

NEWS RELEASE

PATIENT MEDICAL HOME LINKED TO REDUCING HEALTH DISPARITIES

Studies Find Chronic Disease Awareness Lacking Among US Latinos without Usual Source of Care

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October 28, 2009 - Los Angeles, Calif. In studies published today in *Confronting Inequities in Latino Health Care*, a supplement to the *Journal of General Internal Medicine*, disparities in care were reduced or eliminated for Latinos with patient-centered medical homes. Awareness and treatment of chronic diseases, such as diabetes and hypertension, were found to be improved among Mexican Americans who had a usual source of care. Yet, among US Latino groups, Mexican Americans and Central/ South Americans are the least likely to have a patient-centered medical home.

Medical Homes Eliminate or Reduce Disparities in Care For Latinos

In the article, "Latino Access to the Patient Centered Medical Home,"¹ author Anne Beal, MD, president of the Aetna Foundation, and colleagues found that disparities in care were eliminated or reduced for US-based Latinos who have a patient-centered medical home. Yet only 35% of Mexican Americans and 34.2% of Central / South Americans have a patient-centered medical home, compared with 57.1% and 59.3% of White and Puerto Rican adults, respectively.

For purposes of this study, a patient-centered medical home was defined as a personal physician who patients see regularly, who engages them in their own health, and provides continuous comprehensive care including preventive care and coordination of care. Oftentimes, medical homes use information technology to support decision-making and continuously improve the quality of care provided.

"We found that patients with patient-centered medical homes had higher rates of preventive care, more positive patient experiences, and no disparities in care," said Dr. Beal. "These findings were true for all Latino respondents regardless of age, sex, income, language preference or insurance status. Our study, and others, consistently found that when minorities have access to high quality primary care, as is offered in the patient-centered medical home, they often experience no disparities in access, preventive care, or care for chronic disease."

For example, White and Puerto Rican adults had the highest rates of receiving preventive care, while Mexican/Mexican Americans tended to have the lowest rates. However, when stratified by medical home, disparities were reduced or eliminated. In the unstratified, unadjusted estimates of having a cholesterol check, there were significant differences: 70.4% of Whites reported having their cholesterol checked in the year before the survey, compared to 56% of Mexican/Mexican Americans and 64.9% of Central/South Americans. However, for those respondents who had a patient-centered medical home, the rates of cholesterol screening were higher and disparities were eliminated: 79.4% of Whites, 75.7% of Mexican/Mexican Americans and 82% of Central and South Americans Latinos reported having had cholesterol checked within the last year. Similar patterns for other preventive measures (blood pressure check, mammography and PSA screening) were also found.

The research by Beal et al also found that among those with insurance, those with private insurance were more likely to have a medical home. Data for this study came from the 2005 Household Component of the Medical Expenditure Survey, a large nationally representative survey, with a sample for this analysis of 25,000 adults, including 6,200 Latinos.

Having a Usual Source of Healthcare Means Better Awareness and Knowledge about Diabetes

Receiving care from a primary care doctor was also linked to chronic disease prevention and management in the study, “Diabetes Awareness and Knowledge Among Latinos: Does a Usual Source of Healthcare Matter?”² conducted by Hector González and colleagues.

Mexican Americans with a usual source of health care were 20% more likely to have knowledge of diabetes and the use of important preventive services, such as HbA1c testing than those who reported that they did not have a primary care doctor or other source of routine health care. Compared to Puerto Ricans, Mexican and Central/South Americans also had lower rates of having a usual source of health care, lower rates of health insurance coverage and lower annual household incomes.

“Our findings indicate that a usual source of health care may be a valuable tool for reducing risks and burden of diabetes, a major health problem,” stated González. “With dismay, our research also indicates that no progress has been made over the past decade in achieving the *Healthy People 2010* objective of improving the proportion of Latinos with a usual source of health care,” he continued.

Hypertension Rates High Among Mexican American Adults

In yet another Supplement study, “Predictors of Hypertension Awareness, Treatment and Control Among Mexican American Women and Men,”³ Andrea Bersamin et al found that, among hypertensive Mexican American adults, 65% were unaware they had hypertension and 71% were untreated. Even for those receiving treatment, control was suboptimal for 56%. “Management of hypertension in Mexican American adults fails at multiple critical points along the treatment pathway,” reported Bersamin.

Bersamin believes that tailored strategies to improve hypertension awareness, treatment and control rates among Mexican Americans should be a public health priority - especially in light of the fact that the hypertension burden among Mexican Americans is likely to increase in the immediate future.

Several factors contribute to this growing health concern. The numbers of older Mexican Americans, known to have the highest burden of hypertension, is growing quickly. Mexican Americans are under-insured, making them less likely to receive preventive treatment. And, Mexican Americans are more likely to be overweight and have diabetes than non-Hispanic Whites. In their study, Bersamin found that among the hypertensive Mexican American adults, 51% of women and 55% of men were also overweight or obese and 24% of women and 23% of men had all three chronic conditions: hypertension, overweight/obesity and diabetes.

These three articles and another six articles can be found in the supplement, *Confronting Health Inequities in Latino Health Care*, which resulted from efforts of The Network on Multicultural Research on Health and Healthcare, a consortium of researchers from major research institutions around the country. This team of multidisciplinary senior and junior faculty members conducts health disparities research on the care provided to minority subpopulations. Guest editors for the supplement, Michael Rodriguez, MD, MPH and his colleague William Vega, PhD also serve as the co-directors of The Network, which is funded by the Robert Wood Johnson Foundation and is located within the UCLA School of Medicine, Department of Family Medicine.

RELEVANT LINKS

Additional information on these articles and relevant background information can be obtained by visiting <http://media.multiculturalhealthcare.net/>

NETWORK FOR MULTICULTURAL RESEARCH ON HEATH AND HEALTHCARE INFORMATION

The Network for Multicultural Research on Heath and Healthcare is situated at UCLA in the Department of Family Medicine. Supported by the Robert Wood Johnson Foundation, researchers established The Network to: 1) conduct disparities research on the care provided to minority subpopulations for chronic diseases; and 2) to mentor junior faculty investigators to develop a new generation of researchers with the skills needed to reduce the disparities through improved health care. For more information, visit <http://multiculturalhealthcare.net/>

REFERENCES

1. Beal A, Hernandez S, Doty M. Latino access to the patient-centered medical home. *J Gen Intern Med.* 2009;24(suppl3):508-513.
2. González HM, Vega WA, Rodríguez MA, Tarraf W, Sribney Wm. Diabetes awareness and knowledge among Latinos: does a usual source of healthcare matter? *J Gen Intern Med.* 2009;24(suppl3):528-533.
3. Bersamin A, Stafford RS, Winkleby MA. Predictors of hypertension awareness, treatment, and control among Mexican American women and men. *J Gen Intern Med.* 2009;24(suppl3):521-527.

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