

Arizona Health Improvement Plan

Access to Health Insurance Coverage

Criteria	Health Issue Data/Information
<p>Scope or Magnitude of the Problem</p> <ul style="list-style-type: none"> How many people across Arizona are affected by the health issue? 	<ul style="list-style-type: none"> Arizona has about 1.2 million uninsured people—19% of the population An estimated 600,000 uninsured AZ residents will be covered after implementation of Healthcare Reform. By 2016, approximately 10% of the population will remain uninsured ⁱ Over 270,000 Arizonans have gained coverage since October 2013, either through Medicaid Restoration or enrollment in the Health Insurance Marketplace Nearly a million residents of Arizona remain uninsured today ⁱⁱ
<p>Severity (Morbidity / Mortality)</p> <ul style="list-style-type: none"> Does the health issue result in death, disability, or ongoing illness? 	<ul style="list-style-type: none"> Uninsured people are more likely to forego necessary healthcare or preventive services due to cost concerns In 2011, over 18% of Arizonans indicated they could not afford needed health care ⁱ Chronic disease, in particular, is not appropriately managed when there is a lack of access to primary health care Persons without health insurance may be more likely to skip medications, use the emergency department in lieu of primary care, and go undiagnosed with critical health issues Studies have shown that lack of insurance coverage is a substantial predictor of delayed or missed care and medication ⁱⁱⁱ The uninsured are at higher risk for preventable hospitalizations, are less likely to receive follow-up care for serious health issues, and have significantly higher mortality rates than those with insurance ^{iv}
<p>Potential to Impact (Winnable Battle)</p> <ul style="list-style-type: none"> What resources (funding, workforce, programs, etc.) are available to address the health issue? Can progress be made on the health issue within five years? Could addressing the health issue also address other problems at the same time? 	<ul style="list-style-type: none"> Restoration and expansion of Medicaid coverage along with access to insurance through the market place can help increase percent of people with health insurance Kaiser Family Foundation 2014 estimates, over six in ten uninsured nonelderly people in Arizona are eligible for financial assistance for coverage through either Medicaid (41%) or the Marketplaces (22%) The remainder of the state’s uninsured either have incomes too high to be eligible for tax subsidies through the marketplace (21%) or are ineligible for coverage due to immigration status (16%)^v Of the 1.2 million currently uninsured in Arizona, over 750,000 are eligible for coverage through Medicaid or the Health Insurance Marketplace With adequate outreach and enrollment support, the state can succeed in dramatically reducing the number of uninsured over the coming years CoverAZ is a web-based resource site for community organizations to engage in outreach and

	<p>enrollment to assist with coverage</p> <ul style="list-style-type: none"> Health insurance coverage can lead to improved birth outcomes, early detection of disease and better prevention and management of chronic disease
<p>Cost-Effectiveness</p> <ul style="list-style-type: none"> What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? How much money can be saved by addressing the problem? Does the money put into a solution reduce costs enough to make the solution worthwhile? What’s the value of addressing the health issue? 	<ul style="list-style-type: none"> The financial impact of uninsurance extends beyond health care to the greater economy The average uninsured household has no net assets, and medical debts contribute to almost half of all bankruptcies in the United States^{iv} Because they are legally mandated to provide care to all, emergency rooms are often the safety net for the uninsured Fifty-five percent of emergency care goes uncompensated, according to the Centers for Medicare & Medicaid Services – representing 86 billion dollars of care nationwide for the uninsured in the past year alone^{vi} Lack of health insurance coverage increases risk of chronic disease going undetected or unmanaged Uncontrolled chronic disease is costly Reducing chronic diseases could save millions in health care costs Public and private health care payers in AZ could save \$351 million by reducing the prevalence of two chronic conditions alone, hypertension and diabetes, by just 5 percent^{vii}
<p>Quality of Life</p> <ul style="list-style-type: none"> How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation? 	<ul style="list-style-type: none"> Lack of health insurance limits access to primary and preventive care Without access to well care, early detection and diagnosis of particular diseases will be missed Diseases that are left undiagnosed could become chronic or life-threatening and can lead to disability or premature death If left unaddressed, other issues include physical inactivity that may trigger other health conditions, complications resulting from the undiagnosed disease, financial impact resulting from lower productivity, poor family or social interactions, and overall poor quality of life Medical debt that can result from un- or under-insurance is a significant burden for those who require chronic care or trauma care
<p>Disparities</p> <ul style="list-style-type: none"> How are groups of people affected differently by the health issue? Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? 	<p>Children:</p> <ul style="list-style-type: none"> According to the Arizona Children’s Action Alliance, 14,000 lost coverage when KidsCare II was no longer available A report published by the Children’s Action Alliance and the Georgetown University Center for Children and Families, finds that higher costs through the exchanges makes coverage unaffordable and creates additional barriers to continued insurance coverage for children and families <p>Hispanics:</p>

<ul style="list-style-type: none"> Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc. 	<ul style="list-style-type: none"> According to the US Census Bureau, 2011 American Community Survey, approximately 28% of Hispanics in Arizona do not have health insurance coverage and approximately 35% have public coverage Of those individuals newly eligible under Medicaid restoration in Arizona, 35% will be Hispanic—significantly more than the national average of 19% <p>American Indians:</p> <ul style="list-style-type: none"> Among Arizona’s American Indian population, 30.6% are uninsured (IHS health care is not considered insurance) The uninsured rate is even higher among adults, with 37% of American Indians age 18–64 uninsuredⁱ The American Indian Medicaid population in Arizona has the potential to increase by 22.4% under Medicaid expansion and with enhanced outreach^{viii} <p>Older Adults:</p> <ul style="list-style-type: none"> Arizona ranks 3rd in U.S. for percentage of uninsured older adults^{ix} Nationally the uninsured rate among adults age 50-64 increased by 140% between 2000 and 2010 due to: growth in population age 50-64, rising health care costs, and impact of the economic downturn Three out of five of those in this age range are employed, but almost half have a family income below 200% FPL Medicaid expansion may reduce future Medicare costs, as lack of coverage before reaching age 65 is associated with greater Medicare utilization^x <p>Rural Populations:</p> <ul style="list-style-type: none"> Those who live in rural areas tend to be poorer and less likely to be covered by employer-sponsored insurance than their metropolitan counterparts^{xi} They may also face significant barriers to both enrollment and access to care, including lack of transportation, telecommunication, and providers <p>Education Level:</p> <ul style="list-style-type: none"> Adults with less than a high school education are more likely to be uninsured, at 30.4%ⁱ
<p>Evidence-based Models Exist</p> <ul style="list-style-type: none"> Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities? 	<ul style="list-style-type: none"> Yes, significant federal and state resources have been committed to the restoration of Medicaid in Arizona and to the federal Health Insurance Marketplace Funding, tools, and training have been dedicated to local initiatives designed to increase insurance coverage options for Arizonans through healthcare reform This will insure outreach efforts are tailored to specific populations

<p>Community Readiness / Interest in Solving</p> <ul style="list-style-type: none"> • What’s the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority? 	<ul style="list-style-type: none"> • Seven out of fifteen counties identified access to health insurance coverage as a priority issue ⁱ • A statewide coalition, Cover Arizona, provides information and resources to organizations conducting outreach and enrollment activities
<p>Arizona Ranking below the US data</p> <ul style="list-style-type: none"> • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation? 	<ul style="list-style-type: none"> • According to the U.S. Census American Community Survey, the 2012 uninsured rate in Arizona was 17.6% versus 14.8% in the U.S. • Arizona fares even worse compared to national average for uninsured children (under age 18) – 13.2% versus 7.2% U.S. ^{xii} • It is anticipated Arizona will have the highest uninsured rate in the country post health care reform ^{xiii}
<p>Political Feasibility</p> <ul style="list-style-type: none"> • Is there enough support from elected officials or other policymakers to help move a strategy to implementation? 	<ul style="list-style-type: none"> • Currently Arizona has moved forward with implementing Medicaid Restoration • The interface between the eligibility/enrollment systems for Medicaid and the Marketplace have glitches yet to be worked out to improve a streamlined process
<p>Trend Direction</p> <ul style="list-style-type: none"> • Has the health issue been getting better or worse over time? 	<ul style="list-style-type: none"> • Full implementation of healthcare reform, the number of uninsured will decrease • Initial estimates after the first year of the federal Health Insurance Marketplace enrollment indicate uninsured Arizonans are down 19% ^{xiv} • Estimates indicate approximately 600,000 Arizonans will remain uninsured

Data Sources:

ⁱ Arizona State Health Assessment, April 2014. Retrieved from: <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

ⁱⁱ St. Luke’s Health Initiatives. Info graphic Breaks down Arizona Coverage Growth. 2014. Retrieved from: <http://slhi.org/infographic-breaks-down-arizonas-coverage-growth/>

ⁱⁱⁱ St. Luke’s Health Initiatives. Medical Debt: Highlights from the AHS 2010. Retrieved from: <http://www.arizonahealthsurvey.org/wp-content/uploads/2011/09/ahs-2010-quicktakes-medical-debt.pdf>

^{iv} Kaiser Family Foundation. Key Facts about the Uninsured Population. September 26, 2013.

^v Kaiser Family Foundation. How Will the Uninsured in Arizona Fare Under the Affordable Care Act? January 6, 2014. Retrieved from: <http://kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-arizona/>

^{vi} American College of Emergency Physicians. The Uninsured: Access to Medical Care. Retrieved from: <http://www.acep.org/News-Media-top-banner/The-Uninsured--Access-To-Medical-Care/>

^{vii} Health Resources in Action. Making the Case: Economic Benefits of Public Health Prevention. 2013. Retrieved from: <http://coveraz.org/wp-content/uploads/2013/09/Economic-Benefits.pdf>

^{viii} Kauffman & Associates, Inc. Health Care Reform: Tracking Tribal, Federal, and State Implementation. May 2011

^{ix} Urban Institute. Opting in to the Medicaid Expansion under the ACA: Who are the Uninsured Adults Who Could Gain Health Insurance Coverage? August 2012.

^x AARP Public Policy Institute. Health Insurance Coverage for 50-64 Year Olds. February 2012

^{xi} Newkirk, Vann and Damico, Anthony. The Affordable Care Act and Insurance Coverage in Rural Areas. May 29, 2014. Retrieved from: <http://kff.org/uninsured/issue-brief/the-affordable-care-act-and-insurance-coverage-in-rural-areas/>

^{xii} US Census American Community Survey, 2012.

^{xiii} Urban Institute. State Progress Toward Health Reform Implementation; Slower Moving States Have Much to Gain. January 2012.

^{xiv} Ziegler, Zachary. Uninsured Arizonans Down 19% Since Obamacare, Study Shows. July 9, 2014. Retrieved from: <https://news.azpm.org/p/local-news/2014/7/9/39133-uninsured-arizonans-down-19-since-obamacare-study-shows/>