



Clark County's Health A Snapshot

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Determinates of Health

Causes of premature death before age 65:

40% unhealthy behavior patterns

30% genetic predisposition

15% social circumstances

10% short comings in medical care

5% environmental



How Healthy is Clark County

Community Trends
Impact Us All



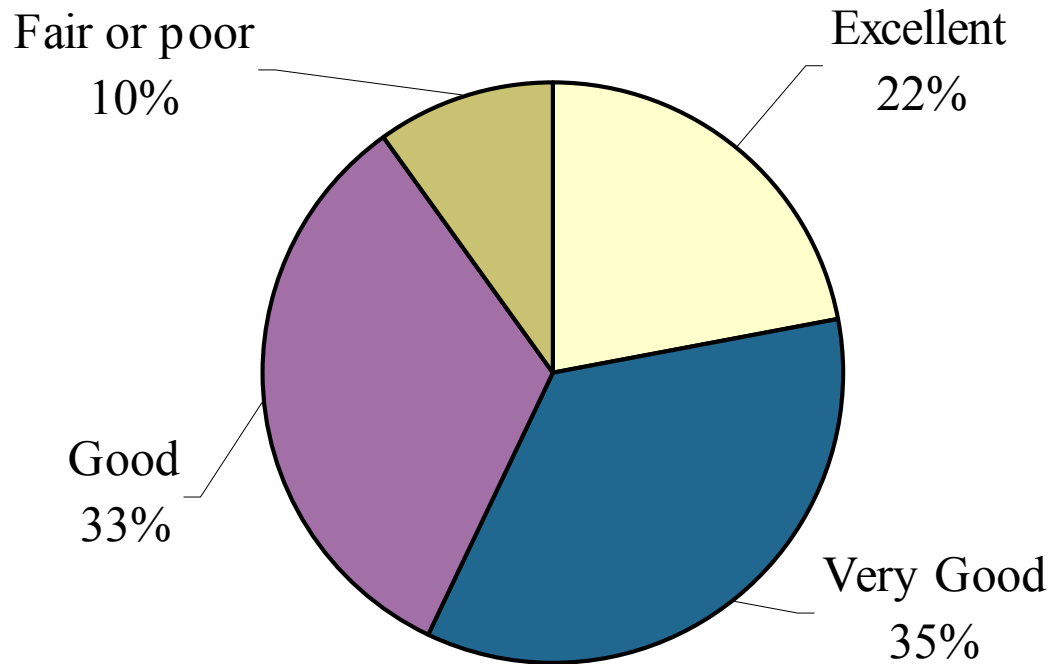
Clark County's Mortality Rates

- Trends 1994-2001:
 - Heart disease decreased
 - All Cancers- decreased
 - Strokes increased
 - Chronic lower respiratory disease about the same
 - Diabetes dropped then back to 94 levels
 - Unintentional injuries- decreased
 - Influenza & pneumonia increased
 - Suicide increase

National Center for Health Statistics

Perceived Health Status

Clark County BRFSS 2002





Personal Behaviors

- Tobacco use
- Over weight
- Poor physical activity
- Dietary habits



What Are The costs

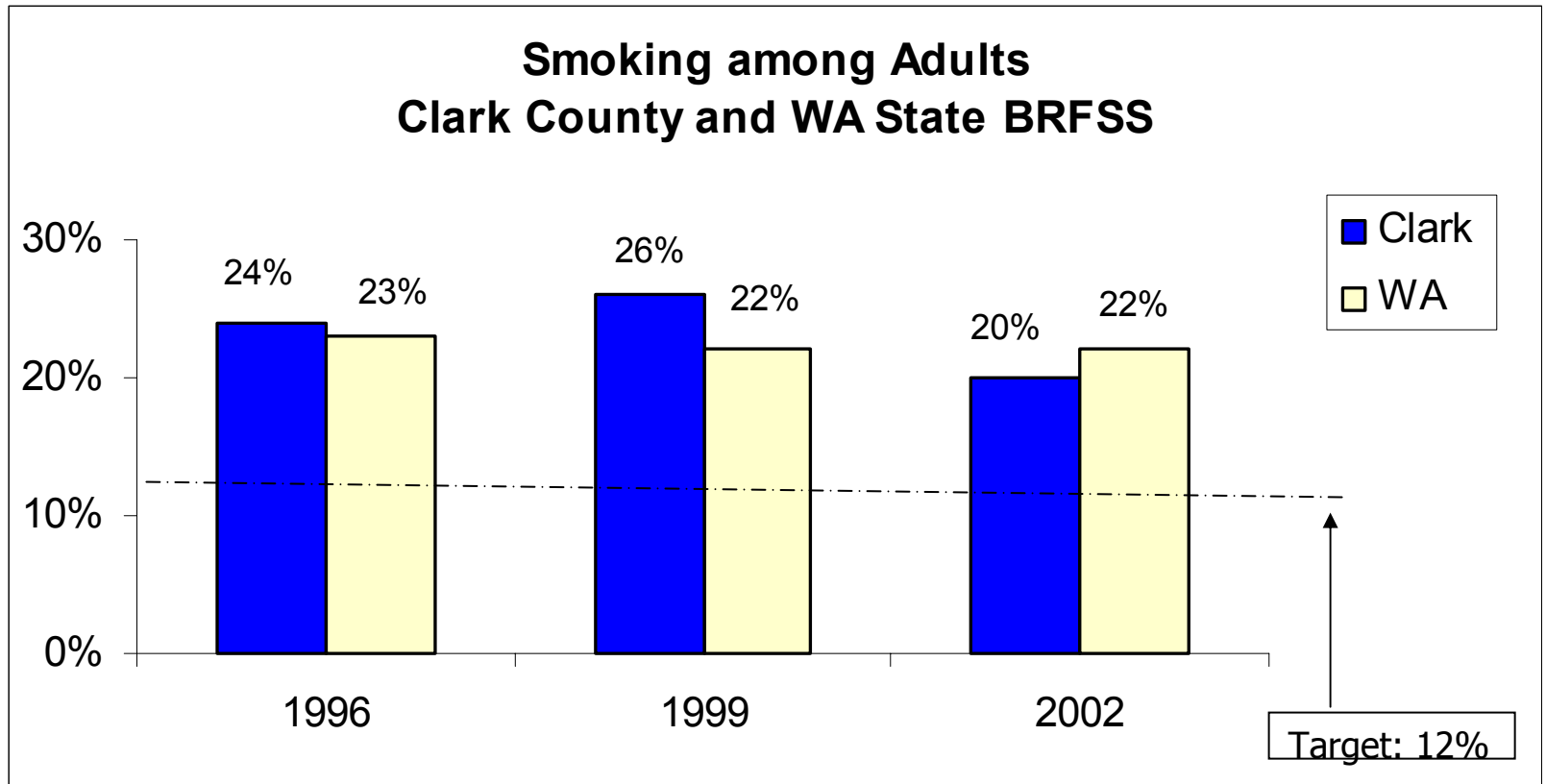
- Smoking, obesity & diabetes associated with 1 million deaths a year
- Estimated cost to economy \$270 billion



Smoking

- 19% of the deaths/ year attributed to smoking = 440,000 people
- Estimated Cost:
 - \$70 billion in health care spending alone
 - \$24 billion in lost productivity

Smoking Among Adults

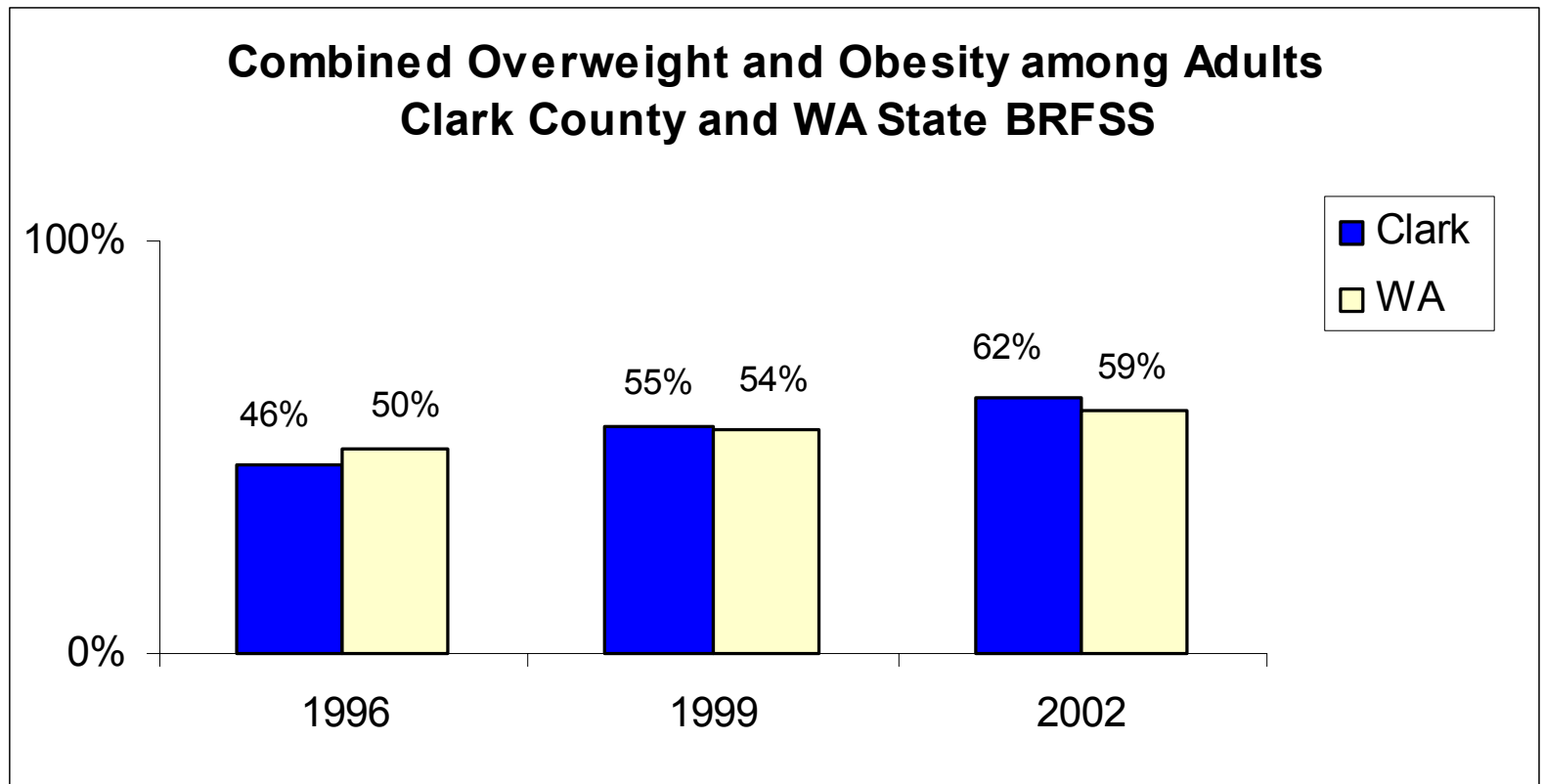




Overweight or Obese Adults

- 1999-02 estimated 64% American adults age 20 and older are overweight or obese
- Overweight, poor dietary habits & lack of exercise account for 14% of deaths/yr = 330,000
- Estimated costs: \$117 billion

Overweight or Obese Adults

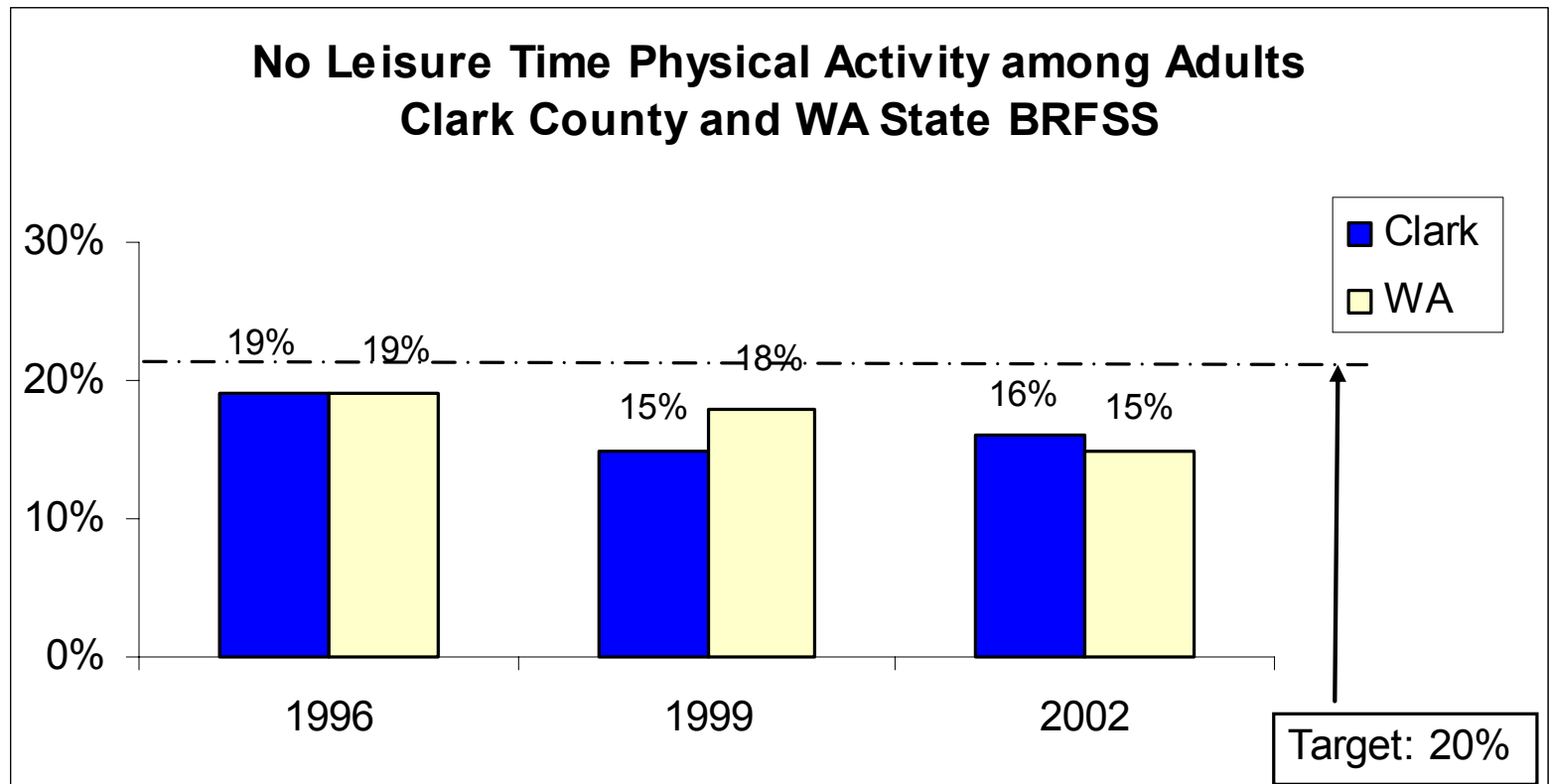




Lack of Physical Activity

- 40% are not active at all in their leisure time
- 70% American adults do not get enough physical activity to provide health benefits

Adults With No Leisure Time Physical Activity





Access To Health Care

- One of the 10 leading health indicators
- Access to primary care, preventive & screening services
- Not independent of our behavior patterns



Insurance Makes A Difference

- 6th leading cause of death
- 18,000 deaths/year (ages 25-64)
- Uninsured live sicker & die younger, forced to go without needed medical care
- Poor quality of life



Hidden Costs - Lost Value

- Delayed care, more severe condition, higher mortality rate once care received
- 60-70% personal bankruptcies
- Lost productivity
- Worker absenteeism
- Retire early

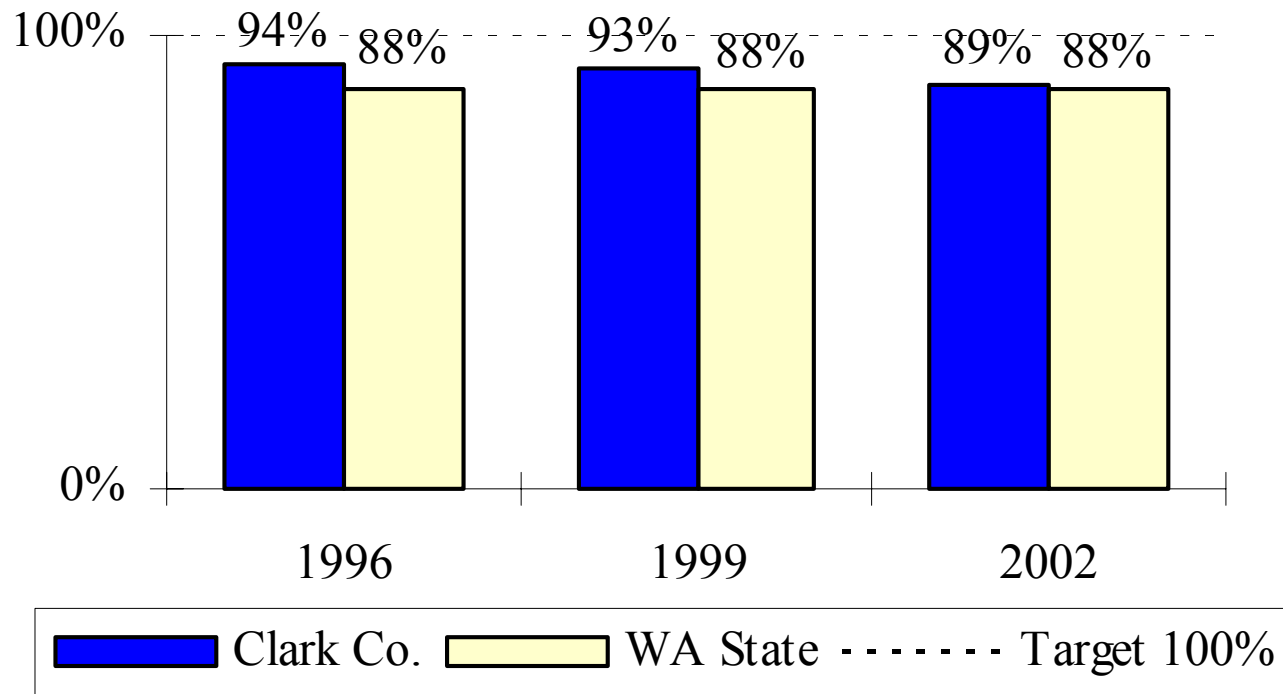


The Cost of The Uninsured

- \$43.1 billion in health care provided by hospitals & doctors uninsured are unable to pay for
- Who pays for cost of care:
 - Uninsured pay 35%
 - Uncompensated care-
 - 1/3 government & non government paid
 - 2/3 paid by patients w/ coverage
- WA 2005 – cost of care uninsured \$948 million
- Local - SWMC \$13.2 million care on indigent patients
- Cost shifting: WA premiums ↑: \$1,206. family & \$428. individual

Adult Coverage Trend

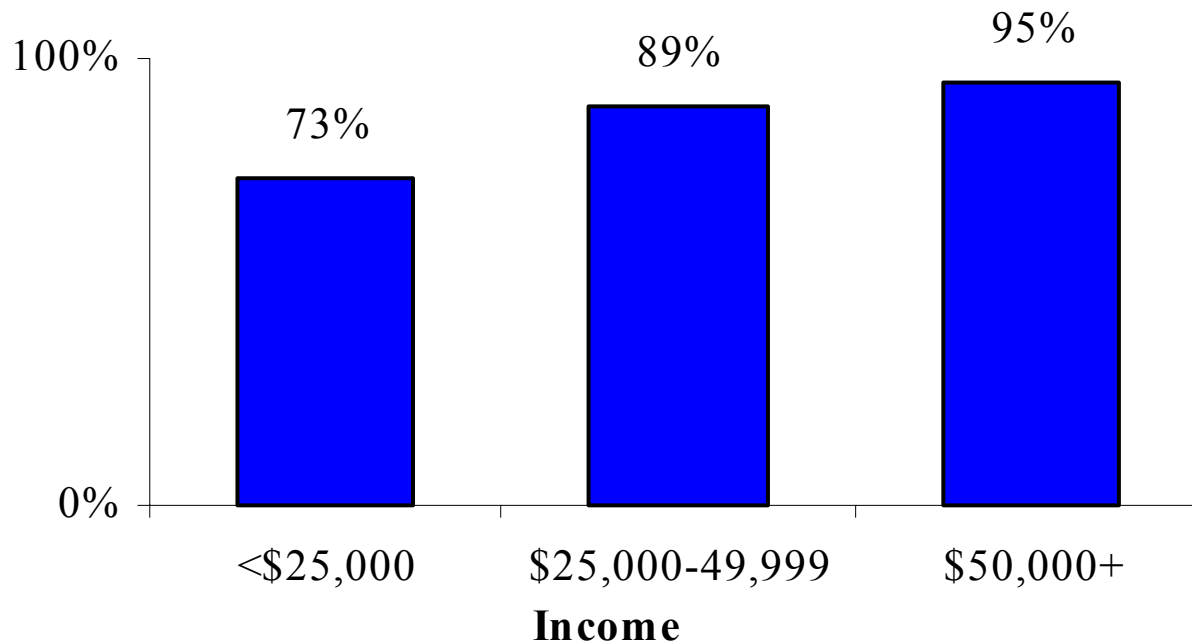
Health Insurance Coverage Clark County and WA State BRFSS





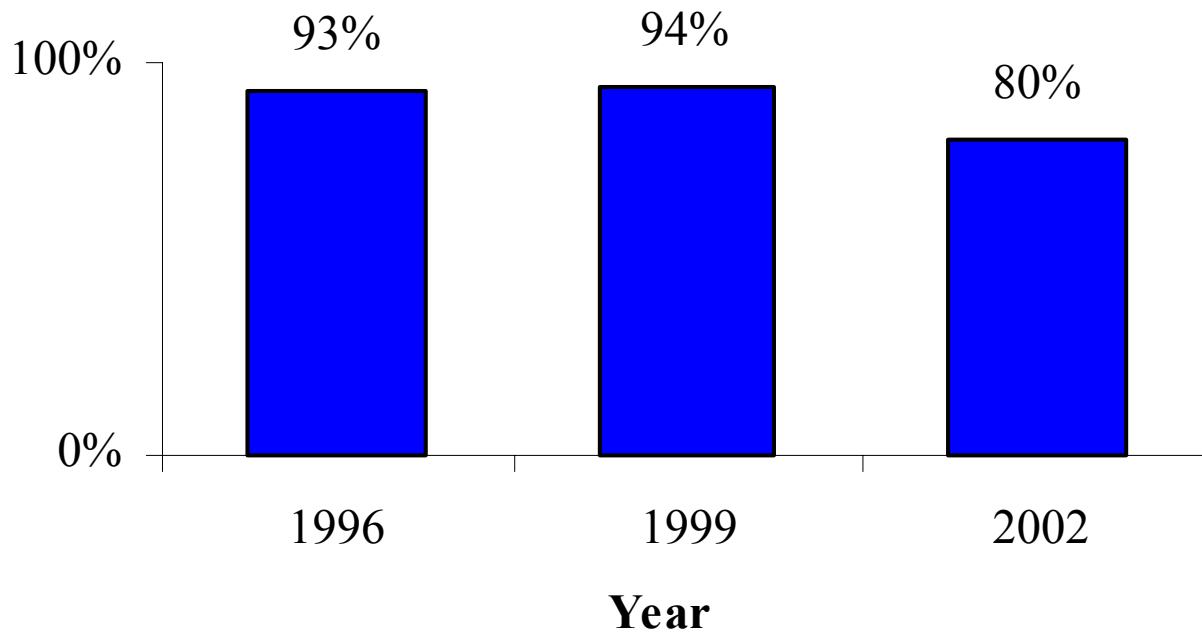
Coverage by income

Health Insurance Coverage by Income
Clark County BRFSS, 2002



Routine Source For Medical Care

**Obtained Medical Care at a Doctor's
Office/Clinic
Clark County BRFSS**





Who are the uninsured

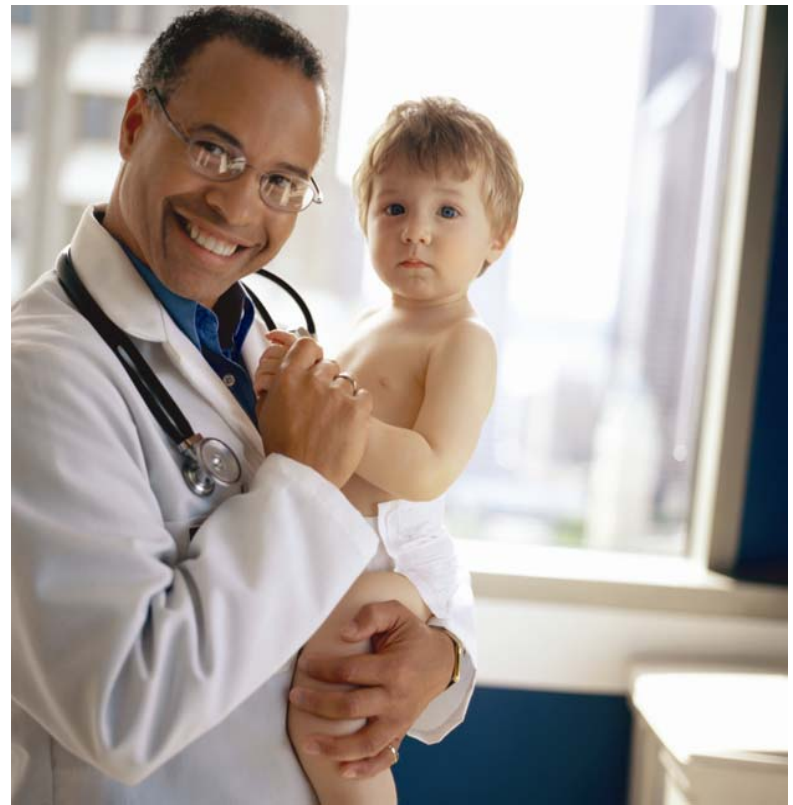
- 4 in 5 w/o coverage employed or in family of 1 wage earner
- 58% lower wage earners (< 200%FPL)
HH 1 = \$1,595/mo, > min. wage \$9.96/hr, \$19,140/yr
HH 4 = \$3,225/mo, \$20.15 /hr, \$38,700/yr
- 45% young adults 19-34 yr old
- ↑ middle income: 23% WA uninsured (> 300% FPL)
HH 4 = \$4,837

Health Insurance = Primary Care Access

Adults: 2x more likely to get checkups, preventive screenings & care before acutely sick.

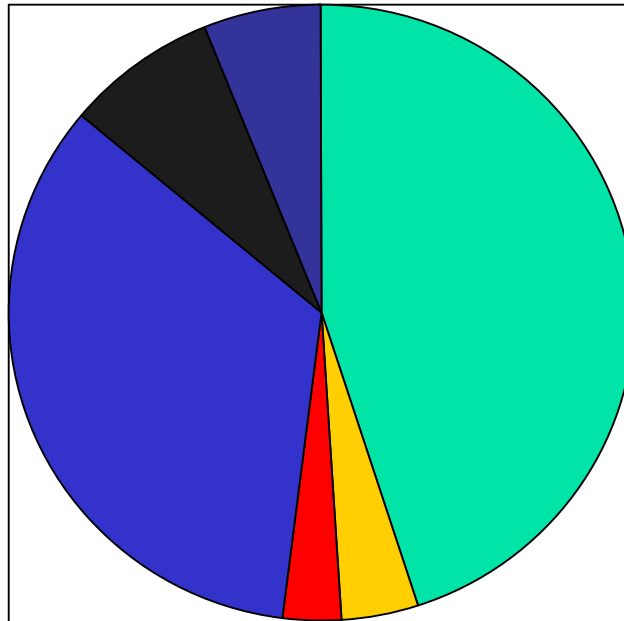
Kids: More likely to have wellness visits, shots, care for common conditions, dental & vision exams.

****Not miss work or school****



Elder Care & Employer Involvement

Lost productivity
\$11.4 Billion



- Replacing Employees
- Absenteeism
- Partial Absenteeism
- Workday Interruptions
- Eldercare Crises
- Supervisor's Time

Source: MetLife Study of Employer Costs for Working Caregivers, 1997



Public Health Insurances

- Medicare – 40 some million
- Tri Care
- Medicaid – 53 million nationally
- Washington Medicaid –864,000 (2004)
- Wash. State High Risk Pool
- Washington Basic Health- 134,000 (2005)



Where Do Public Insurances Fit In

- When other affordable options are not available
- For dependents of workers
- Wait time for employer coverage
- Transitions out of employment



Basic Health

- State sponsored & tax financed
- Washington residents
- Eligibility income based
- Not Medicare eligible
- Enrollee cost participation
- Individuals or group coverage
- Enrollment limitations



Basic Health

- Income eligibility: Less than 200% FPL

Examples w/ 1 wage earner:

HH 1 = \$1,595/mo, \$9.96/hr

HH 2 = \$2,139/mo, \$13.36/hr

HH 4 = \$3,225/mo, \$20.15/hr



Basic Health-Group Coverage

- 75% eligible employees w/in job classification must enroll.
- Employees must meet income criteria.
- Minimum employer premium contribution:
Full time - \$52/mo
Part time - \$32/mo
- \$17 of min. contribution offsets employee cost.

www.basichealth.hca.wa.gov or 1-800-660-9840



Medicaid

- Federal & state financed
- Eligibility factors: income, resources, citizenship/immigration status, & categorically related
- Minimal cost participation for some



Washington State Programs

- Health Care for Workers with Disability
- General Assistance for Unemployable—due to mental or physical incapacity expected to last at least 90 days.



Medicaid

- Categories that may be eligible:
 - Low income families
 - Children under age 19
 - Pregnant women
 - Aged 65+, blind or disabled



Medicaid

- Income eligible depends on category.

Example: Family Medicaid - HH of 3,
approx. \$1,092/mo earned income =
less than minimum wage

Example: Children's Medicaid - HH of 3,
approx. \$2,682/mo

Example: CHIP - HH of 3, approx \$3,353



Some ideas

- Lower health care utilization by promoting healthy habits, personal accountability to stay healthy.
- Insurance that support low cost access to primary care, preventive screenings & decrease inappropriate ER utilization.
- Alternative options for dependents.
- Integrate community resources for employee wellness & complement benefit package.



We All Need To Be Involved

- Survey – 93% stated every person regardless of ability to pay, should have access to *basic* medical care.
- Dialog to improve what can be influenced at local & state levels
- Collaborative work
- Outside of the box thinking & creative models