

Promising Practices for Expanding Students' Awareness and Use of School-based Family Planning Services: Methodology Overview

Lisa Kim, Samantha Ciaravino, Jennifer Manlove, Zabryna Balén

Project Background

The Innovations in Family Planning Clinical Service Delivery for Underserved School-Based Populations Project is funded by the Office of Population Affairs and conducted by Child Trends in partnership with the School-Based Health Alliance (SBHA). The project aims to increase family planning providers' knowledge of ways they can work collaboratively to improve access to and utilization of family planning services among underserved adolescents and young adults. The project works by:

- Identifying innovative strategies to improve family planning service delivery in school settings
- Exploring facilitators and barriers to developing and sustaining these innovative strategies
- Developing and disseminating practical guidance on implementing innovative practices for family planning programs across the United States

Study Sample

To learn more about innovative approaches being implemented in schools and school-based health centers (SBHCs), the study team conducted 48 in-depth qualitative interviews with 57 providers and administrators representing 42 unique sites. The sites, primarily SBHCs (83%), represented 19 states and the District of Columbia. Two thirds of the sites were located either in the West (36%) or the Northeast (31%) and the majority served urban areas (69%). See **Table 1** for more detailed information.



Table 1. Characteristics of sites interviewed

Location by Region		
	Number of sites interviewed	% of sites interviewed
West	15	36%
Midwest	7	17%
Northeast	13	31%
South	7	17%
Urban Categorization		
	Number of sites interviewed	% of sites interviewed
Rural	5	12%
Suburban	8	19%
Urban	29	69%
Site Type		
	Number of sites interviewed	% of sites interviewed
SBHC	35	83%
School without SBHC	3	7%
Community college	4	10%

Methods

Recruitment

The study team used a two-stage recruitment strategy by first conducting two types of screener interviews, along with focus groups, to determine eligibility for in-depth interviews. The first set of screener interviews were designed for individuals such as Title X project officers or regional coordinators of SBHCs, who could identify sites implementing innovative approaches to providing family planning services. The second set of screener interviews and focus groups were designed for school administrators and practitioners who work directly at Title X or other publicly funded health clinics, SBHCs, or community colleges. In total, we conducted 72 screener interviews and three focus groups with a total of 15 participants.

We used information from the screener interviews to select sites to participate in in-depth interviews. We selected sites based on the innovative strategies they described during their screener interviews, with the aim of maximizing the range of innovative strategies explored. Further, we intentionally selected sites serving historically underserved populations, including:

- People of color (including members of American Indian Tribes)

- People with limited English proficiency
- People who have immigrated to the United States
- People experiencing or at risk of experiencing homelessness
- People living in rural communities or communities that do not have an accessible family planning clinic

Telephone interviews

The in-depth interviews explored the background, development, implementation, and sustainability of specific service delivery strategies deemed innovative. Interviews also included a series of questions asking about practices or strategies the sites used to be culturally responsive to the specific populations served. Trained qualitative interviewers used semi-structured interview protocols to conduct 60- to 90-minute interviews. All interviews were recorded with the participant's permission. In addition to the interviewer, another study team member was present at all interviews to take notes on participant responses to supplement the audio recordings. Following each interview, participants received a \$25 gift card via email.

Qualitative data analysis

Audio recordings of the interviews were sent to an outside vendor for transcription on a rolling basis. To analyze interview transcripts, the study team adapted Alison Hamilton's [Rapid Qualitative Analysis](#) approach. First, we created a template of the analysis summary sheet to align with the interview protocol. The analysis sheet included 13 domains (e.g., description of the innovation, barriers/facilitators to developing the innovation, benefits/outcomes, etc.). Then we then piloted the analysis sheet to ensure that all necessary information was accurately captured. After the piloting phase, we held several training sessions on completing the analysis summary sheets. To bring a racial equity perspective to our work, the team members were asked to independently complete an implicit bias test created by [Project Implicit](#) and subsequently discussed potential biases and how they may impact analysis. Throughout analysis, we met biweekly to discuss any questions and challenges and/or potential biases that were identified. Through these weekly meetings, we edited the analysis summary sheets to include additional domains to better capture the interview findings. Completed analysis sheets were reviewed by other team members for accuracy and consistency. Finally, we entered information from each analysis summary sheet into an Excel matrix with one row per interview, allowing the team to review the data across interviews and domains, noting similarities, differences, key categories of innovation, and trends.