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Health Care

It is important in any society to evaluate how well our societal welfare institutions and programs succeed as a whole and also how well they do their job for each citizen. In a democratic society, it is important to evaluate our programs and understand what the outcomes are for majority and minority groups. If there is a disparity in outcomes, the underlying cause must be identified, and changes made to eradicate the problem. Health Care is, of course, one of these important societal programs. Of course, it is not so simple to eradicate health care disparities. Health Care is an important topic that must be investigated in Buncombe County. According to the 2010 US census Buncombe County has a total population of 238,318 people. The White population in Buncombe County is 208,192, the Black population is 15,211. According the Kaiser Family Foundation, there are two separate types of disparities commonly found in the health care field; 1) Health Disparities, and 2) Health Care disparities. A health disparity is defined as “a higher burden of illness, injury, disability, or mortality experienced by one population group relative to another group.” In Buncombe County it would be appropriate to examine the outcomes of health for the Black population compared to the White population. While these health disparities must be identified, it is also essential to find health care disparities as well. Health care disparities are defined as “differences between groups in health insurance

coverage, access to and use of care, and quality of care.” The data shows that there is a wide disparity gap in the outcomes of health care in Buncombe County.

Health Disparities

According to Buncombe County data, African Americans born in the County during 2006-2008 have a life expectancy of 73.8 years, 5 years less than their white peers. In this time period, the percentage of people without health insurance in the County, at about 16%, is about equal for both races.

Buncombe County has some major disparities in the outcomes of health. Major health issues are those identified by the CDC and similar to those faced by African Americans around the United States. Low birth weight white babies represent 7.8% of live births compared to 14.8% of African American babies. Infant deaths by race/ethnicity were 15.1% for African Americans vs. 6.2% for whites. Stroke deaths and diabetes deaths were 73.5 and 163.8 per 100,000 populations, respectively, in the African American population. It is 49.2 and 80.2 per 100,000 in the white population.

Health Care Disparities

If we interpolate the percentage of adults with problems related to access to healthcare by race as identified by the State of North Carolina, we identify another contributing factor in Buncombe County. In North Carolina, 20.6% could not see a doctor due to cost and 21.2% had

no personal doctor. In addition 25.8% of African Americans live in poverty. According to the State Center for Health Statistics 41.6% of blacks in NC have not visited a dentist in the past year. In Buncombe County, the US census estimate that 16.4% of blacks will be without health insurance in 2013. If we combine all these factors; a higher incidence of some critical illnesses, lower access to doctors/healthcare, and poverty, it should not be surprising that the outcome is a lower life expectancy.

However, using the North Carolina Department of Health and Human Services 2010 access/availability of care measure did paint a somewhat different picture. This data measures utilization of various health services for those insured by Medicaid in North Carolina. The data is broken out by race, but it is not broken out by County (to the degree it is by utilization and race). For purposes of this paper and interpretation, I have assumed utilization in Buncombe County is the same as it is in the rest of North Carolina. The data provided some very interesting information. In nearly all areas, African Americans (identified as non-Hispanic Black in this data) were as likely or more likely to receive services for medical needs or go for medical screenings as were their white counterparts. This included prenatal care, breast cancer screening, colorectal screening, asthma care, and diabetes screening. Annual dental screening were approximately equal at the early (age 4-6) ages but there was a greater than 5% disparity by age 19-21. There was equal basis baby immunization at 70%, by a disparity of 4% for a completion of all baby immunization by age 2.

The question becomes what causes the apparent disparity in overall health outcomes and expected longevity. The North Carolina HHS data indicates that the Medicaid participants are as likely as their white Medicaid counterparts to access medical care. One could argue that these are not good comparisons because no one on Medicaid has appropriate healthcare. However, it

is difficult to get really good other statistics for comparison. For example, the breast cancer screening was 39% for African American women on Medicaid, which was higher than for white women. Stats given by the American Cancer Society are higher but they provide information for women aged 50-74. However, asthma care at 95%, diabetes testing at 74%, and baby immunization at 70% indicate that African Americans are utilizing healthcare resources when they are available.

According to the NC Department of Health and Human Services, there are 26,772 whites and 5,226 blacks on Medicaid in Buncombe County. This shows about 1/3 of the Black population is on Medicaid. This points to an extreme socio-economic disparity among the two social groups within Buncombe County

Solutions

The health disparities in Buncombe County and North Carolina are apparent and completely unacceptable. There are several things we must consider before we draw all conclusions along racial disparity lines. We must first consider based on the number of Medicaid population in Buncombe County provided that 11% of the White population receives Medicaid and approximately 33% of the Black population receives Medicaid. Therefore, while it appears that both populations utilize the Medicaid system equally, there is a greater percentage of the black population using this insurance program. The white population health data is commingled with a larger population that has private insurance. There is a large socio economic component to the outcomes. Despite that factor, which will distort that information there are

many questions/proposals to improve the health outcomes for the African American population (and all people who are in need) in Buncombe County:

- Community public health initiative to educate needy citizens about health care needs and available services, this might be coordinated through local college nursing school public health course. It might be also work with getting eligible persons on Medicaid or other subsidized insurance
- Education programs for citizens with health needs. For example, those with diabetes or other chronic illnesses where taking medication and monitoring keeps illnesses in check. This also might be assisted through local nursing school program.
- Advertise triage telephone number for questions regarding health care needs. It seems that a local hospital might want to staff this rather than have people come to their emergency room that do not need to be there, or come there too late.
- Educate through community initiatives that health care is important and it is an individual's own responsibility. When a person goes to the doctor it is his or her responsibility to ask questions and to follow up, to take medications as instructed, and to return when necessary.

These practical initiatives are critical but there also needs to be pressure on Governor Pat McCrory and the Republican led legislature to take advantage of the Medicaid expansion that is being offered by The Affordable Care Act. This will allow every poor citizen in North Carolina, regardless of parental status, access to health care insurance. According to the North Carolina Justice Center "The ACA is estimated to cut the African-American/ white differential of uninsured in half." If North Carolina accepts the Medicaid expansion it will benefit those in need.

Considering the data we reviewed regarding utilization of Medicaid, the question must also be asked: Is the quality of healthcare received by those in poverty, on Medicaid, comparable in quality to those on private insurance? It is possible that is the reason, or part of the reason, we have such blatant disparities in health? Individuals in Buncombe County must be educated on the health care options that are available to them based on their income, must be able to receive quality health care, and must have competent reasonable compensated providers to provide care as needed. This type of health care system is needed in order to provide equity to all parties and would put each on equal footing to be treated fairly. The health care system still needs to change.

When a patient receives care, whether from private insurance or through Medicaid, it is important that they take full responsibility and stay on top of their health situation. If symptoms go untreated, they get worse. Community organization need to work with people, with less educational and financial resources to teach them on how to work their way through the health care system. Unfortunately, with the system in place, this is quite a challenge. However, I believe with some effort a great deal can be done to improve the disparity in health care outcomes.

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