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Managed Care Fails to Reduce Racial Disparities

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It has become clear that there are substantial racial disparities in health care in the United States. Racial disparities exist especially in use of preventive services.

Researchers studied influenza vaccination rates among Medicare managed care enrollees to determine whether managed care could reduce racial disparities compared with fee-for-service medicine.

The main outcome measures were the percentage of Medicare enrollees surveyed who received influenza vaccinations, adjusted for sociodemographic characteristics (including income and availability of care), other medical conditions and attitudes toward seeking care. In addition researchers compared the magnitude of racial disparity in influenza vaccination among those with managed care and fee-for-service insurance. Of the 18,000 Medicare enrollees studied, eight percent were African-American and eleven percent were enrolled in managed care.

- Overall, 65.8 percent received influenza vaccination.
- Whites were more likely to be vaccinated than African-Americans (67.7 percent vs. 46.1 percent).
- Managed care enrollees were more likely than those with fee-for-service insurance to receive influenza vaccination (71.2 percent vs. 65.4 percent).
- The adjusted racial disparity in fee-for-service was 24.9 percent and 18.6 percent for managed care -- however, because of the range of error and other factors, they consider the disparity to be about the same among managed care patients as fee-for-service patients.

Thus while managed care did increase vaccination rates, an unexplained racial disparity persists. Those who did not receive vaccinations were asked why, and cited the same reasons in similar proportions regardless of race. An accompanying editorial suggests

some other factors may account for this and other discrepancies in health care use, such as "misinformation, bias and resignation."

Source: Eric C. Schneider et al., "Racial Disparity in Influenza Vaccination," Journal of the American Medical Association, September 26, 2001.

For text (free) <http://jama.ama-assn.org/issues/current/rfull/joc10169.html>

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