

Health and Wellbeing including Environmental Health

Value Statement

Access to comprehensive high quality preventive and illness-related health care is an essential human need; therefore, the basic health care system must be available to all people. In addition, individual health is impacted by economic, environmental and other social issues that must be included in any strategies to improve overall community health

Recommendation

The HSA supports state and local policies that ensure:

- The continued effort to develop holistic healthcare models that recognize the interrelationship between physical health, oral health and mental/emotional health;
- All people have access to affordable health care including physical, oral and mental health, preventive care and comprehensive health education regardless of payer source;
- Scientifically-based, medically accurate public health education that is culturally competent and available to all;
- Availability of age-appropriate substance abuse treatment;
- Provision of smooth transitions from healthcare to other ancillary services when needed, such as home care, hospice, transitional housing, and other ongoing support services;
- A healthcare payment system that is efficient and adequately reimburses healthcare providers for the reasonable cost of the care provided;
- A healthcare system that rewards preventative healthcare, high quality interventions and good patient outcomes.
- Healthy living environments, both at home and in the broader sense including decreasing CO2 emissions, clean water and air, safe affordable housing and adequate healthy food..

Background

Our country made significant progress in increasing access to healthcare by all people with the expansion of access to health insurance implemented in 2014 as part of the Affordable Care Act (ACA). Previously the ACA had removed many other barriers to healthcare including prohibiting exclusions from coverage for pre-existing diseases and allowing adult children to stay on their parent's health insurance until age 26.

As of 2015, 450,000 more Coloradans are now insured and thus have expanded access to comprehensive health care, leaving only about 5% of the population uninsured. In Boulder County, 5.2% of residents remain uninsured (down from 11.8% in 2013), leaving between 8,000 and 10,000 people in the County eligible but not yet insured.

However, problems remain. Premiums for private insurance have increased creating a financial burden for some at the same time that tax penalties are imposed if not insured. Many lower income people opted for high deductible plans with lower premiums but with first dollar responsibility for most of their health care services, often as much as \$5,000 for an individual. These people are referred to as "underinsured" because their out-of-pocket healthcare costs are more than they can afford. Those who are undocumented do not qualify for Medicaid or subsidized health insurance premiums through the government. Even those who are legally present are disqualified for the first 5 years they are in the United States.

People without health insurance or underinsured are often precluded from access to specialty care, medications, surgical procedures or necessary laboratory work which interferes or prevents treatment for chronic illnesses and other ailments. We lack adequate private and specialty healthcare providers willing to accept the lower reimbursement that Medicaid and Medicare offer. Providers who do accept government-sponsored insurance programs often face demand that exceeds capacity. There is a continuing need for collaboration among safety net healthcare providers, specialists, mental health, oral health and local hospitals within our community to assure comprehensive, holistic care is available for all.

The ACA ambitiously focused on the "Triple Aim" which is the simultaneous pursuit of Improving the patient experience of care, improving the health of populations while reducing the per capita cost of healthcare. Many incentives were put in place to encourage higher quality healthcare, focus on prevention and value-based reimbursement for care. In order to do so, it was necessary for providers to implement electronic medical records (EMR) so that quality outcomes could be tracked. Ultimately, the cost savings from the decreased need for services is intended to bring the overall cost of healthcare down. However, it will require time and patience for this to be realized.

Improving population health and achieving health equity also will require broader approaches that address social, economic, and environmental factors that influence health. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. Social determinants of health are the structural determinants and conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care.

The current system of private insurance reimbursement for healthcare is inefficient, onerous, bureaucratic, confusing and expensive. In addition, the majority of health care providers, insurers and pharmaceutical companies are for-profit and must make decisions based on profitability rather than providing good healthcare for all. Thus, a significant portion of dollars that are spent on "healthcare" are not actually spent on healthcare, but instead are spent on administrative matters such as billing services, dividends and marketing.

Many adults in America share unreasonable expectations of what the medical profession can economically and realistically provide, and cannot or do not to take individual responsibility for

achieving and maintaining their own health. The new emphasis on wellness will still require healthy lifestyle choices, education, a safe and clean environment and access to high quality health care that can diagnose problems early when most easily and effectively treated.

The fastest growing demographic in Boulder County is the older adult population, those over the age of 60. While conventional definitions of health care and well-being are pertinent to this group, increasingly the impact of social isolation on physical and emotional health of the older adult is gaining recognition. Across the nation, geriatricians and other health and social service providers are growing increasingly worried about loneliness among seniors. Their concerns are fueled by studies showing the emotional isolation is linked to serious health problems. Research shows older adults who feel lonely are at greater risk of memory loss, strokes, heart disease and high blood pressure. The health threat is similar to that of smoking 15 cigarettes a day, according to AARP. Researchers say that loneliness and isolation are linked to physical inactivity and poor sleep, as well as high blood pressure and poor immune functioning. More than any other demographic, Access to care for this population must include access to community activities and social opportunities that minimize social isolation