

Title: Tracking Racial Health Disparities in the SSI Population Before and During the COVID-19 Pandemic

Authors: Jessica Van Parys, Hunter College and NBER
Jevay Grooms, Howard University and NBER

Date: September 2024

Key Findings and Policy Implications

This paper analyzes the disparities in mortality rates, morbidity rates, and emergency healthcare utilization by race and ethnicity between 2016 and 2020, including pandemic-related outcomes in 2020. It uses 2016-2020 data for 3.5 million SSI recipients between ages 18 and 64 from the Transformed Medicaid Statistical Information System Analytic Files (TAF) for all states. The paper finds that:

- There are striking differences in the types of chronic conditions present across racial and ethnic groups in the SSI population. Black SSI recipients have the highest rates of hypertension and heart failure. Native Hawaiian and Other Pacific Islander (NHOPI) and Hispanic groups have the highest rates of diabetes and chronic kidney disease. White SSI recipients are the most likely to be diagnosed with COPD and depression.
- Breast cancer incidence is highest among Asian SSI recipients, prostate cancer is highest among Black SSI recipients, lung cancer is highest among White SSI recipients, and endometrial and colon cancer rates are similar across groups.
- AIAN and White SSI recipients have the highest overall mortality rates. Focusing on the pandemic period, however, American Indian and Alaska Native (AIAN) and Hispanic SSI recipients have the highest COVID-19 case rates and excess death rates.

Many of the findings for the SSI-recipient population are consistent with the literature on racial and ethnic health disparities in the overall US population. The major divergence from the general population is the high mortality rate among White SSI recipients, which may result from higher rates of substance abuse disorders, mental illness, depression, COPD, and lung cancer.