



YOUNG AFRICAN AMERICANS AND THE AFFORDABLE CARE ACT

Thanks to the health care reform law, known as the Affordable Care Act or ACA, millions of young adults are now getting access to needed health care. **These new options are particularly important for young African Americans,¹ who are more likely to suffer poor health outcomes and less likely to have access to health care than other groups.**

Already, about half a million young African Americans have gained access to health insurance coverage thanks to a provision of the ACA that lets young adults stay on their parent's plan until age 26.² In 2014, up to 1.8 million uninsured African Americans ages 18 to 34 could be eligible for tax credits to lower premiums on the new state health insurance marketplaces, and up to 1.7 million could be eligible for free or low-cost Medicaid coverage if all states participate in the ACA's Medicaid expansion program.³

Young African Americans Need Affordable Health Coverage

Unfortunately, young African Americans suffer disproportionately from poor health outcomes compared to other groups.

- » African Americans ages 20 to 34 are more likely to die from chronic diseases like HIV/AIDS and heart disease than the general population.⁴
- » Pregnancy complications and chronic lower respiratory diseases account for a disproportionate share of deaths among young African American women and men, respectively.⁵
- » African Americans in general experience negative health effects from poverty, including lifestyle limitations due to asthma,⁶ obesity in women,⁷ and infectious diseases such as influenza and sexually transmitted infections (STIs).⁸
- » African American adults are nearly 12 percent less likely than white adults to have received a flu vaccine in the past year.⁹
- » African Americans are more likely to experience trauma and social circumstances that may lead to mental illness.¹⁰

Lack of health insurance among African Americans contributes to these health disparities. Thirty-one percent of African Americans ages 18 to 34 are uninsured, compared to about 26 percent of whites ages 18 to 34 and about 19 percent of African Americans overall.¹¹ Young African Americans face barriers to getting coverage: they are unemployed at a higher rate than young adults overall¹² and less likely to get coverage through their employer.¹³ Working African Americans disproportionately have low-wage jobs,¹⁴ making it harder to afford insurance coverage. In addition, before the ACA, young African Americans with chronic conditions could be charged more or denied coverage outright.

Uninsured young adults ages 19 to 25 are less than half as likely as those on public or private insurance to have a usual place for health care.¹⁵ This contributes to heavier

reliance on emergency departments as a primary source of health care, which is more expensive and less effective. In 2011, about 30 percent of non-Hispanic African-Americans ages 19 to 25 visited an emergency room, compared to around 20 percent of Latinos and about 24 percent of whites.¹⁶

A lack of affordable coverage, delayed primary care, and increased emergency room reliance contribute to worse health outcomes for young African Americans.

The ACA Increases Coverage Options for Young African Americans

The ACA creates new coverage options and consumer protections for young African Americans, and have the potential to improve health disparities over the long term. Benefits for young African Americans are particularly important because young people represent a significant proportion of the African American population. Twenty-six percent of African Americans are ages 18 to 34, while young adults of all races represent about 23 percent of the overall population.¹⁷

No more discrimination based on pre-existing conditions:

Over seven million African Americans have a pre-existing health condition that puts them at risk of being denied coverage, which may prevent them from accessing care.¹⁸ The ACA now prohibits insurers from denying someone coverage or charging them more because of a pre-existing condition.

Extending dependent coverage to age 26:

The ACA extends dependent coverage to allow young adults in all states to stay on their parent's plan until age 26, regardless of whether they are married, in school, or financially dependent on their parent. Since this provision went into effect in 2010, 509,000 young African Americans have taken advantage of the new provision and signed up for coverage.¹⁹

Affordable coverage through the Health Insurance Marketplaces:

In the new health insurance marketplaces, consumers can shop for and compare health plans online, as well as calculate eligibility for tax credits to make health plans more affordable. Many young African Americans will be eligible for a new kind of advanceable tax credit that can lower the cost of buying insurance up front for those falling within certain income ranges - up to \$45,960 for an individual or \$94,200 for a family of four.

Expanded eligibility for Medicaid:

The ACA gives states the option to expand eligibility for Medicaid, a public health insurance program, to include all those making up to 138 percent of the poverty line - about \$16,000 for an individual or \$32,000 for a family of four. So far, twenty-four states and the District of Columbia have opted to do so. This provision will increase the number of low-income young adults who will be able to receive free or low-cost coverage through Medicaid, because low-income individuals will no longer have to meet special criteria such as pregnancy or disability in order to qualify. This expansion of coverage will benefit African Americans, who live in poverty at almost twice the rate of the total population.²⁰

Free preventive care:

With less access to preventive care for adequate prevention, diagnosis, and treatment of disease, African Americans experience higher rates of infectious diseases. African Americans are less likely to be immunized for influenza²⁴ and more likely to contract HIV²⁵ than the general population, and experience higher rates of STIs than whites.²⁶ Now, under the ACA, preventive care is covered on nearly all insurance plans for free.

Maternity care:

Birth rates among young African American women are higher than young women overall, and second highest across all races. Tragically, deaths from complications from childbirth are disproportionate among young African American women.²⁹ Prior to the ACA, just 12 percent of plans on the individual market covered maternity care.³⁰ Under the ACA, maternity and newborn care are now Essential Health Benefits, guaranteed on all plans sold on the health insurance marketplaces.

Mental health care:

African Americans are more likely to experience trauma and social circumstances that may lead to mental illness.²⁷ African Americans also comprise 45 percent of US foster youth, who are at increased risk of developing a mental illness.²⁸ All new plans under the federal and state marketplaces must cover ten Essential Health Benefits, including mental health and substance abuse services. For more on how the ACA improves access to mental health care for young adults in general, see Young Invincibles' July 2013 fact sheet on mental health services.

Community Health Centers:

Community Health Centers (CHCs) provide primary care services to individuals regardless of their insurance status at a low cost or on a sliding scale basis. CHCs have been and will continue to be an important resource for African Americans. African Americans comprise almost 14 percent of the US population,²¹ but in 2010, made up nearly 26 percent of visitors to CHCs.²² The ACA funds 1,100 CHCs across the US to continue providing needed services to patients in underserved areas.²³

Next Steps for Young African Americans

The Affordable Care Act marks a historic coverage expansion for young African Americans: up to 3.1 million uninsured young African Americans ages 18 to 34 could be eligible for free or low cost coverage through Medicaid or tax credits to lower the cost of buying a plan.³¹ Given the poor health outcomes that young African Americans disproportionately, providing coverage to young African Americans will help to ensure they have access to primary care and preventive services. The ACA meets the unique needs of young African Americans for maternity care, clinic access, mental health and substance use services, and preventive care. Young African Americans who choose to get covered will continue to see the significant impact of the ACA in improved overall treatment outcomes and quality of life.

End Notes:

1. We use the term “African American” in this paper to refer to individuals who have identified themselves as of “Black or African-American” origin on the US Census or other surveys we cite. However, Bloomberg’s Style Guide notes that “African-American” is not universally embraced by the communities being labeled, as “ethnic descriptions used in hyphenation with ‘American’ are best reserved for immigrants or first-generation Americans.” Where noted, survey data includes Black and African American respondents “alone” or “in combination” with other races. See, e.g., *US Census Bureau, Overview of Race and Hispanic Origin: 2010* (Washington, DC: 2011), accessed December 2, 2013, <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>.
2. Assistant Secretary for Planning and Education (ASPE), *Report Shows Affordable Care Act has Expanded Insurance Coverage Among Young Adults of All Races and Ethnicities* (Washington, DC: Department of Health and Human Services (HHS), 2013), accessed October 28, 2013, <http://aspe.hhs.gov/health/reports/2012/YoungAdultsbyGroup/ib.pdf>.
3. Data collected in 2013 reflecting 2012 numbers, derived from “Current Population Survey (CPS) Table Creator,” US Census Bureau, accessed November 19, 2013, <http://www.census.gov/cps/data/cpstablecreator.html>.
4. See Centers for Disease Control (CDC), *Leading Cause of Death in Men*, “Black Males by Age Group, United States, 2009” and “All Males by Age Group, United States, 2009” (Washington, DC: 2009), accessed November 19, 2013, <http://www.cdc.gov/men/lcod/>. See also CDC, *Leading Cause of Death in Females*, “Black Females by Age Group, United States, 2009” and “All Females by Age Group, United States, 2009” (Washington, DC: 2009), accessed November 19, 2013, <http://www.cdc.gov/women/lcod/>. National rates of cause of death by childbirth are higher among African American women ages 20 to 24 and 25 to 34 than among the general population.
5. Ibid.
6. Ambulatory Pediatrics Association, “Racial and income disparities in childhood asthma in the United States,” *Ambulatory Pediatrics* 2 (5) (2002): 382-387, accessed January 8, 2014, www.ncbi.nlm.nih.gov/pubmed/12241134.
7. National Center for Biotechnology Information, “Socioeconomic Status and Type 2 Diabetes in African American and Non-Hispanic White Women and Men: Evidence From the Third National Health and Nutrition Examination Survey,” *American Journal of Public Health*, 91 (1) (2001): 79, accessed January 8, 2014, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446485/pdf/11189829.pdf>.
8. For information on increased rates of contraction of STIs linked to poverty, see Nancy Krieger, *Public Health Disparities Geocoding Project* (Cambridge, MA: 2004), accessed January 15, 2014, <http://www.hsph.harvard.edu/thegeocodingproject/webpage/monograph/publications.htm>. For more on the health effects of poverty on young adults generally, see California Assembly Select Committee on Boys and Men of Color, *Final Report and Policy Platform for State Action (2012-2018)* (Sacramento: 2012), accessed October 28, 2013, <http://www.allianceforbmoc.org/assets/pdfs/Select%20Committee%20Report%20Action%20Plan%20FINAL.PDF>.
9. National Center for Health Statistics (NCHS), *Health, United States, 2011: With Special Feature on Socioeconomic Status and Health, Table 88* (Hyattsville, MD: 2012), 291, accessed October 28, 2013, [http://www.cdc.gov/nchs/data/11.pdf](http://www.cdc.gov/nchs/data/hus/11.pdf).
10. National Alliance on Mental Illness (NAMI), *African American Community Mental Health Fact Sheet* (Arlington, VA: 2003), v, accessed October 28, 2013, http://www.nami.org/Template.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=53812.
11. Data collected in 2013 reflecting 2012 numbers, derived from “CPS Table Creator,” US Census Bureau, accessed November 19, 2013, <http://www.census.gov/cps/data/cpstablecreator.html>.
12. Young Invincibles, *Young Invincibles Demands Action After Seeing Spike in Black Youth Unemployment Over the Last Year* (Washington, DC: 2013), accessed December 2, 2013, <http://younginvincibles.org/2013/11/young-invincibles-demands-action-after-seeing-spike-in-black-youth-unemployment-over-the-last-year/>
13. Fifty-six percent of working African Americans ages 18 to 34 are insured, compared to sixty-one percent of working young adults overall. Data derived from: “CPS Table Creator.”
14. Kaiser Family Foundation (KFF), *Health Coverage For The Black Population Today and Under the Affordable Care Act* (Washington, DC: 2013), accessed November 7, 2013, <http://kff.org/disparities-policy/fact-sheet/>

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15. Whitney Kirzinger, et al., *Health Care Access and Utilization Among Young Adults Aged 19-25: Early Release of Estimate from the National Health Interview Survey, January-September 2011* (Washington, DC: NCHS, 2012), 4, accessed October 28, 2013, http://www.cdc.gov/nchs/data/nhis/earlyrelease/Young_Adults_Health_Access_052012.pdf.
16. Ibid.
17. US Census Bureau, *ACS, 1-Year Estimates, Table S0201*, accessed December 13, 2013, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_S0201&prodType=table.
18. Families USA, *Health Reform: Help for Americans with Pre-existing Conditions, Table 4* (Washington, DC: 2010), 6, accessed December 2, 2013, <http://www.familiesusa.org/assets/pdfs/health-reform/pre-existing-conditions.pdf>.
19. ASPE, *Report Shows Affordable Care Act has Expanded Insurance Coverage Among Young Adults of All Races and Ethnicities*, 1.
20. Carmen DeNavas, et al., *Income, Poverty, and Health Insurance Coverage in the United States: 2010*, Table 4 (Washington, DC: US Census Bureau, 2011), 15, accessed December 19, 2013, <http://www.census.gov/prod/2011pubs/p60-239.pdf>.
21. US Census Bureau, *ACS, 1-Year Estimates, Table DP05* (Washington, DC: 2012), accessed October 28, 2013, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_DP05&prodType=table.
22. Wilma Robinson and Kenneth Finegold, *The Affordable Care Act and African Americans* (Washington, DC: HHS, 2012), accessed October 28, 2013, <http://aspe.hhs.gov/health/reports/2012/ACA&African-Americans/rb.shtml>.
23. Ibid.
24. African American adults report lower rates of vaccination than white and Hispanic respondents. See J. Wang, et al., "Racial and ethnic disparities in influenza vaccinations among community pharmacy patients and non-community pharmacy respondents," *Research in Social and Administrative Pharmacy* 10(1): 126-40 (2014), accessed December 19, 2013, www.ncbi.nlm.nih.gov/pubmed/23706653.
25. CDC, *HIV Among African Americans* (Washington, DC: 2013), accessed December 12, 2013, <http://www.cdc.gov/hiv/risk/raciaethnic/aa/facts/>.
26. See notes from a convening on STD Disparities, National Center for HIV/AIDS, Hepatitis, STD and TB Prevention (NCHHSTP), *Consultation to Address STD Disparities in African American Communities* (Atlanta, GA: HHS 2007), accessed December 13, 2013, <http://www.cdc.gov/std/general/STDHealthDisparitiesConsultationJune2007.pdf>.
27. NAMI, *African American Community Mental Health Fact Sheet*.
28. Ibid.
29. See CDC, *Leading Cause of Death of Females*, "All Females by Age Group, United States, 2009." National rates of cause of death by pregnancy complications among African American females ages 20 to 24 and 25 to 34, are higher than among the general population of young adults ages 20 to 24 and 25 to 34.
30. National Women's Law Center (NWLCC), *Women and the Health Care Law in the United States* (Washington, DC: 2013), accessed November 19, 2013, http://www.nwlc.org/sites/default/files/pdfs/us_healthstateprofiles.pdf.
31. "CPS Table Creator," US Census Bureau, accessed November 19, 2013, <http://www.census.gov/cps/data/cpstablecreator.html>.