ACCESS TO CARE

Access to health care is one of the fundamental determinants of good health; and in this country, health insurance is a fundamental determinant of access to care. Health care costs are rising much faster than incomes, and faster than other costs of living, leaving many people unable to afford medical care – although the Affordable Care Act appears to have substantially slowed the rate of increase of health insurance costs. Lack of health insurance leads people to forgo preventive medical care, resulting not only in worse health outcomes but also in greater monetary costs. Moreover, uninsured persons are more likely to present with more severe illness and to seek care at emergency rooms rather than using less expensive primary care practitioners to whom they have no access.[1]

HEALTH INSURANCE REFORM

The passage of the Affordable Care Act (ACA) in 2010 has already had a considerable impact on health insurance coverage, even though some of its most important provisions have only recently come into effect. The ACA has substantially reduced the number of Americans without health insurance.

The law mandates that most people obtain coverage. It provides subsidies to those who need financial assistance, prohibits the denial of coverage on the basis of pre-existing conditions, prohibits cancellation of coverage as a result of getting ill, expands eligibility for Medicaid (Medi-Cal), allows parents to maintain their children on their insurance plan through age 25, creates an incentive for employers to provide insurance, eliminates lifetime coverage caps, prohibits co-pays for preventive services, closes the prescription drug benefit hole, and makes many other changes to broaden insurance coverage. These provisions are eventually expected to extend health insurance coverage to 32 million of the estimated 40 million Americans who were without coverage when the ACA was passed.

On the other hand, since the cost of employer-provided family coverage is in the range of $15,000 per year,[2] while the payment imposed under the new law for employers failing to provide coverage is only about $2,000 per employee per year.[3] A few employers have stopped providing insurance, and there may be serious dislocations until the mandated regulations fully take effect and equalize access to care. Moreover, the ACA does not extend coverage to non-citizens. However, California recently passed legislation to extend Medi-Cal coverage to low-income children regardless of immigration status. Legislation to extend coverage to undocumented adult immigrants has passed the Assembly; and the County Medical Services Program (CMSP) recently decided to extend coverage to undocumented immigrants in the 35 counties covered by the program. (Santa Cruz is not a CMSP county.)

PUBLIC HEALTH INSURANCE PROGRAMS

Santa Cruz County residents may qualify for a wide variety of public health insurance programs.

Most people age 65 or older are eligible for Medicare, which offers comprehensive coverage at little or no cost.

Santa Cruz County is served by the Central California Alliance for Health, a locally governed nonprofit managed care health plan for low-income people that also serves Monterey and Merced Counties. The Alliance facilitates operation of the Medi-Cal program, California's enhanced version of the federal Medicaid program. Medi-Cal uses state and federal funds to cover low-income adults and children. Medi-Cal enrollees must re-apply each year to maintain coverage. For those with unsatisfactory residential documentation, Medi-Cal covers only pregnancy-related and emergency services.

In Santa Cruz County, the Alliance also operates Healthy Kids, an insurance program for low-income children who do not have documentation of residency to qualify for Medi-Cal. With the implementation of SB-4, by May 2016 children currently enrolled in Healthy Kids will qualify for an expanded Medi-Cal program.

HSA's Children's Medical Services includes two programs — California Children's Services (CCS) and Children's Health and Disability Prevention (CHDP) — that help cover low income children and youth, including the undocumented.

CCS operates as a federal-state-county partnership that provides diagnosis, treatment, and case management for children under age 21 with certain eligible major medical conditions (approximately 1,500 children each year). 77% of the covered children are eligible under regular Medi-Cal, so their treatment is paid by state and federal funds; another 16% are eligible for Medi-Cal under an expansion program (Transitional Low Income Children's Program), and their treatment is by a mix of county, state, and federal funds; treatment of the 6% who cannot qualify for Medi-Cal is funded by the state and county equally. CCS also provides physical and occupational therapy at no cost to children with qualifying medical conditions without regard to family income or insurance.

ACCESS TO CARE

CHDP confers presumptive Medi-Cal eligibility from the date of application at a well-child check-up through the following calendar month, covering early and periodic screening, diagnosis, and treatment. Also called CHDP Gateway, the program is intended as a bridge to Medi-Cal. Santa Cruz County's CHDP Gateway leads the state in success: each year, 55%-65% of Gateway children become benefited under Medi-Cal or Healthy Kids.

Finally, the MediCruz program uses county funds to provide coverage for low-income adults (ages 19-64) who have lived in the county for at least six months and have no other coverage. Medi-Cruz provides only episodic care for specific medical conditions and does not provide on-going preventive care; enrollees must re-apply every 3-6 months to retain coverage.

HEALTH INSURANCE COVERAGE RATES

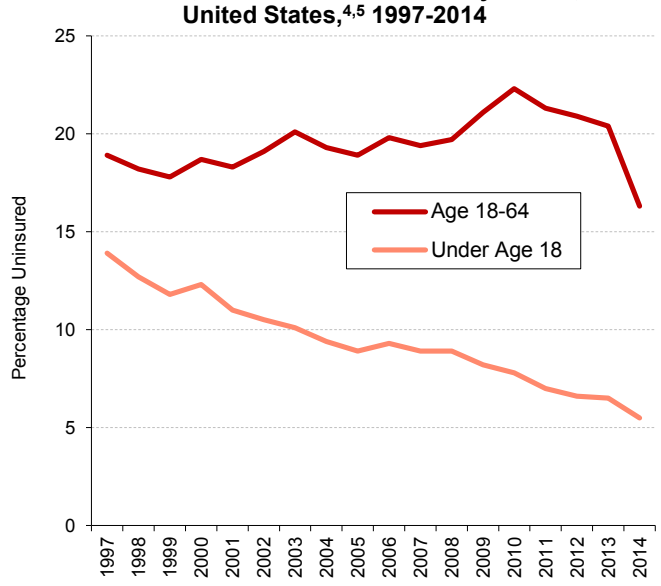
From 1997-2008 there was no substantial change in the proportion of non-elderly adult Americans (ages 18-64) living without health insurance (Figure 1).[4,5] The economic crash in 2008 led to a jump in the number of uninsured adults. But after the major provisions of the Affordable Care Act took effect in 2014, the uninsured rate dropped to the lowest level in American history.[6] Children (under age 18) are especially likely to be insured; children's uninsured rates nationally have dropped fairly steadily from 14% in 1997 to 5.5% in 2014.[4,5]

The U.S. Census Bureau estimated Santa Cruz County's uninsured rate in 2013 among adults aged 18-64 at 22.1%, not much different from the statewide rate of 23.9%.[7] The Census Bureau estimated rates for children (ages 18 and under) at 8.1% for Santa Cruz County, compared to 7.9% statewide.[7]

The CAP survey in 2013 found that 16% of county respondents were uninsured; the White rate was only 8%, while the Latino rate was 41%.[8] CHIS' 2011-12 survey reported an uninsured rate of 13% in Santa Cruz County, similar to the statewide rate of 15%; the White rate was under 10% both locally and statewide, while the Latino rates were more than twice as high.[9]

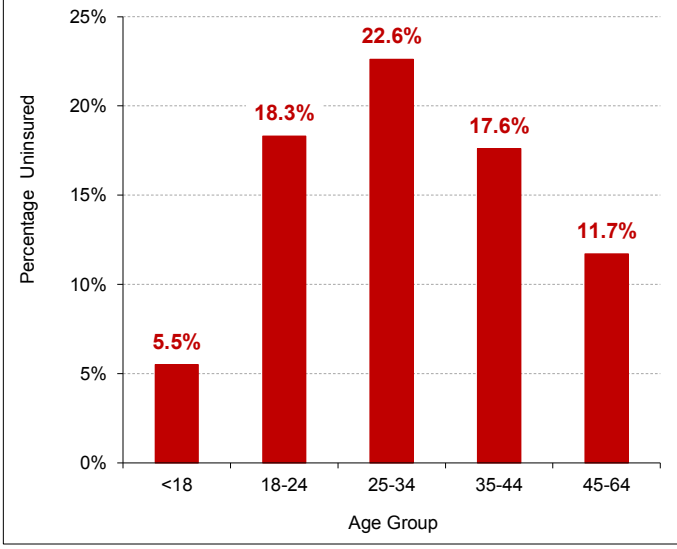
Until recently, young adults (ages 18 to 24) were the age group most likely to be uninsured. This may have reflected both a lesser perceived need for insurance among young adults and a lesser ability to pay for insurance. However, the Affordable Care Act's provision allowing children to be maintained on their parents' insurance through age 25 has changed that. In each of the older age groups, the percentage uninsured increased after the economic crash, but in the 18-24 age group the percentage uninsured actually dropped in spite of the recession (Figure 2).[5]

Figure 1: Percentage Uninsured at Time of Interview, Children and Non-Elderly Adults, United States,[4,5] 1997-2014



In every age group under 65, men are more likely than women to be uninsured. Nationally, in 2014, the difference was greatest (7.3%) in the 25-34 age group, and small (1.3%) in the 45-to-64 age group.[5]

Figure 2: Percentages of Persons Under Age 65 Who Were Uninsured, by Age Group, United States,[5] 2014



ACCESS TO CARE

Nationwide, Latino ethnicity is very strongly associated with a lack of health insurance coverage. In the U.S., Latinos are two and a half times as likely as non-Hispanic Whites to be uninsured – 25% compared to 10% in 2014[5] – while the rates among Blacks and Asians are 14% and 11% respectively (see Figure 3 for historical trends).

California has historically had a higher proportion of uninsured persons than most other states. In 2013, the U.S. Census Bureau estimated that 17.2% of California residents were without coverage; the rate for the U.S. as a whole was 14.5%, and only seven states had higher rates than California.[10] However, the Behavioral Risk Factor Surveillance System reported similar uninsured rates for California (17.2%) and the U.S. (16.8%) in 2013.[11] California's usual high proportion of uninsured persons can be attributed partly to its high proportion of Latinos (tied for second highest among all states),[12] who have high uninsured rates.[13] California Hispanics, non-Hispanic Whites, and non-Hispanic Blacks each have uninsured rates similar to national rates for those groups, respectively.[7,13]

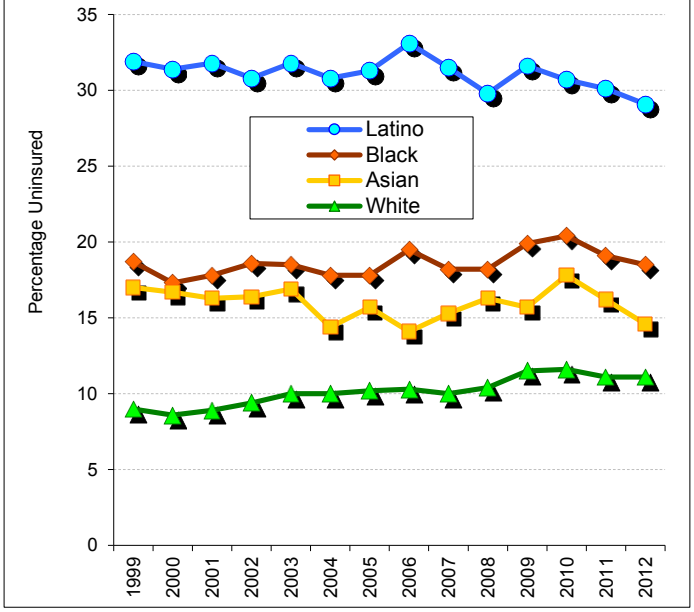
UNDERINSURANCE

Unfortunately, many people's health insurance coverage does not adequately shield them from large medical expenses. "Underinsured" persons are those who spent at least 10% of their income on health care (5% for low-income persons), or at least 5% of their income on health insurance deductibles. As of 2014, there were an estimated 31 million underinsured adults in the United States – 23% of the population ages 19-64, nearly double the percentage in 2003.[14] The rapid increase is primarily due to increases in insurance plan deductibles.

In 2014, 44% of underinsured persons went without needed care, including not seeing a doctor when sick, not filling prescriptions and not following up on recommended tests or treatment. Being underinsured is a problem that goes beyond the poor; even among those with annual incomes of 2.5 to 4 times the Federal Poverty Level, 21% were underinsured.

Although these data cover the latter half of 2014, they do not address potential effects of the Affordable Care Act, because the people included in the survey were insured all year and thus had insurance that began before the law's major coverage expansions and reforms went into effect.

Figure 3: Percentage Without Health Insurance, by Race and Ethnicity, U.S.,[13] 1999-2012



DENTAL INSURANCE COVERAGE

Dental health is important in its own right, but also contributes in important ways to overall health. Research has pointed to associations between chronic oral infections and cardiovascular disease, stroke, fatal heart attacks, bacterial pneumonia, and premature birth, as well as making the control of diabetes more difficult.[15] In addition, attentive oral health care can contribute to early detection of a wide variety of other illnesses. A thorough oral examination can detect signs of nutritional deficiencies as well as a number of systemic diseases, including microbial infections, immune disorders, injuries, and some cancers.[15]

Dental health is a challenge in Santa Cruz County, particularly due to the county's inability, as yet, to establish a drinking water fluoridation program. Lack of dental health insurance coverage is much more widespread than lack of medical health insurance. Santa Cruz County's Community Assessment Project survey reported that 42% of respondents had no dental coverage in 2013, up from 28% in 2003.[7]

With the reinstatement of adult dental benefits through Denti-Cal (most dental care wasn't covered from 2009-2014) and the implementation of the Affordable Care

Act, there is great demand for affordable dental care. But because of the low reimbursement rates, fewer than ten providers in Santa Cruz County accept Denti-Cal. For the uninsured, resources are even more limited.

Dientes Community Dental Care, a non-profit dental clinic, provides emergency, preventive, restorative, and rehabilitative services to uninsured and publicly insured patients (Denti-Cal and Healthy Kids). Approximately 16% of Dientes patients are uninsured, and over 96% live at or below the Federal Poverty Level. Dientes expects to provide 30,000 visits to more than 9,000 individual patients in fiscal year 2015-2016. Dientes operates out of a 15-chair clinic centrally located in Santa Cruz, near Dominican Hospital and on a SCMTD route. They also offer services at the County of Santa Cruz Watsonville Health and Dental Center on Freedom Boulevard, and soon will open a one-chair outreach clinic at the Homeless Services Center. In addition to services provided in a clinic setting, Dientes' Outreach Program brings services to 30 other locations throughout the county. Outreach locations include Women, Infants, and Children (WIC) centers; 20 elementary, middle, and high schools across the county; and skilled nursing facilities. Patients who do not have insurance coverage pay on a sliding fee scale. In order to keep rates affordable, Dientes fundraises to subsidize patient fees. The County of Santa Cruz provides some funding through the Homeless Persons Health Project, the HIV CARe Team, and the Human Services Department.

Publicly insured individuals needing oral surgery, sedation dentistry, or other special services must usually travel out of the county to receive care.

PRIMARY CARE PROVIDER RATE

The primary care provider (PCP) rate is the number of practicing primary care physicians per 100,000 persons; a high number indicates ready availability of primary care, while too low a number indicates a shortage of primary health care providers. High PCP rates are strongly correlated with high life expectancies. According to the County Health Rankings, in 2012, county PCP rates (including OB/GYNs) varied from as few as 14 per 100,000 in Glenn County to as many as 160 per 100,000 in San Francisco, while Alpine County had no PCPs at all. The statewide average PCP rate was 77, and Santa Cruz County's rate was 97, ranking the county 10th best in the state and about 274th out of over 3,100 counties in the country.[16]

However, the California Healthcare Foundation (CHCF) reported[17] a 2013 PCP rate of just 75 per 100,000 for Santa Cruz County, only 23rd in the state. And the American Association of Medical Colleges calculated a rate of 91.0 active primary care physicians per 100,000 population in California in 2012, essentially identical to their calculated national rate of 90.1.[18] It is not clear why different organizations cite different numbers.

A low PCP rate makes it difficult for patients, whether insured or not, to gain access to primary care, preventive care, and referrals when they need them. There is evidence that good access to primary care can reduce overall demand for medical care, probably through enhanced coordination of care and a preventive care focus.[19] Yet many PCPs in California already are not accepting any new patients, and the problem is expected to get worse: the population continues to grow, but the number of new physicians remains fairly constant; a large proportion of physicians are nearing retirement age, while only a limited number of new physicians will be available to replace them; and we can expect an increased demand for medical care as a result of health care reform.[20]

ACCESS TO CARE

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