



La Fe Policy Research and Education Center

Latinos must engage in health policy dialogue and advocacy - our research and perspectives....

- “Health disparities” dialogue must encompass “health care security” and regular access to a “medical care home”. Talking only about health disparities focuses too much on more research and fragmented reactive policy approaches. (e.g., Medicaid, CHIP, and Medicare reforms), often leading to minimal impact on improving access to quality health care or in reducing a family's financial risks.
- Developing a Universal-Single Payer Health System to deal with the increasing number of uninsured, costs, and quality of care. Current Presidential candidate proposals for universal health care fall way short because they lack serious attention to fundamental restructuring of the health care system.

Why engage.....

Health Disparities and Inequalities

- Health disparities limit our ability to be productive citizens because of their negative effects on our health, and direct interrelationship to education, employment, income, and family well-being.
- Health research documents that Latino health disparities/inequalities have worsened across a wide range of indicators from health insurance, lack of health care home, and health problems.
- The Latino population is the most uninsured (38%) population in the United States, and across cities and states nationwide. Latino children constitute less than 1/5 of children in the U.S., but they represent over 1/3 of uninsured children.
- A severe example: the 3,088,000 uninsured children residing in the U.S./Mexico Border States (California, Arizona, New Mexico, Texas) could hold hands and span the length of the Border (2,150 miles). This number represents over 1 in 3 (37% of all uninsured children (8.3 million) in the U.S. in 2005.

Health Care Market or Health Care Access

- The Federal/State policy movements to reduce public expenditures and services with initiatives to privatize (consumer-driven) health care have the likelihood of worsening the Bienestar and health care access of many Latino families.
- Current trends for “consumer-driven care” is not applicable and will hurt the majority of Latinos because it assumes the average consumer:
 - Has an upper middle-class income who can commit \$3,000 - \$5,000 for a high deductible “Health Saving Account”,
 - Assumes a very knowledgeable health consumer who ‘shops’ for the best health provider ‘bargains’ complemented by accessing health information on the internet, and
 - Is employed in a business with at least 100 employees.
 - Is in excellent health.

Employment and Health Insurance

- The health industry increasingly vying for the Latinos “Market” dollar (population growth and consumer purchasing power growing at 9% annually). However, Latinos have very little negotiating or bargaining position in the so-called “consumer-driven” “health market”. They are at greater risks for being enrolled in in-effective “health products” that includes health insurance plans that do not meet their needs.
- Nationally, employer-based health insurance (EBHI) is on the decline, going from 60.4% in 2003 to 59.8% in 2004.
- Most Latinos work in small businesses and are 22% less likely to have EBHI.

Health Care Trends: Implications for Latino Health Care Access

- The U.S. is the only industrialized country with no universal access to health care. Health care quality ranks lowest and cost ranks highest compared to over 13 other industrialized nations.
- At least one-third of current spending (2 trillion dollars) goes to unnecessary services, needless bureaucracy, excessively high prices and other wasteful expenditures. This does not even take into account the economic value of “forgone” health compared to the economic costs of the uninsured estimated at \$65 to \$125 billion or an average of \$103 billion annually.
- Consumer-driven care will do little to address the 46 million uninsured, the fragmented and high costs of care, or effectively improve the overall quality of U.S. health care. BUT, it will drive competition and perpetuate the current “creaming” process for healthy well-insured consumer leaving many Latinos behind.
- Empowering the consumer as being marketed is nothing more than “emperors-new-clothes” coverage that leaves patients exposed and vulnerable. Put another way, consumer-driven care is a new twist on “blaming the victim”, that will lead to poorer health and high health care costs.
- If consumers had real “choice and control” over their health care we would already have some form of a national health insurance system. It has been amply documented that the American public are ready and willing for some form of health care that is available and accessible to ‘all’ when needed regardless of income status.
- We recognize transparency in health care is good but, it’s a façade to believe that integrating transparency will transform health care into a “market product” as other goods and services. Consumers will never have as much information about their care needs as the physicians or others who care for them. AND, health literacy (understanding health information – English or Spanish) reading levels among the average consumers will never keep up with the language and explosion of health information.
- The trend toward providing States expanded flexibility to revamp or recreate the Medicaid safety-net brings high-risks in adding to the high number of Latino uninsured, and contribute to fragmented and poor quality care. State-level approaches mirror the combination of trends to privatize the health safety-net programs through purported consumer-driven health care.