Advancing Health Equity Through Medicaid: A Call to Action to Prevent the Next Public Health Crisis

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Freida Hopkins Outlaw received her Baccalaureate in Nursing from Berea College, Masters in Psychiatric Nursing from Boston College and a Ph.D. from The Catholic University of America and completed her postdoctoral study at the University of Pennsylvania. She has over forty years of experience as a clinician, researcher, educator, and policy maker in public mental health and substance abuse. She is currently the academic consultant for the SAMHSA Minority Fellowship Program at the American Nurses Association.
Kinika Young is a lawyer and health policy advocate who frequently speaks on issues concerning access to healthcare, focusing on the role of public benefit programs to help people who lack adequate resources to meet their needs. As the Senior Director of Health Policy and Advocacy at the Tennessee Justice Center, she works to protect and strengthen the safety net for children, families, seniors and people with disabilities and move towards the equitable allocation of resources to all Tennesseans. Prior to joining TJC in 2017, Kinika was a partner at the law firm of Bass, Berry & Sims, PLC where she began practicing law in 2006. Kinika graduated from Florida A&M University with a degree in Political Science and earned her Juris Doctor degree from Tulane University Law School.
THE SIZE OF THE BLACK POPULATION AND THE PERCENTAGE OF BLACK PEOPLE INFECTED WITH, HOSPITALIZED WITH, OR DEAD FROM COVID-19 REFLECT SEVERE HEALTH DISPARITIES.

OF 1,500 HOSPITALIZATIONS ACROSS 14 STATES BLACK PEOPLE MADE UP A THIRD OF THE HOSPITALIZATIONS, DESPITE ACCOUNTING FOR 18% OF THE POPULATION IN THE AREAS STUDIED.

MAJORITY-BLACK COUNTIES EXPERIENCE INFECTION RATES THREE TIMES THE RATE OF MAJORITY-WHITE COUNTIES.

IN LOUISIANA, MORE THAN 70% OF THE PEOPLE WHO HAVE DIED SO FAR FROM COVID-19 WERE BLACK, MORE THAN TWICE THEIR 32% SHARE OF THE STATE'S POPULATION.

IN NEW YORK, AFRICAN AMERICANS COMPRIZE 9% OF THE STATE POPULATION AND 17% OF THE TOTAL DEATHS SO FAR.

Sources
COVID-19 Racial Health Disparities

Infection rate for Black population with COVID-19
Data collected from state websites as of April 13, 2020

<table>
<thead>
<tr>
<th>State</th>
<th>% of population</th>
<th>% of infections</th>
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</thead>
<tbody>
<tr>
<td>Michigan</td>
<td>6%</td>
<td>25%</td>
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<tr>
<td>Wisconsin</td>
<td>11%</td>
<td>29%</td>
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<tr>
<td>Mississippi</td>
<td>15%</td>
<td>26%</td>
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<td>Michigan</td>
<td>14%</td>
<td>28%</td>
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<tr>
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<td>Maryland</td>
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<td>Iowa</td>
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<td>Tennessee</td>
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<td>Colorado</td>
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<tr>
<td>District of Columbia</td>
<td>44%</td>
<td>45%</td>
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Fatalities in the Black community due to COVID-19
Data collected from state websites as of April 13, 2020

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<td>New Jersey</td>
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<tr>
<td>Massachusetts</td>
<td>14%</td>
<td>32%</td>
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<tr>
<td>Connecticut</td>
<td>14%</td>
<td>32%</td>
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Note: Data for Florida is from April 14. Data from Connecticut from last week, the data is unavailable on the state’s website now.
Chart: Mother Jones • Source: Mother Jones from state websites & CDC data • Get the data
NON-HISPANIC BLACK PEOPLE DISPROPORTIONATELY AFFECTED BY COVID-19 HOSPITALIZATIONS IN CDC DATA

- % of residents living in COVID-NET* counties
- % of COVID-19 hospitalizations (n=580)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage (%)</th>
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</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>59%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>45%</td>
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<tr>
<td>Hispanic</td>
<td>18%</td>
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<td></td>
<td>14%</td>
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<td>8%</td>
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*COVID-NET is a surveillance system that tracks the number of COVID-19-associated hospitalizations in selected counties in 14 states, March 1-30, 2020

CDC.GOV
bit.ly/MMWR_COVIDNET

tnjustice.org
What is health equity?

• Everyone has access to what they need to be as healthy as possible

• Why not “equality”? 

[Diagram showing the difference between equality and equity]
HEALTH DISPARITIES

Different groups have different health outcomes

Higher rates of infant mortality and maternal mortality

Higher rates of chronic conditions and diseases. For example: Obesity and Asthma

Lower life expectancy

HEALTH INEQUITIES

Different groups have different access to resources

Education

Housing

Food

Transportation

Employment

Health care
Social Determinants of Health

• “...Health is much more than an interaction in a provider’s office. Health starts where people live, labor, learn, play and pray.”

  - Howard K. Koh, MD, MPH, Health and Human Services Assistant Secretary for Health
Spending on SDOH

• 85% of physicians believe that unmet social needs are leading directly to worse health for all Americans with people of color disproportionately bearing the burden.

• Yet 60 years after the need to address social needs was recognized, most American health care systems have yet to deliver on the promise of addressing social needs as a standard part of quality care.
Health Inequities by the Numbers

Costs
- Health Care System Cost = $93 billion
- Economic Costs = $135 billion
- By 2050, fixing problem will add $230 billion annually to U.S. economy

Demographic Trends
- 2012: majority of births of color
- TODAY: majority of kids under age 10 of color
- 2020: majority of people 18 and under will be of color
- 2045: majority of country will be of color
Historical perspective

1860s – smallpox virus and other public health concerns led to formation of the medical division of the Freedmen’s Bureau — the nation’s first federal health care program

1945 – President Truman proposed a “universal national health insurance program”
  ➢ American Medical Association opposed it

1948 – President Truman won re-election and revived call for health insurance program
  ➢ AMA opposed it again with help from other national organizations
  ... private health insurance plans rose in popularity and labor unions collectively bargained for their members’ health benefits...

1964 – President Johnson signed the Civil Rights Act

1965 – President Johnson created Medicare and Medicaid
  ➢ AMA again opposed the programs but this time the National Medical Association fought back in support
  ... health care costs continue to rise, experiments with HMOs and HDHPs, uninsured rates remain high...

2010 – President Obama enacted the Patient Protection and Affordable Care Act
Longstanding Barriers Playing Out Today

- Misinformation
- Health care provider bias
- Impact of medical assaults (e.g. Tuskegee syphilis research study) on Black Americans’ mistrust of healthcare system
- Inadequate access to resources to meet basic needs
- Overrepresentation in “essential” workforce
- Unemployment
Access to Health Care

- Black Americans are 1.5 times more likely to be uninsured than White Americans
  - Less than half of private sector employers offer health insurance to employees
- Health care costs are unaffordable
  - Health care spending as a percent of GDP is higher in the U.S. than any other developed nation

**Figure 1**

Uninsured Rates for the Nonelderly Population by Race and Ethnicity, 2010-2018
Medicaid

- Federal-state partnership
- One of the largest healthcare delivery systems
- $12 billion annual budget
- TennCare covers about 1.4 million people
  - 20 percent of the state’s population,
  - 50 percent of the state’s births, and
  - 50 percent of the state’s children
Share of Total Nonelderly Population that is Black by State and Medicaid Expansion Status as of January 2020

Note: Includes nonelderly individuals 0-64 years of age and non-Hispanic Blacks.
Medicaid Expansion in TN

• Bring $1.4 billion annually into the state
  – Help hospitals at-risk of closing
  – Create 15,000 health care jobs
• Provide health insurance to 300,000 Tennesseans
• Improve access to care and health outcomes
  – Most research demonstrates that Medicaid expansion has improved access to care, utilization of services, the affordability of care, and financial security among the low-income population.¹
  – Some recent analyses show that expansion is associated with decreased mortality overall and for certain specific conditions; reductions in rates of food insecurity, poverty, and home evictions; and improvements in measures of self-reported health and healthy behaviors.

TJC’s work

- Individual Casework
- Training and Technical Assistance
- Advocacy
For more information

• https://www.tnjustice.org/health-equity/

• https://www.tnjustice.org/covid-19-updates/
Thank you!

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane. I see no alternative to direct action and creative nonviolence to raise the conscience of the nation.”

-Martin Luther King, Jr.

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