

Health Care is *Not* Color-Blind

Race Impacts Access to Care

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Within the past decade, experts have made great research investments to find out if health care was indeed color blind. And, many are not too pleased with the answer. Despite the fact that we are all the same on the inside, research shows that race partially determines who has access to health care and how much care is available.

According to Dr. Vanessa Gamble, health policy consultant, member of the National Advisory Council for Healthcare Research and Quality, and author of *Making A Place for Ourselves: The Black Hospital Movement, 1920-1945*, disparities need to be viewed in the context of how race has been viewed historically and how it has changed.

“Race is a powerful social construct that has an impact on health outcomes,” said Gamble. “We need to decide what it means. There was a time in this country when people, because of the color of their skin, were not allowed in hospitals. There was a segregated hospital movement and system in the country, and for a lot of elderly African Americans, they remember it and that influences their perception of our health care system,” Gamble added.

Socioeconomic status, health practices, psychosocial stress, resources, environmental exposures, and limited English proficiency are additional factors believed to contribute to racial and ethnic disparities in health care, which impact the unequal burden of disease and mortality among the diverse racial and ethnic populations.

Only by re-tracing what Gamble refers to as the “medical civil rights movement,” can a clear picture of today’s system be drawn. Acts were passed and followed by cases that challenged hospital segregation at Federal and privately-funded hospitals. From the civil rights legislation to anti-discrimination clauses in Medicare and Medicaid, the fight for equal health care has been an ongoing battle that Gamble stresses is still being fought.

“When people were trying to desegregate hospitals they were trying to get access to care, but they were defining access to care as simply being allowed to get into the door,” said Gamble. “What we have to talk about today in terms of the medical civil rights movement is what happens once you get in the door.”

According to Gamble, the medical civil rights movement, originally based on a Black/White dichotomy, has changed drastically, but still continues. “Language proficiency found its way into the picture, as the U.S. became more diverse. With the ever-changing face of the nation there are still remnants of segregation in this country. This segregation appears to be color neutral, but in actuality, it is history repeating itself,” she added.

Affecting Today’s Community

The history of race in the U.S. and how it affects access to health care today, has been linked with a lack of financial resources as one of the many barriers to equal health care for people of color. Released in 2002, the Commonwealth Fund’s 2001 Health Care Quality Survey found that Hispanics and African Americans are most at risk of being uninsured. Minorities in general have lower rates of insurance coverage and as a result, less access to health care.

Despite insurance status, the survey’s findings indicate that minorities are more likely than Whites to be disconnected from their regular sources of care and the health care system overall. Uninsured minorities are more likely than uninsured Whites to experience difficulties in accessing health care. During the year prior to the survey, those who were temporarily or permanently uninsured—39 percent of Hispanics, 38 percent of African Americans, and 32 percent of Asian Americans—said they had very little or no choice in their source of health care. On the other hand, 25 percent of uninsured Whites reported very little or no choice in source of care.

“Minorities are facing different barriers today,” said Dr. Jose Arbelaez, a data analyst at Johns Hopkins School of Medicine. “One of the most important [barriers] is the lack of health insurance, a big factor among African Americans and other minorities.”

Arbelaez said that rates of the uninsured and underinsured, particularly among African Americans, remain very high, affecting how care is received. A 1998-99 Allegheny County Health Department project, in collaboration with Johns Hopkins School of Medicine, explored demographics, barriers to health care, interaction with providers, and medical myths in a cross-sectional study of more than 200 community members in the Pennsylvania county.

The study found that 28.6 percent of African Americans and 13.5 percent of Whites had difficulty receiving care in the previous 12 months. African Americans were five times more likely to be asked their availability to pay for treatment, independent of their insurance status. Twenty-five percent of African Americans and 45.3 percent of Whites reported that providers made payment allowances for them, while 38.2 percent of African Americans and 22.1 percent of Whites were referred to collection agencies for medical bills.

Statistics and research show that the health care experience for Whites and people of color differ dramatically throughout the nation. According to Arbelaez, health care barriers, such as financial need, low literacy, and discrimination provide an answer to the question, is health care a color-blind process? To many, unfortunately, the answer is no.

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Health Care is Not Color-Blind is based on the Summit workshop “Race and Access to Health Care.”

