

COMPASS

New local survey finds far fewer uninsured

Access to prescriptions, mental health care increase markedly

by richard cox

When staff at the Health District of Northern Larimer County reviewed results from the latest Community Health Survey, they spotted an eye-popping statistic. The number of working-age adults in Larimer County without health insurance dropped by more than 60 percent between 2013 and 2016. Among some income groups, the decrease was nearly 90 percent. Big swings like that are unusual. Were the numbers a fluke? A mistake?

It turns out the finding was not an outlier. There were other similarly stunning statistics hidden throughout the 2016 Community Health Survey. They all pointed to a community that seems to have better access to health insurance and health care than when the Health District did its previous survey in 2013. And all of the changes occurred as the Affordable Care Act was being implemented, largely in 2014, bringing new health coverage opportunities to Colorado and Larimer County.

The Health District has conducted its Community Health Survey every three years since 1995. The large, scientifically designed survey helps the Health District and other local agencies gauge the community's health and track changes in access to health care.

In the fall of 2016 when the latest survey was conducted, 4 percent of local working-age adults ages 18-64 had no health insurance, down markedly from 12 percent three years earlier. The number of people who were uninsured for long periods of time—seven months or more—also decreased significantly, from 17 percent in 2013 to 6 percent in 2016. Those with the lowest income (138 percent or less of the federal poverty level) saw the steepest drops in long-term insured rate—6 percent were uninsured in 2016, down from 47 percent three years earlier.

Janice Born and her husband went without health insurance for much longer than seven months. "It was a long time. Many years," she says. "We couldn't afford it."

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Statistically speaking*

All respondents:	2013	2016
No health insurance, adults 18-64	12%	4%
Uninsured 7+ months (in past 3 years), adults 18-64	17%	6%
No insurance for prescriptions	14%	7%
No insurance for dental services	36%	28%
Had to change way of life significantly to pay medical bills (in past year)	12%	10%

Those with lowest incomes: (<138% FPL**)	2013	2016
Put off going to health-care provider due to cost (past 2 years)	49%	19%
Unable to fill prescriptions due to cost (past 2 years)	27%	12%
Put off going to mental health provider due to cost (past 2 years)	49%	19%
Had to change way of life significantly to pay medical bills (past year)	23%	10%

* From the 2016 Community Health Survey, a random-sample survey of 2,279 adult residents of Larimer County.

** FPL = Federal Poverty Level

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Fortunately, the Berthoud couple was in good health for much of that time. “We just never had to go to the doctor. But I told my husband we were getting older, and we definitely should get health insurance,” recalls Janice, who is 63.

Three years ago, the Borns heard about Larimer Health Connect, a Health District service that helps county residents enroll in more affordable public and private health insurance options. They signed up for a health plan from Kaiser Permanente. The Borns qualified for tax credits that reduced their annual premiums, as well as special reductions in copayments and other medical costs. Janice is glad they got covered. Since then, she’s had problems with diverticulitis, and her husband has needed two surgeries on his arm. “It’s worked out really well that we have insurance.”

Without health insurance, unexpected major medical expenses can be financially crippling, impacting people’s lives long after their bodies have healed.

Several of the improvements extended into middle-income levels. It may be telling that in 2016 there were fewer people locally who had medical bills that they couldn’t pay right away (28 percent in 2016, versus 31 percent in 2013). Fewer people also said they had to “change their way of life significantly” to pay medical bills (10 percent versus 12 percent). The decrease was especially pronounced among those with the lowest incomes (10 percent versus 23 percent).

Dr. Janell Wozniak has noticed the local increase in insurance coverage firsthand in her role as a physician and director of UCHealth’s Family Medicine Center. She estimates that the number of uninsured patients seen at the clinic has gone from 30 percent a few years ago, to less than 5 percent now.

“We’re seeing an increase in the number of people reaching out for services because they now have Medicaid or private insurance,” Wozniak says. “Once patients do come in, we are able to get them the care that they need.”

Knowing that a patient has insurance makes it easier for health-care providers to schedule additional services necessary for complete care, Wozniak says.

“Sometimes it’s testing. Sometimes it’s a referral to a specialist,” she says. “These are services that previously might have been nearly impossible for patients to access without insurance.”

In fact, the 2016 survey showed improved access to a wide variety of health services outside of the doctor’s office. The number of local residents reporting no insurance for prescriptions dropped by half, from 14 percent to 7 percent. Among those with the lowest incomes, there was a steep decrease in the number of people who were unable to fill a prescription due to cost in the past two years. And those with the lowest incomes

Why financial assistance matters to middle income families who purchase health insurance themselves

Median annual cost for a family of four in Larimer County purchasing health insurance through the Connect for Health Colorado Marketplace. (Assumes no employer coverage and no financial assistance.)

Median household income in Larimer County

\$16,675* **\$59,805**

* Range of annual premium costs is \$12,480 to \$20,400, based on 2017 Connect for Health Colorado Silver-tier plans for a 40-year-old couple with two children living in Larimer County. Currently an eligible family making the median income would likely qualify for \$3,875 in annual financial assistance to reduce premium costs, plus additional reductions in other costs such as deductibles and co-payments.

also were less likely to put off a visit to a mental health provider.

Local gains in coverage have not just been limited to health insurance. It’s often overlooked, but many Americans—especially adults—lack the means to pay for routine or emergency dental care, regardless of whether they have private or public health insurance. Regular dental care means more than just a pretty smile. Poor oral health is linked to heart disease and other serious medical conditions. And bad teeth—or no teeth—also can affect a person’s chances of getting a job.

Overall, the number of people reporting that they had no dental insurance decreased from 36 percent in 2013 to 28 percent in 2016. Among residents with the lowest incomes, those who said they lacked dental insurance dropped by half, from 60 percent to 29 percent. In 2014, Health First Colorado (Colorado’s Medicaid Program), added dental coverage for adults for the first time, which was likely a major reason for the difference. Among all Larimer County residents, the number who put off going to a dentist in the preceding two years because of cost decreased from 39 to 36 percent.

Despite encouraging gains in coverage, Wozniak recognizes that some patients still struggle with co-payments or high deductibles. The 2016 Community Health Survey offers hints that some newly insured residents are facing these challenges.

But, Wozniak says, “I’d rather struggle with that than have someone not even be able to set foot in the office because they didn’t have insurance. They at least have access to health care at some level, whereas before, many of them didn’t have any access at all.”

Medicaid: A major source of coverage for older and sicker Americans

Many of the coverage and health-care access gains seen in the 2016 Community Health Survey occurred among people who qualify for Medicaid, the public insurance program for those with low income. Nationally, one in five adults ages 50-64 has Medicaid. Nearly half of older adults who are sicker (those who have major chronic conditions or whose illness limits their ability to perform daily living tasks) have Medicaid. **Medicaid also pays for more than half of all long-term care in the U.S.**

Sources: The 2016 Commonwealth Fund Survey of High-Need Patients, June–September 2016; Kaiser Family Foundation

