

Tuesday, May 10, 2005
9:00 to 11:00 AM
Rooms 111 & 112
Clackamas Community College
Wilsonville Advanced Training Center
29353 SW Town Center Loop E
Wilsonville, Oregon



Notes/Presentations

I. Introductions: Matt Carlson, Sharon Lee, Charles Gallia, Gretchen Morely, Rajiv Sharma, James Oliver, Ron Taylor, Tracy Alexander, Mike Leahy, John McConnell, Denise Bauman, Kathryn Broderick, Jeanene Smith, Tina Edlund, Lisa Krois, Jessica Miller

II. Brief update of OHREC activities:

New Study:

The statewide children's access survey results expected end of June first of July

Ongoing studies:

Economic Analysis of Benefit Changes after implementation of OHP2
Statewide look at Emergency Departments after implementation of OHP2
OHP Cohort Survey wrapping up their second wave, results to be presented at July 19, 2005 OHREC Public Meeting.

III. **Presentation:** An Assessment of the Spanish-Language Oregon Medicaid Health Risk and Health Status Survey. Presented by Sharon M. Lee and Matthew J. Carlson Center for Health & Social Inequality Research (CHSIR) Portland State University (Please see Power Point presentation below)

IV. **Presentation:** "Source of Admission and Access to non-ED care: Evidence from Pediatric Patients Hospitalized for Asthma and Bronchitis." presented by Rajiv Sharma PhD, health economist at Portland State University (Please see Power Point presentation below)

Reactor: Department of Human Services, The Office of Multicultural Health http://oregon.gov/DHS/ph/omh/about_us.shtml

The Office of Multicultural Health plays a strong leadership role in helping the Oregon Health Services focus attention on communities of color, Indian tribal governments, and other multicultural groups.

The Office of Multicultural Health exists to improve the health status of under-served and under-represented populations in Oregon through

multicultural and culturally-competent approaches that influence the way in which health services are designed and delivered.

Health Services programs are calling upon the Office of Multicultural Health for resources, training, assessments, and technical assistance. The HIV/AIDS Community Mobilization.

The Office of Multicultural Health also works a great deal with the Oregon Population Survey as well as the regular BRFSS do to concern over response rate. By working through the survey's question by question the response rate among African Americans was doubled by changing questions, language and the overall approach to questions and how they are asked.

V. Wrap Up

**Next Meeting:
Tuesday July 19, 2005
Oregon state Library, Room 109
250 Winter st. NE
Salem, Oregon**

**AN ASSESSMENT OF THE
SPANISH-LANGUAGE OREGON
MEDICAID HEALTH RISK AND
HEALTH STATUS SURVEY
(OMHRHSS)**

**SHARON LEE & MATTHEW CARLSON
CENTER FOR HEALTH & SOCIAL
INEQUALITY RESEARCH
PORTLAND STATE UNIVERSITY**

PROJECT PURPOSE AND OVERVIEW

- **ASSESS VALIDITY OF SPANISH VERSION OF OMHRHSS**
- **WHAT DO WE MEAN BY “VALIDITY”**
- **WHY IS THIS IMPORTANT?**
- **PREVIOUS RESEARCH ON TRANSLATIONS OF HEALTH SURVEYS**

SAMPLE

- **ENROLLED IN OHP**
- **SPANISH-SPEAKERS WITH ASTHMA OR DIABETES**
- **18 YEARS AND OLDER**
- **CONTACTED 50 INDIVIDUALS**
- **SAMPLE SIZE: 20**
- **\$20 INCENTIVE TO PARTICIPATE**

METHODS

- **TWO TRAINED SPANISH/ENGLISH BILINGUAL BICULTURAL INTERVIEWERS**
- **COGNITIVE TELEPHONE INTERVIEWS**
- **TECHNIQUES TO ASSESS RESPONDENTS' UNDERSTANDING OF SURVEY**

SAMPLE CHARACTERISTICS (N=20)

- **60% FEMALE**
- **AGE DISTRIBUTION:**
 - 18-35: 20%**
 - 36-45: 10%**
 - 46-65: 40%**
 - >65: 30%**
- **EDUCATION:**
 - < HIGH SCHOOL: 95%**
 - HIGH SCHOOL: 5%**
- **CHRONIC CONDITION:**
 - ASTHMA: 40%**
 - DIABETES: 55%**
 - BOTH: 5%**

MAIN GENERAL FINDINGS

SURVEY ADMINISTRATION

- **Introduction:**

Who is doing the survey?

Concepts of “Voluntary” and “Confidential”

- **Conditions of Interview**

- **Problem of Cell Phones**

- **Gender Matching of Interviewer and Respondent: Essential**

- **Interview is too long → Respondent Fatigue**

MAIN GENERAL FINDINGS

TRANSLATION AND COMPREHENSIBILITY

- **Reading Level is Too Advanced**
- **Lack of Comprehension of Adjectival Rating Scales**
- **Too Many Response Options**
- **Poor Placement of Highly Sensitive Family Planning Questions and Other Modules**
- **Health Care Providers: “Medico”**

SPECIFIC EXAMPLE 1: HEALTH STATUS

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? Moderate activities, such as moving a table, pushing a vacuum cleaner or grocery shopping. Are you...
Limited a lot /Limited a little /Not limited at all

- **Gender Appropriateness of Examples**
- **What Does “Moderate” (“moderadas”) Mean?**

SPECIFIC EXAMPLE 2: HEALTH STATUS

The next four questions are about any problems you may have had with your work or other regular daily activities during the past four weeks.) Have you accomplished less than you would like because of **EMOTIONAL** problems?

Yes /No/Don't know

- “Emotional Problems” (“problemas emocionales”)?”
- “Accomplished less than you would like”?

SPECIFIC EXAMPLE 3: HEALTH STATUS

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks have you felt calm and peaceful?

- All of the Time
 - Most of the Time
 - A Good Bit of the Time
 - Some of the Time
 - A Little Bit of the Time
 - None of the Time
 - Don't know / Not sure
-
- Question is Too long
 - Too Many Response Options
 - Translation of “calm and peaceful” (“tranquilo/a y sosegado/a”)

SPECIFIC EXAMPLE 4: HEALTH CARE ACCESS

Do you have one person you think of as your personal doctor or health care provider?

- Yes, only one
- More than one
- No
- Don't know

Was there a time in the last 6 months when you needed medical care but did NOT get it?

- Yes
- No
- Don't know

● **100% responded “yes” and “no”, respectively**

● **Problems with “Personal doctor or health care provider”**

● **Confidentiality**

SPECIFIC EXAMPLE 5: PHYSICAL ACTIVITY

Now, think about the moderate activities you do (when you are not working). In a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? Yes/No/Don't Know

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- **__:__ __ Hours and minutes per day**
- **Long and difficult questions with complex calculation**
- **Difficult to distinguish non-work from work activities**

SPECIFIC EXAMPLE 6: PHYSICAL ACTIVITY

Now thinking about the vigorous activities you do (when you are not working). In a usual week, do you do vigorous activities for at least 10 minutes such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

Yes/No/Don't Know/Not Sure/Refused

- Vigorous activities causing large increases in breathing (“causa cierto aumento en la respiración o el ritmo cardíaco”) → connotations of sexual activities

SPECIFIC EXAMPLE 7: ASTHMA

Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 4 weeks, how often did you have any symptoms of asthma? Would you say never, less than once a week, once or twice a week, more than 2 times a week, but not every day, every day, but not all the time, or every day, all the time?

- Not at any time
- Less than once a week
- Once or twice a week
- More than 2 times a week, but not every day
- Every day, but not all the time
- Every day, all the time
- Don't know / Not sure

- Question is Too Long and Can be Confusing
- Too Many Response Options

SPECIFIC EXAMPLE 8: DIABETES

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

Have you ever attended any formal diabetes education session, either classes or one-on-one training with a diabetes educator?

- **Translations of “sores, wounds, or irritations”**
- **Don’t understand “A one C”**
- **Don’t understand “diabetes education session”**

SPECIFIC EXAMPLE 9: PROSTATE CANCER SCREENING

A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

- **Yes**
 - **No**
 - **Don't know / Not sure**
-
- **Highly Sensitive Question**
 - **Gender Matching is Critical**

SPECIFIC EXAMPLE 10: FAMILY PLANNING

Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? Would you say . . .

INTERVIEWER: PLEASE READ

- You wanted to be pregnant sooner (END)
 - You wanted to be pregnant later (END)
 - You wanted to be pregnant then (END)
 - You didn't want to be pregnant then or at anytime in the future (END)
 - Don't Know/ Not sure
-
- Poor placement of highly sensitive family planning questions at end of survey

RECOMMENDATIONS I

- **Introduction:**
 - Clearer**
 - Confidentiality**
 - Voluntary Participation**
- **Add Brief introduction for Each Module**
- **Reduce Number of Response Options**
- **Gender Matching of Respondent and Interviewer**

RECOMMENDATIONS II

- **Move “Family Planning” and Demographics Section**
- **Use “medico” instead of “doctor, nurse, or other health professional or health care provider”**
- **Revise and Further Test OMHRHSS**
 - **Trained Translators for Forward and Back Translation**
 - **Review by Panel of Experts**
 - **Additional Cognitive Testing**

REPORT ON ASSESSMENT OF SPANISH-LANGUAGE OREGON MEDICAID HEALTH RISK AND HEALTH STATUS SURVEY (OMHRHSS)

Sharon M. Lee and Matthew J. Carlson*
Center for Health & Social Inequality Research
Department of Sociology
Portland State University

April 2005

* We thank Heather Guevara and Ann Sola for their excellent research assistance.

CENTER FOR HEALTH & SOCIAL INEQUALITY RESEARCH (CHSIR) PORTLAND STATE UNIVERSITY

- **BACKGROUND**
- **MISSION AND GOALS**
- **STAFF AND OPERATION**
- **SOME CURRENT ACTIVITIES**
- **FUTURE ACTIVITIES AND EVENTS**

**Source of Admission and Access to non-ED care:
Evidence from Pediatric Patients Hospitalized for
Asthma and Bronchitis in Maryland.**

**(Preliminary—Do not cite)
Comments and suggestions welcome**

**Rajiv Sharma
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Presentation for:

Oregon Health Research & Evaluation Collaborative

Joint work with:

- **Renu Gehring**
Ace-Cube, LLP
- **Miron Stano**
Department of Economics
Oakland University

Outline

- I. Background and motivation.
- II. What is new in this research?
- III. Summary of results.
- IV. Analytical framework.
- V. Results: Univariate analysis and logistic model.
- VI. Conclusion.

Background:

- Equity in health and health care is an important policy issue—possibly the most important civil rights issue of our time.
- Differences in access key element of inequality in health care.
- Management adage— Can only control what we can measure.

Motivation:

- Focus on children: Improving access to children has been a federal and state priority.
- Focus on respiratory disease: Minority children—especially African Americans bear a disproportionate burden
- Focus on Inpatients: Severe need.
- Focus on Maryland: Racial Diversity.

Main Empirical issue:

- ED use is (imperfect) substitute for services in non-ED settings.
 - => ED use has been viewed as an indicator of non-ED access.
- Problem: Differences in ED use can arise due to
 - Differences in non-ED Access
 - Differences in patient preferences

What is new in our research?

- Short-term changes can be used to analyze important aspects of the health care system.
- Employs a natural experiment—decrease in non-ED access during the weekend, and an increase in non-ED access at the beginning of the workweek—to evaluate if different racial groups have different degrees of access to non-ED care on weekdays.

Key innovation:

- On weekends—due to closure of many physicians' offices and outpatient clinics—the ED is a major conduit for access to health care for patients from all racial groups.
- If weekend access for two groups is similar, then the increase in non-ED access at the beginning of the workweek will have a greater impact on ED use of the group with better weekday access to non-ED care.

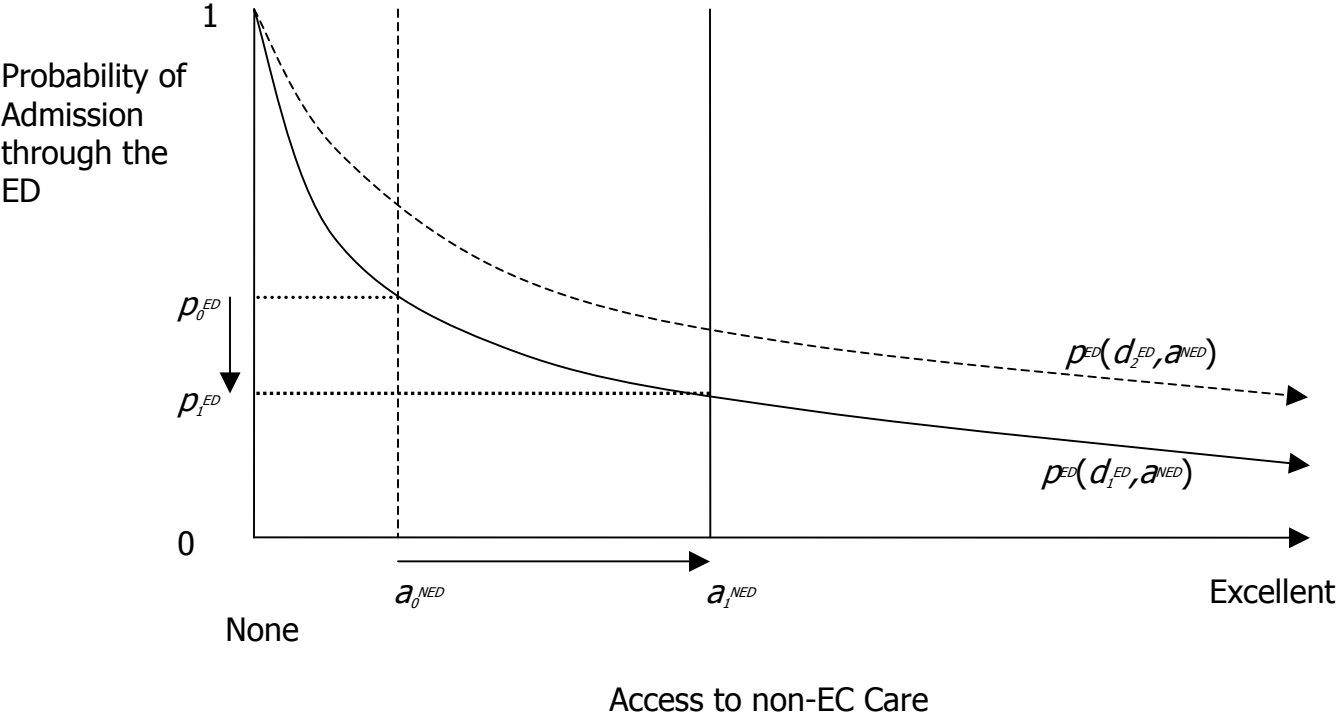
Summary of empirical results:

- Important differences in source of admission between racial groups and by insurance status.
- Onset of workweek affects patients from different racial groups differently.
- Evidence that African Americans have poorer weekday access to non-ED care than Whites. No statistically significant differences between other minority groups and Whites using our methods.
- Evidence that the rate of ED use for African Americans, Hispanics and Asians is more sensitive to changes in non-ED access than for Whites .

Model--Likelihood of admission through ED depends on:

- Desirability of ED care (patient's perspective):
 - health condition/treatment required.
 - patient's cost of ED treatment.
 - preference for ED vs. non-ED treatment.
- Access to non-ED care:
 - patient's cost of non-ED care.
 - does available care match patient's preferences?

Figure 1.—Access to non-ED care and probability of admission through the ED.



Group X has better weekday non-ED access if:

1. Decrease in probability of admission through ED due to the beginning of the workweek is larger for group X than for group Y.
2. Behavior of group Y patients is at least as responsive to changes in non-ED access as the behavior of patients from group X.
3. Group Y patients' access to non-ED care during the weekend is no better than that for patients from group X.

Data:

- Maryland inpatient data January 1999 to December 2002.
- Exclude transfers from other hospitals/health facilities. Restrict analysis to "routine" and ED admissions.
- 16,753 in DRG 98
(Bronchitis and Asthma, age 0-17 years).

Results (Patient Characteristics):

Race and Insurance

- Whites and African Americans in almost equal numbers (46% and 47%).
- Vast majority of patients had coverage from either Medicaid or private insurance:
 - Hispanics (65.3%) Medicaid.
 - African Americans (63.9%) Medicaid.
 - Proportion on Medicaid much lower for Whites, Asians and Native Americans.

Results (Patient Characteristics): ED and Weekend Admissions

Percent Admitted through ED

	<u>On Weekends</u>	<u>On Weekdays</u>
Whites	77.0%	54.2%
African Am.	88.6%	76.9%
Hispanics	87.9%	73.0%
Asians	79.3%	67.9%
Native Am.	100.0%	72.2%
Others	88.1%	73.3%

Results (Patient Characteristics): Age and Principal Diagnosis

- African Americans older (4.9 yrs) than patients from other groups.
Whites (3.1), Hispanics (2.6)
Asians (3.3), Native Americans (1.9).
- Asthma most common among African Americans.
Acute Bronchiolitis most common among Whites and Native Americans.

Determinants of Admission through ED: (Logistic regression--Model)

- Estimate the Probability of admission through the ED (Dependent variable-ED admission).
- Independent variables:
 - Age, Age squared, Sex, Race, LOS, Private insurance, Principal diagnosis, Number of diagnoses, Weekday admission.
- Interaction Effects:
 - Race*Private insurance, Race*Weekday Admission, Private insurance*Weekday Admission

Determinants of Admission through ED: (Logistic regression results—Race & Insurance)

	<u>Exp(Coeff.)</u>	<u>Exp(Coeff) 95% CI</u>
Priv. Insur	0.644	0.533 – 0.779
Race (Ref—White)		
African Am.	1.784	1.458 – 2.183
Hispanics	2.384	1.346 – 4.223
Asians	2.453	0.883 – 6.816
Others	2.064	0.962 – 4.430

Determinants of Admission through ED: (Interaction effects—Race & Weekday Admission)

	<u>Exp(Coeff.)</u>	<u>Exp(Coeff) 95% CI</u>
Ref racial group- White		
Wkd*African Am.	1.362	1.115 – 1.665
Wkd*Hispanic	1.115	0.624 – 1.994
Wkd*Asian	1.661	0.781 – 3.533
Wkd*Other	1.209	0.576 – 2.536

⇒ Compared to Whites, African Americans remain more likely to be admitted through the ED when the workweek begins (i.e., impact of workweek is smaller for African Americans than for Whites).

Determinants of Admission through ED: (Interaction effects—Race & Private Insurance)

	<u>Exp(Coeff.)</u>	<u>Exp(Coeff) 95% CI</u>
Ref racial group- White		
Priv. Ins*African Am.	0.817	0.700 – 0.954
Priv. Ins*Hispanic	0.579	0.372 – 0.899
Priv. Ins*Asian	0.380	0.159 – 0.908
Priv. Ins*Other	0.722	0.418 – 1.247

⇒ Compared to its impact on Whites, private insurance leads to a greater reduction in likelihood of ED admission for African Americans and Hispanics.

Conclusion:

- Employ a natural experiment to evaluate racial differences in weekday access to non-ED care.
- Results indicate that African Americans have poorer weekday access to non-ED care than Whites.
- When compared to Whites, the care seeking behavior of African Americans and Hispanics appears to be more responsive to changes in access.
- ⇒ Improving access to minorities is key to addressing unequal treatment in the health care system.
- Quantifying differences in weekday access.