What Health Reform Means for King County

Coverage is Here
King County Briefing
July 1, 2013

Dr. David Fleming
Director and Health Officer

Public Health
Seattle & King County
US spends the most
Historic and projected life expectancy of the longest-lived countries, by year, 1950 to 2050

Average 81.8
US, 78.2
16 years

2009
Australia
Canada
Finland
France
Hong Kong
Iceland
Israel
Italy
Japan
Macao
Norway
Spain
Sweden
Switzerland

Source: Institute for Health Metrics and Evaluation, University of Washington and Public Health - Seattle & King County, APDE
Life expectancy, by county, compared to the world’s 10 best countries

2012
Health Measures Across King County

**Obesity**
- 8% - 35%

**Uninsured**
- 3% - 30%

**Smoking**
- 3% - 22%
Health insurance access

Uninsured 3% - 30%
2014
Health insurance access

After Health Reform:
1% to 10% uninsured
4% overall
New affordable coverage options in WA:

1. **Medicaid** coverage will be expanded to individuals with incomes up to 138% of poverty.

2. WA will launch its **Health Benefit Exchange - WA Healthplanfinder**.
   - Subsidized premiums and tax credits will be available to individuals with incomes 139% to 400% of poverty.
The opportunity in King County

• 180,000 currently uninsured individuals will become eligible for coverage

• About 80,000 under 138% FPL (eligible for Medicaid), about 100,000 between 139% - 400% FPL (eligible for subsidies from the Exchange).

• This number has increased by 50,000 since 2008.

In addition, about 37,000 individuals above 400% FPL will be required to purchase their own insurance.
The Opportunity

• To maximize enrollment and retention of King County residents who will be newly eligible for healthcare coverage on January 1, 2014
  – **80,000** newly eligible for Medicaid
  – **100,000** eligible for affordable insurance options through the Exchange
  – Plus **17,000** currently eligible for Medicaid, but not enrolled

• To assure businesses are aware of new coverage options and requirements
King County Outreach & Enrollment Plan

For the uninsured:
• Education and encourage enrollment through multiple communications and outreach strategies
• Targeted enrollment assistance to newly eligible at convenient sites

For employers:
• Education and outreach to businesses
The Challenges

• Confusion about what health reform is and how it affects the community
• Uninsured individuals will not necessarily take the initiative to get coverage on their own
• Education alone is not enough—some individuals, especially the most vulnerable, will need extra help with the enrollment process
Collaboration is Essential

To be successful, we need to engage multiple community partners and organizations to carry the message of getting covered to eligible populations using new, innovative ways

– Partners include: hospitals, community clinics, health care providers, human service agencies, business, labor, government, faith-based organizations, foundations, neighboring counties, and Washington state agencies

– Executive’s Leadership Circle
Strategies for Reaching the Uninsured

1. King County Cities & Seattle Districts
2. Health Care Partners/Providers
3. Colleges/Universities/Tech Schools/High Schools
4. Libraries
5. Community Centers
6. Housing
7. Homeless
8. Jail
9. Public Health’s specialty health programs (e.g., HIV/STD clinic, needle exchange)
10. More to come...
Example: Central Seattle

Existing Enrollment Sites

- Public Health
- Country Doctor FQHC
- YWCA

New Outreach Locations

- Center for Multi-Cultural Health
- Gay Cities

Additional Outreach and General Awareness Strategies

- Vocational Institute
- Douglass Truth Library
- Plymouth Housing
- Youth Outreach
- Bus ads
- Business outreach

Uninsured
<138%: 5,453
138 – 399%: 4,934
400% +: 1,677
<table>
<thead>
<tr>
<th>Organization</th>
<th>Population Focus</th>
<th>Area</th>
<th>Language</th>
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Phase 1: Planning (January – May 2013)

- Develop campaign plan, including key messages and outreach materials
- Complete outreach needs analysis county-wide
- Develop outreach strategies with community partners, including enrollment events
- Establish additional partnerships with community organizations and businesses
- Identify funding opportunities

Phase 2: Preparation (June – October 2013)

- Provide training and technical assistance to community partners
- Finalize performance metrics
- Launch website to track enrollment progress and share info
- Distribute materials through partner networks

Phase 3: Implementation (October 2013 – April 2014)

- State opens enrollment October 1
- Execute plan including enrollment assistance county-wide
- Conduct regular performance monitoring
Questions & Discussion