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Identifying Trends and Racial/Ethnic Disparities in Healthcare Utilization, Access, and Health Outcomes Among SSI Recipients

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Key Findings and Policy Implications

This study analyzes health care utilization and health outcomes of SSI recipients with disabilities, how they differ by race and ethnicity, and how they compare with the utilization and outcomes of other categories of Medicaid enrollees. It uses data from the Medicaid Transformed Analytic Files (TAF) for people aged 18-64 in 2018 and 2019. The study finds that:

Black SSI recipients have fewer physician office visits than White SSI recipients, but more emergency department visits and hospitalizations. They are 25 percent more likely to have a "primary care avoidable" emergency department visit. These findings suggest that White recipients have better access to primary care; for example, living in counties with a 0.5 ratio of primary care physicians to patients, compared with a 0.38 ratio for Black SSI recipients.

Based on mortality experience, White SSI recipients appear in poorer health than Black or Hispanic SSI recipients. Death rates are 2.1 percent for White recipients, 1.6 percent for Black recipients, and 1.3 percent for Hispanic recipients. Overall rates of chronic illness are similar across races and ethnicities, but their composition varies widely. Black recipients are most likely to have hypertension; White recipients are most likely to have depression and chronic obstructive pulmonary disease (COPD); Hispanic recipients are most likely to have diabetes.

SSI recipients with disabilities are in worse health than people with disabilities who are not SSI recipients. For example, SSI recipients with disabilities have double the annual mortality rates of people with disabilities who are not SSI recipients; they have 2.5 times as many chronic conditions; and they have higher rates of emergency health care utilization.

These findings suggest substantial differences in health, the composition of chronic illness, access to primary care, and use of different health care services by race and by category of Medicaid eligibility.

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