PERCEIVED WELLBEING, HEALTH KNOWLEDGE AND SCREENING PRACTICES, AND DOCTOR-PATIENT COMMUNICATION IN LATINA MOTHERS OF CHILDREN WITH RETARDATION

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AN EPIDEMIOLOGICAL PARADOX

* Heart Disease

* Stroke

* Cancer

* Cirrhosis

* Smoking

* Cholesterol

* Activity Limitations

HEALTH ISSUES OF CONCERN TO LATINAS

* Overall Health Status
* Diabetes
* Breast Cancer
* Cervical Cancer
* Obesity/Cholesterol
* Myocardial Infarction
* Smoking, Alcohol, Diet

DOCTOR-PATIENT COMMUNICATION

* Language Differences

* Cultural Differences

* Health Belief Differences

RELATIONSHIP TO BARRIERS TO CARE (ACCESS PROBLEMS)

* Cost

* Lack of Insurance

* Time, Transportation

* Doctor Who Will Treat

What is the HEALTH IMPACT for Latina women raising a child with disabilities compared to other similar Latina women who are not raising such a child?

* Overall Perceived Health Status

* Health Knowledge

* Health Screening

* Doctor-Patient Communication

What is the relationship of various CULTURALLY MEDIATED FACTORS to HEALTH OUTCOMES (health status, health knowledge, health screening, doctor-patient communication)?

* Acculturation

* Somatization of Depression

* Coping Styles

* Religiosity

* Family Functioning
  (including perceived stress of caring for child with disabilities)

DEMOGRAPHIC OVERVIEW (N=148)

COUNTRY OF ORIGIN	
Mexico	66.9%
California/other USA	21.6%
Central American	11.5%
SPANISH-SPEAKING	75.0%
REPORTED RELIGION	
Catholic	69.9%
Protestant	24.3%
Other	6.1%
SINGLE MOTHERS	41.2%
ANNUAL INCOME $20,000 or less	88.6%

INDEPENDENT MEASURES

* Demographic Data

* Acculturation Scale

  Marin & Marin, 1987; Language Use, Media, and Social Relations

* Religious Orientation

  FES, Moos & Moos, 1986; F-COPES, McCubbin, Olson, & Larsen, 1991; Dulan, 1994

* Coping

  F-COPES, 1991; Acquiring Social Support, Reframing, Mobilizing Family to Acquire and Accept Help, Passive Appraisal

* Questionnaire Resources, Stress

  QRS-F, Friedrich, Greenberg, Crnic, 1983

* Family Functioning

  FES,1986; Cohesion, Conflict

* Depression

  CES-D, Radloff, 1977

* Access (4 items; alpha = .66)

DEPENDENT MEASURES

* Overall Health Status
  (single Likert item)

* Health Knowledge
  (7 items; alpha = .61)

* Health Screening Practices
  (14 items; alpha = .76)

* Doctor-Patient Communication
  (8 items; alpha = .70)

RESULTS

MEDICAL INTERVENTION: SOURCES OF HELP

* Community Clinics	40.2%
* Personal Physicians	22.8%
* OTC Medications	17.4%
* Doing Nothing	13.0%
* Hospital, Emergency	12.0%

RESULTS

ACCESS TO CARE DIFFICULTIES

* Overall	57.4%
* Cost	52.0%
* Lack of Insurance	37.2%
* Waiting Time	30.4%
* Transportation	25.0%
* Finding Dr. Who Will Treat	22.3%

RESULTS

COMMUNICATION DIFFICULTIES

* Overall	29.3%
* Language Difficulties	30.4%
* Trouble Understanding Dr.	36.5%
* Disagreeing with Dr.	35.1%
* Dr. not interested in opinion	35.8%
* Treated differently because of ethnicity	25.7%

RESULTS

	THIS STUDY	COMPARISON STUDIES
Overall Perceived Health Status		
	38.0%	12.7-16.7%
4-Plus Sick-Days Last Year		
	25.0%	22.2%
Specific Health Problems		
		14.5%
Diabetes	10.9%	11.7 - 17.0%
High Blood Pressure	15.5%	20.3%
High Cholesterol	18.2%	20.0%
Smoking	12.8%	12.4-24.5%
Abnormal Pap	20.9%	
No Contraception	59.0%	

RESULTS

	THIS Study	COMPARISON Studies	NHW
BP Check			
Ever	91.9%		
Past year	75.7%	77.9%	83.1%
Pap Smear		76%; 78%	
Ever	93.9%	64.0% - 87.0%	67.1%-9
Past 1-2year	66.2%	44.0% - 65.0% 63.6	
Clinical Breast Exam			
Ever	89.9%	81.0% - 84.0%	67.3%-9
Past year	64.2%	62.9% - 82.1%	
Breast Self-Exam			38.3%
Ever	77.0%	62.0% - 82.0%	28.7%
Monthly	58.8%	28.8% 41.0%	
Mammogram		38% 31.1% 69% - 74%	70%
Ever	47.3%	30.1%; ~~68.9%~~ - ~~79.0%~~	59.1%-77
1-2 years	30.4%	9.4% 22.0% - 30.0%	14.7%
			28-40%
			62%
Diabetes Screen			
Ever	75.7%		
Past year	48.0%	31.0% - 38.6%	
Cholesterol Screen			
Ever	60.1%	90.0%	85%
Past 1-2 years	42.9%		

RESULTS

INTERCORRELATION OF HEALTH OUTCOME MEASURES

	1 Health Status	2 Screening	3 Knowledge	4 Communication
1	1.00	.02	.17*	-.06
2	.02	1.00	.70***	.21**
3	.17*	.70***	1.00	.16*
4	-.06	.21**	.16*	1.00

*p < .05 **p < .01 ***p < .001

RESULTS

Demographic and Psychosocial Correlates of Health Outcome Measures

INDEPENDENT VARIABLES	DEPENDENT VARIABLES			
	Health Status	Health Knowl	Health Screen	Dr./Pt. Communic
Depression	**-.44*** **	**.08**	**-.02**	**-.19***
Family Problems	**-.25****	**.03**	**-.08**	**-.18***
Reframing	**-.07**	**.16***	**.19***	**.16***
Soc. Accult.	**-.16***	**.29*****	**.22****	**.32*****
Access	**-.19***	**.07**	**.11**	**-.50******
Maternal Age	**.22****	**.37******	**.19***	**.11**

***p < .05 **p < .01 ***p < .001 ****p < .0001**

OUTLINE: GATLINBURG PRESENTATION

I. INTRO and TITLE OF TALK: My name...Perceived Wellbeing, Health Knowledge and Screening Practices, and Doctor-Patient Communication in Latina Mothers of Children with Retardation

Going to discuss a study examining

A. Relevance to panel:

1. Existing literature suggests ~~that differences in coping styles are related to differences in health outcomes~~ a reciprocal relationship between family and individual well-be

2. Coping was one of the variables examined in our study

B. First, however, I'd like to briefly context our study in the larger topic of Latina health

II. EPIDEMIOLOGICAL PARADOX: Latinas benefit from what has been termed...

A. Although SES and living circumstances of Latinos are similar to African-Americans, their overall health status is closer to that of non-Hispanic whites

B. Latinos have lower age-adjusted death rates for heart disease, stroke, and cancer than do Anglos

C. Latina women smoke less and have high cholesterol less frequently than do their NHW counterparts

E. Among Latina and NHW women of comparable income levels, Latinas report fewer activity limitations or inability to work because of health problems

III. HEALTH ISSUES OF CONCERN TO LATINAS

A. Latinas signif. more likely to report themselves in poor or fair health than are NHW women

B. Age-adjusted diabetes death rate for Latinos nearly 70% higher than Anglo rate; prevalence 2-5 times higher; and more likely to suffer severe complications than whites

C. Lower incidence of breast cancer than NHW, but more likely to have large tumors or metastatic disease at time of diagnosis

D. Higher age-adjusted incidence and mortality rates for cervical cancer

E. Use both breast and cervical cancer prevention services less often than NHW

F. Higher cholesterol consumption, lower HDL cholesterol with more central body fat distribution (risk factor for hypertension, diabetes, CAD, breast cancer)

G. More acculturation, increase in smoking, alcohol use, poorer diet

IV. DOCTOR-PATIENT COMMUNICATION

A. ... is key factor in health care, assoc. with increased patient satisfaction, compliance, understanding and retention of information, improved health outcomes

B. Latinas, in common with other ethnic populations, have demonstrable complications in their communications with physicians, including language differences, cultural differences, and specifically health belief differences

V. BARRIERS TO CARE

A. Quality of health care related to access issues

B. Frequently cited obstacles among lower ses pts. are cost, lack of insurance, amount of time required, lack of transportation, and finding doctors who will treat them

VI. STUDY QUESTIONS: Returning to our study, we wished to begin to investigate two issues:

A. First, what is the HEALTH IMPACT for Latina women raising a child with disabilities compared to other similar Latina women who are not raising such a child? (in terms of Perceived Health Status (and presence of specific diseases), Health Knowledge, Health Screening, and Doctor-Patient Communication?

B. Secondly, what is the relationship of various CULTURALLY MEDIATED VARIABLES to these HEALTH OUTCOMES? (ie., Acculturation, Depression, Coping Styles, Religiosity, Family Functioning)

1. ~~Acculturation, psychological distress, coping, religious beliefs, family functioning~~ are all psychosocial variables influenced by culture

2. We wondered whether mothers'differential endorsement of these psychosocial variables would be associated with better or poorer health outcomes and communication patterns?

VII. OVERVIEW OF SAMPLE: Our sample consisted of 148 mothers of children with retardation

A. Mean age = 40.6, median = 38.5

B. Children's mean age = 11.5; 20% classified as moderately retarded; 32%, severely; 43% profoundly

C. Most of sample from Mexico, Spanish-speaking, Catholic, and with an annual income of less than $20,000; 74% had high school educ. or less

D. A little over 40% of the sample was single mothers (cmp. to 20% in other studies)

E. The study consisted of two 2-3 hour face-to-face interviews conducted in the subject's home by a bilingual interviewer

VIII. INDEPENDENT MEASURES

A Demographic

B. Acculturation: Language, Media, Social Relations

C. Religious orientation

D. Coping: Social Support, Reframing, Mobilizing Family to Get Help, Passive Appraisal

E. Questionnaire on Resources & Stress

F. Family Functioning: Cohesion, Conflict

G. Depression

H. Access (4 item scale; alpha = .66)

IX. DEPENDENT MEASURES

A. Overall Health status (single Likert item)

B. Health Knowledge (7 items; alpha = .61; "Do you know what a pap smear is?" "Test for cancer"; Diabetes - sugar in blood; mammogram - x-ray for breast cancer; HBP - can cause stroke, heart disease; cholesterol - something bad in arteries, can cause heart disease; smoking - bad for health; lung cancer, heart problems; BSE

(E)
contraception - stop getting pregnant)

C. Health Screening Practices (14 items; Cholesterol, HBP, diabetes, cervical cancer, breast cancer (BSE, clinical BE, and mammogram)

D. Doctor-Patient ~~Relationship~~ Communication - 8 items (language difficulties, difficulty understanding doctor, trouble disagreeing with doctor, doctor not interested in opinion)

I will now present selected findings from this study

X. RESULTS: MEDICAL INTERVENTION: SOURCES OF HELP: One of the most frequently asked questions of patients facing cultural, linguistic and economic barriers is where do they go to seek help for their health care needs?

A. Most of sample used community clinics or personal physicians

B. A fair number still used ER facilities; but this figure is low compared to other studies which report up to 25% using ERs as first line of defense

C. Almost no one used folk healers, or consulted family members or friends

XI. RESULTS: ACCESS DIFFICULTIES

A. Overall, over 50% said it was hard for them to see a doctor, which is comparable to other studies

B. When broken down, like other studies, the most frequently cited obstacles included cost, insurance problems, amount of time expended in the visit, transportation, and finding a doctor

XII. RESULTS: COMMUNICATION DIFFICULTIES

A. Overall, close to a third of the sample reported problems

B. Most frequently cited problems included language differences, trouble understanding the doctor, reluctance to express disagreements with the doctor, feeling the doctor was not interested in their opinion

C. A quarter felt they were treated less well by the doctor because they were Latina

In order to address our first study question regarding health impact, we compared some of our findings with other studies of Latinas of similar age and ses

XIII. RESULTS: HEALTH

A. Overall Perceived Health - Most notably, many more (over double) of our subj perceived themselves to be in poor health compared to comparison studies

B. However, in terms of more objective measures, our subjects seemed similar to other reports in the literature

C. Number of sick days about the same

D. Diabetes, HBP, high cholesterol, smoking all comparable

XIV. RESULTS: SCREENING PRACTICES

A. Similar to high end: BP check, pap smear, clinical breast

exam, breast self exam, 1-2 yr mammograms, diabetes screen
B. Low: cholesterol screen

One of the unexpected findings of this study had to do with the relationships among our four health outcome measures

X. RESULTS: INTERCORRELATION OF HEALTH OUTCOME MEASURES
A. We had expected there to be reasonable intercorrections among these measures; but with exception of Health Knowledge and Screening practices, correlated at .70, this did not prove to be the case
B. Health Status unrelated to other health measures, except very modestly to Health Knowledge
C. Health Knowledge was very modestly correlated with both Health Status and Communication; and Screening was also only very slightly correlated with Communication

In order to address our second study question regarding the relationship between culturally mediated psychosocial variables to health outcomes, we performed a series of bivariate analyses

XII. RESULTS: BIVARIATE ANALYSES
A. Religiosity and family functioning had no relationship to any of the health outcome variables
B. Health Status was significantly (and negatively) correlated with depression and with Family Problems (the QRS); very slightly negatively correlated with one of the Acculturation measures, and with Access; and positively correlated with Maternal Age
B. Other than Maternal Age, Health Knowledge was most strongly (and positively) related to this same Social Acculturation variable, and very slightly to Reframing, a coping variable
C. Screening Practices were related very modestly to Social Acculturation, Reframing, and Maternal Age
D. Communication was related most strongly to Access and Social Acculturation, and modestly to Depression, Family Problems, and Reframing

several stepwise regressions were performed to test strength of these relationships
XIII. RESULTS: REGRESSION ANALYSES
A. Health Status: 23% of the variance was explained by Depression and Maternal Age
B. Health Knowledge: 56% of the variance was explained by Practice, Maternal Age, and Social Acculturation
C. Communication: 32% of the variance was explained by Access and Social Acculturation

Tentative
XIV. CONCLUSIONS
A. Actual health of these Latina mothers in terms of presence of chronic disease, number of sick days, and their health screening practices were comparable to those of other Latina women of similar age and ses
B. Despite overall reasonable physical health and self-care, their perceived health was significantly worse
1. This is probably explained by the already mentioned correlation between Depression and Overall Perceived Health
2. We know from another study of this same population that

rates of depressive symptomatology are high among these women

3. Health belief models in the traditional Latino culture emphasize the unity of somatic and psychological distress

a. In this population so that overall perceived health status may be less a measure of physical health than overall ~~generalized~~ wellbeing, thus more sensitive to presence of psychological distress and family stress

b. This may also explain its lack of relationship to the other health outcome measures

Secondly C. The stress of caring for a child with disabilities was

1. Significantly negatively correlated with Overall Perceived Health, and

2. Modestly negatively correlated with improved doctor-patient communication,

3. Although neither of these relationships was sustained in the regression analysis;

4. and not at all related to health knowledge or screening:

5. The impact of a child with disabilities may be more relevant to overall perceptions of wellbeing than to specific physical illness or health care practices; this variable needs further investigation

Third D. Based on the study findings, it is also possible to conclude that being sufficiently acculturated to have friends and acquaintances outside the Hispanic subculture may be related to ~~relationship to~~ better health knowledge, better screening practices, and better doctor-patient communication; but similarly is a construct requiring more careful investigation

E. Finally, we need to refine our thinking about the relationship of such factors as family functioning, religiosity, and coping to health outcomes