



MEDICAID & COVID-19 THROUGH THE HEALTH EQUITY LENS

A Medicaid Covers US Virtual Event
Tuesday, October 13

Dr. Jamila Michener

Associate Professor at Cornell University, Co-Director of the Cornell
Center for Health Equity

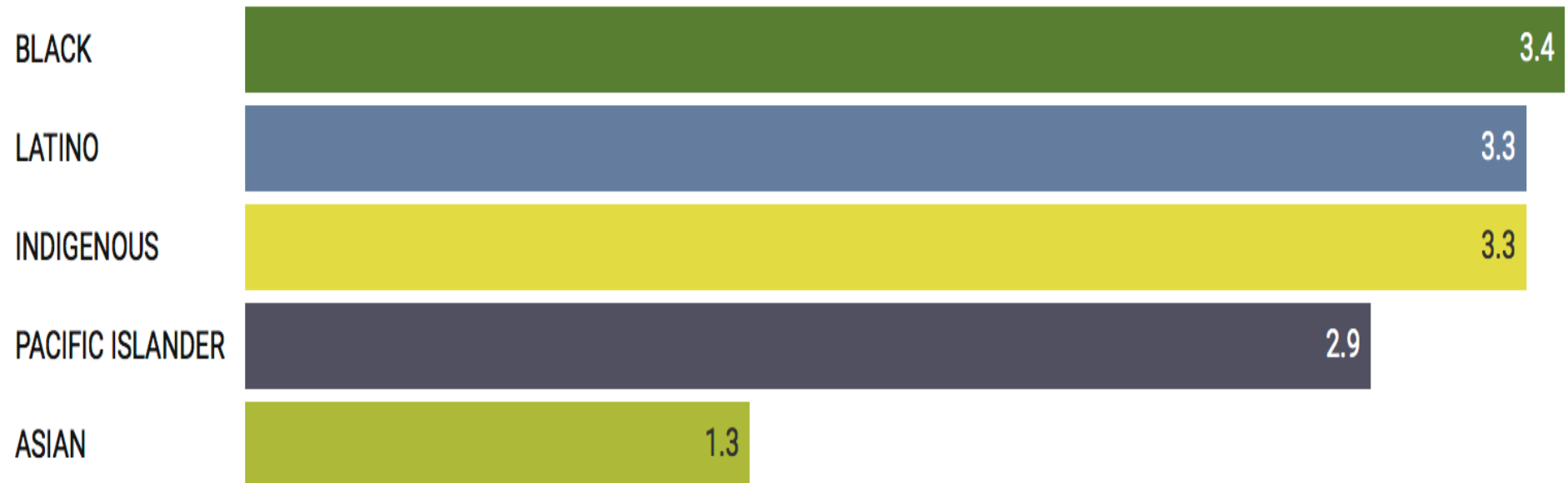


Striking COVID-19 Racial Disparities



Adjusted for age, other racial groups are this many times more likely to have died of COVID-19 than White Americans

Reflects mortality rates calculated through Sept. 15.

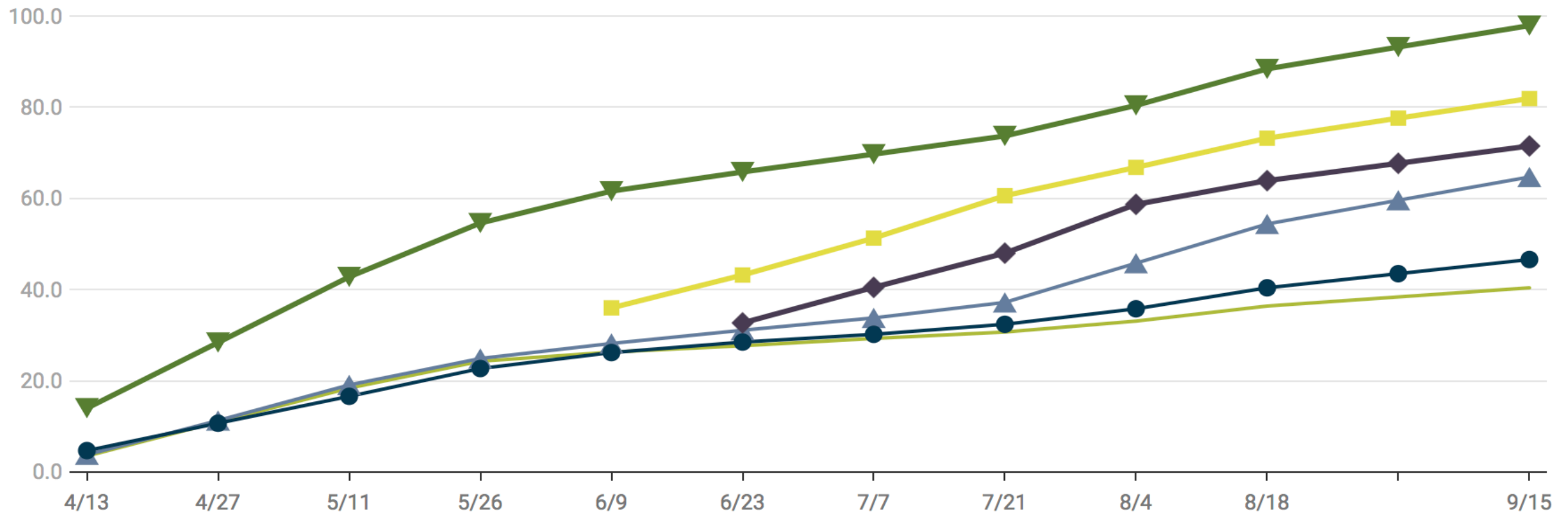


Racial Health Disparities only Worsening

Black & Indigenous Americans experience highest death tolls from COVID-19

Cumulative actual COVID-19 mortality rates per 100,000, by race and ethnicity, April 13-Sept. 15, 2020

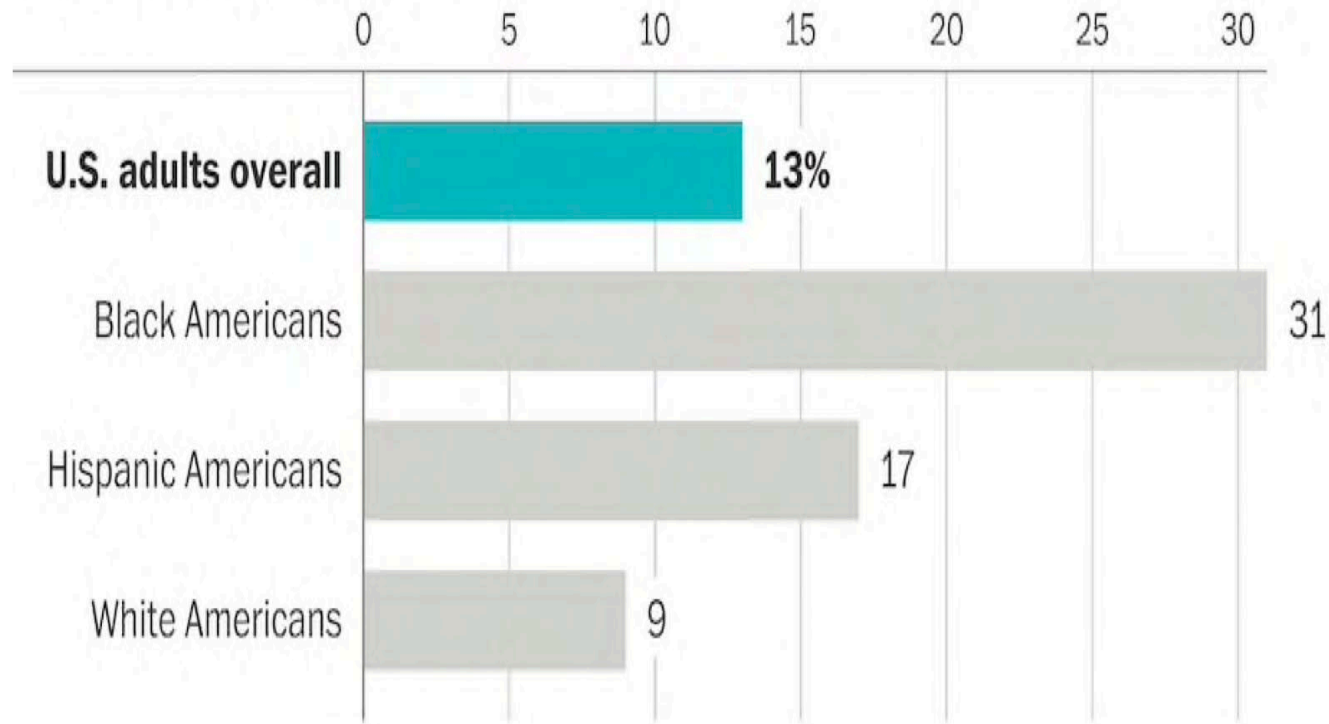
Black Indigenous Pacific Islander Latino White Asian



Health Inequity is Rooted in Racism

Black Americans are far more likely to know someone who has died of the coronavirus than others

Q: Do you personally know anyone who has died from the coronavirus, or not? (% saying they know someone who died)



If they had died of COVID-19 at the same actual rate as White Americans, about 20,800 Black, 10,900 Latino, 700 Indigenous, and 80 Pacific Islander Americans would still be alive.

The **social determinants of health** are the conditions in which people are born, grow, **live**, work and age. These circumstances are shaped by the distribution of money, **power** and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

World Health Organization (WHO)

Medicaid is a Crucial Institution

How Can Medicaid Enhance State Capacity to Respond to COVID-19?

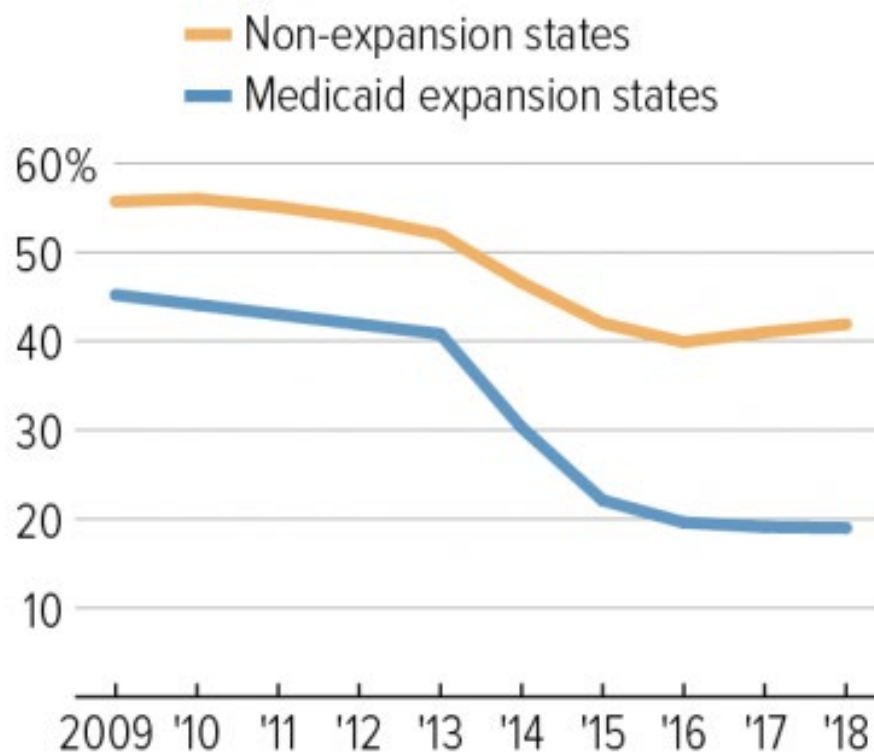
State Options Under Existing Authority	Section 1115 Waivers	Federal Legislative and Administrative Options
<ul style="list-style-type: none">• Adopt ACA Medicaid expansion w/90% federal funds• Expand optional benefits• Adopt presumptive eligibility• Allow self-attestation of most eligibility criteria• Delay renewals• 12-month continuous eligibility for children• Suspend data checks between renewals	<ul style="list-style-type: none">• Targeted eligibility or benefit expansions• Additional streamlining of application and eligibility verification processes• Uncompensated care pools for uncovered costs	<ul style="list-style-type: none">• Increase federal matching rate (FMAP)• Provide additional federal support for uninsured costs• Expand eligibility• Suspend administrative actions that would limit federal financing and increase eligibility verification requirements

Medicaid is a Crucial Institution

Over 650,000 Uninsured Essential Workers Could Gain Medicaid Coverage if Holdout States Adopted Expansion



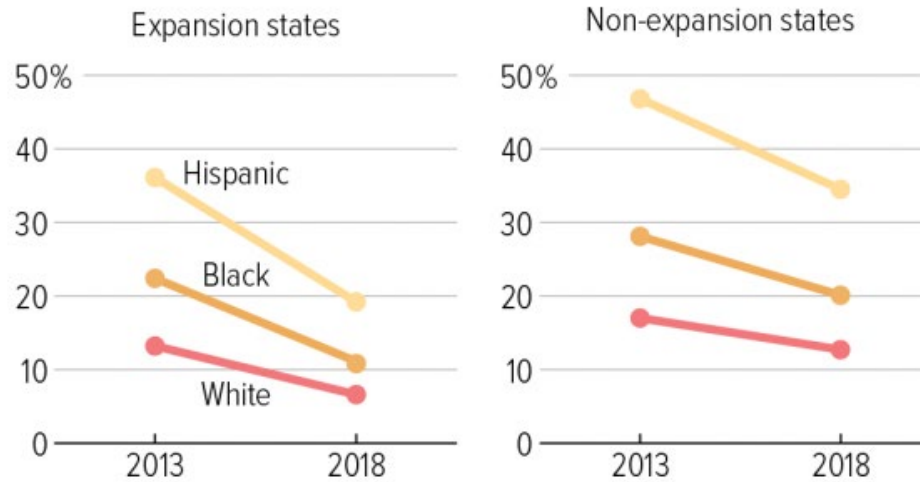
Uninsured Rate for Unemployed Adults Fell Sharply in States Adopting Medicaid Expansion



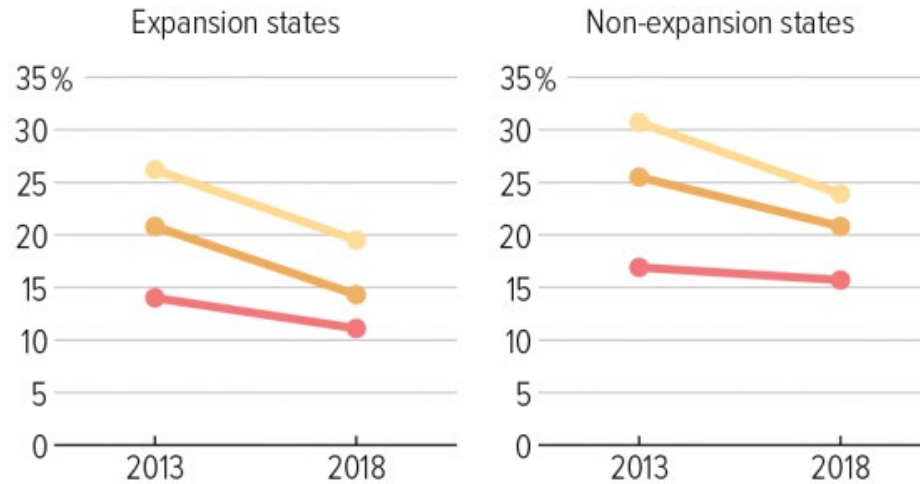
Medicaid Reduces Racial Inequity

Medicaid Expansion Reduced Racial and Ethnic Disparities in Both Coverage and Access to Care

Uninsured rate, adults (ages 18-64)

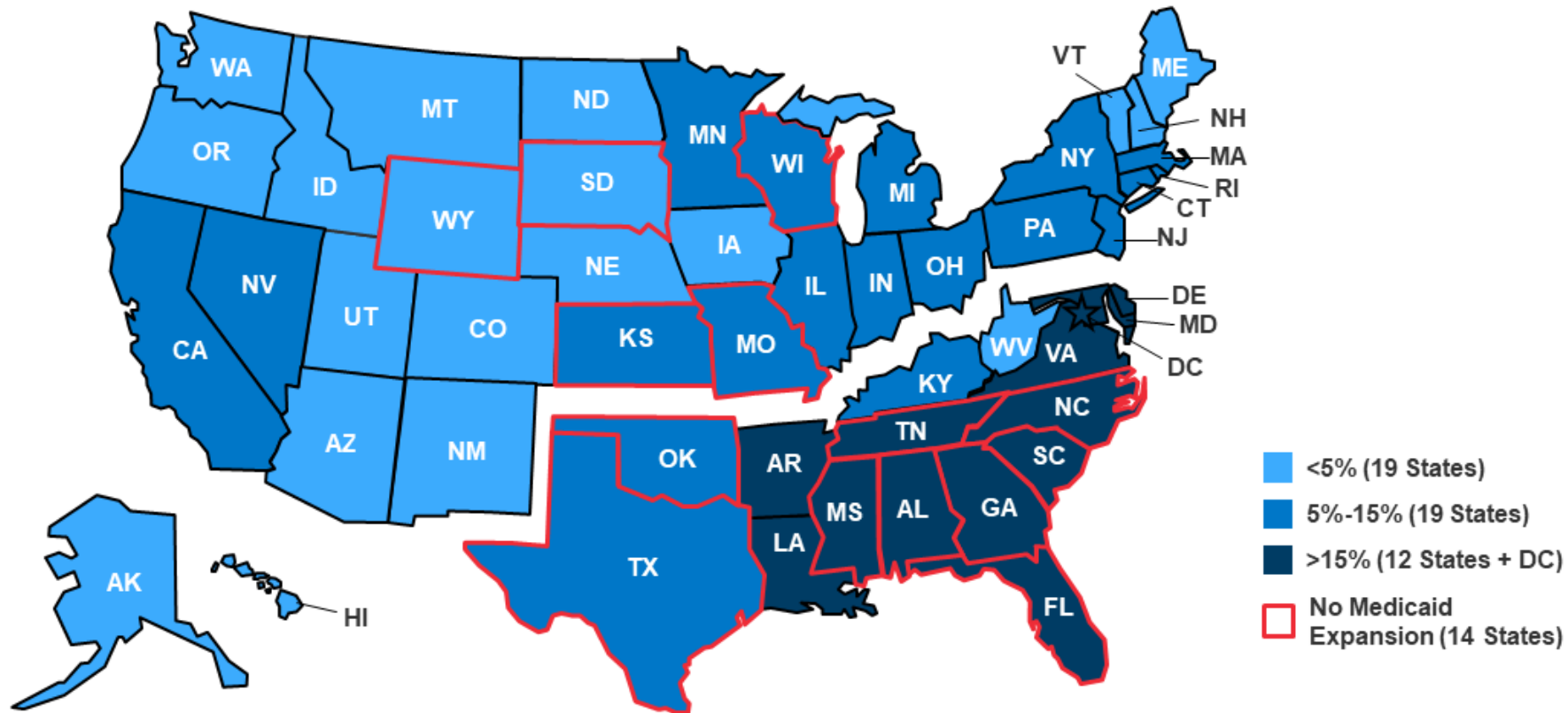


Share of adults avoiding medical care due to cost



Medicaid Access is Unequal

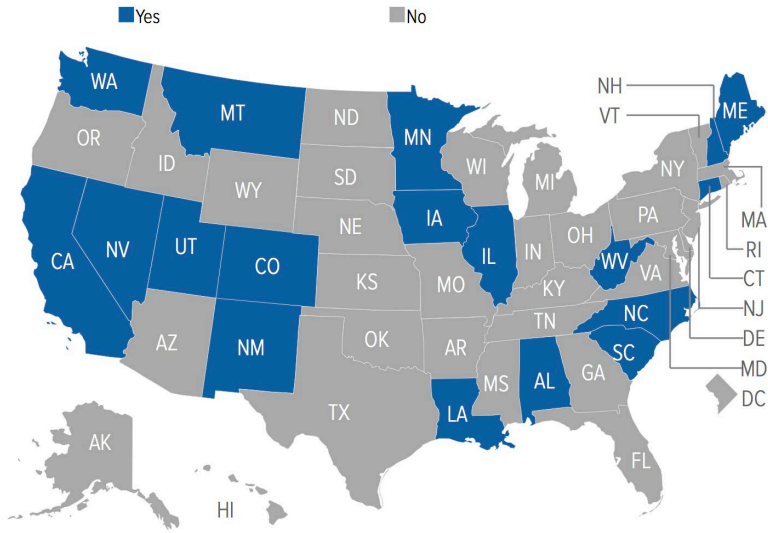
Share of Total Nonelderly Population that is Black by State and Medicaid Expansion Status as of January 2020



Medicaid Access is Unequal

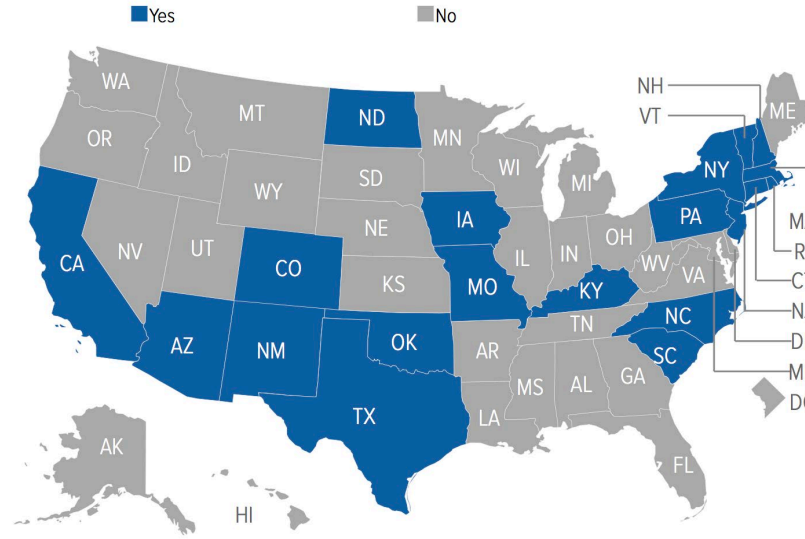
Improving Access to Coverage and Care

Electing New Uninsured Eligibility Group



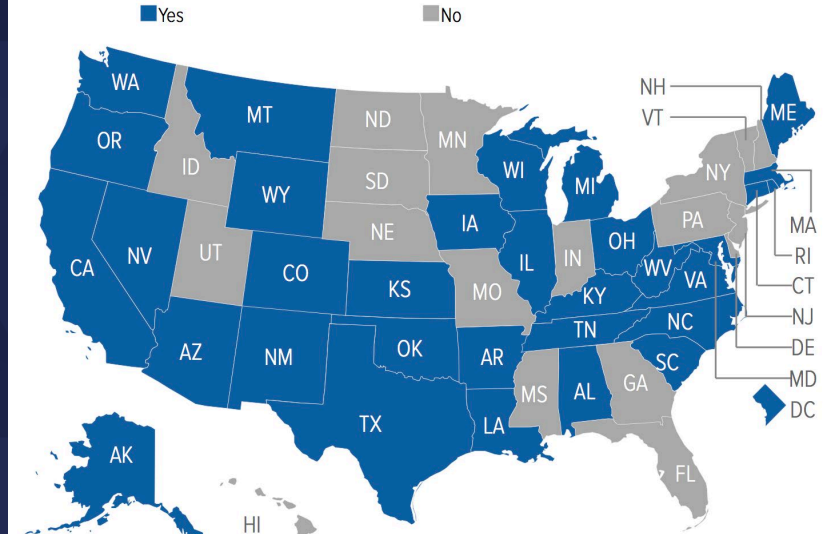
Helping People Access Care While Social Distancing

Waiving or Reducing Copays



Strengthening the Health Care Workforce

Increasing Provider Payments



Centering the People who Rely on Medicaid

“Medicaid expansion saved the lives of so many of my friends...And it was really easy for me to get tested for COVID-19” --Sara

“Medicaid saved my husband’s life, actually. He was only eligible for it at the time because I was pregnant & in Illinois the father is automatically covered too. Covered the \$40k cost of his chemo twice, first under regular Medicaid & then due to a Medicaid expansion...” Helena

“Medicaid saved me when I had breast cancer...” Julie

**“Insuring millions of Black [people] and expanding Medicaid has saved the lives of several of my clients who were just like me... Addicted, Black, & written off to die...”
Melissa**

Dr. Alpa Patel

**Senior Vice President of Population Science
at the American Cancer Society**



COVID-19, Cancer, and Health Equity

Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
CASES ¹	2.8x higher	1.1x higher	2.6x higher	2.8x higher
HOSPITALIZATION ²	5.3x higher	1.3x higher	4.7x higher	4.6x higher
DEATH ³	1.4x higher	No Increase	2.1x higher	1.1x higher

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

www.cdc.gov

- **Data suggest that reductions in breast and colon cancer screenings were greater than 80% in March and April 2020**
- **Delays in screening, early detection and diagnosis, and disruptions in cancer treatment are estimated to result in 10,000+ deaths from breast and colon cancers alone**
- **Broad psychosocial effects on cancer survivors and caregivers**
- **COVID-19 has highlighted health inequities and the factors that contribute to a higher burden of other diseases, like cancer (access to care, social determinants of health)**

Cancer and Health Equity

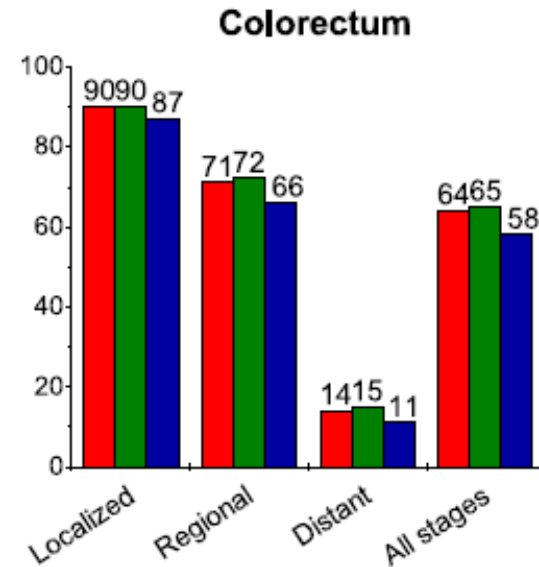
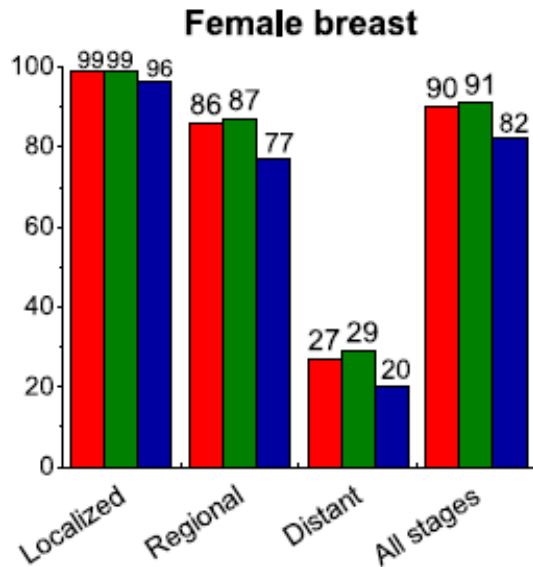
Social Determinants of Health:
 Economic stability
 Neighborhood and physical environment
 Education
 Food
 Community and Social Context
 HEALTHCARE COVERAGE

Individual behaviors

Cancer risk and outcomes

Genetics and Biology

█ All races
█ White
█ Black



Siegel RL. CA Cancer J Clin, 2020.

Having health insurance is one of the strongest indicators of cancer outcomes

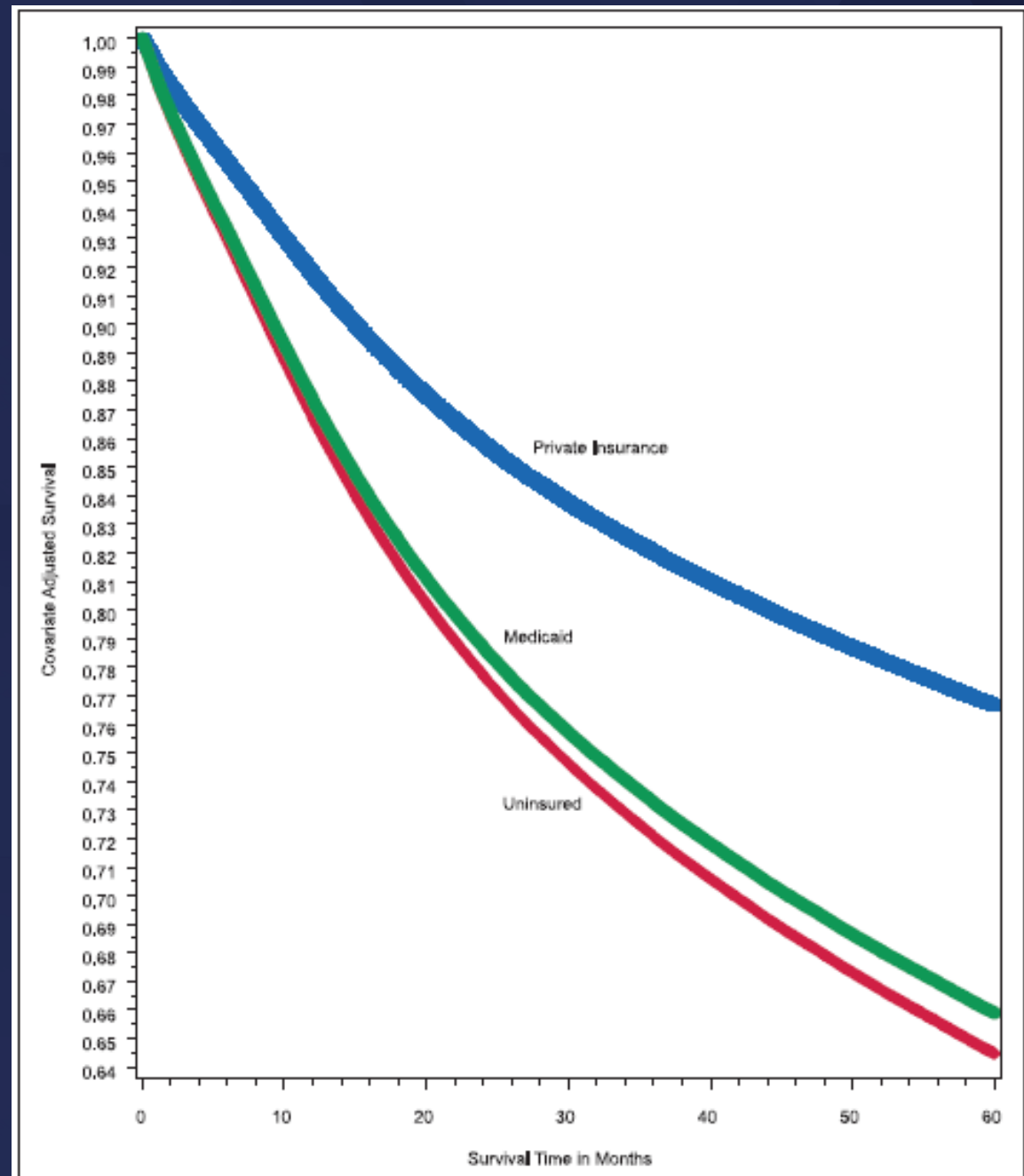


FIGURE 10 Cancer Survival by Insurance Status*.

Pre-ACA and post-ACA periods

- Percent uninsured among nonelderly patients with newly diagnosed cancer declined substantially after the ACA, especially among low-income people who resided in Medicaid expansion states
- A trend toward early-stage diagnosis for select cancers in expansion states also found

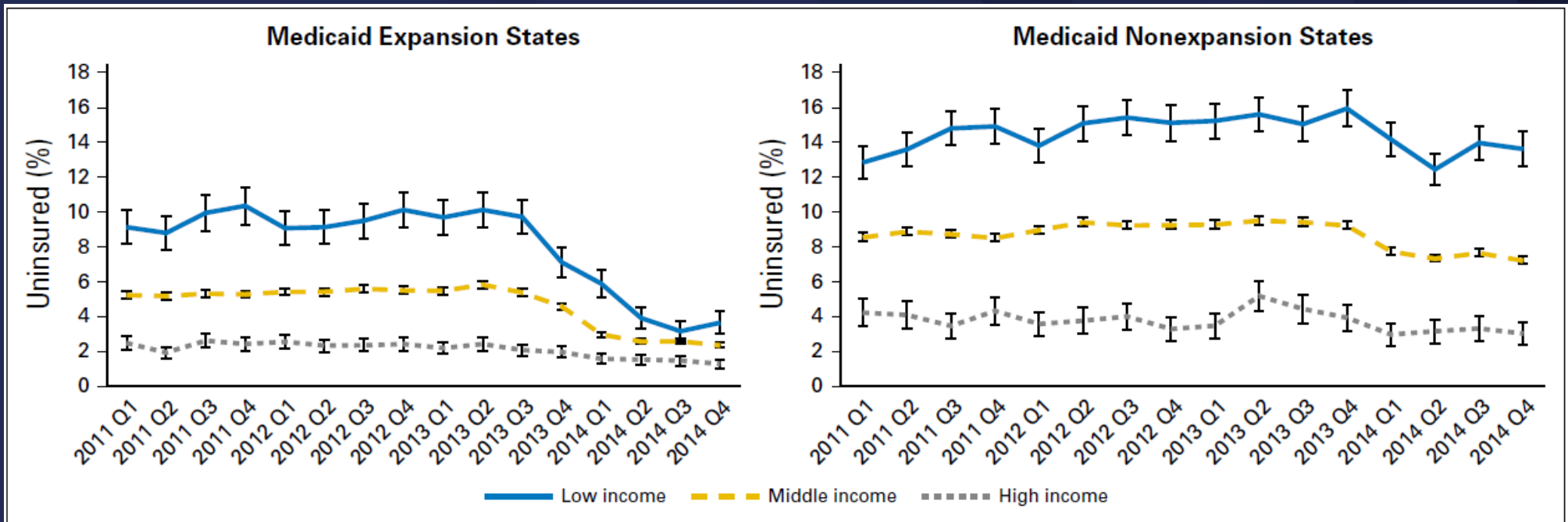
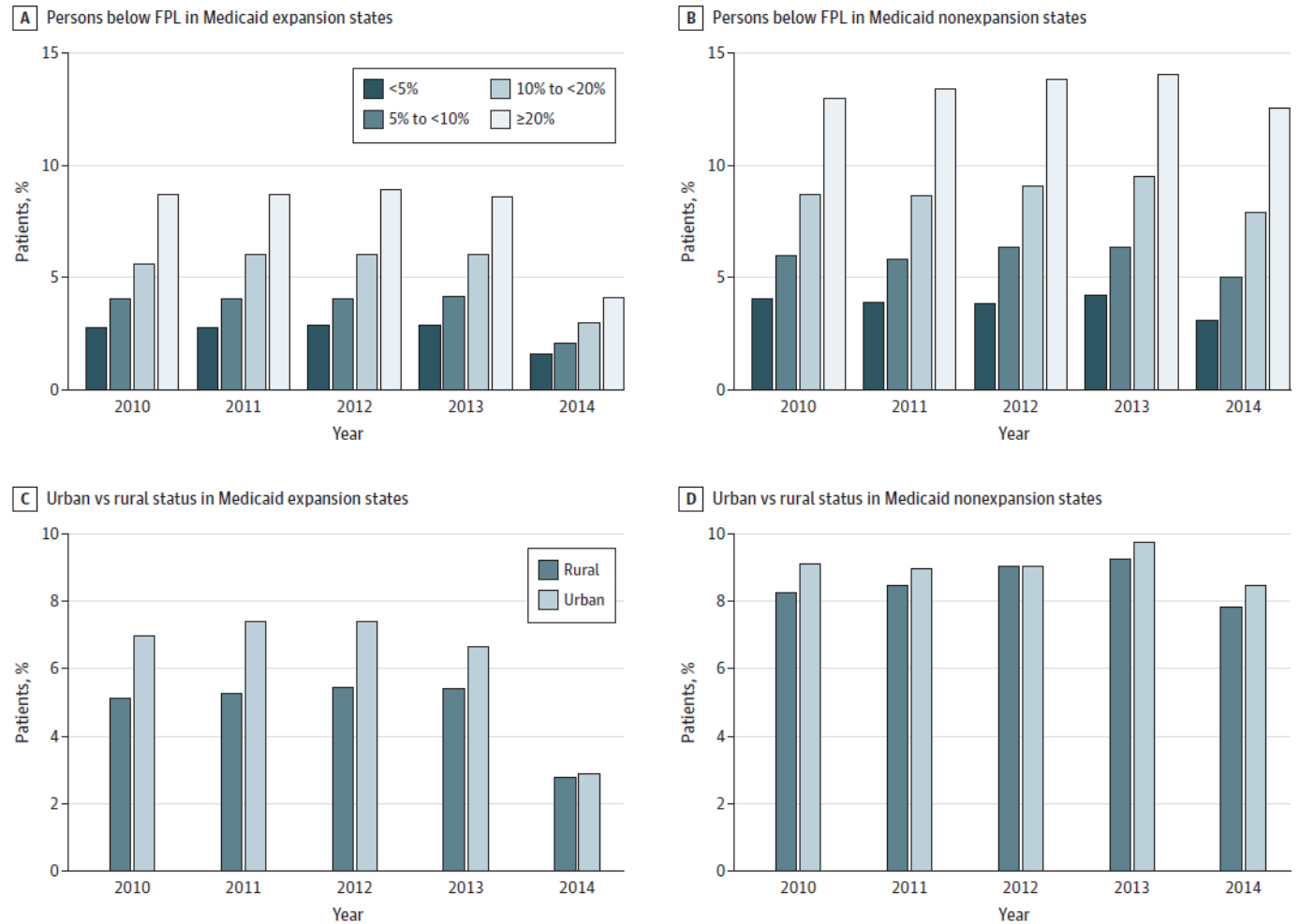


Fig 2. Trends in quarterly percent uninsured among low-, middle-, and high-income patients with newly diagnosed cancer age 18 to 64 years by Medicaid expansion status in the United States, 2011 to 2014. Medicaid expansion states: Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, Vermont, Washington, and West Virginia. Q, quarter.

Diminished (or eliminated) disparities in % uninsured cancer patients by race/ethnicity, poverty, and rurality in Medicaid expansion states following the ACA

Figure. Percentages of Uninsured Patients by Sociodemographic Factors Among Patients With Newly Diagnosed Cancer in Medicaid Expansion and Nonexpansion States

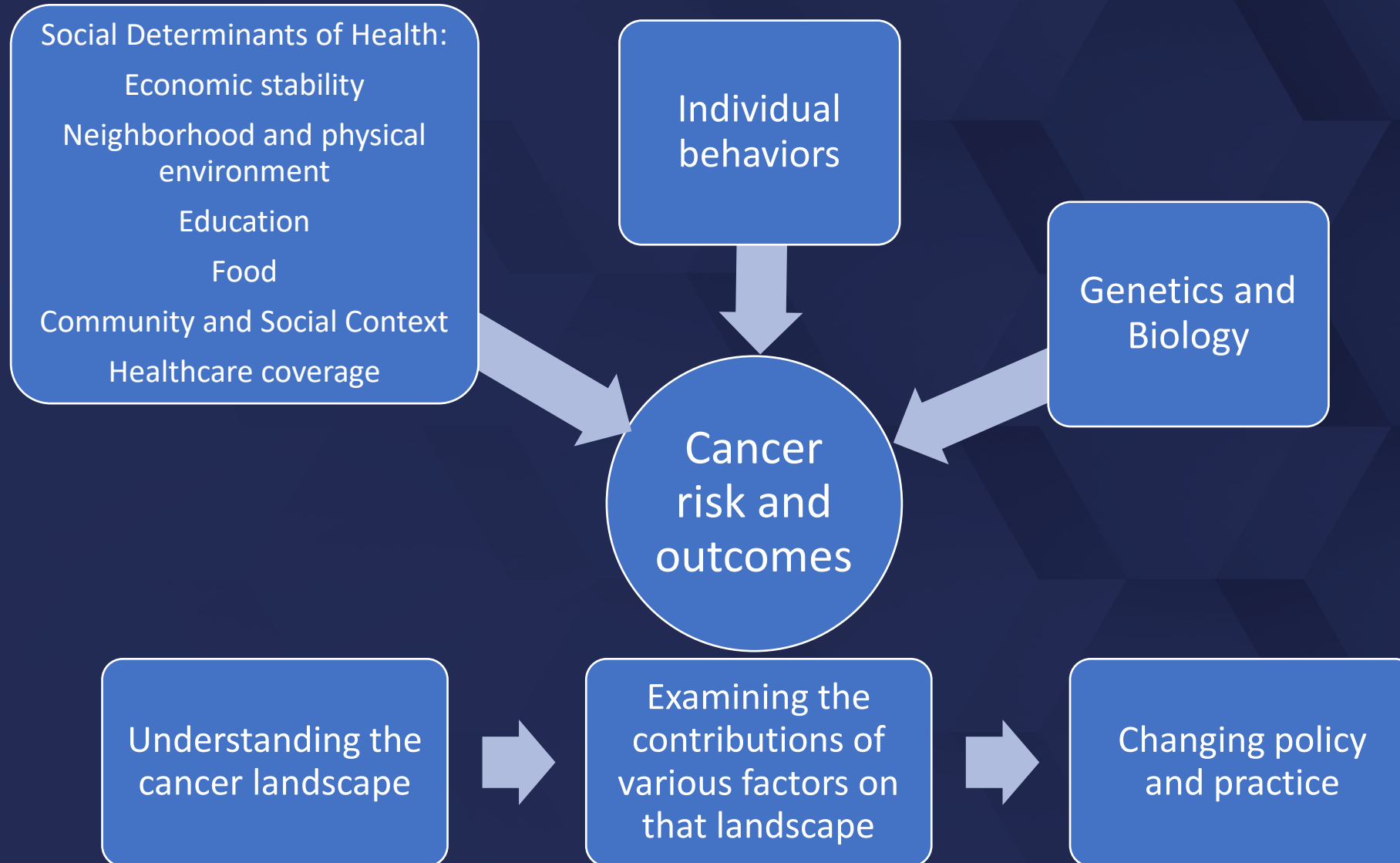


FPL indicates federal poverty line.



Han X, JAMA Oncol 2018

Cancer and Health Equity Research at the American Cancer Society



Mike Perry

Partner and Co-Founder of PerryUndem



Feelings about Medicaid

Results from a new survey by PerryUndem/Betty & Smith

84%

Eight in ten (84%) think it is “very important” to have health coverage right now (during COVID-19).

73%

Before any description of the program, 73% feel positively about Medicaid (including 23% who feel very positive).

92%

After a description, 60% say Medicaid is “very important” and another 32% say it is “somewhat important.”

76%

Initially, 76% support their state raising the income limits so more low-income people can qualify, including 50% who “strongly support.” After messages, this jumps to 82% support (56% strongly).

63%

More than 6 in 10 (63%) feel that non-expansion states should raise their income limits, while only 17% think they should keep their lower limits.

81%

When asked about the economic downturn, and the potential decision to reduce the number of Medicaid enrollees to save money in state budgets, a large majority oppose this idea (81% oppose, 46% strongly oppose).

Best Medicaid Messages to Use Now

Results from a new survey by PerryUndem/Betty & Smith

Cancer



Millions of Americans have cancer. For many of them, Medicaid makes it possible for them to get the care they need to fight their disease. Medicaid covers cancer screenings, diagnostic tests, treatments, surgeries, prescription medications, and follow up care. Medicaid provides cancer patients the best chance to fight and survive the disease. (66% very important/26% somewhat important reason to support the Medicaid program).

Most Vulnerable



Medicaid covers lifesaving treatment and care for some of our most vulnerable citizens like children and pregnant women. It pays for nursing home care for low-income seniors. And it helps people with disabilities remain in their homes and communities, and have more control over their lives. (66% very important/25% somewhat important reason to support the Medicaid program).

COVID-19



Millions of Americans have lost jobs since COVID-19 hit. During these tough economic times, paying for basic health care can be out of reach. Health insurance through Medicaid can help people get the care they need, while protecting their families from big medical bills. (64% very important/26% somewhat important reason to support the Medicaid program).



The impacts of the COVID-19 pandemic are going to be felt in our communities for years to come. Many small businesses will remain closed once this crisis is over. Experts predict that lay-offs will continue and millions of jobs will not come back. In this time of economic distress, it is important that millions of struggling Americans who have lost jobs through no fault of their own can get affordable health care through Medicaid. (63% very important/26% somewhat important reason to support the Medicaid program).

Equity and Medicaid

Results from a new survey by PerryUndem/Betty & Smith

51%

Half of voters (51%) think racism/ discrimination is getting worse in America. Another 30% think it's staying the same, while only 19% think it's getting better.

46%

Nearly half (46%) think racism plays a major role in a person's health and well-being, with another 27% who think it plays a minor role.

4 in 10

More than 4 in 10 feel that being Black (46%), Latinx (43%), or living in a rural area (41%) can mean you face major barriers to getting health insurance and quality care.

60%

Six in 10 (60%) agree that “systemic racism and discrimination makes it harder for people of color to access health care, see doctors regularly, receive preventive services, and treat serious health conditions.”

81%

Think the following message is an important reason to support Medicaid: “There is strong evidence in America today that discrimination due to person's race and color of their skin can limit their ability to be healthy and get care when they are sick. It is part of the reason that Black Americans are still 1.5 times more likely to be uninsured than white people. Medicaid helps address discrimination by evening the playing field, helping more people get health insurance coverage and the care they need to be healthy and productive.”

46%

Almost half (46%) think Medicaid can help address health coverage inequities caused by racism/ discrimination, while 28% are not sure. Only 26% think it won't help address these problems.

Thank you!

Visit [MedicaidCoversUS.org/covid](https://www.MedicaidCoversUS.org/covid) to learn more.

