

Secondary Analysis of Project Health Views Survey and Interviews

Purpose

During the spring of 2015 an undergraduate anthropology class collected survey data from 67 Salud clients about their health and healthcare views and experiences, as well as collected demographic information about those clients. The evaluation team performed a secondary analysis of this data in order to: 1) answer additional questions about Salud clients, and their experiences at Salud Family Health Clinics and, 2) help inform the development of a moderator's guide to be used in focus group discussions with Salud client's, to gather qualitative data about their Salud experience.

Primary Questions:

The three specific questions we sought to answer from the data were:

1. Did client's experience of care at Salud differ by sex, primary language, ethnicity or birthplace?
2. Did client's perception of overall health differ by sex, primary language, ethnicity or birthplace?
3. Did client's perception of mental/emotional health differ by sex, primary language, ethnicity or birthplace?

Data Management

When conducting the secondary analysis for overall health and mental/emotional health we simplified the data due to the use of a 5 point Likert scale. The Likert scale was reduced to two options—option 1 combined good/very good/excellent, and option 2 combined fair/poor. We agreed that these categories separated those that considered their health good from those that did not. We analyzed frequency and percent of those with good and those with less than good health for each category of interest.

The satisfaction scores were calculated by adding the 1 to 5 Likert score of seven experiences of care questions. Since the scores were originally arranged from 1 being “strongly agree” that care was good, to 5 being “strongly disagree” that care was good, the first step was to reverse code the items. The second step consisted of adding each individual’s score for the seven questions, with 7 being the lowest score possible for experience of care and 35 representing the highest score. We calculate the mean and standard deviation of the scores for each category of interest. This down-scaling was performed to aid the evaluation team with the data analysis and due to time constraints that the team had.

The data was further managed by removing individuals who had not completed all the questions that were being analyzed. The initial number of participants was 67, however, after cleaning the data, only 50 participants remained. The justification of removing the 17 participants who did not answer as least 1 question was that the evaluation team wanted valid data and felt that missing data may invalidate the results. The evaluation team decided that removing the individuals with missing data would also make the results obtained from the data more reliable.

Demographics

In addition to simplifying and analyzing data to help answer our research questions about overall and mental/emotional health, and experience of care, we analyzed demographic information of the 50 individuals that completed the survey to help us look for differences in responses based on demographic information. Table 1 is a summary of the demographics of interview participants.

Table1. Number and demographic characteristics of Salud Family Health Center clients that participated in a Project Health Views Colorado survey and interview.

Demographics of Secondary Analysis Data		n=50
	Mean	SD
Age	40	15.2
Age by Sex		
Male	46	14.2
Female	37	15.3
Age by Language		
English	40	17.0
Spanish	41	12.9
Age by Ethnicity		
White/Caucasian	44	17.0
Hispanic/Latino	38	13.3
Age by Birth Place		
United States	40	17.0
Mexico	41	12.9
	Count	Percent
Gender		
Male	20	40
Female	30	60
Ethnicity		
White/Caucasian	23	46
Hispanic/Latino	27	54
Primary Language		
English	29	58
Spanish	21	42
Birthplace		
United States	29	58
Mexico	21	42
Educational Level		
No Schooling	1	2
Elementary School	3	6
Middle School	7	14
Some High School	3	6
HS Degree or GED	21	42
Some College/2 yr Degree	11	22
Bachelor's Degree	2	4
Graduate/Professional Degree	1	2

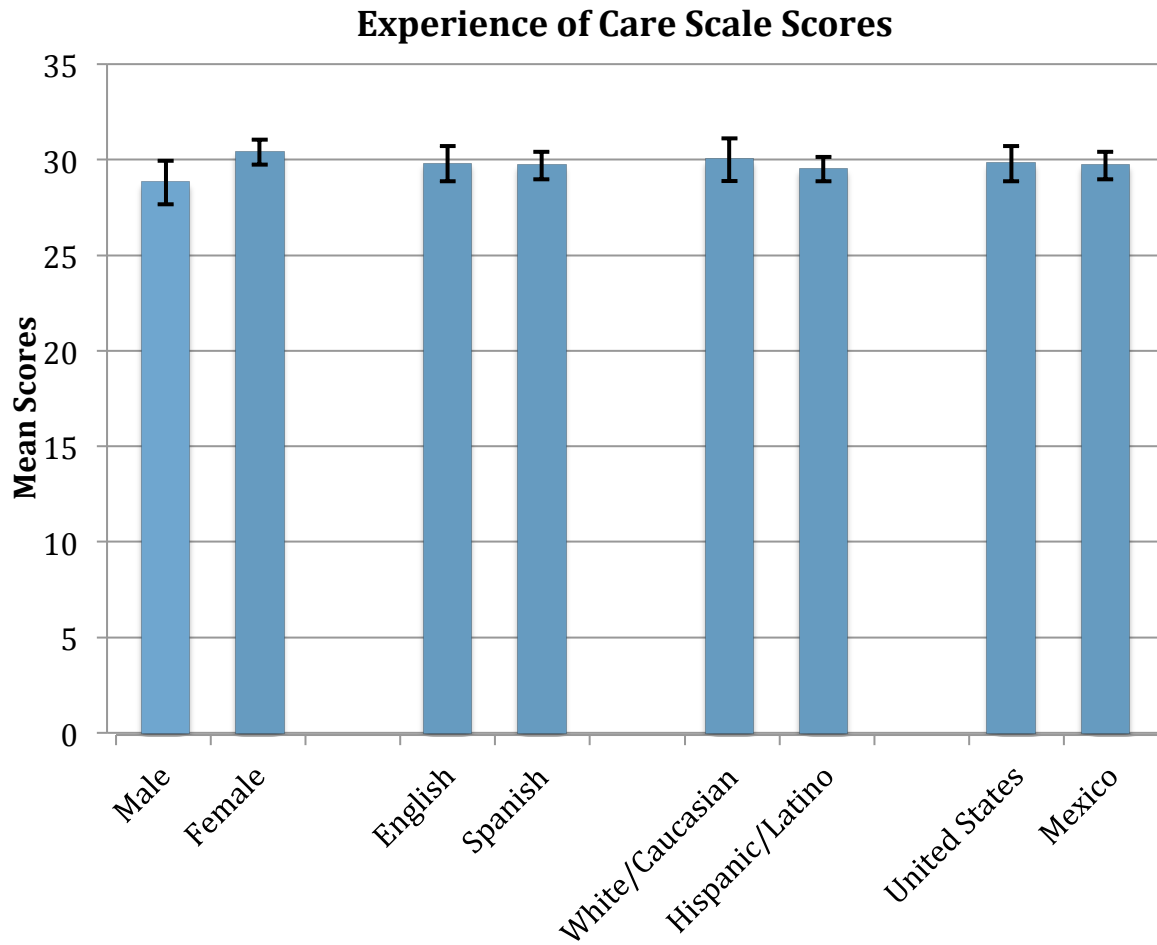
Employment Status		
Employed	29	58
Unemployed	20	40
Missing	1	2
Insurance Status		
Private Insurance	14	28
Medicaid	21	42
Medicare	7	14
Pay out of Pocket-Discount	5	10
Pay out of Pocket-Full Price	2	4
Other	1	2

Question 1: Did clients overall experience of care at Salud Family Health Centers differ by sex, primary language, ethnicity or country of birth?

Salud clients were asked to rate their experience of care in seven different areas on a scale from 1 to 5, with 5 being the highest. When adding the seven areas, 35 was the maximum score possible indicating the highest satisfaction of care. Figure 1 shows the mean of the cumulative scores based on sex, primary language, ethnicity and country of birth. We compared each category with a t-test using SPSS to determine if there was a statistically significant difference between groups.

Mean experience of care scores were not significantly different by sex ($t=-1.3$, $df=48$, $p=.21$), primary language ($t=.04$, $df=48$, $p=.97$), race/ethnicity ($t=.4$, $df=48$, $p=.70$), or place of birth ($t=.04$, $df=48$, $p=.97$). Overall clients appeared to be happy with their experience of care at Salud, with a mean satisfaction score of 29.8 ($SD=4.9$) out of 35 for all participants.

Figure 1. Mean experience of care scale scores.



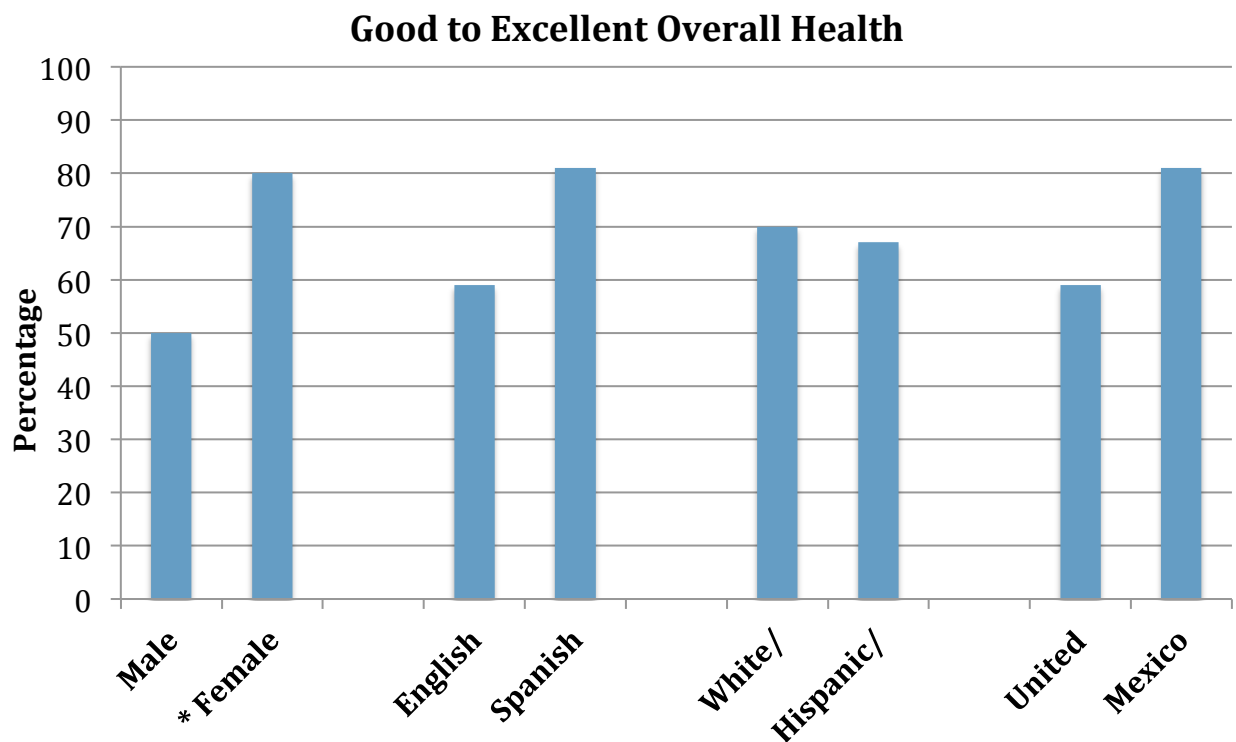
Question 2: Did client’s perception of overall health differ by sex, primary language, ethnicity or birthplace?

Participants were asked to rate their overall health as excellent, very good, good, fair or poor. Figure 2 shows the percent of those rating their health good, very good, or excellent by sex, primary language, ethnicity and place of birth. We compared groups for both overall and mental/emotional health, using chi-square, in SPSS to look for significant differences in perceived health between groups.

Women reported significantly better overall health than men ($\chi^2=4.9$, $df=1$, $p=.03$). There was no significant difference in overall health by primary language ($\chi^2=2.8$, $df=1$, $p=.10$), ethnicity ($\chi^2=.05$, $df=1$, $p=.83$), or place of birth ($\chi^2=2.8$, $df=1$, $p=.10$).

Only 50% of men reported good to excellent health. However, the mean age of men was 46 (SD=14.2), while the mean age of women was 37 (SD=15.3). The approximately 9 year age difference between men and women may have accounted for at least part of the difference in overall reported health between these groups.

Figure 2. Percent reporting good to excellent health.



Question 3: Did client’s perception of mental/emotional health differ by sex, primary language, ethnicity or birthplace?

Participants were also asked to rate their mental/emotional health as poor, fair, good, very good or excellent. Figure 3 shows the percent of those rating their mental health as good, very good, or excellent by sex, primary language, ethnicity and birth place.

The majority of participants, 72%, reported good to excellent mental/emotional health. Women, Spanish speakers, Hispanics/Latinos, and those born in Mexico had a higher percent reporting good or better mental/emotional health. However, there was no significant difference between groups by sex ($\chi^2=2.4$, $df=1$, $p=.1$), primary language ($\chi^2=3.4$, $df=1$, $p=.07$), ethnicity ($\chi^2=2.6$, $df=1$, $p=.11$) or place of birth ($\chi^2=3.4$, $df=1$, $p=.07$).

Figure 3. Percent reporting good to excellent mental/emotional health.



Discussion:

The secondary data analysis indicated that overall Salud clients were happy with their experience of care at Salud clinics. The mean satisfaction score for all participants was 29.8 (SD=4.9) out of a possible 35. Salud clients' ratings of health services received at Salud clinics were not affected by sex, primary language, ethnicity, or place of birth. In fact there was less than a two point difference between all groups.

Reported overall health was the only area where a significant difference was seen between any groups. Only half of men reported good health, which was significantly less than the 80% of women with good health. However, the mean age of men was nine years older than that of women and may have affected the answers to this question. Mental/emotional health of Salud clients tended to be better among women, Spanish speakers, Hispanic/Latinos, and those born in Mexico, but differences were not significant.

Through our secondary analysis we had looked to find any specific areas of concern that clients may have had as identified in the Project Health Views surveys to guide our selection of areas to probe and gather qualitative information about in focus group discussions. Although we did not find any particular areas of concern that clients had with Salud services, we were able to better describe Salud clientele to help guide in the development of our focus group questions. The evaluation team used this information, as well as areas of interest discussed with the Salud clinic to help develop the moderator's guide for the focus group discussions.