

AMERICA'S 21ST CENTURY HEALTH CARE SYSTEM

The U.S. Health Care System Urban Melting Pot

By Columnist: Helen E. Dao



There are many initiatives going on at this time trying to attract different cultures into the medical profession, however, this continues and uphill battle. When it comes to appropriate health insurance for millions of children that is a different story, we have all races and cultures, ethnicity, and socioeconomic backgrounds represented in who is covered but most importantly, who is not covered. For working parents this is a nightmare, not knowing what they will do if their child becomes sick and without health insurance to pay for medical expenses. The U.S. Health Care System has become a melting pot, with all the recent great progress that the new administration is making in getting all eligible children enroll in Medicaid or SCHIP it looks promising. However, sometimes simple steps or details can be overlooked that may cause for a great initiative to fail. In 2006, NASHP convened a symposium of state and national child health coverage experts from the public and private sectors to focus on lessons learned over the decade since SCHIP was enacted. From these conversations, NASHP identified seven key points that participants stressed were essential to advancing continuous coverage of children through Medicaid and SCHIP. These ideas were summarized in a 2006 NASHP issue brief, *Seven Steps Toward State Success in Covering Children Continuously (Seven Steps)*.

Key Findings:

1. Keep enrollment and renewal procedures simple;
2. Community-based outreach is key to increasing enrollment;
3. Use technology to coordinate programs and reduce administrative burdens;
4. Change agency culture to promote enrollment goals;
5. Engage leaders who champion the goal of covering children;
6. Engage partners to help achieve coverage goals;
7. Use marketing to promote enrollment in public programs.

There is no question that if the above steps are followed, there should be no problem reaching out the eligible uninsured children. However, there is one important step missing from this list, which is providing cultural competency information and follow up to families. In many cases we have seen parents receiving letters from Medicaid or Manage Care Plans requesting additional information about the child or requesting a recertification for continuing Medicaid coverage. Because of the lack of education, health literacy, and language barrier that many parents or legal guardians faced, they do not understand the Medicaid or health insurance system. It is true to think that it would be almost impossible to cover every single different language or dialect spoken in this country, however, that is not the point. Let's look at number four key finding "change agency culture to promote enrollment goals" should be broadening into the community at large. Yes,

education and cultural competency should begin in-house, training staff and representatives to understand how to navigate the multicultural communities that they are reaching out to. There are national agencies such as the National Center for Cultural Competency based in Georgetown University funded through Maternal and Child Health Bureau (MCHB), working nationwide with state and federal agencies in acquiring cultural competency, and the National Center for Medical Home Initiatives, which focus is to develop and promote medical home models (pediatrician co-ordinating the health care of the child) for children with special health care needs (CSHCN).

Let's talk for a moment about health literacy; the Institute of Medicine documented that 90 million people have difficulty understanding and acting upon health information (this is not just a reflection on immigrants only, but also counts people born in the USA). Studies show that persons with low literacy skills are less likely to:

1. seek and get preventive care,
2. understand forms for informed consent,
3. understand their children's diagnosis,
4. understand medication instructions for themselves and their children, and
5. be knowledgeable about the health effects of risks, behavior, and diseases (AHRQ, 2004)

DATA Source: Institute of Medicine, (2004) Health literacy: A Prescription to End Confusion

DATA Source: National Center for Cultural Competency, (20005)

Let's look at some statistics regarding New Jersey State's children enrolled in Medicaid and SCHIP. Number of children in New Jersey 2,208,700 *Source: Kaiser Family Foundation (2005)* that is 27%, Black/American alone 15.6%, Latino/Hispanic alone 16.2%, and Asia alone 5.9% *Source: U.S. Census Bureau (2002)*. Number of children enrolled in Medicaid 482,000 (US 27,263,000) *Source: Kaiser Family Foundation (2003)*. Percentage of children enrolled in Medicaid 13.3% (US 18.5%), percentage of Children & Youth with Special Health Care Needs (CYSHCN) enrolled in Medicaid 24.2% (US 27.4%) *Source: National Survey of Children with Special Health Care Needs (2001)*. Number of children enrolled in SCHIP 102,765 (US 3,949,578), percentage of children enrolled in SCHIP 4.5% (US 5.1%) *Source: Kaiser Family Foundation (2005)*. As we can see, New Jersey falls shorter than the national numbers, remember these are children who are eligible for enrollment in Medicaid and SCHIP, we are not even talking about ineligible children.

In summary, what do SCHIP, Medicaid, cultural competency, and health literacy have in common? By addressing these four important key components, we are improving the possibility of increasing the enrollment of children in SCHIP and Medicaid. Each key component needs to be addressed individually in order to have a full understand of its mechanics and practices. In fact the U.S. Health Care System is a melting pot, especially in the urban cities. We need to reeducate our nation about culture, ethnicity, and race (all three are different); as we are addressing multicultural issues in the community, the health care system should be looked within this same frame. No matter how much money we invest in trying to enroll all eligible children in Medicaid and SCHIP, we set ourselves for failure if the people reaching out to these families do not have an understanding and acceptance of how diverse our nation is.

Helen E. Dao is a management and strategy consultant in Jersey City; she is a professional consultant member of the Institute of Management Consultants USA and a Board officer for the New Jersey Chapter. She can be reached at 1-800-905-1208 or by email at helen@daoconsultingservices.com. For further information please visit www.daoconsultingservices.com.