



**Midwestern Legislative Conference**  
THE COUNCIL OF STATE GOVERNMENTS

*Forum on Social Justice*  
Webinar Series

*Racial Disparities in Public Health*

Friday, April 29, 2022

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Presented by the  
Midwestern Legislative Conference  
Forum on Social Justice

# RACIAL DISPARITIES IN PUBLIC HEALTH

## OVERVIEW



MIDWEST



## **Samantha Artiga**

Director, Racial Equity and Health  
Policy Program

Kaiser Family Foundation

# An Overview of Health and Health Care Disparities and State Equity Efforts

Samantha Artiga  
Vice President and Director  
Racial Equity and Health Policy  
KFF (Kaiser Family Foundation)



Filling the need for trusted information on national health issues.

Figure 3

## KFF Racial Equity and Health Policy Program

- **KFF** (Kaiser Family Foundation) is a nonprofit organization focusing on national health issues, as well as the U.S. role in global health policy
  - Policy analysis
  - Polling/survey research
  - Journalism (Kaiser Health News)
  - Public health information campaigns (Greater Than COVID)
- The **KFF Racial Equity and Health Policy Program** focuses on the intersection of racism and discrimination, social and economic inequities, and health
  - Timely and reliable data and analysis of health and health care disparities
  - Education to increase awareness and understanding of disparities
  - Analysis of implications of policy changes on disparities and efforts to advance equity

Figure 4

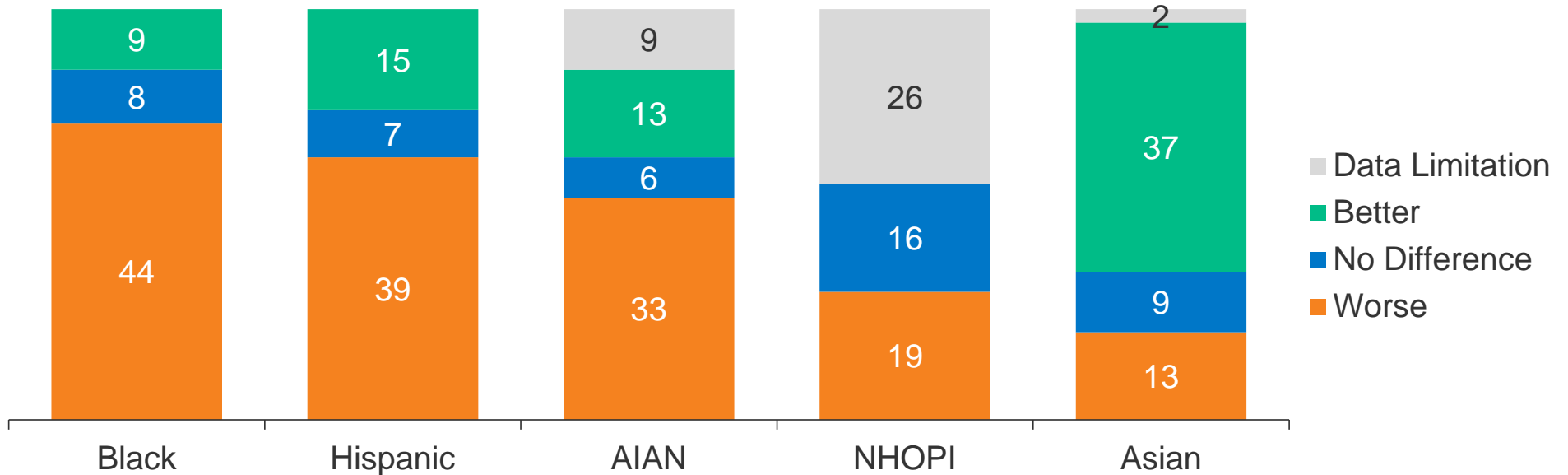
## What are health and health care disparities?

- Differences in health and health care between populations
  - Higher burden of illness, injury, disability, or mortality
  - Differences in insurance coverage, access to and use of care, and quality of care
  - Closely linked with social, economic, and/or environmental inequities
- Arise from a complex and interrelated set of individual, provider, health system, societal, and economic factors
- Occur across a broad range of dimensions: race/ethnicity; socioeconomic status; gender; age; disability; sexual orientation or gender identity; geographic location, etc.
- Remain a longstanding and persistent issue

Figure 5

## Before COVID-19, people of color fared worse than their White counterparts across many measures of health.

Number of measures of health and health care for which group fared better, the same, or worse compared to White counterparts:



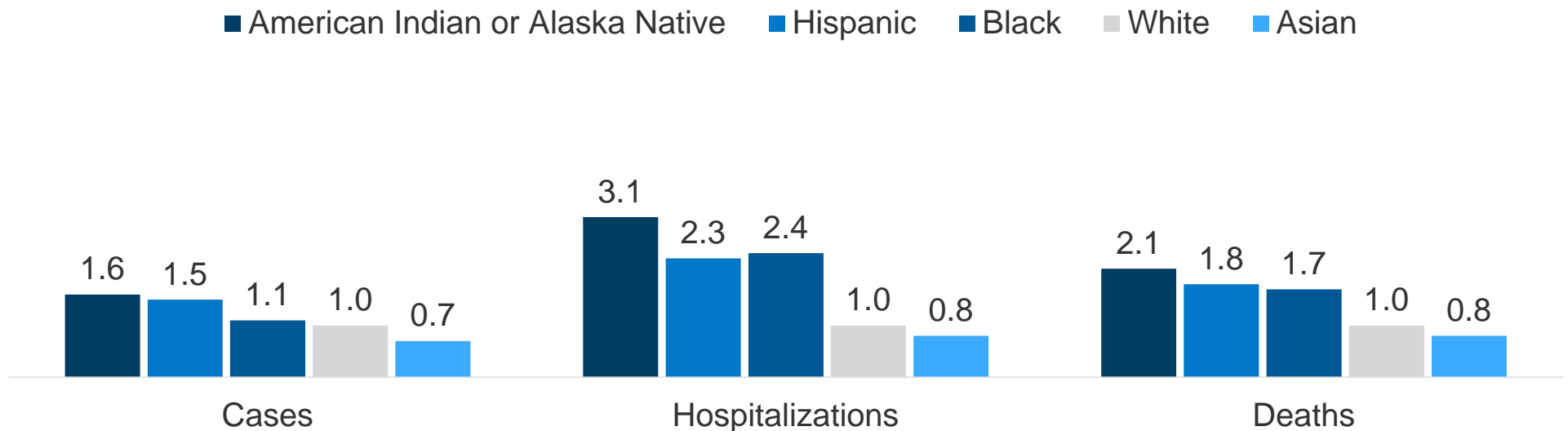
Note: AIAN is American Indian or Alaska Native; NHOPI is Native Hawaiian or Other Pacific Islander. Measures are for the most recent year for which data are available. "Better" or "Worse" indicates a statistically significant difference from White people at the  $p < 0.05$  level. No difference indicates no statistically significant difference. "Data limitation" indicates no separate data for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

Source: Key Facts on Health and Health Care by Race and Ethnicity, KFF January 2022

Figure 6

# COVID-19 exposed and exacerbated underlying disparities in health and health care.

Risk of infection, hospitalization, and death compared to White people in the U.S., adjusted for age:



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic; data for Native Hawaiian or Other Pacific Islander (NHOPI) people are not reported.

SOURCE: CDC, Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>, accessed March 25, 2022

Figure 7

Health disparities are driven by social and economic inequities that are rooted in historic and ongoing racism.

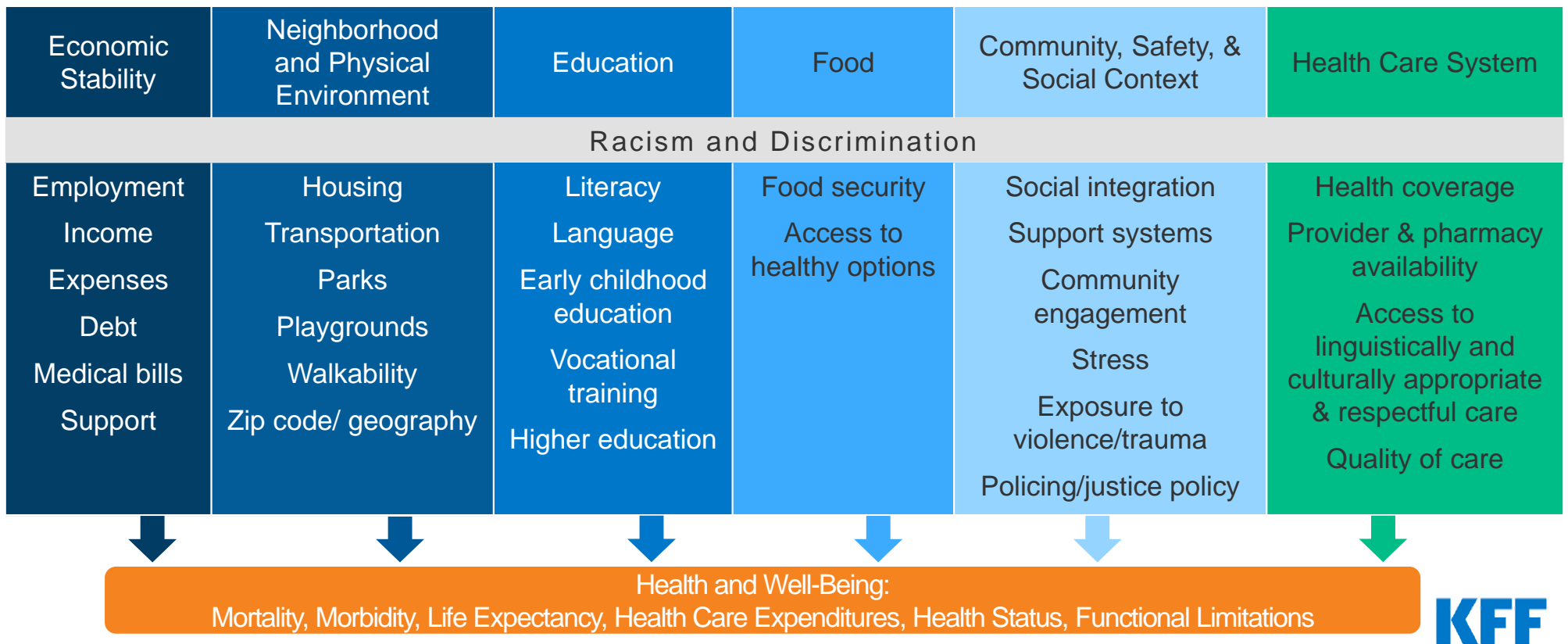
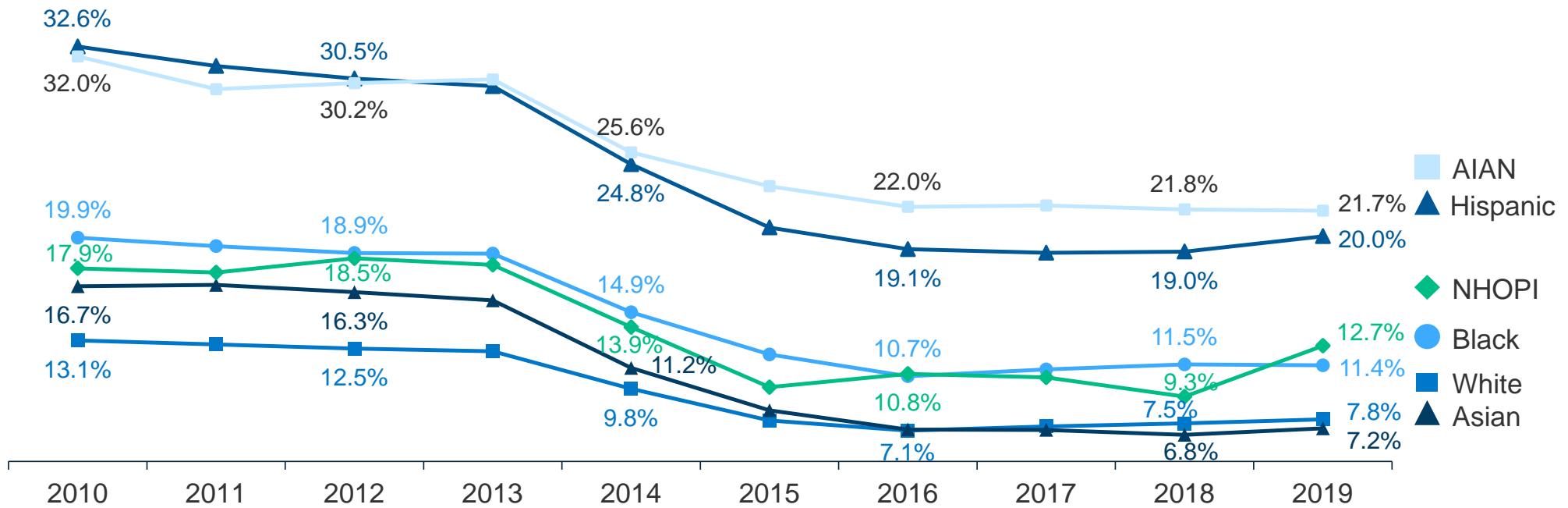




Figure 8

# The ACA helped narrow differences in health coverage, but disparities persist.

Uninsured Rates for the Nonelderly Population by Race and Ethnicity, 2010-2019



NOTE: Includes individuals ages 0 to 64. AIAN refers to American Indians and Alaska Natives, NHOPI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic

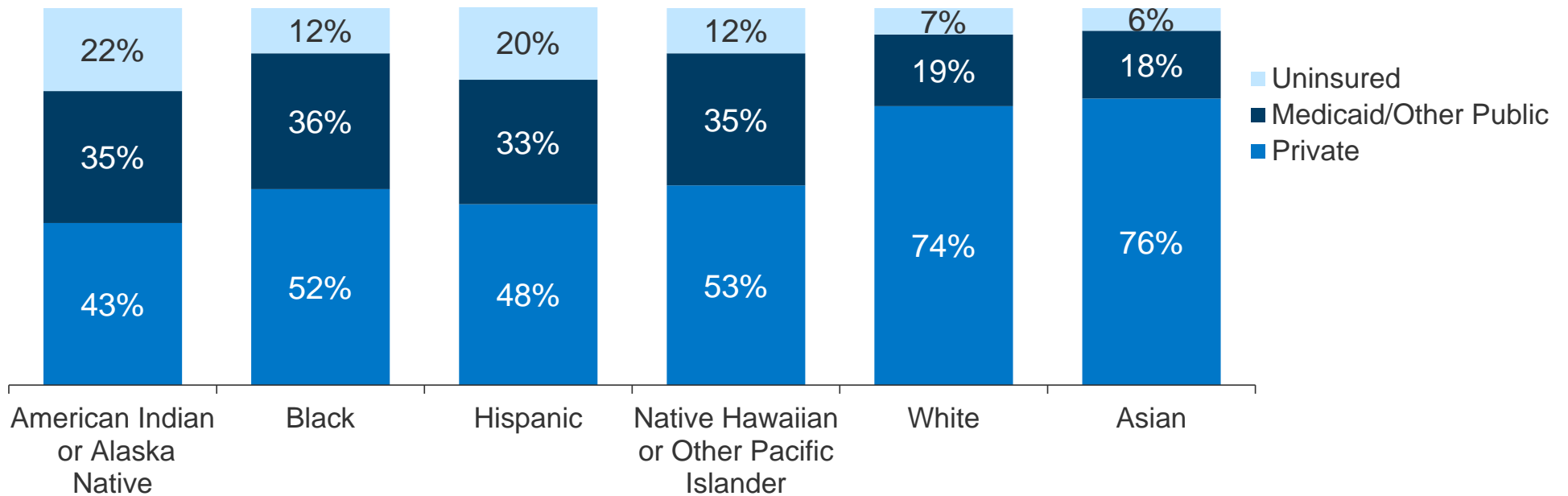
SOURCE: KFF analysis of the 2010-2019 American Community Survey.



Figure 9

# Medicaid plays a disproportionately large role for people of color.

Health Coverage of the Nonelderly Population by Race and Ethnicity, 2020



NOTE: Includes individuals ages 0 to 64. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Other public coverage includes Medicare (excluding Part A only) and military coverage. Totals may not sum to 100 percent due to rounding.

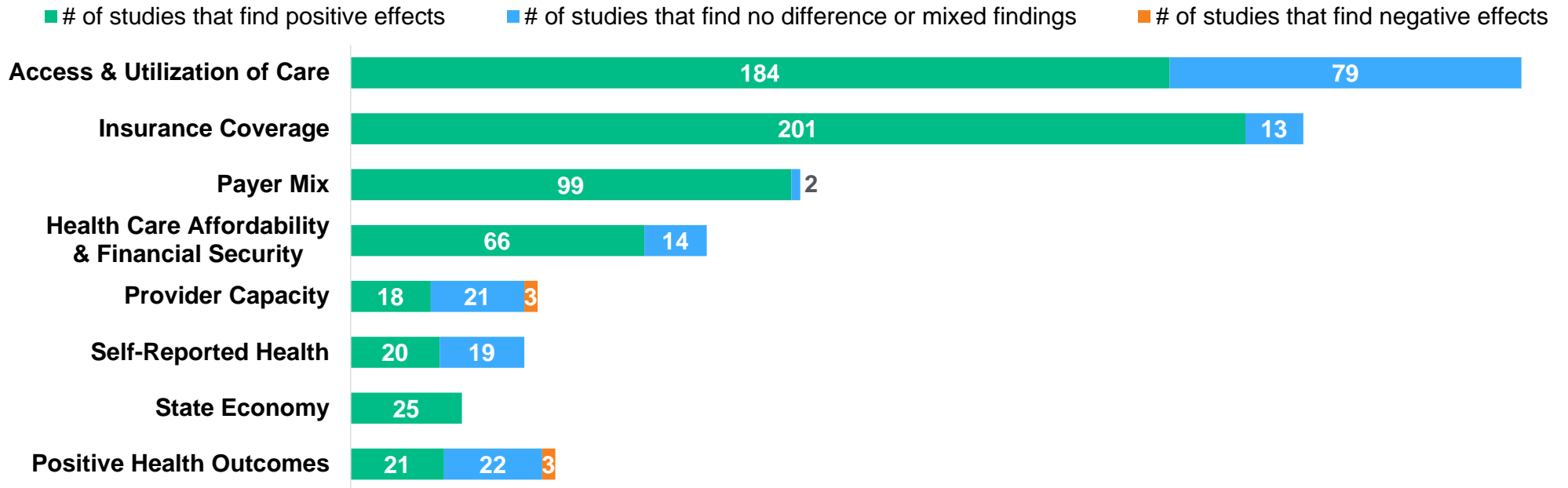
SOURCE: KFF estimates based on the Census Bureau's March Current Population Survey (CPS: Annual Social and Economic Supplements), 2021.



Figure 10

# Studies generally find positive effects of the ACA Medicaid expansion across a range of outcomes.

Number of studies that find positive effects, no difference or mixed findings, and negative effects:



NOTES: Studies may have findings on multiple outcomes and be counted in multiple bars. “Insurance Coverage” includes coverage rates generally and for Medicaid.

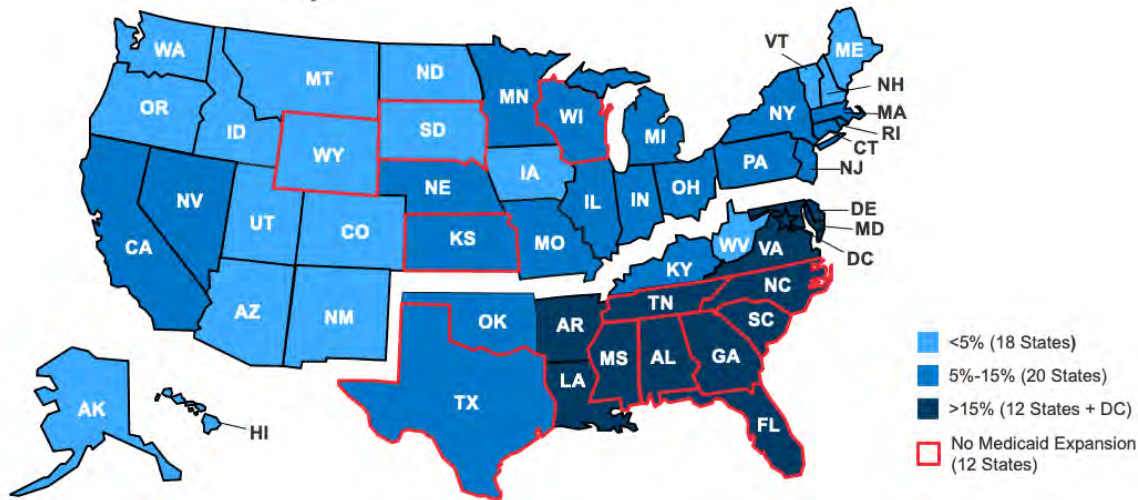
SOURCE: KFF analysis of 601 studies of the impact of state Medicaid expansion published between January 2014 and March 2021.



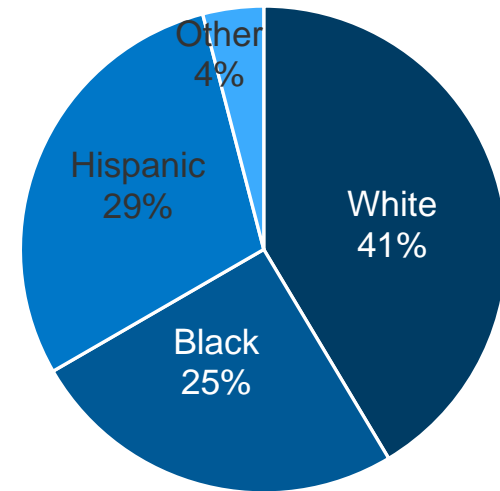
Figure 11

# The Medicaid coverage gap disproportionately affects people of color.

Share of the Nonelderly Population that is Black by Medicaid Expansion Status



Race/Ethnicity of Adults in the Coverage Gap



2.2 Million Adults

NOTE: Totals may not sum to 100% due to rounding. Nonelderly includes individuals ages 0 to 64. Other includes Asian, American Indian Alaska Native, and Native Hawaiian and Other Pacific Islander people, along with people of multiple races. Hispanic people may be of any race but are categorized as Hispanic; other groups are all non-Hispanic.

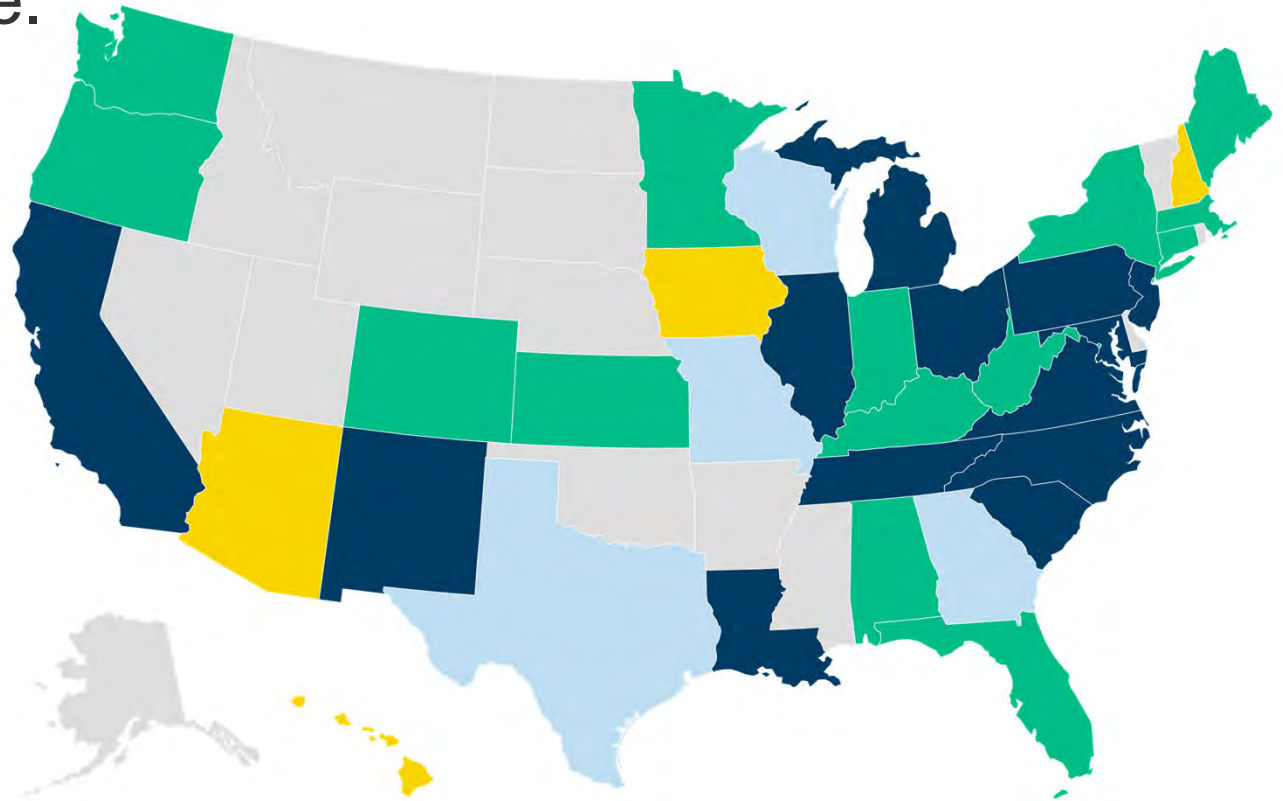
SOURCES: KFF analysis of 2019 American Community Survey, 1-Year Estimates and KFF Status of State Medicaid Expansion Decision as of January 2022.

Figure 12

## At least 36 states have taken steps to extend Medicaid postpartum coverage.

### State actions as of 4/21/22:

- 12-month extension implemented (13 states)
- Planning to implement 12-month extension (14 states & DC)
- Limited coverage extension approved or proposed (4 states)
- Pending legislation to seek federal approval (4 states)

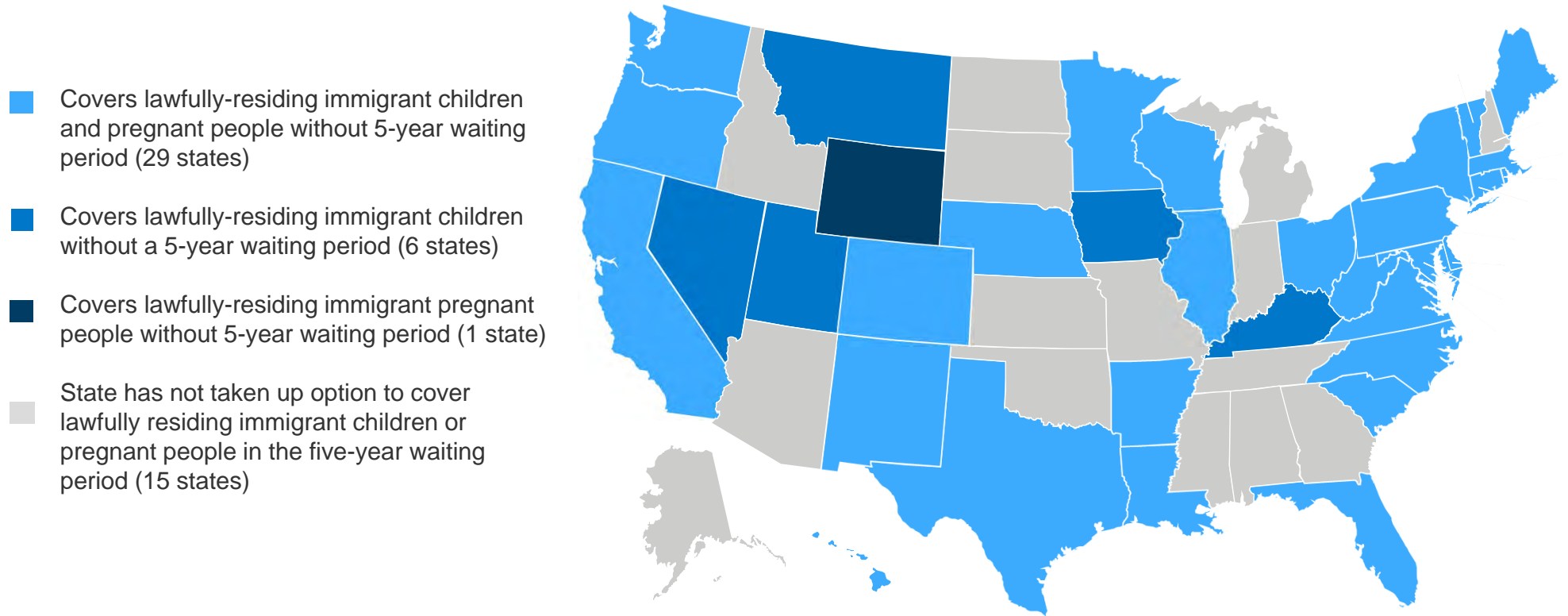


NOTES: Pending legislation includes legislation that has passed one or both chambers.

SOURCE: Medicaid Postpartum Coverage Extension Tracker, <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>

Figure 13

## Many states have taken up options to expand Medicaid/CHIP coverage to recent immigrants.




NOTE: In addition, 18 states cover pregnant people regardless of immigration status through the unborn child option.

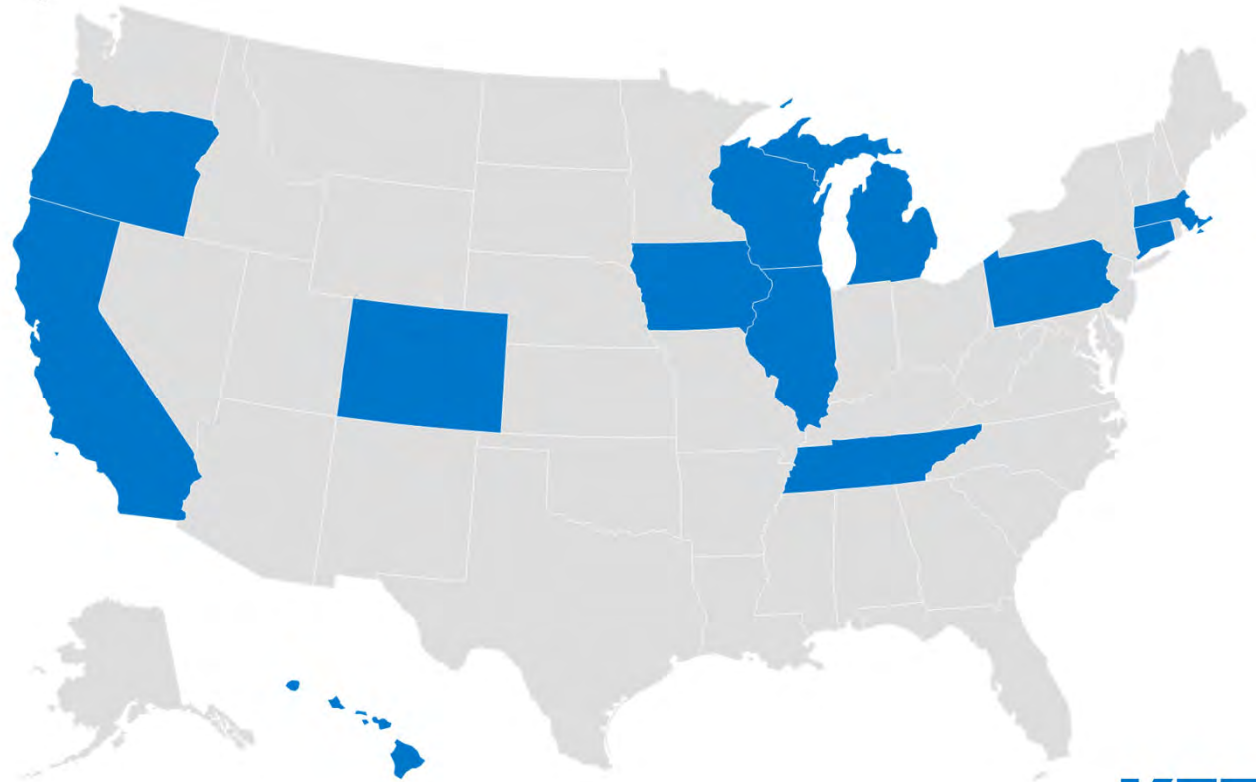
SOURCE: Based on results from a national survey conducted by KFF and the Georgetown University Center for Children and Families, 2022.

Figure 14

## State Medicaid programs are increasingly linking financial incentives to health disparities metrics.

As of 7/1/21:

 12 states report that **health disparities** are a performance measure focus area for **financial quality incentives** in Medicaid



NOTES: Includes state-reported incentives across delivery systems including managed care organizations (MCOs), limited benefit prepaid health plans (PHPs), and/or primary care case management (PCCM) programs or fee-for-service (FFS).

SOURCE: KFF survey of Medicaid officials in 50 states and DC conducted by HMA, October 2021.

Figure 15

## States are taking other broader actions to address racial health disparities.

- Health equity task forces, offices, cabinet positions
- Increasing data collection and reporting
- Establishing health equity metrics or conducting health equity impact assessments
- Training requirements for health care workers on bias, disparities, and/or equity
- Grants to providers and community based organizations



Figure 16

## Addressing disparities is important for social justice and the nation's overall health and economic prosperity.

- Underserved groups experience higher rates of illness and death that result in unnecessary costs and limit the overall health of the nation
- As the population becomes more diverse it is increasingly important to address disparities
- Addressing the disparate impacts of COVID-19 and ensuring equity in COVID-19 vaccinations is important for preventing against further widening of health disparities

Figure 17

## Now is a pivotal time for action to advance equity.

- Prioritizing equity and directing resources to address underlying inequities in structures and systems across sectors
- Increasing diversity of the health care workforce and diversity in research (e.g., clinical trials)
- Increasing availability of high-quality, disaggregated data and using data to inform actions and policies
- Establishing measurable goals for health equity and incentives and accountability to meet those goals
- Building on and supporting existing community resources and strengths