

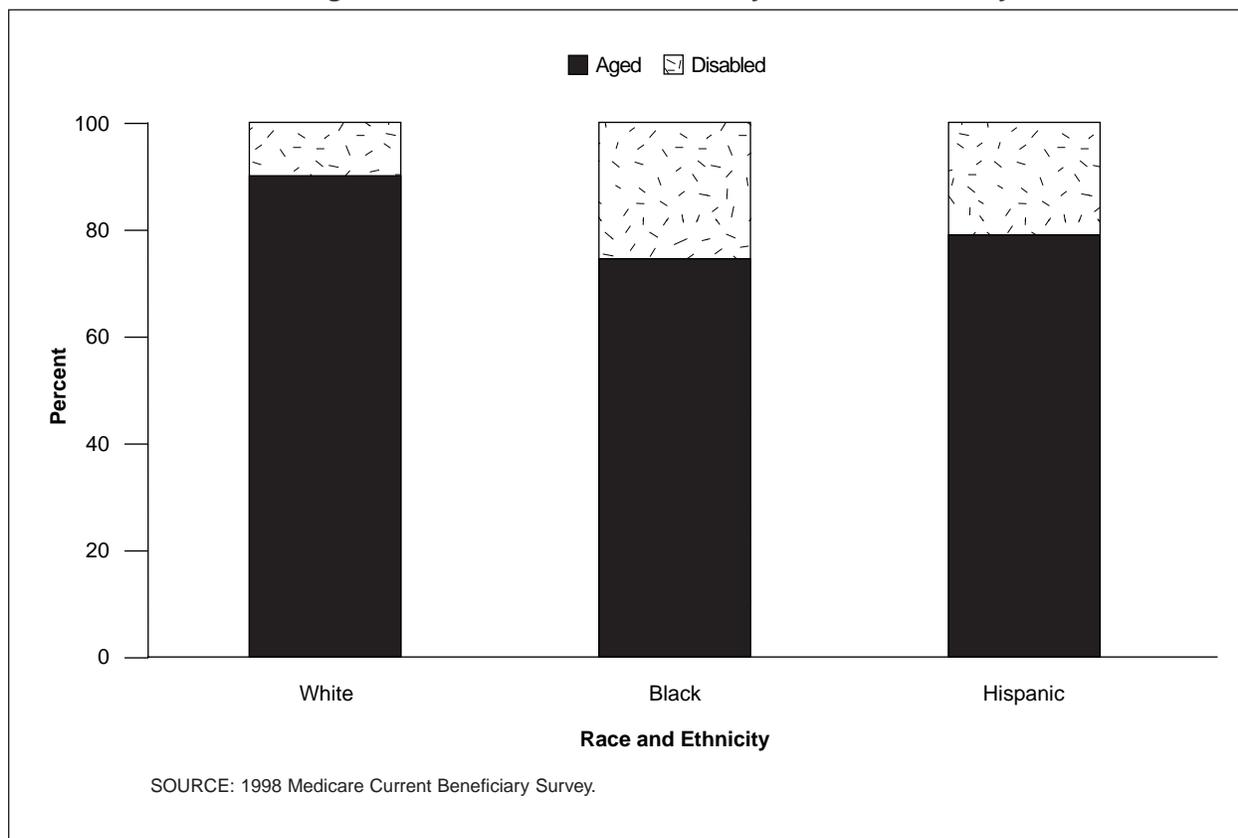
Racial and Ethnic Differences Among Medicare Beneficiaries

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The Medicare Current Beneficiary Survey (MCBS) collects detailed data on beneficiaries' use of, access to, and satisfaction with care. The large sample size allows for analysis by several racial and ethnic categories. Because race and ethnicity are reported separately in the MCBS, any beneficiary who reported their ethnicity as Hispanic, regardless of whether they reported their race as white

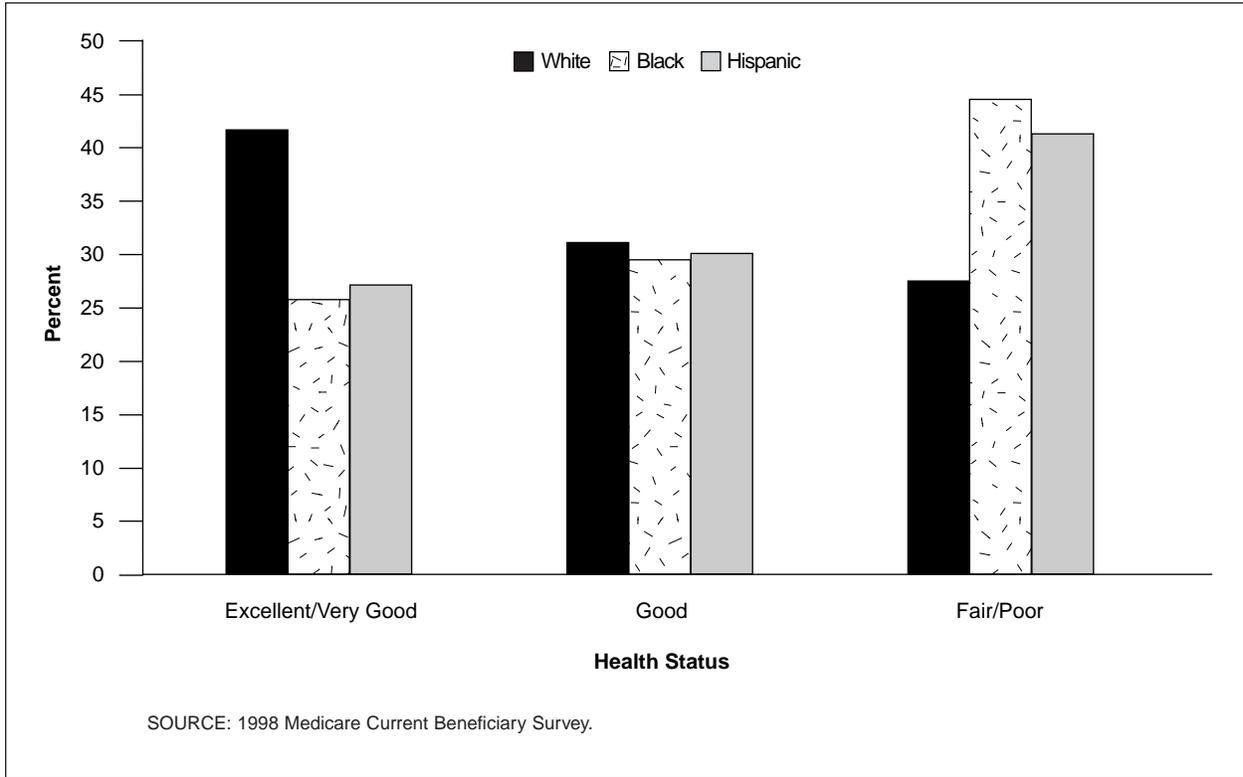
or black, was classified as Hispanic for this article. Thus, the categories can be accurately defined as white non-Hispanic, black non-Hispanic, and Hispanic. In 1998, 82 percent of the 39.8 million Medicare beneficiaries were white non-Hispanic. About 9 percent of Medicare beneficiaries (or 3.5 million) were black non-Hispanic, and 7 percent (or 2.6 million) were Hispanic.

Figure 1
Percent of Aged and Disabled Beneficiaries, by Race and Ethnicity: 1998



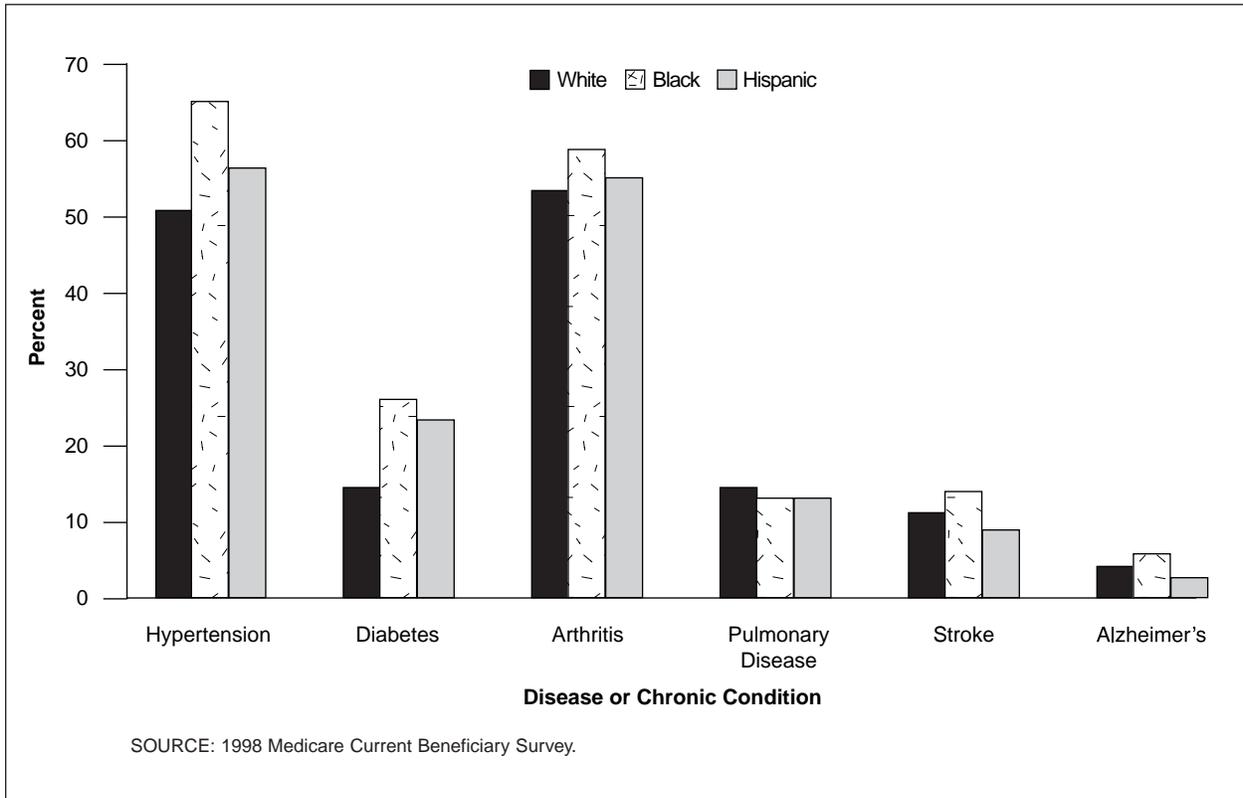
- Twenty-five percent of black beneficiaries and 21 percent of Hispanic beneficiaries qualified for Medicare due to a disability versus only about 11 percent of white beneficiaries.

Figure 2
Self-Reported Health Status of Medicare Beneficiaries, by Race and Ethnicity: 1998



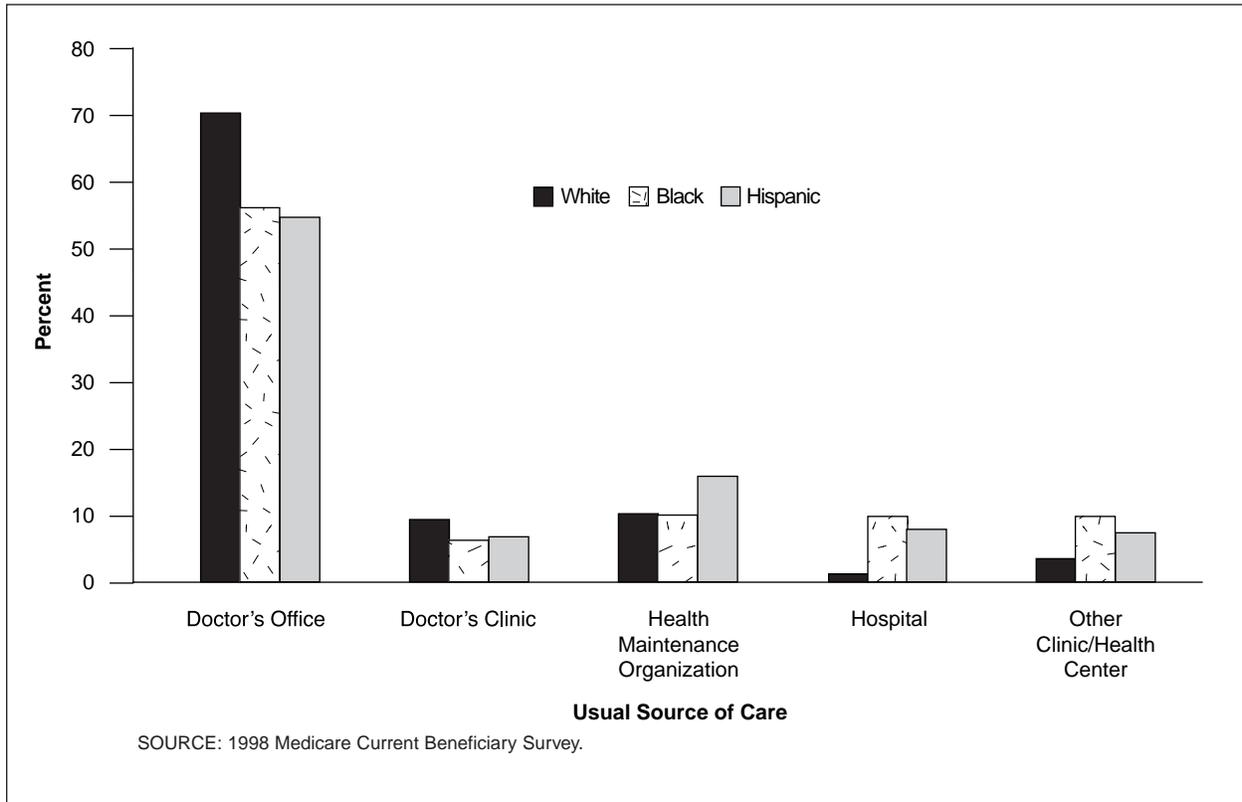
- About 40 percent of white beneficiaries and only about 25 percent of black and Hispanic beneficiaries reported that they were in “Excellent” or “Very Good” health. Conversely, over 40 percent of black and Hispanic beneficiaries reported their health to be “Fair” or “Poor” compared with only 25 percent of white beneficiaries.

Figure 3
Reported Diseases and Chronic Conditions of Medicare Beneficiaries, by Race and Ethnicity: 1998



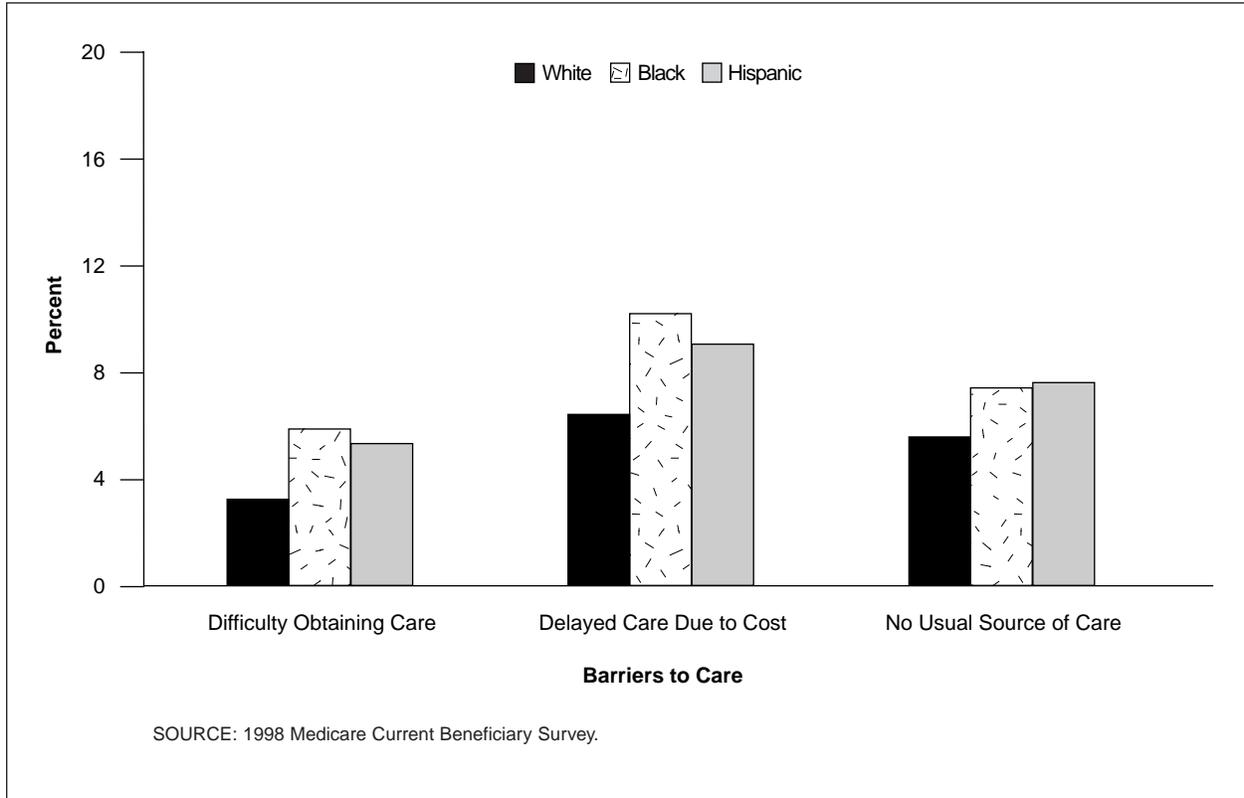
- Sixty-five percent of black beneficiaries had hypertension, a much higher rate than for white beneficiaries (51 percent) and Hispanic beneficiaries (56 percent). The difference is even larger when looking at the aged population only. Black and Hispanic beneficiaries also had higher rates of diabetes than white beneficiaries.

Figure 4
Beneficiaries' Usual Source of Care, by Race and Ethnicity: 1998



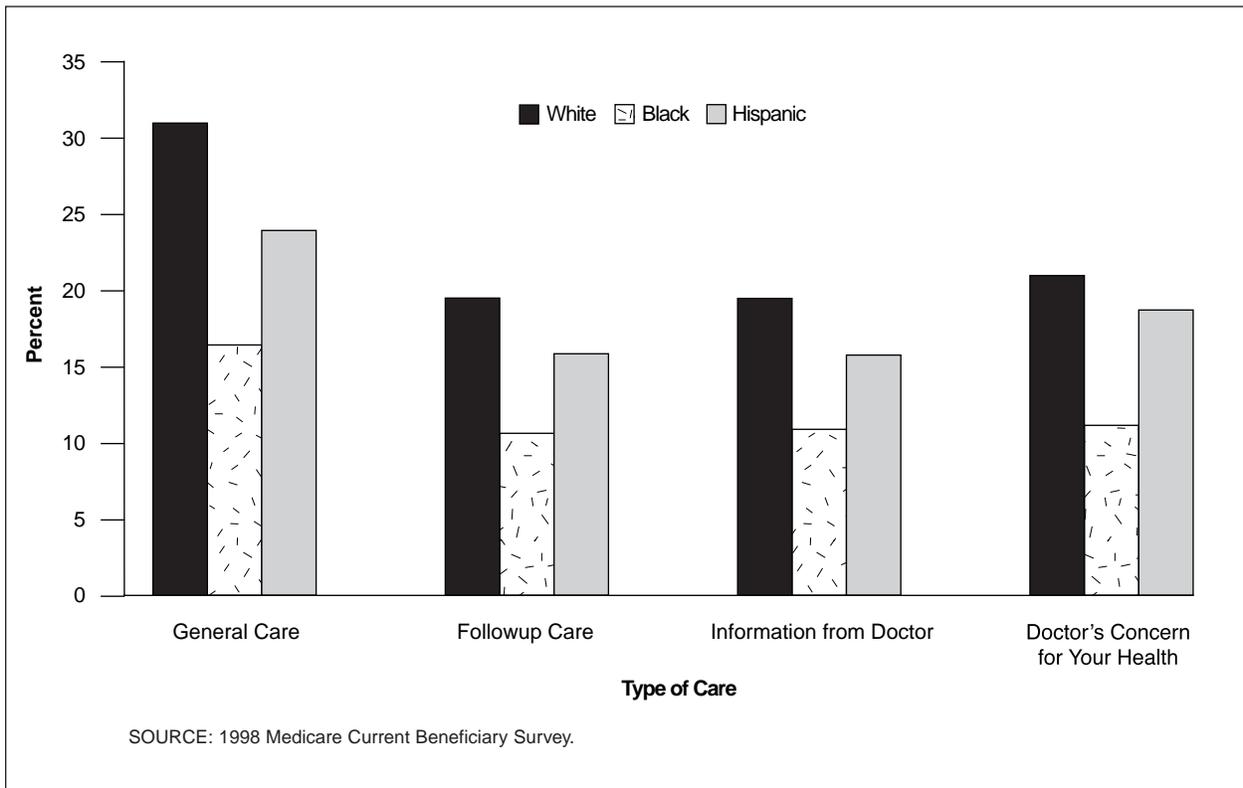
- Nearly 70 percent of white beneficiaries and just over one-half of black and Hispanic beneficiaries reported that their usual source of care occurred at a doctor's office. Hispanic beneficiaries were more likely than other races to have an health maintenance organization as their usual source of care. Both black and Hispanic beneficiaries were slightly more likely than white beneficiaries to use a hospital emergency room or outpatient department as their usual source of care.

Figure 5
Beneficiaries' Access to Care Problems, by Race and Ethnicity: 1998



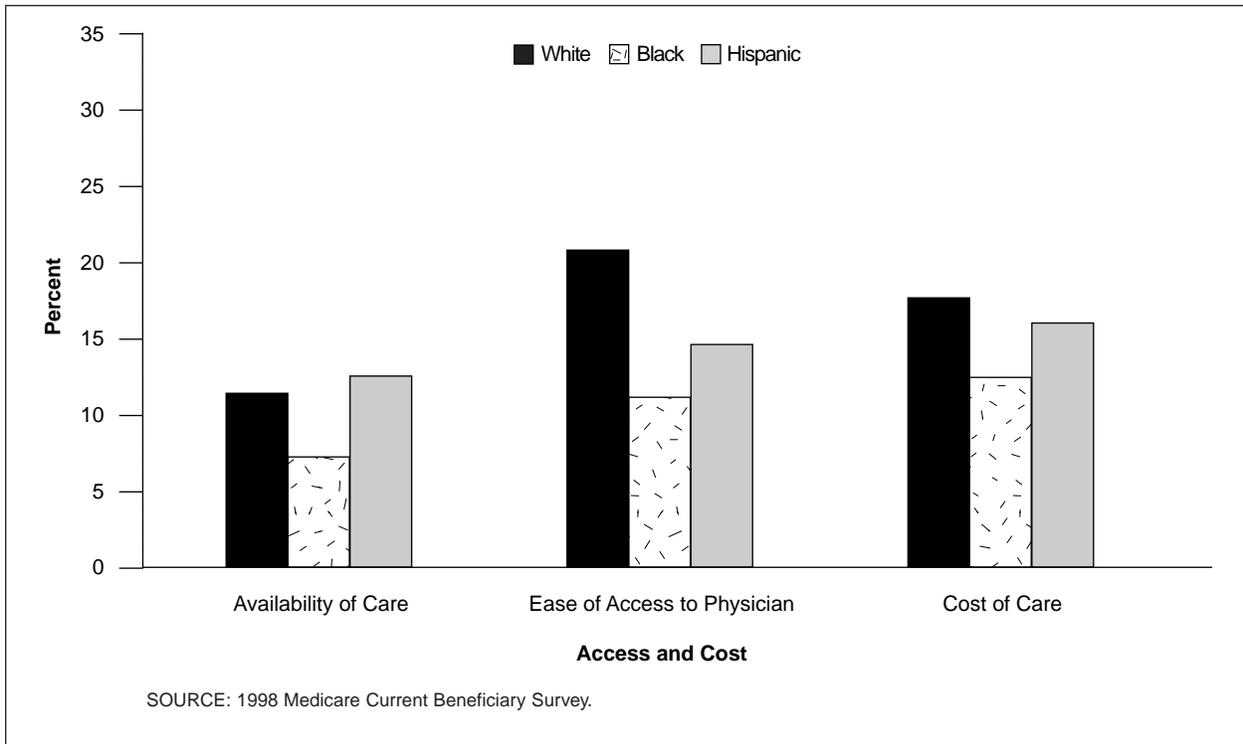
- While the percent of beneficiaries who reported any problems with their access to care was small, black and Hispanic beneficiaries were more likely than white beneficiaries to experience these problems.

Figure 6
Beneficiaries Reporting They Were “Very Satisfied” with Their Care, by Race and Ethnicity: 1998



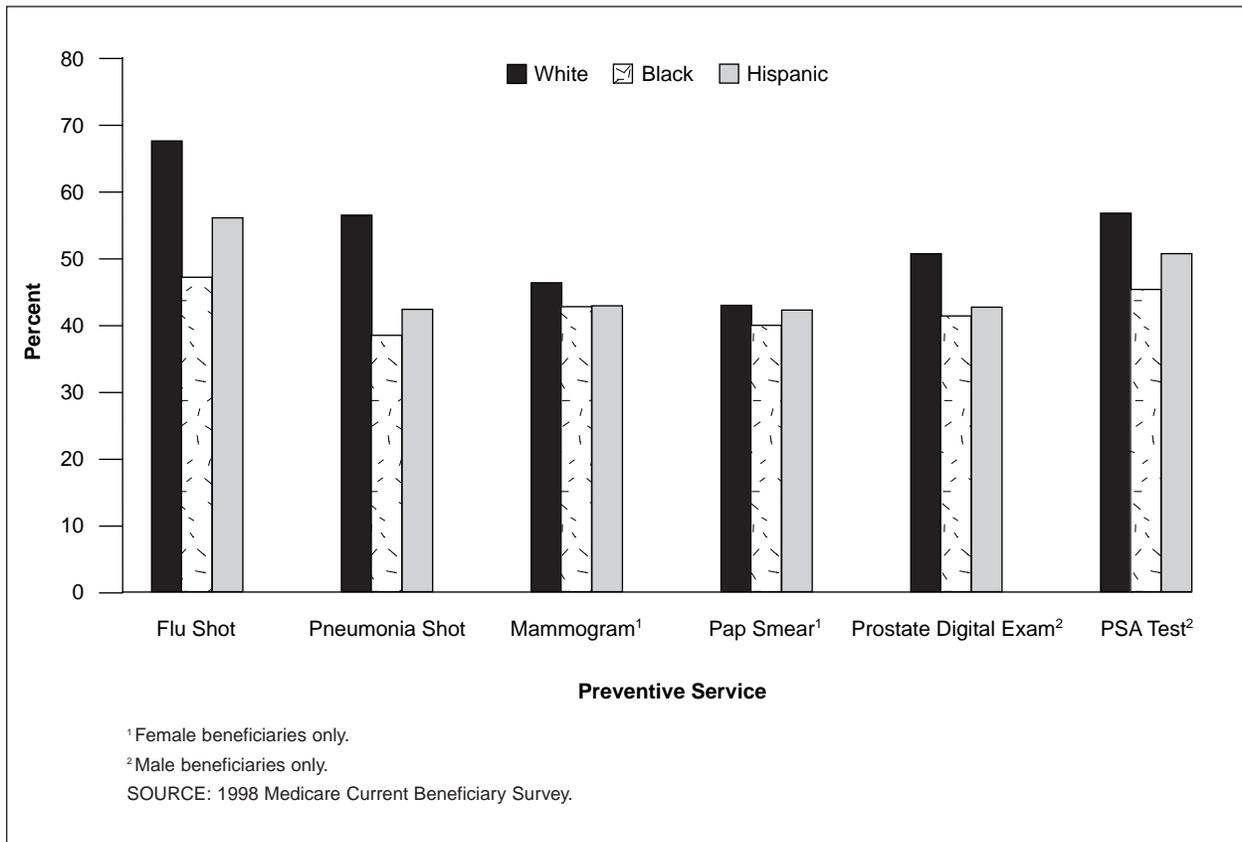
- White beneficiaries were more likely to report that they were “Very Satisfied” with their general health care, followup care, information they received from the doctor, and their doctor’s concern for their health. Black beneficiaries had the smallest percentage of beneficiaries reporting they were “Very Satisfied” with these aspects of their care.

Figure 7
Beneficiaries Reporting They Were “Very Satisfied” with Their Access to Care and Cost of Care, by Race and Ethnicity: 1998



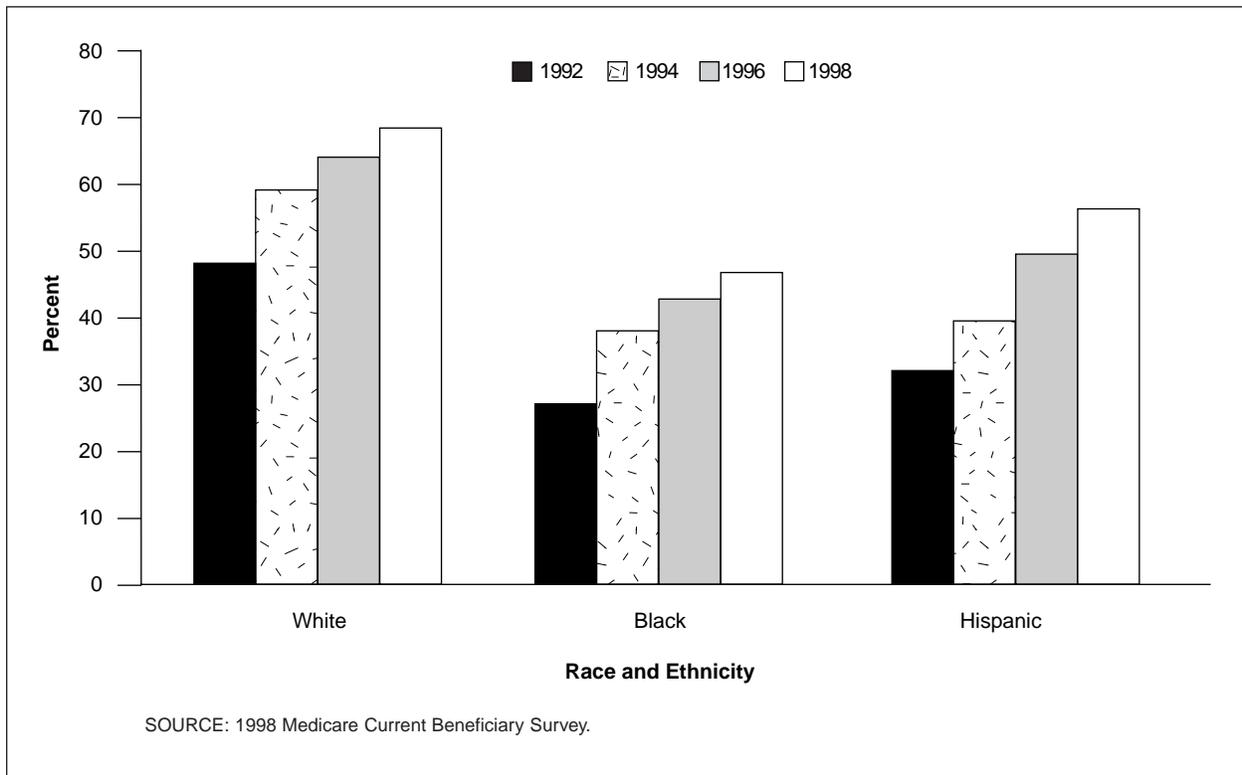
- Hispanic and white beneficiaries were more likely to be “Very Satisfied” with the availability of care and the cost of care than were black beneficiaries. The higher satisfaction rates concerning availability of care and cost of care for the Hispanic population may be due to the fact that a larger than average percentage of Hispanic beneficiaries belong to Medicare risk health maintenance organizations, which usually have networks of providers and low copayments with no deductibles.

Figure 8
Beneficiaries' Use of Covered Preventive Services, by Race and Ethnicity, 1998



- White beneficiaries were more likely to receive flu and pneumonia shots than beneficiaries of other races. There was little difference among the races, however, in mammogram and pap smear rates for females. White males were more likely to receive prostate screening tests than beneficiaries of other races. The difference in usage rates for preventive services was more pronounced due to the fact that a larger portion of Hispanic and black beneficiaries are disabled, and these younger beneficiaries are less likely to use many of the Medicare covered preventive services.

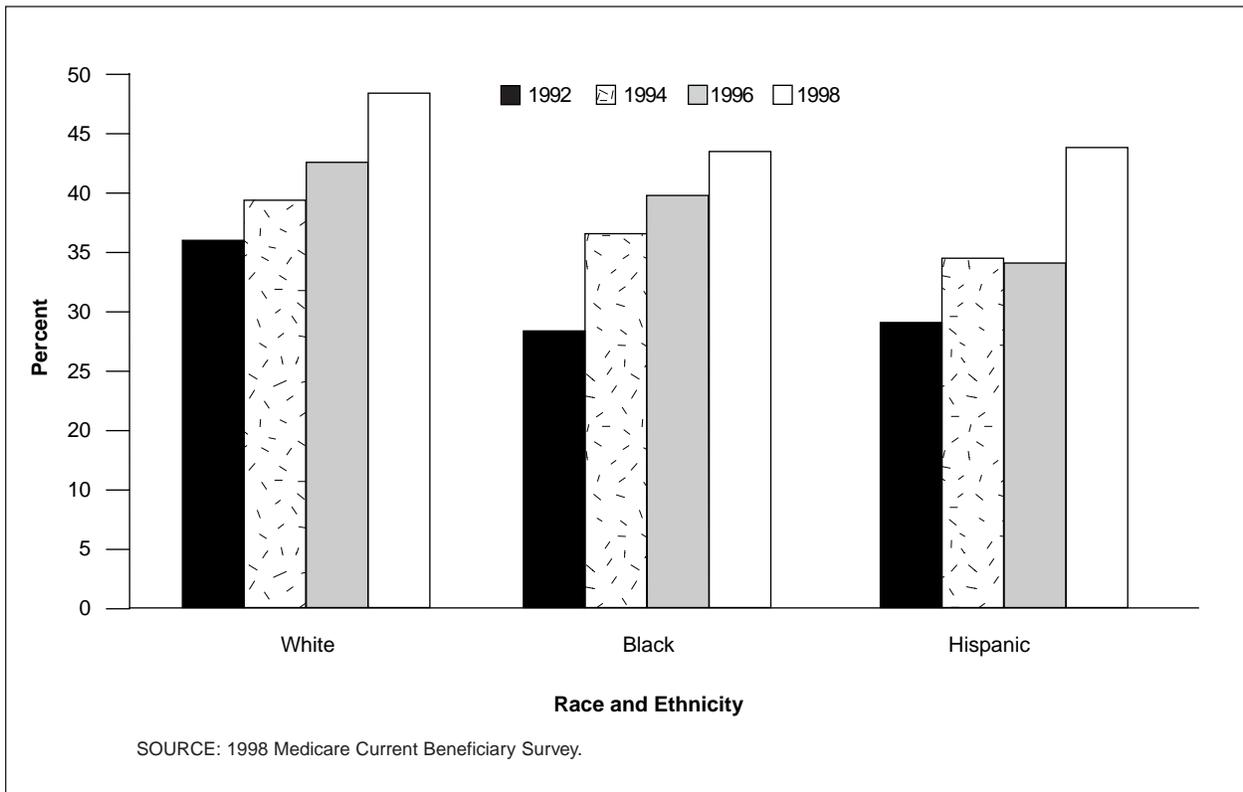
Figure 9
Percent of Beneficiaries' Who Received a Flu Shot, by Race and Ethnicity: 1992-1998



- Use of all preventive services has increased significantly since 1992 when the Medicare Current Beneficiary Survey began collecting data. The use of flu shots increased by 44 percent between 1992 and 1998. While flu vaccinations for black and Hispanic beneficiaries was still lower than for white beneficiaries, their usage increased by over 70 percent during that time period.

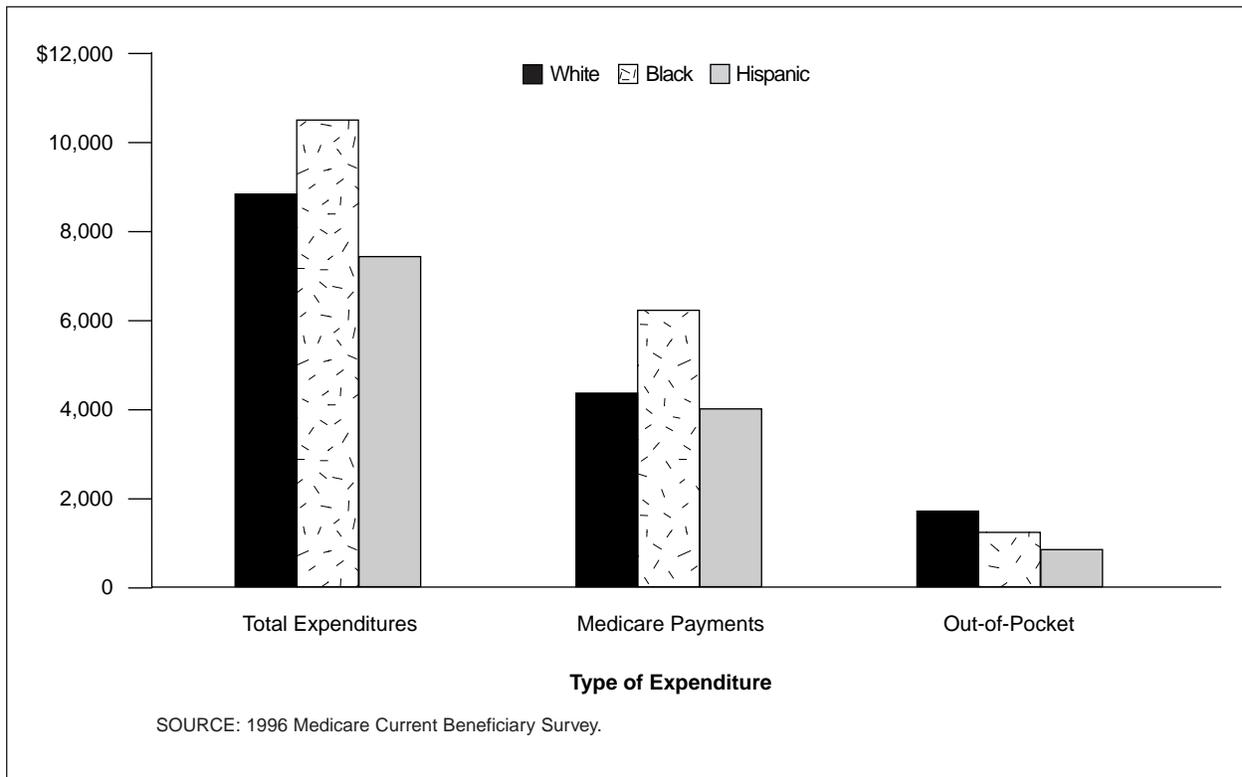
Figure 10

Percent of Female Beneficiaries' Who Received a Mammogram, by Race and Ethnicity: 1992-1998



- Mammogram screenings increased by 35 percent between 1992 and 1998. As with flu vaccinations, the percent increases were greater for black and Hispanic beneficiaries.

Figure 11
Personal Health Expenditures, by Race and Ethnicity: 1996



- In 1996, black beneficiaries had total health expenditures of about \$10,500, of which \$6,300 was covered by Medicare. White beneficiaries had total expenditures of about \$8,800 and Hispanic beneficiaries had expenditures totaling \$7,300.

The author is with the Health Care Financing Administration (HCFA), Office of Strategic Planning. The views expressed in this article are those of the author and do not necessarily reflect the views of HCFA.

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