

Concordance and variation in women's healthcare priorities across racial, ethnic and national boundaries

Robin Rosen, MD, MPH
University of Texas Southwestern Medical Center
Department of Obstetrics and Gynecology
Dallas, TX

Background

- Healthcare access and utilization differ by ethnic and racial group
- Primary language and national origin are additional cultural determinants
- Culturally and socioeconomically determined differences contribute to health disparities among subpopulations within the US

Purpose

- To examine health care seeking priorities and expectations among a population of culturally diverse women who presented to an urban academic emergency room with nonemergent OB/GYN problems

Methods

- Descriptive study
- Convenience sample
- Self-administered written survey
- 12/30/2003 – 7/14/2004
- 500 recruited – 459 analyzed
- Nonurgent chief complaints
- English (352) and Spanish (107)
- Parkland OB/GYN Emergency Room (ICC)

Results

Racial/Ethnic Distribution

Ethnic/Racial Group	N	%
African American	225	48
Hispanic	168	37
Caucasian	44	10
Mixed	12	3
Other	8	2
Not identified	2	<1
Total	459	100

National Origins of Sample

Birth Country/Continent	N
USA	312
Mexico	99
Africa*	5
Central America, South America, Cuba**	15
Not identified	24

* One each from Cameroon, Ethiopia, Sudan, Kenya and Nigeria

** Cuba 1, Ecuador 1, El Salvador 5, Guatemala 1, Honduras 1, Nicaragua 2, Peru 3, Venezuela 1

Most Important Factors by Race/Ethnic Group

African American

1. Rapid access (19%)
2. Public transportation access (17%)
3. Whether seen by doctor or nurse (15%)

Hispanic

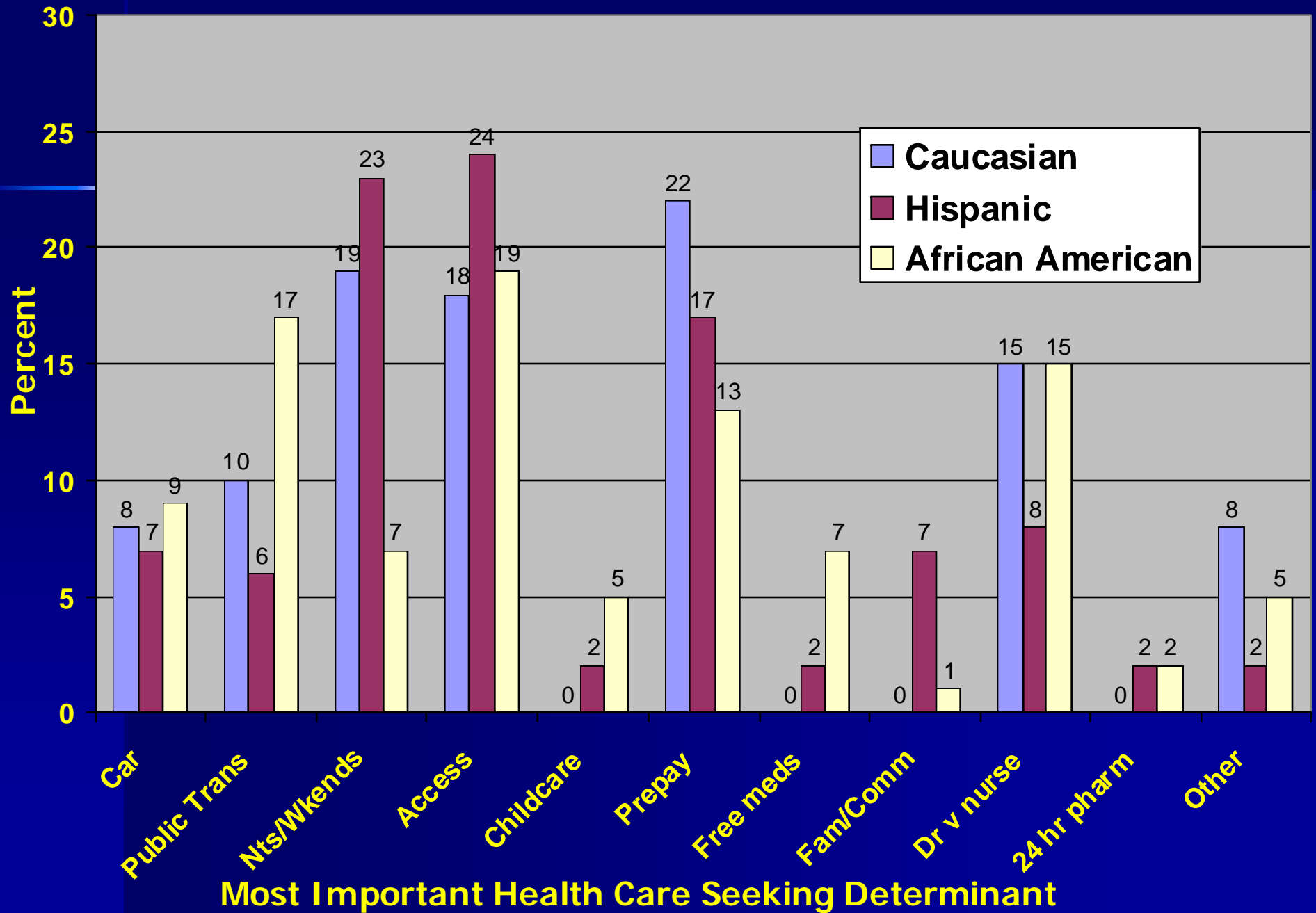
1. Rapid access (24%)
2. Open nights and weekends (23%)
3. Prepay required before care (17%)

Most Important Factors by Race/Ethnic Group

Caucasian

1. Prepay required before care (22%)
2. Open nights and weekends (19%)
3. Rapid access (18%)

Health Care Priorities Across Races



Most Important Factors by Language

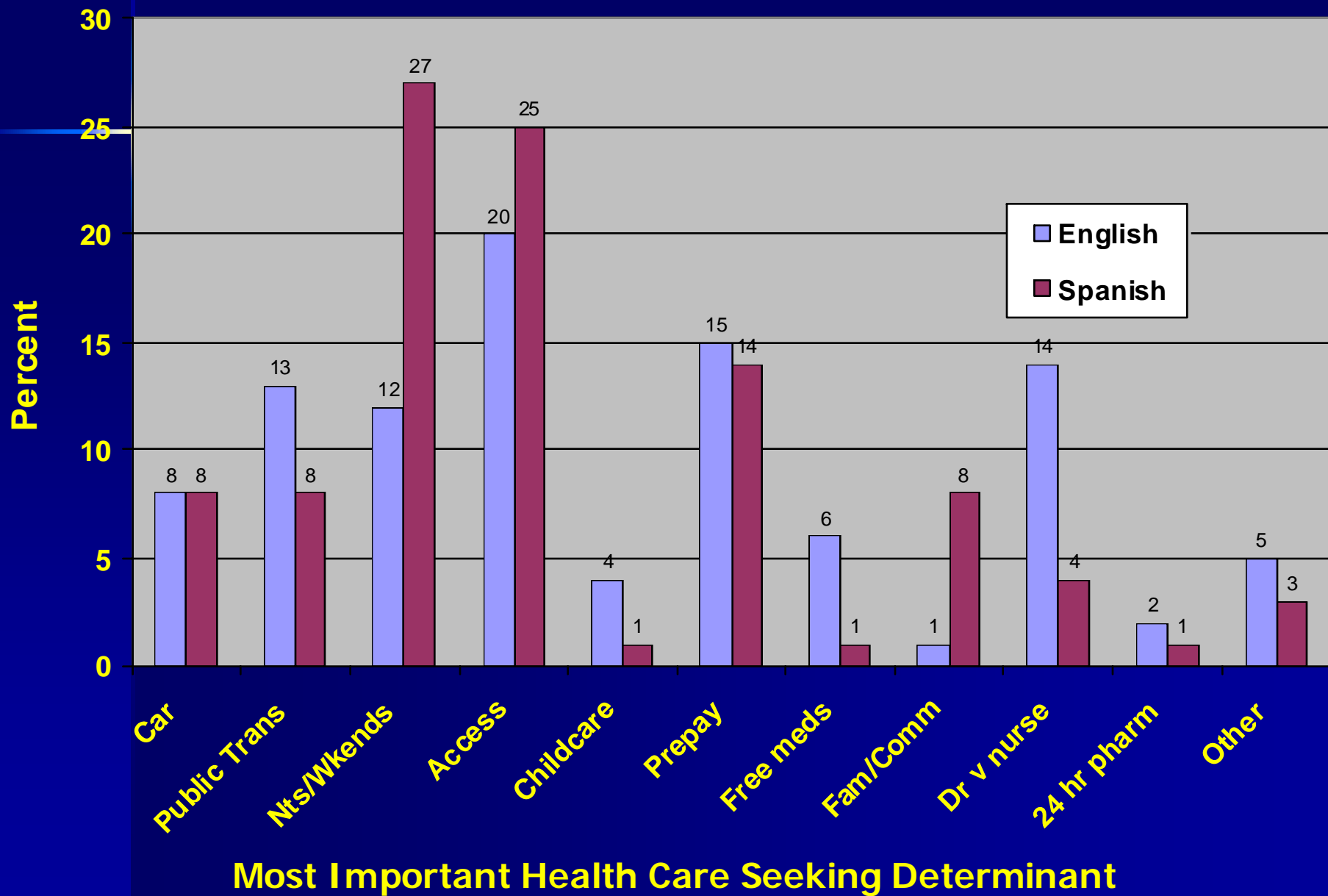
■ English

- Rapid access (20%)
- Prepay (15%)
- Doctor v nurse (14%)

■ Spanish

- Open nights and weekends (27%)
- Rapid access (25%)
- Prepay (14%)

Health Care Priorities by Language



Most Important Factors by Birth Country

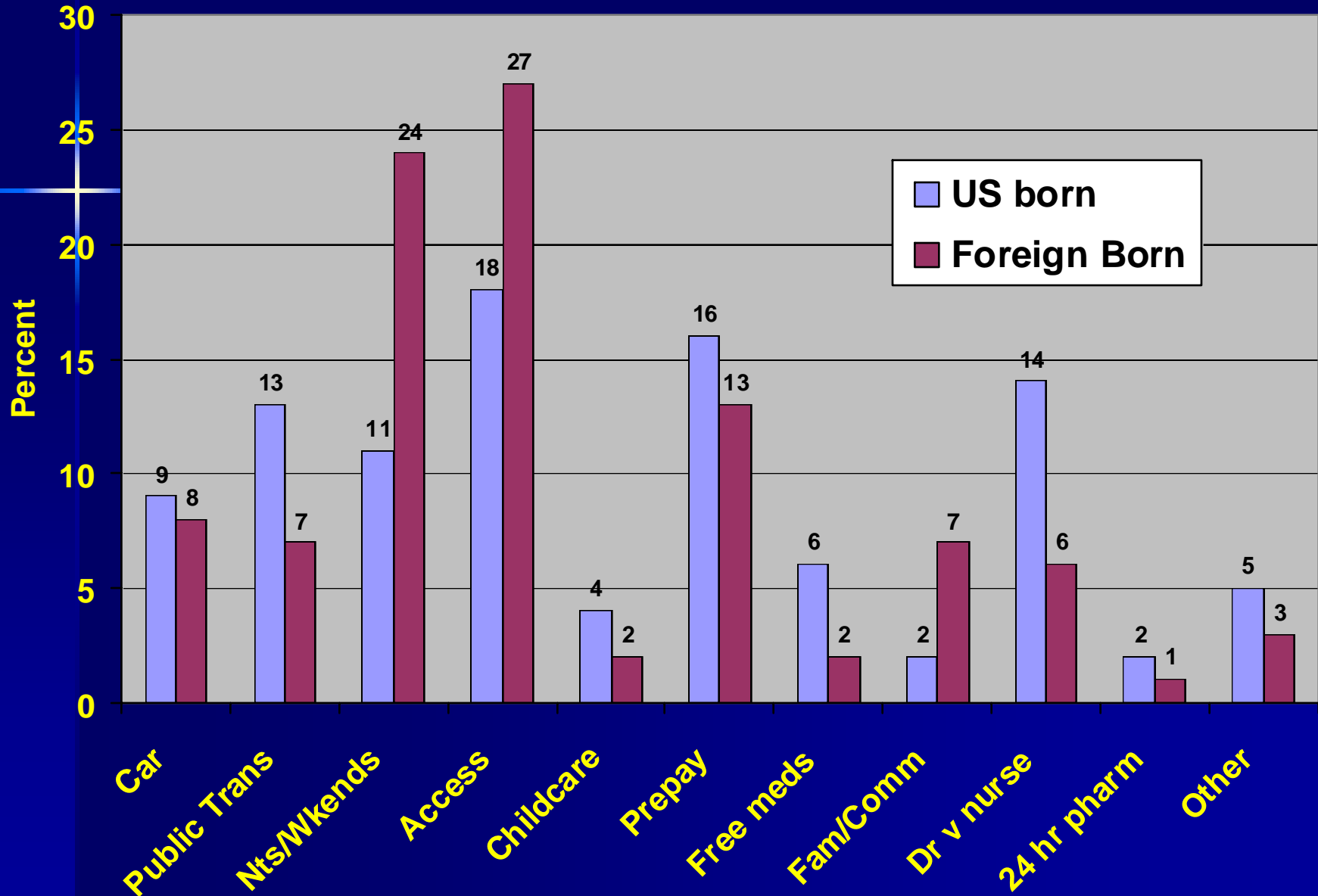
■ US Born

- Rapid access (18%)
- Prepay (16%)
- Doctor v nurse (14%)

■ Foreign Born

- Rapid access (27%)
- Open nights and weekends (24%)
- Prepay (13%)

Health Care Priorities Across National Origin



Most Important Health Care Seeking Determinant

Comparing Subgroups

- Hispanic v Caucasian – ns*
- Hispanic v African American – $p < .001^*$
- African American v Caucasian – $p < .05^*$
- English v Spanish speakers – ns*
- US v foreign born – ns*

* X^2 Goodness of Fit Pairwise comparisons, 10df

Specific Visit Priorities

- African American
 - Best place for care or problem (31%)
 - Nowhere else to go (15%)
 - Couldn't wait for appointment (15%)
- Hispanic
 - Best place (36%)
 - All tests can be done (17%)
 - Nowhere else to go (10%)

Specific Visit Priorities

- Caucasian
 - Nowhere else to go (24%)
 - Medical care is free (20%)
 - Couldn't wait for an appointment (16%)

AA v H χ^2 (13) = 58.6, $p < .001$

H v C χ^2 (13) = 42, $p < .001$

AA v C χ^2 (13) = 70.3, $p < .001$

Specific Visit Priorities

- English
 - Best place (28%)
 - Nowhere else to go (15%)
 - Couldn't wait (14%)
- Spanish
 - Best place (40%)
 - All tests can be done (20%)
 - Nowhere else to go (10%)

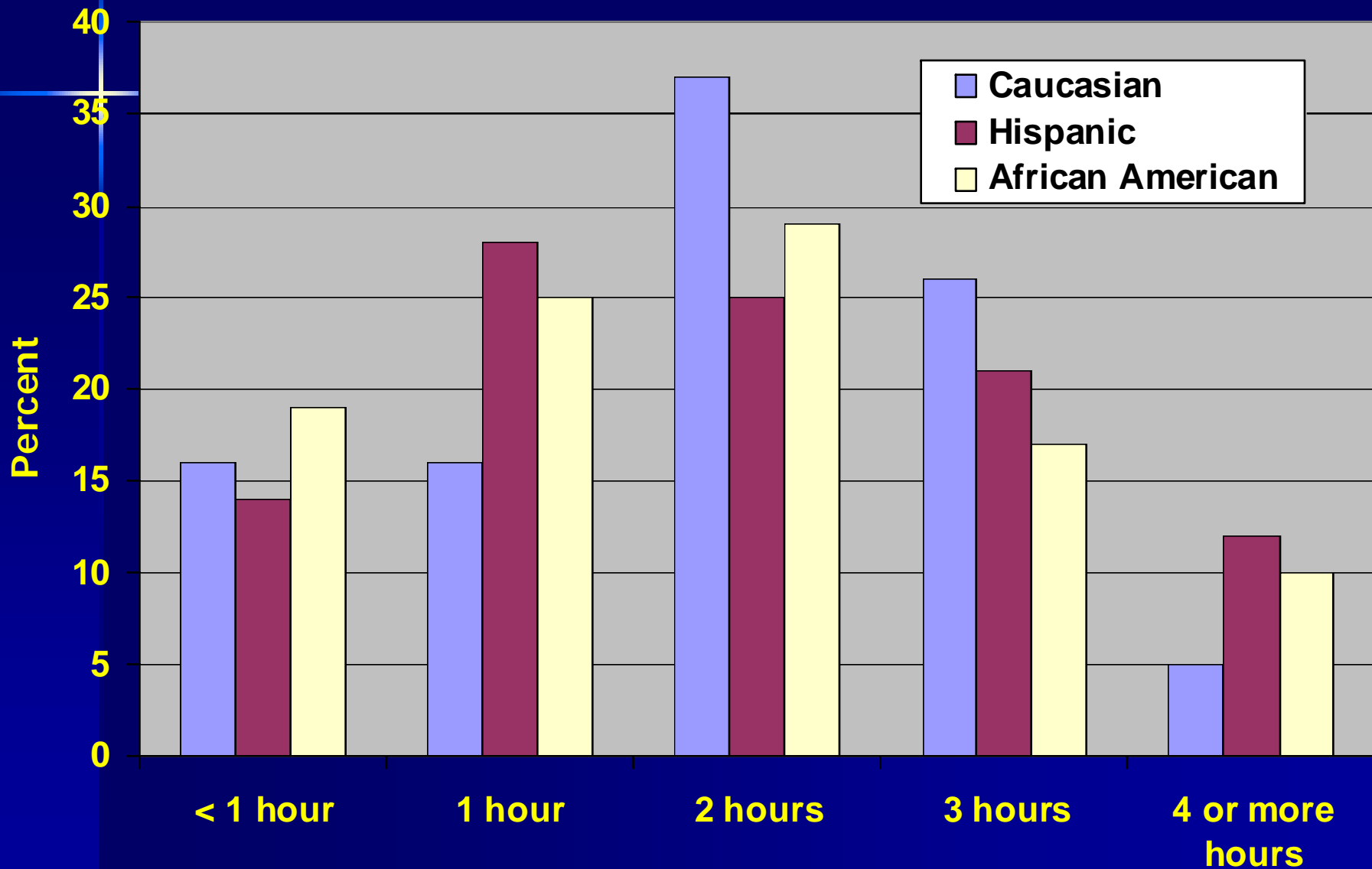
$\chi^2 (13) = 36.5, p < .001$

Specific Visit Priorities

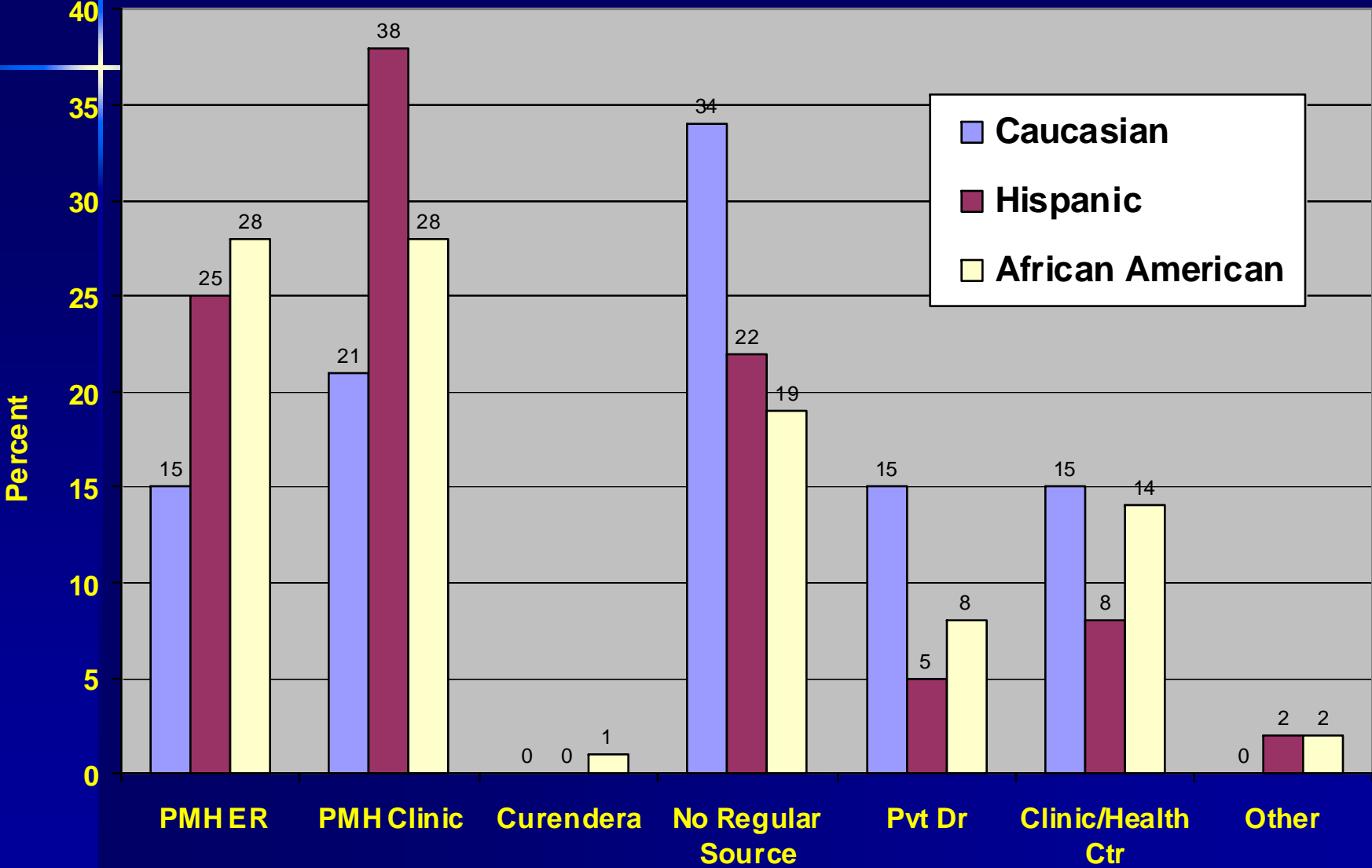
- US Born
 - Best place (29%)
 - Nowhere else to go (17%)
 - Couldn't wait (14%)
- Foreign Born
 - Best place (37%)
 - All tests can be done (17%)
 - Nowhere else to go (10%)

$\chi^2 (13) = 32.9, p = .002$

Longest Reasonable Wait by Race



Most Frequent Source of Care



Socioeconomic Indicators

Racial/ Ethnic group	% who work	% who own a car	% with insurance
Caucasian	30	73	26
Hispanic	30	78	38
African American	38	65	41

Conclusions

- General and specific health care seeking priorities may not be identical
- There are some universal themes across ethnic, racial, national and linguistic boundaries but also differences

Conclusions – General healthcare seeking priorities

- Rapid access to care is important to all subgroups analyzed
- Extended hours is an important factor for most groups
- The belief in a best place for care is an almost universal driving force
- The importance of prepays, physician care, and access by public transportation vary by subgroup

Conclusions

- Perception of the longest reasonable wait for care is similar but not identical across categories

Conclusions

- Health care priorities and expectations are largely culturally determined
- Race, ethnic background and national origin are several aspects of culture
- Eliminating disparities will require incorporating culturally sensitive factors

Conclusions cont'd

- Further studies investigating how cultural and socioeconomic factors determine healthcare seeking behavior and expectations in women are needed

Take Home Message

- Healthcare systems must consider their specific target population(s) and incorporate culturally dependent patient priorities and expectations, as well as socioeconomic factors, to provide culturally appropriate care and eliminate disparities

Limitations

- Convenience sample
- Unvalidated instrument
- Written format
- Single site
- Limited inclusion criteria
- Small numbers in some subgroups
- Factors studied not independent
- More studies needed