

# Socioeconomic and Racial Disparities in Parental Perception and Experience of Having a Medical Home, 2007 to 2011–2012



Kristen Diao, MD; Yorghos Tripodis, PhD; Webb E. Long, MD; Arvin Garg, MD, MPH

From the Department of Pediatrics, Boston University School of Medicine, Boston Medical Center, Boston, Mass (Drs Diao and Garg); Department of Biostatistics, Boston University School of Public Health, Boston, Mass (Dr Tripodis); and Department of Pediatrics, University of Massachusetts Memorial Medical Center, Worcester, Mass (Dr Long)  
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Address correspondence to Kristen Diao, MD, Department of Pediatrics, Division of General Pediatrics, Boston University School of Medicine, Boston Medical Center, 88 E Newton St, Vose Hall 3rd Floor, Boston, MA 02118 (e-mail: [kyang@bu.edu](mailto:kyang@bu.edu)).  
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## ABSTRACT

**OBJECTIVE:** To evaluate whether socioeconomic (SES) and racial disparities in the parental perception and experience of having a medical home decreased from 2007 to 2011–2012.

**METHODS:** We used nationally representative samples of children aged 1 to 17 from the 2007 (n = 83,293) and 2011–2012 (n = 87,774) National Surveys of Children's Health. Multivariable logistic regression was used to test associations between SES (income, employment, and education) and race/ethnicity to the medical home and its subcomponents (personal doctor or nurse, usual source of care, family-centered care, referrals, care coordination), controlling for a priori identified covariates.

**RESULTS:** From 2007 to 2011–2012, fewer children overall had access to a medical home (56.9% vs 54.0%, aOR = 0.91, 95% confidence interval 0.86–0.96). There were no significant changes in SES and racial trends in access to the medical home during this time period. For example, parents of children

<100% federal poverty level (FPL) were significantly less likely to report having a medical home than parents of children  $\geq$ 400% FPL in 2007 and 2011–2012; however, this disparity did not significantly change during the time period (aOR = 0.98, 95% confidence interval 0.75–1.27). There were also no significant changes in SES and racial/ethnic disparities over time for each medical home subcomponent.

**CONCLUSIONS:** Despite widespread efforts to promote the medical home for all children, large SES and racial disparities in the parental perception and experience of having a medical home persisted from 2007 to 2011–2012.

**KEYWORDS:** children; health care access; health policy; medical home; racial disparities; socioeconomic status

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## WHAT'S NEW

SES and racial disparities in the parental perception and experience of having a medical home persisted from 2007 to 2011–2012. Renewed efforts are needed to improve the experience for impoverished, minority children and their families.

IN 2002, THE American Academy of Pediatrics (AAP) defined the medical home as a model of primary care that is “accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.” In their policy statement, the AAP also recommended that all children should receive pediatric care within the medical home.<sup>1</sup> Since then, the patient-centered medical home (PCMH) has emerged as an optimal primary care model for patients of all ages; in adults, the PCMH has been associated with reduced costs, improved coordinated care efforts, efficient utilization of information technology, and better health outcomes.<sup>2,3</sup> In the pediatric population, the evidence for the effectiveness of the PCMH, however,

is more limited.<sup>3–5</sup> Two studies have shown that children with a parent-reported medical home had a greater number of preventive care visits and decreased utilization of the emergency department.<sup>6,7</sup>

In recent years, nonetheless, several public and private initiatives have made concerted efforts to promote the PCMH particularly for low-income populations. For example, the Affordable Care Act (ACA) enacted in 2010 encouraged the widespread adoption of the PCMH by offering states the option to increase reimbursement to primary care sites designated as health homes for Medicaid patients with chronic conditions.<sup>8</sup> The ACA also provides grants to community-based health teams to increase access to coordinated care. Another robust initiative was the Safety Net Medical Home Initiative, a 5-year (2008–2013) demonstration project aimed to help 65 primary care safety net sites become high-performing medical homes and improve quality, efficiency, and patient experience.<sup>9</sup>

To date, prior studies have demonstrated that substantial socioeconomic (SES), racial, and ethnic disparities exist in

children's access to a medical home.<sup>10,11</sup> However, to our knowledge, it is not known whether SES and racial disparities in children's access to the medical home have decreased in recent years in light of new policy changes. The purpose of this study was to investigate, using the most recent pediatric national data available, whether SES and racial disparities in the parental perception and experience of having a medical home have decreased. We hypothesized that, given the AAP's promotion of the medical home for all children, along with recent national and state PCMH initiatives aimed at low-income populations, these disparities have narrowed.

## METHODS

### DATA SET

This study was a secondary data analysis of the 2007 and 2011–2012 National Surveys of Children's Health (NSCH). The NSCH is a population-based survey directed by the Maternal and Child Health Bureau and conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics.<sup>12,13</sup> Each NSCH was conducted over 2 years using random-digit dialing via the State and Local Area Integrated Telephone Survey mechanism.<sup>12,13</sup> The 2007 NSCH data collection began in April 2007 and ended in July 2008; the 2011–2012 NSCH data collection period was from February 2011 through June 2012.<sup>12,13</sup>

A stratified, random sample of households with children younger than 18 years was selected from each of the 50 states and the District of Columbia. The respondent was a parent or guardian who knew the child's health and his or her health care utilization.<sup>12</sup> Overall, the majority of the questions were similar between the 2007 and 2011–2012 surveys and addressed the following domains: sociodemographics, health and functional status, health

insurance coverage, health care access and utilization, medical home, family functioning, parental health, and neighborhood characteristics.<sup>12,13</sup> Of note, the 2011–2012 data collection methodology included the addition of cell phone use compared to the sole use of landlines in 2007.<sup>13</sup> Specifically, starting in 2011, landline telephone numbers were supplemented with an independent random-digit-dialing sample of cell phone numbers.<sup>14</sup> The NSCH interview completion rate was 54.1% for the landline sample and 41.2% for the cell phone sample in 2011–2012; the NSCH interview completion rate was 51.3% in 2007. Weighting based on gender and telephone ownership distribution was derived from national census data to generalize to the noninstitutionalized population of children nationwide.<sup>12,13</sup>

The 2007 and 2011–2012 NSCH data sets were analyzed separately to assess SES and racial disparities in each surveyed year. The 2 data sets were also combined to study temporal trends.

### STUDY POPULATION

A total of 91,642 interviews were completed for the 2007 NSCH and 95,677 interviews for the 2011–2012 NSCH.<sup>12,13</sup> Because several survey items in this analysis involved a 1-year recall period, we restricted our analysis to children 1 year and older, similar to the methodology of Strickland et al.<sup>11</sup> Subject selection is provided in Figure 1.

### DEFINITION OF SES

We assessed the construct of SES (ie, income, employment, and education) using NSCH variables that included household income, employment, and highest maternal educational attainment.<sup>15</sup> For this study, household income was operationalized into 4 categories: <100% federal poverty level (FPL), 100–199% FPL, 200–399% FPL,

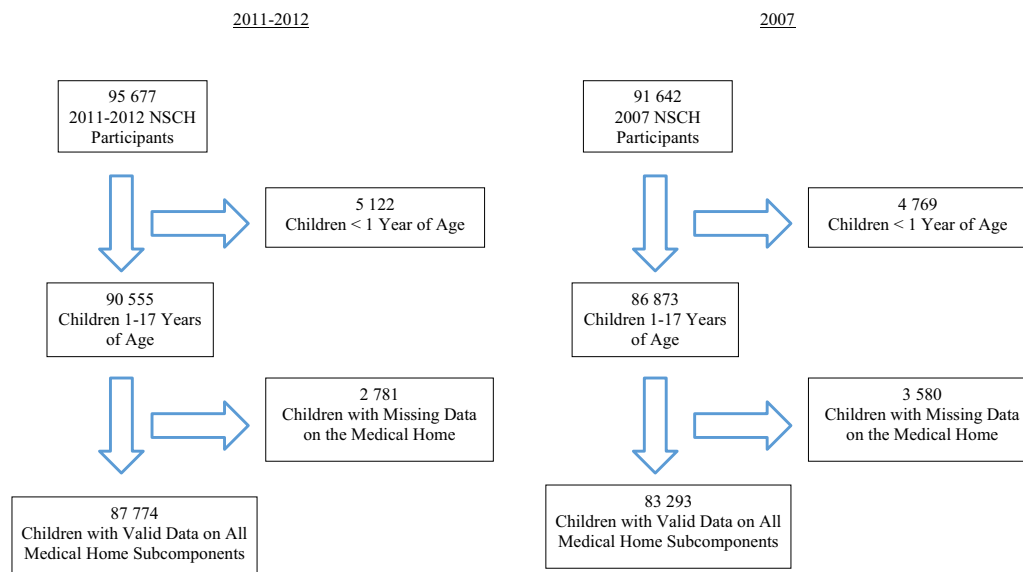


Figure 1. Subject selection.

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