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Legislative Committee Services
State Capitol Building
Salem, Oregon 97301
(503) 986-1813

Background Brief on ...

Uninsured for Health Care

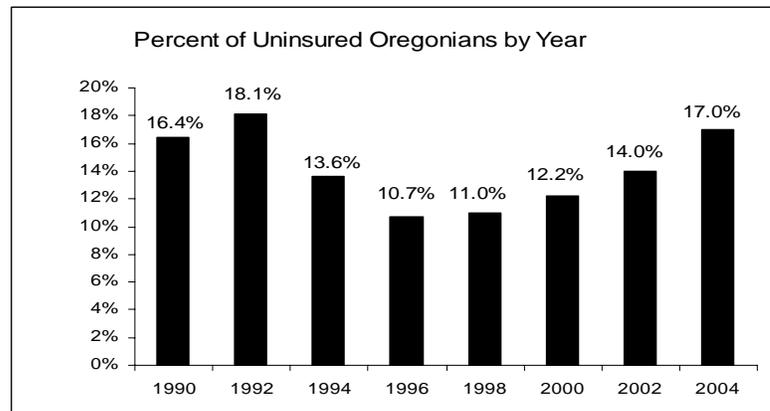
Prepared by: Rick Berkobien

Below are several charts on demographic information about uninsured Oregonians.

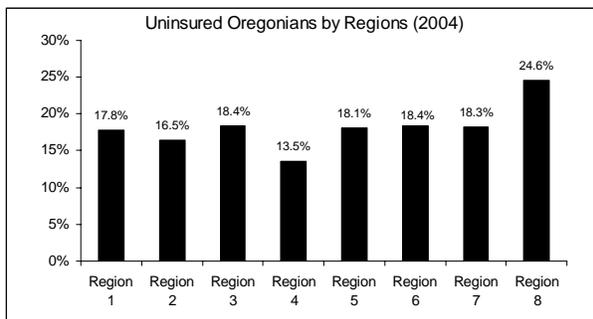
Data for these charts is taken from "Profile of Oregon's Uninsured, March 2004 Oregon Population Survey," prepared by Dr. Jeanene Smith, Tina Edlund, James Oliver and Katya Medvedeva of the Office of Oregon Health Policy and Research (OHPR). A copy of this report can be obtained from OHPR's web site at: <http://www.oregon.gov/DAS/OHPPR/index.shtml>, or by calling 503-378-2422.

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



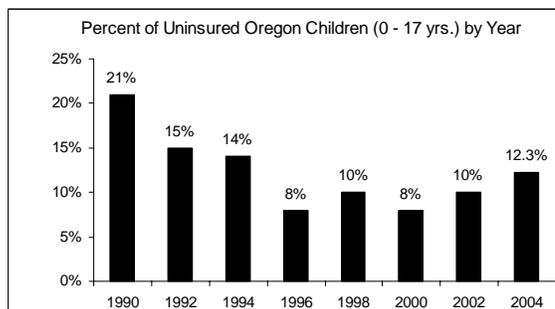
- Among those with high blood pressure, the uninsured are less likely to be taking anti-hypertensive medications
- Surveys have found that 57 percent of Americans believe that the uninsured get the care they need from doctors and hospitals, but studies have shown that the uninsured are less likely to obtain services and typically suffer worse health outcomes
- Several studies of mortality over time have shown that uninsured adults are 1.2 to 1.5 times more likely to die after five years than those with insurance



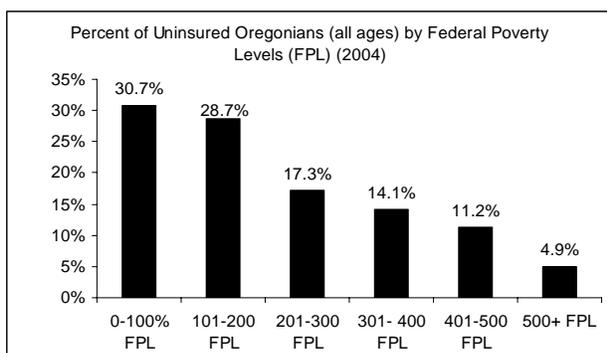
Reg 1 – Clatsop, Columbia, Lincoln, Tillamook
 Reg 2 – Clackamas, Multnomah, Washington, Yamhill
 Reg 3 – Benton, Lane, Linn, Marion, Polk,
 Reg 4 – Coos, Curry, Douglas, Jackson, Josephine
 Reg 5 – Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler
 Reg 6 – Crook, Deschutes, Jefferson
 Reg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

- At least 30 percent of uninsured adults fail to fill a prescription or skip recommended medical treatments
- The 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
- Having insurance would reduce mortality rates for the uninsured by 10-15 percent

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

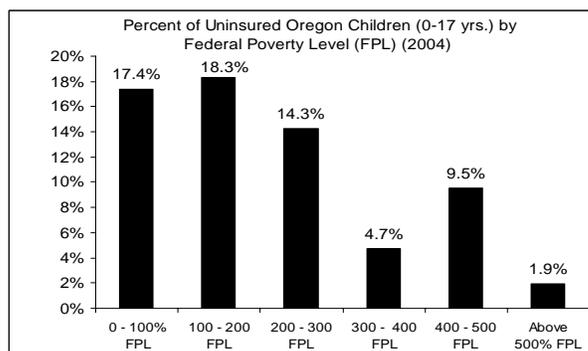


- The chance of an uninsured child receiving medical attention for injuries is about 30 percent less than for a child with insurance
- Having insurance increases timely prenatal care and increases access to neonatal intensive care for high-risk babies
- Uninsured children are more than three times as 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



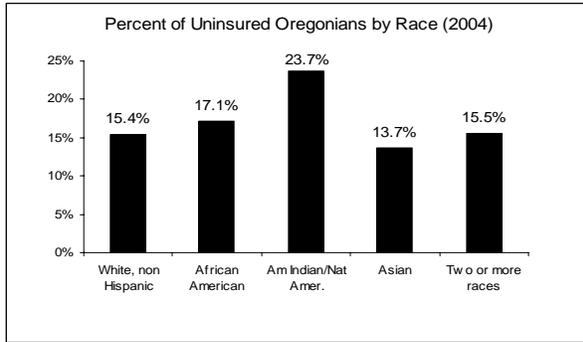
Federal Poverty Level is determined by the federal government, each year, based on family size and income. For example, at the 2006 Federal Poverty Level a family of three cannot have an annual income of over \$16,600.

- 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.

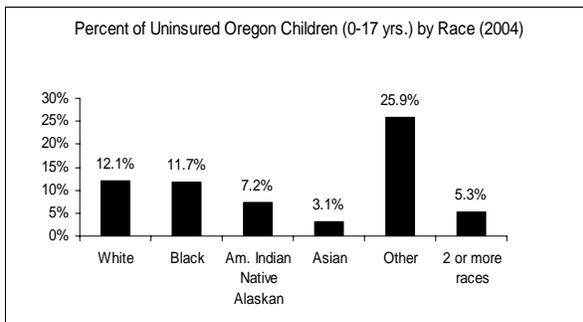


- Uninsured babies have a poorer survival rate than babies who are insured; one study found that uninsured babies had relative odds of dying that were about 1.5 times higher than those who were insured
- Researchers have found that having medical insurance increases medical care by about 50 percent
- Children who live in families with income

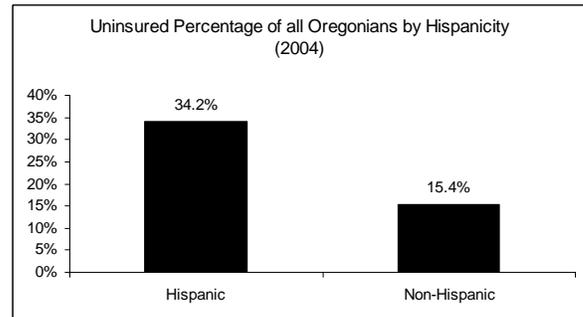
under 200 percent of the Federal Poverty Level (less than \$26,580 for a family of three in 1999) were more than twice as likely to be uninsured as children with higher family incomes



- 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 one in five 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 these individuals from racial and ethnic backgrounds tend to have poorer health
- Cerebrovascular disease is twice as likely to kill African American men, at a rate of 50.5 per 100,000, as it is to kill white men or women; a rate of 221.1 per 100,000 African American men die of cancer — more than twice the rate for white women



- According to the last U.S. Current Population Survey, children of color are more likely to be uninsured; one out of six Black children and one out of four Hispanic children were uninsured, compared with one out of eleven white children
- Hispanic children are close to three times more likely than white children to lack a usual source of 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 10 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 one in seven (15 percent) Latinos says that they or another member of their household needed medical care, but did not get it during the past year, with almost seven in ten of this group saying the medical condition they needed care for, but did not get, was very (30 percent) or somewhat (38 percent) serious

Staff Contact

Rick Berkobien, Legislative Committee Services
503-986-1485