

Contact:

Judith Zimmer

zimmer@milbank.org

212-355-8400

Stark Race- and Income-Based Health Care Disparities Persist Post-ACA

Expanding Insurance Coverage Has Helped but Not Enough to Achieve Full Equity

New York, New York, March 7, 2017—While the Affordable Care Act (ACA) reduced the number of uninsured Americans to historic lows and has particularly benefited lower-income families and minorities, insurance expansion on its own was not enough to bring about health care equity. A new [study](#) in the March 2017 issue of *The Milbank Quarterly* found that lack of health insurance only explains a small to moderate portion of the disparities in health care access, affordability, and quality.

“We know that the US health care system has large racial and income-based disparities,” explained lead author Benjamin D. Sommers of Harvard T.H. Chan School of Public Health and Harvard Medical School. “Our study shows that the ACA has helped somewhat, but there is still much more that needs to be done. These findings are especially important since repeal of the law could undo much of the progress that has been made.” But even if the law remains in effect, the researchers conclude, policymakers need to address other social determinants that contribute to ongoing income- and race-based disparities in health care. The other authors were Caitlin L. McMurtry, Robert J. Blendon, John M. Benson, and Justin M. Sayde, all of Harvard T.H. Chan School of Public Health.

Background

While much research on disparities has focused on race and ethnicity, gaps in health care coverage and access related to income are also of concern. The ACA greatly expanded insurance coverage, but coverage is only one of many factors contributing to race- and income-based disparities in health care. For this study, researchers investigated whether—and how much—this expansion of coverage narrowed disparities.

Findings

Using a 2015 national survey of over 8,000 Americans, the researchers examined disparities between high- and low-income adults and between racial/ethnic minorities and whites. They looked at self-reported quality of care, cost-related delays in care, and emergency department use due to lack of available appointments. The researchers also assessed respondents’ views of whether quality and affordability had improved over the last two years and whether the ACA had helped.

- Quality-of-care ratings were significantly worse among lower-income adults than higher-income adults. Only 10% to 25% of this gap was explained by health insurance coverage.
- Cost-related delays in care and emergency department use due to lack of appointments were nearly twice as common in the lowest-income group, and less than 40% of these disparities was explained by insurance.
- Reported quality of care was worse among blacks and Latinos than whites, with 16% to 70% explained by insurance.

- Lower-income and minority groups were generally more likely than whites or higher-income adults to say that the ACA was helping them and that the quality and/or affordability of care had improved in recent years.

The reasons for the remaining gaps in care are not completely clear, say the researchers, who point to two broad explanations. The first is that there are not enough accessible and high-quality health-related resources in many low-income and minority communities. The other factor, the social determinants of health, point to challenges such as inadequate public transportation, substandard housing, decreased availability of healthy food and safe exercise opportunities. “Our results point to continuing gaps and the need for a policy and research agenda that extends beyond simply the expansion of insurance coverage,” write the authors.

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