

Uninsured Rate Climbs, Reflecting 10-Year Trend

BY ALICIA AULT

The number of uninsured Americans rose last year, with 21% of all adults aged 18-64 years reporting that they were uninsured at the time that they were interviewed for the National Health Interview Survey, federal officials reported June 16.

That's up from 19.7% the previous year and reflects a trend over the past

decade of an increasing lack of health insurance, at least among adults, according to a survey by the National Center for Health Statistics, a part of the Centers for Disease Control and Prevention. Rates of coverage for children, on the other hand, have mostly improved.

Since 1999, increasing proportions of people have reported that they were uninsured at the time of the annual survey, for part of the year prior to their in-

terviews, and for a year or more, said the NCHS in its report, which was released early and will be published in CDC's Morbidity and Mortality Weekly Report.

Overall, 46.3 million people—or 15.4% of the population—were uninsured at the time they were interviewed in 2009. The survey found that even greater numbers of people reported that they were uninsured for at least part of the year before the interview—some 58.5 million—

but that a slightly smaller number, 32.8 million, had been uninsured for more than a year at the time they were queried.

A greater proportion of children than adults were covered by public health plans, which could explain the children's higher rate of coverage, according to the survey. In 2009, 37.7% of children under age 18 were covered by a public plan, up from 34.2% the previous year. Rates of public coverage for low-income children increased. Federal officials in both the Obama and Bush administrations have emphasized enrolling more eligible children in the public Children's Health Insurance Plan, which is administered by states.

Conversely, only 14.4% of adults aged 18-64 years had public coverage. And private coverage for adults declined from 68% in 2008 to 66% in 2009, according to the survey. There was no significant

Since 1999, increasing proportions of people have been uninsured at the time of the annual survey, for part of the year prior to their interviews, and for a year or more.

change in private coverage for children of any income level.

Hispanics were least likely to have insurance, with one-third reporting no insurance at the time of the interview or for part of the past year. A quarter had had no coverage for more than a year.

Not surprisingly, states with larger Hispanic populations had greater proportions of uninsured. One-quarter of Texas and Florida residents under age 65 years were uninsured at the time of the interview. One-fifth did not have coverage in California and Georgia. In Florida, 13% of children lacked coverage when interviewed, and in Texas, that number was almost 17%.

Nine states had lower rates of uninsured than the national average of 17.5%: Illinois, Massachusetts, Michigan, New Jersey, New York, Ohio, Pennsylvania, Washington, and Wisconsin. ■

For more information, go to www.cdc.gov/nchs.

Tips on Taking Medicines Safely

The National Institute on Aging has published a free Spanish-language fact sheet for older adults that provides tips on how to take drugs safely. Titled "Medicamentos: Úselos con cuidado," it includes information on reading medicine labels and watching for side effects. The fact sheet can be accessed at www.nia.nih.gov/HealthInformation/Publications/Spanish/medicines-sp.htm. ■

ADVERTISEMENT

AS DIABETES PROGRESSES, OADs ALONE MAY NOT BE ENOUGH

According to the UKPDS, up to 50% of β -cell function may be lost by the time patients are diagnosed with type 2 diabetes, and it may continue to decline, on average, by about 5% annually.¹ A recent article by DeFronzo showed that, in patients with highly impaired glucose tolerance, as much as 80% of β -cell function may be lost by the time of diagnosis.² It is this progressive β -cell function loss that is primarily responsible for the development of diabetes and the incremental rise in A1C.²

Patients may not know that their pancreas is no longer making enough insulin and that their disease has progressed.^{3,4} National data from 2003 to 2004 showed that about 40% of patients with diabetes did not have adequate glycemic control.^{5,a} And because blood glucose control is important, all available therapeutic options—including insulin—should be considered in the treatment of diabetes.

Many patients with type 2 diabetes may eventually need insulin to achieve or maintain glycemic control.^{3,6}

Patients may blame themselves for what they perceive as 'failure' to control their glucose levels.³ And because patients' attitudes toward their disease play an important role in diabetes self-care behaviors, it's likely that this negative mindset may adversely impact diabetes self-management.⁷

^a Defined as A1C <7%.

OADs=oral antidiabetic drugs; UKPDS=United Kingdom Prospective Diabetes Study.

A POSITIVE "INSULIN TALK" MAY HELP REASSURE PATIENTS

The results of having a positive insulin talk can be impactful: in a survey, about 80% of patients with type 2 diabetes who were taking OADs said they'd consider taking insulin if their doctor recommended it.⁸

By starting the dialogue now, you can help your patients have a better understanding of insulin and the glucose-lowering role it plays as part of an overall diabetes treatment plan, which may include diet, exercise, and other diabetes medications.^{3,9}

For appropriate patients, starting insulin earlier in the disease continuum can help improve glycemic control.^{7,9-11} Insulin is an effective medication for lowering blood glucose levels.

So, engage patients in talks early and as needed to help turn their negative mindset of failure into a positive opportunity to manage their blood glucose.

Insulin is indicated to help improve glycemic control in patients with diabetes mellitus.

Treatment plans and glycemic targets should be individualized for each patient.

IMPORTANT SAFETY INFORMATION ABOUT INSULIN

Possible side effects may include blood glucose levels that are too low, injection site reactions, and allergic reactions, including itching and rash. Other medications and supplements could change the way insulin works. Glucose monitoring is recommended for all patients with diabetes.

Patients may not know that their pancreas is no longer making enough insulin and that their disease has progressed.^{3,4}



Learn more at www.RethinkInsulin.com

References: 1. Holman RR. *Diabetes Res Clin Pract.* 1998;40(suppl):S21-S25. 2. DeFronzo. *Diabetes.* 2009;58(4):773-795. 3. Polonsky WH, Jackson RA. *Clin Diabetes.* 2004;22(3):147-150. 4. American Diabetes Association. *Clin Diabetes.* 2007;25(1):39-40. 5. Hoerger TJ, Segel JE, Gregg EW, Saaddine JB. *Diabetes Care.* 2008;31(1):81-86. 6. Hirsch IB, Bergenstal RM, Parkin CG, Wright E, Buse JB. *Clin Diabetes.* 2005;23(2):78-86. 7. Egged LE, Ellis C. *Diabetes Technol Ther.* 2008;10(3):213-219. 8. Data on file, sanofi-aventis U.S. LLC. 9. Brunton SA, Davis SN, Renda SM. *Clin Cornerstone.* 2006;8(suppl 2):S19-S26. 10. Nathan DM, Buse JB, Davidson MB, et al. *Diabetes Care.* 2009;32(1):193-203. 11. AACE/ACE Consensus Statement. *Endocr Pract.* 2009;15(6):540-559.

INSULIN
IMPROVING BLOOD GLUCOSE
CONTROL SHOULDN'T WAIT

sanofi aventis