Racial and Ethnic Disparities in Health Care and Insurance

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Presentation Outline

- Racial and ethnic disparities in health care and health care outcomes
- Findings on studies of children with special health care needs
- Racial and ethnic disparities in health insurance
- Will the ACA reduce disparities?
- What about immigrants with disabilities?
Racial and ethnic disparities in health care and health care outcomes

- Racial and ethnic disparities have consistently been found in health care, and in health outcomes for general adult and child populations.

- Limited research on disparities for disabled adults:
  - Susan Parish found that Black women with IDD were less likely to get breast cancer screening.
  - Currently working on 2 studies with the RRTC on health and developmental disabilities.

- Next, will present finding of disparities in health care among children with disabilities.
Study analyzing data from National Survey of Children with Special Health Care Needs

- Co-Author: Susan Parish (PI), Maria Timberlake, Brandeis University
- Roderick Rose, Jamie Swaine, University of North Carolina, Chapel Hill
- Funder: Maternal & Child Health Bureau, HRSA grant # R40MC19927
Methods

- 2005-06 National Survey of Children with Special Health Care Needs
- Children with developmental disabilities and autism
- Dependent measures were the following domains
  - Health Care Access
  - Health Care Utilization
  - Health Care Quality
- Adjusted for demographic variables
Health Care Access
odds ratios with covariates

Uninsured

<table>
<thead>
<tr>
<th>Group</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1</td>
</tr>
<tr>
<td>Latino</td>
<td>3.44</td>
</tr>
<tr>
<td>Black</td>
<td>0.19</td>
</tr>
</tbody>
</table>

needs not met by insurance

<table>
<thead>
<tr>
<th>Group</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1</td>
</tr>
<tr>
<td>Latino</td>
<td>1.67</td>
</tr>
<tr>
<td>Black</td>
<td></td>
</tr>
</tbody>
</table>
Health care utilization odds ratios with covariates

- Difficulty using services: 1.52 (white), 1 (Latino), 1 (Black)
- 11 or more MD visits: 0.54 (white), 0.51 (Black)

(RRTCD)
Health Care Quality
odds ratios with covariates

- **no personal MD**
  - White: 1
  - Latino: 1.92
  - Black: 1.07

- **MD does not spend time**
  - White: 1
  - Latino: 1.94
  - Black: 1.72

- **provider does not listen**
  - White: 1
  - Latino: 1.09
  - Black: 1.03
Health Care quality
odds ratios with covariates (these findings have not changed as of 2010 data)

- Not sensitive to cultural needs: 1.15 (Latino), 1.74 (White), 1.15 (Black)
- Does not feel like partner: 1.32 (Black), 1.76 (Latino), 1.15 (White)
- Not enough info: 1.4 (Latino), 1.3 (Black), 1.0 (White)
Disparities in health insurance, will ACA reduce them?

- Analysis by Urban institute, Clemens Cope et al. Health Affairs 2012
  - Used microsimulation model
  - Projected gains in coverage and reduction in disparities
  - However some disparities remain
  - Next few slides are based on this analysis
Disparities in health insurance

Uninsured as of 2011:

- Latinos 33%
- African Americans 22%
- Asian Americans 18.5%
- whites 14%
Insurance coverage before ACA compared to those eligible under ACA; US population under 65
## Uninsured Latinos by ACA eligibility criteria

<table>
<thead>
<tr>
<th>ACA eligibility criteria</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible for public coverage</td>
<td>25.3</td>
</tr>
<tr>
<td>Not eligible for public coverage</td>
<td></td>
</tr>
<tr>
<td>undocumented immigrant</td>
<td>55.0</td>
</tr>
<tr>
<td>documented immigrant</td>
<td></td>
</tr>
<tr>
<td>exempt from coverage requirement</td>
<td>4.4</td>
</tr>
<tr>
<td>not exempt, subsidy eligible</td>
<td>9.0</td>
</tr>
<tr>
<td>not exempt, not subsidy eligible</td>
<td>6.3</td>
</tr>
<tr>
<td>Total uninsured Latinos under ACA</td>
<td>100.0</td>
</tr>
</tbody>
</table>
What's happened so far with ACA enrollment?

- Washington Post preliminary numbers as of 3/31/2014
- Chart on next page shows that 10.5% of those enrolled in ACA marketplace were Latino, when 14.5% were eligible
- African Americans and Asian Americans signed up at higher rates proportionally
Immigrants with disabilities

*Bring us your tired, bring us your poor, bring us your homeless, and your destitute, but DO NOT BRING YOUR DISABLED*

- History of immigration in the US has been to deny entry to people with disabilities
## Eligibility for SSI, Medicaid

<table>
<thead>
<tr>
<th>Documented immigrants who entered before 8/22/96</th>
<th>Documented immigrants who entered on or after 8/22/96</th>
<th>Undocumented immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Receiving SSI already</td>
<td>• Have to have 40 quarters of work as LPR</td>
<td>• Not eligible but some exceptions, e.g.</td>
</tr>
<tr>
<td>• Qualified as disabled and lawfully living in the US by this date</td>
<td>• Have to wait 5 years</td>
<td>• Certain American Indians born abroad</td>
</tr>
<tr>
<td>• And all of next column</td>
<td>• Were granted refugee or asylum status</td>
<td>• Victims of trafficking and their beneficiaries during first 7 years after getting status</td>
</tr>
<tr>
<td></td>
<td>• Veteran</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Spouse (not remarried) or child of veteran</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Certain American Indians born abroad</td>
<td></td>
</tr>
</tbody>
</table>
## Treatment of US citizens and immigrants under the ACA (National council of La Raza)

<table>
<thead>
<tr>
<th></th>
<th>US Citizens</th>
<th>Documented Immigrants</th>
<th>Undocumented Immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible for Medicaid expansion</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Waiting period for Medicaid</td>
<td>No</td>
<td>Yes, 5 years (varies for some cases)</td>
<td>No including DACA recipients</td>
</tr>
<tr>
<td>Access to individual exchanges</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Access to small business health ops</td>
<td>Yes</td>
<td>Yes</td>
<td>No explicit ban</td>
</tr>
<tr>
<td>Eligible for tax credits</td>
<td>Yes if MAGI is &gt; 100% of FPL</td>
<td>Yes if MAGI is between 100 and 400% of FPL</td>
<td>No</td>
</tr>
<tr>
<td>Rules for determination of tax credit</td>
<td>Household MAGI and size</td>
<td>Household Magi and size</td>
<td>Magi adjusted for other family members</td>
</tr>
</tbody>
</table>
What is available for undocumented immigrants?

- Emergency Medicaid
  - For sudden onset of medical emergencies
- State by State programs
  - Some states may use funds to devise programs
- Free and reduced price health clinics
- Hospital charity programs
What are the human consequences of no coverage for undocumented workers?

- Example from Chicago

Why should we want coverage for all

- In previous video, hospital likely used its charity resources, then decided it couldn’t continue to pay for care
- Emergency room treatment has a cost for everyone—taxpayers pay
- Those who have no coverage do not generally get treated which impacts health of everyone
- Of course waiting until it’s an emergency leads to extremely poor health outcomes for the individual
Will immigration reform help?

- If a large number of those who are currently undocumented gained legal status, they would be eligible for exchanges and in 5 years for Medicaid
- May not solve all of the problem
- So far political climate has not been productive
  - Many members of congress have been obstructive
  - Obama has put off any immigration action until after the midterm elections
  - Activists not hopeful—say that Obama has given in to the “politics of fear”
- What do you think should be done?