

Health reform fails the disadvantaged

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A new study looking at the effects of the 2006 Massachusetts Health Reform on access to care, health status and ethnic and socioeconomic disparities in healthcare, shows that the legislation has led to improvements in insurance coverage as well as a decline in financial barriers to care. However, to date, it has not increased people's access to a personal physician or improved their self-rated health. Neither has it reduced healthcare inequalities between ethnic or income groups.

The research by Jane Zhu from Harvard Medical School and team suggests that [health reform](#) is necessary but not sufficient to achieve equity in healthcare. The study is published online in the [Journal of General Internal Medicine](#), published by Springer.

In 2006, Massachusetts passed comprehensive health reform legislation to expand health coverage to all its residents and has achieved near-universal coverage. However, less is known about the effects of the reform on its residents' access to care or [health status](#), or how this legislation has impacted ethnic and socioeconomic disparities.

The authors examined trends from 2006 to 2008 in rates of coverage, financial barriers to care, access to a personal doctor, and self-reported health status for adults in Massachusetts compared with those in other New England states. They also analyzed changes in these measures by ethnicity and income and evaluated whether disparities narrowed during the two-year period. They looked at data for 36,505 Massachusetts and 63,263 other New England states residents.

After accounting for trends in New England generally over the two-year period, Zhu and team found that the Massachusetts Health Reform had led to expanded [insurance coverage](#) and reduced financial barriers to healthcare for working age adults. However, these successes were not accompanied by overall improvements in access to a regular physician or in self-reported health; in fact both remained essentially unchanged in both Massachusetts and New England.

Although there were improvements in both coverage and cost barriers in Massachusetts for some disadvantaged groups compared to trends in New England, overall this did not reduce healthcare inequalities between ethnic or socioeconomic groups, largely because of comparable or larger improvements among whites and those on higher incomes.

Zhu and colleagues conclude: "Taken together, these findings suggest that health reform policies should address social determinants of health more broadly if a goal is to advance health equity."

More information: Zhu J et al (2010). Massachusetts Health Reform and disparities in coverage, access and health status. *Journal of General Internal Medicine*. [DOI 10.1007/s11606-010-1482-y](https://doi.org/10.1007/s11606-010-1482-y)

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