

The Consequences of Being Uninsured for African Americans

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Being Uninsured is a Uniquely American Condition

The United States is the *only* industrialized country in the world that does not ensure that all of its citizens have health insurance. During 2003, approximately 45 million Americans, about 18% of the non-elderly population, had no health insurance. For over 100 years, US policymakers have debated about whether to provide universal access to health insurance. During the last 30 years, these debates have sharpened as the rate of uninsured has grown along with the costs of medical care services. Despite the fact that public support for universal access is steadily increasing, health insurance in America remains a commodity in the marketplace whose availability is dependent upon one's ability to pay for it

African Americans Are Disproportionately Represented Among the Uninsured – What Are the Facts About Who is Uninsured and Why?

Perhaps the most important fact about the uninsured is that four out of five (82%) are in working families; 70% live in households with a full-time worker and 12% with a part-time worker. Low-wage workers, such as laborers, services workers and workers in small businesses, are at greatest risk of being uninsured. Over 80% of uninsured American workers are in blue color jobs. Low-income Americans (those who earn less than 200% of the federal poverty level (FPL) or \$28,256 for a family of three) run the highest risk of being uninsured. Over a third of the poor (<200% FPL) and more than a quarter of the near-poor (<300% FPL) lack health insurance.

National surveys have consistently confirmed the simple and primary reason why people are uninsured – they cannot afford to purchase health insurance if their employers don't offer and pay for health insurance. Compared to white Americans, studies show that African-Americans are less likely to work in jobs that make health insurance available, they are less likely to be offered health insurance, and they are less likely to take it when offered. Just 53% of African Americans get insurance through work as compared to 72% of white Americans. Changes in life circumstances, such as changing or losing a job, becoming widowed or divorced, often create the conditions for being uninsured

Relative to their numbers in the overall population, African Americans pose a disproportionate share of the uninsured population as well as of the low-income and near poor population. African Americans constitute 12% of the overall population but 16% of the uninsured. 53% of African Americans earn less than 200% FPL as compared with 25% of white Americans. 20% of African Americans are uninsured compared to 12% of white Americans; African Americans are twice as likely to be uninsured as white Americans. 24% of African Americans are covered by public insurance (Medicaid) as compared with 16% of white Americans.

Uninsured rates vary widely across the country largely due to differences in state economies, the availability of employer-sponsored coverage, and the concentration of poverty. Nearly a three-fold difference exists between the states with the lowest (Minnesota, Rhode Island, and

Wisconsin with 9%) and highest (Texas and New Mexico with 26%) uninsured rates. Residents of the South and West are more likely to be uninsured than Northerners and Midwesterners. 20 percent or more of the population in three of the most populous states (California, Texas and Florida) do not have insurance. Together, these three states account for 1 in 3 or 34% of uninsured people.

Being uninsured depends on where you live, what kind of job you have, how much money you make, and what has happened in your life. It also matters whether you are African American.

Being Uninsured Means Decreased Access to Needed HealthCare Services – HealthCare without Insurance Coverage Is Usually Too Little Too Late

Many Americans believe that people who lack health insurance somehow do get the care they really need. Nothing could be further from the reality. Surveys consistently show that being uninsured means that people postpone needed healthcare service, do not receive regular and preventive care, do not fill necessary prescriptions, and wait until there is a crisis to seek care.

Two leading institutions in the US recently and independently examined the last 25 years of research and scientific evidence about the consequences of being uninsured for access to healthcare services. The Institute of Medicine of the National Academies and The Henry J. Kaiser Family Foundation reached these similar conclusions. The uninsured receive less preventive care, are diagnosed at more advanced disease stages, and once diagnosed, tend to receive less therapeutic care (drugs and surgical interventions). Working-age Americans without health insurance are more likely to receive too little medical care and receive it too late; be sicker and die sooner; and receive poorer care when they are in the hospital, even for acute situations like a motor vehicle crash.

47% of non-elderly uninsured adults have no regular source of health care. Uninsured children are 70% more likely than insured children not to receive medical care for common conditions like ear infections and 30% less likely to receive medical attention when they are injured. The near elderly, aged 50 to 62, are particularly vulnerable to both being uninsured and having chronic and serious health conditions. In the wake of Katrina, many physicians providing emergency care commented that they were seeing people with significant health problems such as diabetes and cardiovascular disease who hadn't been to a doctor in more than two years.

Uninsured adults more often go without recommended cancer screening tests, delaying diagnosis until the cancer is advanced and more likely to be fatal. Uninsured adults with serious chronic problems, such as hypertension, lack regular access to medications that help control these conditions. 25% of adults with diabetes who are uninsured for a year or more go without a health checkup for two years and miss timely eye, foot and blood pressure exams that help prevent blindness, amputation, and cardiovascular disease.

Uninsured children use fewer medical and dental services and are less likely to receive routine preventive check-ups and immunizations. Half of uninsured children have not had a doctor's visit in the past year, more than twice the rate of privately insured children. Readily treatable

children conditions such as ear infections that can affect hearing and language development are more likely to go undetected and/or untreated in uninsured children.

Being Uninsured Means Significantly Worse Health Outcomes & Diminished Health Status

Research has consistently shown that lack of health insurance ultimately compromises a person's health because they are less likely to get preventive care, more likely to be hospitalized for an avoidable health problem, and more likely to be diagnosed with late stage disease. Having health insurance improves health overall and likely reduces mortality rates for the uninsured by 10 to 15%. One national study found that, over a 17-year follow-up period, adults who lacked health insurance at the outset had a 25% greater chance of dying and dying prematurely than did those who had private health insurance.

The uninsured are more likely than those with health insurance to be hospitalized for conditions that could have been avoided, such as pneumonia and uncontrolled diabetes. Uninsured women and their newborns receive less prenatal care and are more likely to have poor outcomes during pregnancy and delivery, including more maternal complications, infant death, and low birth weight which is associated with long term developmental problems. The uninsured with various forms of cancer are more likely to be diagnosed with late stage cancer and thereby have higher mortality rates. Death rates for uninsured women with breast cancer are significantly higher compared to women with insurance. African American women experience mortality rates for breast cancer that are higher than white American women likely due to delayed screening/late stage diagnosis.

A few years ago, the Robert Wood Johnson Foundation sponsored a compelling ad campaign intended to inform the national discussion on universal access to health insurance. With a picture of a small girl, the ad narrative compared the outcomes for her mother diagnosed with breast cancer with insurance and without insurance. An insured mother gets regular screening and early diagnosis, timely and appropriate healthcare services, and a good outcome. An uninsured mother gets a late stage diagnosis, limited and delayed access to healthcare services, and very likely a poor outcome.

That fact that being uninsured is associated with significantly worse health outcomes has disproportionately negative implications for African Americans who are more likely to be uninsured. These implications are reflected in higher mortality rates for African Americans in many areas such as breast cancer, prostate cancer, diabetes, and cardiovascular disease. While screening rates for breast, cervical, colon and prostate cancer are all comparable for white Americans and African Americans, mortality rates for all of these cancers are higher for African Americans. These disparities are likely the result of delayed screening/late stage diagnosis and constrained access to healthcare services. African Americans have higher incidence of chronic disease such as diabetes, high blood pressure, and obesity; health status outcomes will reflect constrained access to healthcare services. For example, heart disease mortality rates for non-elderly adults are twice as high for African Americans as for white Americans. The infant mortality rate for African Americans – 15% in high school and 14% post-high school – is almost one-third higher than the next ethnic group and more than twice as high as for white Americans.

Being Uninsured Means Worse Outcomes in Quality of Life and Family Life

The Institute of Medicine examined the consequences of uninsurance for family health, financial stability and general well-being. Their 2003 report demonstrates that having one or more uninsured members in a family can have adverse consequences for financial, physical, and emotional well-being of everyone in the household. If an uninsured family member has a serious health problem, such as a major trauma from a car crash, the resulting bills can undermine the financial stability of the entire family. Uninsured parents are more likely to be constrained in seeking healthcare for their children, even where the children are insured. Families lose peace of mind because they live with the uncertainty and anxiety of the medical and financial consequences of a serious illness or injury.

Uninsured families are more likely to have large out-of pocket medical expenses relative to their income and often must borrow money to pay medical bills. Medical bills are a factor in nearly half of all personal bankruptcy filings in the US. In 2002, 44% of the uninsured had a serious problem paying medical bills and nearly one-third were contacted by a collection agency about medical bills. Moreover, the accumulation of unpaid medical bills means that these families' future ability to access care is even more diminished.

Uninsured children have worse access to and use fewer health care services than children with insurance, including important preventive services that can have beneficial long-term effects. There is growing attention to the fact that for many school children with behavior problems and who are at risk of dropping out/being expelled, the source of the problem is frequently an untreated health condition. Common childhood conditions such as ear infections and iron deficiency anemia are more readily detected and treated with routine, timely care. But without suitable care, these conditions can affect a children' language development, long-term performance in school, and ultimate success in life.

The research confirms that poor health reduces the ability to work and the ability to invest in one's own human capital such as through education, academic achievement, and workplace accomplishments. Findings show that better health can improve annual earnings by about 10 to 30 percent and increase the capacity for educational attainment. On the other hand, the state of being uninsured bodes very poorly for health status, educational attainment, economic opportunity, and annual earnings. Health and wealth are truly intertwined at the most basic level.

Growing Numbers of Uninsured Have Troubling Implications for Communities' Health

The sheer number of uninsured persons in a community can add to the community burden of disease and disability. For example, the spread of communicable disease from unvaccinated or ill individuals, shortages of health care providers, and the loss capacity to deliver essential health care services due to demands from person unable to pay are all consequences of being uninsured. In urban areas with high uninsured rates, persons in lower-income families are more likely to report fair or poor health status than are their counterparts in areas with lower uninsured rates. Stressors on state and local public health departments as providers of last resort mean that these entities may not be able to meet their responsibilities as guardians of public health, due to, for example, weakened emergency preparedness capacity, fewer resources for disease surveillance, and higher levels of communicable disease. The economic vitality of a community is diminished

by productivity lost as a result of the poorer health and premature death or disability of uninsured workers. Leading research clearly supports the position that it is mistaken to assume that the persistence of a sizable uninsured population in the US harms only those who are uninsured.

***Living Without Health Insurance is Living on the Edge of Poverty –
You Are Only One Unlucky Break from Disaster***

Sarita started her own printing business and employs 10 workers. She does not always break even every month, and cannot afford health insurance for herself or her employees. Sarita worries about not having insurance. She is also very concerned about the health and well-being of her employees. She expects that one of them may face a serious health problem in the future without the benefit of health insurance. Nonetheless, as a small business owner, Sarita must remain competitive and purchasing health insurance is simply beyond her reach.

MaryAnne lives in a dilapidated apartment but this is all that she can afford for herself and two children on her wages. MaryAnne cannot afford health insurance and earns too much for Medicaid. One of her children has serious asthma and MaryAnne has had to leave work to take her to the doctor, incurring medical bills and losing wages. She knows that moving to a better apartment would help her daughter's health but this is impossible. She worries about losing her job due to absences and about her accumulating unpaid doctor bills.

Janice has three small children and her husband had a good job in construction. Last year he suffered a serious work-related injury and has not yet returned to work. Although her husband is getting workmen's compensation, his work-related health insurance no longer covers her or the children. Her youngest child has recurrent serious ear infections and Janice is having difficulty getting treatment because she has accumulating unpaid doctor bills. Janice has recently noticed a worrisome lump in her breast but is delaying seeking healthcare because of her fears about cost.

***Being Uninsured Has A Particular Meaning for African Americans –
Just Like Everyone Else Except Worse As Health Disparities Are Exacerbated***

The consequences of being uninsured in the US mean that you will be sicker and poorer, and poorer and sicker -- caught in a grim cycle from which it is difficult to emerge. African Americans are particularly affected by this disheartening and disabling dynamic as African Americans represent in disproportionately higher rates families living in poverty or near poverty, workers in low-wage jobs, uninsured families, and persons with chronic and disabling disease. While being uninsured is one of several factors contributing to health disparities in the US, it is a significant factor nonetheless and one notably easier to address as compared with other contributing factors such as lack of diversity of healthcare professionals, systematic barriers to healthcare services, and institutionalized racism in the delivery of healthcare services.

Recommended Resources on Meaning and Consequences of Being Uninsured in America:

The Henry J. Kaiser Family Foundation website www.kff.org
Search for: ***Health Coverage and the Uninsured***

Institute of Medicine of the National Academies www.iom.edu/uninsured
Search for: *Insuring Health: Consequences of Uninsurance*