

Medicaid and Minority Health: Why Cutting Medicaid Will Exacerbate Health Disparities

Medicaid and Minority Health: An Overview

Medicaid, the nation's health care program for more than 50 million low-income children, seniors, working families, and people with disabilities, provides crucial comprehensive health care to individuals who would otherwise likely be uninsured. Medicaid is particularly crucial to many racial and ethnic minorities, who are disproportionately more likely than whites to rely on the program for health care.

Racial and ethnic minorities constitute about one-third of the total U.S. population, yet they constitute more than half of those who get their health care through Medicaid. Without Medicaid, the number of racial and ethnic minorities who are uninsured, which already is staggering, would undoubtedly be much higher. Currently, there are about 45 million uninsured Americans. *More than half of all uninsured Americans—23 million—are racial and ethnic minorities.* In fact, lack of health coverage disproportionately affects all racial and ethnic minority groups.

How will cutting or capping Medicaid affect racial and ethnic minorities? Recent proposals to cut and cap Medicaid will exacerbate—not eliminate—racial and ethnic health disparities.

Health Disparities: The Evidence Is In

The issue of racial and ethnic health disparities has become one of the most pressing problems plaguing this nation's health care system. Numerous studies and reports have documented the fact that racial and ethnic minorities, compared to whites, are in poorer health, receive lower-quality health care, suffer worse health outcomes, and have higher rates of illness, injury, and premature death. Some of these startling findings include the following:

- Infant mortality rates for African Americans and American Indian/Alaska Natives are more than two times higher than that for whites.
- American Indian/Alaska Natives have diabetes rates that are roughly three times the rate for the nation overall.
- African American and Latino adults (aged 18 years and older) are disproportionately more likely than whites to suffer from chronic conditions such as heart disease, cancer, asthma, depression, diabetes, high blood pressure, obesity, and anxiety.

- Latina, Asian American, and American Indian/Alaska Native women are significantly less likely to be screened for breast cancer than white women.
- African American women *are roughly four times more likely* than white women to die during childbirth or from complications during pregnancy.
- Latinos and African Americans are less likely than whites to undergo the procedures used to diagnose and effectively treat heart disease. For example, Latinos are about half as likely as whites to undergo angioplasty, and African Americans are less than half as likely as whites to undergo bypass surgery.
- The leading causes of death among Asian Americans and African Americans aged 25-44 are cancer and HIV/AIDS, respectively. For all other groups of the same age, the leading cause of death is accidents.

Racial and ethnic health disparities are evident not only in the under-utilization of diagnostic and preventive services, but also in the over-utilization of some undesirable treatments and services. For example, African American diabetics are over *3.5 times more likely* than whites to have all or part of a lower limb amputated.

Disparities in Health vs. Disparities in Health Care

The term “health disparities” is an umbrella term that includes both “disparities in health” and “disparities in health care.” Although these terms are often used interchangeably, they are two different concepts:

Disparities in health: *Disparities in health refer to differences between two or more population groups in health outcomes and in the prevalence, incidence, or burden of disease, disability, injury, or death.*

Disparities in health care: *Disparities in health care refer to the differences between two or more population groups in health care access, coverage, and quality of care, including differences in preventive, diagnostic, and treatment services.*

Distinguishing between the two concepts is important because different factors contribute to each. However, these factors are interrelated. For example, personal behavior and decisions about health, environmental factors, and genetics are factors that are known to contribute to disparities in health. Disparities in health care also contribute to disparities in health. Likewise, studies have found that factors such as discrimination, bias, cultural and language barriers, and preferences about health care practices contribute to disparities in health care. **However, no single factor contributes more to disparities in health and health care than does access to health care.**

When individuals have reliable, consistent access to health care, they have greater access to health monitoring, are more likely to receive screenings, timely diagnoses, and appropriate treatment of chronic diseases and conditions, and thus are more likely to have better health outcomes. However, racial and ethnic minorities are disproportionately more likely than whites to be underinsured, to have less access to health care, and to lack health insurance coverage altogether.

- More than one in 10 Asian American (11 percent) and Hispanic (14 percent) children under the age of 18 had no usual source of health care in 2001-2002, compared to 5 percent of white children in the same age group.
- During that same time frame, roughly one in three Latino adults (30 percent), one in five Asian American adults (20 percent), and nearly one in five African American adults (17 percent) aged 18-64 years of age had no usual source of health care, compared to just over 13 percent of white adults.
- More than one in three (35 percent) Hispanics, one in four (27 percent) American Indians/Alaska Natives, nearly one in five (19 percent) Asian Americans, and one in five African Americans (20 percent) are uninsured, compared to roughly one in 10 (12 percent) whites.

Cut Medicaid—Worsen Health Disparities

Racial and ethnic minorities make up a disproportionate share of Medicaid enrollees. Roughly one in five nonelderly Latinos, African Americans, and American Indian/Alaska Natives, and about one in 10 non-elderly Asian Americans, rely on Medicaid for health care.

Consequently, the recent proposals to cut or cap Medicaid, while racially neutral, will significantly diminish—if not completely eliminate—access to regular and adequate health care services for racial and ethnic minorities. This will only exacerbate racial and ethnic health disparities.

Many current proposals to reduce Medicaid spending focus on cutting so-called “optional” acute care benefits. These “optional” benefits include diagnostic, screening, preventive, and rehabilitation services, prosthetic devices, and specialist medical or remedial care. They also include some so-called “optional” long-term care benefits, including case management, personal care, and home health care services.

If cuts are made to these “optional” (but very necessary) benefits, some of these services will be limited or eliminated, which will have a huge negative effect on the health and health care of racial and ethnic minorities. Why? Studies have proven that racial and ethnic minorities are

disproportionately more likely to have chronic conditions that require specialty and long-term care. There is also evidence that racial and ethnic minorities already have less access than their white counterparts to specialty care such as adequate cardiac care and appropriate diagnostic and screening services. For example, 41 percent of Chinese-Americans, 22 percent of Hispanics, and 16 percent of African Americans reported having “a major problem” getting specialty care, compared to 8 percent of whites.

Under proposals to restructure or cut Medicaid, the specialty care and diagnostic and preventive services that so many racial and ethnic minorities disproportionately need, yet do not receive, are the same care and the same services that are at greatest risk of being cut or eliminated.

The problem of racial and ethnic disparities in health *and* in health care has led the U.S. Department of Health and Human Services (HHS) to establish, as a national goal, the elimination of health disparities by 2010. Additionally, members of Congress in both the House and the Senate—and on both sides of the aisle—have introduced, championed, and supported legislation that aims to eliminate racial and ethnic disparities in health and in health care. **However, the recent proposals to cut and cap the Medicaid program will exacerbate—not eliminate—racial and ethnic health disparities.**

For more information on sources, this topic, or getting involved,
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