



# Healthcare Disparities: Impact of Healthcare Access

Lenny López, MD, MPH, MDiv

Assistant in Health Policy, Institute for Health Policy  
Massachusetts General Hospital  
Brigham and Women's Hospital



## Objectives

- How much does access/insurance contribute to disparities?
- What happens once you have access and insurance ?



# How much does access/insurance contribute to disparities?



Research study	Access gap <sup>a</sup>	Percent of gap explained		
		Insurance	Income	Other factors
<b>Hispanic-white differences</b>				
Weinick et al. (2000) <sup>b</sup>	15.5	23%	23%	None specified
Waidmann and Rajan (2000)	15.4	33%	8%	Citizenship = 19%; other demographic = 9%; education = 8%; family status = 2%; employment = 2%
Zuvekas and Taliaferro (2003)	15.7	24%	- <sup>c</sup>	Combination of local area demographics, personal economic and other demographic factors, and health status explained ~<10%; health care capacity factors were not statistically significant
Hargraves and Hadley (2003)	16.1	33%	19%	Safety-net factors = 1%; combination of all other measured factors = 17%

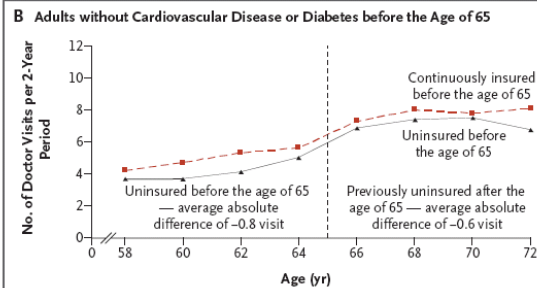
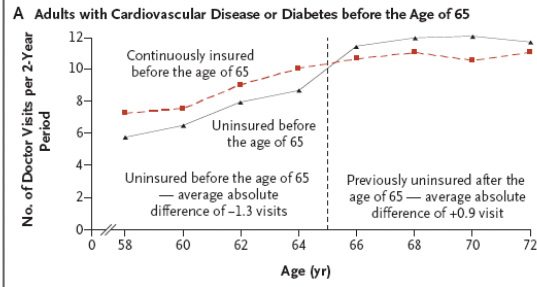


Research study	Access gap <sup>a</sup>	Percent of gap explained		
		Insurance	Income	Other factors
<b>African American-white differences</b>				
Weinick et al. (2000) <sup>b</sup>	4.4	5%	41%	None specified
Waidmann and Rajan (2000)	5.0	37%	14%	Family status = 26%; education = 5%; citizenship = 4%; other demographic = 4%; employment = 0%
Zuvekas and Taliaferro (2003)	5.4	42%	17%	Local area demographics/economics = 28%; income = 17%; other demographic = 16%; education explained little; health care capacity factors were not statistically significant
Hargraves and Hadley (2003)	8.4	24%	20%	Combination of all other measured factors = 8%

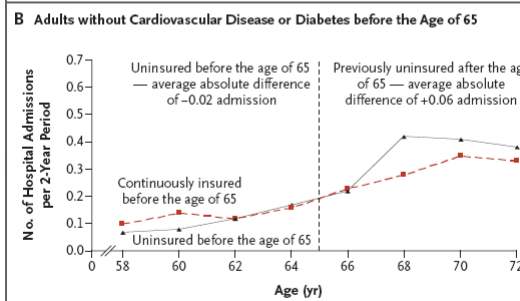
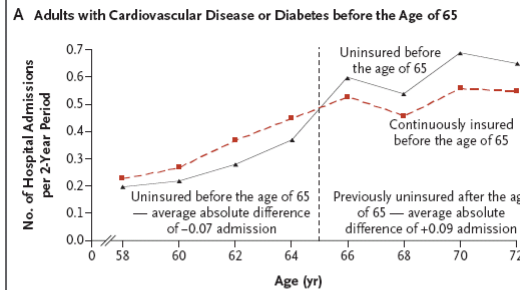


Once you have insurance, then what?





**Figure 1.** Self-Reported Doctor Visits According to Age, Health Insurance Coverage before 65 Years of Age, and History of Cardiovascular Disease or Diabetes.



**Figure 2.** Self-Reported Hospital Admissions According to Age, Health Insurance Coverage before 65 Years of Age, and History of Cardiovascular Disease or Diabetes.





# Access ≠ High Quality



Do Primary Care Physicians  
Treating Minority Patients  
Report Problems Delivering  
High-Quality Care?

[*Health Affairs* 26, no. 3 (2007): w222–w231]





Access- or quality-related problem <sup>a</sup>	Percent indicating problem		
	Low minority (<30%)	Medium minority (30-70%)	High minority (>70%)
Unable to provide high-quality care to all patients	16.1	21.7 <sup>b</sup>	26.0 <sup>b</sup>
Ability to access specialty referrals			
Unable to get referrals to high-quality specialists	30.8	35.7	42.4 <sup>b</sup>
Because of inadequate supply	17.9	18.9	22.3
Because of health plan barriers	25.1	28.3	35.2 <sup>b</sup>
Because of patient inability to pay	25.2	29.4	36.7 <sup>b</sup>
Physician-patient interactions			
Unable to maintain continuing relationships with patients	16.1	18.4	18.9
Inadequate time with patients a major problem affecting quality	17.7	24.6 <sup>b</sup>	26.0 <sup>b</sup>
Language or cultural barriers a major problem affecting quality	2.4	4.0 <sup>b</sup>	7.7 <sup>b,c</sup>
Care processes			
Not getting timely reports a major problem affecting quality	11.0	14.5 <sup>b</sup>	24.1 <sup>b,c</sup>
Scope of care expected to treat without referral to specialists is greater than it should be	18.1	22.5	28.4 <sup>b</sup>

**SOURCE:** Community Tracking Study Physician Survey, 2004-05.  
**NOTE:** N = 3,320.



## Continued Challenges



Physician Availability  
 Physician Reimbursement  
 Referral Options  
 Ensuring High-Quality Care  
 Data Collection

