

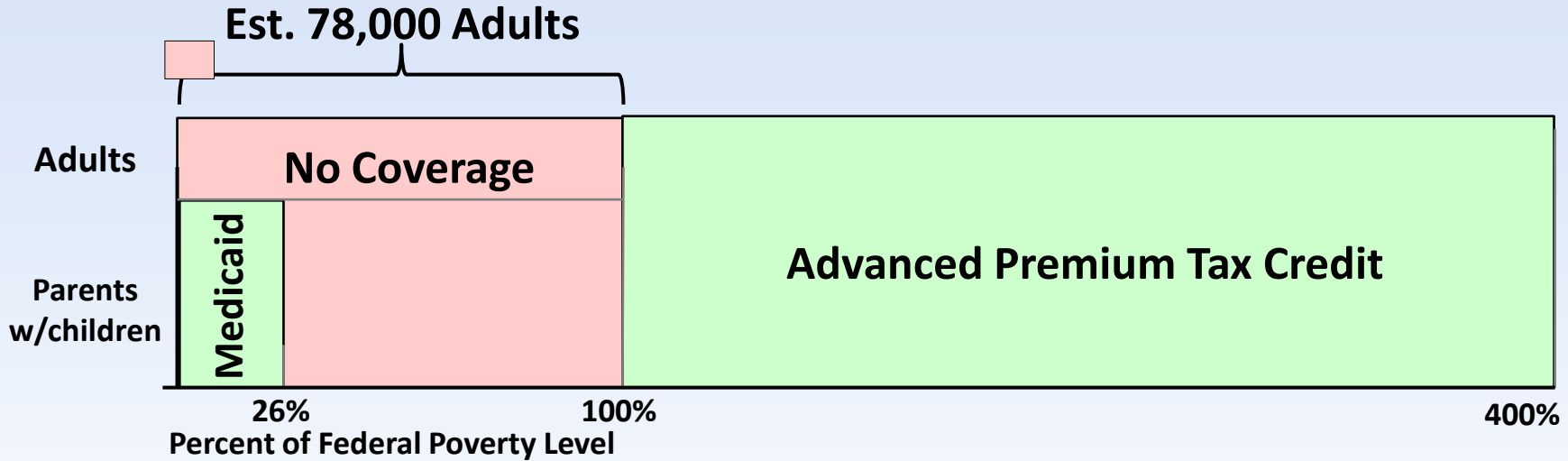
Idaho Department of Health & Welfare

Healthcare &
Adults in Poverty

Director Armstrong

July 20, 2016

Target Population: People in the Gap



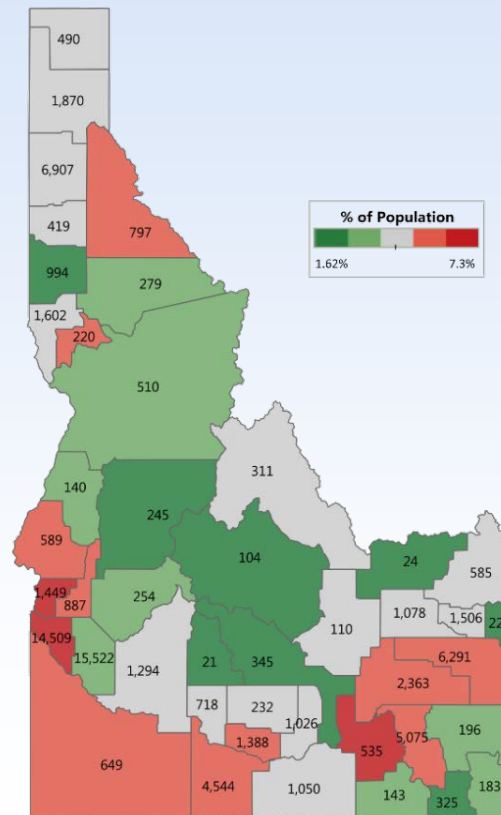
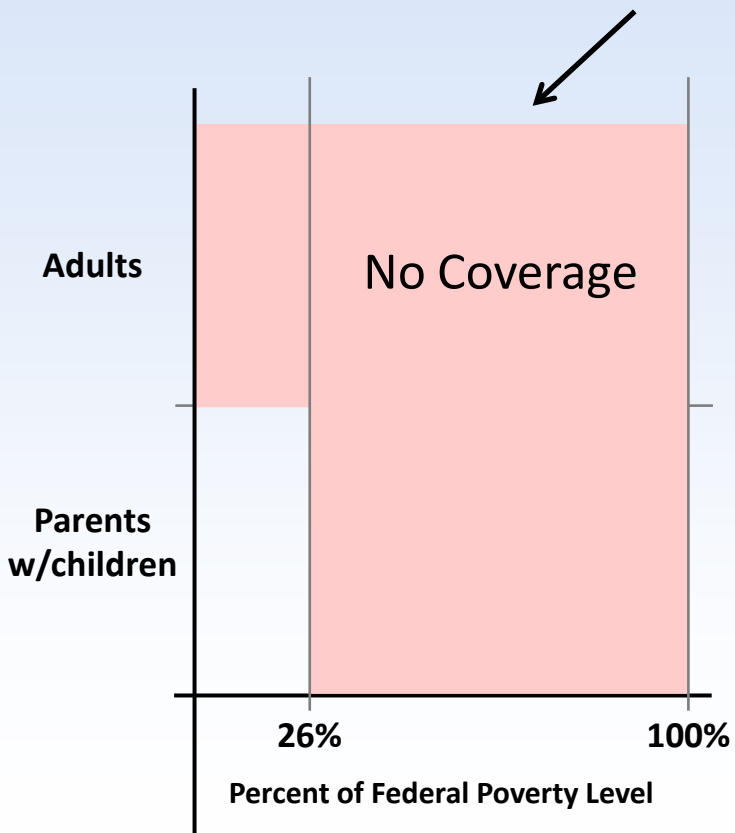
100% Federal Poverty Level	
Family Size	Monthly Income
1	\$990
2	\$1,335
3	\$1,680

- **The Inequity:** 78,000 low-income, working Idaho adults, which includes over 3,000 veterans, have limited opportunities for basic health care.
- **The Consequence:** Uninsured Gap population can attempt to access episodic care through clinics providing low cost or free care, or go to a hospital emergency room for a catastrophic event, where they cannot be turned away. Without access to regular healthcare, many go without care.

Gap Population: Where do They Live?

~50,000 Participants known in state's eligibility system

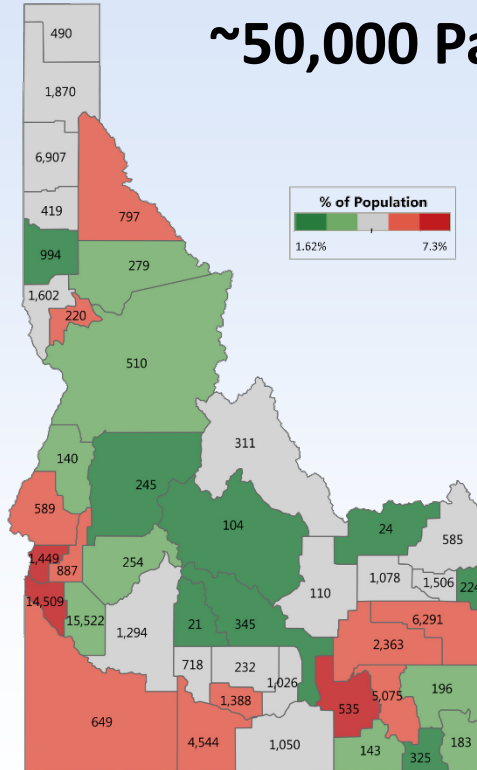
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- They live in every county
- 1.6% to 7.3% of county populations
- Higher percentages in southwest and eastern Idaho
- 6,650 live in Gooding, Jerome and Twin Falls counties

Gap Population: Demographics

~50,000 Participants known in eligibility system



- 55% are female; 45% male
- 84% between ages 18-50; 16% are older than 50
- 65% live in households with at least one child
(Child usually in Medicaid; parents stuck in the Gap)
- 25% are a household of one, 17% with two , and 58% in households with 3 or more

Gap Population: Demographics

~50,000 Participants known in eligibility system

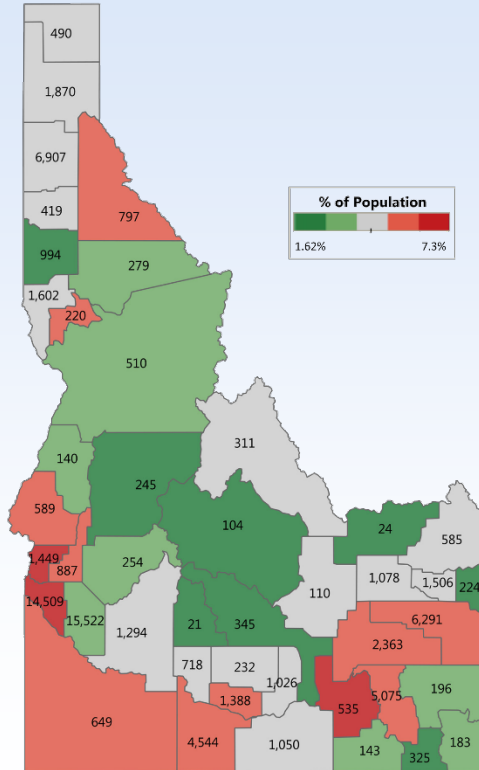
77% have income

- 65% are in a household with earned income

Typical jobs include:

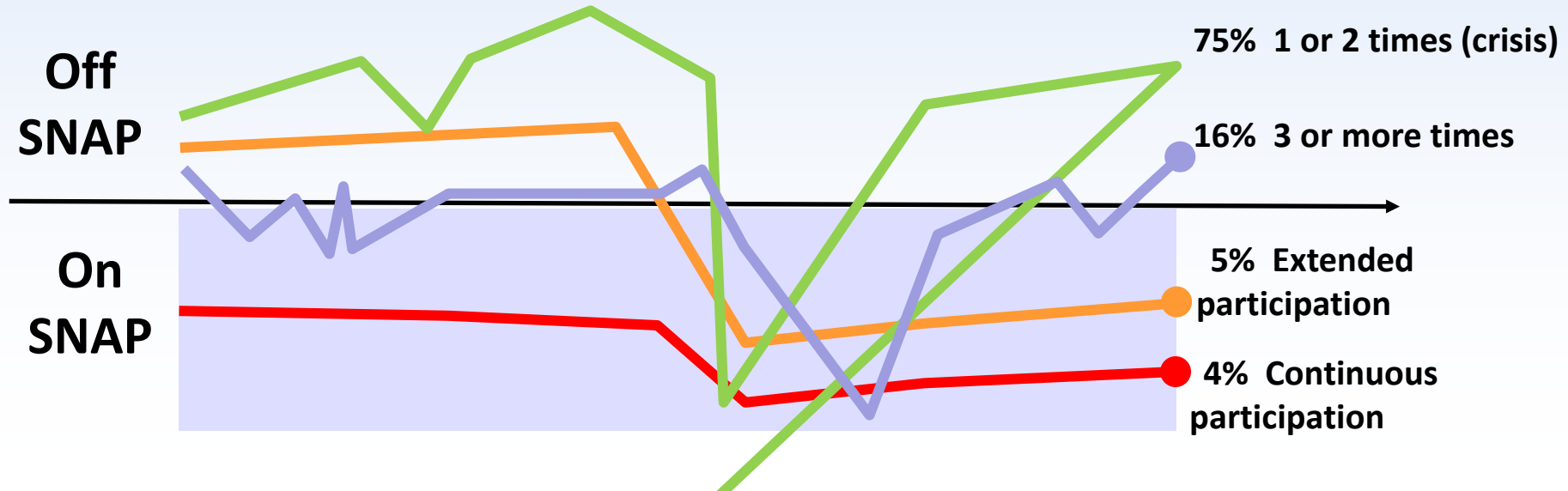
- Food service workers
- Laborers in construction, farming and forestry
- Home health aides, childcare workers, retail sales
- Transportation, janitorial, office and administrative support

- Additional 12% are affiliated with a household that has other income: Social Security, child support, pension



Gap Population: Not a Static Population

- People's household income fluctuates with job loss, family changes, insurance opportunities
- Food Stamp data shows impact of income changes; Gap population would have similar churn



Poverty's Impact on Chronic Disease Prevalence

Chronic Condition	In Poverty	Not In Poverty	% Difference
Depression	30.9%	15.8%	>95%
Asthma	17.1%	11.0%	>55%
Obesity	31.8%	26.0%	>22%
Diabetes	14.8%	10.1%	>46%
High Blood Pressure	31.8%	29.1%	>9%
Heart Attack	5.8%	3.8%	>52%

Gallup-Healthways Well-Being Index: 2012 Report

Community Health Centers report that people below poverty only seek acute care:

- No preventive care or treatment plan
- No management of chronic conditions
- No care coordination
- Often wait until symptoms/condition escalates, requiring more intense level of care, poorer outcomes