



In the Literature

Highlights from Commonwealth Fund-Supported Studies in Professional Journals

Access to Care and Use of Preventive Services by Hispanics: State-Based Variations from 1991 to 2004

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Synopsis

Access to doctors and use of mammography, cholesterol testing, and other preventive services improved for both white and Hispanic patients nationally from 1991 to 2004, according to a study comparing national trends to experiences of the 10 states with the largest Hispanic populations. Gaps in access to care, however, widened between whites and Hispanics in individual states, including Texas and Florida.

The Issue

Despite marked improvements in the health of people living in the United States, racial and ethnic disparities in medical treatments and health outcomes persist, with minorities consistently experiencing worse access to care. Hispanics are now the largest minority group in the U.S., but little is known about whether the level of disparities between Hispanics and whites in the use of preventive services has narrowed at the state level. The goal of this study was to examine state trends in the last decade concerning the use of preventive health care and access to physicians. Two periods were examined: 1991–1996 and 1997–2004.

“Local solutions with community-based projects that are supported by detailed local data may be the key for achieving the elimination of health care disparities.”

Key Findings

- Nationally, whites’ use of preventives services and access to physicians improved significantly between 1991 and 2004. Hispanics’ rates also improved significantly, except for obtaining colorectal cancer screenings and routine checkups.

- Among the 10 states examined, disparities were reduced in some instances but widened in others. Mammography rates among Hispanics improved in New Jersey and Florida, but did not show significant improvements in Illinois or Colorado.
- Higher proportions of Hispanic women in Florida and New York received Pap testing over time. No significant improvements were seen in Arizona, Colorado, New Mexico, or Nevada.
- While national statistics showed improvement in the rate of doctor visits among Hispanics over the periods examined, Hispanics in Nevada and Texas saw worsening rates.
- During the 1997–2004 period, the most common and largest disparities between whites and Hispanics were for cholesterol screening and doctor visits.
- Insurance status was the largest contributor to the differences in access.

Addressing the Problem

Efforts to monitor and eliminate disparities should be conducted at both the national and state levels. State-level variations can inform policy, because many of the practices and regulations that relate to underserved populations are determined by individual states. States are purchasers of health care and can flex their regulatory and purchasing power to reduce health care disparities.

About the Study

Researchers used data from the Behavioral Risk Factor Surveillance System in 10 states with the largest Hispanic populations (California, Texas, New York, Florida, Illinois, Arizona, New Jersey, Colorado, New Mexico and Nevada) on four preventive indicators (mammography, Pap test, colorectal cancer screening, and cholesterol screening) and two access measures (routine checkup and inability to see a doctor when needed because of cost) to see if national statistics cloud state-specific experiences. Researchers assessed unadjusted and adjusted Hispanic–white access gaps and changes over time, based on two periods, 1991–1996 and 1997–2004.

The Bottom Line

Despite overall improvements for both Hispanics and whites over a 14-year period, Hispanics still were less likely than whites to receive preventive care, obtain a routine checkup, or visit a physician for needed care, highlighting the tendency of national data to obscure wide variations at the state level.

Citation

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