terval may clarify the plausible effects of the therapy. If cluster RCTs reach different conclusions than quasieperimental work, we find no reason why traditional experimental design hierarchies would not apply.

Notably, our study found that mortality is less often an end point in highly cited cluster RCTs than in highly cited RCTs. This remains a deficit of this burgeoning methodology. When cluster RCTs do address mortality, however, they reach positive findings as often as traditional RCTs.

In conclusion, if cluster RCTs reach negative conclusions, our study provides no reason to doubt those results. Meanwhile, cluster RCTs should more often assess mortality, a hard and important end point, to match their RCT counterparts.

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EDITOR’S NOTE

In Support of More Clustered Randomized Trials

When faced with logistical issues that preclude doing patient-level randomized trials, researchers should be looking to use at least cluster randomization as the next best method, rather than before-and-after observational studies. Selvaraj and Prasad attempt to provide empirical evidence of the superior validity of cluster randomized controlled trials (RCTs) by showing that such trials have comparable effect sizes to patient-level RCTs in published studies in select high-impact journals. One might quibble over whether this proves its comparable validity without direct comparison of methods on the same research question. However, we believe this work raises the importance of the underused method of cluster randomization in clinical research. Although cluster randomization would never be preferred to patient-level randomization, when this is not feasible researchers should be looking to cluster randomization as the next best design, rather than before-and-after observational studies.

Patrick G. O’Malley, MD, MPH

RESEARCH LETTERS

The Great Recession and Racial and Ethnic Disparities in Health Services Use

The “Great Recession” of 2007 to 2009 affected Americans of all backgrounds, across education, age, race/ethnicity, and household type, but took a far greater toll on African Americans and Hispanics than on whites. In 2009, unemployment rates of African Americans (14.8%) and Hispanics (12.1%) were significantly higher than the rate for whites (8.7%). Median wealth fell 66% among Hispanic households, 53% among African American households, and 16% among white households. Rates of employment-based health insurance declined more steeply for minorities than for whites, as 25% of African Americans and Hispanics lost their job during the recession compared with 15% of whites, and minorities were more likely to become uninsured.

Loss of insurance coverage deteriorates access to care and is associated with reduced use of health services, particularly during recessions. Preventive service use is also sensitive to recessions. Taken together, these forces suggest that health services use patterns of minorities may have been significantly altered during the recession. The objective of the present study was to examine differences in health services use regarding office-based physician visits, inpatient stays, emergency department visits, and prescription drug fills for racial and ethnic minorities before and during the Great Recession.

Methods. To investigate the association between the economic recession and health care use, we used data nationally representative of the civilian noninstitutionalized US population from the Medical Expenditure Panel Survey® (MEPS) for 2005 to 2006 and 2008 to 2009 for adults aged 18 to 64 years. The total sample (N = 54,007) included non-Hispanic whites (whites) (n = 30,760), non-Hispanic African Americans (n = 9822) (African Americans), and Hispanics (n = 13,425). Our outcome variables included use counts of office-based physician visits, inpatient stays, emergency department visits, and prescription drug fills over the calendar year. We estimated negative binomial models for the count data. We report the incident rate ratios (IRRs), which indicate the estimated rate ratio of an explanatory variable relative to its...