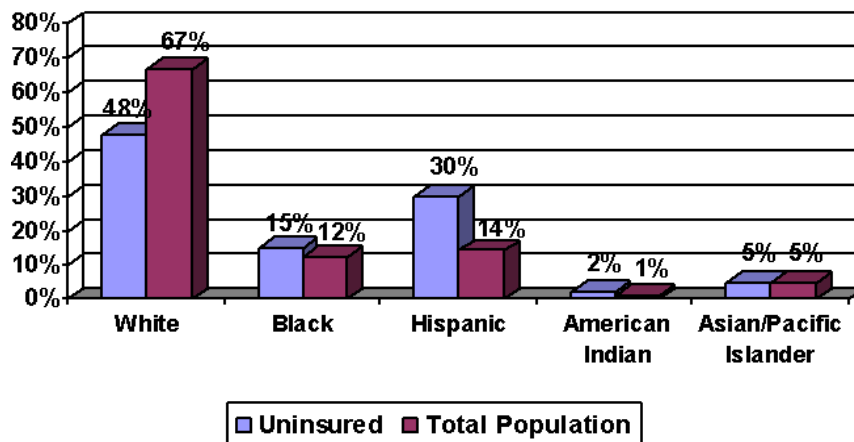


In the Spotlight: Health Care Reform’s Impact on Disparities

Differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions among specific population groups are known as “health care disparities.” To give a few examples, there is a growing body of evidence showing that [African Americans](#) are disproportionately likely to suffer from various cancers, [Hispanics](#) are much more likely than whites to struggle with diabetes, and [American Indians](#) face a higher risk of dying during infancy.

While some health professionals believe that such disparities can be attributed to socioeconomic status, most have accepted that race and ethnicity have demonstrable effects on health status. Racial and ethnic minorities are [less likely to get preventive care](#) needed to stay healthy, more likely to suffer from serious illnesses, and when they do get sick, are less likely to have access to quality care – in large part because as shown below, minority groups tend to have a greater ratio of uninsured individuals.

Distribution of the Uninsured and Total U.S. Population by Race/Ethnicity in 2004



Source: ASPE tabulations of the 2005 Current Population Survey

According to [the Urban Institute](#), health care disparities cost the economy \$415 billion per year as a result of lost productivity, premature death, absenteeism, family leave, and other factors.

The ACA and Disparities

The Affordable Care Act (ACA) attempts to address certain disparities through an expansion of Medicaid and subsidies for health insurance coverage, targeted scholarships and loan repayment programs, better data regarding minority health, improving cultural competencies of providers, and expanding access to community health centers.

The most dramatic improvement in access to care for impoverished and uninsured individuals, including racial and ethnic minorities, will likely come from the expansion of health insurance coverage to an estimated 32 million individuals who are currently uninsured. This coverage will result from ACA’s expansion of the [Medicaid](#) program and federal [financial assistance](#) to help individuals and families under 400% of the federal poverty line purchase insurance. The ACA also strengthens and expands medical home models in the Medicare and Medicaid programs, which is associated with a reduction in health care disparities and better access to preventive services. The law attempts increase the number of minority health care professionals by providing additional scholarship and loan repayment opportunities for disadvantaged students of minority communities.

To bridge the cultural gap many minorities experience with current health care providers, the ACA expands programs that support cultural competency at health professional schools and in continuing education programs, in addition to providing grants to states to use community health workers, which helps with language and cultural barriers. In April 2011, the US Department of Health and Human Services (HHS) announced its [action plan to reduce health disparities](#); building on ACA provisions, it outlines goals, strategies and actions to reduce health care disparities in the United States.

Measuring Disparities

Having access to high-quality, reliable data is essential to help health care providers understand and remedy disparities. The Agency for Healthcare Research and Quality (AHRQ) does some data collection on disparities in the states. On June 1, 2011, [AHRQ released a report](#) showing that improvements in quality of care had been made but disparities for minorities and low income individuals persisted. The ACA forces the compilation of data by requiring all federally funded programs to collect and report data on race, ethnicity, socioeconomic status, health literacy, and primary language. It also extends the requirements to collect health disparities in Medicare to Medicaid and Children's Health Insurance Programs. Finally, the ACA formally established the Office of Minority Health (which previously existed in the National Institutes of Health) at HHS, raising the office's profile in order to aid implementation and evaluation of minority health programs.

BCBSNC Views

Blue Cross and Blue Shield of North Carolina (BCBSNC) strongly believes that everyone should have access to quality, affordable health care. The ACA will greatly increase access to insurance, which is a good first step in reducing health care disparities but a broader commitment is needed to tackle a problem of this magnitude. At BCBSNC, we're committed to doing our part.

As a first step, in 2005, BCBSNC created an internal Diversity Council and a Health Care Disparities Subcommittee to study disparities and identify opportunities for improvements; we also actively sought involvement on several state and national committees dedicated to combating disparities. Part of the [BCBSNC Blue Quality Physician Program](#) requires that health care providers participate in cultural competency training, which ensures that they are aware and sensitive to the needs of their diverse populations. But we recognize there is a long way to go.

Many obstacles remain, but they can be overcome if there is collaboration across the health care spectrum – government, insurers, doctors, hospitals, pharmaceutical companies, employers, patients and more will need to work together if we're ever going to truly eliminate health care disparities.

For More Information:

Healthcare.gov on Disparities: <http://www.healthcare.gov/law/infocus/disparities/>

Agency for Healthcare Research and Quality: Disparities Fact Sheet: <http://www.ahrq.gov/research/disparit.htm>

This information has been prepared by Blue Cross and Blue Shield of North Carolina to assist our customers in understanding Health Care Reform. This publication is for information purposes only. It is not legal or tax advice. Please consult with your attorney or tax advisor for further advice. As regulations and other interpretive guidance are published, this information may change. We will continue to work with our customers going forward to provide updates and further assistance.
U#7259af

ⁱ "Overview of the Uninsured in the United States." *U.S. Department of Health and Human Services: Office of Assistant Secretary for Planning and Evaluation.* 22 September 2005. <http://aspe.hhs.gov/health/reports/05/uninsured-cps/index.htm>