

Access to Health Care

Presentation to the Human Services and Public Health Joint Committee

October 19, 2020

Shriver
Center on
Poverty
Law

HEALTHY
ILLINOIS 

Ever
Thrive
Illinois 
*Champions for
Healthy Communities*

Presenters

- Audra Wilson, President and CEO, Shriver Center on Poverty Law
- Graciela Guzman, Campaign Director, Healthy Illinois
- Rudi Hancock, Government Relations Liaison, Shriver Center on Poverty Law
- Kirbi Range, Maternal & Child Health Manager, EverThrive Illinois



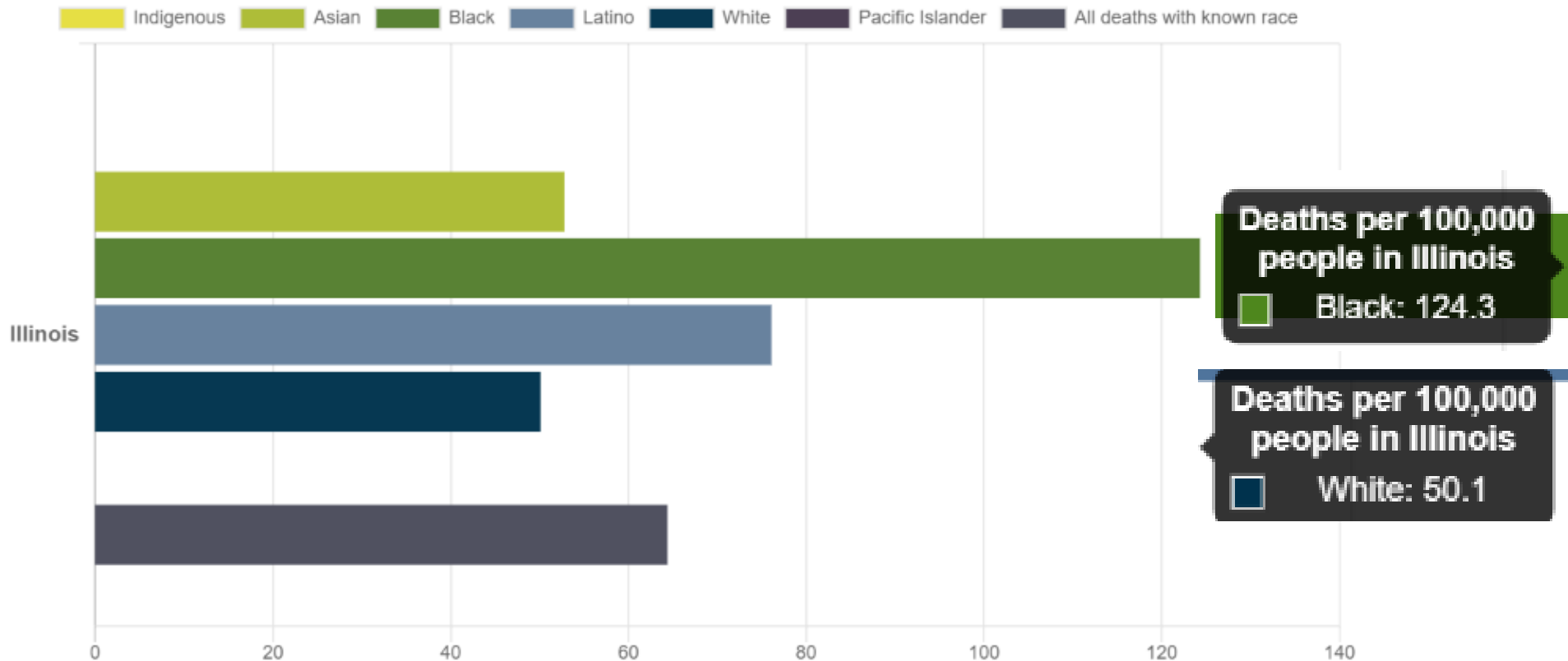
For economic and racial justice

Health Equity Values

- **Health justice:** Everyone deserves access to affordable, comprehensive healthcare no matter their income, race, gender, or where they're from. People need to stay healthy so they can work, take care of their families, and be active members of their communities.
- Black people, immigrants and people of color are at disproportionate risk of being uninsured, lack access to care, and experience worse health outcomes.
- America's legacy of slavery and medical abuse of Black people as well as racist policies of exclusion have contributed to generational distrust of the health care system by many Black people and a reluctance to seek care when needed. Racism is a public health emergency.

Black people across Illinois are dying from COVID-19 at 2.5 times the rate of the white population

COVID-19 DEATHS PER 100,000 PEOPLE, THROUGH SEPT. 15, 2020



Source:
<https://www.apmresearchlab.org/covid/deaths-by-race>

**Latino ethnicity is reported separately from non-Hispanic race groups in Illinois.*

Black Americans distrust the health care system

New poll shows Black Americans see a racist health care system setting the stage for pandemic's impact

Even as they lose family members and jobs, most are reluctant to try a vaccine

BY MICHAEL A. FLETCHER
ILLUSTRATIONS BY SHYTHEARTIST

- A September 2020 nationwide poll by The Undeclared and the Kaiser Family Foundation (KFF) found that **7 in 10 African Americans believe that people are treated unfairly based on race or ethnicity when they seek medical care.**
- It's a feeling born of unequal history and intensified by the coronavirus pandemic, which is disproportionately ravaging Black lives both physically and economically.

Key Findings on the Experiences and Attitudes of Black Adults in the U.S.

Health Care



Say the **health care system often treats people unfairly** based on their race or ethnic background

65% Say it is **difficult to find a doctor who shares their background** and experience

48% Say it is **difficult to find health care they can afford**

20% Have personally **been treated unfairly based on their race while getting health care** for themselves or a family member in the past 12 months

SOURCE: KFF/The Undeclared Survey on Race and Health (conducted Aug. 20-Sept. 14, 2020);
KFF/Washington Post Black Women in America Survey (conducted October 6-November 2, 2011);
KFF/Washington Post/Harvard University African American Men Survey (conducted March 20-April 29, 2006);
KFF Survey of Race, Ethnicity, and Medical Care: Public Perceptions and Experiences (conducted July 7-September 19, 1999)

KFF

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Why Historically Neglected Residents Need Comprehensive Health Insurance and Health Care Providers they TRUST Now More Than Ever

- Due to systemic dis-investment in their communities, people of color have higher rates of underlying medical conditions--like diabetes, heart disease, hypertension, obesity, lung disease--that have been shown to be at higher risk for serious courses of COVID-19.
- Meaningful access to comprehensive health insurance and health care would **increase access to primary care providers** and decrease risk for such serious courses of COVID-19.

Black workers overrepresented in essential work during coronavirus pandemic

- Black and Latinx workers are overrepresented among COVID-19's frontline essential workers (defined as essential workers who must physically report to jobs sites where they face elevated risks of infection).
- They are especially overrepresented in jobs that put workers' and their families' lives at risk without even a family-sustaining living wage.
- Black workers occupy 13% of all jobs across the economy, but they make up approximately 19% of essential jobs that pay less than \$16.54 an hour, the wage necessary to meet the basic needs of a family of four.

HB 2343 - Healthy Workplace Act (*Rep. Gordon-Booth / Sen. Lightford*). The pandemic highlights the need for a solution for all workers to have at least a minimal amount of sick leave to use without fear of a loss of income or their jobs. Nearly 40% of Black workers have no access to paid sick leave.

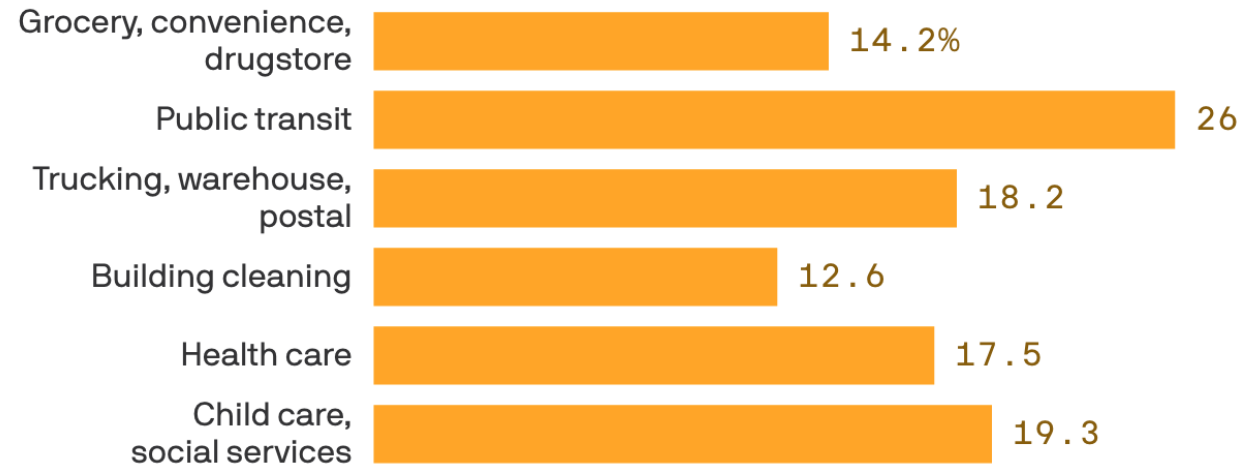
Black workers overrepresented in essential work during coronavirus pandemic

Share of black workers in front-line jobs

2014–2018 five-year estimate



Black front-line workers by industry



Safety Net Hospitals Enduring Compounded Stressors: Before the Pandemic

- Hospitals are economic engines of their community, providing jobs and purchasing goods, which in turn, has a positive economic multiplier effect.
- Their patient mix is disproportionately uninsured and Medicaid-eligible, with long-standing structural barriers: e.g., high rates of chronic medical conditions, low access to nutritious food, high rates of environmental toxins, lack high-quality affordable housing, and working on the front lines in low-wage jobs often with no access to paid sick leave.
- The ***most financially vulnerable*** hospitals are those operating:
 - Without a steady and sufficient number of well-reimbursed surgeries/procedures (from specialty care in particular) and ***privately***-insured patients, and/or
 - Untethered to a larger well-capitalized hospital system
- Illinois draws down one of the lowest federal Medicaid reimbursement rates in the U.S. **PLUS** long-standing historical Illinois budget challenges results in *untimely and inadequate* reimbursement to health care providers.

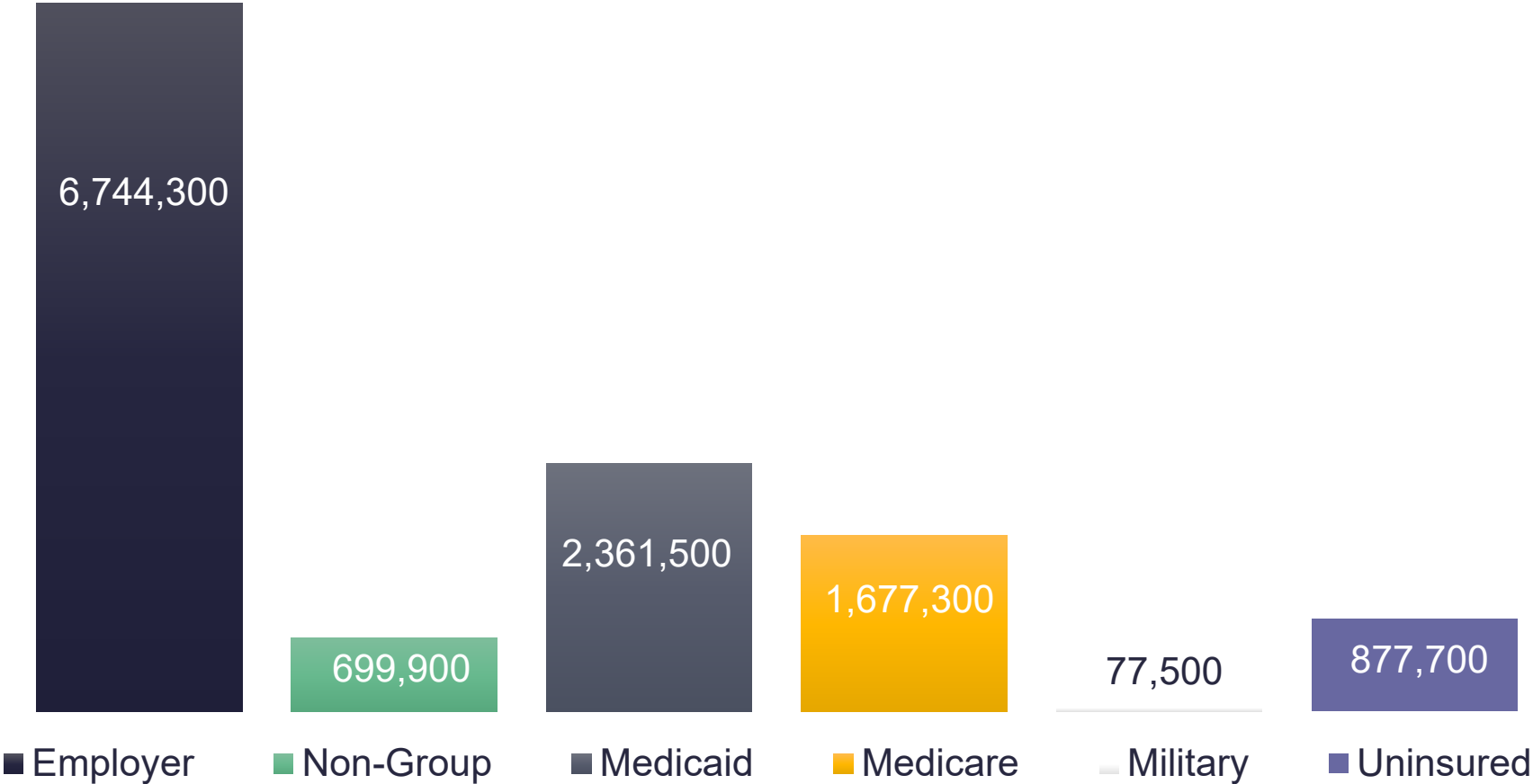
Safety Net Hospitals Enduring Compounded Stressors: **With the Pandemic**

- Elective surgeries/procedures--hospitals' financial lifeline--stopped during peak pandemic time period and these appointments have not rebounded;
- Increase in job loss (combined with aforementioned factors) causing greater numbers of uninsured (and Medicaid-eligible) overall;
- Core patients are disproportionately front-line essential workers exposed to COVID-19 and therefore testing positive at higher rates and enduring longer, more serious courses of the disease due to larger number of patients diagnosed with chronic and other underlying health conditions;
 - This translates into even greater numbers of sicker, poorer, uninsured/low-reimbursed patients occupying hospital beds for longer stays.

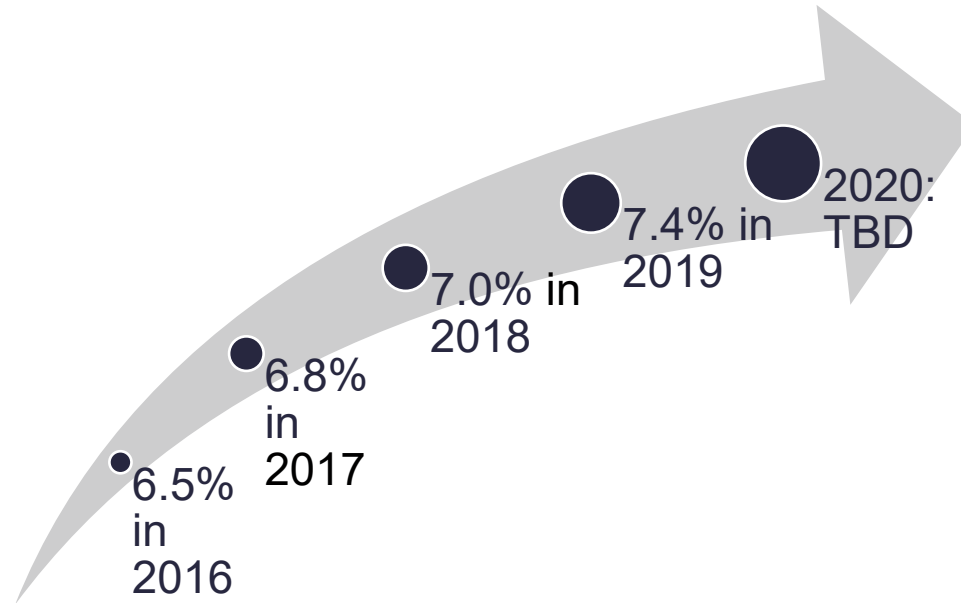
Health Care Access and Outcomes in IL: What the Race/Ethnicity Data Shows Us



Source of Health Insurance for Illinois Residents, 2018

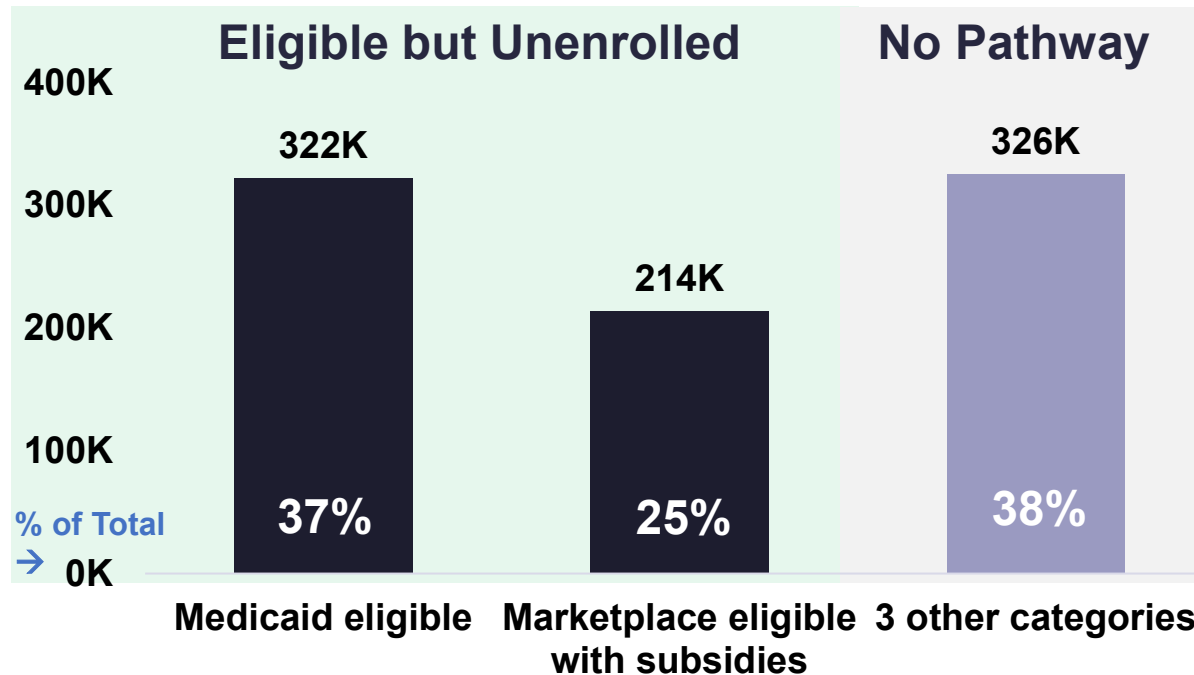


Illinois's Overall Uninsured Rate Has Been Increasing Since 2016



Source: https://www.shadac.org/sites/default/files/ACS_Estimates-2019-Infographic.pdf

62% of the IL Uninsured are eligible for Medicaid or Marketplace with tax credits, but not enrolled

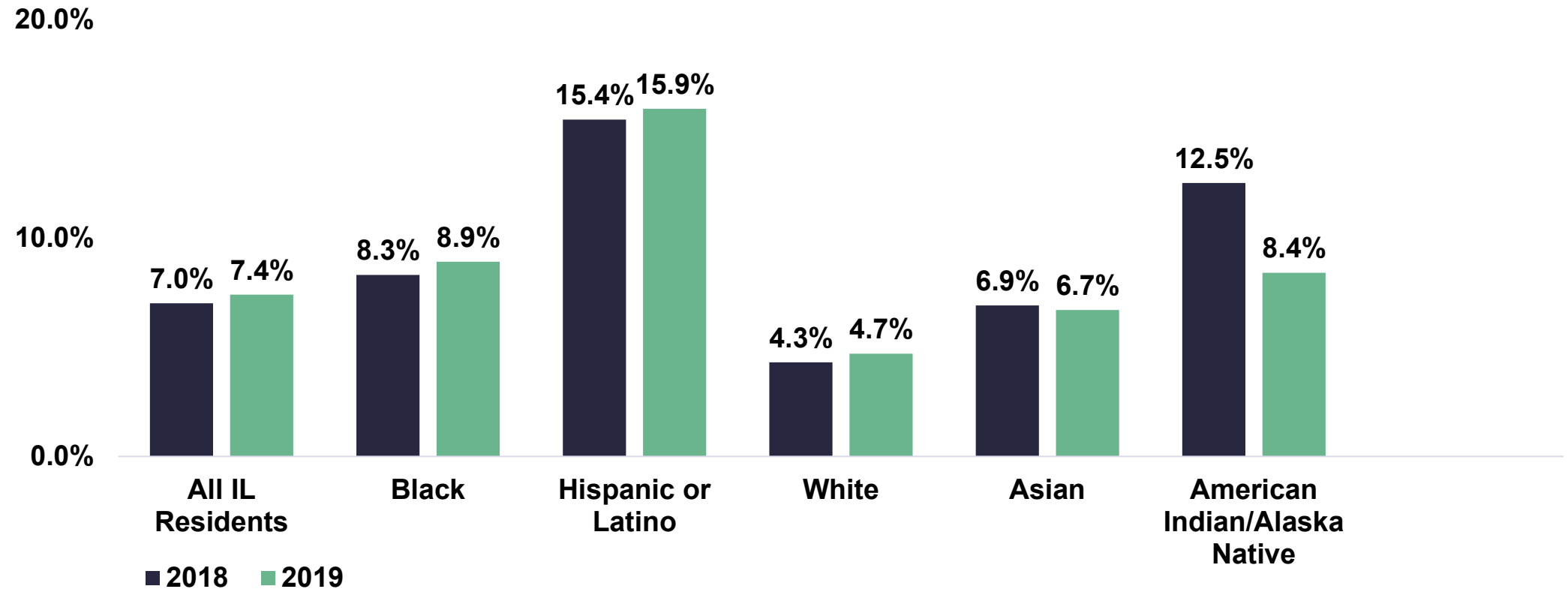


3 other categories:

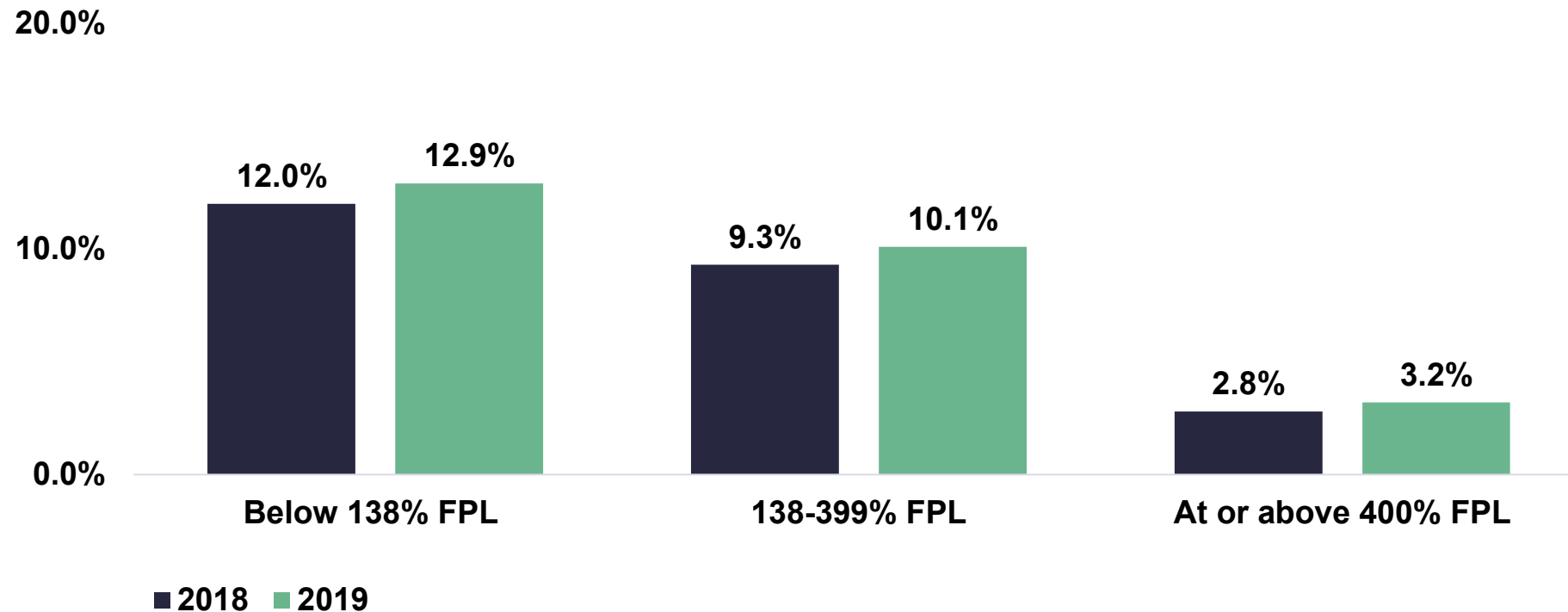
1. **Eligible** for ACA marketplace **coverage** but are **ineligible** for ACA marketplace **subsidies** due to being over income
2. Have an **offer of employer sponsored coverage** that the ACA deems is affordable
3. **Ineligible** for the marketplace or for Medicaid due to their **immigration status**

Source: KFF analysis
based on 2019
Medicaid eligibility
levels and 2018
American Community
Survey

Uninsured in Illinois by Race/Ethnicity



Uninsured in Illinois by Poverty Level



Being Uninsured Can Lead to Poor Health Outcomes and Medical Debt

- **People without insurance coverage have worse access to care than people who are insured.**
 - One in five uninsured adults in 2018 went without needed medical care due to cost.
 - Studies repeatedly demonstrate that uninsured people are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.
- **The uninsured often face unaffordable medical bills when they do seek care.**
 - In 2018, uninsured nonelderly adults were over twice as likely as their insured counterparts to have had problems paying medical bills in the past 12 months. These bills can quickly translate into medical debt since most of the uninsured have low or moderate incomes and have little, if any, savings.

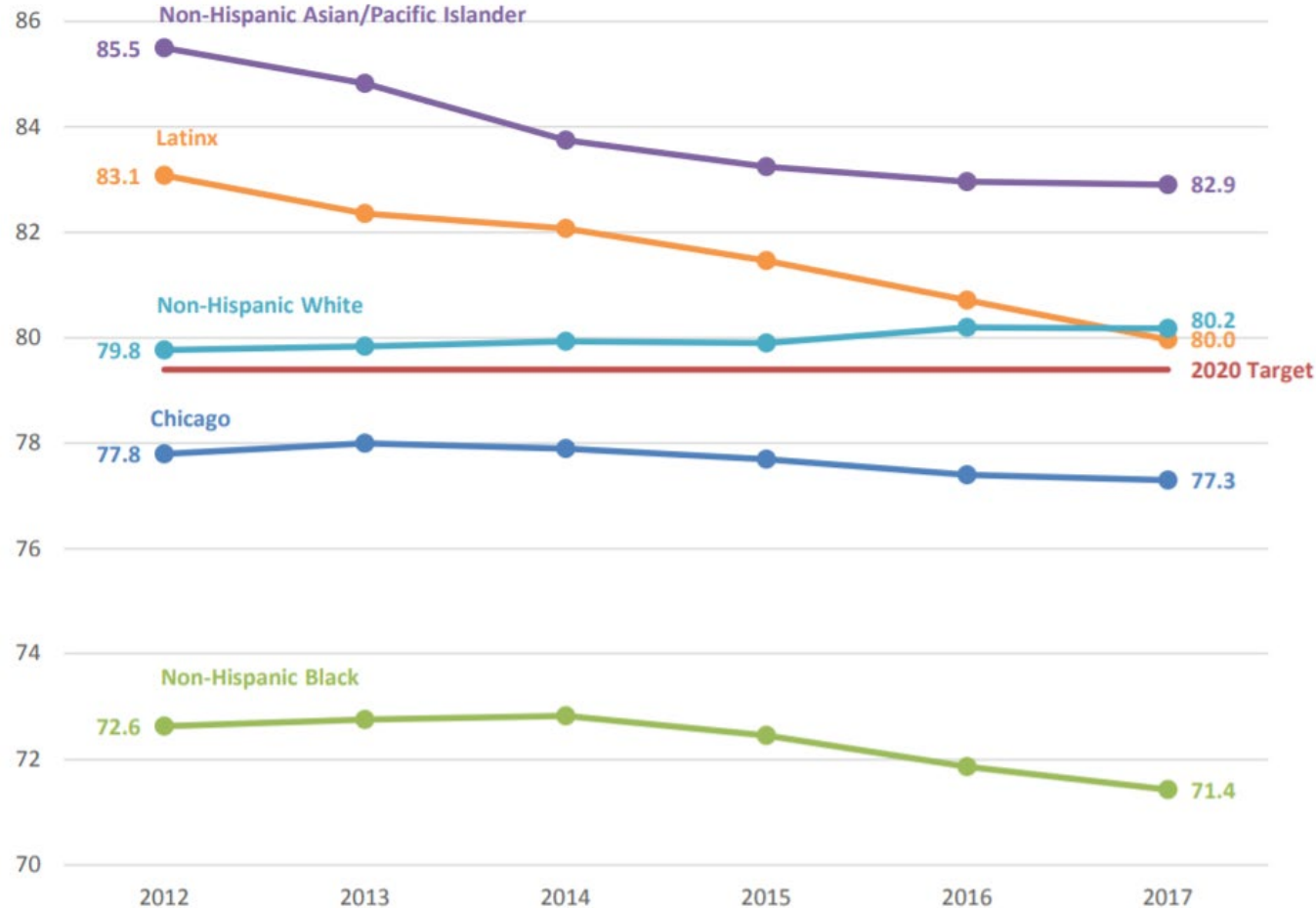
Health Care Outcomes – Should Not Be Based on ZipCode

- Among the 500 largest U.S. cities, Chicago had the **largest gap in life expectancy across neighborhoods at 30.1 years** ([NYU School of Medicine, June 5, 2019](#))
- Gap is linked to Racial & Ethnic Segregation by Neighborhood
- There's no genetic or biological issue causing these disparities. Systemic and structural racism can stand between you and good health.



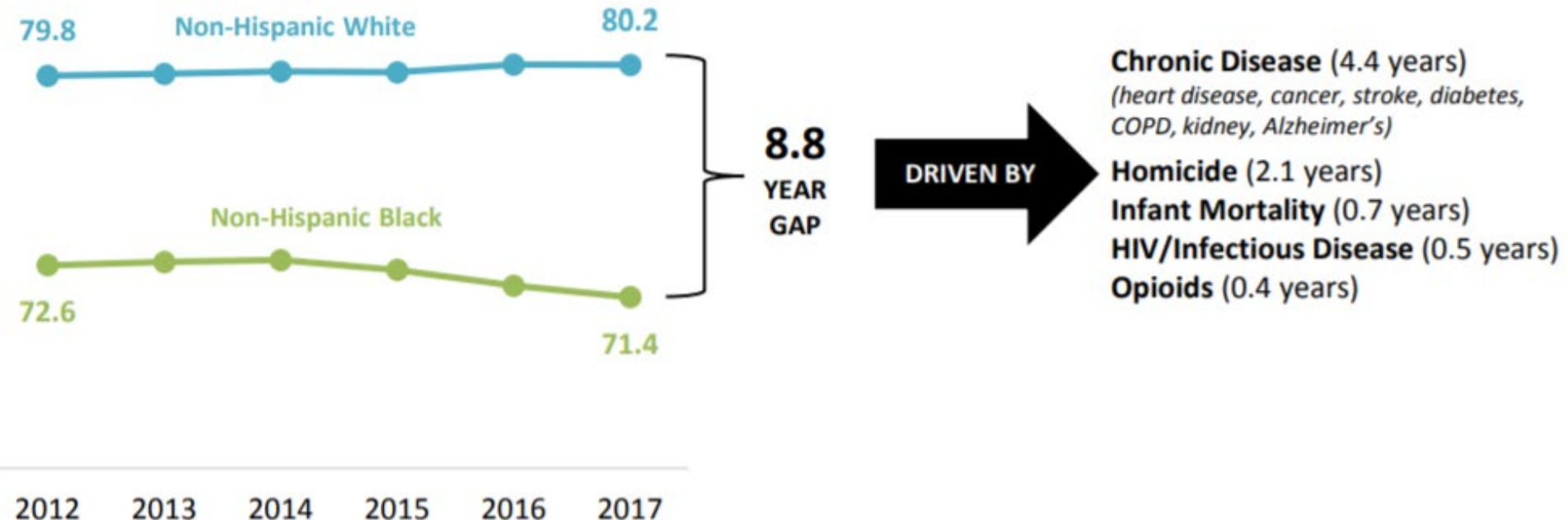
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Chicago Life Expectancy, By Race

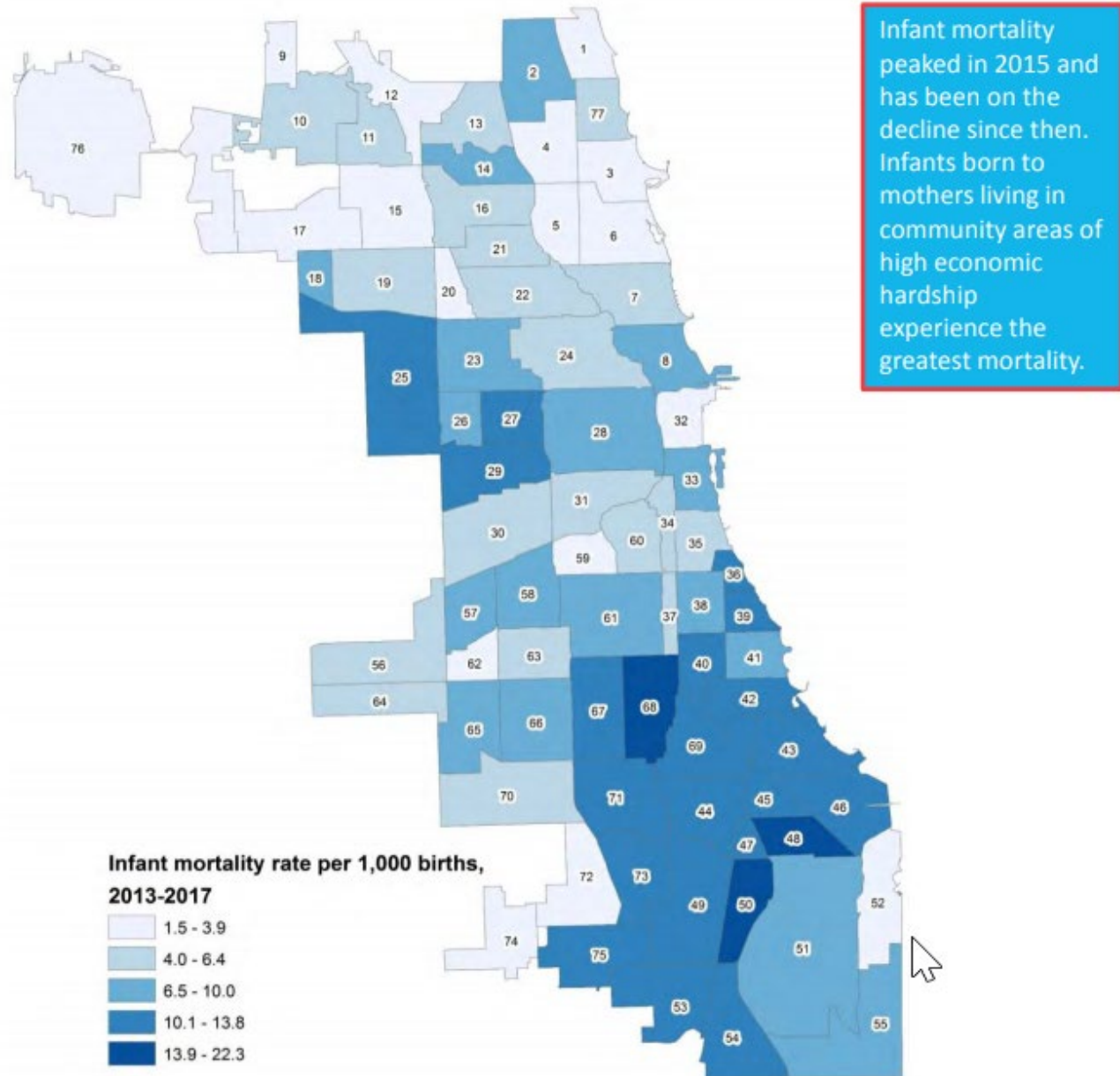


What's Driving Life Expectancy Gap?

What is driving the life expectancy gap between non-Hispanic blacks and whites?



22. INFANT MORTALITY BY COMMUNITY AREA, CHICAGO, 2013-2017



Sources: IDPH, Division of Vital Records, Birth and Death Certificate Data Files, 2013-2017.

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HIGHEST DEATH RATE

60649

27 deaths and 223 cases
per 10,000 residents

2.9% **White** | 92.6% **Black** | 0.4% **Asian** | 2.6% **Latino**

HIGHEST CASE RATE

60623

454 cases and 18 deaths
per 10,000 residents

2.9% **White** | 30.4% **Black** | 0.1% **Asian** | 66.1% **Latino**

LOWEST DEATH RATES

60611

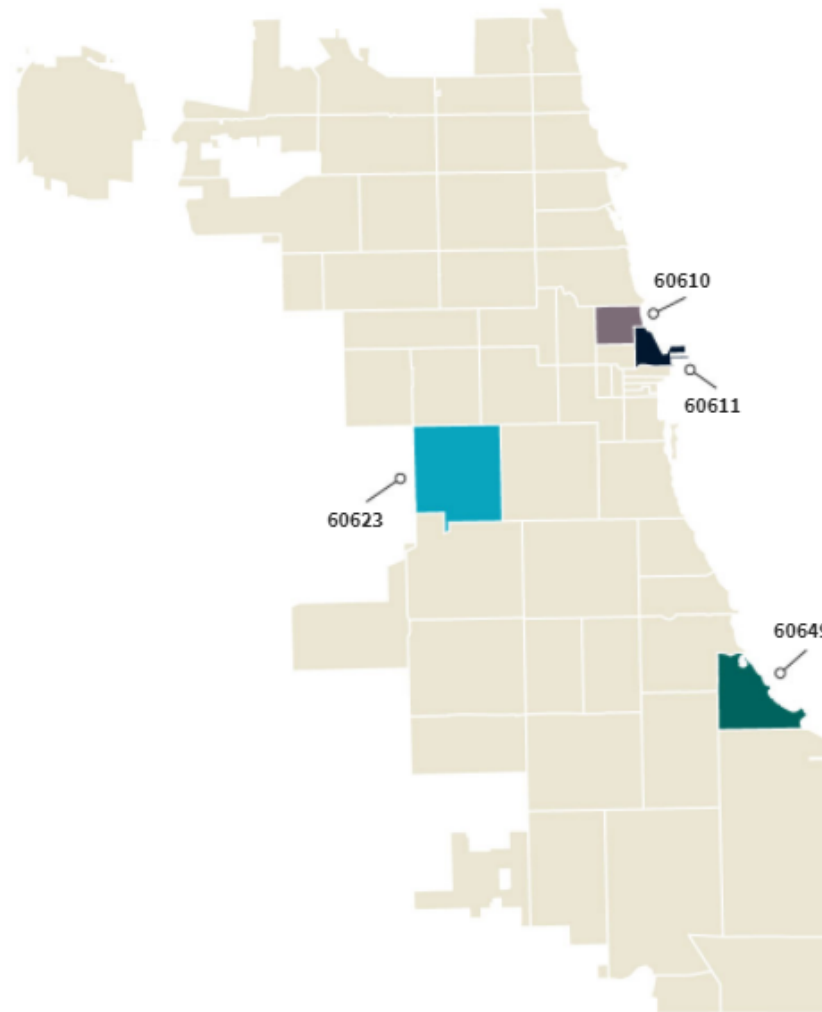
1 death and 91 cases
per 10,000 residents

71.5% **White** | 2.8% **Black** | 17.7% **Asian** | 5.3% **Latino**

60610

3 deaths and 112 cases
per 10,000 residents

68.7% **White** | 14.5% **Black** | 8.1% **Asian** | 6.7% **Latino**



How Money Fuels Racism In Health Care

Hospitals in low-income communities are often starved for resources. And that makes it harder for people of color in parts of Chicago to get medical care.

By [Kristen Schorsch](#)

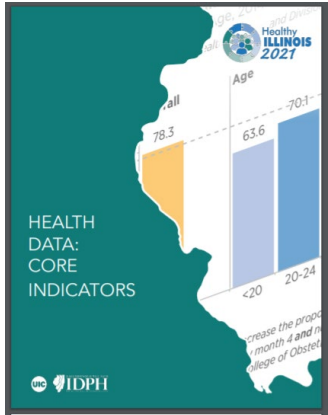
Tuesday, Oct. 13, 6 a.m. CT

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According to Healthy Illinois 2021: Childhood asthma, type 2 diabetes, and hypertension are often referred to as “ambulatory care sensitive conditions” since in a health care system with adequate and equal access to care, these conditions should be managed in a primary care setting. Visits to an emergency department should be rare. **In 2014, non-Hispanic blacks had much higher rates of emergency department use for pediatric asthma, type 2 diabetes, and hypertension compared to other Illinois residents.**

Rate of Emergency Department Discharges for Pediatric Asthma, per 10,000 Children

Illinois Overall and by Race/Ethnicity, 2014*

Source: IDPH, Division of Patient Safety and Quality

Benchmark**	-	
Illinois Overall	85.4	(84.4-86.4)*
Non-Hispanic Black	243.9	(239.7-248.2)
Non-Hispanic White	42.5	(41.5-43.5)
Hispanic	65.7	(63.9-67.6)
Non-Hispanic Other	96.3	(92.4-100.2)

*The denominator is the mean 2012-2014 data, from Claritas.

**The Healthy People 2020 Objective uses age-specific measures.

†(95% confidence intervals)

Rate of Emergency Department Discharges for Type II Diabetes, per 10,000 Adults

Illinois Overall and by Race/Ethnicity, 2014*

Source: IDPH, Division of Patient Safety and Quality

Illinois Overall	288.0	(286.9-289.0)**
Non-Hispanic Black	601.5	(597.4-605.5)
Non-Hispanic White	224.0	(222.8-225.1)
Hispanic	283.6	(280.8-286.3)
Non-Hispanic Other	296.0	(291.8-300.3)

*Denominator is the mean 2012-2014 data, from Claritas.

** (95% confidence intervals)

Rate of Emergency Department Discharges for Hypertension, per 10,000 Adults

Illinois Overall and by Race/Ethnicity, 2014*

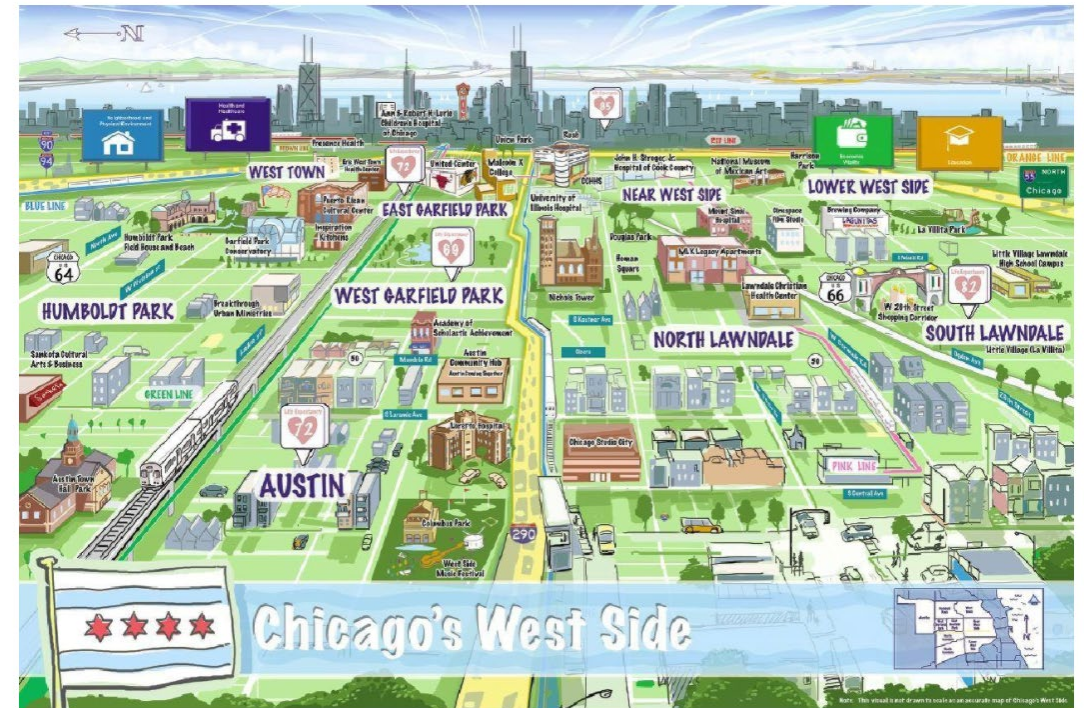
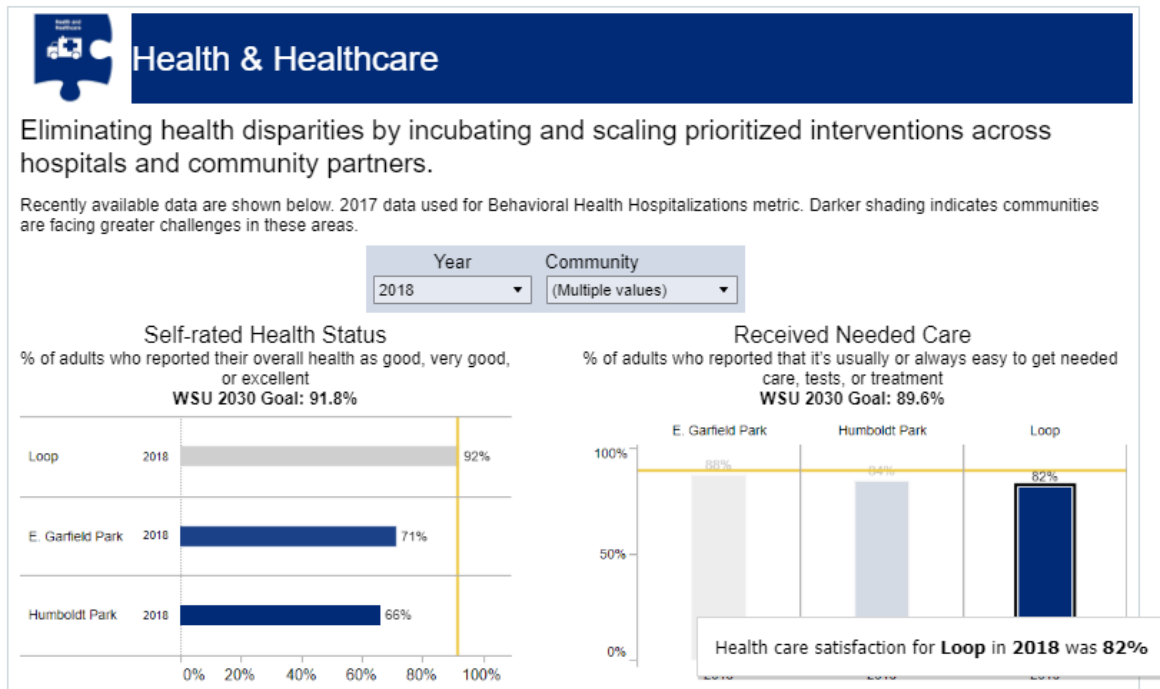
Source: IDPH, Division of Patient Safety and Quality

Illinois Overall	710.8	(709.2-712.4)**
Non-Hispanic Black	1510.4	(1504.3-1516.5)
Non-Hispanic White	604.7	(602.8-606.5)
Hispanic	475.5	(471.9-479.0)
Non-Hispanic Other	617.5	(611.5-623.6)

*Denominator is the mean 2012-2014 data, from Claritas.

** (95% confidence intervals)

Community-Based Solutions Help Drive Improved Health Outcomes



Proposed Policy Solutions



Targeted Solutions for Black & Latinx Communities

- Reinstatement of funds for Enrollment Assistance; focused on the uninsured or under-insured in Black/Latinx communities
- Ensure that there is community input and race equity assessment before approval of any hospital closure
- Ensure that current HFS/DOI Affordability Study, due to ILGA in February 2021 is centered on race equity
 - For example, any “Public Option” must include essential community providers in network
- Prioritize passage of HB5522 Medical Implicit Bias Training Bill
- Prioritize passage of HB2343 Healthy Workplace Act
- Prioritize passage of HB4 Doula Services Covered Under Medicaid
- Expand Medicaid postpartum coverage for all birth parents from 60 days to 12 months



Reinstate Funds for Enrollment Assistance in Black/Latinx Communities

- The Affordable Care Act (ACA) created Navigator programs to provide outreach, education, and enrollment assistance to consumers eligible for marketplace and Medicaid coverage.
- Illinois had both federal Navigator funds (\$2.5M) AND its own In Person Counselor program (initially funded at \$28M in 2013 and then \$5M in 2016). Navigator funds have been slashed 88% since 2016. In 2020, [Illinois will only receive \\$305,000 federal funds](#). The Illinois In Person Counselor program ended in 2016.
- **Personalized, one-on-one assistance provided through trusted individuals in the community is ["the strongest predictor"](#) of enrollment.** It is a proven way to ensure that **eligible but unenrolled** individuals, especially communities of color, feel comfortable completing the enrollment process and understanding how to use that coverage.

"Supplementing or replacing diminishing federal funding for consumer outreach workforce training and support at the state or community level was found to be an important priority that can increase competencies in a diverse population"

[An Analysis of Community-Based Health Workforce Training Efficacy: Evidence From the Affordable Care Act Insurance Navigators in Illinois, August 20, 2019](#)

Ensure Community Input and Race Equity Impact in Consideration of Hospital Closures

- Encourage community participation in Health Care Facilities Board process by making all closures subject to public hearing (not only when requested).
- Require a community impact and race equity analysis/impact before HCFCB approval of proposed closure.
- Require an economic impact analysis of the community prospective employment loss and income loss due to hospital closures.
- Review studies of hospital closures (in rural areas) and how corporate decisions drove closures instead of community local needs.

(<https://www.kff.org/report-section/a-look-at-rural-hospital-closures-and-implications-for-access-to-care-three-case-studies-issue-brief/>)

Ensure that HFS/DOI Affordability Study is Centered on Race Equity

- As part of the May 2020 Special Session, [ILGA passed \(SB 1864\) the “Health Care Affordability Act,”](#) which authorizes a state-led feasibility study to be completed by HFS and DOI by February 2021 to inform lawmakers on how to make healthcare more “affordable and accessible” for low- and middle-income Illinoisans.
- We recommend that HFS and DOI prioritize race equity and social justice impacts in all policy proposals modeled in the study so that decisions increase fairness and opportunity, particularly for Black and Latinx populations. For example:
 - Consider doing a racial impact assessment of all proposed policies
 - When defining health care affordability, take into consideration both premiums AND cost-sharing. Cost-sharing (e.g., co-pays, deductibles, co-insurance) affects Black and white households at similar incomes differently because of the racial wealth gap differences: white households have more resources on average to pay out-of-pocket costs
 - When modeling plan designs, prioritize the use of essential community providers/networks with providers of color.

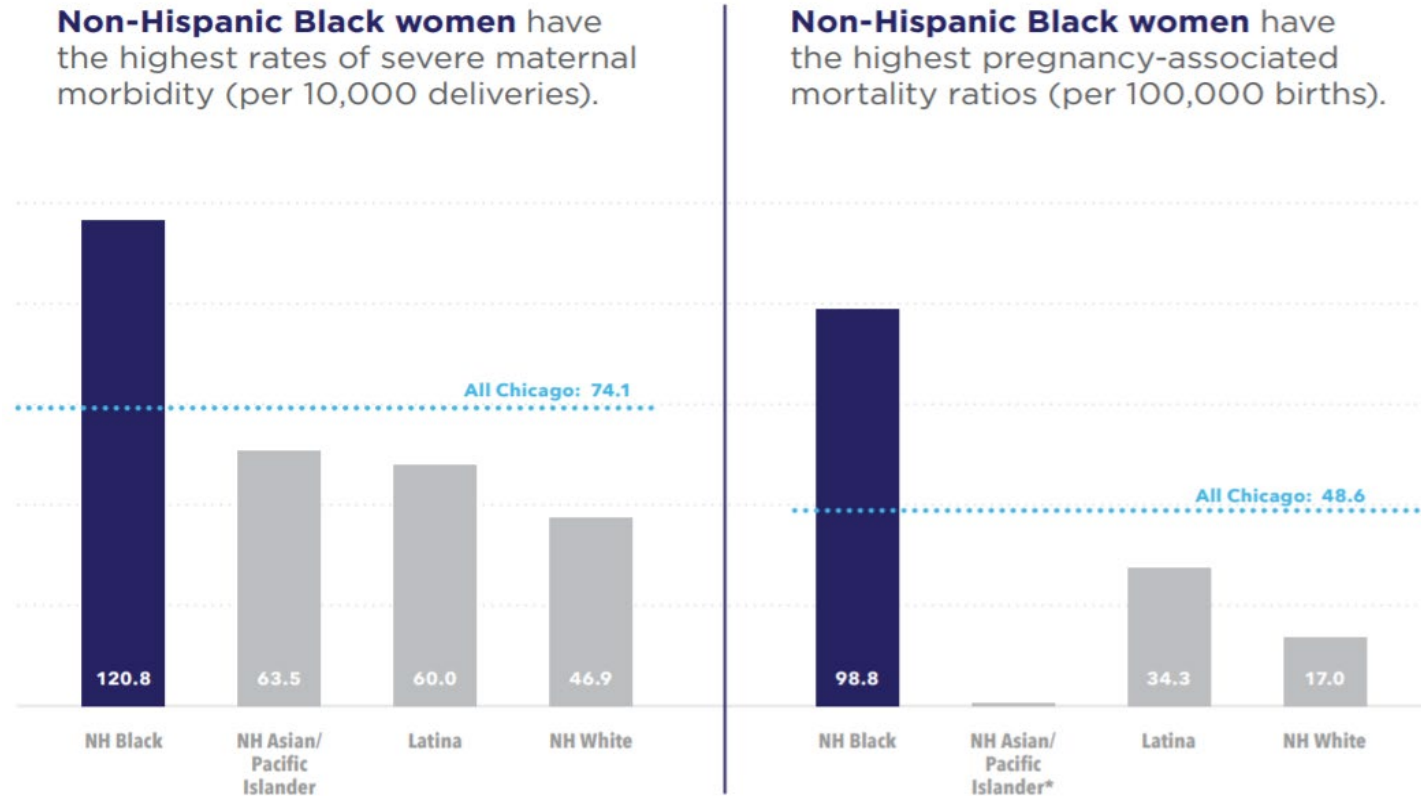
Three Bills to Prioritize in 2020-21

- **HB 5522 – Medical Implicit Bias Training (Rep. Welch)** – Provides for implicit bias training for persons licensed under the Medical Practice Act, Nurse Practice Act, and Physician Assistant Act to address disparities and its contributing factors in health outcomes.
- **HB 2343 - Healthy Workplace Act (Rep. Gordon-Booth / Sen. Lightford)** – The pandemic highlights the need for a solution for all workers (essential and other workers) to have at least a minimal amount of sick leave to use without fear of a loss of income or their jobs. Over three-fourths of low-wage workers do not have paid sick leave; Black, Latino/a/x and women are overrepresented among low-wage workers relative to their share of the total number in the workforce.
- **HB 4 - Doula Services (Rep. Greenwood)** – Provides for Doula services to be covered under Medicaid. Doulas are non-medical professionals that focus on prenatal care, labor and delivery, and postpartum care. Doulas can help reduce the impacts of racism and racial bias in health care settings by providing individually tailored and client centered care and advocacy for pregnant and postpartum people through information, education, and physical, social, and emotional support.

IL Maternal Morbidity and Mortality Report (2018) Findings

- In Illinois, between 2008 and 2016, an average of 73 women died annually within one year of pregnancy. That statistic was revealed in a [first-of-its-kind state report](#) on maternal deaths that came out in 2018.
- Over a nine year period from 2008 to 2016, the maternal mortality numbers had not gone down.
- Black women in Illinois are six times as likely to die of a pregnancy-related condition as white women. That rate is almost double the national average.
- The [Centers for Disease Control and Prevention](#) said the risk of pregnancy-related deaths for black women is three to four times higher than those of white women.

Data shows that childbirth-related deaths remain high in Illinois, especially for Black women



HB4 – Rep. Greenwood: Medicaid Reimbursement for Doulas and Home Visitors

The **2018** IDPH Report on Maternal Mortality and Morbidity recommends that to address the ongoing maternal mortality crisis in IL, we must expand access to doulas & home visiting services

Black birthing parents are more likely to die of a pregnancy-related cause compared to white birthing parents

3X more
likely
nationally

6X more
likely in
Illinois

- Having a doula support you in the perinatal period decreases your chance of dying and/or experiencing severe maternal morbidity
- Having a home visitor & a doula in an embedded program, like the ones that currently exist in IL:
 - increases support for development of healthy habits prior to birth
 - helps families prepare for a successful pregnancy, labor and delivery
 - supports the creation of strong bonds with the baby.
- Doulas not only serve as a source of prenatal & postpartum support but are the most important form of birth support, especially for Black women and women of color whose voices and needs are consistently downgraded

Expanding Postpartum Coverage

Timeline:

- Oct. 2018, IDPH report releases report recommending expanding postpartum coverage to address ongoing maternal mortality crisis
- May 2019, P.A. 0010 expanded Medicaid coverage from 60 days to 12 months postpartum
- Jan. 2020, HFS applies for federal match for the postpartum expansion (1115 waiver still pending)
- May 2020, additional funding is appropriated to the HFS budget to support the postpartum expansion
- ❖ October 2020, **we're still waiting for a full implementation**

The majority of maternal mortality and morbidity complications happen between 43 days and 12 months postpartum.

The HFS planned expansion of postpartum coverage does **not currently** include birth parents who are undocumented.

To truly achieve racial equity, we must appropriate additional state funds to provide expanded postpartum coverage for people who are undocumented.

Thank you!

