A direct observation study of provider-patient communication about contraception: How does race affect communication, and how does communication affect contraception use?

With approximately 50% of pregnancies in the United States being unintended, unplanned pregnancy places a heavy burden on women, families, and the health care system, and Black and Latina women experience a disproportionate amount of this burden. One factor contributing to the disparity in rates of unintended pregnancy is the use of contraception; African-Americans and Latinas who do not desire pregnancy are less likely to use contraception than White women, and when using a method, not only choose different methods, but also experience higher rates of method failure and method discontinuation than do Whites. The reasons for these disparities in contraceptive use have not been elucidated. Disparities by race/ethnicity in how health care providers communicate with patients, including differences in communication content and interpersonal aspects of care, are well known but have not been investigated with respect to contraception. As increased quality of communication has been found to be associated with improved patient outcomes and increased use of appropriate medical care, these differences in communication are an important area in the study of health disparities. As family planning care is a uniquely personal and sensitive area of health care, differences in communication may be pronounced in this context, and may contribute to differences in contraceptive use.

In addition to a lack of information regarding disparities in contraceptive counseling, how to impact contraceptive use through communication is poorly understood. Limited formative research assessing patients’ experiences with contraceptive counseling have indicated that women are in general dissatisfied with the information received from their clinician regarding contraception. In addition, studies have found that women value counseling which includes comprehensive information about birth control options, including information about side effects, and want providers to facilitate shared decision making. Observational studies investigating women's opinions of their contraceptive provider have found that that a positive relationship with a provider is associated with improved use of contraception. While these studies suggest that the quality of contraceptive counseling affects contraceptive use, randomized controlled trials of counseling-based interventions have been limited and largely unsuccessful. The difficulty in improving contraceptive use through counseling interventions suggests that further work is needed to understand how communication between providers and patients influences contraceptive use and how to harness this information to develop effective interventions.

In this research study, we are investigating health care disparities in contraception by observing how providers communicate with patients about contraception. This study will help determine if providers discuss contraception with their patients differently depending on the patients’ race/ethnicity as well as which aspects of communication impact use of contraception. This research will provide the background necessary to develop an intervention to improve contraceptive use and decrease unintended pregnancy in diverse populations.

To meet these aims, we are surveying patients before, immediately after, 3 months after, and 6 months after appointments in which they receive contraceptive counseling. In addition, we audiotape the visit with the family planning provider. To be eligible, patients have to speak English and self-identify as
African American, Latino, or White. We are coding the audio recordings using the Four Habits Coding Scale as a measure of interpersonal quality of care, a facilitation score to measure shared decision making, as well as a quantitative checklist scheme. We are measuring patients’ assessment of the quality of care immediately after their visit, and measuring contraceptive continuation and adherence at 3 and 6 months.

To date, we have recruited 38 providers and 285 patients from six clinics in San Francisco, with a goal of 414 patient participants, and have achieved a 90% follow-up rate at 6 months. As we have received other funding to expand the study and recruit additional patients, we have not yet begun the formal data analysis phase of the study. Demographics of our patient participants include an average age of 26 years, with 75% have an income of less than 200% of the Federal Poverty Level. 90% of participants had completed high school. Oral contraceptive pills is the most commonly selected method followed by the contraceptive ring, levonorgestrel IUC, contraceptive injection and the copper IUD.

With respect to differences by race/ethnicity, a significant difference in communication between Black and White patients was identified using the Four Habits Coding Scale, with Blacks receiving lower quality of care. No other differences in communication were identified in this preliminary analysis, including no difference in likelihood of provider self-disclosure of contraceptive use and no difference in the likelihood of mentioning specific contraceptive methods. Analyses of predictors of contraceptive continuation found no association between the Four Habits Coding Scale or the facilitation checklist and contraceptive continuation. Final analyses will include the association of additional provider behaviors with patient race/ethnicity, correlation between the patient’s assessment of the quality of care with patient race/ethnicity and with contraceptive continuation, and the association between contraceptive method use and specific counseling behaviors. In these analyses, we will utilize multivariate hierarchal models to control for clustering by provider and clinic and confounding by patient variables. We also plan to initiate qualitative analyses of the audio-taped data in order to further investigate counseling about specific contraceptive methods and about specific populations, such as adolescents.