OBJECTIVES: This study examines the role of parent cultural beliefs and communication between parents and providers in child asthma disparities. The primary objective is to identify aspects of communication that lead to underuse of prescribed medications in African-Americans, Latinos and Caucasians. We will identify specific elements of effective communication and decision making for African-American, Latino, and white families. We will identify different cultural belief systems for each of these groups regarding health, medications and health care. We will examine the relationship between communication and the use of prescribed medication.

Research Design: The study uses both qualitative and quantitative methods to examine communication and cultural belief systems. In the Qualitative Phase, we will audiotape clinical interactions and conduct semi-structured interviews with parents and providers. In the subsequent Survey Phase, we will conduct a retrospective cohort study in two large, diverse populations. We will link data from telephone interviews with parents, surveys of providers, and computerized data on asthma medications and other health care use. Methods: Participants will be parents of children ages 5-12, who have persistent asthma. Phase 1: 60 parents equally distributed among African-Americans, Latinos and Caucasians, will be recruited at two pediatric outpatient clinics. They will be identified through electronic medical records and scheduling systems and will be approached to participate in the clinic. 20-30 providers for these patients will also participate in this study. We will audiotape the clinical interactions between parents, children and providers. We will then conduct individual interviews with parents and with providers regarding child asthma, belief systems and clinical interactions. We have completed audiotaping of 50 parent-child-provider interactions. We have also completed 31 parent interviews and 3 provider interviews. Data collection will continue, however we are seeking an additional site, Cambridge Health Alliance, to increase our capture of Latino and low SES white families. Data collection expected to be complete for phase I by December 2004. We will analyze these data using established qualitative methods to identify different patterns of communication and cultural explanatory models of health, illness and health care.

Phase II: In the Survey Phase, we will conduct a retrospective cohort study in two large, diverse populations that builds on our qualitative findings. Parent interviews will be conducted via telephone in English or Spanish with the parent or guardian of approximately 900 children with persistent asthma. The interview will cover variables including use of asthma medications, asthma status, explanatory models of asthma, measures of the provider's communication, decision-making, and interpersonal style, demographics, acculturation, and co-morbidities. 76 provider surveys will be conducted using a mailed, closed-ended survey format. The survey will cover variables including the provider's explanatory model of asthma, propensity to prescribe preventive medications, beliefs about racial/ethnic groups, competence in communication, years of experience in clinical practice, and demographic variables. Computerized data will be assembled via analysis of the two participating health plans databases. The dependent variable - use of preventive asthma medications - will be measured by parent report and by computerized data. We will analyze data using multivariate methods for clustered observations. Phase II will expand on and test the generalizability of the hypotheses from the qualitative phase. Phase II survey development is in progress.

FINDINGS: There are no findings to date. Data collection is ongoing and data analysis is in progress.