



Sicker and Dying: The Consequences of Being Uninsured in Pennsylvania

Introduction

767,000 Pennsylvanians who do not have health insurance are sicker and more likely to die prematurely, only because they are uninsured.

As a public health community, we contend that the **primary** goal emerging from the healthcare financing debate should be providing insurance to all Pennsylvanians. Insurance mitigates the tragic progression of disease and suffering for individuals and families, and loss of life, that comes when individuals have no, or limited, health insurance.

The current debate about providing health insurance coverage for the **767,000** uninsured adults in Pennsylvania revolves primarily around the questions of **how much it will cost and who ought to pay**. These questions should be a **secondary** concern. Initiatives suggested for providing coverage currently focus only on driving down health system inefficiencies and health care costs, and on improving quality of healthcare. What is missing in the debate is the stark and real effect of having or lacking health insurance on **health outcomes**.

The tragic suffering and premature death of uninsured people is no longer debatable. **The Urban Institute** (1) reports that 137,000 Americans died from 2000-2006 because they lacked health insurance, including 22,000 people in 2006.

Health services research provides clear evidence that receiving too little medical care, or receiving it too late, has devastating effects on individuals and families. Additionally, the benefits of having insurance are magnified when **vulnerable populations** receive coverage. Vulnerable groups, already at increased risk of worse health, include those who are chronically ill, living with severe mental illness, members of racial and ethnic minority groups, and of lower socioeconomic status.

Evidence

The evidence of the health consequences of being uninsured is clear.

The Kaiser Commission on Medicaid and the Uninsured (2) performed an exhaustive review of the major findings from the past 25 years of health services research on the effects of health insurance coverage. Their analysis found that:

- Uninsured people receive less preventive care, are diagnosed at more advanced stages of disease, and once diagnosed, tend to receive less therapeutic care, including drugs and surgical interventions
- Having health insurance would reduce mortality rates for uninsured people by 10-15 percent
- Better health would improve annual earnings by 10-30 percent and would increase educational attainment

In 2002, a comprehensive report (3) commissioned by the **Institute of Medicine** found the following;

- Health insurance coverage is associated with better health outcomes for adults. It is also associated with having a regular source of care and with greater and more appropriate use of health services. These factors, in turn, improve the likelihood of disease screening and early detection, the management of chronic illness, and the effective treatment of acute conditions such as traumatic injury and heart attacks.
- Health insurance is most likely to improve health outcomes if it is continuous and links people to appropriate health care.
- Increased health insurance coverage would likely reduce racial and ethnic disparities in disease and death among ethnic groups.

The negative effects of having no health insurance on specific health conditions are clear. Specifically, the Institute of Medicine Report in 2002 found that the beneficial effects of having insurance on receiving primary prevention and screening services, cancer care and outcomes, chronic disease care and outcomes, hospital-based care and general health outcomes is unequivocal. Specifically:

1) Primary Prevention and Screening Services

Uninsured adults are less likely to receive preventive services such as mammograms, clinical breast exams and colon cancer screening, where early diagnosis and treatment directly reduce mortality rates.

2) Cancer Care and Outcomes

Uninsured cancer patients do worse than patients with coverage. A relatively advanced, often fatal, late stage of disease at the time of diagnosis is more common among persons without insurance coverage, reflecting their reduced use of timely screening services. Uninsured patients with breast, colon and prostate cancer are more likely to die prematurely from their disease; 30-50 percent more likely with breast cancer, 50 percent more likely with colon cancer.

Additionally, the **American Cancer Society (4)** reports that uninsured cancer patients are nearly twice as likely to die within five years compared to those with private coverage.

3) Chronic Disease Care and Outcomes

Uninsured adults living with chronic diseases, such as diabetes, cardiovascular disease, end-stage kidney disease, HIV infection and mental illness are sicker and die younger.

4) Hospital-Based Care

Uninsured patients are more likely to die in the hospital, to receive fewer services, and, are more likely to experience substandard care and resultant injury.

5) General Health Outcomes

Longitudinal studies document decreases in general health status measures for uninsured adults and for those who lost insurance coverage compared to persons with continuous coverage.

Longitudinal population-based studies of the mortality of uninsured and privately insured adults reveal a 25% higher risk of dying among those who were uninsured.

Conclusion

As a public health community, we contend that the **primary** concern in the healthcare financing debate should be providing insurance to all Pennsylvanians to mitigate the tragic progression of disease and loss of life that comes when individuals have no, or limited, health insurance. This should not be debatable. How this is accomplished is important, but must be a **secondary** concern.

References

- 1) Urban Institute. Uninsured and Dying Because of It. January 2008
- 2) Kaiser Commission on Medicaid and the Uninsured. Sicker and Poorer: The Consequences of Being Uninsured. May 2002
- 3) Care Without Coverage – Too Little, Too Late. National Academies Press. Washington DC 2002
- 4) Ward E, Halpern M, Schrag N, Cokkinides V, et al. Association of insurance with cancer care utilization and outcomes. *Ca A Journal for Clinicians* 58: 9-31; 2008