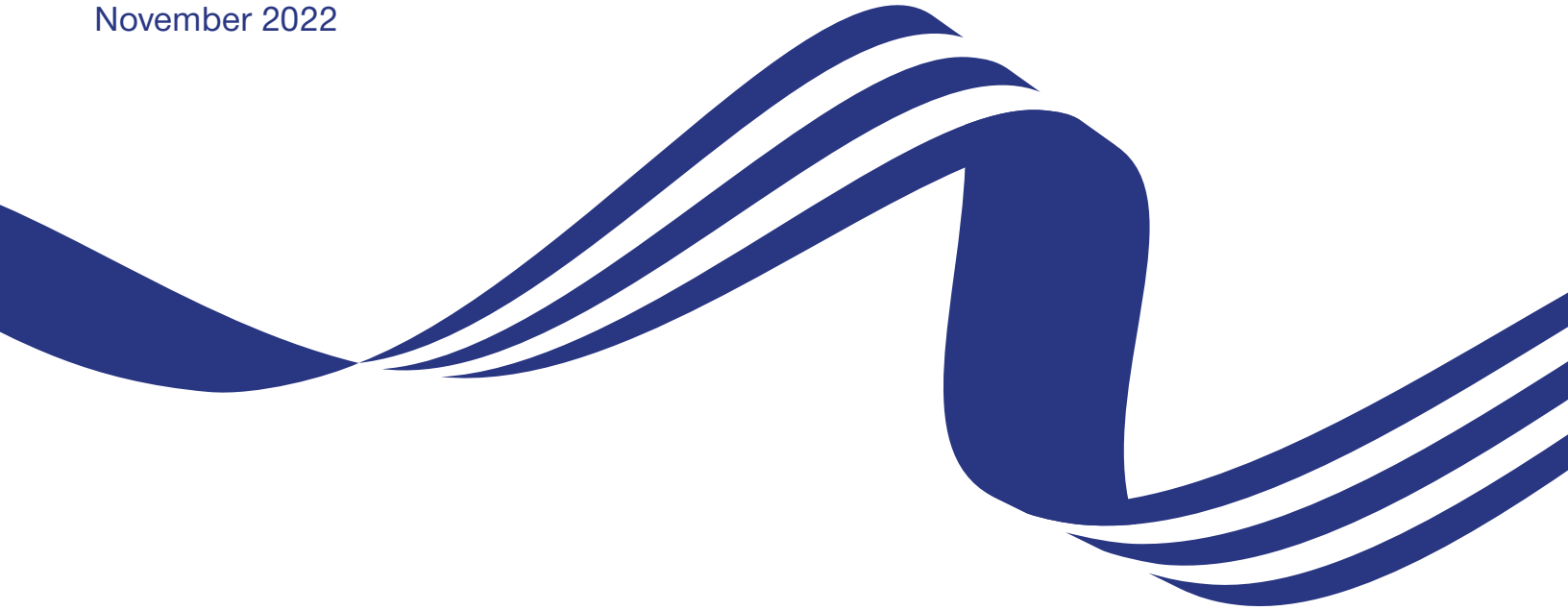
Executive Summary: 2022 Health Equity in Medicaid Report

Challenges & Opportunities

November 2022



United Healthcare

Overview

81 million
individuals are have access to care through Medicaid

Medicaid provides access to physical, behavioral and social care for over 81 million individuals. State Medicaid programs have a powerful ability to influence health through program design levers that provide complete and trusted data, measure and report outcomes, prioritize delivery system reforms and seek to meet the unique needs of populations.

Definitions

Health Equity	Health equity means everyone has a fair and just opportunity to achieve their full health potential and be as healthy as possible.
Health Disparities	Avoidable differences in health status that can be linked to social, economic, and/or environmental disadvantages.[2]
Health Inequities	Differences that are unfair and unjust without comparison to another group.[3]
Systemic Racism	A complex system, rooted in historical and current realities of differential access to power and opportunity for different racial groups.
Social Risk Factors	Commonly referred to as the social determinants of health (SDOH), social risk factors are adverse social, economic, and environmental conditions that lead to poor health outcomes.

Health disparities and inequities can be based on several factors, including but not limited to:

- Race
- Ethnicity
- Language
- Sexual Orientation
- Disability Status
- Gender Identity
- Income
- Education
- Geography
- Age
- Social Risk Factors

Impacts on Health Outcomes

Children

Between February 2020 and January 2022, child enrollment in Medicaid and CHIP grew by 14.4% to over 40 million.[48]

- Children who are Black, non-Hispanic, American Indian/Alaska Native, and multi-racial are more likely to have a chronic condition (e.g., asthma) than white, non-Hispanic children.[52]
- Children and adolescents who are non-white are more likely to experience delays in care due to access barriers such as cost, inflexible schedules, and lack of transportation.[53]
- An estimated 16.5% of children and youth ages 6–17 have at least one mental health disorder, yet nearly 50% do not receive needed treatment or services.[54] This rate is higher for children and youth of color. Those who live in rural areas also face disproportionate barriers to accessing these services.[55]
- From 2015–2018, Black infants had the highest infant mortality rate (11.0 per 1,000 births) — which was 2.8 times higher than Asian/Pacific Islander infants (4.0 per 1,000 births).

Children with System Involvement

- Though only 3% of children without disabilities enrolled in Medicaid are in foster care, they account for 15% of behavioral health services used by all children on Medicaid.[2]
- Children in foster care are also 4X more likely to be prescribed psychotropic medications than other Medicaid members who are children and represent 13% of all Medicaid members, of all ages, who receive psychotropic medications.[3]
- As many as 70% of children in the juvenile justice system have a mental health diagnosis.[4]

Adults

More than half of uninsured adults who would be eligible for Medicaid if all states expanded are people of color.[63]

- Women with severe maternal morbidity are more likely to be low-income, older, deliver by cesarean, Black, and enrolled in Medicaid. Black women have a preterm birth rate 49% higher than all other women.[72]

Individuals with Disabilities

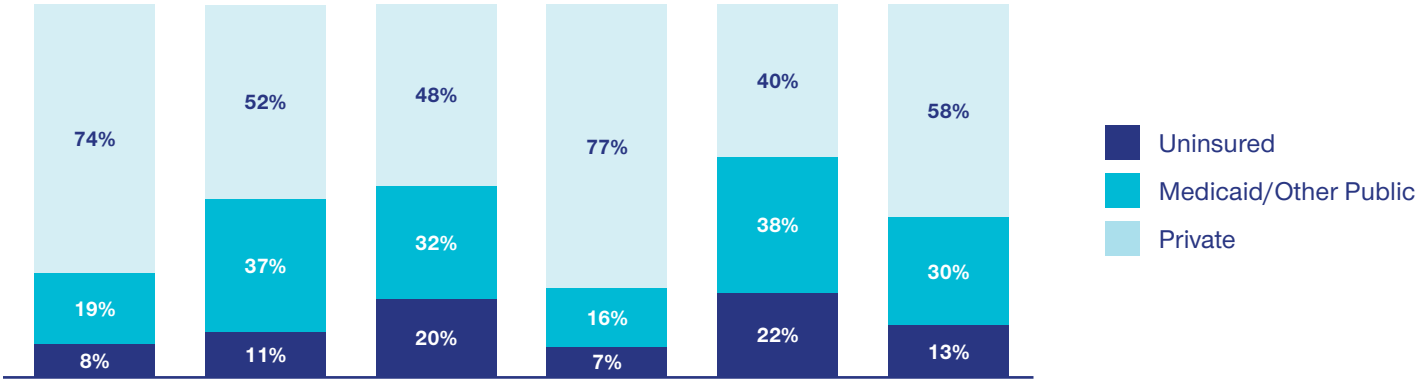
- Black and Hispanic[109] adults with I/DD were significantly more likely to be in fair or poor health and mental health than their white counterparts.
- Hispanic adults with I/DD were less likely to be consistently insured than their Black and white counterparts.

Older Adults

- BIPOC individuals that use LTSS are often younger, have greater physical impairments, and are more likely to use nursing homes.
- Black and Hispanic adults are less likely to reside in high quality nursing homes.
- Nursing facilities serving higher proportions of people of color are more likely to have lower staffing levels and lower quality of care.
- Nearly half of respondents in a study on LGBTQ+ elders in long term care experienced mistreatment in a care facility from residents and staff.[2]

Social Needs

Health Coverage of Non-elderly Population by Race and Ethnicity, 2019



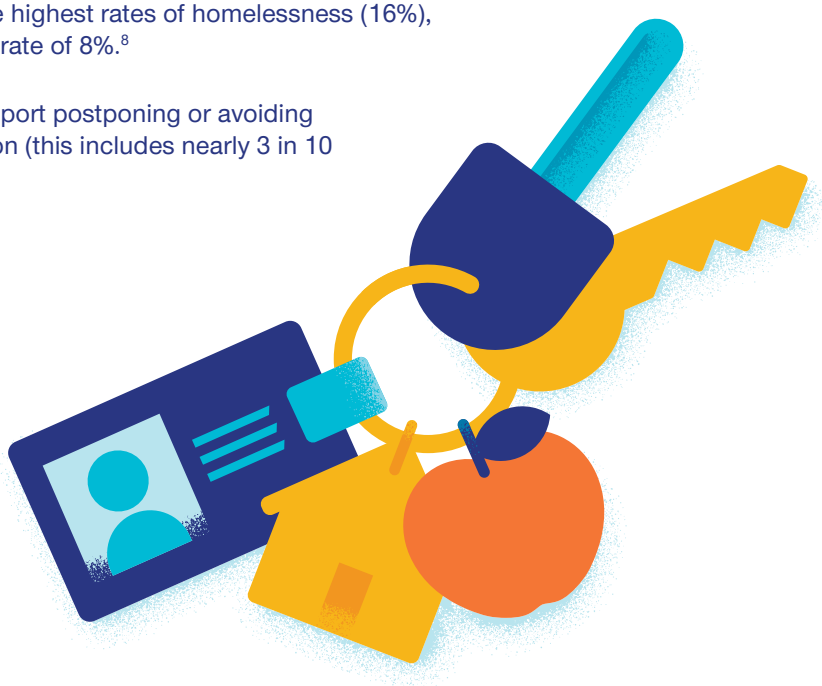
Note: Includes individuals ages 0–64. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Totals may not sum to 100% due to rounding.

Source: KFF analysis of 2019 American Community Survey, 1-Year Estimates.

24.8% From 2015–2019, households headed by an adult without a high school education (24.8%) had rates of food insecurity nearly six times higher than households headed by college graduates (4.4%)

16% Housing and homelessness significantly impact LGBTQ+ youth, who are more than twice as likely to experience homelessness than their non-LGBTQ+ peers. Non-white LGBTQ+ youth reported the highest rates of homelessness (16%), while white LGBTQ+ youth reported a rate of 8%.[8]

15% At least 15% of LGBTQ+ Americans report postponing or avoiding medical treatment due to discrimination (this includes nearly 3 in 10 transgender individuals).[2]



Medicaid Program Design Opportunities to Address Inequities

Opportunities to Address Disparities

There are many opportunities throughout the delivery system to address disparities. The following opportunities are explored in detail in our 2022 Health Equity in Medicaid Report.

State Administration

- Data improvements (see Figure 1)
- Program analysis and evaluation
- Enrollment and eligibility policies
- Benefit design inclusive of health-related social needs

Health Plans

- Procurement
- Accreditation requirements
- Quality measurement and improvement
- Reporting

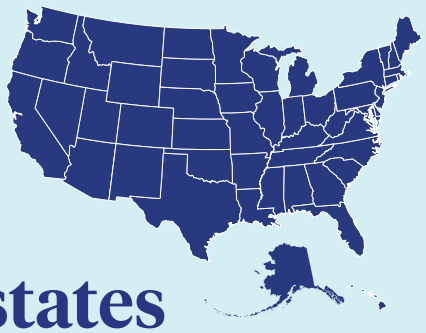
Providers

- Training
- Expanding available providers—doulas, community health workers
- Requirement of new providers from underserved communities

Community

- Stakeholder listening and advisory roles
- Investment and capacity building
- Collaboration across stakeholders

Figure 1



23 states
reported missing race data

9 states
reported missing ethnicity data

Barriers to Data

There are many challenges to collecting and improving data throughout the delivery system. The following challenges are explored in detail in our 2022 Health Equity in Medicaid Report.

- Lack of standardization
- Fragmented data collection
- Poor data quality
- Avoiding harm
- Data ownership
- Incomplete collection
- Individual and collector discomfort

View and download the full Health Equity in Medicaid Report at:
UHCCS.com/HealthEquityReport

At UnitedHealthcare, we are committed to making the health care system work better for everyone by addressing the disparities that prevent people from living their healthiest lives. Regardless of race, gender, sexual orientation, gender identity, geography, disability status, and all other demographic factors, the communities and individuals we serve—particularly those in our Medicaid, CHIP and Special Needs Plans—deserve the opportunity, support, and access necessary to achieve their optimal health and wellness.

Sources

[1] Household Pulse Survey Data Tables (census.gov)
[2] New U.S. Census Bureau data show significant economic disparities among the LGBTQ+ community — Equitable Growth
[3] Availability of Race and Ethnicity Data for Medicaid Beneficiaries (macpac.gov)
[8] Youth.gov
[48] Chapter 6: Medicaid's Role in Advancing Health Equity (macpac.gov)
[52] CMS Awards Funding to Boost Medicaid Enrollment
[53] Access in Brief: Experiences in Accessing (macpac.gov)
[54] Data and Statistics on Children's Mental Health | CDC
[55] Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children
[63] Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care
[72] Preterm Birth | Maternal and Infant Health | Reproductive Health | CDC
[109] The authors of the study used the term "Latinos."