

**BI-NATIONAL POLICY FORUM ON
MIGRATION AND GLOBAL HEALTH**

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SAN ANTONIO, TEXAS

***Uninsured Latinos and the
Affordable Care Act***

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Affordable Care Act Key Component

- Access: Substantially Reduce Uninsured
- Prevention: Promote & Shift Away from Acute Care
- Quality: Best Practices, & Coordinate Patient-Centered Care
- Drug Prescription Support for Seniors
- Workforce Development
- Accountability: Regulatory Reforms
Target Health Premium Increases,
Transparency, Fraud & Other Abuses
- Cultural Competency
- Data Collection: Race/Ethnic & Gender



HEALTH CARE REFORM IMPLEMENTATION TIMELINE

2010

Extend Dependent Coverage to Young Adults (up to 26)

Ending Pre-existing condition for kids

High Risk Pool for uninsurable individuals w/ pre-existing conditions

2010

Small Business Tax

Rebuilding Primary Care Workforce

Strengthen & Invest in Community Health Centers

2010

Prescription Drug Discount

Free Preventative Care for Seniors on Medicare

Payments to Rural Health Providers

2010

Expand coverage for Early Retirees

Regulating Annual Limits on Ins. Coverage

Prohibit Rescinding coverage & lifetime bans

HEALTH CARE REFORM IMPLEMENTATION TIMELINE

2011

**Insurance must pay 80-85¢
of every \$1 on medical services**

**Medicare for Primary
Care**

**Teaching Health
Centers**

2014

Individual & Employer Mandates

Expand Medicaid to 133% FPL

2014

Health Exchange operating

Premium & Cost-Sharing Subsidies

2014

**Can't be denied for Pre-
existing conditions**

**Guaranteed Availability
of Insurance**


**No Annual Limits on
Coverage**

HEALTH CARE FOR LATINO FAMILIES & ACA

- Seniors
- Pre-existing Conditions
- Young Adults
- Prevention Focus [Delivery System & Programs]
- Health Care Workforce
- Small Business
- Community Health Centers
- Uninsured
 - Medicaid Expansion
 - Insurance Exchange
 - Subsidies /Premium Credits: Individuals/Family



ACA & HEALTH CARE INEQUITIES

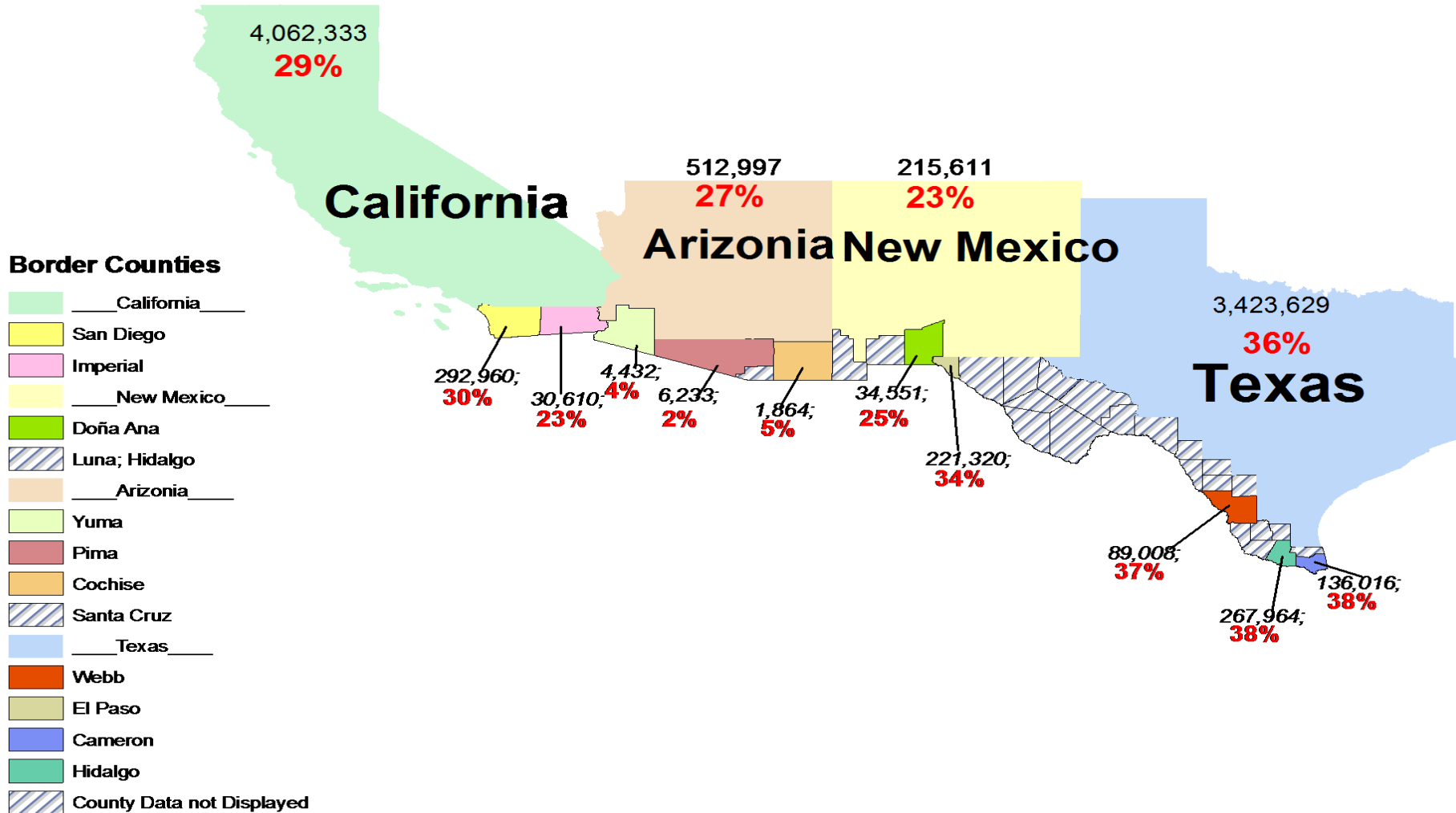
- The Affordable Care Act passed in March 2010 is intended to address current inequities in access to quality health care.
 - **Inequity** = differences in health which are not only unnecessary and unavoidable but, in addition, are considered unfair and unjust.
 - Equitable access to quality health care is essential to maintain good health because without it, opportunities to learn, work, earn a living wage and create wealth, and be a productive member of society is all diminished.
 - **Health insurance** is the key to gain access to health care.
- 

UNINSURED IN AMERICA

- **The rate and number of unin-sured non-Hispanic Whites in 2010 were 11.7% (23.1 million), Blacks 20.8% (8.1 million), and Hispanics 30.7% (15.3 million).**
- **Hispanic in the Southwest U.S./Mexico border states of California, Arizona, New Mexico, and Texas comprise 16% (8,214,570) of the total U.S. uninsured population and 54% of all Hispanic uninsured in the country.**



Number and Percent of Uninsured Latinos in the Border Counties and States



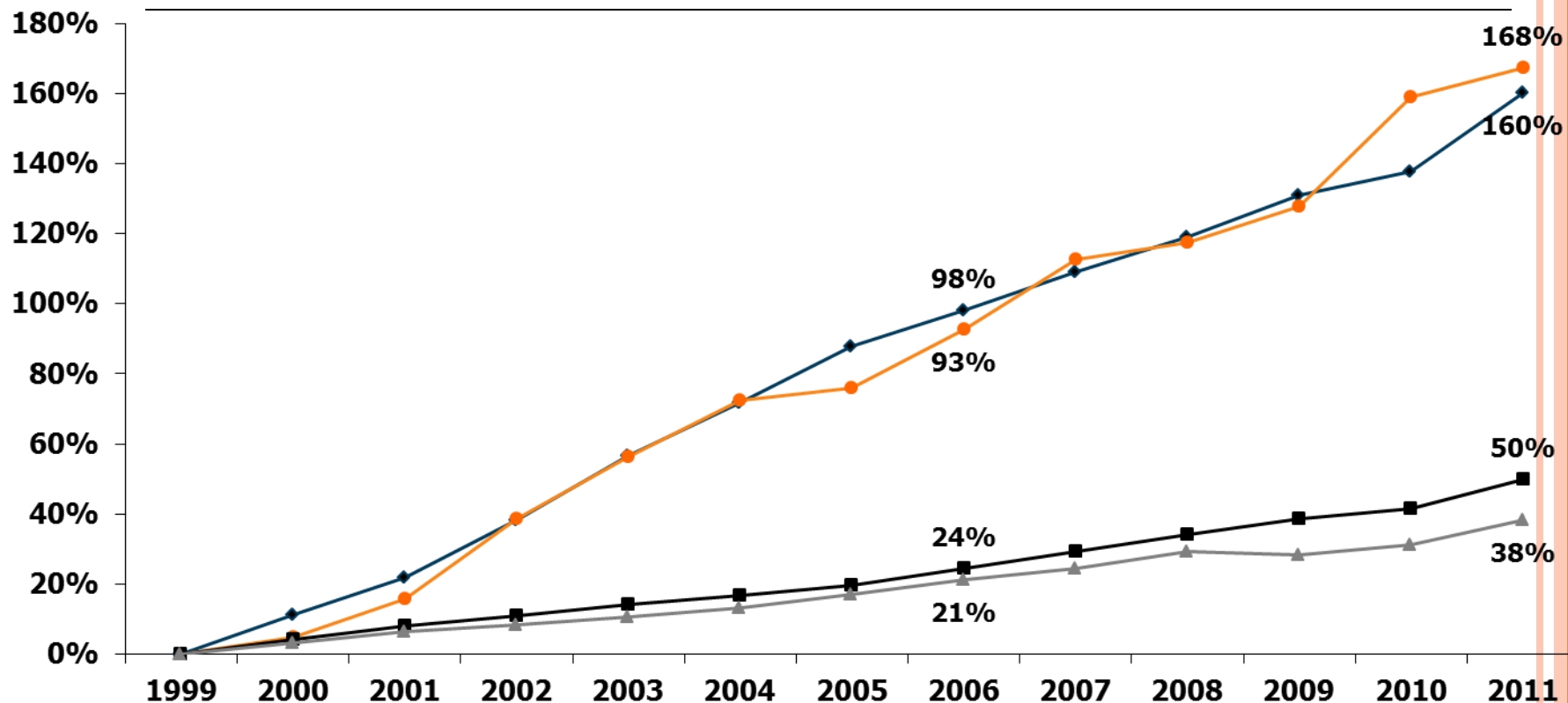
ACA: How Many Latinos Will Be Insured

Depends On How Affordable

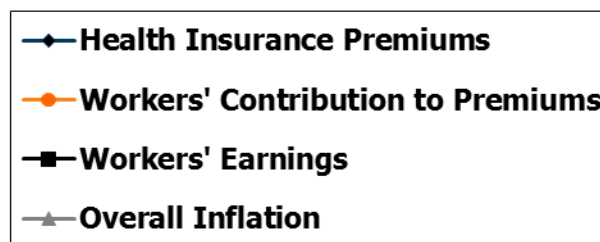
- **Affordability is increasingly challenged by the cumulative changes in health insurance premiums, inflation, and workers' earnings.**
- **Latinos represent the majority of all uninsured in the Southwest both among children & adults; uninsured at a rate more than twice that of Non-Latino Whites.**
- **The education, employment and economic conditions of Latinos are much lower than Non-Latino Whites. What is affordable for Non-Latino Whites may not be affordable to the majority of Latino uninsured.**



CUMULATIVE INCREASES IN HEALTH INSURANCE PREMIUMS, WORKERS' CONTRIBUTIONS TO PREMIUMS, INFLATION, AND WORKERS' EARNINGS, 1999-2011



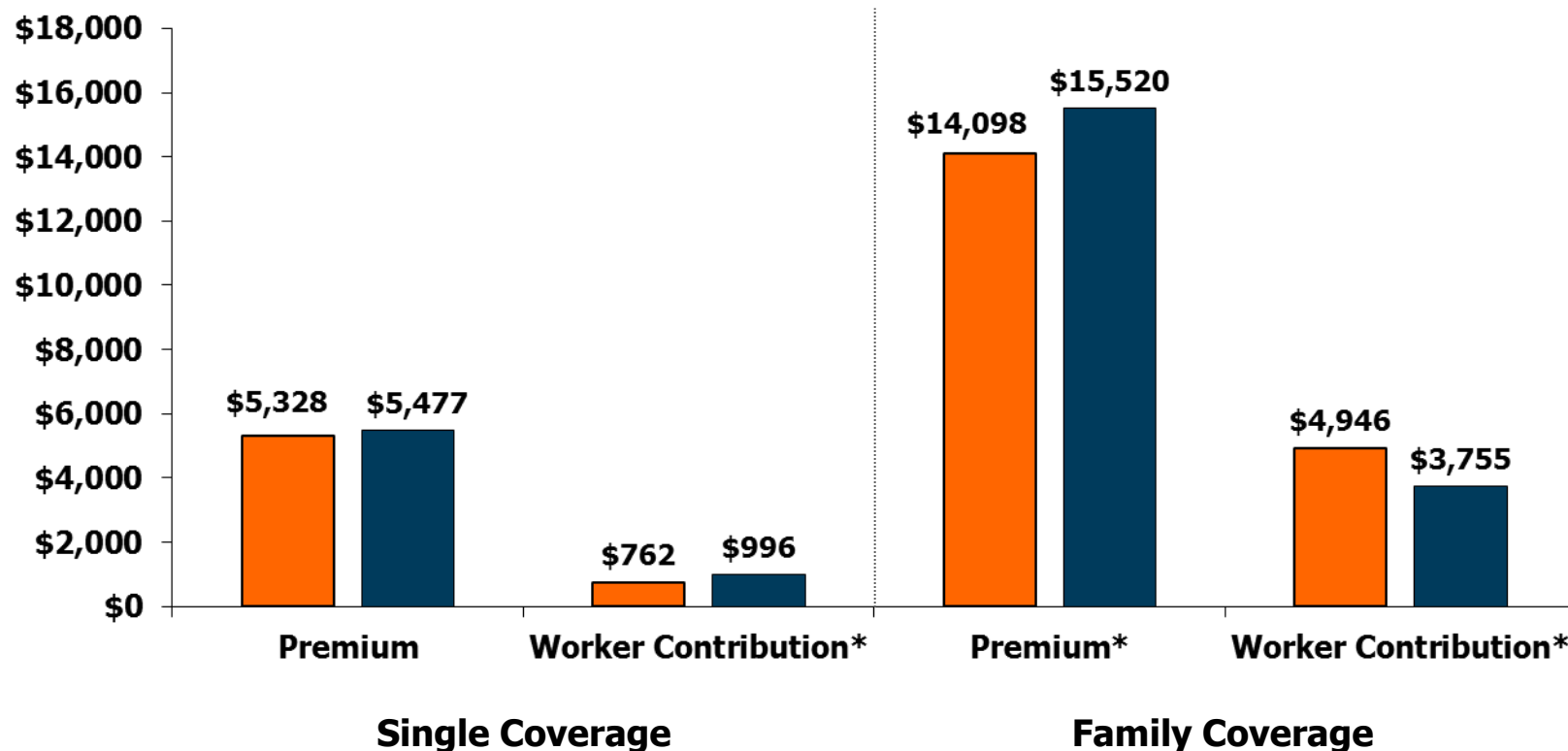
Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2011. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 1999-2011; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2011 (April to April).



-AND-



Average Annual Worker Premium Contributions and Total Premiums for Covered Workers, Single and Family Coverage, by Firm Size, 2011



* Estimates are statistically different between All Small Firms and All Large Firms ($p < .05$).

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2011.

■ All Small Firms (3-199 Workers)

■ All Large Firms (200 or More Workers)

THE HENRY J.
KAISER
FAMILY
FOUNDATION

-AND-

HRET
HEALTH RESEARCH &
EDUCATIONAL TRUST

TEXAS: WHAT IS THE NUMBER OF INDIVIDUALS ELIGIBLE FOR HELP UNDER THE NEW HEALTH REFORM LAW?

	Eligible for Medicaid	Eligible for Subsidies	Total Eligible
Black	329,100	260,100	589,200
Latino	1,695,800	1,260,700	2,956,500
White	952,400	1,000,200	1,952,600
Asian	105,900	110,800	216,700
Native American & Alaska Native	9,600	9,700	19,300
Native Hawaiian & Other Pacific Islander	1,700	1,700	3,400
All Populations *	3,094,500	2,643,300	5,737,800

Source: Families USA; * Numbers may not add up due to rounding

IF YOU ARE A WORKING FAMILY...

Individual Premium Credits

Premium credits to eligible individuals and families with incomes between 133-400% FPL to purchase insurance through the Exchanges. **62% of Texans will be eligible for Tax credit.**

- **Up to 133% FPL:** 2% of income
- **133-150% FPL:** 3–4% of income
- **150-200% FPL:** 4–6.3% of income
- **200-250% FPL:** 6.3–8.05% of income
- **250-300% FPL:** 8.05–9.5% of income
- **300-400% FPL:** 9.5% of income

Affordable Care Act: Max premium contribution for Family of Four- Families USA

Income		Max Premium Contribution	
% of Poverty	Dollars	Annual	Mnly
100%	\$22,050	\$217	\$37
150%	\$33,075	\$1,323	\$110
200%	\$44,100	\$2778	\$232
250%	\$55,125	\$4438	\$370
300%	\$66,150	\$6284	\$524
350%	\$77,175	\$7332	\$611
400%	\$88,200	\$8379	\$698



Health insurance disparity for Latinos is particularly disturbing in that it persists when compared to Non-Latino Whites who are at the same level of education, whether they are employed or unemployed.

Texas Uninsured by Race/Ethnicity and Educational Attainment

Education	Texas	White	Latino	African American
No high school diploma	42%	22%	36%	28%
High school or equivalent	30%	19%	41%	36%
Some college, less than 4-yr degree	20%	13%	29%	23%
Bachelor's degree or higher	9%	5%	16%	15%

Source: US Census Bureau: Community Population Survey 2007

Texas Labor Force Demographics

	TX	White	Black	Hispanic
Management, professional, and related occupations (\$54,828)	33%	42%	28%	18%
Service occupations (\$21,821)	17%	12%	21%	23%
Sales and office occupations (\$32,695)	26%	27%	29%	23%
Farming, fishing, and forestry occupations (\$20,689)	1%	0%	0%	1%
Construction, extraction, maintenance, and repair occupations (\$31,785)	12%	9%	5%	19%
Production, transportation, and material moving occupations (\$31,634)	12%	9%	16%	17%

Source: American Community Survey, 2006-2008

Living, Poverty, and Minimum Wage

Hourly Wages	One Adult	One Adult, One Child	Two Adults	Two Adults, One Child	Two Adults, Two Children
Living Wage	\$7.64	\$14.95	\$11.92	\$19.23	\$25.12
Poverty Wage	\$5.04	\$6.68	\$6.49	\$7.81	\$9.83
Minimum Wage	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25
Annual Before Tax Income That's Required	\$15,896	\$31,096	\$24,800	\$39,989	\$52,248

Source : Poverty in America, Living Wage Calculator: 2010

Texans Ratio of Income 2008				
	Texas	Hispanic	White	Black
Below 50%	7%	11%	4%	10%
50% to below 100%	8%	14%	3%	10%
100% to below 150%	12%	16%	7%	16%
150% to below 200%	11%	15%	7%	11%
200% to below 300%	17%	18%	16%	18%
300% to below 500%	23%	17%	28%	22%
500% and above	22%	9%	35%	13%

Source: Curent Population Survey, 2009




Additional Threats

- **Roll-Out of ACA Access & Other Components**
- **Recession Impact on Latinos**
- **Deficit Reduction Act**
- **Super Committee Decisions**
- **State Level Deficit Reductions**
- **Overall Cuts Across Social Program: Across The Board**
- **Anti-Immigrant Environment and Policy Impacts**



ACA & Determinants of Health

- **Among People of Color, advocates have known for over 30 years what researchers now call social determinates and their impact on the health and well-being of populations.**
 - **Equal access to education, job security, housing, and safety are examples of social determinates. Inequalities among these determinates contribute significantly to poor health.**
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Determinants of Health

Policies and Interventions

Physical Environment

Behavior

Individual

Biology

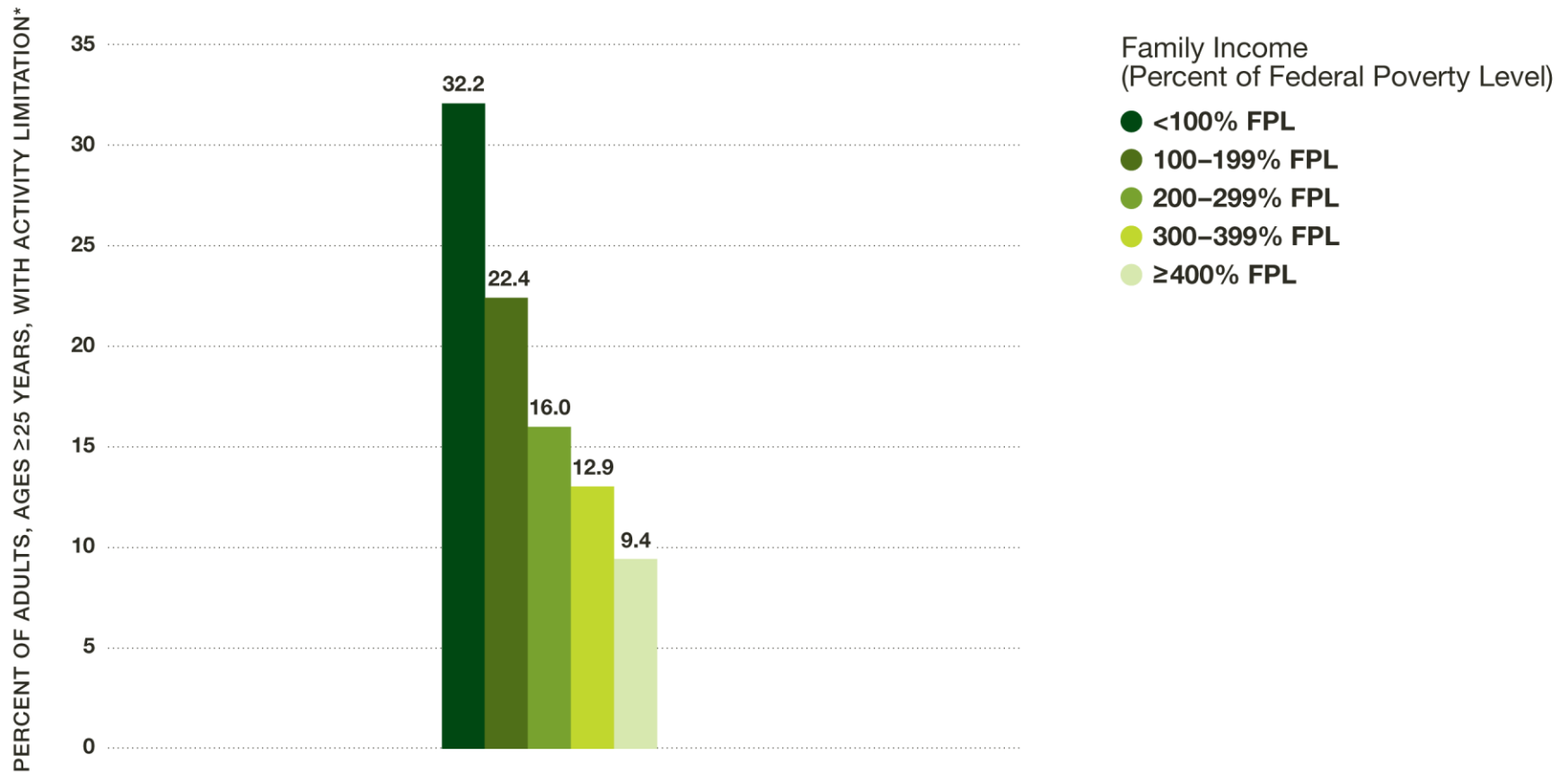
Social Environment

Access to Quality Health Care



Lower Income, More Chronic Illness

Nearly one in every three poor adults has their activity limited by chronic illness, compared with fewer than one in 10 adults in the highest-income group.



Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.
Source: National Health Interview Survey, 2001–2005.

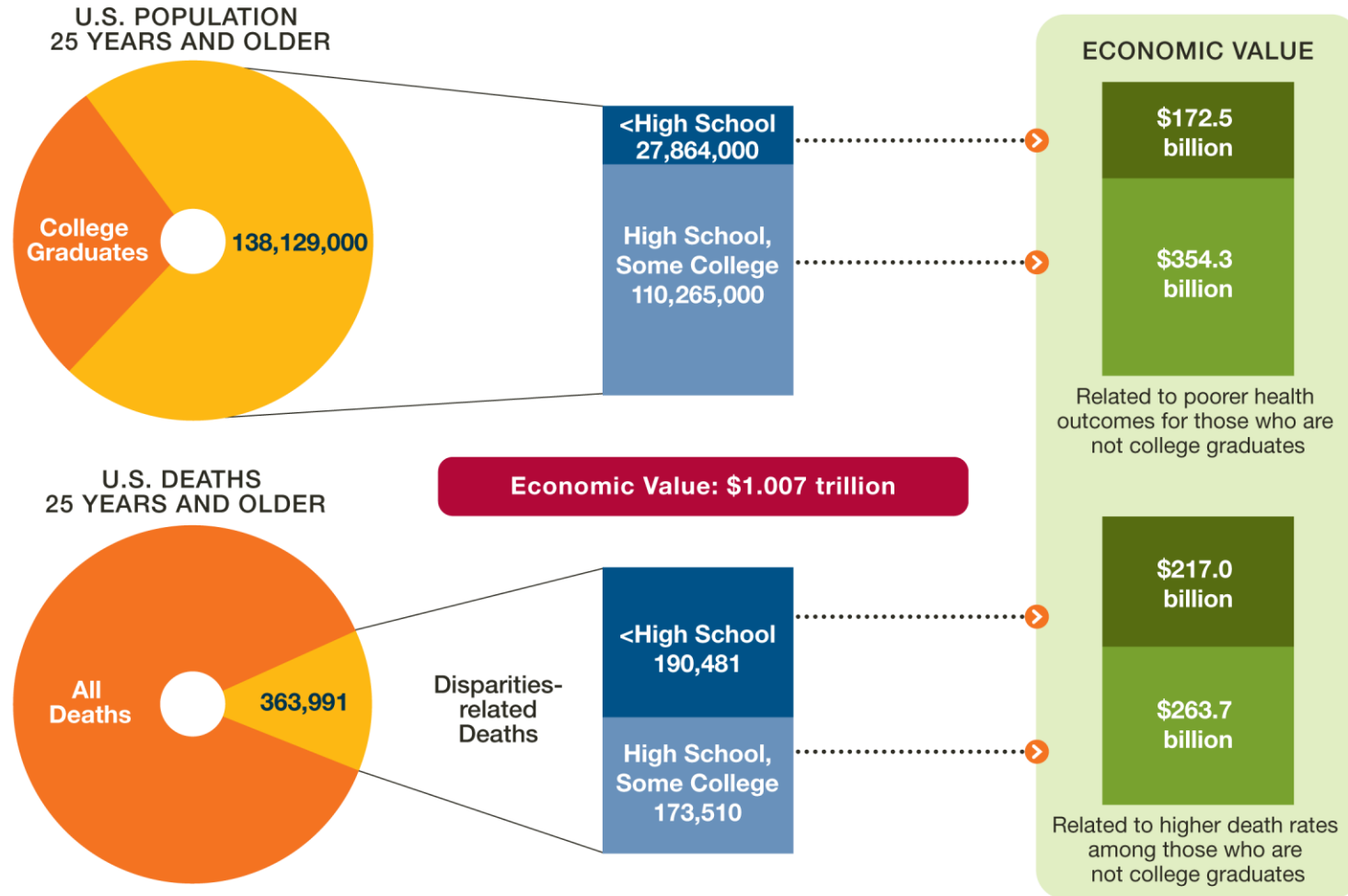
*Age-adjusted

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www.commissiononhealth.org

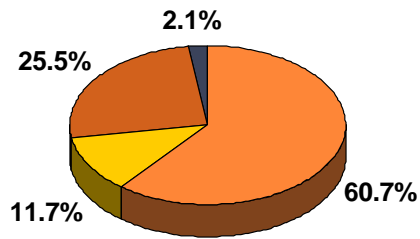
The High Economic Stakes of Health Disparities

If adult Americans who have not completed college experienced the lower death rates and better health status of college graduates, they would live longer and healthier lives. These improvements would translate into potential gains of \$1.007 trillion annually.

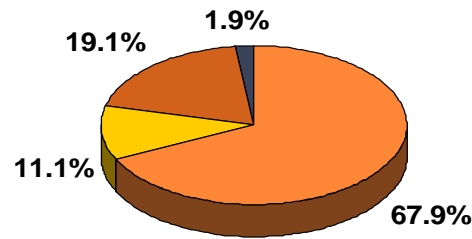


Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.
Source: Data from new analyses by William Dow and Robert Schoeni, 2008.

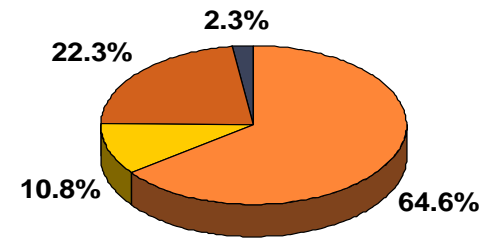
ETHNIC DIVERSITY OF THE POPULATION, HOUSEHOLDERS, AND LABOR FORCE IN 1990 AND 2030*



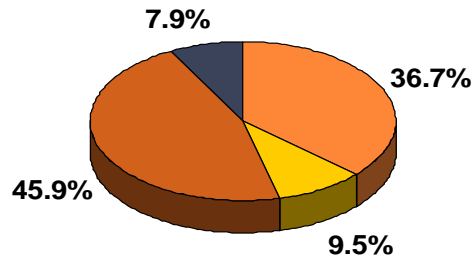
1990 Population



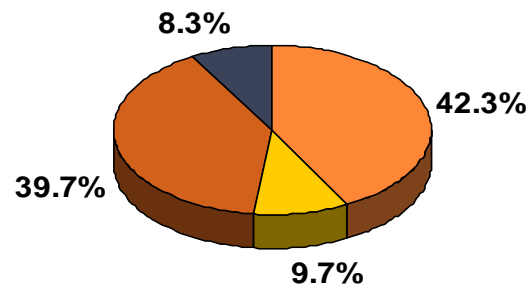
1990 Householders



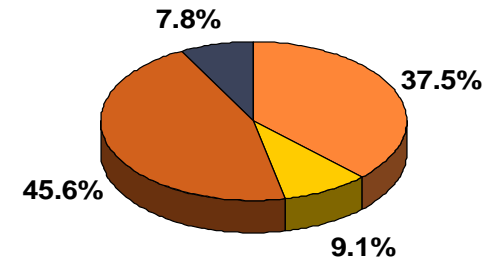
1990 Labor Force



2030 Population



2030 Householders



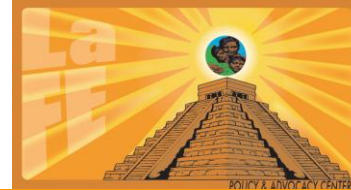
2030 Labor Force



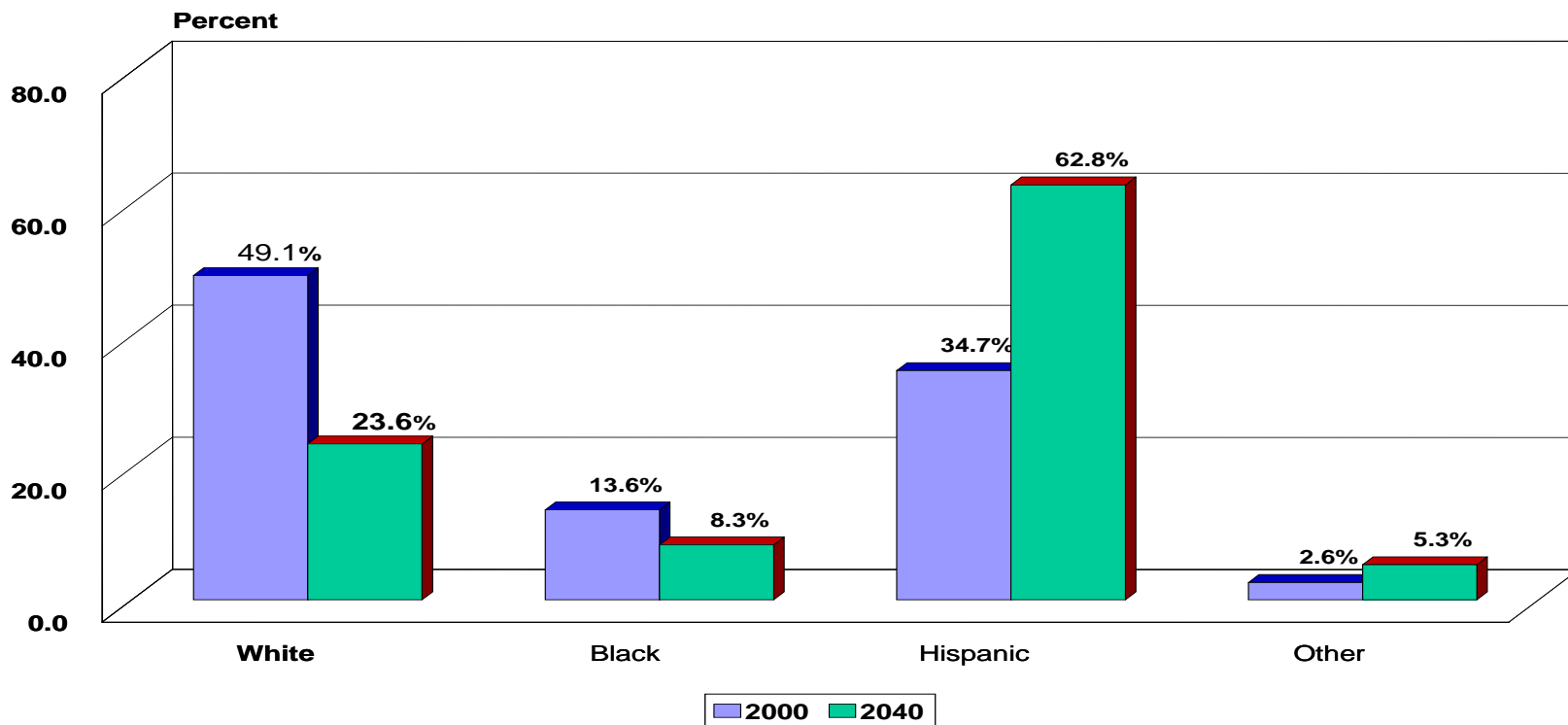
* Projections are shown for the 1.0 scenario



TEXAS HEALTH STATUS



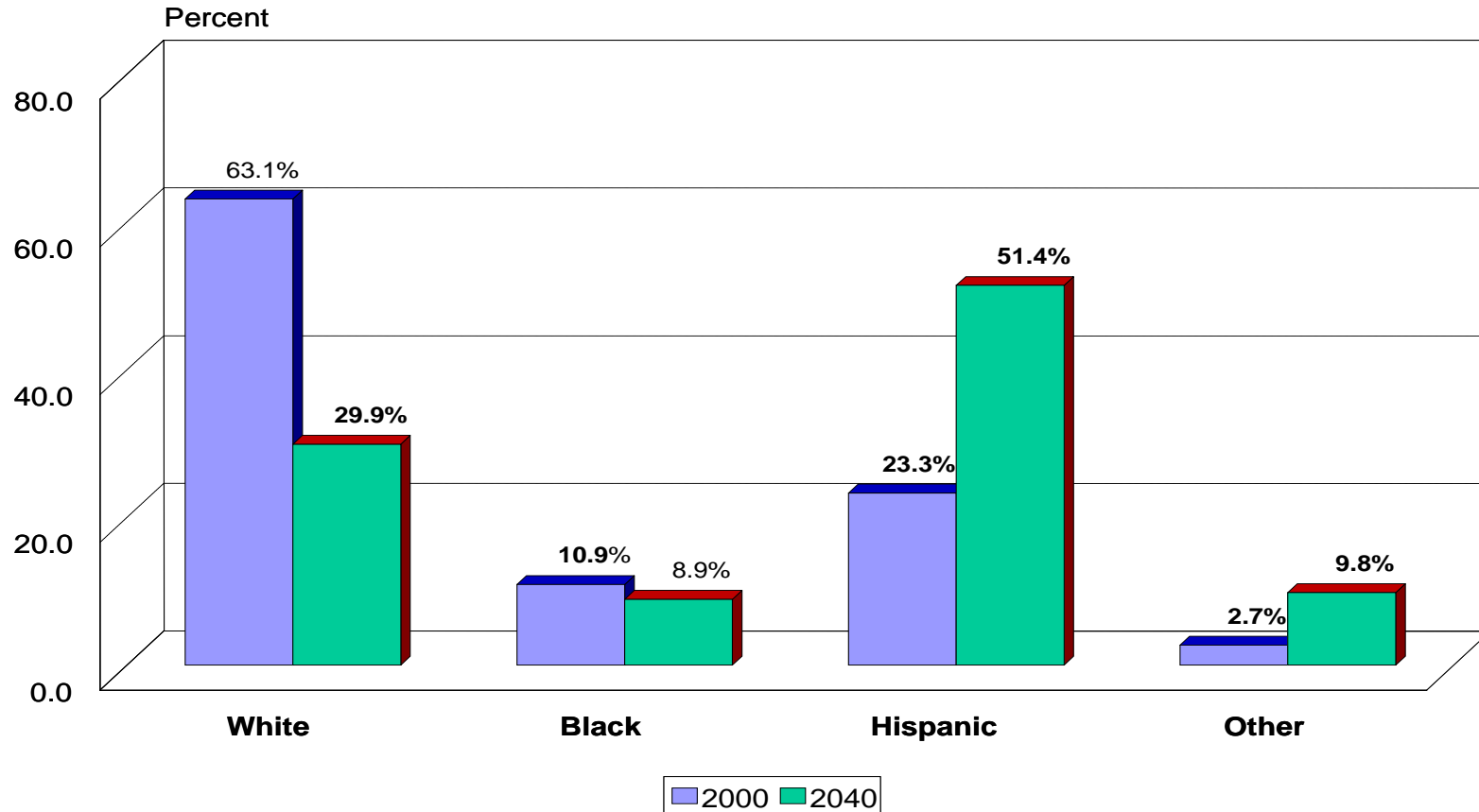
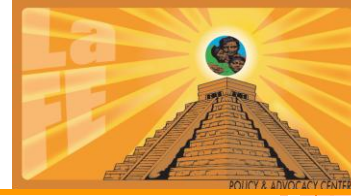
Projection of the Prevalence of Diseases/Disorders for TX Children by Race/Ethnicity, 2000 & 2040*



*SOURCE: Texas State Data Center population projections 1.0 scenario for 2000-2040.

The percent prevalence of diseases and disorders among all children age 18 and under will shift from Whites representing 49.1% and Latinos 34.7% in 2000 to Latinos representing 62.8% and Whites 23.6% of all diseases and disorders by 2040.

TEXAS: HEALTH STATUS



*SOURCE: Texas State Data Center population projections 1.0 scenario for 2000-2040.

The percent prevalence of diseases and disorders among all adults age 19 and above will shift from Whites representing 63.1% and Latinos 23.3% in 2000 to Latinos representing 51.4% and Whites 29.9% of all diseases and disorders by 2040

SUMMARY

- The Federal Poverty Level (FPL), the measure of need for Medicaid and other social services, is an outdated inaccurate estimation of what it takes to live anywhere in the state and country (Center for Public Policy Priorities and Urban Institute).
- Generally, it is a bare bones measure reflecting minimal financial sustainability.
- We must continue to **inform, educate and organize** our community to advocate for **effective Latino congruent in ACA implementation** to reach the millions of uninsured and under-insured Latinos.

