RACE AND HEALTH CARE IN MISSISSIPPI

Racial Disparities—Access, Treatment, and Health

The Institute of Medicine's 2003 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, clearly documented wide discrepancies in the quality of health care received, access to treatment, and health condition based on the racial and ethnic attributes of the individual. The study found that both personal factors (e.g., stereotypes and expectations of healthcare providers) as well as structural barriers (economic and institutional arrangements of health system) contributed to unequal health care. Due to the national impact of these disparities, Congress has requested an annual report from the Agency for Healthcare Research and Quality (AHRQ) entitled the *National Healthcare Disparities Report*. These reports have consistently demonstrated that African-Americans receive "poorer quality of care and worse access to care than Whites for many measures" (NHDR 2010, chapter 10). While treatment for immediate symptoms of diabetes, slowing of new cases of HIV and AIDS, and provision of osteoporosis screening has improved for Black Americans, in most other areas of health (e.g., cancer, maternal and child health, mental) these disparities in treatment and health conditions are not improving. While the report found a larger number of areas in which treatment is improving for Latinos/Hispanics than Black Americans, in most areas related to healthcare access and treatment there has been very little change in Hispanic—non-Hispanic/White disparities over time. The Office of Minority Health of the Department of Health and Human Services tracks these disparities in great detail and demonstrates how larger percentages of the African-American population are affected by specific diseases and illnesses than whites (e.g, in 2005, Black women were 10% less likely to have a diagnosis of breast cancer, however, they were 34% more likely to die from breast cancer, than non-Hispanic white women) (OMH 2009).

A new area of scholarship has explored the relationship between the experience or perception of racial discrimination and the impact on an individuals' health. A review of recent publications in this vein of research has found that perceptions of racial/ethnic discrimination are statistically associated with various indicators of poorer mental and physical health (Williams, Neighbors, and Jackson 2008). This new area of research is being pursued across the globe, with fairly consistent results. As a study in Britain noted, "[t]he different ways in which racism may manifest itself (as interpersonal violence, institutional discrimination, or socioeconomic disadvantage) all have independent detrimental effects on health, regardless of the health indicator used" (Karlson and Nazroo 2002).

In 2002, the state of Mississippi, through the Mississippi State Department of Health, created *Mississippi's Plan to Eliminate Racial & Ethnic Health Disparities*. Designed to coincide with the nation's goal to eliminate health disparities in 2010, the plan attempted to pull together community-based organizations, universities, health facilities, and state governmental agencies to collectively address questions of disparities. There is no evidence that this has resulted in a lessening of racial disparities in healthcare for the state. In fact, in June 2011 a nationally published study on international health disparities found that the United States was following behind peer countries in basic factors such as life expectancy. More disturbingly, the international media reported such findings from the study (Kulkarni, Levin-Rector, Ezzati, and Murray 2011) as:

> Women in five counties in Mississippi had the lowest average life span, below 74.5 years -- lower than women in Honduras or El Salvador. Five Mississippi counties also ranked poorly for men. With a life expectancy of less than 67 years, men there had the lowest life expectancy in the United States and fell behind Brazil and the Philippines (HealthDay News 2011).

This type of national publicity is not beneficial for the economic development of Mississippi. As a result of these and other findings, many states are being to track the cost of race and ethnicity-based health disparities on the local and state economies. These states have calculated that health disparities have costs based on excess hospitalization due to lack of preventative care, additional deaths, and lost productivity (Hanlon and Hinkle 2011).

Economic Impact of Racial Disparities

Mississippi's economic viability is hindered by limited access to health care, which decreases community and worker productivity particularly for racial minorities. Because a healthy workforce is essential for a healthy state economy, and in 2009, 40% of the state population identified as Black or Hispanic, these disparities will have a state-wide impact. In 2001, the World Health Organization (WHO) released a report, *Macroeconomics and Health: Investing in Health for Economic Development* that confirms the many links between a population's health and its economic potential. The report concludes that, "as with the economic well-being of individual households, good population health is a critical input into poverty reduction, economic growth, and long-term economic development."

The WHO report confirmed the following observations that are related to our goal of improving access to quality health care, thereby spurring economic development in Mississippi:

- High infant mortality rates reduce the pace of economic development. In the most recent U.S. Census Bureau data, Mississippi and Louisiana tied for the highest infant mortality rate in the nation.
- Disease diminishes personal economic well-being due to direct loss of income (from lost wages—which increase as the ill must travel farther to access quality care—and direct health care expenditures), loss of future income due to a reduced lifespan, and loss of workplace productivity.
- Early childhood diseases reduce lifetime economic productivity by impairing physical and cognitive ability in adulthood.
- The poor health of one generation often impairs the economic productivity of later generations.
- Excessive illness in a community diverts resources to health care and away from other societal needs. Public health programs require more of a state or municipality's tax revenues, which in turn decrease because of lower economic productivity. If an individual is unable to work at all due to poor health, that person ceases contributing to the economy and instead must be supported through federal and state disability programs and/or their family members.

WORKS CITED

Agency for Healthcare Research and Quality. 2010. "Chapter 10: Priority Populations," *National Health Disparities Report*. http://www.ahrq.gov/qual/nhdr10/Chap10.htm#racial.

Center for Disease Control and Prevention. 2011. *CDC Health Disparities and Inequalities Report—United States, 2011*. "Morbidity and Mortality Weekly Report" Volume 60: January 14, 2011.

Hanlon, Carrie and Larry Hinkle. 2011. "Assessing the Costs of Racial and Ethnic Health Disparities: State Experience." H*CUP: Heathcare Cost and Utilization Project. June 24, 2011. www.hcup-us.ahrq.gov/**reports**/Costsof**Disparities**IB.pdf

HealthDay News. 2011. "U.S. Found to be Losing Ground in Life Expectancy." www.healthdaynews.org. June 15. http://www.physiciansbriefing.com/Article.asp?AID=653888

Institute of Medicine. 2003. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson, editors. National Academies Press.

Karlsen, Saffron and James Y. Nazroo. 2002. "Relationship Between Racial Discrimination, Social Class, and Health Among Ethnic Minority Groups." *American Journal of Public Health*. 92: 4: 624-631.

Kulkarni, Sandeep C., Alison Levin-Rector, Majid Ezzati, Christopher JL Murray. 2011. "Falling Behind: Life Expectancy in U.S. counties from 2000 to 2007 in an International Context." *Population Health Metrics*. 9:16 (15 June 2011).

Mississippi State Department of Health. 2002. "Mississippi's Plan to Eliminate Racial & Ethnic Health Care Disparities."

Office of Minority Health. 2009. "African American Profile." http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=51.

Williams, David R., Harold W. Neighbors, and James S. Jackson. 2008. "Racial/Ethnic Discrimination and Health: Findings from Community Studies." *American Journal of Public Health*. 98:1: 29-37.

World Health Organization. 2001. *Macroeconomics and Health: Investing in Health for Economic Development*. Report of the Commission on Macroeconomics and Health.

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