

## AFRICAN-AMERICANS AND HEALTH REFORM:

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#### Summary of Overall African American Statistics:

- \* Nearly one in five African Americans (19%) is without health care insurance.
- \* African Americans in general spend a higher percentage of their income on health care costs compared to their white counterparts (16.5% vs. 12.2%). However despite spending a larger share of their income on medical care, African Americans face continuing health care disparities.
- \* African Americans also tend to reside in areas without hospitals or hospitals that have limited resources and may affect the quality care they offer. This is particularly a problem for hospitals in predominately African American communities where Medicaid reimbursements are low, charity cares is higher, and there is a shortage of health care providers who find it more difficult to maintain a practice.
- \* African Americans suffer from higher percentages of chronic diseases such as heart disease, kidney disease and diabetes which are perpetuated by a lack of access to quality care. Currently, 48% of African American adults suffer from a chronic disease compared to 39% of the general population. Lowering health insurance costs increases availability to care and can help reduce chronic illnesses over the long term.

#### African Americans and Disease (from HHS report):

- \* Higher Rates of Disease: Racial and ethnic minorities have high rates of debilitating disease such as obesity, cancer, diabetes, and AIDS. One of the most glaring disparities is apparent in the African American community, where 48% of adults suffer from a chronic disease compared to 39% of the general population.
- \* Obesity: Obesity is debilitating and is often a catalyst to chronic disease. Seven out of 10 African Americans ages 18 to 64 are obese or overweight, and African Americans are 15% more likely to suffer from obesity than Whites.
- \* Cancer: African Americans are more likely to develop and die from cancer than any other racial or ethnic group. African American men are 50% more likely than Whites to have prostate cancer and are more likely than any other racial group to suffer from colorectal cancer.
- \* Diabetes: Fifteen percent of African Americans suffer from adult onset diabetes.
- \* HIV/AIDS: HIV bears witness to the most extreme disparity in chronic disease. African Americans experience new HIV infections at seven times the rate of whites.
- \* Reduced Access to Care: Access to quality care is vital to overall health and wellness, and health insurance plays a key role. In the United States, racial and ethnic minorities and low-income populations experience serious disparities in rates of health insurance and access to health care.
- \* Health Insurance: Just under one in five African Americans is uninsured. In comparison, only about one in eight Whites lacks health insurance. Four in 10 low-income Americans do not have health insurance, and half of the nearly 46 million uninsured people in the United States are poor. In contrast, 94% of upper-income Americans have health insurance. About one-third of the uninsured have a chronic disease, and they are six times less likely to receive care for a health problem than the insured.
- \* Lack of a Primary Care Provider and Usual Source of Care: A primary care provider and a facility where a person receives regular care can substantially improve health outcomes. However more than a quarter of African Americans do not have a regular doctor, compared with only one-fifth of Whites.

\* **Communication with a Health Care Provider:** Poor communication with health care providers results in a host of problems including less access to preventive care and higher rates of re-hospitalization. Asian Americans, African Americans, and Hispanics all reported having poor communications with their doctor more often than Whites.

\* **Lack of Routine Care and Prevention:** Disparities in health are also apparent in the variation in routine care and prevention among demographic groups.

\* **Routine Care:** People who do not have access to a usual source of primary preventive health care are more likely to end up in the emergency department or in the hospital. Indeed, African Americans use the emergency department at twice the rate of Whites.

\* **Prevention:** Preventive care is paramount to stopping the root causes of disease as well as detecting diseases in their early stages when treatment is most effective.

\* **HIV/AIDS:** Proper maintenance of HIV slows the virus from progressing to AIDS; high rates of AIDS demonstrate a lack of access to needed care for HIV. African Americans are diagnosed with AIDS at nine times the rate of Whites.

\* **Cancer:** Only 49% of African Americans received a colorectal cancer screening in 2007, compared with 57% of Whites. This contributed to colorectal cancer diagnoses for African Americans at more advanced stages, with a higher mortality rate than any other race. Mammography is a simple screening that is vital to the early detection of breast cancer, but low-income women are 26% less likely than women in the highest income bracket to receive a mammogram. In addition, while African American women suffer from breast cancer at a lower rate than White women, they die from the disease more often.

\* **Diabetes:** Diabetes requires consistent management to prevent progression of the disease - proper management and prevention includes hemoglobin testing, eye and foot examinations, influenza vaccinations, and lipid management. Less than one-third of people living within 200% of the poverty line receive these preventive measures, while more than half of people with high incomes receive proper care. When diabetes is not managed properly, patients can incur kidney disease and foot amputations as late-term consequences - conditions that are much more likely among Hispanics and African Americans, respectively.

#### African American/Health Reform Q+A:

Q: Even with responsibility, there are some who are uninsured. There are disparities in health care delivery. How do you deal with disparities in African American communities?

A: Disparities are managed primarily by reducing costs and ensuring access to preventive care. A little over 19% of African Americans are uninsured compared to 11% of Whites. The President sees that as part of the moral imperative; that it's not okay to say that we have millions who don't have health insurance, who don't have access to the system. We've solved the problem for older Americans; everybody over 65 can rely on the fact that they will be eligible for Medicare because Medicare will be there. And this plan will do nothing to change that. But we now need to take care of the rest of the population and make sure that we no longer have this huge gap between people who get good care, get primary care, have a healthy home, stay in good shape, and people who have to come in through the doors of an emergency room to access a doctor or the health care their families need. It's time for a change.

Q: How will the Obama plan affect inner city and rural African American communities?

A: The health care disparities that exist in the African American community are prevalent whether you live in the cities, the suburbs or in rural areas. So reducing the overall costs of health care over time and expanding access will result in more African Americans receiving the medical care they need no matter where they reside. This will be done either through their employer or through the health care exchange, and both situations will reap lower premiums for the insured. Individuals and businesses who cannot afford to purchase health insurance on their own will be helped with a tax credits.