Abstract

Objective  To assess racial/ethnic variation in access to healthcare, use of particular healthcare services, presence of cardiovascular risk factors, and perceptions of health and impairment among women at risk for type 2 diabetes because of their history of gestational diabetes mellitus (hGDM)

Research Design and Methods  We performed a cross-sectional study using the 2001-2003 Behavioral Risk Factor Surveillance System, a national population-based random sample telephone survey.  We assessed access to healthcare, use of family planning, measurement and elevation of cholesterol, elevation of blood pressure, and respondents' perceptions of health and impairment among women aged 18-44 years with hGDM (n=4,718).  Multivariate models adjusted for sociodemographic characteristics, body mass index, presence of children in the household, and current smoking.

Results  Outcome measures were suboptimal across racial/ethnic groups.  Approximately 1/5 of the overall population reported no health insurance, cost barriers to visits, and no primary provider.  One-quarter had no exam within the past year, and almost 1/5 reported no family planning and elevated cholesterol levels.  Latinas were the most disadvantaged, with 40% reporting no health insurance and no primary care provider and 1/4 reporting suboptimal perceptions of health.  Asian/Pacific Islanders were the most advantaged in terms of healthcare access, cholesterol and blood pressure elevation, and impaired physical health.  Racial/ethnic differences in healthcare use and presence of risk factors were not entirely explained by healthcare access or other covariates.

Conclusions  Significant racial/ethnic variation exists among women with hGDM regarding access to and use of healthcare, presence of risk factors, and perceptions of health.