PROJECT INFORMATION

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Comparing Preferences for Depression and Diabetes Treatment among Adults of Different Racial and Ethnic Groups Who Reported Discrimination in Health Care

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Organization

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What was the project about?

Treatment decisions for depression and diabetes are complex. Talking about and paying attention to patient treatment preferences may improve patients' health as well as their ability to take treatment as recommended. Previous studies have shown that patients' preferences for treatments vary by race and ethnicity. For Black and Hispanic or Latino patients, factors such as past discrimination in health care may affect treatment preferences.

Researchers can use experiments to learn what patients prefer. Discrete choice experiments, or DCEs, describe care options with different features, such as type of treatments offered or out-of-pocket costs. Patients fill out surveys about which options they prefer. From their choices, researchers learn what's most important to patients.

In this study, the research team used a DCE to learn what types of treatment adults of different races and ethnicities preferred for depression and diabetes. Treatments included

- Medicine only, talk therapy only, or both for depression
- Medicine only, behavior change only, or both for diabetes

The research team also looked at whether experiences of past discrimination in health care affected patient preferences.

What were the results?

For both depression and diabetes, Black and Hispanic or Latino adults didn't have treatment preferences. White adults preferred medicine only for both.

Black and Hispanic or Latino adults were more likely to experience discrimination in health care than Whites. Among those who reported past discrimination,

- Black and Hispanic or Latino adults preferred medicine only for depression.
- Black and White adults preferred behavior change only for diabetes.

Who was in the study?

The study included 1,512 adults with depression, diabetes, or both. Of these, 33 percent were Black, 33 percent were Hispanic/Latino, and 33 percent were White. All were part of a national survey panel.

What did the research team do?

The research team developed a survey. The survey asked adults to choose between two doctors for mental health or diabetes care. The survey had 18 comparisons. In each, the doctors differed in five

features, such as treatment offered or out-of-pocket cost. The survey also asked about experiences with discrimination in health care.

Patient advocates, community health workers, and patient experience professionals helped design and conduct the study.

What were the limits of the project?

The research team looked at only one point in time; they can't say for sure that discrimination led to patients' treatment preferences. The study compared

doctors on a limited set of features. These features may not capture actual treatment decisions.

Future research could look at how doctors can talk with patients about treatment preferences and past discrimination.

How can people use the results?

Doctors can use these results when considering how past experiences of discrimination may affect patients' treatment preferences.

To learn more about this project, visit www.pcori.org/Cook208.