

'Health care deserts' more common in black neighborhoods

April 25 2012, By Randy Dotinga



New research into "health care deserts" finds that primary-care physicians are especially hard to find in predominantly Black and/or low-income Hispanic metropolitan neighborhoods.

"What this says to us is that we really need to encourage physicians to locate in these areas," said study lead author Darrell J. Gaskin, Ph.D., deputy director of the Hopkins Center for [Health Disparities](#) Solutions at Johns Hopkins Bloomberg School of Public Health.

Research suggests that minorities, the poor, people in [inner cities](#) and rural areas, and the uninsured are more likely to not have a regular source of medical care. [Primary-care physicians](#) are crucial because they're "our first line of defense in the health-care system," Gaskin said.

"They deliver most of our preventive and routine services in terms of checkups and initial acute-care services and do the initial diagnosis to let patients know if they need a higher level of care."

In the new study, published in the latest issue of *Health Services Research*, Gaskin and colleagues examined U.S. Census and American Medical Association data from 2000 and 2006 to determine which zip codes in U.S. metropolitan areas - which can include rural neighborhoods - had a shortage of [primary-care](#) physicians, defined as one physician for 3500 or more people, or no physician at all.

After controlling for other demographic and economic factors, 25.6 percent of Blacks and 24.3 of Hispanics lived in zip codes with few or no primary-care physicians, compared to 9.6 percent of Asian and 13.2 percent of Whites. Zip codes that were identified with mostly Black or Hispanic residents were more likely to have a shortage of primary [care physicians](#), however the disparity disappeared for Hispanics after controlling for [socioeconomic factors](#).

Interestingly, segregation of Asians, and to a lesser extent, certain groups of Hispanics, was positively associated with the availability of a primary care physician. Gaskin speculated that shortages in Asian and some Hispanic neighborhoods may be averted by the immigration of foreign-trained doctors. They might be looking for places where patients speak their languages, he said.

As for black neighborhoods, he said racism and bigotry may not be a major factor for physicians as they make decisions about where to locate their practices. It may be difficult to financially sustain a practice in black neighborhoods because higher proportions of black patients are uninsured or covered by Medicaid.

Stephen B. Thomas, Ph.D., director of the University of Maryland

Center for Health Equity, praised the quality of the study and said that "in many ways, it confirms that being black matters."

He agreed with Gaskin that the poverty of potential black patients plays a major role in the creation of areas with few primary care doctors. "You cannot make a living as a solo practitioner, particularly in primary care, if you're serving a population that lacks the ability to pay."

Gaskin said solutions include expanding health insurance coverage to the uninsured and increasing doctors' reimbursement from the government to relocate to neighborhoods with physician shortages. Now, treating the poor, who use Medicaid for medical expenses, can be a costly proposition for a physician.

"You can't pay [physicians](#) less for a service under Medicaid and expect them to want to practice in that kind of area," Gaskin said. "We're talking about areas where doctors won't be able to practice because they just can't sustain themselves."

More information: Gaskin D, et al. 2012. Residential Segregation and the Availability of Primary Care Physicians. *Health Services Research Journal* In Press

Provided by Health Behavior News Service

Citation: 'Health care deserts' more common in black neighborhoods (2012, April 25) retrieved 24 April 2024 from

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