



Economic Justice Series – Access to Health Care

January 7, 2021

2-3:30pm

Panelists:

- Meredith Levine, Director of Economic Policy, Guinn Center
- Kelly Bumgarner, PhD, MPH, Director of Health Policy –Children's Advocacy Alliance
- Tamara Telles, Public Health Diversity Advisor – Nevada Public Health Training Center



THANK YOU TO OUR SPONSORS



This meeting was supported by the Allstate Foundation, Anthem BlueCross BlueShield, and the Nevada State Division of Public and Behavioral Health through Grant Number NUF2CE002474 from Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Allstate Foundation, Anthem BlueCross BlueShield, Division of Public and Behavioral Health nor Centers for Disease Control and Prevention.

Baseline for Health Equity in Nevada

Tamara Telles

Public Health Diversity Advisor/Health Equity Coordinator



Learning Objectives

After this presentation, the audience will be able to:

- Gain a fundamental understanding of what Health Equity is
- Have insight on what the NVPHTC is doing to enhance Health Equity in Nevada
- Identify best practices to create health equity and economic justice for sexual violence prevention for the future



Health and Social Determinants of Health

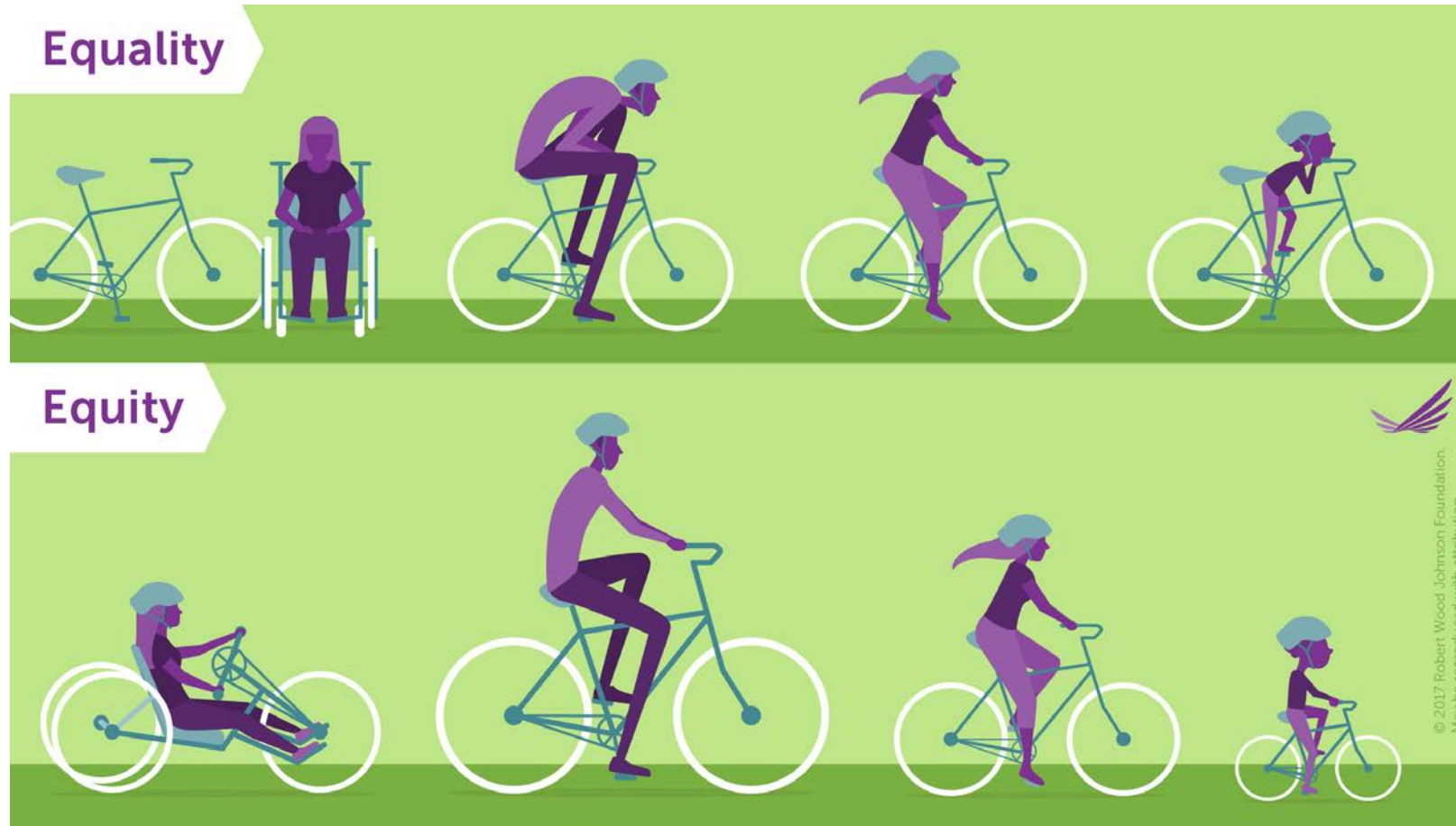
- What is health?

World Health Organization:

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.
(WHO, 1946)



Health Equity



NVPHTC and Health Equity Projects

- Nevada Health Equity Needs Assessment
- Health Equity Webinar Series
- Western Collaborative Rural Health Project
- Health in All Policies



Health Equity and Future thoughts

- **Economic Justice is Health Equity**
- **Best Practices**
 - Intersectoral collaboration and non-traditional partners
 - Advocacy





Medicaid: Availability & Accessibility

KELLY BUMGARNER, PHD, MPH, MS

DIRECTOR OF HEALTH POLICY AT THE CHILDREN'S ADVOCACY ALLIANCE

OVERVIEW

- ▶ Access to Healthcare
 - ▶ Children
 - ▶ Undocumented persons
 - ▶ Pregnant and new moms
- ▶ Advocacy Opportunities

COVERAGE AND COVID

- ▶ Data from 2019 or earlier
- ▶ Number of uninsured is growing
- ▶ Prior to COVID, approximately 6% American kids uninsured
 - ▶ Nevada 8% children
 - ▶ 11% Latinx children
 - ▶ 6% Black and White children uninsured

CHURN

- ▶ Medicaid eligible but not enrolled
 - ▶ Unaware
 - ▶ Fear of government
 - ▶ Stigma
- ▶ Churn
 - ▶ Pandemic
 - ▶ Changes in living arrangements or income
- ▶ Three million eligible children leave Medicaid/CHIP each year and become uninsured

UNDOCUMENTED PERSONS

- ▶ Nevada is home to approximately 200,000 undocumented persons
 - ▶ 36% of Nevadan children have at least one immigrant parent
 - ▶ 1/3 of whom are undocumented
- ▶ Families of mixed status often avoid care
 - ▶ Public charge

UNDOCUMENTED PERSONS AND COVID

- ▶ COVID testing is widely available at low or no cost
 - ▶ No non-emergent treatment
 - ▶ Emergency Medicaid is only for life threatening conditions
 - ▶ Undocumented patients with mild to moderate cases do not qualify
 - ▶ Undiagnosed and/or untreated people continue to work, shop, dine, and spread the virus

PREGNANT PERSONS

- ▶ 700 women in the United States die each year because of pregnancy complications
 - ▶ Lack of preventive care
 - ▶ Gaps in care
 - ▶ Lack of care coordination
- ▶ Between 2007-2016, 6,800 pregnancy-related deaths in the U.S.:
 - ▶ Cardiovascular conditions
 - ▶ Pre-existing medical conditions
 - ▶ Chronic illnesses
 - ▶ Infections
- ▶ 1 in 10 persons who give birth in Nevada receive late or no prenatal care
 - ▶ Additional disparities in rural, BIPOC, and low-income communities

BABIES

- ▶ Babies whose mothers did not receive prenatal care
 - ▶ 3x more likely to have a low birth weight
 - ▶ 5x more likely to pass away
- ▶ Birth weight is the greatest determinant of infant mortality
- ▶ Increased access to care leads to increased utilization during pregnancy
 - ▶ Preconception health conversations with providers
 - ▶ Folic acid consumption
 - ▶ Postpartum contraception

POSTPARTUM

- ▶ Nevada Medicaid covers 60 days postpartum care
 - ▶ 1/4 of pregnancy-related deaths occur between 6 weeks and one year postpartum
 - ▶ Extending postpartum coverage reduces maternal deaths from treatable and preventable causes
 - ▶ BIPOC women

COST SAVINGS

- ▶ Pre- and postnatal care
 - ▶ Expanding coverage decreases cost
 - ▶ Preterm birth = \$33,200 in healthcare expenditures
 - ▶ Full-term birth = \$3,325
 - ▶ Untreated postpartum anxiety and mood disorders cost over \$14 billion

ADVOCACY OPPORTUNITIES

- ▶ BDRs that increase access to care and decrease costs
 - ▶ Ensuring 12 months of continuous care
 - ▶ Emergency Medicaid, COVID, and undocumented persons
 - ▶ Presumptive eligibility
 - ▶ Twelve months of postpartum coverage

NEVADA'S UNINSURED POPULATION

Presentation to the
Nevada Coalition to END Domestic and Sexual Violence

Access to Health Care Forum

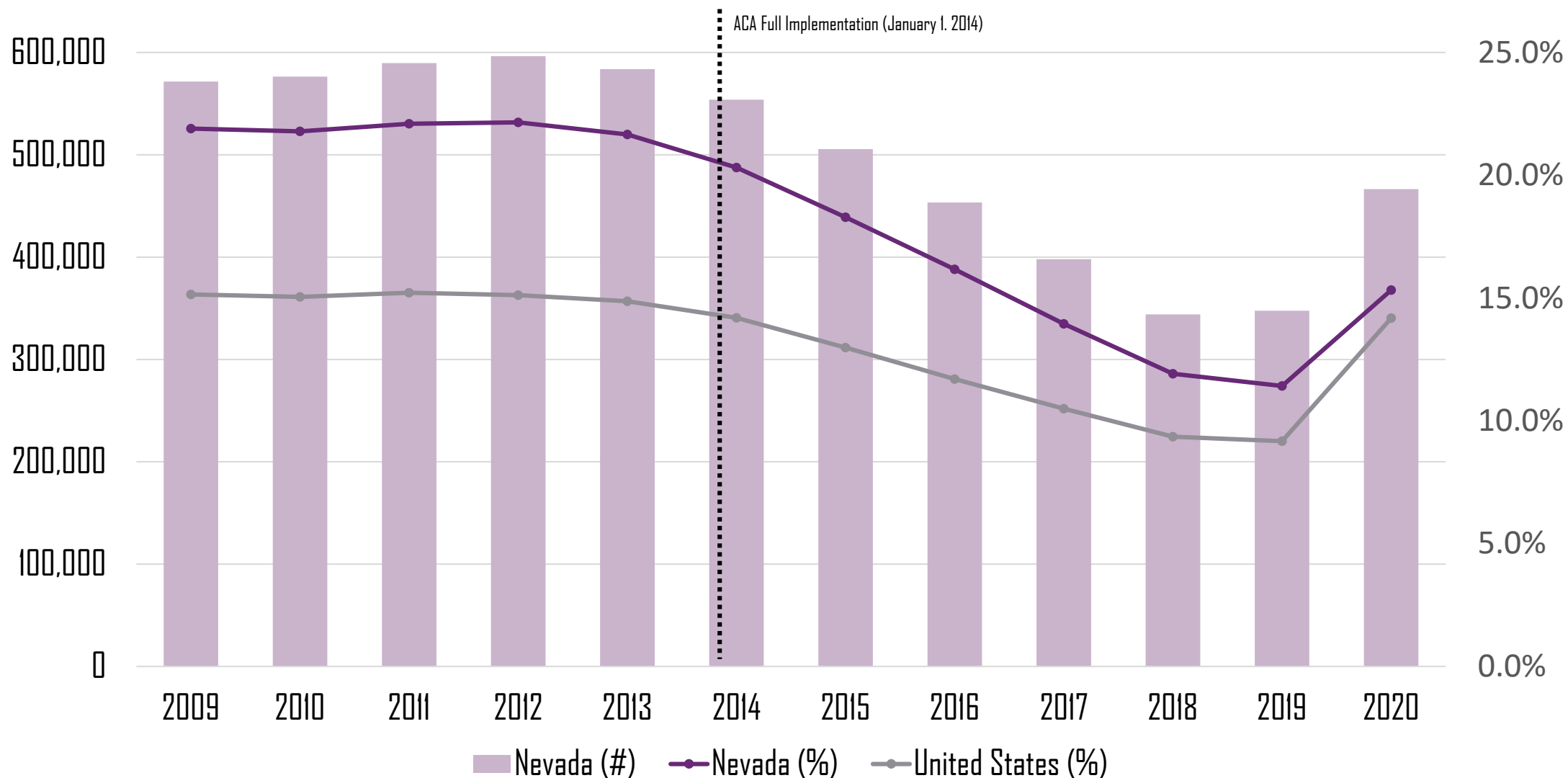
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NEVADA'S UNINSURED POPULATION: INTRODUCTION AND OVERVIEW

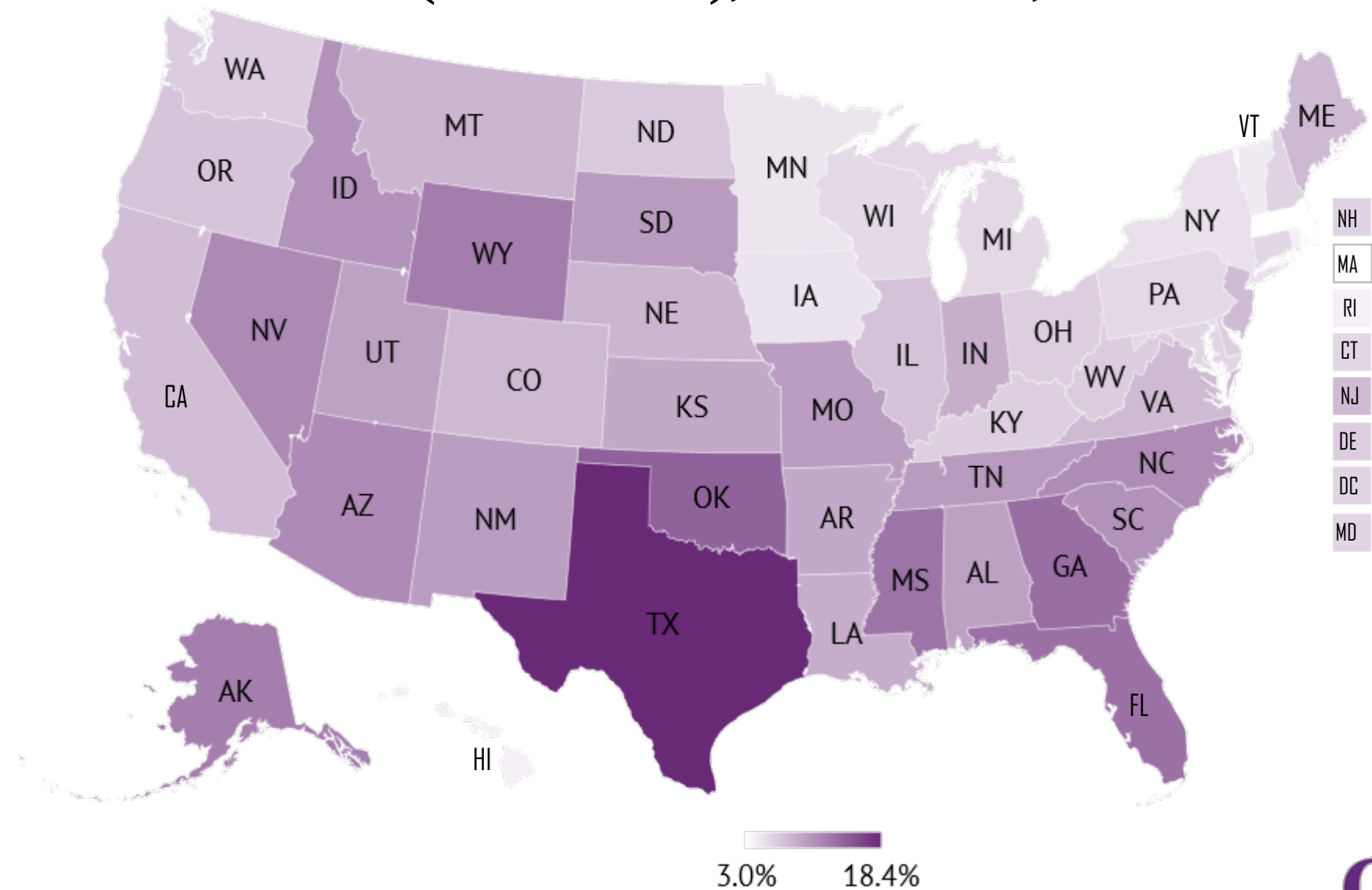
- I. Why profile the uninsured population in NV? Tailored interventions/legislation
- II. Consequences of Uninsurance
 - Individuals: limits health care access → adverse health outcomes, inability to work, medical debt
 - Employers: absenteeism → labor productivity, business profitability, economic growth
 - Governments: uncompensated care → opportunity cost through diversion of funding
- III. Discussion Outline
 - A. Historical patterns of uninsurance in Nevada
 - B. Nevada in comparative (national) context
 - C. Geographical distribution of uninsurance in Nevada
 - D. Characteristics of Nevada's uninsured population
 - E. Eligible/non-eligible uninsured in Nevada

NUMBER AND PERCENT OF UNINSURED PEOPLE IN NEVADA



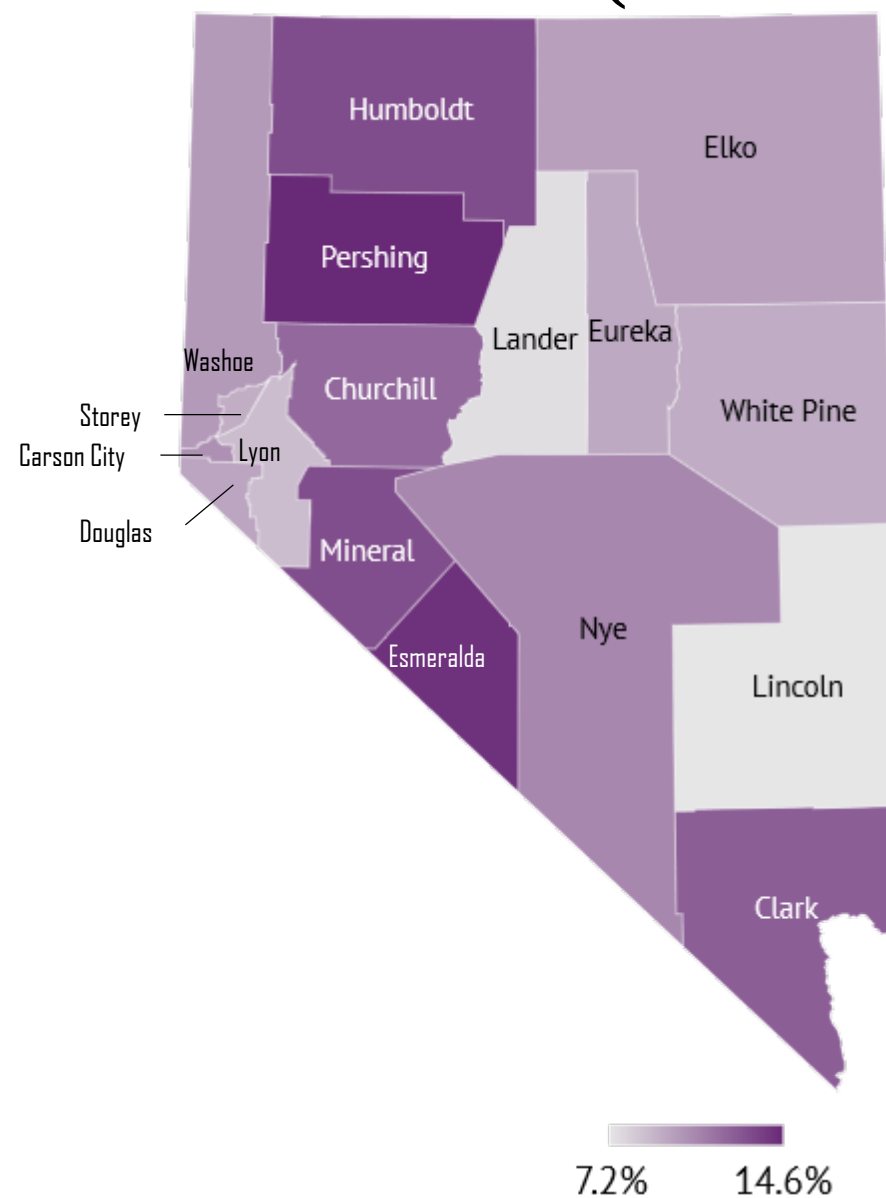
Sources: American Community Survey; Nevada Economic Forum; Nevada DHHS; Economic Policy Institute

PERCENT UNINSURED (ALL AGES), BY STATE, 2019



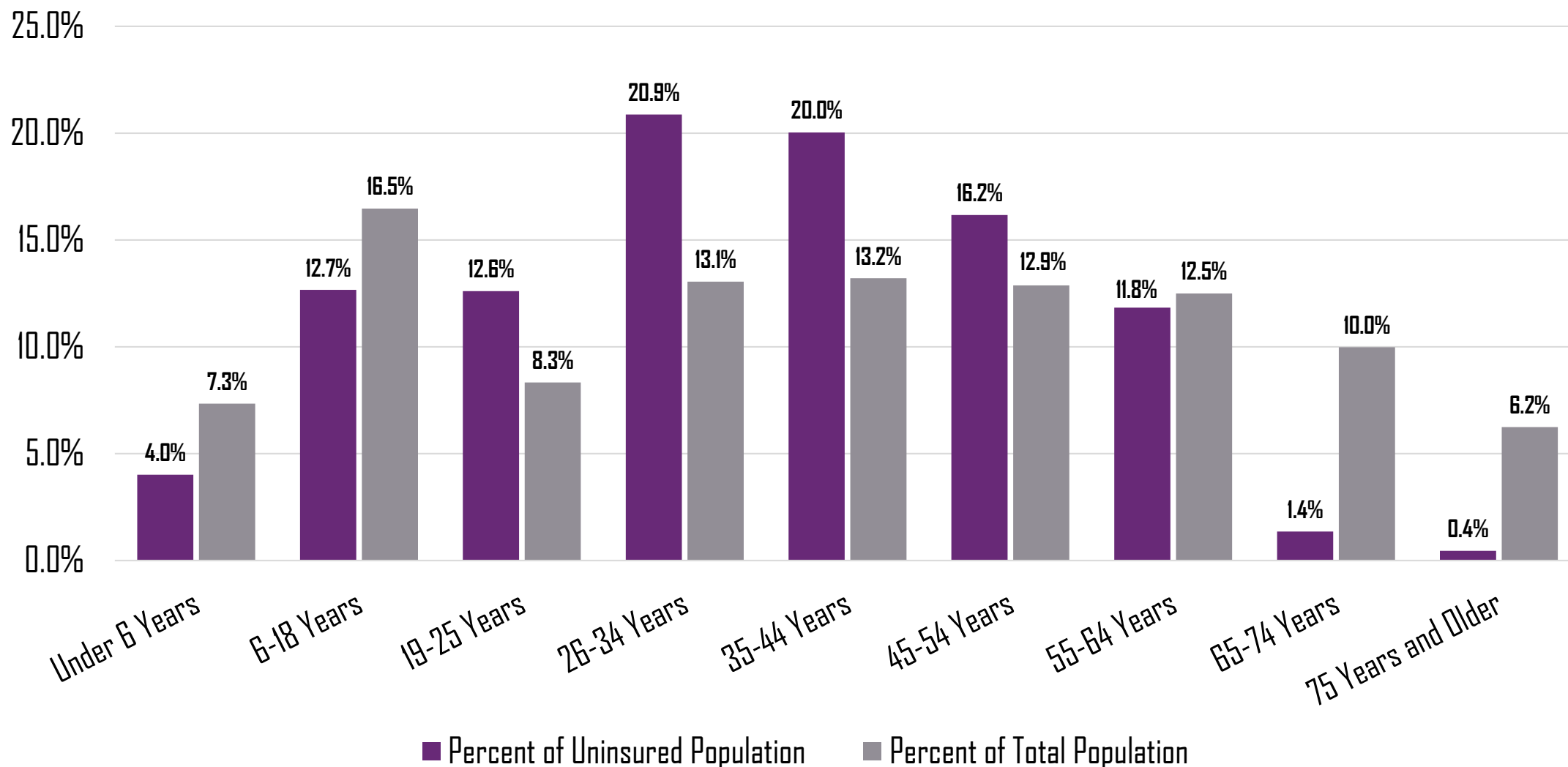
Sources: American Community Survey

PERCENT UNINSURED IN NEVADA (ALL AGES), BY COUNTY, 2018



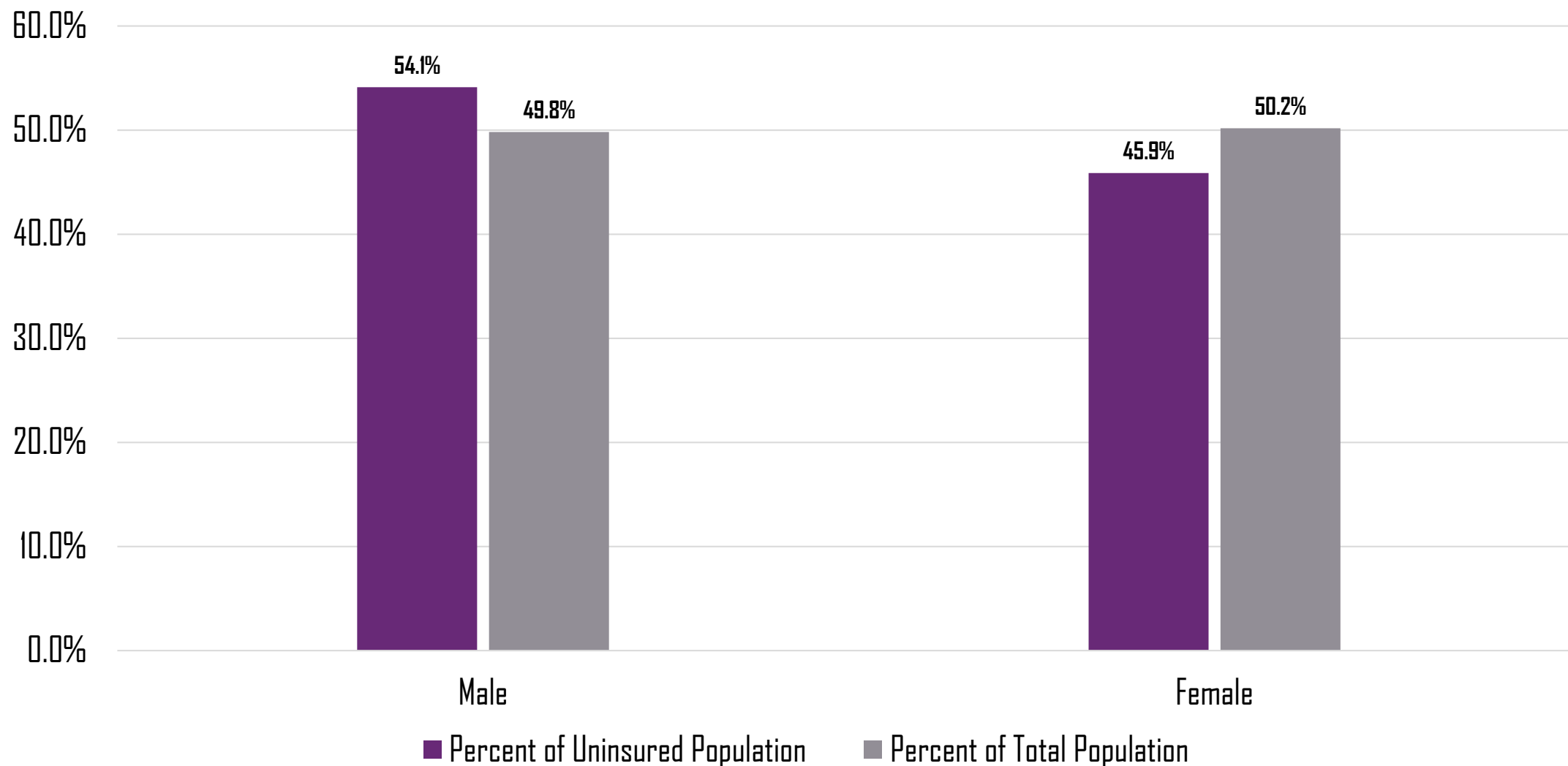
Source: American Community Survey

THE UNINSURED POPULATION IN NEVADA, BY AGE GROUP, 2019



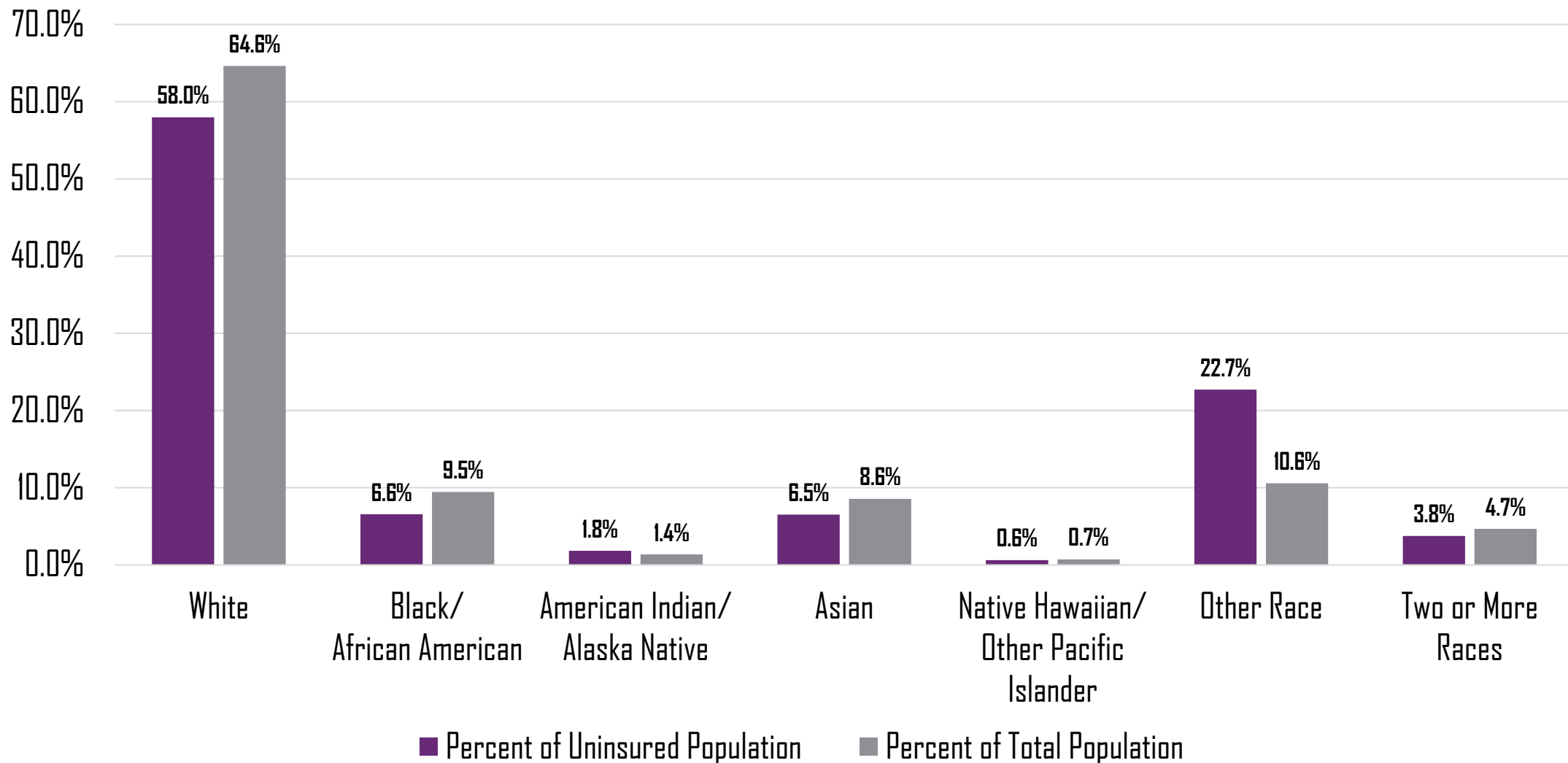
Source: American Community Survey

THE UNINSURED POPULATION IN NEVADA, BY SEX, 2019



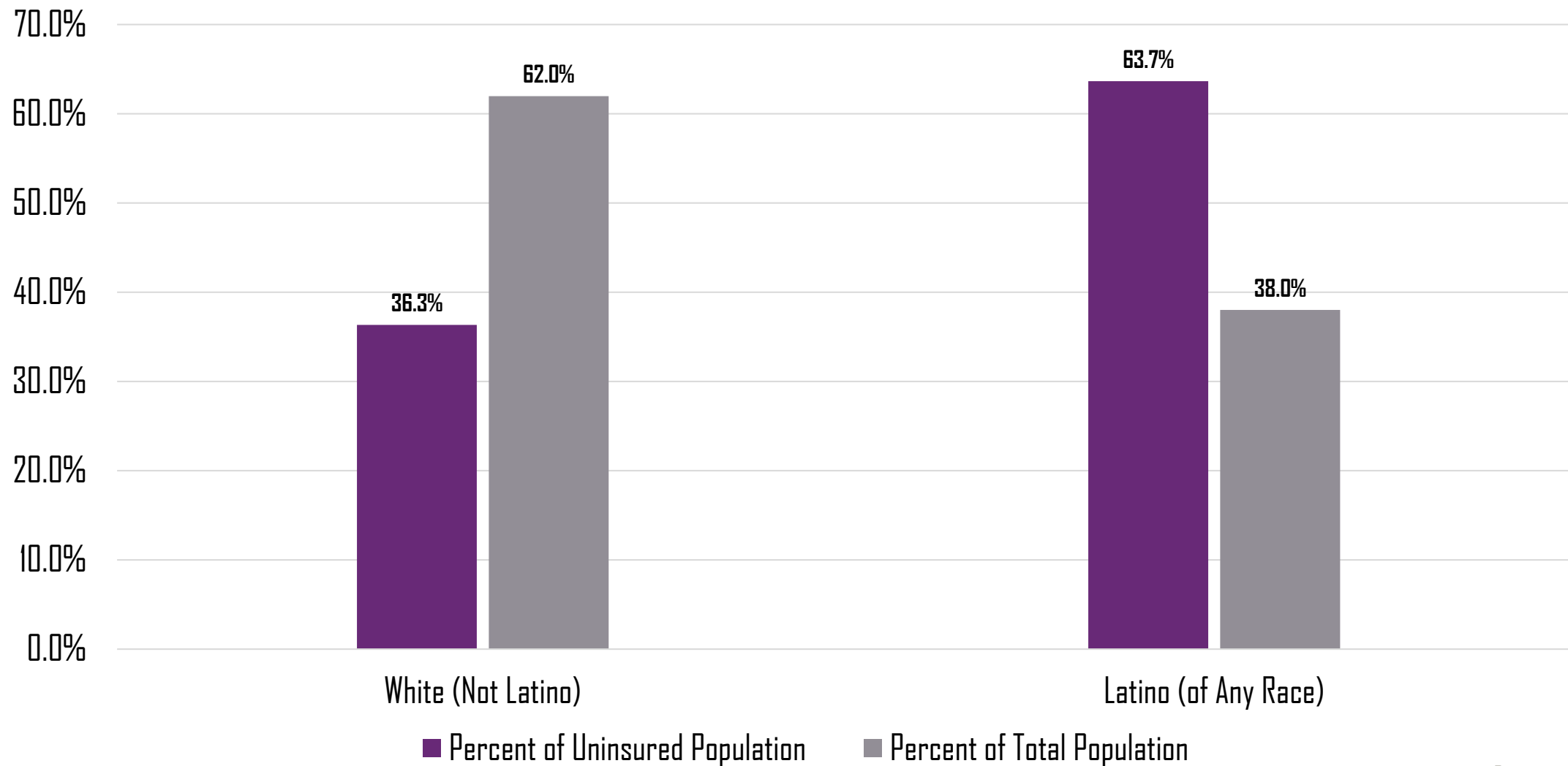
Source: American Community Survey

THE UNINSURED POPULATION IN NEVADA, BY RACE, 2019



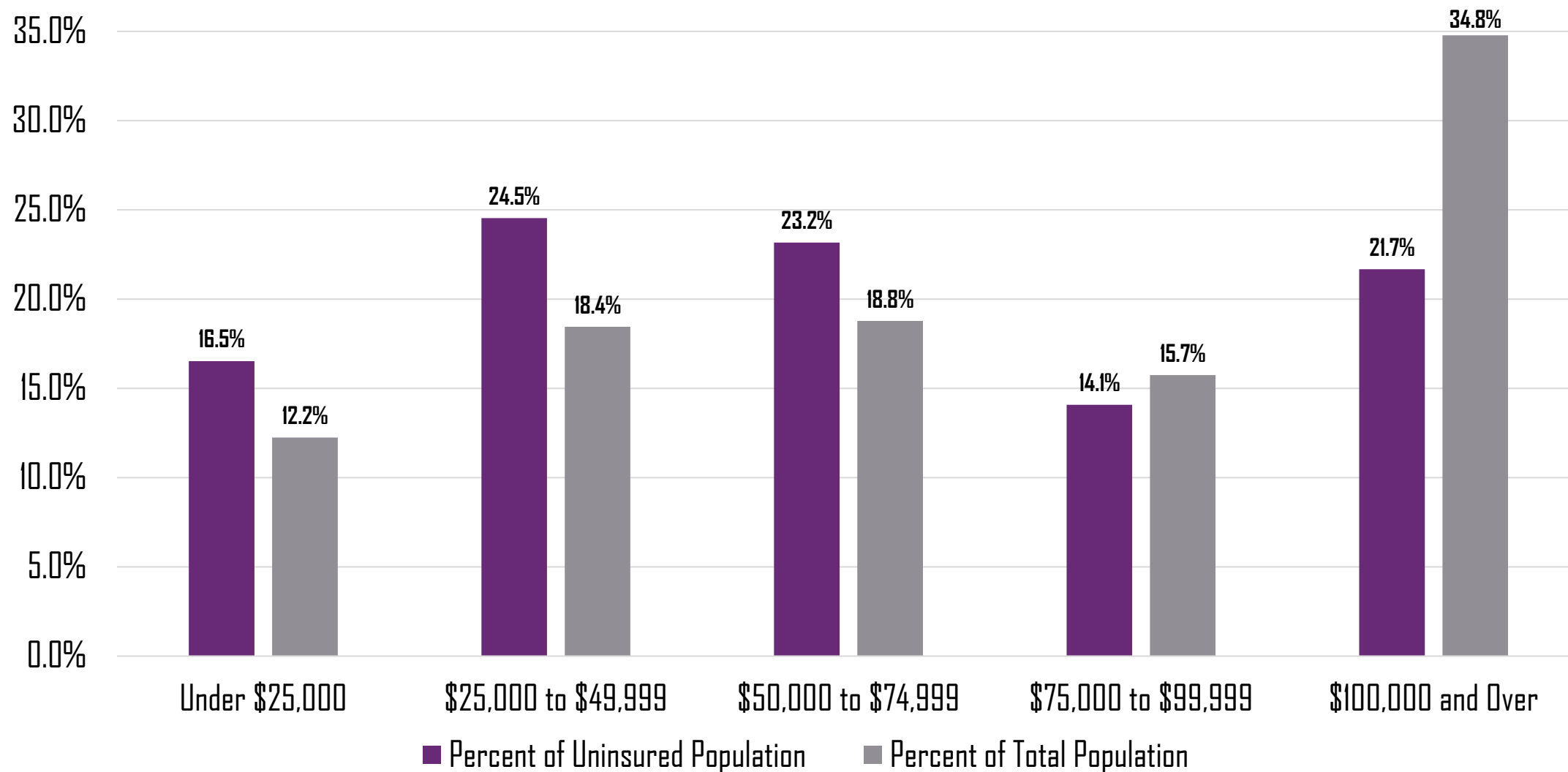
Source: American Community Survey

THE UNINSURED POPULATION IN NEVADA, BY ETHNICITY, 2019



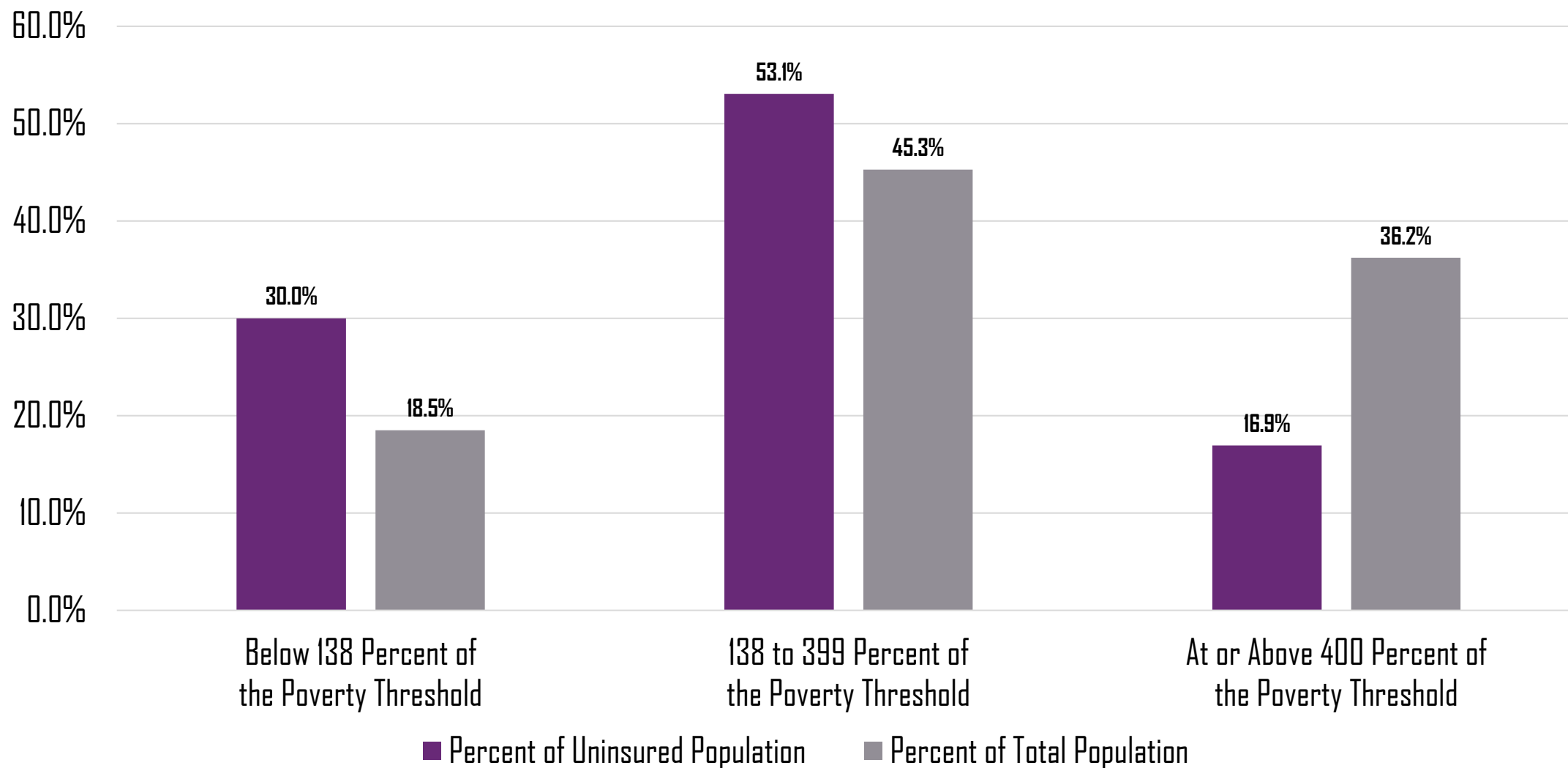
Source: American Community Survey

THE UNINSURED POPULATION IN NEVADA, BY INCOME, 2019



Source: American Community Survey

THE UNINSURED POPULATION IN NEVADA, BY POVERTY LEVEL, 2019



Source: American Community Survey

UNINSURED NON-ELDERLY PEOPLE IN NEVADA, BY ELIGIBILITY TYPE, 2019

	Number of Uninsured People	Percent of Total Uninsured
Total	403,000	100%
PROGRAM ELIGIBILITY		
Medicaid/CHIP-Eligible	148,000	37%
Marketplace Tax Credit-Eligible	77,000	19%
Family Income at or Below 200% of FPL	<i>26,000</i>	<i>6%</i>
Family Income Above 200% of FPL	<i>51,000</i>	<i>13%</i>
Ineligible for Tax Credit Because of Affordable ESI Offer	49,000	12%
Ineligible Because of Immigration Status	109,000	27%
Ineligible Because of Higher Income	20,000	5%

Source: The Urban Institute's Health Insurance Policy Simulation Model (HIPSM), 2019

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About the Kenny C. Guinn Center for Policy Priorities

The Kenny C. Guinn Center for Policy Priorities is a 501(c)(3) nonprofit, nonpartisan, independent research center focused on providing fact-based, relevant, and well-reasoned analysis of critical policy issues facing Nevada and the Intermountain West. The Guinn Center engages policy-makers, experts, and the public with innovative, data-driven research and analysis to advance policy solutions, inform the public debate, and expand public engagement.

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