



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



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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

Equality



Equity



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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

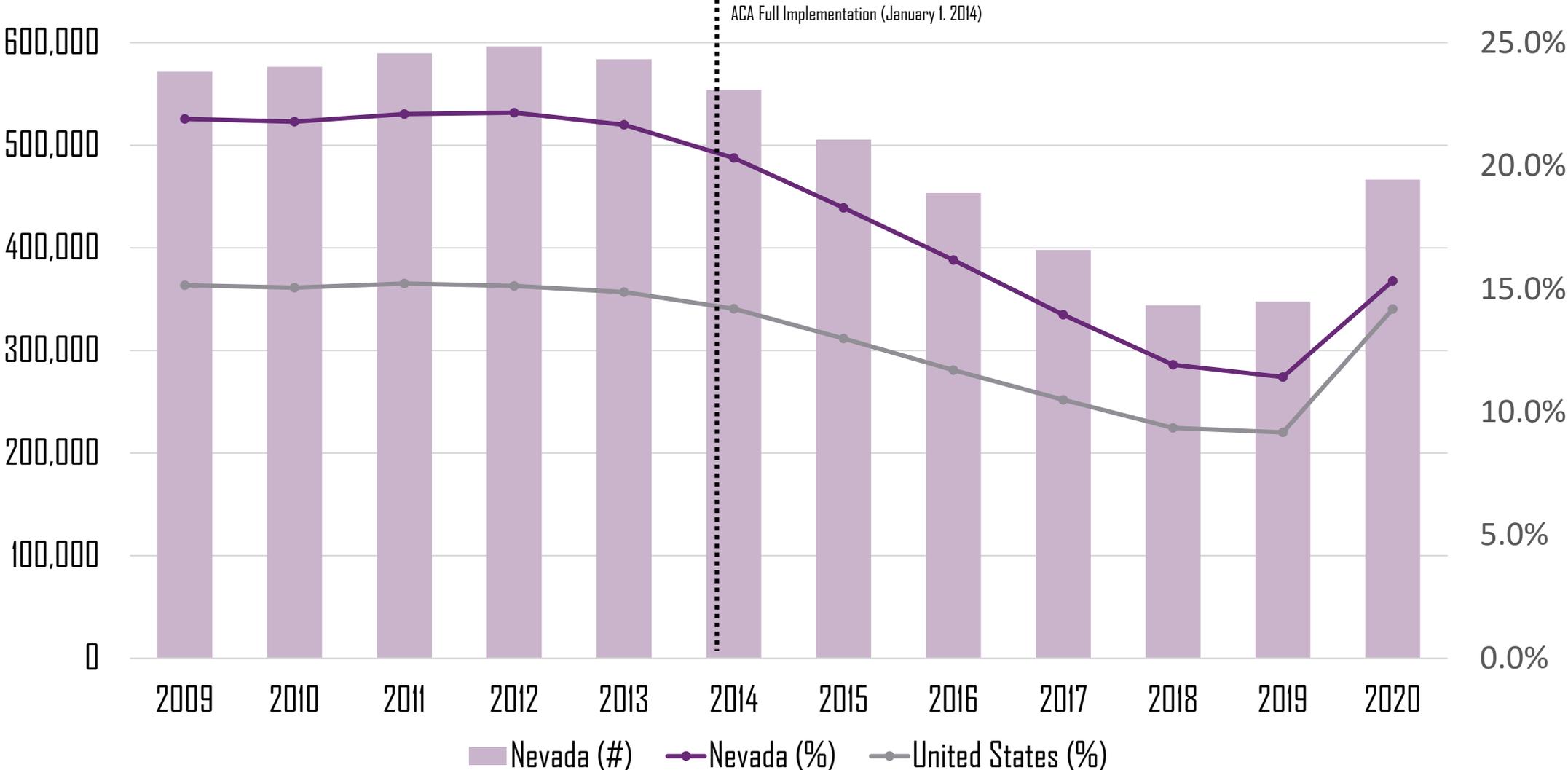
Thursday, January 7, 2021 | 2:00 PM



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

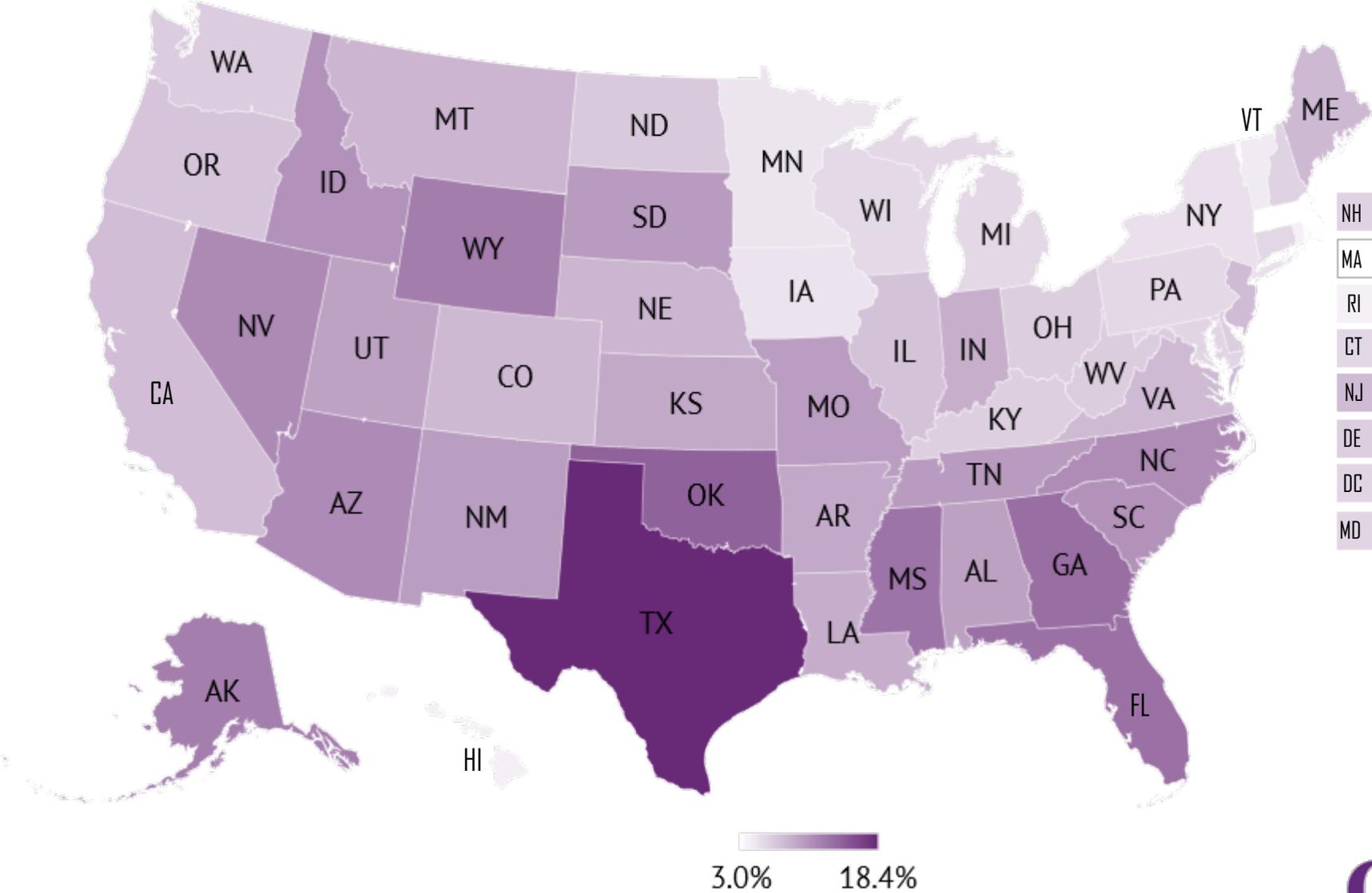
NUMBER AND PERCENT OF UNINSURED PEOPLE IN NEVADA



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

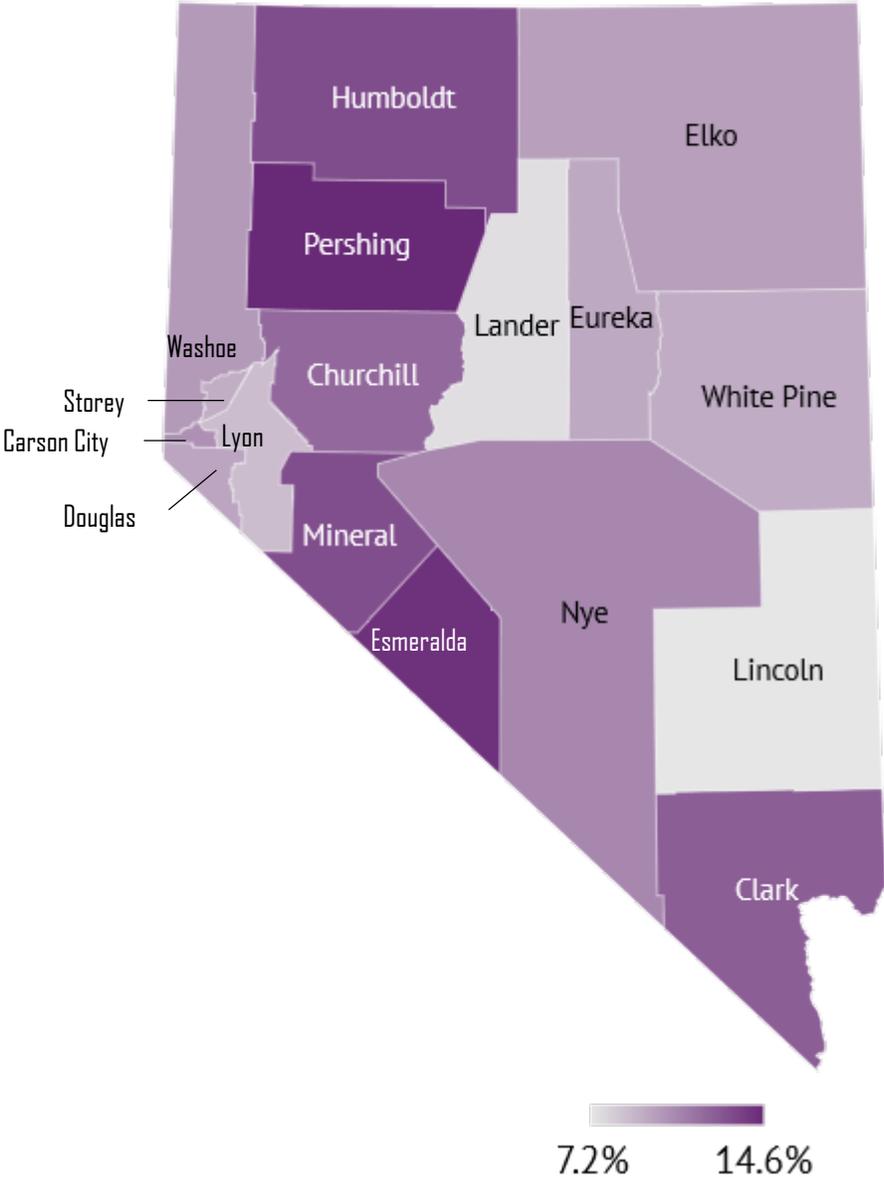


PERCENT UNINSURED (ALL AGES), BY STATE, 2019



Sources: American Community Survey

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



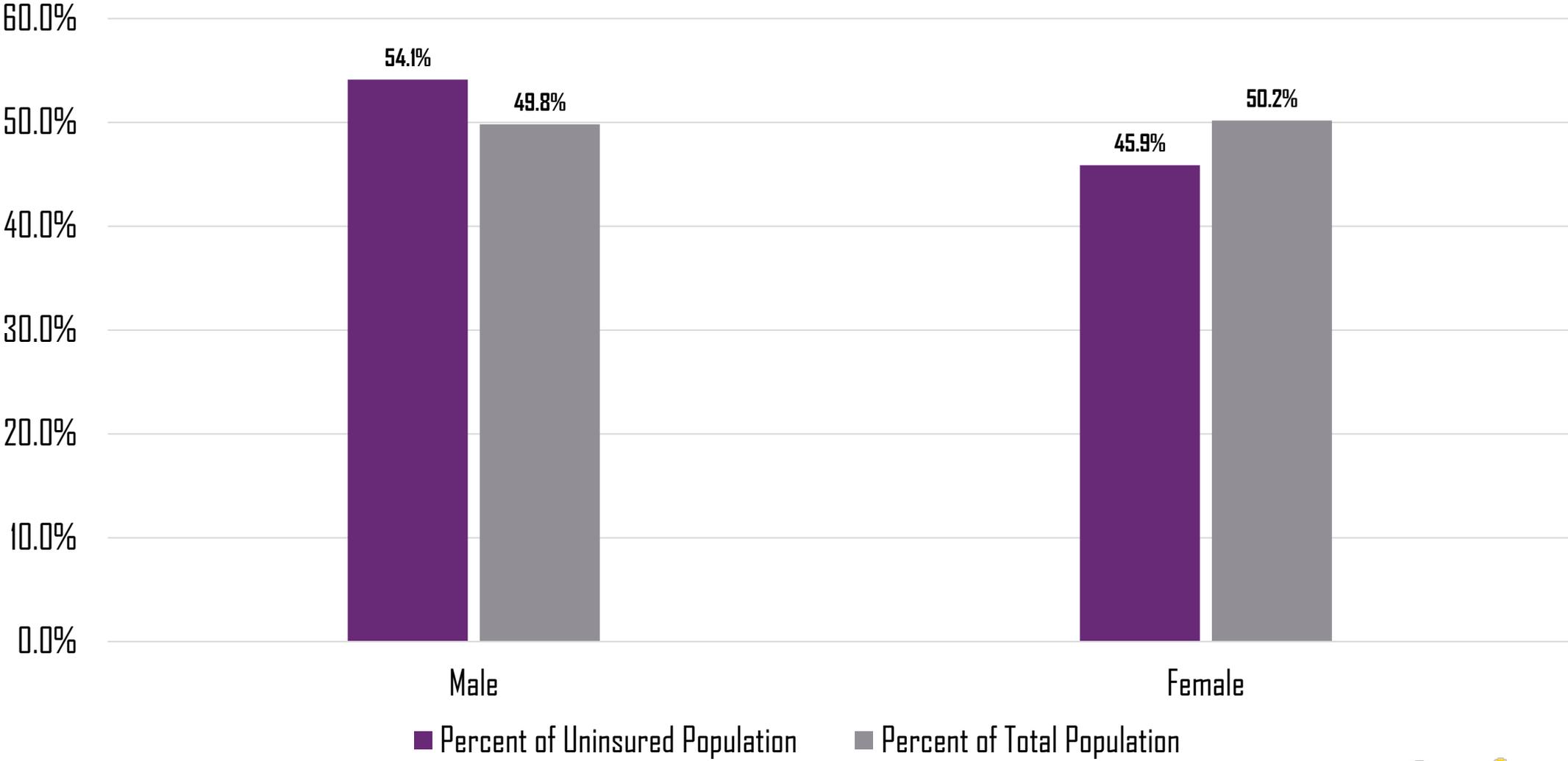
Source: American Community Survey

THE UNINSURED POPULATION IN NEVADA, BY AGE GROUP, 2019



Source: American Community Survey

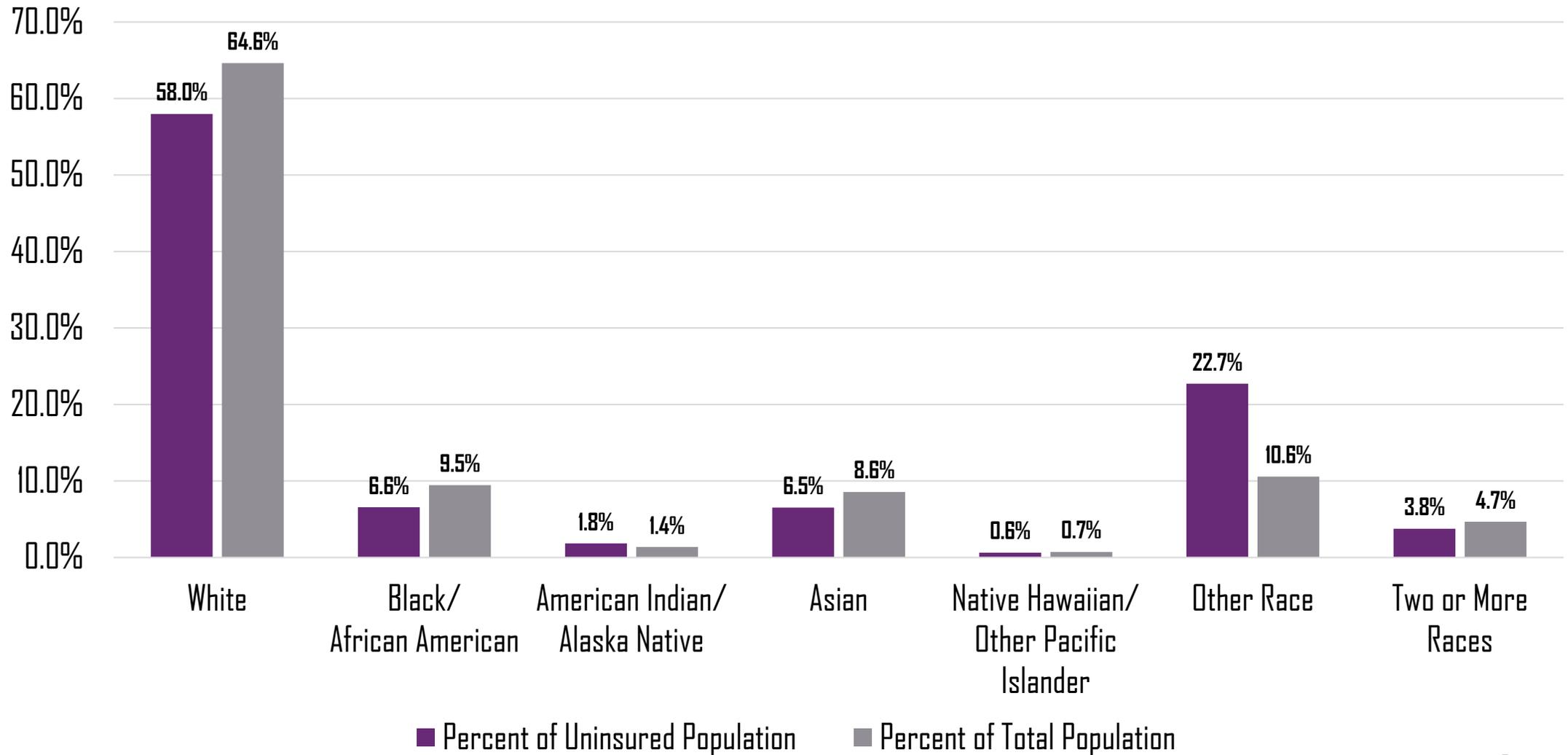
THE UNINSURED POPULATION IN NEVADA, BY SEX, 2019



Source: American Community Survey

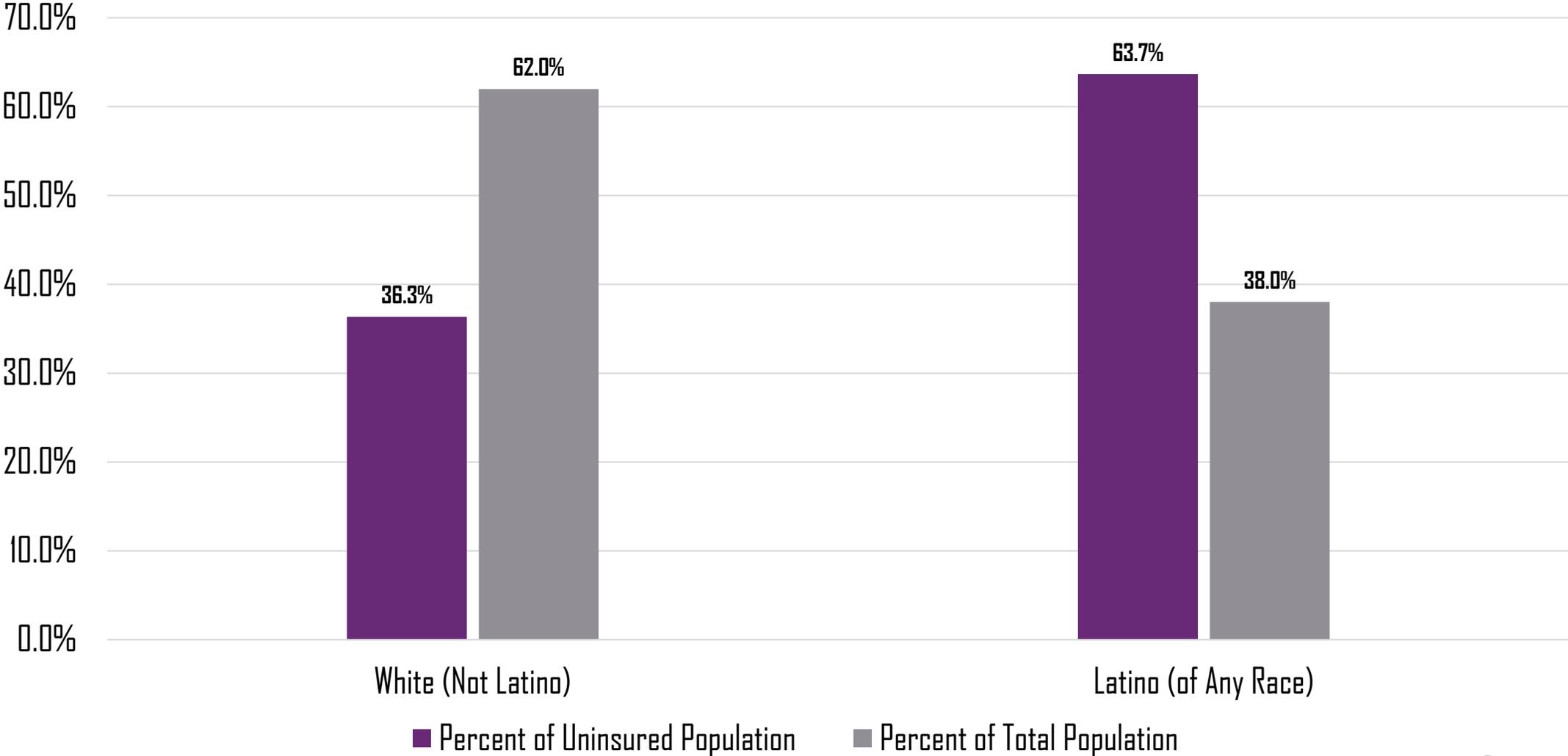


THE UNINSURED POPULATION IN NEVADA, BY RACE, 2019



Source: American Community Survey

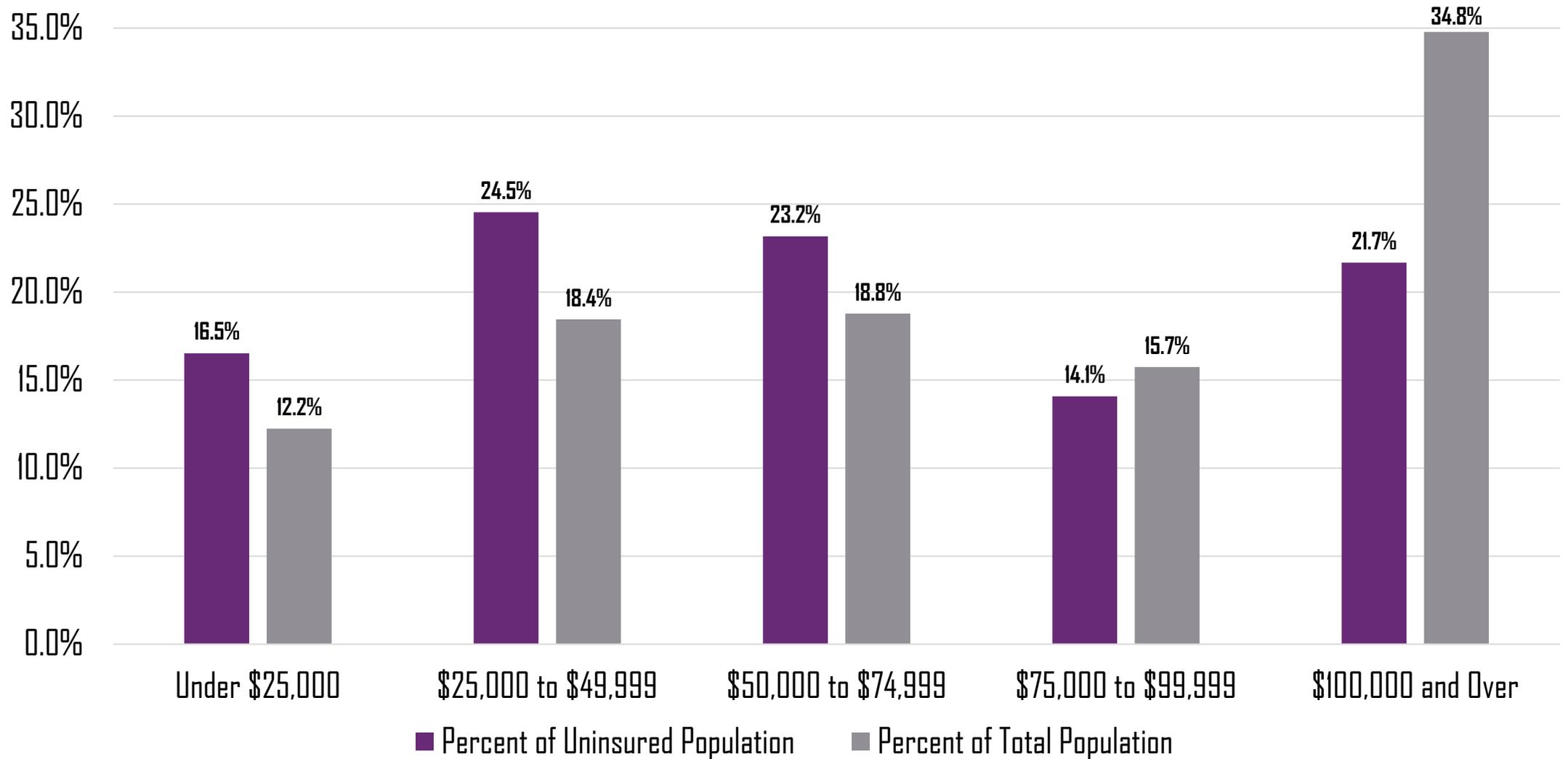
THE UNINSURED POPULATION IN NEVADA, BY ETHNICITY, 2019



Source: American Community Survey

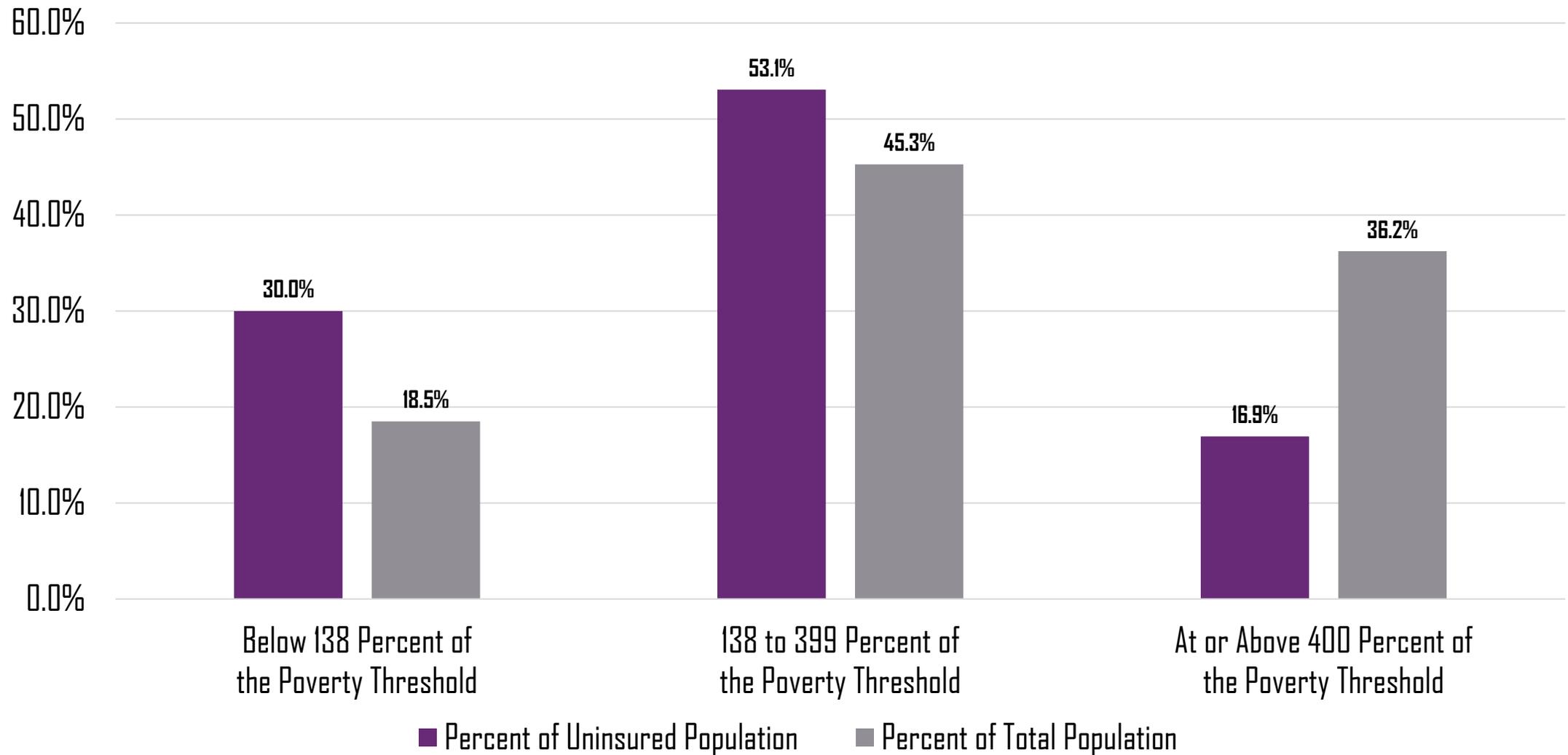


THE UNINSURED POPULATION IN NEVADA, BY INCOME, 2019



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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