

National Data

The following items are excerpted from the National Healthcare Disparities Report: Elderly (www.qualitytools.ahrq.gov/dispartiesreport/2004 (Data comes from Medicare Current Beneficiary Survey))

Access to Health Care:

- Almost 8% of Black elders reported no usual source of care in 1998 – this had dropped to about 6.4% by 2000.
- About 8% of Hispanics reported no usual source of care in 1998 but dropped to about 6.3 in 2000.
- Over 8 % of poor elders had no usual source of care in 2000.
- 7% of blacks, 6.3% of Hispanics, and almost 9% of poor elders reported delayed care in 2000.

While in general health disparities and utilization statistics have shown promising trends, dramatic differences between white and other minority elder populations still exist.

Quality of Care:

- Rates for colorectal cancer screening are much lower for Blacks, Hispanics and Asian Pacific Islanders and those who are poor than for whites and those with higher incomes.
- Vaccination rates for pneumonia are significantly lower for blacks and American Indians than for whites, and somewhat lower for Asian/ Pacific Islanders.

Health Care for Minority Women:

From a Program Brief outlining Agency for Health Care Research and Quality funded research results (www.ahrq.gov/research/minority)

- Life expectancy for black women lags about 5% behind white women.
- 1 in 4 black women over the age of 55 has diabetes.
- Prevalence of diabetes is 2 to 4 times as high among Black , Hispanic, American Indian, and Asian/ Pacific Islander women as it is among white women.

Cardiovascular Disease:

- More men than women received definitive angina diagnosis, while more women than men were diagnosed with vague chest pain.
- Women and Blacks received fewer cardiovascular medications than men and whites.
- Black women are least likely to receive reperfusion* therapy (44%) followed by black men (50%) compared to 56% of white women, and 59% of white men. (* thrombolytic drugs or angioplasty treatments)



Health Disparities

Minority Elders Health Disparities: Data Summary

Cancer

- Elderly women are more likely than younger women to die from breast cancer, and black women die from the disease due to late diagnosis.
- Low income black women age 65+ underestimated risk of getting breast cancer, and those 85+ were least likely to have had a mammogram or breast exam in the preceding 2 years.
- Of Medicare beneficiaries 67 and older, Black women were 36% more likely than white women to receive mastectomy versus breast conserving surgery and radiation. And of those who received breast conserving surgery, they were 48% more likely than white women to not have radiotherapy.
- Blacks are less likely than whites to receive breast cancer screening (63% versus 71%).

Other Research

- Minority women enrolled in Medicare were more likely to report that they were in fair or poor health than white women. Black(46), Hispanic (42), American Indian/Alaskan Native (36) Asian Pacific/Islander (28), and white (27).
- Survey of 50+ women in Alabama, post Menopausal black women much less likely to receive bone-mineral density testing to detect osteoporosis.

Minnesota Data

Populations of Color in Minnesota Health Status Report – Minnesota Department of Health
Spring 2006 www.health.state.mn.us

Death Rates

- American Indian and African American death rates are many times higher than for whites in age groups under 65 (3.5 for AI, 1.5 for AF AM) Poor health accelerates disease from chronic diseases so that more elders don't reach 65 in these populations.
- Death due to diabetes is twice as high for African Americans and American Indians than for whites.
- African Americans are 1.5 times more likely to die from stroke than whites

This report is available at the Metropolitan Area Agency on Aging's website www.tcaging.org. Click on "Forms and Publications"

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