2008 Ohio Family Health Survey

Health Policy Brief

Racial and Ethnic Inequality in Health Care Access and Quality in the State of Ohio

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Race and ethnicity are socially-created methods of categorizing people that are related to many types of inequality. Inequalities in health and health care often are referred to as racial and ethnic disparities in health. Eliminating these disparities is a goal of the National Institutes of Health and requires intervention on many levels.

Racial and Ethnic Disparities in Health Care

Access to Health Care

Access to health care refers to how easily individuals can obtain health care when needed. There are many ways to measure access to health care. All of these measures show racial and ethnic disparities in health care access and quality in Ohio. These racial disparities in access to care are important because access to care is related to receiving appropriate and timely medical care.

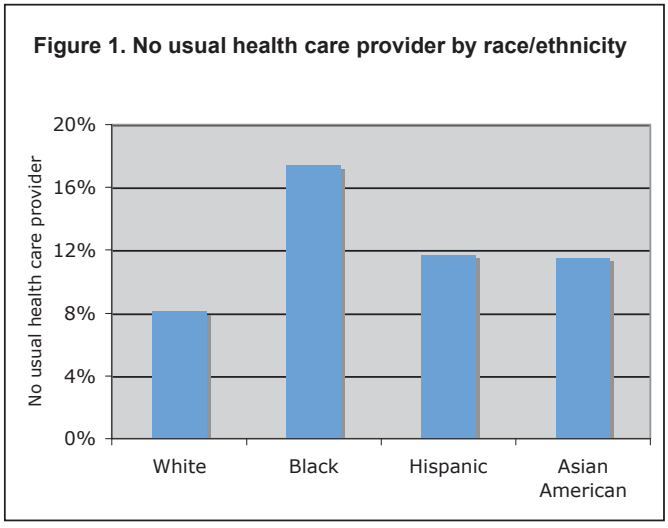
Table 1. Usual source of care by race/ethnicity and year

	2003/4				2008/9			
	Non-Hispanic			Hispanic	Non-Hispanic			Hispanic
Usual source for care	White	Black	Asian	(all races)	White	Black	Asian	(all races)
Doctor/HMO	73.8%	48.3%	60.6%	46.2%	72.9%	45.8%	60.4%	37.2%
Clinic	12.2%	25.9%	22.9%	26.7%	10.3%	22.8%	21.5%	26.6%
Hospital ED/outpatient/urgent care	6.8%	18.3%	5.2%	14.2%	8.1%	20.9%	8.4%	13.0%
Other	1.0%	1.0%	1.7%	1.3%	1.0%	1.8%	0.6%	1.2%
None	6.1%	6.5%	9.6%	11.6%	7.6%	8.8%	9.1%	22.0%

- Blacks and Hispanics are less likely than whites and Asian Americans to have a usual source of care—a place where they usually go when they are in need of health care. Further, blacks and Hispanics are less likely to have that place be a doctor's office. One-quarter of the racial/ethnic gap can be attributed to inequality in health insurance coverage. For most racial/ethnic groups there has been an increase in not having a usual source of care over five years ago.

- Blacks and Hispanics are less likely than whites or Asian Americans to have a particular health care provider from whom they receive care. About one-third of the gap between blacks and whites, and nearly all of the gap between Hispanics and whites, can be accounted for by differences insurance coverage.

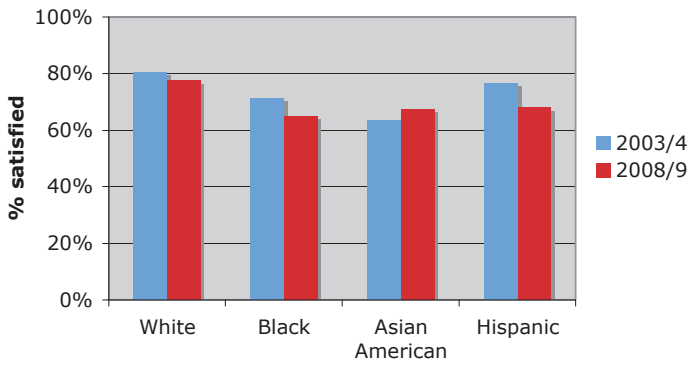
Figure 1. No usual health care provider by race/ethnicity



- Blacks are the most likely group to report needing health care but not receiving it in the last year. All of the disparity between blacks and whites in having unmet health care need can be attributed to insurance coverage.

- Blacks are also more likely than whites to report longer travel times to their usual source of care. About 30 percent of the disparity can be accounted for by insurance coverage. There are not differences between whites and Hispanics or Asian Americans in travel times.

Figure 2. Satisfaction with health care by race/ethnicity and year



Quality of Health Care

- Individuals not only need to be able to access health care, but also to receive care that they believe will help them with their health. As with access to health care, whites are more likely than other racial/ethnic groups to report good quality health care. About one-third of the difference between whites and blacks is statistically accounted for by insurance coverage. Insurance coverage fully accounts for the statistical gap in dissatisfaction between Hispanics and whites.

- For most racial/ethnic groups, patients' ratings of their health care quality have declined in the past five years.

County-Level Effects

- The effect of county-level variables, such as available health care, varies. Urban counties show greater black-white disparities in usual source of health care, unmet need, and satisfaction with health care.

Interventions to Reduce Racial and Ethnic Disparities

Policies can be implemented that will reduce racial and ethnic disparities in health care access and quality and improve the health status of Ohioans.

Recommendations

- Implement programs that would increase insurance coverage among blacks and Hispanics
- Provide greater education and income inequality
- Conduct further research to determine why black-white disparities in usual source of health care, unmet need, and satisfaction with health care are larger in urban counties.
- Design programs that encourage a usual source of care and usual provider
- Provide and monitor language services for patients with limited English proficiency
- Support community health centers
- Increase use of electronic medical records
- Provide transportation vouchers to patients with transportation barriers
- Increase public and provider awareness of the problem of disparities
- Monitor the access and quality of health services available to disadvantaged people, particularly as more people face difficult economic times