

Racial and Ethnic Disparities in U.S. Health Care: **A Chartbook**



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Purpose

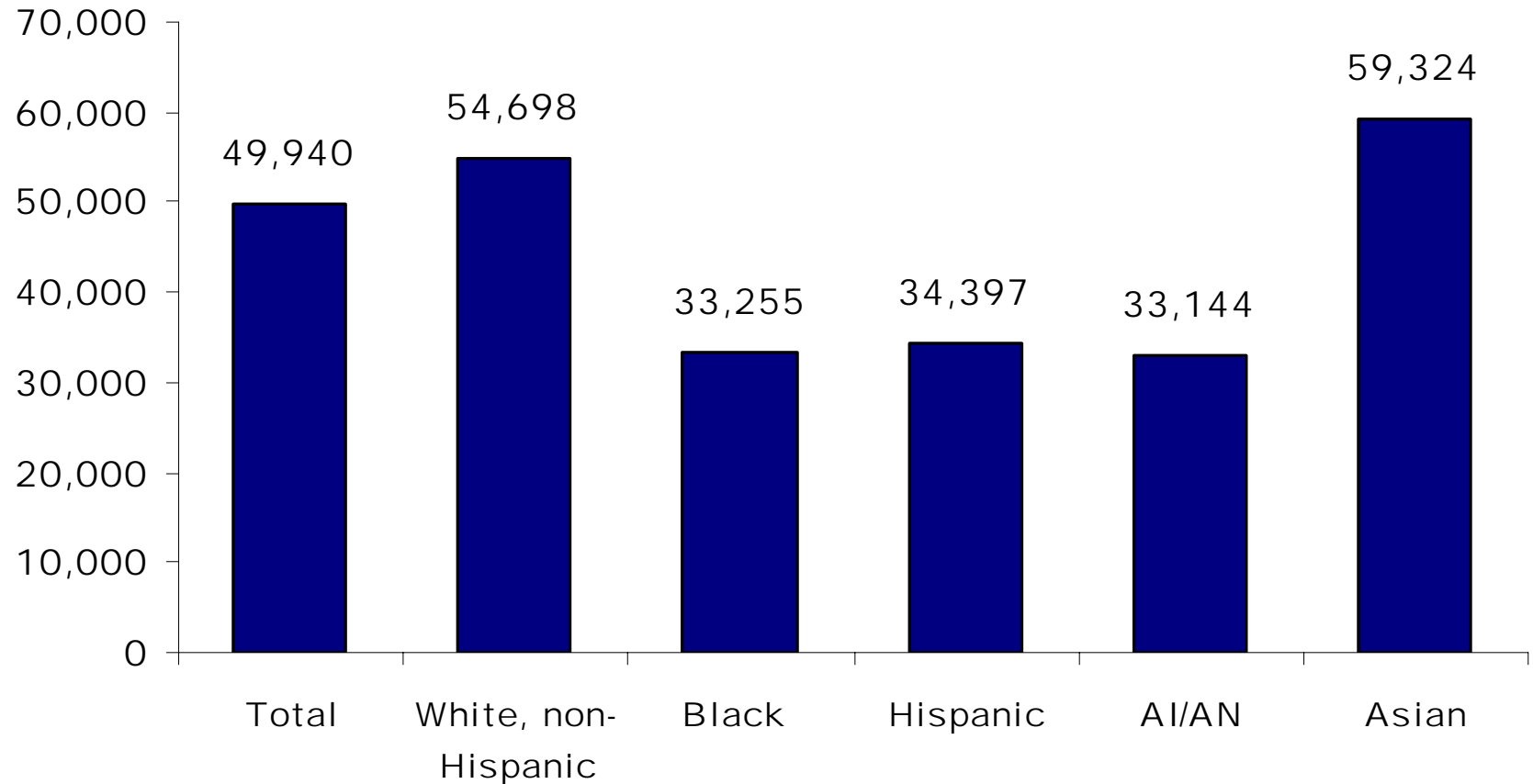
- “The goal of this chartbook is to create an easily accessible resource that can help policy makers, teachers, researchers, and practitioners begin to understand disparities in their communities and to formulate solutions.”

Highlights

- The Demographics of America
- Disparities in Health Status and Mortality
- Disparities in Access to Health Care
- Disparities in Health Insurance Coverage
- Disparities in Quality
- Strategies for Closing the Gap

Chart 2-4. Median family income is substantially higher for whites and Asians than for other groups.

Median family income in U.S. dollars, 1999

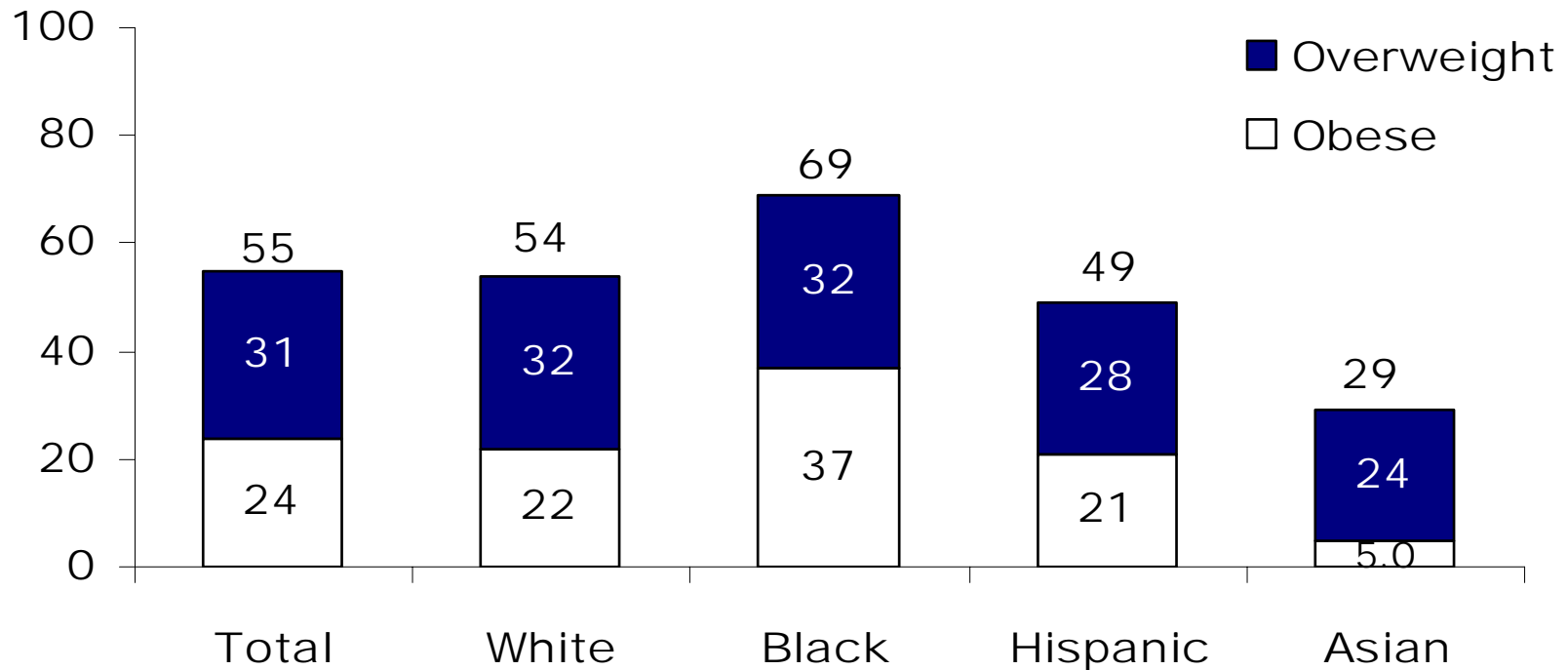


AI/AN = American Indian/Alaska Native.

Source: United States Census Bureau. Census 2000.

Chart 3-7. Seven of 10 blacks are either overweight or obese; blacks are substantially more likely to be obese than other groups.

Percentage of adults 18 to 64 who are overweight or obese, 2006

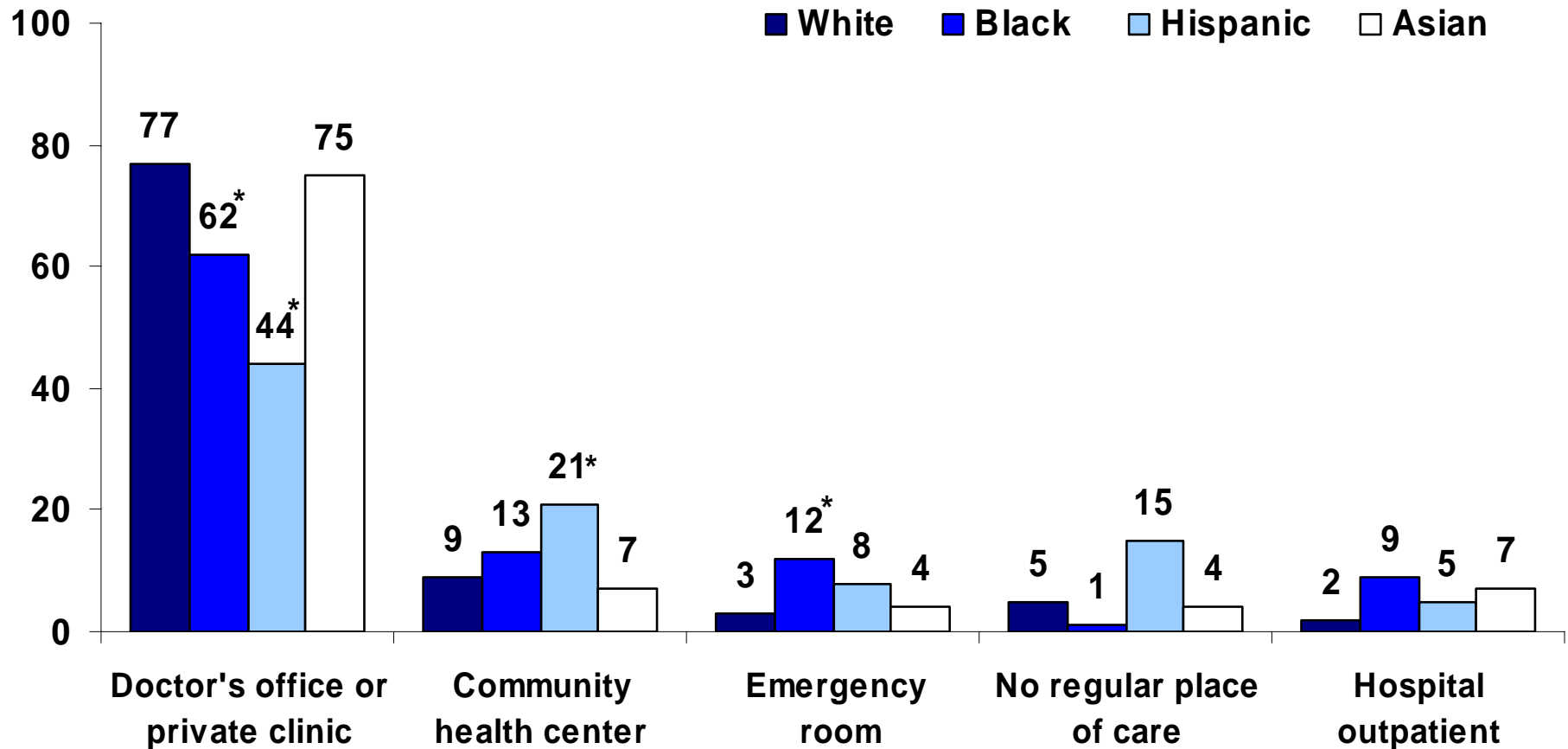


Note: Obesity is defined as a Body Mass Index (BMI) of 30 kg/m² or more. Overweight is defined as BMI of 25 to 29.9 kg/m².

Source: The Commonwealth Fund. Health Care Quality Survey. 2006.

Chart 4-2. Hispanics are least likely of all racial/ethnic groups to use a private doctor and most likely to use a community health center as their usual place of care.

Percentage of adults ages 18 to 64 by usual place of care, 2006

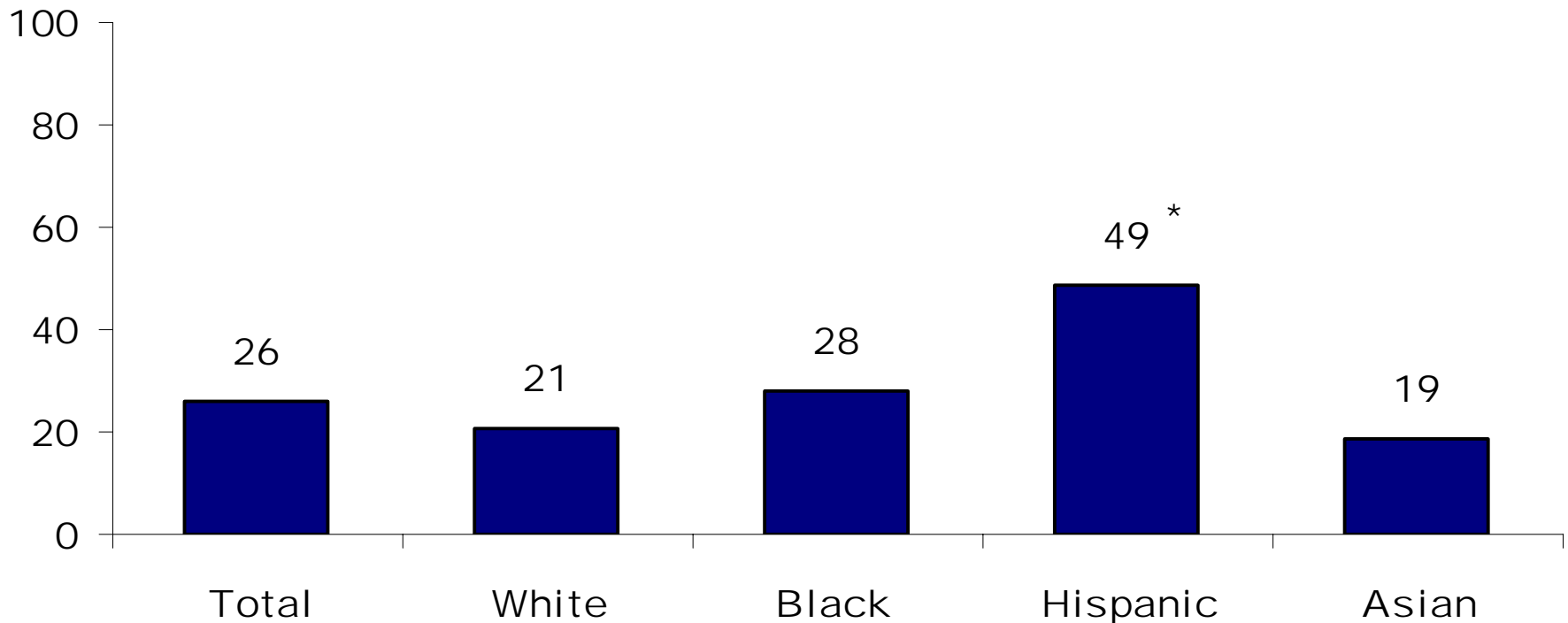


* Compared with whites, differences remain statistically significant after adjusting for insurance or income.

Source: The Commonwealth Fund. Health Care Quality Survey. 2006.

Chart 5-2. Nearly half of Hispanics report being uninsured at some point in the past year.

Percentage of adults ages 18 to 64 uninsured anytime in the past year, 2006



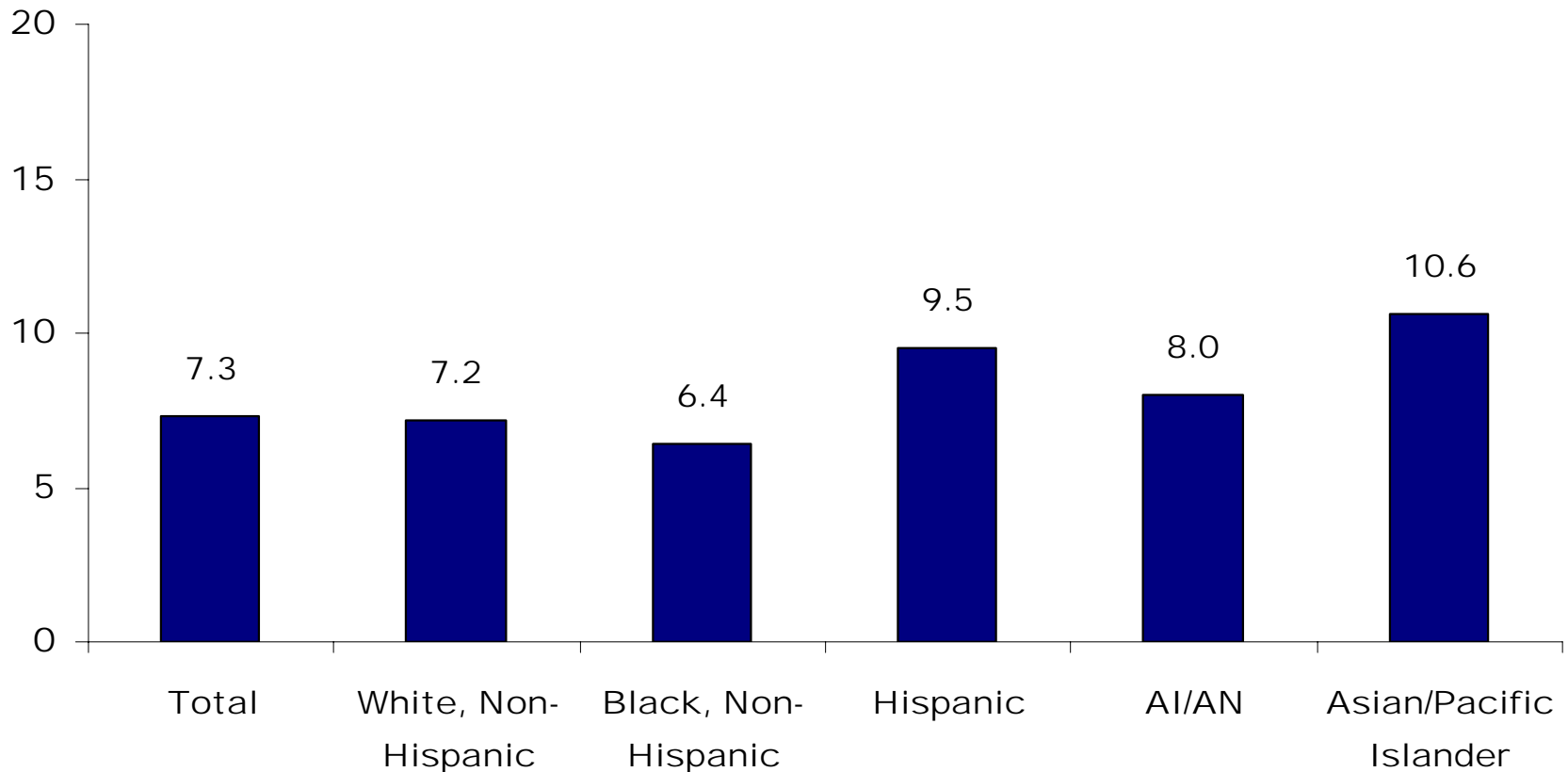
* Compared with whites, differences remain statistically significant after adjusting for income.

Note: Data include adults uninsured at time of survey or insured at time of survey but uninsured at some point in the previous year.

Source: The Commonwealth Fund. Health Care Quality Survey. 2006.

Chart 6-7. Safety: Asian or Pacific Islander and Hispanic nursing home residents are more likely to be physically restrained than other racial/ethnic groups.

Percentage of long-stay nursing home residents who were physically restrained, by race/ethnicity, July–September 2004

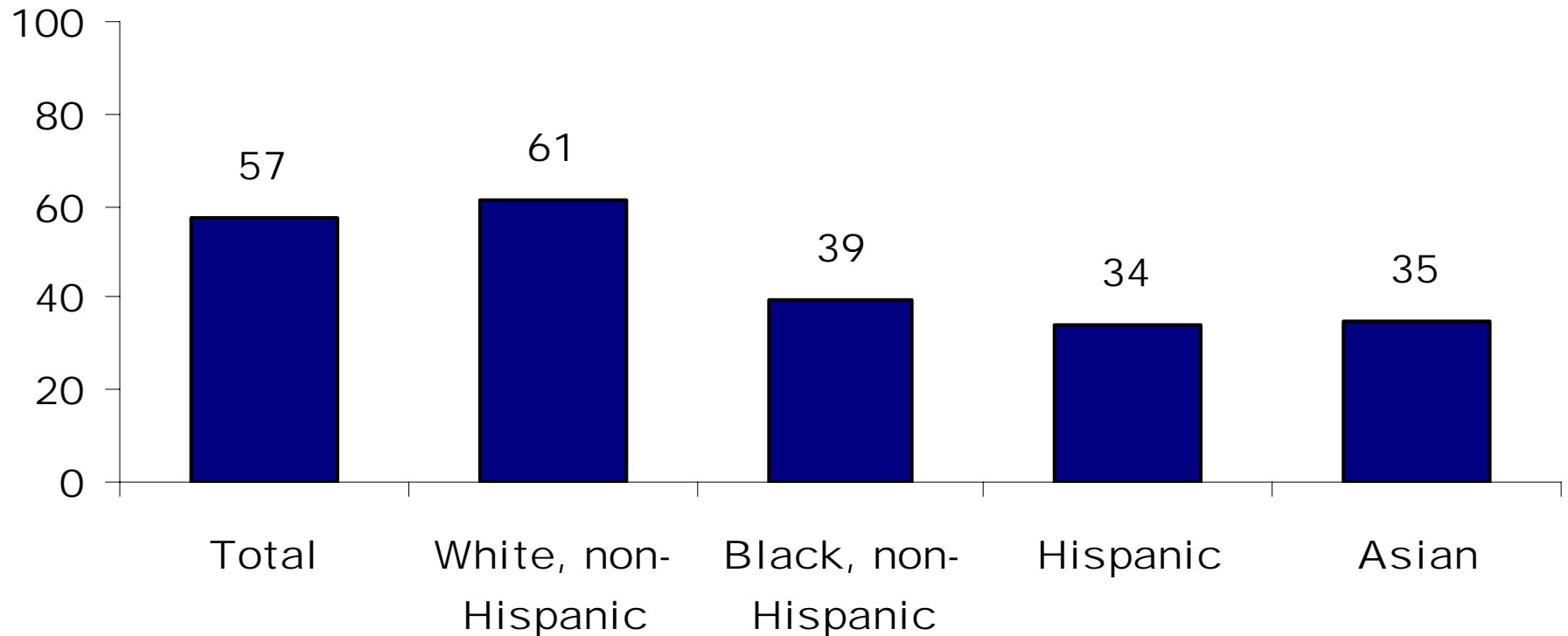


AI/AN = American Indian/Alaska Native.

Source: Agency for Healthcare Research and Quality. *National Healthcare Disparities Report*. 2006.

Chart 6-15. Effectiveness: Minorities are less likely to have ever received a pneumococcal vaccination than whites.

Percentage of adults age 65 and over who have ever had a pneumococcal vaccination, 2004

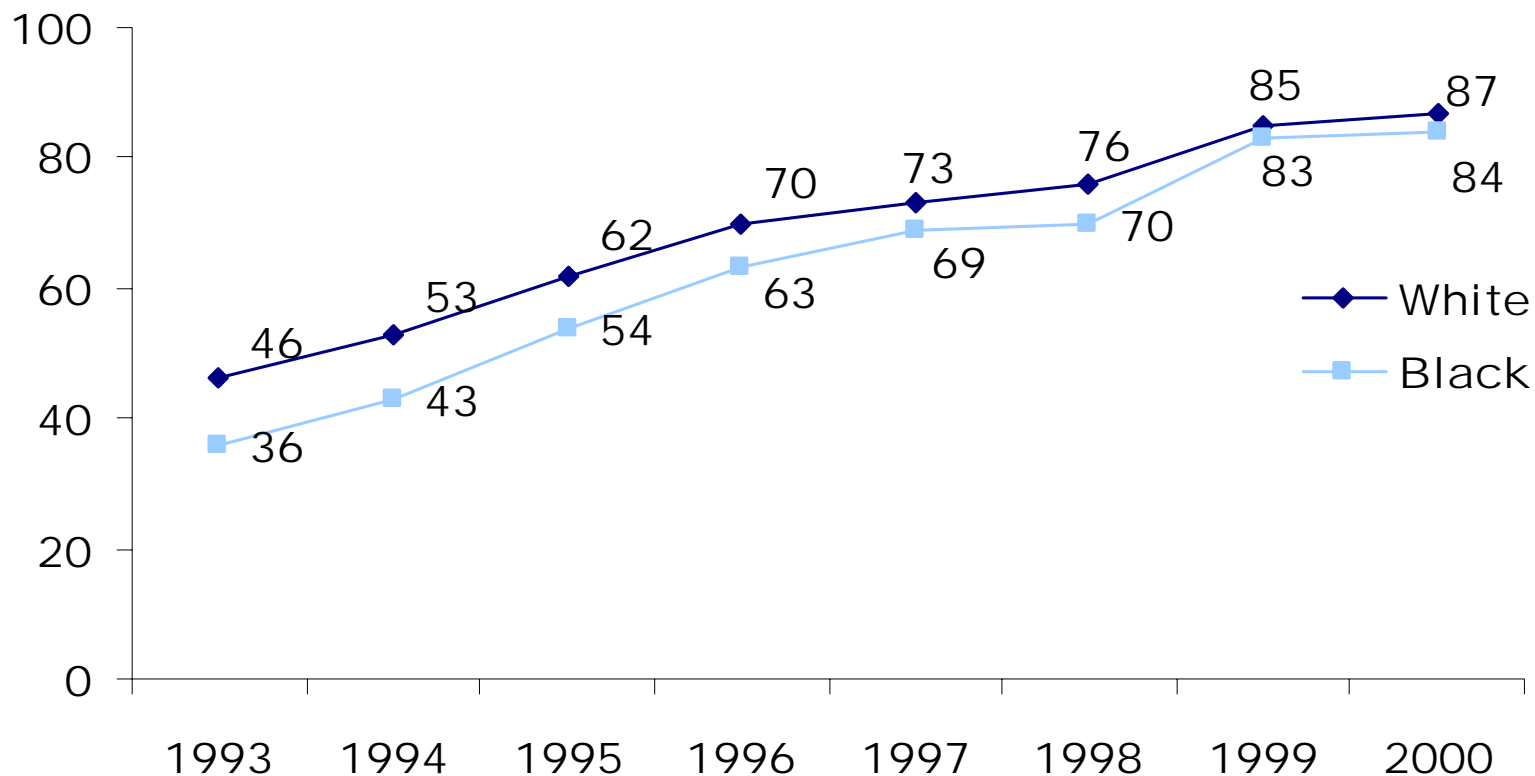


Note: Estimates are age adjusted to the 2000 U.S. standard population.

Source: Agency for Healthcare Research and Quality. *National Healthcare Disparities Report*. 2006.

Chart 7-9. Quality improvement efforts in dialysis care are associated with improved quality overall and smaller disparities between black and white patients.

Percentage of patients age 18 and over receiving adequate hemodialysis dose, 1993–2000

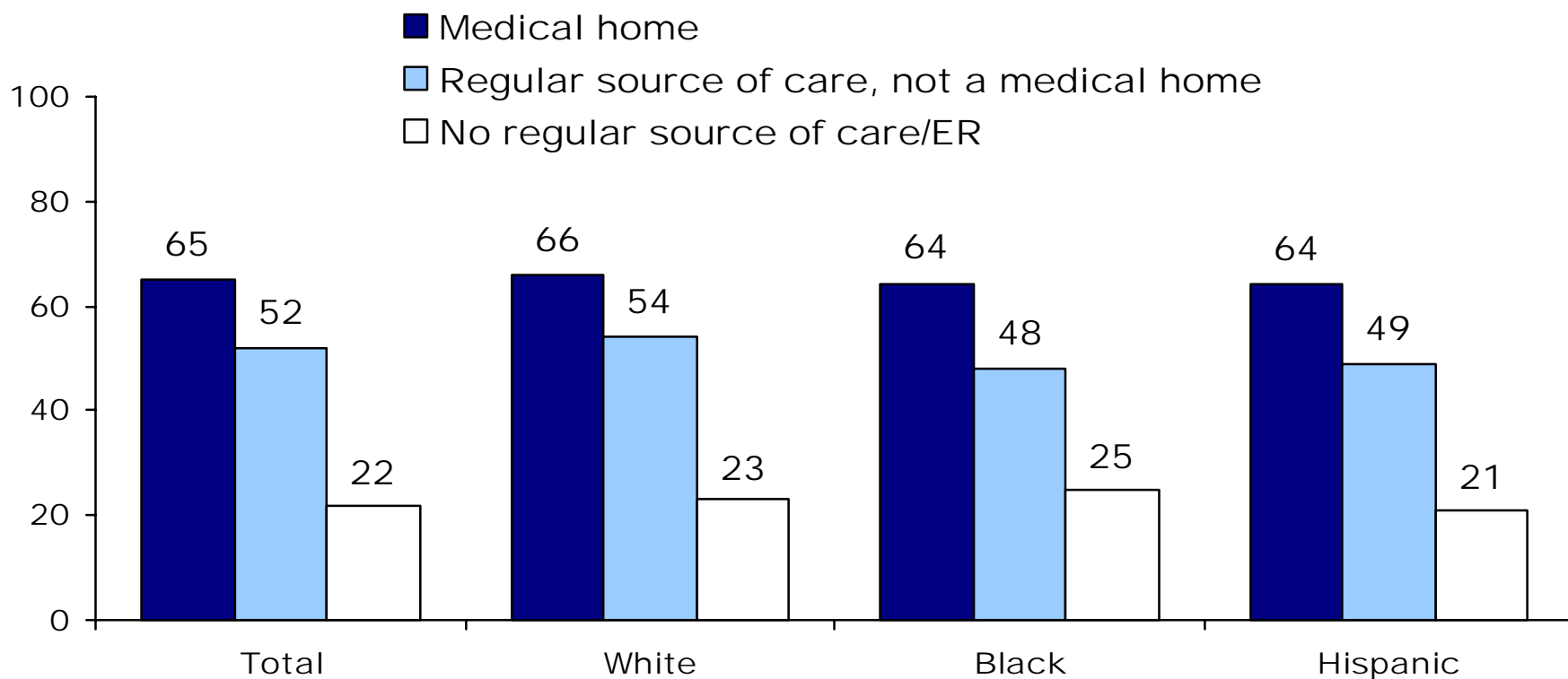


Note: $p < 0.001$.

Source: A. R. Sehgal, "Impact of Quality Improvement Efforts on Race and Sex Disparities in Hemodialysis," *Journal of the American Medical Association*, Feb. 26, 2003 289(8):996–1000.

Chart 7-5. Minorities with medical homes are just as likely as whites to receive reminders for preventive care visits.

Percentage of adults ages 18 to 64 receiving a reminder to schedule a preventive visit by doctor's office



Note: Having a medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone, or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

Source: The Commonwealth Fund. Health Care Quality Survey. 2006.