Internet Access and Racial/Ethnic Disparities in Using Internet Health Resources Jamie M. Lewis Social, Economic, and Housing Statistics Division U.S. Census Bureau

BACKGROUND

- Racial/ethnic disparities in health care access and outcomes persist
- Minorities are also less likely to use Internet health (eHealth) resources
- Potential to expand use of eHealth resources and reduce disparities through increased Internet access
- Smartphones and mobile broadband may be particularly important for minorities

RESEARCH QUESTIONS

- 1. How does use of eHealth resources vary by race/ethnicity?
- 2. Does type of Internet access relate to racial/ethnic disparities in use of eHealth resources?

DATA AND ANALYSIS

- 2015 Current Population Survey Computer and Internet Use Supplement
- Random respondent sample
- 3 eHealth uses
- Do you research health information online, such as WebMD or similar services? (research)
- Do you communicate with a doctor or access health records or health insurance records online? (communication/records)
- Do you use a health monitoring service that connects to the Internet? (monitoring)
- Descriptive statistics
- Logistic regression predicting likelihood of each measure of using eHealth resources



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DESCRIPTIVE RESULTS





REGRESSION RESULTS

Model 1: Odds Ratios, Race/Ethnicity



Full Model: Odds Ratios, Race/Ethnicity



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Notes

* Significant at the α =0.05 level Full model includes race/ethnicity, nternet access, sex, age, education, income, and metropolitan status Source: U.S. Census Bureau, Current Population Survey Computer and Internet Use Supplement, 2015

Model 2: Odds Ratios, Internet Access



Full Model: Odds Ratios, Internet Access

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- Online health research is most common eHealth use, followed by communicating with doctor or accessing health records online, and lastly by Internet-connected health monitoring service
- Race/ethnicity and Internet access independently affect use of eHealth resources
 - Blacks, Asians, and Hispanics have lower odds than Whites of researching health information online, and Blacks are less likely than Whites to use online communication/records access
- Having both a home and smartphone connection has a greater effect than either alone, and, aside from monitoring, home-only access has a larger impact than smartphone-only access
- Race/ethnicity by Internet access interactions are not significant
- No added benefit of smartphones and mobile broadband for minorities relative to Whites

RESULTS SUMMARY

CONCLUSION

- Racial/ethnic disparities in use of eHealth resources are not fully explained by Internet access
- Smartphone-only access has limitations
- Policymakers interested in promoting use of eHealth resources by minorities, thereby helping alleviate broader health disparities, should stress importance of home-based as well as mobile Internet access