



Quality of Health Care for African Americans

Findings from The Commonwealth Fund 2001 Health Care Quality Survey

Karen Scott Collins, M.D., Katie Tenney, and Dora L. Hughes, M.D.

March 2002

Pub. #524

Numerous studies have documented the relatively poor health and health outcomes of African Americans, reflecting a long history of economic deprivation and barriers to health care.¹ Comprising 12 percent of the U.S. population as of 2000, African Americans' life expectancy is six years shorter than whites at birth, two years shorter at age 65.² To provide a current picture of African American health care experiences, The Commonwealth Fund 2001 Health Care Quality Survey included 1,037 Americans identifying themselves as African American or black out of a total sample size of 6,722.

Survey findings highlight continuing areas of concern. Even among African Americans who are working, high poverty rates and high uninsurance rates continue to erode their basic access to care. Across all ages and even more notably by age 50, African Americans are living with higher rates of chronic diseases. On several indicators, African Americans are also more likely to report negative health care experiences. Yet the survey also identified promising developments. Specifically, as of 2001, African Americans are reporting clinical preventive care at rates similar to the U.S. average. This progress may reflect increased national attention to prevention to correct past disparities in preventive care.

Health Insurance and Access to Care

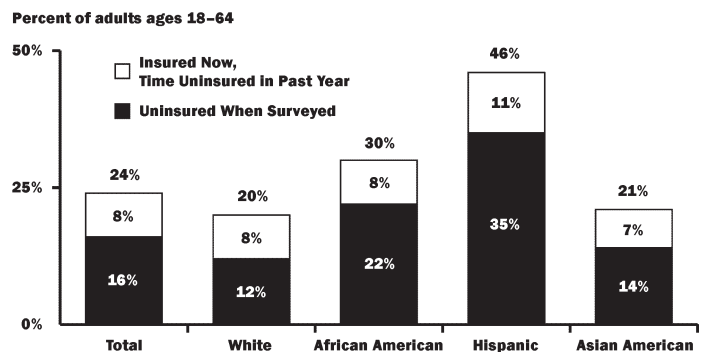
Nearly one-third of African Americans ages 18 to 64 were uninsured during the year (30%), compared with one of five (20%) nonelderly white adults. Although rates of employment varied little, African American nonelderly adults are also notably less likely to have job-based insurance (59% black vs. 70% white) and more likely to rely on public programs (11% black vs. 4% white). Lack of insurance reflects wide income disparities: 50 percent of African Americans compared with 30 percent of whites report annual income at poverty or near poverty levels (below 200% of poverty).

Although having a doctor familiar with your health concerns is a key to obtaining quality care, 28 percent of African American adults say they have no regular doctor, compared with 19 percent of whites. African Americans were more likely to cite hospital emergency rooms, clinics, or "nowhere" as their usual source of care (22% of black adults compared with 9% of whites). Twenty-

¹ Karen Scott Collins, Allyson Hall, and Charlotte Neuhaus, *U.S. Minority Health: A Chartbook* (New York: The Commonwealth Fund, May 1999).

² U.S. Census Bureau, Census 2000 Summary File 1, available at <http://www.factfinder.census.gov>.

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

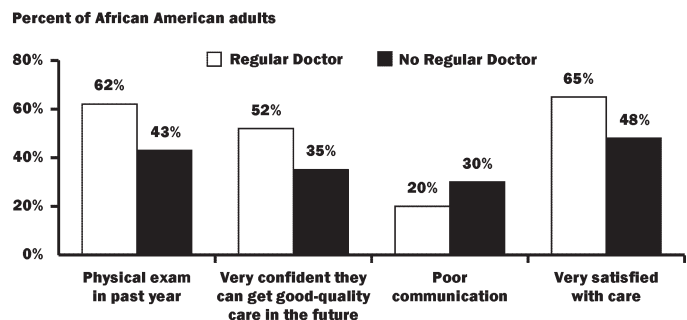


Source: The Commonwealth Fund 2001 Health Care Quality Survey.

two percent of African Americans compared with 15 percent of whites report very little or no choice in where they go for care.

Lack of a regular doctor greatly undermines quality of care. African Americans without a regular doctor are less likely to receive preventive services such as physical exams, are less confident in and satisfied with their care, and are more likely to report communication problems.

African Americans Without a Regular Doctor Have Poorer Access to and Quality of Health Care



Source: The Commonwealth Fund 2001 Health Care Quality Survey.

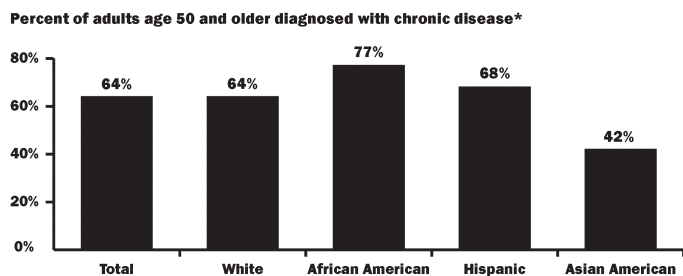
Health Status and Health Habits

African American adults are more likely to report chronic disease than adults overall (51% black vs. 45% for all adults).³ The chronic disease burden increases with age for all populations, with older

³ The survey asked about high blood pressure, heart disease, cancer, diabetes, asthma, anxiety/depression, and obesity.

African Americans having significantly higher rates of chronic disease by age 50.

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



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

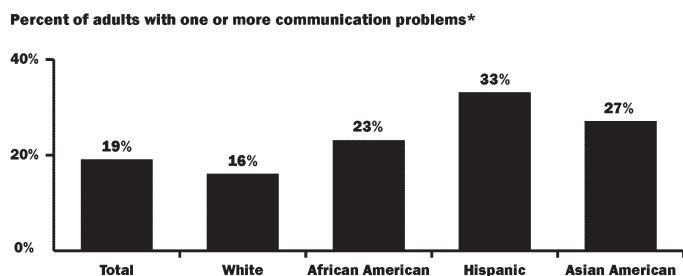
Source: The Commonwealth Fund 2001 Health Care Quality Survey.

African Americans were generally at or above national averages for diagnoses of high blood pressure, heart disease, cancer, diabetes, obesity, and asthma. High blood pressure is the condition with the greatest disparity: 33 percent of African Americans report being diagnosed with high blood pressure, compared with 23 percent for adults overall. African Americans were also less likely to rate their health as excellent or very good (41% of blacks vs. 55% of whites). African Americans report similar rates of tobacco use (20% compared with 20% overall) and exercise (38% compared with 40% overall).

Patient-Physician Interaction

African Americans are about equally likely as other adults to have at least some contact with the medical care system based on reports of any visit in the past two years. Yet African Americans are more likely to leave the doctor's office with unasked questions or without understanding information provided. Among those with a visit in the past two years, 23 percent of African Americans compared with 16 percent of whites report one or more measures of poor communication with their physician.

Minorities Face Greater Difficulty in Communicating with Physicians



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

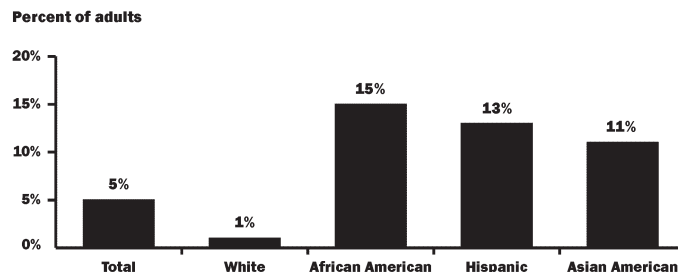
* Problems include understanding doctor, feeling doctor listened, had questions but did not ask.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Patient Attitudes and Experiences

Although African Americans (57%) were similar to whites (58%) in agreeing that their doctor understands their background and values, African Americans (14%) were more likely than whites (9%) to think their doctor looks down on them. Further, African Americans (16%) were almost twice as likely as whites (9%) to report treatment with disrespect during a recent health care visit. The higher rate of negative health care experiences likely contributes to the belief by many African Americans (15%) that they would have received better care if they were a different race or ethnicity.

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.

Chronic Disease and Clinical Care

Receipt of clinical preventive services is an area in which African Americans have made progress. Indeed, with the exception of dental exams, African Americans report similar or higher rates than the total U.S. population for blood pressure, cholesterol, and cancer screening in the past year.

Among diabetics, 64 percent of African Americans compared with 55 percent of all adults, report having received all three of the following check-ups for their care: blood pressure checked in the past 12 months; eyes examined; and feet examined for sores or irritations in the past year. Despite these promising rates of preventive care, health outcomes remain worse for African Americans compared with white adults. Accounting for these disparities will require examination of other points of access and quality in the health care system, such as specialty care.

The Commonwealth Fund 2001 Health Care Quality Survey, conducted by Princeton Survey Research Associates from April through November 2001, consisted of 25-minute telephone interviews in English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese with a random, national sample of 6,722 adults age 18 and older living in the continental United States. The study oversampled adults living in areas with disproportionately large numbers of African Americans, Hispanics, and Asian Americans. The survey sample included 3,488 whites, 1,153 Hispanics, 1,037 African Americans, and 669 Asian Americans. The final data were weighted to the parameters of the adult population using the U.S. Census Bureau's March 2001 Current Population Survey.