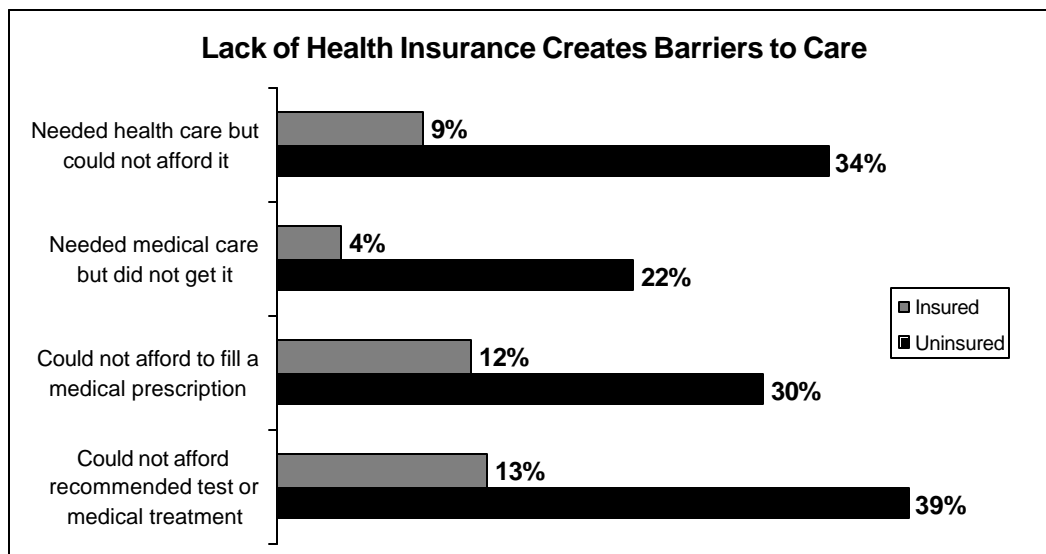




FACT SHEET

The Dilemma of the Uninsured: Poor Access to Care Leads to Poor Health

Although health care is a fundamental quality of life issue, it is not something that all Washington residents can take for granted – more than 750,000 Washingtonians are without it.¹ Health insurance translates into access to health care, and access to regular health care facilitates treatment that is preventative, effective and cost-efficient.² When people are uninsured, they do not get the care they need or they delay care to the point where minor health concerns become major health problems, with enormous health and economic costs.



Note: Data is for non-elderly adults. The Newshour with Jim Lehrer/Kaiser Family Foundation National Survey on the Uninsured, 2000, as cited in the Kaiser Family Foundation, "Uninsured in America: A Chart Book," 2nd Ed., March 2000.

The Uninsured Lack Access to Health Care that the Insured Take for Granted

- Compared with their insured counterparts, the uninsured are 4 times less likely to have a regular source of care.³
- Uninsured children are 2.8 times less likely than insured children to have seen a physician in the previous year,⁴ and significantly less likely to be attended to by a doctor after a serious injury.⁵
- The uninsured are less likely than the insured to use cost-saving preventive services like basic screenings and checkups.⁶
- Those without insurance are 3-5 times more likely than the insured to delay seeking needed medical services, including eyeglasses, dental care, prescription drugs and surgery.⁷

- One quarter of the uninsured with high-risk health problems like hypertension, diabetes and high cholesterol go at least two years without a regular check up, leading to enormous avoidable emergency care costs.⁸
- Uninsured pregnant women begin prenatal care later, and receive more sporadic care than their insured counterparts. Nearly 40% of those who delay care cite lack of insurance and cost as their main reason.⁹

No Insurance Leads to Poorer Health and Higher Risk of Death

Because the uninsured do not have access to preventative and timely treatment, they have significantly worse health outcomes than those with insurance.¹⁰

Compared to the insured, the uninsured are:

- much more likely to report only poor or fair health;¹¹
- up to 4 times more likely to experience an avoidable hospitalization or require emergency care;¹²
- among diabetics, *up to 11 times* more likely to require emergency hospitalization that could have been avoided with proper medication;¹³
- 60% more likely to delay prenatal care, 3 times more likely to experience an adverse outcome following pregnancy, and 30% more likely to give birth to infants who die, require a prolonged hospital stay, or must be transferred to another institution for care;¹⁴
- 3.2 times more likely to die in the hospital;¹⁵ and
- 25% more likely to die overall.¹⁶

¹ Urban Institute and Kaiser Commission on Medicaid and the Uninsured, "Population Distribution by Insurance Status, 1997-1999," estimates based on pooled March 2000, 1999, and 1998 Current Population Surveys (<http://www.statehealthfacts.kff.org>).

² American College of Physicians-American Society of Internal Medicine (ACP-ASIM), "No Health Insurance? It's Enough to Make You Sick: Scientific Research Linking the Lack of Health Coverage to Poor Health," November 30, 1999. Available online at: <http://www.acponline.org/uninsured/index/html>.

³ Centers for Disease Control and Prevention, "Demographic Characteristics of Persons Without a Regular Source of Medical Care – Selected States, 1995," *Morbidity and Mortality Weekly Report*, 1998, 47: 277-79.

⁴ ACP-ASIM.

⁵ Overpeck, M. and J. Kotch, "The Effect of U.S. Children's Access to Care on Medical Attention for Injuries," *American Journal of Public Health*, 1995, 85: 402-04.

⁶ The Newshour with Jim Lehrer/Kaiser Family Foundation National Survey on the Uninsured, 2000, as cited by the Kaiser Family Foundation, "Uninsured in America: A Chart Book," 2nd Ed., March 2000. Available online at: <http://www.kff.org/content/archive/1407/Uninsured%20in%20America.pdf>.

⁷ Berk, Mark, Claudia Schur and Joel Cantor, "Ability to Obtain Health Care: Recent Estimates from the Robert Wood Johnson Foundation National Access to Care Survey," *Health Affairs*, 1995, 14(3): 139-46.

⁸ Ayanian, John, et al., "Unmet Health Needs of Uninsured Adults in the United States," *Journal of the American Medical Association*, October 25, 2000, 284:2061, as cited at http://www.acponline.org/uninsured/jama_acp_study.htm.

⁹ Centers for Disease Control and Prevention, "Entry Into Prenatal Care --- United States, 1989-1997," *Morbidity and Mortality Weekly Report*, May 12, 2000, 49 (18): 393-8. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4918a1.htm>.

¹⁰ ACP-ASIM.

¹¹ Ayanian, et al.

¹² ACP-ASIM.

¹³ Wilson, B. and A. Sharmen, "Public Cost and Access to Primary Care for Hypoglycemic Emergencies in Clark County, Nevada," *Journal of Community Health*, 1995, 20 (3): 249-56, as cited at: <http://www.kff.org/content/archive/1407/Uninsured%20in%20America.pdf>.

¹⁴ Braveman, P., et al., "Adverse Outcomes and Lack of Health Insurance Among Newborns in an Eight-County Area of California, 1982 to 1986," *New England Journal of Medicine*, 1989, 321: 508-13. These are rates after controlling for race and ethnic group.

¹⁵ Hadley, J., E. Steinberg and J. Feder, "Comparison of Uninsured and Privately Insured Hospital Patients: Conditions on Admission, Resource Use and Outcome," *Journal of the American Medical Association*, 1991, 265: 374-79, as cited at: <http://www.acponline.org/uninsured/index/html>.

¹⁶ ACP-ASIM.