

CC across care levels between the majority population and minority racial/ethnic groups in Brazil, Chile and Mexico.

Methods:

This was a cross-sectional study based on a users' survey applying the CCAENA questionnaire. A random sample of users with chronic conditions in two healthcare networks of each country (n = 789 per country) was selected, of which 3.5% in Chile, 4.1% in Mexico, and 13.2% in Brazil belonged to indigenous/race minority groups. CC was analysed through patients' perception of information transfer across care levels and an index of care coherence. Main explanatory variable: self-reported ethnic/racial group: indigenous in Chile and Mexico and race/colour (brown, white or other (black, yellow and indigenous) in Brazil; reference category: majority group, brown. Analysis: descriptive and multivariate logistic regression model.

Results:

Patients' perceptions of CC were generally higher regarding care coherence than information transfer. In Brazil and Chile, minority groups' perceptions were lower. Multivariate results showed that in Brazil, white users' perceptions are consistently lower regarding information transfer from the specialist to the primary care doctor ORadj: 0.81 [95% CI: 0.72-0.91]; information transfer from the primary care doctor to the specialist ORadj: 0.92 [0.86-0.98]; and care coherence ORadj: 0.87 [0.78-0.96]. There were no differences in Chile and mixed results in Mexico.

Conclusions:

The association between perceptions of CC and belonging to a minority group differs between countries. Studies to examine the underlying mechanisms are needed.

Main messages:

This is the first attempt to explore differences in perceived CC concerning ethnic/race groups in Brazil, Chile and Mexico. No clear pattern was found regarding the association of CC perceptions and belonging to a minority group.

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Differences in perception of continuity of care between majority population and ethnic/race minorities: a cross-sectional study with chronic patients in public healthcare networks of Brazil, Chile, and Mexico

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Background:

Efforts are made in Latin America to overcome fragmentation and improve continuity of care (CC). However, the influence of ethnic/race origin on patients' perception of CC has been scarcely analysed. Aim: to explore differences in perceptions of