

Upstream Patient Survey

Key Findings from Delaware

In July - September 2017, Upstream contracted with J. Solomon Consulting, LLC. to conduct a survey of patients immediately after their visit to partner health centers in Delaware. The purpose of the survey was to (1) assess whether health centers were adhering to the core components of Upstream's program model (fidelity to model), (2) identify patient choices about birth control methods, (3) learn about patients' experiences with contraceptive care at the partner health centers, and (4) explore the role of the Be Your Own Baby campaign in informing patients about free contraceptive services and encouraging patients to visit partner health centers. The survey included a sample of 554 patients across the state. The memo provides an overview of the survey, including key findings (Section I), overview of survey methods and limitations (Section II), findings in each of the four topical areas covered by the survey (Sections III-VI), and a conclusion (Section VII).

I. Key Findings at Glance

The survey found that participating Delaware health centers have implemented key components of the Upstream model, including integrating a pregnancy intention screening question into their work flow and offering contraceptive counseling to patients:¹

- **Over one third (37 percent)** of the 554 surveyed patients **reported being asked about their intention to become pregnant during the visit.**
- The survey itself included a pregnancy intention screening question; 489 patients (88 percent) who responded to this question were eligible for contraceptive counseling.² **Nearly three quarters (72 percent)** of these 489 patients **reported that they discussed birth control with health center staff during their visit.**

The survey found that following contraceptive counseling, some patients reported changing their contraceptive method. In almost every case, the new method chosen was one of the most or moderately effective methods:

- Among the 52 patients who reported using a birth control before the visit and starting a new method at the visit, **85 percent moved to a method that was more effective or as effective as the original method.**
- Among the 92 patients who reported not using any contraception prior to their visit, **over one third (34 percent) reported starting a method at the visit.** This number may not include patients who chose a method that required a prescription or a pharmacy visit (for example, oral contraceptives or condoms). This uptake in a contraceptive method *during* the visit among non-users is notable.

¹ In family planning, OBGYN, and primary care settings

² Patients who were eligible for contraceptive counseling did *not* answer 'Yes' or 'Not applicable' (sterilization, infertility, already pregnant, contraception for medical reasons, only female partners).

The survey data also documented consistent health center adherence to the Upstream model's emphasis on patient-driven decision-making:

- Of the 351 patients who reported discussing birth control during their visit, 343 patients (**98 percent**) reported that they did not feel pressured by someone to use a particular birth control method.³
- Of this same group, 324 patients (**92 percent**) reported that they were listened to, listened to fairly closely, or listened to closely.
- Of the 330 patients asked to rate their satisfaction level with their birth control decisions via five separate questions, 281 (**85 percent**) affirmed their satisfaction on all five satisfaction scales, and 322 (**98 percent**) affirmed their satisfaction in at least one of the five scales.
- Among the 83 patients who discussed birth control and chose to start a new method at the current visit, **99 percent reported that they were involved in their own contraceptive method decision.**

II. About the Patient Survey

Survey topics. The Patient Survey was designed to provide indicators of (1) fidelity to the Upstream model, (2) changes in birth control methods, (3) patient-driven decision-making, and (4) exposure to the Be Your Own Baby campaign.

Survey Sample. J. Solomon Consulting fielded the survey between July 5 and September 15, 2017. They collected data from 15 agencies, consisting of the three provider types with whom Upstream works (two family planning, seven OB/GYN, and six primary care) across Delaware's three counties (ten in New Castle, three in Kent, and two in Sussex). Women over 18 and of reproductive age (18-44 years of age) who responded negatively to a question about tubal ligation and pregnancy were eligible for the survey. Women who met these criteria were invited to complete the patient survey immediately after their visit to one of the participating agencies' sites privately, on an iPad. The original goal was to survey about 100 women per agency to show results with some level confidence. Because of lower than expected traffic at each site, fewer than 100 women per agency were surveyed. The survey data collection continued until the total number of respondents reached a minimum sample size that would allow for the confidence level. The final survey sample included 554 respondents.⁴

III. Fidelity to the Upstream Model

³ Of 544 patients surveyed, 351 patients answered "yes" to the question "Did anyone discuss birth control with you at any point during your visit?" Patients answering "yes" (351 patients) were then asked, "During your visit today, "Did you ever feel pressured by someone at this health clinic to use or continue to use a particular birth control method when you would have rather used another method or no method at all?" Of this group, 343 patients (98 percent) reported that they did not feel pressured.

⁴ A total of 605 patients were screened for survey eligibility, with 43 declining to participate and 8 later found not to meet the survey eligibility criteria (older than 45) and excluded. The response rate for the survey was 93 percent, with 43 out of the 597 survey-eligible women declining to participate.

Indicators of implementation of and fidelity to the Upstream model include incorporating a pregnancy intention screening question (PISQ) into a health center's work flow and patient-centered contraceptive counseling often by medical support staff. The survey found that health centers have started asking a PISQ and offering contraceptive counseling to patients.

PISQ. To illustrate fidelity to model, **over one third (37 percent) of all survey respondents reported that they were asked about the intention to become pregnant during the visit.**

Of patients who reported being asked a PISQ, 41 percent reported that the question was asked by support staff. While patient responses suggest that a PISQ may not be universally in use, data indicate that systematic changes at the site-level have taken hold at a notable number of sites 12-18 months after Upstream's first Delaware training. Involvement of support staff in a PISQ, in particular, appears to reflect progress in health centers' application of the Upstream model because separate monitoring data revealed that almost none of the agencies were asking the question prior to working with Upstream.

Contraceptive counseling. Of the 554 survey respondents, 489 (90 percent) indicated *in the survey* that they either did not want to become pregnant in the coming year or were ambivalent about becoming pregnant. This response indicated that it was appropriate to offer these women contraceptive counseling.⁵

The remainder of the survey findings are based on responses from those patients offered contraceptive counseling. Of these 489 patients, 25 percent reported using no method prior to the visit, while 64 percent reported using either a most or moderately effective (CDC tier 1 and tier 2) method and 11 percent using a least effective (CDC tier 3) method.

As an indication that contraceptive care counseling has become a routine part of a patient visit, **nearly three quarters (72 percent) or 351 of the 489 respondents appropriate to offer counseling reported that they discussed birth controls with health center staff during their visits.** These patients are referred to as "counseled" patients.

IV. Birth Control Method Choice Following Counseling

Another indicator of implementation of the Upstream model is same day access to the full range of contraceptive methods. This was indirectly assessed by asking patients which contraceptive methods were discussed and chosen during their visit. The survey found that **many patients changed their contraceptive method** following contraceptive care consultation provided by health center staff. In almost every case, the new method chosen was a most or moderately effective method.

⁵ Of the 554 respondents, 55 indicated that they wanted to become pregnant in the coming year; or that they were already pregnant, sterilized, infertile, or using contraception for medical reasons, or had only female partners. We regard the rest of the respondents (489 women), who said "no" or "not sure" or "okay either way" to the question about the preference to become pregnant in the next year, as representing the patient population to whom it was appropriate to offer contraceptive counseling as a core component of the Upstream model.

Contraceptives offered. Among the 351 eligible patients, 84 percent reported that they discussed specific contraceptive methods, with 45 percent of the 351 patients reporting that LARC methods were discussed and 64 percent reporting that non-LARC methods were discussed.

Contraceptive methods chosen. Among the 351 consulted patients, **24 percent reported that they started a new contraceptive method at the visit. In 98 percent of these cases, the new method was a most or moderately effective method.** The majority of the counseled patients (76 percent) did not change their method. This may be partly because these patients were satisfied with their current method, and counseling may have simply contributed to confirming their prior method.

Among the 52 counseling patients who reported using a birth control before the visit and starting a new method at the visit, 85 percent moved to a method that was more effective or as effective as the original method, while 15 percent moved to a less effective method.

The survey also found that patients with no prior contraceptive were more likely to report having started a new method at the visit than those already using some method. **Among the 92 counseled patients who were not using any contraceptives prior to the visit, about one third (34 percent) started a method at the visit.** All of the new methods reported by these patients were either most or moderately effective methods. **The take-up of effective contraceptives among those with no prior to the visit method signals a substantial potential gain toward preventing unplanned pregnancy.**

V. Patient-Centered Counseling and Shared Decision Making

The Upstream model emphasizes supporting patients to make decisions about both the need to use contraception, and which contraceptive method is right for a woman through fully informed and voluntary decision-making. Survey respondents **consistently affirmed that they owned the decision-making process** and were highly satisfied with the decisions that they made. The survey suggests that partner health centers were adhering to the Upstream model's emphasis on patient-centered counseling and shared decision-making.

Voluntarism. The survey asked if a patient felt pressured to use a particular birth control method. **Among the 351 patients asked, 343 (98 percent) reported that they did not feel pressured by someone at the health center to use a particular birth control method.**

The survey also asked if a patient felt that she was listened to by health center staff during the birth control method discussion. **Of the 351 patients asked, 324 (92 percent) reported that they were listened to, listened to fairly closely, or listened to closely.** Only 6 of the patients asked (2 percent) reported that staff did not listen or listened a little.⁶

Comfort levels. The survey found that the consulted patients were bifurcated in their reported level of comfort with discussions about birth control with staff: They tended to be either very comfortable or not at all comfortable with these discussions. While 59 reported feeling very comfortable with the discussion, about a third (33.0 percent) reported feeling very uncomfortable

⁶ "Feeling pressured" and "feeling listened to" capture similar, but slightly different aspects of the discussion. Across survey responses, 21 were inconsistent and excluded from the analysis. If we exclude those responses, the rate of those reporting that they were listened to, fairly closely, or closely is 98 percent.

with the discussion. This dichotomous response pattern to the question was consistent across age and race/ethnic groups, suggesting that across demographic groups, reaction to birth control discussions can be uncomfortable for some individuals. The highly personal nature of birth control discussions suggests that patients are likely to feel some discomfort with them and render this an area for exploration with health centers to increase patient levels of comfort as feasible. It also suggests that this might not be a useful question for future iterations of this survey.

Decision making. Further, **among the 83 consulted patients who chose to start a new method, 99 percent reported that they were involved in their own decision making:** 49 percent reported choosing on their own, 26 percent reported choosing on their own with staff input, and 24 percent reported choosing together with staff. Just 1 percent reported that mostly clinical staff chose a method with input from the patient, and no patient reported that staff made the decision without patient involvement.⁷ This suggests that patients felt that they were the key drivers of their decisions about birth control.

Satisfaction with information and decision making. As an important validation of patient-driven decision making, the patients surveyed reported high levels of satisfaction with their individual decisions about their birth control method as well as the expectation that they would use (or continue to use) it. The 330 patients asked this question had the option of agreeing/disagreeing with the following statements on the 5-point scale from “Strongly Disagree” to “Strongly Agree”⁸ (percent agreeing with the statement is provided in the parenthesis):

- I am satisfied with my decision about birth control (**94 percent** agreed or strongly agreed)
- I am satisfied that I am adequately informed about the issues important to my decision about birth control (**91 percent** agreed or strongly agreed)
- I am satisfied that my decision about birth control was mine to make (**94 percent** agreed or strongly agreed)
- The decision I made about birth control was the best decision for me personally (**96 percent** agreed or strongly agreed)
- I am satisfied that my decision about BC was consistent with my personal values (**95 percent** agreed or strongly agreed)

For each of the five statements above, over 90 percent of the consulted patients affirmatively responded “Agree” or “Strongly Agree.” This indicates that of the 330 patients asked,

- **281 (85 percent) responded to “Agree” or “Strongly agree” for all of the five statements**

⁷ The question about the ownership of the method choice was asked only with those who started a new method at the visit. The majority of the counseled patients did not start a new method and were not asked about their decision to continue with the same method (or no method). This finding reflects a small fraction of patients who were consulted during the visit. It cannot be extrapolated to all patients.

⁸ Of the 351 consulted patients, 21 did indicated inconsistent responses regarding their consultation. The questions regarding patients’ satisfaction with their decisions were skipped for those 21. Those 21 patients were excluded from the analyses of the questions regarding patient satisfaction statements.

- **322 (98 percent) responded to “Agree” or “Strongly agree” to at least one of the five statements.**

Consistent, high levels of agreement with these statements denote high levels of patient comfort with their birth control information and decisions.

VI. Be Your Own Baby Campaign

A key component of Upstream’s strategy in Delaware has been increasing public awareness of the availability of free birth control. Launched May 22, 2017, the Be Your Own Baby (BYOB) campaign seeks to increase patient awareness of free birth control available through partner health centers and encourage them to use these services should they need them. The survey collected data 2-11 weeks post-campaign launch and included questions about patients’ exposure and responses to the campaign.

Campaign exposure. Of the 351 patients who reported discussing birth control at their visit, **91 (26 percent) reported seeing a BYBO advertisement. Younger patients were more likely to recall seeing a BYOB advertisement** than older patients: 30 percent among those 18-25 years of age reported seeing the advertisement, compared to 25 percent among those 26-35 years of age and 15 percent among those 36-45 years of age. This finding suggests a notable level of campaign penetration and can be used as an indicator in future campaigns.

Health center choice. Both patients who reported discussing birth control at the visit and patients who reported that they did not (489 women combined) responded to a question about why they had decided to visit that particular health center. The most common response was convenient location (65.4 percent), followed by convenient hours (39.3 percent). Less than a fifth of respondents (17.4 percent) reported that they had chosen that health center because of a need for contraception.

Responses to BYOB and potential behavioral change. On average, those who saw or were unsure about having seen the BYOB advertisements agreed with positive statements about the advertisements’ appeal, the message conveyed, the effect of the message, their interest in seeing similar advertisements in the future, and alignment of the advertisements with people like them.

Specifically, 91 patients asked and who reported seeing the BYOB advertisements could agree/disagree with the following statements on the 5-point scale from “Strongly Disagree” to “Strongly Agree”⁹ (percent agreeing with the statement is provided in the parenthesis):

- The Be Your Own Baby ad was visually appealing and engaging (**76 percent** agreed or strongly agreed)
- The Be Your Own Baby ad conveyed the intended message of free birth control (**85 percent** agreed or strongly agreed)

⁹ Due to errors in the survey administration, the question was skipped for patients who did not discuss birth controls during the visit. The lack of information on the exposure and reaction to the BYOB campaign may mean that the findings here cannot be used to extrapolated for the overall target population.

- The Be Your Own Baby advertisement campaign resonates with people like me (**70 percent** agreed or strongly agreed)
- I would like to see more ads like Be Your Own Baby in future (**73 percent** agreed or strongly agreed)

The survey showed that a solid majority of patients consulted *and* who had seen the ads **reacted favorably** to them and confirmed that they received the intended message. For example, **73 percent affirmed (agreed or strongly agreed) that they would like to view advertisement similar to BYOB in the future**. Further, an even higher proportion (85 percent) of the patients who saw the ads reported clearly understanding the message of free birth controls.

In addition, the survey collected data on the BYOB campaign’s potential influence on their behavior, specifically asking them to rate the following statement on the same 5-point scale.

- The Be Your Own Baby ad convinced me to contact a healthcare provider.

This scale suggests a **potential effect of BYOB on patient behavior (i.e., contacting a provider)** and thus of campaign effectiveness.¹⁰ Of the 91 consulted patients who reported seeing the ads, 26 percent strongly agreed, 20 percent agreed, and 23 percent somewhat agreed with the statement. Taken together, **nearly 70 percent acknowledged that BYOB played some role in influencing their decision to contact a provider**. Given the high level of awareness of *free* birth control among those who saw the ads, the motivation to contact a provider appears to have been potentially cost-related (free birth control) and topically related (health care providers offered contraception).

Study Limitations. While the findings from the Delaware patient survey provide several useful insights, survey results cannot be generalized to all similar patients in Delaware. The survey methodology included several important limitations.

- **Representativeness.** The survey sample initially included 21 randomly sampled sites, but seven, including all Christiana Care affiliated locations, declined to participate. One of these sites was later replaced in the sample. The resulting survey sample of 15 agencies was no longer a random sample, as the agencies that agreed to participate may be systemically different from the agencies that declined to participate. Therefore, findings from the survey may not be fully representative of patient experiences state-wide.
- **Accuracy.** The survey sample (554 women) was large enough to provide estimates with reasonably small margins of error,¹¹ but the results may not be as accurate for smaller subgroups. Comparing the results based on small subsamples can be potentially misleading, depending on the size of the subgroup.

These factors limit the generalizability of the survey results to a larger population of similar patients. They are best used in combination with additional data and information (for example, program data, staff observations, or information collected from agency staff).

¹⁰ The scale like this could be used as an indicator in future campaigns to assess behavior change.

¹¹ As a reference, a sample size of 500 would give a margin of error of about 4 percent; a sample size of 300, about 6 percent; and a sample size of 100, about 10 percent.

VII. Conclusion

Analysis of survey data collected from patients visiting Upstream's Delaware partner health centers indicated that Upstream's model is being implemented with fidelity to core intervention components including the provision of contraceptive counseling for women not seeking pregnancy, patient-centered contraceptive counseling, shared decision making about methods, and patient voluntarism. For example, nearly three quarters of the patients surveyed reported discussing birth control during their visit and patients overwhelmingly reported feeling in charge of their own contraceptive decision (99 percent of patients who discussed birth control with clinic staff and decided to start a new method). Patients also reported feeling satisfied with their birth control decisions (98 percent affirmed their satisfaction on at least one of the relevant questions). These results indicate that patients were encouraged and equipped to make their own decisions about birth control.

Another core component focuses on ensuring patients have same day access to the full range of contraceptive methods. One indicator of this is patient initiation of a new method or move to a more effective method. Among participants who reported no use of a birth control method prior to their visit, 34 percent began a new method during the visit. Among those already using a method and who started a new method, 85 percent moved to a method that was more effective or as effective as the original method. In the context of high patient voluntarism and satisfaction with birth control decisions, these shifts in contraceptive selection are notable and suggest patient-centered contraceptive counseling, as well as increases in the use of more effective methods.

Upstream's Delaware initiative also sought to provide women with information on how to locate high quality contraceptive care using the BYOB campaign. This campaign also showed promising results. Of the 351 patients who discussed birth control at their visit, 91 (26 percent) reported seeing a BYOB advertisement. Among the 91 patients who saw a BYOB advertisement, 70 percent reported that BYOB played some role in influencing their decision to contact a provider.