



Family Voices Leadership Conference

The Health Care Justice Movement: Our Time is Now!

May 8, 2019

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*Our vision is a nation where the best health and health care
are equally accessible and affordable to all*

Families USA: Decades at the Frontlines of the Health Care Social Justice Movement



Families USA's Mission and Focus Areas

Families USA, a leading national voice for health care consumers, is dedicated to the achievement of high-quality, affordable health care and improved health for all. We advance our mission through public policy analysis, advocacy, and collaboration with partners to promote a patient-and community centered health system.

Working at the national, state and community level for over 35 years



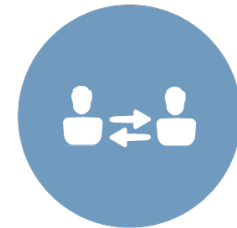
COVERAGE



HEALTH CARE
VALUE

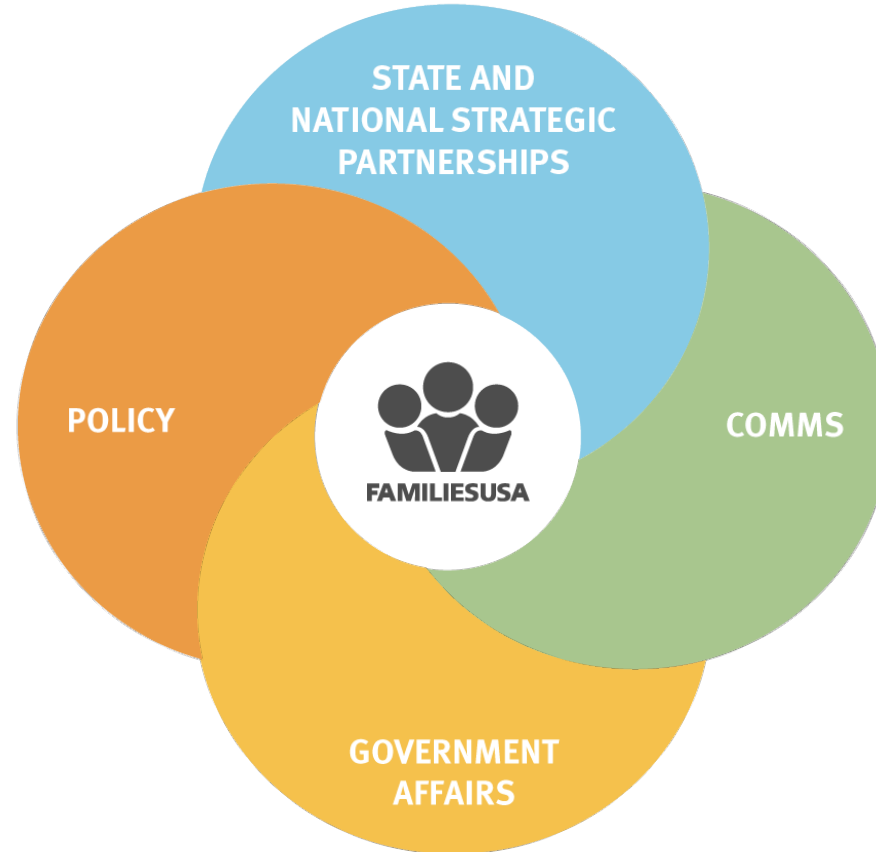


HEALTH EQUITY

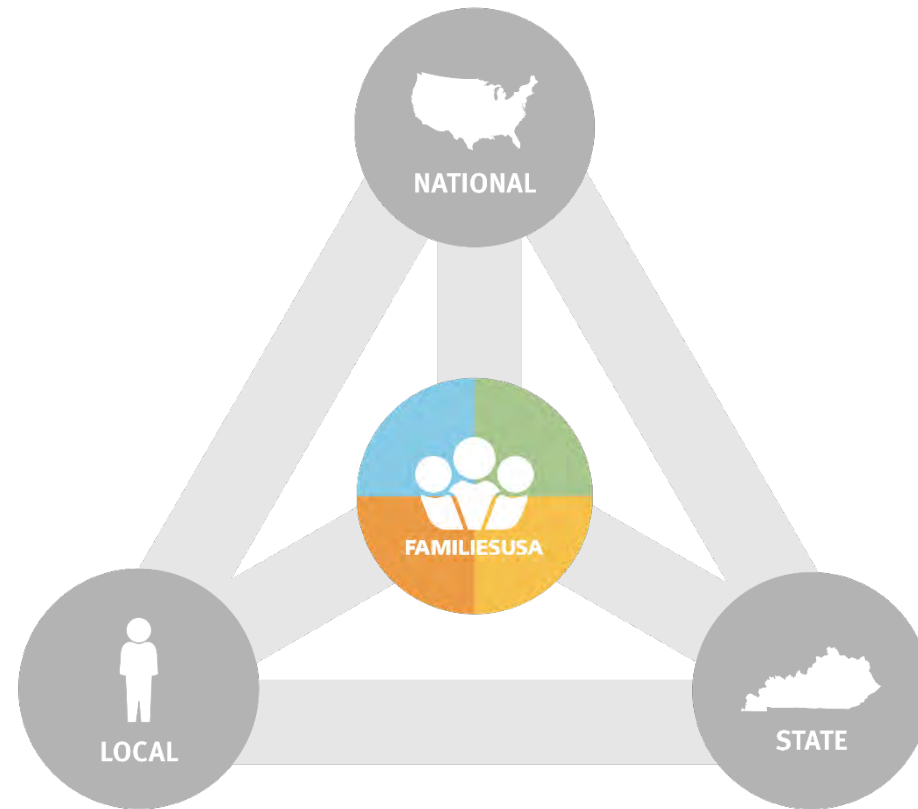


CONSUMER
ENGAGEMENT

Families USA's Core Capabilities



Families USA's Work on the National, State and Local Levels



Visit us at: www.familiesusa.org

Your Activism Matters!

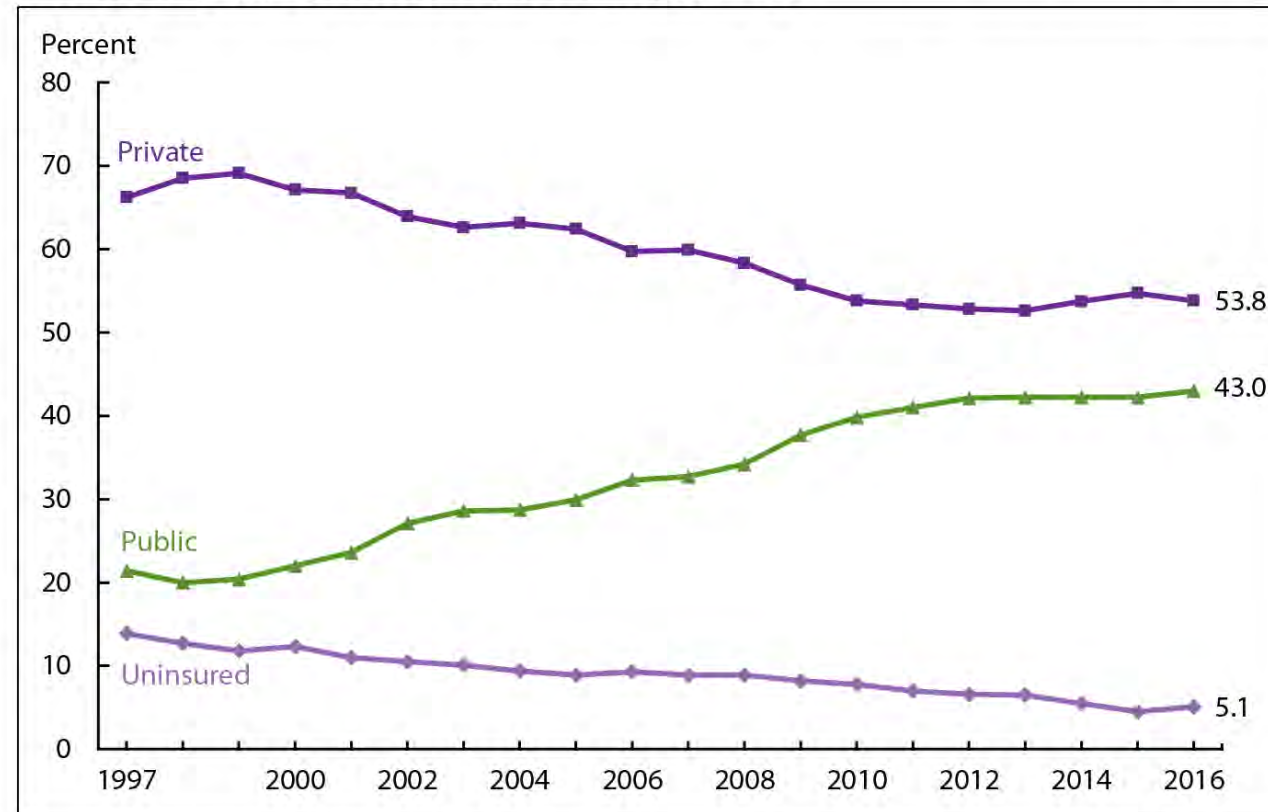


A Few Examples of **What We've Accomplished Together...**

- CHIP
- Affordable Care Act
- Defending CHIP, ACA, and the entire Medicaid

Becoming the Nation Our Children Deserve...

Figure 2. Percentage of children aged 0–17 years who were uninsured or had private or public coverage at the time of interview: United States, 1997–2016



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

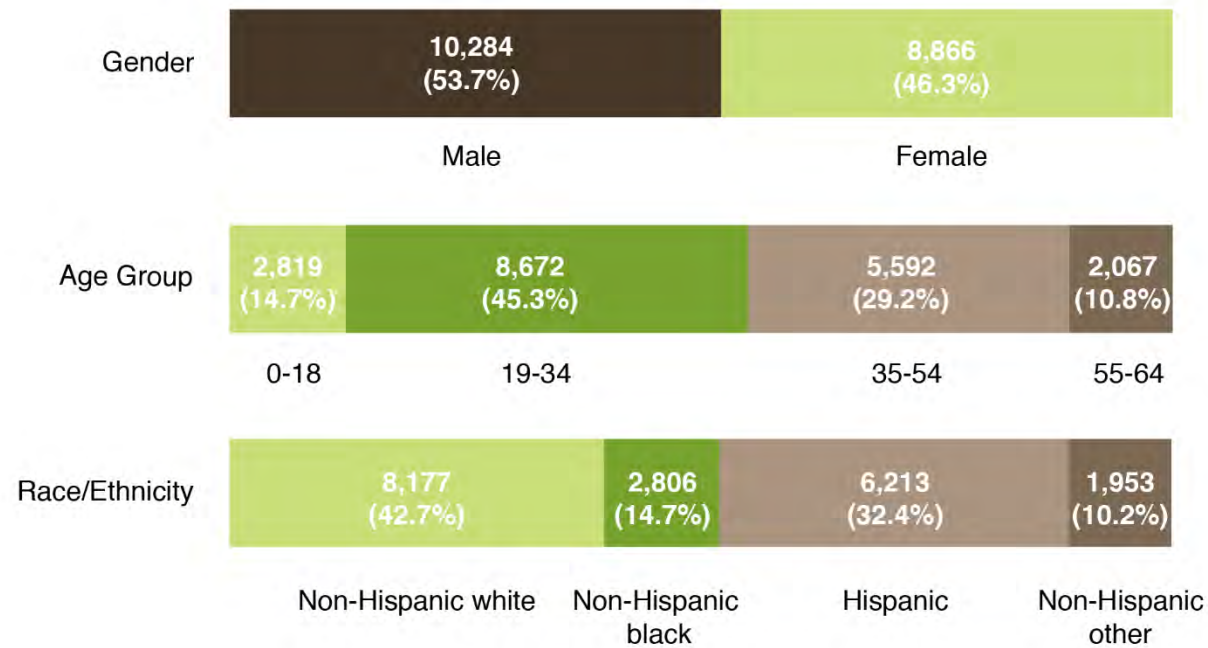
SOURCE: NCHS, National Health Interview Survey, 1997–2016, Family Core component.

From 2010 to 2016

20 million people gained coverage

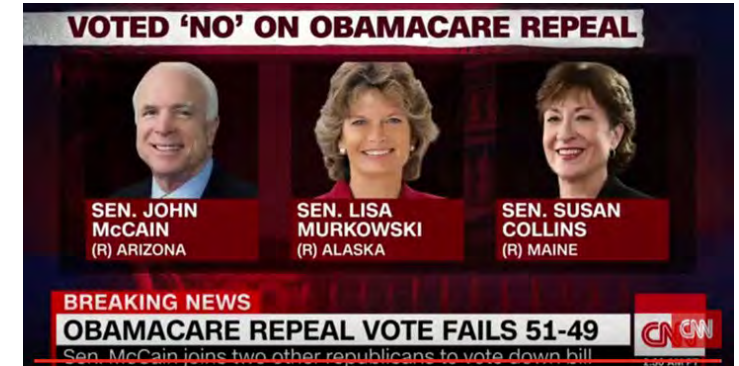
People Across the U.S. Society Were Helped

Figure 1. Number and Share of Nonelderly People Who Gained Coverage from 2010 to 2015, by Demographic Characteristics (number in 1,000s)



Sources: Urban Institute Analysis of American Community Survey data (IPUMS-USA, University of Minnesota, www.ipums.org) for 2010 and 2015.

2017: A Hard-Fought Victory



Jan 4, 2017,
"Repeal and
Replace
Introduced"

April 20, 2017,
ACHA
Introduced

May 4, 2017
Passes the
House

July 28, 2017
Fails in the Senate
by 1 Vote

AHCA Would Have Moved our Society Backwards....

At least 24 M lose coverage in trade for a very large tax cut to the top1 percent and much more to the top 0.1 percent

Health	Tax cuts
Medicaid: - \$839 B	Mostly to ultra-wealthy and corporations: \$604 B*
Premium and cost sharing subsidy: - \$663 B	
Replacement premium credits: \$357 B	
Patient and stability fund: \$138 B	
Net cut from health: \$650 B	Benefit to wealthy/corps: \$604 B

*Excludes premium credits and medical deduction threshold

Source: Calculations from March 23 CBO score, table 2 and 3, with addition of patient and stability fund as amended

Wealthy Benefit from Tax Cuts

FIGURE 1

Distribution of Major Tax Provisions in AHCA

Change in after-tax income

Percent (%)



Source: Urban-Brookings Tax Policy Center Microsimulation Model (version 0217-1).

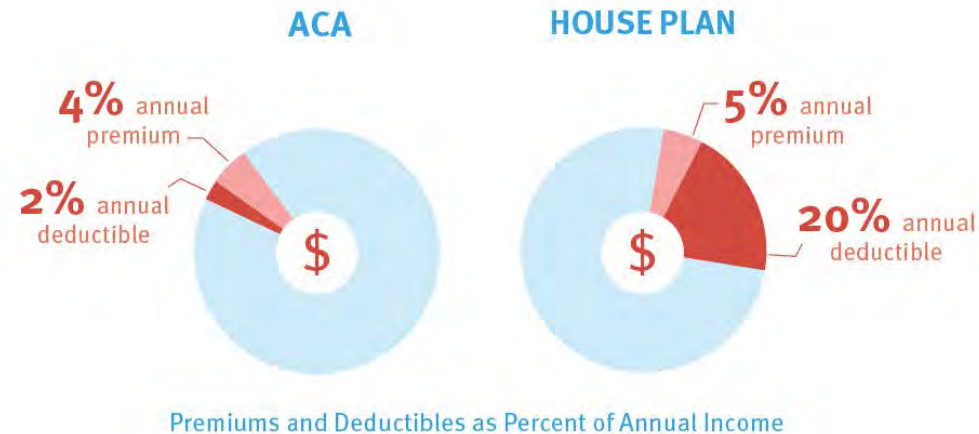
<http://www.taxpolicycenter.org/taxvox/dont-forget-those-tax-cuts-house-health-bill>

The AHCA Would Have Financially Devastated Lower-income Families*



Annual cost of premiums + deductibles would go up to

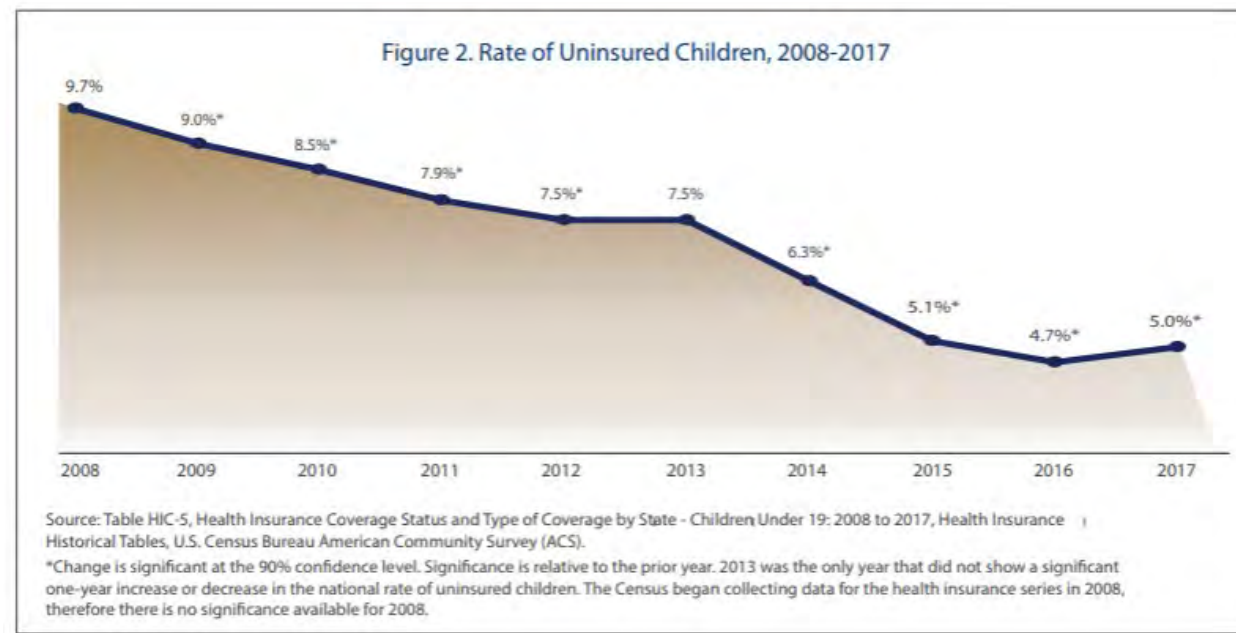
\$7,568



*Families USA analysis based on 2017 national average premium for the second-least expensive silver plan adjusted to reflect expected premium change using 5:1 age rating bands, and changes in premium tax credits. Deductible estimates based on average 2016 deductibles for silver plans with and without cost-sharing reductions. Source: Health Insurance Marketplace Calculator, (Washington, DC: Kaiser Family Foundation, November, 2016); Impact of Changing ACA Age Rating Structure (Milliman, January 2017); Cost-Sharing Subsidies in Federal Marketplace Plans, 2016, (Washington, DC: Kaiser Family Foundation, November 2015).

Despite Victories, the Struggle is Not Over....

- Medicaid program under assault on the state-level
- Private Coverage through HIX under assault
- We are Experiencing the Consequences...



The Power of Personal Experiences:

- Even the most cold-blooded policy maker can be activated when you give them **a personal problem** and a **concrete action that they can take** to address it.
 - Bring your story together with concrete action for policy maker
- We learn through narrative and application: **A conversation is much more powerful**, ask questions, get policy makers asking questions
 - This can be both a short and long-game....
 - Don't focus on convincing others of the "starting-point", focus on the concrete change you are aiming for....
- Results in Action: Medicaid Expansion Negotiations

Becky's Story...

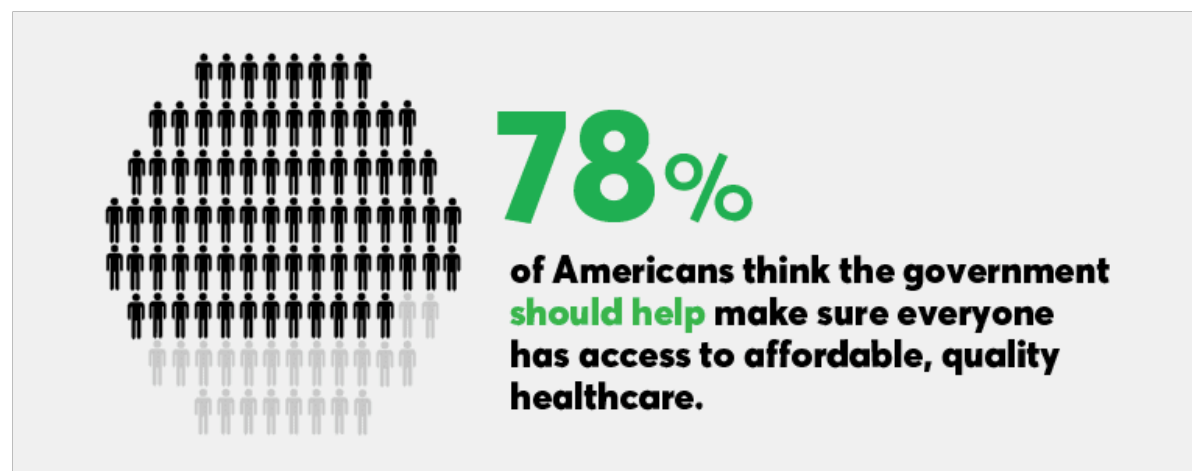
Health Care As a Rapidly Evolving National Movement...



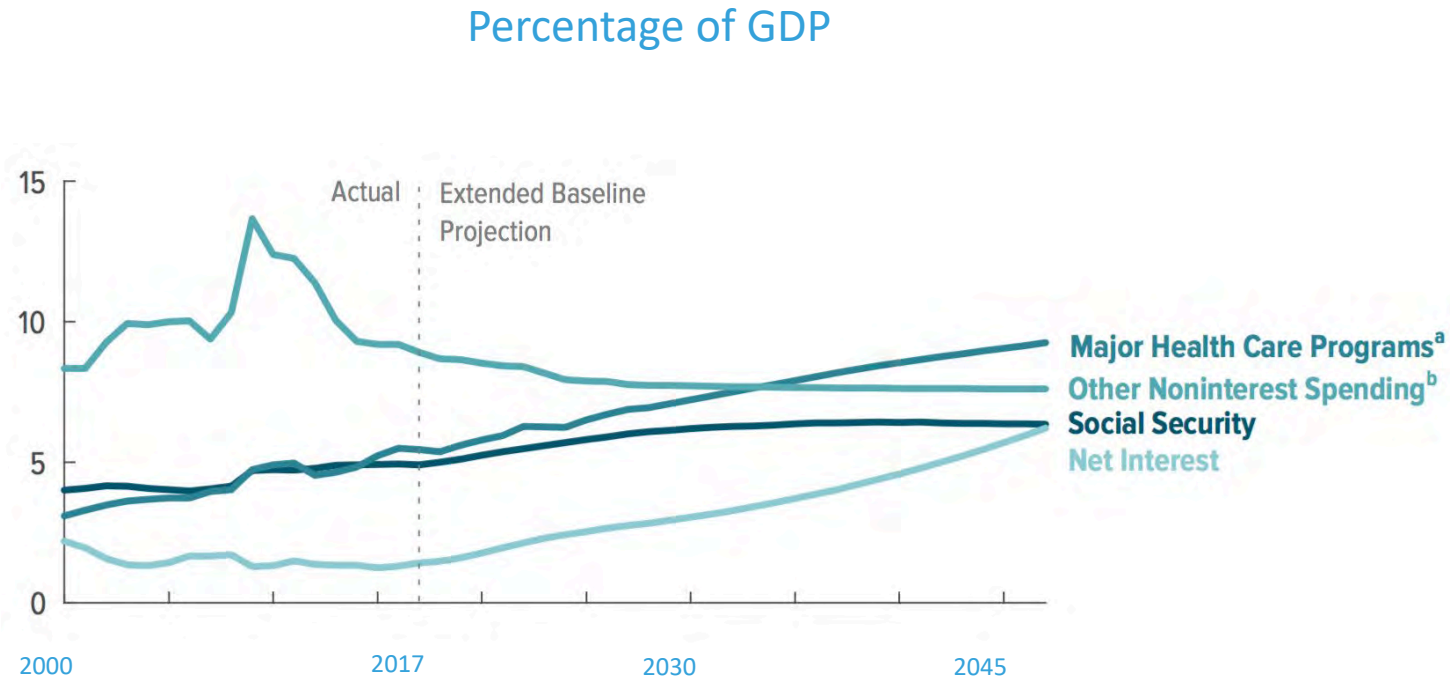
Health Care Cost and Value Top of Mind for the American Public

Health Care is of Central Concern to the Public: It is too expensive and low quality

- **44 percent** of public didn't go see a doctor when they needed to because of cost
- **30 percent** report medical care interferes with their basic needs (food, housing, heat, etc.)
- **74 percent** of the public feel that we do not get good value from the U.S. health care system
- In the 2018 Election, **40 percent** of voters selected health care as their most important issue (CNN/NBC poll)



Federal Health Care Spending to Consume Larger Portion of Federal Resources



Source: Congressional Budget Office, 2017 Long Term Budget Outlook.

The extended baseline generally reflects current law, following CBO's 10-year baseline budget projections through 2027 and then extending most of the concepts underlying those baseline projections for the rest of the long-term projection period.

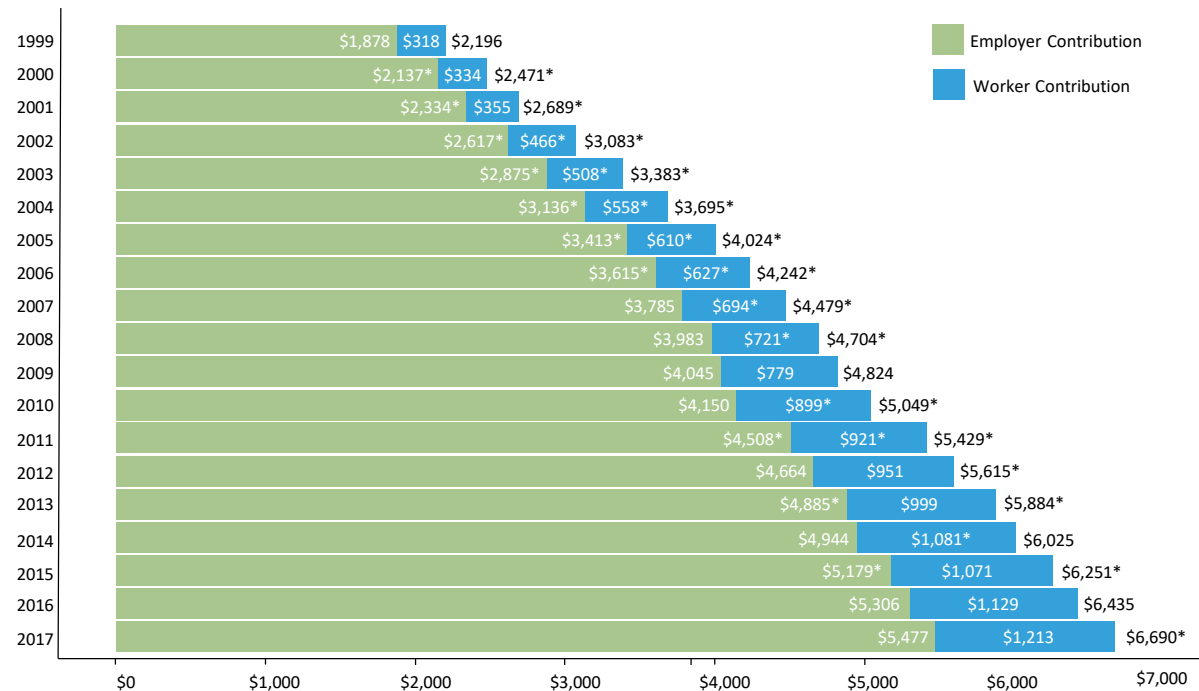
GDP = gross domestic product.

a. Consists of spending for Medicare (net of premiums and other offsetting receipts), Medicaid, and the Children's Health Insurance Program, as well as outlays to subsidize health insurance purchased through the marketplaces established under the Affordable Care Act and related spending.

b. Consists of all federal spending other than that for Social Security, the major health care programs, and net interest.

Businesses' and Employees' Income Being Consumed by Health Care Spending

Cost Tripling in 20 Years and Families' Cost Increasing Fastest

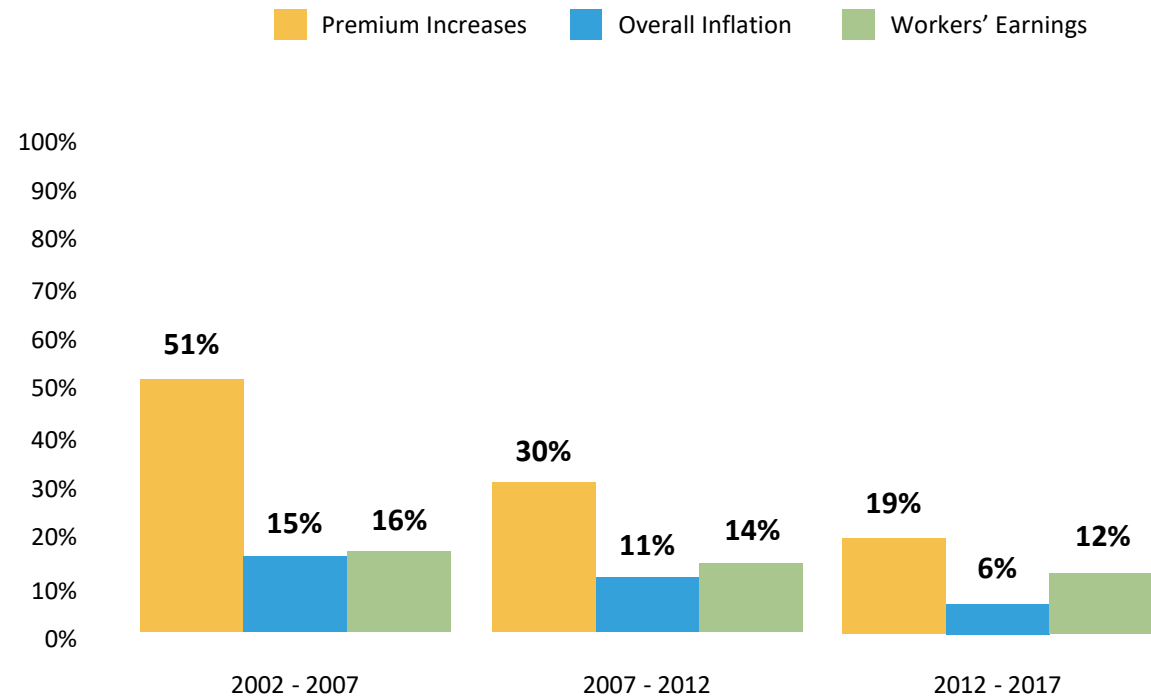


*Estimate is statistically different from estimate for the previous year shown ($p < .05$).

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017.

Family Premiums Increasing Faster than Pay or Inflation

Cumulative Premium Increases for Covered Workers with Family Coverage, 2002-2017

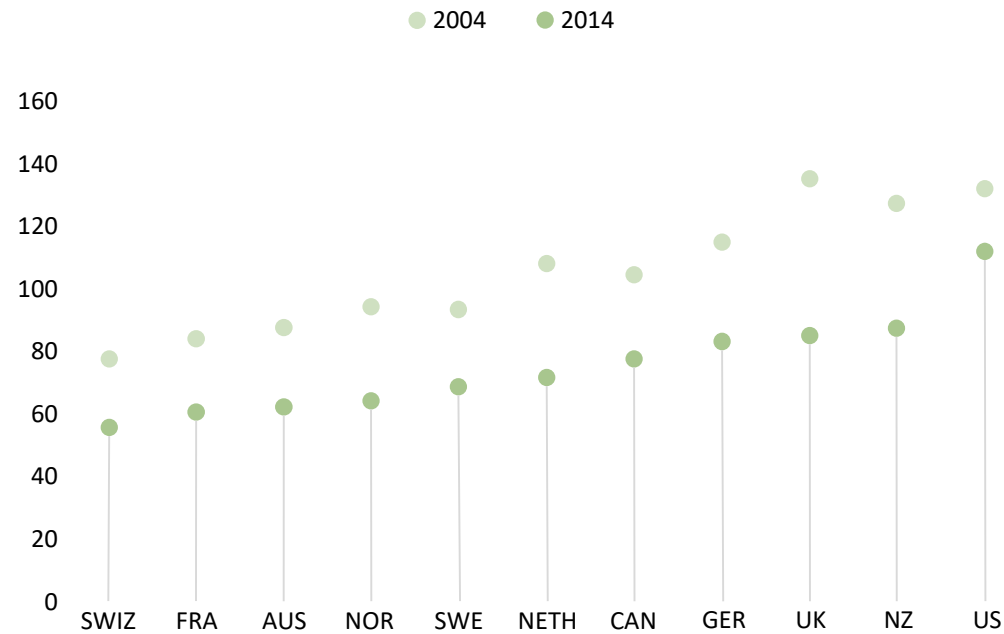


*Percentage change in family premium is statistically different from previous five year period shown ($p < .05$).

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2002-2017. Bureau of Labor Statistics, Consumer Price Index, U.S. City/Average of Annual Inflation (April to April), 2002-2017; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 2002-2017 (April to April).

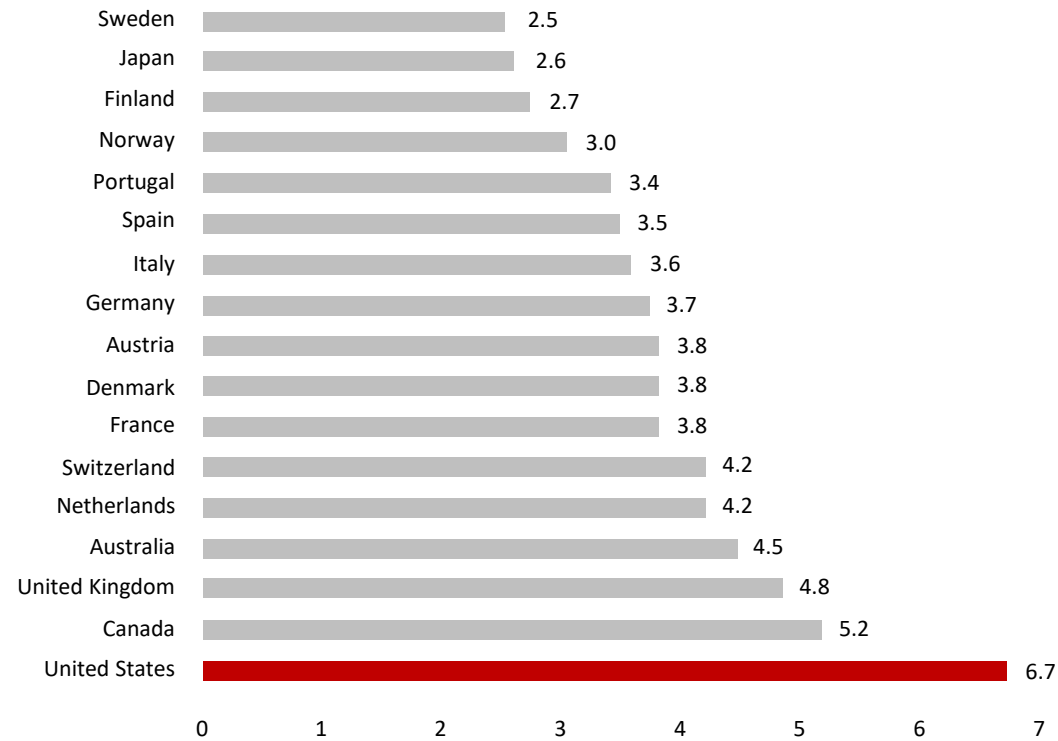
For All of this Spending, Quality Lagging...

Mortality Amenable to Health Care, 2004 and 2014
Deaths per 100,000 population



For All of this Spending, Quality Lagging...

Infant Mortality Rates in 17 Countries, 2005-2009



The Health Transformation Movement Presents a Critical Leverage Point for Equity



The Facts About Health Equity

The Data are clear. Good health and health care are not equally available to all in our nation, particularly, racial and ethnic minorities. For example:

- Cardiovascular disease is the leading cause of death in the United States. Non-Hispanic black adults are at least 50% more likely to die of heart disease or stroke prematurely (i.e., before age 75 years) than their non-Hispanic white counterparts¹
- The infant mortality rate for non-Hispanic blacks is more than double the rate for non-Hispanic whites¹
- Fewer than one-third of adults of color with a mental illness receive treatment, compared to half of White adults²

The Facts About Health Equity

Health is not a Level-playing Field in the United States:

- Blacks experienced poorer health than Whites on 24 out of 29 measures
- Native Americans experienced poorer health on 20 measures
- Hispanics/Latinos experienced poorer health on 13 measures
- 9% of nonelderly adult Whites in the U.S. report being in fair or poor health, compared to 11% of Hispanics/Latinos, 15% of Blacks, and 17% of Native Americans.

What's at Stake

Cost of Health Inequities

- Moral Cost = 3.5 million lost life years.
- Health Care System Cost = \$93 billion.
- Economic Costs = \$135 billion.

Demographic Imperative

- 2011: Majority of births of color
- TODAY: Majority of kids under ten are of color
- 2020: 18 and under
- 2045: Entire nation

Sources: Compiled from the following sources: Ani Turner, The Business Case for Racial Equity: A Strategy for Growth (Battle Creek, MI: W.K. Kellogg Foundation, 2018) available online at <http://www.businesscaseforracialequity.org/>]; More than 200 black people die daily because of disparities. More than a 727 crashing every day. Source; David Williams, Why Discrimination is a Health Issue (Princeton, NJ: RWJF, 2017) available online at <https://www.rwjf.org/en/blog/2017/10/discrimination-is-a-health-issue.html>.]; "Minorities will be the source of all of the growth in the nation's youth and working age population, most of the growth in its voters, and much of the growth in its consumers and tax base as far into the future as we can see. " [Source: William Frey, The US will become 'minority white' in 2045, Census projects: Youthful minorities are the engine of future growth (Washington, DC: Brookings, 2018)]

Spectrum of Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Physical Sustenance	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical Bills Support	Housing Transportation Safety Parks Playgrounds Walkability	Literacy Language Early Childhood Education Vocational Training Higher Education	Hunger Access to Healthy Option Clean Air Clean Water	Social Integration Support Systems Community Engagement Community Engagement	Health Coverage Provider Availability Provider Linguistic and Cultural Competency Quality of Care

Only responsible for 10-20% of health

DISCRIMINATION & BIAS

Health Outcomes

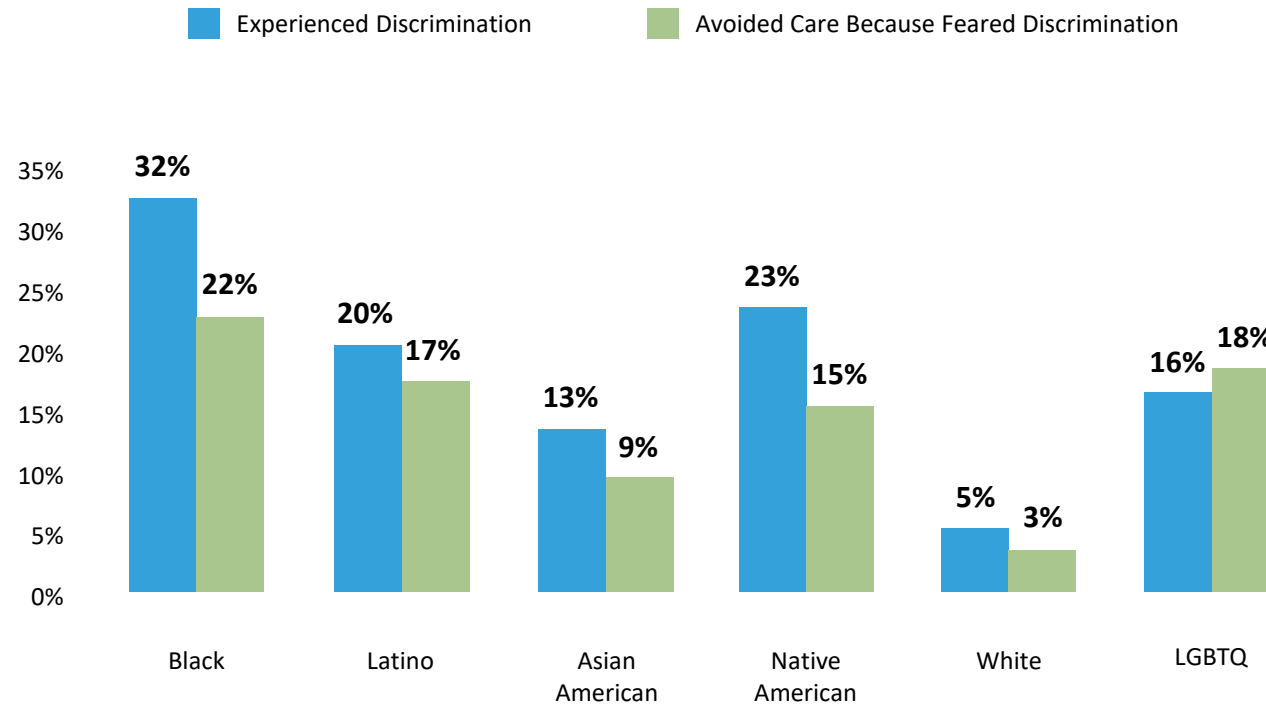
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Unconscious Discrimination / Bias is Often at the Heart of the Inequities in Our Health Care System:

- When one holds a negative stereotype about a group and meets someone who fits the stereotype s/he will discriminate against that individual
- Stereotype-linked bias is an:
 - Automatic process
 - Unconscious process
- It occurs even among persons who are not prejudiced

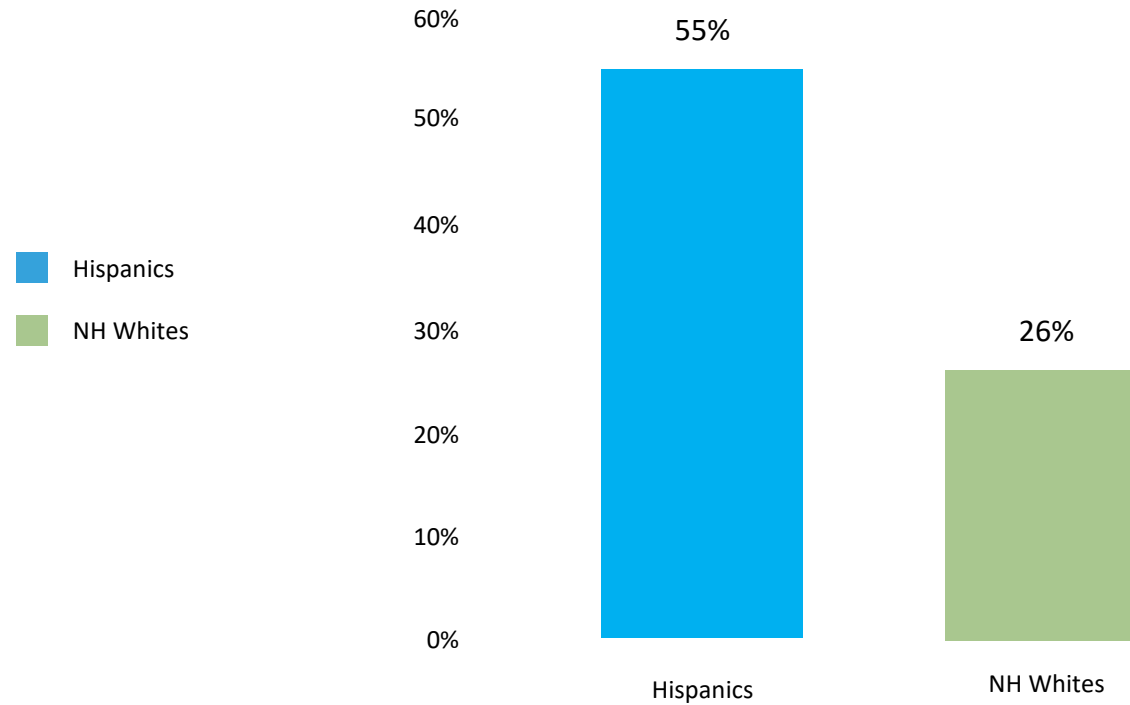
Discrimination in Health Care

Percent Reporting Discrimination in Healthcare

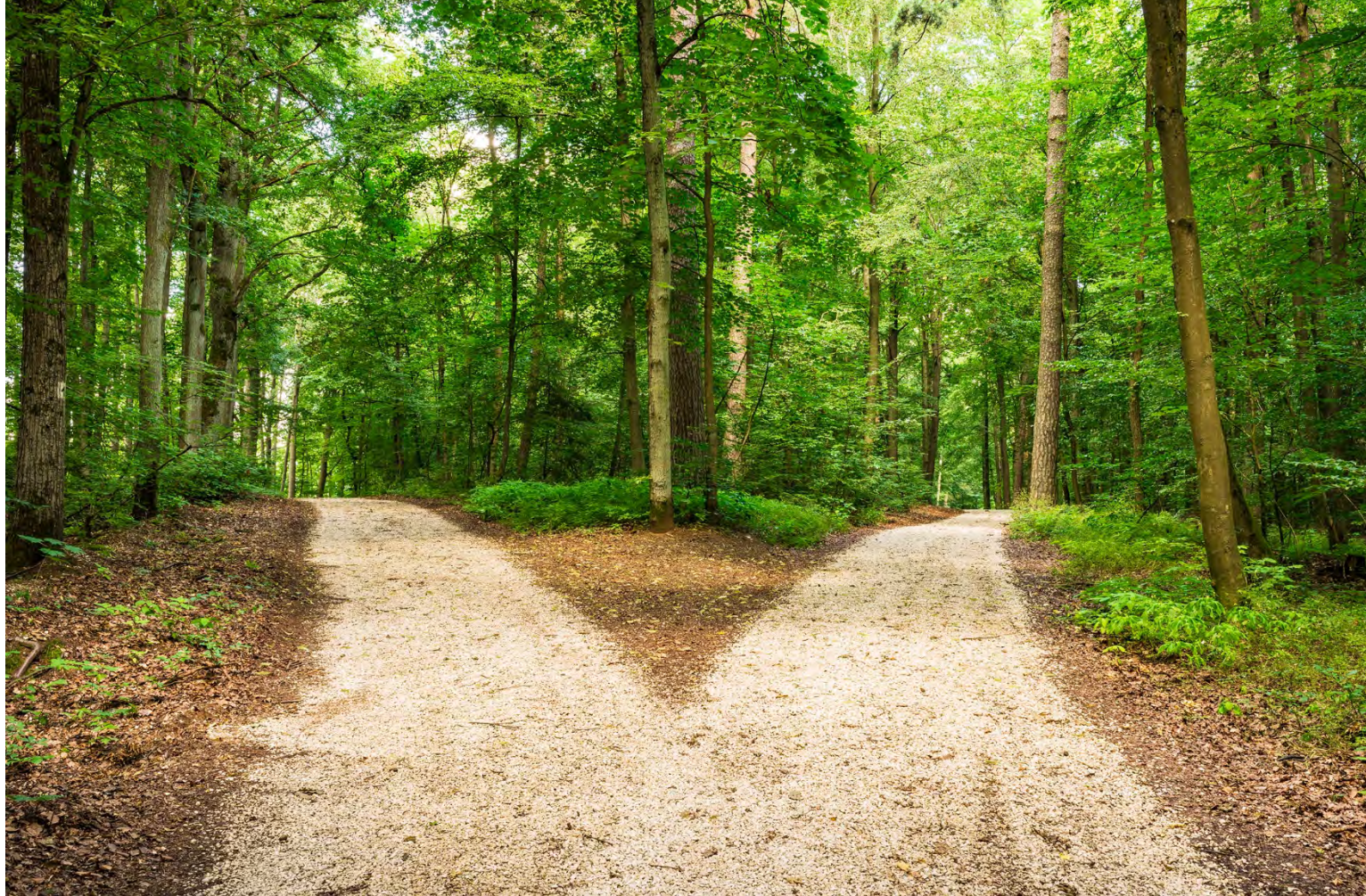


The Pain of People of Color Disregarded

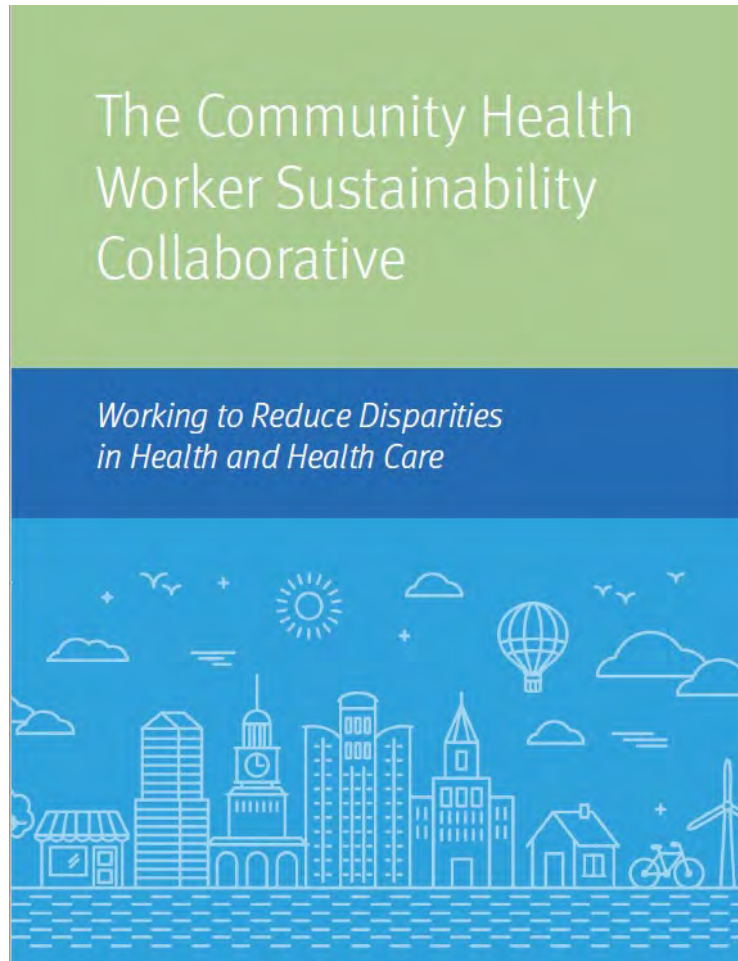
Percent of Patients with Broken Bone Receiving No Analgesia



Divergent Paths: Help or Hurt?



Health Equity-Focused System Transformation



Framework: Six Policy Option Domains

Payment Systems that
Sustain and Reward
High-Quality, Equitable
Health Care

Investing to Support
**Safety Net and Small
Community Providers** in
Delivery System Reform

Building Robust and
Well-Resourced
Community Partnerships

Ensuring a Transparent
and Representative
Evidence Base

Equity-Focused
Measurement that
Accelerates Reductions in
Health Inequities

Growing a Diverse **Health
Care Workforce** that
Drives Equity and Value

There are Powerful Interventions that We Know Can Change the System and our Society



Five Transformational Strategies that are Working

Behavioral health integration	Collaborative Care Model—more than 70 randomized controlled trials have shown collaborative care for common mental disorders such as depression to be more effective and cost-effective than usual care, across diverse practice settings and patient. And both consumers and providers loved it.
Empowering primary care providers	Vermont Blueprint for Health Patient-Centered Medical Home shows significantly lower cost and cost growth over 6 years—saving over \$500 per person per year while also improving access to social services, access to chronic care management, and Medication Assisted Treatment for Opioid disorder.
Addressing drivers of emergency department utilization (and related reforms)	In first year of Washington State ER is for Emergencies program, Medicaid ED costs fell by nearly \$34 million through a reduction in ED visits. ED visits by Medicaid patients declined by nearly 10 percent, with rates of visits by high utilizers (5+ visits/year) declining by approximately 11 percent.
Evidence-based housing interventions for complex patient populations	2016 study of Housing-First intervention in Oregon demonstrated significantly improved access to primary care and self-reported health outcomes as well as \$8,724 per person savings to state Medicaid program.
Coordinating transitions in care	North Carolina Community Care program, 1 readmission was averted for every 3 of the highest-risk patients, overall NCCC credited with a 9 percent savings to the Medicaid program (2009) and \$382 million savings to Medicaid from 2007-2010.

We Want Your Involvement, Tell Us Your Stories!

Join Our Story-telling Program!

- We work to gather the real experiences of families with their health and health care
- Stories are categorized into our focus areas of:
 - The importance of high quality, affordable coverage
 - Getting better value from the health care system, making health care work for families.
 - Building a more equitable health care system
- Your stories can become part of our work. With your collaboration:
 - Your stories could be part of effort to educate policy makers;
 - We can connect you directly with the media; or
 - We can connect you directly with Congress and other policy makers.

Go to: <https://familiesusa.org/share-your-story>



Your Voice is Powerful and Matters

Remember:

- Your voice matters!
- Even the most cold-blooded policy maker can be activated -- bring your story together with concrete action for policy maker
- A conversation is much more powerful, ask questions, get policy makers asking questions
- Develop that relationship that gives the policy maker a view into your life. Play a long-game too!
- Let's get out there and fight for our kids and change the world!!

*Our vision is a nation where the best health and health care
are equally accessible and affordable to all*



FamiliesUSA.org