



# Easing the Burden

Using Health Care Reform to Address Racial and Ethnic Disparities in Health Care for the Chronically Ill

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# Introduction and summary

Chronically ill Americans from racial and ethnic minorities have much to gain from the implementation of the Affordable Care Act. These Americans are more likely to be without health insurance coverage—they make up more than half of America’s uninsured—and they suffer higher rates of chronic illness than the general population. They are more likely to have the risk factors such as obesity that predispose them to chronic illnesses, and are less likely to receive the preventive screenings, regular care, and necessary medications that could prevent or ameliorate their chronic conditions.

Being uninsured often means postponing needed health care services. That’s why people of color in our nation are diagnosed at more advanced disease stages, and once diagnosed, they receive poorer care. Nearly half (46 percent) of nonelderly black adults and more than a third (35 percent) of nonelderly Hispanic adults who do not have insurance report having one or more chronic health conditions. Many more of these Americans do not have a usual source for health care, have substantially higher unmet health needs than their insured counterparts, and have high out-of-pocket costs.<sup>1</sup>

Inevitably, they are sicker and die sooner.<sup>2</sup>

This paper will focus primarily on how implementation of provisions in the new health care reform law can help those who benefit the least from our current health system by addressing disparities in prevention, diagnosis, and treatment of chronic illnesses, thus easing the additional health care burdens borne by racial and ethnic minorities with chronic conditions.

A key tenet of health care reform and making the health care system sustainable into the future is the recognition that most chronic diseases can be prevented. Improving access to prevention services, in combination with better management and coordination of the care delivered to the chronically ill, is an investment that pays off in the medium term with reduced rates of health care services utilization, and in the long term with better health outcomes and more productive lives at lower cost.

This paper addresses five key issues in addressing current racial and ethnic disparities in the prevention, diagnosis, and treatment of chronic illnesses:

- Improving access to health insurance coverage
- Improving access to primary care
- Addressing disparities in treatment and quality of care
- Providing culturally competent care
- Improving patient literacy

Each of these issues is discussed in the pages that follow, looking first at the current situation, then at how this can be addressed through the implementation of select provisions of the Affordable Care Act, and finally at the difference these reforms can potentially make in the lives of minority Americans with chronic illnesses or at risk of chronic illness.

The ultimate goal must be that all Americans, regardless of race or ethnicity, get the quality health care services they need when they need them. We can ill afford to ignore the high cost in dollars and human life that the nation pays each year that is attributed to health care disparities, especially when much of the burden from chronic illnesses is preventable. The total annual cost of racial and ethnic health disparities, including direct medical costs and indirect costs such as lost productivity, lost wages, absenteeism, family leave, and premature death, is of the order of \$415 billion.

The causes of health disparities are complex, but we know that the time to take action is now.

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