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***UCLA Study of Los Angeles Residents Shows Latino Elderly  
Under-Enrolled In Medicare***

***Funded by a Grant by Tenet Healthcare Foundation, Study Finds Educational  
Programs Are Needed***

**LOS ANGELES, Calif., July 10, 2001** – Due to a lack of awareness, the elderly Latino residents of Los Angeles are seriously under-enrolled in Medicare, according to a recent study. The study was conducted in a joint project involving the UCLA Center for the Study of Latino Health & Culture and the Edward R. Roybal Institute for Applied Gerontology at California State University, Los Angeles.

**Study Findings Reveal Urgent Need for Program Education**

Elderly Latinos are behind other groups when it comes to accessing Medicare benefits. The “Latino Elderly and Medicare Coverage” study found that only 71% of the Latino immigrant population in Los Angeles is enrolled in Medicare. By comparison, 95% of the non-Hispanic White population and 89% of US-born Latinos have registered for Medicare benefits.

Of the non-Medicare registered Latino immigrant population, 14% rely on Medi-Cal exclusively as a source of coverage while 11% report to be without any form of insurance coverage.

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Demonstrating a dire financial need, the study revealed that nearly one-third (35%) of U.S-born Latinos and more than half (52%) of the Latino immigrant elderly receive less than \$10,000 a year in income.

“Many Latino elderly in Los Angeles are at a serious financial risk for rising medical care costs,” commented David E. Hayes-Bautista, lead researcher and director of the Center for the Study of Latino Health and Culture at the UCLA School of Medicine. “People need to know that federal assistance is available.”

Affirming the importance of a Spanish-language program to reach this group, the survey also found that nearly two-thirds of Latino elderly (63%) are immigrants, 86% of whom use Spanish as their primary language. One-third of U.S.-born Latinos also report Spanish as their preferred language.

### **Lack of Awareness To Blame for Low Enrollment**

In general, it has been found that Latinos under-utilize public assistance programs of all types. Primary reasons given by the Latino immigrant elderly for not enrolling in the Medicare program are as follows:

- 42% mistakenly believe that naturalized citizenship is a prerequisite for eligibility.  
Legal permanent residents are eligible for Medicare coverage
- 24% said they did not know about Medicare coverage
- Although Medicare is not a welfare program, 13% of respondents misperceive it as such and as a result, are reluctant to enroll
- 11% found the application process too daunting and did not know how to complete the process

The survey projects that by the year 2002, there will be an estimated 53,556 Latino elderly not enrolled in Medicare, 80% of which will be immigrant Latino elderly.

“There is an urgent need to communicate the facts about Medicare benefits,” added Gustavo Valdespino, senior vice president, operations in Southern California for Tenet HealthSystem, sponsor of the survey. “Not only will this benefit the individual and the community, but it will also assist health care providers and institutions to be reimbursed for services provided.”

Tenet HealthSystem is the largest provider of health care services for Hispanics in Southern California.

### **About The Study**

The 1997 survey, funded by the California Department of Health Services and the National Immunization Program of the Centers for Disease Control and Prevention, sampled 602 Hispanic and 577 non-Hispanic White elderly. The population-based, random digital dial telephone survey was conducted in two large target areas of Los Angeles County.

## **For More Information on Medicare**

Information for Spanish-speakers on eligibility requirements and how to register for Medicare benefits is available at 1-800-633-4227. Those who have Internet access can also go to the official Medicare web-site, which also has information in Spanish, at [www.Medicare.gov](http://www.Medicare.gov). In addition to having bilingual financial advisors in its hospitals, Tenet is implementing a Senior Advantage program for Hispanic seniors in hospitals that serve culturally diverse communities and working with several community-based organizations on educating seniors on Medicare benefits and enrollment resources.

## **About Tenet Health Systems**

Tenet Healthcare owns and operates 111 acute care hospitals and numerous health care services nationally. Tenet is the largest hospital network in Southern California and the leading provider of health care services to the Latino community. A great majority of Tenet hospitals are located in predominantly Hispanic areas and offer quality care along with culturally relevant programs that address the health care needs of the growing Latino population. Since 1998, the Tenet Healthcare Foundation is committed to improving the well-being of the Latino community through the development of programs with organizations such as the American Diabetes Association and the American Lung Association.

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# **LATINO ELDERLY AND MEDICARE COVERAGE**

By

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## **Introduction**

Medicare insurance has been available for more than 35 years, and is often considered to be nearly universally used by elderly in the United States. However, data from a recent survey conducted in Los Angeles County (1997) indicate that Latino elderly are seriously under-enrolled in Medicare.

A joint project involving the UCLA Center for the Study of Latino Health & Culture and the Edward R. Roybal Institute for Applied Gerontology at California State University, Los Angeles, and funded by the California Department of Health Services and the National Immunization Program of the Centers for Disease Control and Prevention, conducted a survey of Latino and non-Hispanic white elderly in Los Angeles County.

Most studies of the elderly are conducted using Medicare enrollment records to identify respondents. Because earlier work by the Center for the Study of Latino Health & Culture had led the research team to suspect that Latino elderly were under-enrolled in Medicare, the survey was designed to capture those not enrolled in Medicare, hence not in the Medicare enrollment records. This survey was a population-based, random-digit dial telephone survey conducted in two large target areas of Los Angeles County.

The sample contained 602 Latino and 577 non-Hispanic white elderly. These robust numbers provide an overall error rate of plus or minus 3 percent, and can be safely generalized to the Latino and non-Hispanic white elderly in Los Angeles County.

## Latino Elderly

Latino elderly present a unique characteristic that distinguishes them from the non-Hispanic white (and, by extension, from the African-American) elderly populations: nearly two-thirds of the Latino elderly (63 percent) are immigrants. Only slightly more than one-third (37 percent) are U.S.-born Latinos.

Immigrant Latino elderly present such a distinctive profile with regard to Medicare enrollment that this report will compare three groups: U.S. Latino, immigrant Latino and non-Hispanic white elderly. The general dynamic is that, while U.S.-born elderly compare unfavorably to non-Hispanic white, immigrant Latino elderly compare even more unfavorably.

- **Spanish language.** While no non-Hispanic white elderly use the Spanish language as a communication medium, virtually all immigrant Latino elderly (86 percent) and one-third of U.S. Latino elderly use Spanish as their primary language.
- **Lower education.** While very few non-Hispanic white elderly did not complete high school (17 percent), more than half of U.S. Latino elderly (59 percent) and the vast majority of immigrant Latino elderly (84 percent) did not graduate from high school.
- **Low income.** Latino elderly receive far lower income than non-Hispanic white elderly. Nearly one-third (35 percent) of U.S. Latino and more than half (52 percent) of immigrant elderly received less than \$10,000 per year, while less than one in five non-Hispanic white did so.
- **Immigrate young, Age in California.** Immigrant Latino elderly did not immigrate as elderly. They immigrated in the 1960s and 1970s as young adults, and have been contributing to the society and economy by forming families and working, with the highest labor force participation rate of any group. Immigrant Latino elderly averaged more than 30 years in the United States. They have given their best years to this state, but in their old age they are facing serious risks because of under-enrollment in Medicare.

## Low Medicare Enrollment, Fewer Options

In the non-Hispanic white population, enrollment in Medicare is nearly universal: 95 percent are enrolled. Those who are not enrolled in Medicare have some other form of health insurance.

A slightly smaller percent of U.S.-born Latino elderly were enrolled in Medicare (89 percent), and those not enrolled often had recourse to other types of coverage, including Medi-Cal.

However, a substantially smaller portion of the immigrant Latino population was enrolled in Medicare: 71 percent. Those not enrolled in Medicare were more likely to:

- **Medi-Cal.** Rely on Medi-Cal alone as a source of coverage (14 percent)

- **No Coverage.** To be without any form of insurance coverage (11 percent)

### **Growth of Under-Enrolled Population**

Extrapolating from the survey's findings, there were an estimated 43,250 Latino elderly who were not enrolled in Medicare in 1997. More than 80 percent of those were immigrant Latino elderly. The Latino elderly population is growing rapidly. Within five years of the survey, by 2002, there will be an estimated 53,556 Latino elderly not enrolled in Medicare, more than 80 percent of which will be immigrant Latino elderly.

### **Reasons for Not Enrolling**

In general, Latinos under-utilize public programs of nearly all types. Recent reports such as Fenton et al (1997) ascribe this low participation to Latino concern over their immigration status in the wake of the passage of Proposition 187. However, recent surveys (California Healthcare Foundation, 2000) have shown that this is not the primary reason. Respondents in this survey bear out this finding.

The primary reason for not being enrolled in Medicare is a misunderstanding of the eligibility rules: Immigrant Latino elderly misperceived that they needed to be a naturalized citizen, when in fact legal permanent residents are eligible for Medicare coverage.

The primary reasons provided by immigrant Latino elderly for not being enrolled in Medicare were, in descending order of importance:

- **Not a naturalized citizen** (42 percent). A legal, permanent resident is eligible for Medicare, yet the most commonly provided reason for not being enrolled was the misperception that one had to be a naturalized citizen. This misperception can be addressed by provision of information about the proper eligibility requirements for Medicare.
- **Did not know about Medicare** (24 percent). While knowledge about, and participation in, Medicare is taken as universal, this is not the case for immigrant Latino elderly. In focus groups conducted about the topic, there was usually at least one participant who had never heard about Medicare.
- **Not work eligible** (20 percent). Medicare is closely linked to Social Security. Some industries, such as farm work and domestic service, are not included in Social Security. As immigrant Latinos are most likely to be farm workers and domestic workers, it is not surprising some portion of those not enrolled felt that they were ineligible because of their past employment.
- **Other insurance** (16 percent).
- **Don't want "welfare"** (13 percent). While Medicare is not a welfare program, some immigrant Latino elderly misperceive that it is, and do not enroll.
- **Don't know how to apply** (11 percent). The Medicare application process can be daunting, and some immigrant Latino elderly did not feel up to the task of undertaking the application process.

- **Afraid of INS** (8 percent). The fact this response was next-to-last in importance underscores the fact that this is not a primary reason for Latino under enrollment in Medicare.
- **Never Sick** (6 percent). A few immigrant Latino elderly felt they did not need Medicare because they had never been sick.

Most of the reasons given by immigrant Latino elderly for not being enrolled in Medicare can be addressed by proper information, communicated in a style that will motivate the application process.

### **Lack of Clarity About Medicare**

Focus group respondents described being unclear about what Medicare is, what it covers, how one applies for it and the like. The following respondent had a vague idea of Medicare, but in fact was enrolled in Maxi-Care, a private HMO in southern California:

*Pos yo pienso el Medicare es ... unos beneficios ... como para no pagar uno de su bolsa, diner ... Aquí la traigo, de Maxi care, esta es la tarjeta. (Well, I think that Medicare is some benefits for you, so that you don't pay money out of your pocket. Here, I carry it, Maxi-Care, this is the membership card.)*

### **Confusion Between Medi-Cal and Medicare**

Because the names of the Medi-Cal and Medicare programs are similar, non-English dominant respondents confused the two at times. The following respondent was typically unable to determine which of the two programs she was enrolled in:

*Pero de todos modos, digo, la tarjeta que me dieron, no se cual es, el Medicare o Medi-Cal. Esa nomas me cubre setenta-cinco porciento. (But anyway, the card that they gave me, I don't know which one it is, Medicare or Medi-Cal. Whatever it is, it only covers 75 percent.)*

### **Lack of Information**

Respondents described a need to access more information about Medicare, so that they could enroll. However, they felt very lacking in knowledge, and did not know where to go:

*¿Y que es lo que v[oy] a hacer cuando cumpla sesenta y dos años? Pos, a ir a ... donde me puedan asesorar de eso. (Pregunta: A donde iría?) Ah, no. Ahorita no sabría decirle en donde. (And what am I going to do when I turn 62 years old? Well, I would have to go to someplace to get some advice about all this. [Question: And where would you go?] Ah, no. Right now, I wouldn't know what to tell you about where [to go].)*

Repeatedly, respondents mentioned the need to find some source of information to guide them:

*Sí, que haya alguien ... que le explique a uno tantas cosas que uno ignora. (I would like there to be someone that would explain to me all these things that I don't know.)*

### **Implications for Service**

**Informing about Medicare.** There is a need for information about Medicare, and all its aspects: the fact that it is not welfare, who is eligible, how to apply, how to use it, etc. Most of the misperceptions can be corrected by providing accurate information.

**Enrolling in Medicare.** Once the information has been delivered, there is the opportunity to assist Latino elderly in their enrollment process.

Educating about, and enrolling in, Medicare benefits individual patients, by connecting them with a source of coverage. It is also beneficial for families, as it relieves them of unnecessary out-of-pocket expenses. It further benefits health care providers and institutions, which then do not have to provide charity care any longer, but can be reimbursed for services provided.

### **References**

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