



## State of Oregon Family Planning Program 2007 Customer Satisfaction Survey Results

### Background

The Oregon Family Planning Program has administered an annual Customer Satisfaction Survey (CSS) in selected family planning clinics since 2002. As an important component of the Oregon Family Planning Program's evaluation and ongoing quality improvement efforts, information from the CSS is used to monitor the provision of select services and client satisfaction throughout the state.

Studies show that client satisfaction, quality of care and client provider interaction are all inextricably linked to client choice of family planning services and continued adherence to effective contraceptive use. Thus, the CSS is an important tool for evaluating quality improvement activities. Additionally, the CSS provides an opportunity for clients to give feedback on their clinic experience as well as an opportunity for clinic staff to hear and respond to client feedback. Results from the survey are distributed to participating clinics, key stakeholders, and family planning program partners.

### Methodology

Thirteen clinics were randomly selected to participate in the survey. These clinics were divided by clinic type: those providing family planning services only and those providing primary care services as well. Clinics serving less than 10 clients per week were excluded from the selection process. Selected family planning-only clinics administered the survey for a total of four days and primary care clinics administered the survey for eight days during the month of October 2007. Each family planning client seen during the survey period was asked to complete a survey in either English or Spanish after his or her visit. Client participation was voluntary. Participating clinics are listed in the table below.

Agency Name	Clinic Name	Clinic Type
Umatilla County	Hermiston Clinic	Family Planning-Only
PPCW	Salem Center	Family Planning-Only
Washington County	Hillsboro Clinic	Family Planning-Only
Marion County	Salem Clinic	Family Planning-Only
Hood River County	Hood River Clinic	Family Planning-Only
PPHSSO	Florence Express	Family Planning-Only
Siskiyou CHC	Cave Junction	Primary Care
Multnomah County	NE Health Clinic	Primary Care
Multnomah County	East County Health Clinic	Primary Care
Multnomah County	North Portland Health Clinic	Primary Care
Clackamas County	Sandy Clinic	Primary Care
OSU	OSU Student Health Center	Primary Care
Virginia Garcia	McMinnville Health Center	Primary Care

Among these clinics, the participation rate ranged from 33% to 100%. The average participation rate for the 13 clinics was 70%. A total of 518 surveys were completed. Seventy-six percent of the sample represented family planning-only clinics and 24% represented primary care clinics.

Clinic Name	# of completed surveys	# of family planning clients	Response Rate
Hermiston Clinic	25	75	33%
PPCW Salem Center	75	110	68%
Hillsboro Clinic	77	89	87%
Salem Clinic	84	115	73%
Hood River Clinic	42	51	82%
PPHSSO Florence Express	14	16	88%
Cave Junction	16	16	100%
NE Health Clinic	5	6	83%
East County Health Clinic	35	93	38%
North Portland Health Clinic	26	36	72%
Sandy Clinic	28	36	77%
OSU Student Health Center	75	138	54%
McMinnville Health Center	16	33	48%
<b>TOTAL</b>	<b>518</b>	<b>814</b>	<b>70%</b>

## Results

### *Demographics:*

The table below details the demographic characteristics of the sample. Comparisons were made between the sample and the statewide client population (using Clinic Visit Record data) seen at all family planning clinics during the sample period. Analyses indicate that the age and gender breakdown of the sample was comparable to the statewide client population; however, people of color were slightly over-represented in the sample.

	CSS Sample % (n)	Total Client Population % (n)
<b>Survey Language</b>		
English	60% (322)	N/A
Spanish	40% (196)	N/A
<b>Age</b>		
17 and under	15% (70)	13% (1,111)
18-19	12% (63)	14% (1,147)
20-24	32% (169)	33% (2,740)
25-29	19% (93)	20% (1,634)
30-34	10% (51)	10% (847)
35 and over	13% (61)	10% (856)
Mean age	25 yrs.	25 yrs.
<b>Sex</b>		
Female	99% (508)	98% (8,158)
Male	1% (6)	2% (177)

	CSS Sample % (n)	Total Client Population % (n)
<b>Race</b>		
White	67% (322)	82% (6,813)
American Indian/Alaska Native	3% (17)	1% (102)
Black/African American	1% (10)	3% (218)
Native Hawaiian/Pacific Islander	1% (8)	0.5% (44)
Asian	0.7% (3)	2% (167)
Other*/Unknown**	31% (367)*	12% (991)
<b>Ethnicity</b>		
Hispanic/Latino	54% (256)	24% (1,979)
Non-Hispanic/Latino	46% (252)	76% (6,356)

\*The majority of respondents who indicated 'Other' race on the 2007 CSS reported being of Mexican, Mexican-American, or Latino descent. \*\*Unknown or not reported race on Clinic Visit Record data from sample period.

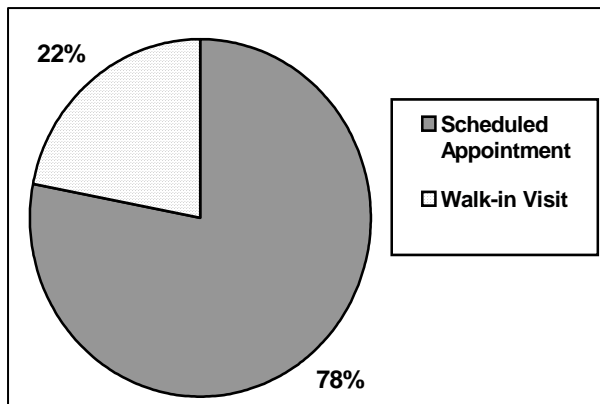
### Visit Characteristics:

Respondents were asked a number of questions regarding their type of visit and their satisfaction with the visit.

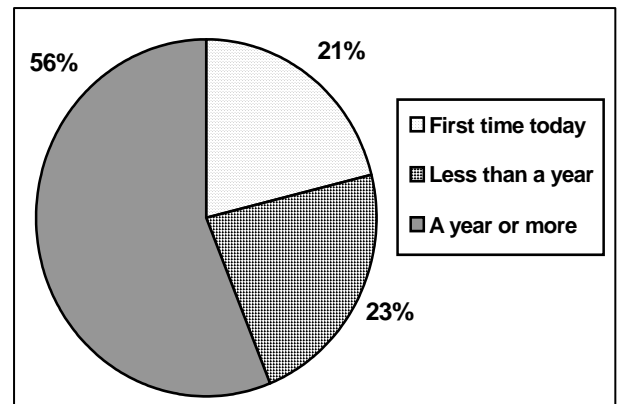
What was the main reason for your visit today? (n=491)

Birth control supplies or shot	54% (254)
PAP smear and/or annual pelvic	31% (168)
Pregnancy test	5% (23)
PAP smear follow-up	3% (17)
Emergency contraception	3% (12)
STD	2% (9)
Primary care	2% (8)

What kind of appointment did you have today?  
(n=516)



How long have you been coming to this clinic? (n=516)



*Visit Satisfaction:*

How satisfied were you with...

	Grade 'A'	Grade 'B'	Grade 'C'	Grade 'D'	Grade 'F'
Getting an appointment as soon as you wanted? (n=500)	87% (429)	9% (47)	3% (17)	0.8% (3)	0.7% (4)
The amount of time you waited in the reception area? (n=501)	68% (348)	21% (105)	7% (32)	2% (10)	1% (6)
How well the health care staff answered your questions? (n=500)	93% (463)	5% (23)	1% (8)	0.7% (4)	0.4% (2)

The majority of respondents (86%) reported that health care staff spent enough time talking with them. However, among those who wished for more time with health care staff (24%), the following topics were of particular interest:

	Yes
Current birth control method	28% (17)
Other birth control methods	17% (11)
Side effects of birth control methods	19% (12)
Personal questions	34% (23)
Emergency contraception	13% (9)

\*Respondents could check all that apply

When asked what the best thing about their visit was, respondents had overwhelmingly positive things to say. A sample of responses is included below:

- "Being able to have somewhere safe & confidential to get birth control and have my questions answered."
- "Didn't take very long, staff was friendly & professional."
- "Everyone was kind, caring and answered my questions."
- "Friendliness of practitioner-seemed to genuinely care."
- "Getting EC & info on birth control."
- "Getting what I needed without feeling judged."
- "How comfortable everyone made me."
- "How fast and efficient the exam was."
- "I got in & they informed me about much more then I could even ask."
- "No waiting in the reception area."
- "Staff was very personable! Easy to talk with!"
- "The staff was really nice & I didn't get embarrassed like I thought."

Respondents were also asked to describe one thing that could be done to make their visit better. The majority of responses were related to wait times, but overall, respondents were very satisfied with their visit and would not have changed a thing. A selection of their responses is included below:

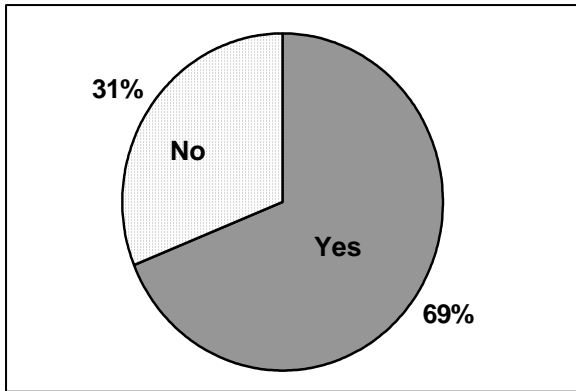
- "Appointment closer to schedule."
- "Less time in waiting room."
- "Make it a little more clear as how the Family Planning Program works."
- "Maybe give possibilities to more options."

- “More time to talk to Dr.”
- “Slow down verbally when discussing to patient.”
- “The time spent waiting in the reception area.”

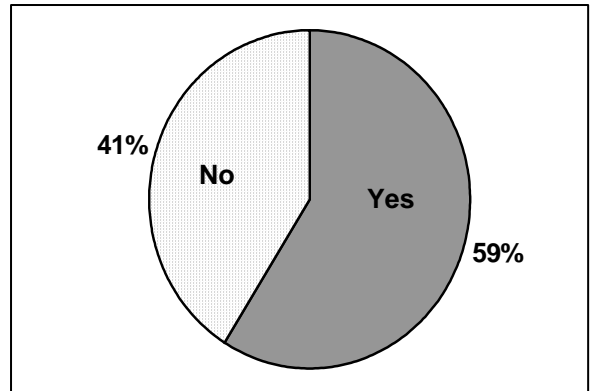
*Emergency Contraception:*

During today’s visit did health care staff ...

Offer you information about EC? (n=497)



Offer you EC to use in the future? (n=499)



*Vasectomy:*

New to this year’s survey were two questions related to vasectomies. In order to assess client’s interest in vasectomies, respondents were asked:

	Have you or your partner ever considered getting a vasectomy? n=486	Do you or your partner plan to get a vasectomy within the next 6 months n=209
Yes	9% (42)	7% (15)
No	78% (385)	93% (194)
Don't know	13% (59)	--

Not surprisingly, older respondents, particularly those above 24 years of age, were significantly more likely to consider getting a vasectomy than younger respondents.

*General Health Insurance/Services:*

Approximately 30% of respondents (n=164) reported having health insurance that covers primary care (non-emergency, general health services).

Interestingly, respondents with and without primary care health insurance were almost equally as likely to be offered a brochure or other help to get public health coverage and to find a place to go for general health services.

Answered 'yes' - staff at this clinic ever offered you a brochure or other help to...

	Have primary care insurance	Do not have primary care insurance
Get Medicaid, the Oregon Health Plan, FHIAP, or other public health coverage (n=490)	43%	45%
Find a place to go for general health services (n=494)	40%	43%

Fifty-eight percent of respondents felt that it was very important to go to the same clinic or doctor for reproductive health services as for general health services.

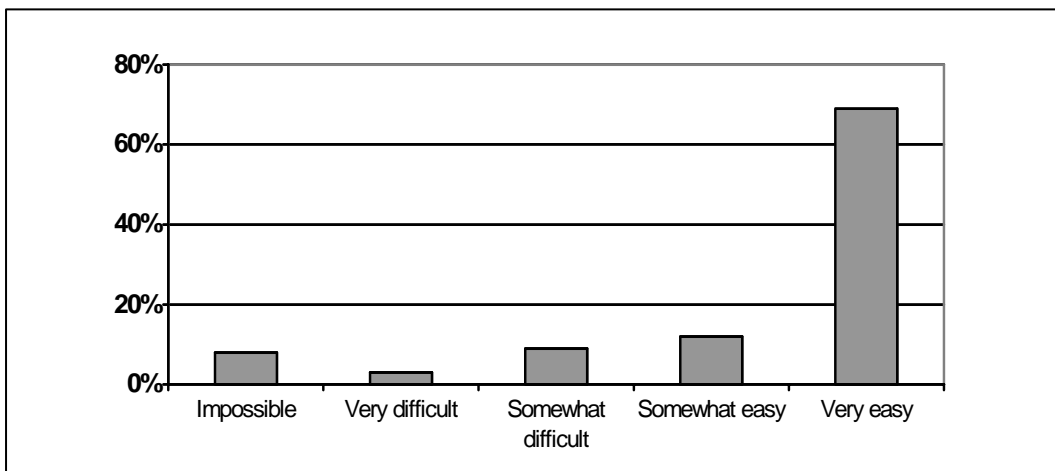
*Citizenship Verification:*

As a result of the federal Deficit Reduction Act of 2005, all clients must provide citizenship verification documents to be eligible for FPEP (Family Planning Expansion Project), Oregon's family planning Medicaid waiver. To assess the impact of the DRA, questions regarding clients' experiences obtaining proof of citizenship were included in the survey. It should be noted that these data do not capture those clients or potential clients who were unable to obtain the necessary documents and therefore may not have been seen at the clinic at all.

Forty-six percent of respondents reported that clinic staff had ever asked them for proof of U.S. citizenship, such as a birth certificate.

While 69% of those who had been asked for proof reported that it was very easy to obtain the document(s) they needed, the remaining 31% found it impossible, very difficult, somewhat difficult, or somewhat easy to get their documents.

How difficult was it to get the document(s) you need to prove your citizenship?  
(n=375)



As a consequence of having to obtain documentation to prove citizenship, a number of respondents reported the following occurrences:

Reschedule or cancel visit	6% (22)
Went to different clinic for birth control	3% (10)
Went to drug store for birth control	0.6% (2)
Stopped using birth control	3% (11)

**Differences by Clinic Type**

To assess for any differences by clinic type (family planning-only versus primary care), chi-square analyses were performed. Only statistically significant findings (p<.05) are included below.

*Demographics:*

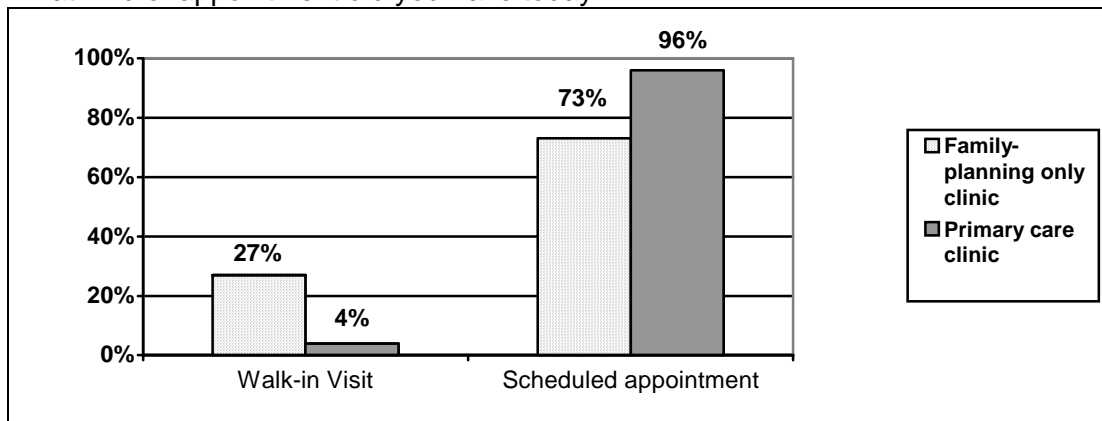
Respondents at family planning-only clinics were more likely to be Hispanic/Latino, non-white, and younger than respondents at primary care clinics.

	Family planning-only clinic	Primary care clinic
<b>Ethnicity</b>		
Hispanic/Latino	27.2%	13.2%
Not Hispanic/Latino	72.8%	86.8%
<b>Race</b>		
White	78.1%	88.0%
<b>Age</b>		
17 and younger	17%	9%
18-19	12%	14%
20+	71%	78%

*Visit characteristics:*

Respondents at family planning clinics were also more likely to have a walk-in visit and less likely to have a scheduled appointment compared to those seen at primary care clinics.

What kind of appointment did you have today?



*Visit satisfaction:*

Respondents at family planning-only clinics were more likely to be very satisfied ('A' grade) with getting an appointment as soon as they wanted and with how well health care staff answered their questions or concerns than clients at primary care clinics. However, respondents at primary care clinics were more likely to be very satisfied with the amount of time they waited in the reception area than those at family planning-only clinics. This may be due to the fact that they were more likely to have a scheduled appointment as opposed to a walk-in visit.

	Family planning-only clinic	Primary care clinic
Very satisfied – getting appt. as soon as wanted	87%	84%
Very satisfied – how well staff answered questions/concerns	94%	91%
Very satisfied – amount of time waiting in reception area	66%	75%

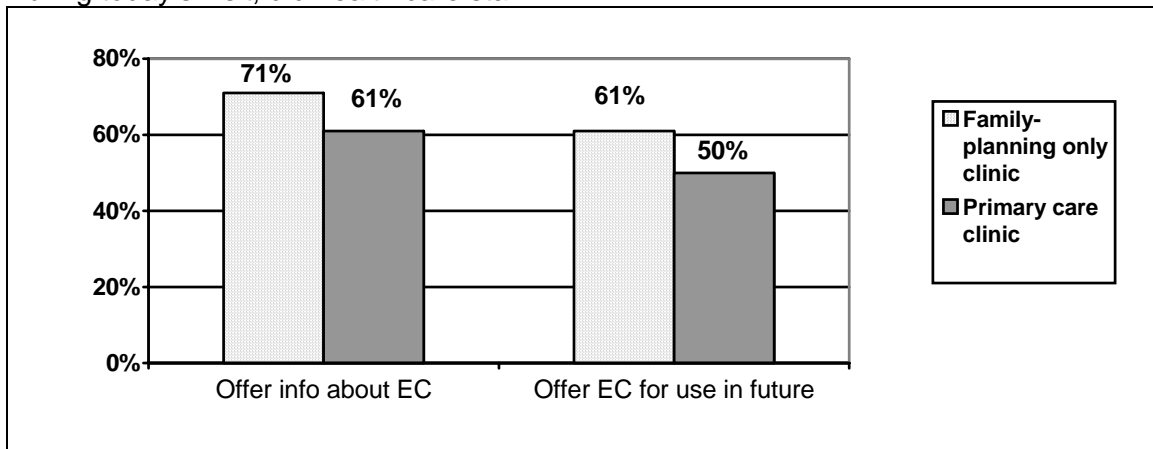
Respondents at family planning-only clinics were more likely to have wished that health care staff spent more time talking about their current birth control methods than those at primary care clinics.

	Family planning-only clinic	Primary care clinic
Wish staff talked more about current birth control methods	7%	2%

*Emergency contraception (EC):*

Respondents at family planning-only clinics indicated that staff were more likely to both offer information about EC and to provide EC for use in the future than those at primary care clinics.

During today's visit, did health care staff....



*Vasectomy:*

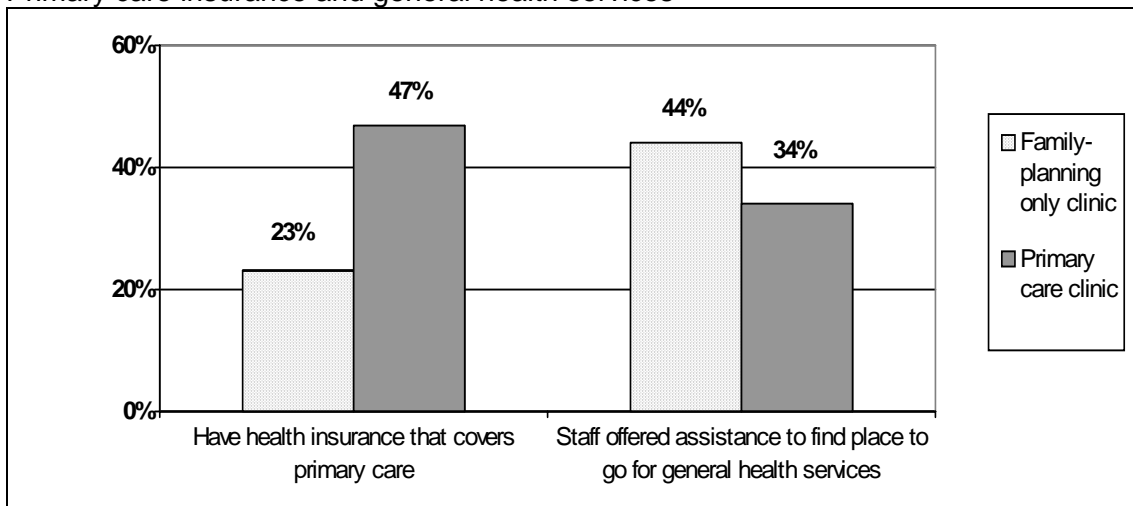
Although respondents at primary care clinics were less likely to consider getting a vasectomy than those at family-planning only clinics, there was no difference between clinic types in actual plans to get a vasectomy.

Consider vasectomy?	Family planning-only clinic	Primary care clinic
No	76%	84%
Yes	9%	8%
Don't know	15%	8%

*General Health Insurance/Services:*

Respondents at family planning-only clinics were less likely to have health insurance that covers primary care, and thus, were more likely to report having been offered assistance to find a place to go for general health services than those at primary care clinics.

Primary care insurance and general health services



*Citizenship verification:*

Respondents at primary care clinics reported more difficulty in producing documents needed to prove their citizenship than those at family planning-only clinics.

Level of difficulty getting documents	Family planning-only clinic	Primary care clinic
Impossible	7%	11%
Very difficult	3%	4%
Somewhat difficult	7%	18%
Somewhat easy	11%	18%
Very easy	73%	50%

As a consequence of having difficulty obtaining documents, respondents at primary care clinics were also more likely to report having to reschedule or cancel a visit, going to a different clinic, going to a drug store, or stop using birth control than those at family planning-only clinics.

	Family planning-only clinic	Primary care clinic
Rescheduled/canceled visit	3%	42%
Went to different clinic	2%	19%
Went to drug store	0.4%	4%
Stopped using birth control	2%	18%

### Conclusion

Respondents rated many components of their family planning visit highly (including timeliness in getting an appointment and how well staff answered questions). However, there remains room for improvement. Notably, over 40% of clients reported not being offered EC to use in the future, 15% reported wishing health care staff had spent more time today taking about various topics, and 30% were not satisfied with the amount of time spent waiting in the reception area.

This year's survey included new questions about citizenship verification and vasectomy, two emerging issues for clinics. Given that older respondents were more likely to have ever considered getting a vasectomy, health education messages may be particularly useful when targeted toward this population. Respondents at clinics that offer primary care services were more likely to find it difficult to obtain document(s) needed to prove citizenship than those at family planning-only clinics and, thus, were more likely to stop using birth control. This may be due to differences in the client population accessing services at both types of clinics or resources/assistance available at clinics.

Also new to this year's survey was the ability to assess for differences in response by clinic type- family planning-only or primary care. In addition to differences regarding ease of citizenship verification by clinic type, differences in visit type (walk-in or scheduled), visit satisfaction, and EC information offered and use were found.

As funding and eligibility requirements for family planning programs continue to tighten, it will be worthwhile to continue to explore client characteristics and perceptions. The Customer Satisfaction Survey is a useful tool to assess quality of care and satisfaction levels. Future surveys may include questions about outreach and referral in order to evaluate how well both clinics and the state family planning program are doing in expanding reach.

For more information about this survey or to propose topics for inclusion in future surveys, please contact:

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