

Portland/Tri-County Service Area

Health & care profile

for newly eligible Oregonians under the ACA

OVERVIEW

CONTENTS: This document profiles health and utilization measures of uninsured people up to 138% of Federal Poverty Level as of 2012 in the Tri-County Service Area.

SOURCE OF DATA: This profile was produced using survey data from the Oregon Health Insurance Experiment (OHIE). As the first ever randomized controlled trial on the impacts of health insurance, the OHIE has been longitudinally following tens of thousands of low-income Oregonians who signed up for the Oregon Health Plan “lottery.” Because most of these individuals are still uninsured and have already sought Medicaid coverage, they represent a population of likely “early adopters” once Medicaid expansion goes into effect in 2014.

The profile for the Tri-County Service Area is based on **18,472 UNIQUE INDIVIDUALS** from the OHIE’s 2010-2013 data collection periods. All participants were uninsured as of their most recent survey, projected to fall within Medicaid age limits at the start of 2014, and are currently living in a zip code that falls within the Tri-County Service Area.

PROFILE TYPES: We relied on each individual’s most recent survey response for variables that were time-sensitive. Using this data, we provide three types of information:

1. HEALTH PROFILES, including chronic condition prevalence, and
2. UTILIZATION PROFILES, capturing current levels of utilization while uninsured.
3. DEMOGRAPHIC PROFILES, including race, education, income, and family composition.

1. HEALTH PROFILE

CHRONIC CONDITIONS: Analysis of survey data provides estimates of chronic condition prevalence among the Medicaid-eligible population. These data are best seen as conservative estimates because they rely on having ever received a diagnosis, which implies at least some access to care. Results suggest relatively high rates of chronic illness, especially depression/anxiety and high blood pressure. Only a third has never been diagnosed with any of the listed conditions. It is also fairly common for individuals with a given condition to not be taking prescribed medications for it.

CHRONIC CONDITION DIAGNOSES

CHRONIC HEALTH CONDITIONS <i>Have you ever been told by a health professional that you have...</i>	PERCENT (n = 18,472)	OF THOSE, PERCENT CURRENTLY TAKING MEDICATION FOR IT
Diabetes	11.7	69.7
High cholesterol	21.8	45.6
High blood pressure	28.8	58.7
Depression/anxiety	43.6	50.8
Asthma	18.3	55.4
Emphysema/COPD	6.1	49.5
Heart attack/Angina	5.1	53.3
Congestive heart failure	2.3	55.0
Kidney problem	6.1	29.9
Cancer	4.6	22.4
Never diagnosed with any of the above	32.1	n/a

OTHER HEALTH INFORMATION: The surveys also collected some other general health information, including self-assessments of overall health and health trajectory, impairment and ability to work, a short clinical screen for current depression (Patient Health Questionnaire-2; PHQ-2), as well as smoking status. Results are summarized below.

GENERAL HEALTH PROFILE

OTHER HEALTH MEASURES	Percent
Overall Health: Poor or Fair	39.1
Health Trajectory: Health getting worse over the last 6 months	29.4
Percent Whose Health Currently Limits Ability to Work	36.6
Percent Who Screened Positive for Current Depression (PHQ-2)	30.8
Currently Smoke	37.1

2. UTILIZATION PROFILE

ACCESS TO CARE: Access to care has been poor among this population. Using the most recent year’s data for each individual, we estimate that about four in ten will lack a connection to a usual care source, and the majority of those who have recently needed health care say they have been unable to get all the care they need.

RECENT ACCESS TO CARE

ACCESS TO CARE MEASURE	Percent
Percent Who Have A Usual Place Of Care	57.7
Percent Who Have A Personal Doctor	45.2
Of Those Who Needed Care, Percent That Didn’t Get It (last 6 months)	
--Medical Care	60.5
--Mental Health Care	76.0
--Prescription Medications	47.1
--Dental Care	84.2

USE OF OUTPATIENT AND PREVENTIVE CARE: Utilization of outpatient care and preventive screenings are shown below. Rates of screenings for common chronic conditions (such as diabetes and high cholesterol) were low, especially given that the measure represents whether individuals have ever had the listed screening.

OUTPATIENT UTILIZATION & PREVENTIVE SCREENINGS

OUTPATIENT UTILIZATION	Percent	PREVENTIVE SCREENINGS	Percent
Outpatient Visits in past six months		Have Never Had....	
--None	43.6	--HIV Screening	50.7
--One to two	31.9	--Hepatitis C Screen	54.1
-- Three to four	14.8	--Mammogram (female 40+)	28.6
--Five to seven	5.5	--Pap test (female)	6.0
--Eight or more	4.2	--Rectal exam (male 50+)	40.0
		--Diabetes Screening	42.5
Average # of Outpatient Visits (6 Months)	1.95	--Cholesterol Screening	39.2

USE OF ED & ACUTE CARE: Emergency Department visits and inpatient utilization are summarized below. About one in four have used the ED at least once in the past six months, and nearly one in ten had been a hospital inpatient at least overnight.

RATES OF ED USE & INPATIENT STAYS

ED UTILIZATION	Percent	INPATIENT UTILIZATION*	Percent
ED Visits in the Past 6 Months		Hospital Stays in the Past 6 Months	
--None	74.3	--None	91.8
--One	14.7	--One	5.7
--Two	6.3	--Two	1.4
--Three or More	4.7	--Three or More	1.1

*Excludes childbirth

3. DEMOGRAPHIC PROFILE

We have included individuals with incomes above 138% FPL in this final table because their incomes vary, and they may be income eligible for Medicaid in 2014 even if they would not have been at the time of their most recent survey. Results are summarized below.

DEMOGRAPHIC PROFILE

MEASURE	PERCENT
GENDER	
Female	58.0
AGE	
19-34	26.9
35-49	35.2
50-64	37.9
RACE/ETHNICITY	
Hispanic	10.0
White (Non-Hispanic)	75.3
Black or African American	2.7
Other (including multiracial or unknown)	12.0
EDUCATION	
High school diploma or less	61.1

MEASURE	PERCENT
EMPLOYMENT	
Employed	33.4
Self-employed	9.3
Unemployed	52.7
Retired	4.6
APPROX HOUSEHOLD INCOME (% of FPL)*	
100% and below	59.9
101%-138%	15.0
139% and above	25.0
NUMBER OF DEPENDENTS	
0	58.6
1-2	30.7
3+	10.7

*Federal Poverty Level (FPL) based on Federal poverty calculation guidelines, found at <http://aspe.hhs.gov/poverty/index.cfm>

CONTACT

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