

Administrative Burden is Structural Racism Too

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Background

- Administrative burden functions as a form of structural racism because it is another mutually reinforcing system that enshrines “discriminatory beliefs, values, and distribution of resources” along racial patterns of deservingness.^{1,2}
- COVID-19 related Medicaid continuous coverage provisions and the subsequent rollback offers a unique opportunity to conceptualize administrative burden as form of structural racism and to look at its population health impact.

Study Approach

State Administrative Burden Index Development

- We utilized Kaiser Family Foundation and Georgetown University Center for Children and Families' Annual State Medicaid and CHIP Programs Survey.^{3,4}
- Survey items related to “protective factors” were categorized into five domains: Vulnerable Population Coverage, Application Operations, Portal Features, Workforce Vacancies, State Environment; coded, and combined (Table 1).

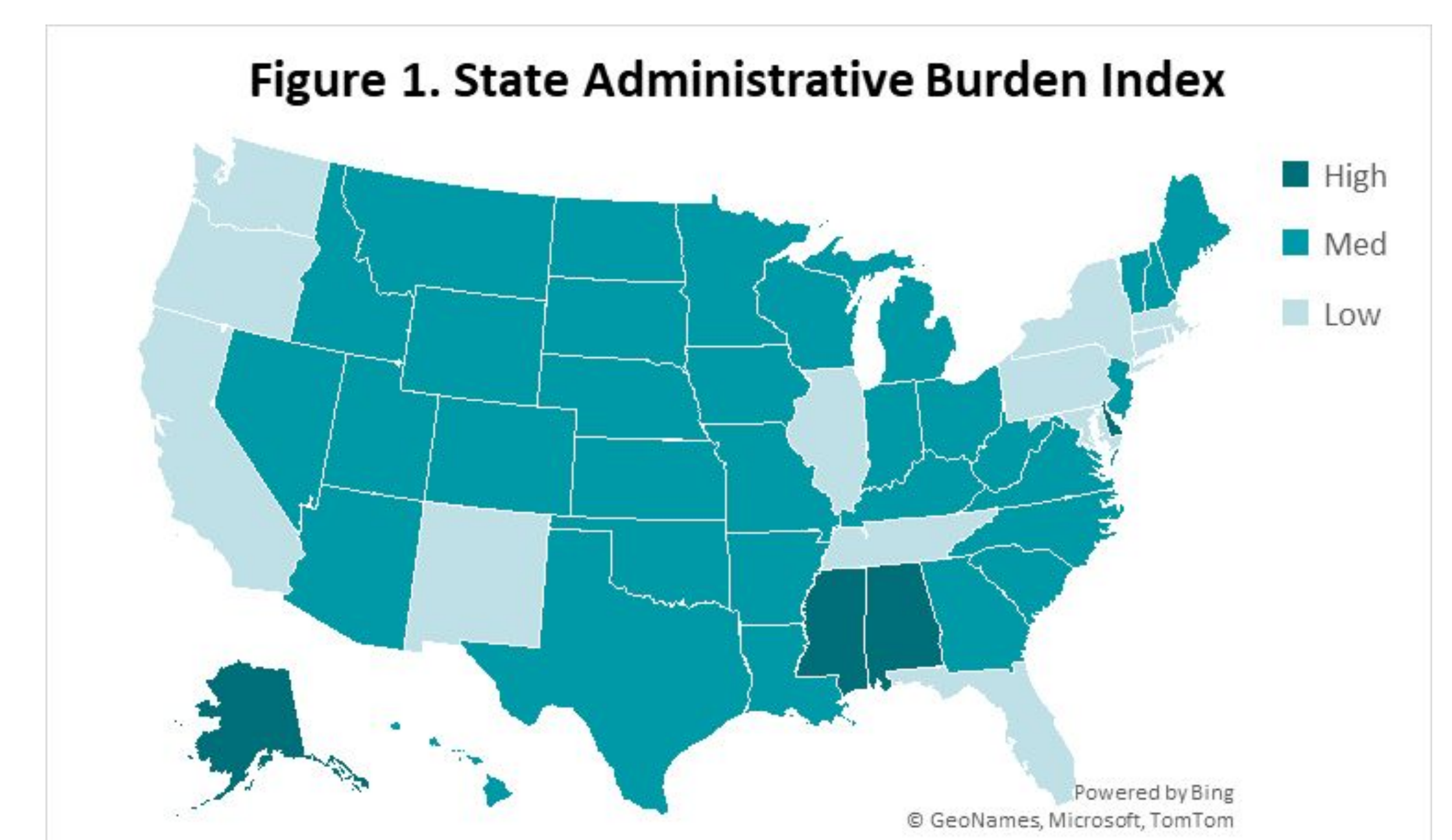
Data & Analytical Plan

- Predictor variable was the high, medium, or low state administrative burden score.
- Outcome variables were self-reported health and received a check-up in the last year and covariates in all regression models included race, gender, and insurance, as reported in 2023 Behavioral Risk Factor Surveillance System Survey

Protective Factors	Description	Variable Coding
FCEP (From-Conception-to-the-End-of-Pregnancy) Coverage	Coverage of pregnant individuals (regardless of immigration status)	0 = No 1 = Yes
Coverage for Immigrant Children	Medicaid and CHIP coverage of immigrant children and pregnant people who have legally reside in US <5 years	0 = No 1 = Yes
Coverage for Pregnant Immigrant Adults	Coverage of immigrant pregnant people	0 = No 1 = Yes
Coverage for Individuals Impacted by the Criminal Justice System	State policy to cover incarcerated individuals	0 = Coverage Terminated, NR or Other 1 = Time-limited Suspension or Suspension Until Release
Integrated Systems	If a state's State-based marketplace is integrated with modified adjusted gross income-Medicaid and CHIP marketplace eligibility system	0 = No 1 = Yes
Real Time Renewal	If a state allows for real time or ex parte renewal	0 = No 1 = Yes
How Real-Time Determinations at Application Are Processed	Application processing process	0 = Mostly Manual; N/A 1 = Mostly Automated; Manual & Automated
How Ex Parte Renewals Are Processed	Renewal process	0 = Mostly Manual 1 = Mostly Automated; Manual & Automated
Online Multi-Benefit Application Available for Non-MAGI	State application for multiple benefit programs available	0 = No 1 = Yes
Mobile friendly formatting	State website offers mobile friendly formatting	0 = No or N/A 1 = Yes
Coverage Chatbot	State's website offers a chatbot to discuss coverage	0 = No or N/A 1 = Yes
Modifications for Individuals with Disabilities	Availability of reasonable modifications to increase accessibility for individuals with disabilities	0 = No 1 = Yes
Homepage Translation	Website homepage translates into any other language than English	0 = No 1 = Yes
PDF Application Translations	PDF application translates into any other language than English	0 = No 1 = Yes
Online Portal Community Assisters	State offers portal for application assisters/community partners for initial process or renewal	0 = No 1 = Yes
Eligibility Staff Vacancies Impact	Assessment of the eligibility staff vacancies impact on renewals	0 = N/A, Significant Impact, Moderate Impact 1 = No Impact, Minor Impact
Call Center Staff Vacancies Impact	Assessment of the call center vacancies impact on managing call volume	0 = N/A, Significant Impact, Moderate Impact 1 = No Impact, Minor Impact
Expansion State	State has expanded Medicaid coverage	0 = No 1 = Yes

Results and Discussion

- States with scores less than or equal to 33 were classified as high burden, scores greater than 33 and less than or equal to 66 as medium burden, and scores greater than 66 as low burden; Majority of states were categorized as having medium administrative burden.
- Nationally representative sample of US adults (n=383,535) who were either privately insured (356,928) or on Medicaid (26,607).
- High state administrative burden was associated with lower self-rated health for Black respondents, yet individuals in these environments were also more likely to report having seen a doctor in the past year.**
- Administrative burdens do not only limit access to resources, but serve as tools of social control. States with higher levels of administrative burden can thus be seen as actively maintaining structures of exclusion and inequity that are foundational to white supremacy.
- Reducing administrative burden and increasing access to health services should remain a priority for health equity and health services researchers and policymakers.



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