

Passing the Bill: Impact of Physicians' Race/Ethnicity on Perceptions of Health Policy Priorities for Congress

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Outline

- Physicians and Policymaking
- Study Methods
- Study Results
- Discussion
- Implications for Further Research

Background

- Physicians:
 - Historically under-represented in Congress_{6, 9}
 - Influential role in health policymaking_{7, 8, 14}
 - Direct and indirect
 - Provide empirical evidence_{3, 16}
 - Consult decision-makers
 - Represented by political action committees (PACs)_{2, 4, 10, 12}
 - Competing agendas
 - Conflicting actions
 - Accuracy of representation₁₅

Background

- Contradicting platforms may cast doubt and distrust_{5, 11, 13}
 - Improving health
 - Eliminating health disparities
- Limited research about physicians' perceptions of health policymaking priorities
- Racial/ethnic minority physicians are less represented in physicians' groups₁
 - Exploration of physicians' perceptions based on race/ethnicity

Research Questions

Do non-Hispanic White Physicians' (NHWP) perceptions of importance for Congress differ from those of their Racial/Ethnic Minority Physician (REMP) counterparts in regard to:

1. Regulating the cost of medications
2. Increasing the number of Americans with health insurance
3. Encouraging medical savings accounts

Methods

Instrument:

- Henry J. Kaiser Family Foundation's 2001 Survey of Physicians
- 38 multi-formatted questions

Participants and Procedures:

- Nationally representative random sample
- 2,608 physicians by mail
- Association of American Medical Colleges database
- American Medical Association's (AMA) Physician Masterfile
- Racial/ethnic physicians were over sampled

Statistical Analyses:

- Only participants with complete data used
- Data was weighted
- Correlation analysis
- Hierarchical logistic regression model
- Predictors: race/ethnicity, age, sex, practice location (region), and practice setting (city size)

Results

Summary Statistics:

- $n=2,025$
- Majority of the participants were males (79%)
- 22.3% were REMP
- Mean age: 50.33 (\pm 11.83)
- 73.4% Urban/Suburban vs. 26.5% Small Town/Rural
- 32.2% South, 23.6% Northeast, 22.2% Midwest and 21.9% West

Results

Physician Perceptions of Importance of Health Issues being addressed by Congress (layered by race/ethnicity)		
	Frequency (%)	
	Important	Not Important
<i>Regulating the cost of medications</i>		
NHWPs (n=1,573)	1143 (72.7)	430 (27.3)
REMPs (n=452)	398 (88.1)	54 (11.9)
Total (n=2,025)	1541 (76.1)	484 (23.9)
<i>Increasing the number of Americans with health insurance</i>		
NHWPs (n=1,573)	1440 (91.5)	133 (8.5)
REMPs (n=452)	430 (95.1)	22 (4.9)
Total (n=2,025)	1870 (92.3)	155 (7.7)
<i>Encouraging medical savings accounts</i>		
NHWPs (n=1,573)	1126 (71.6)	447 (28.4)
REMPs (n=452)	380 (84.1)	72 (15.9)
Total (n=2,025)	1507 (74.4)	519 (25.6)

Results – Correlations

Correlations among variables of interest (n= 2,025)

	1	2	3	4	5	6	7	8
1	1	0.002	.290*	.055*	.081**	0.016	-0.03	-0.043
2		1	0	0.013	0	0.464	0.172	0.051
3			1	.094*	.120**	.039	.016	.058*
4				1	.082	.481	.098	0.009
5					1	.021	-.045*	0.005
6						1	.041	0.838
7							1	-0.056*
8								1

* correlation is significant at the $p < .05$ level

**correlation is significant at the $p < .001$ level

1=Increasing number of Americans with health insurance

5=Sex

2=Encouraging Medical Savings Accounts

6=Age

3=Regulating the costs of medications

7=Region

4=Race

8=Setting

Results – Medication Cost

Hierarchical logistic regression predicting physicians' agreement for Congress to address regulating the costs of medications (n= 2,025)

Variables		B	Agreement OR [CI]
Step 1			
Setting			
	Urban		
	Suburban	0.233	1.262 [.982, 1.621]
	Small town	0.166	1.181 [.892,1.565]
	Rural	-0.033	.968 [.617,1.519]
Sex			
	Male		
	Female	0.837	2.309 [1.696,3.142]*
Region			
	Northeast		
	Midwest	-0.181	.834 [.607,1.147]
	South	-.254	.776 [.579,1.038]
	West	-.299	.741 [.541,1.016]
Age		.012	1.012 [1.003,1.022]*
Step 2			
Race/ethnicity			
	NHWPs		
	REMPs	1.023	2.783 [2.044, 3.789]**

p<.05*, p<0.01**

Results – Increase Insurance Coverage

Hierarchical logistic regression predicting physicians' agreement for Congress to address increasing number of Americans with health insurance (n= 2,025)

Variables	Agreement	
Step 1	B	OR [CI]
Setting		
Urban		
Suburban	0.121	1.129 [.748,1.704]
Small town	-0.075	.928 [.599,1.438]
Rural	-0.636	.530 [.292,.961]
Sex		
Male		
Female	0.992	2.696 [1.545,4.704]**
Region		
Northeast		
Midwest	-0.733	.480 [.282,.818]*
South	-0.609	.544 [.327,.904]*
West	-0.425	.654 [.373,1.146]
Age	.011	1.011 [.995,1.026]
Step 2		
Race/ethnicity		
NHWPs		
REMPs	0.57	1.768 [1.109,2.819]*

p<.05*, p<0.01**

Results – Medical Savings Accounts

Hierarchical logistic regression predicting physicians' agreement for Congress to address encouraging medical savings accounts (n= 2,025)

Variables		Agreement	
Step 1		B	OR [CI]
Setting			
	Urban		
	Suburban	0.363	1.437 [1.131,1.827]*
	Small town	0.452	1.572 [1.188, 2.080]*
	Rural	0.252	1.286 [.817,2.023]
Sex			
	Male		
	Female	0.235	1.265 [.970,1.649]
Region			
	Northeast		
	Midwest	0.442	1.556 [1.152,2.103]*
	South	0.259	1.295 [.990,1.696]
	West	.320	1.377 [1.023,1.853]*
Age		.008	1.008 [.999,1.018]
Step 2			
Race/ethnicity			
	NHWP		
	REMP	0.765	2.149 [1.626, 2.841]**

p<.05*, p<0.01**

Discussion

- Physicians generally note that it is important for Congress to address health issues
 - REMPs more significantly than NHWPs
- Physician's not entirely a monolithic
 - AMA v. NMA
 - Physicians for National Health Program (PNHP)
 - Public health physicians

Future Research Questions

- Need to better understand differences
 - Among physicians: Why different views?
 - Between physicians organizations and various PACs: why the discrepancy?
- Physicians' role and influence in PACs on policymaking
- Concordance between physicians' perceptions of importance and the actions/platforms of PACs
- Physicians' role as health advocates (beyond medical care)

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