

Chapter 17

Bridging the Gaps With Nonprofits: The Intersection of Institutions, Interests, and the Health Policy Process

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ABSTRACT

This chapter will examine how nonprofits are both bridging the gaps left behind from health policy, and are at the intersection of institutions, interests, and the policy process. Using cultural competency as a theoretical lens, the chapter will make use of the current literature, demographic trends, and other qualitative and quantitative data to situate three case studies. As the Affordable Care Act, and other health policies tout themselves as solutions to gaps in health care services for minorities, this chapter offers an overview and evaluation of these policies as well as an explanation of the role nonprofits have in filling necessary service delivery and advocacy.

INTRODUCTION

In 2010, President Barack Obama signed the Affordable Care Act into law with the stated goal of “ensuring all Americans have access to quality, affordable health care” (Affordable Care Act, 2010). Indeed, the pulse of American health care was not good. The law, which helps more people attain health insurance coverage, and prevents insurance companies from denying those with preexisting conditions, still contains gaps that minorities, who are most vulnerable, fall through. It is a well-documented fact that those with lower socioeconomic status; ethnic, racial and other minorities are often those at the highest risk for developing non-communicable diseases (Cesare et al., 2013). Even when all other variables are held constant (insurance, status, income, socioeconomic status, etc.) racial minorities are still “less likely to be given appropriate cardiac medications or to undergo bypass surgery, and are less likely to receive kidney dialysis or transplants. By contrast, they are more likely to receive less desirable procedures, such

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as lower limb amputations for diabetes and other conditions” (Smedley, Stith, & Nelson, 2003). This gap in healthcare for racial and ethnic minorities does not just pertain to more technical procedures – it is also found in more common procedures.

The gaps that exist are neither limited to any particular minority group, nor are they limited to any type of care. There are other health disparities that exist, for a sample, consider the Minnesota Department of Health and Human Services (DHS), who conducted a survey to measure the gaps that exist just in their long-term care facilities. The state found that there was a lack of adequate affordable housing, lack of universally designed houses and/or apartments, and a lack of beds for those with dementia. Moreover, when looking through the lens of cultural competency, those surveyed felt they were unprepared to handle the United States’ changing demographics; for example, immigrant needs and the needs of those in the Lesbian, Gay, Bisexual, and Transgender (LGBT community) to name a few (Myott, 2010).

The role of nonprofits then is mission critical to providing quality culturally competent service delivery, advocating for health policy changes. The need for nonprofits has been recognized and nonprofits have responded, in fact healthcare represents 57% of nonprofit workers and the sector has shown tremendous growth despite the recession (Lambert, 2013). In terms of providing service delivery, quality nonprofits can be a cost effective alternative to state run institutions. Indeed many states, including Connecticut, have called for expanding the use of nonprofits in order to help lower costs (Commission on Nonprofit Health and Human Services, 2011). Moreover, nonprofits can serve more niche-based consumers such as those with Multiple Sclerosis (MS). The National Multiple Sclerosis Society (NMSS) helps provide education on the disease, and can help offset the cost of medications, and provide other valuable services to both the person with MS and their support system (National Multiple Sclerosis Society, 2014). Additionally, nonprofits, such as the NMSS, organize supporters, to help provide the political clout needed to make real policy changes. Lastly, nonprofits can also act as patient advocates, ensuring that patients are able to achieve culturally competent health care services – by providing translators, or even helping to get patients to the clinic.

This chapter will analyze where current policies are falling short, where nonprofits are able to step in, and how nonprofits can help drive policy changes. While there is a clear need for nonprofits, there are already nonprofits that are beginning to tackle this challenge. If we are to learn from the precedent of these nonprofits and utilize the aspects that are working, it is necessary to examine some nonprofits that are successful in providing quality, competent service delivery, as well as advocacy.

As the Affordable Care Act, and other health policies tout themselves as solutions to gaps in health care services for minorities, this chapter offers an overview of the role nonprofits should have in filling necessary service delivery and advocacy.

BACKGROUND

In order to understand the role that nonprofits can play in filling the gaps left behind by the Affordable Care Act (ACA), it is important to know the following: how do we understand health care in America, what is the nature of the gaps in health care, who are the key players / process, and what are nonprofits? Answering these questions provides the foundation needed to discuss the issues, controversies and problems more fully.

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