Judith Kelley: You probably know somebody who is on Medicaid. It turns out that there are about 70 million people in United States enrolled, which means about one in five of the U.S. population. Most likely every one of us know somebody who is on Medicaid. Although it's a federal program though, it's being implemented by the states and there's a wide disparity in how the program is run. Some states have very generous benefits and others do not. My next guest argues that these disparities are actually affecting democratic citizenship. I can't wait to hear more about it. Jamila Michener is a faculty member at the Cornell University Department of Government. Her book is, Fragmented Democracy: Medicaid, Federalism, and Unequal Politics. The book recently won a big award, the American Political Science Association called it the best political science book published in the last three years. Congratulations, Jamila.

Jamila Michener: Thank you.

Judith Kelley: Jamila, welcome to Policy 360.

Jamila Michener: Thank you. I'm happy to be here.

Judith Kelley: Your research sounds fascinating. First, let's talk about the system itself. How different are the benefits when you compare states?

Jamila Michener: The differences are pretty incredible. One of the ways that I think about this in the book and that helps me make the differences concrete is by thinking about differences that emerge across the entire life course. If we think about someone's entire life course, at every point along the way there are going to be differences in what they have access to that are going to be based on really very little except where they happen to live. Over 50% of births in the United States are financed by Medicaid.

Judith Kelley: 50%.

Jamila Michener: 50% of births, yeah, it's pretty incredible. There are some states that are going to have fewer than a quarter of births financed by Medicaid and other states that have as much as three quarters. The likelihood that you as a mother are going to be able to access these resources, access the care that you need, the maternal care that you need when you're having a child is going to vary. From the very moment that a child is brought into the world and even before that, Medicaid access is going to vary across states, for low-income mothers and for their children.

Judith Kelley: Are there some state lines where we could imagine people just living a mile on either line and having very different experiences?

Jamila Michener: Yeah, absolutely. I mean, if you think about states like New York and New Jersey. It's interesting, even in the South, states like Louisiana, Georgia, North Carolina, South Carolina, those states are really pretty significantly different in

terms of what they offer and they're different both from each other and then they're also different over time. Louisiana had a switch in terms of the governor and suddenly Medicaid in that state was expanded, which actually made it quite an outlier relative to the states that were surrounding it. Now, people in that state, like I said, at every stage in the life course. As a child, whether or not you're going to be able to have access to, not just to Medicaid benefits, in most states, children can have access to these benefits but the nature and the quality of the benefits that you have access to.

Jamila Michener: I interviewed parents who told me that their children couldn't get ice when they were in the emergency room. I mean, really little things that to us seem silly but that are a function of state policies and broader health policy cultures in the states that dictate what people have access to. Then in the book, I go all the way down to the end of life care. When we think about something like hospice care, when somebody is at the very end of their life, whether or not as an adult without a child you will be able to have access to hospice care is largely dependent on what state you live in. There are some states where if you're a non-elderly adult and you don't have children and you're dying, no matter how poor you are, no matter how painful that death, you may not be able to have access to hospice care. You either have to die at home in pain or in the hospital, but there are very few options in between. All of these things are in large part a function of policy. Those policies are dictated by states so they're a function of geography.

Judith Kelley: It's not just a matter of whether a given state and population in that state have access to the Medicaid program, but it's a matter oftentimes of whether they then have access to care at all is what I'm hearing you say.

Jamila Michener: Yeah. I mean, states get to decide what kinds of, they get to decide the scope of benefits they offer and what kinds of benefits they will and will not offer. There's a floor that the federal government sets, right? A set of eligibility criteria and a set of benefits that every state has to provide. That floor is pretty low and then there's lots of variation above that. A great example is around dental benefits. There are some states that dental benefits are optional. You can provide them or you can not. There are some states that say, we're entirely out of the dental benefits game, we just can't give this to people.

Judith Kelley: What's the incentive for states not to take advantage of this program, not to provide say dental care if it's a federal program?

Jamila Michener: Mostly the incentives are twofold. They're both political and they're economic. It's a federal program and the federal government is paying, especially with the expansion of healthcare through the Affordable Care Act, 90% of the costs. States still have to pick up the other 10%. That's a nontrivial amount for many states and it's a significant amount of their state budgets. If they want to minimize that cost, then they minimize the scope of services that they offer and

they cut out things like dental, or podiatry, optometry because it's just cheaper to do that.

Judith Kelley: Would it not be the case given that ratio of 90 to 10, that complete unavailability of such services would in any case make a state occur some expenditures?

Jamila Michener: Yes.

Judith Kelley: It might be equivalent to 10% or more.

Jamila Michener: Absolutely. I mean, in a number of different ways. Right? By not providing these resources, often states are actually creating more costs for themselves because people are going to emergency rooms or they're just more sick. You lose in terms of productivity. People are less likely to show up for work. You lose in terms of being able to provide for the health of your population, and long-term, all of those things can be negative. I think the balancing between the long-term and the short-term benefits and costs, different states make different calculus about this.

Judith Kelley: Got it, right.

Jamila Michener: I will say as a political scientist, it's also political, right? There are times when you can do the cost benefit of calculus and on paper it may make sense to expand the program or to provide people with better access. If expanded Medicaid is a policy you associate with the Democrats and it's a state that is controlled by and run by Republicans, then there are some political costs to taking on a program that's associated with a party that's not your own and that your constituents may not-

Judith Kelley: It might just be politically unpopular.

Jamila Michener: Some of it is political, absolutely.

Judith Kelley: Right, right. You've spent years conducting interviews with Medicaid beneficiaries and advocates. Why did you go and talk to all these people?

Jamila Michener: I mean, I always knew that I wanted to do research that mattered to people in the kinds of communities that I grew up in, low-income communities of color. I'm a political scientist. I knew I was interested in thinking about the role that the government played in people's lives in these communities. Honestly, at first I didn't know that Medicaid and health policy would be how I would approach these questions but I had a broad sense of the topics I cared about and I decided instead of just making something up, I would go into the communities that I wanted to understand and to affect. I would talk to people about what mattered to them. I did that. What I realized, right around the time when I first started doing this was around 2010, it was right in the wake of the Affordable

Care Act. A ton of people were talking to me about health insurance. They were talking to me about Medicaid and how important the program was to them, and how challenging it was, even though it was important, how challenging it could be to access services and benefits. I realized that the people in the communities that I care about and that I'm interested in understanding, this is what is on their minds. I decided that I wanted to focus my research on that and that's how I came to the topic.

Judith Kelley: That's great. Let's talk a bit about these people. Paint us some pictures of different people. You talk about somebody called Terry.

Jamila Michener: Yeah.

Judith Kelley: Who's got a 16 year old son and she's really seen firsthand the difference that this program can make. Tell us about that.

Jamila Michener: Absolutely. You know, in many ways I credit Terry with helping me to kind of zero in on the main topic and argument, focus and argument of the book because at first I wanted to write about people's experiences with Medicaid but this focus on geographic variation, I didn't really have. I knew things would be different in different places but I didn't understand that that would be tangible in people's lives. I didn't know it was important, but I decided I don't want to interview people in different places. I went to Georgia and I went to their Medicaid office. I started to talk to people and meet people there. I met Terry and we agreed to meet the next day. We met at a local burger joint and we sat down. I bought her lunch. I just said, tell me about yourself.

Jamila Michener: The very first thing that she tells me about is how challenging it's been, how much of a whirlwind it's been over the course of her son's life being on Medicaid and trying to make sure that he continue to have health insurance coverage. When I asked her about why it had been challenging, all she talked about was state variation. Terry had moved a lot. She lived in Ohio. She lived in California. She lived in Georgia. She could tell me the specifics of each place.

Judith Kelley: She had lived the study.

Jamila Michener: She had lived the study before I even knew what the study was, and the details that she had. She knew that California had generous benefits but the bureaucracy was really overwhelmed because of how many people there were. Everything happen fast and it was confusing to keep up. Ohio, she actually had positive things to say about, which isn't necessarily what I would've expected. In Georgia, she told me a very specific story about how you can only get certain benefits from certain doctors and there were a lot of hoops to jump through. That was the first time I really thought, wow, this matters to people. She picked up on the facts that not just that it was different in different places but that it was political. She said, you know, if a state like Georgia, if they cared about me as a citizen, why would they make the program operate this way? At that point,

my eyes really opened that not only are people aware of these differences, but they're making sense of them in a way that's going to affect the way that they think about government and politics.

Judith Kelley: Did you ask her where the politics was a way to change the issues to solve with the system? How did that come about?

Jamila Michener: I asked her whether she thought there was anything that people like her could do to change the experiences that she was describing to me. She said, no, I don't think there's anything that we can do. I said, why? That really opened the door to her sharing her perspective on how someone like her fares in the eyes of the government. It was a perspective that was of deep alienation, but that sense that somebody like her doesn't matter in the eyes of the government wasn't made up, right? It came from and was rooted in her experiences. It was different. For example, when I interview, I have other work where I interview low-income people who don't interact with the government in the same way, and they don't draw these same conclusions, right? A lot of times people will say, but this is just if you're poor, you think nobody cares about you. It's not that, it's much more pointed and specific because it's drawn from these particular experiences with the government program that is vital, it's doing great work, people know they need it. Plenty of people would say things like, I'd be dead without Medicaid. It's not the program that's the problem. Right?

Judith Kelley: Right.

Jamila Michener: But that some of these policy nuances in what's accessible and how that varies over time and place send people messages about their value and their worth with respect to the government and with respect to the state. Those messages are heard. People respond based on those messages and make decisions about whether they should engage politically.

Judith Kelley: You've talked to another guy called John?

Jamila Michener: Yeah.

Judith Kelley: John, it appears that he found himself rather dependent on the system to the extent that he referred to himself as-

Jamila Michener: Married to Michigan.

Judith Kelley: Married to Michigan.

Jamila Michener: Medically. You know, one of the things I appreciate about John, and this is really important to me to get a wide range of experiences. Someone like Terry who we might think of as a traditional person living in poverty. She had been poor her whole life. She was an African American woman. You may think that there's just a cynicism there because of her life experiences. John came from a very

different background. He was a middle-aged, pretty middle class white man who had been raised middle class but had this chronic illness that meant that he was going to have healthcare cost upwards of a million dollars every year. In order to stay alive, that is how much money needed to be spent.

Judith Kelley: That is massive.

Jamila Michener: He needed to rely on Medicaid, otherwise, he just wasn't going to be able to maintain health insurance. He was connected to the program in that way, but the reason he felt married to Michigan specifically medically was because John hit a point in his life where many of his friends and his family decided that they wanted to move to Arizona. He talked to his doctors and his doctor said, actually given some of the issues with his lungs that a drier climate like Arizona would be great for him. His family was going there. It was good for his health, he wanted to go. Before he moved he checked to make sure that the benefits he needed through Medicaid would be covered in Arizona and realize that they would not. Arizona's Medicaid program is called the Arizona Health Care Cost-Containment program. That is the name of the Medicaid program.

Judith Kelley: He's stuck with Michigan.

Jamila Michener: He can't move from Michigan. I mean, he could move from Michigan maybe to New York state or to another state where the benefits are really generous, but he can't move to Arizona where his friends and family have gone.

Judith Kelley: I started out teasing the audience by saying that you found that there's an effect on democratic citizenship. Is that what you mean? That it might even affect where you choose to live or do you have something different in mind?

Jamila Michener: When I talk about democratic citizenship, I really mean across levels. One is in the most basic form of political citizenship, which is people voting, participating in political action, whether it means being part of a local political group or a part of a local community group. People taking action to change the world around them on the state, local, or national level.

Judith Kelley: Engagement.

Jamila Michener: Engagement. I measure that in all sorts of ways by talking to people qualitatively and also by looking at surveys and find that when people are enrolled in Medicaid, they're less likely to engage that way.

Judith Kelley: Less likely.

Jamila Michener: Less likely.

Judith Kelley: Not to advocate for themselves through the vote?

Jamila Michener: That's exactly right. One thing that's important to point out is there's some great research that's been published recently that shows Medicaid expansion leads to an expansion of the electorate. That research is great and it's actually really consonant with what I find in the book because what I find-

Judith Kelley: Just to be clear, when you say an expansion of the electorate, you mean more registered to vote or more people voting?

Jamila Michener: More people vote. More people registering and more people voting.

Judith Kelley: I see.

Jamila Michener: There are two studies that have been published in the last two years that show that. What I show in the book is that's exactly right. When Medicaid is expanding, when the program is becoming more generous, then more people vote. When the program is contracting, when people are losing eligibility or there's a narrower scope of benefits that are covered, then people are alienated from the political system and they're less likely to vote or participate in other ways. It's not that Medicaid enrollment itself is bad for participation, it's that the nature of the benefits that people are offered and the experiences that stem from that affect their calculus about whether their voice matters and whether they should participate politically. When we extend more to them, when we give people who didn't have Medicaid before Medicaid and now they have access to new benefits they didn't have before, they're more likely to become a part of the political system. When we do the opposite, when we retract benefits, when we make those benefits really hard to get administratively and we make those benefits stingy, it actually causes people to pull back from the system and to participate less.

Judith Kelley: It's disempowering, one might say.

Jamila Michener: Yeah.

Judith Kelley: Is there a point at which Medicaid is entirely drawn down to its minimal level that one could imagine experiencing a protest? Because you may feel disempowered as it gradually wears away, but at some point you've just had enough, but then on the other hand, of course, people who are on Medicaid are on it because they're ill. They may not have the arsenal in their personal activities to be able to mobilize in this way.

Jamila Michener: I think that's exactly right. I think one of the things that is crucial as far as the difference between when losing your benefits causes you to withdraw versus when losing your benefits mobilizes you and causing you to do more. It's really intermediary organizations that can either politicize that loss and help you to channel the discontent over that politically. Without those kinds of intermediary organizations, really losing benefits tends to lead people to be alienated from the system. I have a paper that I wrote with a colleague of mine, Jake Hassell,

where we look at a really prominent case in Tennessee in the mid 2000 where Tennessee really sharply decided that it was going to cut the program through hundreds of thousands of people off of Medicaid in a really short six month period. We look at voting before that and the election before that and the election right after that.

Jamila Michener: What we find is when we hold, you know, as many of the things as we can constant, we look within counties over time at those pre-post period, that when you kick a massive number of people off the program like that, when there's massive retrenchment, it leads to less voting. We thought maybe people will respond, maybe this will cause people to turn out and fight for these benefits, but it doesn't happen. In part, it's because Medicaid beneficiaries are less likely to be healthy. The vast majority of them are people living in poverty. They don't have the civic and other resources necessary to launch a response. When they do have civic resources and organizational resources, they are able to do that. I think we saw some of that mobilizing in the wake of threats to the ACA to repeal and replace the Affordable Care Act. We did see various groups mobilize and pushing back.

Judith Kelley: Let's talk about that because both of these are health examples. Have you thought at all or aware of similar phenomena occurring in other social welfare programs or the SNAP program, the Supplemental Nutrition Program or such programs?

Jamila Michener: No, I think that's great. There's some work in political science that looks at this and find similar results in different programs. For example, TANF, Temporary Assistance to Needy Families, we see the same kind of negative relationship between TANF enrollment and political participation. The story is somewhat the same, although there's not-

Judith Kelley: Meaning that when people lose benefits they vote less?

Jamila Michener: Well, the story there is not so much that when people lose, there's not so much work there on what happens when people lose benefits but there is work on what happens when people receive benefits in ways that are alienating or stigmatizing or cause them to have negative experiences. When that happens, people participate less. We know that there are some arenas where people receiving benefits causes them to participate more. Social security is the primary example, a political scientists Andrea Campbell looks at that. The GI bill, my colleague at Cornell, Suzanne Mettler looks at that. Those are policies that tend to be more universal, more positively constructed, and they're giving people, they're infusing resources into people's lives. Those actually catapult people into the political process. Now, some other means, programs like SNAP and WIC are programs that we know less about because political scientists just haven't studied them as much. I've actually been working on a project with Carolyn Barnes who's here at the Sanford School. We're actually tackling some

of those programs and trying to think about how to understand them in relation to this larger set of studies that we have.

Judith Kelley: Right. I mean, some of the things Carolyn finds there or professor Barnes, I should say, finds there is that it also has to do with how the staff in a particular office is interacting with people. Are they empowering them? Are they respecting them? Are they making them feel like they have agency?

Jamila Michener: Absolutely. That's one of the things, you know, in the book I talk about that with Medicaid and the answer for the most part in many Medicaid programs is that that kind of empowerment doesn't go on with that program. I actually got into a conversation maybe two years ago with professor Barnes and I explained this. She said, that's really odd because that doesn't seem to be what I'm finding with WIC. We thought that's interesting, and that was the beginning of us thinking through, trying to comparatively understand, not all programs that are for people living in poverty, not all means tested programs are the same. You can have a program that targets people living in poverty, but depending on how they're designed and implemented, you get a different outcome. It's really important to know that so that we know how to design policies that are actually going to buttress democracy.

Judith Kelley: Right. I think it's something government is slowly becoming more and more aware of, the citizen experience or CX or whatever people like to call it, where more and more governments are starting to think about the implementation and the delivery mechanisms. We actually have a class at the Sanford School now that teaches and focuses on that delivery and of government services. Students are out there in the field working say with the Durham Housing Authority or with the transit program and asking questions about how the citizens are interacting with the service delivery, and coming up with ways to improve that piece of the policy implementation is so important.

Jamila Michener: That's amazing.

Judith Kelley: Yeah, it's great.

Jamila Michener: That's exciting.

Judith Kelley: Of all this work you've been doing and you're out there speaking with folks who are ill and potentially feeling disempowered, is there anything in the story that gives you any hope or any good advice or any insights for our listeners or for government officials?

Jamila Michener: Absolutely. I mean, one of the things that I try to do in the book is find Medicaid beneficiaries who are politically active and who are engaged and think about what are the components there. What are the conditions under which we can actually see people who maybe have some of the disadvantages that lead them to rely on this program but who have other kinds of advantages. That's why

there's a piece in the book where I focus on health policy organizations and grassroots organizations and the role that they can play in empowering these communities. Since the book has been published, I've gotten a chance to work with a lot of these organizations and try to help them to think through, brainstorm and sort of design ways that they can engage Medicaid beneficiaries and engage other beneficiaries of public policies and programs and help to amplify and strengthen their voice in our civic and political systems. That has been really inspiring to see how many folks are out there wanting to do this work of bringing people into the system.

Judith Kelley: That's terrific. There you have it. It's not just about where the people are getting the Medicaid benefits, but Medicaid benefits themselves affect how people engage with society and with the political process. Really, really super interesting. Thank you so much, Jamila.

Jamila Michener: Thank you for having me.

Judith Kelley: Jamila Michener is a faculty member at the Cornell University Department of Government. She's on the Duke campus today because she is delivering the Sanford School of Public Policy's 2019 PhD Distinguished Speaker Series. She was selected by our PhD students as the most exciting person they wanted to listen to, and I can understand now why. Her book is, Fragmented Democracy: Medicaid, Federalism, and Unequal Politics. We'll have link to the book on our website, policy360.org. We'll be back in two weeks with another conversation. I'm Judith Kelley.