

U.S. Racial Health Inequities and Opportunities with Single Payer:
Susan Rogers, MD, President, Physicians for a National Health Plan

Slide #1: World's Highest Standard of Living: There's no way like the American Way

Slide #2: Life Expectancy vs Health Expenditure per capita: US & US Black male vs 20 countries

Slide #3: Age-adjusted Covid-19 Associated Hospitalization Rates by Race and Ethnicity, March 1 – July 18, 2020, KFF

Per 100,000: White 53; Black 247; Hispanic 243; Asian or Pacific Islander 67; American Indian or Alaska Native 281.

Slide #4: Maternal Mortality: Deaths per 100,000 live births:
USA 26.4; France 8.7; Canada 6.6; UK 6.5, Germany 2.9, Australia 1.6

Slide #5: Pregnancy-related mortality ratio per 100,000 live births: White, Black, Hispanic, Asian/Pacific Islander, American Indian/Alaska Native, All Women

Slide #6: Infant Mortality: Deaths in first year of Life:
USA per 100,000 live births: number of pregnancy-related deaths, CDC
White 13%; Black 40%; Hispanic 12%; Asian Pacific Islander 14%; American Indian/Alaska Native 30%
ALL WOMEN 17%

Slide #7: Infant Mortality
Deaths in First Year of Life/1000 Live Births
USA 5.9; Canada 4.5; France 3.8; Germany 3.3, Australia 3.3; Italy 2.7; Sweden 2.4

Slide #8: Infant Mortality Rate by Maternal Race/Ethnicity KFF
Per 1,000 Live Births
White 4.6; Black 10.8; Hispanic 4.9; Asian 3.6; AIAN 8.2; NHOPI 9.4

Slide #9: Social and Economic Factors Drive Health Outcomes
Obstacles of Racism and Discrimination:

Economic Stability: Employment, Income, Expenses, Debt, Medical Bills, Support
Neighborhood and Physical Environment: Housing, Transportation, Safety, Parks, Playgrounds, Walkability, Zip code/geography
Education: Literacy, Language, Early childhood education, Vocational training, Higher education
Food: Food security, Access to healthy options

Community and Social Context: Social integration, Support Systems, Community engagement, Stress, Exposure to violence/trauma
Health Care System: Health coverage, Provider availability, Provider linguistic and cultural competency, Quality of Care

Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Slide #10: Uninsured All Year, 1948-2018

Slide # 11: Percent of Adults ages 19-64 who are uninsured, 2010-2019, by Race

Slide #12: Deductibles are rising even more than Premiums

Slide #13: The Affordable Care Act Coverage: Average Annual Deductible
Individual Coverage: \$4, 574, 2018; \$4,320 2019;
Family: \$8,803, 2018; \$8,071, 2019

Slide #14: Medical Debt Leaves People with Lingering Financial Problems
Used all of savings: 37%;
Received a lower credit rating: 40%;
Took on credit card debt: 31%;
Unable to pay for basic necessities (food, rent, heat): 26%;
Delayed education or career plans: 20%;
Too out a mortgage against your home or took out a loan: 11%
Had to declare bankruptcy: 3%

Slide #15: Status of State Medicaid Expansion in 2021
Not expanded: Texas, Kansas, Wyoming, South Dakota, Wisconsin, Tennessee, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina

Slide #16: Medicaid Managed Care Patients Can't Get Appointments
Not participating: 43%
Won't take new plan patient: 8%
Offered appointment within 2 weeks: 24%
Offered appointment longer than 2 weeks: 25%

Slide #17: Number and Percentage of Rural Hospitals at High Risk of Financial Distress, 2019

Slide #18: Intensive care unit (ICU) bed availability by median household income
\$00,000 – \$34,999: 0 beds: 50%; 1-4 beds: 5%; 4-7 beds: 15%; 7 beds: 30%
\$35,000 - \$54,000: 0 beds: 42%; 1-4 beds: 11%; 4-7 beds: 24%; 7 beds: 23%
\$55,000 - \$89,000: 0 beds: 27%; 1-4 beds: 22%; 4-7 beds: 25%; 7 beds: 26%
\$90,000+: 0 beds: 4%; 1-4 beds: 38%; 4-7 beds: 27%; 7 beds: 31%

Slide #19: Redlining

Slide #20: Racial disparities in Concentrated Poverty

Percentage of poor Blacks and Whites living in concentrated poverty, by metro area

New York: White 18%; Black 27%;
Los Angeles: White 5%; Black 18%;
Chicago: White 4%; Black 35%;
Houston: White 4%; Black 18%;
Atlanta: White 3%; Black 17%;
Washington DC: White 3%; Black 16%;
Dallas: White 7%; Black 21%;
Riverside, CA: White 7%; Black 21%;
Phoenix: White 9%; Black 28%;
Philadelphia: White 11%; Black 34%;
Minneapolis/St Paul: White 18%; Black 23%;
San Diego: White 9%; Black 15%;
St Louis: White 2%; Black 29%;
Tampa: White 3%; Black 24%;
Baltimore: White 2%; Black 16%;
Seattle: White 3%; Black 4%;
Denver: White 2%; Black 9%;
Oakland: White 4%; Black 6%;

Slide #21: Black Convicts: 1865 and Now

Slide #22: Improved Quality with Single Payer

- Single tiered system would foster quality by making it acceptable to everyone
- Help reduce racial health inequities with increased access and facilities where needed
- System would provide continuity of care
- Preventive care would be a priority
- It could make possible the creation of a unified, useful and confidential EHR (Electronic Health Records) like the Veterans' Administration already has
- Facilitates real health planning by putting resources where they are needed rather than where they make money.

Slide #23: Reform Based on Private Insurance does not Solve ANYTHING

- Coupling of insurance to employment is a fragile and unstable relationship
- Insurers can change networks and increase premiums, deductibles and copays
- Providing more government money to insurance companies will not lower costs or improve care.

Slide #24: Insurance, Drug and Health Lobbyists: I'm just not seeing any good solutions (burying Single Payer with campaign contributions)

Slide #25: For more information... Health Policy Websites

- The Commonwealth Fund: www.commonwealthfund.org,
- Kaiser Family Foundation: www.kff.org,
- Health Affairs Blog: <http://healthaffairs.org/blog/>
- Physicians for a National Health Program: www.PNHP.org,
- Lown Institute: www.lowninstitute.org,