



# Healthcare Disparity For Black Senior Citizens: Institutional Racism Prevents Better Care

*Dr. Velva Boles*

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This whitepaper offers a roadmap to successfully providing preventive healthcare to the ageing American population who, out of ignorance, disempowerment, or limited access to private physician healthcare, does not take advantage of a health supportive process enabled by Medicare. A specialized service provided by a clinical practice with focused interest in geriatric healthcare and community stability can provide improved healthcare via a easily accessed comprehensive medical history as described in Affordable Care Act (ACA). Universal access to medical records can be made possible utilizing a network based electronic health record (EHR) system in line with HITECH Act adopted by President Obama's Administration in 2010. Too many senior citizens are conditioned to go to the "doctor" when they are sick and are satisfied with the "15-minute visit"; senior citizens are careful not to take more time than they are allotted. There has been an important change in senior citizen care: the free annual Medicare Wellness Examination, which does not require a co-pay. This is different from a "physical exam" and must be requested as the "medicarewellness evaluation". Senior citizens have limited avenues to learn of Medicare changes and their primary care providers are reluctant to explain Medicare changes because explanations disrupt productivity schedules. A major reason for disparities of care is the cultural differences between predominantly white health care providers and minority patients. Only 4% of physicians in the United States are African American, and Hispanics represent just 5%. Poor communication with health care providers results in a host of problems including less access to preventative care and higher rates of re-hospitalization. Miscommunication can lead to incorrect diagnoses, improper use of medications, and failure to receive follow-up care. There are data to support that health care providers unconsciously or consciously treat certain racial and ethnic patients differently than white patients. Without health insurance, patients are more likely to postpone medical care, more likely to go without needed medical care, and more likely to go without prescription medicines. Black Americans in the United States lack insurance coverage at higher rates than whites. According to the 2009 National Healthcare Disparities Report, uninsured Americans are less likely to receive preventive services in health care. Preventative care is paramount to stopping the root causes of disease as well as detecting diseases in their early stages when treatment is most effective. Health literacy varies by context and setting and is not necessarily related to years of education or general reading ability. A person who functions adequately at home or work may have marginal or inadequate literacy in a health care environment. Low health literacy is linked to higher rates of hospitalization and higher use of expensive emergency services. Health literacy is not simply the ability to read; it includes the ability to understand instructions on prescription drug bottles, appointment slips, medical education brochures, doctor's directions and consent forms, and the ability to negotiate complex health care systems. It requires a complex group of reading, listening, analytical, and decision-making skills, and the ability to apply these skills to health situations. While problems with health literacy are not limited to minority groups, the problem can be more pronounced in these groups than in whites due to socioeconomic and educational factors. Low-income Americans and racial and ethnic minorities experience disproportionately higher rates of disease and reduced access to care. The National Academy on an Aging Society estimated that health care costs were about \$73 billion. To compound things, many seniors are poor health historians. A professional comprehensive report is needed. A template for medical evaluation is provided.

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