

Attention Deficit Disorder, the funding fails to cover other associated and equally critical needs—for example, the counseling parents need to help them more effectively address their children's learning issues. United Way provides a major source of unrestricted funding that helps pay for the broad range of support required for effectively delivery of services, including the physical facility where the child might receive treatment, staff salaries and other related services and infrastructure that restricted government funds do not cover.

In Chicago, the percentage of high school students who attempted suicide in 2003 was 12.1%—among the highest in the nation. In spite of these facts, on average only one-quarter of Chicago's youth in need of mental health services receive the care they need.

Lacking access to health care takes an enormous toll on Chicago-area residents and business owners in profound and personal ways. In the end, everyone loses—not just the individuals whose lives are affected but our communities that forgo the economic benefits of a healthy, productive population.

# ACCESS TO HEALTHCARE



## WORKING FAMILIES TOP THE RANKS OF THE UNINSURED

More than 20 million working Americans do not have healthcare coverage, leaving them unable to see a doctor when they need one—let alone for prevention purposes—and in poorer health than Americans who have healthcare insurance. Nearly one out of every six Illinois residents under the age of 65 is uninsured and the vast majority of them (1.3 million people) live in the Chicagoland area.

While it is a well-known fact that healthcare is not universally available in this country, less visible is the fact that so many people without coverage come from working families. In fact, 80% of uninsured people under age 65 come from working families.

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Not surprising, many of these families cobble together an existence by skipping meals, borrowing from friends, moving in with family and cutting prescription pills in half or bypassing treatment altogether.

The persistent crisis of healthcare coverage is spurred by rising medical costs and a sluggish economy. Fewer employers provide health insurance or are asking employees to pay more of the medical costs—a trend that is further driving up the numbers of uninsured among working families. Still, lack of health insurance is most acute among the working poor and the severely underserved, including immigrants with language or cultural barriers. In Illinois, African Americans and Hispanics are disproportionately affected with more than 30% of Latinos and 23% of African Americans uninsured. The working poor either are not offered health insurance through

their jobs or they would have to pay more than they can afford for coverage. Making matters worse, these families are not eligible for government subsidies.

## LACK OF HEALTH INSURANCE HAS ADVERSE IMPACT

Chicago-area residents without health insurance face serious consequences. They are more likely to go without health services, particularly for preventive care, diagnostic services and treatment for chronic conditions, leading to more serious illness and avoidable health problems. The uninsured tend to be more seriously ill when diagnosed and are more likely than those with insurance to be hospitalized for conditions that could have been avoided.

Across the country, uninsured Americans get about half the medical care of those with health insurance and as a result, they tend to be sicker and die sooner. About 18,000 unnecessary deaths occur each year because of lack of health insurance, making it the sixth-leading cause of death among people ages 25 to 64.

Children make up nearly one quarter of the state's uninsured and are nine times more likely than insured children to lack regular medical care. In particular, teenagers living in poverty have a higher likelihood than their middle-income peers of suffering physical health problems and are at greater risk of mortality due to higher rates of obesity and diabetes. In addition, they have a higher prevalence of risk factors for heart disease and asthma. Not surprising, decreases in family income

increase the likelihood that adolescents will engage in unhealthy activities, such as smoking cigarettes, engaging in episodic heavy drinking and trying drugs.

## MAJORITY OF PEOPLE NEEDING MENTAL HEALTH TREATMENT FAIL TO GET IT

One of the most vexing healthcare challenges is access to mental health services. Mental disorders account for four of the 10 leading causes of disability nationwide. Yet, the gap is widening between the need for mental health services and the availability of these services. Fewer than half of adults with a serious mental illness reported that they actually received treatment or counseling for a mental health problem. This is particularly problematic for the segment of our population that is already under siege—people challenged by unemployment, homelessness, substance abuse and poverty. In fact, poverty is one of the most powerful demographic risk factors for a mental illness.

Complicating matters, more than one quarter of adults with serious mental illness in 2002 were also dependent on or abused alcohol or an illicit drug. Yet, more than half of these adults failed to receive either specialty substance use treatment or mental health treatment. Why? With significant cutbacks in government funding, there is a lack of sufficient resources and an inadequate infrastructure to address mental health issues. Illinois is particularly unprepared to address the needs, ranking 47th among the 50 states in the funding of agencies that serve the mentally ill.

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While many people are falling through the cracks, the challenges are particularly troublesome for children, especially poor teens who are at increased risk of experiencing mental health issues. Consider the experience of African-American high school freshmen in one of the poorest neighborhoods in Chicago where 45% had seen someone killed, 66% had seen a shooting, 38% had seen someone stabbed, 49% had been shot at and six percent had actually taken a bullet themselves. Youth exposed to this kind of violence are significantly more vulnerable to mental health problems from anxiety disorders to suicide attempts. In Chicago, the percentage of high school students who attempted suicide in 2003 was 12.1%—among the highest of 18 cities in a study conducted by the U.S. Department of Health and Human Services that identified socioeconomic status as a key risk factor for suicide among adolescents. In spite of these facts, on average only one-quarter of Chicago's youth in need of mental health services receive the care they need.

Children with mental health problems who go undiagnosed and who do not receive services are more likely to drop out of school, end up in jail and fail to become fully functional members of society in adulthood.

## PREVENTION OF HEALTH PROBLEMS AND AT-RISK BEHAVIORS TOP UNITED WAY HEALTHCARE AGENDA

Nearly 20 percent of funding provided by United Way of Metropolitan Chicago is allocated to agencies addressing health access and mental health—with a particular focus on addressing the challenges faced by vulnerable populations like the working poor, the disabled and the elderly. From psychiatric services and substance abuse programs, to prevention and education initiatives as well as primary care and support services, United Way helps connect people with the healthcare resources they need.

A significant number of United Way-funded programs focus on preventing youth and adults from pursuing at-risk behaviors like substance abuse, which is at the root of why so many people end up in jail or homeless. Prevention programs are a key focus of United Way support to ensure children and adults are healthy enough to be in school and work respectively and can remain there. One noteworthy success story is the award-winning immunization initiative, where United Way collaborates with a host of agencies to ensure infants and children are properly immunized so they remain healthy and can be admitted to school.

While federal and state dollars are available for healthcare, most funding comes with serious restrictions on how the money can be used. Funding is even more narrowly available for mental healthcare where the need is even greater. So while the government might support services for one child with