

# ENROLL CHICAGO!

## A PROFILE OF THE CITY'S UNINSURED RESIDENTS



#### Cover Image

Waiting For Health Care Reform – Henry Edwards

Uninsured until the birth of his child, Henry Edwards negotiated both the symptoms of chronic asthma and the high cost of purchasing medicine to treat it. Parenthood qualified him for Family Care, a public aid program. After 2014, the Affordable Care Act will strengthen his family's tenuous hold on health care by formally prohibiting the exclusion of pre-existing conditions and providing subsidies for purchasing private insurance.

To hear Henry tell his story, visit [www.vimeo.com/29447980](http://www.vimeo.com/29447980).

Photo Credit: Jay Dunn, Illinois Health Matters

July 30, 2013

Dear Friends,

In January 2014, hundreds of thousands of uninsured Chicagoans will become newly eligible for health care coverage under the Patient Protection and Affordable Care Act. In anticipation of this historic event, our respective organizations and many others have been working to ensure enrollment efforts are as successful as possible. For the City of Chicago, these activities are a part of our *Enroll Chicago!* plan.

The success of *Enroll Chicago!* and similar efforts across the state require that a cadre of workers be hired and trained to identify and reach out to eligible residents. These efforts must also include education about Medicaid expansion, the various health insurance plans from which residents might choose and how to use the health care system. And this education must be delivered in a manner that is tailored and responsive to the varying characteristics of the uninsured.

This is a formidable task.

For this reason, the Chicago Department of Public Health and Health & Disabilities Advocates have joined forces to produce this comprehensive profile of Chicago's uninsured. This report provides the most recently available data to better inform and target efforts at outreach, education and enrollment. In addition to describing the characteristics of newly eligible Chicagoans, guidance is also presented on how to best use this information to reach these residents.

It is our sincere hope that you will take the time to read this report and then share with others as we all work together to ensure that every Chicagoan has greater access to health care.



Bechara Choucair, M.D.  
Commissioner  
Chicago Department of Public Health



Barbara Otto  
Chief Executive Officer  
Health & Disabilities Advocates

## INTRODUCTION & METHODOLOGY

In January 2014, one-half million uninsured Chicago residents will become eligible for public or private insurance under the Patient Protection and Affordable Care Act (ACA). Beginning this summer, efforts will be conducted across the city to reach, educate and enroll as many of these eligible persons as possible in one of three forms of newly available health insurance options. As the window for open enrollment is brief, just six months from October 2013 through March 2014, it is imperative that efforts to identify and reach those eligible for coverage be strategic and targeted. Towards that end, the Chicago Department of Public Health (CDPH) and Health & Disabilities Advocates (HDA) joined forces to prepare this report and provide the most recently available information on Chicago's uninsured residents.

This report is focused primarily on the 1,736,791 Chicago residents who are between 19 and 64 years of age. This is because over 90% of children, adolescents and seniors in Chicago currently have some form of public or private health insurance. Within this age range, an estimated 506,340 persons (29%) are uninsured; most of whom will become eligible for coverage under the ACA.

Despite the many benefits afforded by the ACA, the law does not increase access to health insurance for undocumented residents. In Chicago, this means that despite the most successful enrollment efforts, 108,403 residents will remain without coverage and continue to be in need of safety net services.

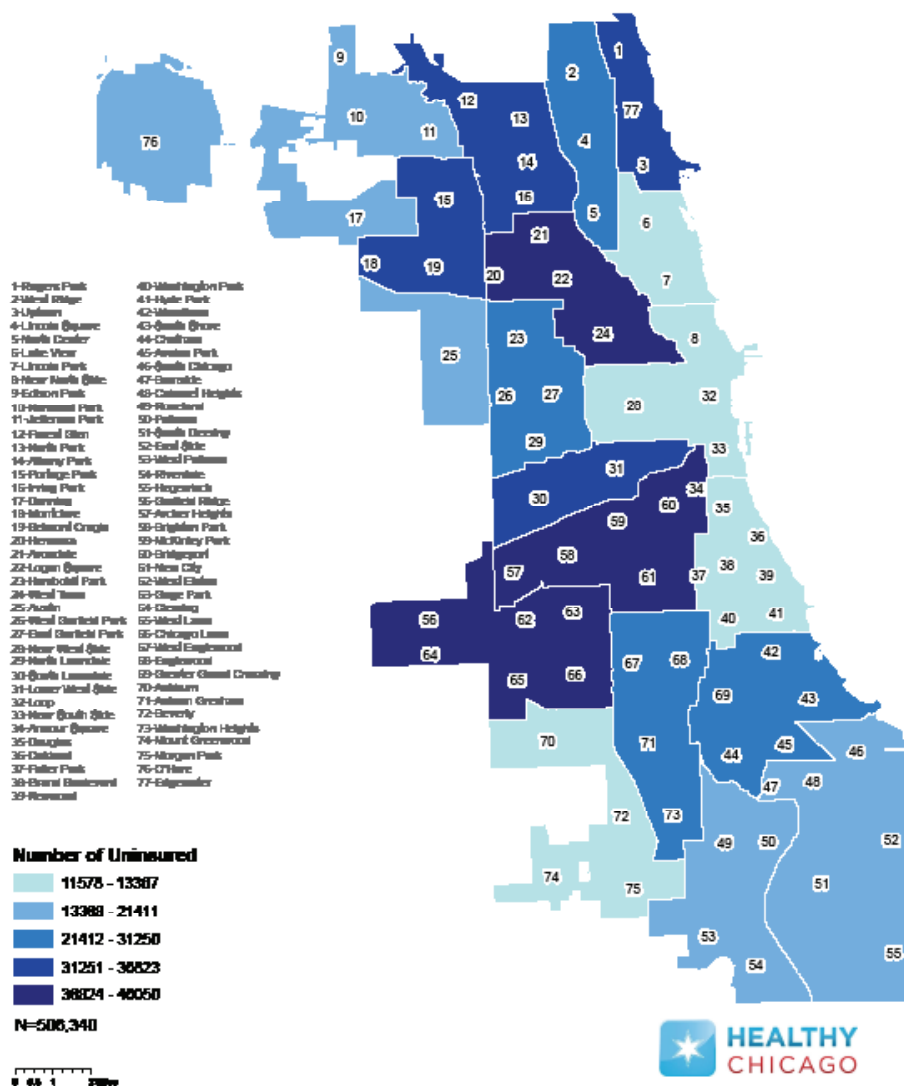
All of the data presented in this report, unless otherwise noted, were obtained from the U.S. Census Bureau's 2010-2011 American Community Survey. The data were originally compiled by an HDA contractor in support of the Illinois Health Matters initiative. The demographic breakdown of the uninsured in Chicago includes undocumented non-citizens (unless stated otherwise). The reason is that the American Community Survey of the U.S. Census does not include detailed demographics of undocumented residents.

Information is presented in the smallest geographical unit for which it was available – Public Use Microdata Area (PUMA). Chicago is comprised of 19 PUMAs which are typically larger than, but correspond with, the city's 77 formally-designated community areas. PUMAs range in size from a single community area (Austin, the city's most populated community) to a cluster of seven communities on the south side.

## INSURANCE COVERAGE

Beginning on January 1, 2014, individuals and families—including people with special health care needs, pre-existing conditions, low-income childless adults, seniors, young adults and self-employed individuals—will have a path to health care insurance. The ACA created health insurance affordability programs to help individuals and families access and pay for coverage as well as eliminate barriers to coverage. The newly created Health Insurance Marketplace will enable individuals and small businesses to compare health plans on a level playing field. Middle and low-income families will get federal tax credits and cost sharing discounts that cover a significant portion of the cost of coverage and the Medicaid program will be expanded to cover more low-income Illinoisans.

**Chicago's Uninsured:  
by Public Use Microdata Area (PUMA)**



## Medicaid Expansion

Persons earning up to 138% of the poverty level (\$15,856 for an individual and \$32,500 for a family of four) will be eligible for coverage under a restructured Medicaid program at little or no cost. Residents of Cook County are already able to take advantage of this new coverage through a program called CountyCare. Among the services covered by CountyCare are health center clinic visits; targeted case management; physician services; hospital emergency room visits, inpatient services and ambulatory services; and family planning services. The complete list of covered services, as well as information about how to enroll can be found at <http://www.cookcountyhhs.org/patient-services/county-care/>.

While the State has not yet announced the benefits package for the new adult group to be covered by statewide Medicaid expansion, it is anticipated that it will be similar to the package available under CountyCare.

## The Health Insurance Marketplace

Operated by the State of Illinois in partnership with the Federal Government, coverage by commercial insurers will be offered through an online Illinois Health Insurance Marketplace, beginning on October 1, 2013. The new Marketplace will offer a wide variety of health plans with good benefits. Consumers will be able to compare plans side by side and all plans will cover prescriptions, hospital stays, doctor visits and more. The amount of premiums depends upon family income and family size.

### Medicaid

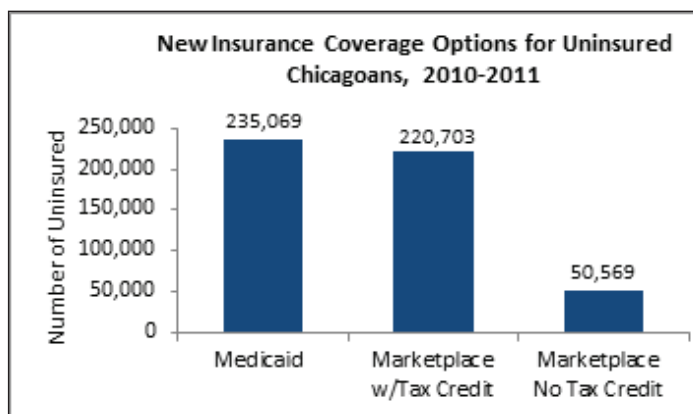
- Individuals with income below \$15,856 will now have access to Medicaid – even if they don't have a disability

### "Marketplace"

- Individuals and families with income between \$15,971-\$45,960 (more for families) can get help via a tax credit to pay for coverage

### Employer-based Coverage

- Individuals can purchase through the "Marketplace" if their employer's coverage is inadequate or is unaffordable



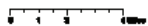
People with incomes between 139% and 400% of the federal poverty level (FPL) will be eligible to receive assistance paying their premiums through federal tax credits, based on a sliding scale for income. Lower income families get the most help. In 2013, 400% of the poverty line translates to about \$46,000 for an individual or \$94,000 for a family of four. Those whose incomes exceed 400% of the poverty level will be able to purchase insurance through the Marketplace but will not be eligible for a tax credit.

## Chicago's Uninsured: Number of People Between 139-400% of Poverty by Public Use Microdata Area (PUMA)

- 1-Rogers Park
- 2-West Ridge
- 3-Logan
- 4-Lacrosse Square
- 5-North Center
- 6-Lake View
- 7-Lacrosse Park
- 8-Near North Side
- 9-Edison Park
- 10-Humboldt Park
- 11-Jackson Park
- 12-Forest Glen
- 13-North Park
- 14-Albany Park
- 15-Parkway Park
- 16-Fuller Park
- 17-Dunning
- 18-Madison
- 19-Belmont Cragin
- 20-Hermosa
- 21-Alexandria
- 22-Laguna Square
- 23-Humboldt Park
- 24-West Town
- 25-Austin
- 26-West Garfield Park
- 27-West Garfield Park
- 28-Near West Side
- 29-Near West Side
- 30-Near West Side
- 31-Lower West Side
- 32-Loop
- 33-Near South Side
- 34-Near South Side
- 35-Douglas
- 36-Chatham
- 37-Fuller Park
- 38-Grand Boulevard
- 39-Hermosa
- 40-Washington Park
- 41-Hyde Park
- 42-Loop
- 43-South Loop
- 44-Chatham
- 45-Near South Side
- 46-South Loop
- 47-South Loop
- 48-Calumet Heights
- 49-Humboldt
- 50-Pullman
- 51-South Loop
- 52-East Loop
- 53-West Loop
- 54-Humboldt
- 55-Humboldt
- 56-Humboldt
- 57-Near South Side
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- 4200 - 5448
- 5449 - 6832
- 6833 - 12634
- 12635 - 17874
- 17875 - 25102

N=220,703



Data Source: Rob Patra & Associates for Health & Disability Advocates, Visualizing Health Care Reform 2013.  
Data from the 2010-2011 American Community Survey



Chicago Department of Public Health  
Bureau of Policy and Planning  
June 2013

## Chicago's Uninsured: Number of People ≤ 138% of Poverty by Public Use Microdata Area (PUMA)

- 1-Rogers Park
- 2-West Ridge
- 3-Logan
- 4-Lacrosse Square
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- 6206 - 9800
- 9801 - 14510
- 14511 - 18010
- 18011 - 21810

N=235,099



Data Source: Rob Patra & Associates for Health & Disability Advocates, Visualizing Health Care Reform 2013.  
Data from the 2010-2011 American Community Survey



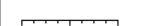
Chicago Department of Public Health  
Bureau of Policy and Planning  
June 2013

## Chicago's Uninsured: Number of People Over 400% of Poverty by Public Use Microdata Area (PUMA)

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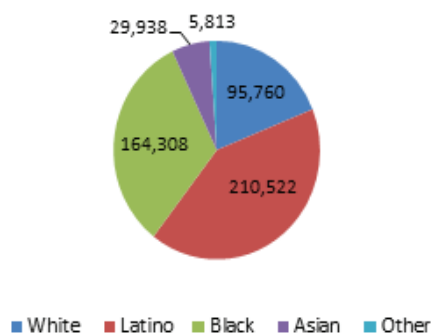
Data Source: Rob Patra & Associates for Health & Disability Advocates, Visualizing Health Care Reform 2013.  
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June 2013



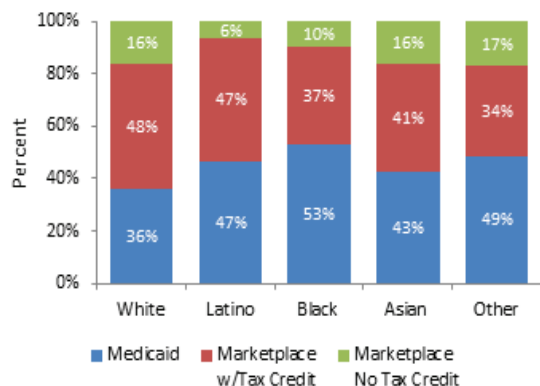
**Uninsured Adults by Race and Ethnicity  
Chicago, 2010-2011**



## RACE/ETHNICITY

The majority of 19 to 64 year-olds who may benefit from ACA coverage are Latino and Black. Latinos comprise 27% of Chicago adults, yet account for 42% of the uninsured. A slightly greater proportion of Blacks are represented among the uninsured (32%) than in the population at large (30%). Conversely, while comprising over one-third of the adult population (36%), Whites represent less than 20% of those who will become eligible for insurance under the ACA.

**New Insurance Coverage Options for Uninsured  
Chicagoans by Race/Ethnicity, 2010-2011**



## SPOKEN LANGUAGE

While information on language spoken by uninsured Chicagoans was not available for this report, it is necessary to consider when developing outreach and education strategies to facilitate enrollment. Thus, information in this section is presented for the more than 2.5 million Chicagoans over five years old, regardless of insurance status.

The 2011 American Community Survey reveals that over 36% of all Chicagoans over age 5 speak a language other than English at home. Among these residents, nearly 920,000 (46%) report that they speak English "less than very well."

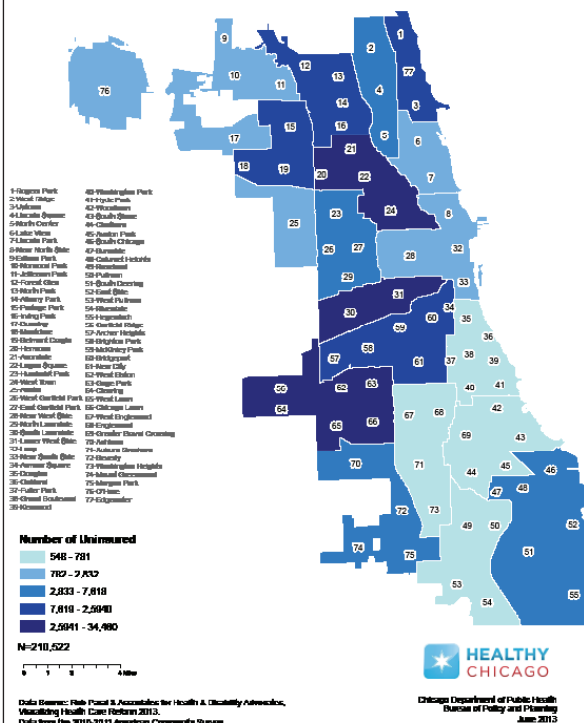
Over 25% of Chicagoans over age 5 report they speak Spanish at home. However, when solely considering Chicago's 715,628 Latino residents, 86% or 615,041 report that they speak Spanish at home. Among these residents, over 185,000 report that they speak English either "Not well" or "Not at all." Given that 42% of Chicago's uninsured adults are Latino, this information could have profound implications for ACA enrollment efforts. Outreach and education efforts must be conducted in a manner that addresses language, literacy and cultural barriers.

**Language Spoken At Home by Residents Over Age Five  
Chicago 2011**

Language	Number	Percent
English only	1,598,110	63.5%
Spanish	639,328	25.4%
Other Indo-European languages	162,337	6.4%
Asian and Pacific Islander languages	80,600	3.2%
Other languages	37,390	1.5%
Total	2,517,765	100%

Source: American Community Survey, 2011. U.S. Census

**Chicago's Uninsured: Number of Hispanic/Latino Persons  
by Public Use Microdata Area (PUMA)**



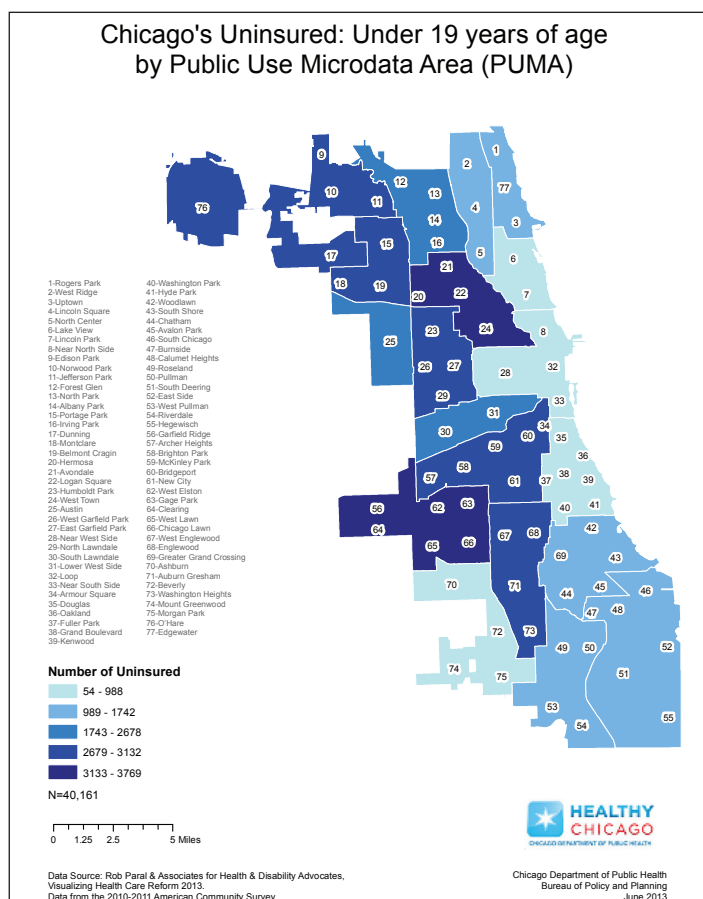
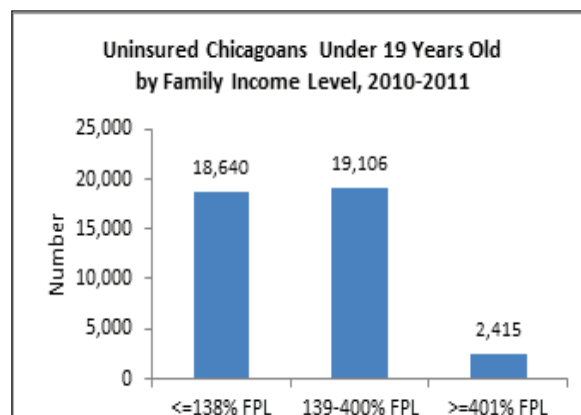
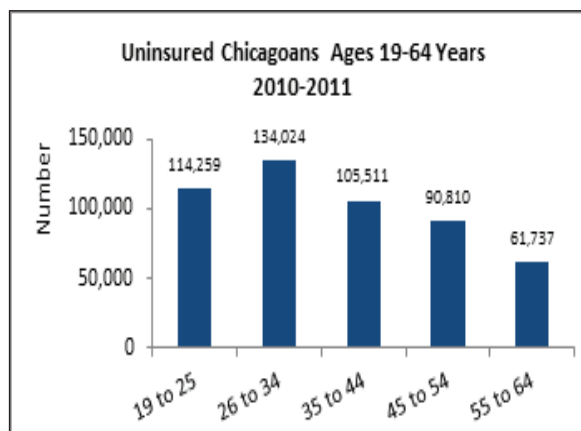


## AGE

As previously noted, there are 506,340 uninsured Chicagoans between 19 and 64 years of age. The largest numbers are between the ages of 26 and 34 and account for 26% of uninsured adults. Young adults between 19 and 25 years old represent 23% of the uninsured.

While the primary focus of this report is on persons ages 19 to 64, it is important to note that an additional 7,288 residents over age 65 (3%) and 40,161 residents under 19 years of age (6%) currently lack health insurance.

The State of Illinois' All Kids program offers children comprehensive healthcare that includes doctors visits, hospital stays, prescription drugs, vision care, dental care and other benefits. Eligibility for All Kids (up to 300% FPL) is more generous than income requirements under the ACA's Medicaid expansion. Although some families pay monthly premiums for All Kids coverage, rates for middle-income families are significantly lower than they are on the private market. The 2010-2011 American Community Survey indicates that there are 18,640 uninsured Chicagoans under 19 years old with family incomes which are less than or equal to 138% of the federal poverty level. All of these persons, and some portion of the 19,106 uninsured youth who fall between 139%-400% of the FPL, are currently eligible for coverage. Unlike insurance options available through the ACA, undocumented residents are eligible for All Kids.

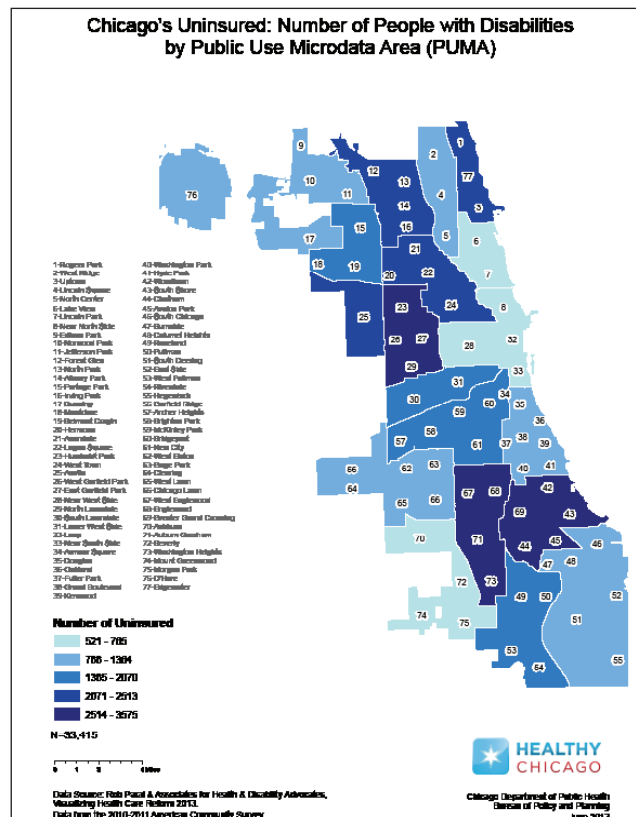
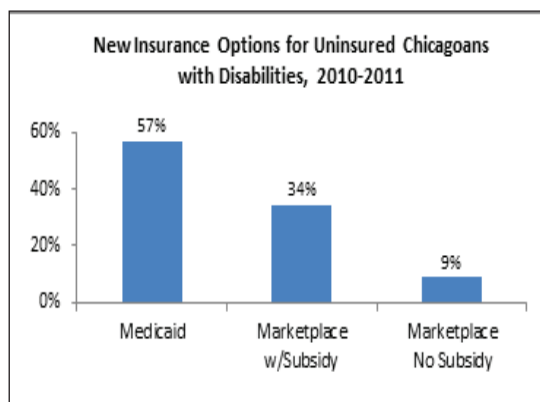
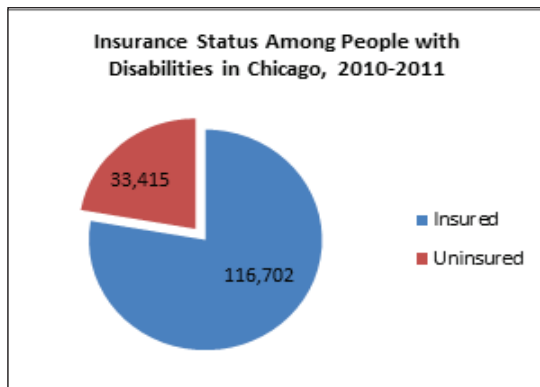


## DISABILITY STATUS

An estimated nine percent or 150,117 Chicagoans between the ages of 19 and 64 identify themselves as disabled. Just over 22% (or roughly 33,000) of these persons are estimated to be uninsured. This compares to over 29% of the non-disabled population lacking health care coverage. The ACA eliminates barriers many people with disabilities faced in accessing coverage prior to 2014 – income, assets and pre-existing conditions and/or caps on coverage. It is estimated that more than half of uninsured Chicagoans with disabilities will become income eligible for Medicaid under the ACA.

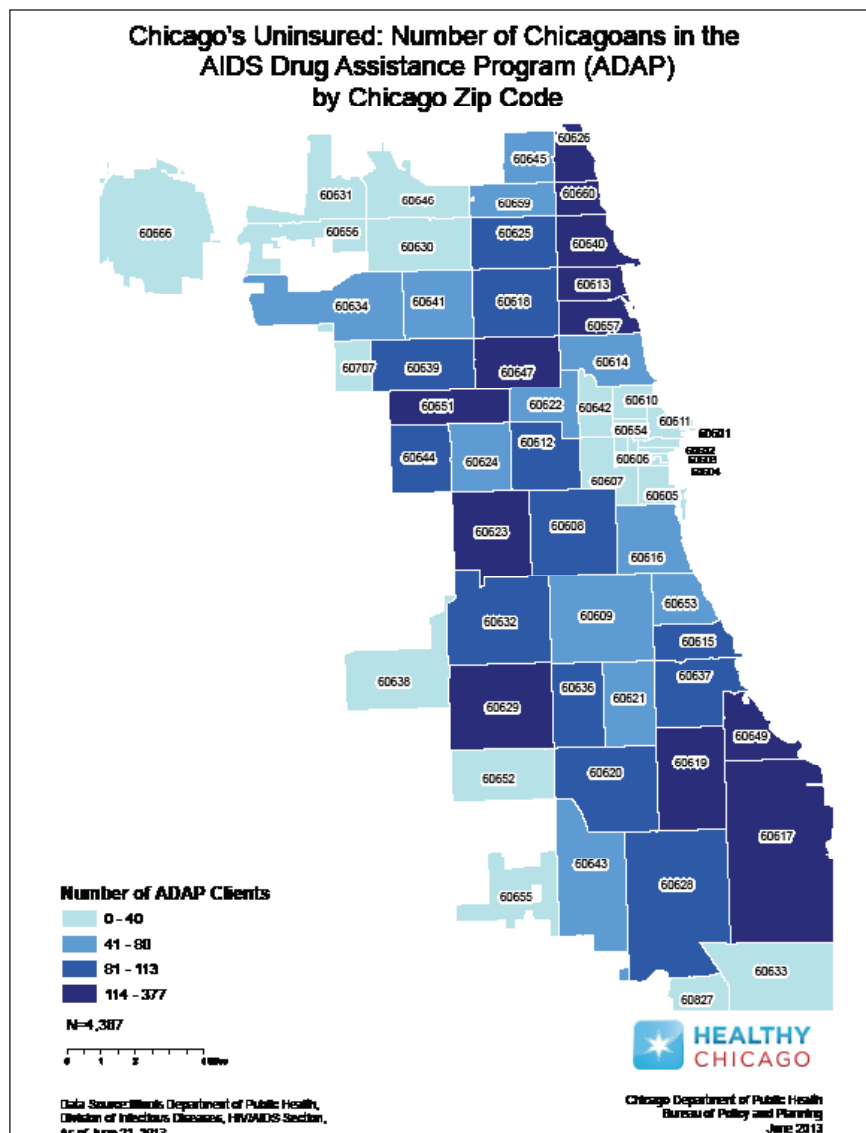
Reaching people with disabilities will be a challenge. ACA enrollment materials will need to be accessible in a range of formats for Chicagoans with disabilities, and given the heterogeneous nature of the disability community, special attention will need to be paid to how information is communicated as well as what kinds of vehicles are best suited for communicating important information about how to enroll.

As one example, materials need to be translated into American Sign Language informational videos explaining how and where to enroll in coverage. Finally, people with disabilities who will be enrolling in the Marketplace will need additional assistance in identifying which plan will work best for them. Engaging disability-focused advocacy and policy groups could make a crucial difference in ensuring that people with disabilities and chronic health conditions have the information they need to make the best decision regarding which plan to select in the Marketplace or which Medicaid plan will work best for them in 2014.



## PERSONS LIVING WITH HIV/AIDS

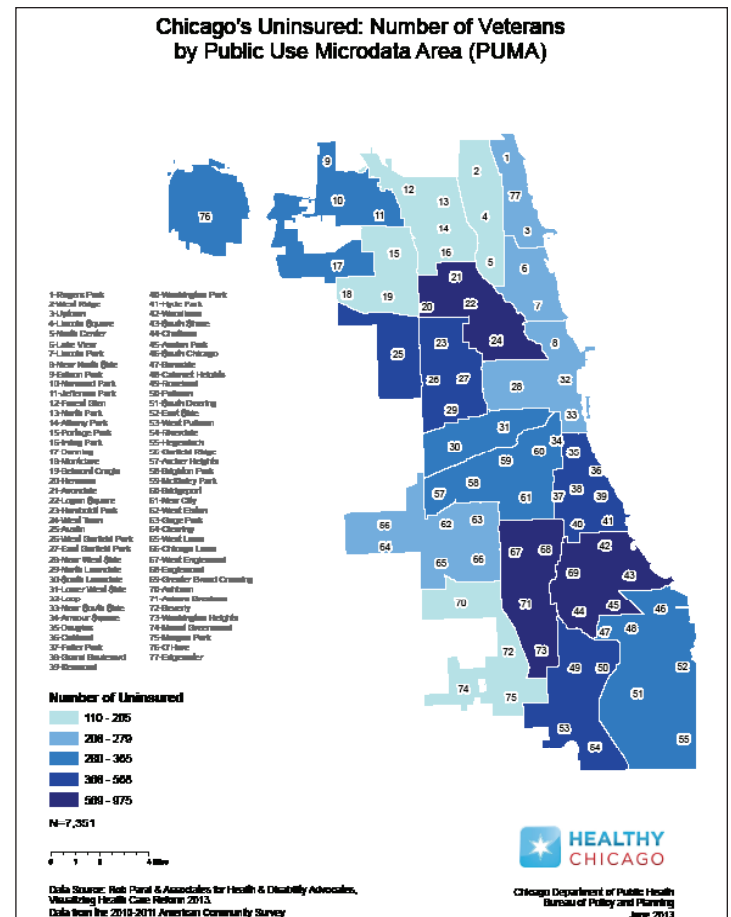
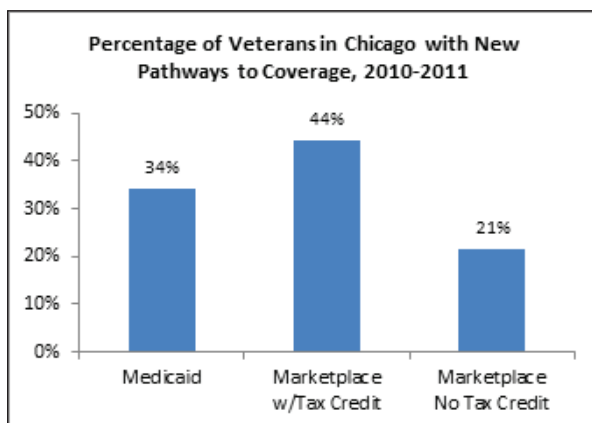
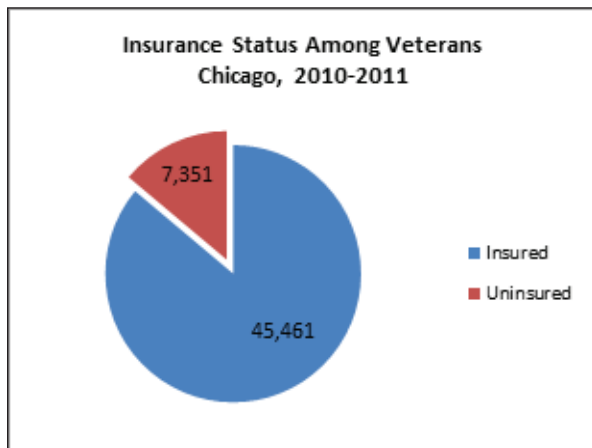
While the exact number of uninsured Chicagoans living with HIV is unknown, the AIDS Drug Assistance Program (ADAP) serves as a good proxy. ADAP, managed by the Illinois Department of Public Health, provides HIV medications to people who cannot otherwise afford them. ADAP is authorized under the Ryan White HIV/AIDS Treatment Extension Act of 2009, Part B and administered by the U.S. Health Resources and Services Administration (HRSA) to provide low-income, uninsured and under-insured individuals with access to HIV/AIDS medication. As a safety-net program and payer of last resort, ADAP fills gaps and provides services to individuals when they have no other resources, such as Medicaid and private insurance. Over 4,300 Chicagoans currently rely on the ADAP program for their life-saving HIV medications. Further information on the impact of the ACA on Chicagoans who receive Ryan White funded services can be found in a May, 2013 report by the AIDS Foundation of Chicago, CountyCare & the Ryan White Program: Working Together to Optimize Health Outcomes for People with HIV at <http://aidschicago.org/pdf/2013/countyreport.pdf>.



## VETERANS

While the ACA does not change military health care systems, veterans and their families can benefit from provisions that will increase access to insurance coverage. A recent Robert Wood Johnson Foundation study found that 1 in 10 of the 12.5 million veterans in the U.S. is currently uninsured. Those veterans are more likely to be younger, less likely to be married and are less connected to the labor force—all factors that contribute to lower insurance rates. In Chicago, 14% of an estimated 52,812 veterans are uninsured and just over one-third will become eligible for Medicaid in 2014. Another 44% of those veterans will be eligible to receive a tax credit to use toward purchasing insurance in the Marketplace.

The ACA will provide veterans and their families with more options for coverage. While every veteran is eligible for services from the Veterans Administration (VA), it is important to note that the VA is not insurance; rather it is a health care system with medical centers and outpatient clinics where veterans are able to access care. This care may not always be convenient as appointments are often available on a first come, first served basis, there are co-pays and a veteran's family is not eligible for services through the VA. [Note: even though the VA is not 'health insurance,' it does meet the individual mandate under the ACA so veterans will not have to pay a penalty if they do not enroll in other coverage options.]

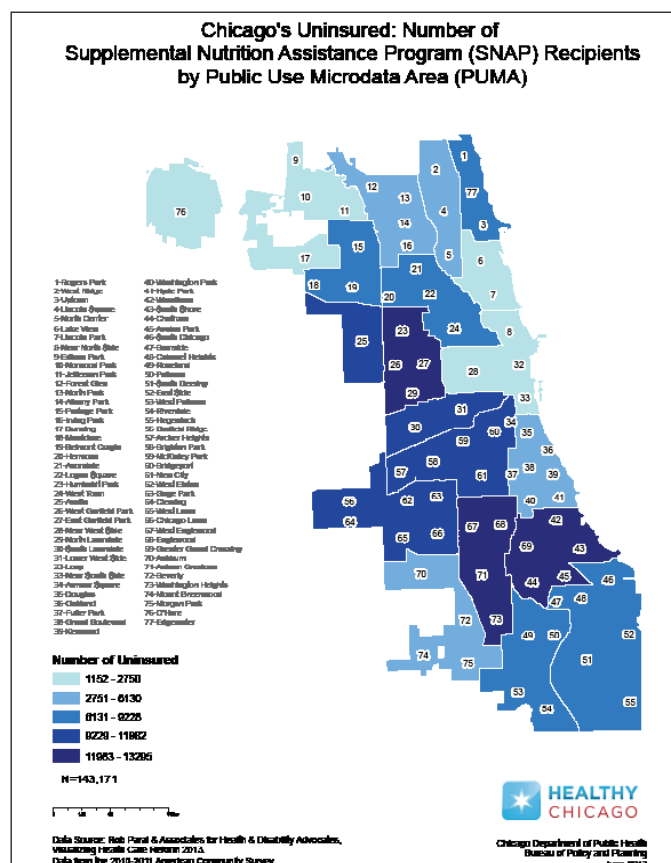
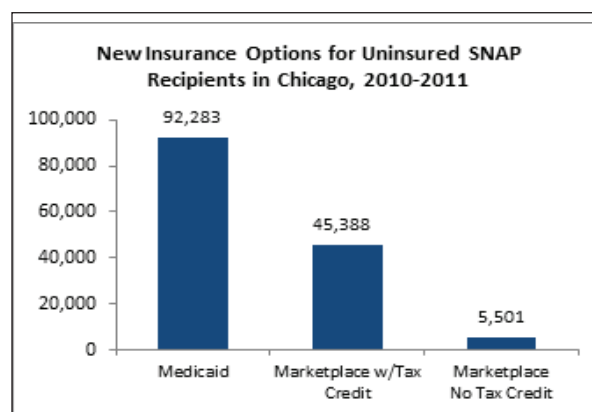
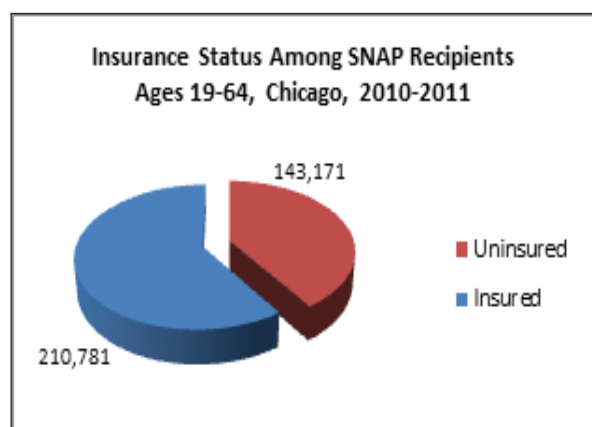


## SNAP ENROLLMENT

The Supplemental Nutrition Assistance Program (SNAP), managed by the U.S. Department of Agriculture, helps people and families with low incomes purchase the food they need to be healthy. In Illinois, the program is administered by the Department of Human Services and benefits are provided on the Illinois Link Card, an electronic card accepted at most grocery stores. In addition, some Chicago farmers markets and mobile produce carts recently began accepting Link Cards in efforts to increase access to healthy foods.

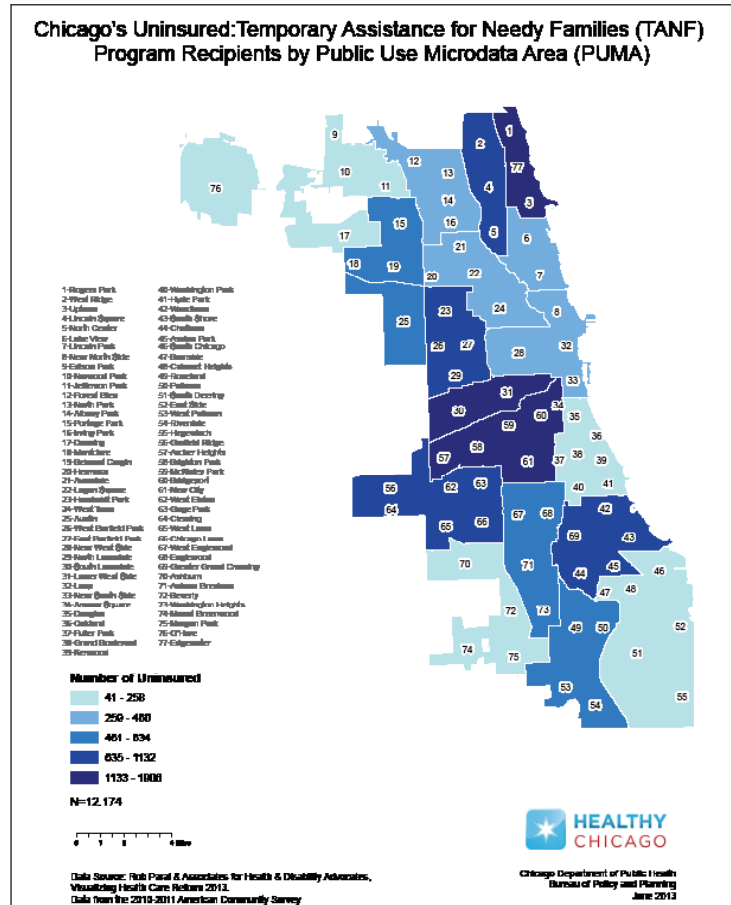
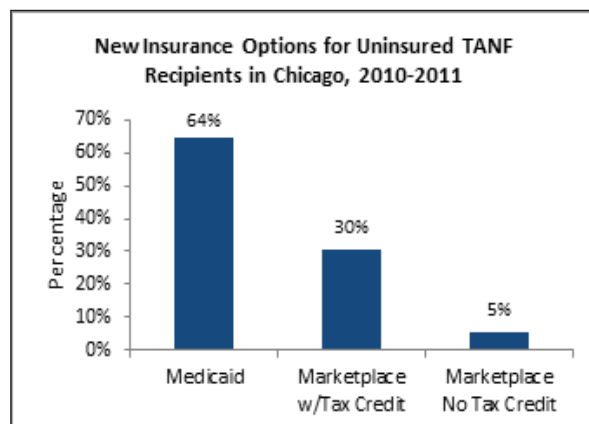
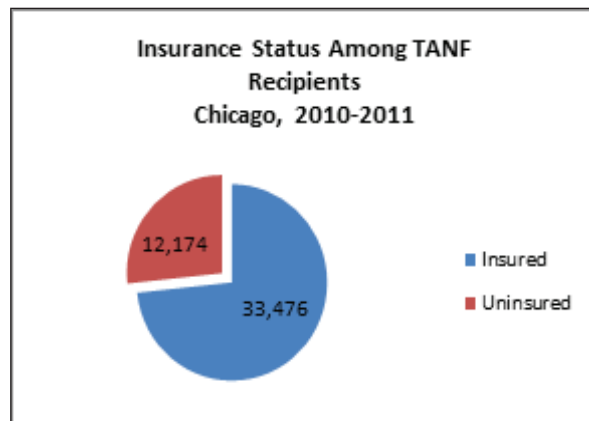
In Chicago, 353,951 or 20% of 19 - 64 year olds receive SNAP benefits. Forty percent (40%) of these recipients currently lack health insurance. Under the ACA, nearly two-thirds (64%) of uninsured SNAP recipients are income-eligible for the new Medicaid group. Another 32% will be eligible for the Health Insurance Marketplace with a premium tax credit and 4% will be able to purchase coverage through the Marketplace but will not receive a premium tax credit.

Recent studies by both the Center on Budget and Policy Priorities and the Urban Institute find that, despite the differences in household composition and income-counting rules, the majority of non-elderly, non-disabled individuals who receive SNAP benefits are very likely to be financially eligible for Medicaid. As a result, the federal government recently offered states the opportunity to streamline enrollment into Medicaid for these SNAP participants. Enrolling SNAP participants in Medicaid automatically (without having to conduct a separate income determination) can help ease the administrative burdens states may experience.



## TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)

Administered by the Illinois Department of Human Services, the TANF program provides temporary financial assistance for pregnant women and families with one or more dependent child. TANF assistance is intended to help pay for food, shelter, utilities and other non-medical expenses. In Chicago, 45,649 residents currently receive support under the TANF program. Of these persons, nearly 27% lack health insurance.



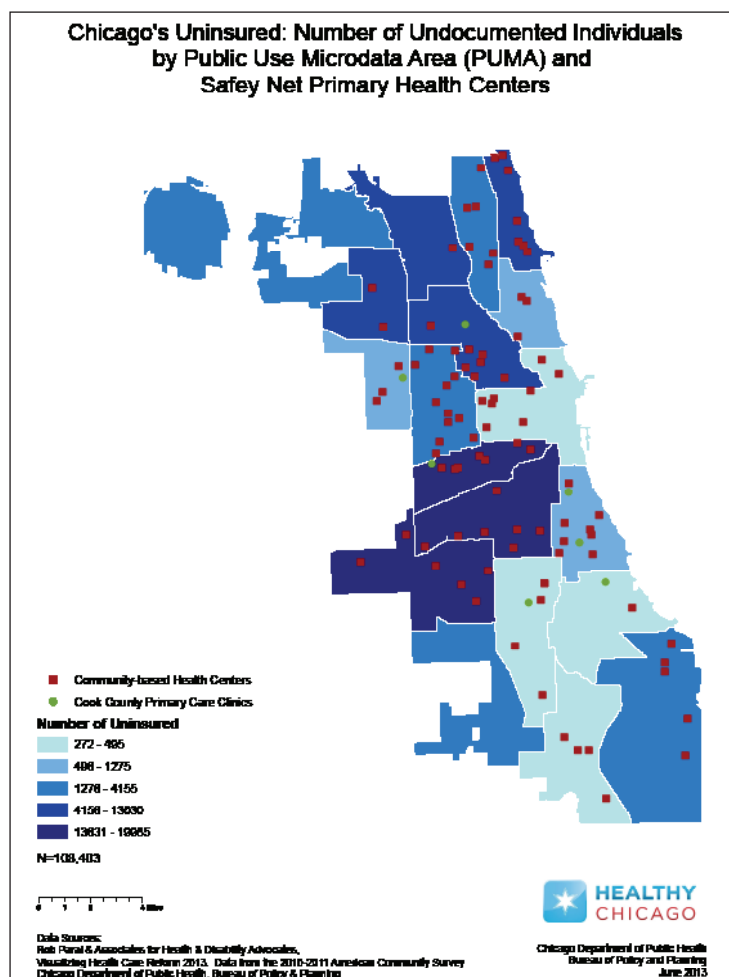
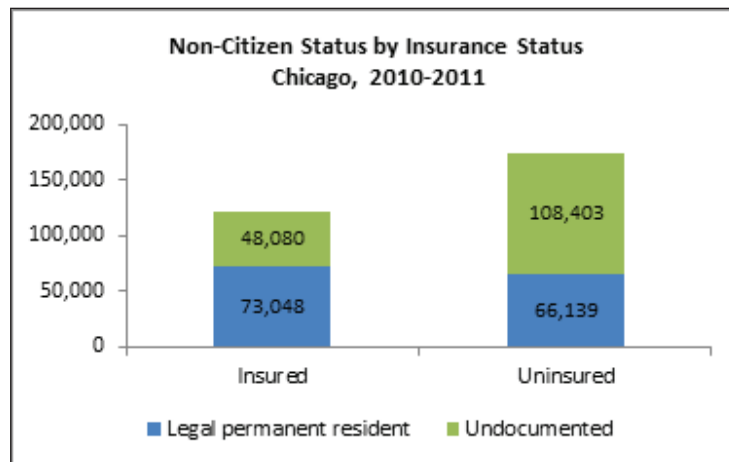
## CITIZENSHIP STATUS

As previously noted, undocumented residents are explicitly excluded from ACA provisions intended to increase access to health care coverage. In Chicago, 17% of residents or 295,669 persons between 19 and 64 years of age, are not currently United States citizens. Over half of these persons (174,542) lack health insurance.

Among total uninsured residents, 66,139 are considered Legal Permanent Residents (LPRs) who are on the path to citizenship. Those LPRs with incomes <138% FPL and who have been in the U.S. for at least five years will become eligible for Medicaid. Lower income LPRs who have been in the country for less than five years will not be eligible for Medicaid, but like those with incomes greater than 138% FPL will be eligible to purchase coverage through the Health Insurance Marketplace.

Efforts to reach and enroll LPRs and other uninsured immigrants must take into account logistical and public education challenges, the complexity of application process and of eligibility rules and limited computer proficiency. Special efforts must be taken to overcome climates of fear and mistrust, which are particularly common among mixed status families.

The remaining 108,403 uninsured non-citizens are considered to be undocumented, and as such will not be eligible for any form of coverage. They will remain in need of services through the healthcare safety net, reflected on the map to the right.



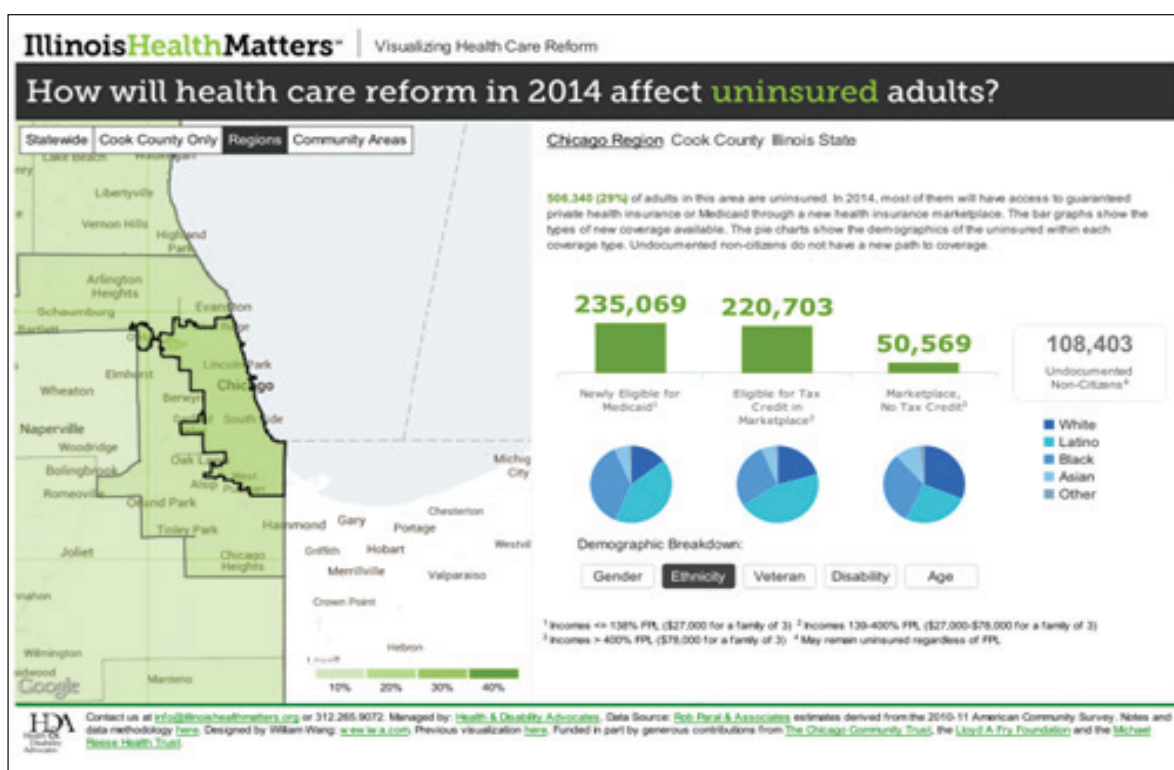


## MAXIMIZING ACA ENROLLMENT IN ILLINOIS

The Chicago Department of Public Health utilized resources made available by Health & Disability Advocates (HDA) to develop this report. HDA, a national policy and advocacy group headquartered in Chicago, is focused on the intersection of health and economic security. HDA has two new tools available to help reach the uninsured and engage them in the new Marketplace.

### 1. Visualizing Health Reform

For an interactive look at the uninsured in Chicago neighborhoods, you can view some of the data in this report on the Visualizing Health Reform website ([visualizingreform.illinoishealthmatters.org](http://visualizingreform.illinoishealthmatters.org)). This tool allows users to see a geographic and demographic breakdown of uninsured state residents who will be eligible for healthcare coverage when the Affordable Care Act is fully implemented beginning in 2014. A detailed analysis of publicly available census data, the updated tool reveals 20% of Illinois adult residents (age 19-64) – more than 1.5 million people – currently have no access to health insurance, while three out of ten (29%) adults in Chicago are currently without insurance coverage.



### 2. Market Analysis of How Uninsured Individuals in Illinois Access Information

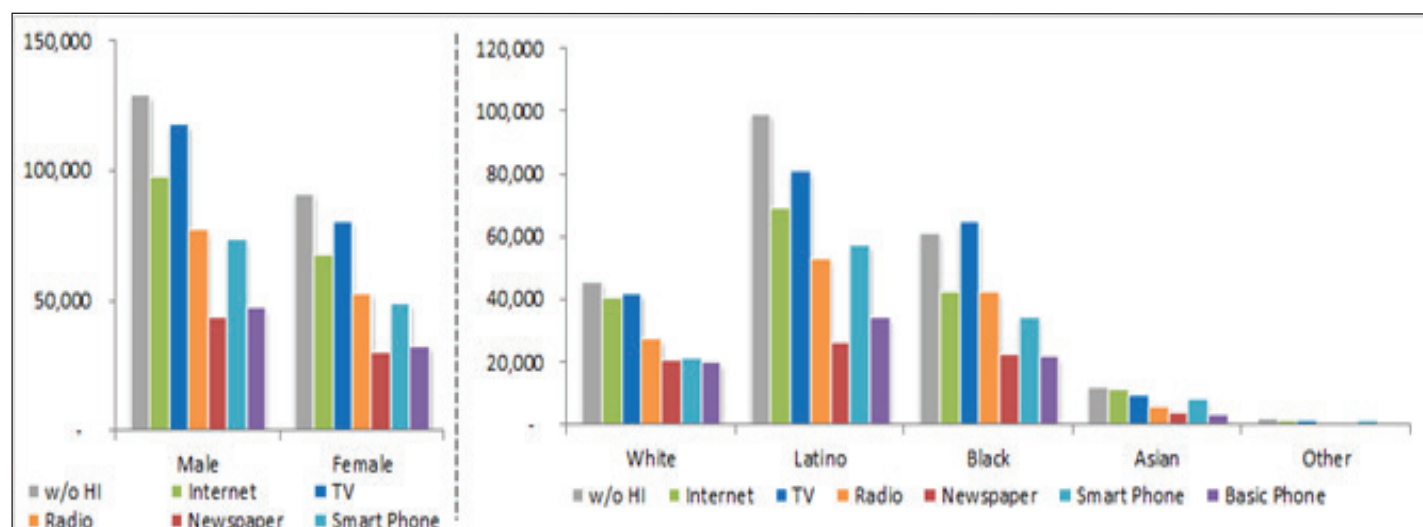
Knowing where the uninsured reside is critically important to upcoming outreach, education and enrollment efforts. By itself, however, this information is insufficient. With this in mind, HDA joined forces with the National Conference on Citizenship and Kaggle, a worldwide online community of data scientists, to determine how Illinois' uninsured, low income population accesses information. Kaggle pro-

duced an interactive tool which breaks down civic engagement and access to television, Internet, radio, newspaper and smart and basic phone usage by geographic area, age, gender, ethnicity and income in Illinois. This tool is an important resource in Illinois' efforts to target individuals who will be newly eligible for insurance or for subsidies to help pay for insurance under the Affordable Care Act.

The project determined that television has the highest reach of all demographic segments with the exception of middle income (139-400% FPL) Asians, for whom the Internet has similar reach. For low-income adults (with incomes of less than 138% FPL), the overall reach of television is twice that of Internet. In addition, basic phone has the highest reach to the low income White and Latino population, while radio is the most popular form of media for the low income Black and Asian population. Facebook was also determined to be the most popular form of social media, with 89% of Internet users involved.

In addition, an analysis of the National Conference on Citizenship's civic health data set showed that one-third of Illinois residents are engaged or have an affiliation with a group. The popularity of churches or other religious settings and schools or other educational groups, make them relatively effective sources of information for their constituents. Additional information about this tool is available by contacting [info@illinoishealthmatters.org](mailto:info@illinoishealthmatters.org).

Media Reach in Chicago by Ethnicity for Middle Income (139-400% FPL) Uninsured Population



<sup>i</sup> All numbers in this report include undocumented persons

<sup>ii</sup> <http://www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf73038>

<sup>iii</sup> Dorothy Rosenbaum and Shelby Gonzales, "A Technical Assessment of SNAP and Medicaid Financial Eligibility under the Affordable Care Act." CBPP, revised June 6, 2013, <http://www.cbpp.org/cms/index.cfm?fa=view&id=3939>

<sup>iv</sup> Stan Dorn, Laura Wheaton, Paul Johnson, and Lisa Dubay, "Using SNAP Receipt to Establish, Verify, and Renew Medicaid Eligibility," prepared by the Urban Institute for the California HealthCare Foundation, May 2013, p.3 <http://www.urban.org/publications/412808.html>





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