Medicaid:

A Lifeline for Blacks and Latinos With Serious Health Care Needs

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National Association for the Advancement of Colored People (NAACP)
National Council of La Raza (NCLR) • National Medical Association
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Cover Design: Nancy Magill, Families USA

For decades, researchers have documented that black and Latino people in the United States bear a disproportionate burden of chronic diseases.[1] Not only are they more likely than whites to suffer from chronic diseases such as diabetes, asthma, and certain cancers, they are also more likely to get sicker from some of these conditions—to experience complications, to have poorer health outcomes, and even to die prematurely.[2]

Medicaid, the state and federally funded health insurance program for low-income people, has historically played a critical role for people of color, providing coverage for millions of blacks and Latinos of all ages. While Medicaid covers many more white people, because blacks and Latinos tend to have lower incomes than whites,[3] they are more than twice as likely to rely on Medicaid for health coverage. In both black and Latino communities, a little more than one in four people relies on Medicaid for their health care; in contrast, Medicaid covers fewer than one in eight whites.[4] Medicaid helps roughly half of all black and Latino children get a healthy start in life. And it helps black and Latino seniors and people with disabilities who need long-term care.

Medicaid's critical role in providing access to health care for blacks and Latinos, coupled with the heavy burden of chronic disease borne by these groups, means that Medicaid coverage can truly mean the difference between life and death for blacks and Latinos with serious health care needs.

To get a sense of how important Medicaid is for blacks and Latinos with serious health care needs, this report looks at subsets of those groups: blacks and Latinos with cancer, diabetes, chronic lung disease, or heart disease or stroke who rely on Medicaid for their health coverage. (All of the individuals whose conditions are captured in the data in this report have received a diagnosis of their condition from a health care professional.) The conditions were defined as follows:

- Cancer: Includes all cancers except for non-melanoma skin cancers;
- Diabetes: Includes type 1 and type 2 diabetes;
- Chronic lung disease: Includes a range of lung diseases, such as asthma, chronic obstructive pulmonary disease (COPD), and cystic fibrosis; and
- Heart disease or stroke: Includes a range of cardiovascular conditions, such as heart attacks, heart valve disorders, and stroke.

These are people whose health care needs require regular medical attention. Often, these conditions can be managed, or sometimes even cured, if treated in a timely manner. Medicaid helps make it possible for these individuals to see a doctor, to fill prescriptions, and to keep up with screenings and other preventive care so that they can act quickly and avoid life-threatening complications if their illness gets worse or recurs. Without Medicaid, many of these seriously ill people would not be able to afford the care they need. For them, Medicaid coverage is critical. Federal or state cuts to the Medicaid program would truly put them at risk.

To better understand the importance of Medicaid for people with serious health care needs, Families USA contracted with The Lewin Group to develop national and state-level estimates of the number of blacks and Latinos with the health conditions listed above, as well as their insurance status. For this analysis, The Lewin Group analyzed data from the Medical Expenditure Panel Survey (MEPS), which is administered by the Agency for Healthcare Research and Quality, and the Census Bureau's Current Population Survey (CPS).[5] (A detailed methodology is available online at http://familiesusa2.org/assets/pdfs/medicaids-impact/Methodology.pdf.)

A Note on Terminology

In this report, the term "black" refers to those who report their race as "black" and their ethnicity as being "non-Hispanic" to the Census Bureau. The term "Latino" refers to people of all races who report being of "Hispanic origin" to the Census Bureau. And the term "white" refers to those who report their race as "white" and their ethnicity as "non-Hispanic" to the Census Bureau. In addition, "national" data do not include the 4.2 million residents of the U.S. territories, the vast majority of whom are people of color.

Key Findings

The Black Community

Among blacks, Medicaid provides coverage for a significant portion of people with serious health care needs.

- **Among blacks with cancer (Table1):**
  - More than one in five (21.9 percent) is covered by Medicaid.
  - Nearly 141,000 rely on Medicaid coverage.
- **Among blacks with diabetes (Table 2):**
  - Nearly one in four (24.4 percent) is covered by Medicaid.
  - Nearly 778,000 rely on Medicaid coverage.
- **Among blacks with chronic lung disease (Table 3):**
  - Well over one-third (37.0 percent) are covered by Medicaid.
  - More than 1.4 million rely on Medicaid coverage.
- **Among blacks with heart disease or stroke (Table 4):**
  - More than one in five (21.6 percent) is covered by Medicaid.
  - Nearly 1.9 million rely on Medicaid coverage.

The Latino Community

Among Latinos, Medicaid provides coverage for a significant portion of people with serious health care needs.

- **Among Latinos with cancer (Table 5):**
  - Nearly one in four (24.5 percent) is covered by Medicaid.
  - Nearly 105,000 rely on Medicaid.
- **Among Latinos with diabetes (Table 6):**
  - More than one-quarter (25.6 percent) are covered by Medicaid.
  - More than 692,000 rely on Medicaid.
- **Among Latinos with chronic lung disease (Table 7):**
  - Nearly two in five (39.8 percent) are covered by Medicaid.
  - Nearly 1.4 million rely on Medicaid.
- **Among Latinos with heart disease or stroke (Table 8):**
  - Nearly one-quarter (23.2 percent) are covered by Medicaid.
  - More than 1.4 million rely on Medicaid.

Table 1. Blacks with Cancer, by State

State	Total Number	Individuals Who Rely on Medicaid		Individuals Who Are Uninsured	
		Number	Percent	Number	Percent
Alabama	23,530	5,760	24.5%	1,180	5.0%
Alaska	420	60	15.3%	30	7.9%
Arizona	4,480	1,210	27.0%	450	10.2%
Arkansas	7,040	1,510	21.4%	820	11.7%
California	49,620	14,280	28.8%	3,490	7.0%
Colorado	3,710	540	14.6%	290	7.8%
Connecticut	5,380	990	18.3%	360	6.7%
Delaware	2,810	570	20.3%	160	5.7%
D.C.	7,070	1,650	23.4%	260	3.7%
Florida	42,370	8,200	19.4%	3,740	8.8%
Georgia	41,140	6,550	15.9%	4,280	10.4%
Hawaii	*	*	*	*	*
Idaho	*	*	*	*	*
Illinois	29,670	4,990	16.8%	2,190	7.4%
Indiana	8,140	1,730	21.2%	610	7.5%
Iowa	910	230	25.1%	60	6.7%
Kansas	2,310	350	15.2%	150	6.6%
Kentucky	5,050	1,070	21.2%	310	6.1%
Louisiana	23,300	5,530	23.7%	2,180	9.4%
Maine	220	80	35.5%	*	*
Maryland	28,260	3,350	11.9%	1,710	6.0%
Massachusetts	6,950	2,540	36.6%	*	*
Michigan	23,780	5,380	22.6%	1,720	7.2%
Minnesota	2,210	780	35.5%	130	5.8%
Mississippi	18,950	5,260	27.8%	1,640	8.7%
Missouri	11,190	2,200	19.7%	770	6.9%
Montana	*	*	*	*	*
Nebraska	1,080	190	17.5%	80	7.4%
Nevada	3,520	700	19.8%	290	8.3%
New Hampshire	290	30	10.9%	*	*
New Jersey	22,060	4,190	19.0%	1,330	6.1%
New Mexico	*	*	*	*	*
New York	54,140	16,240	30.0%	4,490	8.3%
North Carolina	34,850	7,750	22.2%	2,530	7.3%
North Dakota	*	*	*	*	*
Ohio	23,060	5,030	21.8%	1,550	6.7%
Oklahoma	4,350	690	15.8%	390	8.9%
Oregon	1,450	450	30.8%	*	*
Pennsylvania	23,500	4,960	21.1%	1,190	5.1%
Rhode Island	690	190	27.1%	60	9.1%
South Carolina	25,200	5,670	22.5%	1,580	6.3%
South Dakota	50	10	20.2%	*	*
Tennessee	17,120	3,770	22.0%	1,050	6.1%
Texas	45,710	10,200	22.3%	4,490	9.8%
Utah	*	*	*	*	*
Vermont	70	20	34.0%	*	*
Virginia	25,030	3,300	13.2%	1,710	6.8%
Washington	3,370	730	21.5%	230	6.7%
West Virginia	1,200	230	19.0%	60	5.2%
Wisconsin	5,250	1,440	27.4%	350	6.6%
Wyoming	*	*	*	*	*
U.S. Total**	**642,900**	**140,940**	**21.9%**	**48,370**	**7.5%**

Source: Estimates for Families USA by The Lewin Group. See the methodology for details.

* Data are not reportable due to sample size.

** Numbers do not add because data for some states are not reportable.

Table 2. Blacks with Diabetes, by State

State	Total Number	Individuals Who Rely on Medicaid		Individuals Who Are Uninsured	
		Number	Percent	Number	Percent
Alabama	123,110	34,080	27.7%	8,230	6.7%
Alaska	1,830	290	16.1%	190	10.3%
Arizona	18,520	5,280	28.5%	2,610	14.1%
Arkansas	38,470	8,390	21.8%	5,890	15.3%
California	208,250	67,710	32.5%	19,570	9.4%
Colorado	14,490	2,450	16.9%	1,600	11.0%
Connecticut	24,720	5,220	21.1%	2,220	9.0%
Delaware	14,480	3,380	23.3%	1,100	7.6%
D.C.	33,120	9,410	28.4%	1,860	5.6%
Florida	211,770	45,910	21.7%	25,910	12.2%
Georgia	215,180	37,850	17.6%	29,890	13.9%
Hawaii	*	*	*	*	*
Idaho	*	*	*	*	*
Illinois	158,060	28,760	18.2%	17,140	10.8%
Indiana	41,130	9,830	23.9%	4,290	10.4%
Iowa	5,460	1,490	27.4%	510	9.4%
Kansas	13,140	2,370	18.0%	1,130	8.6%
Kentucky	27,600	6,430	23.3%	2,540	9.2%
Louisiana	120,140	32,100	26.7%	15,600	13.0%
Maine	900	400	44.2%	*	*
Maryland	132,680	18,510	14.0%	11,340	8.5%
Massachusetts	30,480	11,890	39.0%	*	*
Michigan	128,010	33,510	26.2%	12,830	10.0%
Minnesota	12,150	4,400	36.2%	810	6.7%
Mississippi	103,540	30,520	29.5%	12,250	11.8%
Missouri	61,560	13,930	22.6%	5,750	9.3%
Montana	*	*	*	*	*
Nebraska	5,770	1,130	19.5%	640	11.0%
Nevada	15,010	3,350	22.3%	1,480	9.9%
New Hampshire	1,090	140	12.9%	*	*
New Jersey	98,660	21,650	21.9%	7,720	7.8%
New Mexico	*	*	*	*	*
New York	246,380	80,110	32.5%	26,830	10.9%
North Carolina	184,950	46,060	24.9%	18,600	10.1%
North Dakota	*	*	*	*	*
Ohio	124,350	29,620	23.8%	11,470	9.2%
Oklahoma	23,170	4,430	19.1%	2,650	11.4%
Oregon	6,420	2,040	31.8%	*	*
Pennsylvania	111,000	27,140	24.5%	8,060	7.3%
Rhode Island	3,370	1,030	30.7%	360	10.6%
South Carolina	130,300	33,660	25.8%	12,010	9.2%
South Dakota	320	70	23.0%	*	*
Tennessee	87,760	21,470	24.5%	8,230	9.4%
Texas	230,810	56,860	24.6%	30,530	13.2%
Utah	*	*	*	*	*
Vermont	330	140	41.2%	*	*
Virginia	122,900	19,410	15.8%	10,550	8.6%
Washington	15,580	3,460	22.2%	1,400	9.0%
West Virginia	6,230	1,330	21.3%	430	6.9%
Wisconsin	30,250	8,880	29.3%	2,930	9.7%
Wyoming	*	*	*	*	*
U.S. Total**	**3,193,410**	**777,750**	**24.4%**	**329,610**	**10.3%**

Source: Estimates for Families USA by The Lewin Group. See the methodology for details.

* Data are not reportable due to sample size.

** Numbers do not add because data for some states are not reportable.

Table 3. Blacks with Chronic Lung Disease, by State

State	Total Number	Individuals Who Rely on Medicaid		Individuals Who Are Uninsured	
		Number	Percent	Number	Percent
Alabama	140,630	55,180	39.2%	12,170	8.7%
Alaska	2,280	630	27.6%	260	11.4%
Arizona	21,020	8,660	41.2%	2,690	12.8%
Arkansas	48,130	19,070	39.6%	8,000	16.6%
California	218,060	83,880	38.5%	20,860	9.6%
Colorado	17,000	4,600	27.0%	2,620	15.4%
Connecticut	34,200	11,080	32.4%	3,130	9.1%
Delaware	17,050	5,960	34.9%	1,270	7.4%
D.C.	33,200	14,530	43.8%	1,810	5.4%
Florida	257,440	82,340	32.0%	39,150	15.2%
Georgia	261,830	80,740	30.8%	38,060	14.5%
Hawaii	*	*	*	*	*
Idaho	*	*	*	*	*
Illinois	189,480	68,130	36.0%	22,400	11.8%
Indiana	58,920	29,610	50.3%	5,570	9.4%
Iowa	7,030	3,230	46.0%	690	9.8%
Kansas	16,390	5,810	35.4%	1,820	11.1%
Kentucky	33,850	13,760	40.7%	3,540	10.4%
Louisiana	142,280	59,650	41.9%	20,520	14.4%
Maine	1,640	1,120	68.1%	*	*
Maryland	150,000	35,350	23.6%	14,740	9.8%
Massachusetts	45,220	22,040	48.7%	*	*
Michigan	159,850	71,480	44.7%	16,990	10.6%
Minnesota	22,160	11,630	52.5%	1,580	7.1%
Mississippi	126,740	57,560	45.4%	16,890	13.3%
Missouri	71,760	26,790	37.3%	7,690	10.7%
Montana	*	*	*	*	*
Nebraska	7,050	2,400	34.0%	900	12.8%
Nevada	18,230	6,890	37.8%	2,120	11.6%
New Hampshire	1,430	420	29.1%	*	*
New Jersey	123,570	35,670	28.9%	15,110	12.2%
New Mexico	*	*	*	*	*
New York	332,690	144,460	43.4%	37,940	11.4%
North Carolina	213,250	82,480	38.7%	25,210	11.8%
North Dakota	*	*	*	*	*
Ohio	145,730	60,080	41.2%	14,660	10.1%
Oklahoma	28,660	10,530	36.7%	3,890	13.6%
Oregon	7,310	2,380	32.6%	*	*
Pennsylvania	148,950	55,440	37.2%	12,000	8.1%
Rhode Island	5,660	2,410	42.6%	610	10.8%
South Carolina	136,280	46,840	34.4%	16,600	12.2%
South Dakota	760	340	45.1%	*	*
Tennessee	108,690	43,420	39.9%	11,030	10.2%
Texas	275,450	90,580	32.9%	39,740	14.4%
Utah	*	*	*	*	*
Vermont	590	330	56.6%	*	*
Virginia	139,420	36,270	26.0%	13,810	9.9%
Washington	22,810	9,910	43.5%	2,200	9.7%
West Virginia	7,000	2,890	41.3%	590	8.5%
Wisconsin	37,570	16,250	43.2%	4,080	10.9%
Wyoming	*	*	*	*	*
U.S. Total**	**3,847,680**	**1,424,630**	**37.0%**	**446,080**	**11.6%**

Source: Estimates for Families USA by The Lewin Group. See the methodology for details.

* Data are not reportable due to sample size.

** Numbers do not add because data for some states are not reportable.

Table 4. Blacks with Heart Disease or Stroke, by State

State	Total Number	Individuals Who Rely on Medicaid		Individuals Who Are Uninsured	
		Number	Percent	Number	Percent
Alabama	333,740	81,820	24.5%	26,510	7.9%
Alaska	4,850	690	14.3%	500	10.4%
Arizona	48,510	12,800	26.4%	7,160	14.8%
Arkansas	105,810	21,220	20.1%	18,860	17.8%
California	525,510	150,190	28.6%	53,030	10.1%
Colorado	38,760	5,770	14.9%	4,350	11.2%
Connecticut	66,380	12,590	19.0%	6,450	9.7%
Delaware	43,870	9,020	20.6%	3,670	8.4%
D.C.	97,250	25,420	26.1%	6,060	6.2%
Florida	621,830	115,810	18.6%	88,060	14.2%
Georgia	635,150	101,550	16.0%	98,430	15.5%
Hawaii	*	*	*	*	*
Idaho	*	*	*	*	*
Illinois	421,850	70,190	16.6%	48,930	11.6%
Indiana	108,490	25,230	23.3%	11,890	11.0%
Iowa	14,300	3,690	25.8%	1,420	9.9%
Kansas	34,220	5,660	16.6%	3,030	8.9%
Kentucky	77,250	16,480	21.3%	8,540	11.1%
Louisiana	333,940	78,420	23.5%	50,560	15.1%
Maine	2,470	960	39.1%	*	*
Maryland	404,620	49,300	12.2%	38,160	9.4%
Massachusetts	84,380	30,420	36.1%	*	*
Michigan	330,280	79,570	24.1%	34,880	10.6%
Minnesota	32,640	11,510	35.3%	2,410	7.4%
Mississippi	274,190	73,740	26.9%	38,150	13.9%
Missouri	152,800	31,120	20.4%	15,760	10.3%
Montana	*	*	*	*	*
Nebraska	15,530	2,730	17.6%	1,780	11.5%
Nevada	39,880	7,710	19.3%	4,120	10.3%
New Hampshire	3,050	360	11.7%	*	*
New Jersey	260,370	48,540	18.6%	22,900	8.8%
New Mexico	*	*	*	*	*
New York	656,010	193,970	29.6%	77,880	11.9%
North Carolina	519,630	117,400	22.6%	60,380	11.6%
North Dakota	*	*	*	*	*
Ohio	314,000	68,710	21.9%	31,350	10.0%
Oklahoma	65,540	11,510	17.6%	8,570	13.1%
Oregon	15,810	4,460	28.2%	*	*
Pennsylvania	293,200	64,710	22.1%	23,060	7.9%
Rhode Island	9,090	2,580	28.4%	980	10.8%
South Carolina	351,100	78,110	22.2%	38,040	10.8%
South Dakota	900	180	19.7%	*	*
Tennessee	254,930	57,480	22.5%	26,510	10.4%
Texas	656,220	134,670	20.5%	98,450	15.0%
Utah	*	*	*	*	*
Vermont	950	360	38.0%	*	*
Virginia	368,680	51,340	13.9%	35,950	9.8%
Washington	40,520	8,710	21.5%	3,720	9.2%
West Virginia	17,180	3,380	19.7%	1,510	8.8%
Wisconsin	75,780	20,260	26.7%	8,010	10.6%
Wyoming	*	*	*	*	*
U.S. Total**	**8,777,080**	**1,893,670**	**21.6%**	**1,016,940**	**11.6%**

Source: Estimates for Families USA by The Lewin Group. See the methodology for details.

* Data are not reportable due to sample size.

** Numbers do not add because data for some states are not reportable.

Table 5. Latinos with Cancer, by State

State	Total Number	Individuals Who Rely on Medicaid		Individuals Who Are Uninsured	
		Number	Percent	Number	Percent
Alabama	580	80	12.9%	120	20.7%
Alaska	310	40	13.8%	30	9.4%
Arizona	19,040	4,190	22.0%	2,730	14.3%
Arkansas	480	50	9.6%	110	22.6%
California	134,120	36,700	27.4%	18,970	14.1%
Colorado	8,350	1,910	22.8%	1,290	15.4%
Connecticut	3,720	1,050	28.2%	390	10.5%
Delaware	310	80	27.6%	50	17.3%
D.C.	480	120	24.1%	60	12.7%
Florida	45,310	9,060	20.0%	5,410	11.9%
Georgia	3,380	380	11.3%	910	27.0%
Hawaii	890	140	15.5%	60	6.4%
Idaho	950	200	21.1%	180	18.9%
Illinois	10,570	1,610	15.2%	1,500	14.2%
Indiana	1,660	90	5.6%	210	12.8%
Iowa	630	130	20.5%	120	19.1%
Kansas	1,240	180	14.8%	210	16.7%
Kentucky	410	60	14.1%	120	30.1%
Louisiana	1,160	*	*	190	16.1%
Maine	170	40	21.6%	*	*
Maryland	2,750	270	9.7%	600	21.8%
Massachusetts	4,190	2,250	53.7%	150	3.6%
Michigan	2,950	420	14.1%	230	7.7%
Minnesota	920	140	15.3%	140	14.7%
Mississippi	370	*	*	80	22.3%
Missouri	1,020	100	9.8%	170	16.4%
Montana	240	40	16.8%	20	7.7%
Nebraska	740	120	16.2%	100	13.1%
Nevada	4,870	550	11.2%	720	14.8%
New Hampshire	230	50	21.1%	40	16.5%
New Jersey	13,700	3,040	22.2%	1,960	14.3%
New Mexico	12,120	2,650	21.9%	1,050	8.7%
New York	36,670	14,530	39.6%	3,180	8.7%
North Carolina	2,580	250	9.6%	900	34.7%
North Dakota	50	10	21.1%	*	*
Ohio	2,120	370	17.3%	180	8.4%
Oklahoma	1,600	390	24.1%	400	24.9%
Oregon	2,450	410	16.6%	710	29.1%
Pennsylvania	5,200	1,850	35.7%	390	7.6%
Rhode Island	890	390	44.2%	120	13.5%
South Carolina	940	220	23.6%	180	18.7%
South Dakota	130	20	12.2%	20	14.6%
Tennessee	1,200	170	14.1%	280	23.3%
Texas	82,860	17,980	21.7%	13,150	15.9%
Utah	2,190	230	10.5%	390	17.8%
Vermont	*	*	*	*	*
Virginia	2,810	220	7.9%	530	18.8%
Washington	4,910	1,290	26.3%	940	19.0%
West Virginia	*	*	*	*	*
Wisconsin	2,060	660	32.0%	200	9.6%
Wyoming	440	30	6.9%	40	8.9%
U.S. Total**	**427,230**	**104,780**	**24.5%**	**59,540**	**13.9%**

Source: Estimates for Families USA by The Lewin Group. See the methodology for details.

* Data are not reportable due to sample size.

** Numbers do not add because data for some states are not reportable.

Table 6. Latinos with Diabetes, by State

State	Total Number	Individuals Who Rely on Medicaid		Individuals Who Are Uninsured	
		Number	Percent	Number	Percent
Alabama	4,110	570	13.9%	940	23.0%
Alaska	1,660	250	15.2%	230	14.0%
Arizona	115,670	27,030	23.4%	22,660	19.6%
Arkansas	4,190	390	9.3%	1,060	25.4%
California	796,260	225,860	28.4%	151,440	19.0%
Colorado	49,700	12,160	24.5%	10,000	20.1%
Connecticut	24,380	7,220	29.6%	3,740	15.4%
Delaware	2,350	640	27.1%	530	22.8%
D.C.	3,150	920	29.1%	630	20.0%
Florida	274,910	58,790	21.4%	47,870	17.4%
Georgia	24,250	2,830	11.7%	8,780	36.2%
Hawaii	5,120	940	18.3%	460	8.9%
Idaho	6,000	1,150	19.2%	1,430	23.8%
Illinois	82,610	12,810	15.5%	15,510	18.8%
Indiana	12,780	1,030	8.0%	2,110	16.5%
Iowa	5,810	1,170	20.1%	1,230	21.2%
Kansas	9,850	1,560	15.9%	2,310	23.4%
Kentucky	3,380	520	15.3%	1,150	33.9%
Louisiana	8,010	*	*	2,030	25.4%
Maine	980	250	25.2%	*	*
Maryland	18,930	1,850	9.8%	6,030	31.9%
Massachusetts	29,290	16,720	57.1%	1,420	4.8%
Michigan	20,110	3,480	17.3%	2,430	12.1%
Minnesota	7,540	1,380	18.3%	1,480	19.7%
Mississippi	2,900	*	*	920	31.6%
Missouri	7,640	880	11.6%	1,830	23.9%
Montana	1,300	250	19.1%	160	12.0%
Nebraska	6,070	1,070	17.6%	1,120	18.4%
Nevada	29,430	3,650	12.4%	5,680	19.3%
New Hampshire	1,420	310	22.0%	330	23.5%
New Jersey	85,660	19,910	23.2%	16,340	19.1%
New Mexico	67,110	16,210	24.2%	8,460	12.6%
New York	221,410	92,880	42.0%	26,970	12.2%
North Carolina	20,520	2,250	11.0%	8,520	41.5%
North Dakota	370	90	25.2%	*	*
Ohio	14,670	2,920	19.9%	1,850	12.6%
Oklahoma	11,690	2,800	24.0%	3,720	31.8%
Oregon	16,180	2,670	16.5%	5,960	36.9%
Pennsylvania	34,220	13,520	39.5%	3,650	10.7%
Rhode Island	6,290	2,850	45.3%	1,060	16.8%
South Carolina	6,290	1,420	22.6%	1,590	25.3%
South Dakota	980	130	13.2%	210	21.5%
Tennessee	9,050	1,240	13.7%	2,670	29.5%
Texas	573,350	130,840	22.8%	125,350	21.9%
Utah	13,610	1,500	11.0%	2,960	21.7%
Vermont	*	*	*	*	*
Virginia	18,890	1,500	7.9%	4,960	26.3%
Washington	29,450	8,120	27.6%	7,650	26.0%
West Virginia	*	*	*	*	*
Wisconsin	16,230	5,140	31.7%	2,280	14.0%
Wyoming	2,430	200	8.2%	310	12.7%
U.S. Total**	**2,709,790**	**692,390**	**25.6%**	**520,360**	**19.2%**

Source: Estimates for Families USA by The Lewin Group. See the methodology for details.

* Data are not reportable due to sample size.

** Numbers do not add because data for some states are not reportable.

Table 7. Latinos with Chronic Lung Disease, by State

State	Total Number	Individuals Who Rely on Medicaid		Individuals Who Are Uninsured	
		Number	Percent	Number	Percent
Alabama	7,880	2,520	32.0%	1,920	24.3%
Alaska	1,960	550	28.3%	230	11.6%
Arizona	140,630	56,840	40.4%	27,470	19.5%
Arkansas	8,480	3,490	41.2%	1,760	20.8%
California	986,170	415,270	42.1%	169,620	17.2%
Colorado	61,000	21,520	35.3%	12,390	20.3%
Connecticut	36,680	17,020	46.4%	5,130	14.0%
Delaware	3,830	1,590	41.5%	850	22.1%
D.C.	3,900	1,550	39.9%	730	18.6%
Florida	251,350	67,830	27.0%	51,120	20.3%
Georgia	44,940	14,450	32.2%	13,500	30.0%
Hawaii	6,740	2,240	33.2%	350	5.2%
Idaho	9,330	3,530	37.8%	1,990	21.4%
Illinois	124,860	46,050	36.9%	18,830	15.1%
Indiana	22,550	8,920	39.6%	3,490	15.5%
Iowa	11,370	4,540	39.9%	1,850	16.3%
Kansas	15,540	5,730	36.9%	3,170	20.4%
Kentucky	7,220	3,540	49.1%	1,830	25.4%
Louisiana	8,040	*	*	2,210	27.5%
Maine	1,570	670	42.5%	*	*
Maryland	25,160	4,990	19.8%	7,580	30.1%
Massachusetts	52,180	36,280	69.5%	2,240	4.3%
Michigan	25,020	9,870	39.4%	2,740	11.0%
Minnesota	14,030	5,010	35.7%	2,380	17.0%
Mississippi	3,990	*	*	1,400	35.0%
Missouri	11,990	4,650	38.8%	2,380	19.8%
Montana	1,850	730	39.8%	260	14.2%
Nebraska	10,370	3,960	38.2%	1,830	17.6%
Nevada	39,290	9,110	23.2%	7,910	20.1%
New Hampshire	2,270	790	34.8%	400	17.8%
New Jersey	118,820	42,380	35.7%	22,130	18.6%
New Mexico	65,110	25,210	38.7%	9,190	14.1%
New York	288,920	154,360	53.4%	34,660	12.0%
North Carolina	38,920	13,820	35.5%	12,640	32.5%
North Dakota	830	500	60.6%	*	*
Ohio	22,090	8,680	39.3%	3,390	15.3%
Oklahoma	19,490	8,370	43.0%	4,240	21.7%
Oregon	27,840	12,460	44.7%	7,250	26.0%
Pennsylvania	60,200	31,110	51.7%	6,040	10.0%
Rhode Island	11,400	6,420	56.4%	1,620	14.2%
South Carolina	6,950	1,990	28.6%	2,120	30.5%
South Dakota	1,370	440	32.3%	270	19.7%
Tennessee	15,830	5,120	32.4%	4,360	27.5%
Texas	713,430	266,930	37.4%	162,260	22.7%
Utah	19,610	4,090	20.8%	4,180	21.3%
Vermont	*	*	*	*	*
Virginia	26,740	5,330	19.9%	6,410	24.0%
Washington	40,060	17,790	44.4%	7,500	18.7%
West Virginia	*	*	*	*	*
Wisconsin	26,040	11,610	44.6%	3,300	12.7%
Wyoming	2,780	690	24.8%	370	13.2%
U.S. Total**	**3,448,470**	**1,373,310**	**39.8%**	**640,040**	**18.6%**

Source: Estimates for Families USA by The Lewin Group. See the methodology for details.

* Data are not reportable due to sample size.

** Numbers do not add because data for some states are not reportable.

Table 8. Latinos with Heart Disease or Stroke, by State

State	Total Number	Individuals Who Rely on Medicaid		Individuals Who Are Uninsured	
		Number	Percent	Number	Percent
Alabama	11,110	1,490	13.4%	2,500	22.5%
Alaska	3,510	510	14.5%	480	13.8%
Arizona	244,880	54,040	22.1%	46,160	18.9%
Arkansas	10,650	1,050	9.9%	2,680	25.2%
California	1,686,600	447,510	26.5%	308,300	18.3%
Colorado	105,250	24,050	22.9%	19,890	18.9%
Connecticut	51,650	14,480	28.0%	7,430	14.4%
Delaware	5,890	1,540	26.2%	1,310	22.2%
D.C.	8,140	2,240	27.5%	1,600	19.7%
Florida	697,960	126,910	18.2%	128,270	18.4%
Georgia	63,880	7,240	11.3%	22,980	36.0%
Hawaii	11,150	1,820	16.3%	950	8.5%
Idaho	12,790	2,270	17.8%	2,890	22.6%
Illinois	176,050	25,640	14.6%	31,520	17.9%
Indiana	27,750	2,150	7.8%	4,110	14.8%
Iowa	11,850	2,240	18.9%	2,540	21.4%
Kansas	21,290	3,200	15.1%	4,710	22.1%
Kentucky	8,680	1,410	16.3%	2,810	32.4%
Louisiana	21,440	*	*	5,070	23.6%
Maine	2,120	500	23.5%	*	*
Maryland	49,450	4,370	8.8%	15,070	30.5%
Massachusetts	61,120	33,300	54.5%	2,900	4.7%
Michigan	45,740	7,150	15.6%	4,980	10.9%
Minnesota	16,170	2,860	17.7%	2,930	18.1%
Mississippi	7,560	*	*	2,310	30.6%
Missouri	16,680	1,750	10.5%	3,740	22.4%
Montana	2,890	500	17.3%	280	9.7%
Nebraska	13,020	2,140	16.5%	2,210	16.9%
Nevada	62,100	6,950	11.2%	11,390	18.3%
New Hampshire	3,260	620	19.0%	720	22.2%
New Jersey	192,530	40,440	21.0%	35,600	18.5%
New Mexico	140,830	30,140	21.4%	17,140	12.2%
New York	489,150	192,010	39.3%	57,920	11.8%
North Carolina	51,180	5,850	11.4%	21,490	42.0%
North Dakota	790	190	24.5%	*	*
Ohio	31,860	5,900	18.5%	3,570	11.2%
Oklahoma	30,050	6,490	21.6%	9,590	31.9%
Oregon	33,220	5,420	16.3%	11,820	35.6%
Pennsylvania	73,360	26,890	36.7%	7,380	10.1%
Rhode Island	13,160	5,600	42.6%	2,200	16.7%
South Carolina	16,210	3,100	19.1%	4,210	25.9%
South Dakota	2,220	300	13.4%	440	19.7%
Tennessee	22,750	3,100	13.6%	6,510	28.6%
Texas	1,390,800	282,080	20.3%	315,840	22.7%
Utah	28,740	3,050	10.6%	5,980	20.8%
Vermont	*	*	*	*	*
Virginia	49,600	3,620	7.3%	12,460	25.1%
Washington	61,350	15,610	25.4%	15,460	25.2%
West Virginia	*	*	*	*	*
Wisconsin	33,450	10,060	30.1%	4,410	13.2%
Wyoming	5,220	380	7.2%	640	12.3%
U.S. Total**	**6,131,260**	**1,421,450**	**23.2%**	**1,176,240**	**19.2%**

Source: Estimates for Families USA by The Lewin Group. See the methodology for details.

* Data are not reportable due to sample size.

** Numbers do not add because data for some states are not reportable.

Discussion

Communities at Risk: Blacks and Latinos Are Besieged by Chronic Diseases

The critical role that Medicaid coverage plays in the black and Latino communities must be understood within the context of the persistent disparities in health and health care that these groups struggle with every day. Blacks and Latinos are more likely than whites to have many chronic and serious conditions, such as those profiled in this report, and they are also more likely to get sicker from the same diseases.[6]

While there are many causes for these disparities, one important factor is that blacks and Latinos are more likely to have low incomes. People with low incomes are more likely to have poorer health, even when educational levels and health behaviors are taken into account.[7] There are many reasons for this: Low-income people often have greater exposure to occupational and environmental health hazards, the stresses of being poor exact a physical toll, and their health coverage is frequently sporadic.[8] In addition, low-income people are more likely to live in neighborhoods with limited access to the healthy foods that are recommended to prevent and manage many of the conditions covered in this report at an affordable price.[9] Given the concentration of blacks and Latinos in poor neighborhoods, these social determinants have a disproportionate impact on these groups, fueling health disparities.

The lack of health insurance can also contribute to poorer health outcomes for blacks and Latinos: In 2010, 20.8 percent of blacks and 30.7 percent of Latinos did not have insurance, compared to 11.7 percent of whites.[10] When diseases like cancer, diabetes, asthma, and heart disease aren't detected early and managed appropriately, poor outcomes—like complications and even untimely death—are harder to prevent. In fact, serious racial and ethnic disparities have been documented for each category of health conditions studied in this report. For example:

- **Cancer:** Compared with white men, black men are 50 percent more likely to be diagnosed with prostate cancer and 2.4 times as likely to die from it. Black women are 36 percent more likely to be diagnosed with cervical cancer than white women and more than twice as likely to die from it. While Latinos overall have a slightly lower risk of getting cancer than whites, they are twice as likely to have liver cancer and 80 percent more likely to die from it. Latinas are roughly 1.5 times as likely as white women to be diagnosed with and die from cervical cancer.[11,12]

- **Diabetes:** Black adults are more than twice as likely as white adults to be diagnosed with diabetes.[13] In 2006, blacks were also more than twice as likely as whites to end up with amputations,[14] to suffer kidney failure,[15] and to die[16] as a result of poorly managed diabetes. Compared to whites, Latinos are 55 percent more likely to report having diabetes.[17] In 2006, they were roughly 70 percent more likely to have kidney failure caused by diabetes[18] and 50 percent more likely to die from complications of diabetes [19] compared to whites.
- **Chronic Lung Diseases:** Blacks are 35 percent more likely than whites to have asthma,[20] and in 2006, they were more than three times as likely to die due to asthma.[21] While Latinos have an overall lower rate of asthma than whites, Puerto Ricans are significantly more likely to suffer from asthma: One in six has been diagnosed with asthma—a rate that is more than twice that of whites. [22] In addition, in 2003, Puerto Ricans were four times as likely to die due to asthma as whites.[23] The disparities in asthma rates among children are even greater than the disparities among these groups overall. Black children are 78 percent more likely than white children to have asthma. And, while asthma rates for Latino children are lower than they are for white children, they are 2.2 times higher for Puerto Rican children.[24]
- **Heart Disease and Stroke:** Blacks are 50 percent more likely than whites to report having had a stroke[25] and about 30 percent more likely to die from heart disease.[26] And while Latinos overall have lower rates of heart disease and stroke than whites, Mexican American women are 20 percent more likely than white women to have high blood pressure.[27]

These grim statistics paint a picture of two communities that are besieged by serious chronic diseases and that have a great need for access to high-quality health care to survive.

Medicaid Helps Blacks and Latinos Get the Care They Need

Millions of blacks and Latinos with serious health care needs rely on Medicaid for their health coverage, making it possible for them to get the care they need. People with Medicaid have better access to health care than do the uninsured. A recent study that used a randomized, controlled design—the gold standard in medical research—found that, compared to the uninsured, people with Medicaid had better access to outpatient and hospital care and prescription drugs.[28] They were also more likely to have a regular source of care.[29] For people with serious health care needs, having access to care and having a regular source of care can improve health and lower rates of costly, and sometimes deadly, complications, or it can keep a disease from progressing.

- Uninsured adults with cancer have poorer outcomes and die sooner than those with insurance.[30]
- Adults with diabetes who have health insurance and a regular source of care are much more likely to receive all the recommended preventive services than people with diabetes who do not have insurance or a regular source of care.[31] And higher use of recommended screenings among seniors with diabetes is associated with reduced rates of hospitalization.[32]
- Children with asthma who have access to a primary care doctor are more likely to get asthma-controlling medications and to have fewer asthma-associated emergency room visits.[33]
- Insured people with hypertension who have a regular source of care are more likely to be aware of their condition, to receive treatment, and to have their hypertension controlled than those without insurance.[34] Treating and controlling hypertension reduces the risk of stroke, coronary heart disease, congestive heart failure, and premature death.[35]

Medicaid Enables Low-Income Seniors and People with Disabilities To Get the Care They Need through Medicare

Most black and Latino seniors with Medicaid also have Medicare coverage. Likewise, some of the adults in Medicaid who are under the age of 65 and who have a disability may also qualify for Medicare. People with both Medicare and Medicaid, who are referred to as "dual eligibles," generally have greater health care needs and lower incomes than those who are covered by either program alone.[36]

The standard premium for Medicare's outpatient insurance, Medicare Part B, is $1,385 a year.[37] Patients may also have to pay 20 percent of the cost of doctor visits.[38] And the deductible for a hospital stay is $1,132.[39]

Most people with Medicare purchase Medicare supplemental policies to help cover these out-of-pocket costs. It would be nearly impossible for a very low-income person with a serious medical condition to be able to afford all the premiums, cost-sharing, and deductibles that are associated with Medicare without the help of Medicaid. Such a person would also be very unlikely to be able to afford a Medicare supplemental policy. By helping cover cost-sharing and premiums, Medicaid makes it possible for residents to get the care they need through Medicare.

The Medicaid Program: A State-Federal Partnership That Is of Vital Importance to Communities of Color

Medicaid is the national health insurance program for low-income people. It is jointly funded by states and the federal government through a unique partnership. Each state administers its own Medicaid program, building on minimum requirements set by the federal government. Every state must cover certain low-income children, pregnant women, parents with dependent children, and seniors and people with disabilities. States may—but do not have to—cover childless adults. In addition to covering certain groups, states must also provide Medicaid enrollees with a set of basic health care benefits. States have broad authority to expand their programs and to determine what kinds of services will be covered and how those services will be delivered.

The federal government "matches" every dollar that states invest in Medicaid according to a formula that varies depending on the state's per capita income. This formula is designed to provide lower-income states with proportionally more support. On average, for every dollar states put into their Medicaid programs, the federal government puts in $1.60.* When state Medicaid expenditures go up or down, the federal contribution does as well. This federal matching structure makes it easier for state Medicaid programs to cover more people if they need it, such as during tough economic times, or when health crises or natural disasters strike. Without a guaranteed federal match that moves in tandem with state spending, states would have more difficulty operating their Medicaid programs in hard times, making Medicaid a much less reliable health care safety net.

Cuts to Medicaid, whether at the state or federal level, would mean the loss of essential health care for people of color who rely on Medicaid, including millions of blacks and Latinos with serious health care needs. Proportionally, cuts to the program have a much wider and deeper impact on the black and Latino communities than on whites because a significantly higher share of these communities depends on the Medicaid lifeline, including roughly half of all black and Latino children.

* Families USA calculation of the average federal Medicaid match for the 50 states and the District of Columbia in fiscal year 2011 based on data from the Kaiser Family Foundation's State Health Facts online, available online at http://statehealthfacts.org/comparetable.jsp?typ=2&ind=184&cat=4&sub=47.

Cutting Medicaid: A Bad Idea

- **Cutting Medicaid Would Put Blacks and Latinos with Serious Health Care Needs At Risk and Increase Racial and Ethnic Health Inequality**

  Cuts to the Medicaid program would put blacks and Latinos with serious health care needs at risk—at risk of not being able to get the care they need when they need it, at risk of incurring higher medical costs when they do get care, at risk of getting sicker, and even at risk of dying prematurely.

  It's easy to understand how cutting Medicaid eligibility would mean that many blacks and Latinos with serious illnesses like diabetes would lose coverage and not be able to afford medical care. But even reducing benefits or passing more out-of-pocket costs on to patients can affect their ability to get the care they need.

  When states increase Medicaid cost-sharing or reduce benefits, people who depend on the program report having difficulties getting the care they need. When one state increased its Medicaid cost-sharing by adding sliding-scale premiums and other out-of-pocket costs, 31 percent of the adults who were enrolled in Medicaid lost their coverage entirely, and another 15 percent reported experiencing disruptions in their care. Those who lost coverage had greater unmet health care needs, including an inability to get needed medications.[40] For those with serious medical conditions such as those profiled in this report, unmet medical needs can carry a high price—both physically and financially.

  Given the high burden of serious conditions in the black and Latino communities, as well as these communities' reliance on Medicaid as their lifeline for necessary care, an increase in unmet medical needs will very likely result in increasing racial and ethnic health disparities and widening inequality.

- **Cutting Medicaid Shifts Costs—It Doesn't Reduce Them**

  While cutting Medicaid might offer some short-term savings for government budgets, there is a clear human cost. Moreover, it does not reduce overall health care costs in the long term—it merely shifts costs to other health care consumers, who often end up paying higher premiums to cover a share of the cost of care that is provided to the uninsured.

  Cutting Medicaid does not make anyone's health care needs go away: The people with heart disease and diabetes who lose Medicaid coverage will still need to fill the same prescriptions, those with cancer will still need treatment, and those with chronic lung disease will still need medication so that they can breathe more easily. Cutting Medicaid just shifts the cost of care to the people who had depended on the program and who suddenly find themselves uninsured. Without insurance, they will not be able to afford much of the care they need. Critical cancer treatments may be delayed. Manageable health problems may deteriorate and ultimately lead to costly emergency

room visits and hospitalizations that could have been prevented.[41] These treatment costs will be higher when those who've lost coverage finally do get care. Often, a portion of those costs goes unpaid.

Even at public hospitals and other safety net providers, the uninsured may receive substantial bills for their medical care.[42] For the low-income uninsured, paying those bills can be impossible. To make up for the cost of this uncompensated care, hospitals and doctors charge insurers more for services that are provided to patients with health coverage. Insurers then pass those costs on by charging higher premiums to consumers and to businesses that purchase health insurance. It is estimated that, in 2008, family coverage cost $1,017 more because of higher premium charges that resulted from insurers passing along the costs of uncompensated care.[43]

Cutting Medicaid Would Hurt the Economic Futures of Blacks and Latinos

Because Medicaid is such an important lifeline for a significant proportion of black and Latino families, the impact of Medicaid cuts on these communities extends far beyond the effects on the individuals who will end up with no way to get care, and even beyond the higher premiums that families that do have insurance will have to pay. Medicaid cuts will have a disproportionate economic effect on already struggling black and Latino communities and on their futures.

Cutting Children's Opportunities Short

Children who lose Medicaid coverage pay the price not only in terms of going without needed health care, but also in terms of facing limitations on their future opportunities. Currently, roughly half of all black and Latino children rely on Medicaid to get the care they need to stay healthy and thrive—from getting vaccinations to seeing a doctor when they are sick to paying for necessary medication. Children with health insurance are generally healthier throughout their childhood and into their teens.[44] Better health correlates with better school performance and greater success later in life.[45] For children without health insurance, health problems may interfere with school performance, which, in turn, may result in fewer employment opportunities as an adult.

For children with serious health conditions like asthma, losing insurance can have very serious consequences. Asthma is a leading cause of school absences. In 2008 alone, children with asthma missed 10.5 million school days.[46] With regular medical care and medication, persistent asthma can be managed.[47] However, when children lose Medicaid coverage, they often lose their regular source of medical care. That can lead to more frequent asthma-related school absences and poorer school performance, which can ultimately affect overall educational attainment and employment opportunities.[48] Losing Medicaid can also mean that these children have a greater likelihood of dying from what is a highly manageable disease.

Asthma is just one example of how losing health coverage can interfere with education, limit employment opportunities, and even cut futures short. The same holds true for a host of other childhood diseases. Governments that cut Medicaid may save money today, but such cuts will come at a substantial cost to children and their futures, especially in black and Latino communities.

- **Lost Worker Productivity**

  Many people with Medicaid work.[49] For them, having access to medical care leads to better health, which can mean fewer days lost from work, better job performance, and higher productivity.

  For the diseases profiled in this report, there are many ways that access to health care can improve people's health and work productivity. Diabetes management is just one example. Appropriate management of diabetes can reduce the incidence of vascular disease (also called hardening of the arteries), a complication that is associated with an increase in missed work days and lost productivity.[50] However, a person needs access to medical care to manage diabetes optimally.[51] For more than 1 million blacks and Latinos with diabetes, Medicaid makes that possible. Having Medicaid can mean that workers with diabetes are healthier and have fewer complications. This is especially important for blacks, who have a higher risk for disabling diabetes complications such as kidney failure and leg amputations, and for Latinos, who also have a higher risk of kidney failure.

- **Pushing People into Debt and Hurting Communities**

  When people lose Medicaid coverage, they are more likely to incur medical debt.[52] The burden of medical debt is particularly hard on those with serious health care needs.

  Medical debt is a leading cause of bankruptcies and home foreclosures.[53] But even if they don't go as far as declaring bankruptcy, people with medical debt must often make gut-wrenching decisions about the basic necessities: They may be forced to delay making rent or utility payments, may accumulate credit card debt, or may be unable to pay for food.[54] Low-income people who lose Medicaid, especially those with serious health care needs, can quickly reach the point where they have to make these tough choices—choices that have an effect on communities as well. When more individuals in a community miss paying bills, accumulate debt, and curtail spending, it is a drag on local economies.

  Cutting Medicaid would hurt black and Latino communities in other ways, too. The federal Medicaid matching funds that flow into states represent new money that generates economic activity and creates jobs. Cuts at either the state or federal level would reduce the federal dollars that flow into states, and that would place jobs at risk. The black and Latino communities are already struggling with unemployment rates that are significantly higher than whites,[55] and they can't afford to lose even more jobs.

The Affordable Care Act: More Help Is on the Way for Blacks and Latinos

As this report shows, many blacks and Latinos rely on Medicaid. Unfortunately, under current rules, not everyone who is low-income is eligible for the program. Income eligibility levels for adults in some states can often be quite low; the median eligibility level for parents is 64 percent of the federal poverty level (about $14,000 for a family of four in 2011). These very low eligibility levels exclude many parents from Medicaid, even if their children do qualify for coverage. Furthermore, in most states, an adult with no dependent children can literally be penniless and not qualify for Medicaid.

In addition, lower-income individuals are less likely to have an offer of job-based health coverage than higher-income individuals, and they are less likely to be able to afford the high cost of coverage in the individual health insurance market. As a result, millions of low-income Americans, including a disproportionate share of low-income Latinos and black Americans, remain uninsured.

Fortunately, in 2014, the Affordable Care Act will provide affordable, quality coverage to millions of currently uninsured Americans. The new law extends coverage through two provisions: an expansion of the Medicaid program, and new premium tax credits that will be available to help families pay for the cost of coverage in the new health insurance exchanges.

Beginning in 2014, all state Medicaid programs will cover people with incomes at or below 133 percent of poverty (about $30,000 for a family of four in 2011), whether or not they have dependent children, as long as they are citizens or have been legally present in the United States for five years or more.[56] For the first three years, the federal government will pay for all of the associated costs for those who are newly eligible for Medicaid. The percentage that the federal government covers will gradually decline until, by 2019, the federal government will pay 90 percent of these costs and states will pay 10 percent.

In addition, robust new premium tax credits will be available to people with incomes between 134 and 400 percent of poverty (between about $30,000 and $90,000 for a family of four in 2011). These new tax credits have a few important advantages over many other tax credits: They will be available at the time the person enrolls in a plan (no need to wait until he or she files a tax return to get the help), and people who don't owe taxes will still be able to receive the tax credit.

Because blacks and Latinos tend to have lower incomes relative to the U.S. average, these two provisions will have an enormous impact on helping them afford coverage. In particular, the provisions will help those who work and have no offer of coverage from an employer, and they will help those who've lost a job and lost their health insurance too. For blacks and Latinos with serious health care needs, the Affordable Care Act will extend a lifeline of insurance coverage that many lack today.

- In the black community, the uninsured include:
  - One out of every 13 (7.5 percent of) blacks with cancer, or more than 48,000 people (Table 1 on page 4);
  - More than one in 10 (10.3 percent of) blacks with diabetes, or nearly 330,000 people (Table 2 on page 5);
  - One in nine (11.6 percent of) blacks with chronic lung disease, or more than 446,000 people (Table 3 on page 6); and
  - One in nine (11.6 percent of) blacks with heart disease or stroke, or more than 1.0 million people (Table 4 on page 7).
- In the Latino community, the situation is even more grim, with the uninsured including:
  - Nearly one in seven (13.9 percent of) Latinos who have cancer, or nearly 60,000 people (Table 5 on page 8);
  - Nearly one in five (19.2 percent of) Latinos who have diabetes, or more than 520,000 people (Table 6 on page 9);
  - Nearly one in five (18.6 percent of) Latinos with chronic lung disease, or approximately 640,000 people (Table 7 on page 10); and
  - Nearly one in five (19.2 percent of) Latinos who have heart disease or stroke, or nearly 1.2 million people (Table 8 on page 11).

The Medicaid expansion and the premium tax credits in the Affordable Care Act could literally be lifesavers for millions of blacks and Latinos who are uninsured and who have serious health conditions.

Conclusion

Medicaid is a critically important source of health coverage for a significant share of blacks and Latinos who would otherwise have no access to the health care they need. The Medicaid lifeline is even more crucial for the millions of blacks and Latinos with serious health care needs who rely on the program to treat and manage their potentially life-threatening conditions. For children, not only can that mean better performance in school and greater success later in life, but it can also mean the difference between having a bright future and having no future at all. For workers, that can mean not only better job performance, but the ability to stay in the workforce and provide for their families. For everyone with Medicaid, it can mean a chance at leading a longer, healthier life.

Blacks and Latinos are already struggling with disproportionately higher rates of serious and chronic diseases, complications, poor health outcomes, and lack of insurance. Medicaid has been the saving grace for these communities, especially for the one in every two black and Latino children who depends on it for access to care. Cuts to Medicaid would yank this lifeline away from those who most need it.

Cuts would even affect those in the black and Latino communities who don't directly rely on the program. For example, an increase in the amount of uncompensated care (a likely consequence of a rise in the number of uninsured) would translate into higher premiums for those with health insurance. Lost worker productivity, worse performance in school for sick children who can't get the care they need, and more medical debt would all be byproducts of cutting Medicaid—byproducts that would be a drag on the economy, and, more importantly, that would threaten the future of these communities.

Medicaid is vital to all the black and Latino people it covers, but its benefits are particularly clear to people with conditions like cancer, heart disease, diabetes, and chronic lung disease who need ongoing medical care. Unfortunately, because of current limits on Medicaid eligibility, millions of low-income blacks and Latinos with serious health care needs remain uninsured. The Affordable Care Act will expand Medicaid eligibility in 2014, and that will give many of these individuals an opportunity to get Medicaid and to afford the care they need. The law will also provide tax credits to help low- and middle-income families afford health insurance. Because the black and Latino communities have lower incomes and are more likely to be uninsured, they potentially have the most to gain from these provisions.

Keeping Medicaid intact and fully implementing the Affordable Care Act are clearly important to low-income black and Latino people with serious health care needs—but they're vitally important to the larger black and Latino communities as well.

Endnotes

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Medicaid: A Lifeline for
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