Indiana has the opportunity to accept federal Medicaid funds and extend much-needed health coverage to more than 319,000 low-income, uninsured adults. Of this population, 6 percent—more than 20,000 people—are Hispanics.¹

Accepting federal Medicaid funds would not only provide more than 20,000 Hispanic Hoosiers with access to affordable health insurance, it would also be a critical step toward achieving health equity in the state. Compared to non-Hispanic whites, Hispanics nationally have higher rates of several diseases—including diabetes, cervical cancer, and liver disease—all of which can be ameliorated by access to health insurance.²

Working with Dr. Shun Zhang, a biostatistician with the National Center for Primary Care at Morehouse School of Medicine, Families USA examined key measures of health and access to health care from the U.S. Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS 2012). The data set compares access to health care and preventive health services for insured and uninsured low-income Hispanics.

Our analysis provides a valuable picture of the health status of a low-income population that correlates to the Medicaid expansion population. Below are three core indicators of this population’s access to health care.

### Three Core Health Indicators

#### Could not see a doctor because of cost

Twenty-nine percent of uninsured, low-income Hispanics reported that they could not see a doctor because of cost, whereas only 22 percent of insured, low-income Hispanics reported the same outcome.

#### No regular source of care

Sixty percent of uninsured, low-income Hispanics reported that they did not have a regular doctor, whereas only 41 percent of insured, low-income Hispanics reported the same outcome.

#### No access to a routine check-up

Seventy-one percent of uninsured, low-income Hispanics reported that they had not had a routine check-up in the past year, whereas only 36 percent of insured, low-income Hispanics reported the same outcome.

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1. Medicaid expansion eligibility criteria in Indiana.
2. Data from the National Center for Health Statistics, 2012.
Other Notable Health Care Indicators

Below is one indicator of access to important preventive services.

» No access to a screening mammogram

Eighty-one percent of uninsured, low-income, Hispanic women who are more than 40 years old reported that they had not had a mammogram in the past two years, whereas only 29 percent of insured, low-income, Hispanic women who are more than 40 years old reported the same outcome.

Indiana’s Medicaid Expansion Option

The Affordable Care Act gives Indiana and other states the option to provide Medicaid to residents with incomes up to 138 percent of the federal poverty level ($32,913 for a family of four in 2014). Twenty-seven states and the District of Columbia have decided to accept the federal dollars and expand Medicaid to their low-income, uninsured residents. Indiana has not.

To be eligible for Medicaid in Indiana, a family’s income must be no more than 25 percent of poverty ($5,963 annually for a family of four). Indiana does not provide any Medicaid coverage to adults without dependent children.³

Indiana: The Cost of Expanding Medicaid

If Indiana expands Medicaid, the federal government will pay 100 percent of the cost through 2016, 95 percent in 2017, 94 percent in 2018, 93 percent in 2019, and 90 percent of costs in 2020. Indiana will not have to pay more than 10 percent of the cost of providing hundreds of thousands of Hoosiers with affordable, quality health insurance.

New Jobs

If Indiana expands Medicaid, the influx of new federal dollars will generate new jobs in the health care sector and other economic sectors. If Indiana had expanded Medicaid in January 2014 when the option was first available, the influx of federal dollars would have supported approximately 16,400 jobs in 2016.⁴
Expanding Access to Insurance Is Key to Achieving Health Equity

Extensive published research, including recent studies, as well as the 2001 landmark study by the Institute of Medicine,³ have established the correlation between expanding access to health insurance and improving health status. Insurance provides access to doctors, hospitals, other providers, and treatment. Most importantly, people with insurance tend to have a regular doctor available for routine check-ups and to treat health problems as they arise, before they escalate into serious and costly conditions. For many people, early detection and treatment are matters of life and death.

And while we know that an insurance card alone does not end racial or ethnic disparities in health status and treatment, it is clear that expanding the availability of affordable, quality health insurance for Hispanic communities is a necessary first condition for achieving health care equity.

Conclusion

There is no question that Hispanic communities have a significant stake in the Medicaid expansion debate in Indiana. The Medicaid expansion can unlock a door to the health care system for thousands in Hispanic communities across the state. For Indiana, rejecting Medicaid expansion means leaving billions of federal Medicaid dollars on the table. Hoosiers who care about public health, economic growth, social justice, and health equity should tell their state leaders to move Indiana forward by expanding Medicaid.

For a detailed methodology and other state reports in this series, please visit:
www.FamiliesUSA.org/MedicaidLatino