Medical Expenditure Panel Survey

Agency for Healthcare Research and Quality

STATISTICAL BRIEF #265

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Trends in Access to Health Care: Disparities by Poverty Status and Health Insurance, 1996-2006

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Introduction

Access to medical care is a central concern to U.S. policymakers and those interested in health care reform. Wide disparities in access by poverty status and health insurance status are of special importance. This Statistical Brief describes trends in access to health care through the period between 1996-2006 using data from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC). Two indicators of access to ambulatory health care are described: 1) the percentage of individuals who have a usual source of care (USC) and 2) the percentage who had at least one office-based physician visit during the year.

Five figures are presented to summarize trends in health care access during the 1996-2006 period. First, overall trends in the percentage of persons with a USC and the percentage with at least one office-based physician visit are shown (figure 1). Then trends are described in each measure by insurance status (figures 2 and 3) and income relative to the Federal poverty line (figures 4 and 5). All differences between estimates discussed in the text are statistically significant at the 0.05 level.

Highlights

- Overall, the percentage of the U.S. population who report having a USC declined slightly from 82 percent in 1996 to 80 percent in 2006.
- The decline is concentrated among the uninsured; uninsured Americans were less likely to have a USC in 2006 (47 percent) compared to 1996 (58 percent) and less likely to have at least one office-based physician visit in 1996 (41 percent) compared to 2006 (36 percent).
- Individuals living in households making 200-400 percent of the Federal poverty line were slightly less likely to have a USC in 2006 than in 1996 (80 percent compared to 83 percent). Other income groups experienced no significant change in the period.

Findings

Figure 1 summarizes the two measures of access for the years 1996-2006. The overall percentage of Americans with a USC declined from 82 percent in 1996 to 80 percent in 2006. There was no significant change in the percentage with a physician visit during the period. Together, these statistics suggest only a modest decline in access to ambulatory care from 1996-2006. However, as the next figures suggest, trends in access to care differ markedly by insurance status.

Figure 2 displays trends across time for having a USC by insurance status. Among those in the *public only* and *any private* insurance categories, the percentage with a USC did not differ significantly between 1996 and 2006, ranging from 85 to 87 percent. However, a significant decline occurred among the uninsured. Among those without health insurance, the percentage with a USC declined 11 points, from 58 percent in 1996 to 47 percent in 2006. A similar pattern emerges for the percentage of individuals with at least one physician visit (figure 3). For those in the *public only* or *any private* insurance categories, the percentage with at least one physician visit during the year remained relatively stable, ranging from 70 percent to 75 percent. For those without health insurance, the percentage of individuals with a doctor visit declined from 41 percent in 1996 to 36 percent in 2006.

Disparities in access to health care by household income are not as pronounced as those by insurance status. Figure 4 shows trends in the percent with a USC by household income. Among those living in households with income between 200 percent and 400 percent of the Federal poverty line, the percentage with a USC declined from 83 percent in 1996 to 80 percent in 2006. Differences for the other income groups were not statistically significant.

Figure 5 shows a similar trend with respect to the percentage of individuals with at least one physician visit during a year. Individuals in the lowest and highest income groups show no significant differences in the percentage with at least one physician visit between 1996 and 2006, while individuals in the middle income group (200-400 percent of Federal poverty) experienced a modest decline in the percentage with any ambulatory care visit during the period.

Data Source

Estimates for this Brief come from the MEPS-HC Full Year Consolidated Data Files for 1996 (HC-012), 1997 (HC-020), 1998 (HC-028), 1999 (HC-038), 2000 (HC-050), 2001 (HC-060), 2002 (HC-070), 2003 (HC-079), 2004 (HC-89), 2005 (HC-097), and 2006 (HC-105). For 1997, we imputed the percentage with a USC by using linear interpolation. All estimates are weighted to represent the civilian noninstitutionalized population of the United States. Standard errors for all estimates are adjusted for complex survey design using the SVY commands in Stata 9.0.

Definitions

Usual source of care
Individuals reported whether or not they or their family member had a particular doctor's office, clinic, health center, or other place (excluding hospital emergency rooms) to go to for medical care when ill or for health-related advice. Individuals who indicated they had a particular place were considered to have a usual source of care.

Office-based physician visit
Individuals reported whether they or their family member visited a physician in an office-based setting within the past year.

Poverty status
Three income groups are defined based on the percentage of the poverty line for total family income, adjusted for family size and composition. We use three categories: low (less than 200 percent of the poverty line), middle (200-400 percent of the poverty line), and high (greater than 400 percent of the poverty line) in the year of the data collection. Income is a family-level variable where all sources of income across all earners in the family are summed to form a total income value. Next, this total income value is divided by the appropriate poverty line income value adjusted for family size and composition.

Insurance status
Insurance status over the entire year is summarized with three mutually exclusive categories: any private insurance, public only, and uninsured. The private insurance category is made up of individuals who had any private insurance coverage during the year. The public category is composed of individuals who never had private insurance but were covered by public insurance for at least part of the year. Finally, individuals in the uninsured category had no insurance for the entire year.

About MEPS

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics. For more information about MEPS, call the MEPS information coordinator at AHRQ (301) 427-1406 or visit the MEPS Web site at http://www.meps.ahrq.gov.

References

For a detailed description of the MEPS-HC 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*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, MD: Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.shtml

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, MD: Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.shtml

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003: 41(7) Supplement: III-5-III-12.

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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at mepspd@ahrq.gov or send a letter to the address below:

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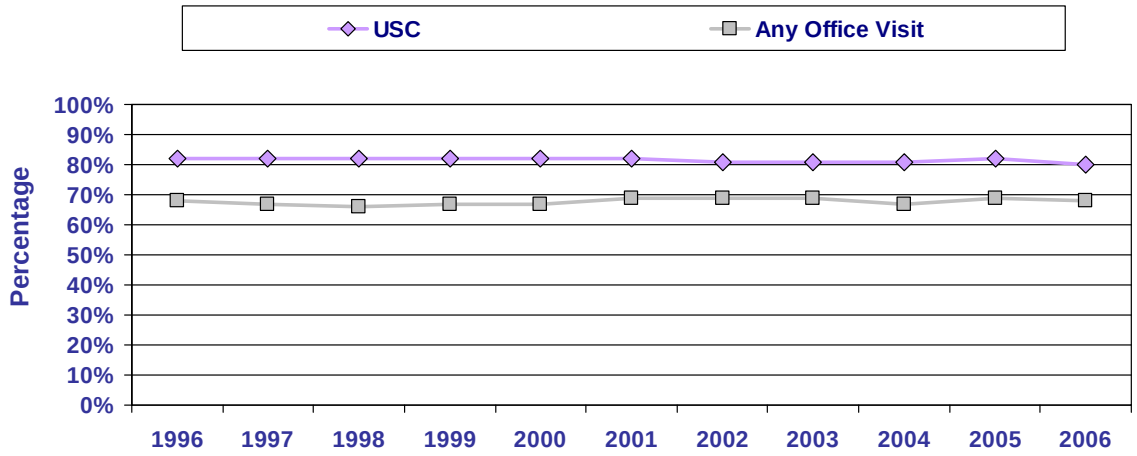
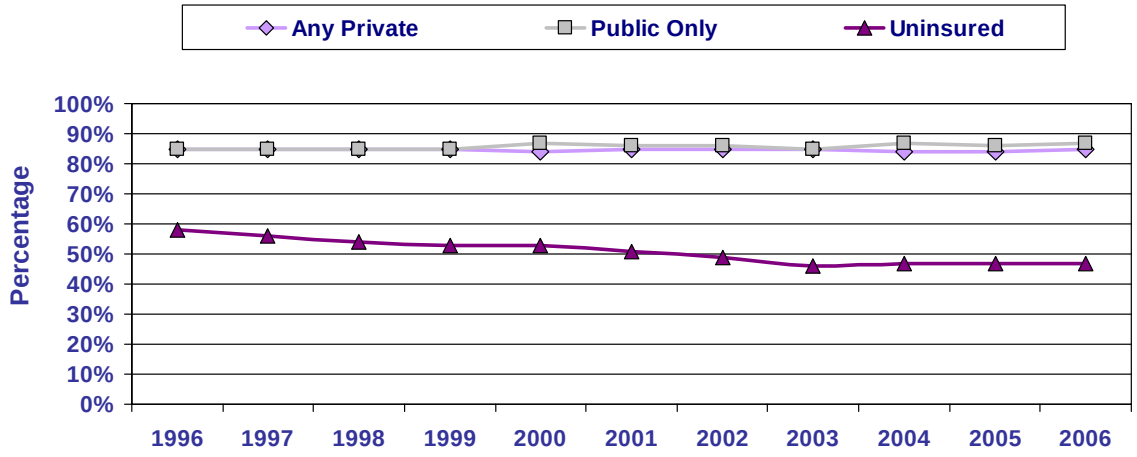
Figure 1. Percentage of persons with a usual source of care and at least one office-based physician visit, 1996–2006



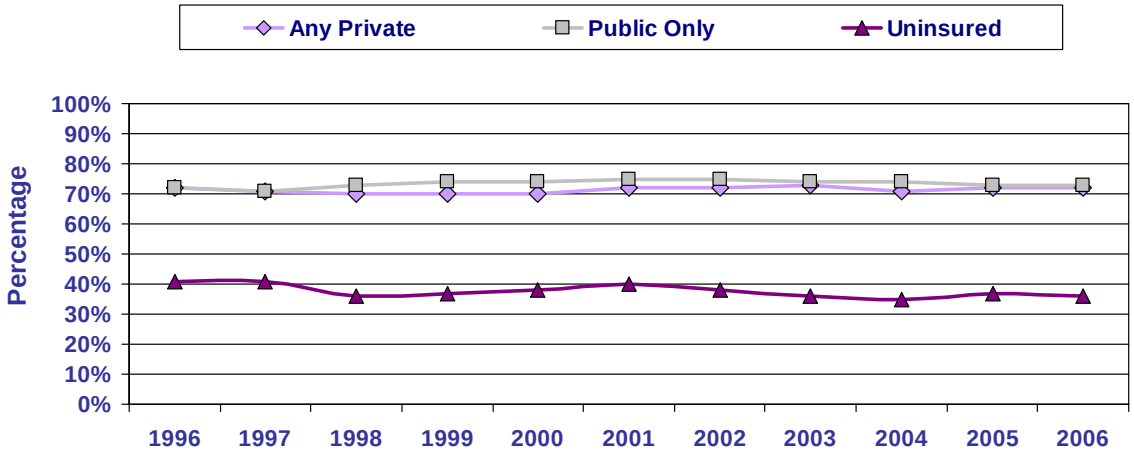
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey 1996–2006

Figure 2. Percentage of persons with a usual source of care by insurance status



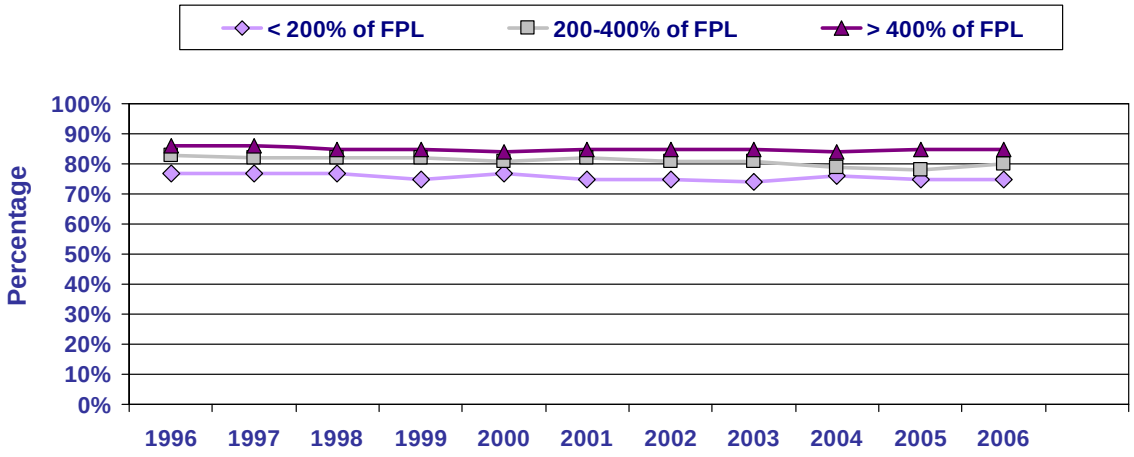
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey 1996–2006

Figure 3. Percentage of persons with at least one office-based physician visit by insurance status



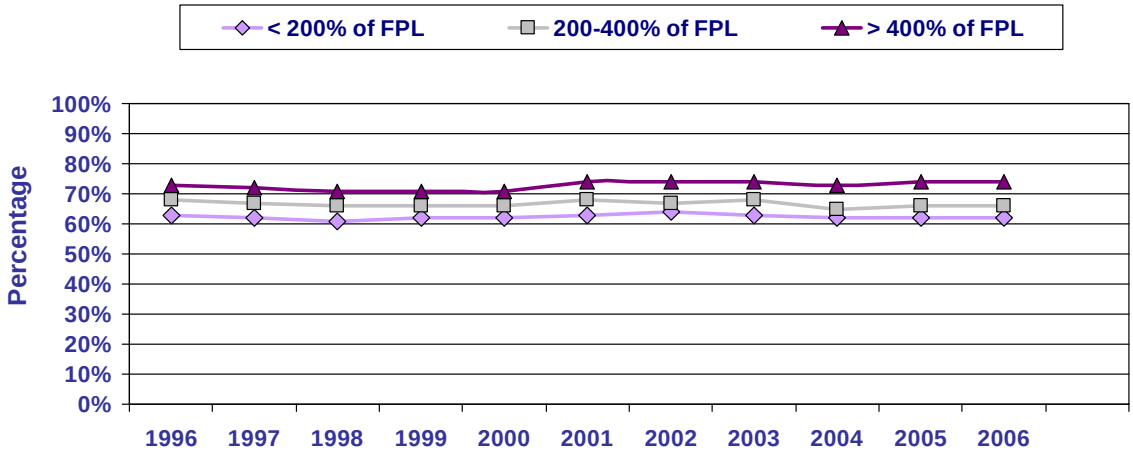
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey 1996–2006

Figure 4. Percentage of persons with a usual source of care by household income as a percentage of the Federal poverty line, 1996–2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey 1996–2006

Figure 5. Percentage of persons with at least one office-based physician visit by household income as a percentage of the Federal poverty line, 1996–2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey 1996–2006