

Welcome to *Health Care: Inequities & Opportunities*

The Program will begin at noon

Please put into Chat:

- Your Name
- League (or other Organization), and Location

Questions:

- To ask a question to be read by the Moderator enter the question into the chat box
- To ask a question yourself, simply put **STACK** into the chat box

Caucus Sponsors:

LWV Diablo Valley; LWV Berkeley, Albany, and Emeryville; LWV Marin; LWV Davis Area; LWV Southwest Santa Clara Valley; LWV Napa County

Single Payer and Health Inequities

Susan Rogers, MD, FACP

June 6, 2021



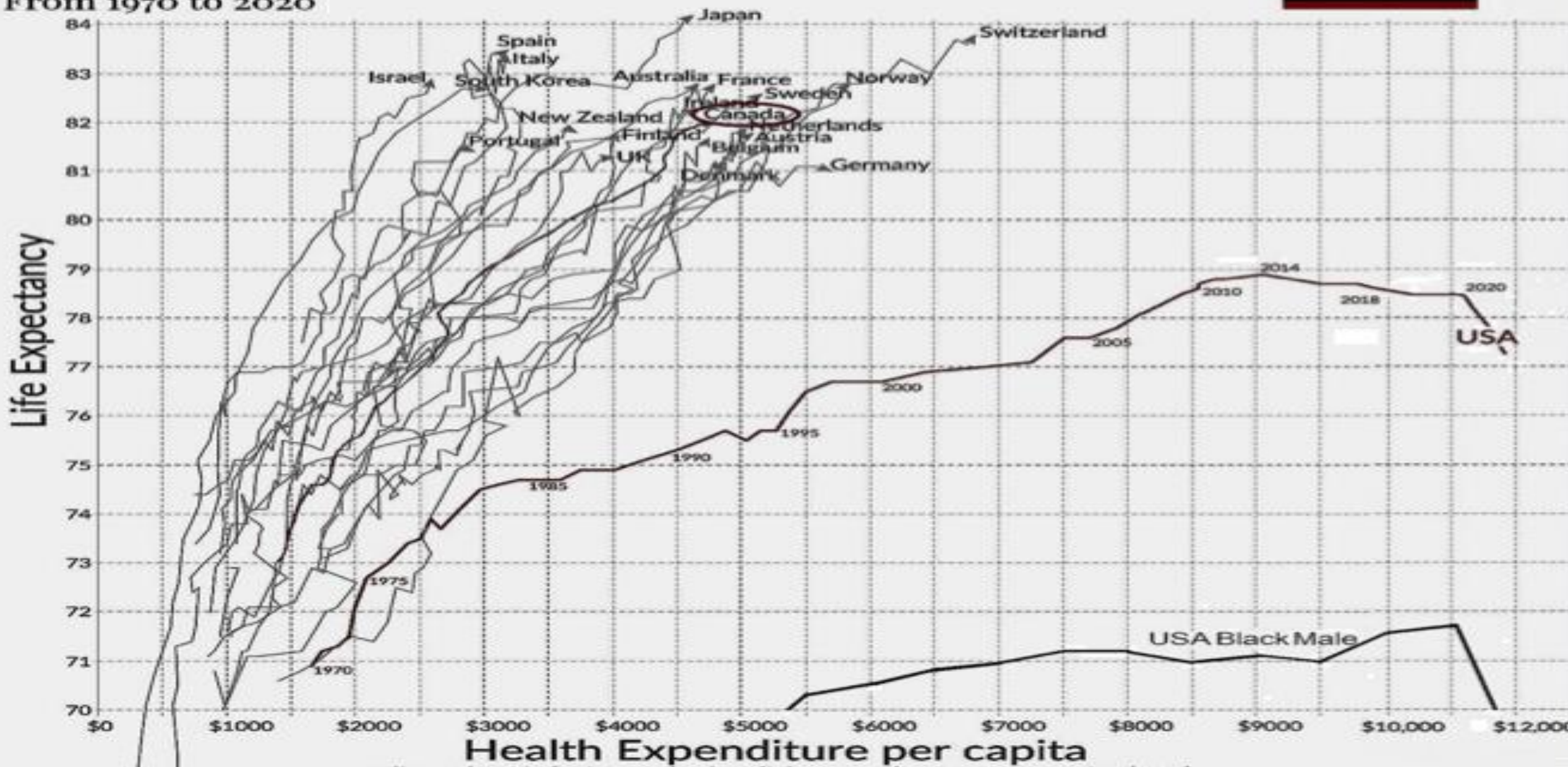
WORLD'S HIGHEST STANDARD OF LIVING



Life expectancy vs. health expenditure

From 1970 to 2020

Our World
in Data



PNHP

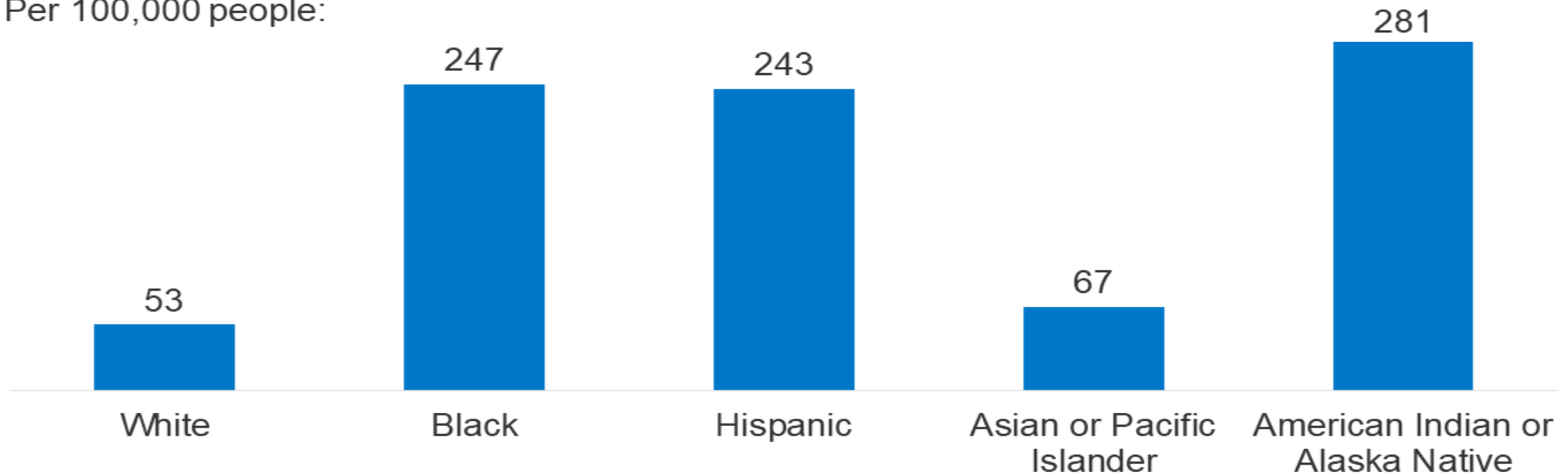
A NATIONAL
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Figure 3

Age-adjusted COVID-19 Associated Hospitalization Rates by Race and Ethnicity, March 1 – July 18, 2020

Per 100,000 people:



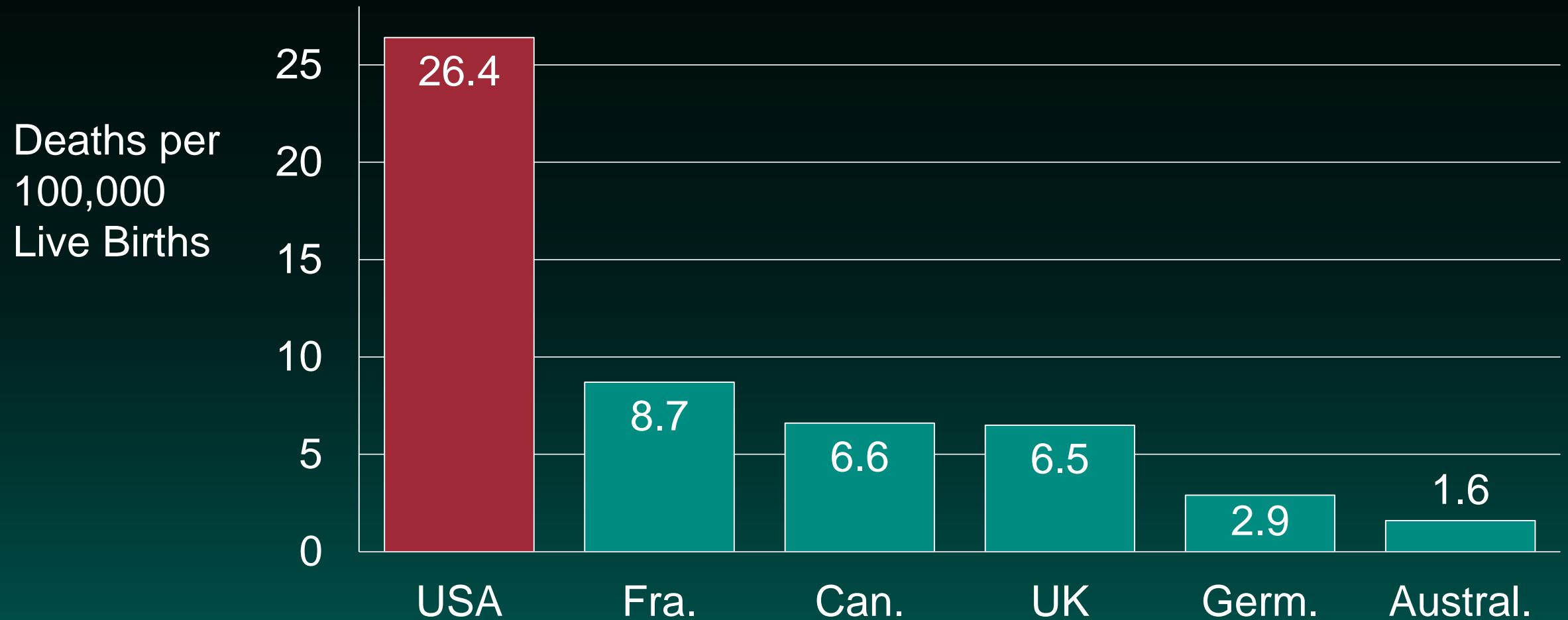
NOTE: Persons of Hispanic origin may be of any race, but are categorized as Hispanic; other groups are non-Hispanic.

SOURCE: COVID-NET: COVID-19-Associated Hospitalization Surveillance Network, Centers for Disease Control and Prevention, accessed August 11, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/images/age-adjusted-hospitalization-1200x675-anim-06272020.gif>.

KFF
HENRY J KAISER
FAMILY FOUNDATION



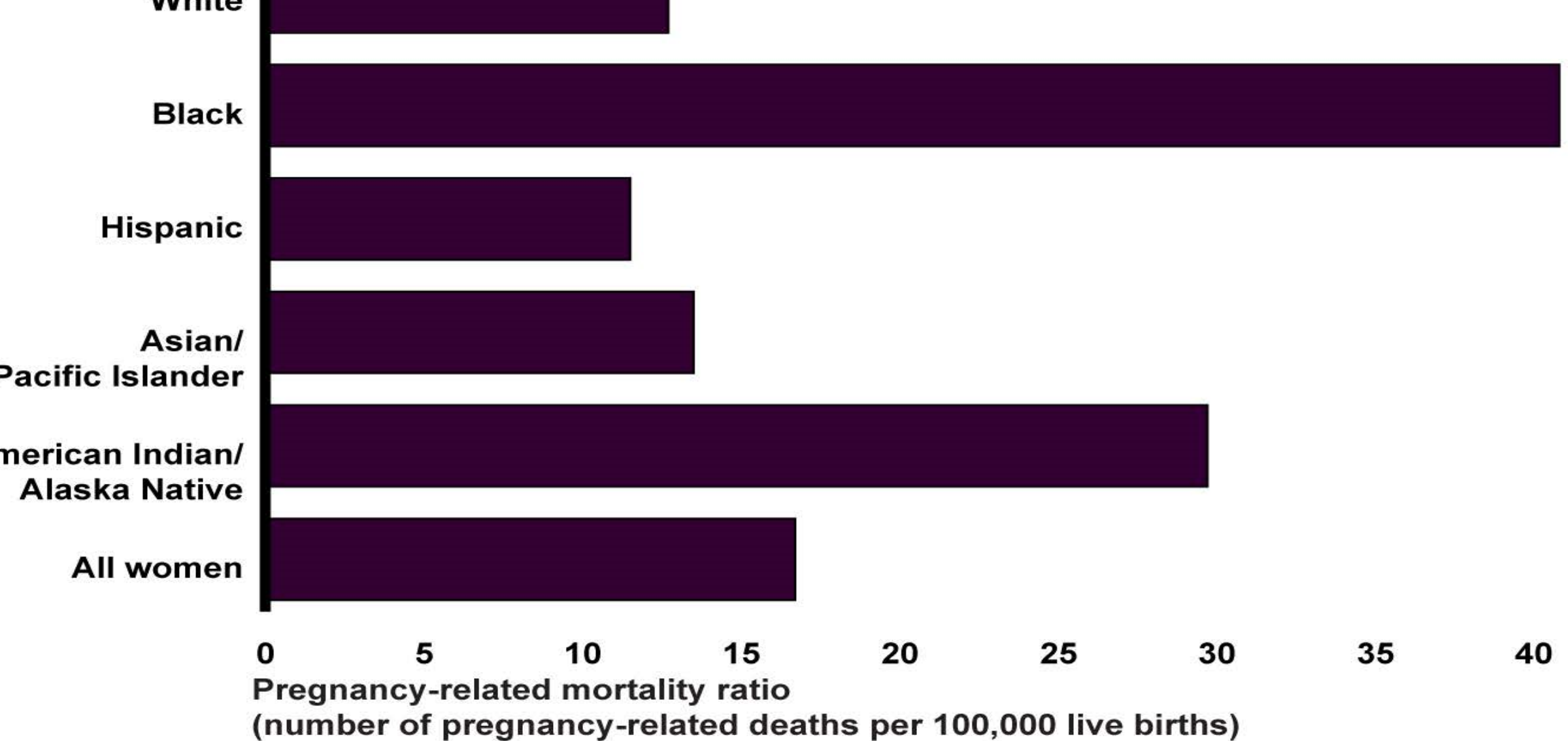
Maternal Mortality



OECD, 2019 and Global Burden of Disease, 2015

Note: Data are for 2017 or most recent year available



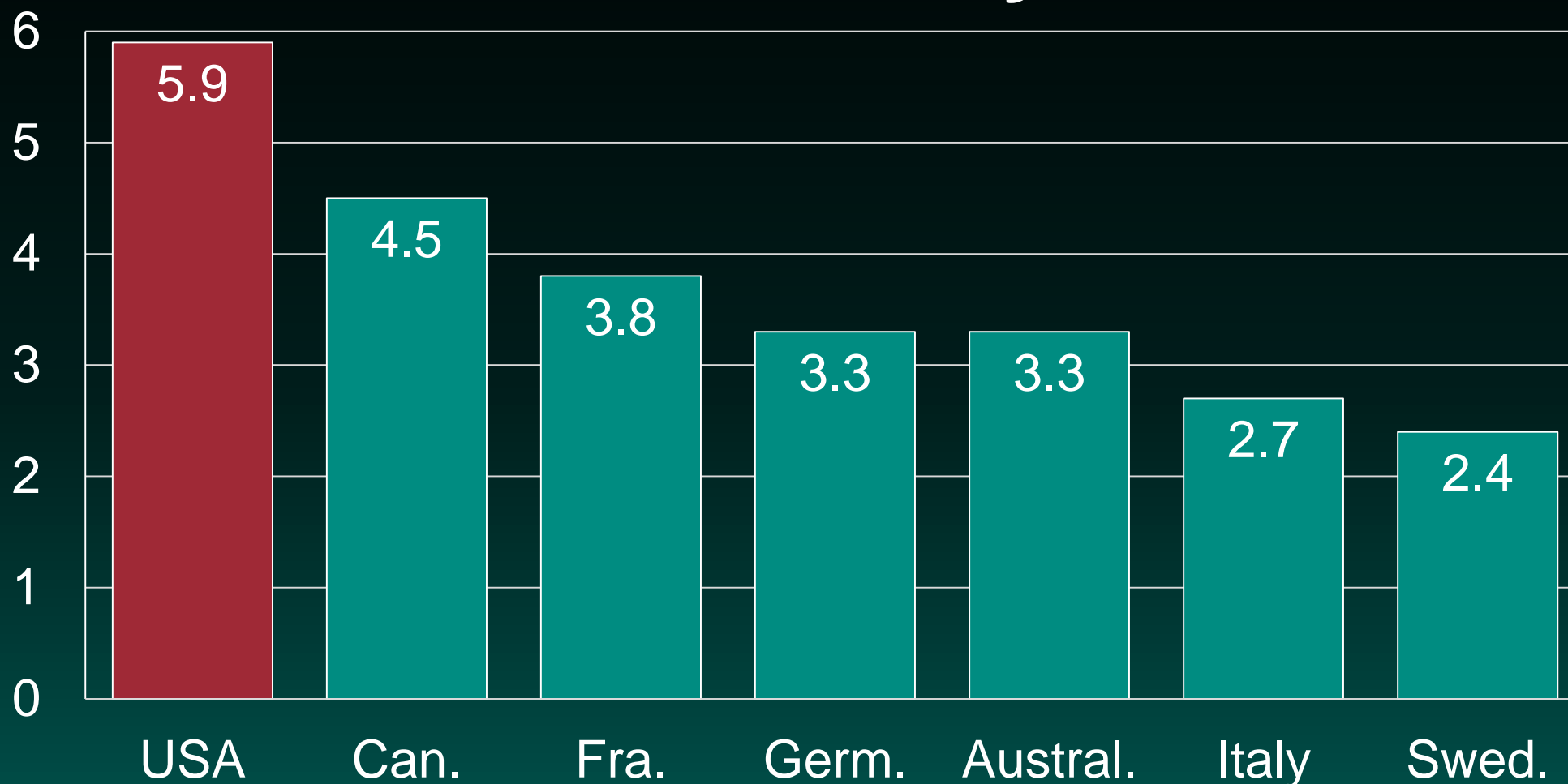


Source: Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, September 2019. | GAO-20-248



Infant Mortality

Deaths in
First Year of
Life / 1000
Live Births



OECD, 2019

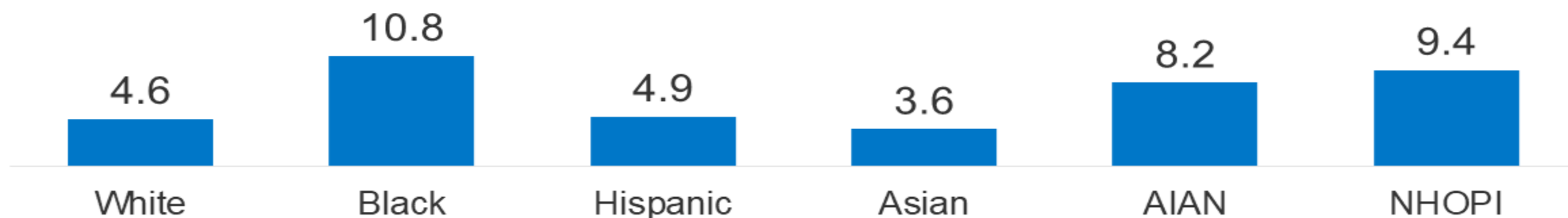
Note: Data are for 2017 or most recent year available



Figure 4

Infant Mortality Rate by Maternal Race/Ethnicity, 2018

Per 1,000 live births:



NOTE: AIAN refers to American Indian and Alaska Native people. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, Linked Birth/Infant Death Records, 2018, WONDER Online Database.

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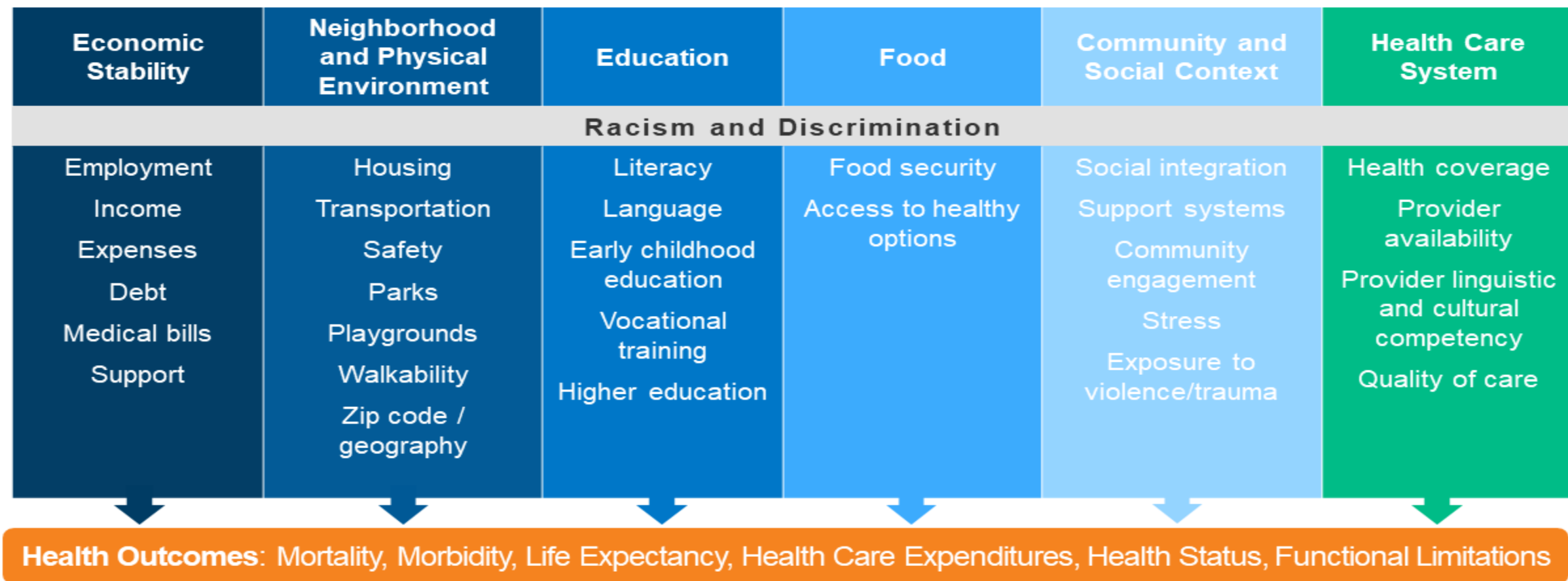
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Figure 5

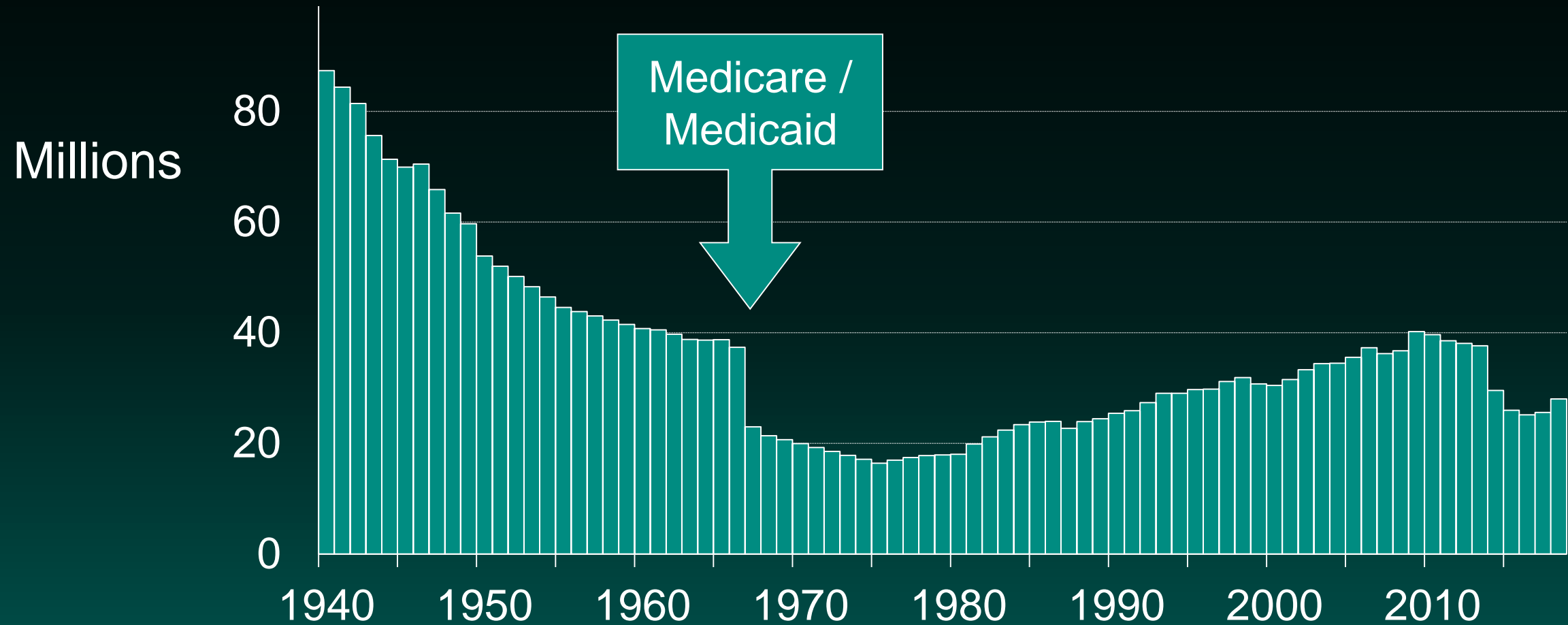
Social and Economic Factors Drive Health Outcomes



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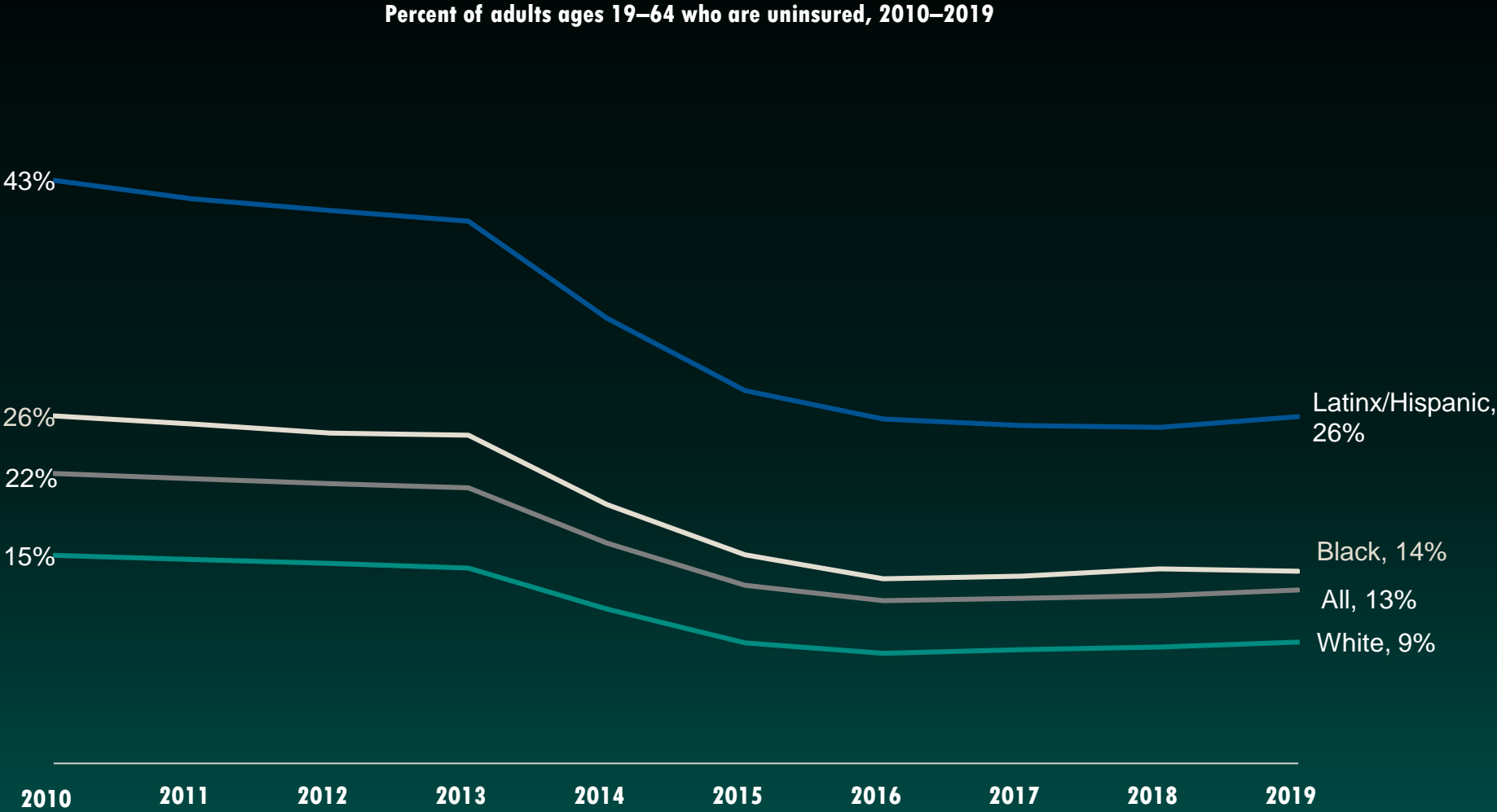
Uninsured All Year, 1940-2018



Source: Social Security Bul, HIAA, CPS, and CBO estimate



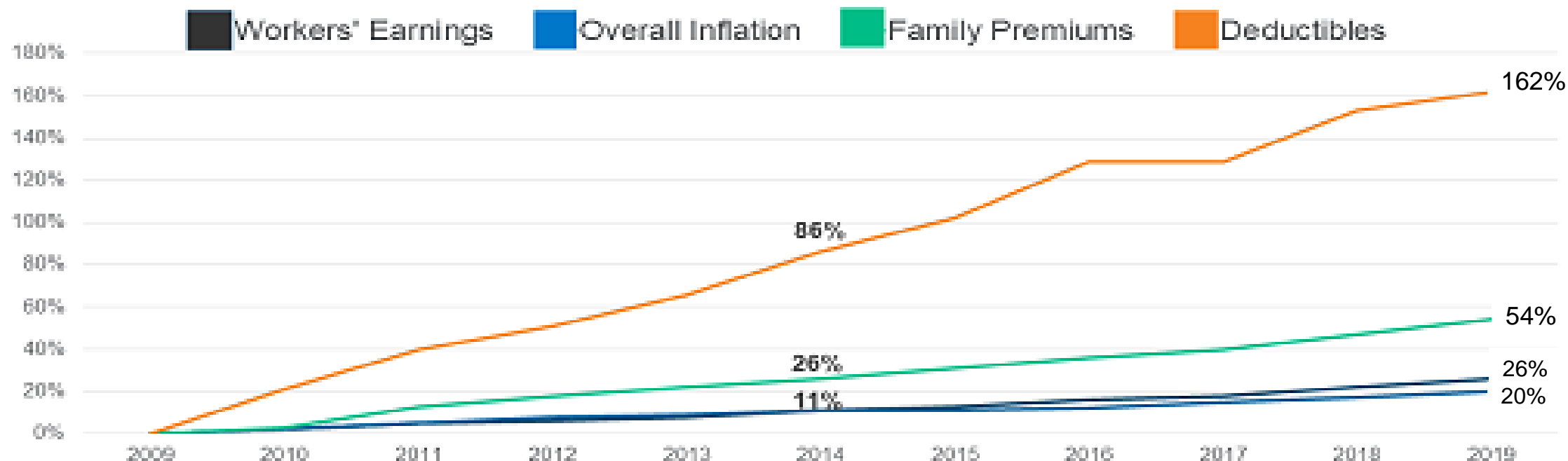
Coverage inequities significantly declined after key ACA provisions went into effect, but gains have stalled and disparities persist.



Data: American Community Survey, Public Use Microdata Sample (ACS PUMS), 2010–2019.

Source: Jesse Baumgartner et al., Inequities in Health and Health Care in Black and Latinx/Hispanic Communities: 23 Charts (Commonwealth Fund, June 2021).

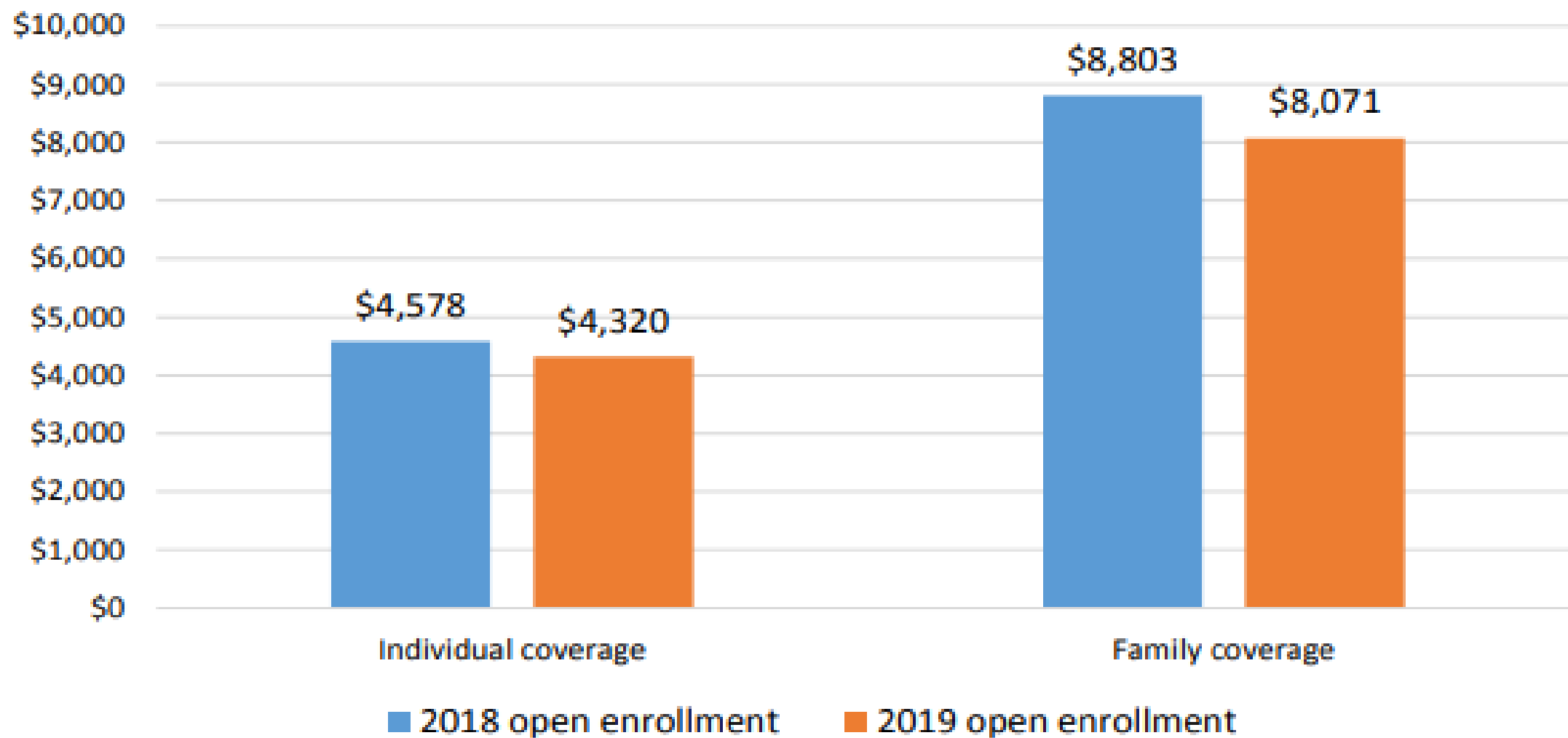
Deductibles are rising even more than premiums



SOURCE: KFF Employer Health Benefits Survey, 2018-2019; KaiserHRET Survey of Employer-Sponsored Health Benefits, 2009-2017; Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 2009-2019; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 2009-2019 (April to April).

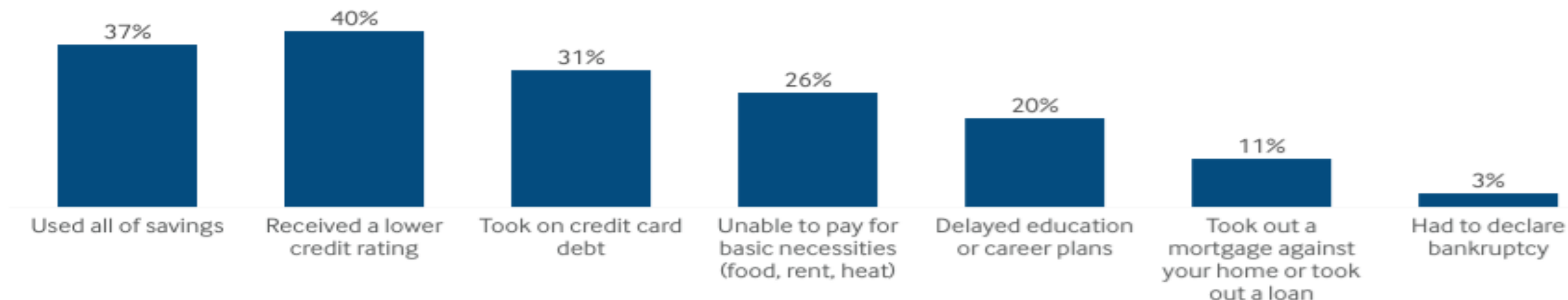


ACA Coverage - Average Annual Deductible



Medical Debt Leaves People with Lingering Financial Problems

Percent of adults ages 19–64 who had the following financial problems in the past two years because of medical bill problems/debt[^]



 Download data

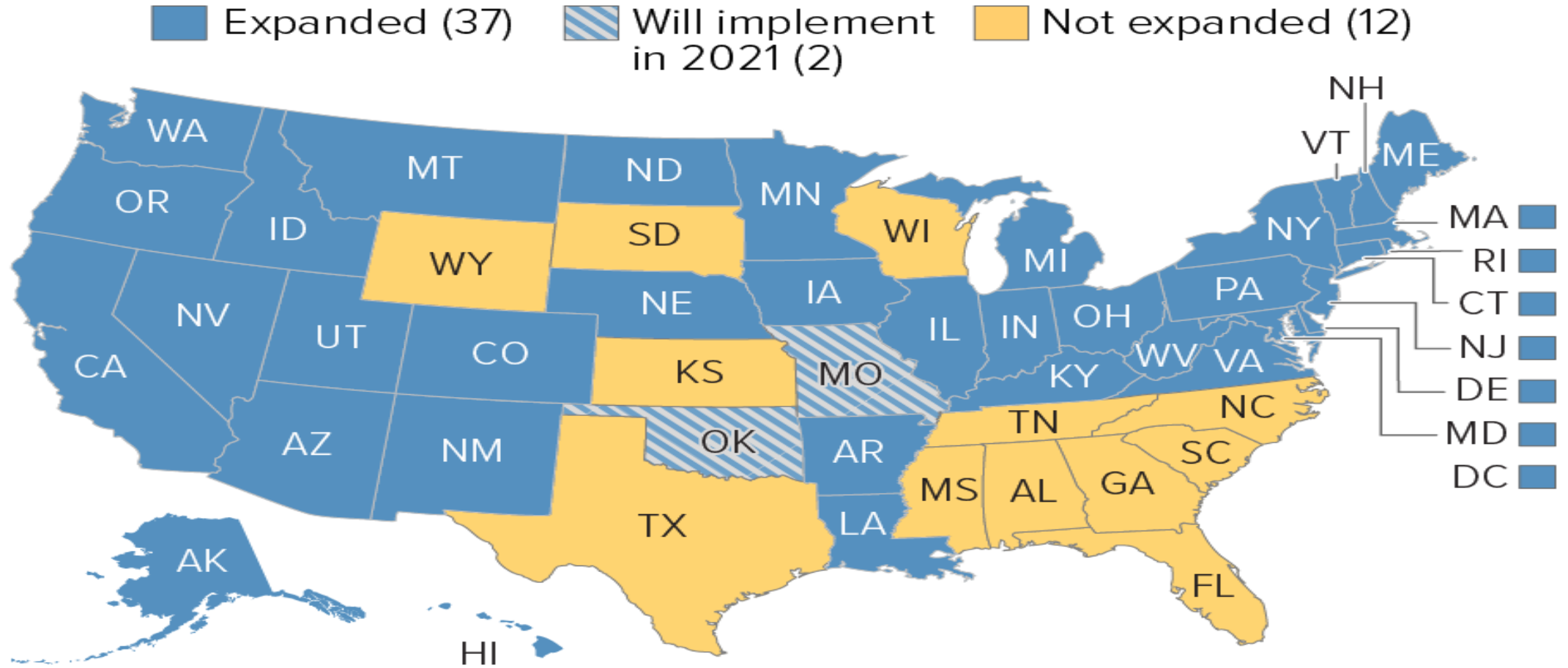
[^] Base: Respondents who reported at least one of the following medical bill problems in the past 12 months: had problems paying medical bills, contacted by a collection agency for unpaid bills, had to change way of life in order to pay medical bills, or has outstanding medical debt.

Data: Commonwealth Fund Biennial Health Insurance Survey (2020).

Source: Sara R. Collins, Munira Z. Gunja, and Gabriella N. Aboulafia, *U.S. Health Insurance Coverage in 2020: A Looming Crisis in Affordability — Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2020* (Commonwealth Fund, Aug. 2020). <https://doi.org/10.26099/6aj3-n655>



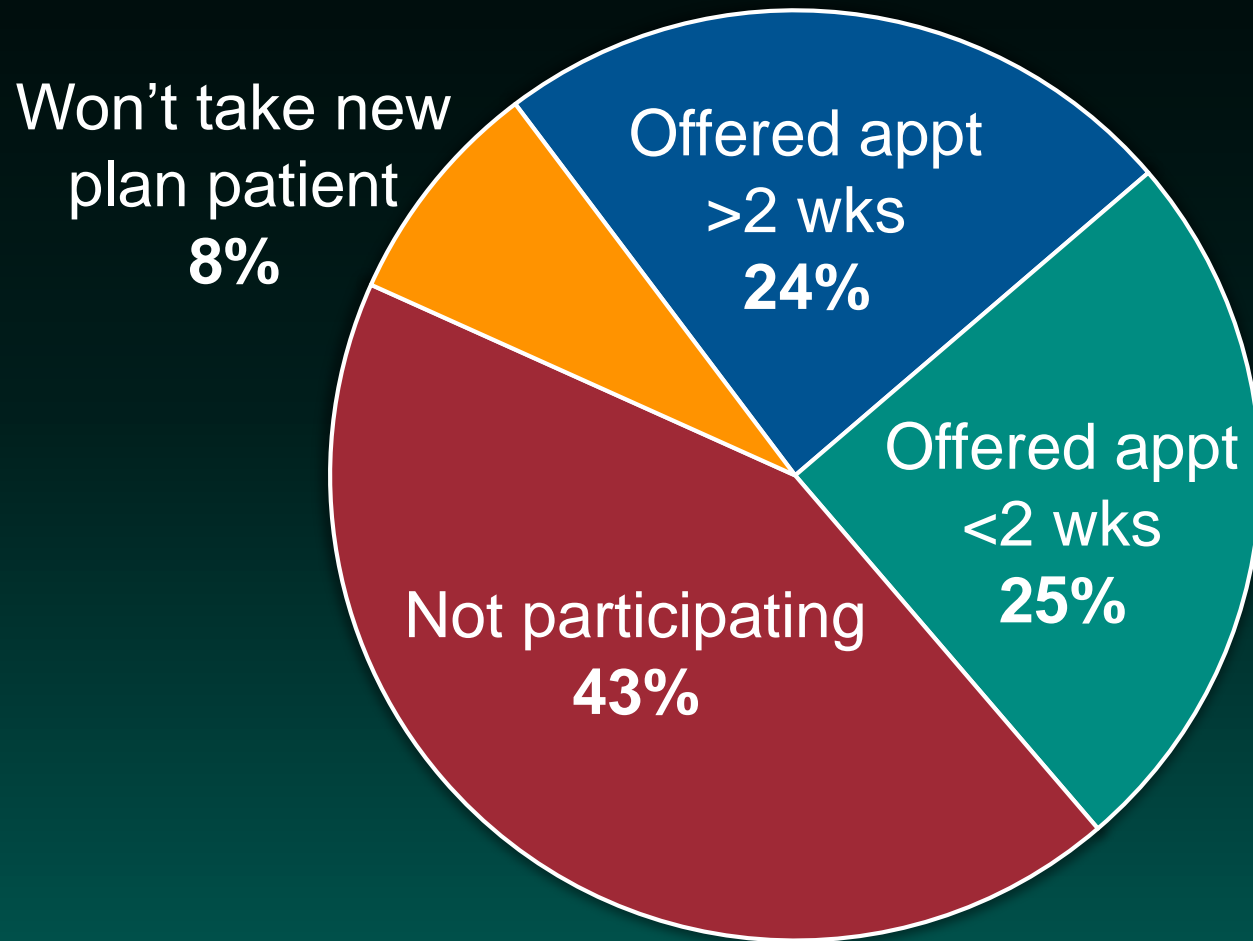
Status of State Medicaid Expansion in 2021



CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG



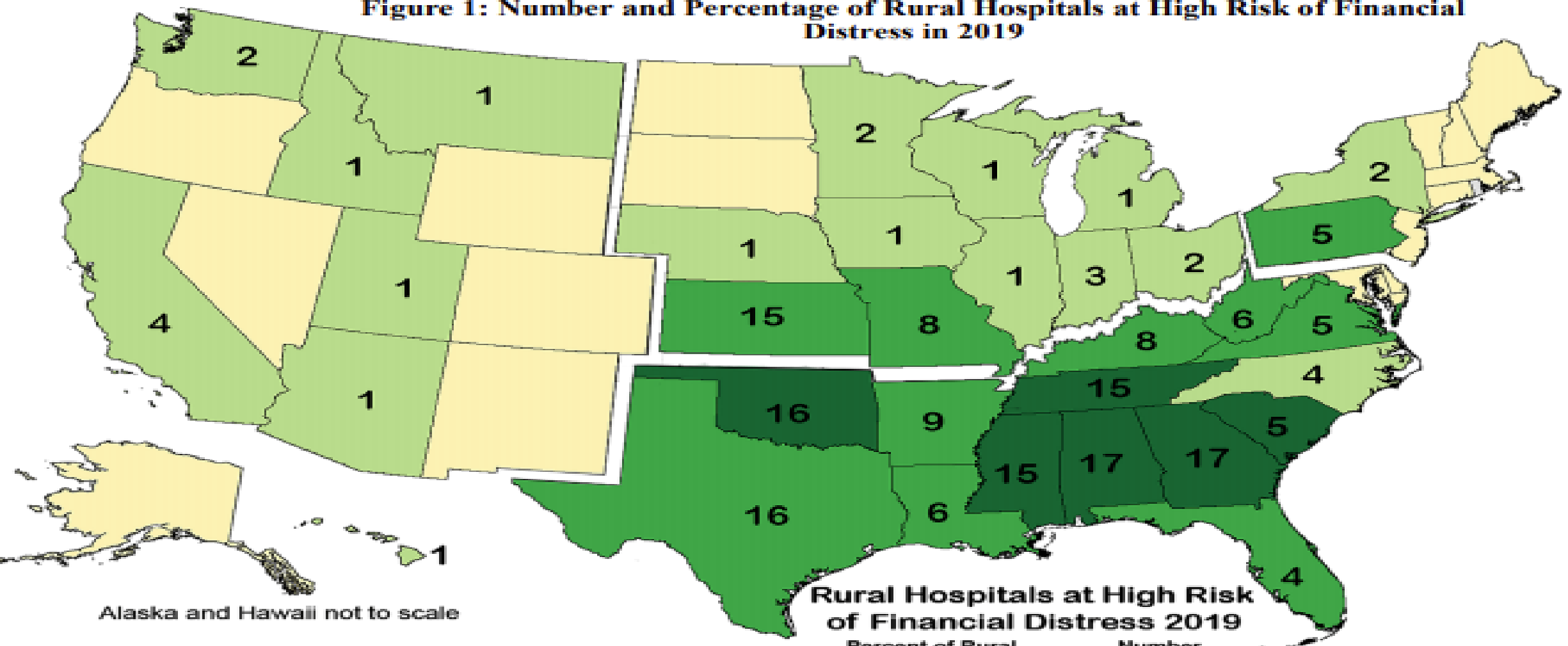
Medicaid Managed Care Patients Can't Get Appointments



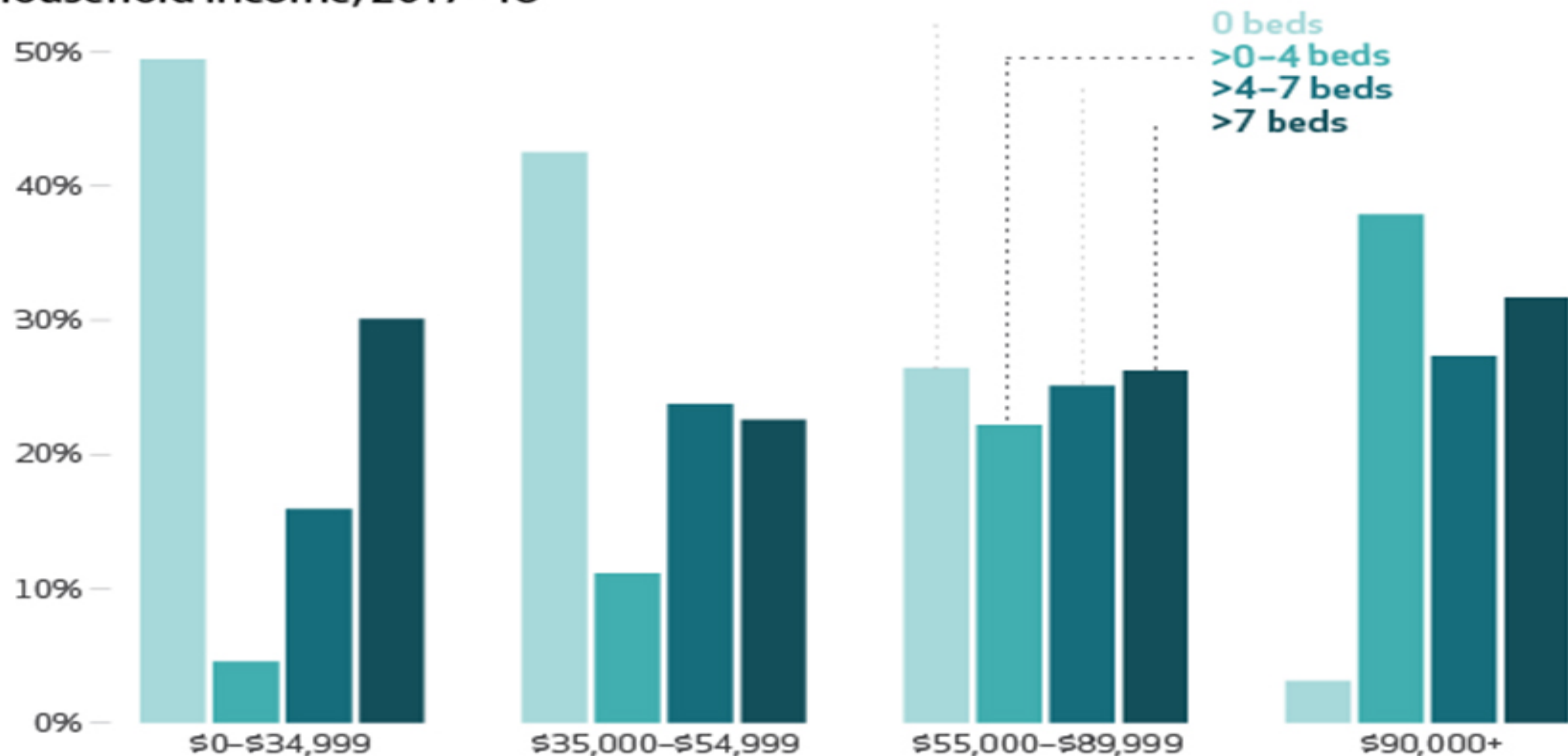
Source: HHS Inspector General's Report. 12/2014. OEI-02-00670



Figure 1: Number and Percentage of Rural Hospitals at High Risk of Financial Distress in 2019



Intensive care unit (ICU) bed availability in hospital service areas (HSAs), by median household income, 2017–18



Genevieve P. Kanter et al. Health Aff 2020; 39:1365

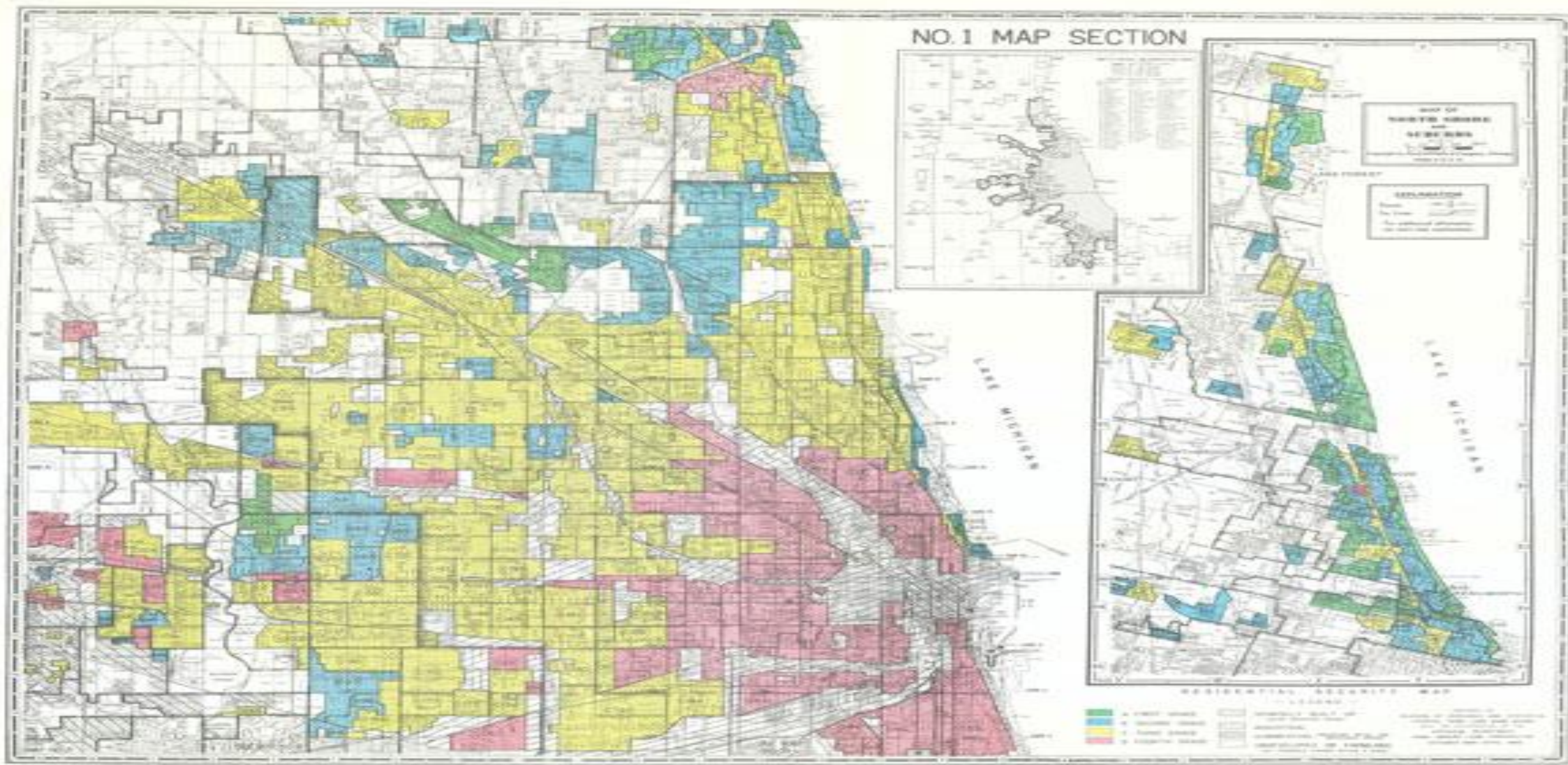
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Health Affairs

PNHP

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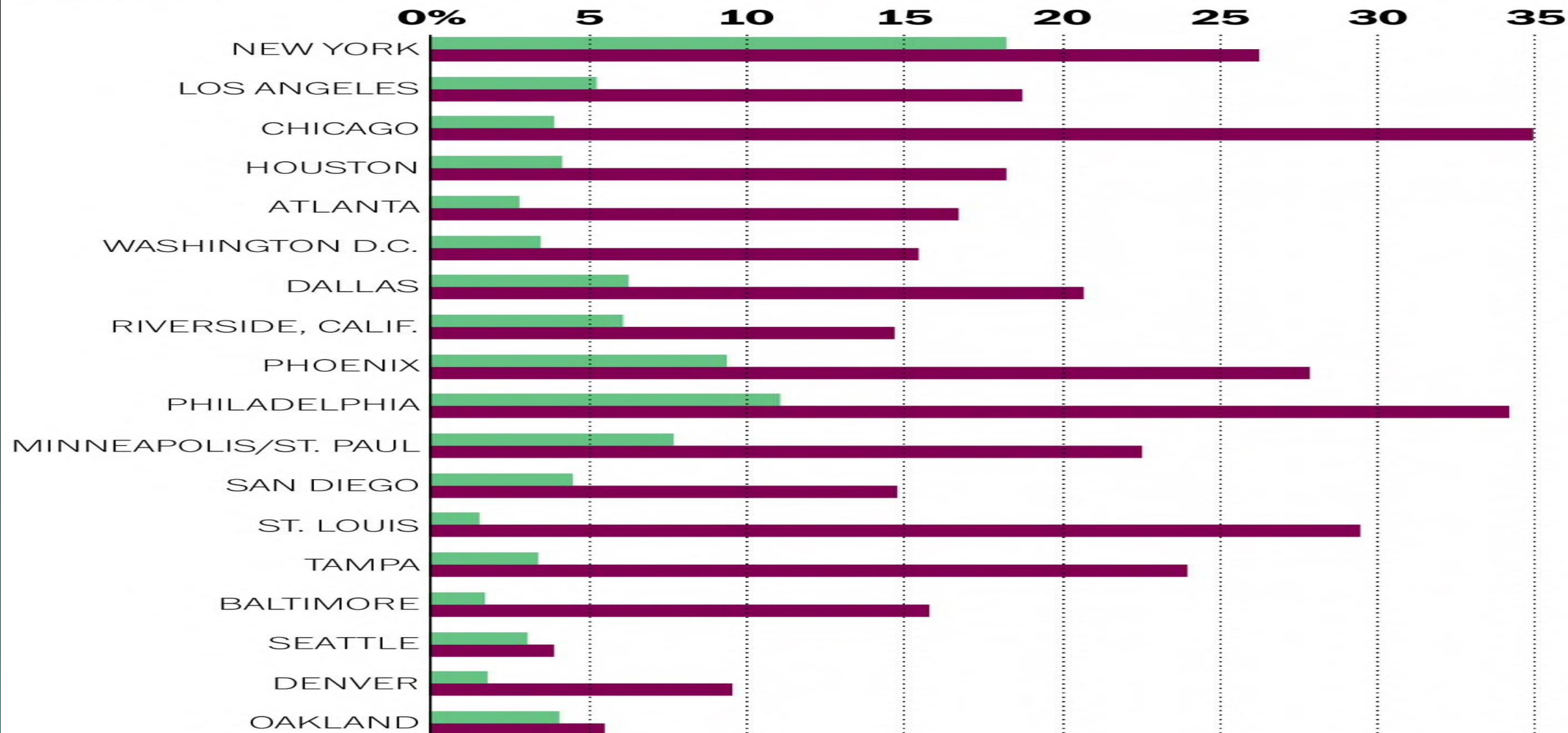
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Racial disparities in concentrated poverty

Percentage of poor **blacks** and **whites** living in concentrated poverty, by metro area





Improved Quality with Single Payer

- Single tiered system would foster quality by making it acceptable to everyone
- Help reduce racial health inequities with increased access and facilities where needed
- System would provide continuity of care
- Preventive care would be a priority
- It could make possible the creation of a unified, useful and confidential EHR like the VA already has
- Facilitates real health planning by putting resources where they are needed rather than where they make money



REFORM BASED ON PRIVATE INSURANCE COMPANIES DOES NOT SOLVE ANYTHING

Coupling of insurance to employment is a fragile and unstable relationship

Insurers can change networks and increase premiums, deductibles and copays

Providing more government money to insurance companies will not lower costs or improve care



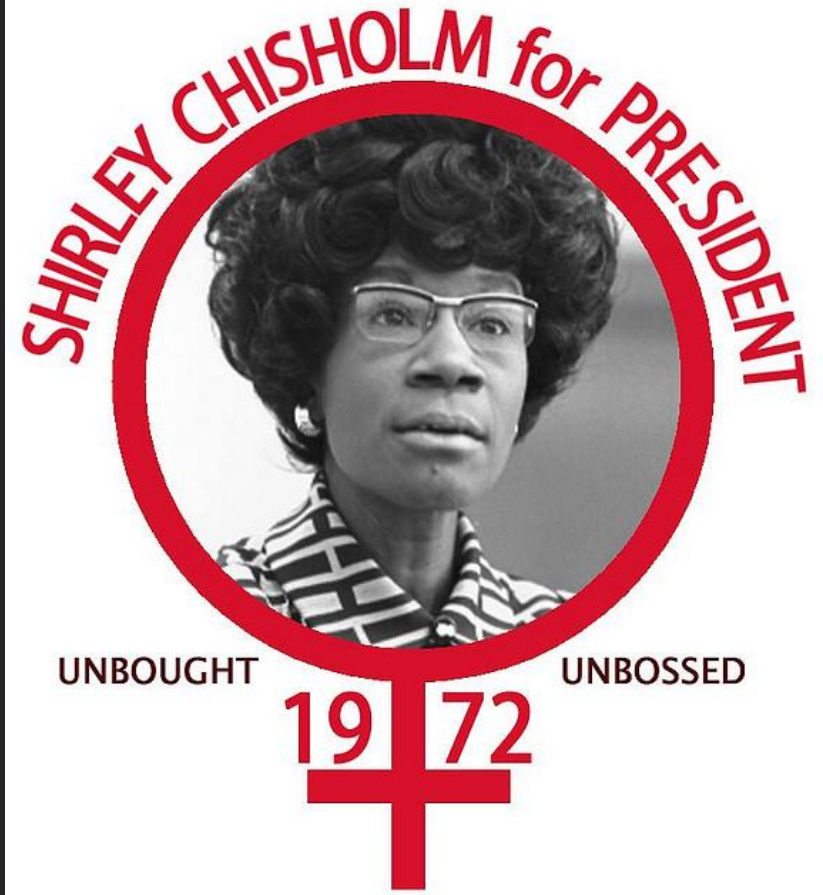
The inequities that have been made obvious by COVID-19 are an extension of long-standing inequities that have been created in this country, and made worse by how we finance our healthcare system.

Universal coverage, publicly accountable, single-payer health coverage is an essential component to resolving these inequities and protecting the care for all of us.



We have never seen health as a right. It has been conceived as a privilege, available only to those who can afford it. This is the real reason the American health care system is in such a scandalous state.

Shirley Chisholm





I'M JUST NOT SEEING ANY
GOOD SOLUTIONS.

HEALTH INC.

DRUG

INSURANCE

LOBBY

SINGLE PAYER

M. WUERKER POLITICO

For more information...

Health policy websites

- The Commonwealth Fund: www.commonwealthfund.org
- Kaiser Family Foundation: www.kff.org
- Health Affairs Blog: <http://healthaffairs.org/blog/>
- Physicians for a National Health Program: www.PNHP.org
- Lown Institute www.lowninstitute.org



Continue Advocacy for Equitable, Universal Health Care

WHY ADVOCATE FOR REFORM?

- Strong LWV Health Care Position since 1993
- Inequities in the health care system demand urgent action
- A healthy population is critical to Making Democracy Work

ACTION ITEMS

- Reactivate the LWVC Health Care Committee
- Expand participation of CA League members in health care reform
- Promote formation of local League Health Care Committees

We will set up a statewide Zoom soon. Contact healthcare@lwvbae.org or healthcare@lwvdv.org to be added to an email list.