

Inferior Health Care in America: A shameful reality

Written by A. Barry Rand, NNPA Special Commentary
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For all the reasons to fix the health care system, one of the most critical has been overlooked in the national debate: The shameful reality that African-Americans and other minorities often receive less care and inferior care than other Americans - and suffer worse health as a result.

The disparities begin even before birth, as Black women too often receive inadequate prenatal care. Their babies too often are born prematurely and with low birth weight. The odds of an African-American child dying during infancy are more than double those of Whites. Disparities continue through life, with Blacks suffering higher rates of chronic illness, such as asthma, diabetes, and cancer, more HIV, and higher rates of obesity than the U.S. population overall.

These problems are made worse by obstacles to care, such as unaffordable insurance. And they last until death, which often arrives years earlier for Blacks than for Whites.

America should not be a nation of health-care haves and have-nots. Fortunately, health care reform can provide much of the answer. AARP is urging Congress to approve comprehensive health reforms that will:

- Guarantee quality, affordable care for all Americans. Insurers should not be allowed to charge extra or reject people based on age or health history.
- Lower prescription drug costs. This can be achieved by making low-cost generic drugs more widely available, and strengthening prescription drug benefits under Medicare.
- Improve care for all. People should get the right treatment at the right time. Yet too often this does not happen. By certain measures, the quality gap for African-Americans and Hispanics has actually worsened.

Elderly Blacks are less likely than elderly whites to get a pneumonia vaccine, and this gap has widened. African Americans with diabetes are more likely than Whites to end up with a foot or leg amputated, another disparity that has grown worse.

Blacks and Hispanics get screened less frequently than Whites for colorectal and other cancers. They also have lower rates of treatment for depression. Black women are less likely than white women to have breast cancer diagnosed from a mammogram or a clinical breast exam. (See <http://www.kff.org/minorityhealth/7633.cfm> for state data).

Make no mistake: Individuals should do what they can to help themselves. People should maintain healthy lifestyles and make responsible personal choices. But the problem of disparities goes deeper. Fixing it will require significant policy changes.

Expensive insurance is a towering barrier to good care. About one in five African-Americans does not have health insurance. For Whites, the statistic is one out of eight.

The lack of insurance is not the only barrier that minorities must contend with. Traditional doctors' offices have vanished from many urban and rural areas, prompting residents to seek

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basic care in chaotic emergency rooms. Wouldn't they be better off with a doctor who actually knows them and is set up to provide non-emergency care?

AARP believes that everyone should have affordable, quality health care choices.

The federal government should issue comprehensive requirements to collect more health care data on race and ethnicity, so experts can get the clearest possible sense of the disparities and strategies needed to address them. Congress can help by strengthening Medicare's safety net programs to ease the cost burden of low-income seniors.

We also support payment policies aimed at increasing financial rewards for doctors who provide routine, primary care and for efforts to prevent illness, rather than wait until problems emerge.

Education and training are another part of the answer. We encourage efforts to increase cultural awareness and racial diversity in the health care workforce. Health care providers need the best possible understanding of what's going on with their patients if they are to provide the excellent care everyone deserves.

Disparities in care are more than unfair. They undermine health and erode productivity in our economy. By allowing ailments to worsen, they raise costs for everyone. They are an invisible divide that weakens all of society.

If you agree, please go to www.HEALTHACTIONNOW.org and join AARP's campaign to transform health care. It's time for action to fix these inequities. It's time to create a better system for everyone.

A. Barry Rand is the CEO of AARP, a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole.