

# HEALTH INSURANCE COVERAGE

Targeted Environmental Scan: Working Document

Prepared for the Governor's Interagency Council on Health Disparities

Updated August 2008

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This document describes some activities and initiatives in Washington State aimed at increasing the rate of health insurance coverage among Washingtonians. Very few efforts to increase rates specifically among communities of color were identified. The majority of activities focus on increasing rates among lower income individuals.

## I. BACKGROUND

Following is a description of recently passed legislation related to increasing health insurance coverage rates for children in Washington. The legislation is referenced throughout this document.

### **Senate Bill 5093, Cover All Kids Law, Adopted March 2007**

This law provides comprehensive health insurance coverage options for all children in Washington. The law has several components to greatly expand the number of children covered through state health insurance and to improve the quality of the coverage. First, children's health insurance programs will be presented with one program name, and outreach and enrollment efforts will be melded into one system. This effort is intended to reduce confusion for families. There will also be efforts to market or re-brand the program. Second, all children in families with incomes up to 250% of the Federal Poverty Line (FPL) are eligible, and the state will provide funding for all enrolled children. There will be no caps on enrollment and no wait lists. Third, beginning in January 2009, children in families with incomes up to 300% of FPL can get coverage; their premiums will be charged based on a sliding fee scale. Fourth, children in families with incomes over 300% of poverty are eligible for coverage; their families must buy coverage from the state at full cost. Fifth, non-citizen children now have the same income limits as citizen children; although, Washington will have to use state money to support these children. Sixth, the application and renewal process will be streamlined through on-line applications and retention measures. Seventh, there will be comprehensive outreach to ensure that parents have accurate information and are able to enroll their children. Last, the bill provides quality improvement measures and targeted provider rate increases to coordinate care for children through medical homes.

### **House Bill 1569, Improving Health Insurance Coverage, Adopted 2007**

E2SHB 1569 created the Health Insurance Partnership (HIP) to improve access to health insurance by offering a variety of private plans to small employers. The HIP will be available for small employers (between 2-50 employees) and their employees. Traditionally, these employers have had to pay 75% of the employees' premiums. Under the HIP, a small employer can enroll and pay as little as 40% of employees' premiums. A small employer is eligible if it has between 2-50 employees and 50% of its employees are low-wage workers. All of its employees can buy the health insurance, and the low-wage employees (those with a family income less than 200% of poverty level) will be offered subsidies on a sliding scale to help pay their share of the premiums. E2SHB 1569 also created the Health Insurance Partnership Board, which will determine the policies of the new program.

## HEALTH INSURANCE COVERAGE (Cont.)

### II. EFFORTS AND INITIATIVES

This document organizes government agencies, community-based organizations, and other entities by strategies used to increase health insurance coverage rates. The list under each heading is not exhaustive.

#### A. GOVERNMENT AGENCIES IMPLEMENT LEGISLATION AND ADMINISTER PROGRAMS IN A WAY THAT INCREASES COVERAGE RATES

##### Washington State Department of Social and Health Services

DSHS is involved in a significant amount of work to implement the Cover All Kids Law (see attachment). It is working on outreach and messaging based on the phased eligibility provisions of the bill. DSHS will do targeted outreach to identify and contact children who are believed to be below 250% of the Federal Poverty Line (a phase of income eligibility) but not already enrolled. It will find them through information submitted to other public programs, such as the Women, Infants, and Children Nutrition Program and child support enforcement. Phase two of outreach includes contracts with private, public, and nonprofit entities to provide \$75 to the entities for each child they successfully enroll in the expanded program. In addition, DSHS has a stakeholder group that meets regularly, and it has hired a media firm to help them with messaging to re-brand the program. It has contracts in place with local health departments to do the outreach and contact the families. It has a few contracts with community-based groups, such as CHOICE Regional Health Network in Olympia, for these outreach efforts. On July 31, 2008, a statewide enrollment initiative called “Apple Health for Kids” was launched. The initiative will consist of a bus tour to visit communities around the state during August and September, talking to parents, children, health professionals and community leaders about eligibility for children's medical coverage and how families can enroll.

DSHS is also involved in the implementation of a navigator pilot program. The pilot will assist those already enrolled in Medicaid and help eligible individuals enroll in Medicaid. The navigator program is specifically focused on disparities. Four successful bidders have been chosen for the pilot and final contract negotiations are underway. The Washington navigator programs will be among the first in the nation for Medicaid clients. Patient navigators will be members of communities of color and cultures who are knowledgeable about the health care system as well as the culture itself.

##### Washington State Health Insurance Pool

WSHIP is the “high-risk” health insurance pool for the state of Washington. It was created by the state legislature to offer insurance coverage for state residents who are rejected for coverage in the individual market. The pool is designed to provide a mechanism to ensure the availability of comprehensive health insurance to persons unable to obtain such insurance coverage on either an individual or group basis directly under any health plan. WSHIP is a nonprofit entity. The Office of the Insurance Commissioner (OIC) has regulatory oversight of the pool.

## HEALTH INSURANCE COVERAGE (Cont.)

### Health Care Authority

#### Washington Health Insurance Partnership

The Health Care Authority will implement 1569 through the Washington Health Insurance Partnership (see above).

#### Basic Health, Mechanisms to Enroll Individuals and Help them Maintain Coverage

Basic Health covers 105,000 families or individuals in Washington, and 29,000 of these individuals or families have basic health financial sponsors. The family or individual enrolls through the sponsor; the sponsor pays the premiums and the individual or family may have to pay a portion or all of the premiums to the sponsor. The sponsor monitors whether the individual is responding to paperwork, such as recertification paperwork, and helps in response and completing paperwork. Some of the larger sponsors include Mount Adams Health Foundation, El Centro de la Raza, Neighborhood House, and Yakima Neighborhood Health Services. There are also many tribal sponsors. Health departments also have application workers who are paid to work with individuals to get them enrolled. These workers will help individuals gather and submit documents.

### Department of Health

The Department of Health has at least two programs that help uninsured individuals get insurance if the uninsured individuals need care for specific conditions. The Community Wellness and Prevention Program has a breast and cervical cancer screening program for low-income women who do not have health insurance coverage. If women receive a screening that indicates they need follow-up care, the program will assess their Medicaid eligibility and connect them with Medicaid. In addition, DOH provides funding for services and insurance for qualifying individuals with HIV/AIDS through the Early Intervention Program (EIP, Ryan White Program Part B - AIDS Drug Assistance Program (ADAP)). Through EIP, DOH is able to assist with insurance premiums and Medicaid spend-down to help individuals get and maintain insurance coverage. DOH receives some Minority AIDS Initiative money; it is currently using this money for a contract with Tacoma/Pierce County Health District to bring African Americans and Hispanics into care, specifically into EIP.

#### B. COMMUNITY-BASED ORGANIZATIONS AND GOVERNMENT AGENCIES ENGAGE IN OUTREACH EFFORTS TO ENROLL INDIVIDUALS

### CHOICE Regional Health Network

CHOICE Regional Health Network is a nonprofit consortium of rural and urban hospitals, practitioners, public health, clinics, and other health partners. It works in Mason, Grays Harbor, Pacific, Lewis, and Thurston counties. CHOICE does community health care development, advocacy on access and quality improvement, and direct work with clients to connect them with services. As part of its direct client work, CHOICE provides outreach and help with enrollment in Basic Health, Medicaid, and other health insurance coverage. It does outreach in a variety of ways, including through schools, employers, hospitals, and health departments. It estimates that it has reached 80% of the uninsured in the five counties. About half of the individuals reached

## **HEALTH INSURANCE COVERAGE (Cont.)**

speak Spanish and about two-thirds of CHOICE outreach staff are bilingual. CHOICE currently has contracts to do outreach with public health agencies in each of its five counties as part of Washington's effort under the Cover All Kids law. In addition, CHOICE does advocacy on access issues.

### **King County Project Access**

King County Project Access connects low-income, uninsured clients with needed specialty health care and donated ancillary, in- and out-patient hospital services.

The majority of its clients receive primary care from the community health and public health clinics in King County. KCPA connects these individuals with specialty care when it is needed. In addition, KCPA case managers, which are provided to every client, screen clients for various programs and assist them in applying for public health insurance. KCPA addresses cultural and linguistic barriers to care by maintaining bilingual, culturally sensitive staff and by providing interpretation services for clients with limited English proficiency.

### **The Community Health Access Program (CHAP)**

The Community Health Access Program (CHAP), a Washington Health Foundation program, assists families and individuals in King County with access to culturally and linguistically appropriate health care and social services, regardless of their ability to pay. CHAP helps families and individuals find health insurance coverage and providers.

### **Health For All**

Health for All, coordinated by Community-Minded Enterprises, is a community-based health care access project designed to link individuals and families in Eastern Washington with health insurance programs and community health care resources. Resource specialists provide assistance with applications and follow-up services that help individuals enroll in health plans and become educated health care consumers. It also assists those who do not qualify for state-sponsored coverage by linking them with appropriate community resources. Health for All does outreach through radio and television advertising, and it does outreach presentations. It does advertising that targets women, particularly pregnant women. The program has done work with communities of color, especially with the Latino and Native American communities. In the past, it was able to give several subcontracts to community-based organizations within communities of color to do outreach within their communities. Health for All and the Colville Tribe were especially successful partners. Health for All receives funding from DSHS, Group Health Foundation, and a Community Health Care Collaborative Grant from the Health Care Authority.

### **Whatcom Alliance for Healthcare Access**

WAHA's services are available to anyone who lives in Whatcom County and would like assistance finding insurance and health care. The alliance has trained volunteers and staff to help families and individuals navigate the health care system. It provides free counseling over the phone or in-person to help clients get, keep, and use health care coverage.

## HEALTH INSURANCE COVERAGE (Cont.)

### WithinReach

WithinReach connects families to health resources through four statewide hotlines and ParentHelp123.org, an interactive website that helps families find and apply for programs and local services. WithinReach connects individuals and families to programs and services such as family planning, nutritional services, and free or low-cost health insurance, including Medicaid, Basic Health, and Children's Health Insurance Programs. ParentHelp123.org has a Benefit Finder to help parents learn if they are eligible for health insurance and other programs, and the website allows parents to complete program applications online.

### State Health Insurance Benefits Advisors (SHIBA) HelpLine

The SHIBA HelpLine is a health insurance consumer counseling program administered by the Washington State Office of the Insurance Commissioner. SHIBA provides free information about health care coverage and access. SHIBA volunteers are trained by the Office of the Insurance Commissioner. There are over 300 active volunteers in the state who assist consumers by phone or in person at local sponsoring agencies in 38 Washington counties. SHIBA HelpLine serves about 150,000 Washington consumers annually. The helpline assists callers with a variety of issues, including helping callers save money on Medicare and capturing complaints about insurance plans. In addition, SHIBA helps callers learn about available health insurance plans and whether they are eligible for public or private health insurance, and it gives them information about how to apply for the benefits. SHIBA also has hundreds of publications for the public on health insurance and access. In addition to the phone line, SHIBA volunteers go into communities to do presentations, answer questions, and counsel consumers. It has bilingual volunteers answering phones and counseling consumers. SHIBA has 21 sponsoring organizations that recruit and manage volunteers to do insurance training in their own communities. Sponsoring organizations include the Chinese Information and Service Center, the Korean Women's Association, and Community CHOICE of Eastern Washington. In addition, most of the tribes in the state have SHIBA volunteers.

### C. COMMUNITY-BASED ORGANIZATIONS AND OTHER PRIVATE ENTITIES ADVOCATE FOR POLICY CHANGE TO INCREASE COVERAGE RATES

#### Children's Alliance and the Health Coalition for Children and Youth

The Children's Alliance provides staffing for the Health Coalition for Children and Youth (HCCY). HCCY, which has been together for 15 years and has about 40 members, was instrumental in creating and passing the Cover All Kids law. HCCY has numerous committees to assist with the implementation of the law. These committees include an outreach committee, a medical home steering committee, and an online application steering committee. Each of these committees contains several subcommittees. HCCY is very involved with many implementation efforts, including work with OSPI to do outreach through the free and reduced lunch program. HCCY also uses legal advocacy, and it advocates for administrative changes. It also advocates for specific implementation steps; for example, it has advocated for an outreach effort to families of non-citizen children to inform them that their children are now eligible at higher income limits, and it is safe for them to apply.

## HEALTH INSURANCE COVERAGE (Cont.)

### Community Health Network of Washington

The Community Health Network of Washington (CHNW) serves as a statewide system of community health centers. Its goal is to ensure that all Washingtonians have access to medical care and health insurance. CHNW advocates on a state level to promote public policies that increase access to health insurance and health care and reduce the number of uninsured people in Washington. It partners with the Washington Association of Community and Migrant Health Centers (WACMHC) on policy and advocacy. It advocates for things such as an increase in Basic Health Care slots, and it advocated for the Cover All Kids legislation.

### Healthy Washington Coalition

The Healthy Washington Coalition is a diverse health care reform organization made up of labor, business, providers, hospitals, consumers and public interest groups. The goal of the Healthy Washington Coalition is to support a broad comprehensive vision for Washington's health care system. It has adopted a set of principles that will guide its legislative goals. Currently, the coalition is organizing town hall meetings to provide an opportunity for community discussion of health care challenges and options for reform. At each town hall meeting, participants review and discuss five health reform proposals currently under consideration by the Legislature: (1) the private insurance deregulation plan, (2) the Massachusetts plan, (3) the Washington Health Partnership plan, (4) the Single Payer plan, and (5) the Guaranteed Health Benefits plan (Insurance Commissioner Mike Kreidler's plan), see attached for brief descriptions of the proposals. The input gathered from the town hall meetings will be used to help guide the Coalition as it develops its health care reform proposal for the 2009 legislative session.

### Office of the Insurance Commissioner

Insurance Commissioner Mike Kreidler has developed a health reform plan to overhaul the health care system in Washington to provide catastrophic coverage for all Washingtonians and make additional coverage more affordable. Like the Healthy Washington Coalition's town hall meetings, the Office will host seven leadership councils with opinion leaders in various communities across the state in September and October 2008 to discuss the five health reform proposals under consideration by the Legislature. These will be followed-up by a second round of leadership councils in 2009 after the actuarial analyses of each of the plans is completed. The input gathered from the leadership councils will be used to guide revisions to the Insurance Commissioner's plan.

#### D. PROVIDERS ENGAGE IN EFFORTS TO ENROLL THEIR PATIENTS

### Tribal Medicaid Administrative Match

Medicaid Administrative Match (MAM) is a federal reimbursement program administered through the State of Washington, Department of Social and Health Services/Health and Recovery Services Administration. In Washington, MAM has been used primarily for local health jurisdictions and schools. Recently, tribes in Washington began contracting with HRSA for MAM reimbursement. MAM allows tribes and qualified tribal organizations to be reimbursed for administrative activities related to Medicaid outreach, coordination, and referral activities. The primary intent of MAM core activities is to be certain people who are Medicaid eligible

## HEALTH INSURANCE COVERAGE (Cont.)

receive information and access to Medicaid coverage and services. Technical training and support is provided to assist with implementation, documentation, billing, and monitoring. Many organizations worked hard for tribes to receive MAM, including the American Indian Health Commission, the NW Portland Area Indian Health Board, the Indian Policy Advisory Committee in DSHS, and DSHS staff.

### Other Entities Work to Enroll Individuals

Provider efforts to enroll patients are likely to occur in a variety of settings. Public health clinics may pay staff to assist individuals with enrolling in health plans, such as Basic Health. Providers that are Basic Health financial sponsors will assist their patients in enrolling in Basic Health. Community Health Clinics may also engage in efforts to enroll individuals in coverage.

### *Discussion of Statewide Gaps and Sustainability*

- The implementation efforts of the Cover All Kids Law may not adequately reach and enroll families that do not use benefits, such as DSHS benefits and the free and reduced lunch program. There needs to be planned efforts to reach these children in the implementation process (Illinois has successfully used the application agent model). The Health Disparities Council could have a role in this planning process.
- There is a lack of case management resources in assisting individuals with enrolling in coverage and keeping their coverage. Some individuals need assistance with responding to paperwork requests, such as recertification requests, to keep their coverage. Also, individuals need help in picking the coverage that is best for their particular situations and making sure they continue to have the best plan for them.
- The churn rate (cycling on and off coverage due to things like failure to return recertification materials) for public medical programs is unnecessarily high. This concern was mentioned by a several community-based organizations. There is some effort to address this issue for children in the implementation of the Cover All Kids law.
- Outreach efforts to get people signed up for available coverage are inadequate. Outreach efforts should be increased and publicly-funded benefit programs need to be re-branded to reduce stigma. Efforts in these areas under the Cover all Kids legislation should be expanded to other programs.
- Reimbursement rates to providers are too low for some programs, which makes it difficult for covered individuals to find providers.

## 2008 Fact Sheet:

# An outreach plan for Cover All Children

### THE BACKGROUND

**Governor Christine Gregoire has set a state goal to cover every child by 2010, but about 4 percent of Washington's 1.6 million children still do not have health insurance. With 18 months left before the Governor's deadline, here's how the state stacks up:**

- Approximately 45,000 of the 72,000 uninsured children live in households with incomes under 250% of the Federal Poverty Level (FPL) – about \$41,000 for a family of three and \$50,000 for a family of four.
- With the help of legislation, the state now is offering coverage to children through a new consolidated health program. Under it, all children in households with incomes up to 250 percent of FPL will have access to state-subsidized health coverage.
- Many families with access to dependent coverage through their employers can also receive assistance. A new eligibility program called Employer Sponsored Insurance (ESI) calculates the cost of buying into those employer plans, approving it whenever the math saves taxpayers money.
- Benefit coverage under all children's programs will be the same as Medicaid, and all the programs will share a single application form.
- Beginning this summer, the Department of Social and Health Services will move into a second phase of its outreach efforts to reach uninsured children and their families. The Legislature budgeted \$5.0 million for outreach-related activities, including "re-branding" the state's children's coverage, developing targeted outreach efforts, and providing outstationed eligibility workers.

### PHASE ONE OF OUTREACH CAMPAIGN (January-June 2008)

- DSHS developed new outreach contracts with local health jurisdictions and community-based organizations that allow them to be paid for following up on working lists of children in apparently eligible families. The organizations are compensated at a rate of \$75 per enrolled child. Lists are generated by the agency from food assistance records as well as other child-care subsidies and eligibility information.
- Infrastructure grants are being provided to local health jurisdictions and community-based organizations for startup costs that will allow them to add necessary staff and equipment to work the lists of potentially eligible children.
- Economic Services Administration will place nine additional outstationed workers to assist with eligibility work in the field.
- DSHS is working with other state-level programs – notably Women Infants and Children (WIC) and Support Enforcement -- to further identify children who received those services but who do not appear to have medical coverage.
- DSHS is also coordinating with the Office of Superintendent of Public Instruction (OSPI) on creating a new authorization form that can be sent to parents with children eligible for free and reduced lunches, encouraging them to let the agencies share their family's information with the outreach community

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- DSHS initiated four pilots to improve renewals across the state:
  - In Region 6, families were mailed eligibility reviews with a pre-stamped envelope and a message that conveyed urgency and asked families to fill it out quickly and mail it back.
  - The Medical Eligibility Determination Services (MEDS) Office experimented with a new one-page form that was easier for families to complete and encouraged parents to complete their review by telephone.
  - In Region 4, Community Services Office (CSO) workers were instructed to use any contact with the family to urge them to complete their review over the telephone,
  - Finally, in three counties in Regions 1, 2 and 3, CSO workers pulled family contact information three months ahead of the review deadline and contacted the families, offering to help complete the review by telephone. Parents who were not at home were left a message reminding them to return their review quickly after they received it in the mail
- Preliminary data on the different pilots has been encouraging, and the Office of Financial Management plans to collect data from the different regions this summer in an effort to match it against previous churn rates. That analysis will help DSHS decide which of the pilots should be implemented statewide.
- DSHS held special Medicaid eligibility training for community-based outreach workers in four communities where outreach contractors requested the additional preparation. The four training sites were Arlington, Vancouver, Moses Lake and Spokane. DSHS will provide additional training if requested or if the need is clear.
- DSHS also has contracted with PRR, a Seattle marketing company to assist with branding the outreach campaign and its goal of enrolling all the state's children. PRR also will help develop a logo that can be used in advertising and campaign events and to prepare materials that can be used by the outreach campaign.

#### PHASE TWO OF OUTREACH CAMPAIGN (June-December 2008)

- DSHS is planning to create a network of application agents based on successful cover-all-children campaigns in California and Illinois. The agents – representing local community organizations, including faith-based groups – will go out into their communities and develop their own outreach campaigns for eligible children. Like their counterparts working from benefit lists during Phase One, these workers will receive a \$75 per enrolled child fee.
- DSHS will coordinate with OSPI on a legislative mandate to use school districts to support additional outreach activities. OSPI is currently collecting the names of districts interested in participating in the pilot.
- DSHS also is partnering with the Department of Employment Security to provide Web links and other information to unemployed residents, alerting them to the possibility that their children may qualify for health coverage under the new eligibility program.
- DSHS is contracting with the Department of Information Services (DIS) on a different kind of Web page to reflect the new “Kids Are Kids” approach to eligibility. DIS also is offering to use its new media buying service for the outreach campaign.
- An event-anchored outreach campaign with a school/health bus is expected to kick off in July, followed by fresh outreach messaging approximately quarterly.
- DSHS is exploring the possibility partnering with professional sports figures or teams – or other celebrity spokesmen – who could participate in media work or in the series of community events that would reach more than a dozen of the state's larger communities.

**Washington State Health Reform Proposals  
Submitted to the Governor's Interagency Council on Health Disparities  
August 2008**

The Washington Legislature has identified five health care proposals for the state to consider. Each proposal will have an actuarial analysis by January 2009. The Legislature may decide to adopt an approach, propose a hybrid, or come up with a new reform option.

**Private Insurance Deregulation Plan:**

- Modify insurance regulations to address the needs of certain groups, such as small employers and young adults to provide more affordable coverage.
- All health plans that do not include mandated benefits.
- Allow health plan premiums to be adjusted to reflect health status.
- Allow for the pooling of health risk of young adults separately from other enrollees.
- Promote high deductible health plans with accompanying health savings accounts.

**The Massachusetts Plan:**

- Requires nearly all adults carry health insurance.
- Requires businesses with 11 or more employees to contribute to employee health benefits.
- Creates the health connector, an independent agency that sets insurance standards.
- Increase eligibility for Medicaid and improve Medicaid rates for providers.
- Creates a Cost and Quality Council to address key health care concerns.

**The Washington Health Partnership Plan**

- Cover all Washingtonians with a comprehensive, standard benefit package.
- An independent agency would determine the benefits and contract with health carriers or health care provider networks to offer coverage.
- Washingtonians would purchase the plan through the independent agency.
- Employers and individuals would pay a percentage of payroll—employees pay between 2-4% of their wages; self-employed individuals pay between 9-10% of their wages; and employers pay between 9-12% of their total payroll.

**The Single Payer Plan**

- Guaranteed coverage for all Washingtonians from a state-administered health insurance plan, which would provide a standard, comprehensive level of benefits.
- Larger employers pay a percentage of their payroll and employees over a certain income pay a standard monthly premium.

**The Guaranteed Health Benefits Plan**

- Guaranteed catastrophic coverage and basic preventive care, such as immunizations, screenings, annual dental visits, through a private insurer for all Washingtonians
- Option to purchase additional coverage for uncovered services.
- Employers and individuals would pay a percentage of payroll—employees pay 1% of wages and employers pay between 3-5% of total payroll, with small employers paying lower rates.
- Would increase coverage for Basic Health Plan to 300% of federal poverty level.

**Health Insurance Briefing Document**  
**Presented to the Governor's Interagency Council on Health Disparities**  
**September 20, 2007**

**Health insurance** is a mechanism that distributes the costs and risks associated with healthcare, thereby providing financial access to needed healthcare services. Health insurance is purchased by individuals, their employers, and through state and federal government programs such as Medicare and Medicaid.

**CRITERION #1: MAGNITUDE**

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- In 2006, an estimated 593,000 Washington residents were uninsured.
- The proportion of Washington residents without health insurance coverage in 2006 (9.3%) was not significantly different from 2004 (9.9%). From 2000 to 2004; however, there was a 27% increase in the proportion of uninsured residents.

**CRITERION #2: ASSOCIATION TO HEALTH OUTCOMES**

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- Uninsured adults are more likely to go without medical care than insured adults. In 2004, 48% of Washington adults without health insurance reported that they were unable to see a doctor when needed due to cost in the past 12 months compared to 9% of insured adults.
- In 2004, 16% of Washington adults without health insurance reported being in poor or fair health status, compared to 10% of those with health insurance coverage.
- Uninsured adults are less likely to receive preventive services. For example, in Washington State in 2004, 59% uninsured women ages 40-64 had not had a mammogram in the past two years, compared to 25% of insured women in the same age group. Similar disparities exist for cervical, prostate, and breast cancer screenings.
- Populations without health insurance are more likely to be diagnosed with later-stage cancer.
- Women who are uninsured receive prenatal care later in their pregnancies and their children have a greater risk for adverse physical outcomes.
- Uninsured children are more likely to receive care late in the development of health problems, and therefore, are more likely to be hospitalized for conditions that could have been treated with outpatient care.

**CRITERION #3: DISPARITY**

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- In 2006, 22% of American Indian/Alaska Native residents in Washington under the age of 65 were uninsured, significantly higher than the uninsured rate among white residents (11%). Rates of uninsured were 13% for blacks, 9% for Native Hawaiians and Pacific Islanders, and 5% for Asians. Hispanic residents were more likely to be uninsured (23%) relative to non-Hispanic residents (9%).
- The Index of Disparity for being uninsured by race was 175%.
- In 2006, Washington males were more likely to be uninsured than females, with 12% of men uninsured compared to 9% of women.

**The Index of Disparity** is the average of the difference in rates between the racial/ethnic group with the "best" rate and all other racial/ethnic groups.

*Keppel KG et al., Measuring progress in healthy people 2010. Statistical Notes, no 25. NCHS, 2004.*

Sources: (1) Washington State Office of Financial Management (2006). The Uninsured Population in Washington State – Research Brief No. 39 (Revised). Olympia, Washington. (2) Washington State Office of Financial Management (2007). Health Insurance by Race/Ethnicity – Research Brief No. 42. Olympia, Washington. (3) State Health Access Data Assistance Center for the Robert Wood Johnson Foundation (2006). The Coverage Gap: A State-by-State Report on Access to Care. (4) Washington State Department of Health (2002). Health Insurance Coverage In: The Health of Washington State. Olympia, Washington. (5) Governor Gregoire's Cover all Children by 2010 Workgroup (2005). Cover all Children – Why? Washington State Planning Grant on Access to Health Insurance.