



PRIMARY CARE

New York's Healthcare Home

PRIMARY CARE – REDUCING RACIAL AND ETHNIC DISPARITIES

African-American and Latino/Hispanic communities and low-income communities suffer from a lack of high-quality primary care facilities. African-American and Latino/Hispanic patients have fewer primary care options than White patients, and the care they do receive is poorer in quality than the care White patients receive. When poverty is present, those disparities in quality and access only grow.

However, these disparities can be significantly reduced and eliminated through the investment and expansion of primary care in low-income and minority communities. Below are some especially salient facts that focus on just how much the health of New York's low-income and minority communities will improve if the state continues to follow the Governor's lead and expands primary care coverage. All facts are referenced in one or more primary studies and each is available upon request. Additional information is available on our website.



FACTS

FACT #1: Higher quality primary care levels are associated with reduced racial and ethnic disparities in health status, as measured by self-rated general and mental health. This relationship is particularly pronounced for the racial and ethnic minorities living at or below poverty level.

FACT #2: Communities with high income inequality but a high ratio of available primary care physicians showed a 17 percent lower post-neonatal mortality rate, while those with low levels of primary care showed a 7 percent higher rate of post-neonatal mortality.

FACT #3: Community health centers were found to reduce disparities in low birth weight infants born to African-American versus White women.

FACT #4: African-Americans and Latinos/Hispanics with hypertension who are health center patients are three times as likely to report that their blood pressure is under control as a comparison group.

FACT #5: Health center patients are twice as likely to have their blood sugar tested on schedule.

FACT #6: The proportion of health center women patients receiving up-to-date mammographies exceeds a national comparison group among Latino/Hispanic, African-American and White women.

References:

Fact #1: Leiyu Shi, DrPH, MBA, MPA, Lisa H. Green, PhD, and Sophia Kazakova, MD, MPH, PhD. *Primary Care Experience and Racial Disparities in Self-Reported Health Status*. Journal of the American Board of Family Medicine, November-December 2004.

Fact #2: Sara Rosenbaum, JD; Peter Shin, PhD; Ramona Perez Trevino Whittington. *Laying the Foundation: Health System Reform in New York State and the Primary Care Imperative*, February 2006

Fact #3: Ibid.

Fact #4: Presentation by Sam K. Shekar, Associate Administrator, Health Resources and Services Administration to the National Association of Community Health Centers on March 24, 2003, based on National Health Interview Survey and Bureau of Primary Health Care User Survey 1995

Fact #5: Politzer, RM, J. Yoon, L. Shi, R.G. Hughes, J. Regan, M.H. Gaston, *Inequality in America: The Contribution of Health Centers in Reducing and Eliminating Disparities in Access to Care*, Medical Care Research and Review, Vol. 58, No. 2 (June 2001).

Fact #6: Ibid