

The Role of Social Determinants of Health and Medical Home Status in Caregivers' Perception of Health Provider Communication



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BACKGROUND

- Research shows health providers make assumptions about help-seekers based on social determinants of health (SDH) including race, education, and income.
- Unequal treatment in health care based on SDH contributes to health disparities by reducing quality of care and discouraging help-seeking.
- Patient-provider communication is especially critical when patients require ongoing care and health management across settings such as the case for children with special health care needs (CSHN).
- The frequent patient/caregiver-provider contact at medical homes may serve to reduce SDH-related biases in care. However, little research has explored whether having a medical home can attenuate SDH biases in caregiver-provider communication for CSHN.
- STUDY AIM:** To determine the relationship between SDH and caregivers' perceived interactions with health care providers for CSHN with and without medical homes.

METHODS

- Caregiver data were obtained from the National Survey of Children's Health. Only caregivers of CSHN (n = 18,181) were included. Caregivers completed a demographic questionnaire and provided perceptions on their interactions with providers in the past year. Medical home included having a personal doctor or nurse, usual source for sick and well care, and family-centered care.
- Separate multivariate regressions predicting perceptions of interactions with providers from SDH (race/ethnicity, poverty level, caregiver education, insurance type, and child mental health special needs status) were modeled for participants with and without medical homes.

RESULTS

	Provider Spends Enough Time with Child	Provider Listens Carefully to Caregiver	Provider Sensitive to Family Values & Customs	Provider Provides Specific Information on Child's Health or Care	Provider Helps Caregiver feel like Partner in Child's Care	Average Perception of Providers
NO MEDICAL HOME (N=8786)	Adjusted R ² = .050 F = 67.58***	Adjusted R ² = .011 F = 15.57***	Adjusted R ² = .026 F = 37.03***	Adjusted R ² = .009 F = 12.51***	Adjusted R ² = .006 F = 9.10***	Adjusted R ² = .026 F = 34.82***
Education	.09***	.01	.05***	-.01	<-.01	.04**
Race (vs. White)						
Hispanic	-.11***	-.02	-.06***	-.01	-.03*	-.06***
Black	-.12***	.02	-.04***	.01	<-.01	-.04***
Other	-.05***	-.03*	-.05***	-.03**	-.04***	-.06***
Public insurance	.03*	.02	.02	.04**	.02	.04*
Poverty level	.10***	.09***	.10***	.06***	.04**	.11***
Child MH needs	-.01	-.06***	-.04**	-.08***	-.06***	-.07***
MEDICAL HOME (N=9397)	Adjusted R ² = .003 F = 4.47***	Adjusted R ² = .007 F = 10.12***	Adjusted R ² < .001 F = 1.33	Adjusted R ² = .005 F = 8.36***	Adjusted R ² = .003 F = 5.44***	Adjusted R ² = .006 F = 9.20***
Education	-.02	-.07***	-.01	-.04**	-.02	-.05***
Race (vs. White)						
Hispanic	-.02	.01	-.02	<-.01	<.01	-.01
Black	.01	.04***	.01	.03**	.02	.03**
Other	-.01	<-.01	-.01	-.01	<-.01	-.01
Public insurance	.03*	.02	<-.01	.02	.02	.03
Poverty level	.02	.02	<.01	-.02	-.03*	<-.01
Child MH needs	-.05***	-.03**	-.02	-.04***	-.02	-.05***

CONCLUSIONS/IMPLICATIONS

- Results suggest that there are underlying differences in perceptions of caregiver-provider communication in caregivers with medical homes versus without medical homes.
- SDH being a stronger predictor of caregiver-provider communications in no-medical home care than in medical home care suggests that having a medical home may be protective for those with SDH that place them at risk for health disparities.
- Of specific note, in both models of care, caregivers of children with special mental health needs perceived less provider communications. One would expect that given the combination of high medical and mental health needs, this group will have the most interactions with providers and most in need of provider support and communication. The extent to which the results reflect actual provider communications versus caregivers' high expectations for provider support and communications should be explored further.
- Future studies should engage in more in-depth analysis of caregivers' expectations for provider communication to assess for differences based on SDH. Future studies should include other SDH such as primary language and immigrant status.