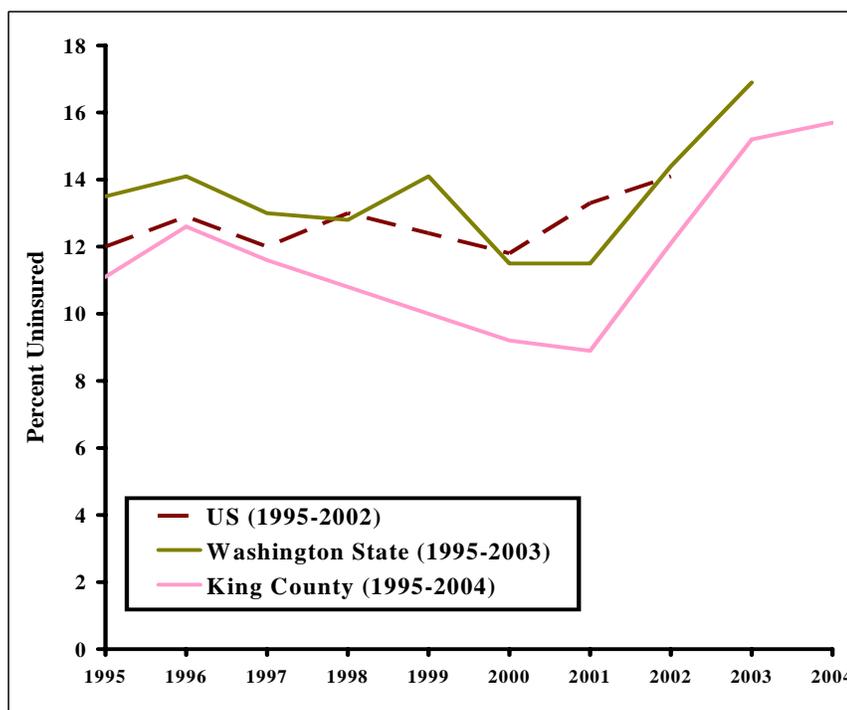


## The Uninsured in King County 1995-2004

In King County, the percent of adults who lack health insurance is at its highest point since 1991, the first year of available data. Health insurance coverage is critical to receiving comprehensive and timely health care, including life-saving treatment for both chronic and acute health problems. In an assessment of the consequences of lack of insurance, the Institute of Medicine reported that people who don't have insurance are substantially less likely to receive preventive care (like cancer screenings and cholesterol checks), to have regular checkups and a regular source of care, to get treatment for mental illness, to be admitted to the hospital after traumatic injury and to receive recommended treatment for chronic conditions like diabetes. Uninsured people have an increased risk of mortality from preventable disease as well as for all causes of death.

This Data Watch describes lack of health insurance in King County for the last 10 years of available data (1995-2004). The increasing burden falls on the entire safety net, with community health centers, public health centers and hospitals trying to cope with the health care costs of clients who are uninsured or underinsured. In addition to the numbers, we have added stories of the challenges uninsured residents face in receiving needed care. These stories, documented by Public Health Community Outreach Workers and Harborview Medical Center staff, appear in this report in gray boxes as "Stories of the Uninsured".

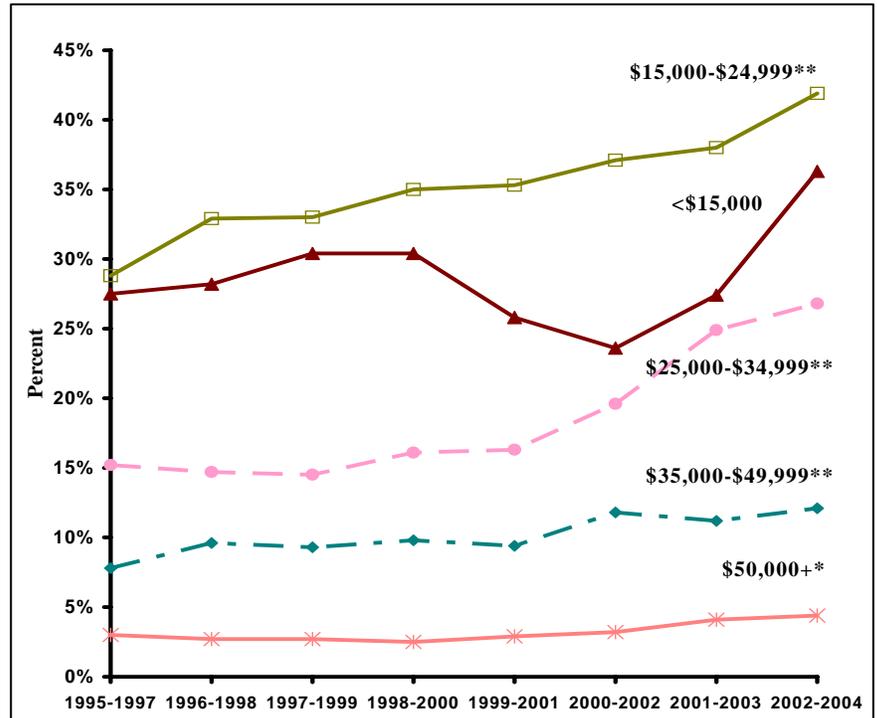
### Recent Trends in Lack of Health Insurance, Age 18-64 King County, Washington State, and the United States



- In King County, lack of health insurance coverage in adults has been increasing and is at its highest point since 1991. In 2004, 15.5% of King County adults aged 18-64, or approximately 190,000 people, did not have health insurance coverage.
- From 1995-2001, the percentage of County residents without health insurance decreased. However, since 2001, there has been a sharp upward trend. While King County continued to be consistently lower than Washington State as a whole, the difference was not statistically significant.
- In 2004, almost 16,000 children aged 0-17 (4.1%) were uninsured (data not shown).

## Income Disparities in Lack of Health Insurance, Age 18-64 King County, Three-Year Rolling Averages, 1995-2004

- Four in 10 (42%) of the near-poor-- those in households earning between \$15,000 and \$24,999--lacked health insurance in 2002-2004. Lack of insurance has increased by over one-third since 1995-1997, when 29% in this income group were uninsured.
- Income disparities were extremely large. Those in households earning \$50,000 or more were 10 times more likely to have insurance coverage than the near-poor.
- Lack of insurance in the lowest-income households, earning less than \$15,000 per year, has also been increasing since 2001, and reached 36%.

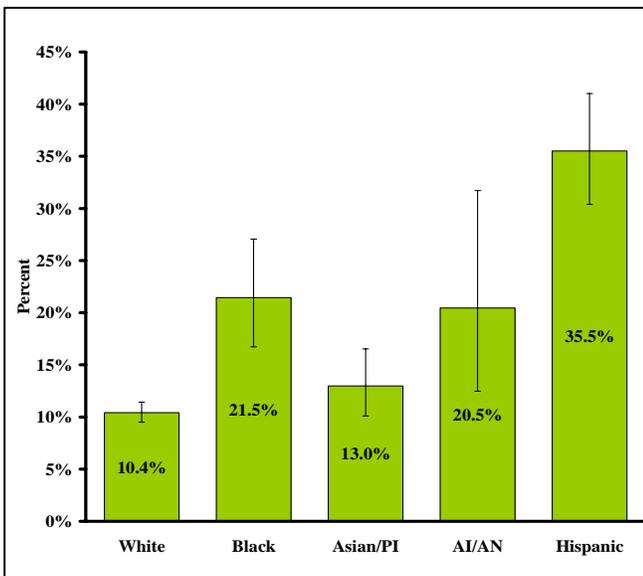


\*\* statistically significantly increasing over 10 years  
\* statistically significantly increasing over 5 years

### Stories of the Uninsured: Working young woman with diabetes

*A 23-year-old woman needed health care coverage since she was no longer eligible for coverage by her parents' medical insurance. Though she worked 38 hours a week, she did not work the 40 hours needed to qualify for health insurance through her employer. At \$9 an hour, her income was too high to qualify for Medicaid assistance. She was diabetic, and she could not afford all of her health care expenses, including insulin and syringes. She had to turn to a community health center to receive help with her health care, medications and diabetes monitoring.*

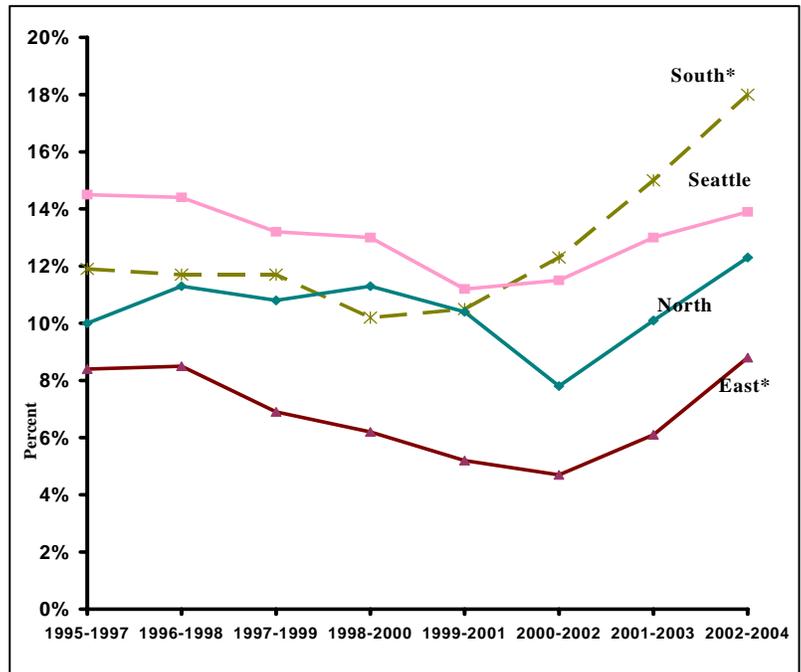
## Race/Ethnicity Disparities in Lack of Health Insurance, Age 18-64 King County, Five Year Average, 2000-2004



- Hispanic/Latinos had the highest non-coverage rates (36%). This was significantly higher than all other racial/ethnic groups except the American Indian/Alaska Natives (AI/AN).
- While Asian/Pacific Islanders (A/PI)s and whites have the lowest percentages of uninsured, the lack of coverage has increased in the last 5 years. While results for specific A/PI groups are not available, analyses from the California Health Interview Survey and the King County Ethnicity and Health report demonstrated that rates of coverage vary among different A/PI groups, and that recent immigrants tend to have the highest risk.
- Almost three in four (73%) Spanish-dominant respondents lacked insurance in 2003-2004. The BRFSS was first given in Spanish in 2003. Spanish-dominant respondents were those who chose to take the survey in Spanish. (data not shown)

### Lack of Insurance by Region, Age 18-64, King County, Three Year Rolling Averages, 1995-2004

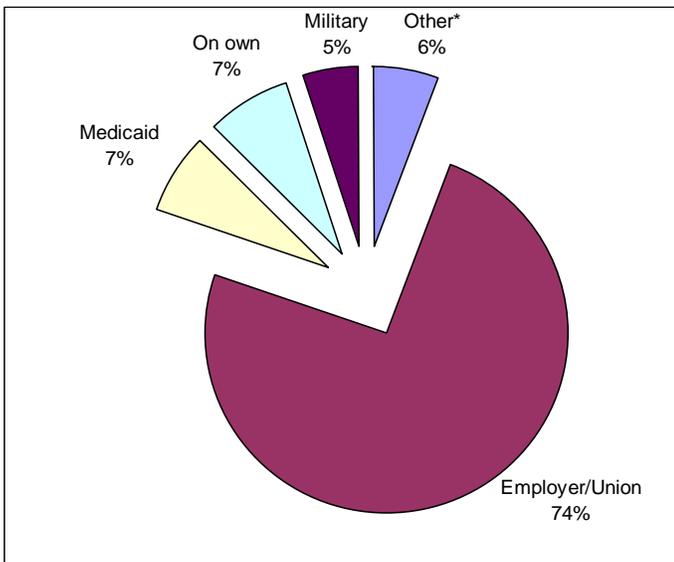
- In 2002-2004, East Region had the lowest percentage (9%) of adults lacking insurance coverage. South Region (18%) and Seattle (14%) had significantly higher percentages of uninsured residents than the East Region. The North Region (12%) was not significantly different from any other region.
- Residents of South Region were twice as likely to be uninsured as residents of East Region. In 2000-2002, South Region surpassed Seattle as the region with the highest percentage of uninsured.
- Lack of insurance has significantly increased in last the 5 years in both East and South Regions. The apparent increase in North Region from 2000 to 2004 was not statistically significant.



#### Stories of the Uninsured: A father and his daughter

A father of five was working at a large retail operation but could not afford the medical insurance offered by the employer. His 15-year-old teenage daughter was seen at a community clinic for a knee problem. The community clinic determined that she had an infection in her knee and made a referral to a hospital provider for possible surgery. The hospital staff, however, refused to make an appointment for the girl without proof of medical insurance. After advocacy from a Public Health worker and still without insurance, the girl had emergency surgery on her knee for a rapidly advancing infection.

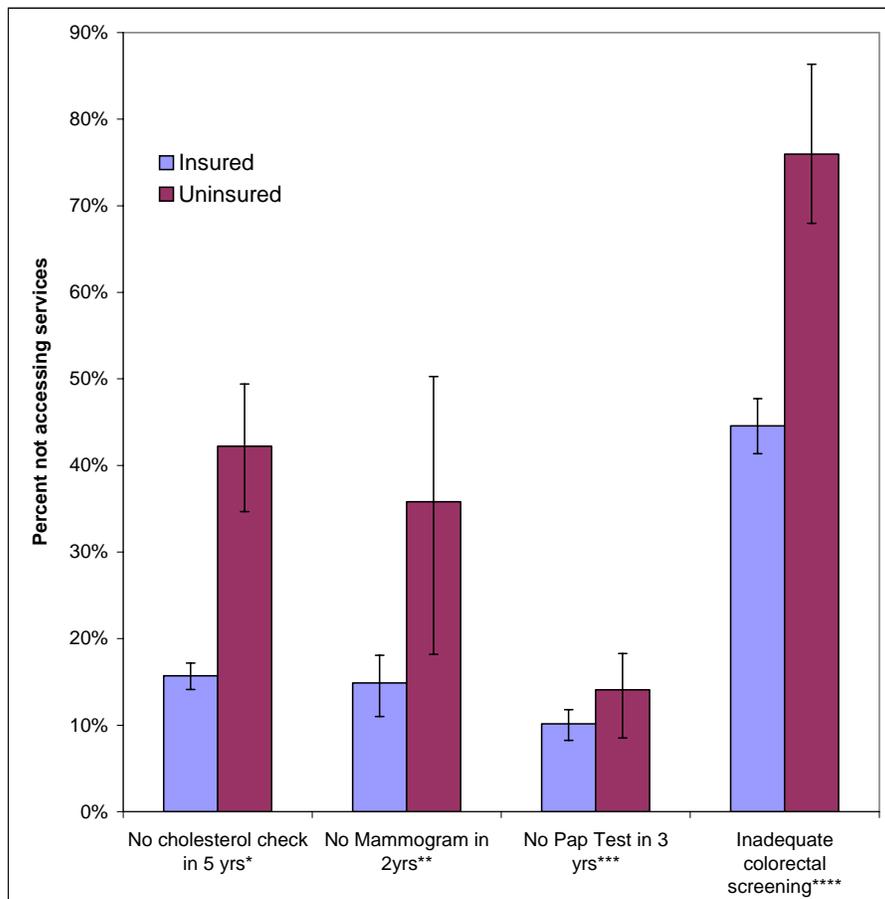
### Primary Source of Insurance Coverage, Age 18-64 King County, 2004



- Almost three-quarters of King County residents who had health insurance were covered primarily through an employer or union-sponsored plan. This percentage was slightly smaller (3%) than what was seen in 1998.
- The percentage of King County residents receiving primary coverage through the military significantly increased over the last six years.
- From 1998 to 2004, the percentage of insured persons aged 18-24 covered by employer or union based insurance dropped from 76% to 54%.

## Lack of Insurance and Access to Early Detection Screenings, King County, Five Year Average, 2000-2004

- Lack of insurance coverage is a barrier to obtaining needed care. Routine health testing, such as screening for elevated cholesterol, or breast, cervical and colorectal cancer is often financially out of reach for individuals without health coverage. Early detection of disease, before onset of symptoms, is an important component of disease management and quality of life.
- Persons with no health care coverage were significantly less likely to meet health screening guidelines, with the exception of Pap tests, than those who were insured.
- Uninsured respondents were almost twice as likely to miss colorectal and mammography screening guidelines.
- Uninsured respondents were almost four times less likely to have received a cholesterol check in the last 5 years.
- In 1994-1998, uninsured individuals were three times less likely to have received a Pap smear. The latest data show no significant difference between the uninsured and the insured receiving Pap smears.



\* Cholesterol check: individuals age 35 and older.

\*\* Mammograms: woman age 50 and older.

\*\*\* Pap tests: women age 18 and older.

\*\*\*\* Inadequate colorectal screening: not having a fecal occult blood test (FOBT) within one year, or a sigmoidoscopy or colonoscopy within 5 years, for those aged 50 and older.

### Stories of the Uninsured: Single, working mother with years of community service

*A single mother with a developmentally disabled child had a long history of volunteer work in the community. She was a long-time homeowner, and had raised two birth children and at least a dozen foster children. Earlier this year she was no longer able to afford insurance coverage through the Washington Basic Health Plan since her monthly premium had increased due to her age. Because of the premium increases and the co-pays, the woman was forced to change insurance plans.*

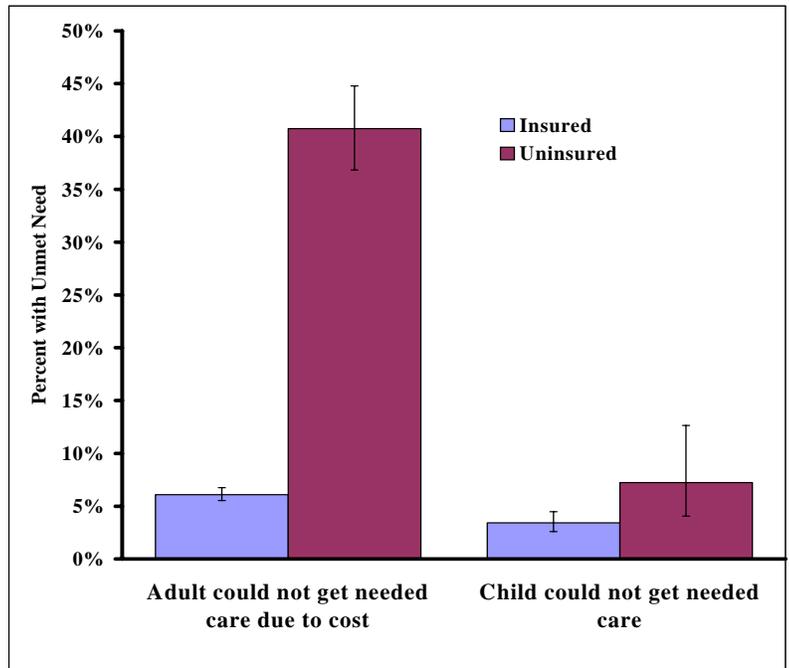
*Unfortunately, during the one month when she was uninsured, she had to be hospitalized at Harborview Medical Center. According to the woman, Harborview “probably saved my life, but also wrote off my hospital bill. That means I don’t have to declare bankruptcy and probably won’t lose my home.”*

**Stories of the Uninsured: Unemployed and uninsured pre-school staff**

*Twelve staff members, including teachers, a manager and a cook, were recently laid off from a pre-school program. One of the teachers has an underlying medical condition and does not have insurance. She is receiving unemployment benefits, but the payment does not cover her housing and medication costs, estimated at \$500 every three months. With the help of a Public Health worker, she has applied for the Washington Basic Health Plan, but due to managed enrollment and the waiting period, she is currently uninsured.*

**Lack of Insurance and Unmet Medical Need in the Last 12 Months, King County, Five Year Average, 2000-2004**

- Adults who lacked health insurance were almost seven times more likely to have not gotten care they felt they needed due to cost (41%) than their insured counterparts (6%).
- Adults who lacked insurance were also significantly more likely to report that a child in their household was unable to get needed care for any reason. 7.2% of these adults reported that a household child could not get care, compared to only 3.4% of children of insured adults.
- Overall, the percentage of adults not getting needed medical care due to cost significantly increased in the last five years. In 2004, 12.6% of King County adults were unable to get medical care (data not shown).



**Summary of Findings:**

In King County, the percentage of uninsured adults has been increasing in recent years and is at a record high level in 2004. While increases are seen across the population, substantial disparities by household income as well as by race/ethnicity persist. Uninsured King County adults are less likely to get essential preventive care, like cancer screening and cholesterol checks. They are more likely to not get needed medical care for themselves or their children. Reaching the Healthy People 2010 national goal of 0% uninsured seems very unlikely, given the current trend. It is evident that the current system is not providing adequate coverage for substantial numbers of county residents.

**Acknowledgements:**

This Data Watch was prepared by: Amy Laurent and David Solet of the Epidemiology, Planning & Evaluation Unit (EPE) in Public Health – Seattle & King County. We wish to thank Matías Valenzuela and Julia Sarkissian for gathering and writing stories of the uninsured; and Jim Krieger, Susan Johnson, Gloria Albetta and Cathy Aby for their thoughtful review and comment.

**Errata:** Text describing rolling averages for Income and Region analyses on pages 2 and 3 now refers to 2002-2004 averages to match graphs in these sections; previously, this text referred to 2000-2004 averages.

**Data sources:**

Washington State Behavioral Risk Factor Surveillance Survey (BRFSS), Center for Health Statistics, Washington State Department of Health, 1995-2004. Washington State Population Survey (SPS), Washington State Office of Financial Management, 2000-2004. Stories of the Uninsured were reported by Public Health Community Outreach Workers and Harborview Medical Center staff.

**Community Health Access Program (CHAP)**: A free telephone referral service that can help connect people with medical coverage and medical care. Able to accommodate many languages. **1-800-756-5437 or 206-284-0331**

**Basic Health Plan (BHP)**: Accepting applications but is in “managed enrollment.” Call **1-800-826-2444** or visit [www.basicealth.hca.wa.gov](http://www.basicealth.hca.wa.gov) for an application. *Spanish, Russian, Vietnamese, and Korean.*

**Healthy Mothers, Healthy Babies**: A statewide telephone referral service for low-income families in need of a variety of health and community services, including health insurance, health care, WIC, and other referrals. Also provides free health education materials for pregnant women and families. Phone: 800-322-2588

**Kids Get Care**: Linkage and integrated preventive physical, developmental, mental and oral health services to children, pregnant women, and women with young children, regardless of insurance status. [www.metrokc.gov/health/kgc/](http://www.metrokc.gov/health/kgc/)

**ABCD**: Dental care for Medicaid-eligible children from birth through age five with an emphasis on the first dental visit by age one. <http://www.metrokc.gov/health/kgc/abcd/>, **1-800-756-5437** *Staff speaks Spanish. Phone interpreters for other languages.*

**Children with Special Health Care Needs**: Linkage and coordination of services to all children (birth to age 18) with special needs, limited direct medical services, equipment and supplies to those families that meet financial and other program eligibility requirements. **206-296-4610.**

**Family Planning Hotline**: Information and a list of providers for Take Charge, free family planning services for eligible women and men. *Staff speaks Spanish. Phone interpreters for other languages.* **1-800-770-4334**

**Breast and Cervical Health Program (BCHP)**: Free breast and cervical cancer screening for low-income women. **Call 1-800-756-5437 or click here** (<http://www.metrokc.gov/health/women/mammogram.htm>) to see if you qualify for a free or low-cost health exam and mammogram.

**Alien Emergency Medical Program (AEM)**: Emergency health care coverage for immigrants who are low income, with an emergency medical condition, pregnant, disabled, under age 18 or older than 65, or have dependent children. **1-800-756-5437**

**Washington State Insurance Commissioner**: Information on health insurance, including coverage for the elderly and disabled. Call **1-800-562-6900**. Also, SHIBA (Statewide Health Insurance Benefits Advisors) Helpline: **1-800-397-4422**.

**Need help applying for free or low cost insurance or finding a doctor or clinic?** [Click here](http://www.metrokc.gov/health/insurance/appworkers.htm) (<http://www.metrokc.gov/health/insurance/appworkers.htm>) for a list of local **Application Workers**.

**Transportation Broker**: Transportation for Medicaid patients that have no other way to a medical appointment. *Spanish and Russian. Phone interpreters for other languages.* **1-800-923-7433**

**Visit DSHS online** at [www.onlinecso.dshs.wa.gov](http://www.onlinecso.dshs.wa.gov) to: Use the benefits calculator check program eligibility, get information on local CSOs (Community Service Offices) or print an application.

**Healthy Kids Now!** Application/brochures for Children’s Medicaid and Children’s Health Insurance Program (CHIP) are available in seven languages. To download, visit [www.healthykidsnow.net](http://www.healthykidsnow.net) or call **877-KIDS-NOW (543-7669)**.

**Public Health – Seattle & King County**: Public health news, clinic hours and locations; links for various health issues. [www.metrokc.gov/health](http://www.metrokc.gov/health). *Salud Publica en Espanol* [www.metrokc.gov/health/espanol](http://www.metrokc.gov/health/espanol). For more information on free or low cost health coverage and health care, visit [www.metrokc.gov/health/insurance](http://www.metrokc.gov/health/insurance).