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**Joint Center for Political and Economic Studies Marks
First Anniversary of Health Care Reform Law**

WASHINGTON, DC ó As the nation marks one year since the landmark health reform law was enacted, the law is showing a great deal of promise for improving the health status of African Americans and other people of color, according to the Joint Center for Political and Economic Studies.

“Our research and policy analysis has found that if the Patient Protection and Affordable Care Act (ACA) is properly implemented and funded, it will reduce the racial and ethnic health inequities that are present among all age groups in our country,” said Ralph B. Everett, the Joint Center’s President and CEO.

When the new law is fully implemented, more than 32 million currently uninsured Americans will be covered, reforms will prevent insurance companies from cherry-picking enrollees and denying claims because of pre-existing conditions, and more healthcare providers will be incentivized to work in medically underserved communities, among other expected benefits.

In addition, the ACA will improve the distribution of the nation’s health resources in underserved communities through increased funding for Community Health Centers, which have demonstrated the ability to provide high-quality care to low-income and minority communities, and several health professions programs that provide incentives for providers to work in underserved communities.

“All of these provisions will help improve the current state of health care for people of color, who are disproportionately uninsured and underinsured, and who face greater barriers to receiving high-quality care, even when they do have health insurance,” said Everett.

The ACA also promotes to Institute status the National Center on Minority Health and Health Disparities at the National Institutes of Health, granting it the authority to plan, coordinate, and evaluate disparity-related research within NIH. This will result in greater scientific understanding of the origins of health inequities.

The Joint Center’s research suggests the greatest impact on reducing health inequities could come from the ACA’s prevention and public health programs that are targeted at addressing differences in neighborhood conditions brought about by residential segregation.

“Racial and ethnic minorities are more likely to live in segregated, high-poverty communities that have historically suffered from a lack of health care investment,” said Dr. Brian Smedley, Vice President of the Joint Center and Director of its Health Policy Institute. “Many of these communities face a host of health hazards — such as high levels of air, water and soil pollution, and a glut of fast food restaurants and liquor stores. In addition, these communities have relatively few health-enhancing resources, such as grocery stores where fresh fruits and vegetables can be purchased. Local policy strategies to address these conditions can be highly effective.”

“Given that by the year 2042, according to the U.S. Census Bureau, half of the people living in the United States will be people of color, we must prepare to address the health needs of an increasingly diverse national population,” said Everett. “There is no time like the present to begin focusing on the goal of health equity — a goal that is not only consistent with the American promise of opportunity, but in our long-term economic interest as well.”

The Joint Center for Political and Economic Studies is one of the nation’s leading research and public policy institutions and the only one whose work focuses primarily on issues of particular concern to African Americans and other people of color. To learn more, please visit www.jointcenter.org.

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