

## Testimony on H 4444

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The total Latin American population in Massachusetts increased by almost 50% from 1990 to 2000. According to the Census Bureau (2000), Latin Americans, categorized as "Hispanics/Latinos", are reported to number 341,263 (6.8%), currently the most prevalent minority group in Massachusetts. In addition, numbers of Brazilians and Haitians are estimated at 150,000 and 75,000, respectively, which should be added to the Latin American sum, for a total of 571,263, or 11.36% of the population of the Commonwealth.

Many diverse ethnic groups make up the category of Hispanic/Latino. In Massachusetts, Puerto Ricans are the largest group, numbering 199,207, (58.3%), according to the U.S Census Bureau (2000). The next largest groups include people from the Dominican Republic, 49, 913, (14.6%), and Mexicans 22, 288, (6.5%). Other significant Latin American populations residing in Massachusetts include Cubans, Guatemalans, Hondurans, Salvadorans, Colombians, and Peruvians.<sup>1</sup>

Latin Americans are expected to continue to increase as a percentage of the total population at a rapid rate, while European Americans continue to decline demographically. Therefore, the future of Massachusetts as a whole will be influenced substantially by the commitment of its policymakers to improving the health status of Latin Americans and other ethnic communities.

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<sup>1</sup> Hispanic or Latino By Specific Origin. Data Set: Census 2000 Summary File 1

For the purpose of this testimony, we define the term Latin American as including those groups classified as Hispanic, as well as Haitians and Brazilians. We use the term Latin American because the community present in Massachusetts is inclusive of immigrants from all Latin American countries, not just those where Spanish is the official language. In particular, we wish to acknowledge the needs of Brazilians and Haitians, often ignored in the public health discourse.

These two immigrant groups face serious challenges to recognition of their health needs because of the lack of available data documenting their concerns. The Census has no classification for "Brazilian" or "Haitian," forcing them to classify themselves as Hispanic, which does not reflect their ethnicity. Because council staff lacks access to statistics on Brazilians and Haitians, we rely on the statistics used for Hispanics to talk about these issues.

Latin Americans are the racial/ethnic group least likely to have health insurance in both the United States and Massachusetts. Since having insurance is the leading indicator of accessibility to health care, this also means that Latin Americans are the group least likely to have access to medical services.

### *The Uninsured in Massachusetts*

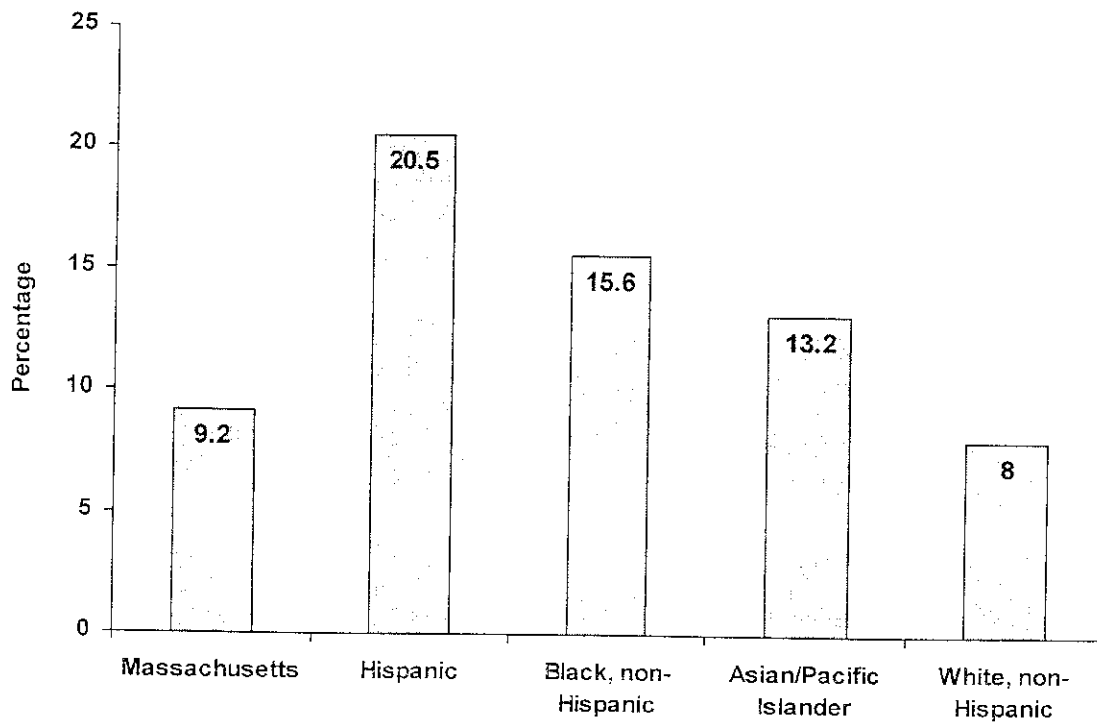
According to the Massachusetts Department of Public Health Behavioral Risk Factor Surveillance System<sup>2</sup>, between 1995-1999, 9.2% of the Commonwealth's adults

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<sup>2</sup> The Massachusetts Behavioral Risk Factor Surveillance System (BRFSS) is a random-digit-dial (RDD) telephone health survey of non-institutionalized Massachusetts adults residing in households with telephones, and since 1997 has been conducted by ORC Macro, Inc. In addition to English, the survey is conducted in Spanish and Portuguese. The sample size for the years 1995 through 1999 were: 3,311; 3,041; 3,725; 4,944; and 7,287. The average interview completion rate is 53%. The Latin American Public Health Council has some concerns with the BRFSS due to its small sample size and the fact that Latin Americans do not respond well to telephone surveys.

reported not having any health insurance. Latin Americans had the highest uninsured rate at 20.5%, followed by Blacks at 15.6%, Asians/Pacific Islanders at 13.2%, and Whites at 8.0% (Figure 3).

**Figure 3. Percentage of Adults Reporting No Health Insurance by Race/Hispanic Ethnicity, Massachusetts: 1995-1999**



Data Source: Massachusetts Department of Public Health. Bureau of Health Statistics, Research and Evaluation. BRFSS. Responded "no" to the question "Do you have any kind of health care plan?"

Although the Commonwealth made significant progress in reducing the percentage of its residents without health insurance through its expansion of MassHealth in 1997, the progress made is being threatened by state budget cuts, the impact of which will be addressed later. A state survey showed that the percentage of uninsured residents fell from 8% to 6% in 2000. Since that time public health insurance programs have been cut, causing the number of uninsured to rise.

Not having health insurance threatens a family's economic security. Lacking access to primary care can potentially lead to health problems that leave people unable to work. If people cannot work, they also cannot afford to pay medical bills.

Over 70% of uninsured people in Massachusetts are employed. Approximately 25% of the working uninsured are eligible for health coverage through their employers. The people who are eligible do not have coverage because they simply cannot afford their share of the premium. Low-income people over the age of 18 who are childless adults are the most likely to be uninsured.

In a recent survey, about one-third of the uninsured in Massachusetts said they lost their coverage in the previous year. A change in job status was cited most often as the reason for losing coverage. As mentioned earlier, low-income adults are the most likely to be uninsured. This group of people makes slightly more than the cutoff to qualify for MassHealth coverage. In the first half of 2003, the maximum income allowed to qualify was 200% of the federal poverty level, or \$36,800 for a family of four<sup>3</sup>. Families with incomes between one-and-a-half to two times the federal poverty level are the most likely to be uninsured.

For low-income residents who do not qualify for MassHealth and do not have access to health insurance through their employer, purchasing insurance is not always an option. Premiums are generally higher than the group rates provided by employers. In 2002, a non-group HMO premium for a young family in Boston cost \$8,000 to \$12,000 a year — as much as a third of the income of a family living just above the poverty level.

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<sup>3</sup> 2003 federal poverty guidelines are: \$12,120 for a family of two; \$15,260 for a family of three; \$18,400 for a family of four; \$21,540 for a family of five; and \$24,680 for a family of six.

### *Access to Health Care among Latin Americans*

For Latin Americans, the greatest barrier to accessing health care is lack of insurance. Having a convenient, reliable place to go for health care is the other great barrier. We do not know with certainty how many Latin Americans in the state have access to a reliable source of ongoing care because data has not been collected. We do know, however, that almost 25% of Latin Americans in Massachusetts are uninsured.

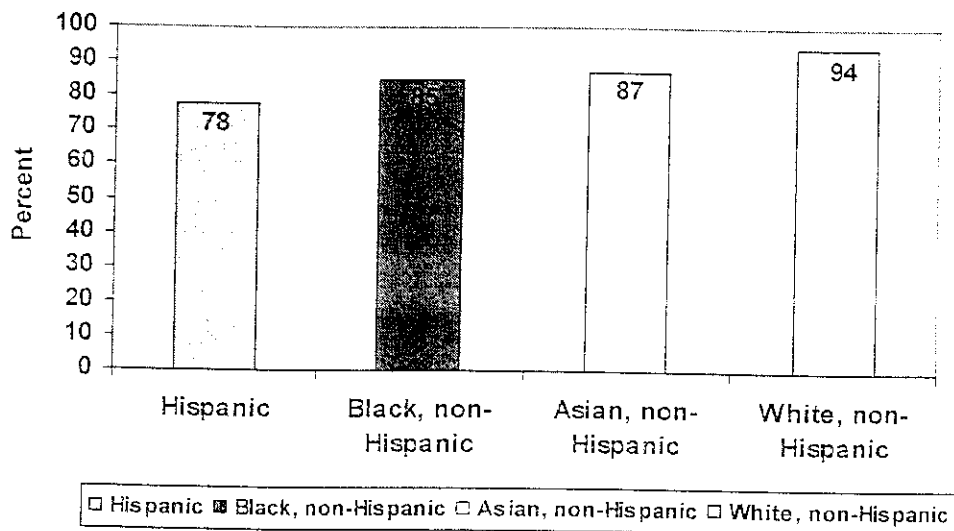
Latin American immigrants are less likely to have health insurance as compared to the general population. This population is more likely to work in small firms that do not offer insurance. In addition, changes in federal laws have left many legal immigrants afraid to apply for MassHealth because they do not want to jeopardize their immigration status.

As stated earlier, Latin Americans have a high uninsured rate because only 43% have employment-based health insurance. Although job-based coverage increased between 1994 and 1997 from 40% to 43%, the increase was offset by a concurrent drop in state-based health coverage (20 % to 16% for the same time period). Approximately 87% of uninsured Latin Americans come from working families. In every industry and regardless of the firm size in which they work, Latin Americans are the group least likely to have job-based health insurance.

A worker's income is highly correlated with both the likelihood that an employer will offer coverage and with the affordability of coverage to the employee. In other words, the higher the income, the better the benefits. Latin Americans are the poorest of the major ethnic groups, with family incomes so low that approximately 59% of Latin Americans are poor or near poor, compared to 23% of Whites.

Essentials such as housing, transportation, food, and clothing are likely to be higher priorities for a family than spending \$1,700 on health insurance premiums, which is the average employee share for family coverage. Purchasing private health insurance is simply not an option for Latin American families living at or near poverty. Not surprisingly, 43% to 47% of Latin Americans with family incomes below 200% of poverty are uninsured and hence lack access to adequate health care.

Figure 4. Persons with Health Care Coverage by Race/Hispanic Ethnicity in Massachusetts



Data Source: Massachusetts Department of Public Health. Bureau of Health Statistics, Research and Evaluation. BRFSS. 1996-2000. Health care coverage: Responded "yes" to the question "Do you have any kind of health care plan".

### *MassHealth and Budget Cuts*

To say that budget cuts have been devastating to essential public health programs in the state is an understatement. It is imperative that the public health community forges a united front to combat further budget cuts that marginalize many people from access to care. Legislators need to see first-hand the detrimental effects budget cuts have on the

community so they can make policy decisions that promote the mission of ending disparities in our health care system.

In January 2002, Governor Swift cut nearly all dental benefits for adults on MassHealth. In July of 2002, the legislature eliminated 50,000 very low-income adults from the MassHealth Basic program, effective April 1, 2003. In October 2002, Governor Swift eliminated eyeglasses, dentures, prosthetics, orthotics and chiropractic therapy for all adults on MassHealth, effective January 1, 2003. On November 4, 2002 the Children's Medical Security Plan closed enrollment, forcing children to wait at least 2-3 months before gaining access to care.

Governor Mitt Romney's FY04 budget reduced funding to MassHealth by approximately \$500M, not to mention the \$250M lost in federal matching funds. When we translate money into people, this means that up to 70,000 children, people with disabilities and adults will find themselves without coverage. Additional changes to MassHealth also include unaffordable cost sharing and new restrictions on MassHealth members.

The solution to this dilemma is not for the Massachusetts General Court to continue struggling to cover a few more persons at a time, only to see the fiscal crisis of the Commonwealth or the ideological biases of the Executive branch undo all progress a few months down the line.

We need to address the problem of health care insurance head on, and we need to address it permanently. H4444 promises to be a real solution, not merely a momentary patch. On behalf of Latin Americans, the Commonwealth's largest minority, I urge you to give this project your thoughtful consideration. *Muchas gracias.*

