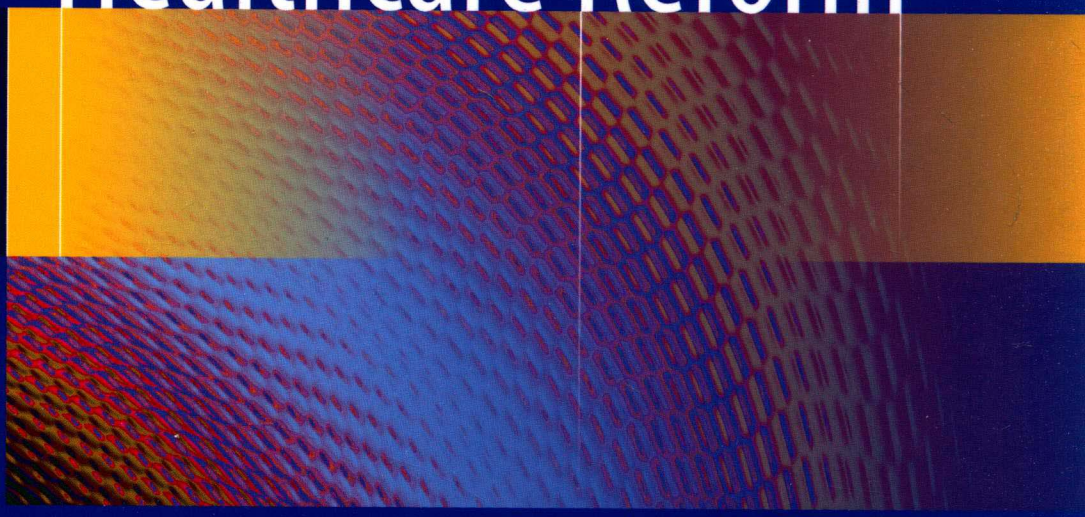
Richard Allen Williams *Editor*

Healthcare Disparities at the Crossroads with Healthcare Reform



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Despair

Photograph by *John H. White*

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Book Symbol

The symbol for the new book is the African Sankofa bird, a mythical animal depicted in the Akan (Adinkra) writing system as flying forward with its head turned backward. The egg in its mouth represents the "gems" or knowledge of the past upon which wisdom is based; it also signifies the generation to come that would benefit from that wisdom. This symbol may be associated with the Akan proverb, "se wo were fi na wasankofa a yenki", which means "it is not wrong to go back for what you have forgotten".

Book Theme

"Baraka Sasa", an old Swahili expression meaning "blessings now".

This book is dedicated to the late Senator Edward M. Kennedy of Massachusetts, who was a champion for eliminating healthcare disparities and was the nation's strongest advocate for healthcare reform. His book, In Critical Condition, *written in the 1970's, was one of the first to call attention to the crisis in our healthcare system.*

By ten things is the world created,
By wisdom and by understanding,
And by reason and by strength,
By rebuke and by might,
By righteousness and by judgment,
By loving kindness and by compassion.

–Talmud Higaga 12A

Foreword

Health disparity elimination studies and analyses did not only recently start to emerge, but they began in 1899 with the release of *The Philadelphia Negro* by Dr. William Edward Burghardt (W.E.B.) DuBois – a report that exposed the health disparities that existed between Blacks and Whites in a Philadelphia community. While numerous additional studies emerged after that landmark publication, they often remained under the sociopolitical radar, until *The 1985 Report of the Secretary's Task Force on Black and Minority Health* (The Heckler Report), which was the key federal effort to identify and draw national attention to the tragedy of racial and ethnic minority health disparities. The report, issued by then Department of Health and Human Services Secretary Margaret Heckler, formally detailed for the American consciousness the existence and extent of racial and ethnic health disparities for African Americans and three other identified racial and ethnic minority groups (defined during that time as Hispanics, Asians/Pacific Islanders, and Native Americans, including American Indians, Alaska Natives, and Native Hawaiians).

Fortunately for purposes of increasing awareness, health disparity reports did not and have not ceased since. In fact, in addition to the plethora of health disparities studies that have been published in academic journals since the Heckler Report, the Agency for Healthcare Research and Quality (AHRQ) – every year since 2003 – has published a report entitled the *National Healthcare Disparities Report* that measures and analyzes racial and ethnic differences in access and use of healthcare services, as well as impressions of quality of such services, by different populations. Today, not only are we well versed in the negative civil rights and health and healthcare repercussions of health disparities, but also the economic consequences of these disparities.

This cumulative knowledge about health disparities is what contributed to making Tuesday, March 23, 2010 such an important day in the health equity movement. That was the day the nation witnessed history unfold when the once-deemed insurmountable goal of overhauling the nation's healthcare system was attained with President Barack Obama signing into law the Patient Protection and Affordable Care Act (PPACA). Numerous key successes of this new law – including the expansion of health insurance coverage to more than 30 million Americans who currently

are uninsured; and the guarantee of numerous consumer protections to ensure that the patients' healthcare needs, instead of health insurance executive determinations, are at the forefront of healthcare decision-making – have rightfully received due attention and accolades. However, there are myriad provisions in PPACA – many of which go beyond expanding access to healthcare coverage and consumer protections – which have received far less attention, but which are nonetheless pivotal to ongoing and future efforts to reduce and ultimately eliminate racial and ethnic health disparities.

The newly enacted healthcare reform law includes numerous health equity provisions that were modeled after the legislative effort that the Congressional Black Caucus, the Congressional Hispanic Caucus, and the Congressional Asian Pacific American Caucus (collectively known as the Congressional TriCaucus) have championed for numerous Congresses – the last of which was H.R. 3090, the Health Equity and Accountability Act of 2009. This legislation was based almost entirely on the recommendations that arose from the landmark 2003 Institute of Medicine Report, Unequal Treatment: *Confronting Racial and Ethnic Disparities in Health Care*. Thankfully, many were included in PPACA, including the following:

- Emboldened investment in existing (such as Medicaid) and forthcoming (such as public health exchanges) public health programs
- Bolstered and standardized data collection provisions across a broader range of demographic data, including subpopulation data, language preference, and history of disability
- Language services and cultural competency education provisions
- Health workforce provisions, especially those that aim to recruit, train, retain, and graduate healthcare providers from racially and ethnically under-served communities
- Community health centers, community health workers and healthier community provisions, as well as the expansion of prevention information and services that aim to reduce health disparities
- Increased accountability through the elevation of the Office of Minority Health at the Department of Health and Human Services, the establishment of additional Offices of Minority Health across numerous other federal agencies, and the elevation to an Institute of the National Center on Minority Health and Health Disparities at the National Institutes of Health

Dr. Richard Allen Williams and colleagues clearly had the foresight to see this moment coming when they conceptualized the successor to his 2007 book, Eliminating Healthcare Disparities in America: *Beyond the IOM Report*. This foresight is particularly evident in this edition's inclusion of recent evidence-based research findings and analyses that build upon the preceding edition, thus providing a more robust understanding of the extensive dynamics that sustain and often exacerbate racial and ethnic health disparities. Additionally, the scholarly contributions in this edition provide a foundation upon which a roadmap to health equity – particularly in an era of healthcare reform – can and should exist.

It is sad that overall, health disparity trends have not improved for racial and ethnic minorities, especially when compared to the health and healthcare trends of whites. However, the promising news is that the health equity-related provisions of PPACA could play an integral role in curbing some of these disastrous and disturbing trends – which makes the release of this book – *Healthcare Disparities at the Crossroads with Healthcare Reform* – richly serendipitous.

In the previous edition, Dr. Risa Lavizzo-Mourey, President and Chief Executive Officer of the Robert Wood Johnson Foundation, aptly quoted the following African proverb at the conclusion of the Foreword she developed: "Those who dig the well should not be denied a drink from the well." That proverb is completely correct: those who dig, should receive. But it is not the passage of PPACA that will ensure that they receive; those details lie in how the numerous health equity provisions are implemented. In fact, that this book will be read in the very months and years that key provisions of healthcare reform are being implemented affords a rare but fertile environment within which to stress that the truly hard work is only now beginning, for healthcare reform passage is one thing and implementation is something altogether different.

It is imperative that those reading this book, as the bearers of the torch and as the nation's health equity ambassadors, recognize the need to stand up and work to ensure that the health equity provisions included in this new law are implemented as intended. There is little doubt that if we gain contentment only from seeing these provisions written, the motivation needed to push for these provisions to be implemented will be lost. It is up to the bearers of this torch to demand that the health equity provisions that this law promises come to full fruition.

This imperative is not lost on the Congressional Black Caucus (CBC) Health Braintrust. In fact, the CBC Health Braintrust assembled the Health Equity Leadership Commission – a commission that includes the nation's greatest experts on minority health policy and health disparity elimination – to ensure that we seize upon this unique and rare opportunity that is finally before us, more than one hundred years after *The Philadelphia Negro.* Today, we are finally poised to take bold and definitive action towards health disparity elimination. If we do not come together and stand firm on the front lines of the health equity movement, then we have failed those who have the greatest need: those who have been denied a drink for far too long.

And, that is a legacy that we – as a nation, as a community, and as human beings – simply cannot and should not accept.

Donna M. Christensen, M.D.
Member of Congress and
Chair, Congressional Black Caucus (CBC) Health Braintrust

With contributions from:
Britt Weinstock, M.A., Director of Health Policy, CBC Health Braintrust

Preface

Upon this gifted age, in its dark hour,
Rains from the sky a meteoric shower
Of facts ... they lie unquestioned, uncombined,
Wisdom enough to leech us of our ill is daily spun, but there exists no loom
To weave it into fabric ....

"Huntsman, What Quarry?"
Edna St. Vincent Millay

The Healthcare Crisis: Why We Can't Wait to Resolve It

More than 50 years ago, during the civil rights crisis, Reverend Dr. Martin Luther King, Jr. was asked why black people could not just take their time and allow discrimination to die out and for prejudicial attitudes to change rather than pushing so hard in a confrontational way, which often resulted in deadly consequences. His response, delivered while he was imprisoned in Birmingham Jail in 1963 and later published in his 1964 book, *Why We Can't Wait*, was ground-shaking in what it revealed about the state of social conditions for blacks throughout the country. For the first time, people were given a profile of the suffering and pains that had been endured by blacks for centuries. It was clear that discrimination was not only a social injustice, but it also caused death and destruction and was leading to the demise of the largest minority group in America. If allowed to continue, this devastating practice might lead to the realization of a prediction made by the eighteenth century demographer Hoffmann, who observed that the physical state of the black population was so dire that they could become extinct by the twenty-first century. As Dr. King later stated, injustice in health care is the worst injustice of all.

Dr. King's response to the question of *why we can't wait* defined the purpose and the driving force of the civil rights movement. In like fashion, the reformation of health care and the elimination of healthcare disparities are moral imperatives that are being pushed by the most startling statistics. For example, in terms of overall quality of healthcare delivery, the United States, which spends about 2.5 trillion dollars each year on health care, or $7,000 per capita, ranks only 37th among the

nations of the world, in proximity to Cuba and other emerging countries. Between 2005 and 2008, about 880,000 deaths were attributable to healthcare disparities, according to a study done by Dr. David Satcher, the former Surgeon General, and the annual cost of disparities is estimated to be over $50 billion, according to the Joint Center.

At this juncture in the twenty-first century, we have a Janus-like vantage point for viewing the pestilence of healthcare disparities that has been visited upon the minority population of the United States. We can look back and see the terrible ravages which have led to the crisis in which we find ourselves, and we can also look forward into the future possibilities offered by healthcare reform measures that were signed into law on March 23, 2010 by President Barack Obama. In that sense, this book encompasses within its covers the grief and despair that have been endured in the past with a fast-forward shift to the hope and expectations that ensue from the passage of the law.

This is a simple book about two complex things: healthcare disparities, healthcare reform, and the intersection between the two. Our previous book, *Eliminating Healthcare Disparities in America: Beyond the IOM Report (Humana, 2007)*, was published before Barack Obama was elected President of the United States and prior to the furious debate about altering the prodigious healthcare system in this country. The latter has become one of the top issues for the Obama administration, and while this book was being written, Congress passed the Patient Protection and Affordable Care Act (PPACA) which was signed into law. This landmark law is funded by a governmental expenditure of $938 billion dollars over the next decade. Thus, the frustrated efforts to reform our healthcare system over the past century, which were begun by President Theodore Roosevelt in 1912, have finally come to fruition.

Prior to the passage of PPACA, the healthcare disparities issue has largely been ignored, except for literary interest, and almost no federal funding was devoted to it. People in Congress, who used to consider mention of healthcare disparities *de rigeur* when discussing health matters concerning minorities, the poor, and the elderly, avoided any serious dialogue about it recently except for what might be called "lip service." I heard some very liberal politicians say that the important thing was to pass a reform bill that would benefit everyone rather than to focus on the special needs of certain segments of the population for fear that such a focus will distract attention from the greater, more important issue and might even cause it to fail. Besides, it was argued, when there is universal healthcare insurance, there will be no disparities, and the benefits which will result from concentrating our efforts on the majority of Americans will "trickle down" to those who are less fortunate. It is claimed that a rising tide lifts all boats.

This illustrates one of the great myths about healthcare reform measures. It is widely believed that possession of insurance coverage will provide greater access to care and will magically create health equity; disparities will no longer exist. Nothing could be farther from the truth. The establishment of healthcare reform with its major ingredient, near-universal insurance coverage, is exactly the best opportunity for eliminating disparities. There must be a well-funded, activist effort

to connect the two entities rather than reliance on a passive, "trickle down" mechanism.

Our previous book cited above extended the knowledge base on healthcare disparities and made recommendations for their elimination that went beyond those included in *Unequal Treatment*, generally referred to as the IOM Report, published in 2002. This new book will not focus on increasing the data base but instead will consider how elimination of disparities can be accomplished through targeted efforts made within the context of healthcare reform. That is, we will analyze the benefits that can be derived at the intersection of disparities and reform. We will also analyze how much of that $938 billion will be devoted to really eliminating inequity in health care. "Show me the money", as the star athlete said in the movie *Jerry Maguire.* This is important because unless serious funding is applied to the initiatives in the law, implementation will not happen, and there will be no chance to level the playing field.

That said, no one should get the idea that improving health in America is just about how much money we spend on it. For too long, we have been monolithic in having a "money fixes everything" approach. We already spend almost $3 trillion dollars per year on health care, much more than any other nation on Earth, and yet the system is still broken; better insurance coverage will not completely fix it. I believe that the Commission to Build a Healthier America, created by the Robert Wood Johnson Foundation, has it right in saying that improved access to care is not enough, and that we need to focus on conditions outside of medical care per se that fall into the category of prevention and wellness such as promoting good nutrition, early childhood education, and healthy communities. One specific area in which early childhood education can have an impact on health is through educational and intervention programs concerned with obesity; more than 23 million children and adolescents in this country are either overweight or obese, which puts them at risk for health problems such as diabetes and coronary heart disease, resulting in death at an early age. Most of these children are racial and ethnic minorities. First Lady Michelle Obama should receive kudos for organizing the "Let's Move!" campaign to combat this problem primarily through the schools.

In this new publication, I am privileged to have the authoritative contributions of the best health policy analysts, researchers, key opinion and thought leaders, politicians, health administrators, theoreticians, professors, clinicians, and medical writers in this country. This assemblage of noteworthy contributors is important because our aims are to assure that the federal government does not ignore the unfinished job of eliminating healthcare disparities but instead gives consummate attention to this task and provides transparency for the American public about the intricacies embedded in this massive law as concerns its impact on healthcare disparities.

This book is entirely pertinent and timely regarding the two issues of healthcare disparities and healthcare reform. We have already seen that the federal government's decade-long program, Healthy People 2010, has failed fully to live up to expectations, although there has been some progress made on a small number of the measures. We need to start preparing for the next iteration, Healthy People 2020, and the new impetus towards healthcare reform may give us a reasonable

chance of making a real difference by the end of the next decade, through the elimination of disparities.

Attempts are being made by opponents of healthcare reform to scuttle the efforts that are being made to make it work on behalf of the American people; some of these efforts began well before the bill was passed. For example, there are those who are trying to decrease the already deficient state of diversity in training of medical professionals. I refer specifically to the fact that the U.S. Commission on Civil Rights (USCCR) sent a letter to President Obama on October 9, 2009 protesting any funding preferences for medical schools and other medical education institutions that provide incentives to minority group applicants; this is alleged by the USCCR as evidence of "reverse discrimination" contained in the healthcare reform bill and is unneeded because the USCCR perceives that there are no real disparities in healthcare provision. For the premier government institution designated to protect the civil rights of our citizens to take such a stand is an egregious example of how even government, which is sworn to protect the welfare of the people, can operate adversely against those in need. This is an issue that is critical to the development of more minority group doctors, nurses, and other health professionals. Fortunately, Congress did not heed the advice of the USCCR and included special appropriations for institutions of medical education that provide incentives to racial and ethnic group applicants, and the federal government deserves to be credited for its attempts to increase diversity in the healthcare workforce. Although the job is not done, the government has made a good start to resolving the healthcare crisis, and all Americans should come together to create the loom that will weave the pieces of a currently fragmented and dysfunctional healthcare system into a solid fabric of healthcare equity. The nation cannot afford to wait any longer.

Los Angeles, CA Richard Allen Williams, M.D., F.A.C.C.

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I was privileged to receive significant assistance from a number of individuals in producing this book. They helped me in many areas, not the least of which was encouragement to take on the task in the first place. The editorial staff of Springer Science+Business Media, the publishers, including Paul Dolgert and Frances Louie, deserves consummate credit for inviting me to reprise the effort made in producing the widely acclaimed book, *Eliminating Healthcare Disparities in America: Beyond the IOM Report*, which I edited in 2007 that was the forerunner of this book. They foresaw the emergence of healthcare reform and correctly anticipated the need for a scholarly analysis of the impact of the new law on healthcare disparities. I must also thank all of my contributing authors who selflessly dedicated their time and effort to write their excellent manuscripts for the book. Others who helped in various ways are Dr. Sachin Jain, Jeryl Bryant, Dr. John Ayanian, Jeff Allen, and Dr. Augustus White III. I am eternally grateful to all of them and to others who are too numerous to name.

Richard Allen Williams, M.D., F.A.C.C.

About the Editor

Dr. Richard Allen Williams is a product of segregated educational and healthcare systems and has experienced disparities since birth. Because of lack of access to medical facilities for blacks when he was born in Wilmington, Delaware, he was delivered by a mid-wife at home. As a boy growing up in Wilmington, Delaware, he attended all-black schools from kindergarten through 12th grade, graduating at the top of his class and winning a full scholarship to Harvard University as the first black student from Delaware to matriculate there. His Harvard class, which celebrated its 50th reunion in 2007, was the first to have integrated dormitories and dining facilities on that campus. He was an honors graduate and went on to medical school at the State University of New York (Downstate), subsequently becoming the first African American intern at the University of California San Francisco Medical Center, and was the first black postgraduate fellow (Cardiology) at Brigham and Women's Hospital and Harvard Medical School.

After establishing a program (The Central Recruitment Council) at Harvard Medical School to recruit minorities for the school and for hospital residencies and postgraduate trainees in collaboration with Dean Robert H. Ebert, he moved to Los Angeles where he was appointed Assistant Medical Director at the new Dr. Martin Luther King, Jr. Hospital in Watts, California in 1972. He succeeded in securing a multi-million dollar grant from the National Institutes of Health to establish the King-Drew Sickle Cell Center, which he and Dr. David Satcher administered. He moved to UCLA in 1974 and eventually headed the Cardiology Department at the UCLA-West Los Angeles Veterans Administration Hospital. Dr. Williams rose to full professor at UCLA in 1984.

In 1975, McGraw-Hill published his first book, the pioneering *Textbook of Black-Related Diseases*, which covered the broad spectrum of medicine from the perspective of how African Americans experience illness. It set the tone for recognizing