

The Mission Forum

Winter 2003, Issue 1

In Pursuit of Fairness

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

— Rev. Martin Luther King, Jr.

Understanding the barriers that deny every person in our country from receiving the breadth and quality of health care they deserve is the first step toward resolving the problem. It is too easy to identify lack of health insurance — a dilemma facing more than 41 million Americans — as the only challenge. Barriers to health access are systemic, societal, economic and prone to ethnic and racial prejudices.

PRIMARY FACTORS INCLUDE:

- *The capacity and location of health care providers*
- *The ability to pay for health care services*
- *Knowledge of available services and supports*
- *Racial and cultural disparities in care delivery*

There is no “quick fix” to this situation. The combined efforts of providers and patients, nonprofit agencies and corporations, individuals, organizations and policymakers at all levels must be mobilized to make a real impact.

Those who believe that health access isn't their problem ignore the facts. If your concerns are financially based, know that the high use of hospital emergency rooms by people who delay treatment or are unable to pay for prescribed medications increase medical costs and strain services for everyone. More tax dollars will be needed to address health care issues instead of other pressing needs.

The Sisters of Charity of St. Augustine (CSA) Health System exists to continue the healing ministry of Jesus Christ. We see all persons as children of God, worthy of fair and equitable care. We know that we are not alone.

Keeping Our Promise

It may be true that our nation offers the world's greatest health care, but the ability to get that care is beyond the reach of millions of Americans: people who are uninsured, disabled, indigent or among the working poor.

In communities served by the CSA Health System, we are advocates to raise awareness of this issue. Our objective is adequate and affordable health care for every American, regardless of income, social or economic status.

In 2002, the CSA Health System, along with its partners, committed more than \$32 million in charity care, outreach and grantmaking to address health access concerns. Our hospitals, foundations and other ministries are building creative models that may identify effective solutions, and future issues of this publication will describe many of those initiatives.

But, America's new health care model must provide or coordinate preventive care, transportation, nutrition, skilled nursing, in-home care, and more. We invite your input, or news of efforts underway in your community, because reform of the current system demands shared voices, and shared commitment.

Sr. Judith Ann Karam, CSA

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President & CEO
Sisters of Charity of St. Augustine Health System

We believe that access to health care is a right for all, not a privilege for some.

Who Are the Uninsured?

Across America, people of all ages and educational levels lack health coverage.

ADULTS: 41.2 MILLION

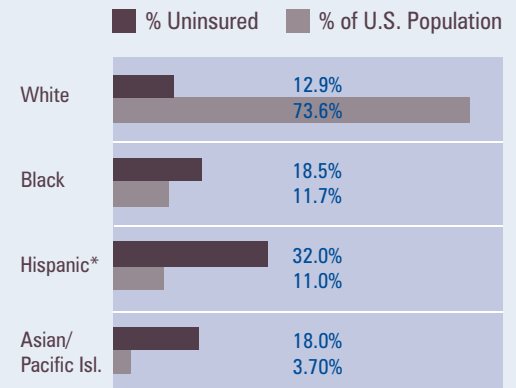
CHILDREN: 8.5 MILLION

- Some, or all members of single-parent families are less likely to have insurance, as well as families that include recent immigrants or ethnic/racial minorities.
- Young adults 18-34 have the highest chance of being uninsured for at least a year. Adults 65+ are least likely to be uninsured, due to Medicare.
- Men are slightly more likely to be uninsured, but women have a lower rate of employment-based coverage.
- More than eight out of 10 uninsured individuals are in working families.

Uninsured Americans BY % OF POPULATION

UNITED STATES	14.6%
OHIO	10.8%
SOUTH CAROLINA	12.0%

(U.S. Census Bureau, Sept. 2001)



Source: U.S. Census Bureau, Sept. 2001

*Hispanics may be of any race

MORE FULL-TIME WORKERS LACK HEALTH COVERAGE

U.S. Census Bureau figures released last November report that 1.4 million Americans lost health insurance in 2001, even though most—about 80,000—earned annual incomes over \$75,000. The increase in middle- and upper-income families analysts say, results from so many of job losses in such high-wage industries such as technology and telecommunications.

In other cases, stable employment that does not offer health benefits can lead families to conclude that the cost of rising insurance premiums is too high. According to a study by the Kaiser Family Foundation and the Health Resources & Education Trust, only 65% of all firms provided employee-sponsored health care benefits in 2001. "Losing health benefits is becoming a middle-class issue," said Kaiser Family Foundation president Drew E. Altman.

Unfortunately, many also consider rates for COBRA, the federal program designed to aid people after a job loss, to be unaffordable. In November 2002, a Commonwealth Fund survey found that only a quarter of workers say they would maintain health coverage under COBRA because of its high cost.

Health Insurance: The Critical Factor

Studies show lack of health insurance for even one year appears to diminish a person's general health:

DELAYED CARE

- The uninsured receive less preventive care, are diagnosed at more advanced disease stages, and once diagnosed, tend to receive less therapeutic care such as drugs and surgical interventions. (Kaiser Family Foundation. 2002)
- Nearly 40% of uninsured adults have skipped a medical test or treatment in a full year, and 20% did not seek care for a serious health problem. (Kaiser Family Foundation. 2000)
- Uninsured cancer patients are more likely to be diagnosed with late-stage cancer. (Kaiser Family Foundation. 2000)
- Chronic illnesses – diabetes, heart disease, depression, etc.– affect more than a third of working-age Americans (age 18-64). At least 7.4 million of these people were uninsured in 1999. (Center for Studying Health System Change)

PREGNANCY & NEWBORNS

- Uninsured pregnant women receive less prenatal care, and have shorter post-delivery hospital stays. Their babies are more likely to have low birth weight and die prematurely. (Institutes of Medicine, 2002)

CHILDREN

- Uninsured children with treatable conditions such as iron-deficiency anemia, middle-ear infections and asthma may have impaired mental development from delays in medical care, and school performance, language development or hearing may suffer. (Institutes of Medicine, 2002)
- More than half of the nation's 8 million uninsured children are eligible for Medicaid or State Children's Health Insurance Program (SCHIP) but are not enrolled.

FAMILIES

- One out of every four uninsured low-income families faces medical bills totaling more than 5% of their income. Doctors, hospitals, clinics, charities and the larger community absorb unpaid costs. (Institutes of Medicine, 2002)

Yet, the Uninsured Often Pay More

- Health care providers often compensate for big discounts negotiated with major insurers by raising prices to uninsured individuals. (New York Times, Apr. 2, 2001)

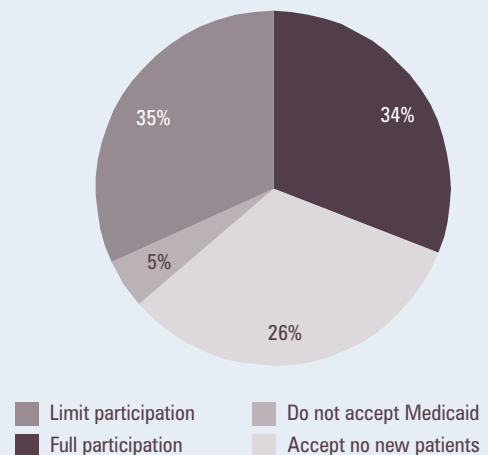
WHAT ABOUT MEDICAID?

People covered by various state Medicaid programs often share the same struggle to obtain appropriate care as those with no health insurance at all.

A national tracking study released by the Center for Studying Health System Change in December 2002, reports that the number of physicians providing charity care and treating Medicaid patients declined between 1997 and 2001. According to this study, the percentage of physician practices accepting Medicaid patients declined from 87.1% to 85.4%.

The proportion of doctors in the study providing charity care fell by nearly five percentage points, from 76.3% in 1997 to 71.5% in 2001.

A 1991 physician survey by the American Medical Association (see graph) found that more than a quarter do not see Medicaid patients.



There are fewer Federal guidelines for paying doctors than for reimbursement to hospitals or nursing homes. As a result, Medicaid cuts often reduce payments to doctors more than cuts made to hospitals and health facilities.

Amidst serious budget pressures, many states are looking to cut program costs by further reducing or freezing Medicaid physician reimbursement.

Harsh Realities, Real People

One woman's story

A young, single parent of two elementary school students in Cleveland, Ohio, "Sandra" enrolled in welfare for help with child care, job training and transportation. Poverty never stopped her from supporting her children's extra-curricular activities or academic successes, and she often volunteered at their school as a tutor.

Impressed by "Sandra's" commitment, a Family Counselor at the school found a tutoring job for her at a local non-profit organization. Sandra was thrilled to spend 30 hours each week at work she loved, earning \$7.00 an hour.

But, weekly employment of more than 20 hours meant the sudden end of welfare coverage. And, her new salary was too high for Medicaid eligibility. Soon after this happened, Sandra began to experience piercing headaches.

With no money for a doctor's visit, she endured several weeks in pain until it became too unbearable. At the Emergency Room, she was diagnosed with a brain tumor.

"Sandra" quit her job and reapplied for public assistance. She already worries about the bills from her ER visit and wonders, what will treatment for the tumor cost?

Knowledge is power

Often, uninsured individuals and families are unaware that they may qualify for available health services and supports. In some cases, the problem stems from language, cultural and literacy barriers.

For immigrants – about 11% of the U.S. population – fear and confusion leads many of those eligible for Medicaid benefits to wrongly assume that a public charge determination will be made and deny them citizenship.

Whether care is provided in an ER, clinic or physician's office, a person's ability to read and comprehend the given information and instructions makes a crucial difference in clinical outcomes. Health literacy means understanding health care terminology and the health implications of various restrictions and recommendations.

A MATTER OF COLOR

A 2002 Congressionally mandated report released by the National Academies' Institute of Medicine confirmed previous studies showing that racial and ethnic minorities tend to receive lower-quality health care than whites, even with comparable insurance status, income, age and severity of health conditions. Minorities are also less likely to be given appropriate cardiac medications or to undergo bypass surgery. They are less likely to receive kidney dialysis or transplants, and differences in treating minorities for cancer and HIV infection may contribute to higher death rates.

By contrast, minority patients are more likely to receive certain less-desirable procedures, such as lower limb amputations for diabetes. The quality of care provided does not appear to be better when physicians are of the same racial or ethnic group. Some evidence suggests bias or stereotyping by health care providers also exists.

The chart at the right illustrates just one example – kidney transplantation – where a patient's race may well be a factor in deciding which patients are selected for swift medical attention.

Even when insured at the same level as whites, minorities are less likely to enjoy a consistent relationship with a primary care provider, in part because of the lack of doctors in minority communities.



Source: Harvard Medical School, 1999

The Challenge of Health Access

A Priority for Public Policy

National opinion polls demonstrate the public's support of affordable health care for all, even if higher taxes would be the result.

A more regional survey completed last July by the CSA Health System of adult Greater Clevelanders focused on issues related to health access: insurance, barriers to health care services, and related public policies. Most participants lived on the west side of Cuyahoga County, Ohio.

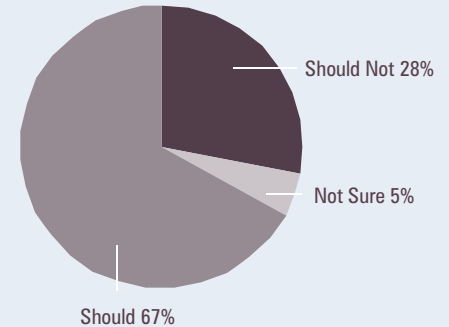
Of 1,487 adult respondents, 69% said that if the government had to increase taxes to be able to provide health care to all, they would support the tax increase.

When asked their preference between a tax cut and the provision of "health care for all," 78% chose full health access.

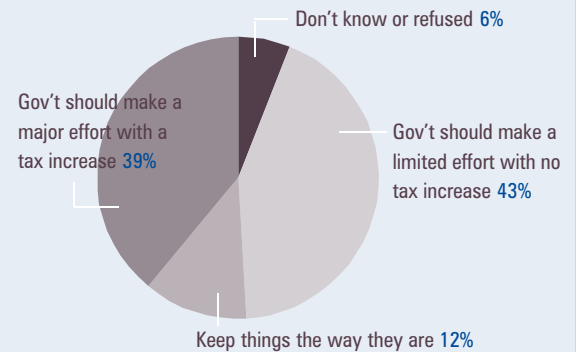
¹ Source: Hart & Teeter/NBC/Wall St. Journal 10/99

² Source: Princeton Survey Research/Kaiser/Harvard 12/99

Do you think that the government should or should not guarantee health insurance coverage for every American?¹



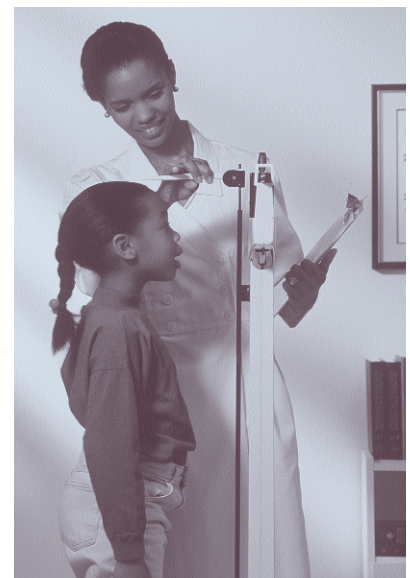
Should the government try to provide health insurance for all? If so, how?²



The Governmental Response

Congress is now considering more than 20 proposals that would expand the availability of health insurance coverage. These strategies include:

- Pooling individuals or small employer groups into larger factions, or expanding COBRA health insurance continuation coverage;
- Recommendations to expand Medicaid and/or the State Children's Health Insurance Plan (SCHIP) to assist low-income parents and their children;
- Tax credits for the uninsured to help them purchase health insurance;
- Limits on damages due to medical malpractice lawsuits;
- Support of more community health clinics;
- Prescription assistance programs.



Join In & Speak Up!

If you believe that health care is a basic human service, not a market-driven commodity,
What are you doing to stimulate change?

- Share your views with elected officials at all levels – the City Council, State Legislature, U.S. Congress and the White House.
- Donate funds, or serve as a Board member or direct service volunteer at an organization working to provide health care or address health access issues.
- Educate yourself, and others, about the real challenges faced by the uninsured and working poor to obtain adequate health care in your community.
- Partner with other individuals and organizations to share ideas and approaches.



SISTERS OF CHARITY OF ST. AUGUSTINE HEALTH SYSTEM

2351 E. 22nd Street • Cleveland, Ohio 44115 • p: 216.696.5560
f: 216.696.2204 • www.csahealthsystem.org

CSA MINISTRIES

- Early Childhood Resource Center (Canton, OH)
- Healthy Learners (Columbia, SC)
- Joseph's Home (Cleveland, OH)

FOUNDATIONS

- Saint Ann Foundation (Cleveland, OH)
- Sisters of Charity Foundation of Canton
- Sisters of Charity Foundation of Cleveland
- Sisters of Charity Foundation of South Carolina

ELDERCARE SERVICES

- Regina Health Center (Richfield, OH)
 - Hospital Transitional Care Units
 - Light of Hearts Villa* (Bedford, OH)
- *A Partnership with the Vincentian Sisters of Charity

HEALTH CARE

- Sisters of Charity Providence Hospitals (Columbia, SC)
- Providence Hospital
- Providence Hospital Northeast

PARTNERSHIPS WITH UNIVERSITY HOSPITALS HEALTH SYSTEM (Cleveland & Canton, OH)

- Mercy Medical Center
- St. John West Shore Hospital
- St. Vincent Charity Hospital/
Saint Luke's Medical Center
- Cuyahoga Physician Network
- Ohio Health Choice
- Professional Medical Equipment

Future issues of Mission Forum:

The Challenge of Health Access will examine existing barriers to care and outline some innovative and collaborative strategies developed by the CSA Health System to address them. And, we want to hear from you!

- What work are you doing to address the needs of the uninsured?
- Are you involved in an innovative model of responsive care and/or service delivery?
- Do you have recommendations or comments for CSA Health System?

Contact us at www.csahealthsystem.org/health access or call **Heather Stoll at 216-875-4615**.

