Sarah Bianchi
Box #2

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PHOTOCOPY
PRESERVATION

MINORITY HEALTH

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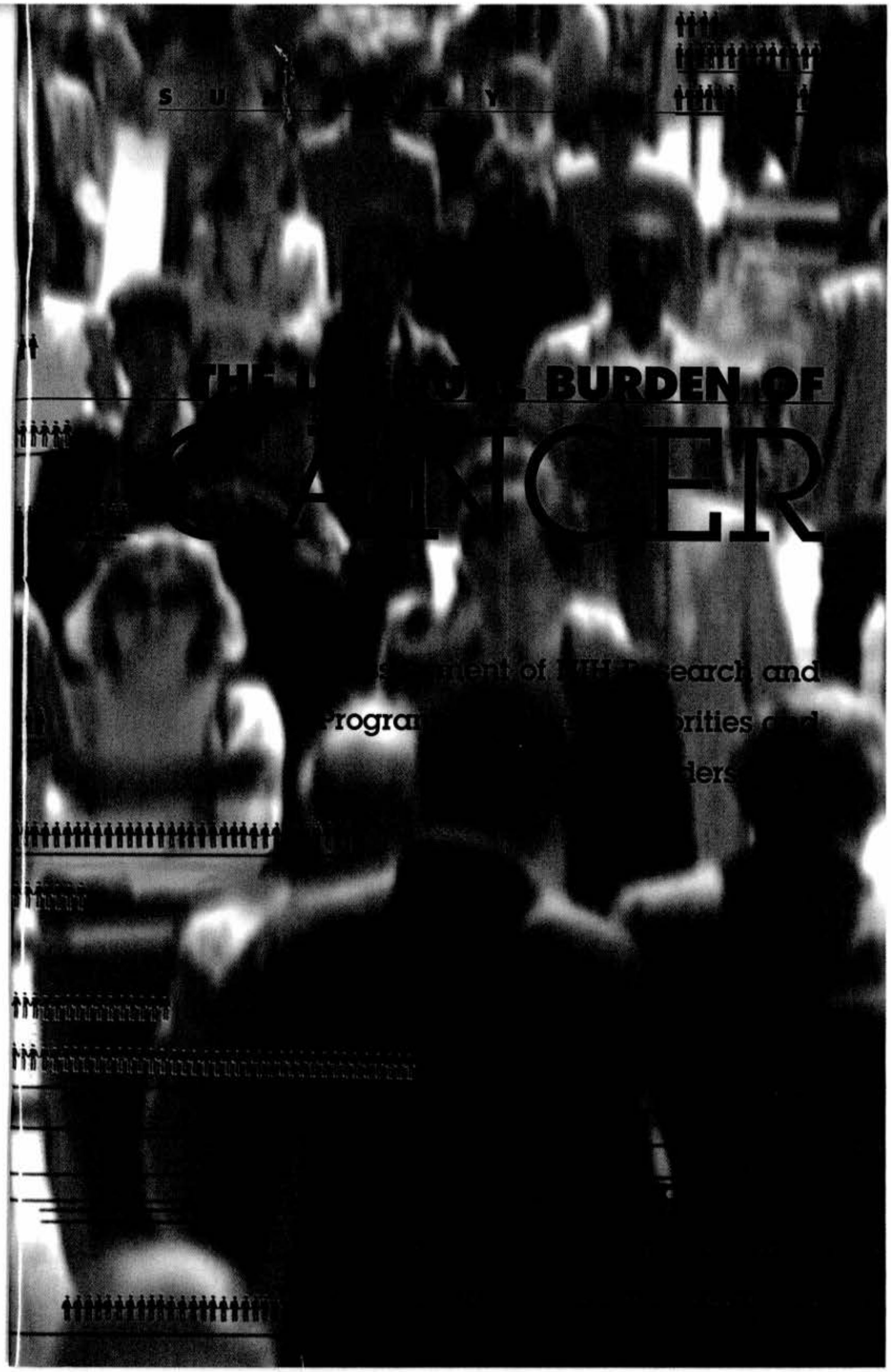
BURDEN OF
CANCER

HISPANIC:

1. Medicare
2. uninsured kids
3. LTC
4. PBOR
5. Health insurance stats
6. Cancer

MEDICARE

- **Medicare provides health insurance to more than two million elderly and disabled Hispanics – about six percent of the Medicare population.**

- **With the aging of the baby boom generation, by 2025 the number of Medicare beneficiaries is scheduled to double to 62 million.**

- **Hispanics will more than triple as a share of the elderly population and by 2025, one in six elderly, over eleven million, will be of Latino descent.**

- **Hispanics experience higher rates of serious health problems and are more likely to be living in poverty than non-Hispanic whites.** Nearly one-third of Hispanic beneficiaries have incomes below the poverty level ($7,740 for a single person in 1996), which is three times the poverty rate of non-Hispanic white beneficiaries (10 percent).

- **Nearly half (46%) of all Hispanic Medicare beneficiaries perceive their health status to be fair or poor, compared to a quarter (26%) of their non-Hispanic white counterparts.**

- **Hispanic beneficiaries are significantly less likely than their non-Hispanic white counterparts to have private supplemental coverage, either retiree health benefits or Medigap.** Two-thirds of all white beneficiaries have Medigap or employer-sponsored retiree benefits compared with only a quarter of Hispanic beneficiaries.

- **Twenty-seven percent of Hispanic Medicare beneficiaries rely on Medicaid to supplement Medicare, while only eleven percent of non-Hispanic white beneficiaries do.**

- **Ten percent of non-Hispanic white beneficiaries have Medicare as their exclusive form of coverage, but twenty-five percent of Hispanic beneficiaries have no supplemental coverage at all to cover the costs for prescription drugs and other benefits not covered by Medicare.**

Hispanics Would Benefit Disproportionately from Proposals to Cover Medicare Preventive Benefits.

- **Hispanic women have an incidence rate of cervical cancer nearly twice the rate of non-Hispanic women.**

- **Only 35.9 percent of older Hispanic women on Medicare receive regular mammograms, lower than any other racial group.**

- **The rate of breast cancer incidence has increased three times faster for Hispanic women than the rate of non-Hispanic women.**

- **The prevalence of diabetes in Hispanics is nearly double that of whites.**

UNINSURED CHILDREN

- **Hispanic children are the most likely to be uninsured.** Twenty-seven percent of Hispanic children are uninsured versus 17.6 percent of black children, and 12.3 percent of white children were uninsured.

- **Hispanics have lower immunization rates.** The immunization rate for Hispanic children in 1996 was 73 percent, compared to 80 percent of non-Hispanic whites.

- **Over one million uninsured children live in Texas – nearly 10 percent of all uninsured children nationwide.**

- **The Vice President has fought to assure that all uninsured children have affordable health care.**

  Fought for the Children's Health Insurance Program of 1997, the largest investment in children's health in a generation and has launched a national outreach effort to assure that the over four million uninsured children eligible for Medicaid but are not enrolled sign up.

  Unveiled new regulations to knock down major barriers that that keep Hispanic from enrolling in health insurance. The Vice President also advocated to Recent immigration and welfare reform laws have generated widespread confusion about whether legal immigrants receiving certain benefits can be deemed a "public charge," which can be used as the basis to deny an individual admission into the United States or the ability to become a legal permanent resident. Studies have shown that thousands of families are not enrolling in critical public benefits, such as Medicaid, CHIP, or food stamps, because of the fear that receiving these benefits will have a negative impact on their immigration status.

  Today, you are releasing new regulations stating that the receipt of health care or other services cannot be used to deny an individual admission to the United States, their application to attain legal permanent resident status, or their request to remain in the country. You are also directing federal agencies to send guidance to their field offices and program grantees and to work with community organizations to educate the public about this new policy. This regulation is a long-awaited top priority for the legal immigrant community.

LONG-TERM CARE.

- The Administration has proposed a number of targeted tax credits that are helpful. In fact, the Administration's long-term care proposal would help XX families in Texas.

- **More than one in six (18%) Hispanic Medicare beneficiaries have long-term care needs.**

- **Hispanic Medicare beneficiaries have higher rates of cognitive impairments such as Alzheimer's Disease and other forms of dementia.** Twenty-eight percent of Hispanic Medicare beneficiaries have cognitive impairments, while twenty-two percent of their white counterparts have cognitive impairments.

PATIENTS BILL OF RIGHTS.

- **The Vice President has fought hard for a strong enforceable patients bill of rights that assures Americans have**

- **The Republican proposal**

From: HHS; HCFA Website http://www.insurekidsnow.gov
Hispanic HI Stats: (1998)

The following two charts show the relationship between coverage status and race or national origin
Hispanics of any race are counted as Hispanics. The first chart compares a given race's representation in the insured and uninsured populations. The second chart shows the percentages of children in each race/national origin who are uninsured.

Although white children comprise 67% of the insured population under 18 years, they are less than half 46% of the uninsured population under 18.

Hispanics, on the other hand, comprise a disproportionate share of uninsured children: Hispanic children comprise 13% of insured children, but 29% of the uninsured.

African-American children are also over-represented among uninsured children, although not to as great a degree as Hispanics: they represent 15% of insured children, but 19% of the uninsured.

Over 1/4 29% of all Hispanic children are uninsured, compared with 19% of all African-American non-Hispanic children and 11% of all white non-Hispanic children.

HISPANIC CANCER STATISTICS

Hispanic women have an incidence rate of cervical cancer nearly twice the rate of non-Hispanic women.

The rate of breast cancer incidence has increased three times faster for Hispanic women than the rate of non-Hispanic women.

The proportion of Hispanics who participate in routine colorectal cancer screening is less than that of whites and blacks.

In a study conducted by CDC's Behavioral Risk Factor Surveillance System (BRFSS), mammography use was almost always lower among Hispanic women than non-Hispanic women from 1989-1997.

In the same study conducted by CDC's BRFSS, from 1991-1997, Hispanic women were less likely to receive a Papanicolaou test within two years than non-Hispanic women.

Between 1987-1992, Hispanic men had the third highest incidence rate of prostate cancer followed by African Americans and whites.

Between 1990-1995, Hispanics had the third highest cancer incidence rate and third highest mortality rate following African-Americans and whites.

From 1991-1997, smoking among Hispanic high school students increased 34 percent.

MORTALITY RATE DISPARITIES CONTINUE

American Indians and Alaska Natives in the IHS Service Area
1992-94 to 1994-96 and U.S. All Races, 1993 and 1995
(Age-adjusted mortality rates per 100,000 population)

	AI/AN Rate 1994-96	U.S. All Races Rate 1995	Ratio: AI/AN to U.S. All Races	AI/AN Rate 1992-94	U.S. All Races Rate 1993	Ratio: AI/AN to U.S. All Races
ALL CAUSES	699.3	503.9	1.4	690.4	513.3	1.3
Alcoholism	48.7	6.7	7.3	45.5	6.7	6.8
Tuberculosis	1.9	0.3	6.3	2.3	0.4	5.8
Diabetes*	46.4	13.3	3.5	41.1	12.4	3.3
Motor vehicle crashes	54.0	16.3	3.3	53.3	16.0	3.3
Suicide*	19.3	11.2	1.7	19.2	11.3	1.7
Homicide*	15.3	9.4	1.6	15.1	10.7	1.4
Cervical cancer*	3.8	2.5	1.5	4.1	2.5	1.6
Infant deaths* 1/	9.3	7.6	1.2	10.9	8.4	1.3
Diseases of the heart*	156.0	138.3	1.1	157.6	145.3	1.1
Cerebrovascular diseases	30.5	26.7	1.1	27.8	26.5	1.0
Malignant neoplasms (All)*	116.6	129.9	0.9	112.2	132.6	0.8
HIV Infection*	6.2	15.6	0.4	3.9	13.8	0.3

1/ Infant deaths per 1,000 live births
*conditions listed in yellow are measures or proxies for the President's Race Initiative priority areas
NOTE: American Indian and Alaska Native rates were adjusted to compensate for race misreporting on State death certificates.

MINORITY CAREGIVERS FACT SHEET

- There are an estimated 22,411,200 caregiving households nationwide with English speaking caregivers, of which there are approximately,

  18,290,000 White, non-Hispanic households

  2,380,000 Black, non-Hispanic households

  1,050,000 Hispanic households and

  400,000 Asian households

- Asian and Hispanic caregivers are significantly younger than Whites and Blacks, with average ages of 39 and 40 respectively, compared with 47 for Whites and 45 for Blacks. More than one-third of Asian and Hispanic caregivers are under 35, compared with just over one in five White caregivers and just under one in five Black caregivers.

- Asian caregivers are most evenly split among female and male caregivers: 52 percent of Asian caregivers are women (in contrast with 77% of Blacks, 74% of Whites, and 67% of Hispanics, and 48 percent are men.

- Asian caregivers are more highly educated than caregivers of other racial/ethnic groups, with 39 percent being college graduates and 21 percent having had graduate education. In contrast, only 15 percent of Blacks and 18 percent of Hispanics are college graduates and fewer than seven percent of either group have had graduate education.

- Asian caregivers also report considerably higher annual household incomes than other groups (averaging more than $45,000 compared with just under $28,000 for Blacks, for example).

- While 41 percent of caregivers have one or more children under age 18 living in their households, more than half of all Black, Hispanic, and Asian caregivers report having one or more children under age 18 in their households in contrast with 39 percent of White caregivers.

- Asian caregivers are more likely to be employed full- or part-time (77%) than Whites (65%), Blacks (66%), or Hispanics (65%).

- Asians are least likely to be caring for a spouse (1%) and most likely to be assisting a father (18%). Hispanic caregivers are more likely to be caring for a grandparent (22%) than other caregivers (15%). Black caregivers are most likely to be taking care of a relative other than an immediate family member or grandparent - 14 percent, in contrast with nine percent of White, seven percent of Hispanic, and six percent of Asian caregivers.

- White caregivers, on average, care for persons who are older than those cared for by caregivers of other racial/ethnic groups: The mean age of care recipients of White caregivers is 77.6 years, compared with 75.2 for Blacks, 74.7 for Hispanics, and 74.4 for Asians.

- Asian caregivers are more likely to live in the same household with their care recipient (36%) than Blacks (26%) or Whites (19%).

- Asian caregivers spend significantly less time providing care per week, on average, than other minority caregivers: 15.1 hours, in contrast with 20.6 hours for Blacks, 19.8 hours for Hispanics, and 17.5 hours for Whites.

NATIONAL ALLIANCE FOR CAREGIVING

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THE HENRY J. KAISER FAMILY FOUNDATION

THE MEDICARE PROGRAM

THE KAISER MEDICARE POLICY PROJECT

MEDICARE'S ROLE FOR LATINOS

April 1999

OVERVIEW

One of Medicare's major achievements has been providing elderly and many disabled beneficiaries – especially minorities and people with low incomes – equal access to mainstream medical care. Medicare's nearly universal coverage of all people ages 65 and older, and many people with disabilities, has helped to give racial and ethnic minorities access to improved treatment and care.

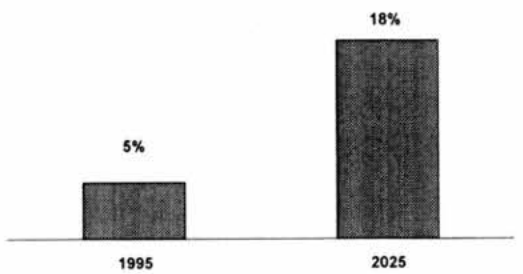
Today, Medicare provides health insurance coverage to more than 2 million elderly and disabled Latinos, accounting for about 5 percent of all elderly Americans, and 6 percent of the total elderly and disabled Medicare population (Figure 1). With the aging of the baby boom generation, Latinos will more than triple as a share of the U.S. elderly population between 1995 and 2025, when one in six elderly Americans will be of Latino descent.

People 65 and older are generally eligible for Medicare if they receive Social Security. There is concern that a portion of the Latino elderly population may not qualify for Medicare because their work history does not entitle them to Social Security.

Figure 1

Growth of Latino Elderly Americans

Latino Americans will more than triple as a share of the elderly population between 1995 and 2025



SOURCE: U.S. Bureau of the Census

• In this document, Latino refers to U.S. residents self-describing as being of Hispanic origin (regardless of country of birth or citizenship.

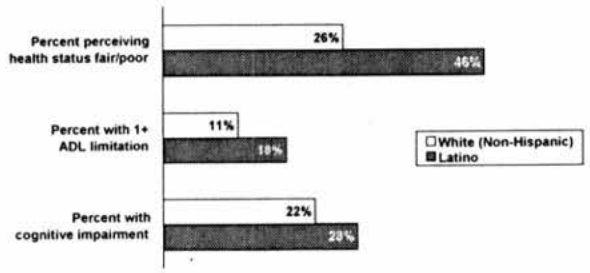
CHARACTERISTICS OF LATINO MEDICARE BENEFICIARIES

Elderly and disabled Latino Medicare beneficiaries differ in many ways from their non-Hispanic white counterparts. They experience higher rates of serious health problems and are more likely to be living in poverty. Nearly half (46%) of all Latinos on Medicare perceive their health status to be fair or poor, compared to a quarter (26%) of all non-Hispanic whites (Figure 2).

Figure 2

Health Needs of the Medicare Population

Latino Medicare beneficiaries are more likely than whites to have serious health problems and long-term care needs



Note: Excludes other races (African-Americans, Asian-Pacific Islanders, American Indians, Eskimos, and Aleuts).
SOURCE: Urban Institute analysis of the 1995 Medicare Current Beneficiary Survey Cost and Use File.

More than one in six Latino beneficiaries (18%) have long-term care needs measured by their limited ability to perform basic activities of daily living (ADLs), such as eating, bathing, and dressing, compared to about one in ten non-Hispanic whites. Latino Medicare beneficiaries have higher rates of cognitive impairments, such as Alzheimer's Disease, and other forms of dementia.

Compounding problems of poor health, Latino beneficiaries are significantly more likely than non-Hispanic white people on Medicare to be living in poverty (Figure 3). Nearly one-third of Latino beneficiaries have incomes below the poverty level ($7,740 for a single person in 1996) – three times the poverty rate of non-Hispanic white beneficiaries (10 percent). Fully

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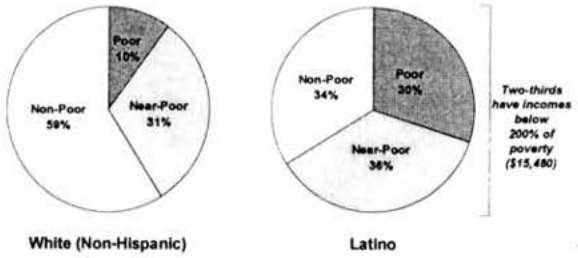
two-thirds of Latino beneficiaries have incomes below twice the poverty level ($15,480 for a single person in 1996).

Figure 3

Medicare Beneficiaries by Poverty Level, 1996

Two-thirds of Latino beneficiaries live on incomes below twice the poverty level



Note: African Americans, Asian-Pacific Islanders, American Indians, Eskimos and Aleuts not shown.
Poor = <100% of poverty. Near-Poor = 100-199% of poverty. Non-Poor = 200%+ of poverty.
1996 federal poverty level was $7,740 for individuals, $10,360 for couples.
SOURCE: Urban Institute analysis of the 1997 Current Population Survey.

INSURANCE COVERAGE

Most people on Medicare have some form of public or private supplemental insurance to help pay for benefits that are not covered by Medicare. Latino beneficiaries are significantly less likely than their non-Hispanic white counterparts to have private supplemental coverage, either retiree health benefits or individually-purchased Medicare supplemental insurance policies, known as Medigap (Figure 4).

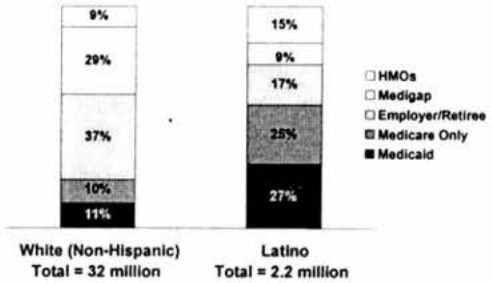
At the same time, Latino beneficiaries are more likely to have Medicaid as a supplement to Medicare. More than a quarter of Medicare's Latino population relies on Medicaid to help fill gaps in Medicare's benefit package, compared to 11% of non-Hispanic white beneficiaries, reflecting their disproportionately low incomes and relatively high health and long-term care needs. Another quarter (25%) of all Latino beneficiaries have no supplemental coverage at all to help pay for prescription drugs and other benefits not covered by Medicare.

A growing share of all Medicare beneficiaries enroll in Medicare HMOs for additional health care benefits. Latino beneficiaries have relatively high rates of Medicare HMO enrollment, explained in part by the high penetration of Medicare HMOs in areas, such as Florida and California, that are heavily concentrated with Latino beneficiaries.

Figure 4

Insurance Coverage of Medicare Beneficiaries

Over a quarter of Latino Medicare beneficiaries rely on Medicaid to supplement Medicare



Note: Columns do not add to 100% because those with "other" insurance are not included. Beneficiaries reporting other undefined or public supplemental coverage not shown. Excludes other races (Asian-Pacific Islanders, American Indians, Eskimos and Aleuts).
SOURCE: Urban Institute analysis of the 1995 Medicare Current Beneficiary Survey Cost and Use File.

DISCUSSION

Medicare has played an important role improving access to care for elderly and disabled people, especially for those who are racial and ethnic minorities and the poor. Latino beneficiaries have relatively high rates of health problems and low incomes, and those who do not speak English face additional challenges negotiating decisions about health coverage and medical care. Policies that maintain and improve financial protections for the poor and strengthen the capacity of managed care plans to serve vulnerable populations will be critical to the growing number of Latinos on Medicare. Changes in the program that raise financial requirements of beneficiaries, or jeopardize quality of care for those with greatest health care needs, could adversely impact the Latino Medicare population.

MEDICARE AND MINORITY AMERICANS

By 2025, racial and ethnic minority Americans will more than double as a share of the elderly population, and will account for one in three Americans 65 and older.

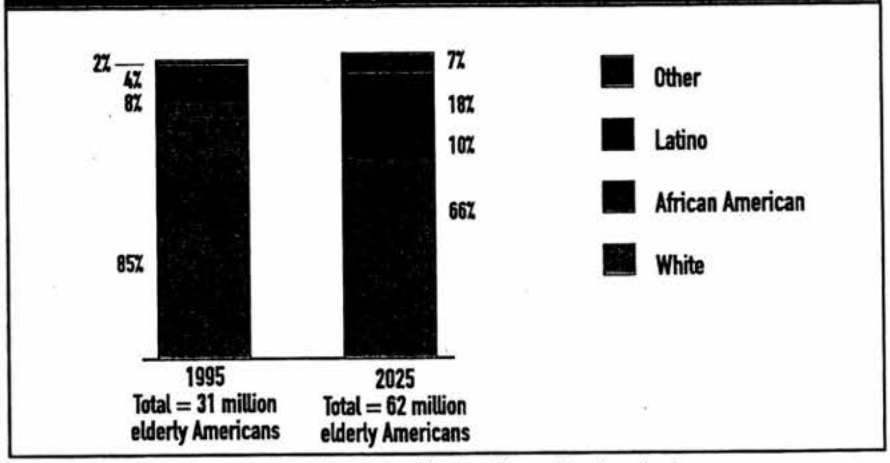
One of Medicare's major achievements is helping to ensure access to mainstream medical care for most of America's elderly and many disabled people, especially minority Americans and the poor. Today, minority Americans account for more than one in seven beneficiaries—a figure expected to escalate along with the growth of minorities in the general population.

Looking back to 1965 and Medicare's beginnings, the program played an important role in desegregating hospitals by requiring them to comply with the Civil Rights Act in order to receive payment. That requirement vastly improved access to hospital care for racial and ethnic minority Americans on Medicare. Early on, however, studies found marked differences in the care whites and minority beneficiaries received, even after controlling for health status and other factors. While some of those gaps have narrowed, there are lingering concerns about whether Medicare is fully meeting the needs of racial and ethnic minority Americans.

Growth of Racial and Ethnic Minority Medicare Beneficiaries

Today, minority Americans account for 14 percent of the nation's elderly and about 16 percent of the total Medicare population. More than half of the minority Medicare population is African American; Latinos make up the next-largest group. Asian-Pacific Islanders, American Indians, Eskimos, and Aleuts, by contrast, account for less than 2 percent. As baby boomers reach the age of Medicare eligibility, the number of elderly people will climb to unprecedented levels. This growth will occur at an even faster pace among minorities. The Bureau of the Census projects that, by 2025, racial and ethnic minority Americans will more than double as a share of the elderly rising from 14 percent to 35 percent and representing one in three seniors. Latinos will account for 18 percent of the minority elderly population, blacks for 10 percent, and other races for the remaining 7 percent (Figure 1).

Figure 1 **Racial and ethnic minority Americans will more than double as a share of the elderly population by 2025**



NOTE: "Latino" refers to U.S. residents self-describing as being of Hispanic origin, regardless of country of birth or citizenship. "Other" includes Asian-Pacific Islanders, American Indians, Eskimos, and Aleuts.
SOURCE: Current Population Survey, 1995; population projections from the U.S. Bureau of the Census (Online).

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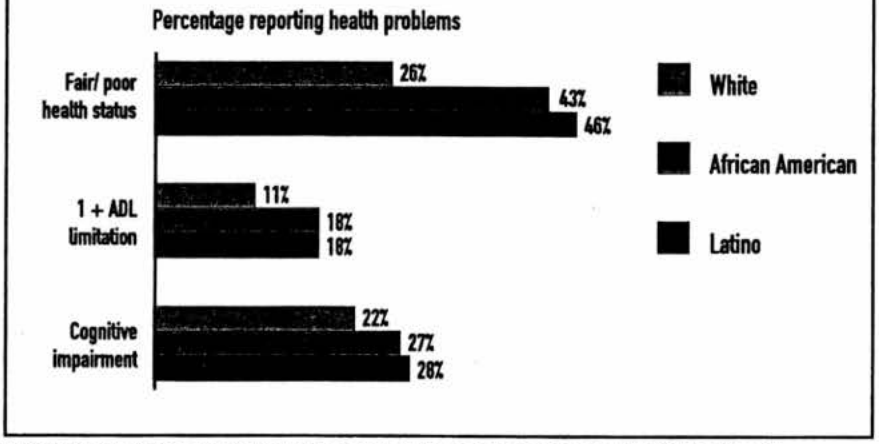
Additional copies of The Faces of Medicare (#1481) and individual copies of Medicare and Minority Americans (#1481b) are available by calling the Kaiser Family Foundation's publication request line at 1-800-656-4533, or by visiting our website at www.kff.org.

Characteristics of Minority Medicare Beneficiaries

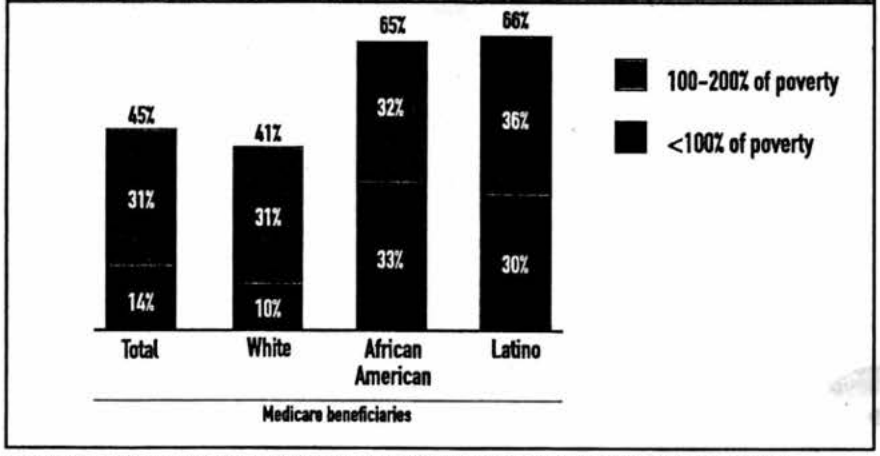
Racial and ethnic minorities covered by Medicare differ in many ways from their white counterparts. Generally, they suffer from more illnesses and are more apt to live in poverty. As such, they face greater risk of access problems and financial burdens related to their medical care. Both African American and Latino beneficiaries are likelier than whites to have serious health problems and long-term care needs (Figure 2). More than 40 percent perceive their health status as fair or poor, compared with 26 percent of whites. Also, more than 1 in 6 has limitations in functional status, in contrast to 1 in 10 whites. Minority beneficiaries are also more likely than whites to report having cognitive impairments such as dementia.

Figure 2 **Minorities on Medicare are more likely than whites to have serious health problems and long-term care needs**



NOTE: "Latino" refers to U.S. residents self-describing as being of Hispanic origin, regardless of country of birth or citizenship. ADL= activities of daily living, such as eating or dressing. Analysis excludes other races (Asian-Pacific Islanders, American Indians, Eskimos, and Aleuts).
SOURCE: Urban Institute analysis of The Medicare Current Beneficiary Survey, 1995.

Figure 3 **Minority Medicare beneficiaries have higher poverty rates than whites**



NOTE: "Latino" refers to U.S. residents self-describing as being of Hispanic origin, regardless of country of birth or citizenship. Excludes other races (Asian-Pacific Islanders, American Indians, Eskimos, and Aleuts).
SOURCE: Urban Institute analysis of the Current Population Survey of noninstitutionalized population, 1997.

Exacerbating their health problems, African American and Latino beneficiaries are far more likely than their white counterparts to live in poverty (Figure 3). About a third have incomes below the poverty level ($7,740 per person in 1996)—more than three times the share of whites (10 percent). Moreover, nearly two-thirds of African American and Latino beneficiaries have incomes below twice the poverty level ($15,480 in 1996), compared with 41 percent of whites.

Disparities in Health Insurance Coverage

Minority beneficiaries are far more likely than whites to rely solely on the traditional Medicare program for insurance protection. About a quarter of African American and Latino beneficiaries have no supplemental coverage, compared with 10 percent of all whites (Figure 4, on opposite page).

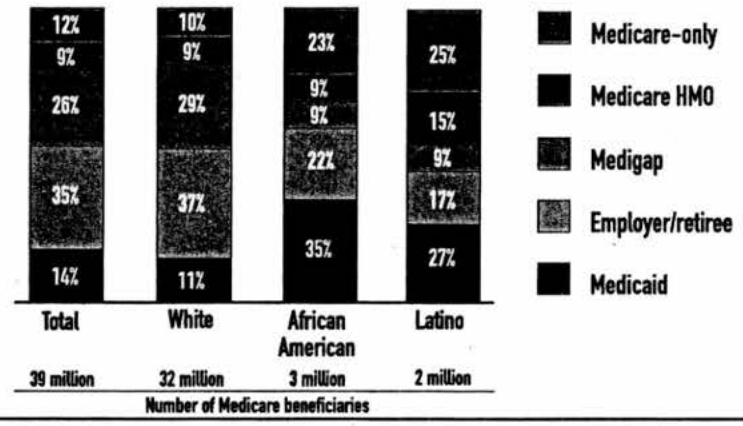
Two-thirds of all white beneficiaries have Medigap or employer-sponsored retiree benefits, compared with only a third of African Americans and a quarter of Latinos. Less than 10

percent of African American and Latino beneficiaries own a Medigap policy, compared with 29 percent of whites. Lack of supplemental insurance exposes minorities to higher out-of-pocket spending for medical services that Medicare alone does not cover.

Given their relatively low incomes and poor health, however, African Americans and Latinos are more likely than whites to rely on Medicaid to supplement Medicare. More than a third of African American beneficiaries and over a quarter of Latinos receive some level of Medicaid assistance, compared with 11 percent of whites.

Also noteworthy are trends in HMO enrollment among minorities and whites on Medicare. In general, a growing number of beneficiaries are joining HMOs as an alternative to traditional Medicare, since such plans typically offer more generous benefits for low or no additional premiums. So far, enrollment rates among whites and African Americans are comparable. Latinos, who tend to live in states where managed care is widespread, such as Florida and California, have relatively high rates of HMO enrollment.

Figure 4 **Minority Medicare beneficiaries are less likely than whites to have Medigap or employer-sponsored supplemental coverage**



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SOURCE: Urban Institute analysis of the Medicare Current Beneficiary Survey, 1995.

African American and Latino beneficiaries are more likely than their white counterparts to rely on Medicaid to supplement Medicare

Disparities in Access to Care

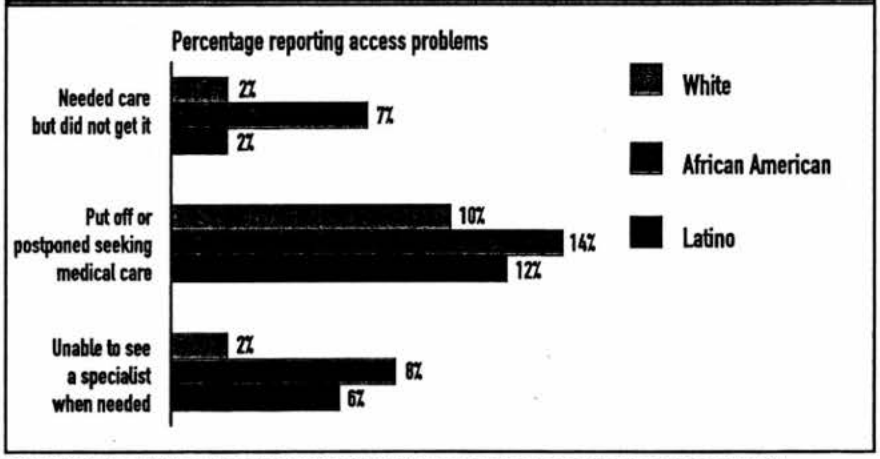
Compared with younger Americans, Medicare beneficiaries generally report fewer problems with access to care, mainly due to the program's universal health insurance coverage. Nonetheless, African American beneficiaries are more apt to encounter problems getting needed care than are their white counterparts (Figure 5).

That there are disparities in the use of certain health care services by African American and white beneficiaries has been well-documented. On the one hand, African Americans are about as likely as whites to get inpatient hospital care and are more likely to receive home health services. On the other, they are less likely to undergo certain procedures like angioplasty and bypass surgery. They also get less primary and preventive care, and have fewer visits to the doctor for outpatient care, lower immunization rates for influenza, and lower mammography rates.

Policy Implications

Medicare's track record in improving access to health care for the elderly and disabled, especially racial and ethnic minority Americans and the poor, is a strong one. Nonetheless, minority beneficiaries—who are among the neediest—continue to receive disparate medical treatment, that cannot be explained by factors such as income.

Figure 5 **African American Medicare beneficiaries report higher rates of access problems than others**



NOTE: "Latino" refers to U.S. residents self-describing as being of Hispanic origin, regardless of country of birth or citizenship. Analysis excludes other races (Asian-Pacific Islanders, American Indians, Eskimos, and Aleuts).
SOURCE: Kaiser/Commonwealth 1997 Survey of Medicare Beneficiaries, unpublished data.

Policies that maintain and improve financial protections for the poor are critical to the growing numbers of minorities on Medicare, whose incomes and health status have not kept pace with those of whites. Any program changes that raise beneficiaries' financial requirements could have a significant impact on African American and Latino beneficiaries. In evaluating Medicare reforms, the needs and experiences of racial and ethnic minority Americans on Medicare warrant careful attention.

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Chronic Disease In Minority Populations

African-Americans, American Indians and Alaska Natives,
Asians and Pacific Islanders, Hispanic Americans

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U.S. Department of Health and Human Services
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