



Disparities in the Health Care System

Minorities Face a Gap in Health Access, Coverage, and Quality

By Sonia Sekhar December 17, 2009

Racial and ethnic minorities living in the United States are particularly vulnerable in a health care system that has left over 46 million of its residents uninsured. The most recent census data shows that the uninsurance rates of African Americans, Asians, and Latinos all exceed the national average of 15.4 percent—with Latinos having an uninsurance rate of nearly 31 percent.¹

There is a robust body of research showing that racial and ethnic minorities also have difficulties accessing certain kinds of health care, experience a lower quality of care, and exhibit worse health outcomes. Pending health reform proposals take steps to address some of these issues, which are of growing importance as racial and ethnic minorities are projected to comprise over half of the population by 2042.² A report released today by the Center for American Progress shows how health care reform legislation can do more to bridge this gap.

Health care disparities in today's system include:

Access to medical services

- Half of Latinos and more than a quarter of African Americans do not have a regular doctor, compared with only one-fifth of white Americans.³
- African-American heart patients are less likely than white patients to receive diagnostic tests, coronary artery-opening procedures, and blood-clot dissolving drugs, even when they have similar incomes, insurance, and other characteristics.⁴
- Communities of color are less likely to have regular sources of care, and their overall health care utilization rates are far lower than the white community's.⁵

- Community Health Centers that tend to serve patients of color face labor shortages, and patients at these clinics often have difficulty getting referrals to obtain services outside these clinics, including specialty care, diagnostic testing, and mental health and substance abuse treatment.⁶

Health insurance coverage

- People of color represent one-third of the U.S. population, but make up over 50 percent of the uninsured.⁷
- African Americans and Latinos have been affected by the decrease in employer-sponsored insurance over the past eight years to a greater extent than whites and were less likely to have it to begin with.⁸
- Nearly 6 in 10 of the 74 million nonelderly individuals with an individual income below \$17,000 or a family income below \$33,100 are people of color, and 24.9 million are uninsured.⁹

Quality of care

- People of color who have comparable health insurance, income, and diagnoses to whites, with conditions such as heart disease, cancer, diabetes, and HIV/AIDS, often receive fewer diagnostic tests and less sophisticated treatments.¹⁰
- Research confirms that health care providers' diagnostic and treatment decisions, as well as their feelings about patients, are influenced by patients' race or ethnicity.¹¹
- Approximately 66 million patient-provider encounters occur across language barriers each year.¹² Without guaranteed interpreter services, these patients have a more difficult time obtaining medical services, receive lower-quality health care, and have a greater chance of experiencing negative health outcomes.
- The age-adjusted cancer death rate is 25 percent higher among blacks than whites. Blacks do not receive the same combinations of surgical and chemotherapy treatments as whites with similar types of cancer and are less likely to have access to clinical trials.¹³

How health reform can help reduce health care disparities

- The pending reform bills expand the Medicaid program, provide financial help for the purchase of private coverage, and create health insurance exchanges for individuals who would otherwise remain uninsured.¹⁴

- The House and Senate legislations include provisions that promote training a diverse workforce and provide cultural and linguistic competence training for health care professionals. The bills also provide incentives for providers to practice in health care workforce shortage areas where many minorities live.
- The House and Senate bills support programs for home visits to at-risk families with young children, based on the Nurse-Family Partnership program.¹⁵ This program has been shown to produce health and social benefits for parents and children.
- The House bill would reduce health care disparities through the provision of language services. The secretary of health and human services is required to develop a demonstration program to promote access for Medicare beneficiaries with limited English proficiency by providing reimbursement for culturally and linguistically appropriate services.
- Both the House and Senate legislations call for greater data reporting and collection in an effort to better evaluate programs and develop targeted strategies for addressing racial and ethnic health care disparities.
- Pending reform legislation contains provisions that attempt to realign payment incentives so that they are tied closely to outcomes rather than the quantity of services rendered. Shifting to a quality-based payment system will help improve the care that people of color experience.

Endnotes

- 1 U.S. Census Bureau, "Income, Poverty, and Health Insurance Coverage in the United States: 2008" (2009), available at <http://www.census.gov/prod/2009pubs/p60-236.pdf>.
- 2 U.S. Census Bureau, "An Older and More Diverse Nation by Midcentury" (2008), available at <http://www.census.gov/Press-Release/www/releases/archives/population/012496.html>.
- 3 The White House, "Health Care Disparities: A Case for Closing the Gap" (2009), available at <http://www.healthreform.gov/reports/healthdisparities/index.html>.
- 4 Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (Washington: National Academies Press, 2003).
- 5 Kaiser Family Foundation, "Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Health Disparities at the State Level" (2009), available at <http://www.kff.org/minorityhealth/upload/7886.pdf>.
- 6 The Opportunity Agenda, "Citywide Hospital Status 2005 by Race/Ethnicity" (2006), available at <http://www.healthcarethatworks.org/maps/nyc/>. National Association of Community Health Centers, Inc., "Access Denied: A Look at America's Medically Disenfranchised" (2007), available at <http://www.graham-center.org/online/etc/medialib/graham/documents/publications/mongraphs-books/2007/rgcmo-access-denied.Par.0001.File.tmp/rgcmo-access-denied.pdf>.
- 7 Kaiser Family Foundation, "Health Care Reform and Communities of Color: How Might It Affect Racial and Ethnic Health Disparities" (2009), available at <http://www.kff.org/healthreform/upload/8016.pdf>.
- 8 U.S. Census Bureau, "Income, Poverty, and Health Insurance Coverage in the United States: 2008."
- 9 Kaiser Family Foundation, "Health Care Reform and Communities of Color: How Might It Affect Racial and Ethnic Health Disparities."
- 10 Brian Smedley and others, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*.

- 11 Lisa Cooper-Patrick and others, "Race, Gender, and Partnership in the Patient-Physician Relationship" *Journal of the American Medical Association* 282 (6) (1999), available at http://jama.ama-assn.org/cgi/content/abstract/282/6/583?jkey=a47ce6c9f48bf5ee5a2db64fb70adc2802231211&keytype=tf_ipsecsha.
- 12 Office of Management and Budget, Report to Congress, "Assessment of the total benefits and costs of implementing Executive Order No. 13166: Improving access to services for persons with limited English proficiency" (Washington, D.C.: OMB, 2002). Downloaded from <http://www.usdoj.gov/crt/cor/lep/omb-lepreport.pdf>.
- 13 Brian Smedley and others, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*.
- 14 Kaiser Family Foundation, "Health Care Reform and Communities of Color: How Might it Affect Racial and Ethnic Health Disparities."
- 15 The Nurse-Family Partnership, available at <http://www.nursefamilypartnership.org/index.cfm?fuseaction=home>.