



Health Coverage in African American Communities: What's the problem and what can we do about it?

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Three decades after the passage of civil rights legislation, African Americans still face inequalities in health coverage, provider access, and overall health status. Uninsured adults are less likely to receive preventive care, screening services, and appropriate acute or chronic disease management, and they are more likely to have poorer overall health compared to insured individuals.¹ Lack of health insurance often forces people to put off getting needed medical care because they cannot afford the out-of-pocket cost of health services. These problems disproportionately affect African Americans, who make up about 13 percent of the population but who represent 17 percent of the uninsured.²

THE PROBLEM

Disparities in Coverage

Despite the decline in the number of uninsured Americans that began in 1999, significant disparities in health coverage among different ethnic groups persist. Recent Census data show that the number of uninsured Americans has started to rise again, and communities of color continue to be disproportionately affected by a lack of health insurance. Nineteen percent of African Americans are uninsured. This is above the national average of 15 percent and well above the percentage of uninsured non-Hispanic whites (10 percent). Fourteen percent of African American children have no health insurance.³ Nearly 30 percent of African Americans ages 18-64 were uninsured at some point in the last year, compared with 20 percent of white adults in the same age group.⁴

Disparities in Access to Care

Health status and quality of care are compromised when people do not have access to a regular health care provider, and access to health care remains a problem for communities of color. Thirty five percent of African Americans report having no regular doctor, compared with 25 percent of whites. African Americans are more likely than whites to use emergency rooms as their usual source of care and are less likely to report being very satisfied with their care over time. Not surprisingly, ethnic disparities in access among the uninsured are far greater than those among the insured. Only 36 percent of uninsured African Americans report having a regular doctor, compared to over 51 percent of uninsured whites. Among insured individuals, there is a seven percent difference between the two groups.⁵

These disparities in health access correlate with discrepancies in health status. African American adults are more likely to suffer from cardiovascular disease, complications of uncontrolled diabetes, and HIV than their white counterparts.⁶ African American women have higher incidences of colon, rectal, and lung cancer than all other ethnic groups. African American women are also more likely to die from breast cancer than any other racial group even though white women have a higher incidence of the disease. African American men have the highest incidence and mortality rates among all ethnic groups for prostate, colon, rectal, and lung cancer.⁷ African American children comprise almost two-thirds of all pediatric AIDS cases. Despite these disparities, African Americans are less likely than whites to receive appropriate treatment for these conditions after diagnosis. Although many factors contribute to the high prevalence of these diseases in the African American community, the lack of access to quality health insurance plays a crucial role.

Working Families Don't Have Equal Access to Coverage

Health insurance is expensive, and few of us could afford it by ourselves. If the cost were not paid in part by employers, most families would not be able to get coverage. Contrary to popular belief, most people who lack health insurance are in working families. In fact, more than 80 percent of uninsured adults and children live in working families. Unfortunately, workers employed by small firms, low-wage firms, or certain employment sectors are less likely to be offered coverage and, if they are offered coverage, it is often unaffordable. Interestingly, in the African-American community, there are

lower rates of employment-based coverage than there are for whites, and this holds true across all firm sizes and employment sectors. For example, among higher-coverage sectors, such as manufacturing and professional services, 72 percent of African Americans are covered, compared to 86 percent of whites. In sectors with lower coverage, 45 percent of African Americans are insured, compared with 66 percent of whites.⁸

The use of public coverage in the African-American community makes up for some of the disparities created by differences in employment-based coverage for lower-income families. However, African-American families with higher incomes remain almost twice as likely as whites to be uninsured.⁹

THE SOLUTION

Expanding Coverage

Expanding public health insurance programs could significantly lessen the disparities in health coverage and health access. The State Children's Health Insurance Program (SCHIP), established in 1997, opened the door for more children to obtain health coverage. Now, children in most states are eligible for Medicaid or a separate state health insurance program if they live in families with incomes as high as twice the federal poverty level (\$36,200 for a family of four in 2002). Many states have liberalized Medicaid and/or SCHIP coverage for the parents or relatives taking care of those children.¹⁰ These expansions of coverage have created new opportunities for low-income families to

obtain health insurance, but to make that promise a reality, more states need to take advantage of their options to expand health coverage to parents and other adults.

Efforts to inform African American parents that they or their children may be eligible for a public health insurance program should be undertaken and encouraged. Many uninsured families are eligible for Medicaid or CHIP but haven't yet enrolled in these programs. Nearly 95 percent of low-income, uninsured children across the country are eligible for Medicaid or CHIP but not enrolled. Among African Americans, 2.1 million uninsured children may be eligible for Medicaid or CHIP but are not yet enrolled.

WHAT CAN YOU DO?

- ✓ Educate yourself on the issue.
- ✓ Help spread the word!
- ✓ Join a coalition working on the issue in your state.
- ✓ Write the members of your state legislature and your members of Congress.
- ✓ Register to vote... and vote!

For more information on expanding health insurance within communities of color, contact the Field Department at Families USA at
1-800-593-5041

¹ Institute of Medicine, *Care Without Coverage: Too Little, Too Late* (Washington: National Academy Press, 2001).

² Mills, R., *Health Insurance Coverage: 2001* (Washington: U.S. Census Bureau, September 2002).

³ Ibid.

⁴ Collins, K, Tenney, K, Hughes, D, *Quality of Health Care for African Americans: Findings from the Commonwealth Fund 2001 Health Care Quality Survey* (New York: The Commonwealth Fund, March 2002).

⁵ Hargraves, J., *Tracking Report: The Insurance Gap and Minority Health Care, 1997-2001* (Washington: Center for Studying Health System Change, June 2002).

⁶ Institute of Medicine, op. cit.

⁷ National Cancer Institute: (<http://newscenter.cancer.gov/pressreleases/healthdisparities.html>).

⁸ Brown, E. Richard, Victoria D. Ojeda, Roberta Wyn, and Rebecka Levan, *Racial and Ethnic Disparities in Access to Health Insurance and Health Care* (Los Angeles: UCLA Center for Health Policy Research and The Henry J Kaiser Family Foundation, April 2000); Institute of Medicine, *Coverage Matters: Insurance and Health Care* (Washington: National Academy Press, 2001).

⁹ Brown, E. Richard, op. cit.

¹⁰ Kaiser Commission on Medicaid and the Uninsured, "Enrolling Uninsured Children in Medicaid and CHIP," *Medicaid Facts* (Washington: Kaiser Commission on Medicaid and the Uninsured, January 2000).