

Geography, income determine health care in US, report says

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'We are often two Americas,' according to Commonwealth Fund.

(HealthDay)—Low-income Americans' access to health care and the quality of care they receive vary widely based on where they live, according to a new report.

Compared to wealthier people, low-income Americans lose more teeth, have more [asthma flare](#)-ups and miss out on vaccinations and cancer screenings. They also are less likely to have health insurance, finds the report, which was released Wednesday by the Commonwealth Fund, a health policy think tank.

The report provides a state-by-state comparison of [health care](#) for the 39 percent of people with incomes less than 200 percent of the [federal poverty level](#), or \$47,000 for a family of four and \$23,000 for an

individual.

"We found repeated evidence that we are often two Americas, divided by income and geography when it comes to opportunities to lead long and healthy lives," report lead author Cathy Schoen, Commonwealth Fund [senior vice president](#), said in an organization news release. "These are more than numbers."

Low-income people account for at least one-quarter of total state populations, and almost half in some states, including Arkansas, Louisiana, Mississippi and New Mexico, according to the report.

The report authors also compared the quality of health care received by people with low incomes and higher incomes—more than 400 percent of the poverty level, or \$94,000 for a family of four—and found major disparities by income in each state.

Higher-income people in states with low health care scores are often worse off than low-income people in states with high health care ratings, the report says. For example, low-income elderly Medicare beneficiaries in Connecticut and Wisconsin are less likely to receive high-risk medications than high-income elderly people in Mississippi, Louisiana and Alabama.

The report ranks states on 30 indicators, including access to [affordable health care](#), [preventive care](#) and quality, potentially avoidable hospital use, and health outcomes.

Hawaii and states in the upper Midwest and Northeast had the best scores, while Southern and South Central states often lagged. Among low-income people, there were two- to five-fold differences in their health care and [health outcomes](#) scores, depending on where they lived.

Among the other findings:

- The percentage of uninsured low-income adults ranged from a low of 12 percent in Massachusetts to a high of 55 percent in Texas.
- Only 32 percent of low-income adults aged 50 and older received recommended preventive care, such as cancer screenings and vaccines. Rates ranged from 26 percent or less in Idaho, Oklahoma and California to 42 percent in Massachusetts.
- In eight states, 40 percent or more of Medicare beneficiaries received medications considered high risk for the elderly—rates more than double that of states with safer prescribing.
- Asthma-related hospitalizations among children from low-income communities in New York were eight times higher than in Oregon, the state with the lowest rate (477 per 100,000 in New York compared to 56 per 100,000 in Oregon).
- At least one of four low-income adults under age 65 in West Virginia, Tennessee, Alabama, Mississippi and Kentucky lost six or more teeth due to decay or disease, compared to less than 10 percent in Connecticut, Hawaii and Utah, the states with the lowest rates.
- Low-income people were more likely to be uninsured or underinsured than those with higher incomes. In 2010-'11, nearly 56 million low-income people were uninsured or underinsured, ranging from a low of 36 percent in Massachusetts to a high of more than 60 percent in Alaska, Colorado, Florida, Idaho, Montana, Nevada, New Mexico, Texas, Utah and Wyoming.

The sharp differences in health care access, quality and outcomes identified in the report result in a substantial loss of lives and missed opportunities to improve health and quality of care, according to the Commonwealth Fund.

The report said that if all states could provide the same levels of health care accessibility and quality as the leading states:

- About 86,000 fewer people would die prematurely each year.
- About 750,000 fewer low-income Medicare beneficiaries would be prescribed potentially dangerous medications.
- Tens of millions of adults and children would receive needed preventive care, such as vaccines, check-ups and cancer screenings.
- About 30 million more low-income adults and children would have health insurance, reducing the number of uninsured Americans by half.
- About 33,000 more infants born to low-income mothers would survive until their first birthday.

"We are talking about people's lives, health and well-being," Schoen said. "Our hope is that state policymakers and health care leaders use these data to target resources to improve access, care and the health of residents with below-average incomes."

More information: The U.S. Agency for Healthcare Research and Quality offers tips for [choosing quality health care](#).

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