

**America's exploitation of health disparities leads to a call for a health movement
among African Americans: A commentary**

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I recently returned to the Midwest after twenty-eight years and I was immediately met with the poor health conditions of inner city Chicago. When I left it was the early eighties and I was young and unaware of the health disparities among African Americans in my community. My immediate family always had medical, dental, and vision insurance so I did not personally observe health care disparities while growing up. Upon my return home, three decades later, the gap in racial health disparities became very apparent. I have witnessed extended family members and friends die prematurely as a result of untimely medical screenings and inadequate treatment.

It is now common knowledge that many minority groups experience a significant gap in health care services. As a matter of fact, the Centers for Disease Control and Prevention (CDC) report that African Americans make up only about 14% of the nation's population yet they experience the largest gap in health disparities (CDC, 2011). For instance, African Americans are disproportionately affected by such health concerns as asthma, preterm births and infant deaths, diabetes, hypertension, HIV/AIDS, obesity, nutrition, and high cholesterol ¹ to name a few. The African American community, both urban and rural, is dying daily as a result of disparities in health care services and accessibilities. Despite the high-quality medical and scientific advances that have been made in this country, African Americans still lag behind whites, and most other minorities in terms of salubrious medical outcomes (CDC, 2011).

Most research funding has gone into prevention and intervention programs targeted toward the African American community to inform and provide knowledge, skills, and resources for better health. Sadly, many of these projects frequently reach only small portions of the community and fail to make wide range impacts on healthy behavioral issues. Minimum success to close the gap can also be seen within some of America's health organizations. Despite the lengthy history of the existence of health disparities, the CDC has for the first time issued the *Health Disparities and Inequalities Report – United States 2011* (CDC, 2011). The report addresses racial disparities in health care access. Although the CDC and other organizations make efforts to decrease disparities, it is important to document that their progress is slow and while it is ongoing, they should be accountable for just recently getting to such a salient report, something that should have been done at least twenty-five years ago. Such actions tell us that the current way of approaching a human life-sustaining issue is marginal at best. Therefore, we must ask the questions, 1) what is sustaining health disparities, and 2) what must be done to reduce or even eradicate them.

Like other oppressive dynamics that plague minority communities (i.e., high unemployment, high crime rates, high rates of high school drop-outs, etc.) health disparities among minorities are beneficial to others. Not only do African Americans experience the highest gap in health disparities, they are also consuming most of the healthcare costs. The total cost of healthcare disparities and loss of productivity in the United States in 2009 was \$82.2 billion dollars with African Americans spending \$54.9 billion of that total (National Urban League, (2012). Additionally, in regards to health disparities private insurance plans paid \$23 billion of the healthcare

costs for individuals and families, while out-of-pocket costs to African Americans totaled \$16.6 billion which, according to the National Urban League's Policy Institute, 2012, is more than the costs of Medicaid and Medicare combined³. Another striking fact is that those African Americans who reside in the South and the Midwest are likely to assume the majority of these costs (National Urban League, 2012).

In light of these exuberant expenses paid to health care services by a historically marginalized group of Americans, there should be no doubt as to the financial benefits of ensuring that health disparities continue to exist. There should be no doubt as to why it takes health care organizations several years to conduct studies on the accessibility of health care among minorities when health disparities have existed since the first Africans were enslaved in America. There should be no doubt as to why there has only been, at a minimum, mediocre projects and interventions thrown at specific areas of health care needs like HIV or diabetes in African American communities. These health care costs already affect African Americans disproportionately on both a biological vein in terms of sickness and death, and psychologically by blaming the individual for not taking care of his/her own health but it goes even further. Co-editor of the National Urban League's report, Dr. Valerie Rawlston Wilson posits, "Health disparities heap a financial burden on families who can ill-afford it (National Urban League, 2012). Thus, sustaining health disparities continues because the health service industry profits financially. Therefore, there is little to no rush to find ways to reduce health disparities among African Americans. Herein lays the devastation of exploitation.

So, how do we handle this problem? Proposed answers to closing the health care gap may not be simple but are certainly obvious. First, the financial benefits to health disparities must be significantly reduced. The reduction may come as a result of health care equalization in accessibility, treatment, increasing minority health professionals and other services. Second, as noted by Williams and Collins (2011) illnesses and disabilities that are often associated with health disparities will eventually alter the productive capabilities of adults who are in their prime working years. These adults will be the ones who will most likely pay out-of-pocket for health care services. If they were to receive health prevention care, their cost would decrease and the health care industry would see a dramatic drop in out-of-pocket gains. Finally, projects and interventions may work to help a few, but to catch the majority of the minority population, efforts must go farther even to the extent of group organization better known as a *movement*.

Movements often are effective in challenging the status quo and they tend to call for the social and moral, not just the political change of society. Movements galvanize people and retard the promotion of individual responsibility while placing that responsibility as well as the action toward correction directly on the society that created the problem. Movements also are likely to reduce or remove the factors of exploitation, like the difficulties of receiving adequate and accessible health care as it is a marketable item produced to satisfy the wants and needs (basically the greed) of others. Given the historical success of movements such as the Reconstruction Movement, Civil Rights Movement, Black Arts Movement, and the Black Panther Movement, it appears that African Americans respond best in group organized struggles. For this reason, a healthcare *Movement* to significantly reduce or eradicate health disparities among African Americans should be at least attempted.

Like most things in America, anything that is valuable and useful can be turned into a commodity. The lives of African Americans in many ways have been used in an unreasonable and even in a nefarious fashion and often for financial profit. Efforts have been tried but considerable disparities still exist. Something is



tragically wrong with this. To begin to make it right, *those* truly concerned with closing the health disparities gap must aggressively move toward action.

References

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