

Staff attitudes toward providing medication abortion in primary care settings

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Objective: Assess baseline staff attitudes toward offering medication abortion (MAB) in 10 clinics participating in a program to adopt MAB into primary care (PC).

Methods: Online survey sent to all clinic staff from 10 clinics in 8 states considering introducing MAB (N=454/908, 50% eligible response rate)

- Measures: Validated scales for **MAB acceptability** (Acceptability of Implementing Measure, AIM), **organizational readiness for change** (ORIC), and single questions on whether **MAB belongs in PC**, and **comfort working in clinic that provides MAB**
- Open-ended questions on benefits & concerns
- Frequency weights adjusted for response rate by clinic
- Multivariable logistic regression to examine factors associated with positive attitudes & thematic analysis

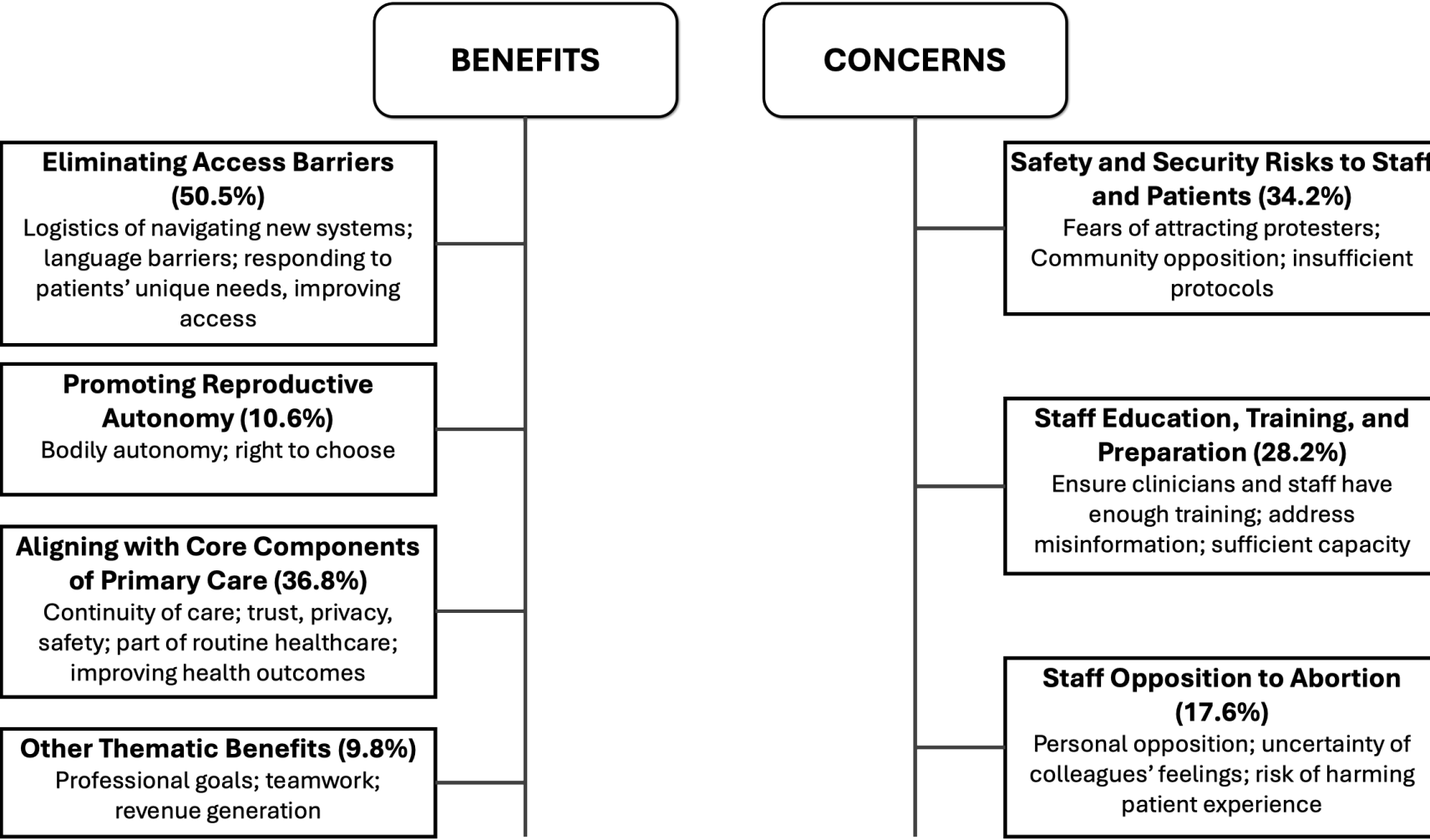
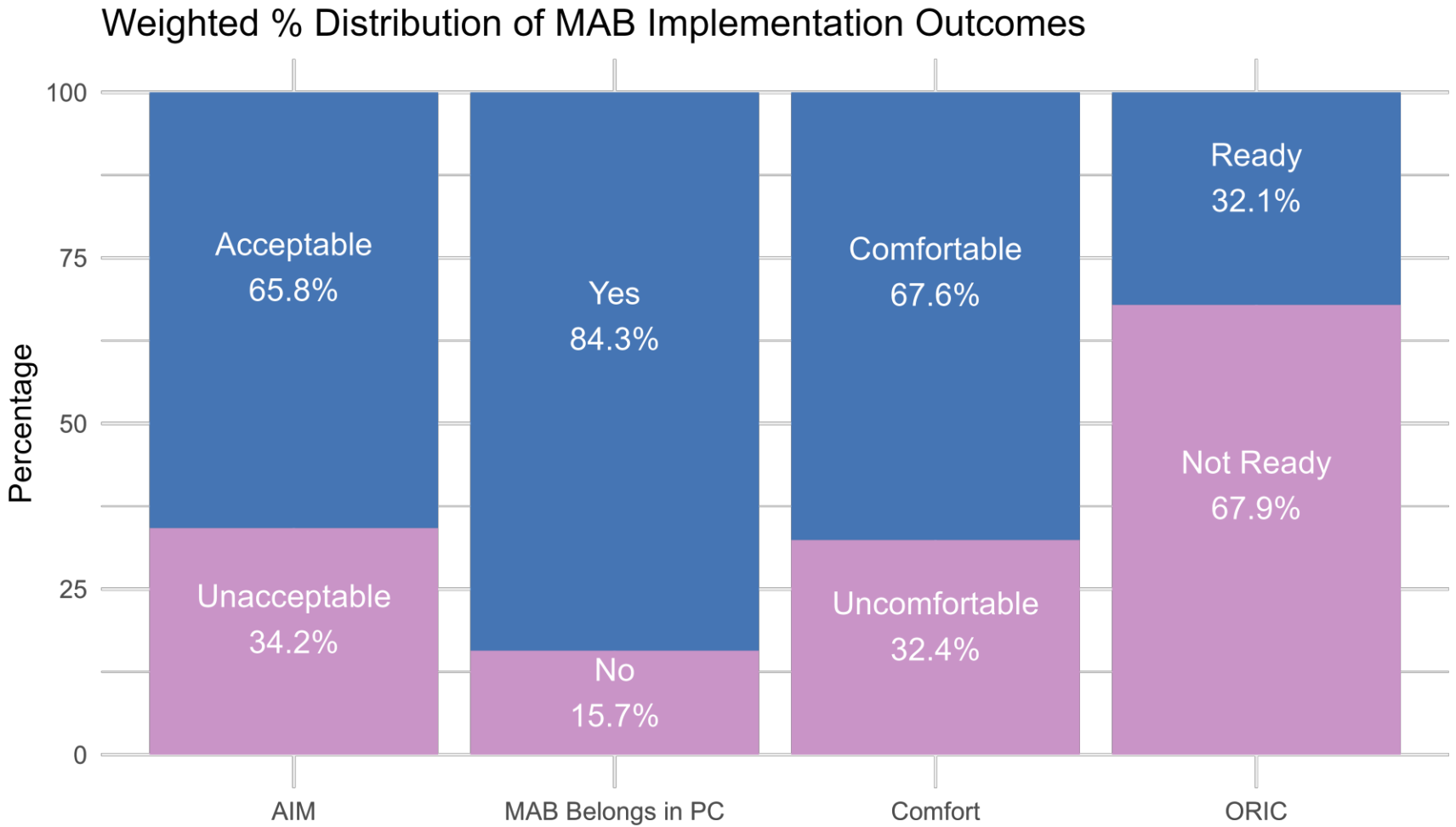
Results: Staff from other community health centers (CHCs; vs FQHCs) & LGBTQ-specific clinics (vs non-LGBTQ) had significantly *higher* odds of all positive MAB attitudes.

- Staff from FQHCs (vs academic centers & CHCs, respectively) had *lower* odds of comfort (aOR 0.50; 95% CI 0.28-0.88; aOR 0.46, 95% CI 0.23-0.92) & beliefs that MAB belongs in PC (aOR 0.26, 95% CI 0.10-0.67; aOR 0.15, 95% CI 0.04-0.54)
- Clinic staff (vs providers) had *lower* odds of MAB acceptability (aOR 0.46, 95% CI 0.23-0.92)
- 49.3% shared at least one benefit *and* one concern
- 10.4% said no benefits; 31.3% said no concerns

Implications: Staff concerns may impede MAB integration; organizations should consider training to shift culture and dismantle misinformation.

Most staff (84.3%) believe **MAB belongs in primary care and is acceptable to implement (65.8%)**. But fewer are **ready to implement (32.1%)**. They find MAB beneficial for **increasing access, continuity of care, and patient autonomy**, yet many are concerned with **safety, training on protocols and misinformation, and staff opposition**. Concerns must be addressed to successfully introduce and sustain MAB.

“I am concerned that the personal beliefs of some staff could make patients feel judged or afraid to ask... Personal values are important, but if we start offering [MAB], **we need to ensure those working with patients... are compassionate, understanding, supportive, and make the patient feel cared for.**”
– Administrator, FQHC



“Patients already come to us *because they feel safe*, and I think *providing MAB would add to that.*” – Other Staff, CHC



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Table 2 Frequency-Weighted Bivariate and Multivariable Analyses of Staff Characteristics Associated with MAB Attitude Outcomes (N=454)

	AIM (=>4.0 vs under 4) Acceptable			Comfort (=>4.0 vs under 4)			ORIC (=>4.0 vs under 4)			Belongs in PC/Should Be Available		
Characteristic	N, % =>4	Crude OR (95% CI)	Adjusted OR (95% CI)	N, % =>4	Crude OR (95% CI)	Adjusted OR (95% CI)	N, % >=4	Crude OR (95% CI)	Adjusted OR (95% CI)	N, % "Yes"	Crude OR (95% CI)	Adjusted OR (95% CI)
Practice Setting												
FQHC (n=275)	170 (60.9%)	Ref	Ref	177 (63.4%)	Ref	Ref	85 (29.3%)	Ref	Ref	222 (80%)	Ref	Ref
Academic (n=78)	52 (71.5%)	1.61 (0.40, 6.41)	3.06 (0.88, 10.64)	54 (71.6%)	1.45 (0.65, 3.26)	2.02 (1.14, 3.56)	17 (23.9%)	0.75 (0.27, 2.08)	2.1 (0.98, 4.49)	68 (90.4%)	2.36 (0.59, 9.30)	3.84 (1.49, 9.89)
CHC (n=101)	80 (81.1%)	2.75 (0.63, 12.03)	2.31 (1.56, 3.43)	82 (82.1%)	2.64 (0.97, 7.17)	2.18 (1.09, 4.35)	53 (54.4%)	2.88 (0.76, 10.90)	2.77 (1.01, 7.56)	97 (96.2%)	6.39 (2.09, 19.55)	6.49 (1.85, 22.76)
LGBTQ Clinic												
Not LGBTQ (n=284)	157 (55.4%)	Ref	Ref	175 (60.8%)	Ref	Ref	64 (21.4%)	Ref	Ref	222 (93.5%)	Ref	Ref
LGBTQ (n=170)	145 (85.4%)	4.7 (2.08, 10.63)	7.36 (4.41, 12.29)	138 (80.5%)	2.67 (1.57, 4.52)	3.61 (2.6, 5.01)	91 (52.3%)	4.03 (2.32, 7.01)	5.26 (3.13, 8.85)	68 (79.5%)	3.73 (1.09, 12.79)*	9.77 (3.56, 26.82)*
Geography												
Urban/Suburban (n=335)	239 (68.7%)	Ref		243 (69.8%)	Ref		130 (35.7%)	Ref		288 (83.8%)	Ref	Ref
Rural (n=119)	63 (57.6%)	0.62 (0.12, 3.27)		70 (61.6%)	0.69 (0.23, 2.06)		25 (22%)	0.51 (0.20, 1.27)		99 (85.7%)	1.15 (0.25, 5.28)	2.54 (1.42, 4.52)*
Clinic Size												
Large (n=203)	141 (66.0%)	Ref		142 (67.2%)	Ref		66 (28.9%)	Ref		167 (80.7%)	Ref	
Small (n=251)	161 (65.5%)	0.98 (0.21, 4.51)		171 (68.2%)	1.05 (0.36, 3.00)		89 (36.1%)	1.39 (0.40, 4.88)		220 (88.9%)	1.92 (0.43, 8.50)	
Staff Position												

Direct patient Care (n=128)	94 (72.8%)	Ref	Ref	95 (73.0%)	Ref	Ref	36 (26.1%)	Ref	Ref	113 (87.4%)	Ref	Ref
Clinic staff (n=181)	104 (55.1%)	0.46 (0.21, 0.98)	0.46 (0.23, 0.92)	108 (56.6%)	0.48 (0.22, 1.08)	0.49 (0.19, 1.27)	53 (28.2%)	1.11 (0.46, 2.66)	1.16 (0.45, 2.99)	148 (78.9%)	0.54 (0.30, 0.97)*	0.57 (0.20, 1.64)
Administrator (n=109)	80 (74.2%)	1.07 (0.54, 2.12)	1.23 (0.55, 2.79)	87 (79.6%)	1.45 (0.67, 3.13)	1.58 (0.49, 5.05)	55 (44.9%)	2.31 (0.46, 2.66)	2.54 (0.84, 7.73)	100 (94.2%)	2.35 (0.65, 8.48)*	3.29 (0.51, 21.41)
Time Employed (median)	3 vs. 3.5	0.97 (0.93, 1.01)		2.5 vs 4	0.97 (0.94, 1.00)		2 vs 3	0.99 (0.94, 1.04)		3	0.97 (0.03, 1.01)	

*Significant results are bold with significance level $p < 0.05$. Frequency-weighted logistic regressions were performed, accounting for participant clustering at clinic sites. "Other" staff (n=36) assigned missing for bivariate and multivariable analysis. In multivariable analyses, variables that are grayed out were not included in the model. Time and Clinic Size was not included in any model.