



QUICK FACTS: Disparities in Health Care

Disparities in Health Care: “Differences between two or more population groups in health care access, coverage, and quality of care not due to different health needs. This can include differences in preventive, diagnostic, and treatment services between population groups.”

Quick Facts on:

Amputation

Differences in amputation rates reveal one of the many treatment disparities that exist between racial and ethnic minorities and whites, suggesting that minorities tend to receive less appropriate care than their white counterparts. For example:

- In general, African Americans and Latinos had higher rates of lower extremity amputation than non-Hispanic whites.¹
- Among Medicare beneficiaries, the rate of amputation of all or part of the lower limb was 6.7 per 1,000 for African Americans and 1.9 per 1,000 for whites.²

Asthma Care

Asthma rates are disproportionately high among racial and ethnic minorities, particularly within the African-American community. Moreover, disparities also appear to exist in how asthma is treated in minority populations, with racial and ethnic minorities often receiving inadequate asthma care.

- Insured African Americans with asthma are more likely than insured whites to be hospitalized for asthma-related health conditions and are less likely to be treated by an asthma specialist.³
- African-American children are about three times more likely to be hospitalized for asthma than their white peers and about five times more likely to seek care at an emergency room.⁴
- Among families in which parents lack any post-secondary education and do not have access to a primary care physician, African-American and Latino children with asthma are more likely than white children to underuse routine medications such as anti-inflammatory agents.⁵

Cancer Care

In many instances, racial and ethnic minorities are less likely to receive adequate screening for specific types of cancer. This often results in diagnosis at a later stage for minority populations and a worse prognosis for survival. Even after diagnosis, racial and ethnic minorities with cancer frequently fail to receive as high quality care as their white counterparts.

- African-American and Latino men are less likely to be screened for prostate cancer and are at greater risk of being at a more advanced stage of prostate cancer at the point of diagnosis than are white men.⁶

- All racial and ethnic minority women over 40 years old are less likely than white women to have undergone a mammogram to screen for breast cancer.⁷
- Latino, Asian, and American Indian women are less likely to be screened for cervical and breast cancer than white and African-American women. Latino men are least likely to be screened for colorectal cancer compared to all other ethnic groups.⁸
- African-American Medicare patients with early stage lung cancer are half as likely to undergo surgery in comparison to whites. They also have lower five-year survival rates.⁹
- African-American, Latino, and Asian cancer patients were more likely than whites to receive no analgesic agents for daily pain management.¹⁰

Cardiovascular Care

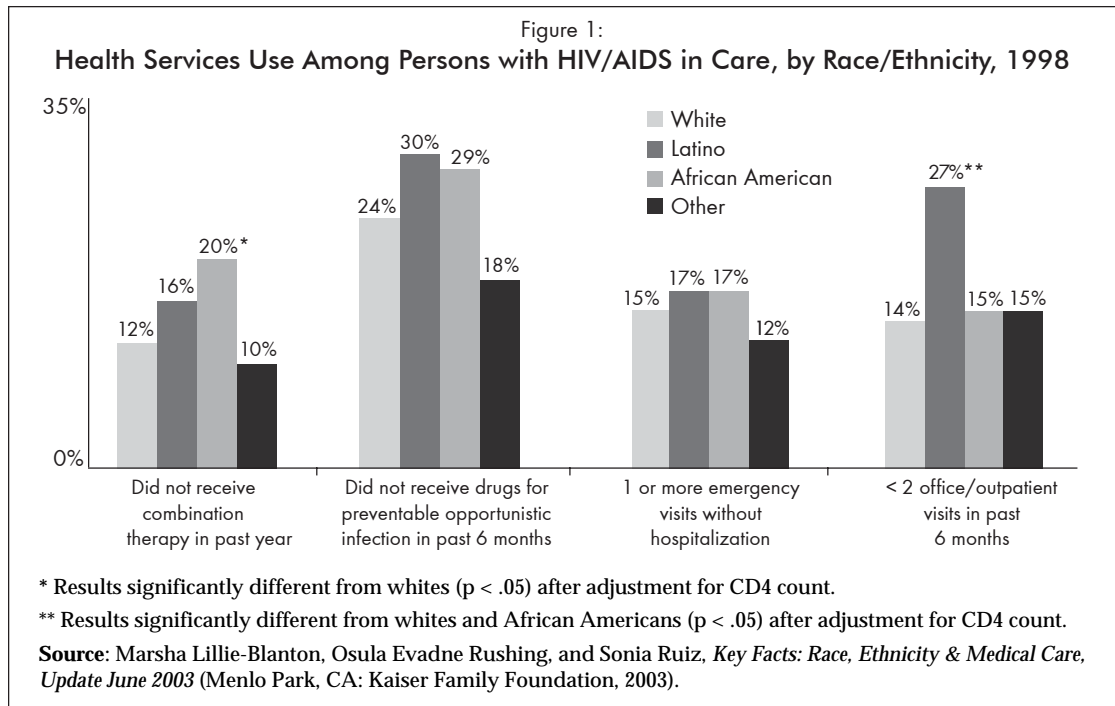
Repeated studies have shown that racial and ethnic minorities receive, on average, worse cardiac care than whites. Perhaps because of these treatment disparities, cardiovascular disease has had a disproportionate impact on minority communities, particularly African Americans.

- Of 81 studies investigating racial and ethnic differences in cardiac care from 1984 to 2001, 68 studies (84 percent) found evidence suggesting that minorities received less appropriate care than their white counterparts.¹¹
- Among the insured population, African Americans are less likely to undergo angiography than non-Hispanic whites, and African-American women are 40 percent less likely than whites to be recommended for cardiac catheterization.¹²
- African-American Medicare patients in California were less likely than whites to undergo catheterization, angioplasty, and bypass surgery, while Latino patients were less likely than whites to undergo catheterization and angioplasty.¹³
- In spite of their higher mortality and morbidity for cardiovascular disease, African Americans and Latinos are less likely to undergo treatment for their conditions and are especially less likely to receive high-technology cardiac procedures, such as cardiac catheterization and coronary revascularization.¹⁴

HIV Treatment

African Americans and Latinos make up the majority of HIV diagnoses in this country. Despite their overrepresentation among the HIV-positive population, however, racial and ethnic minorities continue to receive inferior treatment and care for the disease.

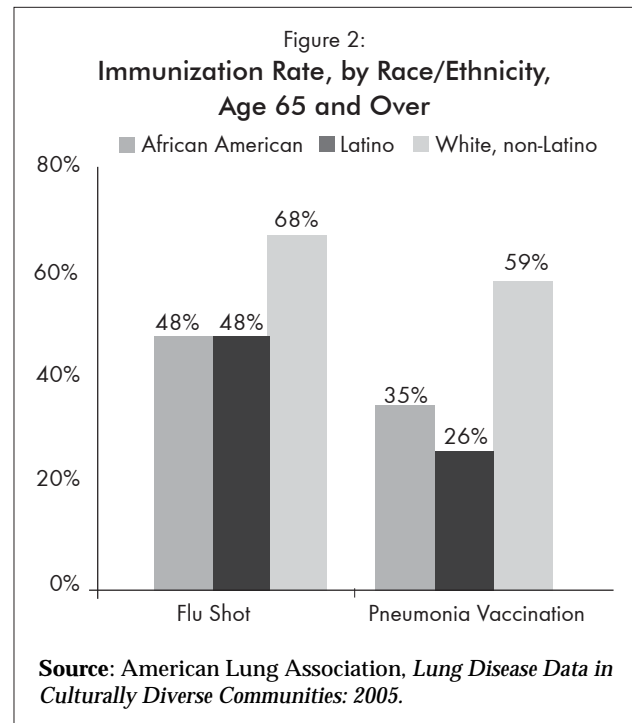
- African Americans and Latinos infected with HIV receive significantly less optimal health care compared to whites (see Figure 1).¹⁵
- African Americans with HIV are less likely to receive combination drug therapy, the accepted standard of care for the disease. Latinos with HIV are more likely than whites and African Americans to have had fewer than two outpatient visits in the past six months.¹⁶



Immunizations

Preventive care is essential to ensuring good health outcomes. Racial and ethnic minorities, however, continue to lag behind their white peers in immunization rates, both in early childhood and later adulthood.

- In 2003, African-American children had the lowest rate of immunization, with 25 percent lacking one or more of the most current immunizations, compared to 21 percent of Latino children and 16 percent of white children.¹⁷
- Less than half of all African Americans over 65 received a flu shot, and only 35 percent received a pneumonia vaccination in 2002. Among Latinos, only 48 percent received a flu shot, and 26 percent received a pneumonia vaccination during the same time period. This compares with 68 percent of whites receiving the flu shot and 59 percent receiving the pneumonia vaccine.¹⁸



Pain Management

The treatment of both acute and chronic pain varies between racial and ethnic groups. In general, minorities are less likely than whites to have their pain managed aggressively through the use of effective medications.

- Among children and adults hospitalized for serious limb fractures, Latinos receive the lowest average dose of pain medication of all racial or ethnic groups.¹⁹
- Among elderly nursing home residents with daily pain, African Americans were more likely than whites to receive no pain-relieving agent.²⁰

Quality of Care

A thorough review of health quality data reveals that racial and ethnic minorities consistently receive lower-quality care than whites.

- Blacks had poorer quality of care than whites for about 60 percent of quality measures, including not receiving prenatal care and recommended childhood and adult immunizations.²¹
- Hispanics had poorer quality of care than non-Hispanic whites for about 40 percent of quality measures, including not receiving screening for cancer or cardiovascular risk factors.²²
- American Indians and Alaska Natives had poorer quality of care than whites for about a quarter of quality measures, including lacking a usual source of care and having problems with patient-provider communication.²³

Endnotes

¹ Andrew Karter, Assiamira Ferrara, Jennifer Liu, et al., “Ethnic Disparities in Diabetic Complications in an Insured Population,” *Journal of the American Medical Association* 287 (19), pp. 2519-2527.

² Marian Gornick, Paul Eggers, Thomas Reilly, et al., “Effects of Race and Income on Mortality and Use of Services among Medicare Beneficiaries,” *New England Journal of Medicine* 335 (11), pp. 791-799.

³ Edward Zoratti, Suzanne Havstad, Juan Rodriguez, et al., “Health Service Use by African Americans and Caucasians with Asthma in a Managed Care Setting,” *American Journal of Respiratory and Critical Care Medicine* 158 (August 1998), pp. 371-377.

⁴ American Lung Association, *Lung Disease Data in Culturally Diverse Communities: 2005* (New York: American Lung Association, February 2005), available online at <http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=308853>.

⁵ Ibid.

⁶ Marsha Lillie-Blanton, Osula Evadne Rushing, and Sonia Ruiz, *Key Facts: Race, Ethnicity & Medical Care, Update June 2003* (Menlo Park, CA: Kaiser Family Foundation, 2003), available online at <http://www.kff.org/minorityhealth/upload/Key-Facts-Race-Ethnicity-Medical-Care-Chartbook.pdf>.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Kaiser Family Foundation, *Racial/Ethnic Differences in Cardiac Care: The Weight of the Evidence* (Menlo Park, CA: Kaiser Family Foundation, 2002), available online at <http://www.kff.org/uninsured/20021009c-index.cfm>.

¹² Ibid.

¹³ Marsha Lillie-Blanton et al., op. cit.

¹⁴ Ibid.

¹⁵ Centers for Disease Control and Prevention, “Table 5: Estimated Numbers of Diagnoses and Rates (Per 100,000 Population) of AIDS, by Persons’ Race/Ethnicity, Age Category, and Sex, 2002—United States,” *HIV/AIDS Surveillance Report 2002*, v. 14 (Atlanta: Centers for Disease Control and Prevention, 2003), available online at <http://www.cdc.gov/hiv/stats/hasrlink.htm>.

¹⁶ Marsha Lillie-Blanton et al., op. cit.

¹⁷ Federal Interagency Forum on Child and Family Statistics, *America’s Children: Key National Indicators of Well-being* (Washington: U.S. Government Printing Office, 2005), available online at <http://www.childstats.gov/americaschildren/index.asp>.

¹⁸ American Lung Association, op. cit.

¹⁹ Federal Interagency Forum on Child and Family Statistics, op. cit.

²⁰ Marsha Lillie-Blanton et al., op. cit.

²¹ Agency for Healthcare Research and Quality, *2004 National Healthcare Disparities Report* (Rockville, MD: Agency for Healthcare Research and Quality, December 2004).

²² Ibid.

²³ Ibid.

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