

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Advancing Equity in SMP, SHIP and MIPPA Programs

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August 11, 2021

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Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ individuals, and people with limited English proficiency.

Want to receive Justice in Aging trainings and materials?

Join Our Network!

Go to justiceinaging.org and hit **“Sign up”** or send an email to info@justiceinaging.org.

To achieve Justice in Aging, we must:

- Acknowledge systemic racism and discrimination
- Address the enduring negative effects of racism and differential treatment
- Promote access and equity in economic security, health care, and the courts for our nation's low-income older adults
- Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, economic class

Agenda

- Why does equity matter for low-income older adults?
- How can SHIP/SMP/MIPPA programs advance equity?
- Q & A



Equity for Low-Income Older Adults

Equity for Older Adults

- Aging does not protect from discrimination or related disparities. In fact, it may make them worse.
- Ageism (e.g. employment)
- Discrimination based on other identities exacerbated over the course of an individual's life

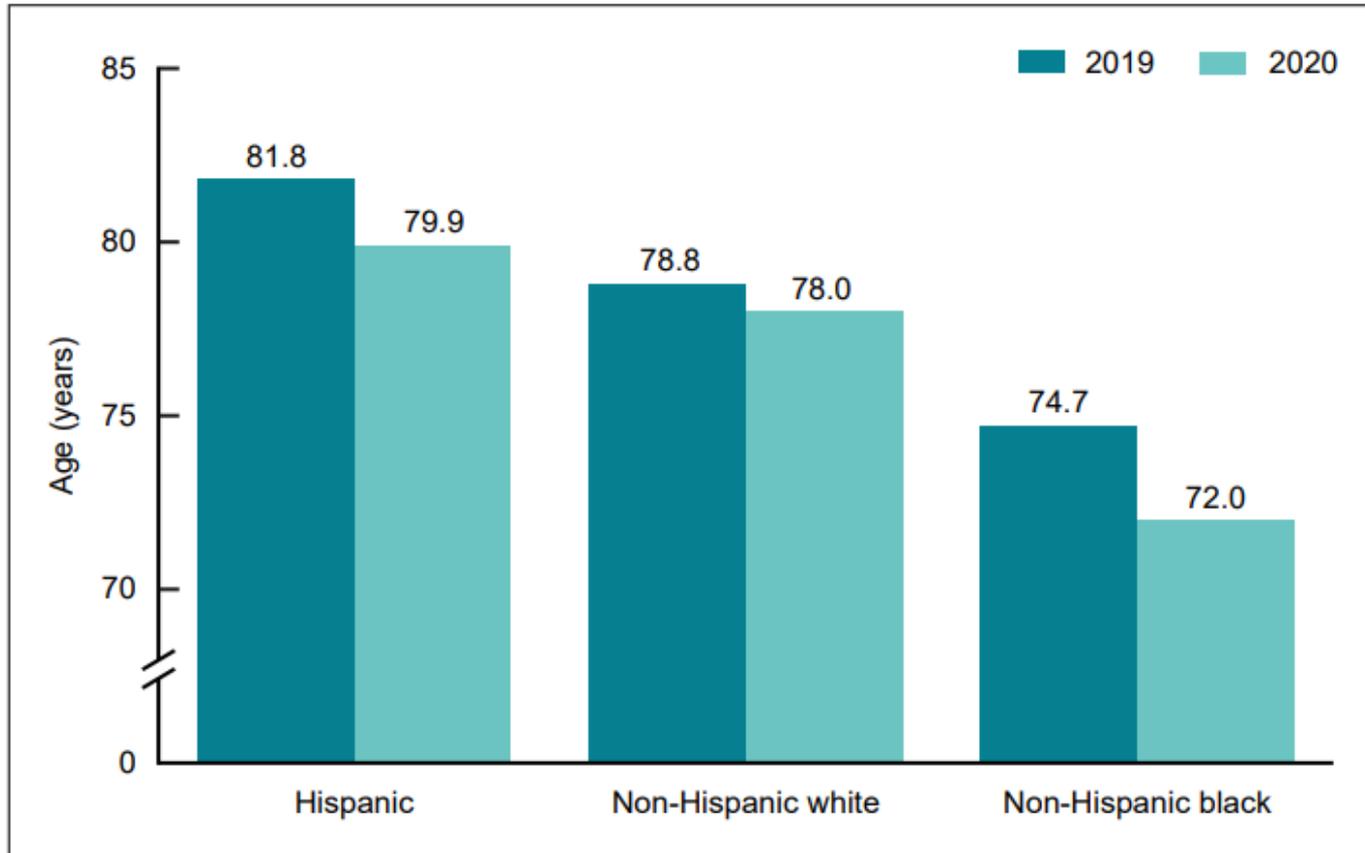
COVID-19: Crisis Standards of Care (1)

Life-cycle considerations should be used as a tiebreaker if there are not enough resources to provide to all patients within a priority group, with priority going to younger patients. It is a valuable goal to give individuals equal opportunity to pass through the stages of life. This does not rely on considerations of one's intrinsic worth or social utility. Rather, younger individuals receive priority because they have had the least opportunity to live through life's stages. When individuals are asked to consider situations of absolute scarcity of life-sustaining resources, most believe younger patients should be prioritized over older ones.

CSC (2)

Patients who are more likely to survive with intensive care are prioritized over patients who are less likely to survive with intensive care. Patients who do not have serious comorbid illness are given priority over those who have illnesses that limit their life expectancy...[T]he presence of life-limiting comorbid conditions is used to characterize patients' longer-term prognosis.

Figure 2. Life expectancy at birth, by Hispanic origin and race: United States, 2019 and 2020



NOTES: Life expectancies for 2019 by Hispanic origin and race are not final estimates; see Technical Notes. Estimates are based on provisional data from January 2020 through June 2020.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality data.

COVID-19 Infections

Preliminary Medicare COVID-19 Data Snapshot:

Medicare Claims and Encounter Data: January 1, 2020 to April 24, 2021, Received by May 21, 2021

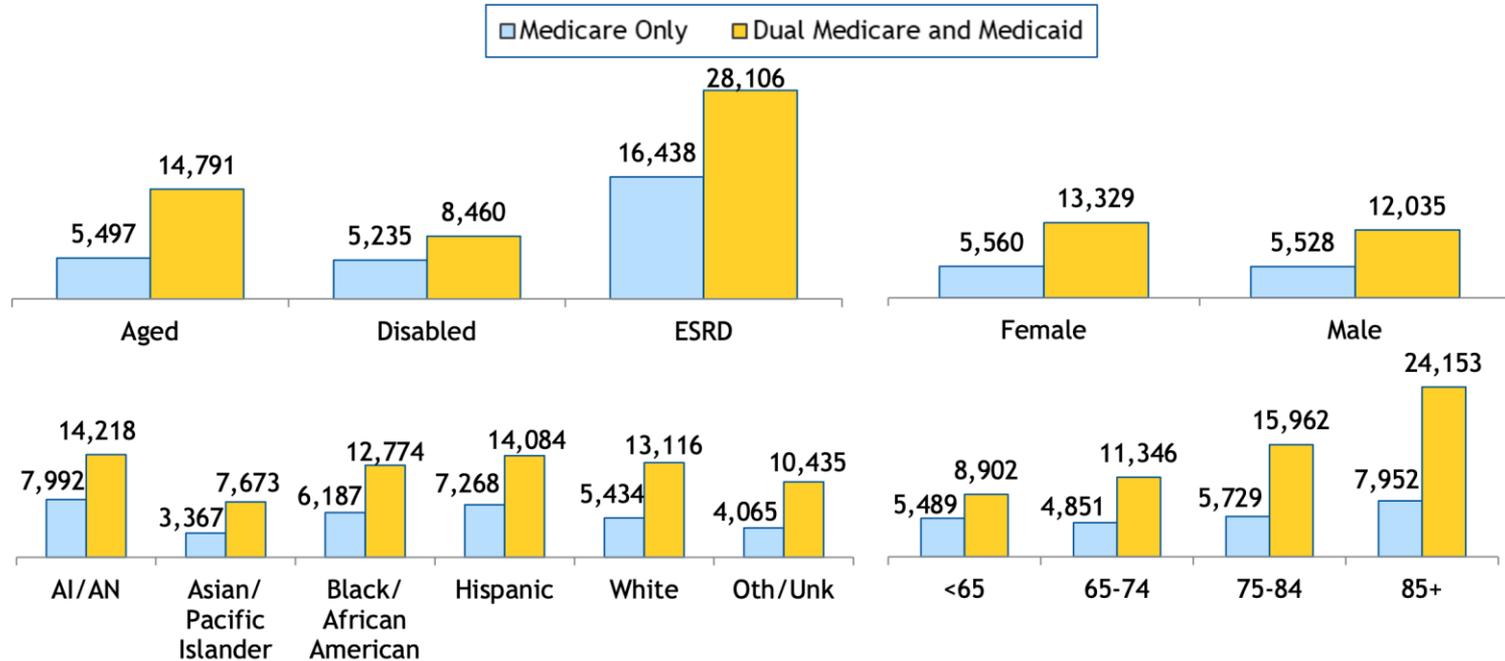
COVID-19 Cases

4,339,669 Total COVID-19 Cases

6,896 COVID-19 Cases per 100k

COVID-19 Cases per 100K by Beneficiary Characteristics

-Medicare Only vs. Dual Medicare and Medicaid Eligibility-



COVID-19 highlights pre-existing disparities

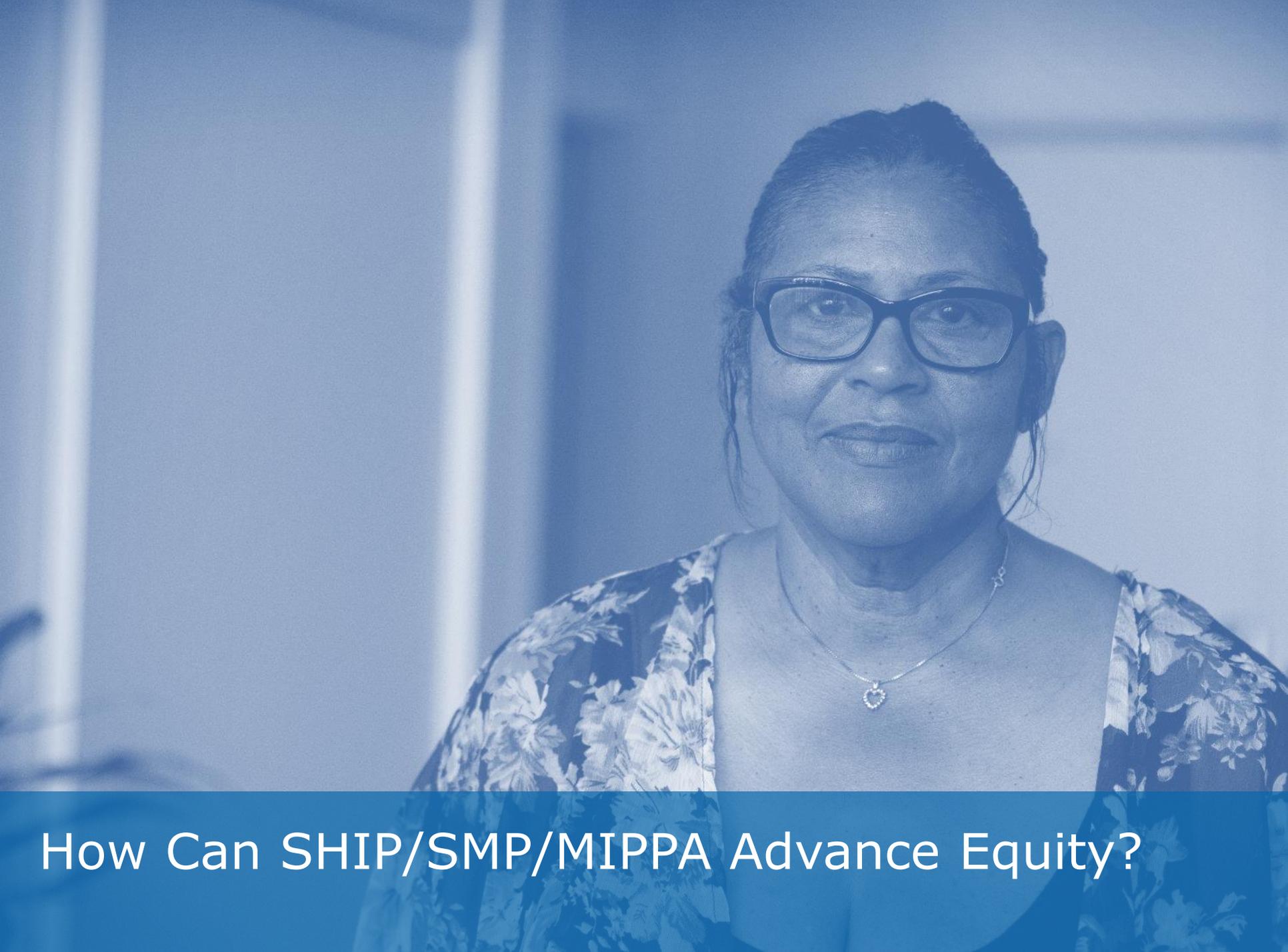
- *"Race/ethnicity was significantly associated with most adverse outcomes on health indicators. Except for Asians, all racial/ethnic minority groups were significantly more likely than whites to report poor mental health status, presence of most health symptoms, sensory limitations, and ADL disability."* [Beyond Black and White: Race/Ethnicity and Health Status Among Older Adults](#)
- *"A growing body of research suggests that experiencing racism damages a person's health by triggering the release of stress hormones and a chain of biological events that cause premature aging, thereby increasing the risk of chronic disease."* [Key Factors Underlying Racial Disparities in Health Between Black and White Older Americans](#)
- *"Whites were more likely to use case management, equipment, technology, and modifications, and nursing services... White men had the highest HCBS expenditures, followed by White women and African-American women. Black men had the lowest Medicaid HCBS expenditures."* [Racial disparities in Medicaid home and community-based service utilization and expenditures among persons with multiple sclerosis](#)

Disparities in Programs

- *“We found low participation rates across all MSPs and all age groups. The QMB program had the highest participation rate at 53 percent across all age groups. Of SLMB-eligible beneficiaries, 32 percent participated. Of QI-eligible beneficiaries, 15 percent participated. Previous studies also found low MSP participation rates. One study found that about 63 percent of noninstitutionalized eligible individuals had enrolled in the QMB and SLMB programs in 1999. Another study estimated a combined participation rate of 64 percent in 2001.”* [Improving Participation in Medicare Savings Programs](#) (MAPAC, 2020)

Disparities by Identity in QMB/SLMB *more data needed*

	QMB or SLMB Eligible	
	Eligible, Enrolled	Eligible, Not enrolled
<i>Subpopulation Size (average monthly eligible population estimate)</i>	3,950,000	3,780,000
<i>Sample Size (person-month observations)</i>	10,000	9,900
<i>Demographics</i>		
Age 18-64	42.3%	28.5% **
Age 65+	57.7%	71.5% **
White, non-Hispanic	52.2%	62.4% **
Black, non-Hispanic	18.5%	16.6%
Other, non-Hispanic	9.6%	7.2% +
Hispanic	19.7%	13.9% **
Male	35.9%	34.1%
Female	64.1%	65.9%
Not married	82.9%	76.6% **
Married	17.1%	23.4% **
Less than High School	34.7%	26.9% **
High School graduate & less than college degree	59.1%	63.4% **
College graduate	6.3%	9.7% **



How Can SHIP/SMP/MIPPA Advance Equity?

Small Group Discussion Questions

- What's one thing that you're thinking about after hearing about these ongoing and systemic disparities?
- What is one example of work your program is doing to advance equity for low-income older adults?
- What are one to two barriers that prevent you in your program from better advancing equity?
- What is one additional thing you can commit today to doing to advance equity in your program?

Opportunities to Center Equity

- Issue brief on [Centering Equity for Duals During COVID-19](#)
 - Using available data to target outreach efforts
 - Ensuring outreach efforts include strategies for disadvantaged communities (e.g. rural, etc.)
 - Education re: COVID-19 flexibilities and continuing routine care, helping consumers research
 - Education re: COVID-19 and the efficacy of vaccines

Opportunities for SHIP/MIPPA/SMP

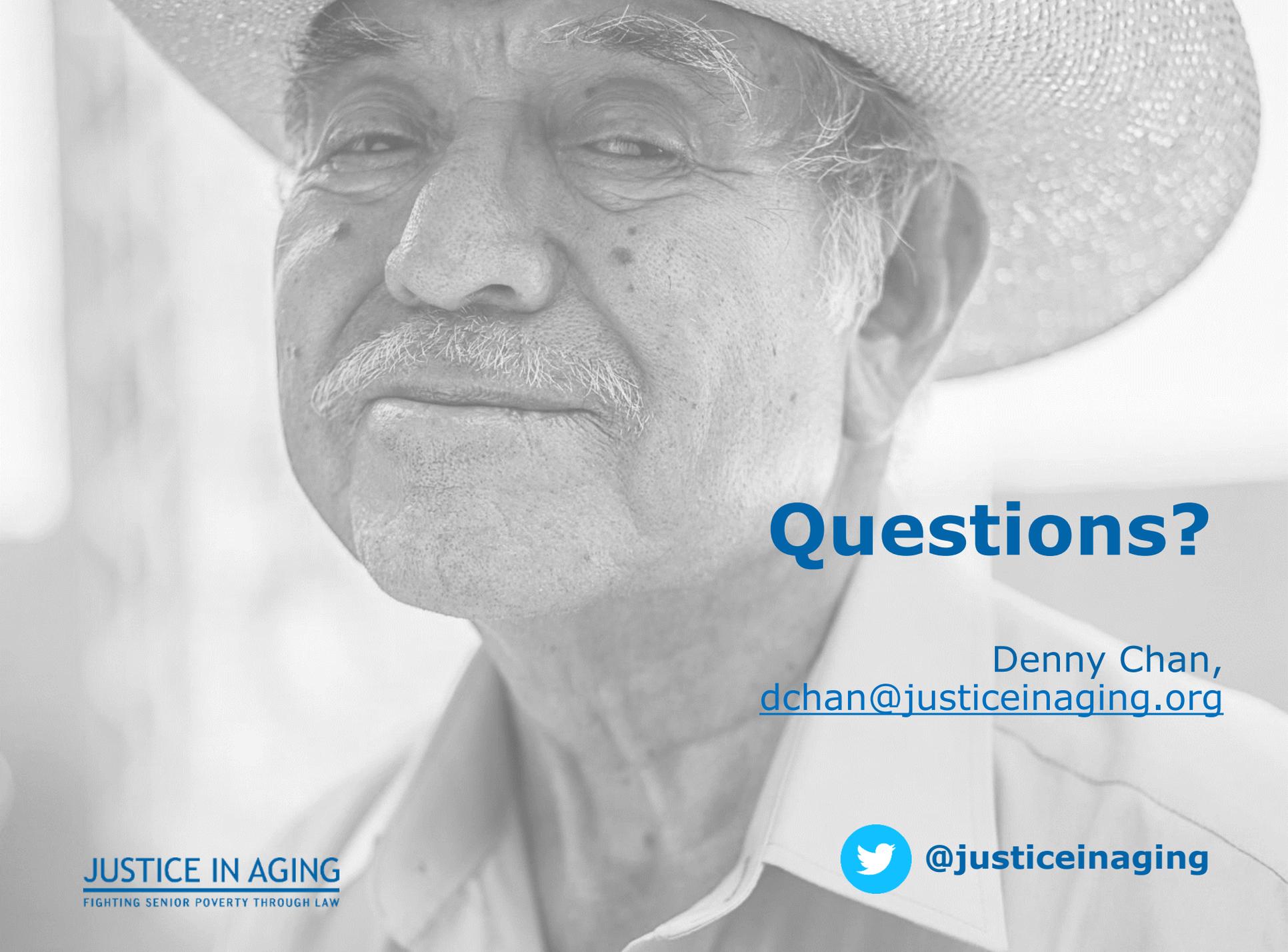
- *Recruitment*: focusing on finding volunteers from communities hardest to reach
- *Partnership*: coordinating and building relationships with trusted community messengers
- *No wrong door*: referring individuals to other services and programs in the community
- *Language line services*: availability of interpreter services and translated materials

More Opportunities for SHIP/MIPPA/SMP

- *Unique challenges*: strategies to reach and work with formerly incarcerated, individuals who are housing insecure or homeless, and more
- *Technology*: ways to use technology equitably, keeping in mind access gaps
- *Outreach*: no one-size-fits-all approach
- *Data collection*: collecting intersectional and demographic information of those served comparing to community statistics

Tackling Structures

- *"The only way to undo racism is to consistently identify and describe it – and then dismantle it."* - Ibram Kendi
- Justice in Aging's [Framework to Advance Equity for Low-Income Older Adults](#)



Questions?

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