

Informing the **Public** & Guiding **Policy** by **Conducting** Research

The Uninsured in Iowa

Impact of the ACA and Health System Change on the Iowa Safety Net

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Introduction

This is a report that inventories all the information we have collected the demographics and utilization of the uninsured population in Iowa. This information was collected as part of a study funded by The Commonwealth Fund to study the implications of the Affordable Care Act (ACA) on safety net health care providers.

Demographics

The Kaiser Family Foundation reported that in 2010-2011, 329,500 lowans were uninsured, with 49,300 of those under the age of 18 (Table 1). ^{1,2}

Table 1. Distribution of the uninsured in Iowa by age and gender for 2010-2011.²

Age	Male	Female	Total
0-18	24,200	25,100	49,300
19-64	153,900	126,300	280,200
Total	178,100	151,400	329,500

Source: Kaiser Family Foundation, 2011. Totaling errors are due to rounding and the exclusion of the uninsured over age 65.

The Kaiser Family Foundation estimates 162,300 uninsured earn incomes equal to or less than 138 percent of the FPL (Table 2). The figures do not equal 100% due to insufficient data on uninsured children (0-18) between 139% and 400%+ FPL.

Table 2. Distribution of the uninsured in Iowa by income (percent of the Federal Poverty Level) for 2010-2011²

Income	Number of			
(% FPL)	Uninsured	Percent		
<100	111,500	33.8		
100-138	50,800	15.4		
139-250	73,400	22.2		
251-399	44,000	13.4		
400 +	31,200	9.5		
Total	310,900	94.3		

Source: Kaiser Family Foundation, 2011. Note: Percentages do not equal 100% due to insufficient data on uninsured children (0-18) between 139% and 400%+ FPL.

Regarding race/ethnicity, the Kaiser Family Foundation estimates that 254,200 of Iowa's uninsured are white; 46,500 are Hispanic; there is insufficient data on uninsured Iowans who identify as "Black" or "Other".³

The majority of uninsured lowans—similar to insured lowans—were white in 2009 (Table 3).

Table 3. Racial distribution of Iowa's uninsured and insured for 2009.

Race	Number of Uninsured (thousands)	Percent	Number of Insured (thousands)	Percent
White	293	90	2,484	93
Black	11	3	69	3
American Indian/Alaska Native	3	0.8	11	0.4
Asian	7	2	65	2
Native Hawaiian/Pacific Islander	4	1	4	0.1
≥2 races	7	2.3	37	1
Total	324	100	2,671	100

Source: U.S. Census Current Population Survey. 16 Note: percentages might not equal 100 due to rounding.

Based on U.S. census data for 2009, the majority of uninsured lowans are non-Hispanic whites (Table 4).

Table 4. Ethnic distribution, Hispanic origin of Iowa's uninsured and insured for 2009.

Hispanic Origin	Number of Uninsured (thousands)	Percent	Number of Insured (thousands)	Percent
Non-Hispanic	270	83	2,550	96
Hispanic	54	17	121	5
Total	324	100	2,671	100

Source: U.S. Census Current Population Survey. 16 Note: percentages might not equal 100 due to rounding.

According to the State Health Access Data Assistance Center ("SHADAC"), the number of uninsured children (0 years to 18) in lowa decreased by 34 percent from 1997 to 2005. This decrease is similar to the 49 percent decline in uninsured children calculated by the Robert Wood Johnson Foundation. Further, SHADAC calculated that 18 percent of uninsured lowa children did not receive any medical care during 2003. In comparison, only 12 percent of lowa children insured all year did not receive any medical care in 2003.

The percentage of Iowa's uninsured adults living in a household with at least one child is estimated at 49 percent (127,019 adults) compared to 47 percent of insured adults (707,508 adults) living in a household with at least one child. SHADAC calculated that 12 percent of uninsured lowans are either employed or self-employed. Further, Table 3 shows that the majority (70 percent) of uninsured lowans had at least 1 full-time worker living in their household. 10

Table 3. Distribution of the uninsured in Iowa by family work status for 2009²

Family Work Status	Number of Uninsured	Percent
≥1 full-time worker	217,800	70
Part-time workers	56,600	18
Non-workers	35,200	11
Total	309,700	100

Source: Kaiser Family Foundation.

Note: Percentages might not equal 100 due to rounding.

The distribution of Iowa's uninsured by employment status is similar to the national situation where 71 percent of uninsured workers are full-time. ¹¹ As employer size increases, Iowa employers are increasingly likely to provide health insurance (Table 4).

Table 4. Distribution by size of Iowa employers providing health insurance to their employees in 2010. 17

	Providing
Number of	Insurance
Employees	(%)
2 to 9	59
10 to 19	85
20 to 49	95
50 to 249	98
250 to 999	100
1,000+	100
Overall	83

Source: Healthier Workforce Center for Excellence, 2011.

Although a majority of lowa's uninsured (55%) have never been married, a substantial proportion (25%) of the uninsured are currently married and the spouse is present in the household (Table 4). A third group composing lowa's uninsured are divorced individuals (Table 5).

Table 5. Marital Status of insured and uninsured in Iowa for 2009.

Marital Status	Number of Uninsured (thousands)	Percent	Number of Insured (thousands)	Percent
Married, spouse present	82	25	1,207	45
Married, spouse absent	8	2	12	0.4
Widowed	8	2	113	4
Divorced	55	17	203	8
Separated	5	2	30	1
Never married	166	51	1,106	41
Total:	324	100	2,671	100

Source: U.S. Census Current Population Survey. 16 Note: percentages might not equal 100 due to rounding.

The uninsured are among the highly educated. In Iowa 65 percent of the uninsured have a high school diploma or higher (Table 6).

Table 6. Education attainment of Iowa's uninsured and insured for 2009.

	Number of Uninsured		Number of Insured	
Education	(thousands)	Percent	(thousands)	Percent
Children <15 years old	34	10	562	21
No high school diploma	77	24	287	11
High school or equivalent	104	32	658	25
Some college	82	25	667	25
Bachelor's degree or higher	27	8	498	19
Total:	324	100	2,671	100

Source: U.S. Census Current Population Survey. 16 Note: percentages might not equal 100 due to rounding.

Regarding the geographic location of lowa's uninsured population, rural areas have slightly lower percentages of insured individuals compared to urban areas (Table 7). Consistent with the approximately equal rural/urban distribution, the uninsured population is not concentrated in any one region of lowa; however, the south-central region of lowa appears to contain a substantial proportion of counties with a lower percentage of uninsured individuals compared to the lowa average (Figure 1).

Table 7. Geographic distribution of insured employed lowans for 2010.¹⁷

	Insured
Location	(%)
Urban	93
Rural	92

Source: Healthier Workforce Center for Excellence, 2011.

One reason why more insured lowans are located in urban areas might be the fact that most (approximately 90%) of lowa employers are located in urban areas (Table 8).

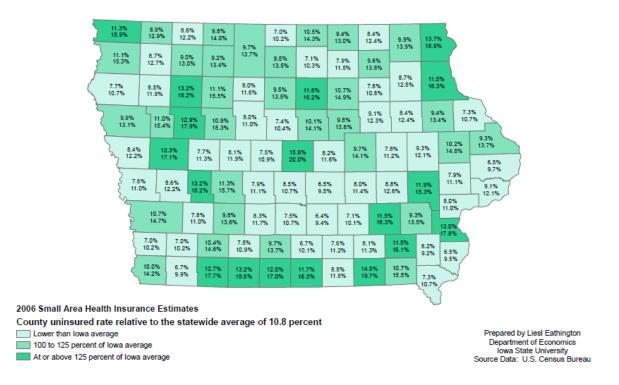
Table 8. Geographic distribution for Iowa employers providing health insurance in 2010.¹⁷

	Providing
	Insurance
Location	(%)
Urban	89
Rural	76

Source: Healthier Workforce Center for Excellence, 2011.

Additionally, the southern-most area of Iowa contains a majority (10 of 18) of counties with the highest above-average uninsured (Figure 1).

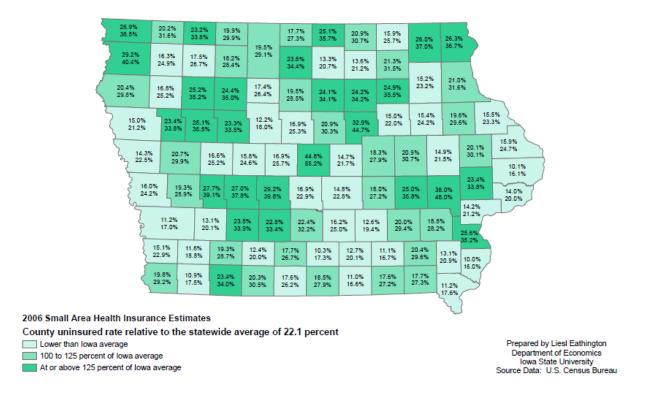
Figure 1. Uninsured percentage of the population younger than age 65: all incomes, 2006.⁶



Source: RECAP, Iowa State University, 2009

Similar to the geographic distribution for all income levels of uninsured lowans, focusing on uninsured lowans earning less than 200 FPL produces no discernable geographic pattern (Figure 2).

Figure 2. Uninsured percentage of the population younger than age 65 and income less than 200 percent of FPL, 2006.⁶



Source: RECAP, Iowa State University, 2009

Health Care Utilization

Regarding uninsured adults in Iowa during 2003, SHADAC estimates that 84,811 (33% of uninsured Iowans) were unable, due to cost, to see a doctor when needed during the previous 12 months (Table 9). ¹² In comparison, only 75,130 (5% of insured Iowans) insured Iowan adults were unable to see a doctor when needed during the previous 12 months due to cost. ¹³ Access to care slightly worsened in 2004 when SHADAC estimated 35 percent of uninsured Iowans (82,601) and 6 percent of insured Iowans (99,059) were unable to see a doctor when needed due to cost (Table 9). ¹⁴

Table 9. Comparison of Iowa's uninsured and insured lacking access to medical care.

Insurance Status	2004	Percent	2003	Percent
Uninsured	82,601	45	84,811	53
Insured	99,059	55	75,130	47
Total	181,660	100	159,941	100

Source: SHADAC.

Further, SHADAC calculates 108,871 (42% of uninsured adults) uninsured lowa adults had neither a personal doctor nor health care provider in 2003 compared to 197,117 (13% of insured adults) insured lowa adults who had neither a personal doctor nor a health care provider in 2003 (Table 10). Health care access for uninsured lowans did not substantially change by 2004 when 42 percent of uninsured lowans and 14 percent of insured lowans had neither a personal doctor nor a health care provider (Table 10). 16

Table 10. Comparison of Iowa's uninsured and insured lacking a medical provider.

Insurance Status	2004	Percent	2003	Percent
Uninsured	99,889	31	108,871	29
Insured	224,041	69	197,117	71
Total	323,930	100	377,988	100

Source: SHADAC.

The uninsured in Iowa experience worse health compared to insured Iowans. SHADAC reports that 29,432 uninsured Iowans (11% of the uninsured in Iowa) claimed either poor or fair health status in 2003 compared to 115,908 insured Iowans (8% of those insured) claiming either poor or fair health status in 2003 (Table 11).¹⁷ By 2004, uninsured Iowans' health had declined on average with 18 percent of uninsured adults reporting either poor or fair health status compared to 8 percent of insured Iowans claiming either poor or fair health (Table 11).¹⁸

Table 11. Comparison of Iowa's uninsured and insured reporting fair/poor health.

Insurance Status	2004	Percent	2003	Percent
Uninsured	41,554	24	29,432	20
Insured	128,694	76	115,908	80
Total	170,248	100	145,340	100

Source: SHADAC.

The uninsured in Iowa are less likely to receive preventive services. For example, SHADAC estimates in 2004 that 42 percent (19,322) of uninsured women did not receive a mammogram in the previous two years compared to 22 percent (94,225) of insured women who did not receive a mammogram in the previous two years and 30 percent (32,138) of uninsured women did not receive a pap smear in the previous three years compared to 12 percent (88,930) of insured Iowa women. Additionally, uninsured Iowans face a risk of dying because they lack health insurance. Families USA estimated that in 2006, 140 Iowans died because they lacked health insurance. Further, Families USA calculated that, from 2000 to 2006, 800 Iowans between the ages of 25 and 64 died because they lacked health insurance.

Table 12. Comparison of Iowa's uninsured and insured receiving preventative services.

Insurance Status	2004	Percent	2003	Percent
Uninsured	41,554	24	29,432	20
Insured	128,694	76	115,908	80
Total	170,248	100	145,340	100

Source: SHADAC

Regarding hospital utilization and excluding obstetric-related diagnoses, uninsured lowans present mostly with alcohol and substance abuse, in addition to mental health-related illnesses. In 2009, approximately 700 hospital discharges (35% of lowa discharges for 2009) for diagnosed alcohol-related disorders were attributed to uninsured lowans. Further, approximately 100 hospital discharges for substance-related disorders (15% of lowa discharges in 2009) were attributed to uninsured lowans. Finally, hospital discharges during 2009 for diagnosed mood disorders, thirty-three discharges (15% of lowa hospital discharges) were attributed to uninsured lowans.

The conclusions for uninsured hospital utilization based on the diagnosis distributions are supported by procedures performed in Iowa hospitals during 2009. The most common procedure based on discharges reported for Iowa hospitals in 2009 was alcohol and drug rehabilitation/detoxification with 466 discharges credited to uninsured Iowans (31% of hospital discharges in Iowa for 2009). Ranked by number of discharges, the top five hospital procedures during 2009 for uninsured Iowans (number of discharges) included: circumcision (412); other therapeutic procedures (300); respiratory intubation and mechanical ventilation (247); and percutaneous coronary angioplasty (186). ²⁶

Unfortunately, lowa-specific statistics regarding uninsured utilization of physician offices is unavailable. However, national statistics are publicly available. For 2008, the number of office visits made by uninsured individuals equaled 43.5 million compared to 19.1 million visits made to hospital emergency rooms in 2008 and 8.7 million visits to hospital outpatient departments by uninsured individuals. Further, regarding Community Health Centers ("CHCs"), an estimated fourteen percent of patients visiting CHCs during 2006-2008 were uninsured. In comparison, uninsured individuals accounted for 4 percent of visits to physician offices in 2008 and 9 percent of visits to hospital outpatient departments.

Finally, regarding pharmacotherapy in ambulatory care settings (that is, physician offices, outpatient departments, and emergency departments) for 2003-2004, narcotic analgesics were the most mentioned for uninsured patients (202 occurrences per 1,000 persons) followed by NSAIDs (186 occurrences per 1,000 persons) and antidepressants (174 occurrences per 1,000 persons).³⁰ Similar to physician office visits, the statistics are for a national sample.

This ambulatory care medication utilization by the uninsured is in comparison to Medicare and Medicaid mention rates twice the uninsured rate (446 and 400 occurrences per 1,000 persons, respectively) for narcotic analgesics and over three times for NSAIDs (617 and 536 occurrences per 1,000 persons, respectively) and antidepressants (565 and 346 occurrences per 1,000 persons, respectively).³¹

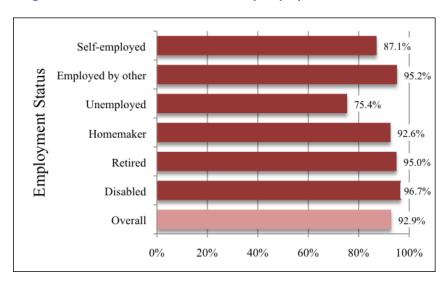


Figure 3. Distribution of insured lowans by employment status in 2009. 18

Source: Healthier Workforce Center for Excellence, 2010.

Further Information

Source	Website
U.S. Census Bureau	http://www.census.gov
Kaiser Family Foundation	http://statehealthfacts.org
State Health Access Data Assistance Center	http://www.shadac.org
Agency for Healthcare Research and Quality	http://www.ahrq.gov
Regional Economic and Community Analysis Program	http://www.recap.iastate.edu/
National Center for Health Statistics	http://www.cdc.gov/nchs/

References

1

¹ Kaiser Family Foundation. Statehealthfacts.org. Available from: http://statehealthfacts.org/

² U.S. Census Bureau. Health Insurance Historical Tables. Available from: http://www.census.gov/hhes/www/hlthins/data/historical/index.html; compare to Kaiser Family Foundation. Statehealthfacts.org/

³ Kaiser Family Foundation. Statehealthfacts.org. Available from: http://statehealthfacts.org/

⁴ State Health Access Data Assistance Center. Protecting America's Future: a state-by-state look at SCHIP & uninsured kids. Robert Wood Johnson Foundation. Available at: http://www.shadac.org/publications/protecting-americas-future-state-state-look-schip-and-uninsured-kids [accessed 20 October 2011].

⁵ State Health Access Data Assistance Center. Robert (2009). At the Brink: trends in America's uninsured, a state-by-state analysis. Robert Wood Johnson Foundation. Available at: http://www.rwjf.org/pr/product.jsp?id=40488 [accessed 3 November 2011].

⁶ State Health Access Data Assistance Center. Protecting America's Future: a state-by-state look at SCHIP & uninsured kids. Robert Wood Johnson Foundation. Available at: http://www.shadac.org/publications/protecting-americas-future-state-state-look-schip-and-uninsured-kids [accessed 20 October 2011].

⁸ State Health Access Data Assistance Center. Characteristics of the Uninsured: a view from the States, 2005. Robert Wood Johnson Foundation. Available at: http://www.shadac.org/publications/characteristics-uninsured-view-states-2005 [accessed 20 October 2011].

10 Kaiser Family Foundation. Statehealthfacts.org. Available from: http://statehealthfacts.org/

¹¹ K. Carper and K. Beauregard. (2009). Characteristics of Uninsured Workers: estimates for the U.S. civilian noninstitutionalized population 19-64 years of age, 2006. Agency for Healthcare Research and Quality, Statistical Brief, Number 257. Available at:

http://www.meps.ahrq.gov/mepsweb/data_stats/Pub_ProdResults_Details.jsp?pt=Statistical+Brief&opt=2&id=91_9 [accessed 31 October 2011].

12 State Health Access Data Assistance Center. Characteristics of the Uninsured: a view from the States, 2005.

¹² State Health Access Data Assistance Center. Characteristics of the Uninsured: a view from the States, 2005. Robert Wood Johnson Foundation. Available at: http://www.shadac.org/publications/characteristics-uninsured-view-states-2005 [accessed 20 October 2011].

¹³ State Health Access Data Assistance Center. Characteristics of the Uninsured: a view from the States, 2005. Robert Wood Johnson Foundation. Available at: http://www.shadac.org/publications/characteristics-uninsured-view-states-2005 [accessed 20 October 2011].

The Coverage Gap: a state-by-state report on access to care. Robert Wood Johnson Foundation. Available at: http://www.shadac.org/publications/coverage-gap-state-state-report-access-care [accessed 3 November 2011].

¹⁵ State Health Access Data Assistance Center. Characteristics of the Uninsured: a view from the States, 2005. Robert Wood Johnson Foundation. Available at: http://www.shadac.org/publications/characteristics-uninsured-view-states-2005 [accessed 20 October 2011].

¹⁶ State Health Access Data Assistance Center. (2006). The Coverage Gap: a state-by-state report on access to care. Robert Wood Johnson Foundation. Available at: http://www.shadac.org/publications/coverage-gap-state-state-report-access-care [accessed 3 November 2011].

<u>report-access-care</u> [accessed 3 November 2011].

17 State Health Access Data Assistance Center. Characteristics of the Uninsured: a view from the States, 2005.

Robert Wood Johnson Foundation. Available at: http://www.shadac.org/publications/characteristics-uninsured-view-states-2005 [accessed 20 October 2011].

¹⁸ State Health Access Data Assistance Center. (2006). The Coverage Gap: a state-by-state report on access to care. Robert Wood Johnson Foundation. Available at: http://www.shadac.org/publications/coverage-gap-state-state-report-access-care [accessed 3 November 2011].

¹⁹ State Health Access Data Assistance Center. (2006). The Coverage Gap: a state-by-state report on access to care. Robert Wood Johnson Foundation. Available at: http://www.shadac.org/publications/coverage-gap-state-state-report-access-care [accessed 3 November 2011].

B. Wikler and K. Bailey. (2008). Dying for Coverage in Iowa. Families USA. Available at: http://familiesusa2.org/assets/pdfs/dying-for-coverage/iowa.pdf [accessed 31 October 2011].

²¹ B. Wikler and K. Bailey. (2008). Dying for Coverage in Iowa. Families USA. Available at: http://familiesusa2.org/assets/pdfs/dying-for-coverage/iowa.pdf [accessed 31 October 2011].

Agency for Healthcare Research and Quality, Hospital Cost and Utilization Project (online). Available at: http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=79E889A35A5933CD&Form=DispTab&GoTo=MAINSEL&JS=Y [accessed 27 October 2011]

²³ Agency for Healthcare Research and Quality, Hospital Cost and Utilization Project (online). Available at: http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=79E889A35A5933CD&Form=DispTab&GoTo=MAINSEL&JS=Y [accessed 27 October 2011].

⁷ State Health Access Data Assistance Center. Protecting America's Future: a state-by-state look at SCHIP & uninsured kids. Robert Wood Johnson Foundation. Available at: http://www.shadac.org/publications/protecting-americas-future-state-state-look-schip-and-uninsured-kids [accessed 20 October 2011].

⁹ State Health Access Data Assistance Center. Characteristics of the Uninsured: a view from the States, 2005. Robert Wood Johnson Foundation. Available at: http://www.shadac.org/publications/characteristics-uninsured-view-states-2005 [accessed 20 October 2011].

E. Hing and R.S. Hooker. National Center for Health Statistics Data Brief, Number 65, July 2011. Available at: http://www.cdc.gov/nchs/data/databriefs/db65.htm [accessed 27 October 2011].

E. Hing and S. Uddin. Visits to Primary Care Delivery Sites: United States, 2008. NCHS Data Brief, Number 47, October 2010. Available at: http://www.cdc.gov/nchs/data/databriefs/db47.pdf [accessed 27 October 2011].

²⁴ Agency for Healthcare Research and Quality, Hospital Cost and Utilization Project (online). Available at: http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=79E889A35A5933CD&Form=DispTab&GoTo=MAINSEL&JS=Y [accessed 27 October 2011].

²⁵ Agency for Healthcare Research and Quality, Hospital Cost and Utilization Project (online). Available at: http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=79E889A35A5933CD&Form=DispTab&GoTo=MAINSEL&JS=Y [accessed 27 October 2011].

²⁶ Agency for Healthcare Research and Quality, Hospital Cost and Utilization Project (online). Available at: http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=79E889A35A5933CD&Form=DispTab&GoTo=MAINSEL&JS=Y [accessed 27 October 2011].

National Center for Health Statistics, National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey. Available at: http://www.cdc.gov/nchs/data/ahcd/preliminary2008/table01.pdf [accessed 27 October 2011].

³⁰ S. Raofi and S.M. Schappert. Medication Therapy in Ambulatory Medical Care: United States, 2003-2004. Vital and Health Statistics, Series 13, Number 163. National Center for Health Statistics. Available at: http://www.cdc.gov/nchs/data/series/sr 13/sr13 163.pdf [accessed 27 October 2011].

³¹ S. Raofi and S.M. Schappert. Medication Therapy in Ambulatory Medical Care: United States, 2003-2004. Vital and Health Statistics, Series 13, Number 163. National Center for Health Statistics. Available at: http://www.cdc.gov/nchs/data/series/sr 13/sr13 163.pdf [accessed 27 October 2011].