

HEALTH & FAIRNESS IN TENNESSEE: HOW OUR LEGISLATURE FAILS TENNESSEANS

Tennessee ranks near the bottom (50th being worst) among all states in several key measures of health,¹ including

- 45th in cancer deaths, cardiovascular deaths, and diabetes
- 43rd in premature death
- 44th in access to quality health care and preventive services

With Tennesseans suffering such serious health problems, the legislature's decision to deny access to federally funded Medicaid is especially destructive. Tennessee is one of a dwindling minority of states that still blocks its citizens access to care.² The legislature's action hurts all of us. It also perpetuates and deepens historical injustices, by widening existing health disparities based on race, poverty, disability, or region of the state.

RACIAL AND ETHNIC INEQUITIES

As elsewhere in the South, in Tennessee Black adults **are more than twice as likely as other adults to be deprived of health coverage by state officials' refusal to expand Medicaid.**³ In 2018, 14% of Black Tennesseans lacked health insurance, compared to 10% of white Tennesseans.⁴

Black Americans are in poorer health. They face

- worse outcomes for heart disease⁵
- higher cancer incidence and mortality⁶
- higher diabetes incidence⁷
- higher rates of diabetic infection-related amputations⁸

Nothing inherent about Black Americans causes these disparities, **which are explained by systemic barriers rooted in racism.**⁹

The coronavirus pandemic exacerbates existing inequities, with Black and Hispanic Tennesseans three times as likely to be infected, and twice as likely to die.¹⁰ **Black Tennesseans are only 17% of Tennessee's population but comprise 32% of COVID-19 related deaths, due to several factors that include lack of health insurance.**¹¹

DISABILITY

People with Developmental Disabilities, Intellectual Disability, Cerebral Palsy and Down Syndrome are significantly more likely than others to die from COVID-19.¹² Adults with disabilities are **2.5 times more likely to go without health care due to cost.**¹³

RURAL TENNESSEANS

Rural families across Tennessee are in poorer health, with deteriorating access to health care.

- Rural families have poorer health¹⁴ and are less likely to have health insurance.¹⁵
- Tennessee's rural counties are federally classified as medically underserved.¹⁶ 13 rural hospitals have closed in TN – the highest per capita rate in the country.¹⁷

CHILDHOOD POVERTY

In Tennessee, about one in five children lives in poverty, but the rates are higher for Black (37%) and Hispanic or Latino (34%) children.¹⁸

Research has proven that **even temporary poverty can damage a child's health, and that the damage can follow the child into adulthood.**¹⁹

Poor and minority children are in double jeopardy for poor health because of their families' lack of resources and the effects of living in areas of concentrated poverty.²⁰

Healthier parents raise healthier children. Research shows that if parents have health coverage, their children are more likely to receive the care they need.²¹

A QUESTION OF HEALTH, AN ISSUE OF FAIRNESS

By expanding Medicaid, 37 other states have saved lives, improved health status, protected families from medical debt, kept their rural hospitals open and reduced health disparities.²² Without the additional \$1.4 billion annually in federal tax dollars, Tennessee is missing the opportunity to provide health insurance to over 300,000 uninsured adults, to financially support struggling hospitals, to create new jobs, and ultimately to improve the health of all Tennesseans. Tennessee's working families pay taxes that provide health coverage for state legislators and their families. **It's time for legislators to treat Tennessee taxpayers with the same concern and allow them to have access to federal Medicaid benefits.**

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- ¹ <https://www.americashealthrankings.org/explore/annual/state/TN>
 - ² [https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/#:~:text=To%20date%2C%2037%20states%20\(including,have%20not%20adopted%20the%20expansion.](https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/#:~:text=To%20date%2C%2037%20states%20(including,have%20not%20adopted%20the%20expansion.)
 - ³ <https://www.kff.org/disparities-policy/issue-brief/the-impact-of-the-coverage-gap-in-states-not-expanding-medicaid-by-race-and-ethnicity/>
 - ⁴ <https://www.kff.org/uninsured/state-indicator/rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
 - ⁵ <https://www.acc.org/latest-in-cardiology/articles/2020/04/06/08/53/racial-disparities-in-hypertension-prevalence-and-management> and https://www.cdc.gov/nchs/hus/spotlight/HeartDiseaseSpotlight_2019_0404.pdf
 - ⁶ <https://www.cancer.gov/about-cancer/understanding/disparities>
 - ⁷ https://www.cdc.gov/nchs/hus/spotlight/HeartDiseaseSpotlight_2019_0404.pdf
 - ⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6361439/>
 - ⁹ <https://www.genetics.org/content/176/1/351.long>, <https://journalofethics.ama-assn.org/article/structural-competency-meets-structural-racism-race-politics-and-structure-medical-knowledge/2014-09> and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6165722/> and <https://pubmed.ncbi.nlm.nih.gov/15718453/> and <https://www.nationalgeographic.com/magazine/2018/04/race-genetics-science-africa/>, and <https://content.apa.org/record/2005-00117-003>
 - ¹⁰ <https://www.kff.org/other/state-indicator/covid-19-cases-by-race-ethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> and <https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html>
 - ¹¹ <https://www.vumc.org/health-policy/sites/default/files/COVID%20Memo%20-%20Equity.pdf>
 - ¹² <https://www.sciencedirect.com/science/article/pii/S1936657420300674?via%3Dihub>
 - ¹³ <https://ajph.aphapublications.org/doi/10.2105/AJPH.2014.302182>
 - ¹⁴ <https://www.ruralhealthinfo.org/topics/rural-health-disparities>
 - ¹⁵ <https://www.census.gov/library/stories/2019/04/health-insurance-rural-america.html#:~:text=Residents%20of%20rural%20counties%20still,percent%20for%20mostly%20urban%20counties.>
 - ¹⁶ <https://www.sycamoreinstitutetn.org/health/county-profiles/>
 - ¹⁷ <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>
 - ¹⁸ <https://www.tn.gov/content/dam/tn/tccy/documents/kc/tccy-kcsoc/kcsoc19.pdf>
 - ¹⁹ <https://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0340>
 - ²⁰ <https://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0340>
 - ²¹ <https://ccf.georgetown.edu/wp-content/uploads/2017/03/Covering-Parents-v2.pdf>
 - ²² <https://www.sciencedaily.com/releases/2018/06/180604172739.htm>