Affordable Care Act Enrollment in King County: Early General Population Impacts
Executive Summary

- After Medicaid expansion and the launch of the WA Healthplanfinder health exchange, uninsured rates in working-age adults drop significantly.

- In the general working-age adult population, large reductions in uninsured rates were experienced by all age groups; across all income levels; Black, Hispanic, Asian, and white residents; and for adults that were employed and unemployed.

- Among the general adult population, preliminary changes were found between 2013 and 2014 in
  - Increased access to care,
  - Increased utilization of care,
  - Improved patient experience, and
  - Improved population health,
  - These were observed particularly among people of color, unemployed adults, and the North, Seattle, and East regions.

- These are early findings and we will continue to monitor these trends.
The **Affordable Care Act** was designed to promote health equity, better health overall, and lower costs.

The first step for King County was to ensure that the **benefits** of the ACA reached those with the greatest need.
King County saw great success with first year of health insurance enrollment

Sources: WA Health Benefit Exchange & WA Health Care Authority. Historical estimates by APDE. Revised 8/12/14.
Uninsurance declines for King County working-age adults...
King County adults (ages 18-64) without insurance **falls** sharply in 2014

Data Source: US Census Bureau, American Community Survey. See wording of question in Appendix.
Uninsurance falls across King County in 2014

- Compared to 2013, a decline in uninsured for all age and poverty groups in 2014. Asian, Black, Hispanic, and white groups also saw declines. Uninsurance declined by 60% for Blacks.

- Improvements in disparities by age and poverty levels, but disparities increase by race/ethnicity. Barriers to coverage such as length of residency requirements and documentation status remain.

Data Source: US Census Bureau, American Community Survey; Adults ages 18-64
Uninsurance falls in King County, unemployed see big declines

- Compared to 2013, uninsurance declined for all employment status and citizenship status groups in 2014.
- The unemployed saw a 49% decline in uninsurance.

Data Source: US Census Bureau, American Community Survey; Adults ages 18-64
Adult Medicaid coverage increases in 2014

- King County overall saw a 38% decline in uninsurance.
- Gains in insurance coverage were mainly among public coverage, specifically Medicaid (Apple Health).

Private plan includes employer-based or direct-purchase. Public coverage includes Medicaid, Medicare, or military. Military includes TRICARE and Veteran's Administration care. Data Source: US Census Bureau, American Community Survey; Adults ages 18-64.
Above average fall in uninsurance in King County compared to State average

Legend
Percent Change in Uninsured
<15%
16% - 22%
23% - 29%
30% - 37%
38% - 49%
No information

Statewide: 35%

Only large counties with more than 65,000 population have available data.
Data Source: US Census Bureau, American Community Survey.
King County **fall** in uninsurance larger than most states

**Nationally: 20%**

Only Kentucky has a larger percentage drop.
Early changes in the general adult population
At this time, still early findings about population health

- Limited ability to detect year-to-year changes in the general King County adult population using this survey
  - Statistical methods can only detect changes that are both large in magnitude and reported by a large enough number of respondents

- Additional years of information using this survey for the general population will clarify the patterns we are beginning to find. Other sources of data in the evaluation framework will also contribute to the picture, and we plan to continue evaluating the impacts of the ACA in King County.

- We are unable to look comprehensively at small areas within King County at this time.

- Findings may be impacted by other potential societal shifts that may also be occurring, such as improving economic factors.
Decrease in unmet medical need due to cost

- Adults were asked: “Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?”
- Lower percentages of non-Hispanic people of color and the unemployed reported having unmet medical needs between 2013 and 2014.

Data Source: Behavioral Risk Factor Surveillance System, 2000-2014. Only groups with statistically significant percent changes are shown.
Decrease in **lack of a routine checkup** in the last year

- Adults were asked: “About how long has it been since you last visited a doctor for a routine checkup?”
- Between 2013 and 2014, lower percentages of Asians, non-Hispanic people of color, and the unemployed reported not receiving a routine physical exam in the past year.

**Data Source:** Behavioral Risk Factor Surveillance System, 2000-2014. Only groups with statistically significant percent changes are shown.
Between 2013-2014, observed preliminary changes for some groups of adults in ...

**Access to care**
- Uninsured
- Uninsured at some point in last year
- Uninsured for a year or more
- Unmet medical need due to cost
- Non-cost-related reasons for delaying medical care
- Medical debt

**Utilization of care**
- No routine checkup in past year
- No dental visit in past year
- No flu shot in past year

**Patient satisfaction**
- Not satisfied with health care received

**Population health**
- Not screened for mammography
- Not screened for colorectal cancer
- Fair/poor health status
- Serious psychological distress
- Frequent mental distress
- Limitations in activity due to poor physical/mental health
- Excessive alcohol consumption

**Legend**
- Significantly better
- No significant change
- Significantly worse

See Technical Appendix for detailed findings for each indicator.
Between 2013-2014, preliminary evidence of improvements across broad categories

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<th>UTILIZATION OF CARE</th>
<th>PATIENT SATISFACTION</th>
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Adults 18-25 were early recipients of ACA benefits. See Technical Appendix for detailed findings for each indicator.
APPENDIX

See 2013-14 report for complete description of ACA QA/Evaluation framework and methodology

FOR MORE INFORMATION, CONTACT:
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The US Census Bureau's American Community Survey data are considered the best available data on health insurance coverage of the King County population because of the large number of people who are asked to participate in the survey, and the high percentage people who are asked who do participate.

- In 2014, this survey had 30,168 King County respondents
- 96.6% of King County residents who were asked, responded to the survey

The question on health insurance is (asked for each person in a household):

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? *Mark “Yes” or “No” for EACH type of coverage in items a – h.*

- a. Insurance through a current or former employer or union (of this person or another family member)
- b. Insurance purchased directly from an insurance company (by this person or another family member)
- c. Medicare, for people 65 and older, or people with certain disabilities
- d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- e. TRICARE or other military health care
- f. VA (including those who have ever used or enrolled for VA health care)
- g. Indian Health Service
- h. Any other type of health insurance or health coverage plan – Specify __________