



Winnebago County Board of Health

Policy Statement on Illinois' Health Care Justice Act

Background:

At the outset of this millennium our nation established a systemic approach to health improvement by adopting a series of goals and objectives to be achieved by the year 2010 (*Healthy People 2010*)¹. The very first of these goals is to increase the proportion of persons with health insurance to 100 percent. In 2004 Illinois adopted its own version of this health policy through the enactment of the Health Care Justice Act² that reinforces our nation's goal and establishes a clear policy for Illinois to ensure all residents have access to quality health care at an affordable cost.

According to a *2004 Behavior Risk Factor Survey*³ completed for Winnebago County, 12.5 percent of the population is uninsured (35,625). A disproportionate burden of no health insurance is borne by Hispanics (32.4 percent) African-Americans (20.2 percent), young adults (29.6 percent) and those in poverty (30.4 percent). At the same time, almost four out of five of the uninsured are employed. The association of having health insurance and improved health status is well established.⁴ It has been said that "the breach between what we know and do can be lethal." A lack of health insurance accounts for 18,000 preventable deaths annually nationwide.⁵

Findings from the *2005 Winnebago County Minority Health Survey*⁶ suggest barriers to health care beyond just the lack of health coverage. Strategies to improve health care access must take into account that one quarter of African-Americans and 10 percent of Hispanics avoid medical care because of lack of trust in the health care system, or lack of trust in the doctor. Hispanics face the additional barrier of language, where 24.4 percent cited this is a reason for not receiving care.

Local Public Health and Health Care Initiatives:

The Winnebago County Department of Public Health (WCHD), through its Clinical Services Division and Health Support Services Division provide, a wide variety of maternal and child support and referral services and access to a range of chronic disease screening, education, and referral services. Direct health services are in women's health care, pediatric and adult immunizations, well-child services and sexually transmitted infection clinics.

Further, WCHD has worked collaboratively with the University of Illinois College of Medicine, Janet Wattles Mental Health Center, Rockford Public School District, Rockford Housing Authority, and Rockford Regional Health Council to expand access to primary care services through a school-linked health center that now serves eight

elementary schools in the Rockford Public School System. These services integrate both medical and behavioral health care with a client and family-based focus.

The Rockford Regional Health Council in 2003 initiated a three-share premium subsidy, entry-level employer-based insurance plan designed to serve small employers in the Winnebago County area. The Winnebago County Board of Health has pledged its desire to identify financial resources to expand the availability of this three-share health coverage plan.

These innovations, together with the tremendous work of the network of health service providers in the community (i.e. Crusader Clinic, the three health systems, Rosecrance, and the providers mentioned previously) is not enough. We must strive to establish a system of comprehensive care for medical, behavioral, oral health, and vision and hearing that includes a full range of preventive, diagnostic and therapeutic services for everyone.

What Is Needed:

- Fifty percent of all medical problems and disease are associated with modifiable health risk factors and the majority of these are preventable diseases. Greater availability and access to preventive services can reduce injury and save thousands of lives per year. This is especially important in addressing the disproportionate disease burden borne by racial and ethnic minorities that are at higher risk for many of these illnesses including cancer, heart disease, stroke, most infectious diseases and both intentional and unintentional injuries. These services should include all services recommended by the U.S. Preventive Services Task Force⁷ and the Task Force on Community Preventive Service.⁸
- Oppose the initiative currently under consideration in Congress that could convert the Medicaid program into a block grant or could cut or cap Medicaid's spending, since this is the primary means of providing low income and vulnerable populations access to effective health services
- Support expanding the health coverage of children and pregnant women under Medicaid and eliminate the caps on SCHIP funding for states that expand eligibility for children.
- Consider providing incentives for parents to cover their children and allow small business to claim a tax credit for health insurance expenses.
- Utilize no less than 50 percent of tobacco settlement dollars coming to Illinois to prevent tobacco initiation and to provide coverage of tobacco cessation services which will lead to savings from a lower incidence of tobacco related disease.
- Enact state-level finance support for three-share health benefit plans and expand their availability to small employers and self-employed individuals that could at least take advantage of provider network discounts.

- Support mental health parity which would eliminate financial disparities for mental health treatment including co-payments, deductibles and other out-of-pocket costs and restrictions on frequency of treatments.
- Assure an increasing focus on community relationship building in support of cultural competence in the development and refinement of all health care services.

Why It's Important:

- The lack of health care coverage is detrimental to individuals, their families, and the community as a whole.
- Because of the high cost of health care, uninsured individuals and their families have difficulty getting quality health care when they are sick.
- In the uninsured, care and treatment tend to be delayed until illness becomes serious. Individuals are less likely to seek routine preventive health services that could avert or detect major illnesses early on. The uninsured as a result are usually sicker and more likely to die sooner than people with health insurance.
- The provision of uncompensated care is often unequally distributed across community health centers, nonprofit community hospitals, and academic health centers, along with local public health entities. These uncovered costs only serve to exacerbate access to care for uninsured and vulnerable populations
- In the current economic crisis facing most states, including Illinois, the capacity to absorb proposed cuts in federal funding to Medicaid programs will have an adverse impact on populations served and services covered under the Medicaid service umbrella. Medicaid is the only source of health coverage available for low income children, and a principal source of assistance for people with disabilities and nursing home care.
- The Health status of racial and ethnic minority populations lags behind non-minority populations. When people of color have disproportionately high cost health care problems, the entire community shares those costs as part of existing health insurance premiums and other care costs.
- Mentally ill patients are discriminated against by requiring higher co-pays, allowing fewer physician visits and inpatient stays and higher deductibles than imposed on other medical illnesses. This contributes to the perpetration of outdated misperceptions and the stigma surrounding mental illness. Data does support, on the other hand, that the cost of instituting equal coverage for treatment of mental illness is likely not to substantially increase premiums.

References:

1. U.S.DHHS, *Health People 2010*, Washington DC, January 2000
2. Illinois General Assembly, *Health Care Justice Act* (Public Act 093-0973), Springfield, IL 2004.
3. IDPH, Center for Health Statistics, *Winnebago County Behavioral Risk Factor Survey*, April 2004
4. Henry J. Kaiser Family Foundation, *Medicaid and the Uninsured Key Facts: The Uninsured and their Access to Health Care*, January, 2003.
5. IOM, *Care Without Coverage: Too Little, Too Late*, Washington DC, National Academy Press, May 2002
6. HSR, UICOM, *Winnebago County Minority Health Survey*, March 2005
7. U.S. Preventive Services Task Force, *Guide to Clinical Preventive Services, 2001-2004* (www.ahrq.gov/clinic/gcpspu/.htm)
8. Task Force on Community Preventive Services, *The Guide to Community Preventive Services – What Works to Promote Health?* Oxford University Press, 2005