



Covered or not?

A person's health insurance status is a major determinant of his or her access to health care services in the United States.

In 2008, 7.6 percent, or about 47,000 Vermonters, were uninsured, a significant decrease from 2005, when 9.8 percent or about 61,000, were uninsured.¹

Access to Care

Goal

Equal access to quality health care

Good access to health care influences a person's use of health care services and improves overall health. While the subject of health insurance is often at the center of any discussion about health care, access to care involves more than simply having health insurance coverage. Barriers to timely and comprehensive health care are many: a shortage of providers or hospitals, lack of reliable transportation or long drives to care, cultural or personal beliefs, language and education—as well as a lack of insurance or being underinsured.

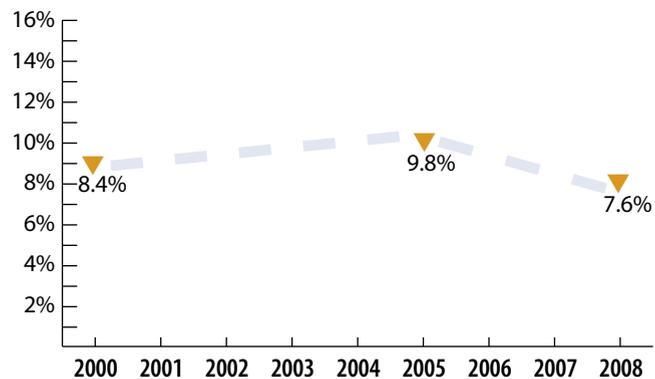
Among Vermonters in 2008:

- > 22% of 18- to 24-year-olds are uninsured, the highest percentage of any age group.

- > 2.9% of children under age 18 have no insurance, the lowest percentage of any age group.

Uninsured Vermonters

% of all residents without health insurance



> Half of uninsured Vermonters had been without health insurance coverage for a year or less, while one-quarter lacked coverage for five or more years.

Private or public insurance?

Over half of Vermonters (60%) had private insurance as their primary type of health coverage, while 14 percent were covered by Medicare as their primary health insurer, and 2.4 percent by military insurance.

> Although the rates of coverage by private insurance and Medicaid have not changed, the percentage with military insurance has gone up from 1.6 percent in 2005.

For those Vermonters who meet income and other eligibility criteria, Green Mountain Care offers no or low-cost premiums and co-payments.

Family Size	% of Federal Poverty Level (FPL) • 2009				
	100%	150%	185%	200%	300%
1	\$10,830	\$16,245	\$20,036	\$21,660	\$32,490
2	\$14,570	\$21,855	\$26,955	\$29,140	\$43,710
3	\$18,310	\$27,465	\$33,874	\$36,620	\$54,930
4	\$22,050	\$33,075	\$40,793	\$44,100	\$66,150
5	\$25,790	\$38,685	\$47,712	\$51,580	\$77,370
6	\$29,530	\$44,295	\$54,631	\$59,060	\$88,590
7	\$33,270	\$49,905	\$61,550	\$66,540	\$99,810
8*	\$37,010	\$55,515	\$68,469	\$74,020	\$111,030

* For families with more than 8 people, add \$3,740 for each additional person

For those enrolled in publicly funded health insurance programs, coverage can still be precarious. In an average month, up to 70 percent of children enrolled in the Vermont Department of Health's Children with Special Health Needs program lose Medicaid coverage at least temporarily.

Green Mountain Care

Vermont's public health insurance programs, income eligibility & June 2009 enrollment

% FPL	Eligibility
150%	adults without dependent children
185%	adults with dependent children
200%	pregnant women
300%	children younger than 18

for CHILDREN younger than 18		enrollment
Dr. Dynasaur - State Health Insurance (300% FPL)		20,798
Medicaid (100% FPL)		37,519
State Children's Health Insurance Program (200% FPL)		3,330
for ADULTS 18 and older		
VT Health Access Program (VHAP)		31,954
Catamount Health		9,162
Employer Sponsored Insurance Assistance		578
Medicaid		37,857



Reasons for this include failing to pay monthly premiums, documents filed late, and fluctuations in family income. Adults enrolled in Green Mountain Care can face similar challenges.

Trends show the number of Vermonters enrolled in Green Mountain Care has been increasing since 2000. However, more could be taking advantage of these programs.

- > At the end of 2008, about 3,000 uninsured children from birth to 17 years old met eligibility requirements for Medicaid or Dr. Dynasaur.
- > Among uninsured adults age 18 to 64, about 23,000 met eligibility requirements for Green Mountain Care programs.
- > 13% of low-income residents (earning less than 200% of the poverty level) are uninsured, compared to 2.8% of higher-income residents (earning 400% or more).

Lack of awareness about state health insurance programs may be limiting the number of Vermonters who enroll in Green Mountain Care programs. Still, cost appears to be a significant barrier:

- > Only 4.9% of uninsured adults reported they would *definitely* or *very likely* enroll in a state health insurance program if the monthly premium were \$400. This is compared to 18% of uninsured adults, who reported they would *definitely* or *very likely* enroll in a state health insurance program for a monthly premium of \$200. This rises to 47% for \$100, and 72% for \$60.

But even if all eligible children and adults enrolled in Green Mountain Care, there are still approximately 850 children and 20,000 adults who are uninsured, but not eligible for any state health insurance program or premium assistance.

These Vermonters may find the medical care they need at one of 10 free primary health care clinics associated with the Vermont Coalition of Clinics for the Uninsured.

- > In 2008, the clinics served 6,188 people.
- > Of those served, 78 percent were not insured and 76 percent reported that, if not for the free clinics, they would have delayed care because they couldn't afford medical services.

Definition

Medical Home = A consistent health care setting with a regular primary care provider or team to ensure appropriate care.

To have a medical home

Independent of insurance status, when a person does not have a medical home, the result may be less access to and utilization of health care, with worse outcomes.

> In 2008, an estimated 12% of Vermonters, or about 55,000, did not have a specific source of primary care, compared to 20% nationally.

> In Vermont, the highest percentages of people with no medical home are among those younger than 35, those earning less than 250% of the poverty level, and those with a high school diploma or less.

Where to find a primary care provider?

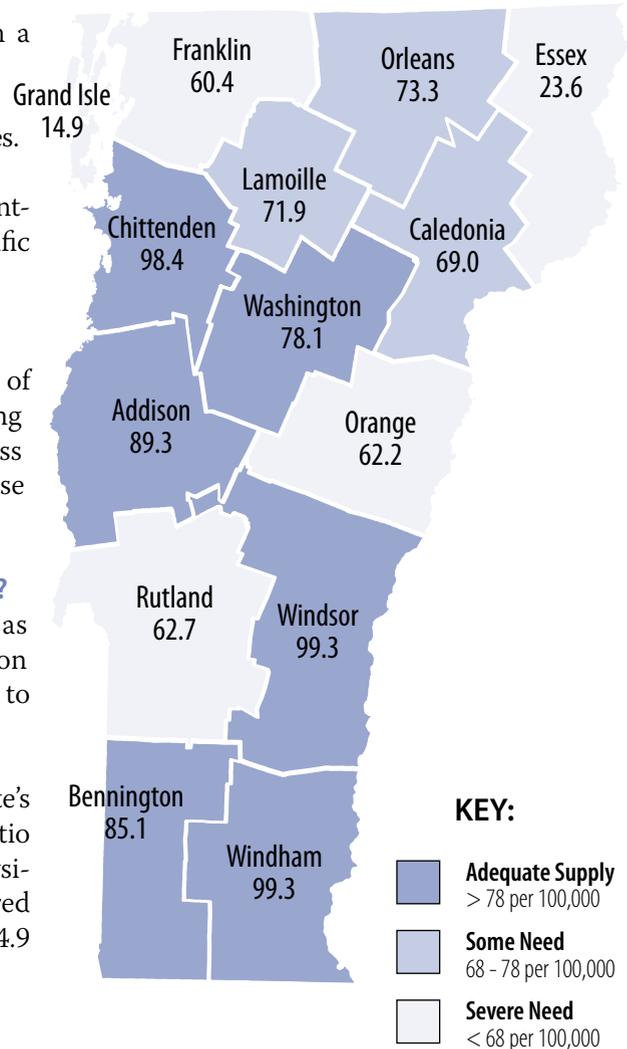
There is clear inequity in access to care, as measured by location and concentration of primary care physicians compared to population.

Chittenden County, home to the state's largest medical facility, has the highest ratio of full-time equivalent primary care physicians at 98.4 per 100,000 people, compared to Grand Isle, which has the lowest, at 14.9 per 100,000 people.

Supply of Primary Care Physicians

full-time equivalent (FTE) primary care physicians per 100,000 people • 2008

Statewide total: 80.2



Physicians Accepting New Patients

% of Vermont primary care physicians who accepted –

	1998	2008
any new patients	87%	80%
new Medicaid patients	81%	69%
new Medicare patients	81%	68%

It is also important to consider that many physicians are not accepting new patients. Based on the 2008 physician survey, fewer primary care physicians are accepting new patients compared to 10 years ago.

> In 1998, 87% of physicians were accepting new patients overall, compared to 80% in 2008.

> In 1998, 81% of physicians were accepting both new Medicaid and new Medicare patients, compared to 69% and 68% respectively in 2008.

Where to find a dentist?

Disparities in access to primary care dentists are similar to those among primary care physicians—with Chittenden County having 83 of the 282 primary care dentists in the state in 2007. The lowest numbers of dentists are found in the northern counties of Essex, Grand Isle, and Orleans.

While the number of practicing dentists hasn't changed dramatically over the past 10 years, the average number of hours that dentists are available to patients has decreased, resulting from more dentists working part-time rather than full-time.

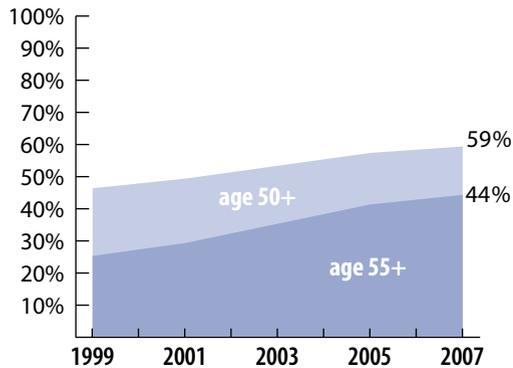
Supply of Dentists

Full Time Equivalent (FTE) primary care and specialty dentists in Vermont –

	1999	2001	2003	2005	2007
total active dentists	347	354	367	352	355
total full time equivalent (FTE) dentists	290.2	284.6	280.8	267.1	269.8
FTEs primary care/100,000 people	37.8	36.5	36.6	34.7	35.7
FTE specialists/1000 people	10.2	10.0	8.7	8.2	7.8

Aging of the Dental Profession

% of Vermont dentists by age group



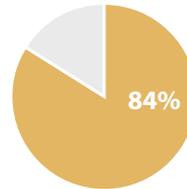
The aging of dentists is another trend that will affect access to oral health care in the future. Over the past 10 years, the percentage of dentists over age 50 has steadily increased. Of the 355 dentists (both primary care and specialists) now working in the state, 210 are age 50 and older.

A total of 67 dentists reported that within the next five years they plan to retire or leave their practice, and another 17 said they plan to appreciably reduce their hours. Without a rapid inflow of younger dentists, dentist-to-population ratios will continue to worsen as older dentists begin retiring. This trend will make it that much more difficult for many in the state to get reliable oral health care.

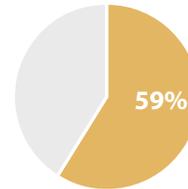
Access to Breast Cancer Screening

Vermont women age 40+ who met screening guidelines for breast cancer • 2008

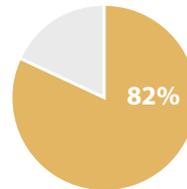
among those who:



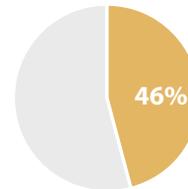
had medical insurance



had no medical insurance



had a primary care doctor



did not have a primary care doctor

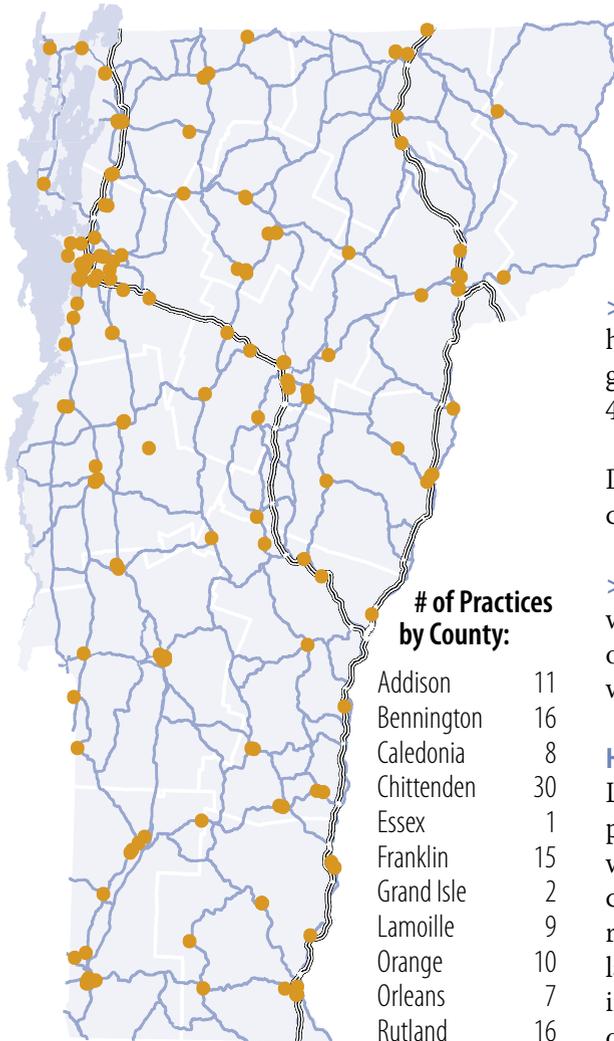
Access to care and health

When people have health insurance and guidance from a personal physician, they are more likely to have consistent and quality care in accordance with health screening guidelines.

> 84% of Vermont women age 40 and older with health insurance had a mammogram in the past two years, compared to 59% who don't have health insurance.

Location of Physician Practices

Family practice specialists, osteopathic doctors, naturopathic doctors, and pediatricians who participate in the Vermont Department of Health's Vaccines for Children program

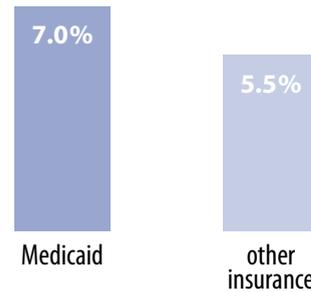


of Practices by County:

Addison	11
Bennington	16
Caledonia	8
Chittenden	30
Essex	1
Franklin	15
Grand Isle	2
Lamoille	9
Orange	10
Orleans	7
Rutland	16
Washington	15
Windham	22
Windsor	10

Low Birth Weight & Insurance Type

% of Vermont women giving birth who had low birth weight babies, by insurance type • 2007



> 82% of women age 40 and older who have a personal physician had a mammogram in the past two years, compared to 46% who don't have a personal physician.

Data also show variations in health outcomes based on type of insurance.

> In 2007, pregnant women in Vermont with Medicaid insurance had higher rates of low birth weight babies, compared to women with other types of insurance.

How do you get to medical care?

Lack of transportation options, compounded by Vermont's geography and winter weather, is a significant barrier to care for many people. Especially in some rural communities, long driving times and lack of public transportation may markedly influence treatment patterns. Depending on where you live, drive times to hospital emergency rooms may exceed 45 minutes.

Drive times may be even longer for those in need of specialty care for certain serious diseases. For example, cancer survivors who need radiation treatment have only four choices for in-state care: the Norris Cotton Cancer Center North located in St. Johnsbury; Fletcher Allen Health Care in Burlington; Rutland Regional Medical Center; and Southwestern Vermont Medical Center in Bennington.

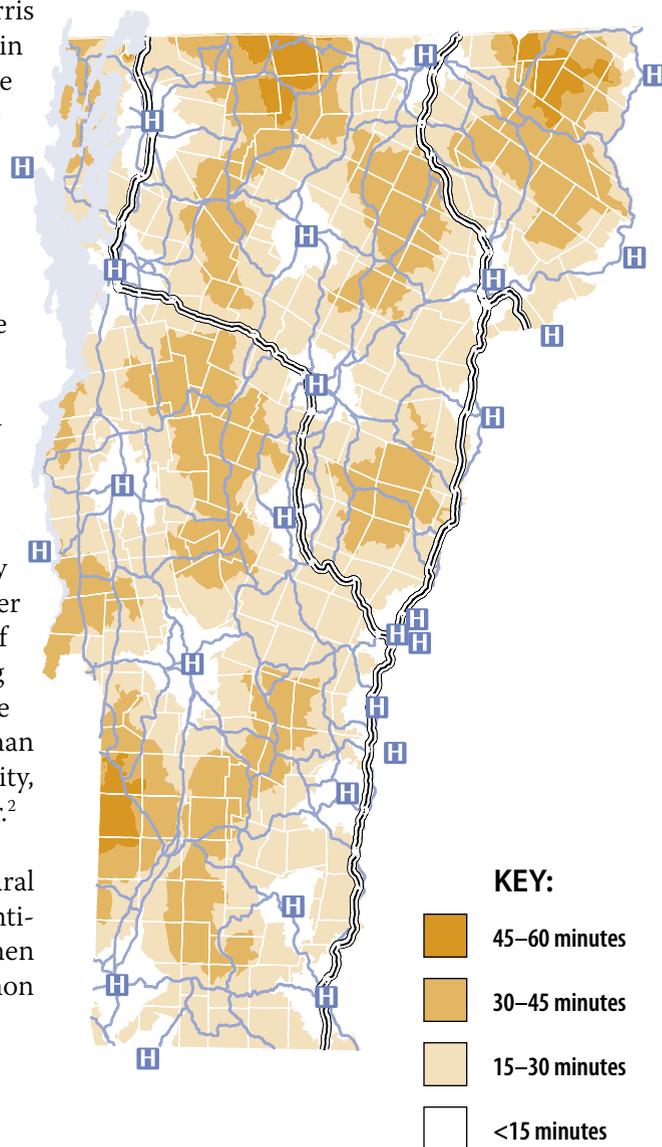
Vermonters who have cancer may be receiving less than optimal treatment only due to the logistics of getting to the nearest treatment center.

A study of women patients in New Hampshire who had been recently diagnosed with early stage breast cancer showed that they were less likely to choose breast-conserving surgery (as opposed to mastectomy) the farther they lived from the treatment facility. Of those who did choose breast-conserving surgery, radiation was less likely to be used by the women who lived more than 20 miles from the nearest radiation facility, or among those diagnosed in the winter.²

A similar study of oncologic care in rural northern New England found that sentinel lymph node dissection among women who had breast cancer was more common in urban, as compared to rural, areas.

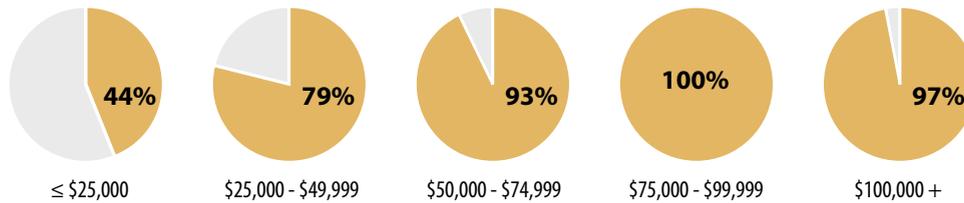
Access to Hospital Emergency Care

Drive times to hospital emergency departments



Computer Access & Income

% of Vermont households with a computer, by household income • 2009



The study also found differences in surgical treatment, lymph node sampling, and delivery of chemotherapy between colon cancer patients in rural, as compared to urban, areas.³

Total travel burden – including making arrangements for transportation, travel time, child care, the cost of transportation and of missed work – can play a significant role in an individual's treatment-seeking behaviors for diabetes as well. Another study showed that, among older, rural Vermonters with diabetes, longer driving distances from home to the site of primary care were associated with poorer glycemic control.

After controlling for gender, marital status, education, income, insurance coverage, seasonal variation, and diabetic complications, each 35 kilometers of driving distance was associated with a 0.25 percent increase in blood sugar measurement.⁴

The health information digital divide

As our day-to-day reliance on the internet continues to expand, and more and more households have personal computers, people are increasingly going online for personal health information.

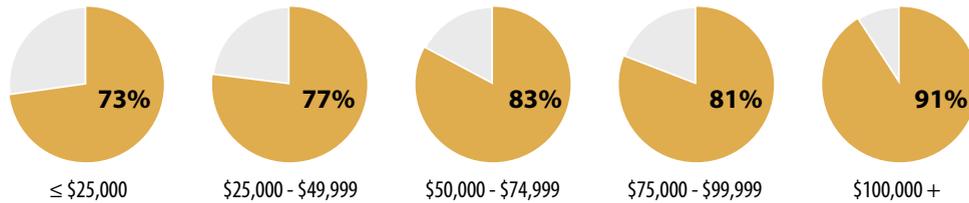
> The percentage of Vermont households with a personal computer at home has held steady at about 80 percent for several years.

According to current surveys, almost all homes with a computer are now connected to the internet, and the percentage of these connections that are high-speed continues to rise.

> Overall, 68 percent of Vermont households had broadband high speed access in 2009.

High Speed Internet Access & Income

Among Vermont households with internet access, % with a broadband connection, by household income • 2009



However, a “digital divide” or inequalities related to access to information technology still exists. Households with higher incomes are more likely to have personal computers, and those with lower incomes are less likely to have internet access, particularly high-speed connections.⁵

Language barriers to health care

Five percent of Vermont residents at least 5 years old in 2006 through 2008 spoke a language other than English at home.

> Of Vermonters speaking another language at home, about one-third spoke French, and one-fifth spoke Spanish.

> The number of French speakers has dropped since the 2000 U.S. Census, from 14,600 to 10,144 in 2008.

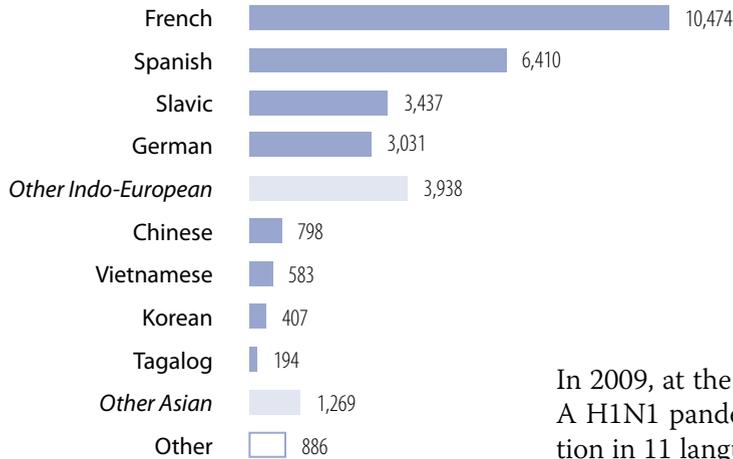
> About 1.5 percent of Vermonters 5 years and older report speaking English “not very well”.

Health care for these individuals may suffer unless translation services are readily available, but the diversity of languages spoken by small numbers of new Vermonters is challenging.



Languages Spoken in Vermont

Vermont residents age 5+ who spoke a language other than English at home • 2006–2008



In 2009, at the start of the novel influenza A H1N1 pandemic, basic health information in 11 languages in addition to English was required to try to communicate with all Vermonters. These included: Arabic, Burmese, Chinese, French, Nepali, Russian, Serbo-Croatian, Somali, Spanish, Swahili and Vietnamese.

According to the Vermont Center for the Deaf and Hard of Hearing, more than 20,000 Vermonters are living with hearing loss, 2,000 of whom are profoundly deaf. Those Vermonters who use American Sign Language may require a professional interpreter in many medical situations.

Without access to health care and health information delivered in their own native language, many Vermonters do not have full access to quality health care. ▼



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- ¹ 2008 Vermont Household Health Insurance Survey. Vermont Dept. of Banking, Insurance, Securities & Health Care Administration.
- ² Celaya, M.O., et al. Travel distance and season of diagnosis affect treatment choices for women with early-stage breast cancer in a predominantly rural population (United States). *Cancer Causes Control*. 2006; 17:851-856.
- ³ Johnson, A, Rees Jr, Schwenn M, Riddle B, Verrill C, Celaya MO, Nicolaidis DA, Cherala S, Feinberg M, Gray A, Rutsein L, Katz MS, Nunnink JC. *Oncology Care in Rural Northern New England*. (in publication).
- ⁴ Strauss, K; MacLean C, Troy A, Littenberg B. *Driving Distance as a Barrier to Glycemic Control in Diabetes*. *J Gen Intern Med* 2006; 21:378-380.
- ⁵ *Vermont Poll 2009*. UVM Center for Rural Studies.