

# Safe and Nurturing Social Environment *Health and Human Services*

## **Population Access to Health Care** *(formerly entitled "Population Enrolled vs. Not Enrolled in Health-Care Plan")*

### **What are the Most Important Goals?**

- *Informed populace*
- *Visionary leaders*
- *Engaged institutions*
- *Accessible services*
- *Good health*
- *Creative economy*
- *Continuous education*
- *Valued ecosystems*

### **What is this Indicator?**

This indicator tracks the number of Cape Cod residents who do not have health insurance, and shows the cost of, and access to, health care.

The "uninsured" are defined as those who do not have privately-paid health insurance coverage, Medicaid, Medicare, or military health-care coverage. The "uninsured" statistics also include Cape residents who fall outside of program guidelines or have not made use of programs such as Medicare, MassHealth, Children's Medical Security Plan and Healthy Start.

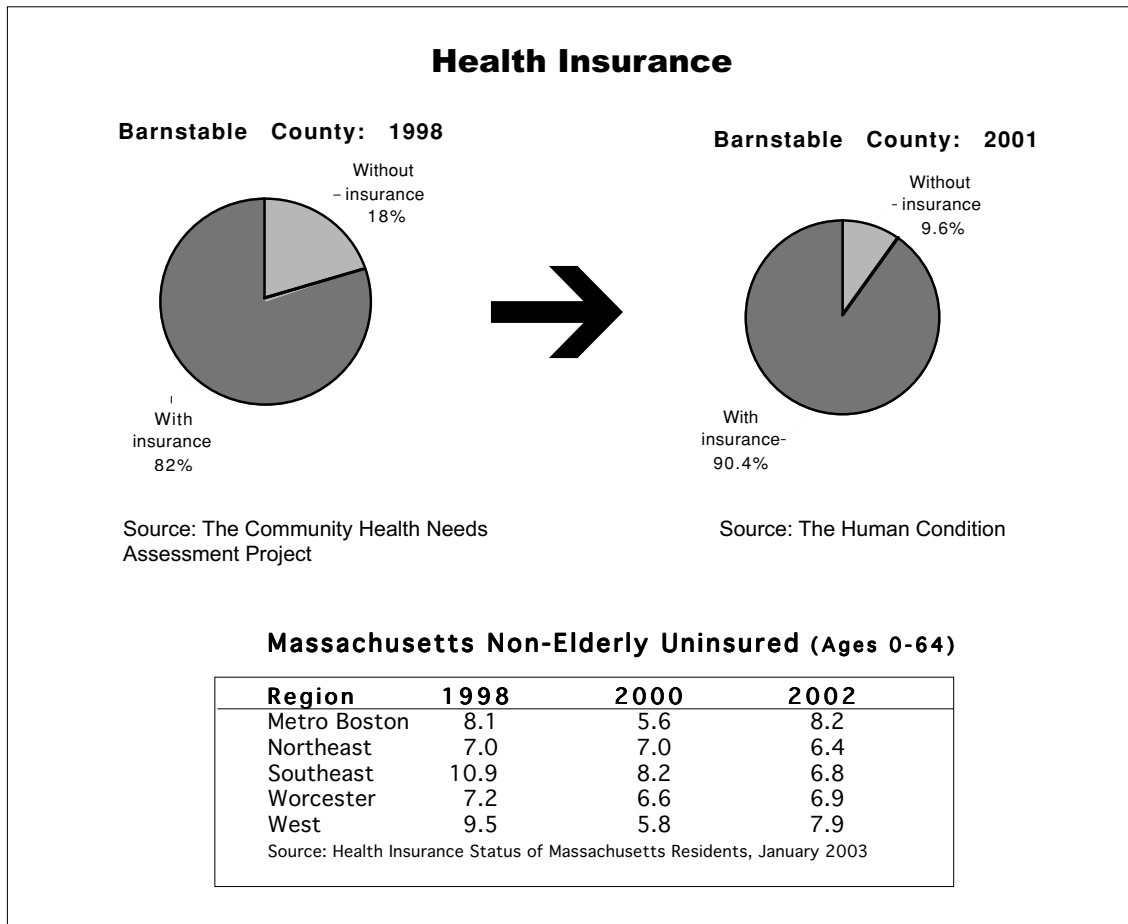
Other uninsured individuals who may seek health care on Cape Cod, such as seasonal visitors, undocumented immigrants, transient persons and families, and those who may have lost their insurance since August 2001, are not included in this indicator.

This indicator was expanded since the 1999 Sustainability Indicators Report because even those persons who do have health insurance may encounter financial and other barriers to accessing health care. Many individuals report needing health-care services beyond the scope of their insurance, requiring hefty out-of-pocket payments (e.g., policies requiring substantial deductibles of \$2,500 - \$5,000 or more). Additionally, individuals may be refused certain types of health care (not covered by plan), have high co-payments, or face other financial hardships.

### **Why is this Indicator Important?**

The larger the uninsured and/or underinsured population, the greater the cost to the community. People without either private or public health insurance coverage are less likely to have a primary-care physician (PCP) or a regular source of health care, are more likely to have an unmet need for health care, and are less likely to receive preventive health care. This translates into a greater probability that they will become more seriously ill before seeking medical attention, and use more costly emergency room services for medical care. Similarly, they will experience more lost workdays and lower productivity.

A nation's or region's quality of life and economic prosperity clearly correlate with access to quality health care. A clear example of this was seen in Eastern European countries, where access to quality health care and health insurance was curtailed during the latter half of the 20th century. In these countries, the health of the population (expressed by such indicators as life expectancy) declined sharply during this period. This contrasts with populations in Western Europe which, with adequate medical insurance, exhibit some of the highest life expectancies in the world.

**Figure 1.**


### What Can We Do?

#### ■ **Individuals:**

- Take advantage of available health-care insurance programs.
- Advocate for affordable, community-based health care.
- Advocate for broader access to affordable, adequate health insurance.

#### ■ **Communities:**

- Support community health insurance programs for the uninsured.
- Encourage local decision-makers to support community health insurance programs.

### Analysis of Data

As shown in Figure 1, the 1998 Community Health Needs Assessment Project (CHNAP) estimated that approximately 82% of Cape Codders were enrolled in a health-care plan. This meant that approximately 38,000 Cape Cod residents were paying for medical, dental, mental and preventive health care services out-of-pocket, or going without such services. The Cape's 18% uninsured rate was higher than that of Massachusetts (12.6% in 1996) and the nation (15% in 1996).

The Human Condition 2001 Needs Assessment Project (THC-2001) of Barnstable County reported that approximately 90% of Cape Codders were enrolled in a health-care plan in 2001; approximately 10% of residents were not. This means that more than 21,400 Cape Cod residents (19,260 adults and 2,140 children) were paying for medical, dental, mental and preventive health care services out-of-pocket, or going without such services. This uninsured rate was still higher than that of Massachusetts (7.2% in 2001).

Possible reasons why Cape Codders lack health insurance include poverty, low income, or issues such as being self-employed or working for very small firms. Firms in the retail, construction and service industries typically do not offer their employees health insurance benefits, particularly those who work part-time. Cape Cod has a high number

**■ Decision-makers:**

- *Support federal, state and community health-care initiatives.*
- *Become informed as to the cost of health care and prescription drugs.*
- *Help businesses seek affordable health insurance plans to offer their employees.*

of self-employed persons and small businesses. Moreover, the retail and service industries employ 31% and 32% of the labor force, respectively. Seasonal employment, another element of the Cape's economy, is also an obstacle to obtaining health-care benefits.

The improvement in the percentage and number of residents with health insurance in the 1998-2001 period is likely related to several Cape-wide initiatives, starting with the 1998 CHNAP study, to enroll persons in MassHealth and other insurance plans. Many residents, however, still lack insurance, and as Figures 2 and 3 and Table 1 illustrate, were impeded by other barriers to good health care.

Although the percentage of Cape Cod's population with health insurance rose between 1998 and 2001, barriers to access to health care also rose.

Four barriers to health care are noted:

1. Cost of insurance and visits to physicians' offices and emergency rooms.
2. Cost of health insurance premiums.
3. Cost of prescription drugs.
4. Cost of standard medical procedures.

Figure 2 indicates that individuals (especially children) without insurance were less likely to seek medical care from hospital emergency rooms and private physicians than the insured.

Figure 3 indicates a 19% rise in insurance premiums for individual health insurance coverage and 15% for family coverage, from 2000-2001.

Table 1 illustrates the escalating average cost of prescription drugs (1990-2000 increased 104%; 1998-2000 increased 19%).

As for the cost of procedures, Federal Register Medicaid Reimbursement schedules from 1995 and 2002 indicate that the cost of a typical preventive diagnostic procedure (a colonoscopy) rose from \$284.54 in 1995 to \$459.37 in 2002, an increase of 61%.

Other barriers to healthcare which should be monitored include the lack of available public transportation<sup>1</sup> and the experience of discrimination reported by certain groups<sup>2</sup>.

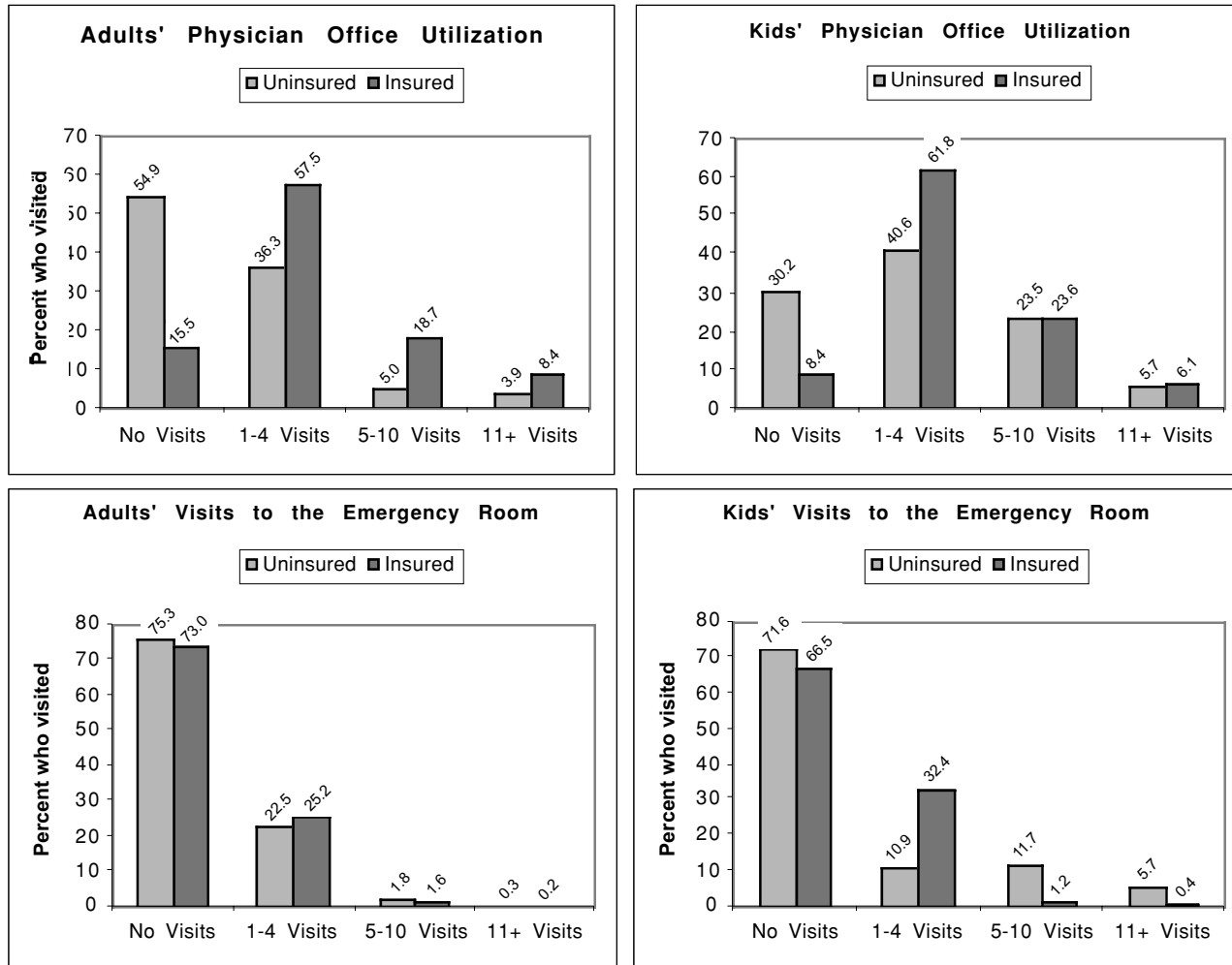
### **What Connections Does this Indicator Have?**

The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This definition has been called a "prescription for a healthy community." Health insurance (including medical, dental, mental and preventive-health coverage) is a cornerstone of a healthy community.

**■ Economic**

An insured population means fewer work hours lost due to illness, which results in a more productive economy. Health-care costs in the public sector would be expected to decrease, as well as the taxes that support them, as it is less expensive to maintain good health than to treat illness once it has reached a crisis point. Premature death results in loss of family income.

**Figure 2.**  
**Insurance Matters**  
**Visits to the Doctor and ER**



Source: Health Insurance Status of Massachusetts Residents, January 2003

*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*

—World Health Organization

#### ■ **Environmental**

Improved health correlates with longer and more active lives. This may increase the demand for recreational amenities, but also provides a larger constituency for environmental protection. A pristine environment also puts fewer pressures on a person's health. A degraded, polluted environment may increase the incidence of certain diseases/illnesses, and may lead to higher insurance rates, or higher costs of care if large numbers of people are not insured.

#### ■ **Social**

Uninsured individuals are less likely to receive treatment for an illness until it has reached a crisis point, which can reduce life span and increase the cost and duration of treatment. As the insured population increases, Cape Codders will have better access

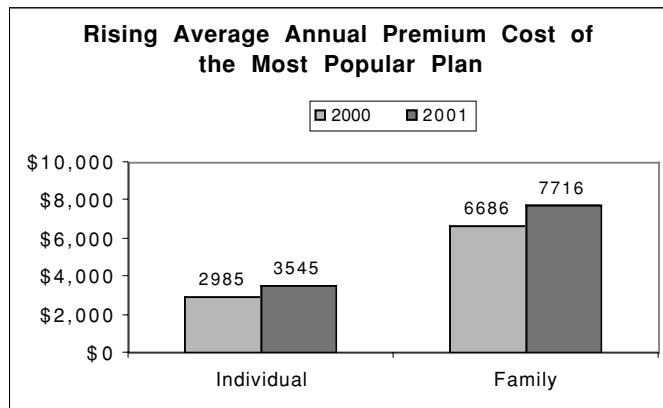
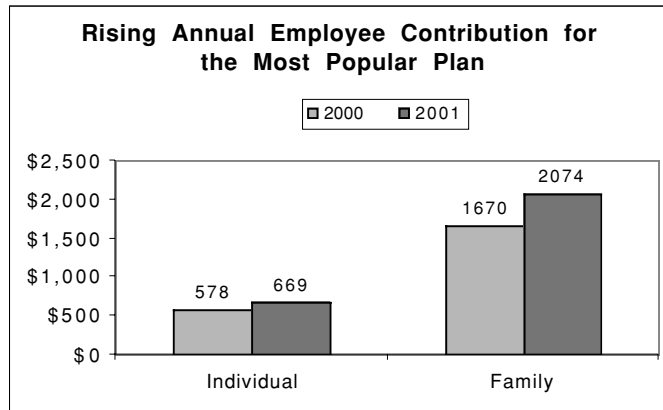
*We have to act now to make sure you don't have to be a Rockefeller to afford decent health care in this country.*

—Jay Rockefeller

*Why do you hasten to remove anything which hurts your eye, while if something affects your soul you postpone the cure until next year?*

—Horace

**Figure 3.**



Source: Massachusetts Division of Health Care Finance and Policy, 2001 Health Insurance Survey

**Table 1.**  
**Increasing Prescription Drug Prices**

Year	Average Price
1990	\$22.06
1992	\$26.33
1994	\$28.37
1996	\$32.86
1998	\$38.43
2000	\$45.79

Source: IMS Health

to health care, preventable hospitalizations will decline, and productive life spans will increase. However, if particular groups or cultures experience disproportionate barriers to accessing health insurance or health care, other social problems such as access to housing, education and employment may be exacerbated as more income is spent on healthcare or as work days are missed.