

A. HEALTH INSURANCE & ACCESS TO CARE

<p>Importance</p>	<p>Access to health care is one of the fundamental determinants of good health, and in this country, health insurance is a fundamental determinant of access to care. Health care costs are rising much faster than incomes, and faster than other costs of living, leaving many people unable to afford medical care. Lack of health insurance leads people to forgo preventive medical care, resulting not only in worse health outcomes but also in greater monetary costs ultimately borne by society as a whole. Moreover, uninsured persons are more likely to present with more severe illness and to seek care at emergency rooms rather than using less expensive primary care practitioners to whom they have no access.</p>
<p>Highlights</p>	<ul style="list-style-type: none"> ▪ National health insurance reform is expected to eventually reduce the number of uninsured Americans by about four fifths. ▪ Nationwide, Hispanic ethnicity is very strongly associated with a lack of health insurance coverage. ▪ 22% of Hispanic adults in California were uninsured in 2007, compared to 7% of White adults. ▪ The proportion of uninsured Californians is higher than the national average. This is partly due to the large Hispanic population in California. ▪ Uninsured rates among adults in Santa Cruz County are similar to statewide rates, approximately 13% in 2007. ▪ Santa Cruz County has made the choice to insure young children, and nearly all children below age 5 are now covered. ▪ Lack of dental insurance is common in Santa Cruz County, and DentiCal coverage for adults has been virtually eliminated from the State budget.
<p>Definitions</p>	<p><u>Uninsured</u>: Usually refers to those <i>currently</i> without health insurance when asked; sometimes refers to those who were uninsured <i>at some point during the past year</i>.</p> <p><u>Underinsured</u>: Persons who spent at least 10% of their income on health care (5% for low-income persons), or at least 5% of their income on health insurance deductibles</p>
<p>Healthy People 2010 Objective</p>	<p>The Healthy People 2010 goal is health insurance coverage for 100% of the population. The county, the state, and the nation all fall far short of that goal. However, the recent health insurance reform bill is expected to bring the nation far closer to meeting the objective.</p>

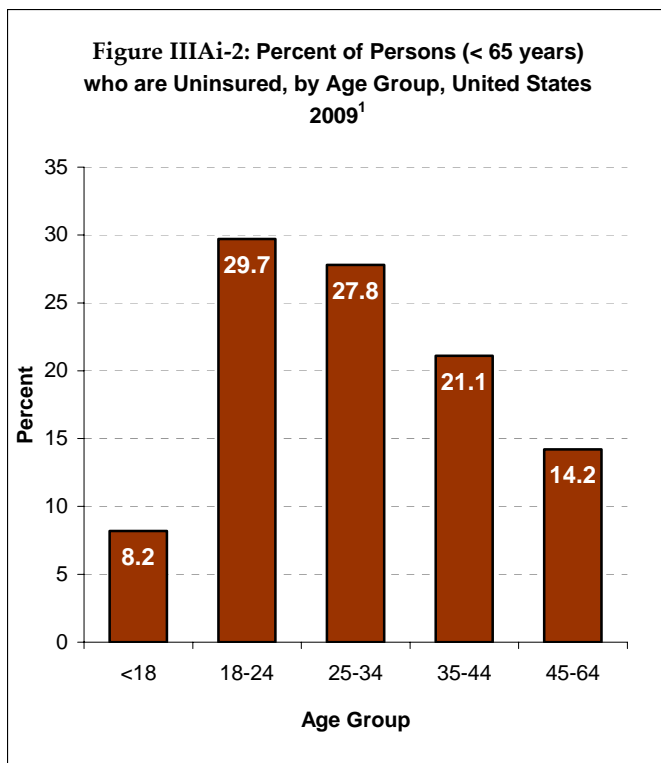
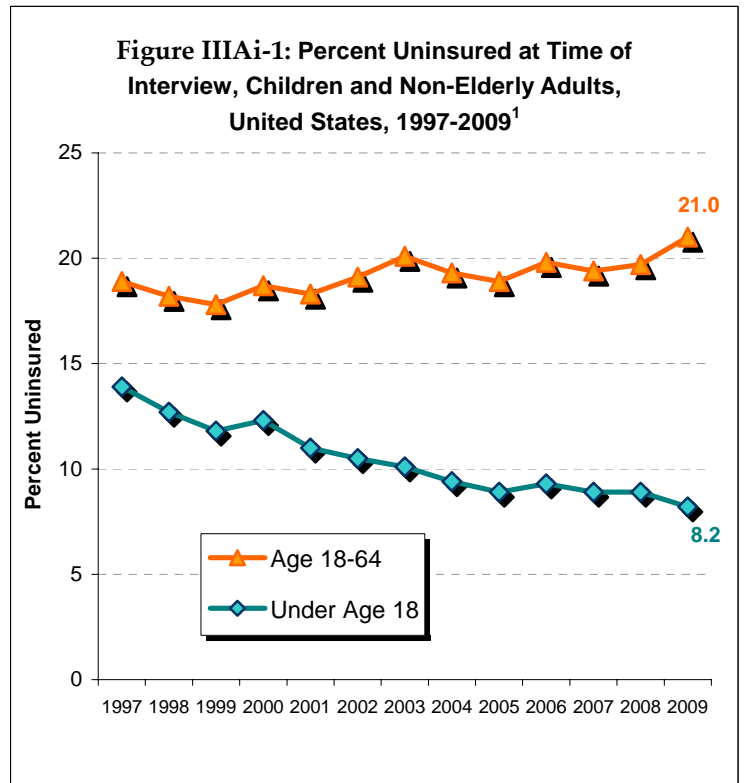
i. HEALTH INSURANCE COVERAGE

The passage of the national health insurance reform bill in 2010 will have a huge impact on health insurance coverage nationwide. Although it is difficult to predict all of the changes that will occur, the new law is certain to dramatically reduce the number of Americans without health insurance. The law mandates that most people obtain coverage, provides subsidies to those who need financial assistance, prohibits the denial of coverage on the basis of pre-existing conditions, prohibits rescission of coverage as a result of getting ill, expands eligibility for Medicaid (MediCal), allows parents to maintain their children on their insurance plan through age 26, provides significant incentive for employers to provide insurance, eliminates lifetime coverage caps, prohibits co-pays for preventive services, closes the prescription drug benefit hole, and makes many other changes to broaden insurance coverage. Many of these provisions will not go into effect for many years, but they are eventually expected to extend health insurance coverage to 32 million of the estimated 40 million Americans currently without coverage. On the other hand, since the cost of employer-provided family coverage is in the range of \$8000 per year, while the fine imposed under the new law for failing to provide coverage is only \$2000 per year, it is likely that many employers will stop providing insurance, and there will be extensive and painful dislocations until the mandated regulations actually take effect and equalize access to care.

i. HEALTH INSURANCE COVERAGE (CONT.)

From 1997-2008 there was no substantial change in the proportion of non-elderly adult Americans (ages 18-64) living without health insurance (Figure IIIAi-1).¹ The economic decline that began in 2007 led to a jump in 2009 in the number of uninsured adults. But children (under age 18) are increasingly likely to be insured; children's uninsured rates nationally have dropped fairly steadily from 14% in 1997 to barely 8% in 2009. In Santa Cruz County, most children had gained some form of health insurance, but the economic downturn is believed to have increased the number of uninsured.²

Young adults (ages 18 to 24) are the age group most likely to be uninsured (Figure IIIAi-2). The percentage of uninsured persons decreases in each successive age group, from 30% in the 18-24 age group to 14% in the 45-64 age group.¹ This may reflect both a lesser perceived need for insurance among young adults and a lesser ability to pay for insurance.



Young men are more likely to be uninsured than young women. The difference is close to 10% in the 18-to-24 age group, and shrinks in successive age groups until it almost disappears (1%) in the 45-to-64 age group.¹

Latinos are three times as likely as non-Hispanic Whites to be uninsured – 31% compared to 11% – while the rates among Blacks and Asians are 17% and 14% respectively (Figure IIIAi-3).³

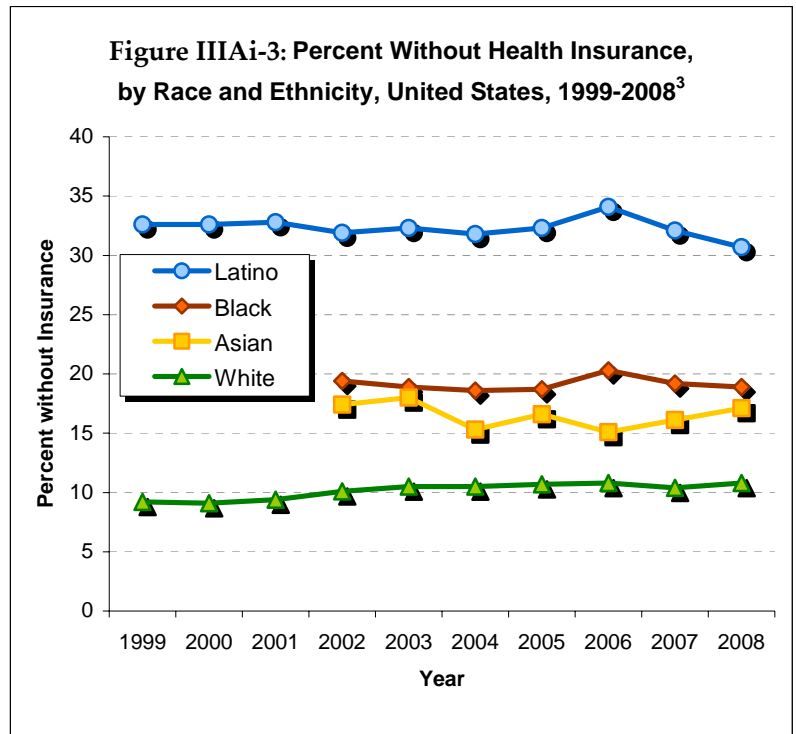
California has a higher proportion of uninsured persons than most other states. Averaged over the years 2006-2008, 18.5% of California residents were without coverage; the rate for the US as a whole was 15.5%, and only six states had higher rates than California.⁴ California's high proportion of uninsured persons is partly explained by its high proportion of Latinos (second highest among all states), who have very high uninsured rates. California Latinos, non-Hispanic Whites, and non-Hispanic Blacks each have uninsured rates fairly similar to national rates for those groups, respectively.^{3,5}

Santa Cruz County uninsured rates among non-elderly persons are similar to statewide rates, about 18-19% for ages 19-64, or about 14-15% for ages 0-64. However, children age 18 and under in Santa Cruz County have much lower uninsured rates than children statewide: 2.8%, compared to 6.4%.⁶

i. HEALTH INSURANCE COVERAGE (CONT.)

Unfortunately, many people's health insurance coverage does not adequately protect them from large medical expenses. As of 2007, there were an estimated 25 million "underinsured" adults in the United States, a 60 percent increase since 2003.⁷

Underinsured persons are those who spent at least 10% of their income on health care (5% for low-income persons), or at least 5% of their income on health insurance deductibles. Being underinsured is a problem that goes beyond the poor; even among those with annual incomes of \$40,000 to \$59,000, the underinsured percentage reached double digits in 2007. More than half of underinsured persons went without needed care, including not seeing a doctor when sick, not filling prescriptions, and not following up on recommended tests or treatment.



ii. DENTAL INSURANCE COVERAGE

Dental health is important in its own right, but also contributes in important ways to overall health. Research has pointed to possible associations between chronic oral infections and cardiovascular disease, stroke, fatal heart attacks, bacterial pneumonia, and premature birth, as well as making the control of diabetes more difficult.⁸ In addition, attentive oral health care can contribute to early detection of a wide variety of other illnesses. A thorough oral examination can detect signs of nutritional deficiencies as well as a number of systemic diseases, including microbial infections, immune disorders, injuries, and some cancers.⁸

Dental health is a challenge in Santa Cruz County, particularly due to the county's inability as yet to establish a drinking water fluoridation program. Lack of dental health insurance coverage is much more widespread than lack of medical health insurance. The percentage of adults who were without dental insurance for all or part of 2007 was higher in Santa Cruz County (47%) than statewide (41%), although the percentage of uninsured children was lower in the county than statewide (13% v. 20%).⁶ Some of the same nutritional issues that contribute to overweight and obesity also contribute to poor dental health.

State budget cuts eliminated DentiCal coverage for nearly all adult services, beginning July 1, 2009. The majority of dentists no longer accept Denti-Cal even for children, because of the low reimbursement rates.

The Dientes program provides emergency, preventive, restorative, and rehabilitative services to uninsured and publicly insured patients (e.g., MediCal, Healthy Families, and Healthy Kids). Dientes provided over 18,600 visits to more than 6,400 individual patients in 2009. Dientes brings services to the Women, Infants, and Children center in Watsonville, to children in eight elementary schools across the county, and to elderly and disabled persons in skilled nursing facilities. Unfortunately, Dientes' resources are limited. Patients who do not have DentiCal or Healthy Kids/Healthy Families coverage pay on a sliding fee scale, with rates typically 50% of those ordinarily charged by dentists in private practice. The County of Santa Cruz provides some funding through the Homeless Persons Health Project and the Human Services Department.

ii. DENTAL INSURANCE COVERAGE (CONT.)

There is virtually no other source of specialized dental care in the county for uninsured or publicly insured patients; individuals needing a licensed Pedodontist, root canals, or other special services must usually travel out of the county when Dientes does not have sufficient resources to serve them.

iii. PRIMARY CARE PROVIDER RATE

The primary care provider (PCP) rate is the number of practicing primary care physicians per 100,000 persons; a high number indicates ready availability of primary care, while a low number may indicate a shortage of primary health care providers. High PCP rates are strongly correlated with high life expectancies. According to one source, PCP rates (including OB/GYNs) vary from as few as 29 per 100,000 in Glenn County to as many as 261 per 100,000 in San Francisco, while Alpine and Sierra have no PCPs at all. The statewide average PCP rate is 116, and Santa Cruz County's rate is 150, which ranks the county in a tie for 8th best in the state.⁹

However, the California Healthcare Foundation recently reported¹⁰ a PCP rate of just 58 per 100,000 for Santa Cruz County, compared to a statewide average of 59, and recent work by the local Health Improvement Partnership generated county numbers that are closely in line with CHCF's data. The CHCF and HIP data did not include OB/GYNs, did not count "inactive" physicians (retirees, administrators, physicians who practice only in other counties, etc.), and only included physicians who accept MediCal patients; it's not clear whether that explains the very large difference between those sources and the County Health Rankings results.

A low PCP rate makes it difficult for patients, whether insured or not, to gain access to primary care, preventive care, and referrals when they need them. There is evidence that good access to primary care can reduce overall demand for medical care, probably through enhanced coordination of care and a preventive care focus.¹¹ Yet many PCPs in California already are not accepting any new patients, and the problem is expected to get worse: the population continues to grow, but the number of new physicians remains fairly constant; a large proportion of physicians are nearing retirement age, while only a limited number of new physicians will be available to replace them; and we can expect an increased demand for medical care as a result of health care reform.¹²

Sources

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