Statistical Brief

Prepared by the State Center for Health Statistics

For the Council on Health Policy Information www.schs.state.nc.us/SCHS **October 1996**

HEALTH AND THE ELDERLY IN NORTH CAROLINA –
Differences Between Whites and Minorities

by Kathryn B. Surles, M.Ed.

Two population groups of special concern to health care reform are "racial and/or ethnic minorities" and "the frail or vulnerable elderly."[1] Thus, for the state's older minorities, the monitoring of health status, health care access, and the quality of health care is important.

The data of this Brief are from the North Carolina Health Profile (NCHP) telephone survey conducted during the Fall of 1995. The NCHP was funded by The Robert Wood Johnson Foundation. Readers should be aware that all statistics are subject to the usual limitations of telephone sampling and respondent classification errors.

Data presented here are for the state's noninstitutionalized population 65 years of age and older. The total sample size is 509.

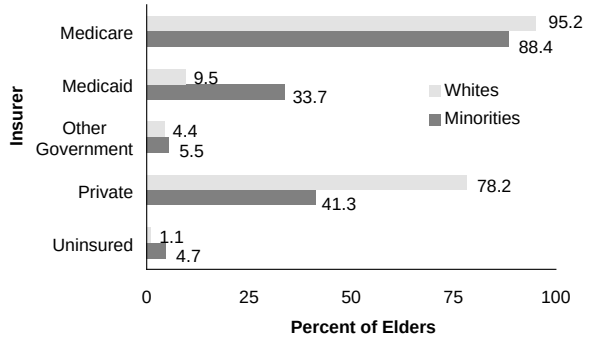
Health Status

- Asked to rate their health on a 5-point scale of poor to excellent, more minority elders than white elders said "fair" or "poor" (Figure 1). Nearly 1 in 4 minorities compared to only 1 in 10 whites said "poor."

Figure 1
More minority elders than white elders report their health as fair or poor

- Thirty-five percent of minority elders versus 25 percent of white elders said it was difficult to do certain activities such as work or housework because of their health.
- Minority elders (14%) were more likely than white elders (9%) to report a major health problem during the past year.
- Among those reporting a major health problem of their own or a related household member, financial hardship resulting from the problem(s) was reported by 45 percent of minority elders versus 29 percent of white elders.

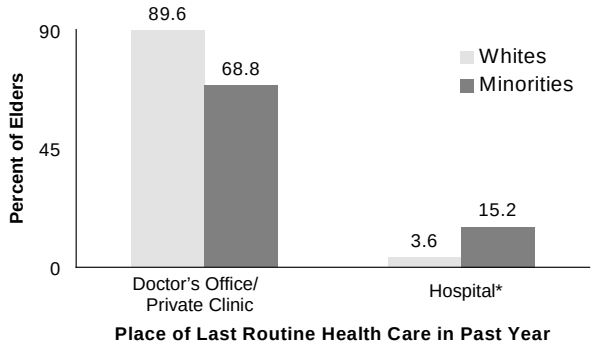
Figure 2
More minority elders than white elders report no health insurance in past year



Health Insurance Coverage

- Five percent of minority elders compared to only one percent of white elders reported no health insurance coverage during the entire past year (Figure 2).
- An estimated 95 percent of whites compared to 88 percent of minorities were covered by Medicare.
- More minorities (34%) than whites (9%) reported coverage by Medicaid.

Figure 3
More minority elders than white elders receive routine care from a hospital



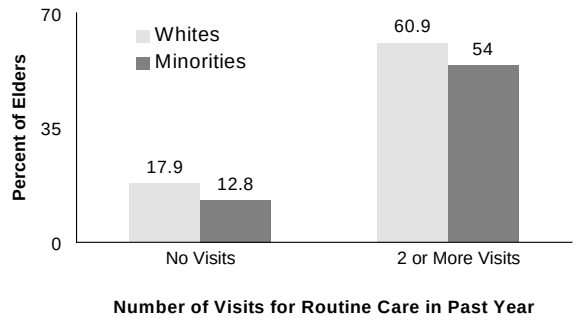
* Includes hospital, hospital emergency room, and hospital outpatient clinic.

- White elders (75%) were far more likely than their minority counterparts (41%) to have private insurance.
- Among the privately insured, about two percent of each race group reported the insurance included no coverage for hospital expenses; eight percent of whites and 19 percent of minorities reported no coverage for doctor visit expenses.
- Among the privately insured, 41 percent of white elders compared to 33 percent of minority elders were insured through a current or former employer or union.

Health Care

- More white elders (15%) than minority elders (10%) reported inpatient hospital care during the past year.
- Asked about routine (preventive) health care, about 86 percent of each racial group reported a usual source of care. Compared to whites, minority elders appear less likely to go to a doctor's office or private clinic and more likely to go to a hospital for routine care (Figure 3).
- Compared to minorities, white elders were more likely to report no routine care as well as multiple visits for routine care during the past year (Figure 4).
- NCHP respondents were asked if there had been a time in the past year when they needed routine health care, such as a regular checkup or a test, but were unable to get it. "Yes" responses represented 5.5 percent of minority elders versus 1.5 percent of white elders. Problems getting to and from last routine care in past year were also reported more often by minorities (2.2%) than whites (0.5%).

Figure 4
More white than minority elders report no visits and multiple visits for routine care in past year



Satisfaction with Health Care

- Among those hospitalized during the past year, 88 percent rated their last stay as good, very good, or excellent. Ratings of "very good" or "excellent" were more prevalent among white elders (70%) than their minority counterparts (42%).
- Among those receiving routine care during the past year, 95 percent rated their last visit as good or better. Ratings of "very good" or "excellent" were more prevalent among white elders (76%) than minority elders (60%).

Discussion

A goal of health care reform is to change the focus of the state's current health system from one that is "curative" to "one that focuses on keeping people healthy."[1] Thus, this Brief has emphasized routine (preventive) health care rather than care for sickness or injury.

The state's oldest people need routine primary care to help maintain their health and prevent disabling and life-threatening diseases and conditions. A case in point: In this state in 1994, Medicare paid for influenza immunizations for only 42 percent of white enrollees and 20 percent of black enrollees.[2] That year, 2,207 residents died from pneumonia and influenza; most of them were elderly.

Two findings of this Brief seem especially noteworthy:

- As many as 14 percent of each race group reported no usual source of routine care.
- Fifteen percent of minority elders reported using the hospital for routine care (Figure 3).

Not only is hospital care more expensive, but a provider who is familiar with the elder's medical history would usually be preferred. Continuity of care would seem especially important to ensure quality of care in the later years of life.

A separate analysis examines data for NCHP adults by age and Medicaid coverage. Compared to the elderly not on Medicaid, elderly Medicaid enrollees were more likely to report their health as fair or poor. Regarding routine health care during the past year, Medicaid elders were more likely than non-Medicaid elders to report multiple visits, problems getting to and from their last visit, and lower satisfaction with their last visit.

A recent fact sheet[3] examines other health data for the state's older population. Topics covered are population, health status, hospitalizations, cancer incidence, institutional care, and mortality. Copies may be obtained from Betty Wiser in the Division of Health Promotion, DEHNR, at (919) 715-0122.

References

[1]North Carolina Health Planning Commission Recommendations. Raleigh, December 21, 1994.
[2]N.C. Department of Environment, Health, and Natural Resources, State Center for Health Statistics. *Access to Health Care in North Carolina: Indicators and Baseline Data*. May 1996.
[3]N.C. Department of Environment, Health, and Natural Resources, State Center for Health Statistics for Division of Health Promotion. *A Health Profile of Older North Carolinains*. April 1996.

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Enough detail was presented on each topic..... ☐Yes ☐No

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