



Improving Health Coverage and Access for African Americans

More than four decades after the passage of civil rights legislation in 1964, African Americans continue to face inequalities in health coverage, provider access, and overall health status. Uninsured African Americans are less likely to receive preventive care, screening services, and appropriate acute or chronic disease management, and they are more likely than insured individuals to have poorer overall health. In 1998, the federal government made eliminating racial and ethnic disparities in health a national priority. However, despite the increased attention that is now being paid to the problem of health disparities, African Americans continue to lag substantially behind their white peers on measures ranging from provider access to health status.

THE PROBLEM

Disparities in Coverage: The Source of the Problem

In 2004, one out of every five African Americans went without health insurance for the entire year, compared to one out of nine non-Latino whites. What's more, African Americans, who make up only 12.6 percent of the U.S. population, represent more than 15 percent of the nation's uninsured. And the problem continues to get worse: The number of uninsured African-American men and women in the country increased from 6.3 million in 2000 to 7.2 million in 2004.¹ While the majority of uninsured individuals belong to working families, African Americans are losing employment-based coverage at an alarming rate—between 2000 and 2003, African Americans experienced a 3.7 percentage point decline in employer-sponsored coverage.²

Disparities in Access: Too Little, Too Late

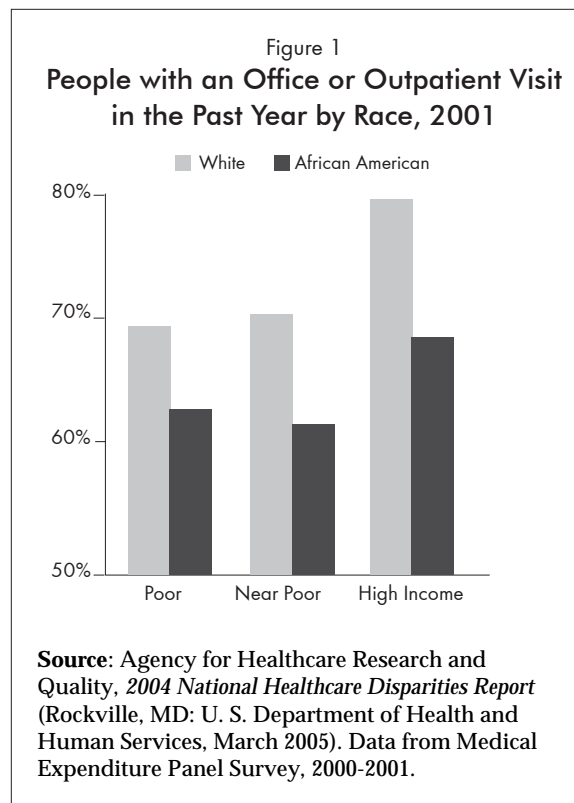
Health status and quality of care are compromised when people do not have access to a regular health care provider. Lack of insurance is the most significant barrier to obtaining health care, but other access limitations affect the health of minority communities as well. Among African Americans, 34 percent report having no regular doctor, compared to 24 percent of whites.³ African Americans are also more likely than any other racial or ethnic group to use the emergency room as their usual source of care, and they are less likely to report being very satisfied with their care over time.

Not surprisingly, racial disparities in access are just as striking among the uninsured population. Only 42 percent of uninsured

African Americans report having a regular doctor, compared to more than 50 percent of uninsured whites.⁴ African Americans are also less likely than whites to visit a specialist, regardless of insurance status. Among insured African Americans, less than 20 percent had visited a specialist in 2003, compared to 27 percent of insured whites. Among the uninsured, 21 percent of African Americans had visited a specialist, compared to nearly 30 percent of whites.⁵

Having regular, affordable access to health care services is essential to maintaining good health. Conversely, not having access to regular health care can lead to poor health. For example, one out of four uninsured African-American men and one out of five uninsured African-American women who reported being in fair or poor health had not visited a physician during the preceding year. This compares to one out of six insured African-American men and one out of 15 insured African-American women.⁶

This disparity in access is likely responsible for many of the health disparities that exist between African Americans and whites. For example, perhaps as a consequence of lacking regular physician access, African Americans with asthma are twice as likely as whites to go to the emergency room for care. They are also much more likely to be hospitalized for asthma, and their mortality rate from the disease is three times



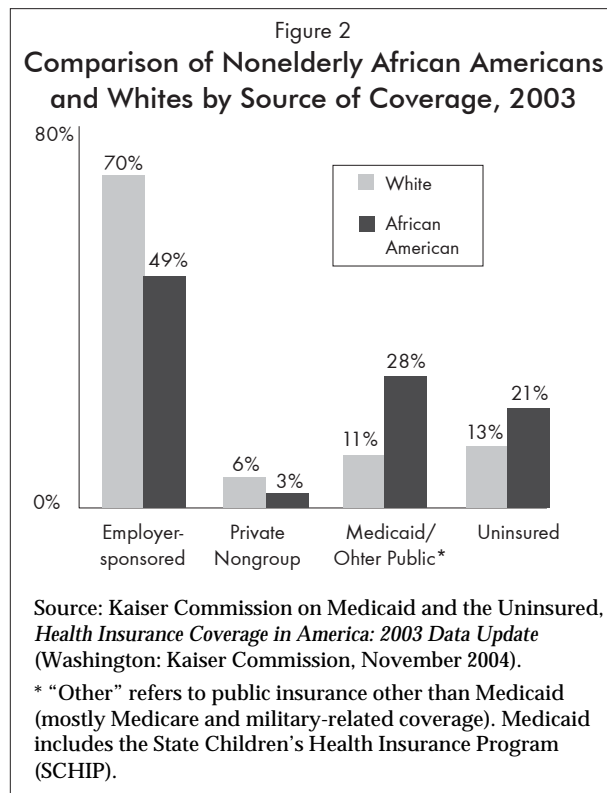
higher than it is for whites. A similar trend exists for heart disease: Death rates from heart disease are almost twice as high among African-American adults as among white adults. Despite this health disparity, however, African Americans are less likely to receive adequate care for heart disease. For example, African Americans undergo bypass surgery at significantly lower rates than whites regardless of insurance status.⁷

Lacking health insurance is a significant barrier to obtaining medical services—a barrier that invariably leads to less care and worse health outcomes for many African Americans in the United States.

The Price of Work: Why Many Working Families Can't Afford Coverage

Health insurance is becoming increasingly expensive, and few Americans can afford to pay for it on their own. Employment related insurance is still the main source of coverage for most Americans, although every year more employers are dropping or scaling back the coverage they offer. As employers stop offering coverage, more families get priced out of the insurance market each year.

Contrary to popular belief, most people who lack health insurance actually belong to working families. In fact, just over 80 percent of uninsured adults and children live in families with at least one working family member.⁸ Unfortunately, many African Americans work in nonstandard job environments, such as with temporary agencies or as independent contractors, which often means that they are less likely to receive insurance coverage through their employers.⁹ What's more, African Americans are less likely to have steady employment—according to one survey, only 16 percent were employed full-time for more than 48 months, compared to 24 percent of whites during the same time period.¹⁰



African Americans were among the hardest hit during the economic recession that gripped the nation from 2000 to 2003. Their employer-sponsored coverage decreased by 3.7 percentage points, with only a 2.9 percentage point increase in Medicaid coverage. Without the protection of Medicaid—the nation's health care safety net—the number of uninsured African Americans undoubtedly would have increased even more as a result of the economic downturn.

THE SOLUTION

Expanding Public Programs to Improve the Health of African Americans

Racial and ethnic disparities in health will continue to exist as long as minorities lack health insurance coverage and are unable to obtain affordable health care services. Access to health coverage is an issue of critical importance to the African American community because this community is disproportionately more likely than whites to be uninsured.

Advocates, policymakers, and community leaders all have a stake in improving the health of African-American communities. For example, nearly eight out of 10 uninsured African-American children appear to be eligible for Medicaid or SCHIP but are not enrolled.¹¹ To reach these underserved families, targeted, culturally sensitive outreach efforts are necessary to ensure that all children have adequate access to health care that will lead to a reduction in disparities.

Public health insurance programs have been remarkably effective at expanding coverage to low-income African-American families and their children, but the programs face serious financial threats at both the state and federal level. By making it

easier to qualify and enroll in Medicaid and SCHIP, it is possible to make the U.S. health care system more accessible to African Americans and to help close the health disparities gap.

Improvements to public health programs must be coupled with increased access to job-based insurance. Because the vast majority of uninsured African Americans are members of working families, it is imperative that employers offer affordable health insurance to all of their workers. This is especially important for firms that employ low-wage, entry-level workers, where many African Americans find employment. Without affordable access to coverage, the problem of health disparities in African-American communities will continue to worsen.

Endnotes

¹ Estimate based on the Census Bureau's March 2005 Current Population Survey. *Current Population Survey: Annual Social and Economic Supplements*, available online at <http://pubdb3.census.gov/macro/032005/health/toc.htm>, accessed on November 22, 2005.

² John Holahan and Arunabh Ghosh, *The Economic Downturn and Changes in Health Insurance Coverage, 2000-2003* (Washington: Kaiser Commission on Medicaid and the Uninsured, September 2004).

³ J. Lee Hargraves, *Trends in Health Insurance Coverage and Access Among Black, Latino and White Americans, 2001-2003* (Washington: Center for Studying Health System Change, October 2004).

⁴ Ibid.

⁵ Ibid.

⁶ E. Richard Brown, Victoria D. Ojeda, Roberta Wyn, et al., *Racial and Ethnic Disparities in Access to Health Insurance and Health Care* (Los Angeles: UCLA Center for Health Policy Research and Kaiser Family Foundation, April 2000), available online at <http://www.kff.org/uninsured/1525-index.cfm>.

⁷ Marsha Lillie-Blanton, Osula Evadne Rushing, and Sonia Ruiz, *Key Facts: Race, Ethnicity & Medical Care, Update June 2003* (Menlo Park, CA: Kaiser Family Foundation, 2003), available online at <http://www.kff.org/minorityhealth/upload/Key-Facts-Race-Ethnicity-Medical-Care-Chartbook.pdf>.

⁸ Kaiser Commission on Medicaid and the Uninsured, *The Uninsured: A Primer, Key Facts About Americans Without Health Insurance* (Washington: Kaiser Family Foundation, December 2003).

⁹ Peter S. Fisher, Elaine Ditsler, Colin Gordon, et al., *Nonstandard Jobs, Substandard Benefits* (Mount Vernon, Iowa: The Iowa Policy Project, July 2005).

¹⁰ Michelle M. Doty and Alyssa L. Holmgren, *Unequal Access: Insurance Instability Among Low-Income Workers and Minorities* (New York: The Commonwealth Fund, April 2004).

¹¹ *Going Without: America's Uninsured Children* (Washington: Robert Wood Johnson Foundation, August 2005).

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