Health Care

A statement of solidarity from the Texas Coalition of Black Democrats regarding Affordable Care Act and its impact and the status of mental health care access for blacks in the state of Texas:

The Texas Coalition of Black Democrats stands in solidarity with our allies and constituents across the nation as we address the issues of structural and socioeconomic marginalization of blacks within our healthcare system. Current systemic structures have a disproportionate impact on the health of men, women, and children of color in our nation and the state of Texas. The Hippocratic oath is best known for the line, "...first do no harm"; but the Texas State Legislature's unwillingness to embrace the Affordable Care Act coupled with nonexpansion of the Medicaid, restrictions on sex education (abstinence only teaching), restricting women's access statewide, and an unwillingness to really address mental health access has and will continue to result in a widening of disparities and an increase in adverse outcomes. *Below you will find a statement distilled from various articles and sources ranging from the Texas Tribune, Ebony Magazine, Kaiser Family Foundation and U. S. Health and Human Services Data regarding the data associated with the ACA and its impact.

Affordable Care Act (ACA) and its impact on marginalized communities:

Overall nationally, more than one quarter of adults of Color are uninsured compared to 14% of Whites. Hispanic adults are at the highest risk of lacking coverage, with more than one in three (34%) uninsured, while more than one in five (22%) Black adults are uninsured. What is having the greatest impact on coverage under the ACA is the presence of the "coverage gap" that disproportionately affects Black and Latino populations. This is a double whammy of sorts for Texas since we have a large Hispanic and immigrant population as well as a large Black population in comparison to other states without the Medicaid expansion. Of note, 18% of the 1.0 million uninsured nationally poor Black adults in the coverage gap reside in Texas. This is the most of any state. Among Hispanics, more than eight in ten (81%) of the 0.9 million uninsured poor adults in the coverage gap reside in just two states, with six in ten (61%) in Texas. So, of the nonelderly uninsured, Texas makes up 550,000 of the 900,000 Hispanics

uninsured in this cohort and Texas Blacks make up about 180,000 of the uninsured Blacks caught in the coverage gap.

The state's lax regulatory approach to the individual insurance marketplace has led to high premium prices. Although poor children may receive coverage through state programs like CHIP, Medicaid eligibility is extremely limited. Looking at enrollment numbers from 2/2014 through 2/2015, the number of enrollees has increased from about 210k to just under a million with Dallas leading, followed by Houston, and then San Antonio. As enacted, the ACA was designed to create a new continuum of coverage options to significantly reduce the number of uninsured, including a Medicaid expansion to adults with incomes at or below 138% FPL, filling the longstanding gaps in the program for adults and creating a nationwide base of coverage for adults comparable to the national minimum Medicaid levels for children. The Medicaid expansion particularly affects people of Color given that they are disproportionately likely to both lack health insurance and have low incomes. Seventy (70) percent of the employed Blacks are in the blue collar sector that typically does not have company sponsored insurance. Increasing health coverage rates helps to promote increased access to care and can help address the persistent disparities many people of Color face in securing health coverage.

In states that have not adopted the Medicaid expansion, poor adults with incomes below the federal poverty level fall into a coverage gap because they remain ineligible for Medicaid but earn too little to qualify for premium tax credits for Marketplace coverage. As a result, they are likely to remain uninsured. The impact of the coverage gap varies by race and ethnicity, with poor uninsured Blacks most likely to fall into the gap, since they disproportionately reside in the southern region of the country where most states are not implementing the expansion Texas being one of them. The continued disparities in access to health coverage will likely lead to widening racial and ethnic as well as geographic disparities in coverage and access to care. Its effects were summed up in a statement by a Texas researcher in an article from the Texas Tribune:

"...The survey showed a widening “coverage gap” among poor and middle income Texans. Texas leaders have declined to expand the state’s Medicaid program to provide health insurance to impoverished adults — a central tenet of President Obama’s signature healthcare law — criticizing the public program as inefficient…Unless Texas participates in an expanded Medicaid program or develops some other mechanism for covering the lowest income Texans, the number who remain uninsured is not likely to change. Right now, those at the lowest incomes must rely on health care that is highly subsidized by county and state tax dollars, or get by without needed health care.” Vivian Ho, researcher from Rice University’s Baker Institute for Public Policy.

Just what does that translate into? Infant mortality rates are higher for Black infants, Black males of all ages have the shortest life expectancy compared to other groups and the

shrinking healthcare access points for women; rates of diabetes, hypertension, obesity affect us disproportionately as well. Again, it cannot be stressed enough that 70% of Blacks who are employed in the state of Texas are employed in blue collar type jobs, ones which do not have employer based insurance coverage. Poverty is a direct link to all of these disparities and the 'economic embargo' found in many of the marginalized communities, coupled with decreasing access to healthcare conduits or sources similar to the middle and upper class will widen the disparity. One of the access points, Planned Parenthood, is often criticized as 'targeting' Black communities as in a 'negative' way. But their positive impact cannot be overlooked these types of clinics are typically housed in low income areas and those low incomes areas typically comprise marginalized groups who would not have the services but for these types of clinics. A recent article in ***Ebony Magazine*** summed it best below:

"...Many Black and Latinos use Planned Parenthood for primary health care services, including physical examinations. Of the women who receive publicly funded contraceptive services nationwide — many of them low income women of color — 36 percent got this care from Planned Parenthood health centers. And it's not just about the patients, Planned Parenthood has had an AfricanAmerican president, Faye Wattleton; a Black medical director; Black physicians; and countless diverse staff who work on the front lines in clinics and in advocacy work..." Ebony Magazine

Sure, the ACA has afforded many to now have coverage but the non-expansion of Medicaid, lacking mental health resources, abstinence only sex education, and the assault on Planned Parenthood (typically a primary source of basic healthcare for many marginalized women of Color) will likely result in adverse health outcomes. An example is birth and STD rates; in the most conservative and restrictive states, birth and sexually transmitted disease rates outpace more liberal states. Texas Association of Black Democrats recognizes these challenges and recommends the following:

1. **"coverage gap" challenge**: Hospitals will continue to get the brunt of those individuals with no coverage but with advancing technologies we feel that Telemedicine/Telehealth type services may be an affordable health conduit to close this gap. Seventy (70) percent of common ailments that are treated in the urgent care/primary care environment can typically be treated without physically being in the same space. Typical cost of a face-to-face visit : $130,170 in an urgent care setting but for Telehealth services it could range from $2,550.

2. **"mental health" access:** Increasing the number of inpatient beds continues to be a challenge. We see an answer that is rooted in prevention and maintenance. Again, Telehealth services can service persons in the privacy of their own home. The stigma associated with mental health issues has been a deterrent for most to seek help. The taboo nature of this disease process in the Black community is well documented. Telemedicine can ensure privacy, increase frequency of access, and not be couched by transportation issues. Most people, even in poverty have smartphone access.

3. **"healthy provider/healthy population" approach:** We have to do a better job of taking care of health care providers. The health care provider of today is uniquely sensitive to work life issues and equally affected by the 'self preservation' gene abject altruism is an eroding tenet. The cost of a medical education has increased many fold over the past few years with student loan debt being upwards of $200,300. Typically, our system has focused on loan reimbursement programs that serve rural areas but their are 'desert' pockets of health care areas in urban communities as well. Bolstering

those programs and decreasing the cost of medical education may be an avenue of increasing access to the marginalized. A primary care fast track program may need to be evaluated; most of what is learned in medical school is achieved by the third year of medical school. If one could get a 'fast track' degree but agrees to be a primary care provider that individual saves on 1/4 of the medical school cost and can begin residency training sooner and additionally chip away at the shortage of primary care providers in an efficient manner. Mid-level healthcare providers will be essential in filling the gaps as well. This includes nurse practitioners and physician assistants.

1. **"legislative change":** We must continue to lobby for the extension of Medicaid, view healthcare as a right of its citizens, and continually analyze ways to increase access to healthcare. Solve the healthcare problems of the most oppressed and all will benefit. Elections matter and galvanizing our voter base will be essential in turning Texas blue.

2. **"income inequality gap/health disparity gap":** It goes without saying that poverty has the largest impact on people of Color and access to healthcare. The largest 'epidemic' is income inequality. Poverty is a direct link to poor health outcomes. Continue to marginalize these communities with lagging access to capital and having no real policy to increase manufacturing and high wage skilled jobs in these communities will widen the income and health disparity gap. An emphasis on vocational training, carpentry, mechanical, electrical, and HVAC training in schools is needed. Additionally, holding banking and lending institutions accountable for the true intent of the Community Reinvestment Act and having an integrated dialogue with community banks to ensure that the needs of marginalized communities are being served. Low commercial lending rates lead to lagging and sparse job opportunities and to an economic base and incomes that fall in alignment with poor health access and outcomes. Find ways to close the income inequality gap and the health disparity gap will follow.