Health Disparities & Equity in a Medicare Expanded World

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PROGRESS – US Efforts to Improve the Health of People of Color

- Medicare & Medicaid (1964)
- Title VI of the 1964 Civil Rights Act
- Report of the Secretary’s Task Force on Black and Minority Health (Heckler Report)(1985)
PROGRESS – US Efforts to Improve the Health of People of Color


- Congressional Funding for an IOM study --reporting on the Prevalence & Impact of Racial and Ethnic Bias (1999)


- PPACA (ACA) 2010
Global Health Laws that impose a duty on the US to reduce/eliminate health disparities

- **Binding Global Health Laws**
  - Global Health Governance – WHO Policies
    - Commission on Social Determinants of Health
    - Rio Political Declaration
  - International Convention on the Elimination of All Forms of Racial Discrimination

- **Aspirational Global Health Laws**
  - International Covenant on Economic, Social & Cultural Rights
    - Gen Cmt 14
  - Reports of the Special Rapporteur for Health
  - *Lancet Report* on Right to Health Indicators
Global Health Governance - Commission on Social Determinants of Health

3 Recommendations

- Improve Daily Living Conditions
  - Universal Health Care System

- Tackle Inequitable Distribution of Power, Money & Resources
  - Health Equity in ALL Policies, Systems & Programs

- Measure & Understand the Problem & Assess the Impact of Action
  - Health Equity Surveillance
Factors to Strengthen the HC System
to protect the *Right to Health and Eliminate Health Disparities*

- UN Special Rapporteur for Health 2008 Report
- Factors impacting Health Disparities
  - Factor 5 - *Equity, Equality, Non-Discrimination*
  - Factor 7 - *Medical Care + Underlying Determinants*
  - Factor 10 - Quality
Factor 5 - Equity, Equality, Non-discrimination

- HEALTH EQUITY means “eliminating disparities in health and in health’s major determinants that are systematically associated with underlying social disadvantage within society.” (WHO)
Factor 5 - Equity, Equality, Non-discrimination

- EQUITY - Providing health care to ALL individuals in a manner that does NOT vary in quality because of personal characteristics such as gender, ethnicity, …and socioeconomic status. (IOM)

  - EQUITY – A CORE Aspect Of QUALITY
Title VI of the 1964 Civil Rights Act

Non-Discrimination

- Prohibits discrimination on the basis of *race, color, and national origin* in programs and activities that receive federal financial assistance
GHL - Non-Discrimination

- **Racial Discrimination** – any distinction, exclusion, restriction, or preference based on prohibited grounds (race, colour, descent, national or ethnic origin) with the INTENT or EFFECT of impairing enjoyment of a covenant right. (ICERD art. 1)

- **ICESCR** – the parties agree to guarantee that the rights to this treaty will be provided **without discrimination** of any kind as to race, colour, .. language … or other status (ICESCR art. 2)
Positive Equality

- Treat everyone the same unless *Explicit* justification to the contrary
Factor 10 – Quality

- GOOD QUALITY = Health Care Services, Goods & Facilities
- POLITE & RESPECTFUL = Treatment by HC workers
Creating a Legislative Framework to Protect the Right To Health

- **National Strategy** = Ensures that Everyone has access to health care facilities, goods & services

- **Framework Law** = Implementation of the national strategy
PPACA – Framework Legislation to Eliminate HC Disparities

- Health & Health INEQUITY is a priority at the Highest Level of Govt

- Govt Policy regarding the HEALTH Sector includes HEALTH DISPARITIES & SDH

- Multi-Sectoral Approach to Health
  - HEALTH-IN-ALL Policies
PPACA – Framework Legislation to Eliminate HC Disparities

- **PRIORITY ISSUE – Universal Coverage**
  - PPACA
    - Exchange
    - IR Market Reforms
    - Medicaid Expansion

- Monitor SDH & Health Inequity

- PPACA complies w/ RTH Indicators
  - PPACA Sec. 1557
  - National Health Care Workforce Commission
  - Commission on Key National Indicators

<table>
<thead>
<tr>
<th>ICERD</th>
<th>ICESCR</th>
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</thead>
<tbody>
<tr>
<td><strong>SPECIAL RAPPORTEUR FOR HEALTH</strong> – features of a HC SYSTEM that PROTECTS the RTH</td>
<td></td>
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<tr>
<td>Equity, Equality &amp; Non-Discrimination</td>
<td>QUALITY Medical Care &amp; Underlying Determinants</td>
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<tr>
<td><strong>COMMISSION ON SOCIAL DETERMINANTS OF HEALTH</strong></td>
<td></td>
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<tr>
<td>“Closing the Gap in a Generation”</td>
<td></td>
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<tr>
<td><strong>PPACA FRAMEWORK TO ELIMINATE HEALTH DISPARITIES</strong></td>
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</table>
NQF – Framework to Achieve Health Equity & Eliminate Disparities

- Identify and Prioritize Reducing Health Disparities
- Incentivize the Reduction of Health Disparities and Achievement of Health Equity
- Invest in the Development and Use of Health Equity Performance Measures
- Implement Evidence-Based Interventions to Reduce Disparities

The Four I's for Health Equity.
NQF – Domains of Health Equity Measurement (9/2017)
America’s Unjust Health Care System
Adults ages 18-64 who were uninsured at the time of interview, by race/ethnicity, 2010-2018


Note: For this measure, lower rates are better. White, Black, and Asian are non-Hispanic. Hispanic includes all races. Data for Native Hawaiians/Pacific Islanders and American Indians and Alaska Natives are not available for this measure.
Legal Retrenchment
Status of State Medicaid Expansion Decisions

Adopted (37 States including DC)
Not Adopting At This Time (14 States)

NOTES: Current status for each state is based on KFF tracking and analysis of state activity. Expansion is adopted but not yet implemented in NE. (See link below for additional state-specific notes).

Blacks make up a greater share of the population in the South, where most states have not expanded Medicaid.

Note: Blacks are non-Hispanic and exclude individuals of mixed race. States outlined in black have not adopted Medicaid expansion as of May 2019.

American Indian/Alaska Natives have Gained Coverage Under the Affordable Care Act, with Larger Increases in States that Expanded Medicaid.

Note: AIANs are non-Hispanic. Excludes individuals of mixed race. Includes nonelderly individuals 0-64 years of age.

Source: Kaiser Family Foundation analysis of the 2013 & 2017 American Community Survey (ACS), 1-Year Estimates.
Hispanics face greater barriers to accessing care and receive less care than Whites.

Note: ^ Indicates in the past 12 months. Persons of Hispanic origin may be of any race; Whites are non-Hispanic and exclude individuals of mixed race. Includes nonelderly individuals 18-64 years of age. Data for uninsured includes nonelderly adults 19-64 years of age. All values have a statistically significant difference from the White population at the p<0.05 level.

Source: Kaiser Family Foundation analysis of 2017 American Community Survey (ACS), 2017 National Health Interview Survey (NHIS), and 2017 Behavioral Risk Factor Surveillance System (BRFSS).
American Indian-Alaska Natives (AIAN) fare worse than Whites across many health measures.

* Indicates statistically significant difference from the White population at the p<0.05 level.

Note: AIANs and Whites are non-Hispanic. Excludes individuals of mixed race. Includes nonelderly adults 18-64 years of age.

Source: Kaiser Family Foundation analysis of 2017 National Health Interview Survey (NHIS), 2017 Behavioral Risk Factor Surveillance System (BRFSS), and 2017 National Survey on Drug Use and Health.

<table>
<thead>
<tr>
<th>Health Measure</th>
<th>AIAN</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair or Poor Health Status</td>
<td>17%*</td>
<td>9%</td>
</tr>
<tr>
<td>Physical Limitation</td>
<td>37%</td>
<td>32%</td>
</tr>
<tr>
<td>Obese</td>
<td>40%*</td>
<td>30%</td>
</tr>
<tr>
<td>Current Smoker</td>
<td>31%*</td>
<td>20%</td>
</tr>
<tr>
<td>Currently Has Asthma</td>
<td>15%*</td>
<td>10%</td>
</tr>
<tr>
<td>Told By Doctor They Have Diabetes</td>
<td>14%*</td>
<td>7%</td>
</tr>
<tr>
<td>Substance Use Disorder Among Ages 12+</td>
<td>15%*</td>
<td>10%</td>
</tr>
</tbody>
</table>
Native Hawaiian and Other Pacific Islanders (NHOPI) fare worse than Whites on many health measures. Asians often fare better than Whites, but…

<table>
<thead>
<tr>
<th>Measure</th>
<th>Asian</th>
<th>NHOPI</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems Paying Medical Bills</td>
<td>9%*</td>
<td>23%*</td>
<td>16%</td>
</tr>
<tr>
<td>Fair or Poor Health Status</td>
<td>6%*</td>
<td>12%*</td>
<td>9%</td>
</tr>
<tr>
<td>Ever Had Asthma</td>
<td>8%*</td>
<td>19%*</td>
<td>14%</td>
</tr>
<tr>
<td>Told By Doctor They Have Diabetes</td>
<td>6%*</td>
<td>11%*</td>
<td>7%</td>
</tr>
<tr>
<td>No Mammogram in Past 2 Years (Women 50-74)</td>
<td>N/A</td>
<td>21%</td>
<td>22%</td>
</tr>
<tr>
<td>No Pap Smear in Past 3 Years (Women 21-65)</td>
<td>31%*</td>
<td>28%</td>
<td>19%</td>
</tr>
</tbody>
</table>

* Indicates statistically significant difference from the White population at the p<0.05 level.

Note: Includes nonelderly individuals 18-64 years of age, unless otherwise noted. All racial groups are non-Hispanic and exclude individuals of mixed race. N/A: Estimate does not meet minimum standards for statistical reliability.

Source: Kaiser Family Foundation analysis of 2014 National Health Interview Survey (NHIS) and 2016 Behavioral Risk Factor Surveillance System (BRFSS). NHOPI values for Fair/Poor Health Status, Ever Had Asthma, and Problems Paying Medical Bills come from the 2014 NHPI NHIS.
Number & percentage of QUALITY measures for which Blacks experienced better, same, or worse quality of care compared with reference group (White), 2013, 2015, 2016, or 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Total (n=190)</th>
<th>Person-Centered Care (n=27)</th>
<th>Patient Safety (n=31)</th>
<th>Healthy Living (n=60)</th>
<th>Effective Treatment (n=42)</th>
<th>Care Coordination (n=25)</th>
<th>Affordable Care (n=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better</td>
<td>76</td>
<td>8</td>
<td>15</td>
<td>29</td>
<td>19</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>Same</td>
<td>11</td>
<td>3</td>
<td>13</td>
<td>26</td>
<td>19</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Worse</td>
<td>11</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>4</td>
</tr>
</tbody>
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Key: n = number of measures.
Note: The most recent data years are used for this analysis. Different data sources have different data years for most recent data year. For example, the most recent data year from NIDDK USRDS is 2013 and from AHRQ HCUP is 2016.
Medicare Expansion— a Step Forward
MEDICARE EXPANSION
Patient – Insured Benefit

- Access to care
- Improved health status
- Financial wellbeing
MEDICARE EXPANSION
Provider Benefit

- **Reimbursement** – Financial stability/profitability
  - Providers that traditionally cared for large numbers of Medicaid, Medicare, and uninsured patients
Seminal Question – *Does the Medicare expansion plan create a system that reduces health care disparities and promotes equity?*
Figure 108. Number and percentage of all quality measures that were improving, not changing, or worsening, total and by income group, from 2000 through 2014, 2015, 2016, or 2017.

Key: 
- **Improving** = Quality is going in a positive direction at an average annual rate greater than 1% per year.
- **Not changing** = Quality is not changing or is changing at an average annual rate of 1% or less per year.
- **Worsening** = Quality is going in a negative direction at an average annual rate greater than 1% per year.

0% 20% 40% 60% 80% 100%

**Total (n=311)**
- Improving: 25
- Not Changing: 121
- Worsening: 8

**Poor (n=78)**
- Improving: 5
- Not Changing: 44
- Worsening: 33

**Low Income (n=78)**
- Improving: 5
- Not Changing: 44
- Worsening: 30

**Middle Income (n=78)**
- Improving: 7
- Not Changing: 41
- Worsening: 36

**High Income (n=77)**
- Improving: 165
- Not Changing: 29
- Worsening: 8

\( n \) = number of measures.
The END

QUESTIONS & COMMENTS