

DYING
For Coverage
IN THE DISTRICT OF COLUMBIA

Families USA
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DYING FOR COVERAGE IN THE DISTRICT OF COLUMBIA

The number of uninsured Americans reached 47 million in 2006, and it continues to rise. For many of the uninsured, the lack of health insurance has dire consequences. The uninsured face medical debt, often go without necessary care, and even die prematurely. In 2002, the Institute of Medicine released a groundbreaking report, *Care without Coverage: Too Little, Too Late*, which estimated that, nationwide, 18,000 adults between the ages of 25 and 64 died in 2000 because they did not have health insurance. Subsequently, The Urban Institute estimated that at least 22,000 adults in the same age group died in 2006 because they did not have health insurance.¹

To find out what this means for people across the nation, Families USA has generated the first-ever state-level estimates of the number of deaths due to lack of health insurance. Our estimates are based on both the Institute of Medicine and The Urban Institute methodologies applied to state-level data.

In 2006, there were nearly 333,000 people between the ages of 25 and 64 living in the District of Columbia. Of those, 13.0 percent were uninsured.² Uninsured District of Columbians are sicker and die sooner than their insured counterparts.



Working-Age People without Health Insurance Die Sooner

- Families USA estimates that more than one working-age District of Columbian dies each week due to lack of health insurance (approximately 60 people in 2006).
- Between 2000 and 2006, the estimated number of adults between the ages of 25 and 64 in the District of Columbia who died because they did not have health insurance was nearly 500.
- Across the United States, in 2006, twice as many people died from lack of health insurance as died from homicide.

Uninsured adults are more likely to be diagnosed with a disease in an advanced stage. For example, uninsured women are substantially more likely to be diagnosed with advanced stage breast cancer than women with private insurance.

WHY INSURANCE MATTERS

The uninsured are less likely to have a usual source of care outside of the emergency room.

- Uninsured Americans are up to four times less likely to have a regular source of care than the insured.³

The uninsured often go without screenings and preventive care.

- Uninsured adults are more than 30 percent less likely than insured adults to have had a checkup in the past year.⁴
- Uninsured adults are more likely to be diagnosed with a disease in an advanced stage. For example, uninsured women are substantially more likely to be diagnosed with advanced stage breast cancer than women with private insurance.⁵

The uninsured often delay or forgo needed medical care.

- Uninsured Americans are up to three times more likely to report having problems getting needed medical care.⁶
- Uninsured adults are more than three times as likely as insured adults to delay seeking medical care (47 percent versus 15 percent).⁷

Uninsured Americans are sicker and die earlier than those who have insurance.

- Uninsured adults are 25 percent more likely to die prematurely than adults with private health insurance.⁸
- Uninsured Americans between 55 and 64 years of age are at much greater risk of premature death than their insured counterparts. This makes uninsurance the third leading cause of death for the near-elderly, following heart disease and cancer.⁹

The uninsured pay more for medical care.

- Uninsured patients are unable to negotiate the discounts on hospital and doctor charges that insurance companies do. As a result, uninsured patients are often charged more than 2.5 times what insured patients are charged for hospital services.¹⁰
- Three out of five uninsured adults (60 percent) under the age of 65 reported having problems with medical bills.¹¹

Endnotes

¹ Institute of Medicine, *Care without Coverage: Too Little, Too Late* (Washington: National Academy Press, 2002), and Stan Dorn, *Uninsured and Dying Because of It: Updating the Institute of Medicine Analysis on the Impact of Uninsurance on Mortality* (Washington: The Urban Institute, January 2008).

² The numbers presented here are from the Current Population Survey, which is conducted by the U.S. Census Bureau. Because of small sample sizes, the population estimates, as well as the percentage of people who are uninsured, may vary from year to year at the state level.

³ Kaiser Family Foundation, *2003 Health Insurance Survey*, as cited in *The Uninsured: A Primer, Key Facts about Americans without Health Insurance* (Washington: The Kaiser Commission on Medicaid and the Uninsured, October 2006).

⁴ Kaiser Commission on Medicaid and the Uninsured, *The Uninsured and Their Access to Health Care* (Washington: Kaiser Commission on Medicaid and the Uninsured, May 2000).

⁵ Michael Halpern, John Bian, Elizabeth Ward, Nicole Schrag, and Amy Chen, "Insurance Status and Stage of Cancer at Diagnosis among Women with Breast Cancer," *Cancer* 110, no. 2 (June 11, 2007): 403-411.

⁶ NewsHour with Jim Lehrer/Kaiser Family Foundation, *National Survey on the Uninsured, March 2003*, as cited in Kaiser Family Foundation, *The Uninsured: A Primer, Key Facts about Americans without Health Insurance*, op. cit.

⁷ Kaiser Commission on Medicaid and the Uninsured, op. cit.

⁸ Institute of Medicine, *Insuring America's Health* (Washington: National Academy Press, 2002).

⁹ J. Michael McWilliams, Alan Zaslavsky, Ellen Meara, and John Ayanian, "Health Insurance Coverage and Mortality among the Near-Elderly," *Health Affairs* 23, no. 4 (July/August 2004): 223-233.

¹⁰ Gerard Anderson, "From 'Soak the Rich' to 'Soak the Poor': Recent Trends in Hospital Pricing," *Health Affairs* 26, no. 3 (May/June 2007): 780-789.

¹¹ Michelle Doty, Jennifer Edwards, and Alyssa Holmgren, *Seeing Red: Americans Driven into Debt by Medical Bills, Results from a National Survey* (New York: The Commonwealth Fund, August 2005).

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