

## HCSDB Issue Brief

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# Disparities in the Use of Preventive Care by Race/Ethnicity

Preventive care can improve beneficiaries' health outcomes and reduce health care expenditures. Yet these services are frequently underused, with one study showing that as little as 8 percent of Americans over age 35 reported having received all appropriate clinical preventive services recommended for them (Borsky et al. 2018). Moreover, use of preventive care varies across racial and ethnic groups, reflecting larger disparities in health coverage, access to care, and quality of care. For example, in 2019, a report on a variety of care quality measures showed that Black and American Indian/Alaska Native people received worse care than white people for about 40 percent of the measures; the same was true for Hispanic people and Native Hawaiians and Pacific Islanders for about 33 percent of the measures (Agency for Healthcare Research and Quality 2019).

This issue brief explores preventive care use among military health care beneficiaries across race and ethnicity groups, using data from the 2016–2020 Health Care Survey of Department of Defense Beneficiaries (HCSDB). We examined five preventive care measures, all of which are components of the Healthy People 2020 objectives, a federal initiative designed to increase the share of adults who receive appropriate, evidence-based clinical preventive services (HealthyPeople.gov 2020). The five measures are flu vaccination rates for the previous year, blood pressure checks for the previous two years and know the results, mammograms for women ages 40 and over within the past two years, pap smears within the past three years, and prenatal care during the first trimester.

We compared the 2020 rates for these five measures for all race and ethnicity groups, and we also compared trends from 2016 through 2020 for selected measures and groups. We grouped beneficiaries into six mutually exclusive race and ethnicity categories: Hispanic, non-Hispanic white, non-Hispanic Black, non-Hispanic Asian, non-Hispanic multiracial, and all other non-Hispanic races. The last category contains beneficiaries who are American Indian/Alaska Native, Native Hawaiian/Pacific Islander, or whose race and ethnicity is unknown. For this brief, we refer to non-Hispanic race and ethnicity groups by their race (for example, non-Hispanic Black is referred to as Black).

Understanding which groups are less likely to receive preventive care could help the Defense Health Agency (DHA) tailor its campaigns to increase uptake, both for preventive care in general and for these five preventive services.

### This issue brief explores rates of preventive care use among military health care beneficiaries, by race and ethnicity.

- In 2020, non-service member white beneficiaries were the most likely to receive a flu shot in the last 12 months.
- White and Black beneficiaries, and beneficiaries in the “other” group were the most likely to get their blood pressure checked and know the result.
- Black women and women in the “other” group, ages 40 and older, were the most likely to get a mammogram.
- Hispanic, Black, and multiracial women were the most likely to get a pap smear. From 2016 – 2020, white and Asian women’s rate of pap smears significantly decreased.
- There were no differences in rates of prenatal care in the first trimester among race and ethnicity groups. However, Black women’s rate of first trimester prenatal care significantly increased.

## Use of preventive care by race/ethnicity

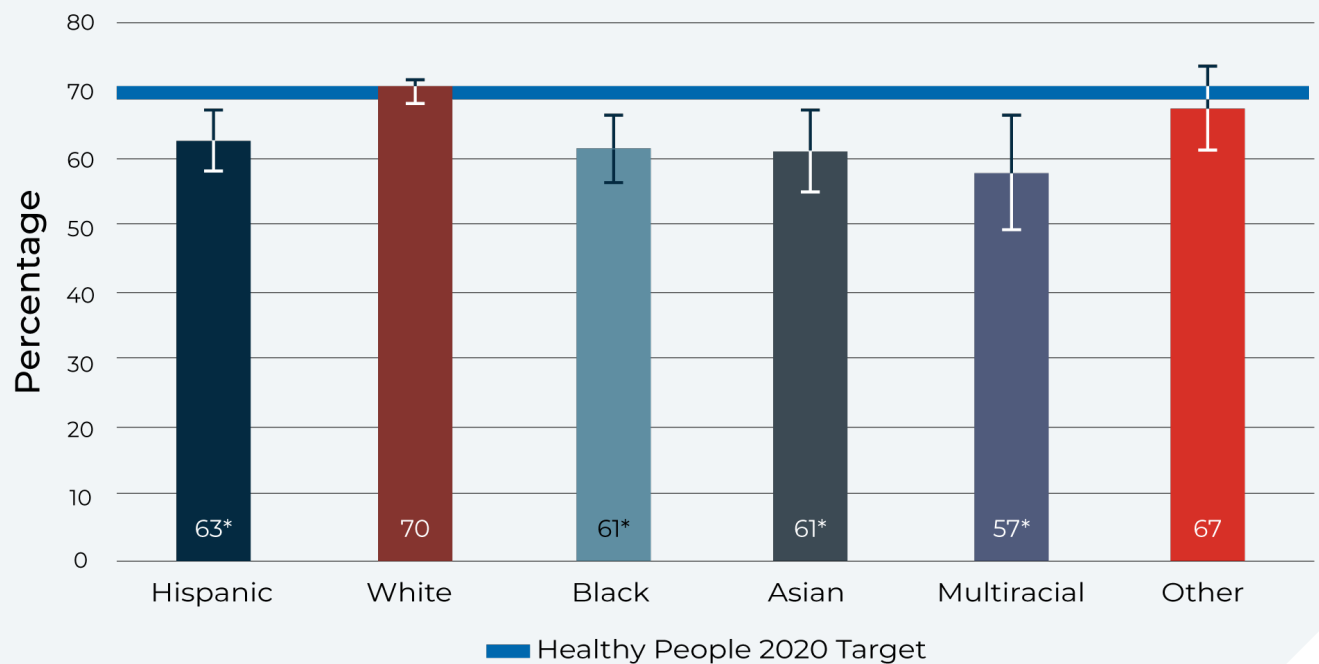
Healthy People 2020’s goal for the rate of flu vaccination is 70 percent. Flu vaccination is mandatory for all service members (active duty personnel and inactive reservists), and in 2020, 91 percent of active duty and 95 percent of inactive reservists received the flu vaccine (Gehrke 2020). Accordingly, our analysis for this measure only includes non-service members.

In 2020, white beneficiaries and beneficiaries in the “other” race group were the only groups to meet the Healthy People 2020 goal or to have it within their margin of error (Figure 1). However, except for multiracial beneficiaries, all beneficiaries were within 10 percentage points of the goal. White beneficiaries were significantly more likely to have received a flu vaccine in the past 12 months compared with all race and ethnicity groups except for the “other” group.

Most beneficiaries reported that they had their blood pressure checked in the last two years and know the result (Figure 2). White, Black, and “other” beneficiaries exceeded the Healthy People 2020 goal of 92 percent for this measure; Asian and multiracial beneficiaries had it within their margin of error. Hispanic beneficiaries did not reach the goal. White, Black, and “other” beneficiaries were significantly more likely than Hispanic, Asian, and multiracial beneficiaries to have had their blood pressure checked.

Healthy People’s 2020 goal for women ages 40 and over having received a mammogram in the last two years is 81 percent. In 2020, across all race and ethnicity groups, women ages 40 and over met or exceeded the goal or had it within their margin of error (Figure 3). Black women and women in the “other” race group had the highest rates and were significantly more likely to have received the test than Asian women, who had the lowest rate.

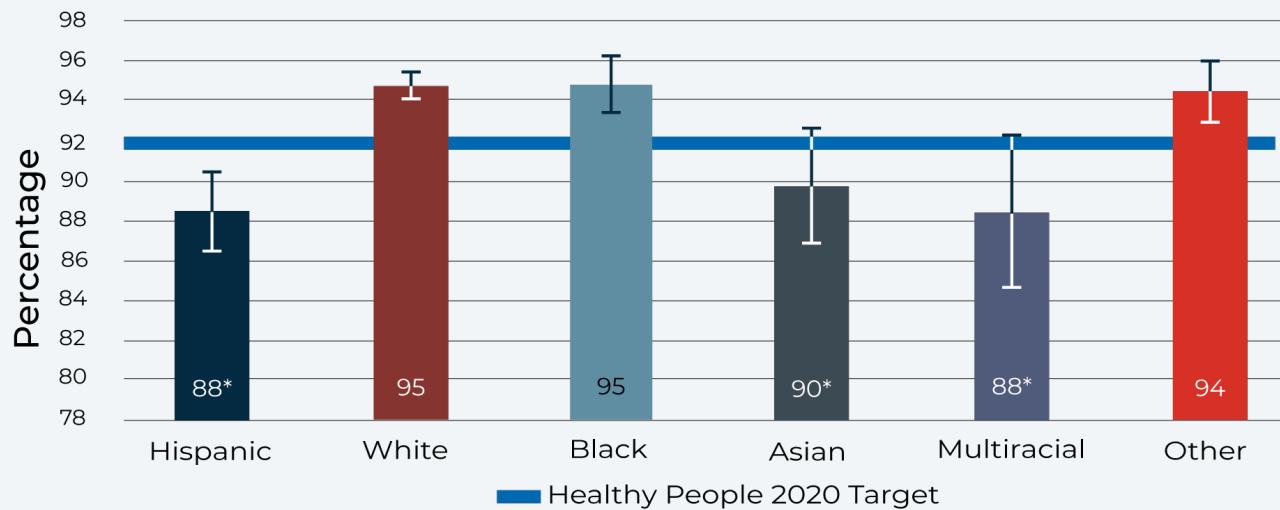
**Figure 1. Percentage of non-service member beneficiaries in 2020 who received a flu vaccine within the last year, by race/ethnicity**



Note: The standard error bars in the figure indicate the 95 percent confidence interval for each group.

\* Statistically significant difference from white beneficiaries,  $p < 0.05$ .

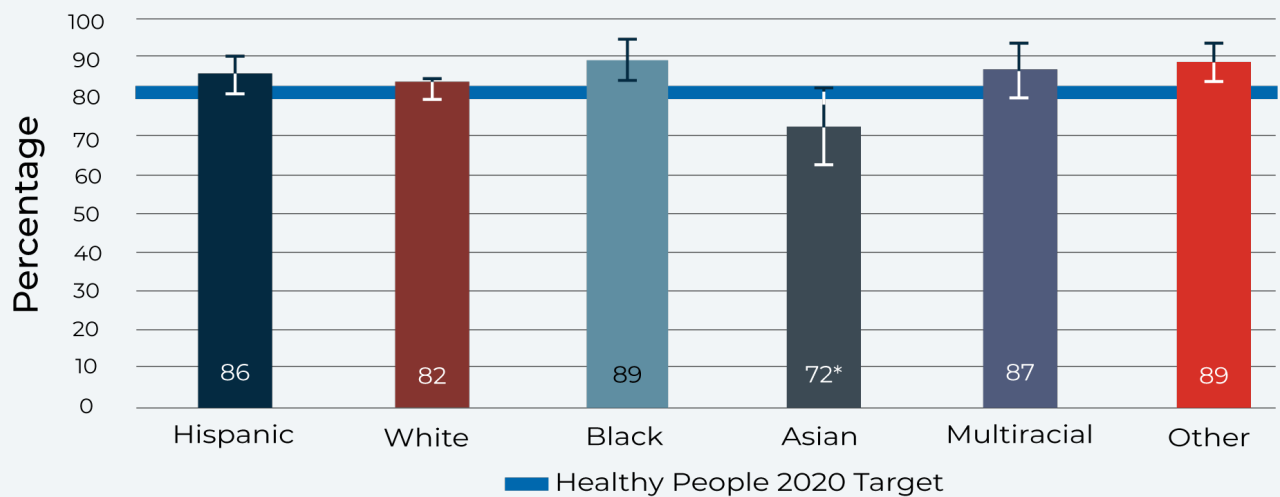
**Figure 2. Percentage of beneficiaries in 2020 who had a blood pressure check within the last two years and know the result, by race/ethnicity**



Note: The standard error bars in the figure indicate the 95 percent confidence interval for each group.

\* Statistically significant difference from white, Black, and "other" beneficiaries,  $p < 0.05$ .

**Figure 3. Percentage of women over age 40 in 2020 who received a mammogram within the last two years, by race/ethnicity**

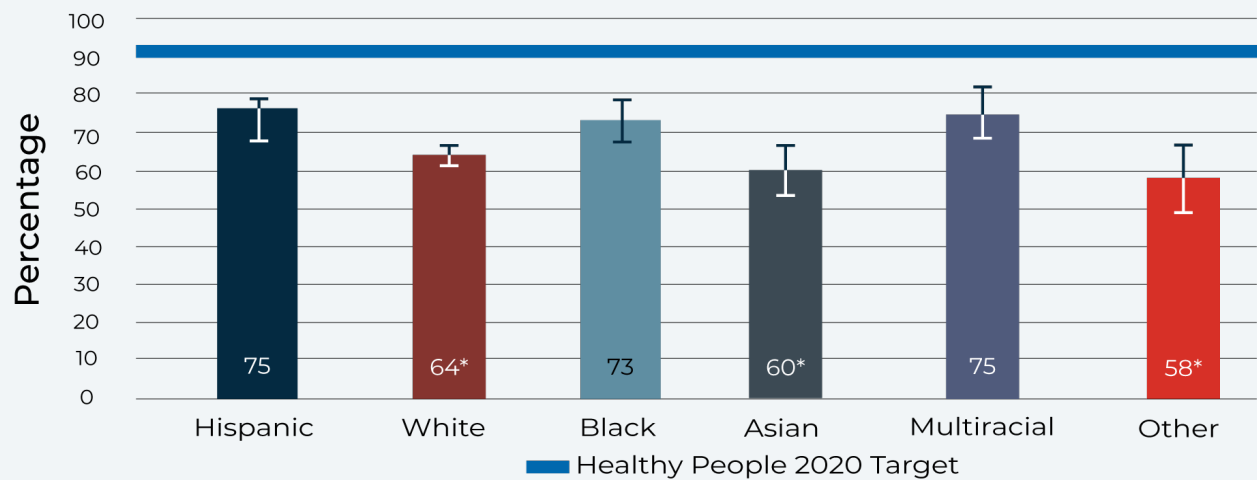


Note: The standard error bars in the figure indicate the 95 percent confidence interval for each group.

\* Statistically significant difference from Black women and women in the "other" race group,  $p < 0.05$ .

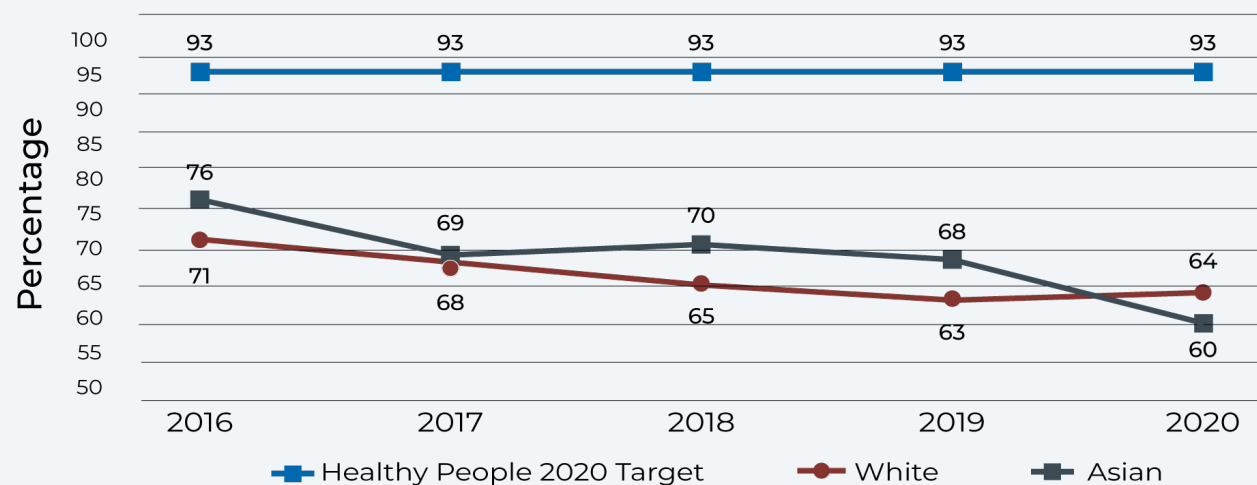
Healthy People 2020’s goal for the rate of adult women who received a cervical cancer screening in the last three years is 93 percent. No race and ethnicity group met this goal in 2020, which could be partly because this measure only asks women about pap smears, whereas the Healthy People 2020 goal could be met by either receiving HPV tests or pap smears. Hispanic, Black, and multiracial women were significantly more likely than white, Asian, and “other” women to have received a pap smear (Figure 4). Furthermore, white and Asian women had falling rates of pap smears from 2016 to 2020 (Figure 5). Both groups were significantly less likely to have received the test in 2020 than in 2016.

**Figure 4. Percentage of women in 2020 who received a pap smear within the last three years, by race/ethnicity**



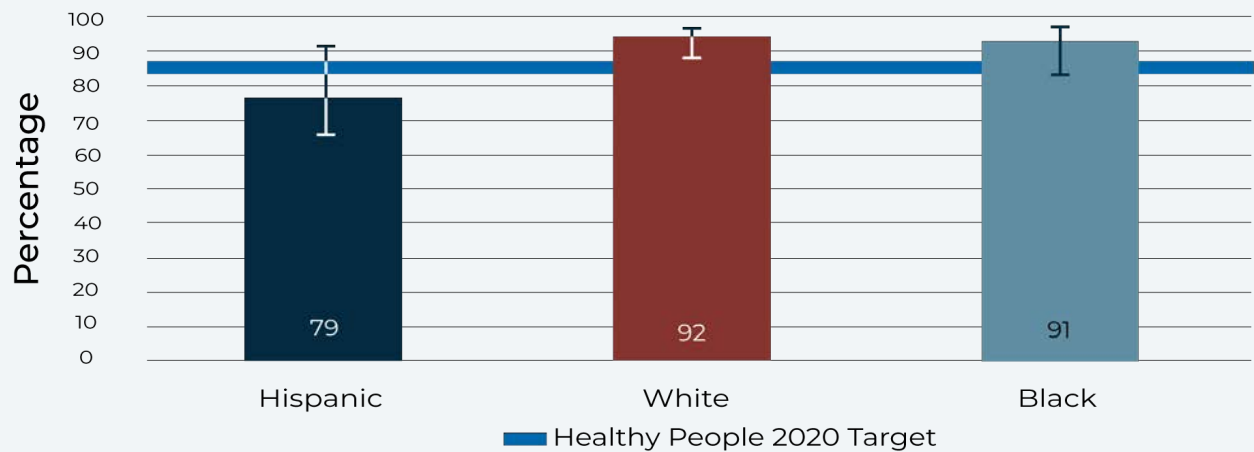
Note: The standard error bars in the figure indicate the 95 percent confidence interval for each group.  
 \* Statistically significant difference from Hispanic, Black, and multiracial women,  $p < 0.05$ .

**Figure 5. Percentage of white and Asian women who received a pap smear within the last three years (2016–2020)**

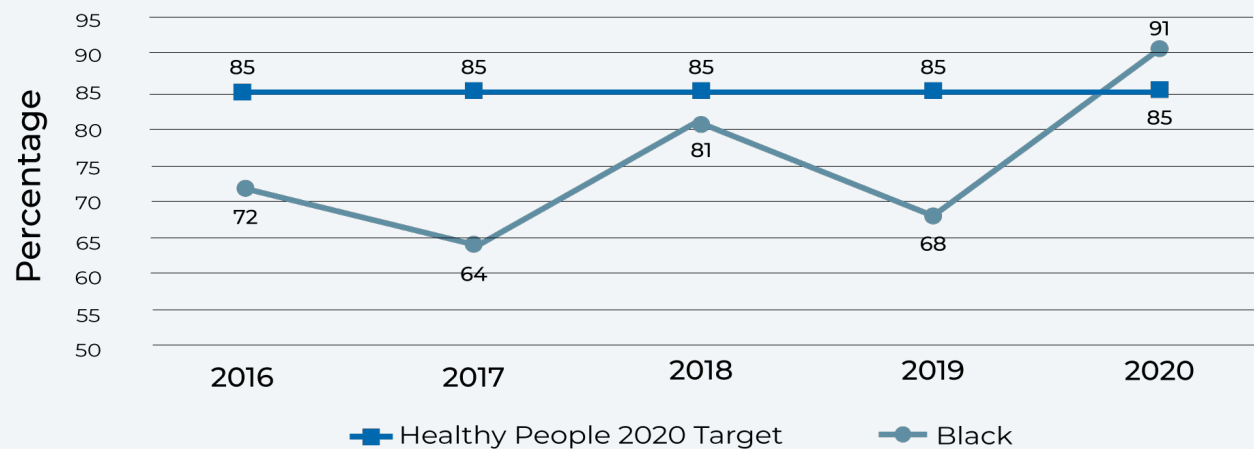


Healthy People 2020’s goal for the rate of pregnant women receiving prenatal care in the first trimester is 85 percent. In 2020, white and Black pregnant women exceeded this target, and Hispanic pregnant women had it within their margin of error (Figure 6). We did not report percentages of beneficiaries who were Asian, multiracial, or in the “other” race group because of the small number of respondents for this measure. In addition, the rate of first trimester prenatal care among Black pregnant women trended upward over the five-year period, with significant increases of 19 percentage points between 2016 and 2020 and 23 percentage points between 2019 and 2020 (Figure 7).

**Figure 6. Percentage of pregnant women in 2020 who received prenatal care in their first trimester, by race/ethnicity**



**Figure 7. Percentage of pregnant Black women who received prenatal care in their first trimester (2016–2020)**



## Discussion

As shown in our analysis, certain racial and ethnic disparities in preventive care use vary depending on the type of care. For example, white beneficiaries were among the most likely to receive flu shots and blood pressure checks, but white women were among the least likely to get a pap smear. Similarly, although Black women were less likely than white women to receive a flu shot, they were more likely to get a mammogram and a pap smear. Given that Hispanic, Black, and multiracial women were also more likely to receive a pap smear, providers may be particularly encouraging them for the test, as Hispanic and Black women have the highest rates of cervical cancer in the general population (Centers for Disease Control and Prevention 2017). White and Asian women's rates of pap smears declined between 2016 and 2020, which could be an ongoing trend and might indicate a need for more outreach to white and Asian women about pap smears.

DHA should continue to encourage its beneficiaries to get appropriate preventive care, but because racial and ethnic groups vary in which services they are receiving, DHA could consider a tailored approach. The agency could craft such an approach by examining our research and broader national research on the race and ethnicity groups least likely to receive certain types of preventive care; it could then use that information to more accurately assess the provision of care for those groups.

One critical element of reducing disparities in care is encouraging culturally sensitive care, which studies show can improve the care experience for people of color. According to the 2017 National Health Interview Survey, Black and Hispanic people were more likely than white people to say that it was somewhat or very important to have a provider who shared or understood their culture, and they were more likely to report that they rarely saw such providers (Terlizzi et al. 2019). DHA could address this by offering providers culturally sensitive resources and training, which could in turn reduce racial disparities in the use of preventive care.

## Sources

FY2016 Health Care Survey of Department of Defense Beneficiaries. N = 28,548. The response rate was 9.6 percent. The Q1 survey was fielded from October 7, 2015, to January 19, 2016. The Q2 survey was fielded from January 7 to March 31, 2016. The Q3 survey was fielded from March 15 to June 15, 2016.

FY2017 Health Care Survey of Department of Defense Beneficiaries. N = 44,218. The response rate was 12.3 percent. The Q1 survey was fielded from October 12, 2016, to January 31, 2017. The Q2 survey was fielded from January 9 to March 31, 2017. The Q3 survey was fielded from March 1 to May 15, 2017. The HEDIS survey was fielded from February 6 to April 24, 2017.

FY2018 Health Care Survey of Department of Defense Beneficiaries. N = 45,456. The response rate was 12.5 percent. The Q1 survey was fielded from October 18, 2017, to January 31, 2018. The Q2 survey was fielded from January 3 to March 30, 2018. The Q3 survey was fielded from March 1 to May 18, 2018. The HEDIS survey was fielded from February 14 to April 30, 2018.

FY2019 Health Care Survey of Department of Defense Beneficiaries. N = 26,917. The response rate was 8.9 percent. The Q1 survey was fielded from October 5, 2018, to January 31, 2019. The Q2 survey was fielded from January 4 to March 29, 2019. The Q3 survey was fielded from March 5 to May 21, 2019.

FY2020 Health Care Survey of Department of Defense Beneficiaries. N = 27,521. The response rate was 9.2 percent. The Q1 survey was fielded from October 9, 2019, to January 31, 2020. The Q2 survey was fielded from December 6, 2019, to February 28, 2020. The Q3 survey was fielded from April 9 to June 3, 2020.

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