

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-Authors: 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

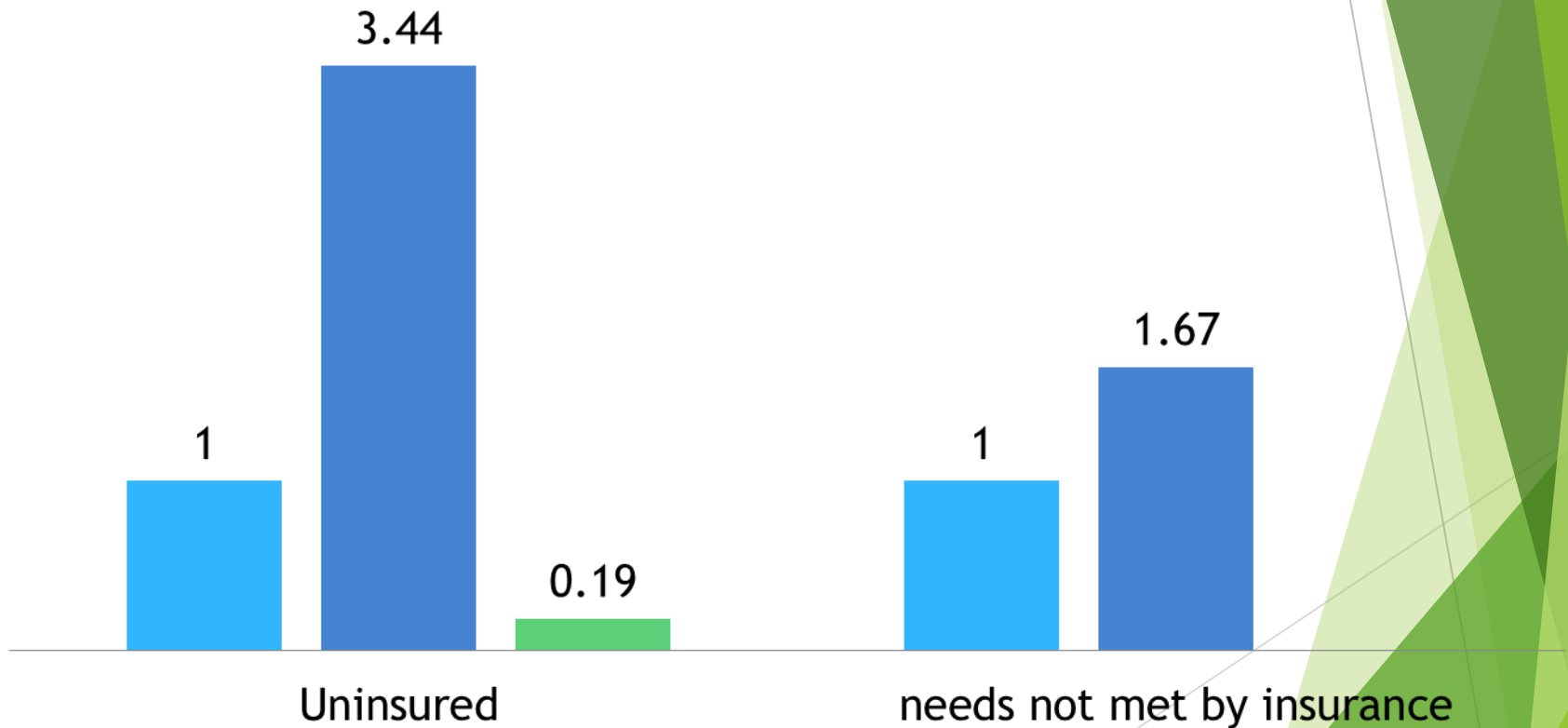
Methods

- 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

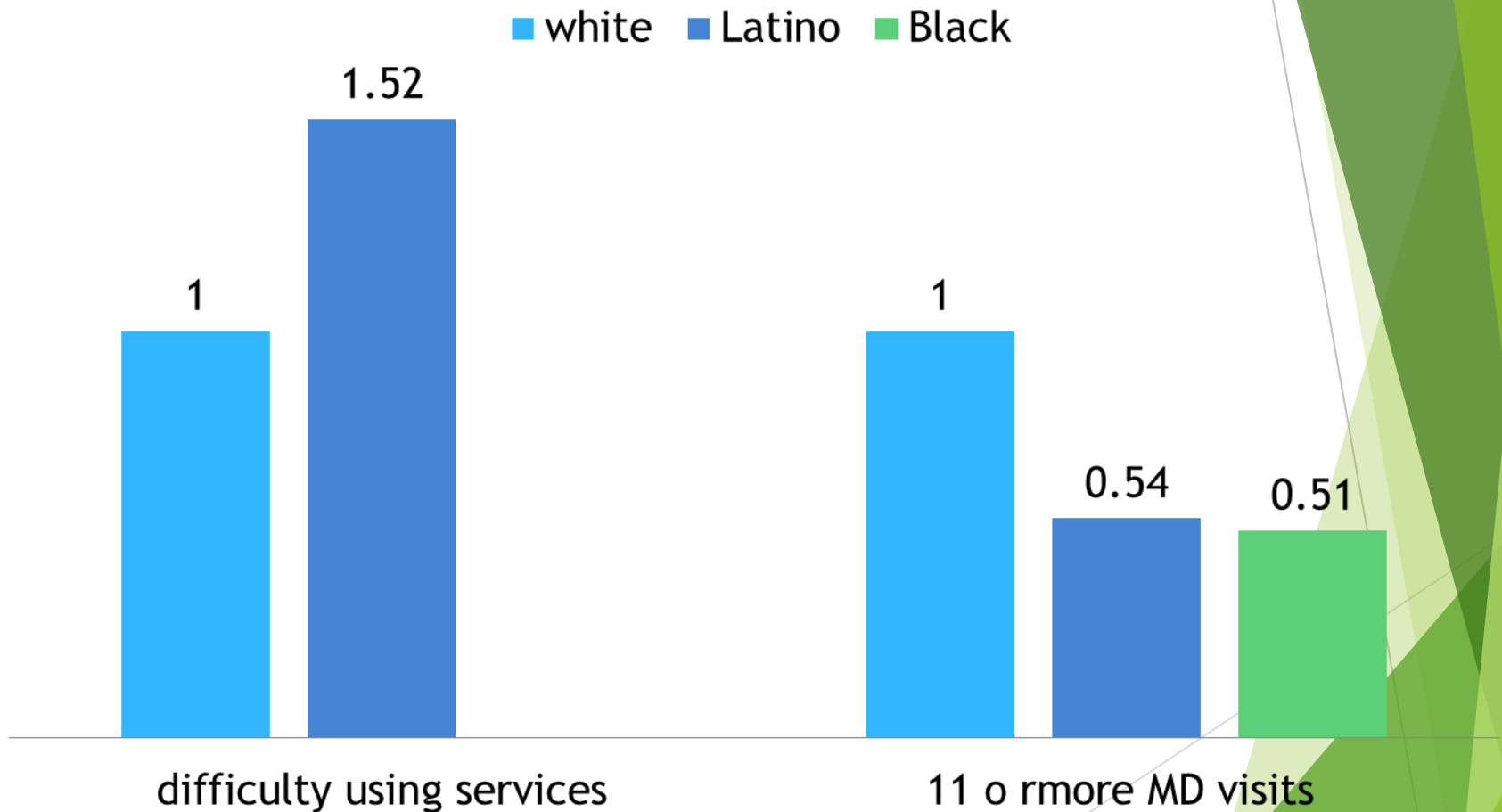
Health Care Access

odds ratios with covariates

■ White ■ Latino ■ Black



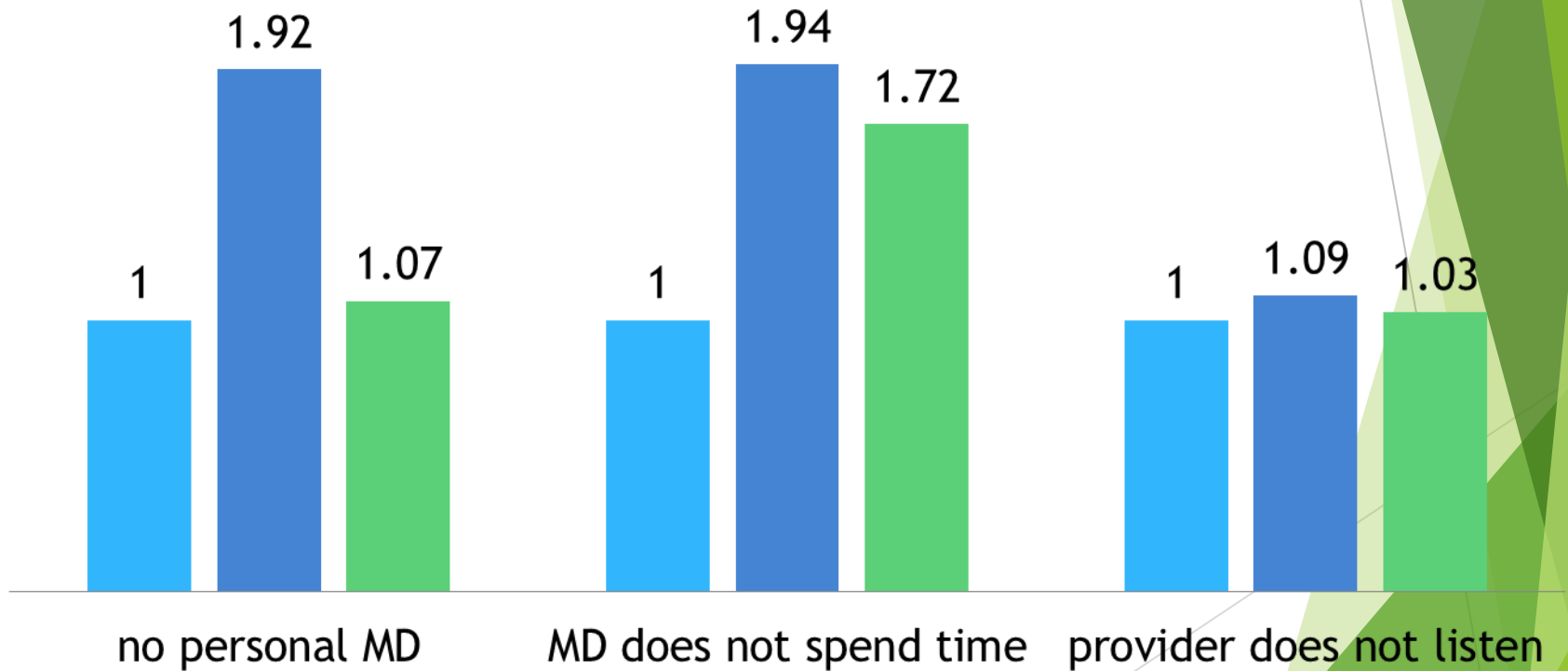
Health care utilization odds ratios with covariates



Health Care Quality

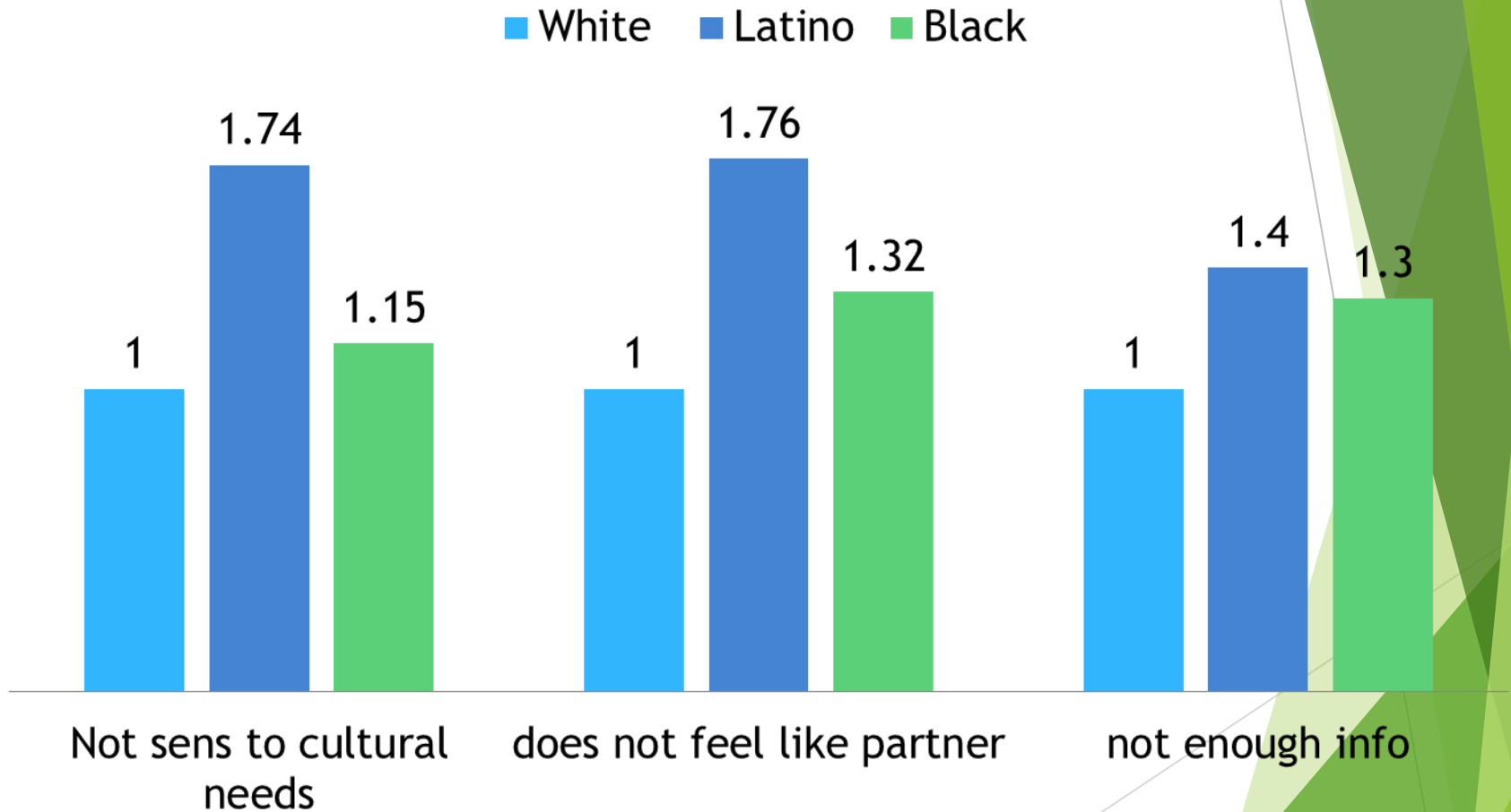
odds ratios with covariates

■ White ■ Latino ■ Black



Health Care quality

odds ratios with covariates (these findings have not changed as of 2010 data)



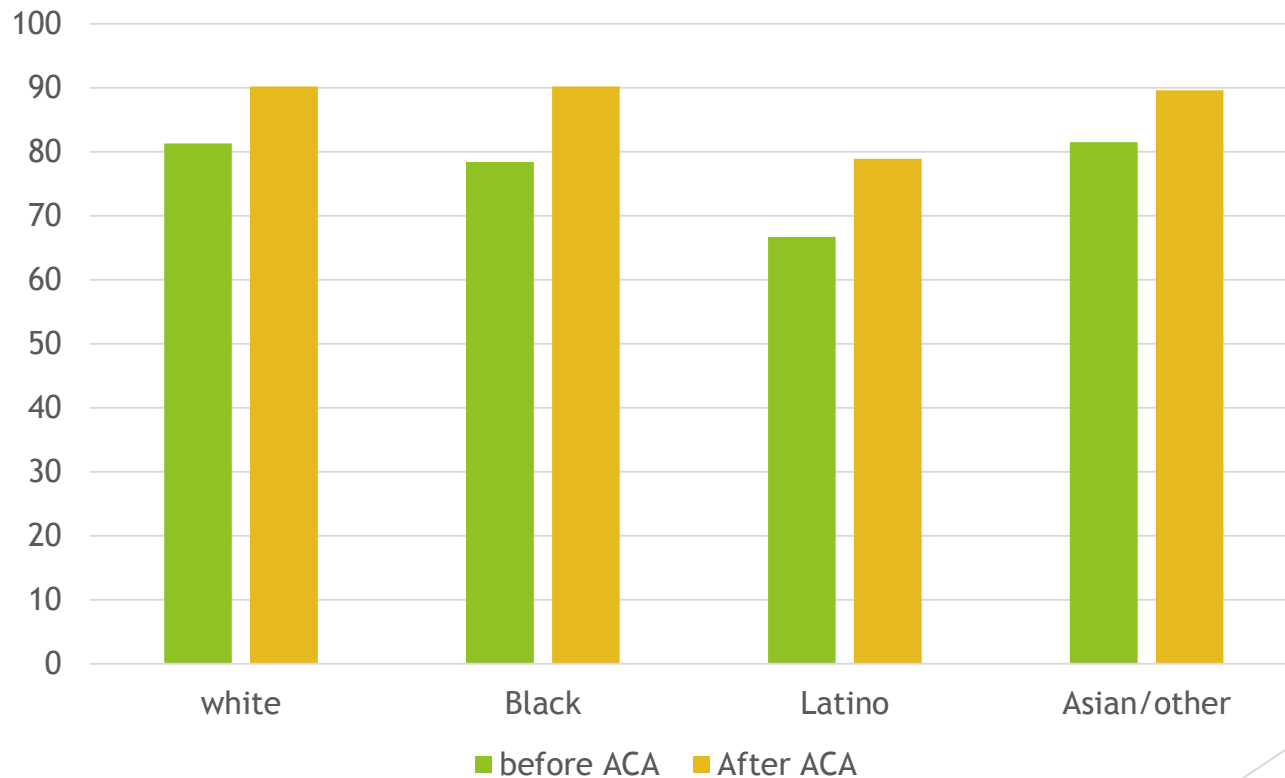
Disparities in health insurance, will ACA reduce them?

- ▶ 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



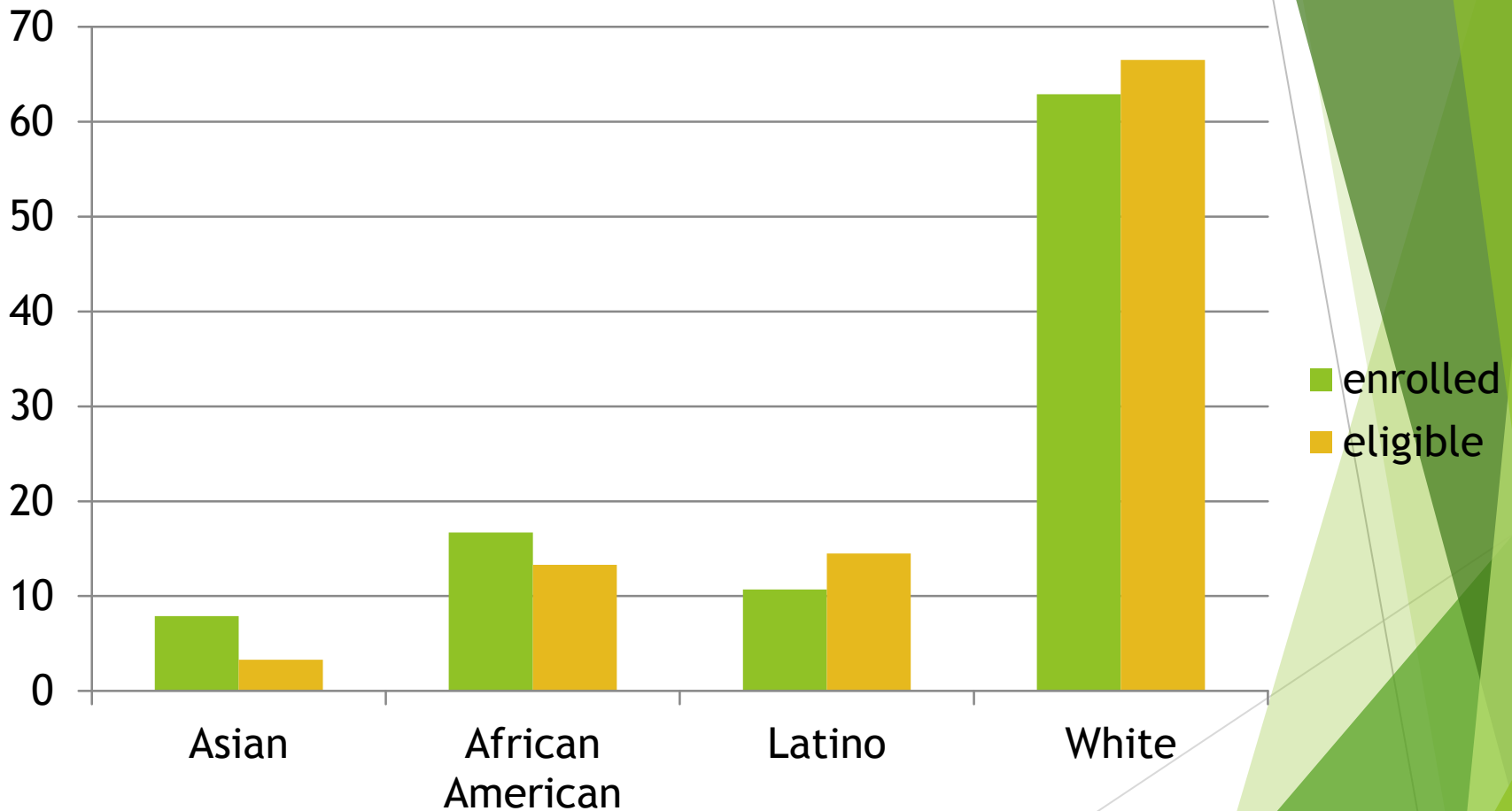
Uninsured Latinos by ACA eligibility criteria

ACA eligibility criteria	percent
Eligible for public coverage	25.3
Not eligible for public coverage	
undocumented immigrant	55.0
documented immigrant	
exempt from coverage requirement	4.4
not exempt, subsidy eligible	9.0
not exempt, not subsidy eligible	6.3
Total uninsured Latinos under ACA	100.0

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

Preliminary numbers as of 3/31/2014 of marketplace selections in 36 states (Washington Post 5/1/2014)



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

Documented immigrants who entered before 8/22/96	Documented immigrants who entered on or after 8/22/96	Undocumented immigrants
<ul style="list-style-type: none"> •Receiving SSI already •Qualified as disabled and lawfully living in the US by this date •And all of next column 	<ul style="list-style-type: none"> •Have to have 40 quarters of work as LPR •Have to wait 5 years •Were granted refugee or asylum status •Veteran •Spouse (not remarried) or child of veteran •Certain American Indians born abroad 	<ul style="list-style-type: none"> •Not eligible but some exceptions, e.g. •Certain American Indians born abroad •Victims of trafficking and their beneficiaries during first 7 years after getting status

Treatment of US citizens and immigrants under the ACA (National council of La Raza)

	US Citizens	Documented Immigrants	Undocumented Immigrants
Eligible for Medicaid expansion	Yes	Yes	No
Waiting period for Medicaid	No	Yes, 5 years (varies for some cases)	No including DACA recipients
Access to individual exchanges	Yes	Yes	No
Access to small business health ops	Yes	Yes	No explicit ban
Eligible for tax credits	Yes if MAGI is > 100% of FPL	Yes if MAGI is between 100 and 400% of FPL	No
Rules for determination of tax credit	Household MAGI and size	Household Magi and size	Magi adjusted for other family members

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
- ▶ http://colorlines.com/archives/2012/01/immigrant_who_disabled_after_work_accident_dies_after_deportation.html

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?