

Does race-ethnicity matter in healthcare delivery? According to one study, it does in Dallas/Fort Worth.

September 23, 2009 – Dallas, Texas. Staying healthy in Texas is a daily challenge for most of its residents. Several grim statistics tell the story. Texas has the highest rate of uninsured residents, some of the nation's most expensive health insurance premiums, and ranked 48th in the number of patients whose hospitalizations could have been avoided by preventive care. As the second fastest growing metropolitan area in the U.S. and a population where four in ten residents are African-American, Hispanic or Asian, one has to wonder: how ready is the healthcare community for the increased linguistic and cultural complexity?

According to **Health Watch 2009**, a study of the healthcare experiences of Dallas/Ft. Worth adults, there is some evidence that local area healthcare providers are experiencing difficulty in meeting the needs of this rapidly growing and diverse community.

- **Communication issues have become a barrier to the quality of care received by Hispanics and Asians.** Asians had the most difficulty understanding medical forms, explanations given about their illnesses, and the instructions on prescription medicine. Hispanics also experienced similar difficulties but to a lesser extent than Asians. Communication issues can further complicate diagnoses and compliance with medical advice.
- **Race-ethnic differences in health-related attitudes can potentially influence important health outcomes.** African-Americans, for example, were the least likely to plan an organ donation, a barrier for the many African-Americans who are waiting for an organ transplant. African-Americans and Hispanics felt more nervous about donating blood, and believed that a doctor's advice should never be questioned. Asians and Hispanics were also more likely to prefer a physician that matched their race or ethnic background.
- **Three hospital systems have successfully developed a positive image among Dallas/Ft. Worth residents in selected specialty areas.** Baylor Health Care System, Texas Health Resources and Parkland Health & Hospital System were consistently mentioned as the leaders in quality treatment in such specialty areas as heart treatment, delivery of babies, cancer treatment, emergency and best overall quality of care – with Baylor Health Care System in the lead. In terms of children's care, however, quality care was dominated by Children's Medical Center and followed by Cook Children's. Perceptions of quality care were similar across race-ethnic groups for emergency and children's care; however, whites and Asians were more likely to associate the best overall quality of care with Baylor Health Care System, while African-Americans and Hispanics associated the best overall quality of care with Parkland Health & Hospital System.

- **The hospital systems visited most often were generally consistent with their perceptions of quality care.** Whites more often visited Baylor Health Care System, Texas Health Resources, and Parkland Health & Hospital System. African-Americans were more likely to visit Parkland Health & Hospital System and Baylor Health Care System. Hispanics were more likely to visit Parkland Health & Hospital System. And Asians more often visited the Medical Centers in Plano and Arlington, as well as Baylor Health Care System.
- **Among all respondents, Baylor Health Care System received the highest satisfaction rating.** The proportion of “very satisfied” respondents was higher for Baylor Health Care System (73.0%), followed by Methodist Health System (71.6%), Texas Health Resources (71.5 %), HCA North Texas (67.8%), JPS Health Network (64.9%), and Parkland Health & Hospital System (57.9%).
- **Compared to other race-ethnic groups, Asians were the least satisfied with their health care provider.** Asked to rate the healthcare provider that they had used most often over the past two years, the proportion of “very satisfied” respondents was the lowest for Asians (43.5%), with higher satisfaction ratings among whites (74.1%), African-Americans (69.2%), and Hispanics (65.0%).
- **Despite higher levels of obesity and diabetes, African-American and Hispanic adults were the least likely to stay fit by exercising.** To stay fit, three in ten adults (29.5%) visited a fitness place, while over two in ten (22.6%) exercised at home. Nearly half (47.5%), however, did not exercise at all. Over half of Hispanics (52.6%) and African-Americans (56.7%) did not exercise at all – decidedly higher than whites (45.9%) and Asians (15.3%). Interestingly, exercising at home was practiced by half (50.2%) of all Asians. Weight loss clinics were also not part of the solution as less than five percent (4.3%) of all adults had utilized one during the past year.
- **Respondents reported different experiences with their personal physicians.** According to Asian respondents, their personal physicians were less likely to allow them to ask questions or take the time to explain things clearly. And Hispanics were more likely than other race-ethnic groups to feel that their personal physicians kept them waiting for long periods of time.
- **With the exception of Asians, doctors were the most important source of health-related information.** Overall, over six in ten respondents (62.6%) indicated that doctors were the most important source of health-related information, followed distantly by the Internet (10.7%), family members (3.9%), and clinics (2.7%). While doctors were the most important source for whites, Hispanics and African-Americans, the Internet was the most important source for Asians.
- **Online respondents made frequent use of the Internet to broaden their knowledge about important health concerns.** For example, over four in ten online users (43.0%) sought information to better understand an illness, while over three in ten (31.8%) online users searched for information on the side effects of medications. Hispanics were more likely to use the Internet to find a medical doctor or clinic, and to learn how to prepare healthier meals. Asians were more likely to use the Internet to find answers to questions that they were reluctant to ask their doctors.

- **An estimated 670,899 Dallas/Ft. Worth adults were uninsured and represented a cross-section of the community.** Nearly half of the uninsured population consisted of Hispanics (47.6%), over one-third consisted of whites (35.6%), another one in ten consisted of African-Americans (11.2%) and a minority were Asians (5.6%). However, almost equal proportions were native-born (53.0%) and foreign-born (47.0%) residents. Over seven in ten (71.5%) earned household incomes of less than \$50,000 in 2008, but one-quarter (25.1%) earned \$50,000 or more. Although over one-quarter (26.8%) of the uninsured were unemployed, over one-third (36.4%) were full-time workers. And relatively more respondents were married (44.9%) than single (31.1%).
- **Affordability was the primary reason that uninsured respondents did not have health insurance coverage.** Four in ten of the uninsured could not afford health insurance coverage, a finding that was uniform for all race-ethnic groups. Unemployment was an additional secondary factor cited by whites and Asians as a reason for not having health insurance coverage.

“The study findings point to the fragile nature of the healthcare system in the Dallas/Ft. Worth area, and the likelihood that the needs of many of its residents will be increasingly overlooked or misunderstood unless new initiatives are adopted,” explained Dr. Edward T. Rincon, president of Rincon & Associates and the study investigator. “Clearly, a renewed vision of healthcare is needed in Dallas/Ft. Worth.”

Health Watch 2009 is a syndicated study conducted by Rincón & Associates that focuses exclusively on the health-related experience of Dallas/Ft. Worth adults. A total of 1,200 adults residing in the Dallas/Ft. Worth MSA were included in the study: 300 whites, 300 African-Americans, 300 Hispanics and 300 Asians. Moreover, the telephone study was conducted in five languages: English, Spanish, Chinese, Korean and Vietnamese. For more information on the study, please visit www.rinconassoc.com/syndicated-research.php.

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