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The Underbelly of Health Care In America—And An Answer

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The New York Times's recent coverage of the state of health care in the United States paints a very discouraging picture. Despite all the money going to health care in the country—which outspends other developed nations in spending on health care per capita—the US has a sorry record. In fact, Americans rank among the least healthy compared to other rich countries; they are also in a cohort that is most likely to die early.

For example, life expectancy in Mississippi, which stands at 71.9, has fallen below the life expectancy in Bangladesh (72.4). An infant in the US is close to 70 percent more likely to die in the US compared to other wealthy nations. And for the first time in what might be a century, the likelihood that an American child will live to age 20 has diminished. Newborns in India, Rwanda, and Venezuela have a longer life expectancy than Native American newborns in the US. The life expectancy of a Native American adult male, at 61.5, is below that of the life expectancy in Haiti.

The so-called “healthy life expectancy—the years someone lives without suffering severe medical problems, like amputations, dialysis, or blindness—is 66.1 in the US, which is lower than that figure in Turkey, Sri Lanka, Peru, and Thailand, as well as other countries, all significantly poorer than the US.

The most gruesome statistic shows the US to be the “global leader in avoidable amputations,” resulting from grave shortcomings in the care and management of diabetes. These preventable amputations writes *The Times*, “are the most heart-rending symbol of America’s failure in health care. Patients fail to obtain blood sugar management, which leads to diminished circulation and diabetic wounds on the foot that can lead to amputation, first of the toes and next of the legs, both below and above the knee.

A patient whose leg is amputated above the knee generally dies within five years. Some 150,000 amputations are performed each year, of a toe, foot, or leg. The neglect of diabetes and other preventable conditions is really hurting Americans of all ages. The hardest hit are men with little education and low incomes, especially people of color. The poorest men in the US have life expectancies comparable to those of men in Sudan and Pakistan.

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By contrast, the wealthiest men in the US live longer than the average male in any country, a Harvard study has found.

Being poor and having little education, makes Americans very likely to suffer from multiple conditions, in addition to diabetes, including hypertension, arthritis, and heart disease. *The Times* pins an important part of the blame on soda and -fast food companies, marketing their sugary and rich-in-fat products primarily to the underserved, people who struggle to get by, often lacking health insurance and relying on cheap fried food and sugary drinks. As it stands, 28 million Americans lack health insurance.

Researchers have found that an estimated 183,000 Americans die each year because of poverty—far more than the number of homicides. Part of the solution must focus on overcoming “intergenerational poverty and despair,” which cries out for improvement in education, job training, pay, and opportunities for self-betterment. What would also hold promise is promoting diversity among health workers. It has been shown that Black patients do better with Black doctors.

Ethnic affinity is one of the keys to the success of SOMOS, a network of 2,500 doctors—most of them primary care physicians—in New York City. They provide some one million of the poorest and most vulnerable Medicaid recipients in the inner-city with quality care. Most patients are African American, Asian American, and Hispanic. Many of their doctors share an ethnic and cultural background with their patients, in whose communities they live and work. That shared identity contributes to the bond between patient and doctor.

That bond is also strengthened by the fact that SOMOS doctors have comprehensive knowledge of their patients’ needs. Community Health Workers are the doctors’ eyes and ears, as they are kept informed about patients’ family situations. These include awareness of social conditions, the so-called Social Determinants of health, such as housing conditions, poverty, or educational issues. Such social conditions can play a critical role in patients’ physical and mental health.

Patients also greatly value the fact that the doctor has a real sense of their circumstances, which is the foundation of a relationship of trust. This is how SOMOS delivers superior care to a population that has traditionally suffered from poor or mediocre care.

SOMOS doctors adhere to high standards in their practice. They have embraced a formula called Value-Based Care (VBC), which stipulates that doctors are compensated in accordance with the health of their patients. The better the patients’ health in the longer term, the greater the financial incentive for the doctor.



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SOMOS's success was dramatically demonstrated by SOMOS's ability to reduce by 25 percent both preventable visits to the ER and unnecessary hospitalizations. In the process, SOMOS saved New York State taxpayers \$330M. VBC clearly demonstrates that care for the underserved can be both excellent and cost-effective—an antidote to poverty being an obstacle to quality health care.

Mario J. Paredes is CEO of SOMOS Community Care, a network of 2,500 independent physicians—most of them primary care providers—serving close to a million of New York City's most vulnerable Medicaid patients.