

# ***Health Disparities and Public Policy Conflicts***

Leighton Ku, PhD, MPH

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## ***Disparities and Public Policy***

- Russell (2011) enumerates many social barriers that promote health disparities & promotes the use of better data to measure disparities.
- Analyses of disparities often appear to assume they exist despite an egalitarian society.
- Public policies such as civil rights laws: prevent discrimination on basis of race, nationality, gender, religion, age, disability.
- Many programs to assist disadvantaged communities, e.g., health centers in public housing, targeted public health programs, etc.

## ***But Conflicts Occur***

- Sometimes encounter conflicts where differing values compete against our values to reduce disparities and lead to policies that may promote (or at least fail to reduce) disparities.
- Two examples come to mind:
  - Immigration status
  - Age and dependency
- Conflict with other values, such as “deservedness”

## ***Immigration Status***

- Immigrants blend social, cultural, environmental, health and legal issues.
- Immigrants, particularly undocumented, spur intense political views.
- About half of US views undocumented immigrants as a serious problem.

<b>2008</b>	<b>Total Popn</b>	<b>% Immigrant</b>	<b>% Undoc</b>	<b># Undoc</b>
Hispanic	46 mil	38%	~ 20%	~ 9.5 mil
Asian	14 mil.	68%	~ 10%	~ 1.3 mil

Source: Passel & Cohn 2009, Pew Hispanic Center, Census Bureau

## ***Access to Health Programs***

- Undocumented not eligible for federal health assistance, except for emergency Medicaid and some public health programs (CHCs, WIC, etc.)
- From 1995-2005, more uninsured low-income immigrant children, despite overall gains in children's coverage.
- Also have serious problems getting private insurance
- Even recent legal immigrants largely ineligible for govt health insurance.
- Barriers compounded by language barriers.

## ***Objections to Immigrants***

- Illegal is illegal. Should not promote in any way.
  - On the other hand, *Plyler v Doe* (1982) held that undocumented children must get public education. *Yick Wo v. Hopkins* (1886)
- Recent legal immigrants should be responsibility of sponsors, not the government.
  - But 2009 CHIPRA gave states option to restore Medicaid or CHIP to legal immigrant children & pregnant women.
- Immigrants may undermine American culture and/or misuse public resources. English first.
  - But civil rights policy calls for language assistance.

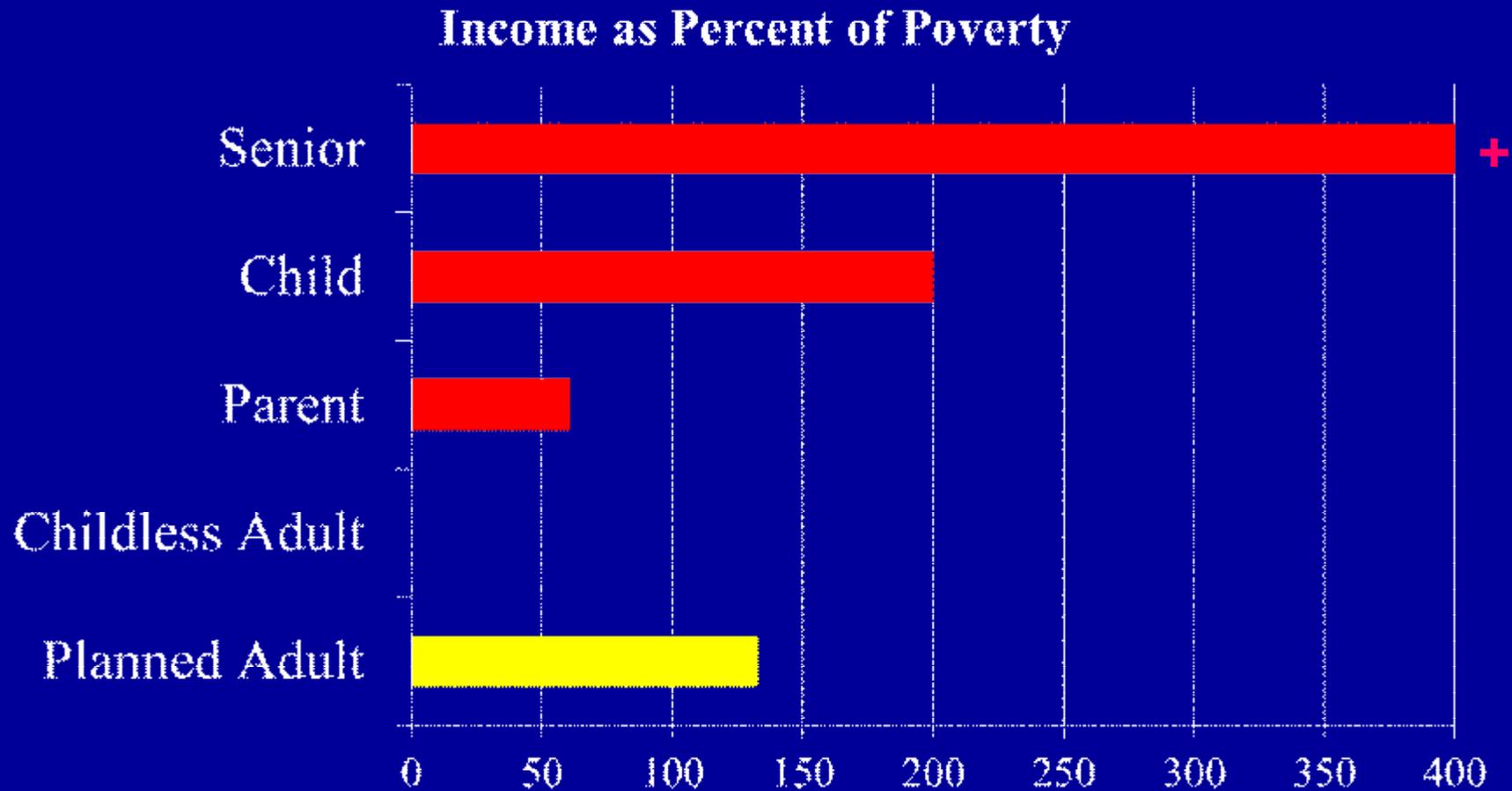
## ***Current Status***

- Number of undocumented immigrants down by about 1 million from peak in 2007-8.
- Push & pull factors: stricter immigration enforcement & recession
- Will govt policies change to help low-income immigrants? Probably not in near future.
- Some progress in language services. Efforts to include language as a measure of quality and to monitor can gradually help improve language access.

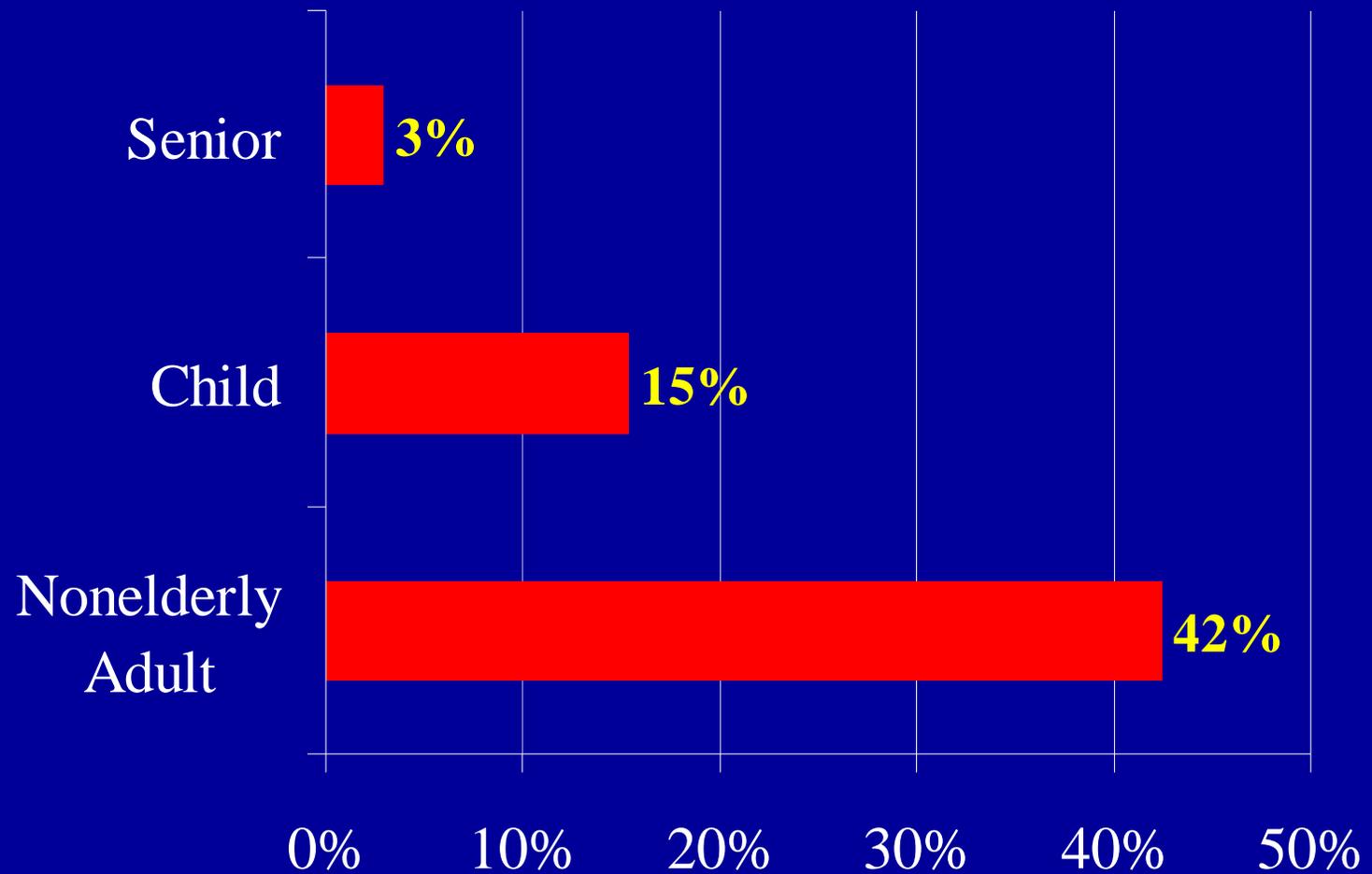
## *Age and Dependency*

- Traditional orientation of public assistance to help those who cannot work: children, widows, aged, disabled.
- Medicare provides virtually universal insurance for seniors (gap for immigrants)
- CHIP and Medicaid typically cover children to 200% of poverty
- ACA expands coverage for non-elderly adults to 133% of poverty in 2014.

# Typical Public Insurance Eligibility & Age



## *Percent of Low-income (Below 200% of Poverty) Uninsured by Age*



Source: Current Popn Survey, Mar 2010

## *Helping Adults Has Broader Effects*

- Expanding insurance for nonelderly adults, esp. low-income, can reduce disparities in insurance coverage and health access for:
  - Race and ethnicity
  - Income
  - Gender
  - Education
  - Geography

## ***But Major Controversies Continue***

- Many states strongly object to Medicaid expansion for adults (even though 90% - 100% federally funded). Less deserving. Worried about cost of covering.
- Recent lawsuits have upheld constitutionality of Medicaid expansion, but Florida ruling invalidated overall law due to individual mandate.
- Some states object to ACA requirement to maintain Medicaid and CHIP eligibility.
- Some states want to reduce Medicaid coverage for adults.

## ***Next Steps***

- Can make some progress thru improved monitoring and attention to disparities reduction.
- But some changes require broader political will or budget resources. May conflict with other social or political values.
- Highlighting disparities for unpopular populations might not be the most effective way to frame issues.
- Might be better to frame as a call to universal values and a component of equality for all.