

Regional Health Assessment Report

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Agenda

- Purpose of report
- Outline of report
- New data on the uninsured
- Demographic, Health, and Health Access
- Analysis and Findings
- Questions



Purpose of Report

- Overview of health conditions and health access in the REACH catchment area as the basis for strategic planning
- Starting point for discussion and further research



Outline of Report

- Status of the Uninsured
- Report examines the uninsured and other health coverage categories using newly available data from the American Community Survey
 - This allows us to look at the characteristics of the uninsured and other coverage categories
 - Can estimate the potential impact in changes of coverage categories



Outline of Report

- Regional Health Profile
 - Demographics
 - Health
 - Health Access
- Principally uses available secondary data from a variety of sources
- Most data is available at the county level
- When possible longitudinal data



Outline of Report

- Analysis
 - Magnitude of issues
 - Severity of issues, usually in comparison to U.S.
 - Distribution of issues across counties
 - Trends
- Conclusion
 - Highlight of what of the reports most significant findings



Outline of Report

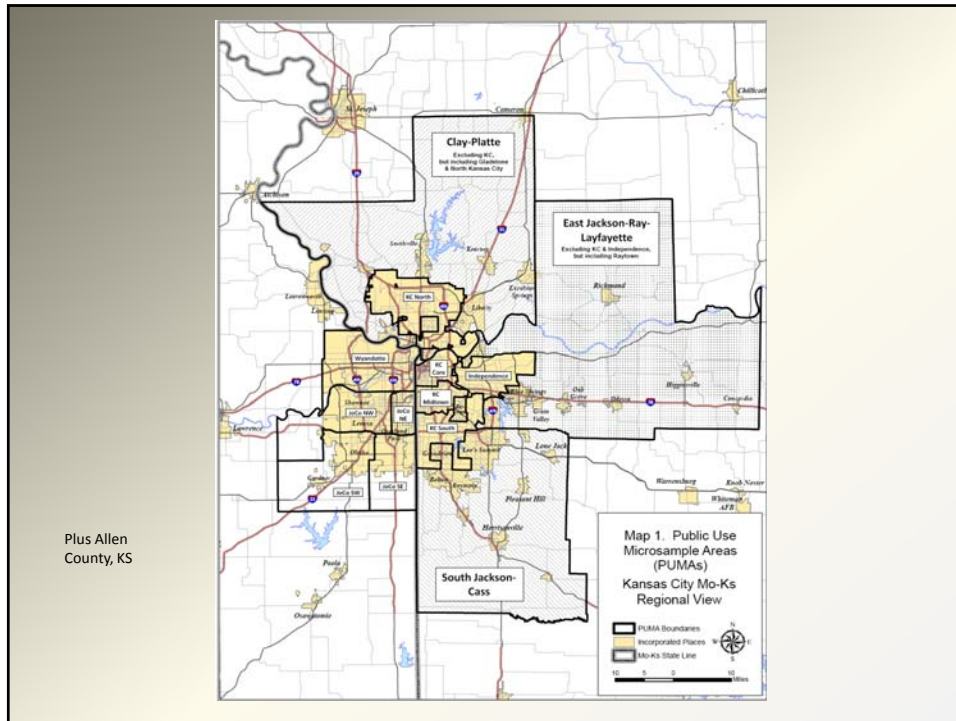
- Appendices
 - More detail from the American Community Survey data
 - Analysis of Medicaid by state
 - Additional charts and tables and a current map of the clinics
 - References
 - County Health Profiles
 - A two-page summary of demographic and health indicators for each county



Outline of Report

- REACH Area includes:
 - Kansas – Johnson, Wyandotte & Allen counties
 - Missouri – Jackson, Cass, Lafayette counties and all of KCMO
 - REACH Area divided into 14 PUMS (Public Use Micro Sample) areas
 - Wyandotte County 1
 - Johnson County 4
 - Allen + 6 other rural counties is in 1
 - Platte & Clay (+ Clinton) outside KCMO 1
 - KCMO 4
 - NE Jackson + Lafayette 1
 - SE Jackson + Cass 1
 - Independence 1



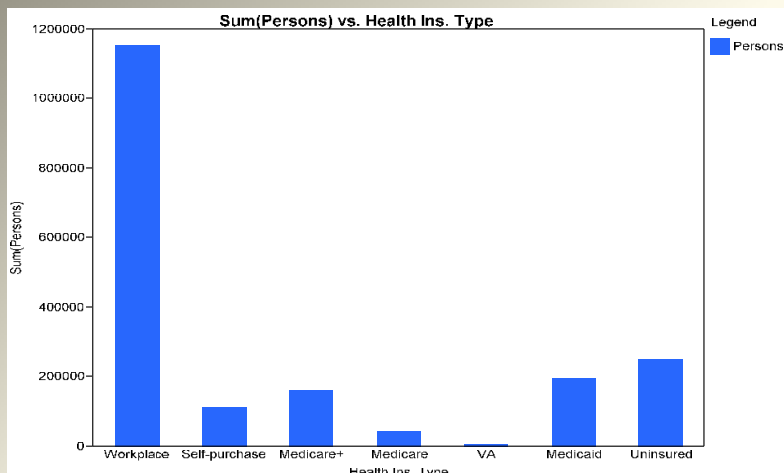


Status of the Medically Underserved

- First Some Totals for the REACH Area
 - 250,000 persons are uninsured
 - 195,000 persons are on Medicaid
 - 209,000 persons are on Medicare
 - 164,000 supplement Medicare with some other insurance
 - 112,000 purchase insurance
 - 1.2 million have employer provided health insurance



Status of the Medically Underserved

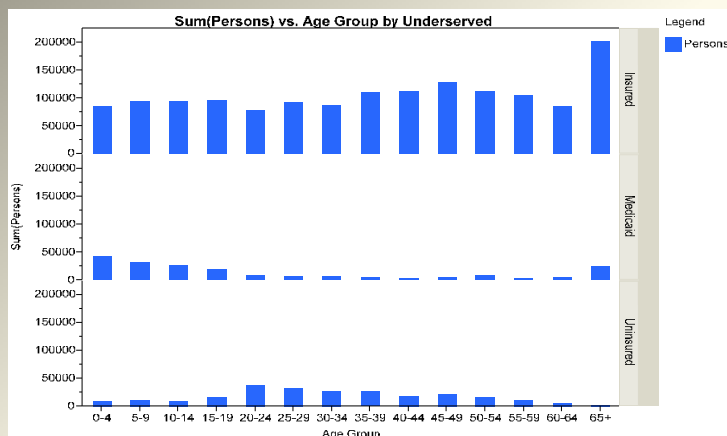


Status of the Medically Underserved

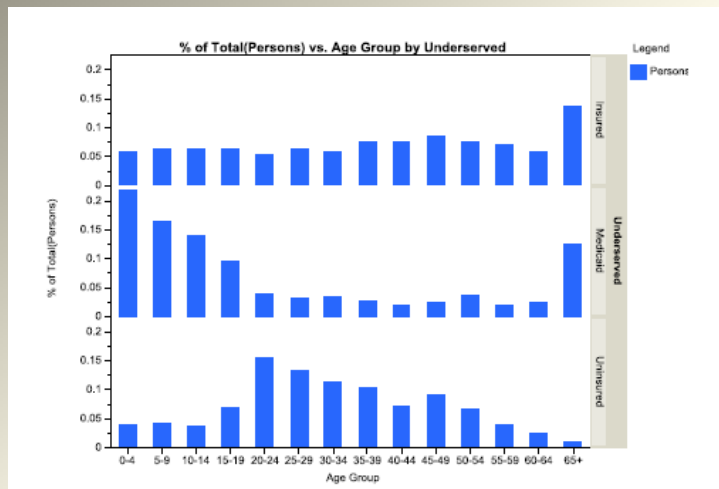
- The Medically Vulnerable
 - Start with the uninsured and those on Medicaid
 - 445,000 persons or about 24% of REACH area population
 - More diverse, less likely to be employed, poorer than those who are insured
 - However, considerable differences in the profile of those on Medicaid and those who are uninsured
 - However, persons not in these two categories might also be medically vulnerable
 - Cultural barriers such as race or language
 - Access barriers because of distance and availability
 - Access barriers because of extent of coverage
 - One fifth of those on Medicare have only Medicare
 - Their economic and demographic profile is more distressed than those with supplemental coverage

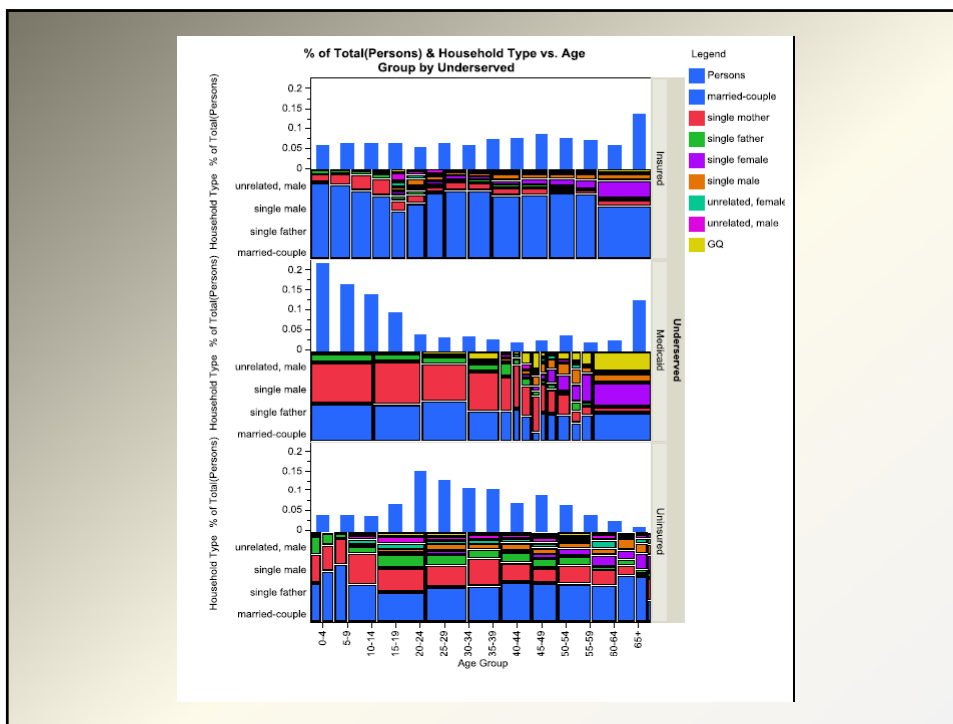


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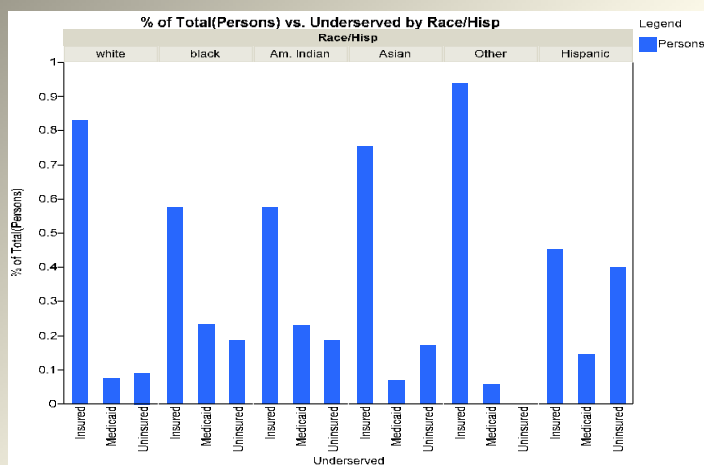


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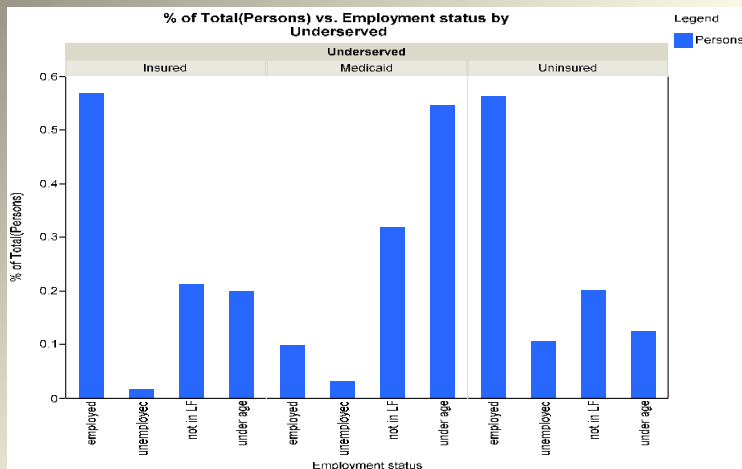




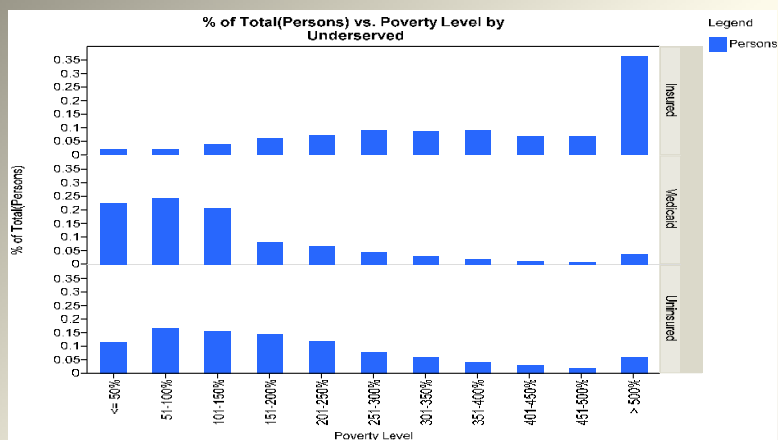
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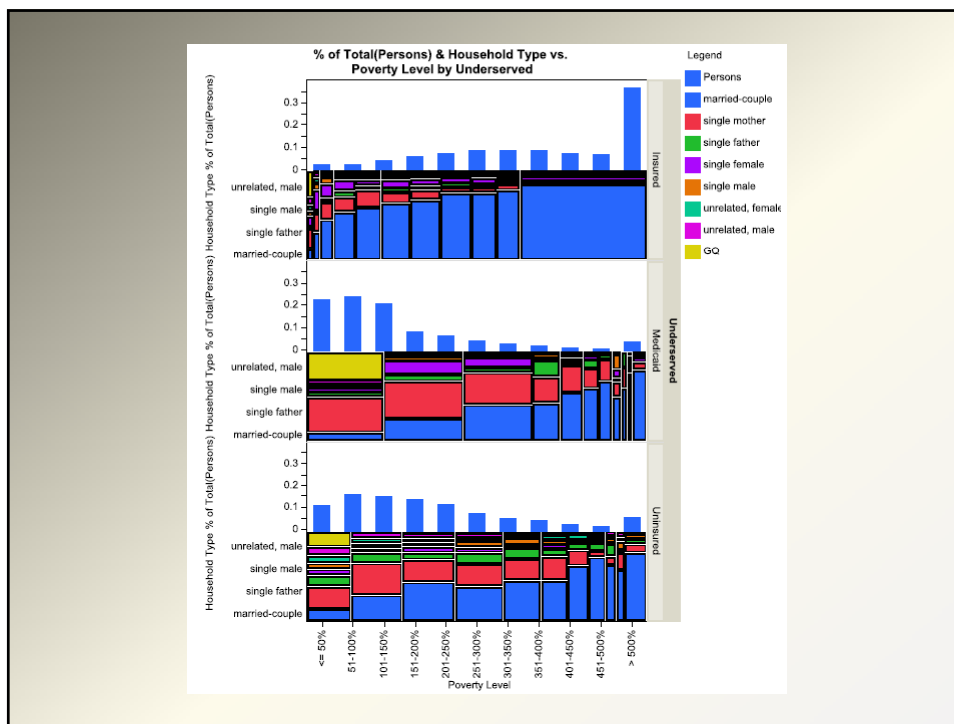


Status of the Medically Underserved



Status of the Medically Underserved





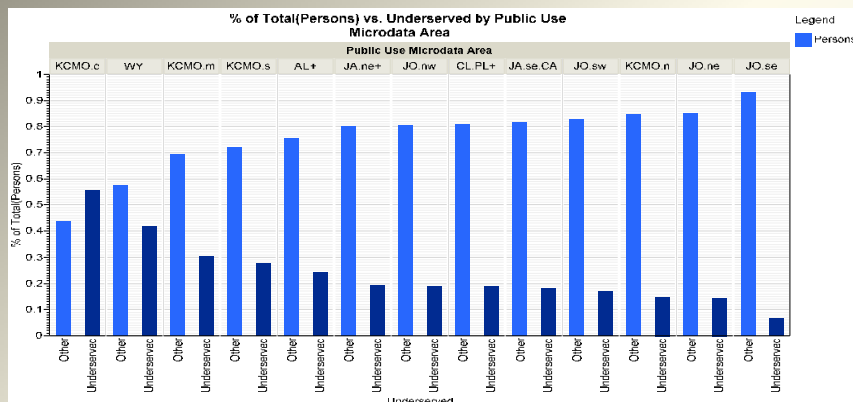
Status of the Medically Underserved

- Chart on following slide shows that:
 - Wyandotte County has the highest number of medically underserved
 - Central core of KCMO has the highest percentage of medically underserved
 - SE Johnson County has the lowest number and percentage of uninsured
 - Disparity example:
 - 89% of children in KCMO core are uninsured or on Medicaid
 - 2% of children in SE Johnson County are uninsured or on Medicaid



Status of the Medically Underserved

- Where are the medically underserved?



Status of the Medically Underserved

- A Note About Medicare
 - 209,000 on Medicare
 - 164,000 have some form of supplemental insurance
 - Through work or purchased
 - 45,000 have no supplemental insurance
 - over 21 %
 - While not as poor and diverse as the medically underserved, they are poorer and more diverse than the rest of the Medicare population



Status of the Medically Underserved

- A Note About Medicaid
 - Participation rates in Medicaid are higher in Missouri than Kansas
 - 36% of those in poverty are on Medicaid in Kansas
 - 42% of those in poverty are on Medicaid in Missouri
 - Same difference for those below 200% of poverty
- A Note On the Uninsured (the “bulletproof”)
 - Bulletproof = 18-26, incomes over 400% poverty
 - 7,700 individuals
 - 3% of the total uninsured

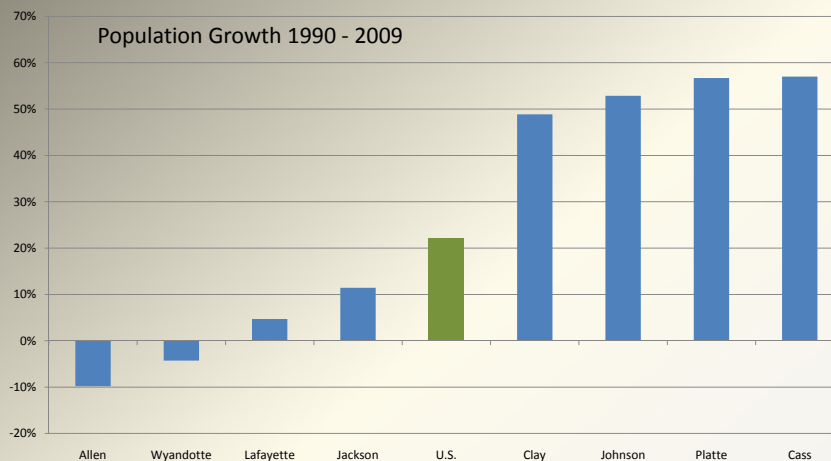


Demographics, Health & Access

- Demographics
 - REACH area in 2009 had an estimated population of 1,868,585 (includes all of Platte and Clay)
 - The population in the area has grown by 22% since 1990
 - Population growth varies widely across the counties from highs of 57% in Cass and Platte to losses of 10% in Allen and 4% in Wyandotte



Demographics, Health & Access



Demographics, Health & Access

- Vulnerable Populations
 - Over 65: 200,000 or 11%
 - Rural counties have highest percentage ranging up to 18% in Allen County
 - Under 18: 466,000 or 25%
 - Wyandotte is highest with 28%
 - Minority Populations
 - Over 450,000 about 25%
 - Less than national figure of 35%
 - Varies widely across region
 - Wyandotte is 53% minority
 - Allen and Lafayette are at 6%



Demographics, Health & Access

- Vulnerable Populations (cont)

- Poverty

- 100% Poverty: 179,877 or 9.6% (2008 est)
- 200% Poverty: 445,881 or 25.2% (2008 est)
- US figures are 13% and 31%, respectively
- Distribution across counties for percent in poverty ranges from 20% in Wyandotte to 4% in Johnson County
 - Allen and Jackson are the other counties with percentages exceeding the national average



Demographics, Health & Access

- Poverty is increasing across the region

- Every county has experienced an increase in the number in poverty

	Allen	Johnson	Wyandotte	Cass	Clay	Jackson	Lafayette	Platte	REACH
2000 Pop in 100% Pov	2,093	15,323	25,773	4,664	9,898	76,808	2,816	3,477	140,852
2008 Pop in 100% Pov	NA	23,174	30,073	4,853	15,196	95,850	3,962	6,779	179,887
% Increase in 100% Pov 2000 to 2008	NA	51.24%	16.68%	4.05%	53.53%	24.79%	40.70%	94.97%	27.71%

- Rate of poverty has increased in every county except Cass
- Note in large counties such as Johnson with low percentages the total number is still high

Demographics, Health & Access

- Vulnerable Populations (cont)
 - Linguistic Isolation
 - 18,000 persons, about 2% of the population
 - Less than U.S. 5%
 - Homeless
 - 7,770 unduplicated identified in MAAC agencies
 - Undocumented
 - Estimated 43,000 in region based on PEW state estimates and use of linguistic isolation
 - Nationally about 80% of undocumented residents are employed, compared to 65% for all Americans



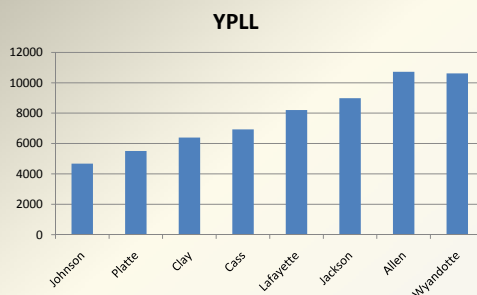
Demographics, Health & Access

- Health Data
 - Death Rates
 - Annual death rates in the region range from a low of 704 per 100,000 in Johnson County to a high of 1062 in Wyandotte
 - U.S. rate is 899
 - Infant Mortality
 - Varies from 10.2 deaths per 1,000 live births in Wyandotte County to 3.8 in Allen County
 - U.S. rate is 6.8
 - However, the rate for Black infant mortality is 1.5 to 2.7 times the rate for all infant mortality across the counties



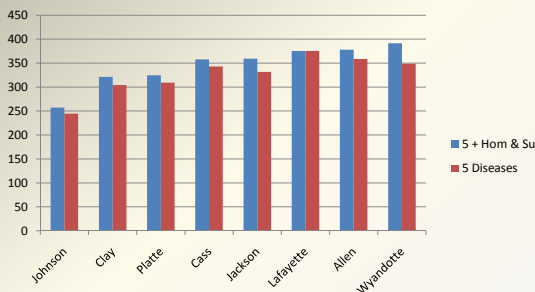
Demographics, Health & Access

- Health Data (cont)
 - Years of Potential Life Lost (YPLL)
 - Number of years of life lost due to premature death prior to age 75 per 100,000 population



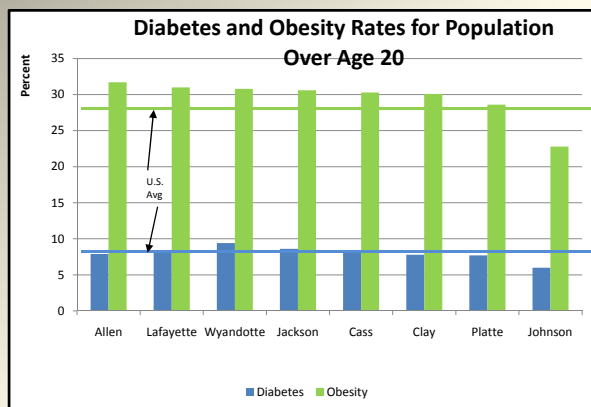
Demographics, Health & Access

- Health Data (cont)
 - Annual death rates per 100,000 population from five leading causes + homicide and suicide



Demographics, Health & Access

- Health Data (cont)
 - Obesity & Diabetes (2007 est)



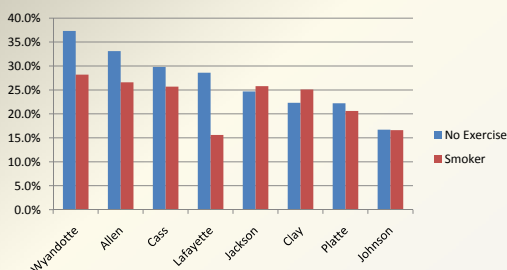
Demographics, Health & Access

- Health Data (cont)
 - Obesity rates in every county have risen between 2004 and 2007
 - Diabetes rates in every county have risen between 2004 and 2007, except Johnson County, which has held constant



Demographics, Health & Access

- Health Data (cont)
 - Environment and Behavior
 - Important and related elements in determining health outcomes
 - Both are unevenly distributed across the region



Demographics, Health & Access

- Health Data (cont)
 - Mental Health
 - Behavioral Risk Factor Surveillance System (BRFSS) data reports that the average number of days reported in the last 30 as poor mental health days ranged from a low of 1.9 in Lafayette County to 3.9 in Jackson County
 - HHS data for 2006-2007 indicates that 8.5% of persons 18 or over reported a major depressive episode over the last year as opposed to 7.3% nationally
 - This data also reports that 5.6% of the population 12 and over reported drug use as opposed to the national figure of 8.1%



Demographics, Health & Access

- Health Data (cont)

- Oral Health

- BRFSS data indicates that for the region, 41 percent of those surveyed had a major tooth extraction during the last year.
 - This rate varies among the most populous counties: from 29% in Johnson County to 48% in Jackson County and 52% in Wyandotte County



Demographics, Health & Access

- Health Access

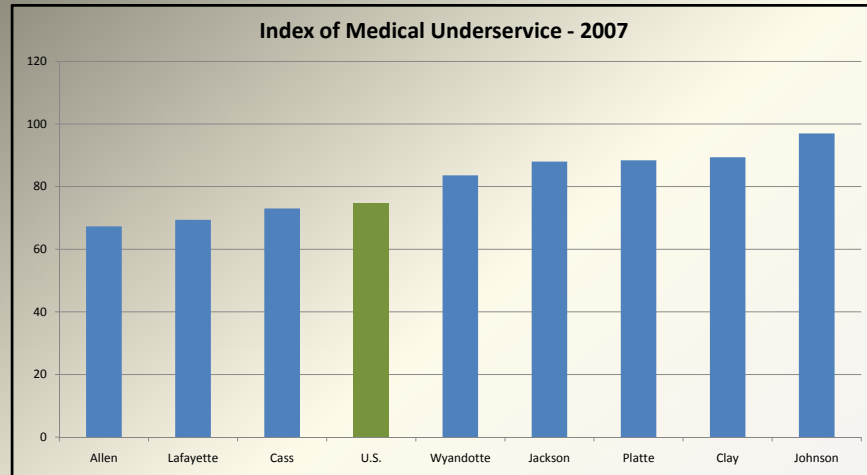
- HHS Index of Medical Underservice

- Primary care physicians per population ratio
 - Percent of population 65 and over
 - Percent of population in poverty
 - Infant mortality rate

- Scale is 0 – 100 with a score of 62 or less qualifying an area as an Medically Underserved Area (MUA)



Demographics, Health & Access



Demographics, Health & Access

- Health Access (cont)

- The difference across the counties, especially in the rural counties, is due primarily to the difference in primary care physicians
 - The three rural counties range from 29.9 to 44.7 primary care physicians per 100,000 population
 - The remaining counties range from 69.5 to 124.6
- This disparity is also reflected in specialists with the rural counties ranging from 0 to 18 specialists per 100,000 with the national average being 32
 - Other counties range as high as 287 per 100,000



Demographics, Health & Access

- Health Access (cont)
 - Oral health has a similar distribution
 - Rural counties range from 27.5 to 37.3 dentists per 100,000 population
 - Other counties range from 81.6 to 97.7
 - Wyandotte County is exception with 35.7
 - The national average is 33 per 100,000
 - A similar pattern exists for psychiatrists with few available in the rural counties

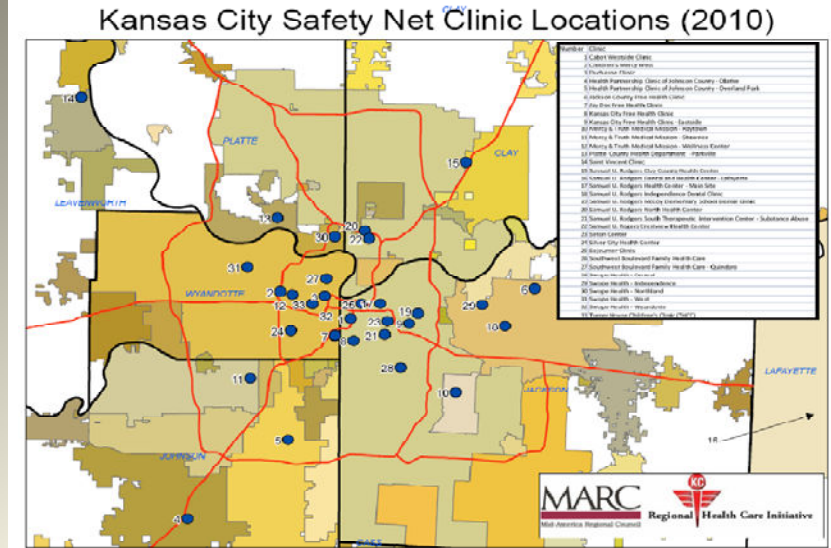


Demographics, Health & Access

- Health Access (cont)
 - Access to safety net services
 - 2007 survey of clinics indicated 33 clinics with 101,592 patients and 267,786 visits
 - Large missing component is the primary care clinics of hospitals, particularly Truman and Children's Mercy
 - Could be as large as safety net clinics
 - Wait times to get a non-urgent visit vary widely from 1-2 weeks to 43 days
 - Some clinics do not take new patients



Demographics, Health & Access



Analysis

- Identify the quantity and significance of issues
- Identify the geographic distribution of issues
- Identify trends in the issues



Analysis

- Significant numbers of potentially vulnerable populations
 - 445,000 people are uninsured or on Medicaid, almost 1 in 4
 - This is a floor with other potential risk factors for those with insurance such as access to care and cultural issues
 - There is a potential issue with 45,000 persons on Medicare that have no supplemental insurance
 - The make up this population is poorer, more racially diverse, and somewhat younger than the Medicare population as a whole



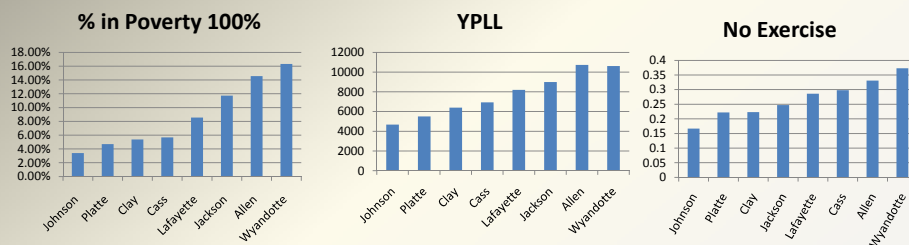
Analysis

- On the positive side
 - While the numbers of vulnerable persons is significant in many categories, the region is in better shape than the nation as a whole, in regards to:
 - Poverty rates
 - Linguistically isolated populations
 - Diabetes rates
- On the negative side
 - There are some measures in which the region is exceeding national rates, including:
 - Obesity rates
 - Severe depression
 - And for some rural or urban counties they exceed many national averages



Analysis

- There is a significant correlation between economic conditions, health, and behavior across the counties



Analysis

- Two dimensions of disparity across counties
 - Socio-economic distress
 - Combination of environmental, behavioral, and access issues
 - Access includes insurance, income, language, transportation
 - Rural
 - Impaired access to care can increase health issues
 - Includes transportation and lack of access to medical professionals
- In terms of magnitude the former is much greater



Analysis

- Also disparities based on race and ethnicity
- Medically vulnerable populations are much more diverse
- Special issues for black populations with:
 - Higher infant mortality rates
 - Nationally higher incidence of obesity
 - Higher use of ED for uninsured and insured (2007 data)



Analysis

- Trends are in wrong direction
 - Poverty is increasing in every county in the region both in absolute and relative terms
 - Obesity is increasing in every county in the region
 - Diabetes is increasing in every county save one in the region



Analysis

- Health reform
 - Number of persons moving from uninsured to Medicaid will increase significantly
 - Estimated in the region to be 75,000 to 100,000 additional Medicaid recipients
 - Depending on Medicaid reimbursement rates, hospitals may move to increase their primary care capacity for this population, which is already significant
 - There will be new relationships developing between safety net clinics and hospitals
 - Even with health reform there will continue to be a large vulnerable population with issues of access, environment, and behavior



Conclusion

- There is a significant and growing number of persons that are medically vulnerable
- As a region we are getting poorer, fatter, and more diabetic
- There is a significant correlation across the region between socio-economic distress and rural geography and poor health outcomes
- Minority health is particularly impacted by health issues
- We need better data – more of it, more consistent, more timely, and at smaller geographies

Questions

Contact the REACH Foundation

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www.reachhealth.org

