ABSTRACT OF DISSERTATION

Assessing Patient Experiences with Healthcare in Multi-Cultural Settings

By

Leo Sergio Morales

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Ron D. Hays, Ph.D., Chairperson

This dissertation examines patient experiences with healthcare in multi-cultural settings. The first three chapters present a theoretical conceptualization of patient satisfaction, a general framework for producing culturally appropriate survey instruments, and an assessment of the readability level of the Consumer Assessments of Health Plans Study (CAHPS®) 2.0 surveys. The results of the readability assessment, which are based on readability formulas, show that both the Spanish and English versions of the CAHPS® 2.0 survey instruments require approximately a seventh grade reading ability.

The next three chapters present results from empirical studies examining racial/ethnic differences in reports and ratings of care. The first study is based on 7,093 patient surveys collected in English and in Spanish for the United Medical Group Association (UMGA) study and examines differences among Hispanics responding in Spanish, Hispanics responding in English, and non-Hispanics whites responding in
English in ratings of communication by doctors. After controlling for age and gender, Hispanics responding in Spanish rated communication by their doctors lower than Hispanics responding in English (p<0.05) and non-Hispanics whites responding in English (p<0.05).

The next two studies are based on the National CAHPS® Benchmarking Database (NCBD) 1.0. The NCBD 1.0 contains 28,354 completed adult and 9,870 child CAHPS® 1.0 surveys from 118 health plans across the United States. Reports about access to care, promptness of care, communication by doctors, the courtesy and helpfulness of doctor’s office staff, health plan customer service, and global ratings of doctors (both personal doctors and specialists), healthcare and health plans were examined for racial/ethnic differences. After controlling for age, gender, education, and health status, significant differences were found among the racial/ethnic groups examined. Generally, Hispanic and Asian/Pacific Islander adults reported worse care compared to white adults, Black adults reported better care compared to white adults, and Native Alaskan/American Indian adults reported similar care compared to white adults. Comparable trends were found among respondents to the child surveys with the exception that Blacks reports worse care for their children than whites.

The next two chapters of the dissertation examine the psychometric properties of measures included in the UMGA and NCBD 1.0 databases. The first study uses item response theory procedures to test for differential item functioning among white and Hispanic survey respondents to the UMGA survey. The results indicate that despite some differences in item functioning, valid comparisons between whites and
Hispanics on indicators of satisfaction with care are possible. The second study yields similar results from a confirmatory factor analysis of the CAHPS® 1.0 measures among whites and Hispanics.

The final chapter of the dissertation summarizes the findings of the empirical investigations conducted, and derives policy implications from these studies. The dissertation concludes by noting that language barriers remain salient for minority patients who have gained access to the health care system. Greater efforts need to be directed at improving care for racial/ethnic minorities.