Services Research for Latino/a Patients

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There are pervasive ethnic/ racial disparities in substance abuse services. Yet the underlying causes of these disparities are poorly understood.

The importance of obtaining a clearer understanding of the factors accounting for these disparities is critical due to the rapid growth of Latino populations in the United States (U.S.).

MOTIVATION

The Substance Abuse and Mental Health Service Administration (SAMHSA) estimated that in 2000 only 17.8% of whites needing treatment for illicit drug problems received care. Latinos received care at much lower rates (10%) than either Whites or AA groups. This study, along with a few others offered some of the first evidence at the national level of differences across racial/ethnic groups in unmet need for substance abuse treatment for Latinos. Even with these studies, however, we lack consensus on the magnitude of disparities.

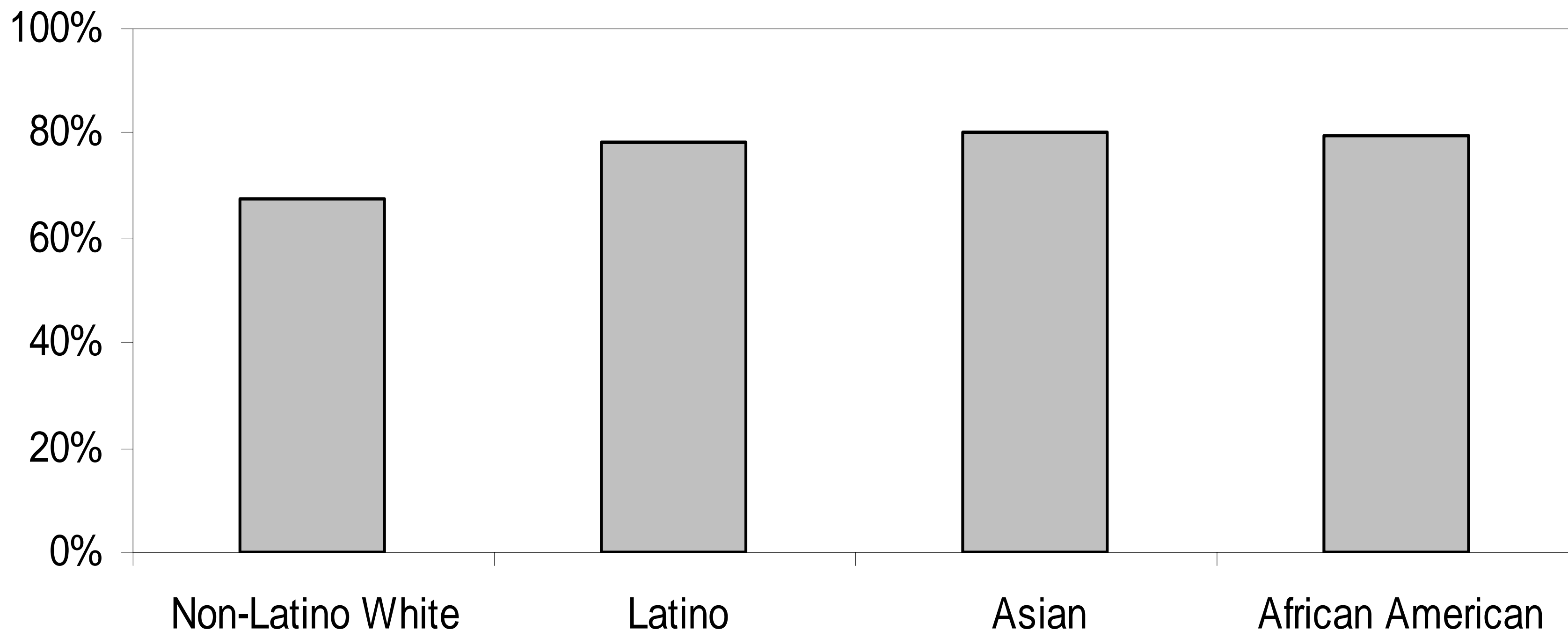
Overview of Presentation

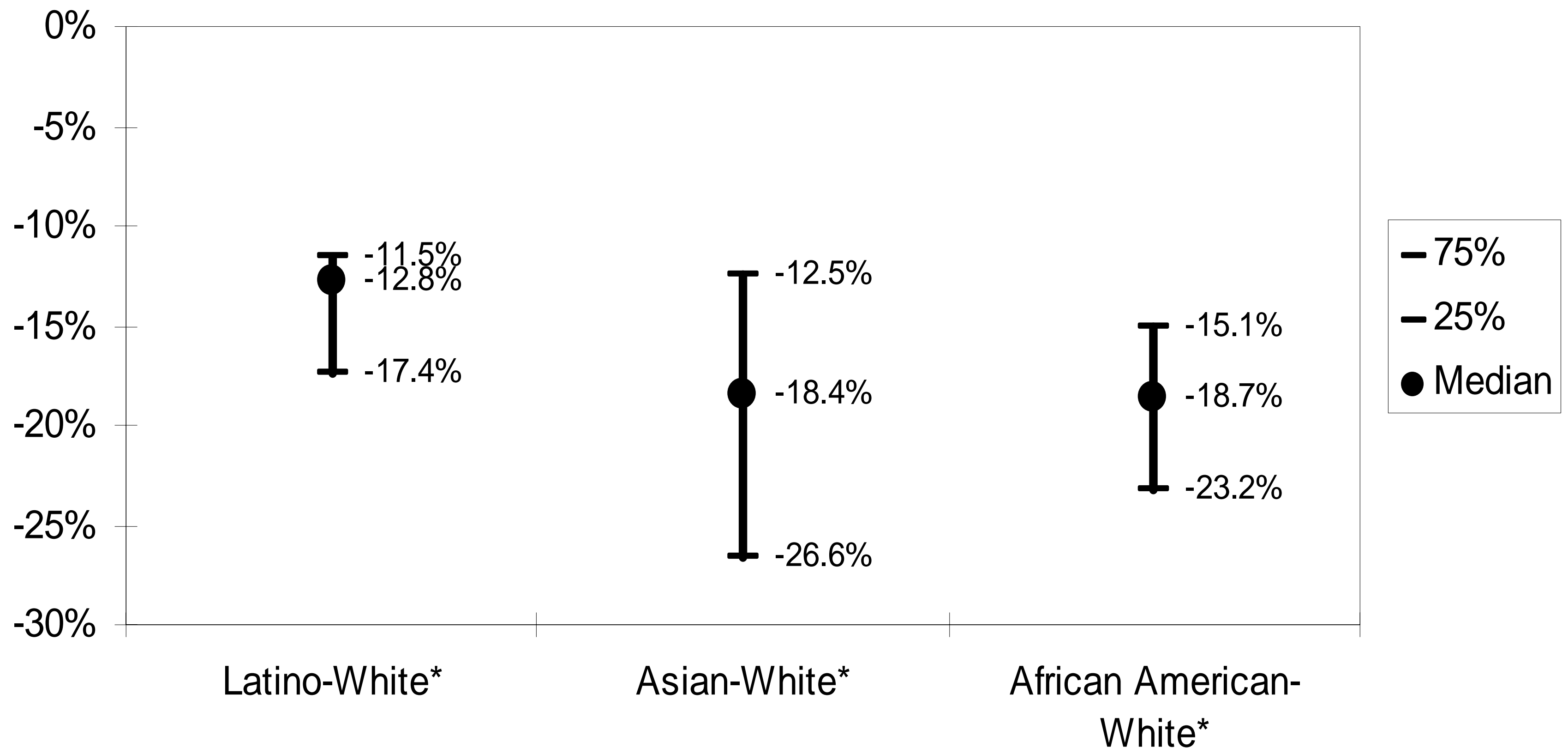
- Identify the Importance of Understanding Service Disparities in Access and in Service Intensity for Latinos
- Discuss Potential Mechanisms Hypothesized to Operate in the Observed Service Disparities
- Describe Potential Interventions to Reduce Service Disparities

The Importance of Understanding Service Disparities in Access and in Service Intensity for Latinos

Combined NLAAS/NCS-R Study

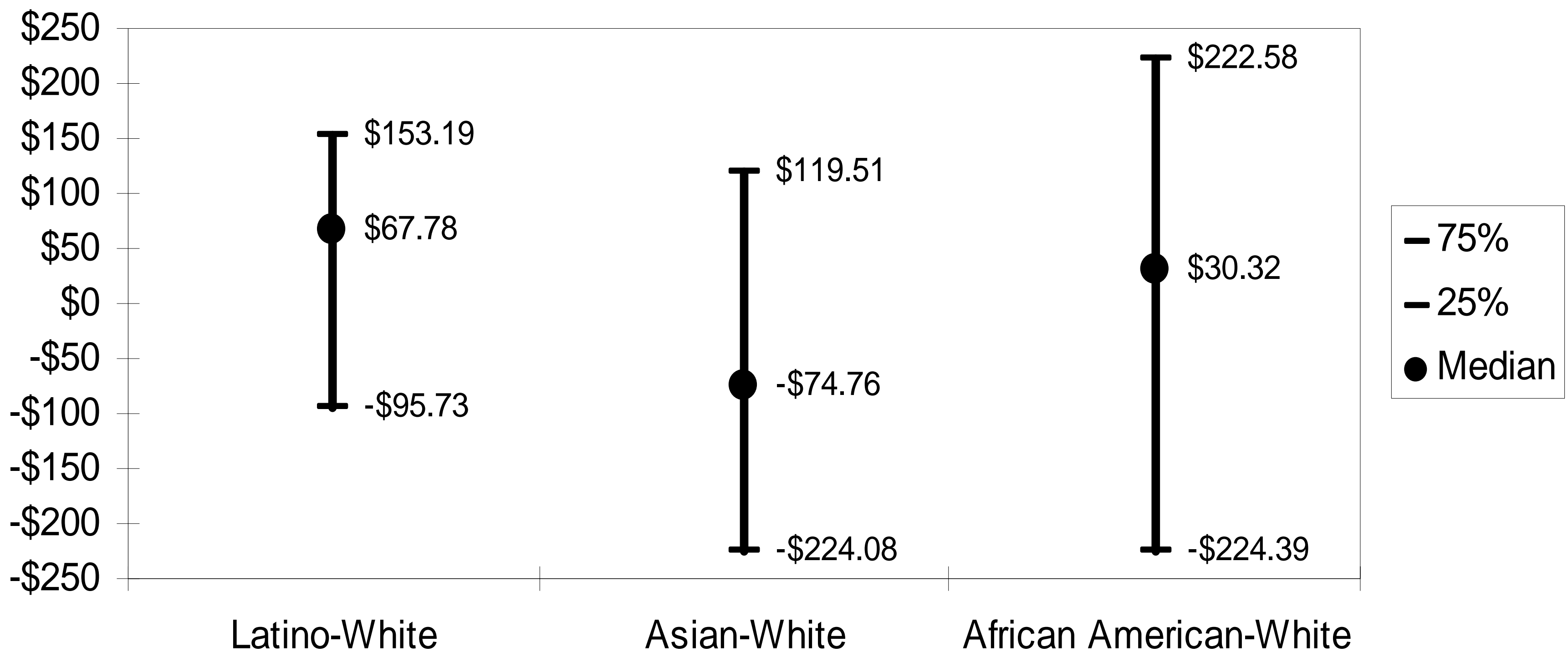
- **A national psychiatric epidemiologic survey conducted to measure psychiatric disorders and service usage in a nationally representative sample of Asians and Latinos (NLAAS).**
- **We also use data from the NCS-R (conducted in 2001-2002) to incorporate contrasts to Non-Latino whites and African Americans.**
- **NLAAS was conducted in 2002 and 2003 in English, Spanish, Chinese, Tagalog and Vietnamese, based on the respondents' language preference**
- **Contains detailed information on psychiatric disorders using the Composite International Diagnostic Interview (CIDI) and chronic conditions to do health adjustments.**


Levels of Unmet Need by Racial/Ethnic Groups
100%
80%
60%
40%
20%
0%
Non-Latino White
Latino
Asian
African American
Not receiving specialty or generalist care in the past 12 months for those with any substance use disorders in the past year



* = significantly different from 0% at significance level 0.05

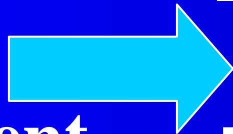
Disparity in predicted expenditure conditional on respondent with substance use disorder in the past year seeking services in the past year after transforming age, gender, and health status of minority to match that of non-Latino Whites



Discussing Potential Mechanisms Hypothesized to Operate in the Observed Service Disparities

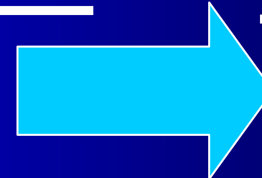
Mechanism :Differential Pathways into Health Care

Precipitating Factors



- Lack of Patient Problem Recognition
- Lack of Provider Referral
- Uninsurance
- Barriers to Care

Primary Mechanisms:

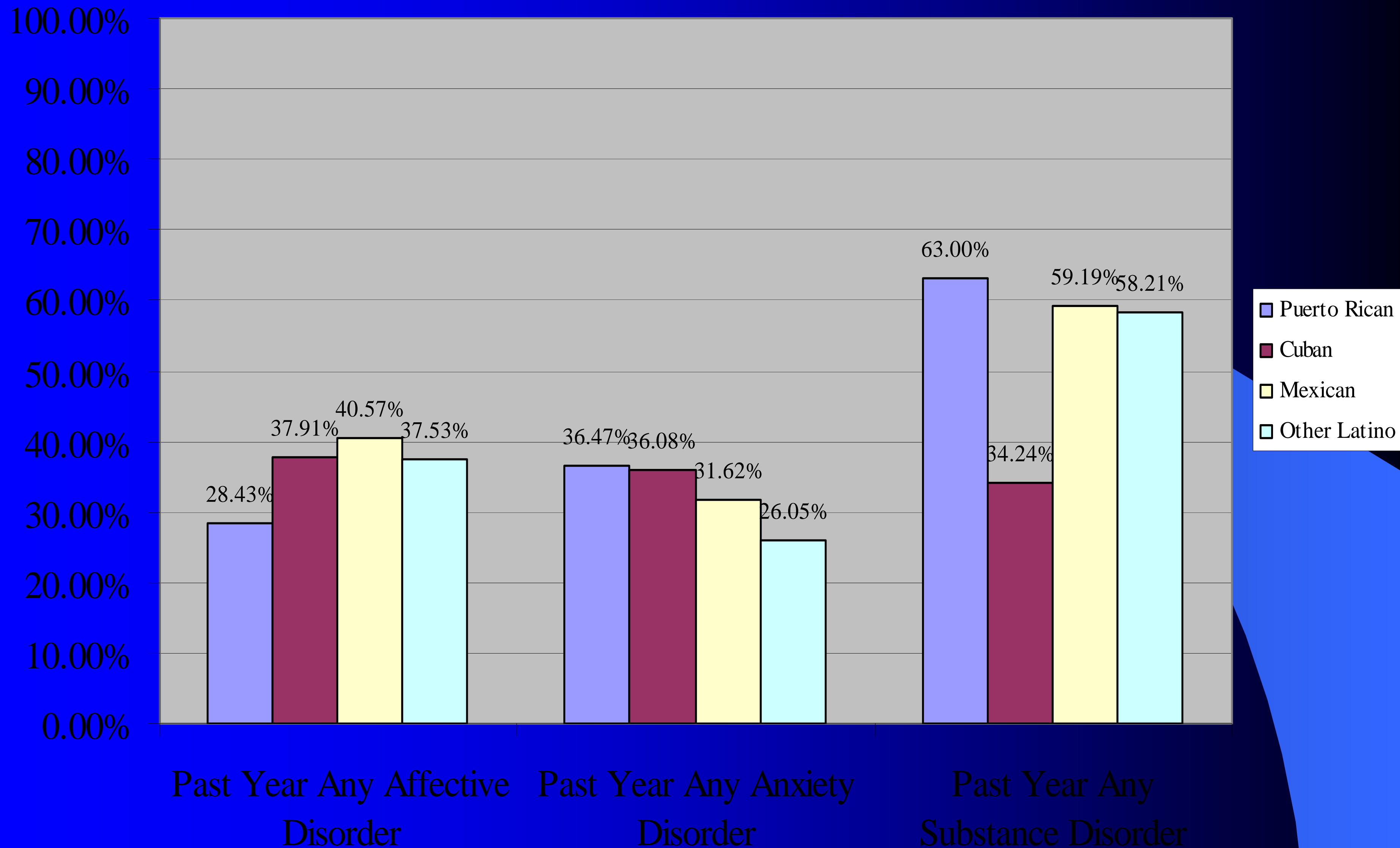


Differential pathways into healthcare

Health Disparities:

Differential treatment, differential outcomes

Patient Factors:Problem Recognition by Type of Dx for four Latino Groups



Adjusted[1] Distribution of Insurance Outcomes for Latinos and Asians (Ages 18-64)

	% Private Insurance	% Public Insurance	% Uninsured
All Latinos[2]	48.1	11.5	40.4
Nativity[3], time in country (y)**			
U.S. born	49.0	14.5	36.4
Immigrant (>5)	49.0	11.2	39.7
Immigrant (≤5)	36.8	4.6	58.6
All Asians[2]	82.5	5.7	11.8
Nativity, time in country (y)			
U.S. born	87.3	4.0	8.7
Immigrant (>5)	82.2	6.3	11.6
Immigrant (≤5)	74.0	6.4	19.6

1 Table gives predicted probabilities from a multinomial logistic regression with the effect of each covariate adjusted to the mean of all other covariates shown in table.
2 Adjusted to the mean of all covariates.
3 Persons born Puerto Rico are US citizens; "US born," "immigrant," and "time in country" refer to mainland birthplace, island birthplace, and time in mainland residence, respectively.
** $p < 0.01$

Main Reasons for Not Seeking Care

- I thought the problem would get better by itself 16% White 59% Latino
- I was unsure about where to go or who to see 24% White 61% Latino
- I did not think treatment would work

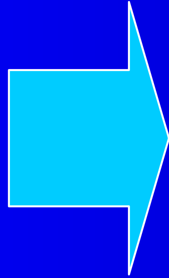
  24% White 32% Latino
- I was concerned about cost

  76% White 52% Latino

Mechanism: Poor Patient-Provider Interaction

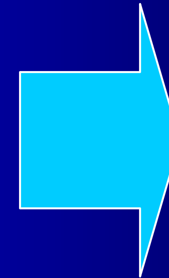
Precipitating Factors

Different meaning of signal, signal endorsed at different Illness threshold, signal too vague or muddled



Primary Mechanisms:

Poor patient-provider interaction



Health Disparities:

Drop out from care, Differential TX outcomes

Patient's Lack of Engagement in Behavioral Healthcare

- **Dropping out of Tx: only 57.14% of respondents in NLAAS say they completed the treatment.**
- **Mode number of visits is 1 and median is 3 to both psychiatrists and psychologists.**

Did the provider accept you and make you feel understood? * Only asked of participants who are in care in the past twelve months.

	White	Latino
No	1.7%	14.6%
Yes	98.3%	85.4%

P = .01, National Latino and Asian American Study, 2005

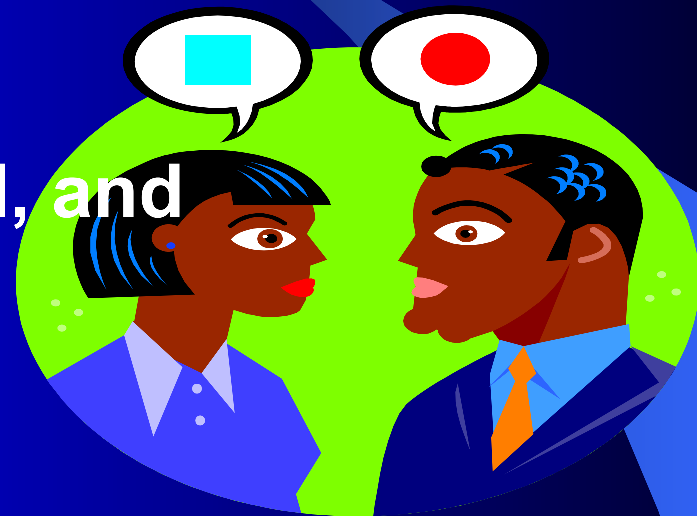
Clients' description of their problems-Approximately half of Clients see a Mismatch between what they need and what they get in care

1. **Psychiatric Language: (15.8%)**
   - Drug or alcohol problems
   - Schizophrenia
2. **Wide Range of Symptoms of Psychiatric Disorders: (34.4%)**
   - Uncontrolled binging
   - Nervousness
   - Excessive aggression
3. **Traumas: (8.3%)**
   - Death of family or close friend
   - Sexually abused
4. **Interpersonal Problems: (26.7%)**
   - Marital or family problems
   - Alcoholism or drug use of a family member
   - Tense relationships with friends or neighbors
5. **Physical Problems: (7.1%)**
   - Headaches
   - Chronic back pain
6. **Social Problems: (6.4%)**
   - Becoming unemployed
   - Economic problems
   - Bad living conditions

Describe Potential Interventions to Reduce Service Disparities

Asymmetrical Information Transfer Development of hypotheses about "What is the Problem"

Central because it determines the questions that will be asked, what treatment alternatives will be offered, and how outcomes will be interpreted. The patient-provider match of the explanatory model of illness and expectations for the visit have been shown to be important in determining outcome of Tx .



Right Question Project: A Different Approach to Patient Activation and Illness Management

- Latino patients are typically disengaged from health care, w/ limited opportunity to take charge of their healthcare. This leads to low retention in health care.
- Optimal patient-provider communication (Clayton et al., 2003) and a collaborative relation are increasingly being emphasized as a way to improve care (Miranda and Cooper, 2002), as well as quality of care (Meredith et al, 2006).

RQP continued

- **RQP methodology is <u>not</u> to supply clients with solutions to problems, but rather provide clients with democratic experiences to <u>develop their own solutions by formulating questions and focusing on key decisions.</u>**
  - **Patients learn how to formulate questions about their health care. (How will this medication work for me?)**
  - **Patients learn how to focus on key decisions that are made during the course of treatment. (What will happen if I decide not to continue w/ medication?)**
  - **Patients learn to formulate a disease management plan <u>in conjunction with</u> their provider. (What Tx options will best work for me given my life circumstances?)**

Testing of RQP Intervention

The effectiveness of the RQP trainings was tested to determine increases in patient empowerment, activation, engagement with care and retention in care.

- Three RQP trainings were administered to 120 outpatients at Clinic A to help them learn to formulate and ask questions of their providers.
- A comparison group of 90 Clinic B patients did not receive the trainings.

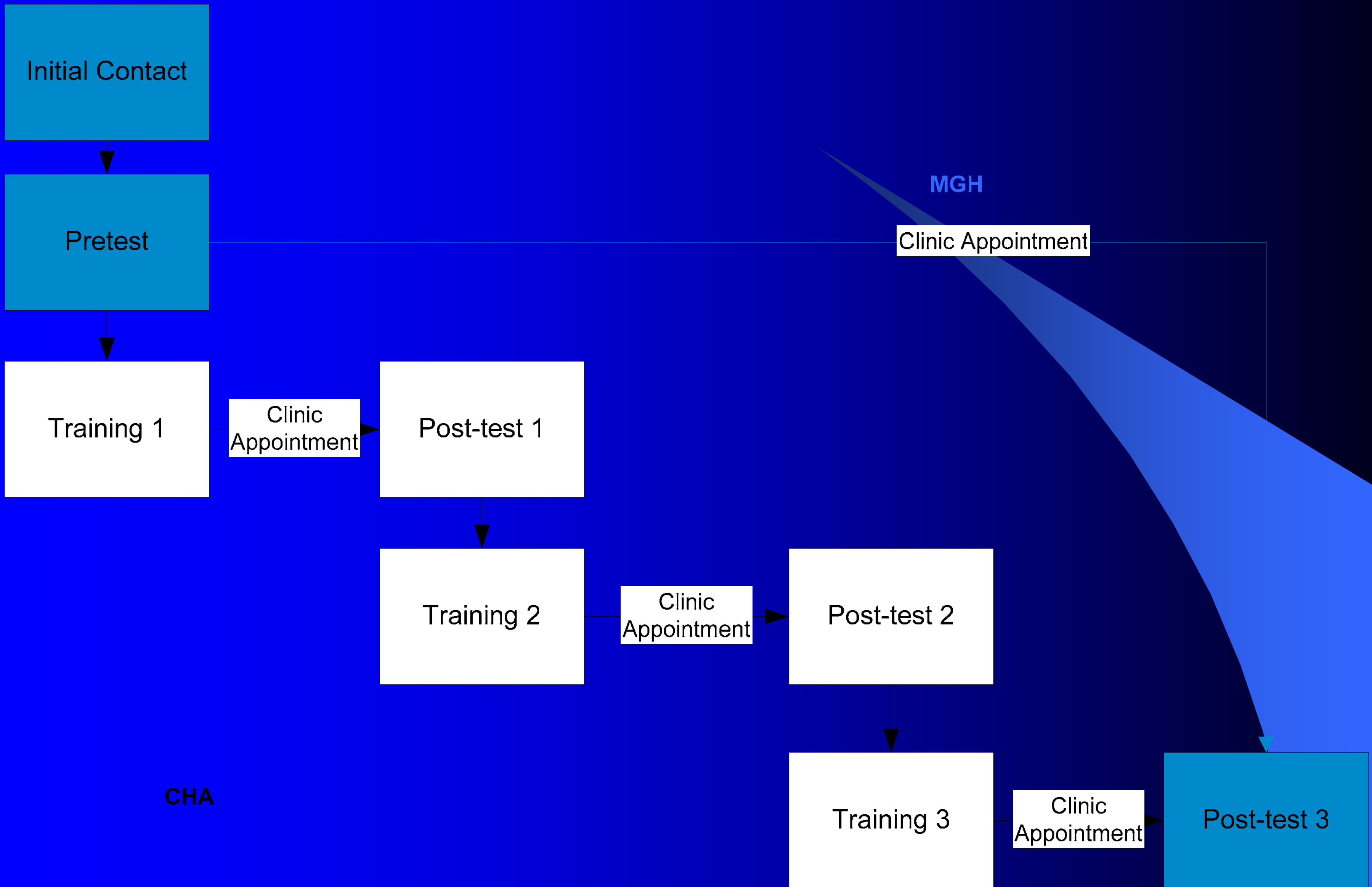
RQP Research Questions

- Does RQP have an effect on patient empowerment in treatment?
  - Do patients increase their belief that they have a role in their own care?

Does RQP have an effect on patient activation in treatment?

  - Do patients ask more and/or better questions in their visits?
  - Do patients find more about their condition?
  - Do patients prepare for the visit?

- Do patients keep scheduled visits?
- Do patients stay in care longer?


Initial Contact
Pretest
MGH
Clinic Appointment
Training 1
Clinic Appointment
Post-test 1
Training 2
Clinic Appointment
Post-test 2
Training 3
Clinic Appointment
Post-test 3
CHA

Focus of RQP-CHA Trainings

Trainings 1 & 2- Overview, rationale and goals of training. Focus is to increase the patient's awareness of their interactions and communication style with their providers. Care managers explain how people typically do not know what to expect from care and that the purpose is to give them some tools to better negotiate their care.

-Patients are presented a scenario in which patients are asked to give their reactions after being exposed to two hypothetical service providers. This exercise raises their expectations that the responsibility for their care depends on them and that providers may change in response to their patient's needs.

What concerns would you have if this was happening to you? What decisions would you consider making?

Therapist A

- She is encouraging, supportive, and warm
- She is willing to switch appointment times if they don't work well for you
- She gives you advice and discusses the short and long term goals of treatment
- She has referred you to other specialists and resources
- You feel comfortable asking her questions and asking for advice and feedback

Therapist B

- She doesn't say much during meetings
- You don't feel comfortable asking her questions
- You haven't received much advice from her about your problems
- You meet with her during times that are inconvenient for you
- You feel nervous or uncomfortable while you are in your sessions

Focus of RQP Trainings

- Role-playing and rehearsal techniques are used to increase the patients' comfort level with asking questions.
- Patients generate questions and examine what types of information will be elicited given the question (process, role, and reasons).
- Much of the third training is directed at reinforcing the skills learned in the first two trainings but also directed at helping patients incorporate their role in managing their substance condition. Research suggests that it is important for patients to learn how to deal with the consequences of their disease, to be concerned about problem-solving, given symptoms, and to develop skills that help them in self-efficacy and confidence to perform self-management tasks that can aid in their day-to-day functioning.

Results

- After adjusting for age, sex, race/ethnicity, and education, **intervention patients were over three times more likely to be retained in treatment than comparison patients.**
- In terms of engagement, **intervention patients were over four times more likely to be engaged in care than comparison patients.**
- We also found a statistically significant effect of the **intervention on patient activation** ($p = 0.05$).
- We **did not find a statistically significant effect of the intervention on patient empowerment** ($p = 0.16$).

Results- Qualitative Data

- Difference in the indicators of changes in activation, many respondents described a shift in their level of activation:
  - making more and different types of questions
  - increased decision-making
  - increased dialogue and interaction with the provider
  - increased confidence in their ability to ask questions.
- Few reported a behavior shift that indicated a higher degree of global empowerment.

Results

- Differences across Spanish and English-speaking respondents emerged suggesting there might be differences in how Latino and non-Latino patients experience activation:
  - Spanish speakers more likely to describe the RQP training as improving their ability to advocate for their "rights"
  - English speakers more likely to indicate an increase in personal responsibility or control of their own care

Conclusions

- Much of the service disparity for minority groups seems to be more in accessing care than in the intensity or the expenditures once in care. This suggests that not focusing on access might be a problem.
- Policy interventions might be central to dealing with disparities in access-such as revising immigration laws covering substance care for immigrants.
- Differential pathways into care might be one target to explore the mechanisms of service disparities, particularly social services and criminal justice pathways. Central seems to be the role of problem recognition and patient's health literacy about substance abuse Tx.
- Poor provider patient communication and interaction requires understanding both the content and differential process that might take place when provider and patient don't share the same cultural background. Strategies for patient activation and empowerment might be key for reducing disparities.