Racial health disparities call for universal coverage

AFRICAN-AMERICAN children are 1.4 times as likely to have asthma, significantly less likely to be treated for it and four times as likely to die from it.

Hispanic Americans are twice as likely to have diabetes, one-third less likely to be treated for it and 1.5 times as likely to die from it.

American Indian women are 3.5 times more likely to go without prenatal care and currently have an infant mortality rate 1.7 times higher than whites.

The rate of acute hepatitis B among Asian Americans and Pacific Islanders is more than twice as high as the rate among white Americans.

There is a very long list of health and medical conditions where minority Americans are both much more likely to have a serious and damaging health condition and significantly less likely to be treated for it.

The fact that the United States does not have universal health coverage for all Americans is a major reason for these disparities. There is a direct correlation in this country between race, ethnicity and health coverage. For starters, 75 percent of the uninsured people of California are minority. Uninsured people are less likely to receive needed primary care and far more likely to suffer the dire consequences of untreated diseases.

This should be a completely unacceptable reality for us all.

We need to take action to overcome the huge racial and ethnic divide that exists relative to health care. There really are two Americas when it comes to health care — the fully insured, primarily white America, and the disproportionately uninsured minority America.

This disparity is not just a problem in California. More than half of the total uninsured people in this entire country are minority. That fact alone should make the need to cover everyone in America a pure ethical imperative.

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This issue is not about economics — it is about equality. It's about denied opportunity. It is about health care discrimination. Universal coverage should be the next major civil rights issue for this country to face.

There is, in total, enough money in the overall $2.1 trillion American health care delivery cash flow right now to cover everyone. The uninsured of America do receive care. That care is delivered too late and in the wrong places far too often — but care is received nonetheless when people become really ill. Emergency rooms take the place of primary care clinics for high percentages of uninsured people.

Thirty-five percent of uninsured adults with a chronic condition went to an emergency room and were hospitalized for that condition — more than double the percentage of insured people who needed that same care.

The cost of that crisis-level emergency room and hospital care doesn't magically go away just because the people who receive that care are uninsured. Those costs are shifted by the caregivers to other payers — to the insured population. Economists estimate that about 10 percent of the total premiums paid today by insured Californians are spent as a "hidden tax" to offset the needed uncompensated care costs of the uninsured.

That 10 percent should be very nearly enough money to cover everyone in California if the program to do that is both well designed and well implemented. We need to turn that cost shift into universal coverage — and do it now rather than later. Damage is being done now that needs to be addressed now.

We have some real opportunities in actual health care delivery reform that we could accomplish if everyone in California had coverage.

A key point to keep in mind when you think about total health care reform is that most health care costs in America result from only a very few chronic health care conditions. Highly visible "acute" care conditions — like cancer — are important areas of care delivery, but they are actually not the main cost drivers. Chronic conditions, like diabetes, congestive heart failure, and asthma, actually drive 75 percent of our health care costs. That is very relevant to the issue of universal health coverage for minorities because all of the data shows that our minority populations have highly disproportionate levels of diabetes, asthma and heart disease.

That actually gives us an excellent opportunity to truly improve care if everyone has coverage. Each of these very expensive chronic conditions requires and benefit hugely from early interventions and accessible primary care. Up to half of all hospital admissions for asthma could be eliminated with better primary care and patient education. Half of the kidney failures could be prevented. Major answers to health care costs are sitting right in front of us. Universal coverage combined with basic data support tools to help caregivers keep track of each child with asthma could hugely improve care and significantly reduce the cost of care. So it's fairly obvious that we need both universal coverage and better primary care for everyone. Other industrialized countries already use that strategy and accept that accountability. We have ducked it until now.

It's time to do the right thing. It's time to bring all Americans regardless of race, ethnicity or income level to health care coverage — in ways that will both finance care and improve it. If we don't step up to that challenge now in California when we have a real chance to do it — shame on us all.

George Halvorson is the CEO of Kaiser Permanente and the author of "Health Care Reform Now!" published in August.