2	<i>"We have more providers now that can offer LARC, can do insertions and removals of LARC."</i>
Trainings increased staff engagement	2	<i>"I know that over time, we've had better staff engagement."</i>
Increased knowledge among staff	1	<i>"The whole team has been trained in just about everything there is to train for. They're a welcome knowledge. That piece has been very key to improving patient care."</i>

Integrated Marketing & Communications

Regarding the Choose Well Partner Hub, respondents indicated overall positive perceptions. These included the ease of ordering materials (N= 5), the availability of useful and relevant content (N= 4), and the user-friendly interface of the website (N= 2). One respondent noted a neutral perception of the Partner Hub, indicating they had used the site but did not offer a positive or negative opinion. One respondent reported a negative perception due to difficulties interfacing with the Partner Hub (Table 4).

Table 4: Perceptions of Communications (n = 18 FQHC Interviews)

Perceptions of Partner Hub	Interviews	Representative Quotation
POSITIVE	9	
Ease of ordering materials from the Partner Hub	5	<i>"I really liked it because I can get everything I need from there. I order supplies very frequently since I have to send to other sites as well."</i>
Useful and relevant content found on the Partner Hub	4	<i>"I think it's really helpful. I love that there's all the information that you need, for the training and webinars. Uploading our reports, things like that, I think is a great tool."</i>
User friendly interface of the Partner Hub	2	<i>"Once you click your way around and look, once you see where everything's at, it was pretty self-explanatory."</i>
Utility of the calendar via the Partner Hub	2	<i>"I really like the calendar to be able to go through and see what's going on around the state."</i>
Enhanced engagement with Choose Well	1	<i>"It prompts me to make sure I go into the teen room to make sure things are up to date, make sure we have brochures. It keeps Choose Well in the forefront without it fading out with anything."</i>
NEUTRAL	1	
		<i>"That's where we have to download reports and stuff, so yes. I think that's fine."</i>
NEGATIVE	1	
Difficult to interface with the Partner Hub	1	<i>"It was a learning curve because me personally, I was thinking that I was a bit confused at first."</i>

Strategic Learning & Sustainability

When asked about efforts to continue aspects of the initiative, some respondents from the FQHC sector indicated plans to continue to train staff and to provide LARC devices. A few individuals also noted plans for continued workflow improvement.

Respondent perceptions of sustainability reflected both facilitators and barriers to change. Nearly half of respondents (N= 8) discussed facilitators including the availability of and training for LARC provision (N= 3), an increase in Medicaid enrollment (N= 3), and successful buy-in among staff and leadership (N= 3).

Respondents more readily discussed perceived barriers to sustainability (N= 15), notably continued funding as a barrier to sustainability (N= 14). Funding concerns included the high cost of LARC devices (N= 9) and high uninsured patient rate (N= 3). One respondent from the FQHC sector noted the challenges of inadequate funding for marketing. Additionally, one respondent noted staff turnover as a threat to workforce capacity (Table 5).

Table 5: Perceptions of Sustainability (n = 18 FQHC Interviews)

Aspects That Will Continue	Interviews	Representative Quotation
CONTINUATION	10	
Continue to provide staff training	7	"...The education will continue as we continue to get new providers, whether it's the nursing staff that we're continuing to train on pregnancy intention screening, which is a big one for us, or new providers on putting in and taking out devices. I know that we'll continue to do that."
Continue to provide LARC methods	10	"...We'll still be providing devices." "Our patients will know that even though the Choose Well program may be phasing out, there are still providers here who are champions in placing Nexplanons, placing IUDs, providing you the counseling that you need so that you can make the right decision for you."
Continued workflow improvement	4	"I think truthfully, I think it will just continue right on. Because it will be again... Like I was saying definitely the screening questions that we have, a part of our social history because that's the integrated part of our EMR. That will definitely continue."
Perceptions of Sustainability	Interviews	Representative Quotation
FACILITATORS	8	
Availability of and training for LARC provision	3	"That's the goal, but the other thing is having a, at least one provider at every location that will offer any of the devices, any of the LARCs and be comfortable with doing that."
Increase in Medicaid enrollment	3	"...To get the reimbursement from the insurance companies and from the Medicaid. We're trying to get everybody that will qualify on Medicaid, on Medicaid, at least for family planning if they don't qualify for the full Medicaid."
Successful buy-in among staff and leadership	3	"Our CEO is very supportive. I would think she wants to see it continue and succeed. "
Tracking and utilization of clinic data	2	"But definitely looking at the data and reporting the different data allows us to really see where we are in our benchmarks if we're meeting our goals and maybe tweak our processes to make sure that we continue to move forward and increase our percentage of compliance."
BARRIERS	15	
Funding barriers to sustainability	14	
High cost of LARC devices	9	"The only issue I see coming up is going to be the devices itself. Then they are pretty expensive, especially the Nexplanon."
High uninsured patient rate	3	"We have the highest uninsured population of all health centers in the state of South Carolina. It's where we are in our growth, so I would definitely say our high uninsured rate. I think that's the number one barrier."

Inadequate funding for marketing	1	<i>"The only thing I can think of right now is for the marketing for these services because [Choose Well is] doing such a great job at it and it's not an expense that's coming from us. Going forward it would have to be an expense coming from us."</i>
Insufficient funding to improve infrastructure and workforce	1	<i>"It's always I guess an issue on the administrative side, when you talk about staffing and all of that, because you never really know how that's going to play into budgetary constraints and all of that. You always have to put that as a barrier, because you can't predict the future and so forth."</i>
Staff turnover is a threat to workforce capacity	1	<i>"My team had talked about that with the CEO, but we have had some challenges at [FQHC Clinic] in that we have lost several of our Champion providers. We have new providers who are coming in this fall and we'll train them and assess their level of comfort and their desire."</i>

Department of Health and Environmental Control

Key Findings

Interviews were conducted with 12 DHEC staff. The most commonly cited facilitator of increased access to contraceptive services among DHEC respondents was funding for LARC methods (N= 8). Difficulties with recruitment and retention were noted as a challenge for contraceptive provision. Specifically, competitive markets and rurality of clinic location were cited as challenges to workforce expansion.

When talking about the impact of the training on overall clinic performance, about half of DHEC staff noted that the trainings had improved the quality of services (N= 5). Regarding the impact of training on patient care, some respondents highlighted improved capacity for patient counseling (N= 4) and a general increase in knowledge among staff (N= 3).

Four respondents from DHEC indicated a positive perception of the Partner Hub while two individuals had neutral opinions, stating that they had used the hub but mentioned no specific facilitators or barriers.

Aspects of the Choose Well initiative likely to continue past the funding period included continued provision of LARC methods (N= 4), staff training (N= 3), and expanded contraceptive counseling (N= 3). The most commonly discussed barrier to sustainability was funding (N= 4), specifically the high cost of LARC devices, and insufficient funding to improve infrastructure and workforce.

Infrastructure & Workforce

Perceptions of Contraceptive Provision

Respondents from DHEC discussed the impact of the Choose Well initiative on expanded contraceptive provision with an overall positive opinion of the impact of the initiative (N= 10). Facilitators of access included funding for LARC methods (N= 8) and contraceptive counseling (N= 3). Two respondents specifically noted that workforce expansion led to increased access to LARC methods (Table 6).

Four respondents identified at least one barrier to expanded provision. These included difficulties with recruitment and retention of providers (N= 2), limited clinic infrastructure, such as the clinic space or electronic workflow (N= 1), and lack of provider buy-in (N= 1) (Table 6).

Table 6: Perceptions of Contraceptive Provision (N = 12 DHEC Interviews)

Perceptions of Contraceptive Provision	Interviews	Representative Quotation
FACILITATORS	10	
Funding for LARC Methods	8	<i>"I keep referring back to the LARCs because that seems to be the whole focus of the Choose Well program. If a client came in here, if they wanted that device, it's not going to be denied to them based on their ability to pay."</i>
Contraceptive counseling	3	<i>"...whatever's best for the client, without seeming to push one over another, that we've been educated to a point that we can say, 'let's look at your lifestyle and what might best suit what your future looks like.'"</i>
Workforce expansion	2	<i>"[Choose Well has] given us the additional money to hire more APRNs. Since the focus has been on LARCs, you have to have an APRN to provide that LARC."</i>
Communication with Choose Well	1	<i>"They've coordinated everything very well for us, in terms of if we had any questions we just had to contact [CW Liaison]."</i>
Community knowledge about services offered	1	<i>"I think it's a matter of me getting the word out in the community that we do offer those services here."</i>
Marketing	1	<i>"...bringing awareness to the fact that contraceptives could be obtained at health departments at little to no cost."</i>
NEUTRAL	1	<i>"To my knowledge, we haven't turned anyone away for a LARC before Choose Well or since Choose Well."</i>
BARRIERS	4	
Difficulties with recruitment and retention	2	<i>"I think the main one was initially it was really hard to recruit for APRNs."</i>
Clinic infrastructure challenges	1	<i>"All of our sites in the upstate region are housed in county-owned buildings, so we have to coordinate everything we do through the county."</i>
Low contraceptive care patient volume	1	<i>"It seems like it's been slow to start, to find those ones that do meet the criteria, because we do have a lot of Medicaid so we don't have those that actually need that, but I can see that it's growing as the months progress."</i>
Persistent time constraints	1	<i>"When we do our training with Choose Well, sometimes it's very hard to educate them as much as we'd like in the time frame that we have allotted."</i>
Lack of buy-in among providers	1	<i>"It's the challenges of getting our admin staff to remember to do all that screening and make sure they understand."</i>

Infrastructure & Workforce

Perceptions of Workforce Expansion

Over half of respondents from DHEC indicated overall positive perceptions of the impact of Choose Well on workforce expansion, stating funding for new positions increased workforce capacity. In addition, over half of respondents discussed a neutral perception, indicating there was either no impact on clinic workforce or that their sites had adequate workforce prior to Choose Well implementation. Three respondents indicated barriers to recruitment and retention, which included the competitive market and the rurality of clinic locations (Table 7).

Table 7: Perceptions of Workforce Expansion (n = 12 DHEC Interviews)		
Perceptions of Workforce Expansion	Interviews	Representative Quotation
POSITIVE	7	
Funding for positions increased workforce capacity	7	<i>"I think that it's helped a lot that we're able to bring on more APRNs to provide the LARC."</i>
NEUTRAL	7	
No impact on workforce	6	<i>"At my site, it hasn't affected it at all. I don't have any Choose Well employees here."</i>
Adequate workforce prior to Choose Well	2	<i>"For my site, we didn't need any recruitment, per se, because the staff that we have here has been here for years, the nurses and the nurse practitioner."</i>
BARRIERS to Recruitment and Retention	3	
Competitive market	2	<i>"From a staffing standpoint, we try to be very aggressive with filling positions, but that takes a great deal of effort, just to be able to hire and retain staff with a state agency, particularly when you look at the competitive marketplace that we're in."</i>
Rurality	1	<i>"I think there are some challenges because of the rural area. You're not able to always recruit what you'd like to have."</i>

Capacity-Building & Training

When asked about the impact of trainings on overall clinic performance, most respondents from the DHEC sector indicated that training had a positive impact (N= 9). Respondent perceptions included an improvement in the quality of services (N= 5), improved clinic workflow (N= 2) and increased capacity for contraceptive service provision (N= 1). Two respondents were neutral in their response about the impact of training on overall performance (Table 8).

Regarding the impact of trainings on patient care, most respondents indicated overall positive perceptions (N= 9). Opinions of impact included improved capacity for patient counseling (N= 4), a general increase in knowledge among staff (N= 3), and that trainings increased staff engagement (N= 1). Two respondents discussed a neutral perception stating that patient care was exceptional before the initiative (Table 8).

Table 8: Perceptions of Training (n = 12 DHEC Interviews)

Impact on Overall Performance	Interviews	Representative Quotation
FACILITATORS	9	
Improved quality of services due to training opportunities	5	<i>"It definitely gives us a way of how we speak to the patient about birth control methods and how we start our conversations and things like that. That definitely has, overall, benefited us."</i>
Improved clinic workflow due to training opportunities	2	<i>"Even with that, I think that we have been able to maintain a high level of efficiency and customer service because we are more aware of how those needs should be met."</i>
Increased capacity for contraceptive service provision	1	<i>"All in all, we've reached more clients than we would without the training or the program group, frankly."</i>
NEUTRAL	2	<i>"It hasn't changed anything."</i>
Impact on Patient Care	Interviews	Representative Quotation
POSITIVE	9	
Improved capacity for patient counseling	4	<i>"We're now able to educate our patients a little more about the contraception that they chose, give them all the pros and cons, side effects. We did that before but not as much as we had been taught to do during those trainings."</i>
Increased knowledge among staff	3	<i>"I think overall there's been an increased knowledge base for our staff."</i>
Expanded provision of contraceptive services	1	<i>"It helped a lot. Especially with IUD insertions and insert IUDs the same day and not ask the patients to come back."</i>
Trainings increased staff engagement	1	<i>"I don't think it had a huge effect, but certainly in general it's always a good thing to help engage staff and help staff associate with those continuous quality improvement methods."</i>
NEUTRAL	2	<i>"I think our clinic, our patient care, was exceptional already, so it didn't really improve it because it was already very good; it just reinforced what we were already doing."</i>

Integrated Marketing & Communications

In considering the Choose Well Partner Hub, four respondents indicated an overall positive perception. Respondents cited the ease of ordering materials (N= 2) and the availability of useful and relevant content (N= 1) as positive aspects of the Partner Hub. Two respondents from the DHEC sector noted a neutral perception of the Partner Hub, indicating they had used the site but did not offer a positive or negative opinion (Table 9).

Table 9: Perceptions of Communications (n = 12 DHEC Interviews)

Perceptions of Partner Hub	Interviews	Representative Quotation
POSITIVE	4	
Ease of ordering materials from the Partner Hub	2	<i>"I thought it was a really good site. I did see that site. I actually might can go on there and order some more information."</i>
Useful and relevant content found on the Partner Hub	1	<i>"It looked like from what I could see and what's been presented to me that there is a lot of good and useful information in there. So, I think it's a good resource for us."</i>
NEUTRAL	2	
		<i>"They're able to research that if someone's asking for a particular need to see what might be available on the hub so I do know it's being used."</i>

Strategic Learning & Sustainability

DHEC respondents discussed aspects of the Choose Well initiative that may continue past the funding period, indicating plans to continue contraceptive counseling and provision including LARCs (N= 7), staff training (N= 3), and provision of patient educational materials and information (N= 2).

Respondents highlighted both facilitators and barriers to sustaining change. Three (3) respondents noted at least one factor that would facilitate sustainability, namely an increase in Medicaid enrollment, more time for contraceptive counseling during the patient visit, and increased tracking and utilization of clinic data.

Respondents more readily discussed barriers to sustainability efforts (N= 5), notably the high cost of LARC devices, inadequate funding to improve infrastructure, and workforce and staff turnover (Table 10).

Table 10: Perceptions of Sustainability (n = 12 DHEC Interviews)

Aspects That Will Continue	Interviews	Representative Quotation
CONTINUATION	7	
Continue contraceptive counseling and provision including LARC methods	7	<i>"We are able to take the knowledge that Choose Well has provided us, as well as the trainings and their websites and their resources, and be able to provide what the patient is wanting. Be able to provide as much education and birth control methods, or whatever the patient is wanting as much as we can."</i>
Continue to provide staff training	3	<i>"I think that some of the elements that we've learned through Choose Well, have led to best practice, identifying best practice pieces of what's within Choose Well that we would want to retain, to include frequent assessment of training needs..."</i>
Continue educational materials	2	<i>"Our patient waiting areas, we've made those sustainable, and I've seen how we can order materials for that. I think it will be sustainable."</i>
Maintain expanded workforce	1	<i>"We do have APRNs that come to our agency and I'm hoping we'll be able to continue that."</i>
Perceptions of Sustainability	Interviews	Representative Quotation
FACILITATORS	3	
More time for contraceptive counseling	1	<i>"I would like for us to be able to spend more time with the patients. Right now, we're at 30 minutes. To do everything we have to do, it takes a little longer than that, so it would be nice if we extended the time so we can give the patient all the stuff so they can make informed decisions."</i>
Increase in Medicaid enrollment	1	<i>"So specifically, when we look at Medicaid availability for some of our clients and how many of the potential clients we have that could be on Medicaid, we try to certainly help them with their application, any questions I may have."</i>
Tracking and utilization of clinic data	1	<i>"I'm hoping that the number crunchers are going to be looking at what we've done. Keeping an eye on that and continue to keep the program going."</i>
BARRIERS	5	
Funding barriers to sustainability	4	
High cost of LARC devices is a barrier	2	<i>"Funding is definitely a barrier, especially with the health department. Just about positions and things like that. Positions or having LARCs and things like that. Having as much as we have now."</i>
Insufficient funding to improve infrastructure and workforce	2	<i>"As funding allows, we try to improve infrastructure. But over time, if you don't have the money to support that, it's difficult"</i>
Staff turnover is a threat to workforce capacity	1	<i>"Turnover is always something that is weighing on our minds that could potentially affect that sustainability."</i>

Contact Information

Please send any questions, comments, or correspondence to:

Tosin Ariyo, DrPH, MPH
Research Director, Choose Well Process Evaluation
Department of Health Services Management and Policy
College of Public Health
East Tennessee State University
Phone: (423) 439-4843
Email: ariyoo@etsu.edu

Kate Beatty, PhD, MPH
Associate Professor
Department of Health Services Management and Policy
College of Public Health
East Tennessee State University
Phone: (423) 439-4482
Email: beattyk@etsu.edu