

Satisfaction with Provider Communication
Among Spanish-Speaking Medicaid
Enrollees

David Mosen, PhD, MPH

Matthew Carlson, PhD

Leo Morales, MD, PhD

Cindy Fessler, BA

Background

- Satisfaction with provider communication is an important indicator of quality of care
- Little research comparing satisfaction with provider communication among English and Spanish speakers
- Few providers can effectively communicate in Spanish
- Language barriers compromise information transfer and reduce the effectiveness of health related messages

Study Objectives

Among Parents of Children Enrolled Enrolled in a managed Medicaid Health Plan

- Determine whether satisfaction with provider communication differs among Spanish vs. English Speakers
- Determine if differences between these groups can be explained by need for interpretive services

Study Design

- Cross-sectional study design of parental assessments of pediatric provider satisfaction for 570 children enrolled in Oregon's largest Medicaid managed health plan
- Data Source: Consumer Assessment of Health Plan Survey (CAHPS)-Version 2.0:
- Surveys conducted over two time periods
 - 10/1998 through 3/1999
 - 11/2000 through 3/2001
- Data were collected by telephone and mail and administered in English and Spanish

Sample Selection

- Random sample of 1,125 parents of children between ages 0-17:
 - 570 responded for a response rate of 50.7%
- Enrollment Criteria:
 - ≥ 6 months of continuous health plan coverage prior to the survey date
 - Children had to be at least 6 months old at the time of the survey

Dependent Variables

- Parents were asked how often (never, sometimes, usually, always) physicians or health care professionals:
 - *Listened carefully to their concerns*
 - *Explained things in a way that could be understood*
 - *Showed respect for what the parent had to say*
 - *Spent enough time with their child*
- Each of the four measures was dichotomized:
 - 1=always
 - 0=never, sometimes, or usually

Dependent Variables

- Parents were asked how often (never, sometimes, usually, always) physicians or health care professionals:
 - *Listened carefully to their concerns*
 - *Explained things in a way that could be understood*
 - *Showed respect for what the parent had to say*
 - *Spent enough time with their child*
- Each of the four measures was dichotomized:
 - 1=always
 - 0=never, sometimes, or usually

Primary Independent Variables

- Language and Need for Interpretive Services
 - English-Speaking
 - Spanish-Speaking: No Need for Interpretive Services
 - Spanish-Speaking: Need for Interpretive Services

Description of Interpretive Services

Question

- Respondents that needed interpretive services in the previous six months were further asked, “In the last 6 months when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?”
 - Respondents that answered “always” were considered to have needed and received interpretive services
 - “Never/Sometimes/Usually” were considered to have needed, but not received interpretive services

Other Independent Variables

- Socio-demographic Measures:
 - Child's age
 - Parent's gender
 - Child's gender
 - Parent's educational attainment
- Reported health status of child by parent
 - Good/Very Good/Excellent vs. Poor/Fair
- Year of Survey Administration
 - 1998/1999 vs. 2000/2001

Statistical Methods

- Descriptive Statistics
- Bi-variate associations between language with outcome variables
- Significant bi-variate relationships followed by logistic regression models
- Adjusting for age, gender, clinic location, category, and length of health plan coverage, two models constructed:
 - Model 1- Primary Language
 - Model 2 - Primary Language and Need for Interpretive Services

Descriptive Statistics

Characteristic	N	(%)
<i>Language and Interpreter Services</i>		
Parent's Language		
English	358	(63%)
Spanish	212	(37%)
Spanish Speakers:		
Did not Need Interpreter Services	91	(43%)
Needed Interpreter Services	121	(57%)
Unmet Need for Interpreter Services		
Needed and received services	95	(82%)
Needed and did not receive services	21	(18%)

Descriptive Statistics

Characteristic	N	(%)
Case Mix Adjustors		
Child's Race/Ethnicity		
White (Non-Hispanic)	238	(42%)
African-American	33	(6%)
Hispanic	260	(46%)
Other ¹	39	(7%)
Child's Age (years)		
0-5	328	(58%)
6-11	169	(30%)
12-17	73	(13%)
Child's Gender		
Male	295	(52%)
Parent's Gender		
Female	508	(89%)
Parent's Education		
Less than High School	205	(36%)
High School Graduate	190	(33%)
Some College or Greater	153	(27%)
Health Status		
Good/Very Good/Excellent	529	(93%)
Poor/Fair	36	(6%)
Survey Year		
1998-1999	299	(53%)
2000-2001	271	(47%)

¹Includes Asian American and American-Indian Ethnicities

Bi-variate associations of Language with Satisfaction with Provider Communication

Respondent Language	Listened Carefully ^a N=251	Explained Things Well ^b N=251	Respected Comments and Concerns ^c N=259	Spent Enough Time ^d N=183
Language				
Spanish	78 (66.7%)	71 (61.7%)	83 (70.9%)	37 (32.5%)
English	173 (70.0%)	180 (73.5%)	176 (70.7%)	146 (58.6%)
p-value	p=0.50	P=0.03	p=0.98	p=0.0001

Respondents who answered “always” to specified satisfaction questions

Only respondents who utilized outpatient care 6 months were eligible to answer these questions assessing provider satisfaction: Includes respondents who always said that:

^a Doctors or health professionals listened carefully to their child

^b Doctors or health professionals explained things in a way that could be understood

^c Doctors or health professionals showed respect to what was said by the parent

^d Doctors or health professionals spent enough time with their child

Logistic Results: Association of Language and Need for Interpreter Services with Parent's Report of Provider Time Spent with Child

Variable in Model	Model 1 ^a	
	O.R.	95% C.I.
Language		
English-Speaking (Reference Group)	1.00	NA
Spanish-Speaking	0.38	0.21-0.71
Variables in Model	Model 2 ^a	
	O.R.	95% C.I.
Language and need for interpreter services		
English-Speaking (Reference Group)	1.00	NA
Spanish-Speaking		
No need for translator services	0.47	0.20-1.11
Need for translator services	0.34	0.17-0.68

^a Models adjusted for the following case-mix adjustors: child's age, child's gender, parent's gender, parent's educational level, child's health status, and survey year

Limitations

- Small overall sample size
- Lack of data on several important factors that may impact provider satisfaction:
 - acculturation
 - language proficiency
 - provider language concordance
 - quality of interpretive services received
- Limited power to detect differences among:
 - those that needed and received interpretive services compared to those that needed and DID NOT receive interpretive services

Conclusions

- Spanish-speaking Parents reported significantly lower ratings on provider time spent with child
 - Parents that needed interpretive services reported lower satisfaction compared to English-speaking Parents
 - No difference in ratings of provider time spent with child among Spanish-speaking parents that needed interpretive services compared to English-speaking parents
- No other differences found

Implications for Policy and Practice

- Efforts are needed to ensure that Spanish-speaking patients have access to medical staff with Spanish proficiency
- It is important that sufficient time be spent with Spanish-Speakers that need interpretive services during pediatric medical encounters
- Further research is needed to understand:
 - To what extent do Spanish-speaking patients in need of interpretive services receive such services from professionally trained staff
 - Understand how variation in the quality of interpretive services impacts satisfaction with provider communication

Acknowledgements

- We thank Charles Gallia, PhD and Judy Mohr-Peterson, PhD at the Oregon Medical Assistance Program Office for their support in completing this project