

Study: Universal coverage could reduce health disparities

Paul Kleyman | New American Media | May. 11, 2009

Medicare for all -- not only for those 65 years old and older -- appears to be the answer to dramatically reducing the level of poorer health among African-American, Latino and low-income Americans, say researchers at Harvard University.

A research team, led by Dr. J. Michael McWilliams, sifted through medical data for 6,000 people ages 40 to 85 with diabetes or cardiovascular disease. They tracked their conditions from 1999 to 2006.

The researchers found that despite overall improvements in controlling the diseases, black, Hispanic and poor patients under 65 -- those not yet old enough for Medicare -- fared no better, or got worse.

However, at age 65, when people become eligible for Medicare coverage, the differences in health by race, ethnicity and socioeconomic status declined significantly.

"We found some important indicators that universal health insurance may reduce persistent disparities we've seen far too long in Americans from different racial or ethnic groups," senior author John Ayanian, professor of medicine and health care policy at Harvard Medical School, said in a statement.

The researchers note that American health care providers have engaged in widespread efforts in recent years to enhance medical quality. "However," they wrote, "quality of care may not necessarily lead to more equitable care, especially if improvements occur among providers who serve fewer disadvantaged patients."

The results of their study were published in the April 21 issue of the *Annals of Internal Medicine*.

The researchers emphasize that their findings echo earlier studies, such as one published in 2008 that showed that eliminating racial differences in blood pressure might save the lives of 7,500 African-American adults each year.

McWilliams and his coauthors point to universal health care coverage as a likely means of reducing health disparities in the United States. They conclude that "expanding insurance coverage before age 65 years may reduce racial, ethnic and socioeconomic differences in important health outcomes" for those coping with diabetes and cardiovascular conditions.

"In particular, because black, Hispanic and less-educated adults are much more likely to be uninsured or underinsured, expanding insurance coverage may be especially beneficial for these groups," the study said.

Web site

Universal Health Care as a Health Disparity Intervention study published in the *Annals of Internal Medicine*
<http://www.annals.org/content/vol150/issue8/>

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