

### **Medical Care Received Due to Costs<sup>1</sup>**

Significantly more African Americans forgo medical care due to cost than Whites:

6.8% (0.32 standard error) compared to 5.7% (0.17 standard error)

Relatively the same number of African Americans and Whites delay medical treatment due to cost: 7.8% (0.36 standard error) compared to 7.9% (0.19 standard error) respectively.

### **Reasons for Loss of Health Insurance Coverage<sup>2</sup>**

For both African Americans and Whites, the primary cause of loss of health insurance coverage was due to costs—47.5% and 50.1% respectively. Cessation of Medicaid coverage accounted for the secondary cause of lost health insurance coverage for African Americans—16.8% versus 11.7% for Whites. For Whites, the employer did not offer insurance or the insurance company refused coverage accounted for the secondary reason for lost health insurance coverage—13.7% compared to 10.7% for African Americans.

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<sup>1</sup> Table 15. Frequencies and age-adjusted percentages (with standard errors) of persons who did not receive medical care or who delayed medical care in the past year due to cost, by selected characteristics: United States, 2006: [http://www.cdc.gov/nchs/data/series/sr\\_10/sr10\\_236.pdf](http://www.cdc.gov/nchs/data/series/sr_10/sr10_236.pdf)

<sup>2</sup> Table 25. Age-adjusted percentages (with standard errors) of currently uninsured persons under age 65 years, by selected reasons for no health insurance coverage and selected characteristics: United States, 2006: [http://www.cdc.gov/nchs/data/series/sr\\_10/sr10\\_236.pdf](http://www.cdc.gov/nchs/data/series/sr_10/sr10_236.pdf)

### Lapses in Coverage Rates<sup>3</sup>

Significantly more African Americans experience short-term lapses in health insurance coverage than Whites. However, the two groups are relatively equal in long-term lapses of health insurance coverage. “Among persons who were not covered by health insurance, Hispanic persons (50%) were about four times as likely as non-Hispanic persons (12%) to have never had health insurance coverage.” (I do not know the frequency rates for short-term lapses for any group.)

Table 23. Age-adjusted percent distributions (with standard errors) of length of time since last had health insurance coverage among currently uninsured persons under age 65 years, by selected characteristics: United States, 2006

Selected characteristic	Total	Length of time since last had health insurance coverage <sup>1</sup>				
		6 months or less	7–12 months	13–36 months	More than 36 months	Never
		Percent distribution <sup>2</sup> (standard error)				
Total <sup>3</sup> (age-adjusted)	100.0	17.1 (0.72)	10.1 (0.57)	18.7 (0.65)	28.9 (0.74)	25.3 (0.98)
Total <sup>3</sup> (crude)	100.0	15.1 (0.58)	9.6 (0.48)	19.1 (0.57)	30.3 (0.72)	25.9 (0.89)
Sex						
Male	100.0	15.4 (0.77)	8.7 (0.68)	18.6 (0.77)	29.0 (0.91)	28.3 (1.06)
Female	100.0	19.2 (0.91)	11.7 (0.69)	19.0 (0.80)	28.6 (0.84)	21.6 (1.09)
Age <sup>4</sup>						
Under 12 years	100.0	29.9 (2.22)	14.0 (1.67)	18.3 (1.78)	13.4 (1.48)	24.4 (2.22)
12–17 years	100.0	22.5 (2.15)	10.3 (1.51)	17.0 (1.84)	23.1 (2.30)	27.1 (2.27)
18–44 years	100.0	13.6 (0.57)	9.5 (0.49)	19.8 (0.65)	29.1 (0.80)	27.9 (0.92)
45–64 years	100.0	11.1 (0.84)	7.9 (0.84)	17.8 (1.00)	42.5 (1.29)	20.7 (1.06)
Race						
1 race <sup>5</sup>	100.0	17.0 (0.73)	10.0 (0.57)	18.8 (0.65)	28.6 (0.71)	25.6 (0.99)
White	100.0	16.5 (0.82)	9.6 (0.64)	18.3 (0.73)	28.8 (0.80)	26.8 (1.14)
Black or African American	100.0	21.1 (1.87)	11.8 (1.13)	21.6 (1.72)	30.0 (1.50)	15.6 (1.86)
American Indian or Alaska Native	100.0	*10.2 (3.15)	*23.5 (8.74)	10.7 (3.16)	31.2 (7.30)	24.5 (6.75)
Asian	100.0	15.4 (3.08)	7.8 (1.71)	20.0 (3.03)	20.5 (2.82)	36.4 (3.71)

<sup>3</sup> Table 23. Age-adjusted percent distributions (with standard errors) of length of time since last had health insurance coverage among currently uninsured persons under age 65 years, by selected characteristics: United States, 2006: [http://www.cdc.gov/nchs/data/series/sr\\_10/sr10\\_236.pdf](http://www.cdc.gov/nchs/data/series/sr_10/sr10_236.pdf)

## Differences in Type of Health Insurance Coverage

Significantly more whites than African Americans are covered under private health insurance—68.5% compared to 51.9% respectively. Twice as many African Americans are covered by Medicaid than Whites—24.9% compared to 11.9% respectively.

**Table 19. Age-adjusted percent distributions (with standard errors) of type of health insurance coverage for persons under age 65 years and for persons 65 years of age and over, by selected characteristics: United States, 2006**

Selected characteristic	Health insurance coverage <sup>1</sup> by age										
	Under 65 years of age					65 years of age and over					
	Total	Private	Medicaid	Other	Uninsured	Total	Private	Medicare and Medicaid	Medicare only	Other	Uninsured
	Percent distribution <sup>2</sup> (standard error)										
Total <sup>3</sup> (age-adjusted)	100.0	65.9 (0.48)	13.8 (0.30)	3.0 (0.14)	17.2 (0.29)	100.0	57.3 (0.91)	6.2 (0.36)	29.2 (0.79)	6.5 (0.36)	0.9 (0.13)
Total <sup>3</sup> (crude)	100.0	66.3 (0.48)	13.5 (0.31)	3.1 (0.14)	17.0 (0.29)	100.0	57.2 (0.91)	6.2 (0.36)	29.2 (0.79)	6.5 (0.36)	0.9 (0.13)
<b>Sex</b>											
Male	100.0	65.6 (0.51)	12.2 (0.31)	3.0 (0.14)	19.1 (0.34)	100.0	58.1 (1.09)	4.6 (0.39)	27.2 (0.90)	9.1 (0.56)	0.9 (0.15)
Female	100.0	66.2 (0.51)	15.4 (0.35)	3.0 (0.17)	15.4 (0.30)	100.0	56.6 (0.97)	7.3 (0.46)	30.6 (0.89)	4.6 (0.34)	0.9 (0.18)
<b>Age<sup>4</sup></b>											
Under 12 years	100.0	57.1 (0.83)	32.0 (0.78)	2.3 (0.27)	8.6 (0.37)	...	...	...	...	...	...
12–17 years	100.0	63.8 (0.91)	22.9 (0.78)	2.2 (0.30)	11.1 (0.54)	...	...	...	...	...	...
18–44 years	100.0	65.0 (0.54)	8.4 (0.26)	2.1 (0.14)	24.6 (0.45)	...	...	...	...	...	...
45–64 years	100.0	75.2 (0.48)	6.0 (0.24)	5.5 (0.24)	13.2 (0.34)	...	...	...	...	...	...
65 years and over	...	...	...	...	...	100.0	57.3 (0.91)	6.2 (0.36)	29.2 (0.79)	6.5 (0.36)	0.9 (0.13)
<b>Race</b>											
1 race <sup>5</sup>	100.0	66.1 (0.48)	13.8 (0.30)	3.0 (0.14)	17.2 (0.29)	100.0	57.3 (0.91)	6.1 (0.36)	29.2 (0.79)	6.5 (0.36)	0.9 (0.13)
White	100.0	68.5 (0.53)	11.9 (0.33)	2.7 (0.14)	16.9 (0.32)	100.0	60.2 (0.98)	4.9 (0.37)	28.0 (0.86)	6.2 (0.38)	0.7 (0.14)
Black or African American	100.0	51.9 (0.93)	24.9 (0.76)	4.6 (0.36)	18.6 (0.59)	100.0	34.8 (1.92)	15.5 (1.38)	42.1 (1.84)	6.2 (0.87)	1.4 (0.39)
American Indian or Alaska Native	100.0	36.3 (4.14)	22.4 (2.63)	*2.4 (0.90)	38.8 (4.01)	100.0	49.0 (12.42)	*9.2 (3.95)	35.8 (9.31)	†	†
Asian	100.0	71.8 (1.45)	10.3 (0.88)	3.3 (0.56)	14.6 (0.97)	100.0	38.5 (3.01)	16.4 (2.29)	28.3 (2.84)	14.2 (2.14)	*2.6 (0.81)
Native Hawaiian or Other Pacific Islander	100.0	68.8 (8.31)	7.8 (2.22)	†	*20.4 (7.89)	100.0	47.7 (0.00)	–	†	40.8 (10.94)	–
2 or more races <sup>6</sup>	100.0	54.9 (2.22)	17.3 (1.44)	6.2 (1.05)	21.5 (1.87)	100.0	50.8 (6.76)	*14.6 (5.46)	26.1 (6.53)	*8.5 (3.40)	–
Black or African American, white	100.0	45.6 (4.77)	27.1 (3.73)	*5.5 (2.34)	21.9 (4.12)	100.0	*43.6 (20.45)	†	†	–	–
American Indian or Alaska Native, white	100.0	48.8 (3.97)	16.2 (2.40)	*5.1 (1.57)	29.8 (3.28)	100.0	55.0 (8.82)	*16.5 (6.66)	*25.8 (7.92)	†	–
<b>Hispanic or Latino origin<sup>7</sup> and race</b>											
Hispanic or Latino	100.0	41.6 (0.87)	20.1 (0.54)	2.7 (0.22)	35.6 (0.75)	100.0	27.1 (2.26)	18.9 (2.13)	42.8 (2.15)	6.0 (1.00)	5.4 (1.26)
Mexican or Mexican American	100.0	38.8 (1.00)	19.3 (0.61)	2.7 (0.26)	39.2 (0.92)	100.0	27.2 (3.16)	19.3 (3.71)	42.0 (3.37)	5.0 (1.26)	*6.5 (2.22)
Not Hispanic or Latino	100.0	70.8 (0.52)	12.4 (0.34)	3.1 (0.16)	13.8 (0.29)	100.0	59.3 (0.93)	5.3 (0.33)	28.3 (0.81)	6.6 (0.37)	0.5 (0.09)
White, single race	100.0	75.0 (0.59)	9.7 (0.39)	2.7 (0.15)	12.6 (0.31)	100.0	62.7 (1.01)	3.9 (0.33)	26.8 (0.89)	6.2 (0.40)	0.3 (0.09)
Black or African American, single race	100.0	52.7 (0.93)	24.7 (0.76)	4.7 (0.37)	18.0 (0.58)	100.0	35.0 (1.94)	15.2 (1.40)	42.0 (1.85)	6.4 (0.90)	1.3 (0.40)
<b>Education<sup>8</sup></b>											
Less than a high school diploma	100.0	37.4 (0.88)	17.5 (0.67)	4.7 (0.34)	40.3 (0.89)	100.0	41.2 (1.44)	14.0 (0.99)	38.0 (1.31)	5.3 (0.57)	1.6 (0.27)
High school diploma or GED <sup>9</sup>	100.0	65.5 (0.66)	7.9 (0.33)	3.8 (0.22)	22.9 (0.55)	100.0	62.5 (1.32)	3.8 (0.41)	27.2 (1.13)	6.1 (0.54)	*0.4 (0.12)
Some college	100.0	74.2 (0.59)	5.7 (0.30)	4.2 (0.25)	15.9 (0.45)	100.0	62.4 (1.58)	2.9 (0.47)	25.1 (1.35)	9.4 (0.90)	*0.2 (0.11)
Bachelor's degree or higher	100.0	89.2 (0.43)	1.9 (0.17)	2.1 (0.18)	6.8 (0.33)	100.0	67.9 (1.67)	2.8 (0.53)	22.1 (1.54)	6.6 (0.89)	*0.6 (0.22)
<b>Family income<sup>10</sup></b>											
Less than \$20,000	100.0	23.6 (0.96)	39.6 (0.79)	5.3 (0.29)	31.5 (0.84)	100.0	37.6 (1.34)	16.2 (1.08)	39.6 (1.23)	5.3 (0.56)	1.3 (0.28)
\$20,000 or more	100.0	74.6 (0.44)	8.4 (0.25)	2.7 (0.17)	14.4 (0.29)	100.0	65.9 (1.06)	2.8 (0.27)	23.3 (0.94)	7.4 (0.49)	0.7 (0.15)
\$20,000–\$34,999	100.0	44.5 (0.94)	21.4 (0.69)	4.3 (0.35)	29.8 (0.80)	100.0	63.4 (1.80)	2.9 (0.46)	26.7 (1.56)	6.6 (0.81)	*0.4 (0.16)
\$35,000–\$54,999	100.0	67.8 (0.92)	10.4 (0.54)	3.1 (0.30)	18.6 (0.71)	100.0	65.5 (2.14)	2.6 (0.63)	21.7 (1.75)	9.7 (1.42)	*0.5 (0.21)
\$55,000–\$74,999	100.0	82.6 (0.84)	4.3 (0.40)	2.4 (0.32)	10.7 (0.62)	100.0	74.6 (2.99)	*1.7 (0.63)	15.2 (2.42)	7.5 (1.73)	†
\$75,000 or more	100.0	91.2 (0.46)	1.6 (0.17)	1.9 (0.23)	5.2 (0.33)	100.0	67.3 (2.71)	3.3 (0.83)	17.4 (2.15)	10.7 (1.74)	†

See footnotes at end of table.

### **Leading Causes of Death<sup>4</sup>**

Heart disease is the leading cause of death for Whites, African Americans, Alaskan or Native American Indians, but is second for Hawaiian/Pacific Islander. Comparing African Americans and Whites, the significant difference between the two groups is in rate of decline. The rate of deaths due to heart disease has dropped by 10% from 61% of the white population in 1980 to 51% in 2004. However, for African Americans the rate of decline is a mere 2% from 51% to 48% in the same time period.<sup>5</sup>

African Americans and Whites are roughly equivalent in the top three leading causes of death differing by less than 3%—heart disease, cancer, and strokes respectively. The fourth leading cause of death for African Americans is diabetes. HIV/AIDS is the ninth leading cause of death in African Americans compared to ranking as 22<sup>nd</sup> cause of death in Whites.<sup>5</sup>

### **Disparities in Treatment<sup>6</sup>**

“Health care services in the U.S. have been improving for decades, but in many instances, racial and ethnic minorities receive fewer health care services, lower quality services, and services later in the progression of illness. Some disparities in health care services can be explained by differences in income, insurance status, and medical need. However, there is increasing evidence that racial and ethnic disparities in care persist even after accounting for these factors.”

“Disparities exist across health care settings, from clinics to hospitals to nursing homes. Disparities are experienced by patients who are insured through private companies, patients who are beneficiaries of public funding, and patients who have to pay out of pocket. Even within public programs, where the population is insured and has equal access to services, disparities persist. For example, African Americans under Medicare receive lower levels of care, including fewer office visits, mammograms, and colonoscopies than whites. Within Medicare managed care, African Americans are less likely to receive beta-blockers after a myocardial infarction (heart attack) or have eye examinations if diabetic.”

“Many minorities live in rural areas where there are fewer hospitals and health care centers. Even in urban areas, it may require taking multiple buses, for example, to get to a hospital, or the nearby facilities may be insufficiently staffed or supplied. Minorities generally face more “personal factors” in accessing health care, such as challenges in getting time off work to visit a doctor. The result is that individuals forgo medical evaluation, preventive care, and even

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<sup>4</sup> Table E. Deaths and percentage of total deaths for the 10 leading causes of death, by race: United States, 2004: [http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56\\_05.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_05.pdf)

<sup>5</sup> National Vital Statistics Reports, Vol. 56, No. 5, November 20, 2007. pg 12: [http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56\\_05.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_05.pdf)

<sup>6</sup> Steelfisher, G. K. 2002. “Addressing Unequal Treatment: Disparities in Health Care.” *The Commonwealth Fund*. [http://www.commonwealthfund.org/usr\\_doc/SteelFisher\\_unequaltreatment\\_cong2004\\_709.pdf?section=4039](http://www.commonwealthfund.org/usr_doc/SteelFisher_unequaltreatment_cong2004_709.pdf?section=4039)

treatment. People also may seek less cost-effective but more accessible alternatives to regular care, including emergency rooms even for routine needs.”

### Emergency Room Visits<sup>7</sup>

African Americans engage in significantly more per capita emergency room visits per year than any other ethnic group irrespective of age. For African Americans under age 65, persons between ages 15 and 44 accounted for the highest number of emergency room visits within that ethnic group with an increase in rates of visits between the age 15-24 age grouping and 25-44 age grouping. Likewise for Whites under age 65, persons aged 15-24 accounted for the highest number of emergency room visits. As whites aged their rate of emergency room visits consistently declined until age 65.

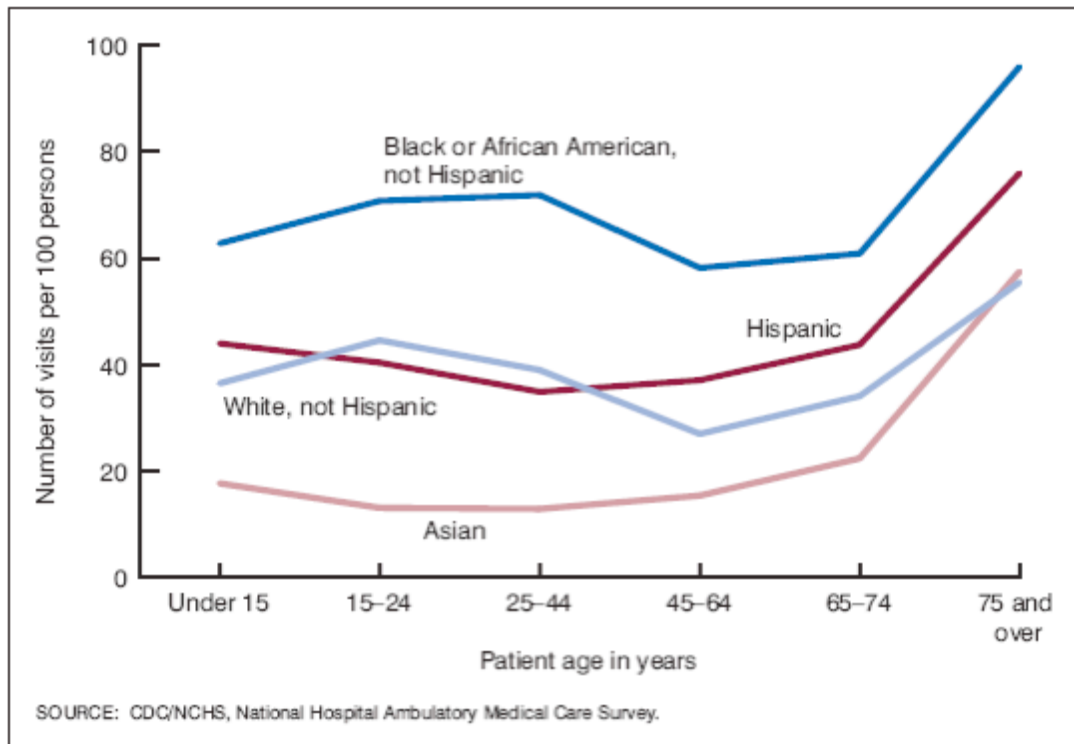


Figure 3. Annual rate of emergency department visits by patient age, race, and ethnicity: United States, 2005

<sup>7</sup> National Hospital Ambulatory Medical Care Survey: 2005 Emergency Department Summary.

Figure 3. Annual rate of emergency department visits by patient age, race, and ethnicity: United States, 2005: pg. 3. <http://www.cdc.gov/nchs/data/ad/ad386.pdf>

### Urgency of ER Visit<sup>8</sup> (not adjusted for age)

The rate for African Americans entering the ER requiring urgent care (defined as the patient should be seen within 15-60 minutes) was 37.0% compared to 32.2% for Whites. However twice as many Whites as African Americans—6.2% compared to 3.4% respectively—required immediate care (defined as should be seen in less than 1 minute). Relatively equal percentages of African Americans and Whites—10.1% compared to 9.7% respectively—required emergent care (defined as should be seen between 1 and 14 minutes).

### Method of Entry<sup>9</sup>

Walk-in accounted for 78.5% of all ER visits. (The data is not broken down by ethnic grouping.)

### Expected Payment Type<sup>10</sup>

Private insurance accounted for 39.9% of the *expected* source of payment for ER visits. Medicaid and/or SCHIP accounted for 24.9% of the *expected* source of payment for ER visits. (The data is not broken down by ethnic grouping.)

### Prenatal Care<sup>11</sup>

Race and Hispanic origin of mother	Timing of prenatal care (PNC)									
	Revised (12 state reporting area) <sup>1,2</sup>		Revised (7 state reporting area) <sup>1,3</sup>				Unrevised (37 state reporting area) <sup>4</sup>			
	1st trimester PNC	Late or no PNC	1st trimester PNC		Late or no PNC		1st trimester PNC	Late or no PNC		
	2005	2005	2005	2004	2005	2004	2005	2004		
All races and origins <sup>5</sup>	70.2	7.7	72.8	72.9	6.0	6.2	83.9	84.2	3.5	3.5
Non-Hispanic white	77.2	4.9	77.8	78.0	4.4	4.5	88.7	89.0	2.2	2.1
Non-Hispanic black	60.1	11.3	59.3	58.9	10.8	11.4	78.5	76.3	5.6	5.7
Hispanic <sup>6</sup>	60.0	11.9	57.0	56.5	10.8	11.0	77.6	77.7	5.1	5.2

<sup>8</sup> National Hospital Ambulatory Medical Care Survey: 2005 Emergency Department Summary. Table 5. Number and percent distribution of emergency department visits with corresponding standard errors, by immediacy with which patient should be seen, according to selected patient and visit characteristics: United States, 2005: pg. 14. <http://www.cdc.gov/nchs/data/ad/ad386.pdf>

<sup>9</sup> National Hospital Ambulatory Medical Care Survey: 2005 Emergency Department Summary. Table 4. Percent distribution of emergency department visits with corresponding standard errors, by patient's mode of arrival according to patient age: United States, 2005: pg. 13. <http://www.cdc.gov/nchs/data/ad/ad386.pdf>

<sup>10</sup> National Hospital Ambulatory Medical Care Survey: 2005 Emergency Department Summary. Table 3. Number and percentage of emergency department visits with corresponding standard errors, by expected source of payment: United States, 2005: pg. 13. <http://www.cdc.gov/nchs/data/ad/ad386.pdf>

<sup>11</sup> National Vital Statistics Reports, Vol. 56, No. 6, December 5, 2007. Table D. Educational attainment, smoking during pregnancy, timing of prenatal care, and primary cesarean and vaginal birth after previous cesarean (VBAC) by race and Hispanic origin of mother: 12 and 7 states (revised) and 37 states (unrevised), District of Columbia, and New York City, 2004 and 2005: pg. 14. [http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_06.pdf)

## **Cancer (Breast)**<sup>12</sup>

“Black women were more likely than white women to be diagnosed after a patient-noted abnormality. Black women were less likely than white women to have completed a diagnostic evaluation within 30 days after a patient-noted abnormality ( $P = 0.01$ ) or after having an abnormality noted on screening mammogram and were less likely to have initiated treatment within 30 days of diagnosis.”

“...of all racial/ethnic groups in the United States, black American women continue to be diagnosed with later-stage breast cancer, have shorter survival times, and have the highest rates of breast cancer mortality.”

“A recent study examining clinical follow-up after abnormal screening<sup>31</sup> found that approximately one-third of black women do not comply with recommended diagnostic follow-up examinations within 6 months. Black women with prior breast abnormalities or high levels of cancer anxiety were less likely to complete recommended diagnostic tests in a timely fashion. Large population-based studies have found that equal high-quality preventive care and high-quality treatment can significantly reduce the black–white disparity in cancer mortality.”

“In our study of women with breast cancer, black women had longer periods of time elapse in the evaluation and provision of clinical care compared with white women. Timing of clinical care impacts stage at diagnosis and breast cancer outcomes, whereby women with delayed evaluation are more likely to be diagnosed at a later stage and ultimately die of the disease.”

“Black women were about half as likely as white women to have their breast cancer detected by screening mammography and black women were twice as likely to have cancer detected after noting symptoms themselves. Stage at diagnosis was correlated highly with the method of detection. Screening mammography was a fairly common method of detection among white women of all census block income levels, but among black women this finding was not seen; this may in part reflect the socioeconomic distribution of our sample, as the high-income black group was a very small segment of our cohort. Our study suggests that being underinsured and/or uninsured and having low-income may be risk factors for late-stage diagnosis.”

“Among women with abnormalities noted on screening mammograms in our study, white women obtained a definitive diagnosis approximately 2 weeks sooner than black women. Other investigators have demonstrated similar racial differences in the timeliness of evaluation for abnormal mammograms.<sup>40</sup> Lannin et al found that the influence of socioeconomic and cultural factors explain the presentation of late-stage breast cancer among black women.<sup>18</sup> Other potential sources of delay in diagnosis and treatment include fear, hopelessness,<sup>41</sup> cultural beliefs, or mistrust in the health care system, costs (such as transportation, home or work stresses), and age and race discrimination.<sup>20</sup>”

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<sup>12</sup> Elmore, J. G. Et. al. 2005. “Racial inequities in the timing of breast cancer detection, diagnosis, and initiation of treatment.” *Medical Care* 43(2): pg.141 -8

“Black women, relative to white women, were more likely to present after patient-noted abnormalities rather than after screening mammograms. Most, but not all, of the difference in method of detection was explained by racial differences in income, age and medical insurance.”