Developing a Measure to Assess Patient-Centered Sexual and Reproductive Health Care

Jane Finocharo, Elizabeth Wildsmith, Emma Pliskin, Jennifer Manlove, and Kate Welti

Introduction

Research indicates that patient-centered health care is linked to better health outcomes and reduced health disparities.[1,2,3] Patient-centered care is a model that prioritizes shared decision making between patients, families, and providers—rather than a top-down, provider-driven approach—by centering patients' needs, values, preferences, and desired health outcomes.[1] A growing body of research has focused on framing and developing measures of patient-centered family planning care that can be used for monitoring and improving the quality of care, particularly around contraceptive counseling.[4,5,6]

More recently, there has been a call to extend the field's understanding of patient-centered care beyond contraceptive care, to additionally include fertility and prenatal services, wellness exams, and sexually transmitted infection (STI) testing and treatment.[4,7] While some measures have been developed in these domains, they primarily focus on prenatal and maternal care and were developed for use in low- and middle-income countries.[8,9,10,11]

To help ensure that U.S.-based family planning providers can better assess the needs and experiences of their clients seeking all SRH services, Child Trends developed an eight-item scale of Patient-Centered Sexual and Reproductive Health Care (PCSRHC). This measure builds directly on existing patient-centered contraceptive care measures, supplemented with additional items informed by insights from qualitative research carried out with Title X family planning providers and clients. We piloted this measure with a sample of over 1,000 women with low incomes—who are thus most likely to be eligible for publicly funded services—who had received any sexual and reproductive health (SRH) care in the past year. In this brief, we describe the PCSRHC scale and, to help assess its face validity, we document its association with other measures of visit quality.

Methods

Developing the Patient-Centered Sexual and Reproductive Health Care (PCSRHC) scale

Researchers at the University of California San Francisco have developed two scales to assess the quality of contraceptive counseling. Grounded in a patient-centered framework, the Interpersonal Quality of Family Planning (IQFP) Scale[5] includes 11 items to assess how clients rank their counseling care providers across three domains: interpersonal connection, decision support, and adequate information. Building off this work, the researchers then developed the Person-Centered Contraceptive Counseling (PCCC) scale[6]—a shorter measure comprised of four items from the IQFP intended to be more feasible for use in quality improvement and to focus on the degree to which care is person-centered. The PCCC was included in the National Survey of Family Growth, the leading federal survey on SRH in the United States. The specific items included in each of these scales are listed in Table 1.

To develop our measure of patient-centered sexual and reproductive health care (PCSRHC) scale, we first identified the items from the PCCC and IQFP that were not specific to contraceptive care or that could be easily adapted to pertain to broader sexual and reproductive health care services. These items include the first three questions in Table 1 and one adapted question. We adapted the item "considering my personal situation when advising me about birth control" by changing "birth control" to "my health care." This approach resulted in the first four items of the scale.

Next, we included one item informed by emergent themes from interviews with family planning clients about their experiences receiving care at Title X clinics. Clients who reported having a negative interaction with their provider frequently reported that their provider had been rough during examinations.[12] As a result, we added a question to our scale that assessed how well the provider did at "prioritizing my physical comfort during exams, test, and treatments" (item 5 in Table 1).

We also included three items informed by a respectful care framework,[13] which draws on the World Health Organization definition of respectful maternity care as "care … provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labor and childbirth."[14] Communication, shared decision making, dignity, and respect are among the standard elements of respectful maternal care.[15] Based on this framework, we added items 6, 7, and 8 (see Table 1).

Table 1. Items included in the Patient-Centered Sexual and Reproductive Health Care Scale and the Interpersonal Quality of Family Planning Scale

Patient-Centered Sexual and Reproductive Health Care (PCSRHC) Scale	Interpersonal Quality of Family Planning (IQFP) Scale[5] items used or adapted
How do you think your doctor or other medical care provider did? Please rate them on each of the following … *(Poor, Fair, Good, Very Good, Excellent)*	
1. Respecting me as a person	Respecting me as a person[a]
2. Showing care and compassion	Showing care and compassion
3. Giving me an opportunity to ask questions	Giving me an opportunity to ask questions
4. Considering my personal situation when advising me about my health care	*Adapted from:* Considering my personal situation when advising me about birth control
5. Prioritizing my physical comfort during exams, test, and treatments*	
6. Making me feel like we can work together to reach my SRH goals*	
7. Explaining any additional SRH appointments, testing, or treatments I may need with me*	
8. Considering how my identities (e.g. race/ethnicity, sexual orientation) may influence my health care experiences*	

*Developed for PCSRHC
[a] Item also on the PCCC[6]
IQFP items not included: Working out a plan for my birth control with me; Answering all my questions; Letting me say what mattered to me about my birth control method[a]; Taking my preferences about my birth control seriously[a]; Giving me enough information to make the best decision about my birth control method[a]; Telling me how to take or use my birth control method most effectively; Telling me the risks and benefits of the birth control method I chose

Testing and validating the scale

We included the eight items in the PCSRHC scale in a survey of 1,016 family planning clients conducted as part of a project to help publicly funded family planning providers identify innovative and effective strategies to improve clients' experiences.[16] We fielded the survey in Fall 2023.

The survey asked how the respondent would rate their most recent SRH provider on each of the items in the PCSRHC: Excellent, Very Good, Good, Fair, or Poor. We coded PCSRHC scores in two ways: 1) a dichotomous "top box" score, where participants are coded as 1 if they rated their provider "Excellent" on all eight items and a 0 if they did not[i]; and 2) an average score, where participants' ratings on each item are assigned a numeric value (1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent) and then these scores are averaged across the 8 items to create an average score from 1-5.

[i] This is the approach taken by the researchers who created the PCCC.[6]

We conducted exploratory factor analyses to identify the relationships between variables and determine whether items loaded onto one or more scales. We identified the number of factors represented using eigenvalues (>1.0), identified the factor loading for each item (keeping items loading >0.6), and tested the internal consistency of the scale. We then conducted basic descriptives to assess the prevalence of patient-centered care (the percentage of clients who rated their provider "Excellent" on all eight items and the average score across all eight items). To assess the face validity of the PCSRHC, we analyzed the association between PCSRHC ratings and other items measuring patient experiences with their care—specifically, clients' overall satisfaction with their visit (completely satisfied vs. not completely satisfied) and ratings of their visit experience (mostly positive vs. not mostly positive). The researchers who developed the IQFP, PCCC, person-centered maternity care, and person-centered prenatal care scales also used measures of clients' satisfaction with their visit or overall care to assess validity, and found that high ratings on the scales were associated with high satisfaction.[5,6,10,11]

Results

Factor analysis

The results of our exploratory factor analyses showed that all eight items held together as a single factor (factor loadings = 0.83-0.92) and a scale with all items had high reliability (Cronbach's alpha = 0.94). Based on these findings, we created a single PCSRHC scale.

Prevalence of PCSRHC

Overall, respondents in our sample rated their provider highly on the PCSRHC scale. Forty-four percent rated their provider "Excellent" on all eight items in the PCSRHC scale. This is comparable to findings from the development of the IQFP, where 50 percent of respondents gave their provider the highest rating on all items.[5] On a scale of 1-5, with 1 being "Poor" on all 8 items and 5 being "Excellent" on all 8 items, the average score on the PCSRHC was 4.39 and the median score was 4.75.

Table 2. Percent of respondents rating provider "Excellent" on all eight PCSRHC items, and average score on PCSRHC scale

	PCSRHC Scale
n	963
All excellent (%)	44.34%
Average score (1-5)	
Mean	4.39
SD	0.80
Median	4.75

Correlations with other measures of quality

We tested the association between PCSRHC and two items that measure client-reported visit quality: (1) satisfaction with the visit, which captures whether a client's expectations were met; and (2) the degree to which the client's visit was positive or negative, capturing their broader interactions with the health

system.[17] Correlations were quite strong. As seen in Table 3, 87 percent of those who rated their provider "Excellent" on all eight items also said they were completely satisfied with their visit, compared to only 53 percent of those who did not rate their provider all "Excellent." Similarly, 90 percent of respondents who rated their provider all "Excellent" said that their visit was mostly positive, compared to 60 percent of those who did *not* rate their provider all "Excellent."

Table 3. Association between PCSRHC ratings, satisfaction with visit, and rating of visit experience

PCSRHC rating	Percent completely satisfied with visit***	Percent rating visit mostly positive***
All Excellent	87.1%	90.4%
Not all Excellent	53.4%	59.7%

***p<.001

Conclusion

Our findings suggest that the PCSRHC scale is a promising measure to capture clients' perceptions of the quality of their sexual and reproductive health care services. We found that our eight items hold together as a single scale and that scores on the PCSRHC scale are associated with overall visit satisfaction and more positive ratings of visit experience. PCSRHC is unique in that questions are not restricted to those pertaining to contraceptives; the scale also incorporates items relevant to a respectful care framework. As such, the PCSRHC is a potentially useful quality improvement tool for health care sites interested in performance measures for their broader SRH practices.

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Endnotes

[1] NEJM Catalyst. (2017). What Is Patient-Centered Care? *Catalyst Carryover*, *3*(1). https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0559

[2] Beach, M. C., Rosner, M., Cooper, L. A., Duggan, P. S., & Shatzer, J. (2007a). Can patient-centered attitudes reduce racial and ethnic disparities in care? *Academic Medicine: Journal of the Association of American Medical Colleges*, *82*(2), 193–198. https://doi.org/10.1097/ACM.0b013e31802d94b2

[3] Aidoo, E.A.K., Wood, S.F., Issaka, B. *et al.* Patient-centered communication and its impact on minority health competence and outcomes in the United States. *Sci Rep* **15**, 11885 (2025). https://doi.org/10.1038/s41598-025-97536-9

[4] Romer, S. E., Blum, J., Borrero, S., Crowley, J. M., Hart, J., Magee, M. M., Manzer, J. L., & Stern, L. (2024). Providing Quality Family Planning Services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024). *American Journal of Preventive Medicine*, *67*(6), S41–S86. https://doi.org/10.1016/j.amepre.2024.09.007

[5] Dehlendorf, C., Henderson, J. T., Vittinghoff, E., Steinauer, J., & Hessler, D. (2018). Development of a patient-reported measure of the interpersonal quality of family planning care. *Contraception*, *97*(1), 34–40. https://doi.org/10.1016/j.contraception.2017.09.005

[6] Dehlendorf, C., Fox, E., Silverstein, I., Hoffman, A., Pérez, M., Holt, K., Reed, R., & Hessler, D. (2021). Development of the Person-Centered Contraceptive Counseling scale (PCCC), a short form of the Interpersonal Quality of Family Planning Care scale. *Contraception*, *103*. https://doi.org/10.1016/j.contraception.2021.01.008

[7] Afulani, P. A., Nakphong, M. K., & Sudhinaraset, M. (2023). Person-centred sexual and reproductive health: A call for standardized measurement. *Health Expectations*, *26*(4), 1384–1390. https://doi.org/10.1111/hex.13781

[8] Sudhinaraset, M., Afulani, P., Diamond-Smith, N., Bhattacharyya, S., Donnay, F., & Montagu, D. (2017). Advancing a conceptual model to improve maternal health quality: The Person-Centered Care Framework for Reproductive Health Equity. *Gates Open Research*, *1*, 1. https://doi.org/10.12688/gatesopenres.12756.1

[9] Afulani, P. A., Freeser, K., Sudhinaraset, M., Aborigo, R., Montagu, D., & Chakraborty, N. (2019). Toward the development of a short multi-country person-centered maternity care scale. *International Journal of Gynecology and Obstetrics*, *146*(1), 80–87.

[10] Afulani, P. A., Altman, M. R., Castillo, E., Bernal, N., Jones, L., Camara, T. L., Carrasco, Z., Williams, S., Sudhinaraset, M., & Kuppermann, M. (2021). Development of the person-centered prenatal care scale for people of color. *American Journal of Obstetrics and Gynecology*, *225*(4), 427.e1-427.e13. https://doi.org/10.1016/j.ajog.2021.04.216

[11] Afulani, P. A., Altman, M. R., Castillo, E., Bernal, N., Jones, L., Camara, T., Carrasco, Z., Williams, S., Sudhinaraset, M., & Kuppermann, M. (2022). Adaptation of the Person-Centered Maternity Care Scale in the United States: Prioritizing the Experiences of Black Women and Birthing People. *Women's Health Issues*, *32*(4), 352–361. https://doi.org/10.1016/j.whi.2022.01.006

[12] Faccio, B., Logan, D., Shelton, R., Briggs, S., Solomon, B., & Manlove, J. (2023). Family planning clients' experiences with providers can inform patient-centered care. Child Trends. https://doi.org/10.56417/6691k6666e

[13] Green, C. L., Perez, S. L., Walker, A., Estriplet, T., Ogunwole, S. M., Auguste, T. C., & Crear-Perry, J. A. (2021). The Cycle to Respectful Care: A Qualitative Approach to the Creation of an Actionable Framework to Address Maternal Outcome Disparities. *International Journal of Environmental Research and Public Health*, *18*(9), 4933. https://doi.org/10.3390/ijerph18094933

[14] Intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018. [Table], Summary list of recommendations on intrapartum care for a positive childbirth experience. Available from: https://www.ncbi.nlm.nih.gov/books/NBK513802/table/executivesummary.tu1/

[15] Cantor AG, Jungbauer RM, Skelly AC, et al. Respectful Maternity Care: Dissemination and Implementation of Perinatal Safety Culture To Improve Equitable Maternal Healthcare Delivery and Outcomes [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2024 Jan. (Comparative Effectiveness Review, No. 269.) Executive Summary. Available from: https://www.ncbi.nlm.nih.gov/books/NBK599318/

[16] Welti, K., & Manlove, J. (2024). Methodological approach to fielding a family planning client survey and resulting sample characteristics. Child Trends. DOI: 10.56417/5003q3593b

[17] Larson, E., Sharma, J., Bohren, M. A., & Tunçalp, Ö. (2019). When the patient is the expert: measuring patient experience and satisfaction with care. *Bulletin of the World Health Organization*, *97*(8), 563–569. https://doi.org/10.2471/BLT.18.225201