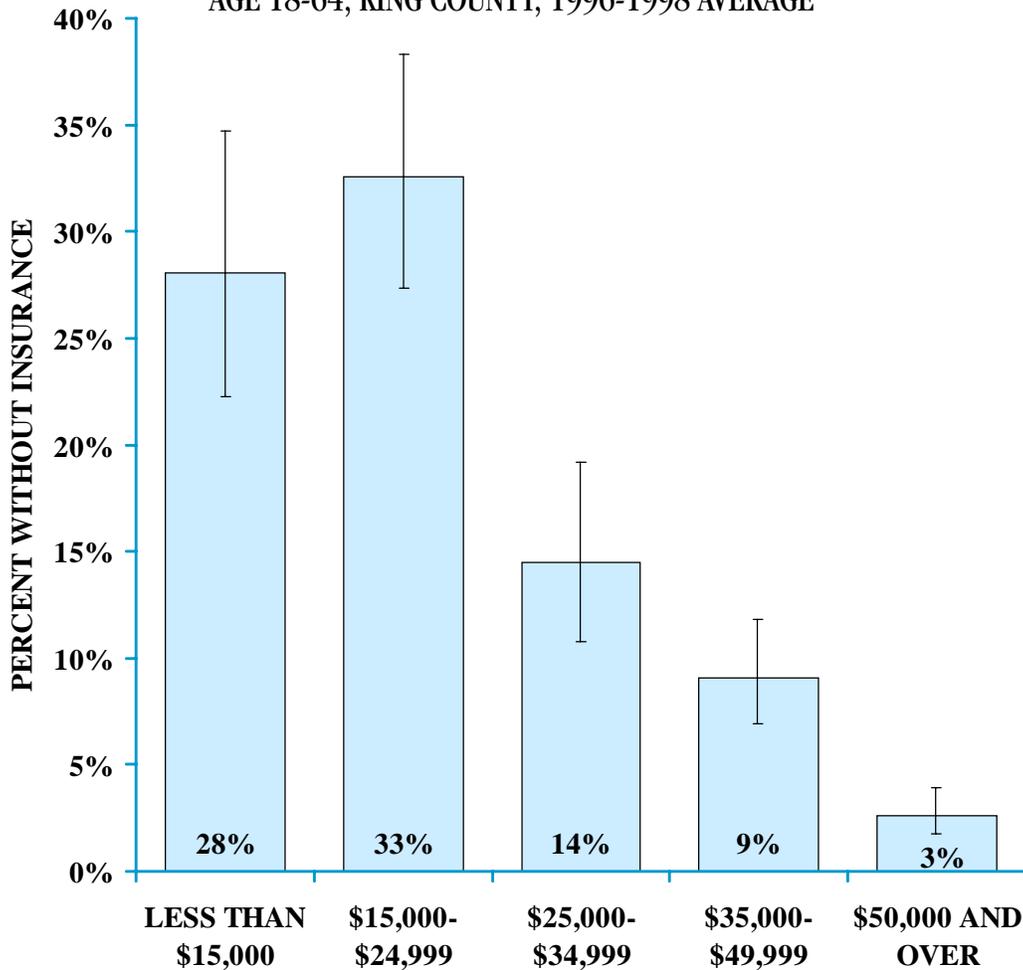


# Public Health Data Watch

This issue of *Public Health Data Watch* reports on health insurance coverage in King County from 1991 to 1998. Information on insurance coverage is available from local telephone surveys. Insurance coverage is analyzed by income, age, race, region and over time.

In 1998, 11% of King County residents age 18 to 64 lacked health insurance. This is lower than for Washington State as a whole (13%) and the United States (15%). Within King County, disparities in insurance coverage exist by income, race and age. Lower-income adults (in households earning less than \$25,000/year) are 10 times more likely to lack coverage than those with higher incomes (\$50,000 or more per year), with trend data indicating that disparities in insurance coverage have increased since 1991. Lack of coverage for eyeglasses, dental health, mental health and prescription drugs is considerably more common than lack of medical coverage. Young adults are significantly more likely to lack coverage compared to children and older adults.

LACK OF INSURANCE BY ANNUAL HOUSEHOLD INCOME  
AGE 18-64, KING COUNTY, 1996-1998 AVERAGE



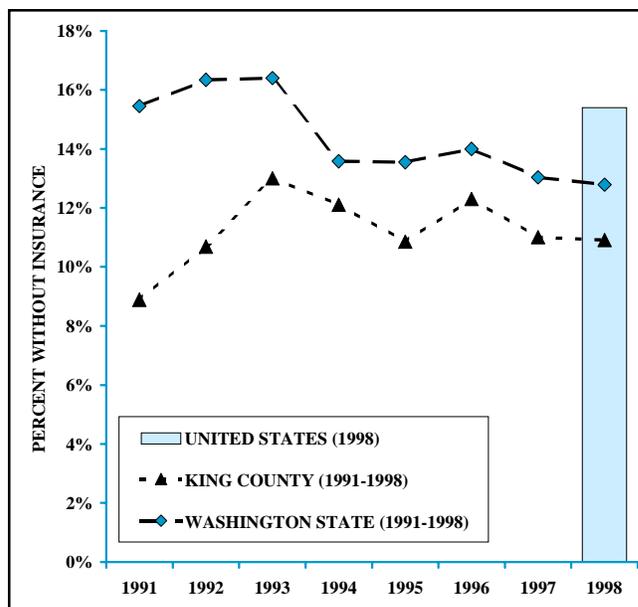
# Public Health Data Watch

## The Uninsured in King County 1991-1998

Most individuals and families today are unable to pay for the high cost of health care without an insurance policy that partially or fully defrays that cost. Nationally, of the nearly 13 million families who were unable to get health care or who experienced delays or difficulties in obtaining care, not being able to afford the care was the most common barrier. Researchers have documented a relationship between lack of health insurance and increased risk of death from causes that may be preventable (such as breast cancer) as well as an increased risk of death from all causes.

### Recent Trends in Lack of Health Insurance, Age 18-64 King County, Washington State, and United States

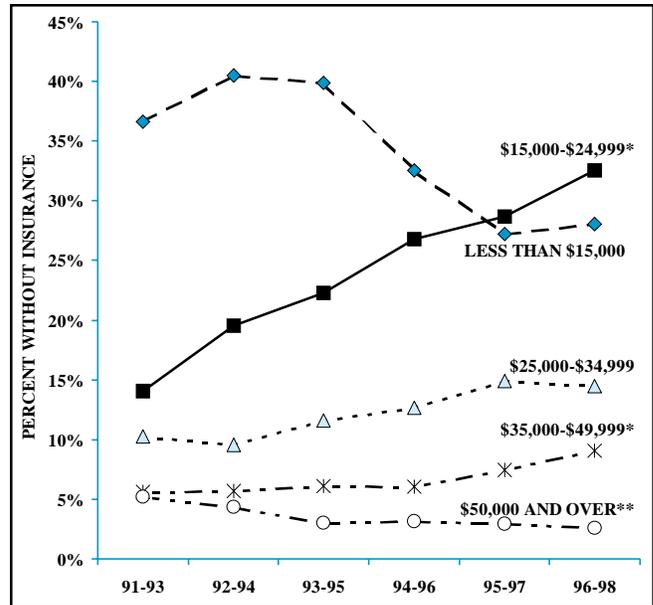
- In King County, there was no statistically significant trend in the percent not insured from 1991 to 1998, although the rate did fluctuate during this period. These fluctuations were also not statistically significant. In the state as a whole, the percent uninsured went down from a high of 16% in 1991 to 13% in 1998. The declining trend in Washington State was statistically significant.
- In 1998, 11% of the King County adult population under 65 -- almost 120,000 people -- lacked insurance coverage.
- In 1991 and 1992, the percent not insured in King County was statistically significantly less than the percent not insured in Washington State. However, from 1993 onward, the difference in the two areas was not statistically significant. (This is the same as the pattern observed when comparing King County to Washington State outside of King county.)
- A majority of those who are currently uninsured (62%) lacked coverage for one year or more; 45% of the uninsured had not had coverage for at least 2 years (data not shown).
- In 1998, the percent uninsured in the United States, 15%, was higher than that for both Washington State and King County.



Source: Washington State BRFSS (1991-1998), King County Small Area BRFSS (1998) and U.S. Centers for Disease Control and Prevention 1998 BRFSS Summary Prevalence Report (Web site at <http://www2.cdc.gov/nccdphp/brfss/98prvpt.pdf>).

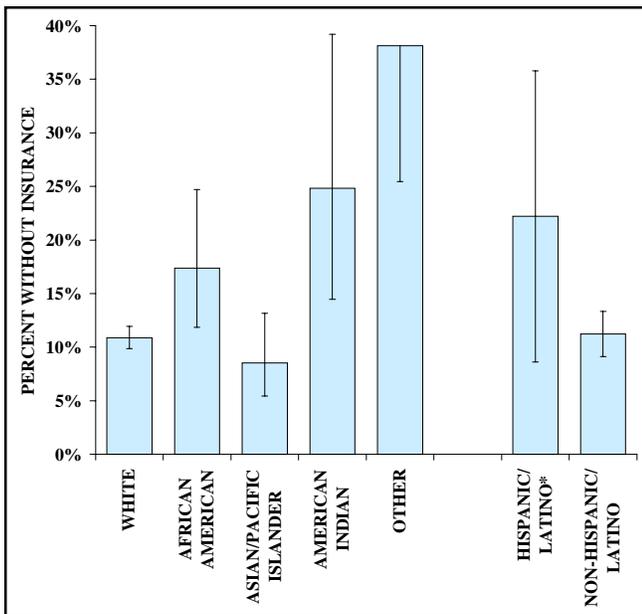
### Lack of Insurance by Annual Household Income, Age 18-64 King County, Three Year Rolling Averages, 1991-1998

- Disparity in insurance coverage appears to be increasing in King County residents. Despite the robust economy, only those King County adults under 65 with the highest annual household incomes (\$50,000 and over) show significantly decreasing lack of coverage trends over this time period (from 5% to 3%).
- However, the percent without insurance among those with household incomes between \$15,000 and \$24,999 has more than doubled, showing a steady increase from 1991-1993 (14%) to 1996-1998 (33%), a significantly increasing trend. In 1995-1997, their lack of coverage rate rose above that of the lowest income group. They are now significantly above the rate for those with incomes \$25,000 or more.
- Between 1991-1993 and 1996-1998, lack of insurance in the lowest income residents (less than \$15,000 per year) has fluctuated from year to year but remained significantly greater than for those with incomes of \$25,000 or more per year. Adults in the lowest-income households are now 10 times as likely to lack coverage as those in the highest-income households (28.1% and 2.6% of respondents, respectively).
- During this period, lack of insurance also rose slightly in those with incomes between \$35,000 and \$49,999, from 5% in 1991-1993 to 8% in 1996 to 1998. This was a significantly increasing trend.



\* This trend is statistically significantly increasing.  
 \*\* This trend is statistically significantly decreasing.  
 Source: Washington State BRFSS (1991-1998), King County Small Area BRFSS (1998).

### Lack of Insurance by Race/Ethnicity, Age 18-64 King County, Five Year Average, 1994-1998 Average\*



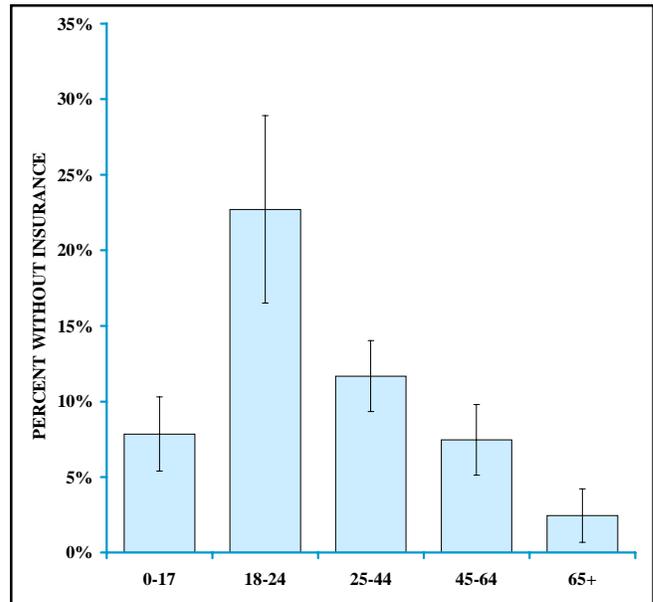
Sources: American Indian, African American, White and Asian/Pacific Islander rates: Washington State BRFSS (1994-1998), King County Small Area BRFSS (1998); Hispanic/Latino and Non-Hispanic/Latino rates: Washington State Population Survey, 1998; Korean, Vietnamese and Chinese rates: King County Ethnicity and Health Survey, 1995.

- American Indians (25% uninsured) and those who self-identified as Other race (38% uninsured) had the highest non-coverage rates, which were significantly above the rates for whites (11% uninsured). Lack of insurance in African Americans (17% uninsured) was also elevated relative to whites, although the statistical significance was borderline.
- Hispanics/Latinos (22% uninsured) were uninsured at double the rate of non-Hispanics (11% uninsured), although the difference was not statistically significant, possibly because of the relatively small number sampled.
- Asian/Pacific Islanders as a group did not show elevated uninsured rates. However, considerable variation in insurance occurs among Asian subgroups. A 1995 King County survey that oversampled Asian subgroups found lack of insurance higher in Korean (33% uninsured), Vietnamese (33% uninsured) and Chinese (14% uninsured) respondents, while no elevation in rates were found for Filipino (10% uninsured) and Japanese (6% uninsured) respondents.

\*Hispanic/Latino data is for 1998 only. Hispanic/Latino is classified as an ethnicity, so Hispanic/Latino respondents could also be of any race.

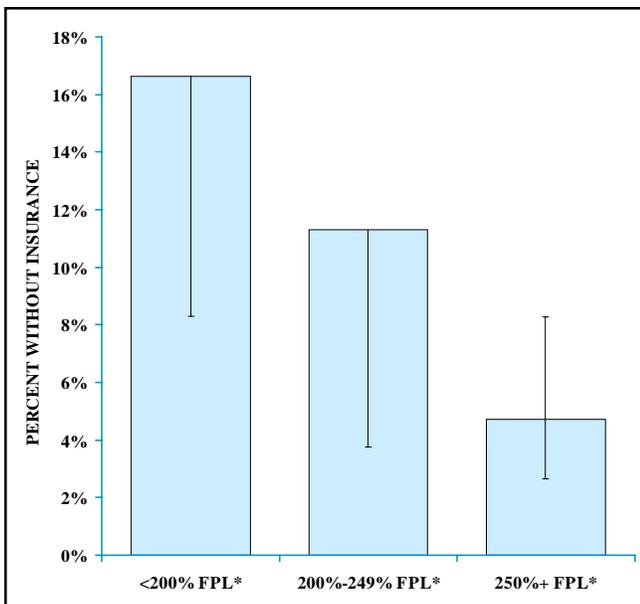
### Lack of Insurance by Age King County, 1998

- Lack of insurance differs with age, with young adults at highest risk. Twenty-three percent of young adults (age 18 to 24) lack health insurance, more than double the overall rate.
- Although children under 17 are more likely to be insured than adults, 8% currently lack insurance. This represents over 30,000 children in King County. About one in five of uninsured King County residents are children.
- Medicare or other health care coverage for older residents is almost universal for those 65 and older, with only 2% of this group lacking insurance.



Source: Washington State Population Survey, 1998.

### Lack of Insurance and Poverty in Children Under Age 18 King County, 1998

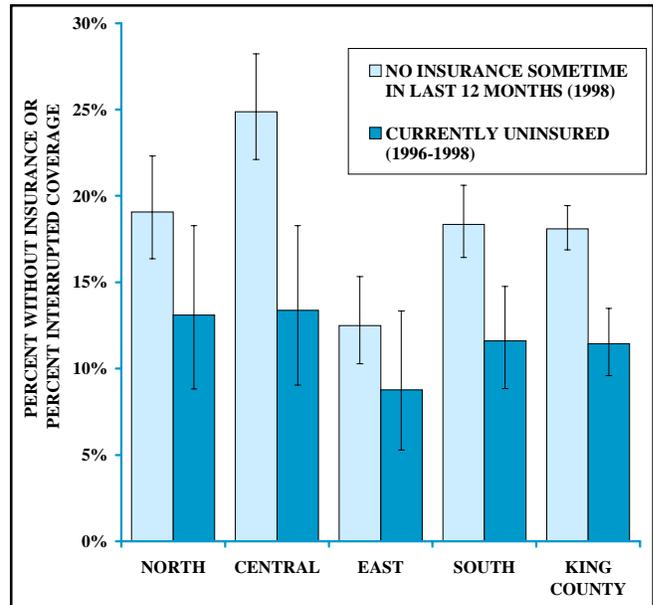


\*FPL stands for Federal Poverty Level.  
Source: Washington State Population Survey, 1998.

- Approximately 17% of children living below 200% of the Federal Poverty Level (FPL) lacked health coverage. This was the Medicaid eligibility level in 1998, indicating that many children who qualify for Medicaid are not enrolled.
- In 1998, children who met Medicaid eligibility were about three times more likely to lack insurance than their counterparts who lived at over 200% of FPL (5% uninsured, data not shown). This difference is on the borderline of statistical significance.
- For children living in households with incomes between 200% and 249% of the FPL (the group now covered by expanded Medicaid eligibility through the Children's Health Insurance Program (CHIP) ) about 11% lacked health coverage.

### Lack of Insurance and Interrupted Insurance Coverage\* by Region, Age 18-64 King County

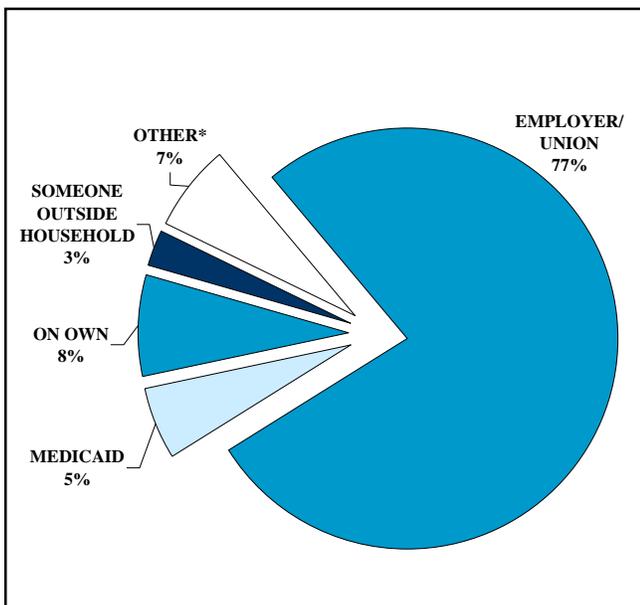
- Interrupted coverage can signify a strategic decision to purchase insurance only when affordable or when it is perceived as needed, or could be caused by changing residences or jobs. Almost one in five (18%) of King County adults under 65 had interrupted coverage at some time in the previous 12 months.
- An interruption in coverage was significantly more likely to occur for residents of the Central Region than to residents in East. There was also significantly increased prevalence of interrupted coverage for members of low-income households, for nonwhite respondents, in younger respondents and in men. (data not shown)
- King County residents also change insurance plans fairly often. Of those currently insured, 23% have changed policies in the last year; 37% have changed policies in the last two years (data not shown).
- In 1996 to 1998, the percent lacking health insurance ranged from a high of 13% in North and Central Regions to a low of 9% in East Region of King County. There were no significant differences among the regions, and no significant trends over time in any of the regions.



\*Interrupted coverage is defined as those currently uninsured plus those who are currently insured but who lacked insurance at some time in the last 12 months.

Source: Washington State BRFS (1996-1998), King County Small Area BRFS (1998)

### Primary Source of Insurance Coverage, Age 18 to 64 King County, 1998



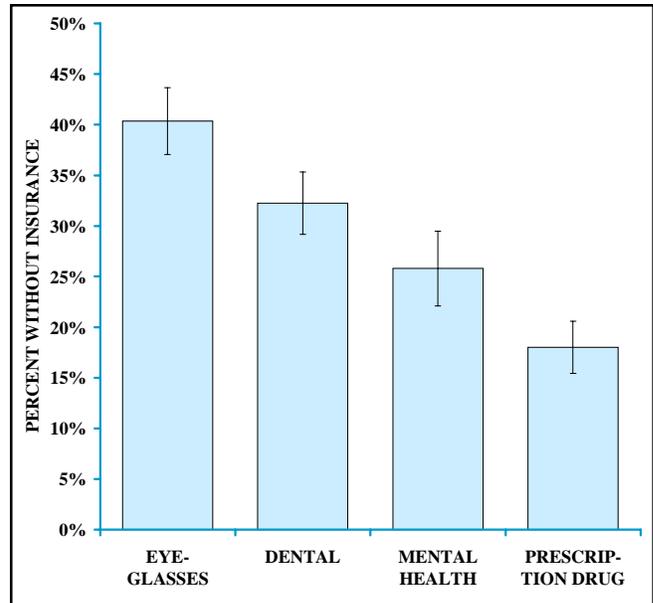
- Over three in four King County residents (77%) obtained their insurance through an employer- or union-paid plan. Eight percent purchased insurance on their own.
- Employed, insured adults under 65 and living in households earning less than \$25,000 per year (and thus probably in lower-paying jobs) were less likely to be covered in workplace-sponsored plans than their counterparts earning \$25,000 or more. Sixty-two percent of low-income, insured respondents reported getting insurance provided by an employer, compared to 82% (over eight in 10) of respondents with household incomes of \$25,000 or more (data not shown).

\*Medicare, Military, Basic Health Plan and Other response categories each made up less than 2% of the total, and are included in "Other" above.

Source: Washington State Population Survey, 1998.

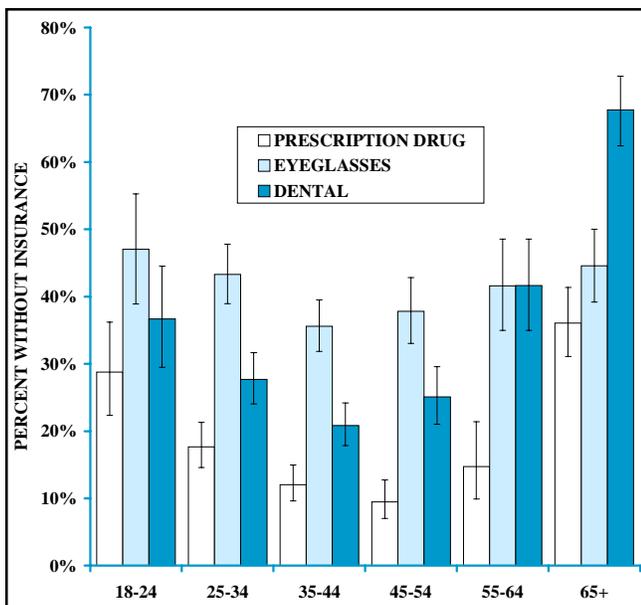
### Lack of Prescription Drug, Eyeglasses, Mental Health, and Dental Insurance, Age 18 and Over King County, 1998

- Lack of coverage for prescription drugs (18%, or 220,000 people over 18), mental health (26% or 320,000), dental care (32% or 400,000) and eyeglasses (40% or 500,000) was considerably more common than lack of medical insurance in King County adults.
- Over one-third (34%) of respondents did not know whether they were covered by mental health insurance. Because the large proportion of missing answers affects the validity of the results, data on mental health coverage is not presented in more detailed analyses elsewhere in this report.



Source: 1998 King County Access to Care Survey.

### Lack of Prescription Drug, Eyeglasses, and Dental Insurance by Age Group King County, 1996 & 1998 Average

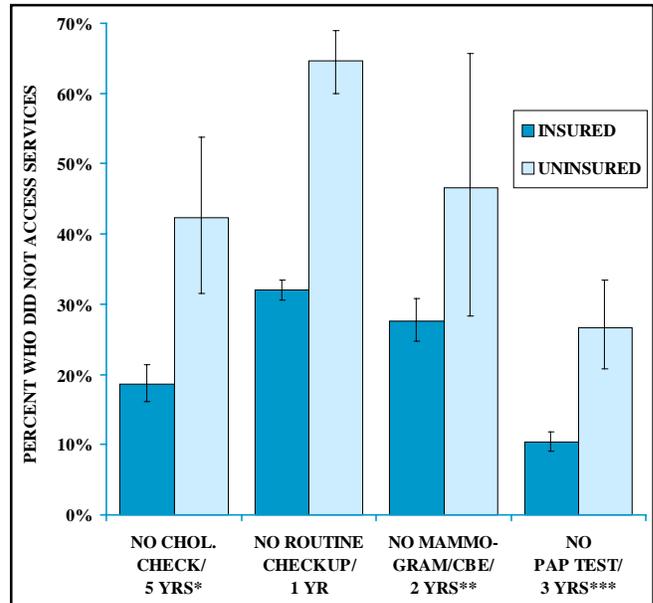


Source: 1996 and 1998 King County Access to Care Survey.

- In sharp contrast to the pattern observed in medical insurance coverage, King County residents age 65 and older were significantly more likely to lack prescription drug and dental coverage than their counterparts in most other age groups.
- Almost seven in 10 (68%) older adults lacked dental insurance. Lack of coverage for prescription drugs was over twice as likely in those age 65 and older (36% uninsured) compared to those age 55 to 64 (15% uninsured). Medicare, which partially covers medical costs, does not cover dental care, prescription drugs or eyeglasses. Coverage for those services is obtained through supplemental policies.
- Lack of coverage for eyeglasses was relatively common in every age group, ranging from 36% in those age 35 to 44, to 47% in those age 18 to 24 years.

### Lack of Insurance and Access to Preventive Services, Age 18 and Over King County, 1994-1998 Average

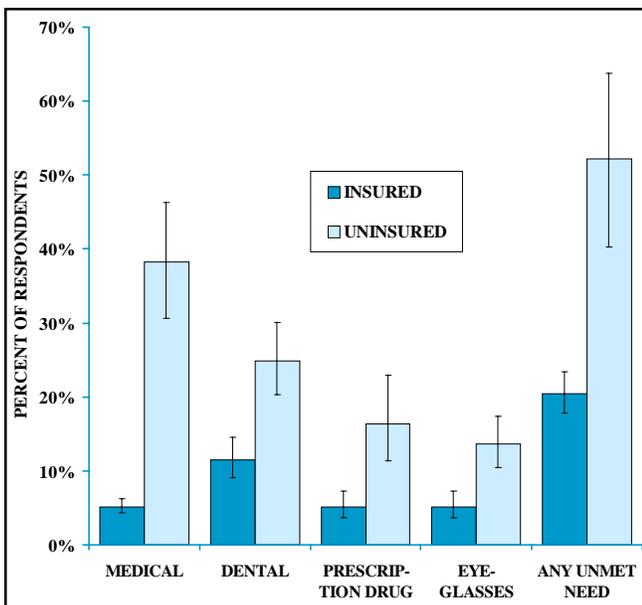
- Lack of coverage can be a barrier to obtaining needed care, particularly routine preventive care such as screening for elevated blood pressure, breast and cervical cancer and colorectal cancer. The uninsured population was much less likely to obtain preventive medical services at recommended intervals than their insured counterparts. All of the differences were statistically significant (the mammogram/clinical breast exam differences were borderline significant).
- Uninsured women 18 and older were almost three times as likely to not have had a Pap test (for detection of cervical cancer) in the last three years.
- The uninsured respondents reported they had had a routine checkup in the past year only half as often as insured respondents.
- In women 50 and older, the uninsured were one and a half times as likely to have missed recommended breast cancer screening (mammogram, and clinical breast exam or CBE) in the past 2 years.



\* 1993, 1995 and 1997 average; age 35-65 for men, 45-65 for women.  
 \*\* Women age 50 and older; CBE is Clinical Breast Exam.  
 \*\*\* Women age 18 and older.

Source: Washington State BRFSS (1994-1998); King County Small Area BRFSS (1998).

### Lack of Insurance and Unmet Need Due to Cost in Last 12 Months, Age 18 and Over King County, 1998



Source: 1998 King County Access to Care Survey; 1998 King County Small Area BRFSS.

- King County adults who were uninsured were more likely to have been unable to see a health care provider sometime in the last 12 months because of the cost. Over 50% of uninsured residents reported an unmet medical, dental, prescribed drug, or vision care need.
- Those without insurance were over seven times as likely to not see a doctor when they needed one because of cost. Almost four in 10 of the uninsured reported this.
- An unmet dental need was reported by one in four who did not have dental insurance, over twice that seen in those with dental coverage.
- These differences are statistically significant. On average, almost half of those respondents who reported an unmet need said it limited their activities for one or more days.

## Who Are the Uninsured?

The following table presents demographic measures (gender, race, income/poverty and employment status) in the uninsured and in the general population, for all ages and for working-age adults generally not eligible for Medicare coverage (age 18 to 64). The table provides a profile of the uninsured: most are employed; most are under 45 years old; most are non-poor; and the uninsured can be found in all ethnic groups. The table also presents the distribution of these demographics in the King County population.

Demographics of the Uninsured: Comparison to the Overall Population  
King County, 1998

<i>Demographic Category</i>	<i>All Ages</i>		<i>Age 18 to 64</i>	
	<i>% of the Uninsured</i>	<i>% of the Total Population</i>	<i>% of the Uninsured</i>	<i>% of the Total Population</i>
<u>Gender</u>				
Male	50%	50%	55%	50%
Female	50%	50%	45%	50%
<u>Race/Ethnicity</u>				
African American	9%	6%	9%	6%
American Indian	2%	1%	3%	1%
Asian/Pacific Islander	13%	10%	10%	10%
White	76%	83%	78%	83%
Hispanic/Latino*	6%	3%	6%	3%
<u>Poverty/Income</u>				
Under 100% Federal Poverty Level	11%	6%	9%	4%
100%-199% Federal Poverty Level	25%	11%	24%	9%
200% & Over Federal Poverty Level	64%	84%	67%	86%
Household Income Less than \$25,000/year	30%	14%	31%	12%
<u>Employment Status</u>				
Employed	N/A	N/A	75%	81%
Unemployed	N/A	N/A	7%	2%
Not in Labor Force**	N/A	N/A	18%	16%
<u>Age</u>				
Under 18	19%	24%	N/A	N/A
18 to 24	19%	8%	N/A	N/A
25 to 44	41%	34%	N/A	N/A
45 to 64	18%	23%	N/A	N/A
65 and Over	3%	11%	N/A	N/A

\*Hispanic/Latino is classified as an ethnicity, so respondents could also be included in any race group.

\*\*Not in Labor Force is defined as those who are not employed and are not currently seeking employment.

N/A stands for Not Applicable.

Source: 1998 Washington State Population Survey.

## Data Sources

Data on insurance status, income, race and place of residence in King County residents is available from all the surveys listed below, and information on use of preventive services is available from the Washington State Behavioral Risk Factor Surveillance Survey and the King County Small Area Survey. When more than one source could be used to supply the estimates presented, the source judged to provide the most stable and/or valid estimates was chosen. All surveys were random-digit-dial anonymous telephone surveys, the only available population-based source of local data on insurance coverage. The following surveys were used as sources; also listed is the sponsoring agency. Specific sources for charts are given below the charts.

*Washington State Behavioral Risk Factor Surveillance Survey (BRFSS), Center for Health Statistics, Washington State Department of Health, 1991-1998. [Age 18 and over]*

*King County Small Area Survey, Public Health - Seattle & King County, 1998. (This survey extended the BRFSS by adding King County residents to the sample, so that regional rates could be estimated.) [Age 18 and over]*

*King County Access to Care Surveys, Public Health - Seattle & King County, 1996 and 1998. [Age 18 and over]*

*Washington State Population Survey, Washington State Office of Financial Management, 1998. On the Web at: <http://www.ofm.wa.gov/sps/index.htm> [All ages]*

Although the data were collected by the sponsoring agencies named above, Public Health - Seattle & King County is responsible for all data analysis and presentation.

## Technical Notes

Confidence Interval: When comparing sample rates, the 95 percent confidence interval (designated with  $\pm$ ) is calculated for each rate to assess how much the rate is likely to vary due to random variation. For each sample rate, the true population value is expected to occur within the confidence interval 95 percent of the time. Any two rates are considered statistically significantly different from each other if the confidence intervals do not overlap.

### Notes on Presenting Data by Race/Ethnicity

Epidemiologic analyses frequently examine group differences in health outcomes by demographic characteristics such as age, gender, and race/ethnicity. In recent years, the presentation of data broken down by race/ethnicity has been questioned by researchers and communities. There is concern that readers may incorrectly assume that differences between groups are biologically based, and that the racial categories used are not necessarily reflective of individuals' self-identification. It has also been argued that the continued use of race/ethnicity may reinforce negative stereotypes, introduce false assumptions, and discredit and stigmatize communities of color.

Most researchers believe that race/ethnicity is a marker for complex social, economic, and political factors that are important influences on community and individual health. Most communities of color in this country have experienced social and economic discrimination, and other forms of racism, which can negatively affect the health of those communities. We continue to examine and present data by race/ethnicity because we believe that it is important to understand which racial/ethnic groups are disproportionately affected by significant health issues. We hope this understanding will lead to strategies that address these issues, as well as the social and economic inequities which underlie them.

This issue of Public Health Data Watch was prepared by: David Solet (lead writer and data analyst); Kirsten Wysen, Maria Carlos and Susan Thompson (information on resources); and Claire Talltree (design and production). We also wish to thank Jim Krieger, Susan Johnson, Sandy Ciske and several others for review and comment.

*Public Health Data Watch* monitors trends in key health indicators for King County. It is produced by the Epidemiology, Planning, and Evaluation Unit (EPE) of Public Health - Seattle & King County, with assistance from other Health Department staff. For additional copies of this report, please contact:

Public Health - Seattle & King County  
Epidemiology, Planning, and Evaluation Unit  
Wells Fargo Center, Suite 1200  
999 Third Avenue, Seattle, WA 98104-4039

Phone: (206) 296-6817  
Fax: (206) 205-5314  
Email: [scott.jones@metrokc.gov](mailto:scott.jones@metrokc.gov)

**Note: We provide alternate formats for printed material upon request for people with special needs.**

## Insurance Coverage Resources

### Resources for Referring People in Need

**Community Health Access Program (CHAP):** a free telephone referral service that helps connect people with medical coverage and medical care. Able to accommodate phone calls in many languages. Phone: 206-284-0331 or 800-756-5437

**Children's Health Insurance Program (CHIP):** a new federal program for children under 19 years of age with a family income between 200% and 250% of the federal poverty level (FPL). Phone: 877-KIDS-NOW (877-543-7669)

**Healthy Mothers, Healthy Babies:** a statewide telephone referral service for low-income families in need of a variety of health and community services, including health insurance, health care, WIC, and other referrals. Also provides free health education materials for pregnant women and families. Phone: 800-322-2588

### Programs Addressing Access to Health Coverage

**Public Health/Community Clinic Application Workers:** A network of application workers, based at Public Health sites and community clinics throughout King County, who assist people without health coverage with applications for Medicaid, CHIP and BHP. For a listing of public health or community clinics call CHAP (see listing above).

**kids.health.2001:** An outreach and marketing effort to connect kids under age 19 with free insurance through Medicaid. Phone: 800-756-KIDS (800-756-5437)

**Medicaid Client Outreach Projects:** Eight related projects throughout King County that receive Medicaid funds to reach families in need with uninsured children who are potentially eligible for Medicaid, and to assist them with Medicaid applications. Phone: 206-296-4876

**Evergreen Healthcare Access Program:** a program of Evergreen Hospital in Kirkland, which provides support for health systems improvement and direct service programs, including outreach and enrollment services for low-income people in need of health care in East King County. The mission of the Healthcare Access Program (HCAP) is to be a partner with agencies or district residents (primarily uninsured/underinsured) who are seeking access to affordable and quality health and social services. Phone: 425-899-3252

**Washington State Basic Health Plan:** The Washington State Health Care Authority offers comprehensive health care coverage through the Basic Health Plan. The amount you pay depends on your age, family size, income and the health plan you choose. Phone: 800-826-2444 to request an application; 360-923-2701 for Telecommunication device for the deaf.

On the Web at: <http://www.wa.gov/hca/basic.htm>

**Washington State Health Insurance Pool:** Created by the Washington State Legislature to offer residents of the state, through participation of health insurance companies, a program of health insurance. The program is designed to provide health insurance to Washington residents who are unable to find adequate health insurance coverage in the private market due to their mental/physical condition or because they reside in a Washington county where commercial individual coverage is not offered. Phone: 800-877-5187

On the Web at: <https://www.accessoasys.com>

### Public Health Policy/Planning

**King County Health Action Plan:** a local coalition of public and private health care organizations undertaking innovative pilot programs to improve community health, such as a project to presume all children in Seattle and King County are eligible for health care. Phone: (206) 296-4669