

Access to Health Care in America—1996

Estimates for the U.S. Civilian Noninstitutionalized Population

Introduction

Having adequate access to health care services can significantly influence health care use and health outcomes. Consequently, measures of access to care provide an important mechanism for evaluating the quality of the Nation's health care system. Limitations in access to care extend beyond such simple causes as a shortage of health care providers or facilities in some areas. Even where health care services are readily available, individuals may not have a usual source of health care or may experience barriers to receiving services due to financial or insurance restrictions, a lack of availability of providers at night or on weekends, or other difficulties.

Usual Source of Health Care

Hispanics (30 percent) were the least likely of all racial/ethnic groups to have a usual source of health care (Figure 1). Blacks (16 percent) and Hispanics (13 percent) were more likely than the group of whites and others (8 percent) to have hospital-based providers as their usual source of care.

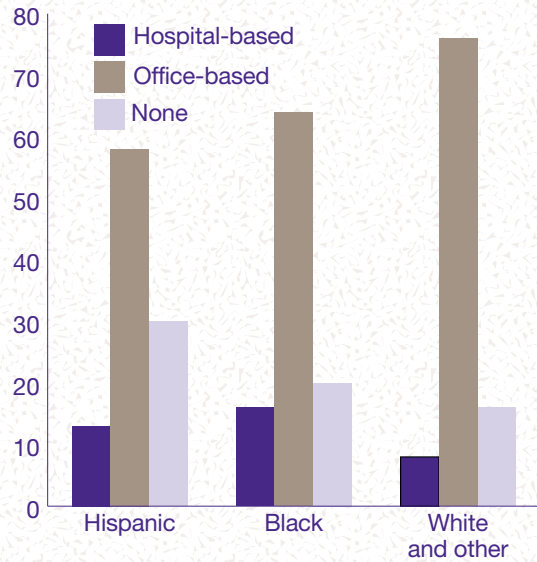
Briefly stated:

- Nearly 18 percent of the population had no usual source of health care in 1996. This represents more than 46 million Americans who had no particular doctor's office, clinic, health center, or other place where they would usually go if they were sick or needed advice about their health.
- During 1996, the groups most likely to lack a usual source of health care included Hispanic Americans (30 percent), the uninsured under age 65 (38 percent), and young adults ages 18-24 (34 percent).
- Approximately 12 percent of all American families (12.8 million families) experienced barriers to receiving needed health care services. When asked the main reason for their difficulty, delay, or inability to obtain needed care, 60 percent of these families cited the inability to afford medical care and 20 percent cited insurance-related problems.
- Families in which one or more members lacked health insurance were about two to three times more likely to have experienced barriers to receiving needed health care services than families in which all members were insured.

Americans under age 65 who were uninsured were substantially more likely to lack a usual source of health care (38 percent) than those who had either private (15 percent) or public health insurance (13 percent), as shown in Figure 2. Persons under age 65 who had private insurance were more likely to have an office-based usual source of care (77 percent) than those who had only public insurance (71 percent) or were uninsured (52 percent). Americans age 65 and over who had Medicare as their only health insurance coverage were more likely to lack a usual source of health care (12 percent) than persons with Medicare plus private insurance coverage (8 percent).

Among the 12 percent of American families with members who changed their usual source of health care in the past year, 25 percent switched for insurance-related reasons and 19 percent changed because they were dissatisfied with their quality of care (Figure 3).

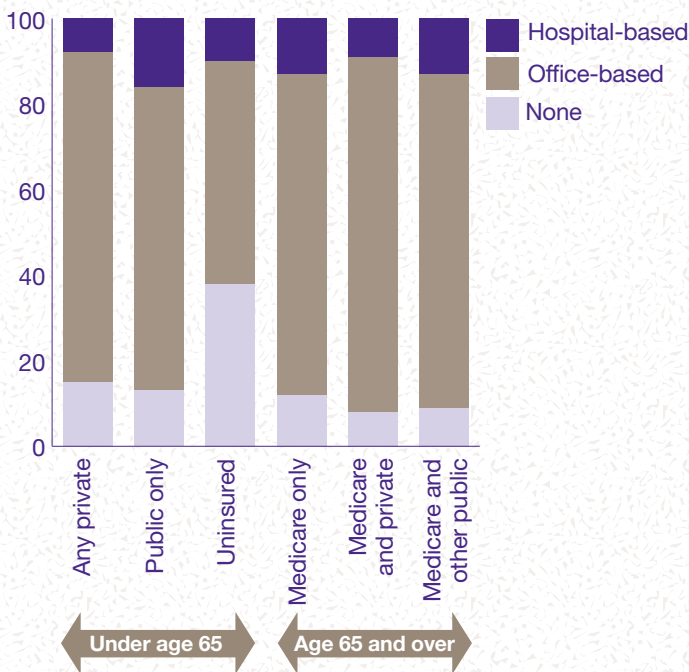
Figure 1. Race/ethnicity and usual source of care: 1996



▲ Overall, about 18 percent of the population had no usual source of care.

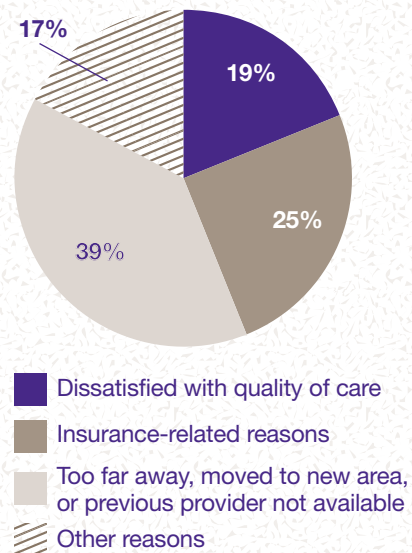
DATA SOURCE: 1996 Medical Expenditure Panel Survey Household Component, Rounds 1 and 2

Figure 2. Health insurance and usual source of care: 1996



▲ About 38 percent of uninsured people under age 65 had no usual source of care.

Figure 3. Reasons for changing usual source of health care: 1996



▲ About 12 percent of American families had at least one family member who had changed his or her usual source of care during the past year.

Barriers to Needed Health Care

Families headed by Hispanic individuals were more likely to report barriers to receiving health care (15 percent) than families whose head was black (10 percent) or white or other race/ethnicity (11 percent), as shown in Figure 4. Among families who encountered problems in receiving care, those headed by Hispanics were more likely (69 percent) than those headed by persons who were white or other race/ethnicity (59 percent) to report being unable to afford health care.

Among American families in which one or more members were uninsured, 23 percent reported difficulty, delay, or not receiving the health care they needed (Figure 5). Of these families, 83 percent, or nearly 5 million families, identified the inability to afford care as their main barrier. Only 7 percent of families in which all members were privately insured reported barriers to care. Even in the privately insured group, more than two-thirds of the families experiencing barriers to care cited affordability or health insurance problems as the main reason for their difficulty.

Medical Expenditure Panel Survey

The Medical Expenditure Panel Survey (MEPS) collects nationally representative data on health care use, expenditures, source of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS is cosponsored by the Agency for Health Care Policy and Research (AHCPR) and the National Center for Health Statistics. This *Highlights* summarizes several aspects of access to health care in the United States during 1996, as derived from the MEPS Household Component, Rounds 1 and 2.

DATA SOURCE: 1996 Medical Expenditure Panel Survey Household Component, Rounds 1 and 2

► About 12 percent of American families experienced difficulty or delay in obtaining health care that they needed. Barriers were reported by 15 percent of Hispanic families, 10 percent of black families, and 11 percent of the white and other group.

Figure 4. Race/ethnicity of head of family and barriers to health care: 1996

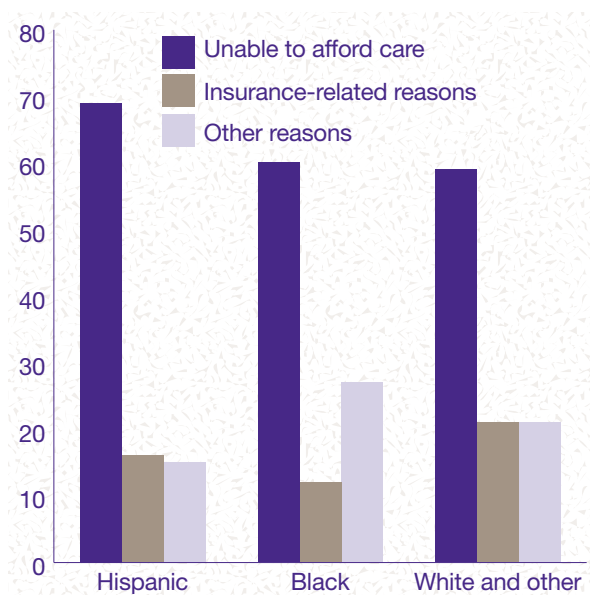
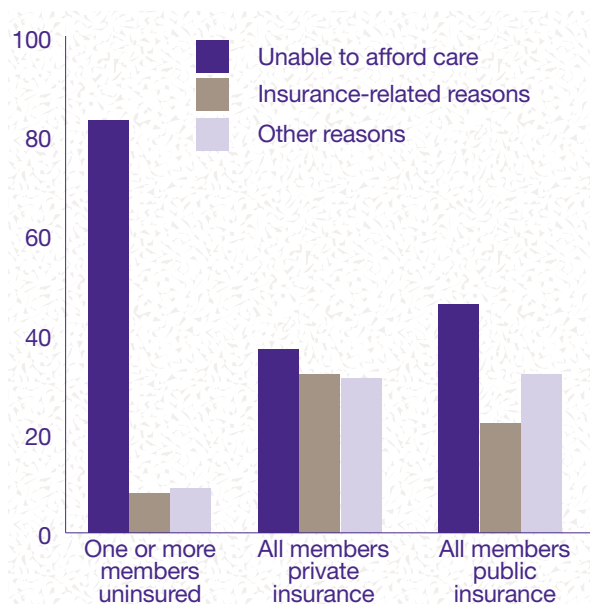


Figure 5. Family health insurance status and barriers to health care: 1996



▲ Barriers were reported for 23 percent of families with one or more uninsured members but only 7 percent of families with all members privately insured. Barriers were reported by 12 percent of families with public insurance and 13 percent with mixed private and public insurance.

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MEPS HIGHLIGHTS

Medical Expenditure Panel Survey

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For more information on MEPS, call the MEPS information coordinator at AHCPR (301/594-1406) or visit the MEPS section of the AHCPR Web site at

<http://www.ahcpr.gov/>

For a detailed description of the MEPS survey design, sample design, and methods used to minimize sources of nonsampling error, see the following publications:

Cohen J. Design and methods of the Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Health Care Policy and Research; 1997. *MEPS Methodology Report No. 1*. AHCPR Pub. No. 97-0026.

Cohen S. Sample design of the 1996 Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Health Care Policy and Research; 1997. *MEPS Methodology Report No. 2*. AHCPR Pub. No. 97-0027.

The estimates in this *Highlights* are based on the following, more detailed report:

Weinick RM, Zuvekas SH, and Drilea SK. Access to health care—sources and barriers: 1996. Rockville (MD): Agency for Health Care Policy and Research; 1997. *MEPS Research Findings No. 3*. AHCPR Pub. No. 98-0001.

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