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States higher in racial bias spend less on disabled medicaid enrollees

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ABSTRACT

Background: While there is considerable state-by-state variation in Medicaid disability expenditure, little is known about the factors that contribution to this variation.
Objective: Since Blacks disproportionately benefit from Medicaid disability programs, we aimed to gain insight into whether racial bias towards Blacks is one factor that explains state-by-state variation in Medicaid disability expenditures.
Method: We compiled 1,764,927 responses of explicit and implicit racial bias from all 50 states and Washington D.C. to generate estimates of racial bias for each state (or territory). We then used these estimates to predict states' expenditure per disabled Medicaid enrollee. We also examined whether the relationship between racial bias and disabled Medicaid enrollee expenditure might vary according to states' level of income for Whites, income for Blacks, or conservatism.
Results: States with more explicit or implicit racial bias spent less per disabled Medicaid enrollee. This correlation was strongest in states where Whites had lower income, Blacks had higher income, or conservatism was high. Accordingly, these results suggest that racial bias might play a role in Medicaid disability expenditure in places where Whites have a lower economic advantage or there is a culture of conservatism.
Conclusion: This research established correlations between state-level racial bias and Medicaid disability expenditure. Future research might build upon this work to understand the direction of causality and pathways that might explain these correlations.

1. Introduction

Healthcare safety net programs such as Medicaid are politically controversial. While advocates cite the importance of providing health coverage to low-income and disabled individuals, critics argue that government assistance saps individual initiative, promotes dependency on government support, and is wasteful (Grogan, 1994; Jacoby and Schneider, 2001). Medicaid's stigma is exacerbated by its association with the opioid abuse crisis (Kaiser Health News, 2016) and disability-assistance programs that have come under attack for being rife with false claims (Finger, 2013; Pattison and Waldron, 2013).

This controversy surrounding healthcare safety net programs is evidenced by variation in states' support for expanding Medicaid. For instance, 19 states recently declined Medicaid expansion despite strong financial incentives to accept it (Snyder et al., 2012). While previous research has documented this state-by-state variability in expenditures on Medicaid (The Henry J. Kaiser Family Foundation, 2017a) and disability programs (Center on Budget and Policy Priorities, 2017), little is known about what accounts for this variability. Thus, the aim of the current work was to examine the role of one possible factor in state support for Medicaid disability programs: racial bias.

1.1. Racial bias and opposition to Medicaid disability programs

Why might racial bias be involved in the opposition of health care assistance programs? Relative to the rest of the US population, Blacks tend to be disproportionately poor (Macartney et al., 2013) and rely on assistance programs to finance healthcare (DeNavas-Walt et al., 2014). Furthermore, there are strong stereotype-based links between Blacks and low income (van Doorn, 2015). Accordingly, voters and policy-makers who harbor negative attitudes towards Blacks might show greater opposition to such programs. While racial bias may undermine support of a variety of assistance programs, racial bias may play an especially prominent role in support for programs focused on disability, given that Blacks are disproportionately disabled (Clark and Maddox, 1992).

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Supporting a possible link between racial bias and opposition to health care safety net programs, states with proportionally more Black and Latino residents spend less per-capita on Medicaid (Kousser, 2002). Furthermore, a review of evidence from cross-sectional, longitudinal, and experimental studies showed that race-based resentment aroused by Barack Obama's election predicted opposition to the Affordable Care Act (ACA; Tesler, 2016). For instance, greater racial resentment predicted less support for the ACA when it was described as Barack Obama's proposal, as compared to Bill Clinton's or "some people's" proposal. While this evidence suggests that racial bias influences citizens' self-reported opposition to Medicaid, a limitation of previous work is that it has not addressed the degree to which racial bias is related to states' actual spending on Medicaid programs. Thus, testing a direct link between racial bias and state-level Medicaid expenditures would be a valuable extension of prior work.

1.2. Manifestations of racial bias

Policy-makers' decisions regarding Medicaid disability expenditure may be related to state-level racial bias measured at both explicit and implicit levels. Explicit measures capture overt, consciously controlled bias, whereas implicit measures capture more automatic associations that are difficult to control (Greenwald et al., 2009). While some research has conceptualized explicit and implicit bias as independent constructs at the individual-level (Hofmann et al., 2005), little is known about the psychometric properties of explicit and implicit bias at the aggregate-levels of analysis. Given the paucity of research in this area, we considered it possible that Medicaid disability expenditure would be related to: (a) explicit but not implicit measures of bias, (b) implicit but not explicit measures of bias, or (c) both explicit and implicit measures of bias. Thus, to the extent that explicit and implicit bias are independent constructs at aggregate-levels of analysis, it would be ideal to apply modeling techniques that determine whether each independently predicts Medicaid disability expenditure.

Several factors may determine whether racial biases relate to states' support of Medicaid disability programs. One factor may be the socioeconomic climate of Whites and Blacks. Specifically, Whites' latent racial biases may manifest into opposition of Medicaid expenditures when Whites' relative advantage is less, as evidenced by lower White income, higher Black income, or both. This possibility is consistent with research and theory suggesting that hostility towards other groups stems from resource scarcity (Pettigrew and Meertens, 1995) and the desire to justify an existing resource advantage (Sidanius and Pratto, 1993). Moreover, resource scarcity leads individuals to perceive Blacks as darker and more stereotypically Black, which in turn predicts fewer resources given to Blacks (Krosch and Amodio, 2014). Thus, explicit and implicit biases may predict decreased per enrollee expenditure in states where Whites (vs. Blacks) show low economic advantage, but not in states where Whites (vs. Blacks) show high economic advantage.

Another factor that may determine whether racial biases relate to lower support of Medicaid expenditure is conservatism. In general, conservative movements advocate for reduced government spending for programs such as Medicaid. Further, conservatism has previously been associated with a fear of losing resources (Jost et al., 2003). Since people in less conservative areas have a relatively lower fear of losing resources, they may support assistance programs (i.e., Medicaid) independent of their attitudes toward outgroups that benefit from such programs. In contrast, people in highly conservative areas may oppose assistance programs that allocate resources to disliked outgroups. In other words, the combination of high conservatism and high racial bias may uniquely predict low support for Medicaid disability programs.

1.3. Current research

In summary, the current research aimed to determine whether Whites' racial bias is associated with states' support of Medicaid expenditures for disabled individuals. Our primary hypothesis was that, in states where Whites harbor greater racial bias towards Blacks, Medicaid expenditure per disabled enrollee would be lower. Additionally, we hypothesized that the effects of Whites' racial bias on Medicaid disability expenditure would be strongest in states where Whites had lower income, Blacks had higher income, and where there was a history of conservatism.

To determine whether any effects of racial bias were consistent across measures, we examined both explicit and implicit measures of racial bias. While the current research was correlational, and thus could not establish causality, we aimed to provide initial insight into whether racial bias might be related to Medicaid disability expenditures.

2. Data sources

2.1. Medicaid spending on disabled enrollees

Data on states' payment per disabled Medicaid enrollee were compiled from a report that analyzed 2009 spending (Snyder et al., 2012). We also compiled data on the raw number of Medicaid enrollees per state as an overall control for health, healthcare-related poverty, and demand on the Medicaid system. (For convenience, we also label the District of Columbia a *state.*) A Shapiro-Wilk test indicated that payment per disabled enrollee was significantly skewed, skew = .909, $w = .942$, $p = .0147$. To meet the assumption of normality, we log-transformed this variable. Nevertheless, the overall pattern of results is identical when we model the non-transformed version of this variable.

2.2. Racial bias

Racial bias was assessed by compiling responses from Project Implicit (Xu et al., 2014), a database of racial bias collected over the Internet since 2002. Within this dataset, data from respondents were included if they were White and their state-level geographical information was available. This search yielded 1,764,927 responses from all 50 states and Washington D.C. (# of responses per state: $M = 34{,}606$, $SD = 32{,}726$, range = 2305 to 150,155). Data were collected between 2002 and 2015. Fig. 1 displays a map of the states for which we obtained anti-Black racial bias.

Implicit bias. To assess implicit bias, respondents completed the Implicit Association Test (Greenwald et al., 1998), a speeded dual-categorization task in which respondents simultaneously categorized faces as "African American" or "European American," and words (e.g., "agony") as "Bad" or "Good" with a key press. Faster responses when Black and Bad (and White and Good) required the same key press, as compared to the reverse, are thought to reflect more anti-Black (or pro-White) implicit attitudes (Greenwald et al., 2009). Implicit bias was computed according to the D measure (Greenwald et al., 2003).

Explicit bias. To measure explicit bias, respondents rated how warm they felt towards European Americans and African Americans on separate 0 (coldest feelings) to 10 (warmest feelings) scales. Consistent with previous work (Karpinski and Hilton, 2001), we operationalized explicit bias as warmth towards European Americans minus African Americans.

2.3. Income

Median household income was assessed by compiling data from the 2009–2013 5-year estimate from the American Community Survey (factfinder.org). To examine potentially divergent effects of Whites' income and Blacks' income, we obtained independent values of Whites' median household income and Blacks' median household income in each state.