



Committee Analysis Examines Longstanding Racial and Economic Disparities that Expose Inequities in the U.S. Health System

The United States spends almost twice as much on health care as other developed countries, yet our population continues to have worse outcomes. Underserved communities, whether rural or urban, face a complex set of challenges related to public health and health care delivery. From aging infrastructure, economic disinvestment, workforce shortages, and environmental challenges to higher burdens of chronic conditions, residents of underserved communities endure many circumstances that make it difficult to live healthy lives.

The health and economic crisis stemming from the novel coronavirus (COVID-19) has exposed the extent to which these conditions serve as systemic barriers to health care and how they are particularly exacerbated for marginalized groups. Though past and current efforts have focused on addressing health outcomes – racial and geographic health disparities – today’s social climate demands that stakeholders acknowledge how systemic racism and economic inequality are drivers of health inequities which, in turn, perpetuate disparities. This acknowledgement is not only paramount for practical solutions, but it is also a critical part of the conversation needed to repair trust between communities of color and American institutions after decades of racialized politics and policies that only are race-neutral in theory.

A Ways and Means Committee analysis, *Left Out: Barriers to Health Equity for Rural and Underserved Communities*, released on July 14, 2020, describes issues relevant to health equity and summarizes public submissions that provided input on barriers to optimal health for residents of underserved communities. The analysis found:

Almost 97 percent of America is considered rural, but only a small number of Americans live in these areas. Sparse populations create challenges for sustaining the health workforce and capacity for service delivery in rural communities.

By 2050, more than 75 percent of the country is projected to live in urban communities. Many urban neighborhoods are segregated, with certain areas having high concentrations of racially and ethnically diverse and lower income residents. Higher population density in urban areas translates to increased need and demand, which stresses the supply of already limited resources.

Other key findings include:

- ***Infant and Maternal Mortality:*** The United States ranks 170th (32 out of 36 among other developed countries) for infant mortality and 138th (33 out of 36 among other developed countries) for maternal mortality, despite top-ranked spending on health care. Racial inequities persist, with Non-Hispanic Black, American Indian/Alaska

Native, Hispanic, and Asian residents of both rural and urban communities having a 33 percent higher risk of severe maternal morbidity and mortality compared to non-Hispanic White residents. In rural communities, fewer than 50 percent of women have access to perinatal services within a 30-minute drive from their homes. However, predominantly low-income communities of color in urban areas tend to have some of the worst outcomes throughout states regardless of geography.

- ***Life Expectancy:*** Life expectancy metrics can vary drastically by geography but are useful in examining how environmental, political, socioeconomic, and structural conditions impact health. From 1969 to 2009, urban dwellers experienced greater improvements in life expectancy than rural residents, and **by 2009, rural Blacks and low-income rural residents finally achieved life expectancy that had been achieved by urban Whites 40 years earlier in the 1970s.** Non-Hispanic Blacks are 50 percent more likely to die prematurely from cardiovascular disease than Whites. On average, White Tennesseans lose 14.1 days of life because the state did not expand Medicaid.
- ***Language Diversity:*** The increase in individuals with limited English proficiency in geographic areas where non-English speaking residents had previously been rare presents challenges for patient-centered and high-quality care. **Half of all states have experienced between a 100 to 300 percent growth in the number of English language learners** over the past decade, many who have moved beyond urban centers. More than 20 percent of Americans speak a non-English language at home and more than 10 percent have limited English proficiency.
- ***Infrastructure and Environment:*** Despite clean water being globally accepted as a human right and an essential part of public health infrastructure, the American Society of Civil Engineers has given the U.S. water system infrastructure a grade of “D.” Across America, communities of color and those with high numbers of lower-income residents lack access to clean water. **More than eight percent of American households report their primary source of water is not safe to drink, and over 40 percent of households in the Navaho Nation do not have running water.** Urban residents average 10 times the number of low air quality days relative rural residents. An estimated **39 percent of the population in rural areas and between 6 and 10 percent of the total population lack access to broadband.** White residents are more likely to have broadband in their homes than people of color.
- ***Access to Health Insurance:*** In small towns and rural America between 2008 to 2016, the uninsured rate dropped sharply from 35 percent to 16 percent in Medicaid expansion states compared to a decline from 38 percent to 32 percent in non-expansion states. **The rates of commercial insurance coverage in rural America are lower than in urban areas, and rural America has a larger proportion of people eligible for Medicaid. Relatedly, the rural South has lost over 3500 hospital beds since 2005.** Many residents in underserved communities – regardless of geography – do not have access to employer-based coverage and may not know they are eligible for assistance. Other working low-income adults in states that did not expand Medicaid remain ineligible for coverage and subsidies. Immigrants who are undocumented are ineligible for Medicaid or Marketplace coverage.

- **Health Care Workforce:** The Association of American Medical Colleges (AAMC) projects a national physician shortfall of between 21,000 and 55,200 physicians by 2032. Federal estimates project a 23,640 shortage of primary care physicians by 2025. Underrepresented groups – Black, Latinx, and American Indian or Alaska Native communities – make up only 13.7 percent of the medical student population, despite the corresponding populations themselves comprising 35 percent of the U.S. population. In fact, there were fewer Black men in medical school in 2014 than there were in 1978. Despite extensive evidence showing community health workers’ (CHWs) positive impact, such as a \$2.5 dollar return on every dollar spent, they remain underutilized across the country.
- **Access to Mental Health Care:** Ninety-six percent of counties do not have a psychiatrist who can prescribe medications for individuals with serious mental illnesses, and 60 percent of counties completely lack psychiatrist services. Nearly half (46 percent) of Americans will eventually meet the criteria for a diagnosable mental health or substance use disorder. Urban underserved communities further suffer from increased rates of firearm violence and homicide, while individuals in rural areas are suffering from increasing rates of firearm-related suicide.