



# Association Between Social Support and Access to Routine Care with Patient Activation Among Latinos with Comorbid Cardiometabolic and Behavioral Conditions

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## Background

- Latinos are at elevated risk of developing cardiometabolic conditions (e.g., diabetes, hypertension) and often face challenges accessing primary care and advocating for their health.
- Patient activation<sup>1</sup> (knowledge and willingness to take action for one's health), social support (a network of people that can provide assistance and positive emotional support), and routine care (preventative healthcare) are needed to improve health outcomes.
- No other studies to-date have examined the relationship between social support and utilization of routine care with patient activation among Latinos with chronic health conditions
- Aim:** We tested whether greater social support and utilization of routine care would relate to higher patient activation.

## Methods

### Participants

- This sample consisted of 534 Latino participants (M=62 years old)
- Participants were randomized into a control group or the intervention group (Mi Puente), which offered hospitalized patients with additional resource to prevent hospital readmissions and improve health outcomes.
- Participants were eligible if they were of Latino origin, had 2 or more cardiometabolic conditions, at least one behavioral health concern and currently hospitalized in Scripps Mercy Chula Vista Hospital.

### Data Collection

- Research assistants administered a survey to the participants which include the patient activation measure (PAM-13)<sup>2</sup>, the single item measure of social support<sup>3</sup> and questions about routine care.
- Linear regression was used to examine the association between social support and routine care access with PAM scores, after controlling for age, sex, and education.
- In the analysis, participants who answered 0-1 social support were compared to 2+ while those who endorsed "routine care" (e.g., clinics and doctor's office) were compared to "non-routine care" (e.g., ER, outpatient).

## Results

### Descriptive Statistics

Table 1. Sample Characteristics (N= 534)

Sample Characteristics	N (%)
Sex (Male)	280(52.1%)
Annual Household Income < 30,000	414(83.8%)
Not Currently Employed	411(76.8%)
Born in Mexico	390 (72.8%)

Table 2. Endorsement of Routine Care vs. Non-Routine Care

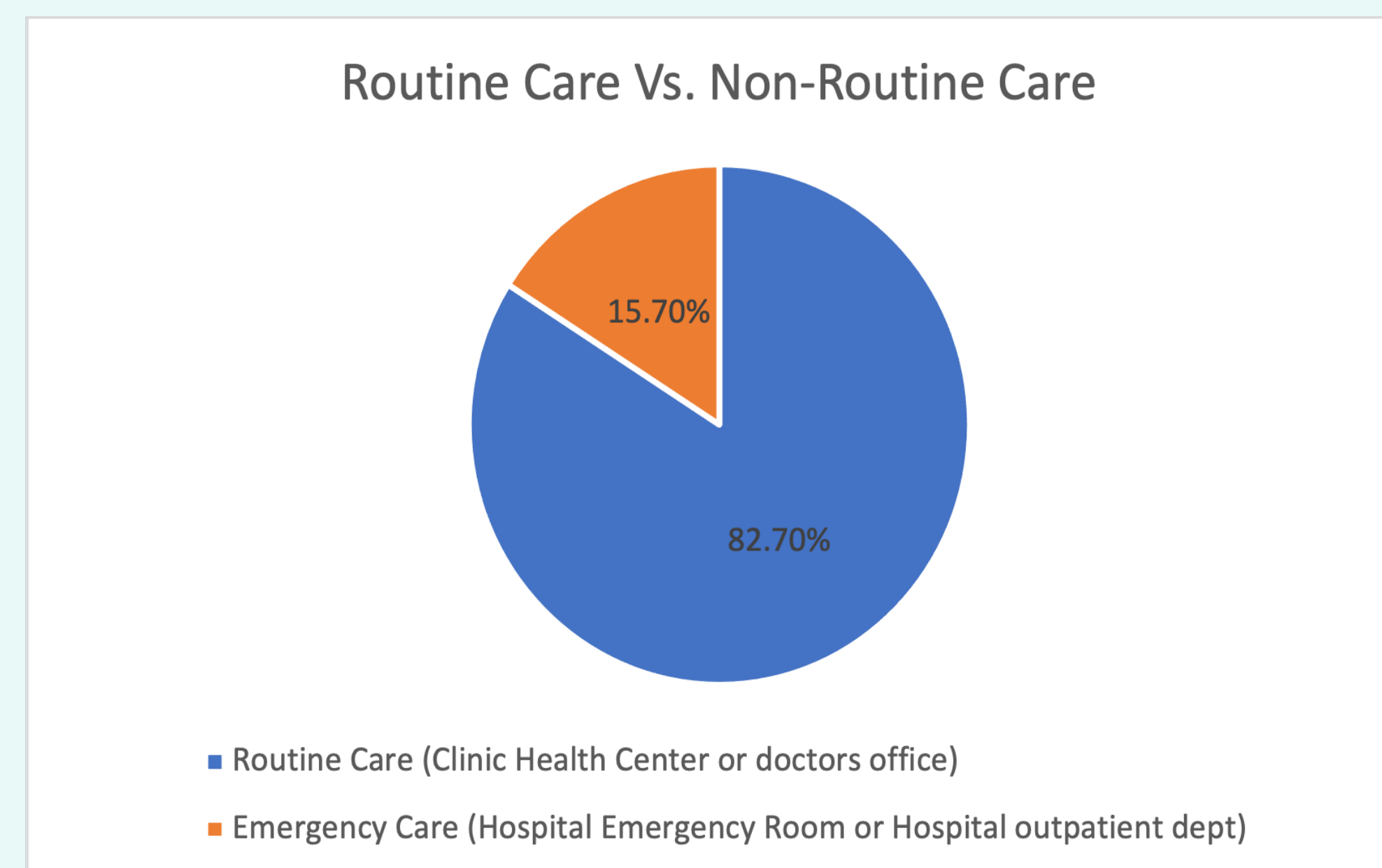
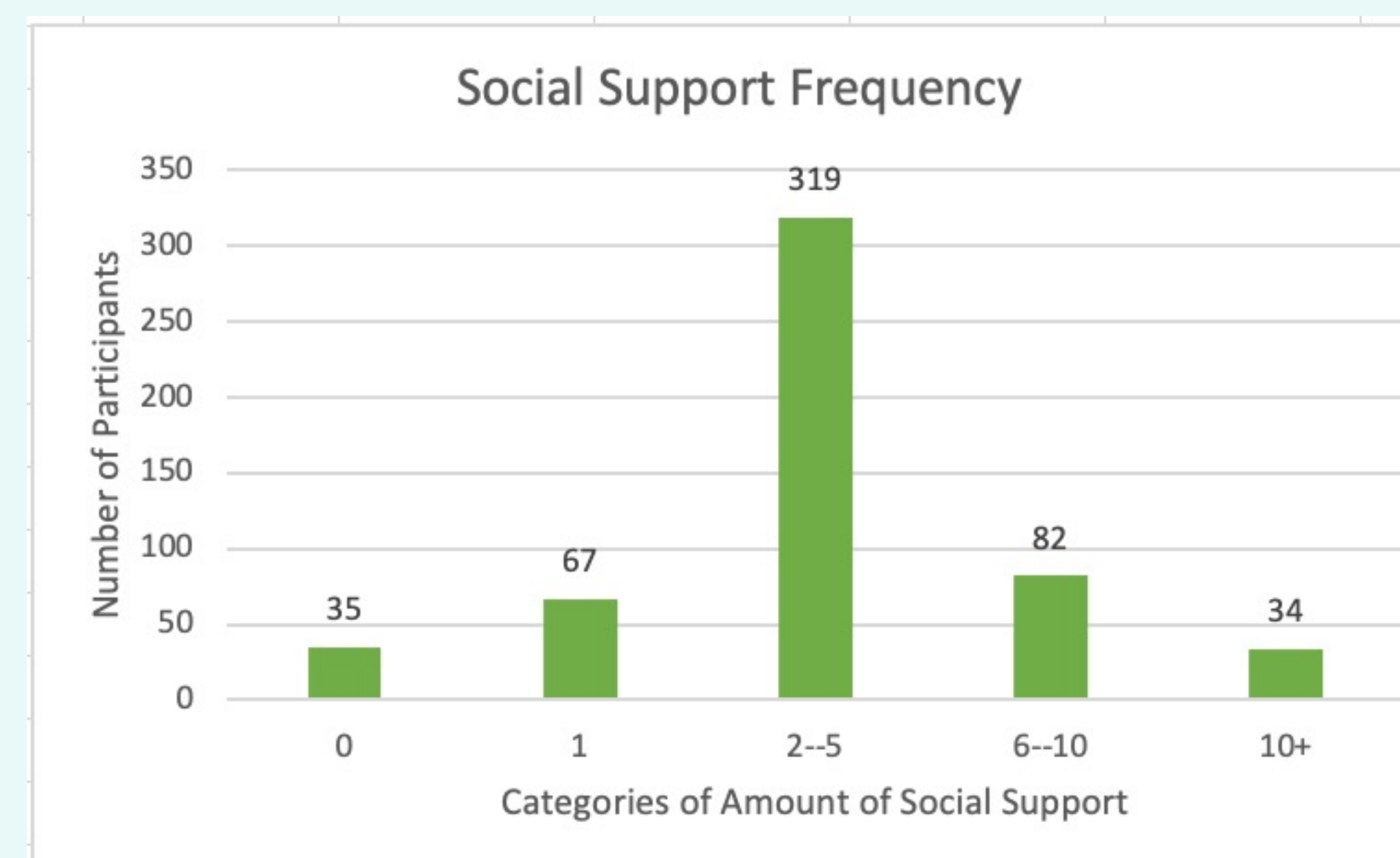


Table 3. Frequency of Social Support



## Results

Table 4. Results (N=534)

	PAM β (SE)
Social Support ***	2.834(1.395)
Routine Care	-1.516(1.482)
***p<0.05	

- Results revealed a significant association between social support and PAM, such that those with greater levels of social support (2 or more) had higher PAM score (B=2.8 points, p<0.5) compared to those with lower levels of social support (0-1).
- Participants who utilized emergency care had a lower PAM score (B=-1.5 points, p>0.05) than those who utilized routine care, but there was no statistical significance.

## Conclusions & Future Directions

- Further longitudinal research is needed to understand how social support may relate to increased activation among Latinos with comorbid chronic conditions.

## References

- Hibbard, J. H., & Greene, J. (2013). What the evidence shows about patient activation: better health outcomes and care experiences; fewer data on costs. *Health Affairs*, 32(2), 207-214. <https://doi.org/10.1377/hlthaff.2012.1061>
- Hibbard, J. H., Mahoney, E. R., Stockard, J., & Tusler, M. (2005). Development and testing of a short form of the patient activation measure. *Health services research*, 40(6 Pt 1), 1918-1930. <https://doi.org/10.1111/j.1475-6773.2005.00438.x>
- Blake RL Jr, McKay DA. A single-item measure of social supports as a predictor of morbidity. *J Fam Pract*. 1986 Jan;22(1):82-4. PMID: 3941304.

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