

The Right to Health Care

Racial disparities in health care continue to exist in New York State. New Yorkers without health insurance are disproportionately represented by racial and ethnic minorities. While 13 percent of white New Yorkers – ages 19 to 64 – are uninsured, 22 percent of Blacks and 31 percent of Latinos are without health coverage. Yet the availability of public insurance – Medicaid, Family Health Plus, Child Health Plus - has had an equalizing effect on improved health insurance coverage for racial minorities at the lowest income levels, highlighting the importance of these programs. Enrollees in public health insurance programs are almost all low-income New Yorkers.

Yet even among enrollees in public programs, disparities in health outcomes remain. The Community Service Society (CSS) recently released a two-part series on racial and ethnic disparities in health in New York State.

It was found that Black enrollees in public health insurance had significantly worse health outcomes than all other racial and ethnic groups in 10 out of 12 quality measures, including asthma management, mammography, dental visits, and most diabetes indicators. Not surprisingly, state health data show that Black New Yorkers have higher rates of death from diabetes, heart diseases, and AIDs than any other race or ethnic group.

CSS's findings are consistent with two unpublished analyses of state data that measures the quality of health plans. In one, Black children did worse than whites on five of eight measures. In the other - diabetic adults in Medicaid Managed Care – Black enrollees did significantly worse on five of six measures than white enrollees.

So far, state data has been reported only by health plan and region, not by race and ethnicity. The absence of this data has prevented regular monitoring or tracking of changes in health outcomes over time for specific populations. These state reporting programs could be the resources needed to develop policy solutions to improve health outcomes and reduce disparities.

Race and Health Care

To a great degree, to be poor in New York City is to be Black or Latino. Besides a link between poverty and race, this helps to explain another connection - between race and health care.

A recent report by the city's Health Department revealed that Black and Latino New Yorkers have a higher mortality rate from many diseases. Deaths due to AIDS are six times higher in New York's poorest neighborhoods than in its wealthiest neighborhoods. Poor New Yorkers are three times more likely to suffer from diabetes, liver disease, and high blood pressure. Children living in poor neighborhoods are three times more likely to be hospitalized with asthma than those living in wealthier neighborhoods.

Poor health is often a factor in affecting a person's ability to find and hold a job. The Community Service Society's latest annual survey of New Yorkers, "The Unheard Third," showed that health problems are a major barrier to people looking for work. Among low-income respondents who were unemployed, 38 percent said that health problems were the most difficult factor in searching for a job.

Effects of “Churning”

Currently, public insurance enrollees must certify their eligibility annually with the state. Bureaucratic rules make reapplying for coverage onerous and confusing, causing many people to fall out of their coverage. More than 40 percent of all enrollees lose their coverage each year for months at a time – an effect known as “churning” - even though they remain eligible for insurance.

Currently, some 4.5 million New Yorkers rely on the state’s public health insurance programs. Health plans vary widely in their retention rates. Three of the plans have significantly higher retention of whites than Blacks, driving the overall disparity experienced between Black and white retention rates. These three plans have nearly 450,000 members or 10 percent of all enrollees in public insurance programs in New York State.

The CSS reports recommend that the state continue its efforts to streamline and improve the renewal process. In particular, they recommend that New York seek a waiver from the federal government in order to offer two years of continuous public insurance enrollment instead of one year. This would cut down on the “churning” phenomenon. Also, the state should work closely with Medicaid managed care plans to review their retention rates for different races and ethnicities and to make such information publicly available.

The state’s purchasing power with the plans should be leveraged to promote health equity through pay-for-performance programs that reward plans for the reduction of health disparities by race and ethnicity. The state can use some of its bonus pool of more than \$60 million to reward the health plans that have contracts with the state if they reduce health disparities.

In the 21st century, in New York State, one’s access to health care should not be determined by household income or language barriers or bureaucratic regulations. Access to good health care should be a right for all New Yorkers.

The CSS reports, “Promoting Equity & Quality in New York’s Public Insurance Programs” and “Promoting Equity & Coverage in New York’s Public Insurance Programs,” are online at www.cssny.org/advocacy/cornerstone.

Join the discussion on how we can improve the lives of low-wage workers by making your voice heard on our Turnstile blog at <http://turnstile.cssny.org/turnstile/>.

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