

The Affordable Care Act Promotes Equal Opportunity for African Americans

Access to quality health care is a fundamental civil and human right, but the current system of health care in the U.S. denies this right to the most vulnerable segments of society. The Affordable Care Act promotes opportunity for millions of uninsured persons to participate in the life of our nation. It achieves this objective by making health insurance, and ultimately, health care itself more affordable. This, in turn, alleviates the severe financial burdens that fall on the uninsured, which have a disproportionate negative impact on communities of color, low-income persons, and other disadvantaged populations.

The burdens of costly health care are not distributed evenly. Rather, they fall disproportionately on disadvantaged populations, which are more likely to experience higher rates of unemployment, to have jobs that do not have health insurance, and to have lower incomes that put higher insurance premiums out of their financial reach.

- Racial and ethnic minorities are much more likely to be uninsured than Whites. They constitute about one-third of the U.S. population, but make up more than half of the 50 million people who are uninsured.¹
- One in five African Americans were uninsured in 2009, compared to one in ten non-Hispanic whites. Findings from previous years also show the uninsured rate to be particularly high among people aged 18 to 34, those living in the South or the West, and those living in households with less than \$25,000 in income.²
- Whereas 71 percent of working-age whites had health insurance through their workplace in 2005, only half of working age African Americans had employer-sponsored coverage.³

The uninsured have higher rates of illness and suffer the effects of lost educational, employment, and other social and civic opportunities.

- Better health status in childhood is associated with higher incomes, higher wealth, more weeks worked, and a higher growth rate in income.⁴
- Conversely, being uninsured correlates with poor education outcomes, such as failing to graduate from high school or to enroll in college. The uninsured often amass significant debt as a result of unforeseen medical expenses, leading to a downward, destabilizing financial spiral, including poor credit, bankruptcy, lost wages, lower annual earnings, and unemployment. These associated effects of being uninsured are more likely to affect racial minorities.
- African Americans suffer from obesity, heart disease, and diabetes at high levels.⁵ In 2008, 44 percent of African Americans were obese, compared to 33 percent of whites.
 - Nearly 50 percent of African American women were obese, compared to 33 percent of white women. African American adults are less likely to be diagnosed with coronary

¹ Kaiser Family Foundation. *The Uninsured: A Primer, Key Facts About Americans Without Health Insurance*. October, 2007.

² Broadus, Matt. "The Census Bureau's Upcoming Report on Health Insurance." September 9, 2011. <http://www.cbpp.org/cms/index.cfm?fa=view&id=3575>

³ Joint Center for Political and Economic Studies. *Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations*. July 2010. Pg. 8.

⁴ James A. Baker III Institute for Public Policy of Rice University. *The Economic Impact Of Uninsured Children On America* June 2009. <http://www.bakerinstitute.org/publications/HPF-pub-HoShortUninsuredChildren-060309.pdf>

⁵ U.S. Department of Health & Human Services. "Benefits for African Americans of New Affordable Care Act Rules on Expanding Prevention Coverage." July 14, 2010. http://www.healthcare.gov/news/factsheets/2010/07/benefits-for-african-americans_.html

disease, but are more likely to die from heart disease. This may result in part from lack of timely prevention or screening.

- High blood pressure contributes to both heart disease and strokes, and African American adults are 1.5 times more likely to have high blood pressure and 1.7 times more likely to have a stroke than white adults.
- Compared to whites, African Americans are twice as likely to both be diagnosed with diabetes and die from the disease.

Primary and secondary prevention are important parts of maintaining a healthy population, but the uninsured are less likely to receive preventative care.

- Even after adjusting for age, insurance and income, communities of color are less likely than their white counterparts to have a usual source of health care. African Americans are 62 percent less likely than whites to receive care in a private doctor's office and more likely to seek care in community health centers (CHCs) or emergency departments. Recent data show that nearly two-thirds of CHC patients are non-white.⁶
- Blacks have poorer quality of care than whites for about 60 percent of quality measures, including not receiving prenatal care and recommended childhood and adult immunizations⁷
- A large proportion of African Americans (44 percent) often delays or forgoes routine and preventive care.⁸

By facilitating affordable health care, the ACA integrates the uninsured more fully into the life of our nation and helps them to participate on a more equal footing with the rest of society.

The Leadership Conference has joined the NAACP Legal Defense and Educational Fund and the American Civil Liberties Union in filing [an amicus brief with the Supreme Court arguing that the minimum coverage provision of the Patient Protection and Affordable Care Act is clearly constitutional](#) and, in fact, advances equal opportunity and liberty for millions of disadvantaged Americans.

The Leadership Conference on Civil and Human Rights has also signed [a friend-of-the-court brief in support of the Medicaid Expansion Provision of the Affordable Care Act](#). The brief outlines U.S. obligations under international treaties to address disparities in both access to and quality of coverage and care.

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⁶ Joint Center for Political and Economic Studies. *Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations*. July 2010. Pg.10.

⁷ Agency for Healthcare Research and Quality, *2004 National Healthcare Disparities Report*. December 2004.

⁸ Joint Center for Political and Economic Studies. *Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations*. July 2010. Pg.10.