Use of CAHPS® Database by Researchers: Findings Related to Differences by Race and Ethnicity

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Highlights

• Hispanics and (especially) Asians tend to report more negative experiences with health care

• Among Hispanics and Asians, those who speak a language other than English report more negative experiences with care
  – Language effect bigger than race/ethnicity effect
  – Some variance in Spanish language effect by insurance and region of country
Highlights Continued

- **There are between and within plan disparities**
  - Within plan differences exceed between plan differences

- **Greater disparities in care are observed for reports than ratings of care**

Four Main Datasets

- **1994 UMG (n = 7,093)**
  - 65% female; 93% high school grad; 10% Hispanic, 4% Asian, 3% AA

- **1998 NRC Health Care Market Guide (n = 98,204)**
  - 64% female; 94% high school grad; 3% Hispanic, 1% Asian, 6% AA

- **2000 CAHPS Health Plan Survey for Medicaid managed care (n = 49,327)**
  - 77% female; 65% high school grad; 20% Hispanic, 5% Asian, 24% AA

- **2002 CAHPS Health Plan Survey for Medicare managed care (n = 125,369)**
  - 58% female; 59% high school grad; 7% Hispanic, 7% AA, 4% other race/ethnic minorities
Asians tend to have the most negative perceptions of care

- **6,911 Unified Medical Group Association patients**
  - 72% of Asians vs. 55% whites believed improvement needed in obtaining treatment (Snyder et al., 2000)

- **120,855 National Research Corporation Healthcare Market Guide respondents (Haviland et al., 2003)**
  - e. g., confidence in plan’s doctors rated 1/3 SD less favorably

- **Especially Asians who speak a language other than English**
  - National CAHPS Benchmarking Database
    - 28,354 adults and 9,540 children in Medicaid (CAHPS Health Plan Survey 1.0)
    - 49,327 adults in Medicaid for Health Plan Survey 2.0
      - Less favorable reports (1/2 to 1 SD) by non-English speakers compared to whites (getting needed care, getting care quickly, communication, staff helpfulness)

Hispanics also have less positive experiences with care

- **More negative perceptions of adult and children’s care than non-Hispanic whites**
  - 9,540 children in Medicaid for Health Plan Survey 1.0 (Weech-Maldonado et al., 2001)
  - 49,327 adults in Medicaid for Health Plan Survey 2.0 (Weech-Maldonado et al., 2003)

- **Especially Spanish-language Hispanics**
  - More negative perceptions of provider communication than reported by Latino/English or non-Hispanic white respondents in sample of 6,911 adults (Morales et al., 1999)
Hispanics compared to whites in Medicare managed care

- *Hispanic-English reported worse experiences with care than whites for all dimensions except provider communication.*

- *Hispanic-Spanish reported worse experiences with care than whites for several dimensions of care (including provider communication), but better perceptions of getting needed care.*

### Hispanic-Spanish compared to Hispanic-English

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<tr>
<th></th>
<th>FL</th>
<th>Other</th>
<th>Versus Whites</th>
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<tbody>
<tr>
<td><strong>Communication</strong></td>
<td>+</td>
<td>---</td>
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</tr>
<tr>
<td><strong>Staff helpfulness</strong></td>
<td>+</td>
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<tr>
<td><strong>Getting needed care</strong></td>
<td>NS</td>
<td>NS</td>
<td>+</td>
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Within plan effects account for majority of race/ethnic differences

- Vulnerable race/ethnic subgroups (e.g., African Americans, Hispanic-Spanish speakers, non-English language whites) more likely than white-English language speakers to be clustered in worse plans.

- But within plan differences by race/ethnicity exceeded between plan differences.

Weech-Maldonado et al. (2004)

Staff Helpfulness

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<th>Within</th>
<th>Overall</th>
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<td>Asian/non-English</td>
<td>-0.64</td>
<td>-9.15</td>
<td>-10.27*</td>
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<tr>
<td>American Indian</td>
<td>-0.25</td>
<td>-3.34</td>
<td>-3.71*</td>
</tr>
<tr>
<td>Missing Race</td>
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<td>-2.85</td>
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Provider Communication

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<td>-0.64</td>
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<td>-7.16*</td>
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<tr>
<td>American Indian</td>
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<td>-0.52</td>
<td>-1.59</td>
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Differences in reports greater than for ratings

- Compared to whites, Asian adults reported worse experiences with care but similar global ratings in commercial and Medicaid plans (Morales et al., 2001)
- Worse reports of care but similar global ratings for Asian children compared to whites in Medicaid managed care (Weech-Maldonado et al., 2001)
- Correlations between global ratings and reports differed for Spanish and English language respondents to CAHPS Health Plan Survey 2.0 (Morales et al., 2003).
Conclusions about differences in reports about care

A) Reports about care are not psychometrically equivalent for Asians and Hispanics compared to whites

B) Care delivered to Asians and Hispanics is not as good as care for non-Hispanic whites

C) Both A & B

Assessing psychometric equivalence

- CFA supports equivalence of Health Plan Survey 1.0 data for Hispanics and non-Hispanic whites (Marshall et al., 2001)
- Similar reliability and construct validity for English and Spanish language respondents to the 2.0 version of the Health Plan Survey (Morales et al., 2003)
- 2 of 9 rating items displayed DIF between Hispanics and non-Hispanic whites (Morales et al., 2000).
If reports about care are not psychometrically equivalent:

• **Might be able to adjust using anchor items**
  - “parking item”
  - IRT (items shown to be equivalent)

• **Stratified reporting of results**

Disparities in health care experiences indicate

• **Opportunities for improvement in care**
  - Provide professional translators
  - Cultural competency training
  - Employ bilingual providers
  - Provide transportation

*Smedley et al. (eds.), Unequal treatment: Confronting racial and ethnic disparities in health care. IOM Committee on understanding and eliminating racial and ethnic disparities in health care, 2003.*
Plan Members Who Always Have Interpreters Report Higher Rates of Satisfaction with Health Care Experiences

- Needed but sometimes or never had interpreter
- Needed and always had interpreter

<table>
<thead>
<tr>
<th>Provider/office staff communication</th>
<th>Access to health care</th>
<th>Health plan customer service</th>
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<tr>
<td>62.72</td>
<td>78.81</td>
<td>88.50</td>
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Note: Weighted means. Composite scores range from 0 to 100.

Acknowledgements

Marc Elliott
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Karen Spritzer
Robert Weech-Maldonado
Citations (1 of 2)


Citations (2 of 2)


