

# ***Health Equity Leading Health Policy***

August 22, 2019

Lisa Cacari Stone, Ph.D.  
Associate Professor, College of Population Health  
Director & Principle Investigator, TREE Center for Advancing Behavioral Health (*NIMHD Grant #  
U54 MD004811-07*)

[Lcacari-stone@salud.unm.edu](mailto:Lcacari-stone@salud.unm.edu)

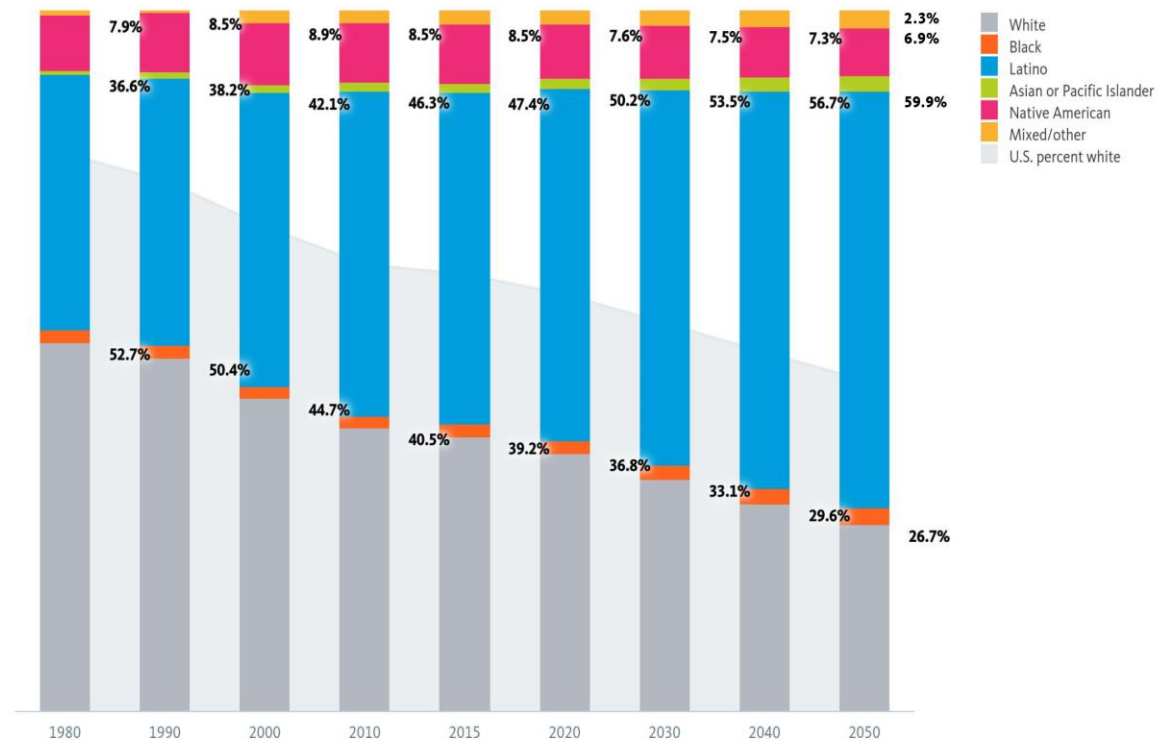


# Rethinking Health Policy

“Improving population health and eliminating racial/ethnic and socio-economic inequalities in health will require *a redefinition of health policy to include all societal policies that directly or indirectly affect health.*”

Source: Williams, D. & Jackson, P.B. (2005). Social sources of racial disparities in health. *Health Affairs*, 24 (2), 325-334.

Racial/ethnic composition: New Mexico, 1980-2050

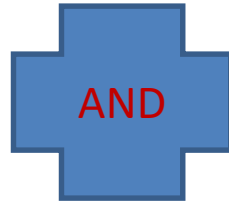


U.S. Census Bureau; NHGIS; Woods & Poole Economics, Inc.  
PolicyLink/PERE National Equity Atlas, [www.nationalequityatlas.org](http://www.nationalequityatlas.org)

# Health Policy Leading Health Equity

- Health Policy

- Structural Determinants of Health
  - Political
  - Economic
  - Social
  - Cultural
- Environmental
- Socializing and Empowerment
- Lifestyle

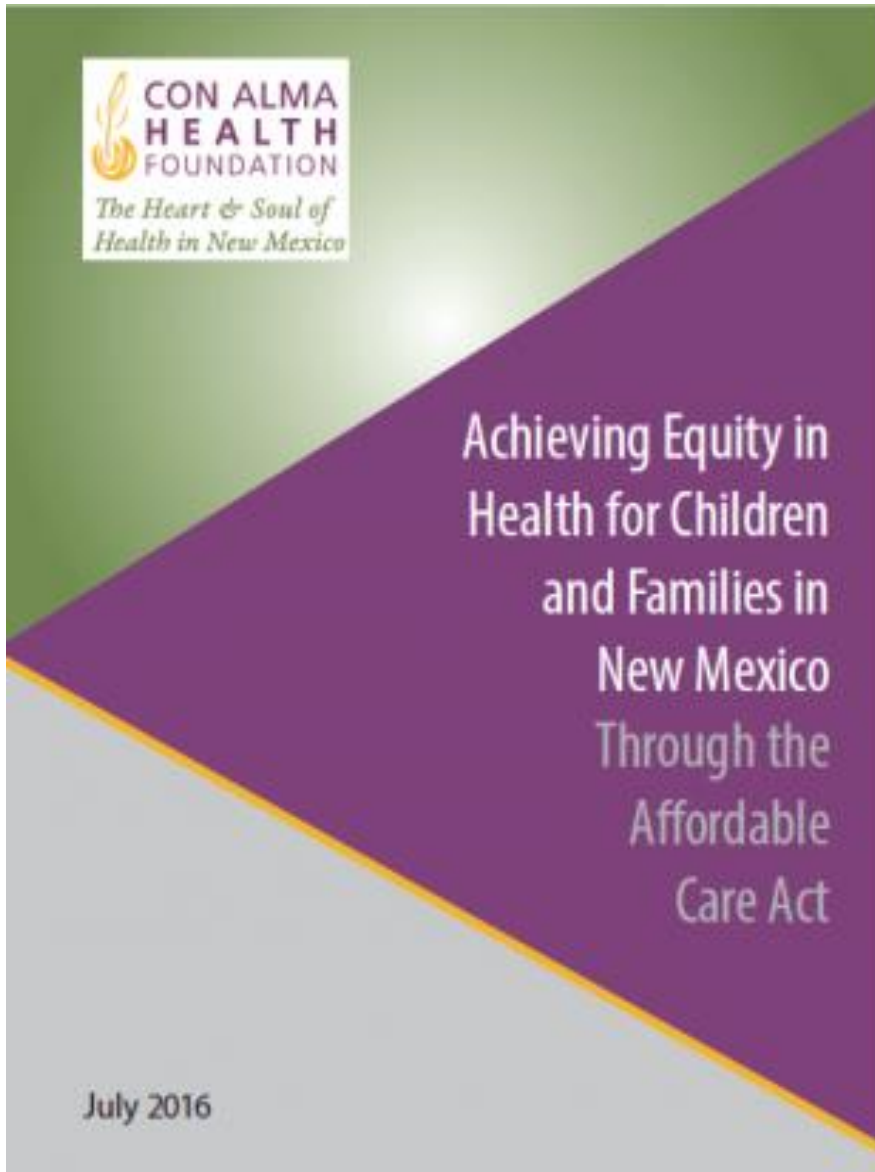


- Health Care Policy

- Access
- Cost
- Quality
- Examples:  
financing/economics,  
insurance and managed care  
(HMO, PPO, ERISA), long-  
term care, Medicaid,  
behavioral health reform,  
prescription drugs, pay-for-  
performance, health  
information technology, SCHIP

Sources: Navarro, V. (2007). What is a national health policy? *IJHS*, 37 (1), 1-14.  
An orientation to health policy for state legislators: Frequently asked questions.  
(2005). National Conference of State Legislators.

# Purpose



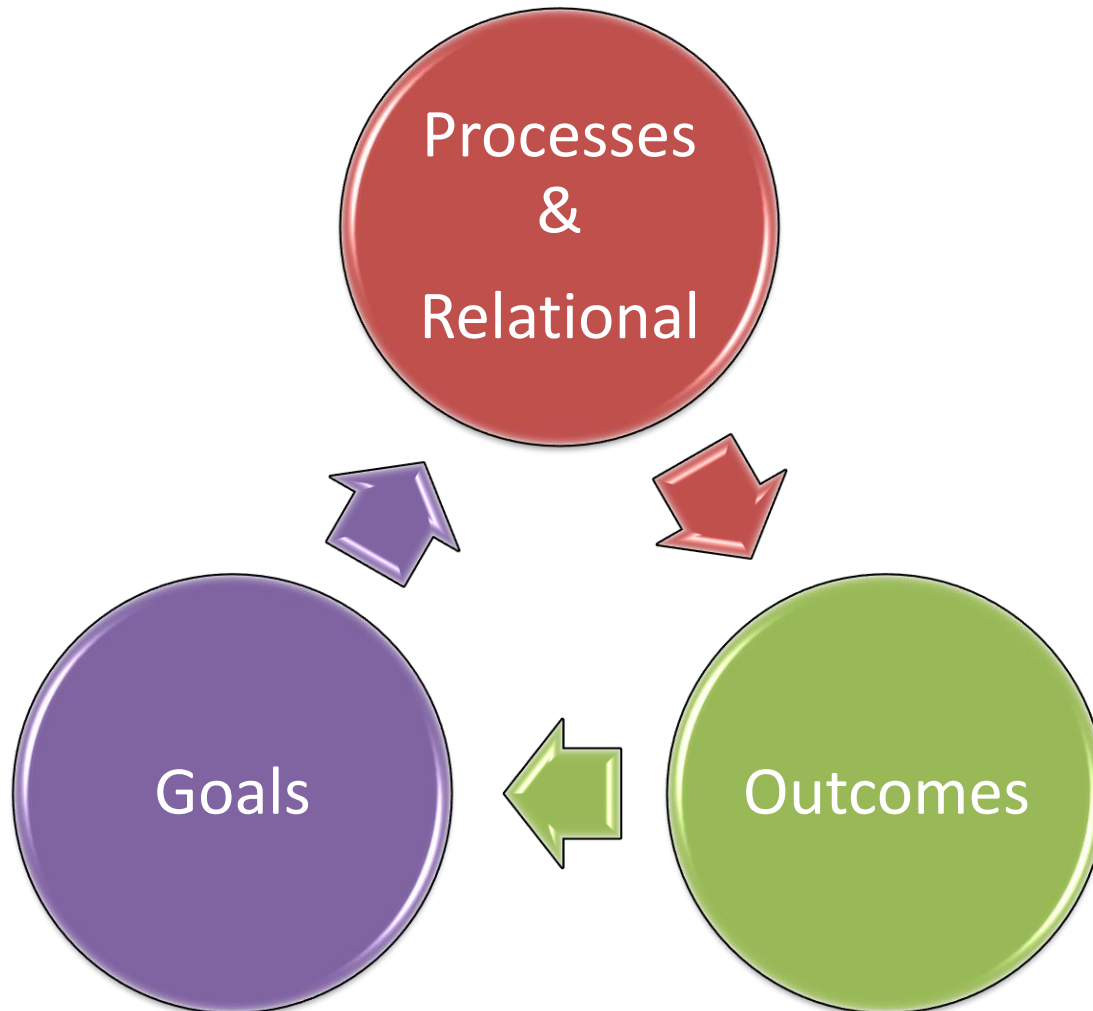
To provide a point-in-time snapshot of the implementation progress and challenges regarding the Affordable Care Act (ACA) provisions aimed at advancing health equity for children and families living in New Mexico.

# Mixed Research Methods



- Review of over 200 documents (policies, reports)
- Literature review-equity, pre/post ACA research, cross-state comparisons
- Census data & geo-mapping
- Qualitative “key informant” Interviews (55)
  - Northern New Mexico: Taos, Rio Arriba, Union, Colfax, and Santa Fe; Central: Bernalillo, Valencia, Sandoval; Eastern-Chavez, Roosevelt, and Quay; and Southern: Catron, Luna, Sierra, Otero, Dona Ana, Grant, and Hidalgo.
  - Non-profit organizations (29), followed by government (18) (federal, state, tribal, or county), health councils (14), insurance enroller/navigator (14), community (13), schools (7), community health centers (7), hospitals (5), and legal advocacy/law (5), insurance providers/managed care organizations (4), the business sector (4), and foundations (2).

# Health *Equity* Policy Framework



CHAPTER

20

COMMUNITY-BASED  
PARTICIPATORY RESEARCH  
FOR HEALTH EQUITY  
POLICY MAKING

LISA CACARI STONE, MEREDITH MINKLER, NICHOLAS FREUDENBERG  
AND MAKANI N. THEMBA

Source: Cacari Stone, L., Minkler, M., Freudenberg, N. \* Themba, Makani (2017).

Community-based Participatory Research for Health Equity Policy Making. Chapter 20 in [CBPR for Health: Advancing Social and Health Equity](#), third edition

# Equity Policy- Goal

## GOALS

- Rooted in human rights ethics, achieving health equity requires policy that supports valuing all individuals equally, recognizes and rectifies historical injustices, and provides resources according to need I wonder if it is worth highlighting policy as needing to value, recognize, rectify, etc. It might make it more concrete, while also underscoring is about evaluating a major policy.
- To attain distributive justice, equal protection & fair allocation of resources
- ACA sought to:
  - expand access to care
  - bolster public health and prevention programs
  - improve the health safety net
- ACA included provisions to in a number of for closing health equity gaps for historically underserved populations via:
  - insurance coverage for prevention,
  - offering wellness benefits without deductibles through Medicaid and Marketplace plans
  - increasing the number of culturally and linguistically competent providers, expanding community health centers
  - requiring that data be collected and disaggregated by race/ethnicity and geospatial location

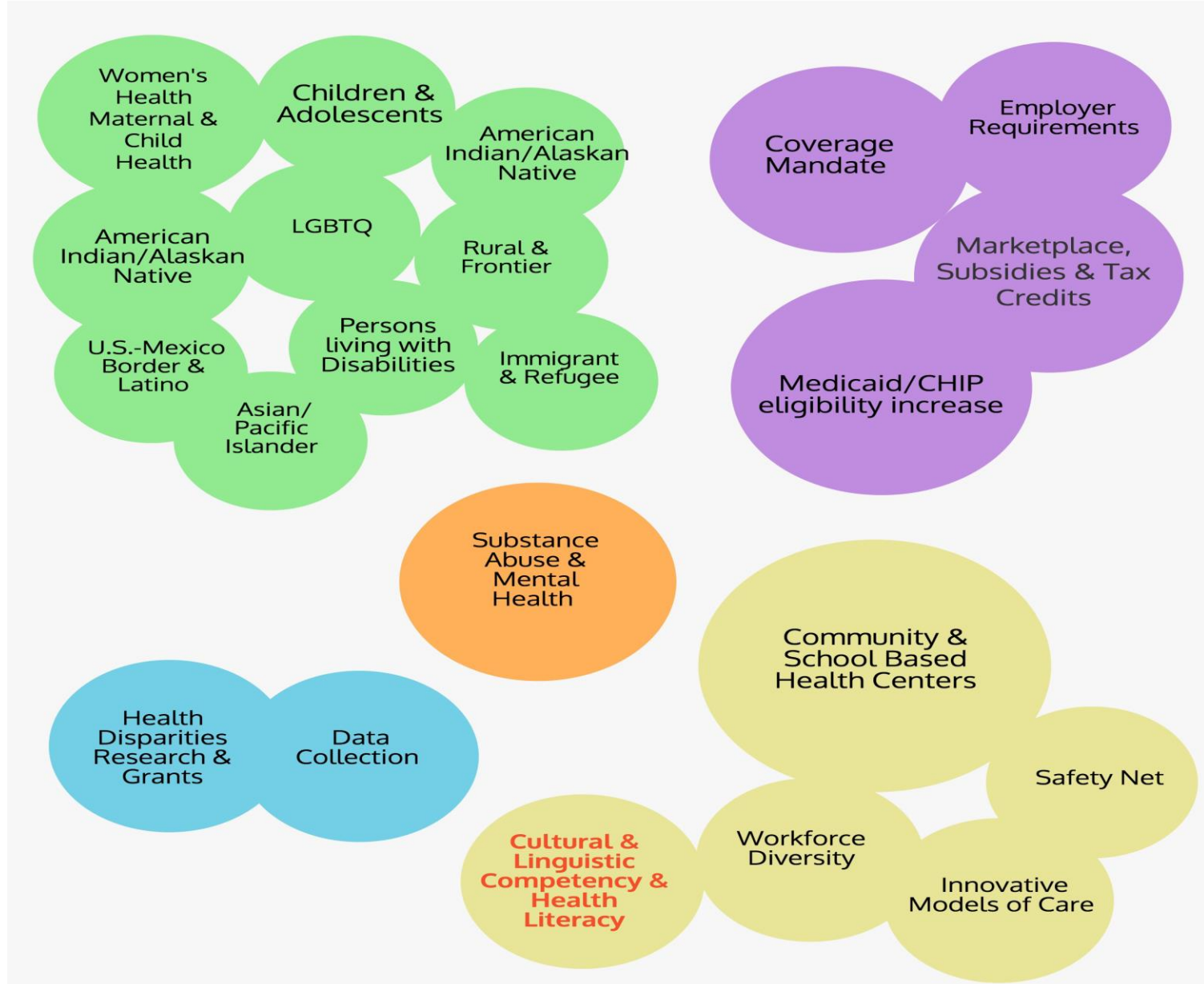
# The right thing to do.....

*“It was the right thing to do. Being in a country that is so strong and so powerful and has so much money, we should not have people that are not covered by health care in this country.”* -County administrator, Southern NM

*“I think the successes are enormous in terms of letting people who are in the most vulnerable communities, giving them the message that their lives are important. Their health is important. That they have a route to taking care of themselves and their families is immeasurable, in terms of success.”* - Outreach worker, Northern New Mexico



# ACA Equity Opportunities



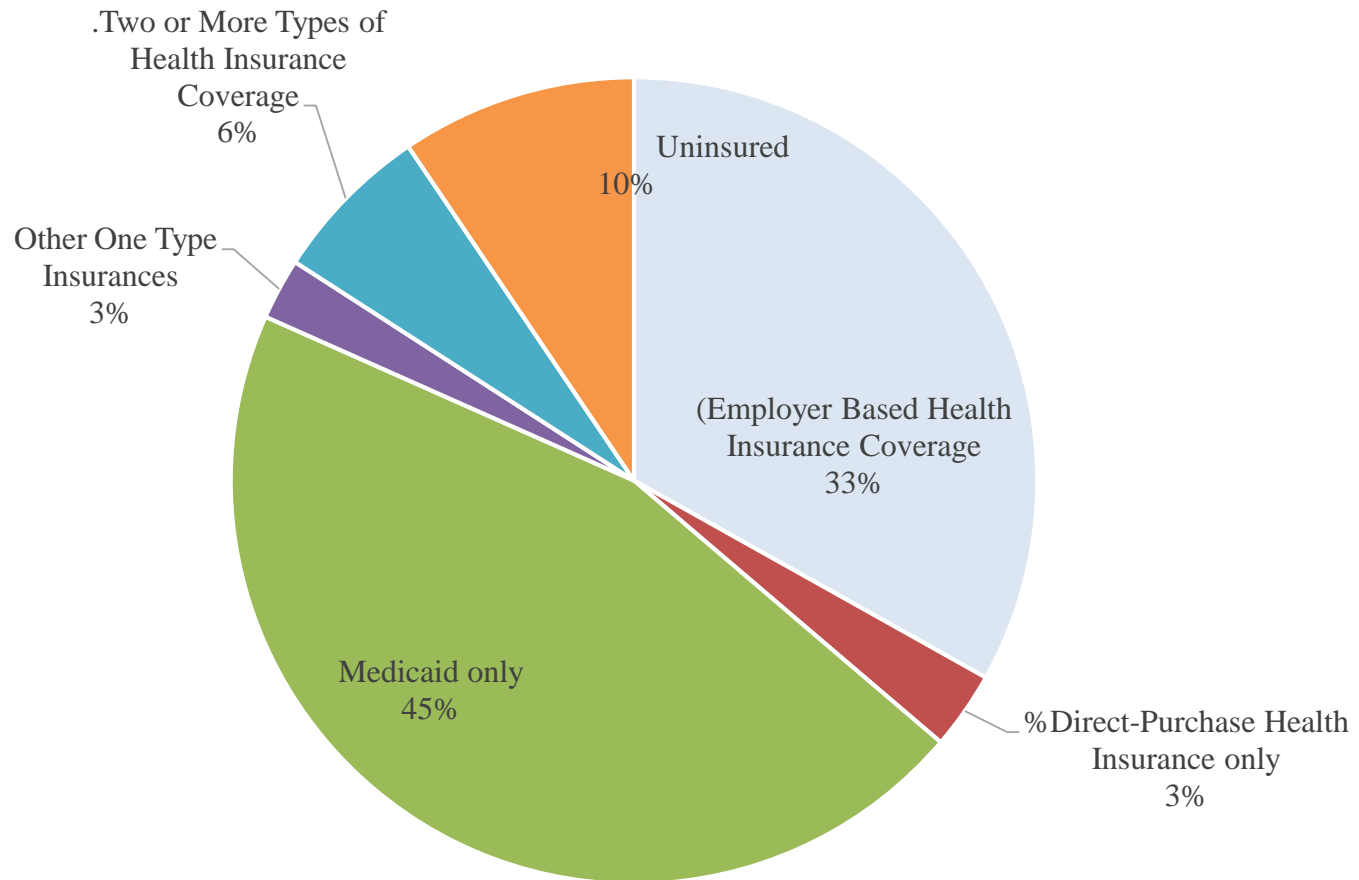
# Equity Policy -Outcome

## Outcome

- Produces access to needed resources that supports optimal human development and health
- Equalizes power dynamics among diverse partners in policy-making process
- Supports capacities for self-determination
- Recognizes the role of intersectional positions of power and privilege
- Leverages policy to tackle economic or social disadvantage
  - (minimum wage laws, progressive taxation, & statutes barring discrimination in housing or employment based on race, gender, disability, or sexual orientation)

# Strengthened safety-net for many children and families- Medicaid and the Children's Health Insurance Program

Health Insurance Coverage of Children for New Mexico, 2009-2013



Source: US Census American Community Survey 2013 5 year Estimates, Factfinder

# Increased access to care....

*“One of the big benefits was the expanded Medicaid that opened an opportunity that we wouldn’t have otherwise had. That was our #1 success!” -Statewide health advocate*

*“Certainly, the uninsured rates have gone down; we have under 14 percent uninsured, but it should be in single digits. The second success is that more people do have health coverage and the impact it has had on our health delivery system is positive. For instance, our uncompensated care has plummeted, gone down.” - Health reform leader*

# Equity Policy- Process & Relational

- Procedural justice or fairness in how the decision-making process - communities participating in the policy-making process
- Equal concern for nature of relationships among persons
- Confronts social subordination as a threat to social justice and human rights
- Counteracts stigma of diverse populations, especially those who have been traditionally defined as “other”
- Recognizes and rectifies historical injustices.
- We name racism, sexism, homophobia, xenophobia, islamophobia as forces in determining how these social determinants are distributed.
- Works **across sectors** to address the factors that influence health, including employment, housing, education, health care, public safety and food access

# Boots on the ground...

- *I think the fact that we were able to get several hundred people certified to do enrollment throughout the community health centers and with NAPPR in such a short period of time when we first started ... it was truly amazing.”- Native American enroller*
- *“At just one event we get several hundred people enrolled at one time and we do a lot of marketing for that event and a lot of call-outs. So having those events has been really impacting enrollment.”- Public school enroller*
- *“I think the success is really the human resources invested in outreach all the promotoras. They have been very patient and jump through all the hoops in order to do everything they need to do to get people enrolled advocating for them well past the point of enrollment.” –Health administrator, border area*

# Moving Forward



# Inroads on Medicaid, still a long road to Marketplace enrollment...

*“Participation rate for those eligible for Medicaid is good and in NM there’s a lot of other eligible folks who could get assistance to pay and buy a health insurance plan and that has been a less than what I had hoped for!*

*So, there hasn’t been as a rigorous effort to help how to get their families covered for those eligible and a lot of folks not taking as advantage of that, this hasn’t gone as well as the Medicaid. You should do as well as in the marketplace as those for up to 200% poverty level.”*

—Health provider, Albuquerque metro area



# Undocumented immigrants remain excluded from purchasing insurance coverage through the Marketplace...

*“The ACA barely made it through Congress. If you added immigration reform, it was a pragmatic decision not to include undocumented immigrants. It’s still not a rationale argument but it is still at an the emotional partisan level.”*—State health reform administrator