

The Affordable Care Act Promotes Equal Opportunity for American Indians and Alaska Natives

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 provide 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
- In 2003, American Indians and Alaska Natives had worse access to care than Whites for about a third of access measures, including lacking health insurance and having problems with patient-provider communication.²

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.³
- 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.
- Compared to the general U.S. population, American Indians are 638 percent more likely to suffer from alcoholism, 400 percent more likely to contract tuberculosis, 291 percent more likely to suffer from diabetes, 67 percent more likely to have pneumonia or influenza, and 20 percent more likely to suffer from heart disease.⁴
- American Indians are more than twice as likely to suffer from diabetes as Whites.⁵

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

² Agency for Healthcare Research and Quality. "2004 National Healthcare Disparities Report." March 2005.

³ 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>.

⁴ Indian Health Services, "Trends in Indian Health, 2000-2001." Pg. 7.

⁵ Centers for Disease Control and Prevention. "National Diabetes Fact Sheet: General Information and National Estimates on Diabetes in the United States, 2003." 2004. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2003.pdf.

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. Recent data show that nearly two-thirds of CHC patients are non-White.⁶
- About a third of uninsured American Indians/Alaska Natives (35 percent) report that they do not have a usual source of care, more than three times the proportion of those who have some sort of health insurance coverage.⁷

By facilitating affordable health care, the Affordable Care Act 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 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 E. Richard Brown, Victoria D. Ojeda, Roberta Wyn, et al. "Racial and Ethnic Disparities in Access to Health Insurance and Health Care." April 2000. <http://www.kff.org/uninsured/1525-index.cfm>.