

Linguistic Cues Via the Telephone and Black Parents' Access to Well Child Visits

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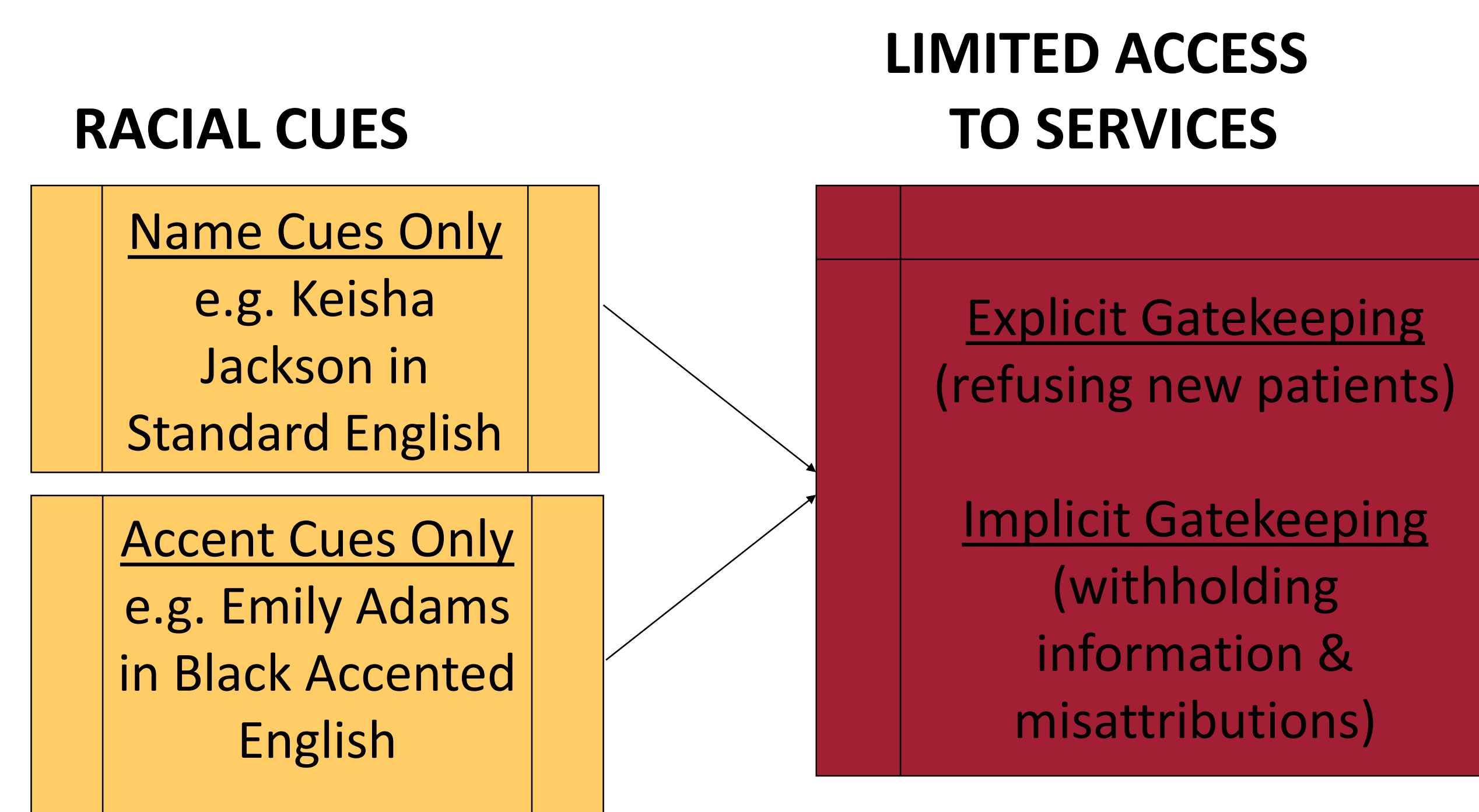
Hi, my name is Keisha Booker. I have a two year old son and I'm calling to ask if you are accepting new patients.

Background

Experimental field studies have shown discrimination in over-the-phone interactions in housing, human resources and insurance based on name and accent cues to race and ethnicity (1-3). We hypothesized that similar dynamics are present within the health care realm. Black-White disparities in children's access to well child visits persist (4, 5) and consistent access to these types of visits can contribute to a reduction in long term health issues (6). Thus, we performed a pilot study to determine if over-the-phone linguistic cues are associated with differential access to well child visits within the Black population.

Conceptual Model

There is reason to expect heterogeneity in access to care within the Black population based on linguistic cues to "Blackness."



Approach

- Validated Name and Accent Cues
- Sampled 320 Pediatric Offices
 - 80 in each US Geographic Region
 - Stratified by Black-White Segregation Indices for the largest 100 MSAs
- Each office received two calls from Black auditors within 24 hours
 - One with a cue to blackness
 - One control call
- Auditors maintained jottings during call
- Auditors expanded on jottings
- Blind coder transformed qualitative data into quantitative data
- McNemar matched case-control analysis in Stata

Measures

MEASURE	VARIABLE TYPE	LEVEL	UNITS
Name Cue	Independent	Dichotomous	1,0
Accent Cue	Independent	Dichotomous	1,0
Segregation (MSA)	Moderating	Dichotomous	1,0 (High, Low)
Acceptance of Patient	Dependent	Categorical	(Acceptance, Reluctant Acceptance, Passive Refusal, Refusal)
Withholding Information	Dependent	Dichotomous	1,0 (Posed questions prior to decision)
Misattributions	Dependent	Dichotomous	1,0 (Mentioned Restrictions)

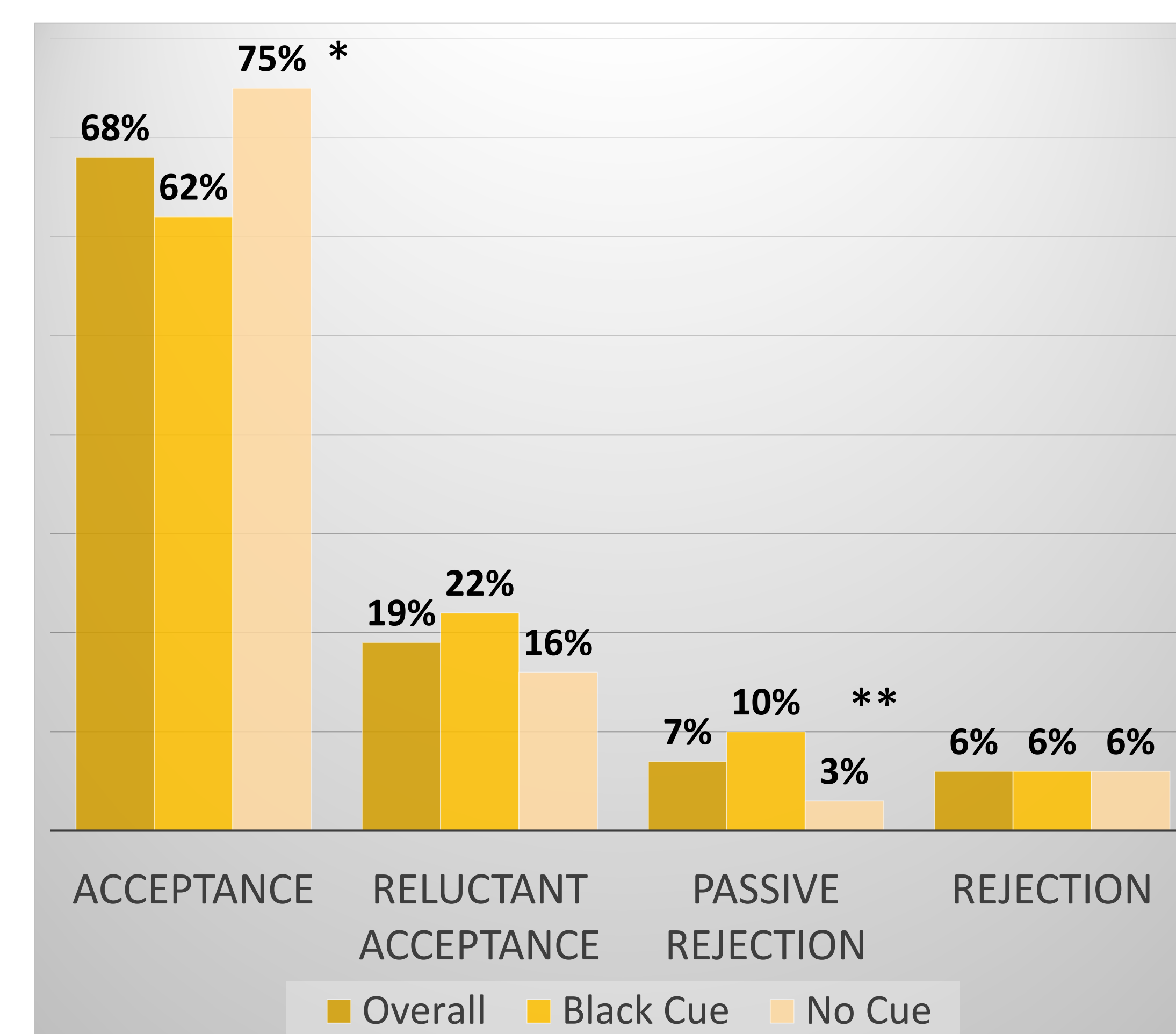
Summary

- Name and accent cues reveal heterogeneity w/n Black experience
- Women with a Black name or accent are told that pediatric offices are accepting new patients less often.
- These women are not outright rejected, but are:
 - Not provided a yes or no answer
 - Asked questions before given an answer
 - Informed about restrictive conditions for acceptance of new patients

Conclusions

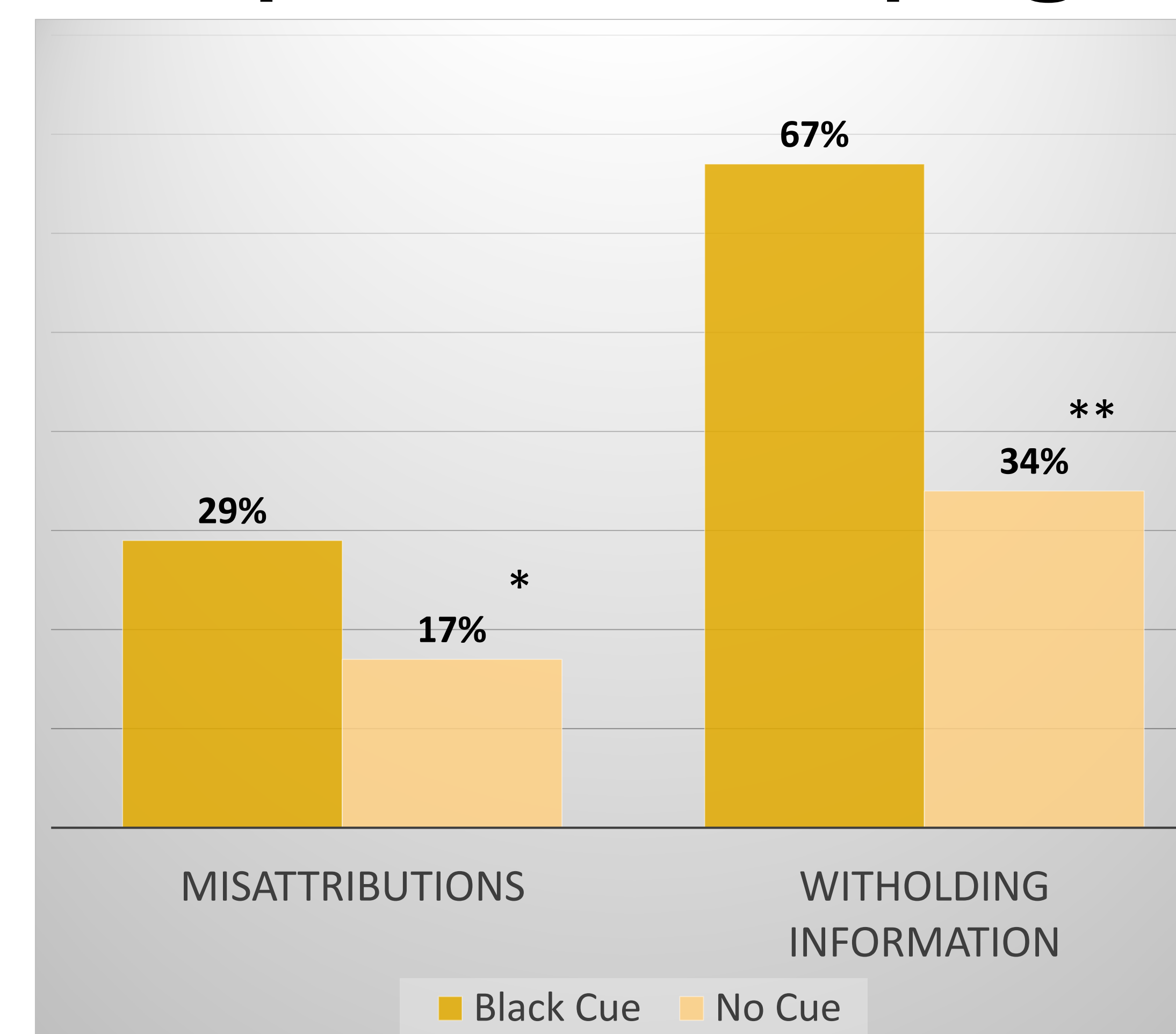
Pediatric offices may be using linguistic and name cues in a manner similar to what we see in housing, human resources, and insurance arenas. Given the type of gatekeeping behaviors, it is likely that staff are using racial cues to identify desirable patients (e.g. insured and adherent.) This profiling over the telephone may eventually help to explain why, despite efforts to promote equitable access to care, Black-White disparities in children's access to well child visits persist.

Explicit Gatekeeping



*p = .04, Relative Difference .35, C.I. .08-.61
 **p = .03, Relative Difference .08, C.I. .01-.16

Implicit Gatekeeping



*p = .02, Relative Difference .19, C.I. .02-.37
 **p = .01, Relative Difference .56, C.I. .27-.86

References

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