



**National  
Urban League**

**To Be Equal #50**

**December 12, 2012**

**State of Urban Health Report Highlights Cases of Inequality**

Marc Morial  
President and CEO  
National Urban League

*"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."* Dr. Martin Luther King, Jr

While mainstream America is just now approaching the so-called "fiscal cliff," African Americans and other urban minorities have been staring at the abyss for decades, pushed to the brink in large part by glaring health care disparities that are wasting precious lives and costing millions of dollars. In response to this crisis, on December 5th the National Urban League Policy Institute released a sobering report: *The State of Urban Health: Eliminating Health Disparities to Save Lives and Cut Costs*. We have long known that health disparities inflict a significant level of illness, disability and death on the nation's racial and ethnic minorities. This new report documents that these disparities also impose a significant economic burden on society.

In 2009, health disparities cost the U.S. economy \$82.2 billion in direct health care spending and lost productivity. African Americans bore the majority of that cost with \$54.9 billion, followed by Hispanics with \$22 billion. Over 90 percent of the medical care and lost productivity costs were in urban areas. Private insurance plans paid 38.4 percent of the healthcare costs of health disparities, but the second highest cost burden goes to individuals and families through out-of-pocket payments of 27.7 percent -- more than Medicare and Medicaid combined.

The report was prepared by Chanelle P. Hardy, Esq., Senior Vice President and Executive Director of the National Urban League Policy Institute; Jacqueline Ayers, Legislative Director for Health and Education, and Dr. Valerie Rawlston Wilson, Vice President of Research and Senior Resident Scholar.

These costs impose an unnecessary economic burden on minority communities, but also represent a loss to the American economy through lost productivity. That makes the elimination of health disparities not just a minority issue, but a national issue. President Obama

and Congress -- through the Affordable Care Act and other means -- have developed several strategies to achieve the goal of reducing racial/ethnic disparities in health by 2020. These national strategies rely heavily on civic engagement and identify community based organizations as major stakeholders in addressing health disparities due to the fact that many of the interventions are designed to reach families, churches and individuals at the local level. The National Urban League's new Project Wellness is a prime example of the effectiveness of that approach. Through our affiliates, we are reaching African American adults who are at risk for obesity, diabetes, heart disease and other chronic health issues, and improving participants' health by providing health education; assistance in understanding and accessing available health care; connections to primary care physicians; nutrition and weight loss counseling; and other preventive health care supports.

But in addition to community-based strategies, federal policy makers also have a responsibility to eliminate disparities and help realize the promise of the Affordable Care Act. That means, above all, that as Congress seeks to address budget shortfalls, any proposed changes to Medicare must not impose burdensome costs on seniors with limited resources or weaken Medicare's ability to effectively negotiate prices and control costs. We must also protect the millions of low-income African Americans who rely on Medicaid.

Our report makes it clear that while eliminating health disparities may be costly, inaction or action that results in further cuts to important health programs that help to address these disparities will prove to be much more costly. Therefore, allocating the appropriate amount of financial resources to reduce racial/ethnic disparities in health is not only a moral imperative, but also a fiscally responsible one.

[Click here](#) to read the State of Urban Health Report.

###