

Minorities at Risk without Affordable Health Care in South Carolina

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INTRODUCTION:

Health care disparities exist for ethnic and linguistic minorities throughout the health care system, and are manifestations of weak health care policies at both the state and national levels. Minorities make up approximately 32% of South Carolina's population, and 25% of the U.S. population. For each population, health care disparities are reflected not only in uninsured rates (Figure 1), but also in health care outcomes.

SPECIFIC AIMS:

This study surveyed minority patients, patient advocates, and health care providers to explore:

- Major barriers to minorities seeking health care
- The extent of health care disparities for minorities
- The impact of health care disparities

METHODS:

An IRB-approved, cross-sectional survey of adults was conducted at various locations (Table 1) using one-on-one interviews. A focus group was also conducted at the "Mom's Morning Out" Program at Midland Park Elementary School. Surveys included demographic and health care domains, including perspectives of health care, access to health care and health care utilization. Data was compiled using a survey website and analyzed using SAS 9.1 (Cary, NC).

Table 1: Location of Survey Interviews

- East Cooper Community Outreach
- Our Lady of Mercy Clinic
- MLK Health Fair
- St. Matthews Community Outreach Center
- Korean Community Presbyterian Church
- MUSC & College of Charleston student body
- "Mom's Morning Out" Program at Midland Park Elementary School
- Roster from MUSC Office of Diversity during Jan – March 2007
- REACH Charleston/Georgetown Counties

RESULTS:

- 68 participants completed survey (demographics reported in Table 2)
- Health concerns reported included:
 - Current and future cost of health care
 - Access to health care
 - General health issues:
 - Hypertension
 - Diabetes
 - Obesity
 - Cancer
- 48.4% of participants reported having a financial barrier which prevented them from seeking medical care
- Financial barriers exist equally among those racial/ethnic groups surveyed
- Based upon survey results, participants who have financial barriers are at a significantly greater risk of experiencing health care disparities (Table 3 and Figure 2)
- 52.4% of participants believe health care in the U.S. is unsatisfactory and inadequate

Figure 1: Percentage of South Carolina adults lacking health insurance by race/ethnicity¹

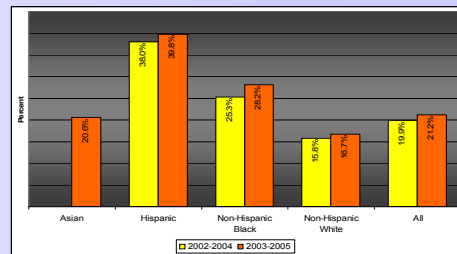


Table 3: Selected survey responses and associated relative risks (RR) for those having a financial barrier which prevents seeking care

| Question | RR | 95% CI |
|--|------|---------------|
| 1) Health disparities personally exist | 1.42 | [0.99, 2.04] |
| 2) Have had problems receiving health care | 5.32 | [2.05, 13.83] |
| 3) Have had problems understanding your health care provider(s) | 6.92 | [1.7, 28.22] |
| 4) Do not seek dental care | 4.13 | [1.52, 11.17] |
| 5) Have experienced personally or know someone who has felt discriminated against when receiving health care | 1.72 | [0.9, 3.25] |

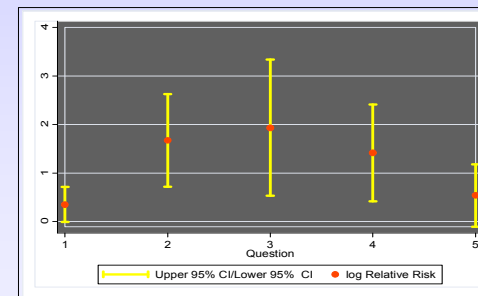
REFERENCE:

1. Centers for Disease Control and Prevention. "Health Data for All Ages". http://www.cdc.gov/nchs/health_data_for_all_ages.htm

Table 2: Number and age of survey participants by race/ethnicity

| Race/Ethnicity | N | Percent | Age | Age |
|--------------------|-----------|------------|-----------|--------------------|
| | | | (Median) | (Mean + SD) |
| Alaska Native | 1 | 1.47 | 37 | 37 |
| Asian | 14 | 20.59 | 34 | 37.8 + 13.8 |
| Hispanic | 7 | 10.29 | 28 | 28.1 + 7.8 |
| Non-Hispanic Black | 43 | 63.24 | 32 | 39.7 + 16.1 |
| Non-Hispanic White | 2 | 2.94 | 30 | 30.0 + 8.5 |
| Not reported | 1 | 1.47 | . | . |
| TOTAL | 68 | 100 | 31 | 37.7 + 14.9 |

Figure 2: Log relative risks and confidence intervals for selected survey responses



CONCLUSION:

Although not comprehensive or thorough, efforts to survey the local community regarding health care concerns were easily and successfully achieved. The community is becoming more educated with regards to health care issues, especially the lack of preventative health care.

We found that race and ethnic barriers can lead to disparities in health care, especially when cultural and language barriers complicate communication between patient and provider. However, race and ethnic barriers may only play a role in health care disparities, disguising what may more adequately be defined as socio-economic class barriers.

Health care providers, students and communities need to become more proactive and work together to create innovative, real-world ways of improving access to health care while promoting care and wellness.

RECOMMENDATIONS:

- ▶ Incorporate mandatory volunteer service at community-based health care centers into all health care professional training programs to take health care to at-risk populations
- ▶ Incorporate cultural competency training into all health care professional training programs
- ▶ Continue lobbying for more community-based health care centers through funding such as increased cigarette tax

FUTURE STUDIES:

- › Explore differences in beliefs and attitudes between providers and patients
- › Assess community assets in the tri-county area for possible volunteer opportunities with MUSC
- › Compare health care delivery systems in other countries to find tested solutions to similar disparity issues