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Background Brief on ...

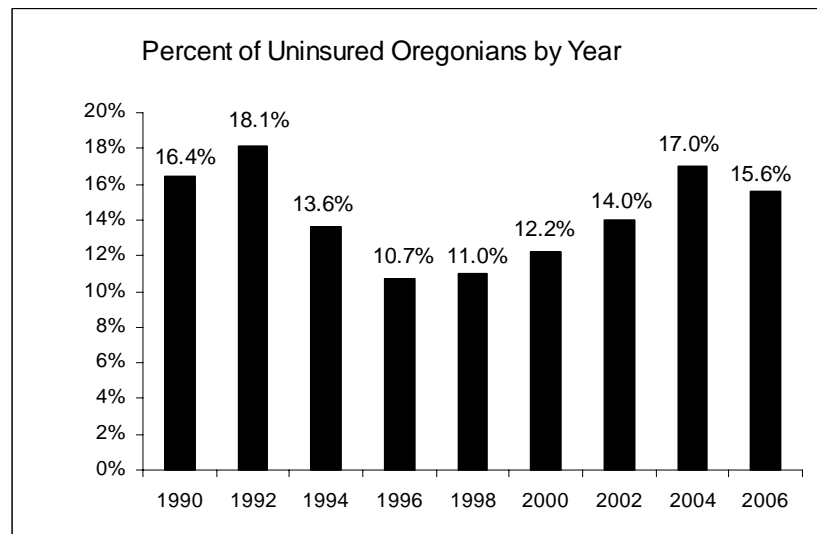
Uninsured for Health Care

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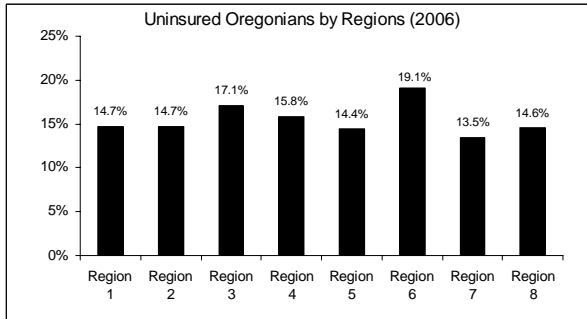
Below are several charts on demographic information about uninsured Oregonians. Data for these charts is taken from [*Profile of Oregon's Uninsured, March 2006: Summary of Findings from the 2006 Oregon Population Survey*](#), prepared by Dr. Jeanene Smith, Tina Edlund, Sean Kolmer, Hanten Day, James Oliver, and Tami Breitenstein of the Office for Oregon Health Policy and Research (OHPR).

Following each chart are selected bulleted facts about the uninsured and their health care in general. These points were drawn from a number of publications from agencies and organizations including:

- The Kaiser Commission on Medicaid and the Uninsured
- Children's Defense Fund
- Center for the Advancement of Health

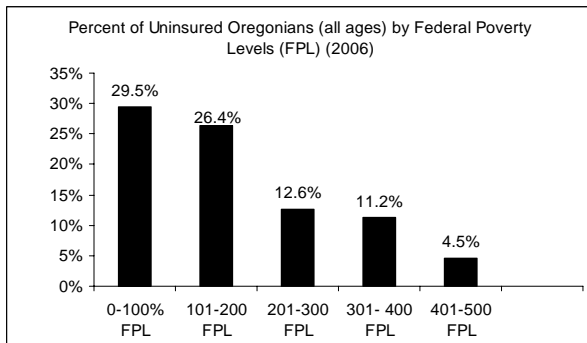


- Among those with high blood pressure, the uninsured are less likely to be taking anti-hypertensive medications.
- Surveys have found that 57 percent of Americans believe that the uninsured get the care they need from doctors and hospitals, but studies have shown that the uninsured are less likely to obtain services and typically suffer worse health outcomes.
- The Institute of Medicine estimates that 137,000 people died from 2000-2006 because they lacked health insurance.



Reg 1 – Clatsop, Columbia, Lincoln, Tillamook
 Reg 2 – Clackamas, Multnomah, Washington, Yamhill
 Reg 3 – Benton, Lane, Linn, Marion, Polk,
 Reg 4 – Coos, Curry, Douglas, Jackson, Josephine
 Reg 5 – Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler
 Reg 6 – Crook, Deschutes, Jefferson
 Reg 7 – Grant, Harney, Klamath, Lake
 Reg 8 – Baker, Malheur, Union, Wallowa

- Fifty-nine percent of uninsured adults who had a chronic illness, such as diabetes or asthma, did not fill a prescription or skipped their medications because they could not afford them.
- Lack of insurance reduces the likelihood that a person receives regular preventive care, which increases the chance this person will be diagnosed in late stages of cancers.
- Premature mortality rates could be reduced by 10 to 25 percent if the uninsured were to gain continuous health coverage.

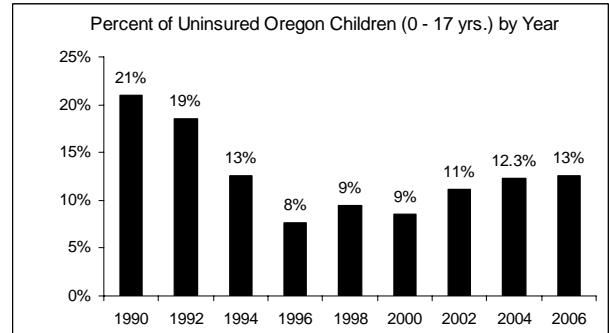


Federal Poverty Level is determined by the federal government, each year, based on family size and income. For example, at the 2006 Federal Poverty Level a family of 3 cannot have an annual income of over \$16,600.

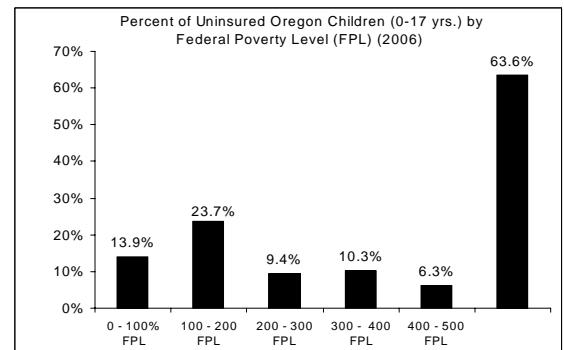
- The uninsured are hospitalized at least 50 percent more often than those with insurance for “avoidable conditions” such as pneumonia and uncontrolled diabetes.
- Except for the most severe trauma cases, the uninsured are less likely to be admitted to the

hospital after being seen in the emergency room.

- Two studies have found that Medicaid eligibility expansions have resulted in reductions in infant mortality by five to nine percent.



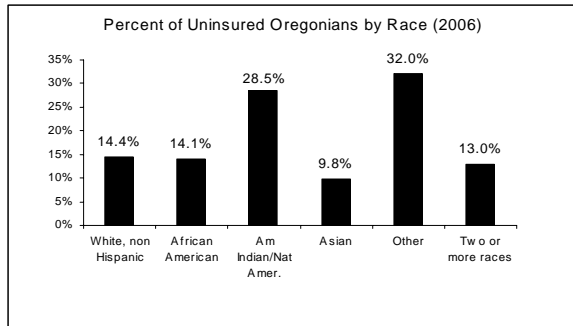
- Uninsured children with disabilities or chronic illness are seven times as likely to lack a regular source of health care and almost five times as likely to lack needed medical care.
- Having insurance increases timely prenatal care and increases access to neonatal intensive care for high-risk babies.
- Uninsured children are more than three times as likely to lack necessary dental care, more than twice as likely to go without needed prescription medications, and more than twice as likely to go without eyeglasses.



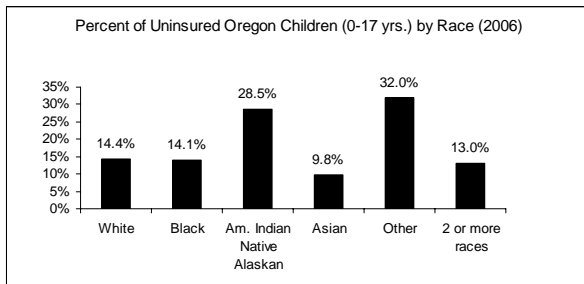
- Uninsured babies have a poorer survival rate than babies who are insured; one study found that uninsured babies had relative odds of dying that were about 1-1/2 times higher than those who were insured.
- Uninsured children are nine times more likely than insured children to have no

regular source of care and over five times more likely to have not had contact with a health professional for two or more years.

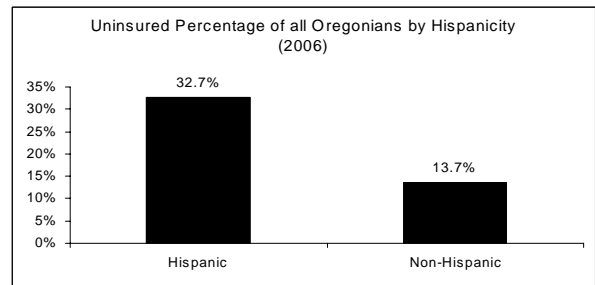
- Children who live in families with income under 200 percent of the Federal Poverty Level (less than \$35,200 for a family of 3 in 2008) were more than twice as likely to be uninsured as children with higher family incomes.



- Latinos, African Americans, and Native Americans are more likely to rate their health as fair or poor compared to whites and Asians.
- People of color account for almost 1 in 5 elderly Medicare beneficiaries; in 2030 approximately 26 percent of beneficiaries will be people of color, which has significant implications for the future of Medicare, as individuals from racial and ethnic backgrounds tend to have poorer health.
- All cancers combined, African American men are 26 percent and Latino men are 16 percent more likely than White men to die of malignancy; African American women are 52 percent and Latino women are 20 percent more likely than White women to die of cancer.



- Children of color are more likely to be uninsured; African American and Latino children combined represent over 50 percent of all uninsured children.
- African American children are almost 70 percent more likely than White children to lack a usual place for health care.
- In 2002, approximately 570,000 children were both uninsured and in either fair or poor health; more than two-thirds of the uninsured children in fair or poor health were Hispanic, yet Hispanic children accounted for less than one-fifth of all children in the United States.



- Nearly four in ten Latinos are uninsured. The high rate is driven by lack of employer-based coverage with only 43 percent covered through the workplace compared to 73 percent of whites.
- Two-thirds of Latinos who report being uninsured are employed (63 percent).
- About 1 in 7 Latinos says that they or another member of their household needed medical care, but did not get it during the past year, with almost 7 in 10 of this group saying the medical condition they needed care for, but did not get, was very (30 percent) or somewhat (38 percent) serious.

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