

## **Uninsured in America**

There are over 44 million Americans without health insurance coverage in America. The uninsured are predominantly under the age of 65 because virtually all elderly Americans have Medicare coverage. Most Americans receive health insurance coverage through their employers, but millions lack coverage because their employer does not offer it or they cannot afford to pay for it. Medicaid covers 40 million low-income people, but millions more do not meet its restrictive income and eligibility criteria and are left uninsured.

Health insurance affects access to health care as well as the financial well being of families. Nearly 40% of the uninsured have no regular source of health care and due to fear of high medical bills, many delay or forego needed care.

- Many uninsured skip recommended medical tests or treatments. Many need care for serious problems but do not get the care they need.
- Uninsured children are more likely than insured children to not receive medical care for common conditions like ear infections- illnesses that if left untreated can lead to more serious health problems.
- Uninsured individuals are much less likely to receive preventative care.

Delaying or not receiving treatment can lead to more serious illness and avoidable health problems.

## **Overview of Homelessness in the United States and the New Brunswick Community**

In the United States, it has been estimated that 637,000 adults are homeless in a given week and an estimated 2.1 million adults are homeless over the course of a year. When children are included, these numbers increase to 842,000 and 3.5 million, respectively.

Why do people become homeless? There are several structural factors that contribute greatly to homelessness:

- Poverty. Homeless people are among the poorest in the nation, with incomes averaging half the federal poverty level
- Housing. Households with low incomes who pay more than half of their income for rent are at very high risk of becoming homeless. The numbers of affordable housing units for extremely low income households is declining.
- Disability. People with disabilities who are unable to work and must rely on government aid find it virtually impossible to find affordable housing.

Individual risk factors that may increase people's vulnerability to becoming homeless and experiencing homelessness on a longer basis include:

- Untreated medical illness
- Substance abuse
- Co-occurring disorders, such as mental illnesses and substance use disorders
- Other circumstances, such as domestic violence, chronic or unexpected health care expenses, release from incarceration, or divorce or separation.

According to the 2000 Census, 27% of the New Brunswick population lives below the poverty level, compared to 12.4% nationally. Additionally, 16.9% of New Brunswick families are below the poverty level. The census does not include undocumented individuals living within the city limits, so homeless are not taken into account in these statistics.

### **Uninsured and the Homeless**

Surveys have shown that an estimated 55% of homeless clients have no health insurance, and 24% have needed medical attention in the past year but were not able to get it. Current Medicaid policies exclude most homeless people. Most people experiencing homelessness do not qualify for Medicaid under current policy, regardless of their degree of impoverishment or medical need. Poor and homeless adults who are not pregnant, not disabled, not elderly and without dependent children — approximately 60 percent of all people known to be homeless — are ineligible for Medicaid in most States.

The majority of homeless people are uninsured. The vast majority of homeless Americans have no health insurance, primarily because they do not qualify for public health insurance and because they cannot afford private health insurance.

Uninsurance increases health risks. Lack of health insurance prevents people from obtaining the health care they need to stabilize or resolve health problems that can cause or prolong homelessness. Lacking resources and health insurance, homeless people tend to seek care only in emergencies, resulting in more complicated health problems that require costly emergent/inpatient care. When homeless individuals with poor health fail to get the care they need, there are also negative consequences for the communities in which they live. The high prevalence of chronic and infectious diseases, mental illness and addiction disorders among homeless people confirms the seriousness of this risk.

### **Impact of Homelessness on Healthcare and Barriers to Healthcare Access**

People who are homeless face many barriers to good health and healthcare often forcing them to seek alternative, more costly modes of treatment. The most important barriers to healthcare homeless people face are: lack of insurance, lack of housing, and minimal resources to improve their healthcare. As stated above, lack of insurance is a huge hindrance on obtaining healthcare. Without insurance, healthcare is too expensive and because homeless people usually do not have an income, it is nearly impossible to pay for good healthcare. This causes them to delay seeking treatment and eventually forces them to seek care from emergency rooms when they are severely ill. Lack of affordable housing is another major problem. Not having a place to live means that people do not have a telephone or permanent address making it hard to locate and continue care. Another problem is that often people do not know where to go for healthcare. The US only has one federal program to address the primary health needs of the homeless population—the Health Care for Homeless Program, and while they are doing a lot to combat the health disparities homeless people face, it is often not enough.

Barriers to good health include access to nutritious food, housing, and living conditions. Many people who are homeless report that they only eat one meal a day and usually food served at soup kitchens is high in fat and sodium, making it difficult to follow a special diet, especially for those with diabetes. Lack of housing means that many people must sleep in the street or at shelters—both of which can compromise their health and safety by exposing them to the elements, abuse, and theft. Living in a shelter also makes those who are homeless susceptible to theft of medication necessary to control certain health conditions.

Lack of primary care and continuity of care often results in higher emergency room use and more hospitalizations. Overall admission rate for homeless persons was 4-5 times greater than for housed residents of an inner city health district; the admission rate for homeless children was twice that of housed children.