There is good news and bad news about the number of Americans without health insurance and access to health care.

First, the good news. According to the U.S. Census Bureau, the estimated number of uninsured Americans fell to 45.7 million in 2007 as the number covered by government health insurance programs rose by 2.7 million. The proportion of Americans without health insurance declined by 0.5 percentage point to 15.3%, while the proportion with public health coverage rose by 0.8 percentage point to 27.8%. The number of uninsured children fell by 600,000 in 2007 to 8.1 million, while the proportion of uninsured children fell by 0.7 percentage point to 11%.

So, slowly, progress is being made. Still, there remain too many people who lack access to insurance or care.

And now for the bad news. According to findings from the Center for Studying Health System Change, the number and proportion of Americans who reported going without or delaying needed medical care increased sharply between 2003 and 2007. One in five Americans—59 million people—reported not getting, or delaying, needed medical care in 2007, up from one in seven—36 million people—in 2003. And yet, another study published in Health Affairs showed that Americans who lack health insurance for any part of 2008 will spend $30 billion out of pocket for health services and receive $56 billion in uncompensated care while uninsured.

And, clearly, the crumbling economy with growing job losses will again impact the number of people without health insurance at a time when state budgets will be stretched to the breaking point.

It certainly feels like an insurmountable challenge. But, fortunately, at the local, state, and national levels, organizations and agencies are devising innovative programs and services to expand health insurance coverage and broaden access to health care services. This edition of Focus on Community Health takes a look at these programs and provides a glimpse of current research and initiatives taking place in New York and throughout the nation.

Facts About the Uninsured in NYS

- In 2007, 13.2% of the state’s population (2.5 million people) were uninsured.
- Most (54%) of the state’s uninsured live in NYC—that’s over 1.3 million uninsured in 2007.
- The rate for children under 19 was 9.2% or 434,000 uninsured children.
- The NYSDOH estimates that 39% of the state’s two million uninsured adults (794,000 adults) are eligible for public health insurance programs (Medicaid and Family Health Plus).
- The NYSDOH estimates that 89% of the state’s 434,000 uninsured children under 19 (385,000 children) are now eligible for publicly-subsidized health insurance through Child Health Plus and Medicaid.

Source: Data from the 2008 Annual Social and Economic Supplement to the Current Population Survey (CPS), released by the US Census Bureau August 26, 2008 and analyzed by NYSDOH.
Connecting Children and Families to Health Care Coverage

New York has expanded eligibility for Child Health Plus, so now every family has health coverage choices for their children.

Submitted by the NYS Department of Health

Today, 2.5 million New Yorkers under the age of 65 live without health insurance, including 434,000 children. These children live in our neighborhoods, go to school with our children, and play in our parks. Their parents work at jobs where insurance coverage is not offered or the coverage offered is beyond their financial reach. Children who are uninsured are more likely to go without essential health services, miss school because of untreated illness, and end up in the emergency room for preventable conditions.

There is good news!

Governor Paterson and the State Legislature have expanded health coverage and now more children and teens than ever before are eligible for comprehensive health insurance through Child Health Plus or Medicaid. This has opened the door to good health for all of New York’s uninsured children and adolescents.

Beginning September 1, 2008, eligibility for Child Health Plus was expanded from 250 percent to 400 percent of the federal poverty level (FPL) or about $70,000 a year for a family of three. With this expansion, nearly 90 percent of New York’s uninsured children and teens are eligible for subsidized coverage through Child Health Plus or Medicaid. The families of the remaining uninsured children can buy into Child Health Plus at the full monthly premium. With coverage through Child Health Plus and Medicaid, children can get the care they need when they need it, including regular check-ups, vaccinations, prescriptions, doctor visits when they are sick, hospital care, and much more.

While health insurance is free for some children, other families pay a monthly premium. The amount a family pays depends on household income. Premiums range from $9–$40 per month per child. Families with incomes above 400 percent FPL can buy into Child Health Plus at the full monthly premium which averages about $156 per month. It is important for families to know that Child Health Plus is a program for uninsured children. Families with incomes between 250–400 percent FPL will be subject to a six-month waiting period if they drop employer-sponsored coverage to sign up for Child Health Plus.

To get coverage for their children, parents need to sign up. They can fill out an application right in their own neighborhood with help from enrollment counselors called Facilitated Enrollers (see related articles on pages 3 and 4). To find the Facilitated Enroller closest to them, families can call (800) 698-4543. To find out how your organization can help promote coverage for children and families, call the New York State Department of Health’s Connections to Coverage Campaign at (518) 473-4679.

The Navarro* family is one such family. Mr. and Mrs. Navarro, parents of 5 year old Elisabeth, 3½ year old Jessica, and 2 year old Lucas, work at jobs that do not offer health insurance coverage to employees or their children. Without health insurance, the Navarro children, like many other uninsured children, were left to rely on a patchwork system for their medical care.

After learning about Child Health Plus, Mrs. Navarro enrolled her children. Through Child Health Plus the Navarro family now gets care for their children in their neighborhood from a doctor they trust.

* The name of the family has been changed to protect their identity.

Do State Cost-Control Policies Reduce Medicaid Prescription Drug Spending?

This research sought to document the impact of state policies that limit access to Medicaid prescription drug access over the period of 1990 to 2004. The analysis yielded the following information:

• The number and type of policies used by states varies widely.
• Restrictions are clearly increasing over time.
• Medicaid prescription drug costs have, overall, been kept down by restrictions.
• States use a variety of approaches to contain Medicaid prescription drug costs such as lists of preferred drugs and tiered systems of copayment, resulting in different levels of success.

Facilitated Enrollment on Long Island

The Nassau-Suffolk Hospital Council is on the front lines of meeting the needs of the uninsured. In addition to its advocacy on behalf of Long Island hospitals and support for health care reform, the Council has a contract with the Department of Health to provide enrollment assistance for the Medicaid, Child Health Plus, and Family Health Plus programs.

In this role, the Council’s Facilitated Enrollment program is partnered with its member hospitals to identify uninsured patients who may be eligible for one of the public insurance programs, guide them through the application process, and follow up with the counties’ Departments of Social Services on the outcome of their applications.

The program is also focused on community outreach and partnering with community agencies to provide enrollment assistance in libraries, churches, and schools. The Council offers an average of 50 open house sessions each month across the region, at hours that accommodate applicants’ work schedules.

For additional information, contact the Nassau-Suffolk Hospital Council at (631) 656-9783.

THE UNINSURED—FIVE BASIC FACTS

• Most of the 45 million uninsured are in working families and do not have access to employer-sponsored insurance.
• More than eight in ten of the uninsured are in low or moderate income families.
• Most low and moderate income uninsured adults are not eligible for Medicaid.
• The uninsured suffer from negative health consequences due to their lack of access to necessary medical care.
• Medical bills are a burden for the uninsured and frequently leave them with debt.

Source: Kaiser Family Foundation
The Healthy Capital District Initiative (HCDI) is a unique partnership of more than 12 local health institutions (see below) working together to improve access to health services for high-need populations. Through collaborative analyses of public health data and planning, initiatives are launched which are responsive to local and regional health needs. HCDI also compiles health data analysis into a regional health profile, which affiliated hospitals and county health departments incorporate into their Community Service Plan and Community Health Assessment planning documents.

The largest initiative resulting from this process is the Facilitated Enrollment Program that provides free help to individuals and families who wish to apply for Child Health Plus, Family Health Plus, Medicaid, and Prenatal Care Assistance Program (PCAP). Annually, HCDI provides assistance to more than 4,500 individuals at seven different locations in Albany, Schenectady, and Rensselaer Counties. The HCDI staff provides assistance to individuals at convenient times and locations in language that is easy to understand. While appointments are encouraged, applicants can walk into at least one site in the region every weekday and be helped within a half hour. Anyone with questions, or interested in learning within a few minutes about eligibility for one of these programs, can call HCDI at (518) 462-1459.

Another initiative operated by HCDI since 2002, The Poverello Center provides primary care to uninsured adults in the immediate community, reducing the charity care burden on local health care providers. The Center serves hundreds of adults each year and is staffed by volunteer physicians, nurses, and chaplains. These health services address both the physical suffering of the patients and critical economic barriers to employment through the provision of free physicals required by employers for job applicants.

HCDI began ten years ago as a small group of public health leaders discussing how the Capital Region could more effectively respond to public health problems. Today, it is an incorporated not-for-profit organization that has helped over 35,000 needy children and adults in the Capital Region get health services that they might not have accessed otherwise. This Initiative has been highlighted in previous editions of Focus on Community Health for its award-winning Seal A Smile Program and other innovative initiatives.

For further information, contact Kevin Jobin-Davis, Ph.D., Executive Director, Healthy Capital District Initiative, kjobin-davis@hcdiiny.org or call (518) 462-1459.

Members of Healthy Capital District Initiative

Albany County Department of Health
Catholic Charities of the Catholic Diocese of Albany
Capital District Physicians’ Health Plan
Ellis Hospital
Fidelis Care New York
Northeast Health/Samaritan Hospital/Albany Memorial Hospital

Rensselaer County Department of Health
Schenectady County Public Health Services
Senior Whole Health
Seton Health/St. Mary’s Hospital
St. Peter’s Health Care Services
Whitney M. Young, Jr. Health Services

Established in 1997, the New York State Community Health Partnership (NYSCHP) is a unique private-public partnership with representatives from many different sectors including business, community organizations, education, government, health, and philanthropic organizations that share a common vision of health improvement and have agreed to serve as catalysts and facilitators for health improvement activities throughout New York State.

NYSCHP Steering Committee Members:

American Cancer Society
Cornell Cooperative Extension and Cornell University
Healthcare Association of New York State
Healthcare Trustees of New York State
Medical Society of the State of New York
New York Health Plan Association

New York State Association of County Health Officials
New York State Department of Health
New York State Dietetic Association
New York State Nurses Association
New York State Public Health Association
Schuyler Center for Analysis and Advocacy
Woodhull Medical Center of the NYS Health and Hospitals Corporation (HHC) began the Artist Access program in 2005 to increase access to affordable primary care among the artistic community living in the area around the Medical Center. This program recently won an Honorable Mention from HANYS’ 2008 Community Health Improvement Award.

Woodhull used its existing HHC Options Program, an individualized payment program that has a sliding scale based on annual income and family size, to determine affordable health care for the uninsured. The Artist Access Program was designed to provide the artist with credits to be used against the payment plan under the HHC Options Program. Since these artists are typically self-employed, sporadically paid, and ineligible for Medicaid due to annual income, they lack the resources to absorb out-of-pocket expenses for medical care. Thus, under the Access Program, each hour of service (e.g., entertainment or art therapy) is given the equivalent of 40 credits ($40) that is banked and used to pay for future health care expenses under the Options Plan. So, in effect the artist is trading his/her craft for health care. Artistic services included individual and group services in the inpatient and outpatient settings and public performances in the hospital’s lobby or auditorium.

The marketing efforts associated with this program included advertising in the local paper, television coverage, and large scale outreach/ informational events. Interested participants called a dedicated number and came in for an appointment. Once they learned about the program, they were provided an opportunity to design a service plan. He/she was then enrolled in the program and interviewed by the Creative Arts Department at Woodhull, which also reviewed and approved the service plan. As the plan was implemented, the performer received 40 credits in his/her account for every hour of service. When the artist needed a medical service, he/she called the dedicated number and was escorted to his/her appointment. Staff members specifically dedicated to this program helped to facilitate the registration process.

The program was developed through a collaborative process among key departments at Woodhull (Medical Director’s Office, Business Affairs, Finance, Creative Arts, and HHC Options Program) and key gatekeepers in the artistic community. The partners played an important role in the development of the program, ensuring that it was sensitive to the culture of the artistic community. They were also vital in participating in outreach activities, and provided artists with exposure to their various communities.

Over the course of two full years of operation, a total of 384 artists enrolled in the program. There was an increase of 111% in service utilization from 2006 to 2007 (27 to 57 visits) with the greatest growth in dental (460%, 5 visits to 28 visits), primary care (40%, 10 visits to 14 visits), and ambulatory surgery (235%, 3 visits to 10 visits). Further, the program helped reinforce the importance and access of primary care vs. emergent care in this community.

For further information, contact Lynn Schuman, Esq., (718) 963-8791 or Lynn.Schuman@Woodhullhc.nycheh.org.
An article in the Winter 2008 issue of Focus on Community Health described a program at Cornell University that is intended to inform community educators, trainers, volunteers, and ultimately seniors about the benefits and complexities in choosing a Medicare Part D plan. Called CURxED (Cornell University Resource Education for Medicare Part D at http://curxed.human.cornell.edu), it provides a unique set of Part D plan performance and pricing information as well as research briefs and other educational materials. The following is an update on program activities.

Over the past year, CURxED:
• provided 29 e-newsletters, Reports on Part D Policy Details,
• distributed a binder set to each New York State Health Insurance Information Counseling Assistance Program (HIICAP) Coordinator in the state,
• distributed more than 800 copies of the CURxED Pocket Guide to Medicare Part D,
• made 13 presentations about Part D topics to a cumulative audience of more than 350 participants, and
• responded to approximately 20 inquiries for consultations from the HIICAP network regarding prescription drug insurance and pharmaceuticals.

Results of a recent survey of the HIICAP Coordinators indicate CURxED’s educational value:
• 78% read Reports on Part D Policy Details each time it is sent,
• 93% rated the presentation at the HIICAP Coordinators conference as good to excellent,
• 74% rated the pocket guide as good to excellent, and
• 88% would recommend the binders to someone else; 44% have recommended them.

Plans for 2008-09 include:
• presenting at the October HIICAP Coordinator’s conference specific to research, policy, and interpretation of Medicare Part D;
• working with Cooperative Extension offices and other community agencies to train new volunteers in two regions of Upstate New York;
• providing public outreach at the Empire Farm Days and other venues;
• assisting in enrollment activities through area HIICAP programs;
• providing support and assistance at the 11 regional HIICAP counselor trainings; and
• supporting the outreach activities of New York Statewide Senior Action Council.


Project manager Bob Harris, at CURxED@cornell.edu, is a registered pharmacist with more than 20 years of experience. Because of his background, he is able to provide insight into the concerns of HIICAP counselors regarding prescription drug insurance, and is available at all times via phone or e-mail for consultations.

An Update on CURxED

Rural Families Speak

"Rural Low-income Families: Tracking their well-being and functioning in the context of welfare reform," known as the Rural Families Speak (RFS) project, is USDA CSREES-funded research. This project focused on rural low-income families, an understudied population, who were the recipients of public assistance, especially public food assistance. Researchers from 17 states, including New York, examined family relationships and well-being, the vitality of the rural communities where they live and work, and the impact of public policies that directly affect them.

Economic stability, health, and social supports are fundamental elements for strong families, and these can be challenges in rural settings. RFS examined the interrelatedness of low-income rural families’ labor force participation, health – including food security, and social support of family, within the context of community forces and opportunities that can strengthen or weaken rural families and communities.

The research findings clearly indicate that both mental and physical health status and access to health care services were found to be vital factors associated with rural families’ well-being. Poor mental health was a key issue, with 53% of mothers having significant depressive symptoms. Additionally, health status and employment status were linked. Unemployed mothers were more likely to have depressive symptoms and for longer periods of time. Physical health influenced rural mothers’ ability to maintain employment; unemployed women had more chronic health conditions than employed women. Health insurance was a key factor for participants in the study. Having health insurance was critical for accessing health services, but only 67% of participants had any type of health insurance. Women with health insurance went to the doctor more often, and were less likely to delay or forego filling prescriptions. Having medical insurance and working more than 30 hours a week were key contributing factors to employment stability. Medicaid covered one third of the women workers and it continued to be an important source of health insurance for low-income employed rural women.

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Results from RFS indicate that health is a major barrier to employment and economic well-being for rural, low-income families.

For more detail on the project, please visit http://fsos.cehd.umn.edu/projects/rfs.html. Contacts in New York State are Professor Christine Olson (cmo3@cornell.edu), Division of Nutritional Sciences, and Josephine Swanson (jas56@cornell.edu), Associate Director of Cornell Cooperative Extension and Assistant Dean of the College of Human Ecology.
Results of the Worksite Wellness “Return on Investment” Study
Submitted by Adirondack Wellness Network

The field of Population Health Management (PHM), especially employer or insurance sponsored health promotion and disease prevention programs, has been growing strong for decades. However, little research has been conducted in rural settings or with smaller employers (50 or fewer employees) due to limited resources in such areas.

As strong believers in the value of PHM—who were interested in how such work could be implemented in rural, small employer-based settings—the NYS Rural Health Network, Adirondack Wellness Network (AWN) embarked on a four-year study to gain some real world experience. By combining some of the well-known practices of worksite wellness used in Corporate America with the collaboration skills of the Network and rural providers, it became possible to provide a wider range of services.

The study was important to rural employers who wanted proof that worksite wellness could really benefit their employees and businesses.

The study tracked three indicators in order to gauge return on investment: (1) hospital admissions; (2) physician visits; and (3) ER visits. Return on these three indicators was considered in two ways—first as compared to the total program costs by each group, and then also by the actual cost of each group by that same group. Both methods showed the most positive return on investment associated with the Trail Walker study group ($11.57 or $1.96) as illustrated by the chart below. Only people who participated in a health risk assessment (HRA) and screening package every year were included in the final analysis.

The Trail Walker study group received the following: annual assessment of environmental supports for healthy living at the worksite, monthly awareness kits, monthly wellness newsletter for each employee, on-site HRA and screening package made available for every employee, one-on-one education with a Health Educator, referral and referral follow-up for those meeting risk criteria and annual aggregate data reports and review.

Other methods of measuring success should also be considered: good health indicator improvements, risk factor reductions, wellness score improvements, productivity improvements, and environmental assessment improvements. These indicators seemed to correlate with the ROI results.

This study, while small in size (279 people were included in the final data analysis), was unique in nature as it was conducted in a rural setting, and required a network of providers to provide all the services and interventions, instead of one organization (typically the employer or insurer).

**Bottom Line - ROI by Level**

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<th>Alternative</th>
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<tr>
<td>MT. CLIMBER</td>
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For further information about the Worksite Wellness Return on Investment study, or to request the complete reports written by the Research Director, Shadi Saleh, MPH, Ph.D., contact Adirondack Wellness Network’s Program Manager, Jessica Darney Buehler, at (518) 523-8350 or jdbuehler@amccares.org.

http://www.hanys.org/newsletters/focus/focus.cfm
Calendar of Events

Public Health Live! - T²B²
—is a monthly satellite broadcast series designed to provide continuing education opportunities on public health issues. Broadcasts are free and available to all who are interested in furthering their knowledge of public health. The broadcast is held from 9:00 - 10:00 a.m. ET on the third Thursday of each month. To register, visit www.t2b2.org.

Upcoming programs:

December: To be determined

January 20, 2009
Disability and Health in NYS: Implications for Public Health Practice


Hot Web Site Links and Resources

NYS Department of Health
http://www.nyhealth.gov/nysdoh/chplus/

NYS Department of Health
http://www.nyhealth.gov/nysdoh/fhplus/index.htm

NYS Department of Health: Medicaid in NYS
http://www.health.state.ny.us/health_care/medicaid/

Kaiser Family Foundation
http://www.kff.org/uninsured/index.cfm

Robert Wood Johnson Foundation
http://www.rwjf.org/coverage/index.jsp

Voices for the Uninsured
http://voicefortheuninsured.org

The Health Care Blog
http://www.thehealthcareblog.com/the_health_care_blog

Economic Research Initiative for the Uninsured
http://eriu.sph.umich.edu/

Families USA
http://www.familiesusa.org/issues/uninsured/

Healthy NY
http://covertheuninsured.org/actioncenter/

Let's Get America Covered
http://covertheuninsured.org

NYS Department of Insurance:
Healthy NY
for small businesses and working individuals
http://www.ins.state.ny.us/website2/hny/english/hny.htm