Ethnicity, Acculturation, and Clinical Values

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Background

Survey instruments that ask patients to rate the quality of their health care experiences have assumed an important role in the ongoing evaluation of the provision of health care. It is therefore crucial to understand how respondents use such instruments in assessing their care experiences. Moreover, given historical inequities in access to, and quality of, health care, it is also necessary to explore well-established differences in the use of instruments across ethnically diverse populations.

Ethnic differences in responses to experience of care surveys, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) instruments, may be attributable in part to true differences in the experience of care, differences in the use of the survey instrument, or both. True differences in the experience of care may themselves result from differences in care provided and differences in the subjective experience of the provided care. We seek to distinguish differences among ethnic groups in subjective experience of care from instrument-specific variance by reducing the variability of quality of care provided and examining the relationship between responses on additional instruments that measure distinct but related constructs. Specifically, we compare the responses of Hispanic, African-American, and Caucasian patients served by the same group of family physicians.

Interim results reported here focus on measured differences in health status and patient clinical values (and preferences for different types of physicain behaviors) among Hispanic, African-American, and Caucasian patients.

This study was determined to be exempt from USC 45 CFR 46 by the UIC institutional review board.

Design

Data collection in this prospective multisite patient survey began in May 2008 and is still ongoing. Data reported here are from two ambulatory clinic sites, each staffed by UIC Department of Family Medicine physicians.

Participants were recruited immediately before or after clinic visits and completed a face-to-face interview in which bilingual (English/Spanish) interviewers read the instruments and recorded responses

Instruments

The following instruments were employed:

- The CAHPS Clinician & Group Survey Adult Primary Care instrument (CAG), which measures patient experiences with care provided by their clinician and/or medical group. (Solomon, Hays et al. 2005)

- The Medical Outcomes Scale SF-12v2 instrument, which measures physical and mental health status. (Ware, Kosinski et al. 1996).

- The Patient Clinical Values instrument (CV), which measures patients' desires from their providers in six psychosocial and culturally-relevant dimensions of care, including desire for information, decision sharing, consideration of religion, consideration of patient beyond the chief complaint, meeting expectations, and use of herbs and natural medicines. (Schwartz, Hasnain et al. 2006)

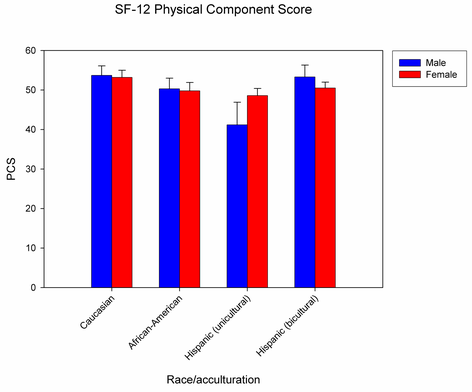
- Hispanic respondents also completed language proficiency subscale of the Bidimensional Acculturation Scale for Hispanics (BAS/LP), which classifies respondents as weakly or strongly acculturated in Hispanic and non-Hispanic domains (Marin and Gamba 1996). All our participants were either strongly Hispanic accultured only (unicultural) or both strongly Hispanic and non-Hispanic accultured (bicultural).

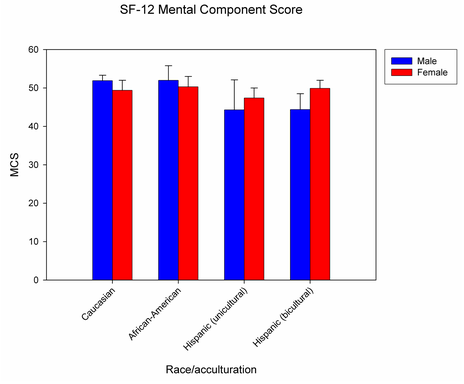
Instruments employed in this study were either available in Spanish and English (CAG, SF-12, BAS/LP) or were translated into Spanish using methods recommended by AHRQ for translation of CAHPS surveys (CV).

Participants

	Female (n=292)	Male (n=103)	Total (n=395)
Caucasian	17%	10%	27%
African American	14%	8%	22%
Hispanic			
Unicultural	16%	2%	32%
Bicultural	26%	7%	32%

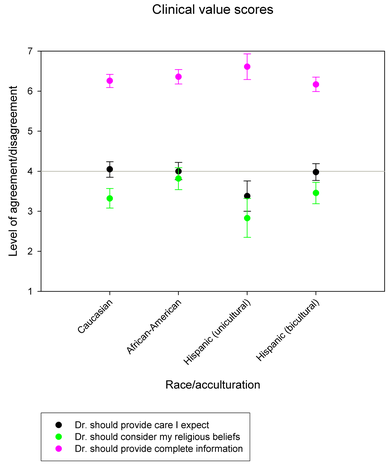
Health Status





Figures show means and 95% confidence internvals. In general, Caucasian and African-American patients reported better physical and mental health than Hispanic patients. However, while unicultural Hispanic patients reported worse physical health, bicultural Hispanic patients did not differ significantly from African-American or Caucasian patients. Results were replicated with non-parametric tests.

Clinical Values



Figures show means and 95% confidence intervals. Unicultural Hispanic patients reported lower preference for having their phsyician attend to their expectations for care, and lower preference for their physician to consider their religious beliefs, compared to bicultural Hispanic patients and non-Hispanic patients.

Unicultural Hispanic patients had also greater preference for physician providing information than Caucasian or bicultural Hispanic patients.

Controlling for race, acculturation, and gender, greater preference for physician attending to expectations and greater preference for physician decision making was associated with higher SF-12 mental health status.

Discussion

Ethnic differences in clinical values and health status were found in patients of this group of physicians. Hispanic patients generally reported worse health than Caucasian or African-American patients.

However, this (common) finding appears to be more nuanced. In most cases, it was unicultural (only and strongly Hispanic-acculturated) Hispanic patients who reported differences in health status and in clinical values. Bicultural Hispanic patients generally did not differ significantly from Caucasian patients.

Hispanic patients were seen more often at one of the sites than at the other, and differences may also represent differences associated with sites or specific providers. Unicultural Hispanic patients were also slightly older (on average, about 5 years older) than other patient groups, but effects persist after controlling for age.

These results may have implications for research in health disparities involving Hispanic patients -- and potentially other immigrant patients -- in the United States. Studies of health status, experiences of care, and preferences for physician behavior in these patients must go beyond consideration of race/ethnicity alone and consider culture and acculturation.

Acknowledgements

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Key References

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