



# QUICK FACTS: Disparities in Access

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*Disparities in Access: "Differences between two or more population groups in rates of access to health care services and providers not due to differences in health needs. Disparities in access can include differences in insurance coverage rates, the number of primary or specialty care visits in a given time period, and the availability of a usual source of care."*

## Quick Facts on:

### African Americans

- In 2004, 21.3 percent of nonelderly African Americans (7.15 million) were uninsured, compared to 13.1 percent of nonelderly whites.<sup>1</sup>
- Although more than 80 percent of African Americans live in working families, only 53 percent are covered by employer-sponsored health insurance, compared to 73 percent of whites.<sup>2</sup>
- Among uninsured African Americans, 80 percent live below 300 percent of the federal poverty level (\$28,710 for an individual, \$48,270 for a family of three in 2005), and 64.4 percent of uninsured non-Latino whites.<sup>3</sup>
- Compared to whites, African Americans had worse access to care for about 40 percent of access measures, including lacking health insurance or a usual source of care, having problems getting a referral to a specialist, and rating their health care poorly.<sup>4</sup>

### American Indians and Alaska Natives

- In 2003, American Indians and Alaska Natives had worse access to care than whites for about a third of access measures, including lacking health insurance and having problems with patient-provider communication.<sup>5</sup>
- About a third of uninsured American Indians/Alaska Natives (35 percent) report that they do not have a usual source of care, more than three times the proportion of those who have some sort of health insurance coverage.<sup>6</sup>

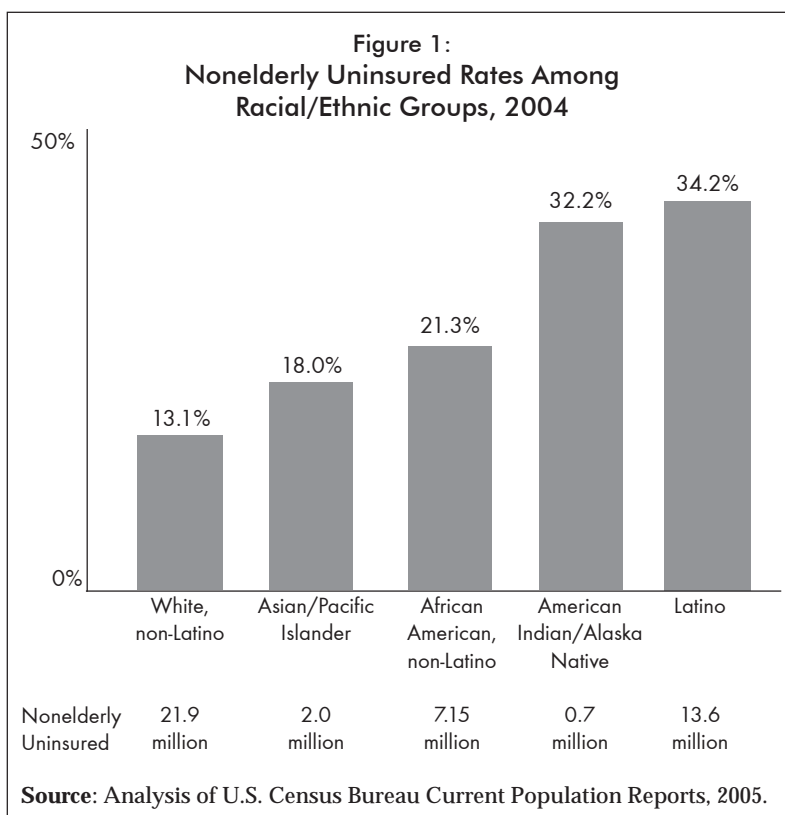
### Asians and Pacific Islanders

- In 2004, 18 percent of nonelderly Asian Americans and Pacific Islanders (2 million) were uninsured, compared to 13.1 percent of nonelderly whites.<sup>7</sup>
- Insurance rates among Asian American and Pacific Islander subgroups vary widely. For instance, as many as 34 percent of Korean Americans are uninsured, compared to only 13 percent of Japanese Americans.<sup>8</sup>
- Among Asian Americans and Pacific Islanders with incomes below 200 percent of the federal poverty level (\$19,140 for an individual, \$32,180 for a family of three in 2005), 32 percent were uninsured in 2004.<sup>9</sup>
- Asians had worse access to care than whites for about two-thirds of access measures, including lacking a usual source of care and having problems with patient-provider communication.<sup>10</sup>

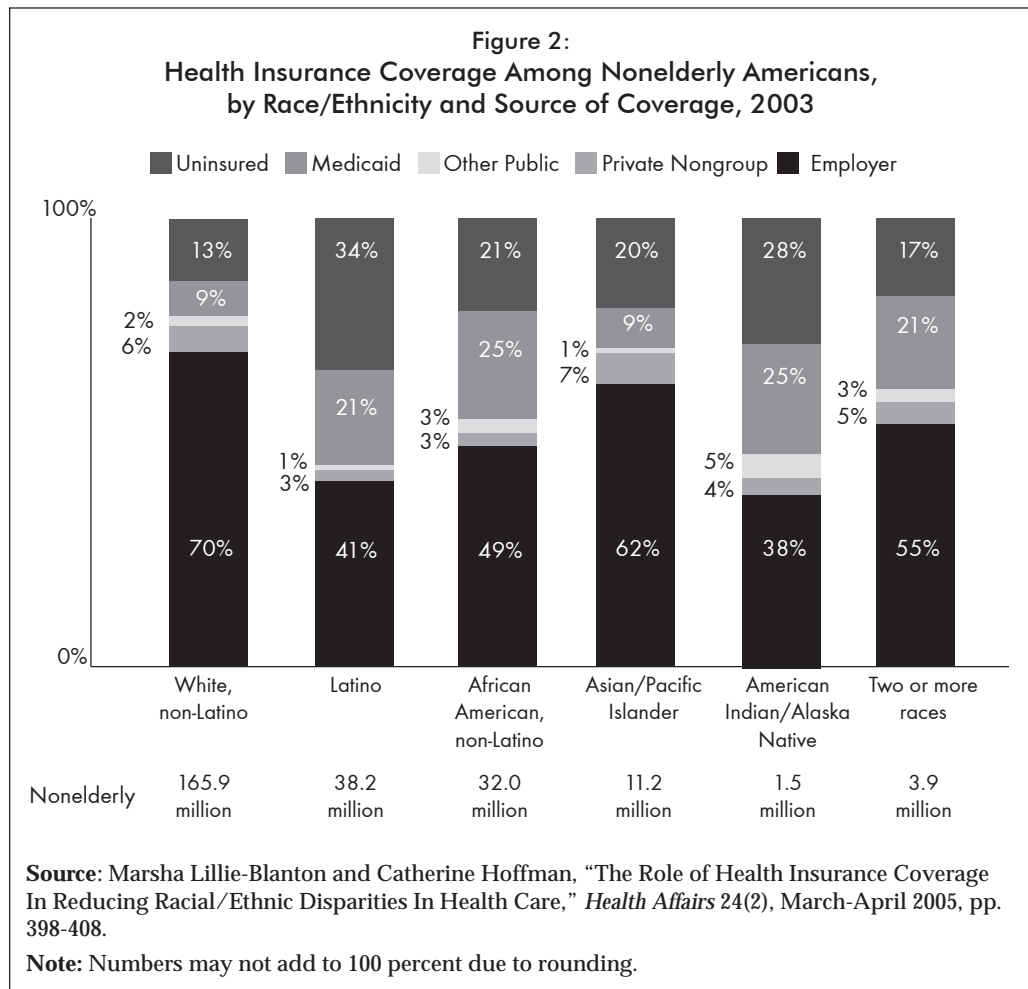
- One-third of Asians and Pacific Islanders in fair or poor health had not visited a physician during the preceding year, a considerably higher rate than for whites and African Americans.<sup>11</sup>

## Latinos

- In 2004, 34.2 percent of nonelderly Latinos (13.6 million) were uninsured, compared to 13.1 percent of nonelderly whites.<sup>12</sup>
- The number of uninsured Latinos increased from 10.8 million in 2000 to 13.7 million in 2004.<sup>13</sup>
- Roughly one-third of nonelderly Latinos are uninsured, the highest rate among all ethnic groups and almost three times the rate for non-Latino whites.<sup>14</sup>
- Among uninsured Latinos, 82.9 percent live below 300 percent of the federal poverty level (\$28,710 for an individual, \$48,270 for a family of three in 2005), 64.4 percent of uninsured non-Latino whites.<sup>15</sup>
- One-third of Latinos in fair or poor health had not visited a physician during the preceding year, a considerably higher rate than for whites and African Americans.<sup>16</sup>
- Latinos had worse access to care compared to non-Latino whites for about 90 percent of access measures, such as lacking a usual source of care, having problems getting a referral to a specialist, and rating their health care as poor.<sup>17</sup>
- While almost 9 out of 10 uninsured Latinos are workers or their dependents, Latinos are far less likely than whites to have job-based coverage—regardless of how much they work or the size of the firm or industry in which they work.<sup>18</sup>



- Even when compared to groups of similar income, Latinos were disproportionately less likely to have visited a doctor in the past year. For example, Latinos with incomes less than 100 percent of poverty (\$9,570 for an individual, \$16,090 for a family of three in 2005) were nearly 70 percent as likely not to have had a health care visit in the previous year as other racial/ethnic groups of the same income.<sup>19</sup>



## Endnotes

<sup>1</sup> U.S. Census Bureau, “Income, Poverty, and Health Insurance Coverage in the United States: 2004,” Current Population Reports (Washington: U.S. Government Printing Office, August 2005), available online at <http://www.census.gov/prod/2005pubs/p60-229.pdf>.

<sup>2</sup> E. Richard Brown, Victoria D. Ojeda, Roberta Wyn, et al., *Racial and Ethnic Disparities in Access to Health Insurance and Health Care* (Los Angeles: UCLA Center for Health Policy Research and Kaiser Family Foundation, April 2000), available online at <http://www.kff.org/uninsured/1525-index.cfm>.

<sup>3</sup> Families USA, *One in Three: Non-Elderly Americans without Health Insurance, 2002-2003* (Washington: Families USA, June 2004), available online at [http://www.familiesusa.org/assets/pdfs/82million\\_uninsured\\_report6fdc.pdf](http://www.familiesusa.org/assets/pdfs/82million_uninsured_report6fdc.pdf).

<sup>4</sup> Agency for Healthcare Research and Quality, *2004 National Healthcare Disparities Report* (Rockville, MD: U.S. Department of Health and Human Services, March 2005), available online at [www.qualitytools.ahrq.gov/disparitiesreport/](http://www.qualitytools.ahrq.gov/disparitiesreport/).

<sup>5</sup> Ibid.

<sup>6</sup> E. Richard Brown et al., *op. cit.*

<sup>7</sup> U.S. Census Bureau, *Current Population Reports*, *op. cit.*

<sup>8</sup> Kaiser Commission on Medicaid and the Uninsured, *Health Insurance Coverage and Access to Care Among Asian Americans and Pacific Islanders* (Washington: Kaiser Family Foundation, June 2000).

<sup>9</sup> U.S. Census Bureau, “Table HI03. Health Insurance Coverage Status and Type of Coverage by Selected Characteristics for Poor People in the Poverty Universe: 2004,” *Current Population Survey 2004*, available online at [http://pubdb3.census.gov/macro/032005/health/h04\\_010.htm](http://pubdb3.census.gov/macro/032005/health/h04_010.htm).

<sup>10</sup> Agency for Healthcare Research and Quality, *op. cit.*

<sup>11</sup> E. Richard Brown et al., *op. cit.*

<sup>12</sup> U.S. Census Bureau, *Current Population Reports*, *op. cit.*

<sup>13</sup> U.S. Census Bureau, “Health Insurance Coverage (Reports and Tables): 2000, 2004,” *Current Population Survey*, available online at <http://www.census.gov/hhes/www/hlthins/cps.html>.

<sup>14</sup> Marsha Lillie-Blanton, Osula Evadne Rushing, and Sonia Ruiz, *Key Facts: Race, Ethnicity & Medical Care, Update June 2003* (Menlo Park, CA: Kaiser Family Foundation, June 2003), available online at <http://www.kff.org/minorityhealth/upload/Key-Facts-Race-Ethnicity-Medical-Care-Chartbook.pdf>.

<sup>15</sup> Families USA, *op. cit.*

<sup>16</sup> E. Richard Brown et al., *op. cit.*

<sup>17</sup> Agency for Healthcare Research and Quality, *op. cit.*

<sup>18</sup> E. Richard Brown et al., *op. cit.*

<sup>19</sup> Marsha Lillie-Blanton et al., *op. cit.*

For more information on Families USA’s Minority Health Initiatives, contact Rea Pañares, Director of Minority Health Initiatives or Briana Webster-Patterson, Program Manager at [minorityhealth@familiesusa.org](mailto:minorityhealth@familiesusa.org) or 202-628-3030.