The Takeaway
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The Senior Healthcare Divide in Texas

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THE TEXAS LYCEUM

Texas is getting older. The two fastest-growing age groups are 85+ and 65-84, and they will make up 17% of the total population by 2050.[1] Texas seniors are also experiencing higher rates of often-preventable and non-communicable diseases than ever before, outpacing most other states.[2] Central barriers to effective healthcare could be overcome or mitigated with a few policy changes.

Among the challenges faced by many Texas seniors are rising levels of depression and obesity coupled with decreasing preventative treatments. Just over 37% of Texas seniors have one or more disabilities (vision, hearing, cognition, mobility, self-care, or independence).[3] East Texas and along the Mexico border report the highest concentrations of poor health outcomes, while the metropolitan areas report the best.[4] Social isolation, which negatively impacts overall health, is also extremely high for seniors in the same regions reporting poorer health.[5] Rural areas are facing population drain and a higher

WHAT'S THE TAKEAWAY?

Rural seniors in Texas, who already have worse health outcomes, are vulnerable to healthcare inaccessibility.

Inability to pay for care, hospital closures, and distance from providers are the greatest barriers to healthcare for rural seniors.

Medicaid expansion, public transportation, and telehealth services could secure financial viability for healthcare providers and increase access in rural areas.

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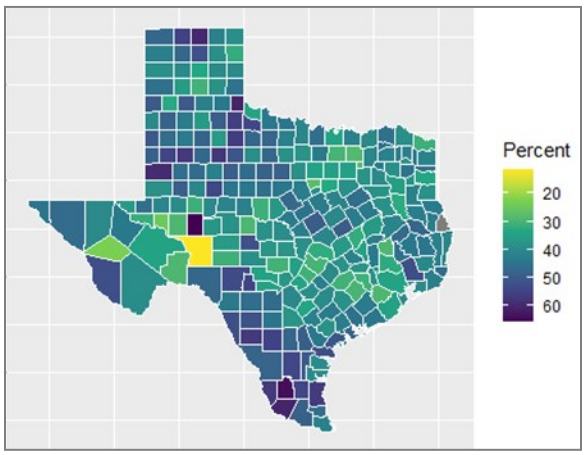
percentage of seniors with significant medical requirements, leaving them with constricting workforces to cope with those healthcare needs.[6]

Figure 1: Texans 65+ with Disability (%)



Source: adapted from U.S. Census, 2019a

BARRIERS TO HEALTHCARE ACCESS

Ability to Pay: Senior health care costs in Texas are among the lowest in the country,[7] and almost 95% of Texans over 65 are covered by some form of insurance,[8] yet with over 10% of Texas seniors living below the poverty line, cost is still a barrier for some. In 2019, 6% of seniors chose not to seek healthcare due to cost.[9] Before they turn 65, Texans have relatively low access to healthcare,[10] which puts the population at greater risk for poorer health by the time they reach 65. Rural populations are on average older, have lower household incomes, lower levels of education, and lower insurance coverage than the general population and therefore have worse health outcomes and a greater demand for healthcare per capita with less ability to pay.[11]

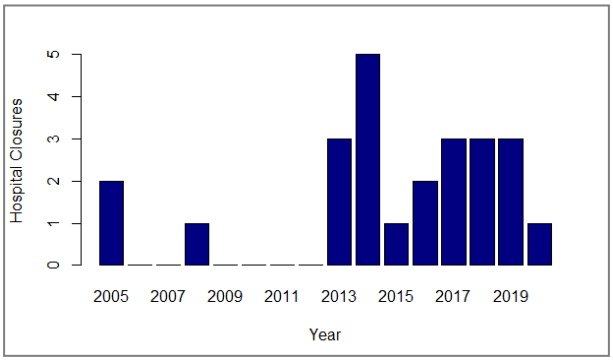
Hospital Closures: Rural hospitals are closing rapidly in Texas, leaving communities at increased risk of inadequate care. Texas lost 24 rural hospitals between 2005 and 2020, the highest of any state.[12] Financial blows that led to hospital closure most often included lower hospital volume, reduction in Medicare bad-debt payments, and reduction in Medicare reimbursements.[13] Rural hospital closures also lead to immediate and tangential job and population loss, which further decreases the economic pull for healthcare services.[14]

Distance from Providers: Even when considering poverty and healthcare supply, distance is the biggest barrier to rural health.[15] The area along the US–Mexico border where health factors, health risks, and limited English-language skills are the most saturated has the lowest concentration of healthcare accessibility, including pharmacies and long-term care facilities. Distance from physicians and pharmacies make rural populations less likely to keep up-to-date on vaccinations, prescription medications, and services, like blood pressure screenings.[16]

POINTS OF ACTION

Medicaid Expansion: By expanding Medicaid eligibility and enrollment, Texas can help secure the financial viability of rural hospitals and slow, or even stall, rural hospital closures. Medicaid expansion would bring in $5.4 billion an-

Figure 2: Texas Hospital Closures: 2005-2020



Source: based on data from the Sheps Center, 2020

nually in federal funding to cover 1.3 million potentially eligible Texans.[17] Under The American Rescue Plan Act, Texas can now get federal coverage for an additional 5% of Medicaid costs, or about $5 billion over two years. Medicaid expansion has long-term reach for senior health outcomes, as investing in the health of all Texans now will help lower the chance of high health burdens for future senior populations.

Public Transportation: Improving the rural transportation systems across Texas could lower the transportation barrier to care by decreasing cost and time. Rural transportation systems can complement Medicaid/Medicare non-emergency transportation by improving services to get seniors to their appointments in four ways: expand hours of operation to include weekends, offer senior discounts, offer discounts for rides to medical appointments, and increase advertisement and ease-of-use for their services. Statewide implementation of discounts and extended services coupled with publicity could widen awareness of such services while lowering cost and time barriers to their use. The expansion of curb-to-curb services as well as fixed transportation routes requires increased investment at the local, county, state, and federal levels.

Telehealth: The high uptake in telehealth use during the COVID-19 pandemic could be sustained if policymakers act on two fronts: telehealth regulation and internet availability. In Texas, health plans have to cover telehealth, but there is no payment parity requirement. Payment parity, which became temporarily required during the COVID-19 pandemic, can be made an integral part of telehealth services post-pandemic by raising telehealth to the same plane as in-office visits. Medicare already had a telehealth coverage option for rural patients pre-pandemic, but expanded it to all policyholders and to cover more types of visits.[18] These expansions, especially for the types of services covered, would be beneficial in encouraging senior use of telehealth services. More progress also needs to be made on creating a state broadband plan. Such a plan would help Texas expand the quality and affordability of broadband access and help bring in federal funding. Texas legislatures have an opportunity to create such a plan as already recommended by the Governor's Broadband Development Council.

By lowering the geographic barriers to care, telehealth gives patients the ability to see providers more frequently and proactively and to see providers, including specialists, who would otherwise be outside the radius they are willing to travel. The opportunity for more attentive care can help prevent repeat hospitalizations. Home health providers can also see more patients in a day and see patients more regularly because of the regained time no longer lost to travel.

While almost the entire state of Texas has access to the internet through mobile LTE (the standard wireless data transmission used in cell phones), standard broadband coverage (25 Mbps download/3 Mbps upload) is incomplete. In 84 counties, less than 50% of the population has access to fixed broadband and in another 163 there is incomplete coverage.[19] The US-Mexico border region has by far the lowest percentage of the population with a household computer or a broadband subscription. Recent research in the area has shown that those seniors who have access to the necessary resources are overall willing to

engage in telehealth, even if it means taking lessons on how to operate the technology. Since these counties have some of the worst health factors, lowest access to physicians, and highest percentage of the population with low English-language skills, expanding internet coverage and computer access may be a more financially viable option than expanding healthcare access in these communities.[20]

CONCLUSION

Texas will face increased pressure on its healthcare infrastructure as the population becomes proportionately older. Medicaid expansion would provide support for existing infrastructure and improve future senior health outcomes. Increased access to public transportation can help seniors make their appointments. Telehealth can be a great way to increase access to care for all seniors while increasing the efficiency of healthcare professionals. Development in these three sectors can help lower payment and distance barriers to care while ensuring the financial viability of providers.

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Notes:

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