



**DIVERSE COMMUNITIES, COMMON CONCERNS:  
ASSESSING HEALTH CARE QUALITY  
FOR MINORITY AMERICANS**

**FINDINGS FROM THE COMMONWEALTH FUND  
2001 HEALTH CARE QUALITY SURVEY**

Karen Scott Collins, Dora L. Hughes, Michelle M. Doty,  
Brett L. Ives, Jennifer N. Edwards, and Katie Tenney

March 2002

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**OVERVIEW**

Findings from The Commonwealth Fund 2001 Health Care Quality Survey reveal that on a wide range of health care quality measures, minority Americans do not fare as well as whites. African Americans, Asian Americans, and Hispanics are more likely than whites to experience difficulty communicating with their physician, to feel that they are treated with disrespect when receiving health care services, and to experience barriers to care, including lack of insurance or a regular doctor. Moreover, a substantial proportion of minorities feel they would receive better care if they were of a different race or ethnicity.

Hispanics and Asian Americans frequently stand out as the least well-served by the health care system. One of three Hispanics and one of four Asian Americans have problems communicating with their doctor. Asian Americans are least likely to feel that their doctor understands their background, to have confidence in their doctor, and to be as involved in decision-making as they would like. They are also the least likely to receive preventive health services. Nearly half of nonelderly Hispanics, meanwhile, have been without health insurance in the past year, along with one of three African Americans and one of five Asian Americans.

On the other hand, the survey did indicate that progress has been made in health care for African Americans. Receipt of preventive care reported by African Americans was similar to or higher than that reported by whites. Reported levels of patient satisfaction were comparable as well.

Conducted from April 2001 to November 2001 by Princeton Survey Research Associates, The Commonwealth Fund 2001 Health Care Quality Survey collected current information on the care experiences of patients of various racial and ethnic backgrounds. The survey was based on telephone interviews with 6,722 adults age 18 and older, including 3,488 whites, 1,153 Hispanics, 1,037 African Americans, and 669 Asian Americans. This report focuses on the differences in care experiences among these racial and ethnic groups. Where possible, the Hispanic and Asian American respondents were further broken down by country of origin and by language groups.

The survey demonstrated that broad racial and ethnic categories can sometimes mask significant variation in health care experiences, particularly within the Hispanic and Asian American populations. Hispanic survey respondents included Mexican Americans, Puerto Ricans (mainland), and Central Americans; Asian American respondents included individuals with Vietnamese, Korean, Chinese, Japanese, Filipino, and Indian ancestry. Those who fared most poorly in receipt of health care services included Mexican, Korean, and Vietnamese Americans. A complex set of factors—among them their fewer years in the United States, limited proficiency with English, low incomes, and lack of health insurance—appears to be influencing their health care experiences.

Many findings, however, were disturbing for all Americans, regardless of race or ethnicity. More than one of five adults surveyed thought they or a family member had experienced a medical error on the part of a doctor, hospital, or pharmacy. One of four adults had not followed a doctor’s advice at some point in the past two years, while barely more than half understood information they were given by their doctor’s office. In addition, rates of cancer screening remain below recommended levels.

The survey results underscore the importance of three factors in ensuring that minority populations receive optimal medical care: effective patient–physician communication, overcoming cultural and linguistic barriers, and access to affordable health insurance. Findings also highlight the need for alternatives to hospital emergency rooms as sources of primary care in low-income communities; improvement in continuity of care; and greater opportunity for health centers, hospitals, and other minority health care providers to participate in the latest quality improvement innovations. Finally, the survey identified many areas where continued improvements in quality and access to care—reducing medical errors, improving information for patients, emphasizing continuity of care—will benefit all Americans.

## **Summary of Key Findings**

### *Interactions with the Health Care System*

- Hispanic and African American adults ages 18 to 64 have the highest uninsured rates of any racial or ethnic group. Nearly one-half of Hispanic adults (46%) and one-third of African American adults (30%) lacked health insurance for all or part of last year. The uninsured rates for Asian Americans and whites, while lower, was still quite high: one-fifth said they were uninsured during the past year (21% and 20%, respectively).

- Despite being younger, on average, than whites, African American and Hispanic adults are less likely to consider themselves to be in “excellent” or “very good” health. Forty-one percent of African Americans and 36 percent of Hispanics reported their health as excellent or very good, compared with 53 percent of whites and 49 percent of Asian Americans.
- Communication between patients and physicians is more problematic among African Americans, Hispanics, and Asian Americans than among whites. Nineteen percent of all adults with a health care visit in the past two years reported problems with communication. Thirty-three percent of Hispanics, 27 percent of Asian Americans, 23 percent of African Americans, and 16 percent of whites reported one or more of the following problems: their doctor did not listen to everything they said, they did not fully understand their doctor, or they had questions during the visit but did not ask them.
- Hispanic respondents who said they did not speak English as their primary language reported having greater communication problems than those for whom English was their primary language (43% vs. 26%). However, Hispanics who spoke primarily English still reported significantly more problems than whites did.
- Among all respondents who visited a doctor or hospital in the past two years, nearly one of four reported a time in that period when they did not follow their doctor’s advice. Many of those who ignored advice said they did so because they disagreed with their doctor.
- Cost prevents many Americans from following physician-recommended care. Among survey respondents who had not followed a doctor’s advice, one of three African Americans (30%) and 41 percent of Hispanics said complying would have cost too much, compared with one of four whites (24%) and Asian Americans (27%).
- Compared with whites and African Americans, Hispanics and Asian Americans were less likely to report having great confidence in their doctor, being as involved in their own care as they would like, and having as much time with their doctor as they would like.
- Many patients have difficulty understanding health care information, including instructions for prescription medicines and materials from the doctor’s office. Overall, only 57 percent of survey respondents said they found it “very easy” to understand

information from the doctor's office. Hispanic and Asian American patients were the groups least likely to report that it was very easy to understand doctors' information (45% and 44%, respectively).

### *Cultural Competence and Health Care*

- Fifteen percent of African Americans, 13 percent of Hispanics, and 11 percent of Asian Americans said there had been a time when they felt they would have received better care if they had been of a different race or ethnicity.
- African Americans (16%) and Hispanics (18%) were most likely to feel they had been treated with disrespect during a health care visit. Their reasons for feeling this way often were related to aspects of communication—the patient thought he or she was spoken to rudely, talked down to, or ignored.
- Asian Americans were least likely to feel that their doctor understood their background and values and were most likely to report that their doctor looked down on them.
- Access to language interpreters is limited. Among non-English speakers who said they needed an interpreter during a health care visit, less than one-half (48%) said they always or usually had one.
- One of three adults have used complementary or alternative therapies in the past two years, with highest use reported among white adults. Reasons for use were varied. Hispanics were more likely to say they use these therapies as a cheaper way of getting care (30% of Hispanics vs. 16% of whites).
- African Americans, Hispanics, and Asian Americans who use alternative therapies are less likely to tell their doctors about that use than white patients. Seventy percent of white respondents said they told their doctor about their use of alternative therapies, compared with 55 percent of African Americans, 50 percent of Hispanics, and 63 percent of Asian Americans.

### *Quality, Medical Errors, Preventive Care, and Chronic Disease Management*

- Hispanics and Asian Americans are the least likely to report being “very satisfied” with their care. Compared with two of three whites (65%) and three of five African



Americans (61%), only 56 percent of Hispanics and 45 percent of Asian Americans were very satisfied with care received in the past two years.

- More than one of five respondents (22%) reported they or a family member experienced a medical error, whether the result of wrong medication given by a hospital or pharmacy or another mistake made by a doctor or hospital. Twenty-two percent of medication errors led to a serious problem. Half of those who reported a medical error that they believe was caused by a physician or hospital said the consequences were serious.
- African American and white adults more frequently receive preventive care services, including physical exams, cholesterol and blood pressure tests, and cancer screenings, than Hispanic and Asian American adults.
- For all adults, preventive care rates were significantly below recommended levels for many key services.
- Among respondents 50 and older, only one of four (27%) reported some type of screening for colon cancer, a disease that is often highly treatable if caught early. Thirty-one percent of African Americans, 28 percent of whites, 18 percent of Hispanics, and 16 percent of Asian Americans said they had been tested in the past year.
- Receipt of counseling services for smoking cessation is much higher for white and African American smokers (82% and 78%) than for Hispanic and Asian American smokers (58% and 68%).
- Among respondents with diabetes, high blood pressure, or heart disease, Hispanic and Asian Americans were least likely to receive clinical services important to monitoring and controlling these chronic conditions. Of those with one or more of these conditions, African Americans were the most likely to have their blood pressure checked every six months (89%), followed by whites (80%), Asian Americans (74%), and Hispanics (71%).
- For people with diabetes, having regular blood pressure checks, eye exams, and exams for foot sores are vital for preventing complications and maintaining health. Yet the survey found that diabetic care is often inadequate and varies by race and ethnicity.

- > Eighty-four percent of African Americans who had been told by their doctor in the last five years that they had diabetes reported that their eyes had been examined in the past year. By comparison, 73 percent of whites, 70 percent of Asian Americans, and 66 percent of Hispanics with diabetes had had recent eye exams.
- > African Americans diabetics were also the most likely to have had their feet examined for sores in the past year (80%), compared with 71 percent of white, 62 percent of Hispanic, and 54 percent of Asian American diabetics.
- > Overall, just half of diabetics received all three important exams—eye and foot exams and blood pressure monitoring—within the past 12 months. Sixty-four percent of African American, 56 percent of white, 48 percent of Hispanic, and 42 percent of Asian American diabetics received all three exams.

#### *Access to Health Care*

- Overall, barely half of all respondents (49%) feel very confident they can get good medical care when needed. Hispanic and Asian Americans have even lower levels of confidence in their ability to get care. Four of 10 Hispanics (40%) and Asian Americans (39%) feel very confident in their ability to get needed care, along with 52 percent of white respondents and 47 percent of African American respondents.
- While a majority of all surveyed adults have visited a doctor in the past two years, their sources of medical care vary significantly according to race and ethnicity.
  - > Seventy-three percent of Asian Americans, 66 percent of African Americans, and 59 percent of Hispanics reported that their usual source of care is a doctor's office, compared with 80 percent of whites.
  - > Thirteen percent of African Americans and 14 percent of Hispanics rely on emergency rooms—or report they have no source of care—compared with 6 percent of whites and 8 percent of Asian Americans.
  - > Community health centers are a particularly important source of care for Hispanic populations: one of five Hispanics (20%) relies regularly on a community health center for medical care.

- Minority populations are less likely to feel they have any choice in where they go for health care. About one of four Hispanics (28%) and Asian Americans (24%), and more than one of five (22%) African Americans, said they have “very little choice” or “no choice” in where they obtain care. The same was true for only 15 percent of whites.
- Minority adults are less likely than white adults to have a regular doctor. Just over half of all Hispanics (57%) said they have a regular doctor, as did 68 percent of Asian Americans and 70 percent of African Americans. In contrast, four-fifths of whites (80%) reported having a regular doctor.
- Health insurance improves access to medical care for all racial and ethnic groups. Individuals without coverage are less confident they can get care when needed, receive fewer preventive health services, rely heavily on hospital emergency rooms, and have poorer-quality interactions with physicians.

### **Implications for Policy and Practice**

The Commonwealth Fund 2001 Health Care Quality Survey provides strong evidence of the need for society to address both cultural and financial barriers to health care. The importance of having open, clear communication between patients and their physicians is demonstrated by the striking proportion of minority patients who reported problems in communicating with their physician; the large numbers of patients who do not follow their doctors’ advice; and the many Hispanic and Asian American patients who, in part because of language difficulties, are not able to understand fully physicians’ written instructions and other medical information. Although being insured and having a regular doctor both lead to vastly improved patient experiences, these two factors do not fully compensate for differences in personal interaction that can affect the overall quality of health care encounters.

Public policy can play an important role in improving minority Americans’ interactions with the health care system. Indeed, the U.S. Department of Health and Human Services has provided important guidance on how to ensure linguistically and culturally appropriate health care services. In addition, a few states are implementing policies to help finance interpreter services. Beyond language, clinicians need training in communicating and interacting effectively with patients from different cultures. Public policy should support and evaluate training efforts undertaken by medical schools and residency programs, as well as other health professions’ training, to determine the most effective strategies for improving patient outcomes.

Preventive care is another area requiring greater attention. Hispanic and Asian American populations, in particular, would benefit from expanded health screening and education programs targeting immigrant communities. Lack of health insurance is a key barrier for these adults.

Although African Americans are getting preventive services at rates at least comparable to whites, their health outcomes remain worse.<sup>1</sup> Accounting for this disparity will require close examination of other points of health care delivery where problems may be occurring, such as in access to specialized care or patients' ability to carry out instructions at home.

Perhaps most fundamental to ensuring quality medical care for minority Americans is the availability of affordable, comprehensive health insurance. Policymakers must continue to develop options for expanding health coverage and assess them for their potential to reduce uninsured rates for minority groups. Information from the survey regarding health care experiences, social and economic circumstances, problems with care, and sources of care could help guide insurance coverage policies that are sensitive to the diverse needs of minority populations.

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<sup>1</sup> For example, diabetes-related amputations and breast cancer mortality are highest for African Americans. See [www.cdc.gov/diabetes/statistics](http://www.cdc.gov/diabetes/statistics); and M. S. Eberhardt et al., *Urban Health and Rural Health Chartbook, United States 2001*. Hyattsville, MD: National Center for Health Statistics, 2001.

## **I. INTRODUCTION: A PROFILE OF U.S. MINORITY POPULATIONS**

Cultural and socioeconomic factors affect each person's health and their opportunities to receive the best possible health care. Findings from The Commonwealth Fund 2001 Health Care Quality Survey reveal that minority populations are, on average, younger than the white population (Table 1). Substantial disparities are also apparent in income and education, especially among whites, African Americans, and Hispanics. Although most are in the workforce, African Americans and Hispanics have significantly lower rates of health insurance coverage than whites and are more likely to report poorer health status and higher rates of chronic disease.

The survey also found that a majority of Hispanics and Asian Americans were born outside the United States. Of those who were foreign-born, two of three have lived in the United States more than 10 years. English is more often the primary language (most spoken at home) for Asian Americans than for Hispanics. Within the Hispanic population, Mexican Americans have significantly higher rates of poverty and lower rates of insurance coverage compared with Puerto Ricans; they are also more likely to speak Spanish as their primary language. Among Asian Americans in the survey, those of Korean or Vietnamese heritage appear to have the highest rates of poverty and lowest rates of health insurance coverage; they are also the least likely to speak English as their first language.

### **Racial and ethnic minority populations vary in age and educational attainment.**

- More than half of Hispanics (57%) and Asian Americans (55%) are ages 18 to 39, followed by 48 percent of African Americans and 36 percent of whites. (Table 1)
- Nearly four of 10 Hispanics (39%) have less than a high school education, compared with about two of 10 African Americans (19%) and one of 10 whites (11%) and Asian Americans (9%).
- Among Hispanics, Mexican Americans reported the lowest level of education: 49 percent of Mexicans have less than a high school education, compared with 30 percent of Puerto Ricans. (Table 1A)
- While Asian American educational levels are quite high, certain groups are more disadvantaged than others. For example, 30 percent of Vietnamese Americans have less than a high school education. (Table 1B)

### **Wide income gaps exist among African Americans, Hispanics, and other groups.**

- Nearly one of three Hispanics and one of five African Americans reported incomes that were below the federal poverty level (about \$18,000 for a family of four); an additional one-third of each group lives at 100 percent to 199 percent of the poverty level. (Chart 1)
- Almost one-half of African Americans (49%) and Hispanics (48%) have annual household incomes of less than \$35,000, compared with one of three whites (33%) and one of four Asian Americans (29%).
- Two-thirds (69%) of Vietnamese Americans live below 200 percent of the federal poverty level.

### **Despite income differences, racial and ethnic groups differ very little in employment status.**

- More than one-half of adults within each population group works full-time, ranging from 52 percent of Hispanics to 58 percent of Asian Americans. One of 10 works part-time, while one of three is not currently working (including retirees, students, and those not seeking work).
- Approximately 70 percent of all families have at least one full time worker, ranging from 65 percent of African Americans to 72 percent of Hispanics.

### **African Americans and Hispanics are less likely than whites or Asian Americans to have employer-based health coverage and more likely to be covered by Medicaid. Hispanics have the highest uninsured rates of any group in the survey.**

- Among working-age adults ages 18 to 64, one of three Hispanics (35%) were uninsured at the time of the survey, as were 22 percent of African Americans, 14 percent of Asian Americans, and 12 percent of whites. An additional 11 percent of Hispanics, 8 percent of African Americans, 7 percent of Asian Americans, and 8 percent of whites were uninsured for some period in the past year. (Chart 2)
- Among working-age adults, 59 percent of African Americans and 50 percent of Hispanics have employer-based coverage, compared with 66 percent of Asian Americans and 70 percent of whites.

- Among respondents ages 18 to 64, 11 percent of African Americans and 8 percent of Hispanics were covered by Medicaid or Medicare, compared with 4 percent of whites and Asian Americans.
- Medicaid coverage helps keep the Puerto Rican uninsured rate lower than uninsured rates for other Hispanics. Although Puerto Ricans, Mexican Americans, and Central Americans are equally as likely to have employer-based health insurance (about 50% of working-age adults), 16 percent of Puerto Ricans are uninsured, versus 39 percent and 47 percent, respectively, of Mexican Americans and Central Americans. This is because 20 percent of Puerto Ricans have Medicaid, compared with only 6 percent of Mexican Americans and 8 percent of Central Americans. (Table 1A)

**A majority of Hispanics and Asian Americans were born outside the United States. Use of English and language barriers, consequently, vary across specific populations.**

- More than one-half of Hispanic adults (53%) and nearly four-fifths of Asian American adults (79%) were born in another country. However, two-thirds of the foreign-born have lived in this country for more than 10 years.
- English is the primary language spoken at home by 59 percent of all Hispanics and 92 percent of all Asian Americans. Use of English, however, varies for different subpopulations:
  - > Eighty-nine percent of Puerto Ricans speak English at home, compared with 54 percent of Mexican Americans and 40 percent of Central Americans;
  - > Sixty-six percent of Koreans, 71 percent of Vietnamese, and 80 percent of Chinese speak primarily English at home; virtually all other Asian Americans report English as their primary language.

**Despite being younger than whites on average, African American and Hispanic adults were less likely to report being in excellent or very good health.**

- Forty-one percent of African Americans and 36 percent of Hispanics said their health is excellent or very good, compared with 55 percent of whites and 49 percent of Asian Americans. (Table 2)

- One of five Hispanics (22%) reported their health as being only fair or poor (Chart 3).
- Among Hispanics, Mexican Americans were most likely to rate their health as fair or poor (25%), followed by Central Americans (20%) and Puerto Ricans (16%). (Chart 4)
- Asian Americans' self-rated health status is comparable to whites'. However, some subgroups stand out as exceptions: 40 percent of Vietnamese Americans and 29 percent of Korean Americans rated their health as fair or poor, compared with 11 percent of Chinese Americans. (Chart 5)
- Forty percent of Hispanics and 30 percent of African Americans age 50 and older reported fair or poor health, compared with 24 percent of whites and 21 percent of Asian Americans this age. (Chart 6)

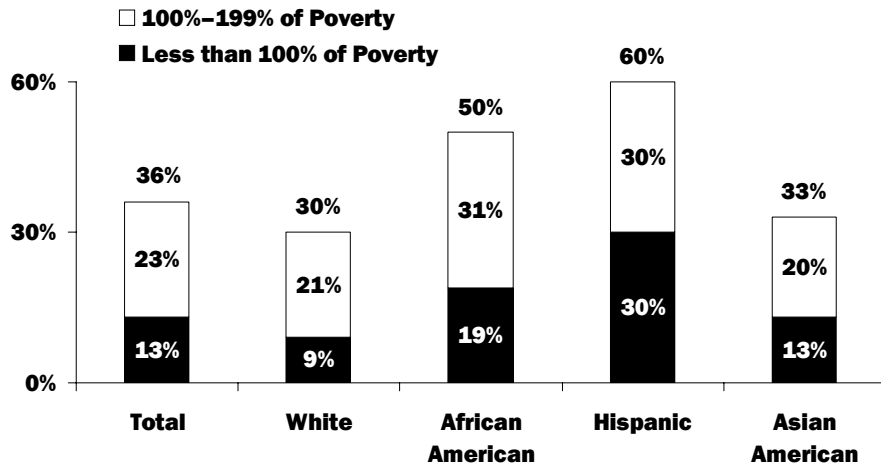
**African Americans have the highest rate of morbidity from chronic disease. One-half (51%) said their doctor diagnosed them with at least one of seven conditions in the past five years—asthma, cancer, heart disease, diabetes, high blood pressure, obesity, or anxiety/depression.**

- One of three African Americans reported that they were diagnosed with high blood pressure in the past five years (33%), compared with one of five whites and Hispanics (23% and 20%, respectively). (Table 2)
- Diagnoses of diabetes and asthma were commonly reported among African Americans: 13 percent of African Americans said they had diabetes and 10 percent had asthma, compared with 9 percent and 8 percent of the total population.
- Asian Americans were less likely to report that their doctor had told them they had one of the seven conditions. However, they reported having diabetes and anxiety/depression more frequently than other conditions and at rates comparable to the total population. Ten percent of Asian Americans reported having diabetes and 11 percent reported suffering from anxiety or depression.
- Among adults age 50 and older, 77 percent of African Americans, 68 percent of Hispanics, 64 percent of whites, and 42 percent of Asian Americans reported they had been told they had at least one of the seven chronic conditions. (Chart 7)



Chart 1

### Poverty Status, by Race/Ethnicity

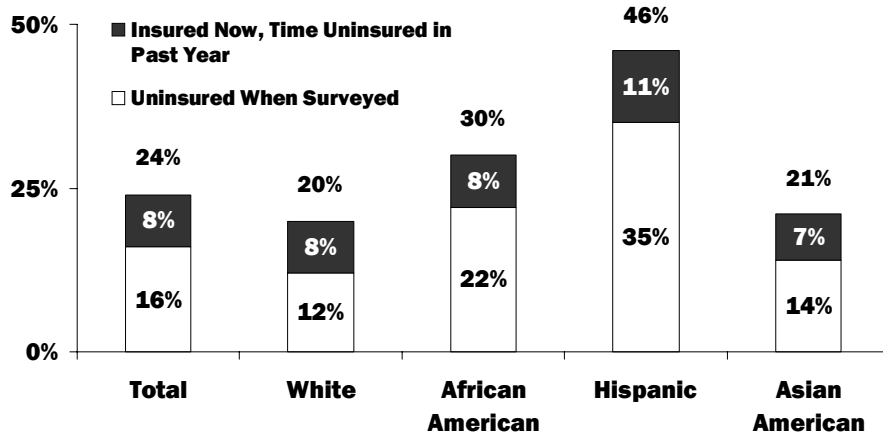


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 2

### African Americans and Hispanics Most Likely to Be Uninsured During the Past Year

Percent of adults ages 18-64

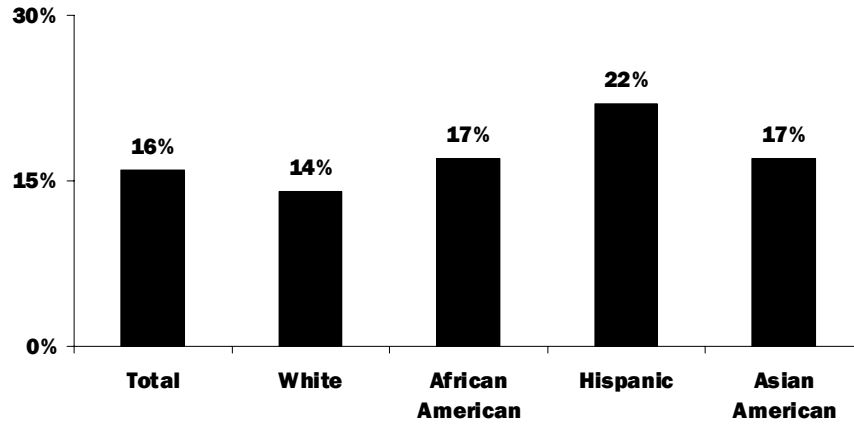


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 3

### Self-Rated Health Status by Race/Ethnicity

Percent of adults rating health as fair or poor

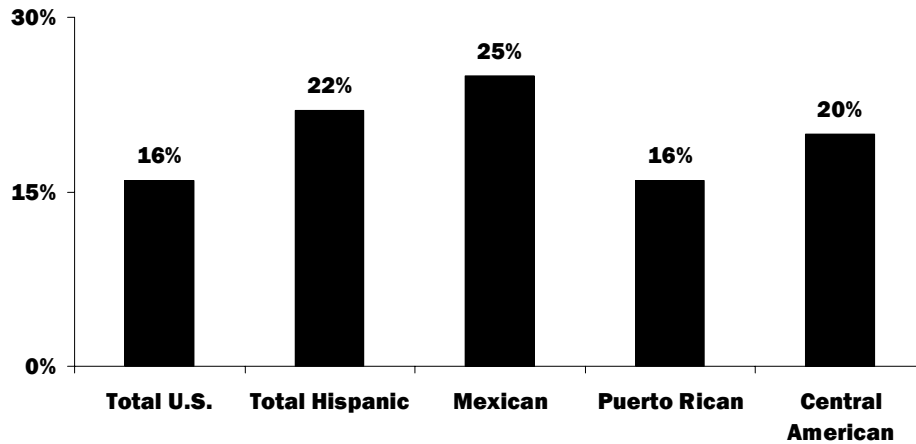


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 4

### Self-Rated Health Status by Hispanic Origin

Percent of adults rating health as fair or poor

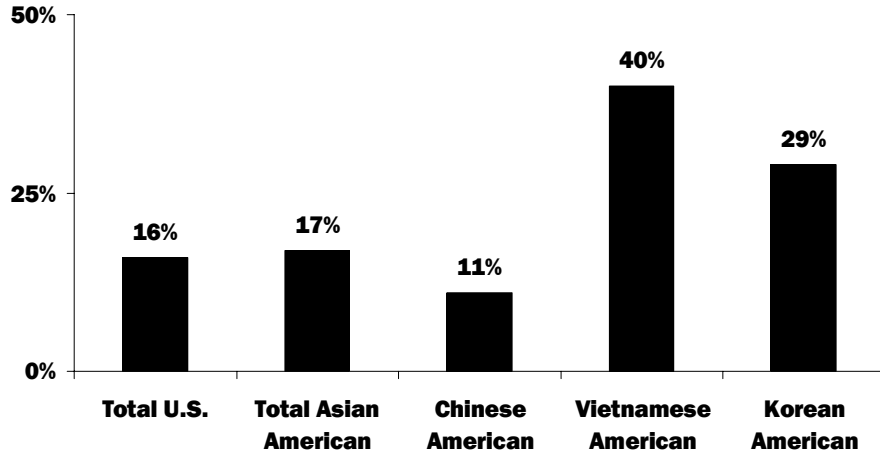


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 5

### Self-Rated Health Status by Asian Origin

Percent of adults rating health as fair or poor

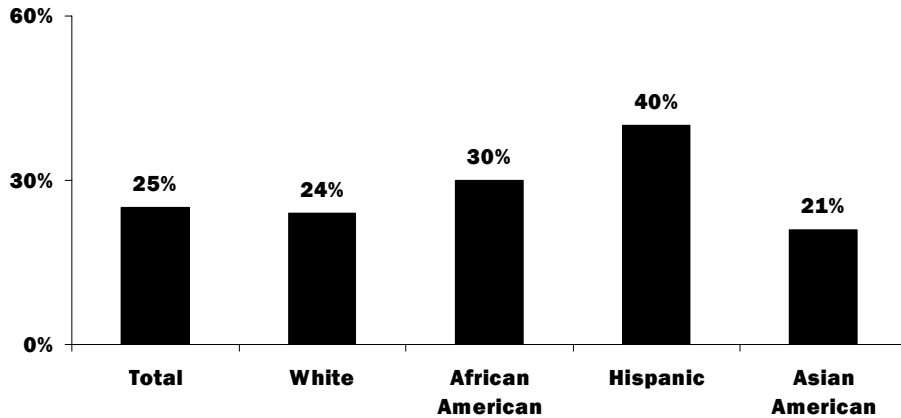


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 6

### Self-Rated Health Status Among Adults Age 50 and Older, by Race/Ethnicity

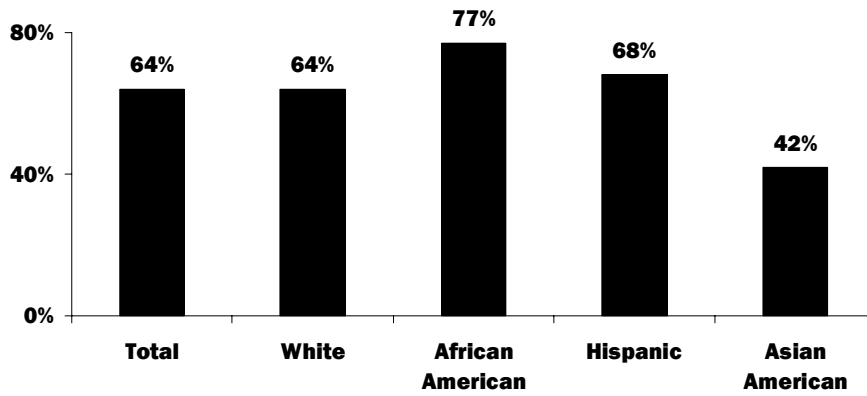
Percent of adults age 50 and older rating health as fair or poor



Source: The Commonwealth Fund 2001 Health Care Quality Survey.

### Chronic Disease Among Adults Age 50 and Older, by Race/Ethnicity

Percent of adults age 50 and older diagnosed with chronic disease\*



\* Diagnosed with at least one of following seven conditions: asthma, cancer, heart disease, diabetes, high blood pressure, obesity, or anxiety/depression.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

## II. PATIENT–PHYSICIAN COMMUNICATION

Effective communication between patient and doctor is critical to good medical outcomes. With the increased attention given to racial and ethnic disparities in health care, there has been greater examination of the role that patient–physician communication plays. The Commonwealth Fund 2001 Health Care Quality Survey included several questions seeking to explore this component of care. Survey respondents who had a health care visit in the past two years were asked whether they felt their doctor listened to them, whether they understood the doctor, and whether they left the visit with unasked questions. The survey also asked if patients followed doctors’ advice, felt confidence and trust in their doctors, and understood written health-related materials.

Although the survey found that all groups reported problems in patient–physician communication and interaction, difficulties were most pronounced for minority patients, particularly Asian Americans. Some problems can be at least partly attributed to language barriers. Yet even among respondents whose primary language is English, Hispanic and Asian Americans often rate the quality of their interactions with physicians significantly worse than whites do.

Survey findings also suggest that many patients are not receiving information that might be useful—or, in some cases, even critical—to their medical care. This is more likely to be the case for minority patients.

### **The level of patient–physician communication varies considerably among racial and ethnic groups, with Hispanics, Asian Americans, and African Americans more likely than whites to report problems. (Table 3)**

- Less than one-half of Asian Americans reported that they felt their physicians listen to everything they have to say (49%) or that they understand everything their doctor says (48%). More than two-thirds of whites reported the same for both questions (68% and 69%, respectively). (Chart 8)
- Hispanic respondents were most likely to say they had questions they did not ask the doctor (19%), and less likely than whites and African Americans to report that the doctor listens to everything they say (57%), or that they understand everything the doctor tells them (56%). (Charts 8 and 9)

- African Americans were less likely than whites to report understanding everything their doctor says (61% vs. 69%) and more likely to have unasked questions (13% vs. 10%). (Charts 8 and 9)
- Among respondents who visited a physician or hospital in the past two years, 33 percent of Hispanics, 27 percent of Asian Americans, and 23 percent of African Americans reported having one or more problems with communication (doctor did not listen fully, patient did not understand fully, or patient had questions but did not ask). In contrast, 16 percent of white respondents reported these problems. (Chart 10)
- Hispanics who do not speak English as their primary language have greater problems with communication. (Chart 11)
  - > Twenty-four percent of Spanish-speaking Hispanics left the visit with unasked questions, compared with 17 percent of English-speaking Hispanics.
  - > Forty-three percent of Spanish-speaking Hispanics had one or more problems with communication, compared with 26 percent of English-speaking Hispanics.

**Among all respondents with a health care visit in the past two years, close to one of four (24%) reported there was a time in the past two years when they did not follow a doctor's advice. A reason often cited was that they disagreed with their doctor's advice; cost was a key reason as well. (Chart 12)**

- One of four adults reported a time when they had not followed a doctor's advice. Reported rates were similar across groups, though reasons varied.
- One-half of Asian Americans (51%), two of five white (39%) and African American (40%) adults, and one of three Hispanics (34%) reported they did not follow a doctor's advice because they disagreed with it.
- Forty-one percent of Hispanics said they did not follow a doctor's advice because of the costs involved, compared with 30 percent of African Americans, 24 percent of whites, and 27 percent of Asian Americans.
- Nearly half of Asians (46%) said their doctors' advice was too difficult to follow, along with one of three Hispanics (31%) and one of four whites (25%) and African Americans (26%).

- Nearly one of three Asians (32%) and one of four Hispanics (26%) said they did not follow a doctor’s advice because it went against personal beliefs, compared with 19 percent of whites and 13 percent of African Americans.

**Written information and health care instructions are not accessible to many patients of all racial and ethnic groups. Hispanic and Asian respondents, particularly those for whom English is not the primary language, most frequently reported problems.**

- Seventy-nine percent of all respondents reported it is “very easy” to understand instructions on a prescription bottle, including 64 percent of Hispanics, 66 percent of Asian Americans, 79 percent of African Americans, and 82 percent of whites. (Chart 13)
- Just over one-half of all respondents (57%) said that it is very easy for them to understand information received from the doctor’s office. Fewer Hispanics (45%) and Asian Americans (44%) than African Americans (55%) and whites (59%) find it very easy. (Chart 14)
- Among Hispanics who speak primarily Spanish, only 37 percent find it very easy to understand materials from the doctor’s office, compared with 51 percent of Hispanics whose primary language is English. Among Asian Americans, rates of comprehension are even lower: only 16 percent of those whose primary language is not English said it is very easy to understand doctors’ materials, compared with 47 percent of those who speak primarily English. (Chart 15)

**Survey respondents’ perceptions of their doctors and their treatment during recent health care visits vary according to race and ethnicity. Hispanics and Asian Americans were less likely than whites and African Americans to report having confidence in their doctor, to be as involved in decision-making as much as they wished, and to have had as much time with their doctor as they wanted.**

- Only 57 percent of Hispanics and 54 percent of Asian Americans expressed a great deal of confidence in their doctor, compared with 69 percent of African Americans and 72 percent of whites. Among Spanish-speaking Hispanics, only 44 percent have a great deal of confidence in their doctor, compared with 64 percent of English-speaking Hispanics. (Chart 16, Table 4)

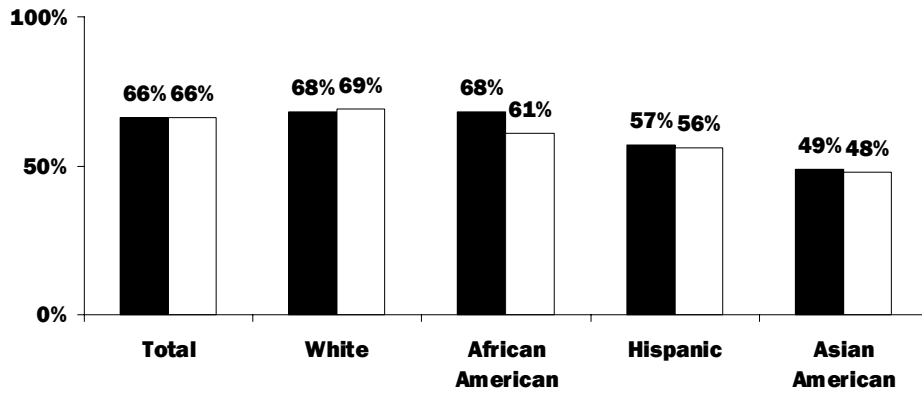
- Central American patients are less likely than other Hispanics to express a great deal of confidence in their doctor; similarly, respondents of Korean or Vietnamese heritage were less likely than other Asian Americans to have a high level of confidence in their doctor. (Tables 4 and 5)
- Three-quarters of white, African American, and Hispanic respondents to the survey reported that their doctors treat them with dignity and respect. However, the same was true for only 59 percent of Asian American respondents.
- Three of four white and African American adults reported that their doctor involved them in decision-making as much as they wanted, compared with 65 percent of Hispanics and 56 percent of Asian Americans. Those of Central American, Korean, or Chinese heritage were least likely to say they had been involved as much as they wanted. (Chart 17)
- Seven of 10 whites and African Americans said they had as much time as they wanted with their doctors, compared with 57 percent of Hispanics and 50 percent of Asian Americans.



Chart 8

### Hispanics and Asian Americans Had More Communication Difficulties During Doctor Visits

■ Felt Doctor Listened to Everything They Said □ Understood Everything Doctor Said



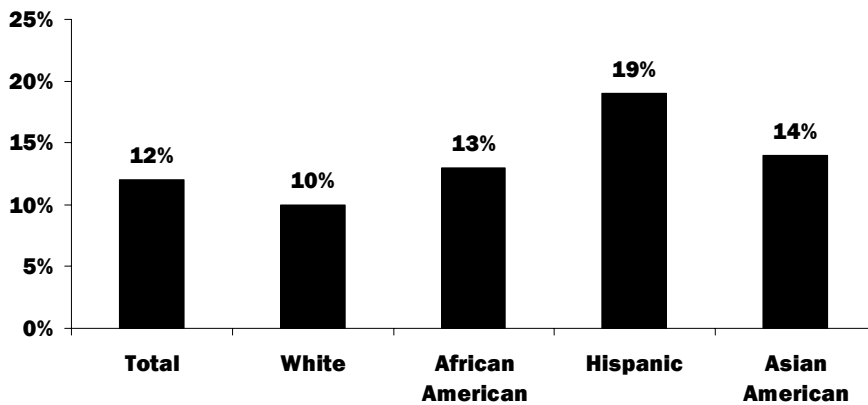
Base: Adults with health care visit in past two years.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 9

### Minorities More Likely to Forgo Asking Questions of Their Doctor

Percent of adults reporting they had questions which they did not ask on last visit



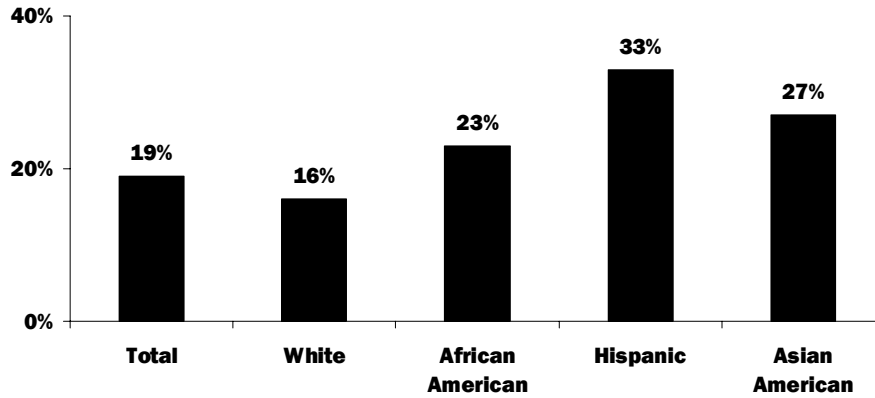
Base: Adults with health care visit in past two years.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 10

### Minorities Face Greater Difficulty in Communicating with Physicians

Percent of adults with one or more communication problems\*



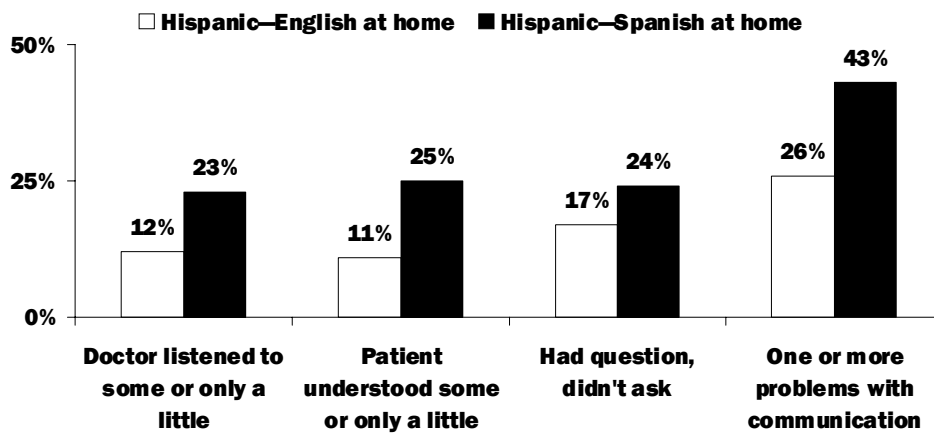
Base: Adults with health care visit in past two years.

\* Problems include understanding doctor, feeling doctor listened, had questions but did not ask.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 11

### Hispanics Who Speak Spanish as Primary Language Have More Problems Communicating with Their Physicians



Base: Hispanics with health care visit in past two years.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 12

### Following Doctor's Advice, by Race/Ethnicity

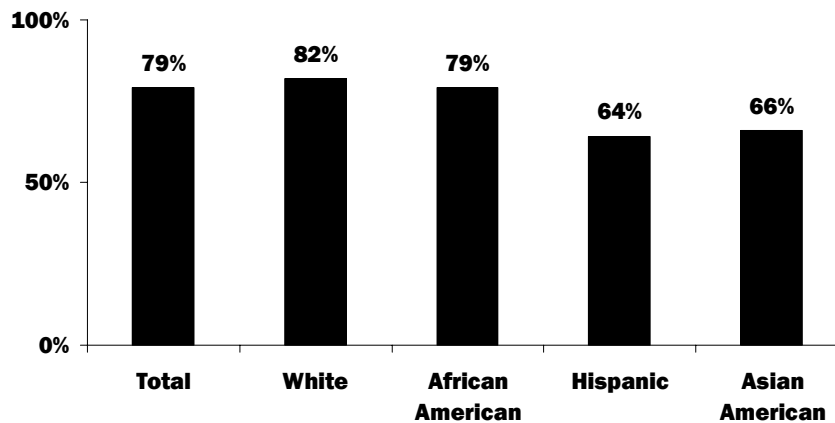
	Total	White	African American	Hispanic	Asian American
<b>Time did not follow doctor's advice (%)</b>	<b>24</b>	<b>25</b>	<b>22</b>	<b>22</b>	<b>22</b>
<b>Reasons Why: (%)</b>					
<b>Disagreed</b>	<b>39</b>	<b>39</b>	<b>40</b>	<b>34</b>	<b>51</b>
<b>Costs</b>	<b>27</b>	<b>24</b>	<b>30</b>	<b>41</b>	<b>27</b>
<b>Too difficult</b>	<b>26</b>	<b>25</b>	<b>26</b>	<b>31</b>	<b>46</b>
<b>Against personal beliefs</b>	<b>20</b>	<b>19</b>	<b>13</b>	<b>26</b>	<b>32</b>
<b>Didn't understand</b>	<b>7</b>	<b>5</b>	<b>13</b>	<b>16</b>	<b>14</b>

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 13

### Hispanics and Asian Americans Find It Less Easy to Understand Instructions on Prescription Bottles

Percent of adults reporting it very easy to understand prescription bottle

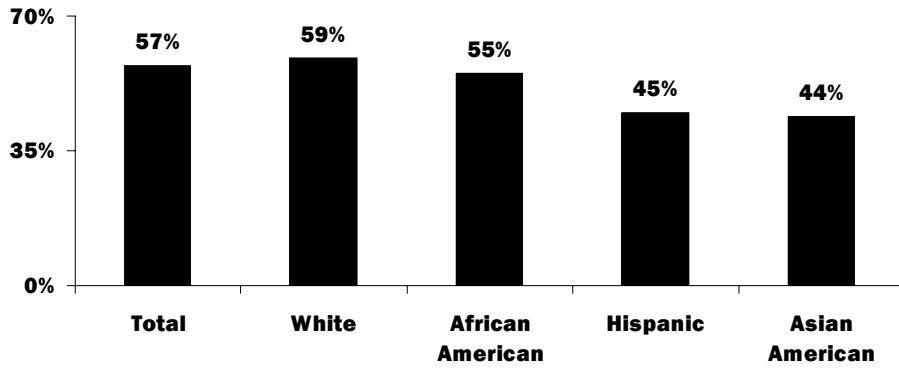


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 14

## Minority Americans Find It Less Easy to Understand Instructions from Doctor's Office

Percent of adults reporting it very easy to understand information from doctor's office

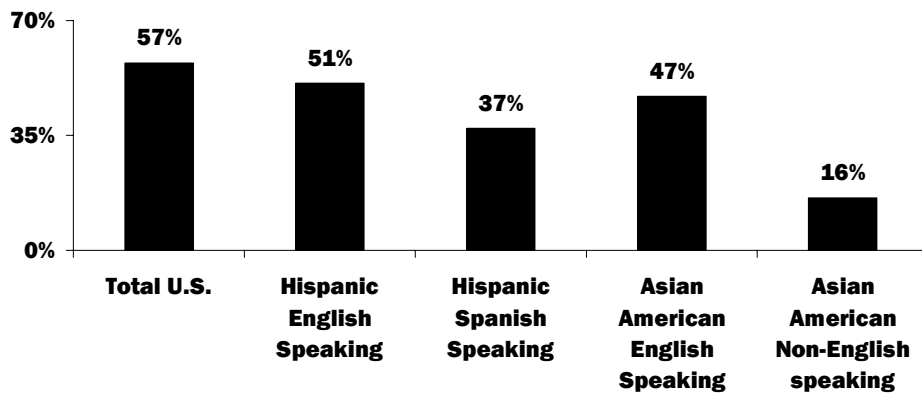


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 15

## Non-English\* Speakers Have More Difficulty Understanding Instructions from Doctor's Office

Percent of adults reporting it very easy to understand information from doctor's office



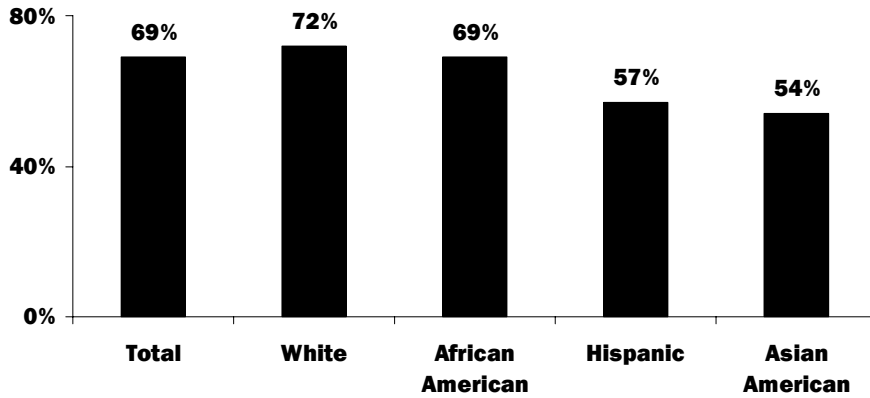
\* English is not primary language spoken at home.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 16

### Hispanics and Asian Americans Have Less Confidence in Their Doctors

Percent of adults reporting great deal of confidence in doctor

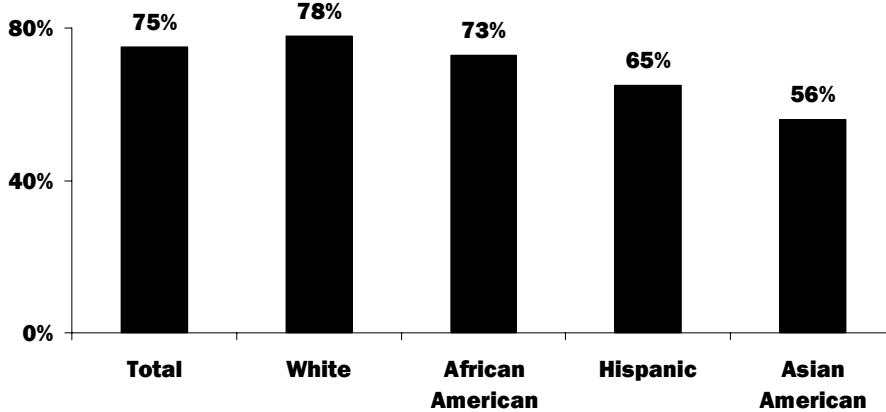


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 17

### Minorities Less Involved in Their Health Care Decisions Than They Would Like to Be

Percent of adults involved in health care decision as much as they wanted



Source: The Commonwealth Fund 2001 Health Care Quality Survey.

### III. CULTURAL COMPETENCE IN HEALTH CARE SERVICES

Cultural competence in health care has been defined as the incorporation of an awareness of health beliefs and behaviors, disease prevalence and incidence, and treatment outcomes for different patient populations.<sup>2</sup> It is a component of health care delivery that has been receiving greater attention from those leading efforts to eliminate health care disparities and improve medical outcomes.

The Commonwealth Fund 2001 Health Care Quality Survey included several questions intended to identify potential health care barriers that stem from cultural factors. Participants were asked about their beliefs regarding health care as well as their perceptions of how they have been treated by the health care system. Additional questions were asked about access to language services and availability and use of complementary and alternative medical therapies.

Survey responses suggest that health care providers need to do a better job of acknowledging and understanding their patients' cultural and linguistic differences, how these differences might affect care, and how best to meet all their patients' health care needs. Compared with whites, minority respondents feel less welcomed by the health care system, have more reservations about the benefits and value of health care, and are more likely to face significant language barriers. The survey also found that while use of alternative therapies is considerable, the types of therapies used and reasons for their use vary by race and ethnicity.

#### *Perceptions and Beliefs*

#### **Perceptions of treatment received within the health care system vary by patients' race and ethnicity. (Table 6)**

- Fifteen percent of African Americans, 13 percent of Hispanics, and 11 percent of Asian Americans felt they would have gotten better care if they were of a different race or ethnicity. (Chart 18)
- Hispanics and African Americans were more likely than either Asian Americans or whites (18% and 16% vs. 13% and 9%) to say they had been treated with disrespect for at least one of three reasons: ability to pay, ability to speak English, or race/ethnicity. (Chart 19)

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<sup>2</sup> Risa Lavizzo-Mourey and Elizabeth R. Mackenzie, "Cultural Competence: Essential Measurements of Quality for Managed Care Organizations," *Annals of Internal Medicine* 124 (May 15, 1996): 919–21.

- Thirty percent of respondents who felt treated with disrespect gave a reason related to communication: they felt talked down to, treated rudely, not listened to, or ignored. “Insurance issues” was the most commonly cited reason for feeling treated with disrespect (17%).
- Asian Americans were the least likely to report that their doctor understands their background and values and most likely to say he or she “looks down” on them. Less than one-half of Asian Americans (48%) strongly believe that their doctor understands their background and values, compared with 61 percent of Hispanics, 58 percent of whites, and 57 percent of African Americans.
- About one of five Asian Americans (21%) and Hispanics (18%) strongly or somewhat strongly agreed with the statement, “I often feel as if my doctor looks down on me and the way I live my life.” By comparison, 14 percent of African Americans and 10 percent of whites agreed with this statement.

**African Americans, Hispanics, and Asian Americans are less likely than whites to express a belief in medical care’s potential to improve their health.**

- Twenty-six percent of Hispanics, 24 percent of African Americans, and 19 percent of Asian Americans strongly agreed that “staying healthy is a matter of luck.” The same was true for only 12 percent of whites. (Chart 20)
- Hispanics and Asian Americans were more likely to share the sentiment that it is “better to take care of one’s own health than to go to the doctor.” One of three Hispanics (31%) and Asian Americans (34%) strongly agreed with this statement versus less than one of five whites (18%) and one of six African Americans (16%).

*Language Services*

**Many patients who are in need of a language interpreter during a health care visit go without this service.**

- Of those who said they need an interpreter when visiting a doctor, only half (48%) said they always or usually get one. (Chart 21)
- Most of the time, either a family member or friend (43%) or a staff person at the health care facility (53%) serves as the interpreter. Only 1 percent of those needing an interpreter reported that they had a trained interpreter.

**Use of complementary and alternative medicines (CAMs) is considerable among all Americans. These remedies include herbal medicines, chiropractor services, acupuncture, and traditional healers.**

- One of three (32%) respondents used at least one type of CAM in the past two years. However, use varies across racial and ethnic groups, particularly among different Hispanic and Asian American subpopulations. (Table 7, Chart 22)
- Of all these therapies, herbal medicine is the one most commonly used by Americans. Within the past two years, 24 percent of whites, 20 percent of Asian Americans, 18 percent of Hispanics, and 17 percent of African Americans have used herbal medicines.

**Many who turn to alternative care do so because they prefer to stay away from prescription medications and other medical approaches.**

- One-half of all respondents who had used some form of alternative therapy in the past two years said they did so in order to avoid taking prescription medications (46%) or because they prefer to try other approaches before going to the doctor (50%).
- Hispanics were significantly more likely than respondents overall (30% vs. 17%) to report that they turned to alternative care because it is cheaper than traditional medicine.
- Minority respondents were more likely to cite cultural or religious beliefs as the reason why they use alternative care: 27 percent of Asian Americans, 22 percent of Hispanics, and 12 percent of African Americans gave this reason, compared with 4 percent of whites. (Chart 23)

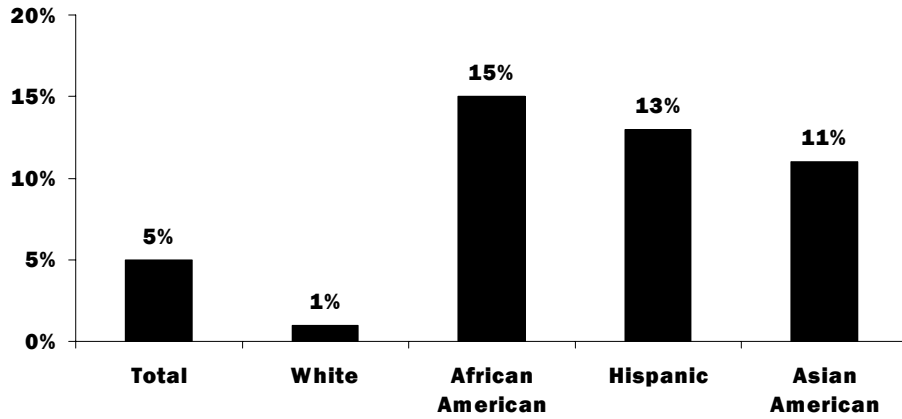
**African American, Hispanic, and Asian American respondents who use alternative therapies are less likely than whites to tell their doctor that they are using them.**

- Seventy percent of whites have told their doctor about their use of alternative care, but only 55 percent of African Americans, 50 percent of Hispanics, and 63 percent of Asian Americans have also done so. (Chart 24)



Chart 18

### Minorities Believe They Would Receive Better Health Care If They Were of a Different Race and/or Ethnicity

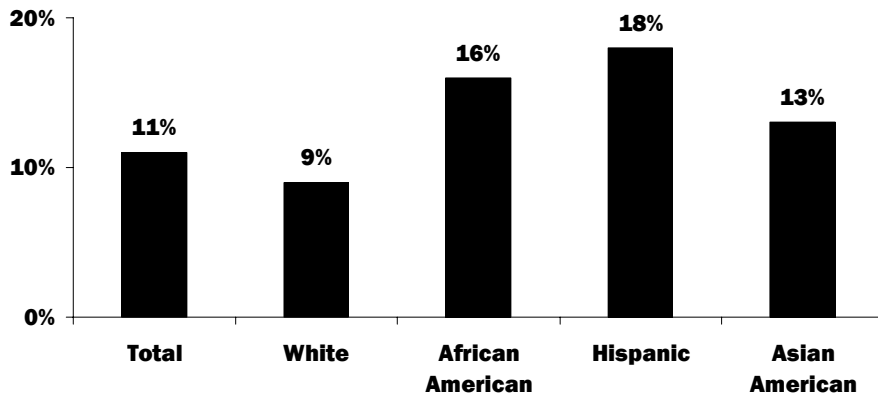


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 19

### Hispanics and African Americans More Likely to Feel Treated with Disrespect

Percent of adults who felt they were treated with disrespect\*

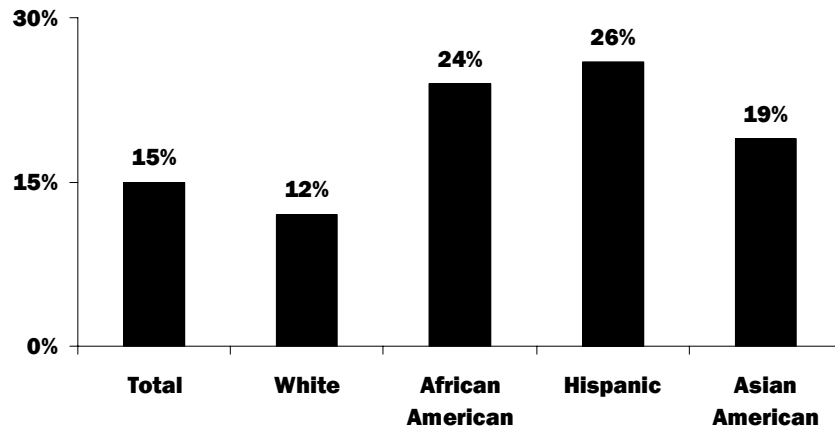


\* Felt disrespected because of ability to pay, to speak English, or of their race/ethnicity.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

### Minorities More Likely to Feel that Staying Healthy Is a Matter of Luck

Percent of adults who strongly agree that “staying healthy is a matter of luck”



Source: The Commonwealth Fund 2001 Health Care Quality Survey.

### Use of Language Interpretation Services

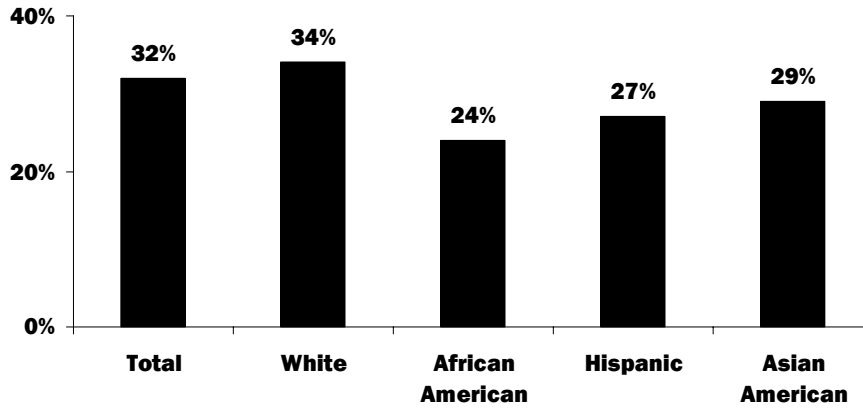
<b>Of those who need interpreter, percent who always or usually get interpreter</b>	<b>48%</b>
With interpreter's help, fully understood what doctor was saying	<b>70%</b>
Usual interpreter:	
Staff person	<b>53%</b>
Family or friend	<b>43%</b>
Trained medical interpreter	<b>1%</b>
Person usually available	<b>74%</b>

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 22

### Use of Alternative Care

Percent reporting use of alternative care\*



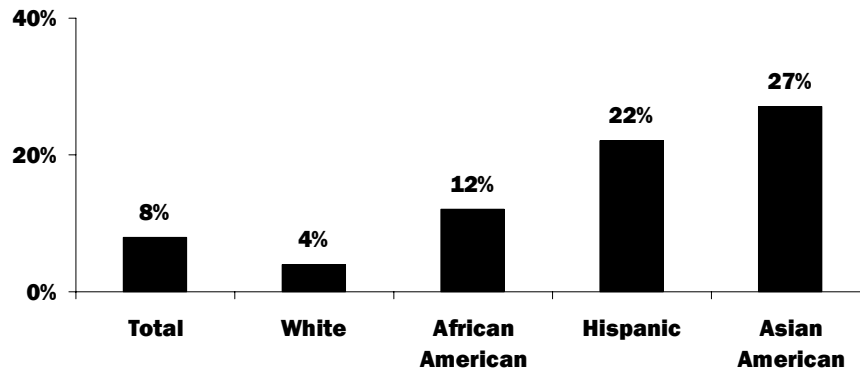
\* Used herbal medicine, acupuncture, chiropractor, and/or traditional healer in past two years.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 23

### Percent Who Say Cultural/Religious Beliefs Are a Reason for Use of Alternative Care

Percent who use alternative care\* for cultural/religious reasons



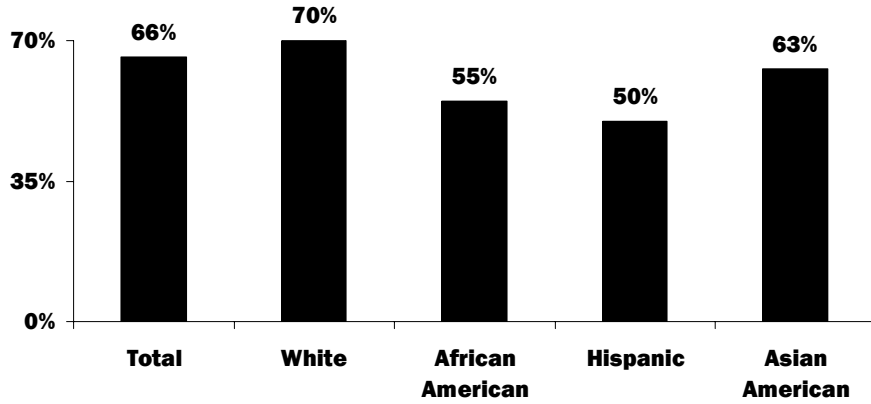
Base: Those using any alternative care in past two years.

\* Used herbal medicine, acupuncture, chiropractor, and/or traditional healer.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

### Minority Patients Less Likely to Inform Doctor of Use of Alternative Care

Percent who told doctor about use of alternative care\*



Base: Those using any alternative care in past two years.

\* Used herbal medicine, acupuncture, chiropractor, and/or traditional healer.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

#### IV. QUALITY OF CLINICAL CARE FOR MINORITY POPULATIONS

Quality of health care is equally as important as access to affordable care in improving patient health and outcomes. The Commonwealth Fund 2001 Health Care Quality Survey explored a number of quality domains, including patient–physician communication and patients’ health beliefs, attitudes, and experiences within the health care system. The survey also assessed the quality of clinical care delivered, including preventive services and management of chronic diseases, prevalence of medical errors, sources of health information, and overall patient satisfaction; these latter aspects of care are the focus of this section.

Overall, the survey’s indicators of clinical care quality highlight many areas where gaps in care exist for certain populations, or where the level of quality is less than desirable for all groups. Low levels of health care utilization and pervasive disparities in quality were found for Hispanics and Asian Americans. Wide variation was seen within populations, particularly between English- and non-English-speaking respondents. At the same time, results of these quality-of-care measures revealed few disparities between African Americans and whites. This good news may reflect increased attention in recent years to African Americans’ poorer health status and medical outcomes.

**Hispanics and Asian Americans who have visited a doctor or been hospitalized in the past two years are significantly less likely to report being “very satisfied” with the quality of health care they have received. (Table 8)**

- Compared with 65 percent of whites and 61 percent of African Americans, 56 percent of Hispanics and 45 percent of Asian Americans reported they were very satisfied with their care. (Chart 25)
- Language spoken was not a major factor in Hispanic respondents’ satisfaction ratings. Fifty-nine percent of Hispanics who primarily speak English said they are very satisfied with their care, compared with 52 percent of those who primarily speak Spanish.

**One of five (22%) survey respondents reported that they or a family member experienced a medical error related to a doctor’s prescription or something that occurred in a hospital or doctor’s office. (Table 8)**

- Sixteen percent of whites, 17 percent of African Americans, and 14 percent of Hispanics reported that they or a family member had been given the wrong

medication. Only 6 percent of Asian Americans said they received the wrong drug.

- Of those respondents who said they were given the incorrect medication, 22 percent said that the error led to a very serious health problem.
- Ten percent of both whites and African Americans, 8 percent of Asian Americans, and 7 percent of Hispanics felt that they or a family member had gotten sick, or their condition had worsened, because of a mistake made during a doctor visit or while at the hospital. One-half (51%) of these respondents said the error led to a very serious problem.

#### *Preventive Care*

#### **Hispanics and Asian Americans are significantly less likely than African Americans or whites to receive most preventive care services. (Table 9)**

- Forty-one percent of Asian Americans had a physical exam in the past year, compared with 57 percent of African Americans, 48 percent of Hispanics, and 47 percent of whites. (Chart 26)
- Among adults age 50 and older, Hispanics and Asian Americans were the least likely to have had a physical exam in the past year (51% and 45%, respectively). By comparison, 56 percent of white adults and 61 percent of African Americans have had physicals. (Chart 27)
- Among all adults, 83 percent had their blood pressure checked in the past year. Seven of 10 Hispanics (72%) and Asian Americans (74%) reported that they had their blood pressure checked in the past year, compared with more than four of five African Americans (87%) and whites (85%).
- In the past year, 58 percent of African Americans, 52 percent of whites, 49 percent of Asian Americans, and 48 percent of Hispanics said they had their cholesterol checked. These rates rose considerably when adults were asked about the past five years: during this period, about 80 percent of whites and African Americans, 76 percent of Asian Americans, and 71 percent of Hispanics had their cholesterol checked.
- Only 44 percent of African Americans and 47 percent of Hispanics have had a dental exam in the past year, compared with 58 percent of whites and Asian Americans.

- Among women, Asian Americans were least likely to report receiving a Pap test in the past year (45%). By comparison, 60 percent of African American, 54 percent of Hispanic, and 53 percent of white women had Pap tests. (Chart 28)
- Just over half of women age 50 and older (54%) had received a mammogram in the past year, with no significant variation by race or ethnicity.
- Among respondents 50 and older, only one of four (27%) reported some type of screening for colon cancer, a disease that is often highly treatable if caught early. Thirty-one percent of African Americans, 28 percent of whites, 18 percent of Hispanics, and 16 percent of Asian Americans said they had been tested in the past year. (Chart 29)
  - > The disparity in colon cancer screening for Hispanics and Asian Americans persists when looking at rates over a five-year period: 63 percent of African Americans and 59 percent of whites were screened during this time, compared with 46 percent of Hispanics and 51 percent of Asians.
- Among men age 40 and older, one-half (48%) reported having some type of screening test for prostate cancer. Rates are significantly lower for Hispanic and Asian American men: 50 percent of white and 49 percent of African American men over 40 received a blood test or rectal exam for prostate cancer, but only 40 percent of Hispanic and 38 percent of Asian American men did. (Chart 30)

**For a number of preventive health services, Hispanic respondents were the most likely to report that they had not received them in the past five years or had never received them at all.**

- Hispanic adults age 50 and older were more likely than the total male population this age not to have received any colon cancer screening in the last five years (51% vs. 38%).
- Among surveyed males age 40 and older, 32 percent of Hispanics—versus 21 percent of all men—reported they had not received a screening for prostate cancer in the past five years, or had not ever received one.

- Twenty-three percent of adult Hispanics and 19 percent of adult Asian Americans have not had their cholesterol checked in the past five years—or ever—compared with 16 percent of the overall adult population.
- Ten percent of Hispanics versus 3 percent of the total population had not received a blood pressure check in the past five years.

**Hispanics of Mexican or Central American heritage are less likely to receive preventive care than Puerto Ricans, as are those who speak primarily Spanish.**

- Physical exams, blood pressure monitoring, and cholesterol screening are all more common among Puerto Ricans than among Mexican Americans and Central Americans. For example, two of three Puerto Ricans had a physical exam (68%) or cholesterol screen (65%) in the past year, compared with less than one-half of Mexican Americans (43% and 43%) and Central Americans (46% and 49%) (Table 10)
- Hispanics who speak primarily Spanish were significantly more likely than those who speak primarily English to report not getting preventive care in the past five years or ever. Comparing English- and Spanish-speaking Hispanics, 5 percent versus 18 percent reported no blood pressure check; 17 percent versus 33 percent no cholesterol check; and 10 percent versus 32 percent no dental exam.

*Physician Counseling*

**All U.S. adults could benefit from more physician counseling. Hispanics and Asian Americans, however, are significantly less likely than others to receive counseling about smoking cessation, diet, weight, exercise, and mental health.**

- Of those who smoke, 58 percent of Hispanics and 68 percent of Asian Americans report being counseled on how to quit, compared with 82 percent of whites and 78 percent of African Americans. (Chart 31)
- Hispanic smokers who speak primarily Spanish are significantly less likely to be counseled about smoking cessation than those who speak primarily English (39% vs. 67%).



- Fifty-three percent of African Americans and 50 percent of whites were counseled by their physicians on healthy diet and weight, compared with 43 percent of Hispanics and 35 percent of Asian Americans.
- Forty-six percent of Hispanics and 45 percent of Asian Americans received physician counseling on exercise, as did half of whites (50%) and African Americans (53%).
- Rates of counseling for mental health problems such as depression or stress are low for all adults. Only 20 percent of whites and Hispanics, 15 percent of African Americans, and 14 percent of Asian Americans said their doctor counseled them on mental health issues.

### *Chronic Disease Care*

**The survey found that nearly half of whites and African Americans, two of five Hispanics, and a quarter of Asian Americans reported having at least one chronic condition. As with preventive health checks and cancer screening, Hispanics and Asian Americans with chronic illnesses are less likely to receive care needed to manage their conditions.**

- Among those respondents with diabetes:
  - > Eighty-four percent of African Americans reported having their eyes examined in the past year, followed by 73 percent of whites, 70 percent of Asian Americans, and 66 percent of Hispanics. (Chart 32)
  - > Eighty percent of African Americans, 71 percent of whites, 62 percent of Hispanics, and 54 percent of Asian Americans said their feet were examined for sores or irritations in the past year.
  - > Smaller proportions received each of three important tests—eye and foot exams and blood pressure monitoring—within the past six to 12 months. Sixty-four percent of African American, 56 percent of white, 48 percent of Hispanic, and 42 percent of Asian American diabetics reported getting all three tests.
- Among respondents diagnosed with diabetes, high blood pressure, and/or heart disease in the past five years, 89 percent of African Americans and 80 percent of whites

reported they have their blood pressure checked every six months. The same was true for only 71 percent of Hispanics and 74 percent of Asian Americans.

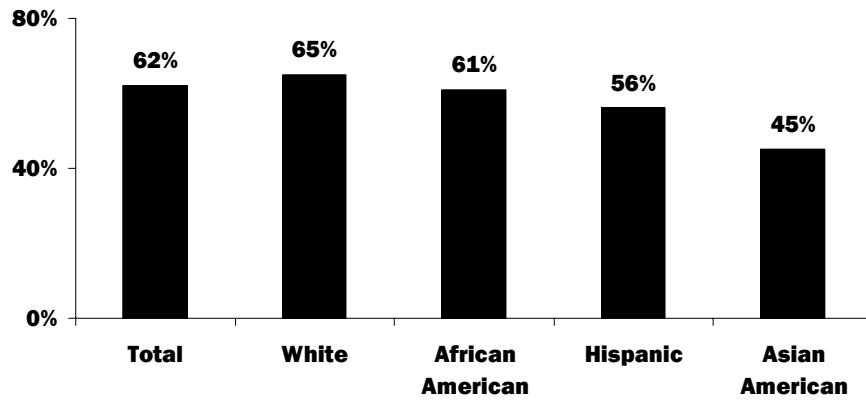
**Chronic disease management tools that could improve outcomes are not being widely used.**

- Of those survey respondents diagnosed with any chronic condition in the past five years (asthma, cancer, heart disease, diabetes, high blood pressure, obesity, or anxiety/depression), 17 percent were found to participate in special disease management programs (23% of Asian Americans, 22% of African Americans, 18% of Hispanics, and 16% of whites).
- Just more than one of four (28%) respondents with diabetes, high blood pressure, and/or a recent heart disease said that their doctor or someone from their doctor's office calls to see how they are doing (33% of African Americans, 31% of Asian Americans, 28% of whites, and 25% of Hispanics).

Chart 25

### Satisfaction with Quality of Health Care

Percent of adults “very satisfied” in past two years

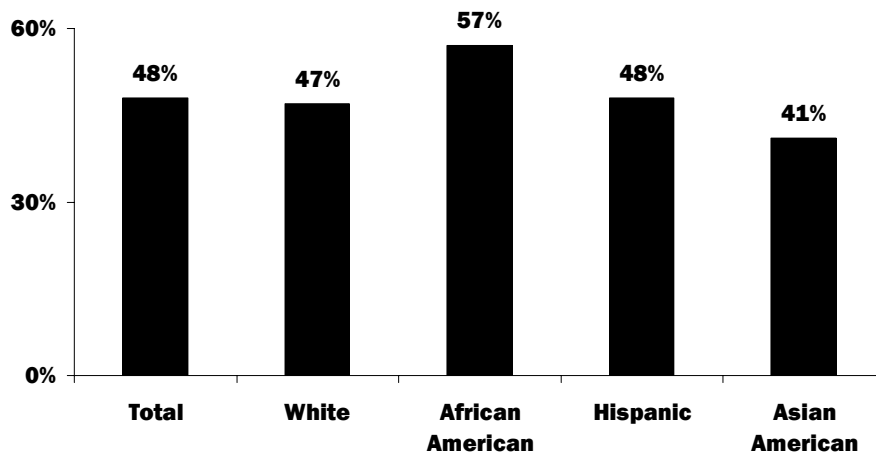


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 26

### Physical Exam in Past Year, by Race/Ethnicity

Percent of adults receiving exam

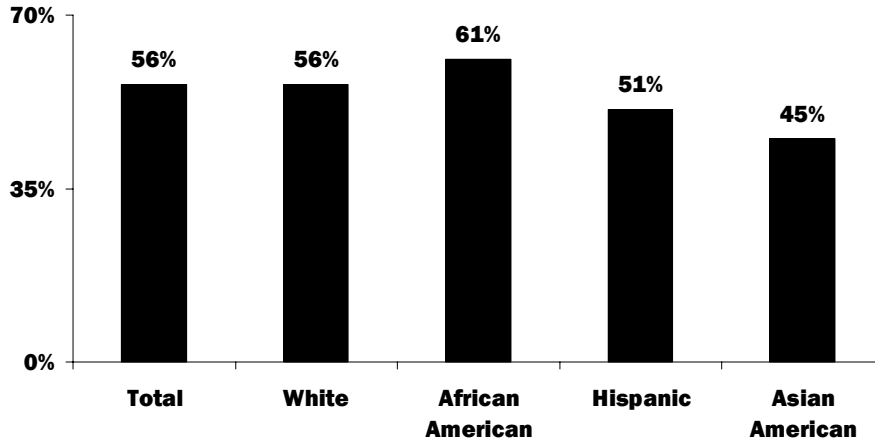


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 27

### Older Adults with Physical Exam in Past Year

Percent of adults over 50 receiving exam

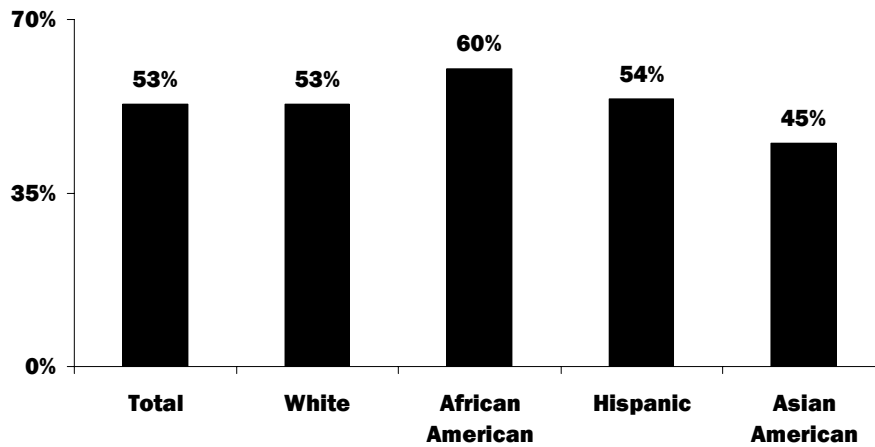


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 28

### Pap Test in Past Year, by Race/Ethnicity

Percent of women who received Pap test in past year

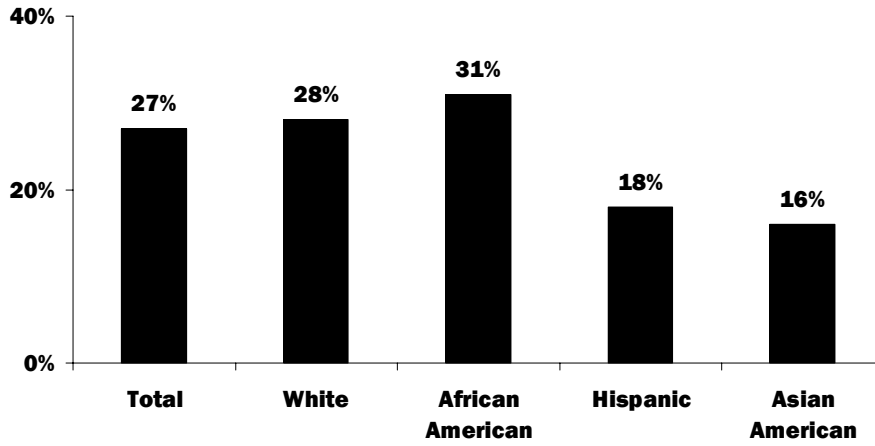


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 29

### Colon Cancer Screening in Past Year

Percent of adults 50 and older receiving colon cancer screening in past year

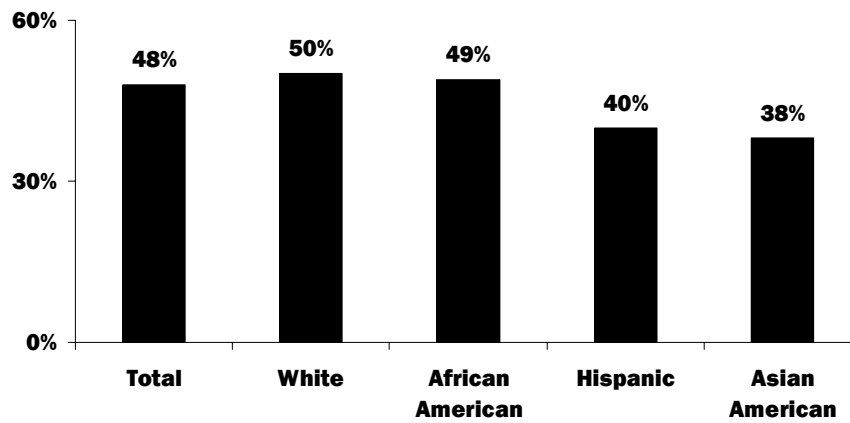


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 30

### Prostate Cancer Screening in Past Year, by Race/Ethnicity

Percent of men 40 and older receiving prostate cancer screening in past year

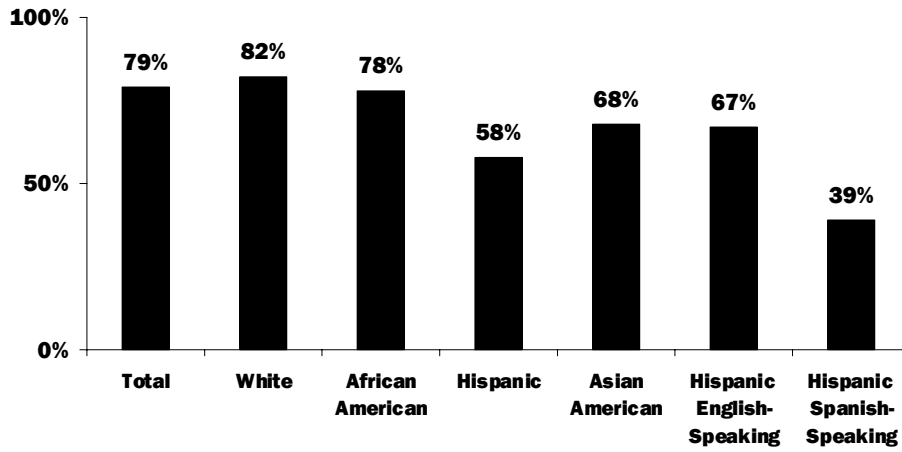


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 31

### Smoking Cessation Counseling

Percent of current smokers counseled by physician to quit

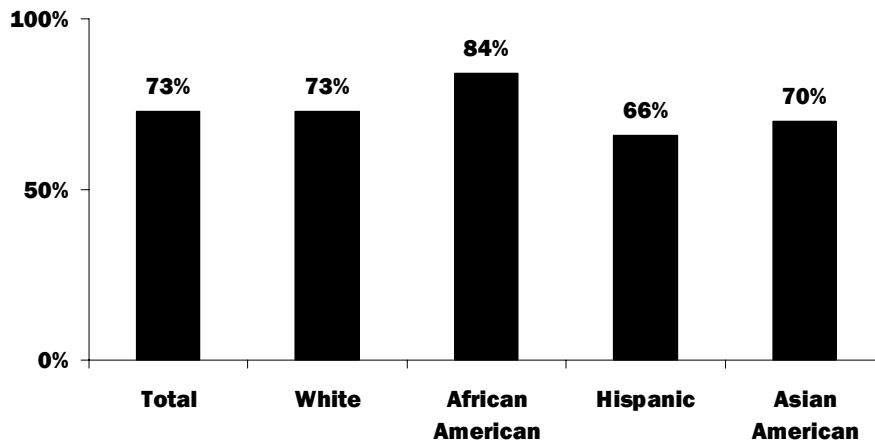


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 32

### Eye Screening for Diabetic Patients

Percent of respondents with diabetes, eye exam in past year



Source: The Commonwealth Fund 2001 Health Care Quality Survey.

## V. ACCESS TO HEALTH CARE

Among all the components of patient care, those related to access—including how and where people obtain health services—are some of the most critical for assessing and improving quality. The Commonwealth Fund 2001 Health Care Quality Survey included several questions asking U.S. adults about their usual source of care and whether they have a regular doctor, a choice of providers, and continuity in their care.

The findings confirm that there are significant and fundamental differences in health care access between white Americans and African American, Hispanic, and Asian American populations. Minority adults are more likely to receive care in hospital- or health center-based facilities and less likely to have a regular doctor, to feel they have a choice in where they go for care, or to have a long-term relationship with their doctor. Survey analysis further demonstrates that while having a regular doctor can make a difference in the receipt and quality of care, minority patients who have one often remain at a disadvantage relative to whites.

**Most adults have had a health care visit (doctor or hospital) in the past two years, ranging from 81 percent of Hispanics to 90 percent of whites and African Americans. Significant variation exists, however, with regard to where people get care, whether they have a regular doctor, and how long they have been with their doctor. (Table 11)**

- Fifty-nine percent of Hispanics, 66 percent of African Americans, and 73 percent of Asian Americans said that their regular source of care is a doctor's office, compared with 80 percent of whites. (Chart 33)
- African Americans are the group most likely to rely on hospital-based services for their regular health care needs: 11 percent rely on emergency rooms and another 9 percent rely on ambulatory clinics.
- Many African Americans and Hispanics have no usual source of care. Thirteen percent of African Americans and 14 percent of Hispanics reported either that they usually visit the emergency room for their care or that they do not have a usual source of care at all. (Chart 34)

- For Hispanics, community health centers are an especially important source of health care: 20 percent said health centers were their usual source of care, compared with 8 percent of the total population. (Chart 35)
- Minority populations are less likely to feel they have a choice in where they go for care. Roughly one of four Hispanics (28%) and Asian Americans (24%) and more than one of five African Americans (22%) said they have very little or no choice in their source of health care, compared with 15 percent of whites. (Chart 36)

**Having a regular doctor can be crucial to ensuring good health care, yet minority adults are less likely to have one.**

- Just over one-half of Hispanic adults (57%) have a regular doctor, along with 68 percent of Asian Americans and 70 percent of African Americans. In contrast, 80 percent of white adults have a regular doctor. (Chart 37)
  - > Rates vary among Hispanics. Fifty percent of Hispanics of Mexican heritage and 51 percent of Central American heritage have a regular doctor, compared with 71 percent of Puerto Ricans. Forty percent of Hispanics who said Spanish is their primary language have a regular doctor, compared with 68 percent of those whose first language is English.
  - > Rates vary among Asian Americans. Forty-six percent of Korean Americans and 59 percent of Vietnamese Americans have a regular doctor, compared with 63 percent of Chinese Americans.
- Among all adults with a regular doctor, less than one-half (44%) have had the same doctor for more than five years. Asian Americans (32%) and Hispanics (37%) had the lowest rates, followed by African Americans (43%) and whites (46%). (Chart 38)

**Minority patients are far less likely to have a doctor of the same race/ethnicity.**

- One of four African Americans (23%) has a physician who is African American; one of four Hispanics has a Hispanic physician (26%); and four of 10 (39%) Asian Americans have an Asian American physician. By comparison, eight of 10 whites (82%) have a white doctor. (Chart 39)



**Minorities without a regular doctor fare far worse than those with a regular doctor; in some cases, they also fare worse than whites without a regular doctor. (Table 12)**

- One of four African Americans (27%) and Hispanics (24%) lacking a regular doctor reported that their usual source of care is the emergency room or that they have no source of care, compared with 7 percent of African Americans and Hispanics who have a regular doctor. (Chart 40)
- Not having a regular doctor puts African Americans (26%) and Hispanics (24%) at even greater risk for not having a usual source of care or for relying on the emergency room compared with Asian Americans (14%) and whites (16%).
- Minority adults without a regular physician are more likely to have communication problems with their doctors than those with a regular physician. For example, nearly one-half of Hispanics without a regular doctor (47%) have had one or more communication problems, compared with one-quarter of Hispanics with a regular doctor (25%). (Chart 41)
- Minority adults who lack a regular physician were much less likely than those who have one to report being highly satisfied with their care in the past two years.
  - > Asian Americans without a regular physician were the least likely to say they are “very satisfied” with their care: only 30 percent were very satisfied, compared with 45 percent of Asian Americans with a regular physician.
  - > Forty-eight percent of African Americans and 40 percent of Hispanics without a regular doctor were very satisfied with their care, compared with 65 percent of those with a regular doctor in each group. A similar difference was seen for white adults: 50 percent who lack a regular doctor said they were very satisfied, versus 68 percent who have one. (Chart 42)
- Overall, barely half of all respondents (49%) feel very confident they can get good medical care when needed. Hispanic and Asian Americans have even lower levels of confidence in their ability to get care. Four of 10 Hispanics (40%) and Asian Americans (39%) feel very confident in their ability to get needed care, along with 52 percent of white respondents and 47 percent of African American respondents. (Chart 43).

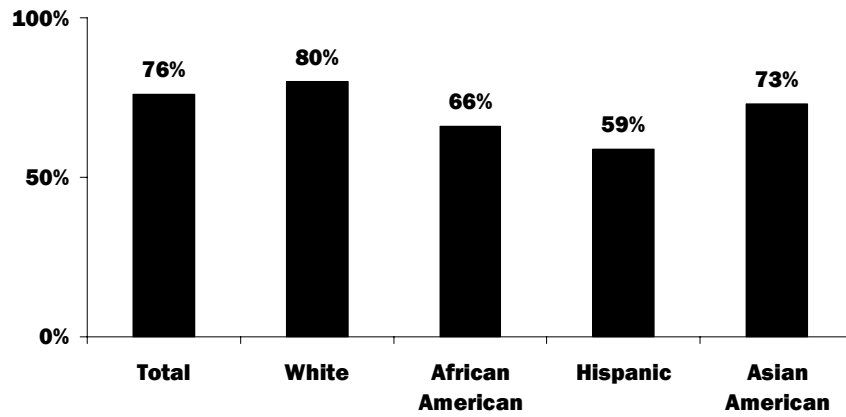
*Sources of Health Information*

**Friends and family, books and other printed materials, the Internet, and health fairs are important sources of health information for Americans, although variation was evident in patterns of use. (Table 11)**

- About 40 percent of all surveyed adults said they turn to family and friends for health information.
  - > Family and friends were the most frequently reported source of health information among Asian Americans (45%).
  - > Spanish-speaking Hispanics reported they rely primarily on friends and family for health information.
- More than one-quarter of whites and Asian Americans, and about one-fifth of African Americans and Hispanics, said they used the Internet to obtain health information. (Chart 44)
- Books and other printed materials are important sources of health information for half of all white, African American, and Asian American respondents and for 40 percent of Hispanic respondents.
- More than one-third of whites (38%) and African Americans (36%) obtain health information from their pharmacist, as do one of four Hispanics and Asian Americans (26% each).
- Community health fairs were mentioned as a source of medical information for some of the adults surveyed, including 15 percent of African Americans, 12 percent of Hispanics, 11 percent of Asian Americans, and 8 percent of whites.

### Minorities Less Likely to Receive Care at a Doctor's Office

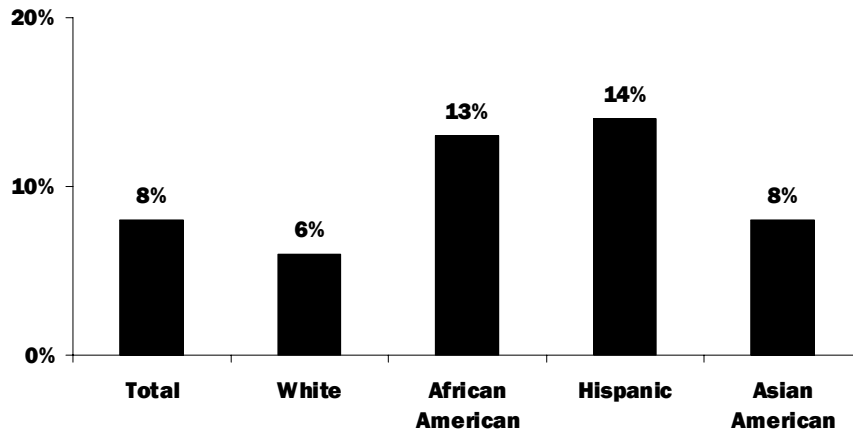
Percent of adults reporting doctor's office as regular source of care



Source: The Commonwealth Fund 2001 Health Care Quality Survey.

### African Americans and Hispanics More Likely to Have No Regular Source of Care

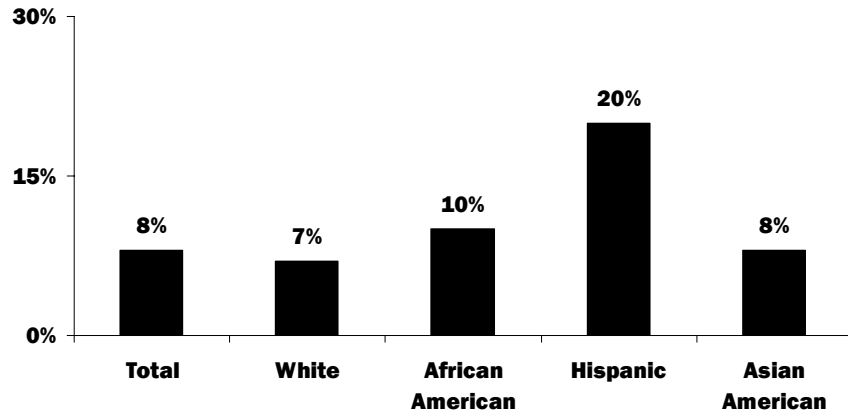
Percent of adults reporting emergency room or none as regular source of care



Source: The Commonwealth Fund 2001 Health Care Quality Survey.

### One of Five Hispanics Names Community Health Center as Regular Source of Care

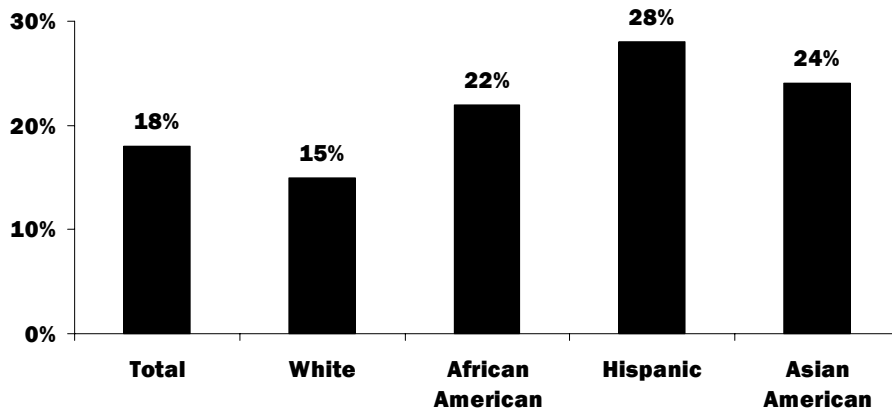
Percent of adults reporting community health center as regular source of care



Source: The Commonwealth Fund 2001 Health Care Quality Survey.

### Minority Americans Report Less Choice in Where to Go for Medical Care

Percent of adults reporting "very little" or "no" choice

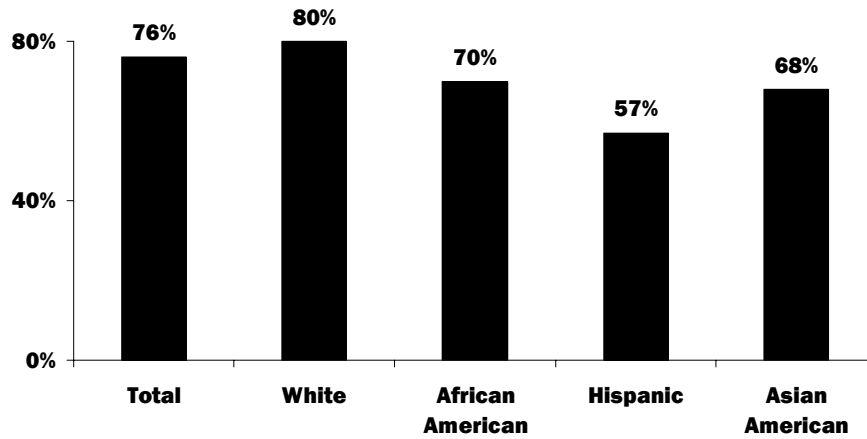


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 37

### Minority Americans Are Less Likely to Have a Regular Doctor

Percent of adults with a regular doctor

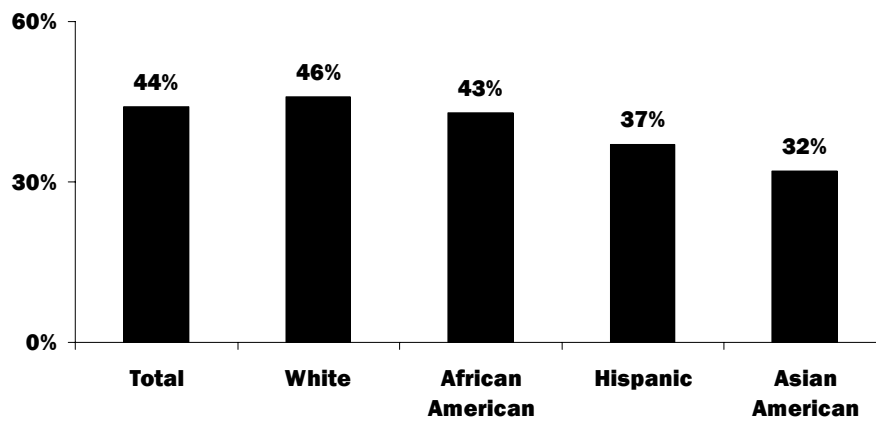


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 38

### Less Than Half of Respondents Have Had the Same Doctor for More Than Five Years

Percent of adults with same doctor for more than five years



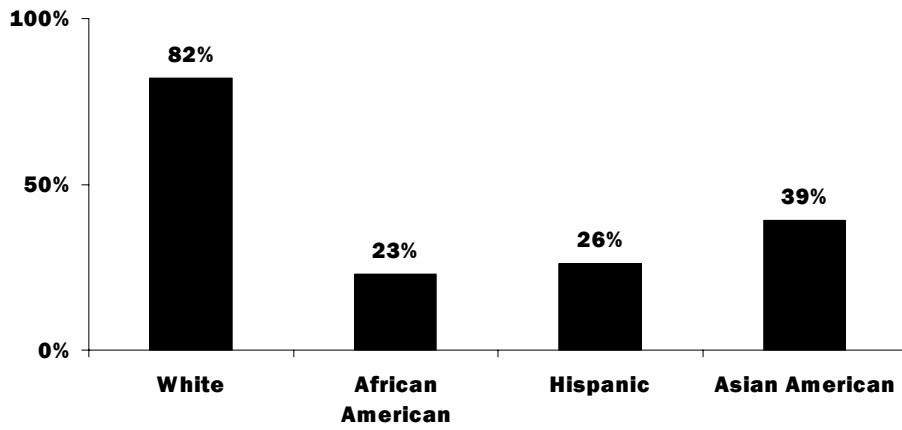
Base: Adults with a regular doctor.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 39

### Whites and Asian Americans Most Likely to Have Regular Physician of the Same Race

Percent of respondents with physician of same race/ethnicity

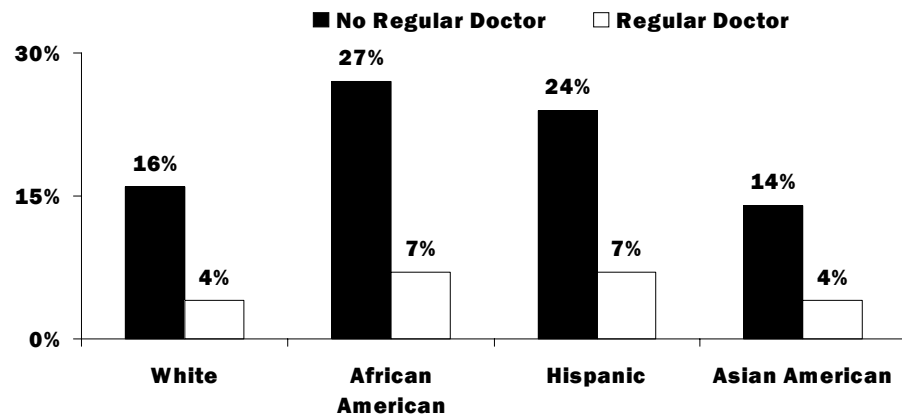


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 40

### Minorities Without a Regular Doctor More Likely to Use Emergency Room for Care

Percent reporting emergency room or no regular place of care

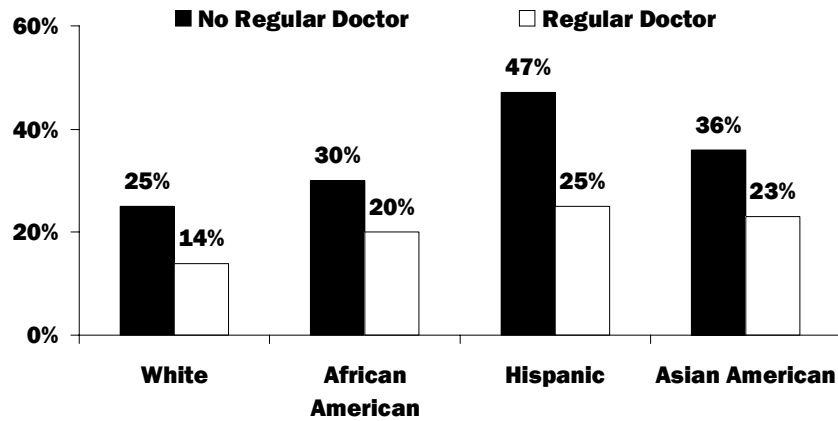


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 41

## Adults with No Regular Doctor Report More Communication Problems with Their Physicians

Percent of adults reporting one or more communication problems

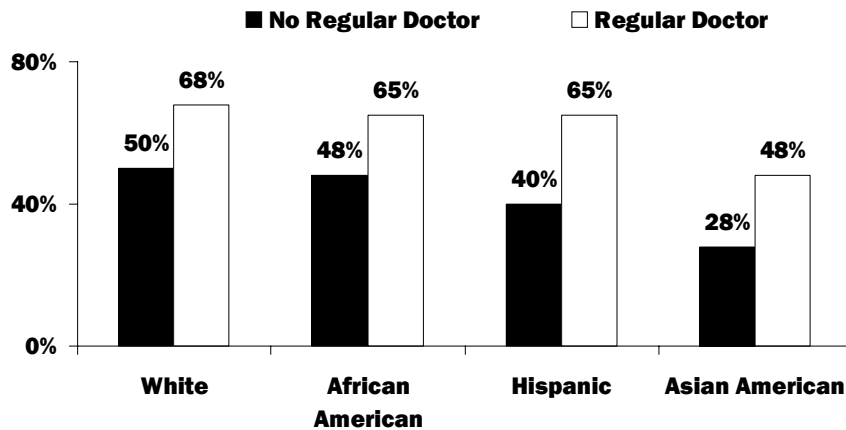


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 42

## Adults with Regular Doctors More Satisfied with the Quality of Their Health Care

Percent of adults very satisfied with quality of health care in past two years

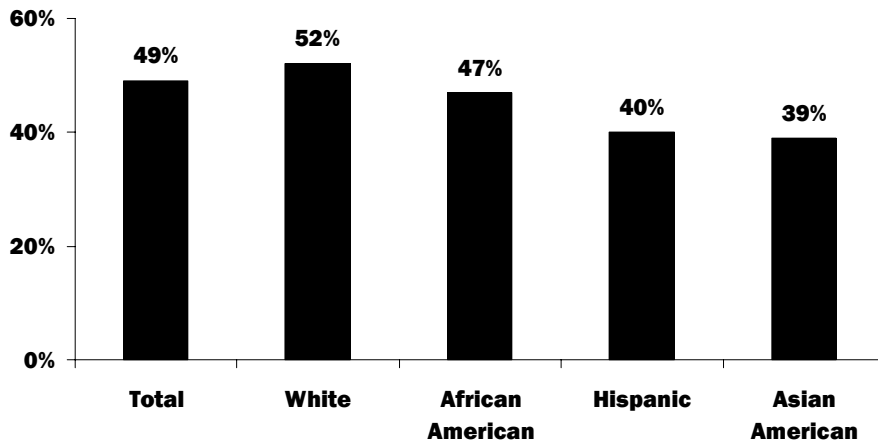


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 43

### Minorities Are Less Confident They Will Receive Good-Quality Health Care in the Future

Percent of adults very confident they can get good-quality care in future

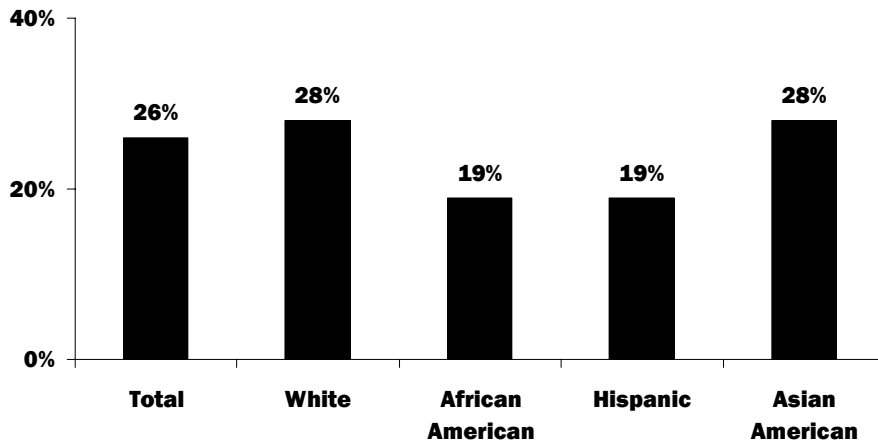


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 44

### African Americans and Hispanics Report Less Use of Internet for Health Information

Percent using Internet often to obtain health information



Source: The Commonwealth Fund 2001 Health Care Quality Survey.



## VI. HEALTH INSURANCE COVERAGE

Health insurance plays a critical role in mediating access to medical care, interactions with the health care system, and ensuring quality of care. Results from The Commonwealth Fund 2001 Health Care Quality Survey reveal that among working-age adults (ages 18–64), the uninsured fare worse than the insured on every measure of satisfaction and quality used. Hispanics and African Americans are much less likely than whites or Asian Americans to have health insurance—a significant reason why they tend to experience more problems within the health care system.

**Compared with insured adults, the uninsured are much less satisfied with the quality of their overall health care and less optimistic about their access to care.**

- Only 42 percent of uninsured Hispanic adults (ages 18–64) reported being “very satisfied” with the quality of care they have received in the past two years, compared with 62 percent of insured Hispanics. Insured whites and Asian Americans in this age group were similarly much more satisfied than their uninsured counterparts, although Asian Americans were much less satisfied than other groups. African Americans with health coverage were moderately more satisfied than those who did not have coverage (63% vs. 54%). (Table 13)
- Regardless of their race or ethnicity, uninsured respondents were not very confident in their ability to get quality health care in the future. Only 35 percent of the uninsured were very confident they would be able to obtain good-quality care in the future, compared with 51 percent of the insured. Having health coverage greatly improved confidence for all groups, although it did not eliminate disparities. (Chart 45)

**The high cost of health care sometimes prevents people from getting needed services. The uninsured, in particular, are less likely to get preventive care such as physical exams and cancer screening.**

- Insured Hispanics, Asian Americans, and whites were much more likely to have had a physical exam within the last year than their uninsured counterparts. Insurance did not appear to be a factor in whether African Americans had a physical exam.
- For all adults ages 50 to 64, colon cancer screening rates were one-third to one-half those of insured adults. (Chart 46)

- Most women ages 18 to 64, whether insured or not, have had a Pap test in the last five years. However, nearly twice as many uninsured women as insured women have not had a recent Pap test (14% vs. 7%).

**Having a regular place to go for health care is associated with greater access to and satisfaction with care. Survey respondents without health insurance reported they had very little choice of where to get care; they tended to seek care from places that offered less continuity than those used by the insured.**

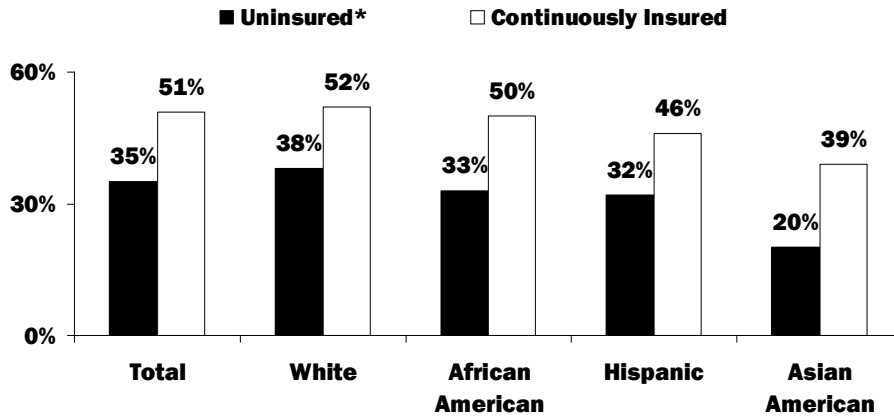
- Among respondents who received health services in the last year, those without health insurance felt they had very little choice when seeking care. Thirty-nine percent of uninsured Hispanics said they had very little or no choice in source of care, versus 16 percent of insured Hispanics. African Americans also had a large gap in perceived choice by insurance status (38% uninsured vs. 14% insured). (Chart 47)
- For many adults, especially African Americans and Hispanics, lack of health coverage is associated with lack of a stable location for getting health services. Many uninsured respondents, including 24 percent of uninsured African Americans and 22 percent of uninsured Hispanics, either said they use the hospital emergency room as their usual source of care or were unable to name a regular location of care. In contrast, only 9 percent of insured African Americans and 7 percent of insured Hispanics use the emergency room regularly or have no stable source of care. (Chart 48)

**The uninsured reported having much more difficulty communicating with their physicians than did the insured.**

- Forty-seven percent of Hispanics, 32 percent of African Americans, 31 percent of whites, and 30 percent of Asian Americans without health insurance reported having one or more communication problems with their physician, including not being able to understand everything the doctor said, feeling the doctor did not listen to everything they said, and leaving the doctor's office with unasked questions. African Americans, Hispanics, and Asian Americans with health insurance were less likely to report these communication problems than those without insurance, but they still had significantly higher rates of problems than insured whites. (Table 13)

## Uninsured Are Less Confident They Will Receive Good-Quality Health Care in the Future

Percent of adults 18–64 very confident they can get good-quality care in future

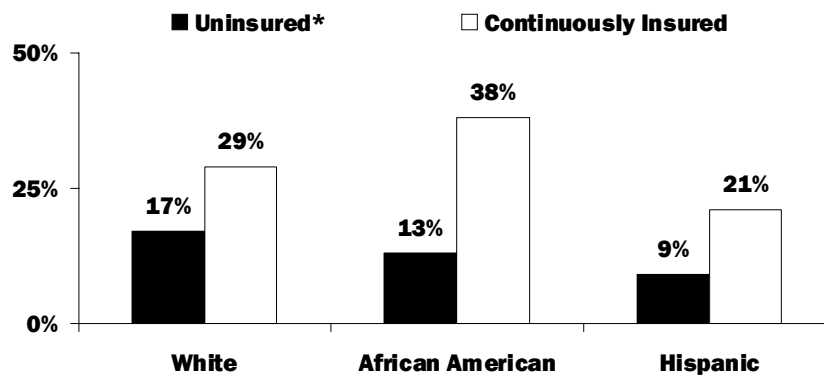


\* Adults uninsured at any time in past year.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

## Uninsured Report Lower Rates of Colon Cancer Screening

Percent of adults ages 50–64 receiving colon cancer screening in past year



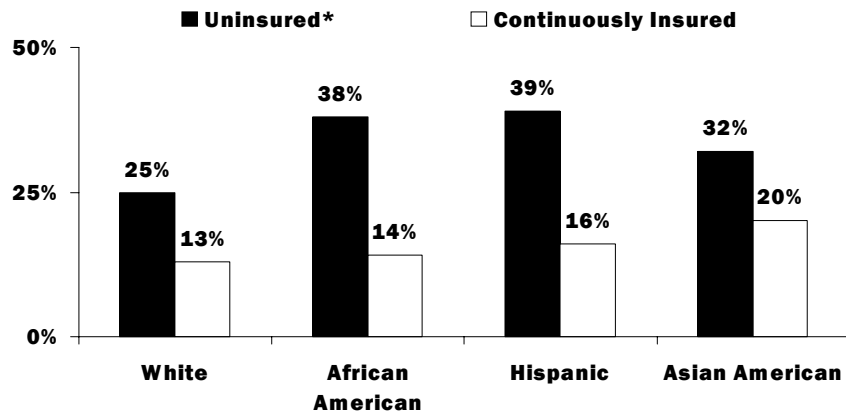
\* Adults uninsured at any time in past year.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 47

### Uninsured Minorities Report Little Choice in Source of Health Care

Percent of adults 18–64 reporting very little or no choice in source of care



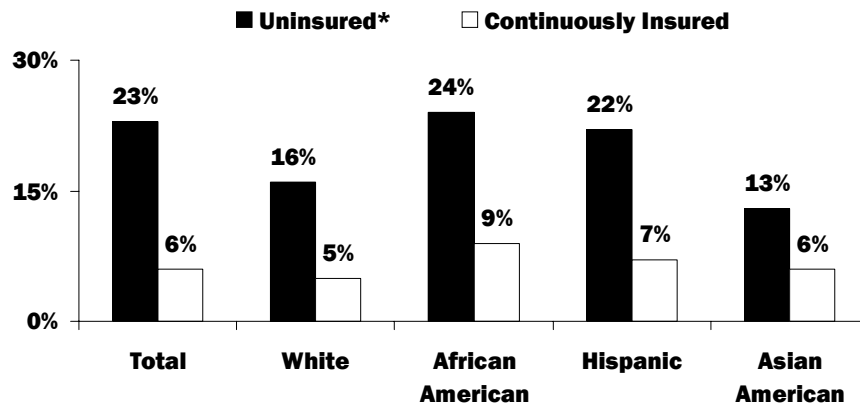
\* Adults uninsured at any time in past year.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Chart 48

### More Than One-Fifth of Uninsured Hispanics and African Americans Have No Regular Place of Care

Percent of adults 18–64 who used an emergency room as usual source of care, or had no regular place for health care in the past year



\* Adults uninsured at any time in past year.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

## **TABLES**

**Table 1**  
**Population Demographics, SES by Race/Ethnicity**

	Total	White	African American	Hispanic	Asian American
<b>Estimated Number of Adults (in thousands)</b>	184,575	127,283	20,238	18,927	7,821
<b>Percent Distribution:</b>		75	12	10	3
<b>Age</b>					
18–29	20	17	25	33	27
30–39	20	19	23	24	28
40–49	21	22	19	19	19
50–64	21	22	20	14	17
65+	16	19	13	9	7
<b>Gender</b>					
Male	46	45	42	46	50
Female	54	55	58	54	50
<b>Education</b>					
HS, incomplete	14	11	19	39	9
HS diploma	31	33	36	29	16
Some college	28	29	28	21	26
College graduate	26	27	16	10	48
<b>Annual Income</b>					
Less than \$20,000	17	14	26	26	14
\$20,000–\$34,999	19	19	23	22	15
\$35,000–\$49,999	15	15	15	16	13
\$50,000–74,999	13	15	9	7	15
\$75,000+	17	19	8	7	24
<b>Insurance Coverage</b>					
Employer	57	60	53	46	63
Individual	9	10	6	4	14
Medicaid	3	2	9	6	3
Medicare	12	14	10	8	4
Uninsured	15	11	21	33	14
<b>Insurance Coverage, 18–64</b>					
Employer	66	70	59	50	66
Individual	9	10	6	4	14
Medicaid/Medicare	5	4	11	8	4
Uninsured	16	12	22	35	14
<b>Insured now, uninsured during past 12 months (18–64)</b>	8	8	8	11	7
<b>Prescription Drug Coverage</b>	64	67	58	55	53
<b>Family Status</b>					
Married or living as married, no children	31	35	17	21	23
Married or living as married, with children	30	30	23	41	39
Single, no children	27	27	31	20	24
Single, with children	12	8	27	19	13

	<b>Total</b>	<b>White</b>	<b>African American</b>	<b>Hispanic</b>	<b>Asian American</b>
<b>Work Status</b>					
Full-time	54	53	57	52	58
Part-time	12	13	11	13	11
Not currently working	33	34	32	34	30
<b>Family Work Status</b>					
At least 1 full-time worker	68	68	65	72	71
Only part-time workers	9	8	11	10	8
No worker in family	23	24	25	18	20
<b>Poverty Status</b>					
Under 100% poverty	13	9	19	30	13
100%–199%	23	21	31	30	20
200%+	65	70	49	40	66
<b>U.S.-Born</b>					
	86	96	91	47	21
<b>Foreign-Born</b>					
Years in U.S.>10	14	4	9	53	79
	68	72	67	65	69
<b>English—primary language spoken at home</b>					
	95	100	100	59	92

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

**Table 1A**  
**Population Demographics, SES by Hispanic Origin**

	Total U.S.	Total Hispanic	Mexican	Puerto Rican	Central American	Hispanic English- Speaking	Spanish- Speaking
<b>Estimated Number of Adults (in thousands)</b>	184,575	18,927	10,775	1,601	1,869	11,336	7,591
<b>Percent Distribution:</b>		10	57	8	10	60	40
<b>Education</b>							
Less than HS	14	39	49	30	36	25	61
HS diploma	31	29	28	37	25	34	21
Some college	28	21	17	23	26	27	12
College graduate	26	10	6	10	10	14	5
<b>Annual Income</b>							
Less than \$20,000	17	26	30	14	27	20	34
\$20,000–\$34,999	19	22	21	33	29	23	20
\$35,000–\$49,999	15	16	15	21	17	21	9
\$50,000–74,999	13	17	6	7	4	10	3
\$75,000+	17	7	6	10	4	10	2
<b>Insurance Coverage, 18–64</b>							
Employer	66	50	47	50	45	59	35
Individual	9	4	3	5	1	6	2
Medicaid/Medicare	5	8	6	20	8	9	6
Uninsured	16	35	39	16	47	22	54
<b>Insured now, uninsured during past 12 months (18–64)</b>	8	11	10	19	8	14	6
<b>Poverty Status</b>							
Under 100% poverty	13	30	35	13	31	20	48
100%–199%	23	30	30	38	35	28	33
200%+	65	40	35	49	34	52	19
<b>U.S.-Born</b>	86	47	50	63	16	72	8
<b>Foreign-Born</b>	14	53	50	37	84	28	92
Years in U.S.>10	68	65	61	91	75	90	55
<b>English—primary language spoken at home</b>	95	59	54	89	40	100	1

Source: The Commonwealth Fund 2001 Health Care Quality Survey.



**Table 1B**  
**Population Demographics, SES by Asian Origin**

	Total U.S.	Total Asian	Chinese	Korean	Vietnamese	Filipino	Indian	Japanese
<b>Estimated Number of Adults (in thousands)</b>	184,575	7,821	1,655	287	754	1,572	1,218	676
<b>Percent Distribution:</b>		3	21	9	4	20	16	9
<b>Age</b>								
18–29	20	27	23	31	34	21	26	10
30–39	20	28	29	20	22	20	46	19
40–49	21	19	20	35	24	17	15	25
50–64	21	17	16	18	11	31	12	10
65+	16	7	9	3	2	10	*	29
<b>Education</b>								
HS, incomplete	14	9	7	6	30	1	1	6
HS diploma	31	16	23	31	12	16	12	12
Some college	28	26	13	19	40	24	16	27
College graduate	26	48	56	44	19	59	71	56
<b>Annual Income</b>								
Less than \$20,000	17	14	10	27	33	5	8	8
\$20,000–\$34,999	19	15	14	8	13	10	5	9
\$35,000–\$49,999	15	13	11	8	17	23	10	21
\$50,000–74,999	13	15	5	18	23	25	7	10
\$75,000+	17	24	28	10	7	27	36	34
<b>Insurance Coverage, 18–64</b>								
Employer	66	66	68	20	57	72	75	77
Individual	9	13	12	11	2	15	12	22
Medicaid/Medicare	5	4	3	16	8	7	*	*
Uninsured	16	15	13	54	32	5	13	*
<b>Insured now, uninsured during past 12 months (18–64)</b>	8	7	6	3	5	11	5	4
<b>Poverty Status</b>								
Under 100% poverty	13	13	13	28	31	4	1	8
100%–199%	23	20	20	8	38	14	11	9
200%+	65	66	66	65	31	82	87	83
<b>U.S. Born</b>	86	21	21	8	7	22	2	74
<b>Foreign-Born</b>	14	79	79	92	93	78	98	26
Years in U.S.>10	68	53	69	84	68	74	51	95
<b>English—primary language spoken at home</b>	95	92	80	66	71	100	100	100

\* N<1%.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

**Table 2**  
**Health Status, by Race/Ethnicity**

	Total	White	African American	Hispanic	Asian American
<b>Self-Reported Health Status</b>					
Excellent/very good	51	55	41	36	49
Good	33	30	40	42	34
Fair/Poor	16	14	17	22	17
<b>Problem/Disability</b>					
Great deal	10	9	13	10	11
Fair amount	11	11	8	14	12
<b>MD Diagnosis in Past 5 Years</b>					
High Blood Pressure	23	23	33	20	12
Heart Disease	7	7	6	3	5
Cancer	4	5	3	4	1
Diabetes	9	8	13	10	10
Anxiety or Depression	15	16	10	15	11
Obesity	10	10	10	7	4
Asthma	8	8	10	7	7
Any Disease	45	46	51	38	29
<b>Health Habits/Behaviors</b>					
Smoke Cigarettes	20	22	20	16	14
Exercise more than 3 times/week	40	40	38	47	40

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

**Table 3**  
**Patient–Physician Interaction, by Race/Ethnicity**

	Total	White	African American	Hispanic	Asian American
<b>Base: health care visit in past 2 years</b>					
<b>Patient–Physician Communication</b>					
<b>During last visit,</b>					
Doctor listened to:					
Everything	66	68	68	57	49
Most	24	23	22	26	38
Some/Only a little	9	7	8	15	11
Patient understood:					
Everything	66	69	61	56	48
Most	27	26	28	28	36
Some/Only a little	7	5	10	16	13
Patient had questions didn't ask	12	10	13	19	14
One or more measure of poor communication (did not listen to everything, understand everything, had questions didn't ask)	19	16	23	33	27
<b>Great deal of confidence in doctor</b>	69	72	69	57	54
<b>Treated with a great deal of dignity and respect</b>	76	77	75	76	59
<b>Involved in decision as much as wanted</b>	75	78	73	65	56
<b>Time with doctor as much as wanted</b>	69	72	70	57	50
<b>Patient Adherence</b>					
Time did not follow doctor's advice	24	25	22	22	22
Reasons Why:					
Disagreed	39	39	40	34	51
Costs	27	24	30	41	27
Too difficult	26	25	26	31	46
Against personal beliefs	20	19	13	26	32
Didn't understand	7	5	13	16	14
<b>Health Information</b> (Base: total sample)					
Very easy to understand prescription bottle	79	82	79	64	66
Very easy to understand information from doctor's office	57	59	55	45	44

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

**Table 4**  
**Patient–Physician Interaction, by Hispanic Origin**

	Total U.S.	Total Hispanic	Mexican	Puerto Rican	Central American	Hispanic English- Speaking	Spanish- Speaking
<b>Base: health care visit in past 2 years</b>							
<b>Patient–Physician Communication</b>							
<b>During last visit,</b>							
Doctor listened to:							
Everything	66	57	56	63	44	58	56
Most	24	26	25	27	38	29	21
Some/Only a little	9	15	18	10	14	12	22
Patient understood:							
Everything	66	56	53	66	52	58	53
Most	27	28	28	26	33	31	22
Some/Only a little	7	16	19	11	15	11	25
Patient had questions didn't ask	12	19	21	13	31	17	24
One or more measure of poor communication (did not listen to everything, understand everything, had questions didn't ask)	19	33	37	18	43	26	43
<b>Great deal of confidence in doctor</b>	69	57	54	67	46	64	44
<b>Treated with great deal of dignity and respect</b>	76	76	77	84	65	69	88
<b>Involved as much as wanted in decision-making</b>	75	65	68	61	45	64	67
<b>Time with doctor as much as wanted</b>	69	57	55	58	54	54	62
<b>Patient Adherence</b>							
Time did not follow doctor's advice	24	22	20	27	19	23	20
<b>Health Information</b> (Base: total sample)							
Very easy to understand prescription bottle	79	64	61	81	61	73	50
Very easy to understand information from doctor's office	57	45	42	60	44	51	37

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

**Table 5**  
**Patient–Physician Interaction, by Asian Origin**

	Total U.S.	Total Asian	Chinese	Korean*	Vietnamese*	Filipino	Indian	Japanese	Asian, English- Speaking	Asian, Asian Lang.
<b>Base: health care visit in past 2 years</b>										
<b>Patient–Physician Communication</b>										
<b>During last visit,</b>										
Doctor listened to:										
Everything	66	49	42	41	42	60	52	45	47	67
Most	24	38	47	29	41	30	37	46	40	17
Some/Only a little	5	9	8	22	10	4	10	—	11	7
Patient understood:										
Everything	66	48	29	38	41	68	72	45	49	45
Most	27	36	51	54	42	20	24	49	40	30
Some/Only a little	7	13	18	8	18	10	4	*	14	19
Patient had questions didn't ask	12	14	23	22	4	7	17	4	14	19
One or more measures of poor communication (did not listen to everything, understand everything, had questions didn't ask)	19	27	35	41	30	15	28	7	25	39
<b>Great deal of confidence in doctor</b>	69	54	51	33	29	68	64	53	54	48
<b>Treated with a great deal of dignity and respect</b>	76	59	51	45	52	75	58	61	60	53
<b>Involved in decision as much as wanted</b>	75	56	43	49	56	63	63	76	58	31
<b>Time with doctor as much as wanted</b>	69	50	33	56	32	57	54	77	52	19
<b>Patient Adherence</b>										
Time did not follow doctor's advice	24	22	17	39	30	16	17	16	23	16
<b>Health Information</b> (Base: total sample)										
Very easy to understand prescription bottle	79	66	44	69	60	74	72	73	68	36
Very easy to understand information from doctor's office	57	44	24	19	21	53	75	45	47	16

\* N<50.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

**Table 6**  
**Cultural Competency, Patient Attitudes and Experiences, by Race/Ethnicity**

	Total	White	African American	Hispanic	Asian American
<b>Would have gotten better care if different race/ethnicity</b>	5	1	15	13	11
<b>Felt treated with disrespect because</b>					
Ability to pay	8	6	12	10	5
How well English spoken	2	1	4	8	5
Race/Ethnicity	3	1	8	8	6
Any reason	11	9	16	18	13
<b>Why/What happened</b>					
Talked down to	13	15	10	5	7
Rude/impolite	8	6	8	9	11
Didn't listen/ignored	9	11	5	6	6
Insurance issues	17	23	15	8	2
Discriminated against	8	7	5	10	12
<b>Doctor Looks Down on Me</b>					
Strongly agree	5	4	8	9	7
Somewhat agree	6	6	6	9	14
<b>Health Beliefs</b>					
Staying healthy is matter of luck					
Strongly agree	15	12	24	26	19
Better to take care of own health					
Strongly agree	20	18	16	31	34
<b>Doctor Understands Background and Values</b>					
Strongly agree	58	58	57	61	48

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

**Table 7**  
**Alternative Care, by Race/Ethnicity**

	Total	White	African American	Hispanic	Asian American
<b>In the past 2 years used</b>					
Herbal medicines	23	24	17	18	20
Acupuncture	3	2	2	2	6
Chiropractor services	15	17	9	13	10
Traditional healers such as curandero or herbalist	2	2	2	3	6
<b>Any use of alternative care</b>	32	34	24	27	29
<b>Reasons for Use</b>					
Avoid prescription medicines	46	48	37	45	42
Cheaper way of getting care	17	16	15	30	17
Prefer to try other approaches first	50	52	40	50	46
Feel good, keep you healthy	85	87	83	83	78
Work with prescription medicines or doctor's care	37	39	34	31	40
Other medicines/treatments didn't work well	32	33	26	34	40
Cultural or religious beliefs	8	4	12	22	27
<b>Has told doctor that he/she uses alternative care</b>	66	70	55	50	63

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

**Table 8**  
**Quality of Care, by Race/Ethnicity**

	Total	White	African American	Hispanic	Asian American
<b>Very Satisfied with Overall Care in Past 2 Years</b>	62	65	61	56	45
<b>Medical Errors</b>					
Person/family member given wrong prescription	16	16	17	14	6
Person/family member got sick/worse due to mistake at Dr./hospital	10	10	10	7	8
Any error	22	23	23	17	14
<b>Those diagnosed with diabetes, high blood pressure, or heart disease, how often is blood pressure checked?</b>					
Every 6 months	80	80	89	71	74
Every year	13	6	6	14	18
Do not have it checked	5	4	4	11	5
<b>Those diagnosed with diabetes</b>					
Eyes examined in past year	73	73	84	66	70
Feet examined for sores or irritation in past year	71	71	80	62	54
Received 3 diabetes checks*	55	56	64	48	42
<b>Those diagnosed with any condition**</b>					
Participated in special disease management program	17	16	22	18	23
Doctor or someone from your doctor's office call to see how you are doing					
Yes, someone calls	28	28	33	25	31
No, only get care when at office or when call	71	71	66	74	69

\* Blood pressure checked, eye exam, and feet examined for sores or irritation in last year.

\*\* Asthma, cancer, heart disease, diabetes, high blood pressure, obesity, or anxiety/depression.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.



**Table 9**  
**Preventive Care, Physician Counseling, and Health Behaviors, by Race/Ethnicity**

	Total	White	African American	Hispanic	Asian American
<b>Preventive Care Received in Past Year</b>					
Physical exam	48	47	57	48	41
Blood pressure checked	83	85	87	72	74
Cholesterol checked	53	52	58	48	49
Dental exam	56	58	44	47	58
Pap test (females)	53	53	60	54	45
Mammogram (females age 50 and older)	54	55	52	50	51
Colon cancer screening (age 50 and older)	27	28	31	18	16
Blood test or rectal exam for prostate cancer (males age 40 and older)	48	50	49	40	38
<b>Received Pap Test Within Past 3 Years</b>	80	79	86	82	77
<b>Received Colon Cancer Screening Within Past 5 Years (age 50 and older)</b>	59	59	63	46	51
<b>Cholesterol Checked Within Past 5 Years</b>	79	80	81	71	76
<b>Preventive Care Received &gt; 5 Years or Never</b>					
Physical exam	13	14	7	15	14
Blood pressure checked	3	2	2	10	3
Cholesterol checked	16	16	13	23	19
Dental exam	13	12	13	19	10
Pap test (females)	12	13	7	11	11
Mammogram (females age 50 and older)	13	13	12	10	17
Colon cancer screening (age 50 and older)	38	38	34	51	45
Blood test or rectal exam for prostate cancer (males age 40 and older)	21	20	19	32	26
<b>Physician Counseling</b>					
Smoking cessation (of those who smoke)	79	82	78	58	68
Healthy diet and weight	49	50	53	43	35
Exercise	50	50	53	46	45
Mental health (such as stress or depression)	19	20	15	20	14

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

**Table 10**  
**Preventive Care, Physician Counseling, and Health Behaviors, by Hispanic Origin**

	Total U.S.	Total Hispanic	Mexican	Puerto Rican	Central American	Hispanic English- Speaking	Spanish- Speaking
<b>Preventive Care Received in Past Year</b>							
Physical exam	48	48	43	68	46	48	49
Cholesterol checked	53	48	43	65	49	50	45
Dental exam	56	47	42	48	53	50	43
Pap test (females)	53	54	51	65	57	51	60
<b>Physician Counseling</b>							
Healthy diet and weight	49	43	37	57	36	45	39

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

**Table 11**  
**Sources of Care by Race/Ethnicity**

	Total	White	African American	Hispanic	Asian American
<b>Doctor Visit or Hospitalization in Past 12 Months</b>	75	77	75	64	66
<b>Doctor Visit or Hospitalization in Past 2 Years</b>	89	90	90	81	83
<b>Regular Source of Care</b>					
Doctor office	76	80	66	59	73
Community health center	8	7	10	20	8
Hospital outpatient dept.	4	3	9	3	6
Hospital ER/none	8	6	13	14	8
<b>Choice in Source of Care</b>					
Great deal	50	52	50	40	33
Some	29	31	25	26	35
Very little/none	18	15	22	28	24
<b>Regular Doctor Characteristics of Regular Doctor</b>	76	80	70	57	68
<b>Gender</b>					
Male	56	60	50	43	67
Female	19	20	20	15	32
<b>Race/Ethnicity</b>					
White	72	82	51	43	43
African American	4	2	23	3	2
Hispanic American	4	1	4	26	5
Asian American	7	5	7	11	39
<b>Those with Regular Doctor</b>					
Time with Regular Doctor > 5 Years	44	46	43	37	32
<b>Health Information Sources</b>					
<b>Often uses</b>					
Internet	26	28	19	19	28
Books/printed information	50	51	50	40	40
Friends/family	40	41	37	40	45
Pharmacist	36	38	36	26	26
Community health fair	9	8	15	12	11

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

**Table 12**  
**Access and Utilization of Health Care by Race/Ethnicity and Regular Doctor, All Adults**

Access and Utilization Indicators	Total	NO REGULAR DOCTOR				HAS REGULAR DOCTOR			
		White	African American	Hispanic	Asian American	White	African American	Hispanic	Asian American
<b>Doctor/hospital visit in past year</b>	89	75	78	70	69	94	94	89	89
<b>Place of Care</b>									
Doctor's office	76	59	40	35	53	85	77	76	82
Community health center	8	14	17	30	10	5	7	13	6
Hospital outpatient	4	3	12	5	11	3	7	2	5
ER/no regular place	8	16	27	24	14	4	7	7	4
<b>Choice in Source of Care</b>									
Great deal	50	42	35	29	19	54	56	48	38
Some	30	32	28	23	36	30	24	29	38
Very little/none	17	23	33	42	35	13	18	18	18
<b>In past 12 months, went without needed care due to costs:</b>									
Postponed care	7	12	13	12	11	6	3	5	3
Did not fill prescription	6	6	8	5	3	6	8	8	<1
<i>In past 12 months, had least one of two access problems due to cost*</i>	10	13	18	14	13	9	10	9	3
<b>Had physical exam within last year</b>	48	28	43	35	32	52	62	58	43
<b>Very satisfied with quality of health care received during last 2 years</b>	63	50	48	40	29	68	65	65	48
<b>Very confident can get good-quality care in the future</b>	49	41	35	30	33	54	52	47	38
<b>One or more measures of poor communication with physician</b>	19	25	30	47	36	14	20	25	23

\* Adult said he or she postponed care or did not fill a prescription due to costs.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

**Table 13**  
**Access and Utilization of Health Care by Race/Ethnicity and Insurance Status, Adults Ages 18–64**

Access and Utilization Indicators	Total	UNINSURED <sup>a</sup>				CONTINUOUSLY INSURED			
		White	African American	Hispanic	Asian American	White	African American	Hispanic	Asian American
<b>Doctor/hospital visit in past year</b>	88	86	88	73	64	90	90	85	86
<b>Place of Care</b>									
Doctor's office	75	64	48	40	67	84	73	74	72
Community health center	8	12	18	29	8	6	6	12	8
Hospital outpatient	4	3	8	3	6	2	10	4	8
ER/no regular place	8	16	24	22	13	5	9	7	6
<b>Choice in Source of Care</b>									
Great deal	48	43	36	32	22	51	57	48	34
Some	32	30	23	22	35	34	27	32	38
Very little/none	18	25	38	39	32	13	14	16	20
<b>In past 12 months, went without needed care due to costs:</b>									
Postponed care	8	25	19	15	14	4	1	3	3
Did not fill prescription	6	15	16	11	2	4	5	4	<1
<i>In past 12 months, had least one of two access problems due to cost*</i>	11	28	29	20	15	7	6	5	4
<b>Had physical exam within last year</b>	47	34	56	39	26	48	58	56	42
<b>Had colon cancer screening in past year (50–64)</b>	27	17	13	9	—	29	38	21	—
<b>Very satisfied with quality of health care received during last 2 years</b>	60	46	54	42	27	67	63	62	42
<b>Very confident can get good-quality care in the future</b>	47	38	33	32	20	52	50	46	39
<b>One or more measures of poor communication with physician</b>	20	31	32	47	30	14	18	23	27

<sup>a</sup> Includes individuals who were uninsured at time surveyed or who had a time uninsured during the year.

\* Adult said he or she postponed care or did not fill a prescription due to costs.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

## APPENDIX. SURVEY METHODOLOGY

The Commonwealth Fund 2001 Health Care Quality Survey was conducted by Princeton Survey Research Associates from April 30 through November 5, 2001. The survey consisted of 25-minute telephone interviews in English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese with a random national sample of 6,722 adults ages 18 and older living in households with telephones in the continental United States.

The analysis classifies the sample into four race/ethnic groups: non-Hispanic white, non-Hispanic African American, Hispanic, and non-Hispanic Asian American. Those respondents who self-identified as non-Hispanic Native Hawaiian or Pacific Islander were classified as non-Hispanic Asian American. The study also classified adults by annual income. Twelve percent of adults age 18 and older did not provide sufficient income data for classification.

The study oversampled adults living in telephone areas with disproportionately large numbers of African Americans, Hispanics, and Asian Americans. To correct for this disproportionate sampling, the final data were weighted to the parameters of the adult population age 18 and older by age, sex, race/ethnicity, education, marital status, household size, and geographic region using the U.S. Census Bureau's March 2001 Current Population Survey. The resulting weighted sample is representative of the 185 million adults age 18 and older who live in the continental U.S. in telephone households.

The survey has an overall margin of error of  $\pm 1.8$  percentage points at a 95 percent confidence level. For the four race/ethnic groups the margin of error is  $\pm 2.3$  percent for non-Hispanic whites,  $\pm 4.2$  percent for non-Hispanic African Americans,  $\pm 4.4$  percent for Hispanics, and  $\pm 6.0$  percent for non-Hispanic Asian Americans.

Seventy-two percent of those contacted for interviews agreed to participate. Counting eligible adults who were not reached by phone despite numerous attempts, the overall survey response rate was 53 percent.

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**#492** *Racial, Ethnic, and Primary Language Data Collection in the Health Care System: An Assessment of Federal Policies and Practices* (September 2001). Ruth T. Perot and Mara Youdelman. Using interviews conducted with administrators at federal health agencies, this report finds wide gaps between the goals of federal initiatives to eliminate racial and ethnic disparities in health care—such as Healthy People 2010—and the efforts of federal health agencies to collect and report data needed to help achieve these goals. The report provides the first comprehensive analysis of the policies and statutes governing the collection of health care data by race, ethnicity, and primary language.

*Are Urban Safety Net Hospitals Losing Low-Risk Medicaid Maternity Patients?* (April 2001). Darrell J. Gaskin, Jack Hadley, and Victor G. Freeman. *HSR: Health Services Research*, vol. 36, no. 1, part 1. Copies are available from *HSR: Health Services Research*, Foundation of the American College of Healthcare Executives, Publication Services, One North Franklin, Suite 1700, Chicago, IL 60606-3491, Fax: 312-424-0703.

*Addressing Racial Disparities in Health Care Delivery: A Regional Response to the Problem* (January 2001). Alan R. Fleischman and Emily B. Wood, New York Academy of Medicine. Copies are available from the New York Academy of Medicine, 1216 Fifth Avenue, New York, NY 10029, Tel: 212-822-7222, E-mail: ewood@nyam.org.

*Reforming the Medicaid Disproportionate Share Hospital Program in the 1990s* (January 2000). Teresa A. Coughlin, Leighton Ku, and Johnny Kim, The Urban Institute. Copies are available from The Urban Institute, 2100 M Street, NW, Washington, DC 20037, Tel: 202-833-7200.

*Reforming the Medicaid Disproportionate Share Hospital Program* (Winter 2000). Teresa Coughlin, Leighton Ku, and Johnny Kim, The Urban Institute. *Health Care Financing Review*, vol. 22, no. 2. Copies are available from Teresa A. Coughlin, The Urban Institute, 2100 M Street, NW, Washington, DC, 20037, E-mail: TCoughli@ui.urban.org.

*Vulnerable Populations and Medicare Services: Why Do Disparities Exist?* (2000). Marian E. Gornick. Copies are available from Century Foundation Press, The Brookings Institution, 1775 Massachusetts Avenue, NW, Washington, DC 20036, Phone: 800-552-5450, Fax: 202-797-6004, www.tcf.org.

*Minority Health in America* (2000). Carol J. Rowland Hogue, Martha A. Hargraves, and Karen Scott Collins (eds.). This book reviews findings from The Commonwealth Fund's 1994 *National Comparative Survey of Minority Health Care*. Copies are available from the Johns Hopkins University Press, 2715 North Charles Street, Baltimore, MD 21218-4363, Tel: 410-516-6900, Fax: 410-516-6968, E-mail: www.press.jhu.edu.

**#351** *The Dependence of Safety Net Hospitals and Health Systems on the Medicare and Medicaid Disproportionate Share Hospital Payment Programs* (November 1999). Lynne Fagnani and Jennifer Tolbert, National Association of Public Hospitals and Health Systems. As the federal government begins reducing subsidies for safety net hospitals, the authors detail the reliance of safety net hospitals—which treat all patients regardless of their ability to pay—on the Medicare and Medicaid disproportionate share hospital payment programs.

*Experiences of Minority Primary Care Physicians with Managed Care: A National Survey* (October 1999). Elizabeth R. Mackenzie, Lynne S. Taylor, and Risa Lavizzo-Mourey. *American Journal of Managed Care*, vol. 5, no. 10. Copies are available from Elizabeth Mackenzie, Division of Geriatric Medicine, University of Pennsylvania Health System, 5 Maloney, 3400 Spruce Street, Philadelphia, PA 19104-4283, E-mail: emackenz@mail.med.upenn.edu.

*Population Characteristics of Markets of Safety Net and Non-Safety Net Hospitals* (September 1999). Darrell J. Gaskin and Jack Hadley. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, vol. 76, no. 3. Copies are available from the New York Academy of Medicine, 1216 Fifth Avenue, New York, NY 10029-5293.

*Race, Gender, and Partnership in the Patient-Physician Relationship* (August 11, 1999). Lisa Cooper-Patrick, Joseph J. Gallo, Junius J. Gonzales, Hong Thi Vu, Neil R. Powe, Christine Nelson, and Daniel E. Ford. *Journal of the American Medical Association*, vol. 282, no. 6. Copies are available from Genuine Article/Institute for Scientific Information, 3501 Market Street, Philadelphia, PA 19104, Phone: 1-800-336-4474 option 5, Fax: 215-386-4343, E-mail: ids@ininet.com.

**#321** *U.S. Minority Health: A Chartbook* (May 1999). Karen Scott Collins, Allyson Hall, and Charlotte Neuhaus. This chartbook, which is intended to serve as a quick reference for currently available information on minority health, shows that minorities continue to lag behind whites on many important health indicators, including infant mortality rates, life expectancy, and health insurance coverage.

**#300** *Community Health Centers in a Changing U.S. Health Care System* (May 1999). Karen Davis, Karen Scott Collins, and Allyson G. Hall. In this policy brief, the authors discuss how major changes in the health care system—the growth of managed care and an increasingly for-profit health care sector—affect the delivery of health services provided by community health centers. These centers have played a critical role in serving some of the most vulnerable populations for more than 30 years.

**#311** *Medicaid Managed Care and Cultural Diversity in California* (March 1999). Molly Coye and Deborah Alvarez, the Lewin Group. The authors examine the effect of cultural competence contract provisions that were enacted in 1993 by Medi-Cal, California's Medicaid program. Analysis finds early promise in improving access to and understanding of health care services for low-income, non-English-speaking minority enrollees.

**#314** *Employer-Sponsored Health Insurance: Implications for Minority Workers* (February 1999). Allyson Hall, Karen Scott Collins, and Sherry Glied. This report shows that disparities in minorities' health insurance coverage can be found across industries, occupations, and part- and full-time workers, and that no matter what the company size, minority workers are less likely to receive health insurance from their employer.

**#309** *Safety Net Hospitals: Essential Providers of Public Health and Specialty Services* (February 1999). Darrell J. Gaskin, Georgetown University. This study attempts to identify the public health and specialty services that are provided primarily by safety net hospitals and determine whether communities rely on these hospitals for such services.