

## RACIAL/ETHNIC DIFFERENCES IN THE HEALTH CARE EXPERIENCE OF US ADULTS WITH DIABETES

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Prior research has suggested that ethnic minorities with diabetes have poorer access to health care and healthcare utilization compared to Whites. To see if more recent efforts to improve healthcare access had been effective, the authors looked at records from more than 9,000 adults with diabetes. This study group of adults participated in the 1999 Behavioral Risk Factor Surveillance System (BRFSS), a telephone survey of US residents older than 18 years of age. The study compared healthcare insurance coverage, utilization, and satisfaction for non-Hispanic Whites, non-Hispanic Blacks, Hispanics, and members of other races.

According to the study, more non-Hispanic Blacks (14.8%), Hispanics (20.7%), and members of other races (21.8%) had no health insurance coverage than non-Hispanic Whites (6.4%). Similarly, cost was a barrier to visiting a doctor for

23.9% Hispanics, 19.5% non-Hispanic Blacks, and 13.4% members of other races but for only 8.2% non-Hispanic Whites. When it came time to visit the doctor, more non-Hispanic Whites (90.1%) and non-Hispanic Blacks (90.7%) had a check-up in the past year than Hispanics (84.5%) or others (84.1%). People who experienced cost as a barrier to visiting a doctor and who had fair or poor ratings of overall health care had poorer health status.

These results suggest that ethnic minorities with diabetes have less healthcare coverage and more cost-related barriers to healthcare utilization than non-Hispanic Whites. Persons with fair/poor health status were more likely to have cost barriers and poor satisfaction. Hopefully, this study will guide future research to focus on the reasons for such differences and on interventions to improve health care for minority populations.