



May 2004  
Volume 2, Issue 1

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Background Brief on...

# Uninsured for Health Care

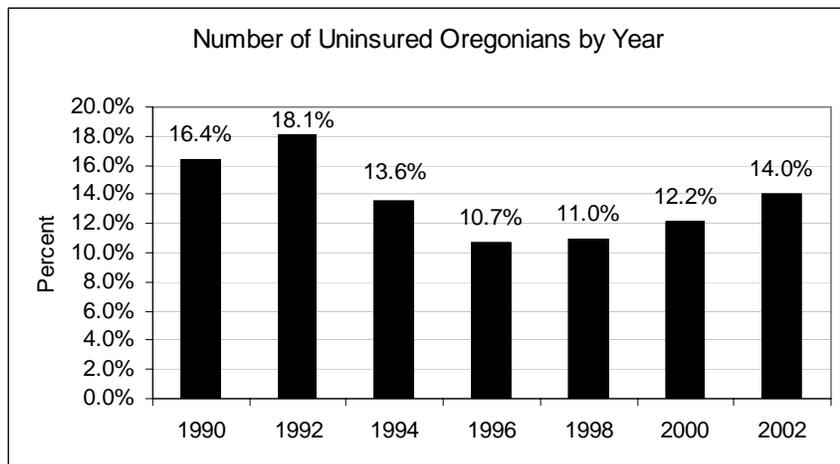
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Below are several charts on demographic information about uninsured Oregonians.

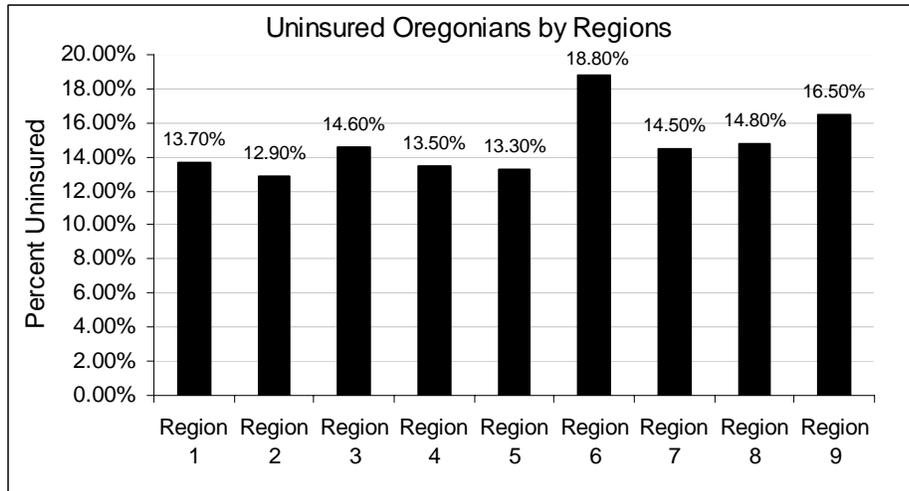
The charts are taken from "Oregon's Uninsured: Summary of Findings from the 2002 Oregon Population Survey" prepared by Dr. Bruce Goldberg and Elizabeth A. Stevenson of the Office of Oregon Health Policy and Research (OHPR). A copy of this report can be obtained from OHPR's web site at: <http://www.ohppr.state.or.us/data/ops/final%20report%20OPS%202002.pdf> 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% 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 – Clackamas, Multnomah, Washington

Reg 2 – Clatsop, Columbia, Tillamook

Reg 3 – Marion, Polk, Yamhill

Reg 4 – Benton, Lane, Lincoln, Linn

Reg 5 – Coos, Curry, Douglas, Jackson, Josephine

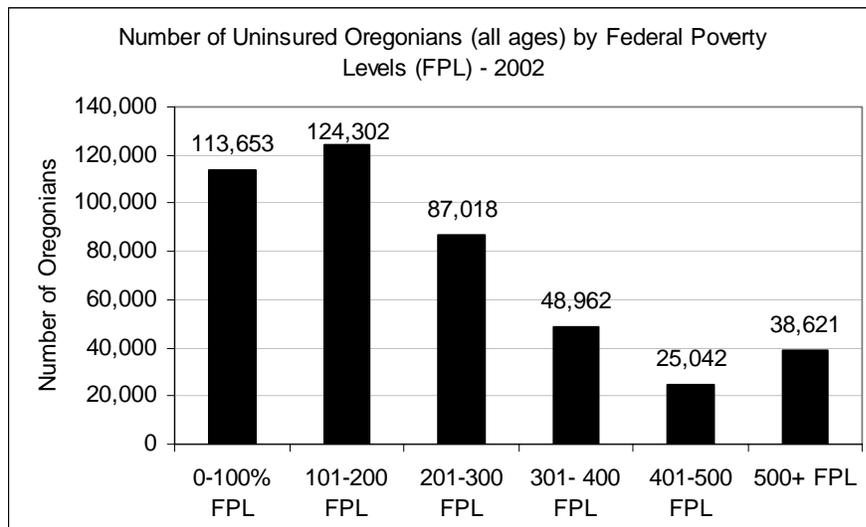
Reg 6 – Gilliam, Hood River, Sherman, Wasco, Wheeler

Reg 7 – Crook, Deschutes, Jefferson

Reg 8 – Klamath, Lake

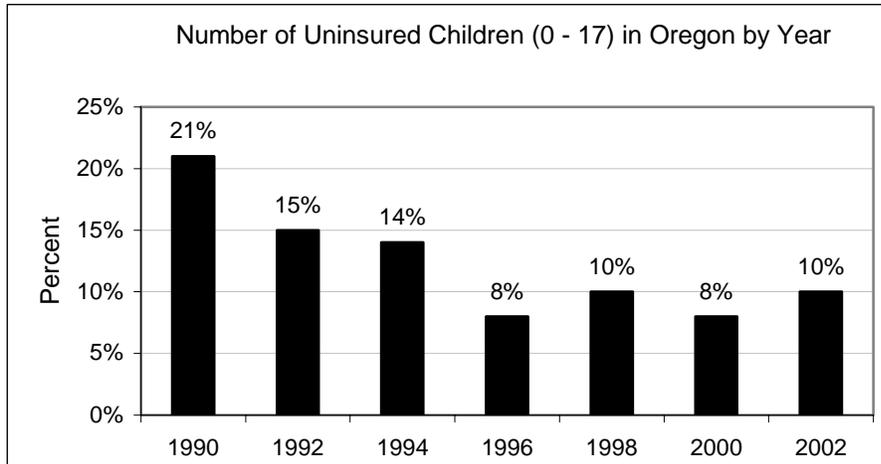
Reg 9 – Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa

- At least 30% 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%.

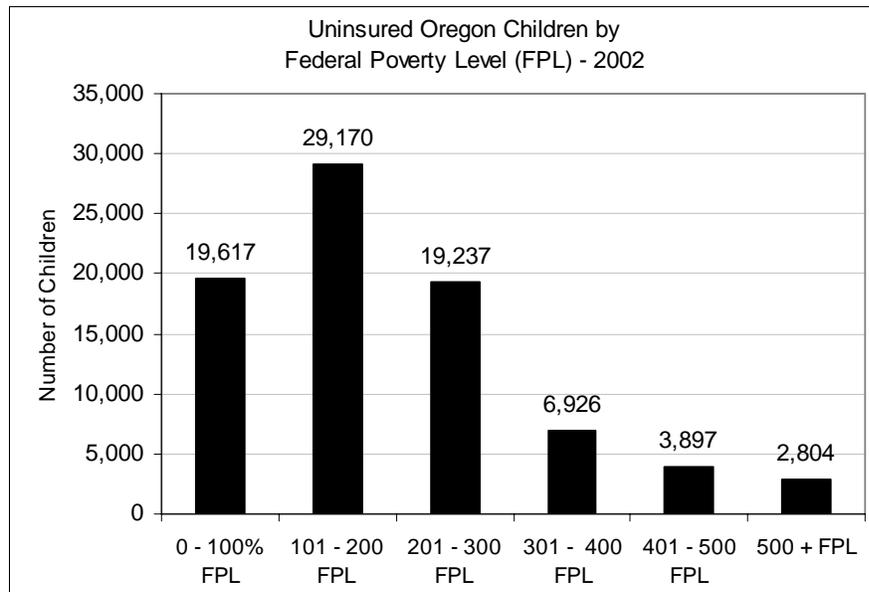


Federal Poverty Level is determined by the federal government, each year, based on family size and income. For example, at the 2004 Federal Poverty Level a family of three cannot have an annual income of over \$15,670

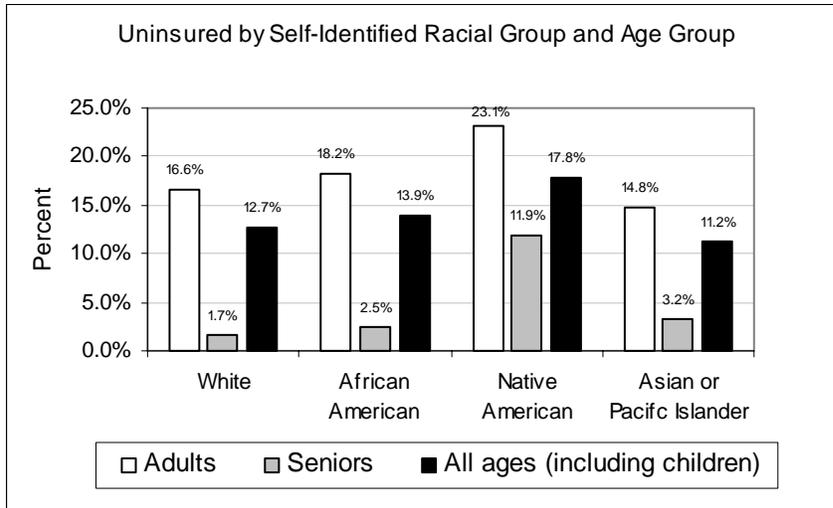
- The uninsured are hospitalized at least 50% more often than those with insurance for “avoidable conditions” such as pneumonia and uncontrolled diabetes.
- Except for the most severe trauma cases, the uninsured are less likely to be admitted to the hospital after being seen in the emergency room.
- Two studies have found that Medicaid eligibility expansions have resulted in reductions in infant mortality by 5–9%.



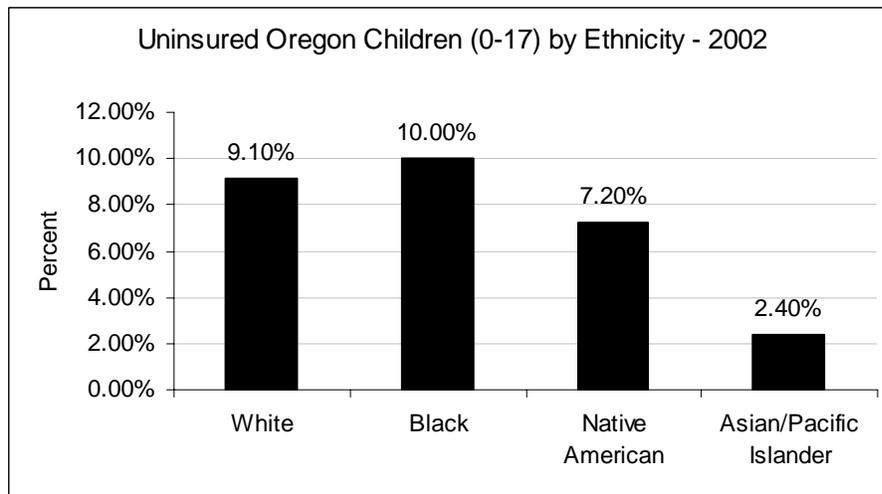
- The chance of an uninsured child receiving medical attention for injuries is about 30% less than for a child with insurance.
- Having insurance increases timely prenatal care and increases access to neonatal intensive care for high-risk babies.
- Uninsured children are more than three times as likely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



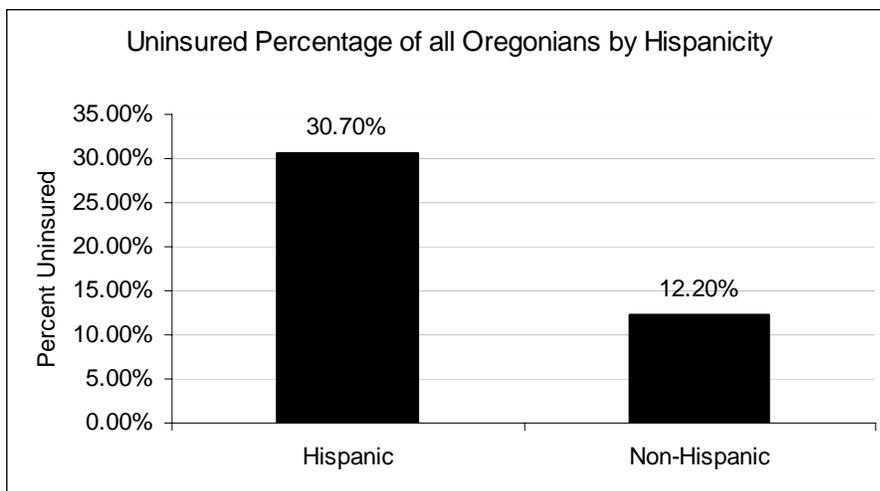
- Uninsured babies have a poorer survival rate than babies who are insured. One study found that uninsured babies had relative odds of dying that were about 1.5 times higher than those who were insured.
- Researchers have found that having medical insurance increases medical care by about 50%
- Children who live in families with income under 200% 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 American Natives 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% of beneficiaries will be people of color. This has significant implications for the future of Medicare as these individuals from racial and ethnic 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. And 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.



- Latinos, African Americans and American Natives are more likely to rate their health as fair or poor compared to whites and Asians.
- Nearly 4 in 10 Latinos are uninsured. The high rate is driven by lack of employer-based coverage with only 43% covered through the workplace compared to 73% of whites.

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