



THE ANTI-POVERTY SOLDIER



Community Action

By Clarence Hightower, Ph.D.

When do we say “Enough is enough?” *The persistence of racial disparities in our healthcare system*

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When you allow racial disparity and institutional inequity to affect one part of the country, eventually it's coming back to get everyone.

- Tim Wise

America has the best doctors, the best nurses, the best hospitals, the best medical technology, the best medical breakthrough medicines in the world. There is absolutely no reason we should not have in this country the best health care in the world.

- Bill Frist

Health and health care disparities in the United States are a long-standing and persistent issue. Disparities have been documented for many decades and, despite overall improvements in population health over time, many disparities have persisted and, in some cases, widened ...Low-income individuals and people of color face increased barriers to accessing care, receive poorer quality care, and experience worse health outcomes.

- Henry J. Kaiser Family Foundation

For several years local nonprofit leaders, community activists, concerned citizens and others sounded the alarm regarding the rampant racial disparities that exist in the Twin Cities and greater Minnesota. In time, these voices got through to the Minnesota Legislature, the Minneapolis Federal Reserve, and a number of other organizations.

Among the agencies at the forefront of addressing these disparities has been the Minnesota Department of Health (MDH), which established the Eliminating Health Disparities Initiative (EHDI). To their credit, the MDH's 2014 *Advancing Health Equity* report cited structural racism as well as a number of other factors as contributors to racial disparities in the overall health and wellness of Minnesotans.

In the first couple of years since the MDH's 2014 report, other studies, including two consecutive annual reports from the nonprofit MN Community Measurement, suggested that there had been minimal progress in reducing health disparities among populations of color. In fact, MN Community Measurement's *Health Equity of Care Report* noted that Minnesota remained “home to some of the largest inequities in health status and incidence of chronic disease between populations.”

And yet, it appears that good intentions and the efforts of MDH and others might be yielding some positive results. In MN Community Measurement's recently published *2016 Health Care Disparities* report reveals the several health related measures for those enrolled in Minnesota Health Care Programs (MHCP), which include Medical Assistance and MinnesotaCare, improved during the last year and some measures even showed “statistically significant” results. Low-income residents enrolled in MHCP are disproportionately people of color, so perhaps we are moving in the right direction.

Notwithstanding these improvements, the level of racial inequity in Minnesota's healthcare system is still alarming. The overall health outcomes of those covered through MHCP are generally far poorer than are those insured by other providers. And while Minnesota has consistently been among the worst states in healthcare disparities, such inequality represents an epidemic across the country.

A Google search will literally result in dozens if not hundreds of scholarly studies regarding health-related racial disparities focusing on American cities, states, and the nation as a whole. These studies focus both on overall health as well as specific illnesses and issues such as cardiovascular disease, asthma, diabetes, pediatric care, HIV/AIDS, infant mortality, depression, various forms of cancer, and access to healthcare.

And there is one recent study, published in the American Heart Association's journal *Circulation* that reveals equal access to the same level of healthcare would yield equal outcomes across racial groups. Speaking to CBS News, Dr. Csaba Kovesdy, a co-author of the study said:

It is widely accepted that African Americans have higher mortality and worse cardiovascular outcomes in the general population. A large part of this is attributable to socioeconomic deprivation, which includes, among others, lack of obtaining needed health care. Our findings suggest that a health care system without barriers to access, like the VA system, could dramatically improve health outcomes in minorities.

On the surface, I am not sure how this is earth shattering. It would seem like common sense. But alas, it goes without saying that there is not equal access to healthcare for low-income and minority populations. Why that is, has been subject to dispute for a long time. But it is not that complicated. We either value the health and wellness of all of our citizens equally or we don't.

As the debate over healthcare and its proposed reform resonates within the walls of Washington, local town hall meetings, as well as, waiting rooms, living rooms and coffee houses throughout America, I am reminded of a quote by Dr. Paul Farmer.

Farmer, a physician, anthropologist and global health activist says, "So I can't show you how, exactly, healthcare is a basic human right. But what I can argue is that no one should have to die of a disease that is treatable." Amen.

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