

# Racial and Ethnic Disparities in Satisfaction with Health Care: An Analysis of the 2007 Health Information National Trends Survey (HINTS)

**John Harvey Wingfield, PhD & Le'Roy Reese, PhD**  
Department of Community Health/Preventive Medicine, Morehouse School of Medicine

## Background

- Health care inequities remain an obstacle in reducing disparities across many health domains.
- Quality care is an important determinant of health outcomes.
- Further, patient-provider communication is an important determinant of decision-making about interventions and health-related behaviors.
- Reducing health disparities in health requires a nuanced understanding of how patients of various racial and ethnic groups interact with the health care system.

## Study Goals

- Assess racial disparities in perceived quality of health care.
- Investigate education as a moderator of the relationship between race/ethnicity and perceived quality of care.
- Explore quality of communication with primary care providers across racial/ethnic groups.

## Methods

Data were from the 2007 Health Information National Trends Survey (HINTS). Analyses were conducted using SPSS 17.0. All data were weighted to provide representative estimates of the population. The SPSS complex module was used to take into account the complex sampling design and to adjust for the population sampling weight.

## Results – Perceived Quality of Care

Fig. 1: Perceived Quality of Care by Race-Ethnicity\*

\*Lower numbers indicate higher quality

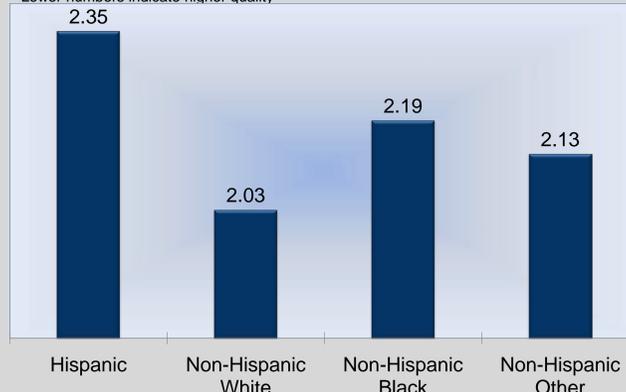
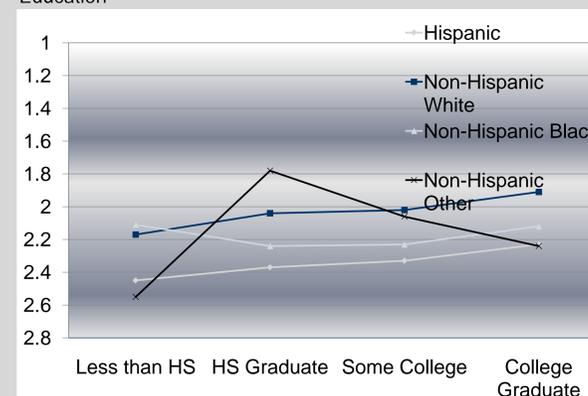


Fig. 2: Satisfaction with Health Care as a Function of Race and Education



## Results - Quality of Communication with Primary Care Providers

Fig. 3: Chance to Ask Questions

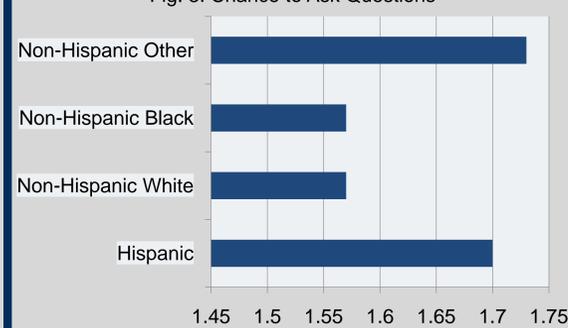


Fig. 4: Feelings Addressed

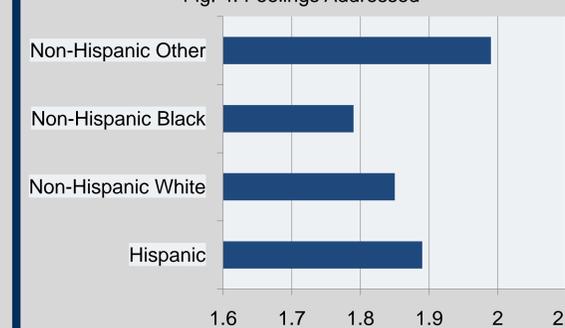


Fig. 5: Involved in Decisions

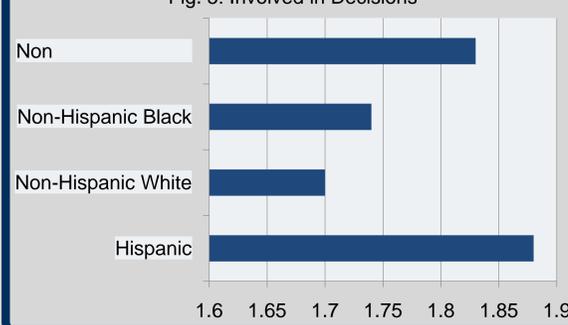


Fig. 6: Understood Next Steps

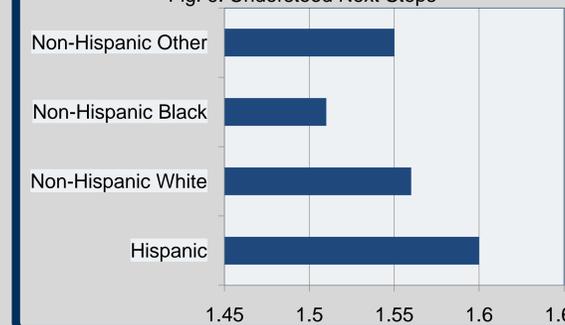


Fig. 7: Help with Uncertainty

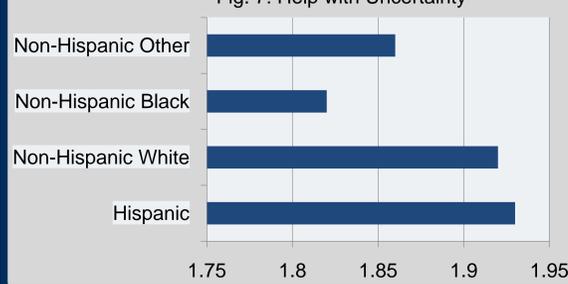
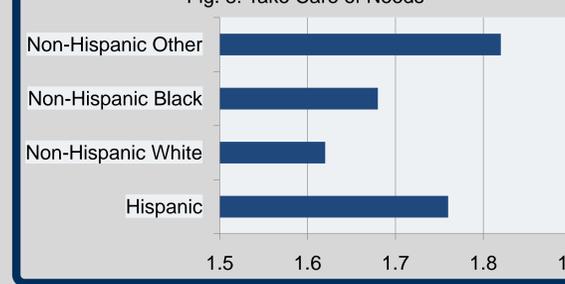


Fig. 8: Take Care of Needs



## Conclusions

- Race/ethnicity predicted perceived quality of care – Whites reported the highest level of satisfaction, followed by non-Hispanics, African Americans, and Hispanics, respectively (Figure 1).
- There was a significant linear relationship between education and perceived quality of care for Whites that was not observed for other groups (Figure 2).
- Race/ethnicity significantly predicted the extent to which patients felt that they had chances to ask questions,  $p > .05$  (Fig. 3) and be adequately involved in health decisions,  $p > .05$ . (Fig. 5).
- Race/ethnicity significantly predicted patients trust that their physician would take care of their needs,  $p > .05$  (Fig. 8).

## Contact information

**John Harvey Wingfield, PhD**

720 Westview Drive, SW  
Atlanta, Georgia 30310

T: 404.756.5025  
F: 404.765.9771

E: [jwingfield@msm.edu](mailto:jwingfield@msm.edu)

