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Health Care In America: Follow The Money

by NATALIE JONES

04:58 pm

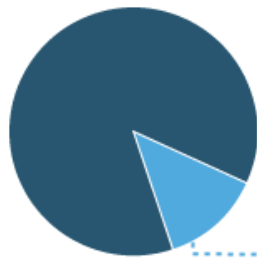
March 19, 2012

Complete Coverage

SPECIAL SERIES:
Judging The Health Care Law

The Supreme Court takes up the Affordable Care Act next week, and NPR will be exploring the questions surrounding health care in America beforehand. Many of the publicly debated issues in the act hinge on money. How much is spent on our health? Who spends it? How?

Some know how much we pay for our own medical care, but many aren't aware of how immense an industry health care is in the U.S. Our trips to the doctor employ a lot of people, and our schools play an important role in preparing those people to take care of us.



TOTAL AMERICAN WORKFORCE

145 MILLION

16 MILLION IN HEALTH CARE
13% OF PAYROLL EMPLOYMENT



THAT'S 1 IN 8 PEOPLE

OVER **93%**
OF HEALTH CARE
WORKERS HAVE A
DEGREE BEYOND
HIGH SCHOOL



Almost 1/3 of all professional degrees are in health care

- 1. RETAIL
- 2. WHOLESALE
- 3. HEALTH CARE

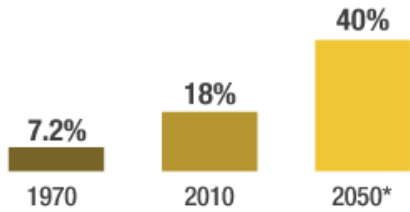
The health care workforce is the third highest in the U.S.

Source: Center on Education and the Workforce analysis of Office of Management and Budget data
Credit: Maria Godoy, Natalie Jones, Julia Ro/ NPR

The workforce numbers don't even count people who work for pharmaceutical or health insurance companies.

All those employees are part of the huge growth in the U.S. health care industry in the last 40 years. If spending keeps climbing as it has, in another 40 years the share of our GDP that goes to health care could be about twice what it is today.

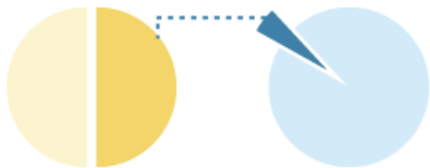
Health care costs as a percentage of U.S. GDP



Annual U.S. health care spending



About **5% of the U.S. population** is responsible for almost half of all health care spending.



Average amount spent on health care in the U.S.



Notes

*Projected data

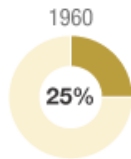
Source: Centers for Medicare and Medicaid Services, Kaiser Family Foundation

Credit: Maria Godoy, Natalie Jones, Julia Ro/ NPR

"That either means that we get an awful lot more health care, or we get a lot of health care that's awfully expensive," [Anthony Carnevale](#), a labor economist at Georgetown University, tells NPR's Robert Siegel. "Generally what the research says is it's about 50-50 — we get a lot more health care, and the health care we get a lot more of is more expensive."

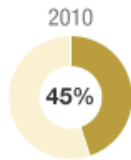
PUBLIC SPENDING

The **government (federal and state)** pays for about 45 percent of health care costs in the United States — up from about 25 percent in 1960.



In 2010, government health care spending totaled

\$1.2 TRILLION



THE UNINSURED (2010)

49.1 MILLION people under age 65 — 18.5% of the under-65 population — are uninsured

30% of 19- to 25-year-olds are uninsured

792,000 of the uninsured are **elderly**. (Most seniors in the U.S. are covered by Medicare.)

16% of the uninsured are **children**

Source: Centers for Medicare and Medicaid Services, Kaiser Family Foundation

Credit: Maria Godoy, Natalie Jones, Alyson Hurt/ NPR

The money isn't just from individuals and the private sector. The government is a big player in health care. NPR's Julie Rovner says that while the sector is complex, it's not a predominantly private system.



56% OF PEOPLE IN THE U.S. UNDER 65 RECEIVE INSURANCE FROM THEIR EMPLOYER



1 IN 3 Americans is in a family having trouble paying medical bills

*Source: Kaiser Family Foundation, National Center for Health Statistics
Credit: Maria Godoy, Natalie Jones, Julia Ro/ NPR*

About 100 million people — a third of the U.S. population — are covered by the major government programs: Medicare, Medicaid and military coverage. Public employees and their dependents who receive health insurance paid for by the government add another big chunk to that amount, bringing the public share of spending to about 45 percent. But government programs don't cover everyone, and about 1 in 6 Americans under 65 is uninsured. Many of those are young adults and children.

For some people, employers fill the gaps in health care that the government doesn't reach. But employer insurance only covers a little over half of U.S. workers, and many Americans are struggling to keep up.

Health care's share of our workforce and our economy keeps on growing, and economists expect it to be about 40 percent of our spending by 2050, up from 18 percent today. Even now, the U.S.'s share is about twice that of other developed nations — most European countries spend about 9 percent of their GDP on medical costs.

health costs health overhaul health insurance

SOURCE: Click on link

http://www.npr.org/blogs/health/2012/03/19/148920950/one-nation-two-health-care-extremes

One Nation, Two Health Care Extremes

by NICOLE COHEN

03:40 pm

March 19, 2012

The U.S. spent \$2.6 trillion on health care in 2010 — more than the entire economy of France or Britain. But the amount spent and how it's used varies from state to state.

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And no two states are more different than Texas and Massachusetts. At 25 percent, Texas has the highest rate of uninsured people in the nation. Massachusetts, where a 2006 law made coverage mandatory, has the lowest rate — fewer than 2 percent of people are uninsured.

Monday's *All Things Considered* takes a look at two Americans who are living the reality of that difference. In Texas, Melinda Maarouf, 55, is one of 6 million Texans without health coverage. In Massachusetts, Peter Brook, 51, is one of the 439,000 residents who now have coverage as a result of the state law.



Carrie Feibel for NPR

Melinda Maarouf, 55, works part time at a small Texas private school that doesn't provide her with health insurance.

In Texas, Walking A Health Care 'Tightrope'

For Texans, having health problems without health insurance often means an anxious scramble for care at overcrowded charity clinics or the local emergency room. Melinda Maarouf knows that experience all too well. She's a teacher's aide at the Faith Christian Academy, a private school just outside Houston.

"Unfortunately, we're a small school and the budget doesn't allow for

insurance for the employees," she says.

Maarouf is divorced and has a daughter in college. The school where Maarouf works can't afford to bring her on full time right now, so she makes just over \$11,000 a year. That income puts her right around the federal poverty line, and it makes for some hard health choices.

She has high blood pressure and has skipped pills to make her prescriptions last longer. "I can always tell when the blood pressure's elevated," she says. "I feel uncomfortable. I feel giddy and kind of shaky, and my ears ring."

Maarouf knows that if she doesn't keep her blood pressure under control, she could have a stroke, heart attack or kidney damage. She recently found help at a charity clinic where she pays only \$25 per visit. Even so, Maarouf says the blood pressure is all she can afford to treat right now.

Hear Melinda Maarouf's Story

March 19, 2012
Texas Has Highest

"I haven't had a Pap smear — goodness, I couldn't even tell you — probably since my daughter was born, and she's 26," she says. "I haven't had a well-woman exam. And I'm sure it's time for some routine blood work."

Maarouf has never had a mammogram and she's continued to


Percentage Of Uninsured
[3 min 48 sec]

push off some needed dental work — but medical bills scare her. In 2010, she went to the emergency room with chest pain. Doctors didn't find anything wrong, but she ended up with \$3,000 in bills.

Maarouf couldn't keep up with the payment plan, so she simply shoved the bills into the bottom of a drawer and swallowed her anxiety.

"Oh, my credit's pretty much shot, as far as that goes. But there's not much I can do about it," she says. "You just have to move on, do what you have to do to survive."

Like millions of other working Texans without minor children, Maarouf can't get Medicaid. And she's years away from Medicare.



Health Care In America: Follow The Money
The Supreme Court arguments about the federal health care law could have enormous economic effects.

Hospitals in Texas spend over \$4 billion a year treating uninsured patients like Maarouf. Some of the cost gets absorbed by county taxpayers and some gets shifted onto insured Texans, who pay higher premiums for their own coverage.

Maarouf says she feels stuck and exposed. "It's like you're sort of walking a tightrope. I sometimes feel like I'm on the edge of a cliff. As long as everything is status quo and there's no glitches or bumps in the road, I feel OK," she says. "But I sometimes feel like I'm one emergency room visit away from a catastrophe."

In Massachusetts, Uninsured Get Relief

Five years before Massachusetts started offering free and subsidized coverage, Peter Brook couldn't afford health insurance or the daily insulin and needles he needs to treat his diabetes. Things have changed for Brook since the Massachusetts health care law, the same one that helped shape the federal Affordable Care Act.



Martha Bebinger for NPR
Handyman Peter Brook, 51, pulls weeds outside his church in Boston. Before 2006, Brook says, he couldn't afford health care.

"When I didn't have health insurance, I'd use a needle for 30 days, like 150 shots or something, so it gets a little bit dull," says Brook, who does odd jobs like landscaping to cover his basic needs.

When he had health complications related to his diabetes, he didn't have money for care. The worst was a digestion problem that would bring on crippling stomach pain.

"I would tend to hole up in a fetal position at home, and then over the course of week or two, my skinny body would lose 25 to 30 pounds and then I'd end up looking like a death camp survivor," he says.

And then there was the time Brook fractured a pinkie and set it by taping the broken section to his ring finger. The pinkie is still crooked, but today

Brook has free health insurance and a regular doctor at the South Boston Community Health Center. His only expense is a \$3.65 copay for prescriptions, which adds up to about \$14 a month.

"I now have good health care, so that is a weight off of my mind," he says. "It's been a year and half since I've been in a hospital, and for the first 50 years of my life I never went six months without an inpatient hospital stay for one thing or another."

Brook's care is free, but Massachusetts — with help from the federal government —

Hear Peter Brook's Story

March 19, 2012
Mass. Boasts Highest Insured Rate In U.S.
[3 min 6 sec]

spends roughly \$182 million more every year on health coverage for low-income residents than it did before 2006, according to the [Massachusetts Taxpayers Foundation](#). And Brook worries about those costs.

"Who's paying for it? Where's that money coming from?" he asks. "If society were a human being, then they're dragging a ball and chain down the street on their ankle."

Brook has joined the [Greater Boston Interfaith Organization](#) in lobbying Massachusetts legislators to control health care cost increases so that coverage will be affordable. And as lawmakers finalize bills, there's a vigorous debate under way about what state government can or should do to about limiting spending.

These stories by [Carrie Feibel](#) (Texas) and [Martha Bebinger](#) (Massachusetts) are part of a reporting partnership between [WBUR](#), [KUFH](#), [NPR](#) and [Kaiser Health News](#).

[health overhaul](#) [health insurance](#)

SOURCE:
http://www.npr.org/blogs/health/2012/03/20/148946156/how-do-racial-attitudes-affect-opinions-about-the-health-care-overhaul

How Do Racial Attitudes Affect Opinions About The Health Care Overhaul?

by SHANKAR VEDANTAM

04:27 am

March 20, 2012



Chip Somodevilla/Getty Images

President Obama signs the Affordable Care Act in the East Room of the White House on March 23, 2010. Data suggest that racial attitudes of ordinary Americans shape both how they feel about the health care overhaul and how intense those feelings are.

As the Supreme Court gets ready to hear a case involving the constitutionality of President Obama's health care overhaul, social scientists are asking a disturbing — and controversial — question: Do the intense feelings about the health care overhaul among ordinary Americans stem from their philosophical views about the appropriate role of government, or from their racial attitudes about the signature policy of the country's first black president?

In a new [paper](#) published in the *American Journal of Political Science*, [Michael Tesler](#) presents survey and experimental data that suggest that the racial attitudes of ordinary Americans have shaped both how they feel about the health care overhaul, and how intense those feelings are.

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The paper is one of many studies that examines how the views of voters on policy issues are shaped — at least in part — by factors unrelated to those subjects: Voters are more likely to back the policies of leaders with whom they share some core aspect of identity, such as race or religion.

Tesler finds that blacks have become increasingly supportive of health care under Obama's watch. Among whites, Tesler finds a sharp divide between whites who have a liberal outlook on racial issues compared with those who have a conservative

outlook on racial issues.

In an experiment, Tesler presents a health care overhaul policy to whites, telling some that the policy is advocated by Bill Clinton and telling others that it's advocated by Barack Obama; Tesler finds that whites with liberal racial attitudes become more supportive of the policy when they think Obama is its chief advocate, while whites with a conservative attitude become less supportive of the policy when they think of health care as an Obama policy.

The study is part of a broad range of research projects that shows that issues such as race and religion play a powerful role in shaping how people feel about policies related to war, welfare and crime.

health care overhaul policy race

Reference: Tesler, Michael (2012). "The Spillover of Racialization into Health Care: How President Obama Polarized Public Opinion by Racial Attitudes and Race." *American Journal of Political Science*.

This study argues that President Obama's strong association with an issue like health care should polarize public opinion by racial attitudes and race. Consistent with that hypothesis, racial attitudes had a significantly larger impact on health care opinions in fall 2009 than they had in cross-sectional surveys from the past two decades and in panel data collected before Obama became the face of the policy. Moreover, the experiments embedded in one of those reinterview surveys found health care policies were significantly more racialized when attributed to President Obama than they were when these same proposals were framed as President Clinton's 1993 reform efforts. Dozens of media polls from 1993 to 1994 and from 2009 to 2010 are also pooled together to show that with African Americans overwhelmingly supportive of Obama's legislative proposals, the racial divide in health care opinions was 20 percentage points greater in 2009-10 than it was over President Clinton's plan back in 1993-94.