

GYNECOLOGY

A population-based study of US women's preferred versus usual sources of reproductive health care

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OBJECTIVE: We characterized US women's preferred and usual sources of reproductive health care.

STUDY DESIGN: Data were drawn from the Women's Health Care Experiences and Preferences Study, an Internet survey of 1078 women aged 18–55 years randomly sampled from a national probability panel. We described and compared women's preferred and usual sources of care (women's health specialists including obstetricians-gynecologists and family-planning clinics, primary care, other) for Papanicolaou/pelvic examination, contraception, and sexually transmitted infection (STI) services using χ^2 , logistic regression, and kappa statistics.

RESULTS: Among women reporting health service utilization ($n = 984$, 92% overall; 77% Papanicolaou/pelvic; 33% contraception; 8% STI), women's health specialists were the most used sources of care for Papanicolaou/pelvic (68%), contraception (74%), and STI (75%) services. Women's health specialists were also the most preferred care sources for Papanicolaou/pelvic (68%), contraception (49%), and STI (35%) services, whereas the remainder of women preferred primary

care/other sources or not to get care. Differences in preferred and usual care sources were noted across sociodemographic groups, including insurance status and income level ($P < .05$). Preference for women's health specialists was the strongest predictor of women's health specialist utilization for Papanicolaou/pelvic (adjusted odds ratio, 48.8; 95% confidence interval, 25.9–91.8; $P < .001$) and contraceptive (adjusted odds ratio, 194.5; 95% confidence interval, 42.3–894.6; $P < .001$) services. Agreement between preferred and usual-care sources was high for Papanicolaou/pelvic (85%, kappa, 0.63) and contraception (86%; kappa, 0.64) services; disagreement (range, 15–22%) was associated with insurance, employment, income, race, and religion ($P < .05$).

CONCLUSION: Women's preferences for and use of women's health specialists for reproductive health care has implications for efforts to define the role of obstetricians-gynecologists and family planning clinics in current health systems.

Key words: health service preferences, reproductive health care, women's health service utilization

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The role of specialized women's health providers, including obstetricians-gynecologists, in providing comprehensive preventive services has become increasingly unclear. In part, this uncertainty follows guidelines that significantly

reduce the frequency of cervical cancer screening episodes and that recommend against routine pelvic examinations for asymptomatic women, services historically delivered by women's health specialists.^{1–4} The impact

of these recommendations on the utilization of women's health specialists remains to be seen but may have implications for delivery of other reproductive health services, including family planning.

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The source of the work was the Women's Health Care Experiences and Preferences Study, a population-based survey administered August 2013 using the GfK (formerly Knowledge Networks) nationally representative probability panel.

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An estimated 35–45% of women use multiple providers for their health care needs, most often a women's health specialist for reproductive health care and a generalist for other health issues.⁵ Some research has suggested that women's visits to obstetricians-gynecologists are more likely to include cervical and breast cancer screening, contraceptive provision, and chlamydia testing but less likely to include other preventive services, including colon cancer, diabetes, and cholesterol screening and counseling services, than generalist visits.^{6–8} The mixture of health care sources women use may reflect their perceived and/or actual need for and access to specific types of services as well as their preferences for sources of care.^{9,10}

Indeed, health service preferences may help explain observed utilization patterns by provider type and setting.^{5,10} However, preferences for source of care, which we defined here as where women would most like to get their care should they not face any barriers to access or utilization, have not been well characterized but are important for efforts to define the role of women's health specialists in current health systems. Our study describes and compares associations between preferred and usual sources of reproductive health care among a population-based cohort of US women.

MATERIALS AND METHODS

Study design and sample

We used population-based, cross-sectional data from the Women's Health Care Experiences and Preferences Study, an Internet-based survey of 1078 US women aged 18–55 years conducted in September 2013.¹¹ GfK (formerly Knowledge Networks, Menlo Park, CA) fielded the survey among their national household random probability panel.

GfK is an existing Internet-based panel comprised of 50,000 US residents aged 13 years and older. The GfK panel is sampled via random digit dialing telephone and probability-based address mailing methods, which enables inclusion of cell phone—only households that are often excluded from random digit dialing sample frames. Individuals solicited to participate in the GfK panel but

who do not have Internet access are provided with a laptop and Internet access at no cost. Each member of the panel has a unique login to allow them to access online surveys, and survey invitations are sent by e-mail.

Modest incentives are used to encourage participation in the panel (eg, \$4 monthly gift card). All panelists routinely update individual and house demographic data, which allows for complex, stratified sampling designs. Additional detailed information about the GfK panel and sampling methods can be located at www.gfk.com.

Among GfK panelists eligible for inclusion in our study (English-speaking women aged 18–55 years), a random sample of 2520 women were e-mailed an invitation to participate. Sampling weights adjusted for the complex, stratified sampling design and brought the sample in line with national demographic benchmarks. This study was approved by the University of Michigan's Institutional Review Board.

The Women's Health Care Experiences and Preferences survey, which was designed specifically for this study based on our prior reproductive health services research, an extensive review of the relevant literature, and drawing upon well-established surveys (eg, National Survey of Family Growth), included 29 items to measure women's experiences with and preferences for a variety of types of health care and sources of care, especially for reproductive health.¹¹

We collected information on women's sociodemographic characteristics, reproductive and health histories, mental health and social well-being, relationship characteristics, health and health service behavioral intentions, and reproductive health care and policy knowledge and attitudes. The average survey completion time was 15 minutes. The survey was pilot tested among 25 GfK panelists per standard procedures prior to administration to the random sample to ensure readability, timing of administration, and comprehension.

Measures

A series of items measured women's experiences with and preferences for

sources of reproductive health care. Women were first asked how often on average they had seen a health care provider in the past 5 years and what type of health care facility they had visited most often. Specific types of women's health service use included Papanicolaou smear/pelvic examination, contraception, sexually transmitted infection (STI) testing/treatment, breast examination, mammogram, and pregnancy-testing services.

Women who responded that they had used each type of service were then asked about their most commonly used sources of care. Responses included the following: women's health specialist (eg, obstetrics-gynecology, family planning); primary care/family medicine/internal medicine/general; urgent care/walk-in clinic; emergency medicine; mental health specialist/psychiatrist; other; or do not know. Because of the small numbers of women reporting the use of the latter categories, we collapsed responses into 3 point categories (women's health specialist, primary care, or other) and binary (women's health specialist vs other) indicators.

Women were then asked similar questions about their preferred sources of care for each type of health service listed above. "If cost and other barriers were not an issue, what type of health care provider would you most like to go to for the following health services?" The response options for the preferred sources of care were also the same as those previously mentioned, with the addition of the response, "I do not need or would not get care for that issue."

Our analytical sample included 984 women who reported that they had used health services in the past 5 years and responded to all women's health services use and sources of care items. Here we focus on reproductive health services, including Papanicolaou smear/pelvic examination, contraception, and STI services.

We examined the following demographic, social, and reproductive history factors as covariates based on our prior work¹¹: age; race/ethnicity; educational attainment; marital status; income level;

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