



Access to Health Care in Massachusetts: Results from the 2008-2010 Massachusetts Health Insurance Surveys for Non-Elderly Adults (Ages 19 through 64)

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Access to Health Care in Massachusetts: Key Findings

2010 Access to Health Care for Non-Elderly Adults Highlights

Usual Source of Care and Doctor Visits

- Massachusetts residents reported good access to health care in 2010, as in other years. Most non-elderly adults (91%) had a usual source of care – a place they went to when they were sick or needed advice about their health. The share of non-elderly adults reporting a usual source of care was statistically significantly higher in 2010 than in 2009.
- Most non-elderly Massachusetts adults reported a doctor's office visit (85%), and 74% had a preventive care visit in the 12 months prior to the 2010 survey. These proportions remained stable over the past three years.
- Among non-elderly adults, the 2.9% who were uninsured were far less likely than the 97.1% who were insured to have had a doctor visit (37% versus 86%), including a visit for preventive care (28% versus 75%) over the past year.

Emergency Care

- Fewer than one in four non-elderly Massachusetts adults (23%) reported a visit to the emergency room (ER) in the 12 months prior to the 2010 survey. A small share of these adults (8%) reported that their most recent ER visit was for a non-emergency condition, that is, a condition that could have been treated by a regular doctor if one had been available. Uninsured non-elderly adults were much less likely to report a non-emergency ER visit in 2010 than 2009 (3% versus 13%).



Access to Health Care in Massachusetts: Key Findings

2010 Access to Health Care for Non-Elderly Adults Highlights

Unmet Need

- More than one-quarter (29%) of non-elderly Massachusetts adults did not get the care they needed due to cost in the 12 months prior to the 2010 survey.
- Unmet need due to costs among non-elderly adults was significantly higher in 2010 than in 2009 (29% versus 27%). Non-elderly uninsured adults were far more likely to report skipping needed care due to cost than insured adults (66% and 28%).

Barriers to Care

- More than one-quarter (29%) of non-elderly Massachusetts adults reported difficulty obtaining health care in the past 12 months in 2010, compared with 15% of children and 15% of elderly adults.
- Nearly one-fifth (18%) of non-elderly Massachusetts adults lived in families reporting difficulties paying medical bills in 2010, a significant increase from the 16% reporting such problems in 2009.
- Among non-elderly adults, those with lower family incomes relative to poverty, the uninsured, the disabled, and those reporting fair or poor health had more problems paying medical bills.



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Massachusetts Health Insurance Survey: Methodology Summary

The Massachusetts Health Insurance Survey (MHIS) provides information on health insurance coverage and access to and use of health care for the non-institutionalized population in Massachusetts. In the survey, an adult member of the household is asked to respond to questions about the health insurance coverage and demographic information for all members of the household. More detailed socioeconomic characteristics and health care information are collected for one randomly selected household member (referred to as the target person in the household) and other members of his or her family who are residing in the household. Information on this target person is provided by the adult respondent for the household. The data reported here are for the household target person.

In order to ensure that the survey covers nearly all residents of Massachusetts, a dual sample frame was employed, combining a random-digit-dial (RDD) landline telephone sample with an address-based sample. The decision to rely on the dual-frame sample for the MHIS reflects the changing telephone environment as more and more households are relying on cell phones, which are not called in RDD surveys. We believe this dual-frame sampling approach combined with an improved survey instrument designed to better collect information on health insurance coverage leads to greater confidence in the estimates of the uninsured contained in this report. This design was first used for the 2008 HIS.

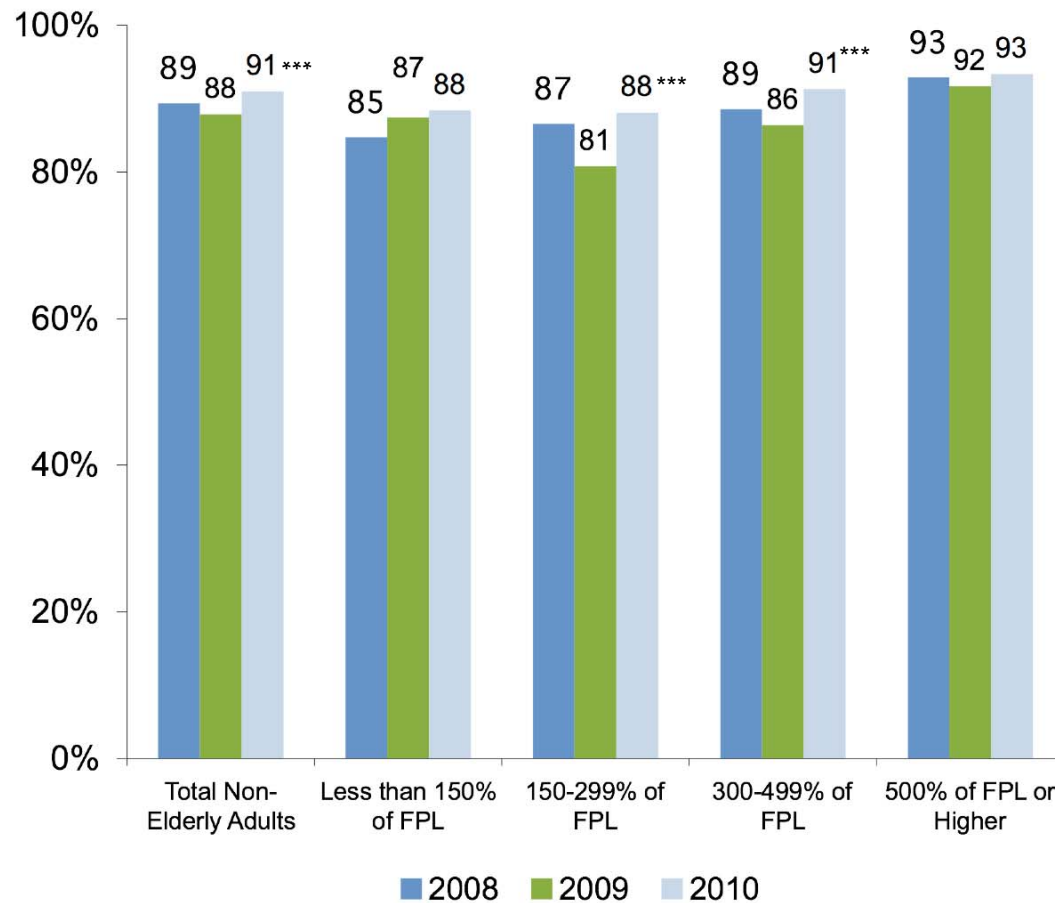
The MHIS is conducted via telephone, web, and mail by Social Science Research Solutions (formerly International Communications Research). The survey is available in English, Spanish, and Portuguese and takes, on average, about 19 minutes to complete. The 2008 MHIS was fielded between June and August 2008. The 2009 and 2010 MHIS were fielded between March and June of those years.

In 2010, surveys were completed with 4,478 Massachusetts households. The margin of error due to sampling at the 95% confidence interval for estimates that use the full sample is ± 1.71 percentage points. Estimates based on subsets of the full sample will have larger margins of error. All estimates reported here are based on sample sizes of at least 50 observations. The response rate for the 2010 MHIS was 49% for the RDD-sample and 37% for the address-based sample, for a combined response rate of 40%. While address-based samples typically yield lower response rates than RDD samples, the address-based sample, by capturing cell phone-only households and non-telephone households, improves the extent to which the survey covers the entire Massachusetts population. Additional information on the MHIS is available at www.mass.gov/dhcfp.

Throughout this report, non-elderly adults refers to adults ages 19 through 64.



Non-Elderly Adults with a Usual Source of Care by Income



Most non-elderly adults, regardless of family income relative to the federal poverty level (FPL), had a usual source of care. The share of non-elderly adults with a usual source of care rose between 2009 and 2010 for those with family income between 150 and 499% of FPL.

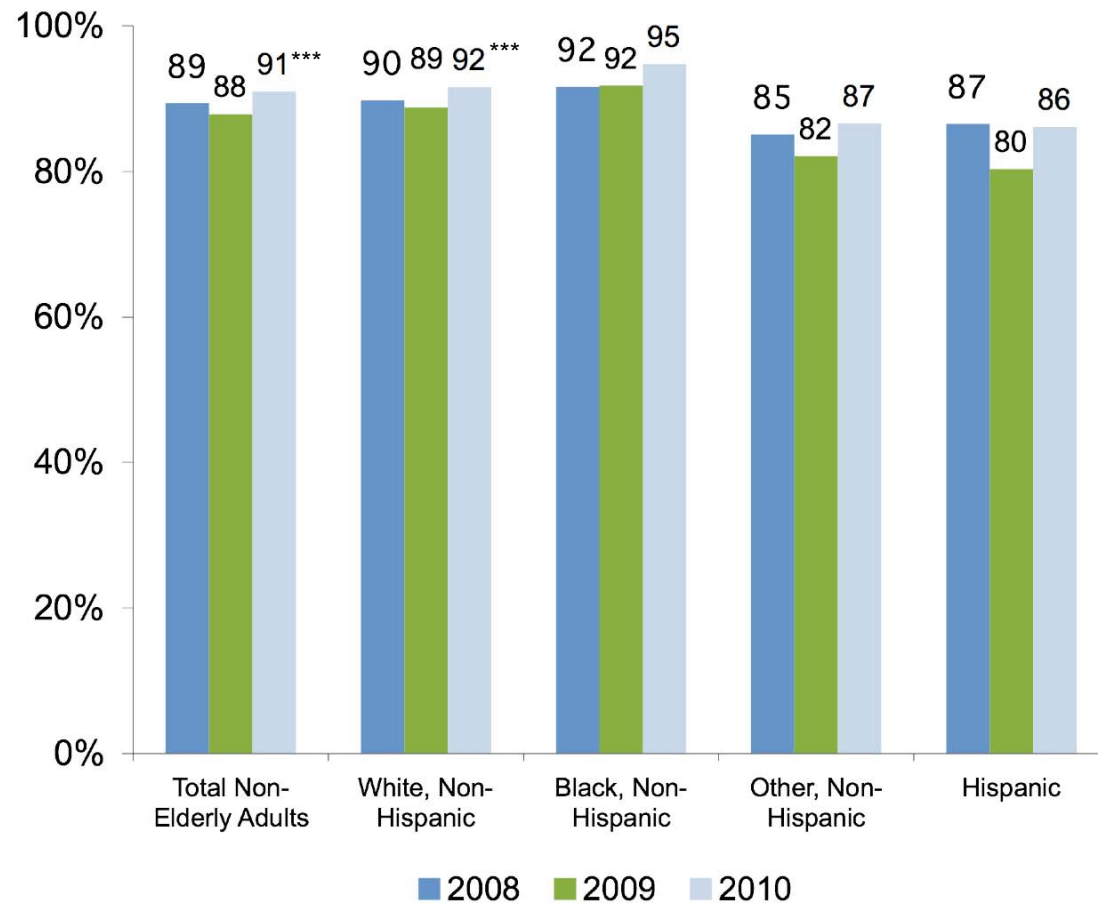
Source: Urban Institute tabulations on the Massachusetts HIS.

* (**) (***) Estimate is significantly different from the prior year at the 10% (5%) (1%) level, two-tailed test.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Non-Elderly Adults with a Usual Source of Care by Race/Ethnicity



Most non-elderly adults had a usual source of care, although the shares were somewhat lower for Hispanic and other, non-Hispanic adults. The share of non-elderly adults with a usual source of care rose between 2009 and 2010 for white, non-Hispanic adults.

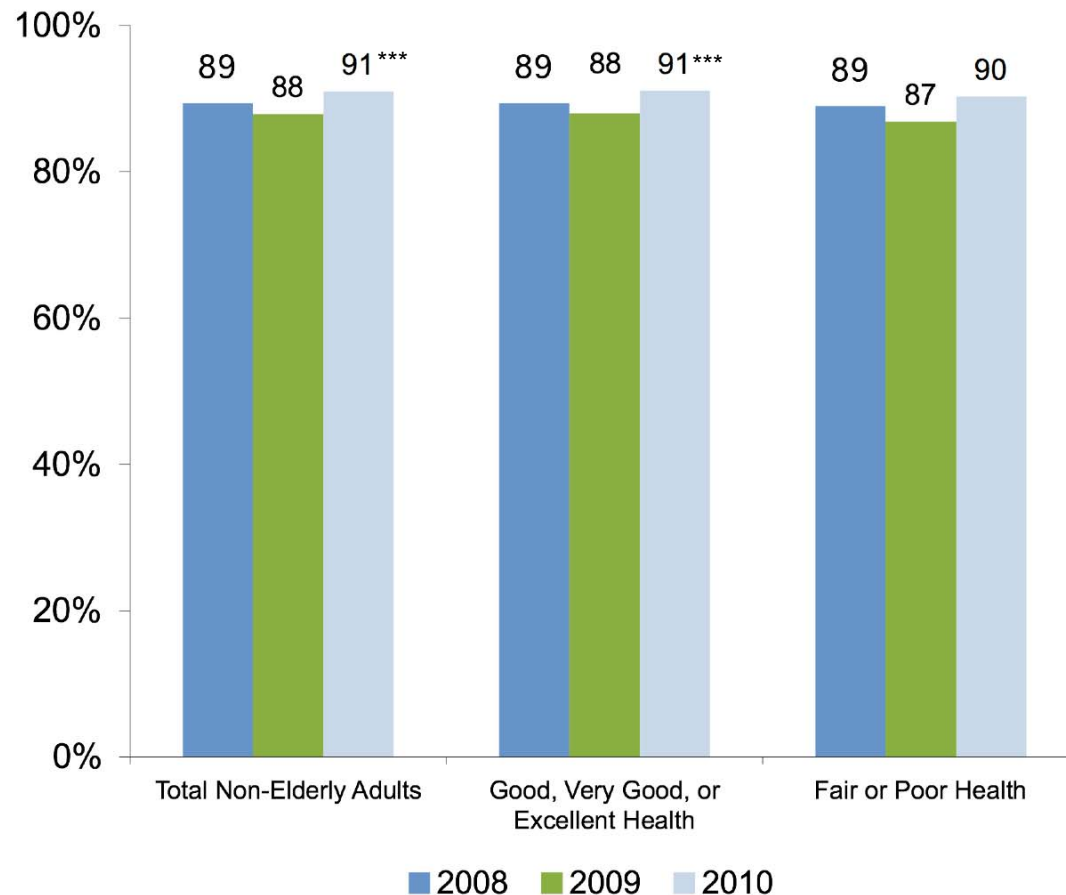
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Non-Elderly Adults with a Usual Source of Care by Health Status



Most non-elderly adults, regardless of health status, had a usual source of care. The share of non-elderly adults in good, very good, or excellent health with usual source of care increased between 2009 and 2010.

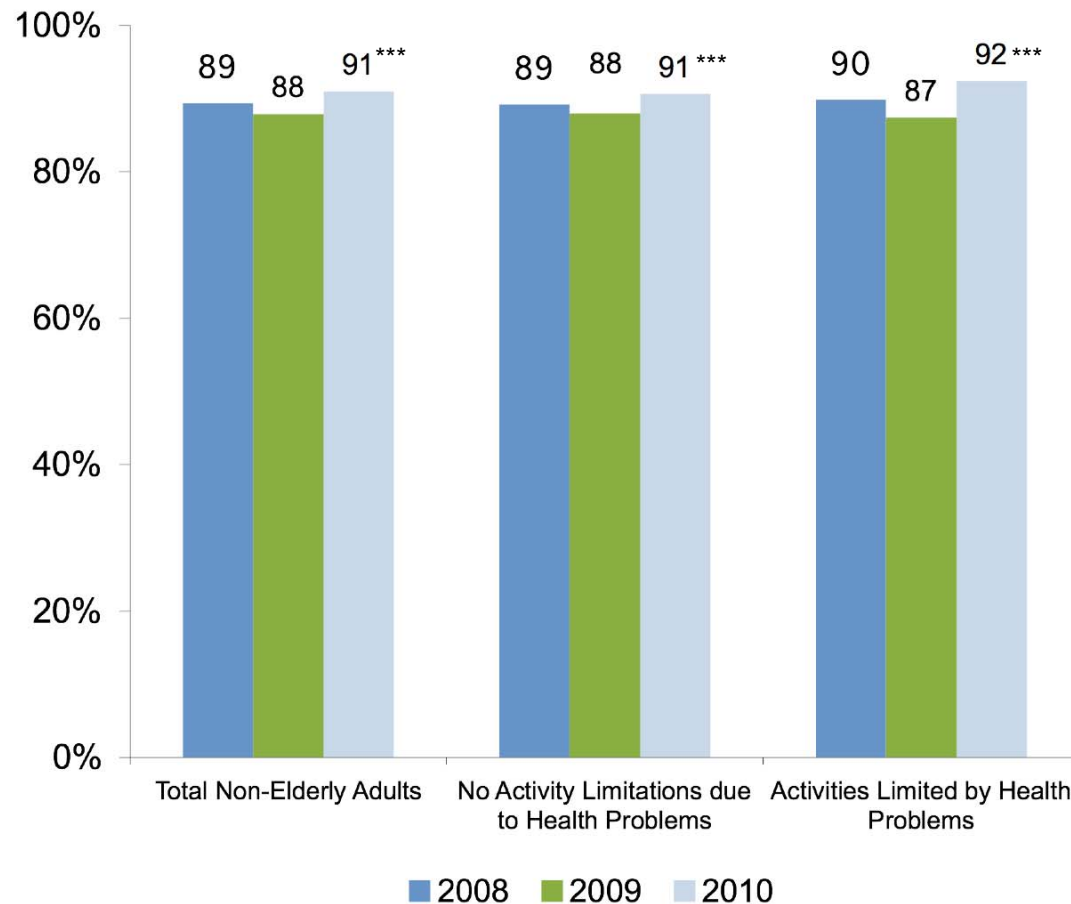
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Non-Elderly Adults with a Usual Source of Care by Disability Status



Disabled and non-disabled non-elderly adults were equally likely to have had a usual source of care in 2010. The share of both disabled and non-disabled non-elderly adults with usual source of care increased between 2009 and 2010.

Source: Urban Institute tabulations on the Massachusetts HIS.

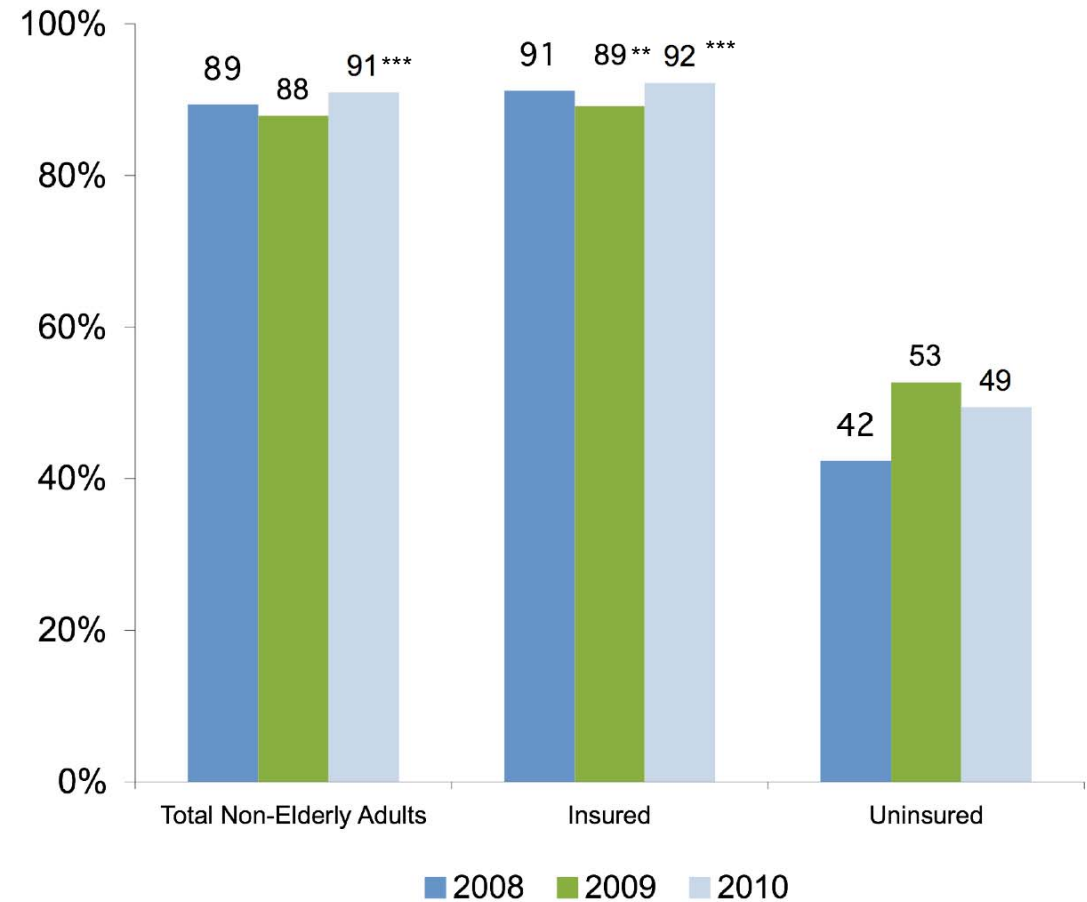
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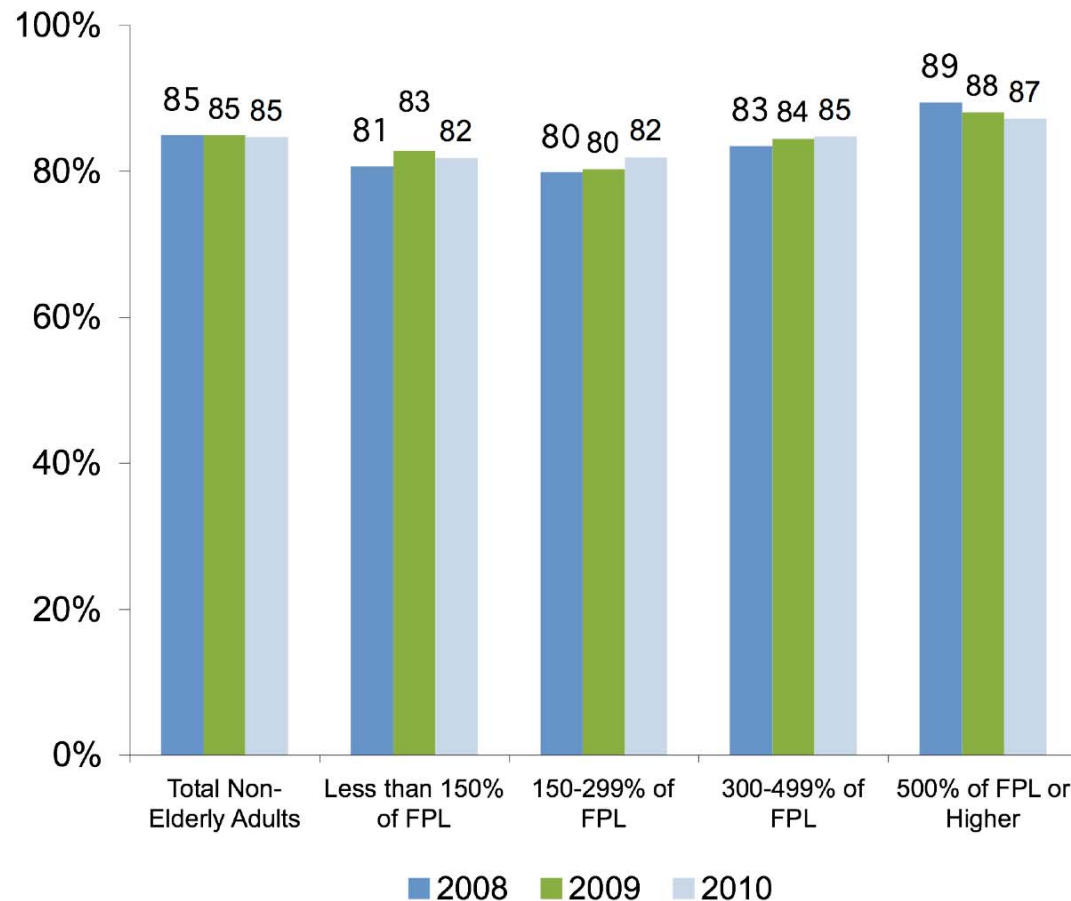
Non-Elderly Adults with a Usual Source of Care by Insurance Status

Compared with the 97.1% of adults who were insured, the 2.9% of non-elderly adults who were uninsured were much less likely to have had a usual source of care. The share of insured adults with a usual source of care increased between 2009 and 2010.



Source: Urban Institute tabulations on the Massachusetts HIS.
* (**) (***) Estimate is significantly different from the prior year at the 10% (5%) (1%) level, two-tailed test.
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Non-Elderly Adults with a Doctor Visit in Past 12 Months by Income



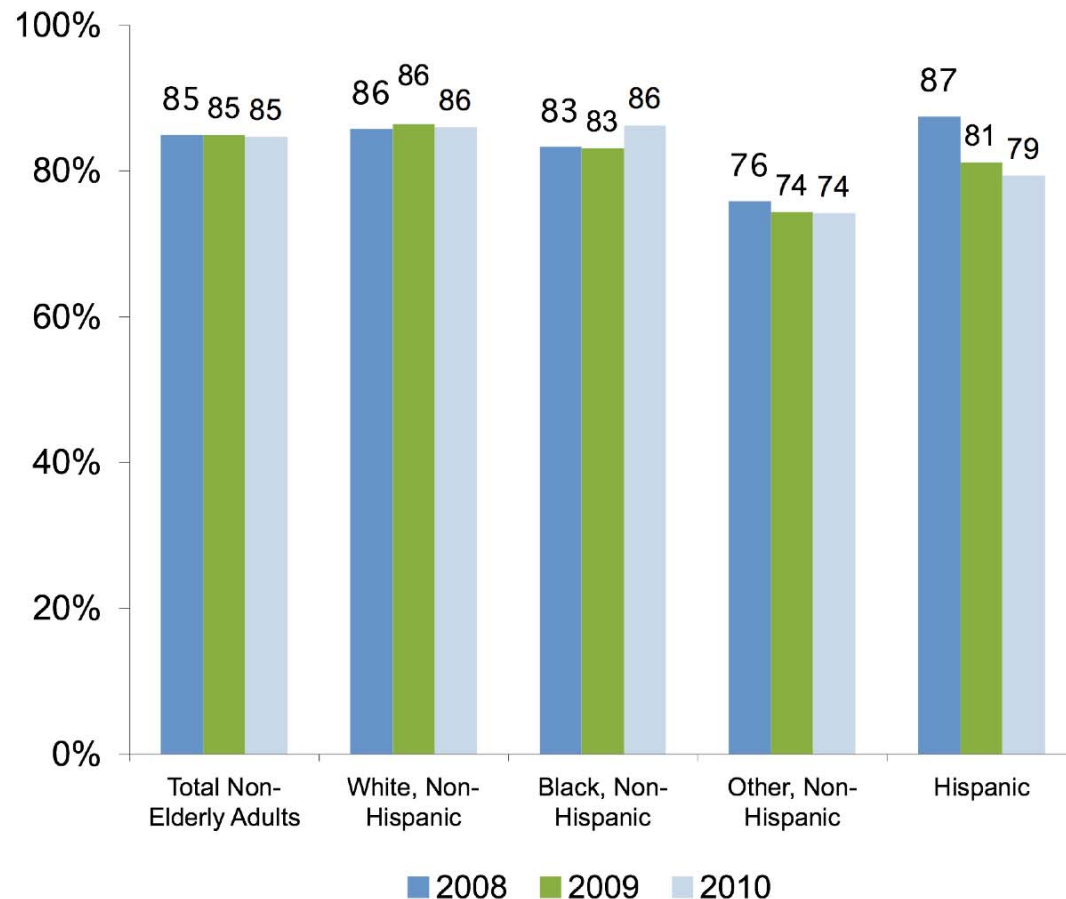
Most non-elderly adults, regardless of family income relative to the federal poverty level (FPL), had a doctor visit in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Non-Elderly Adults with a Doctor Visit in Past 12 Months by Race/Ethnicity



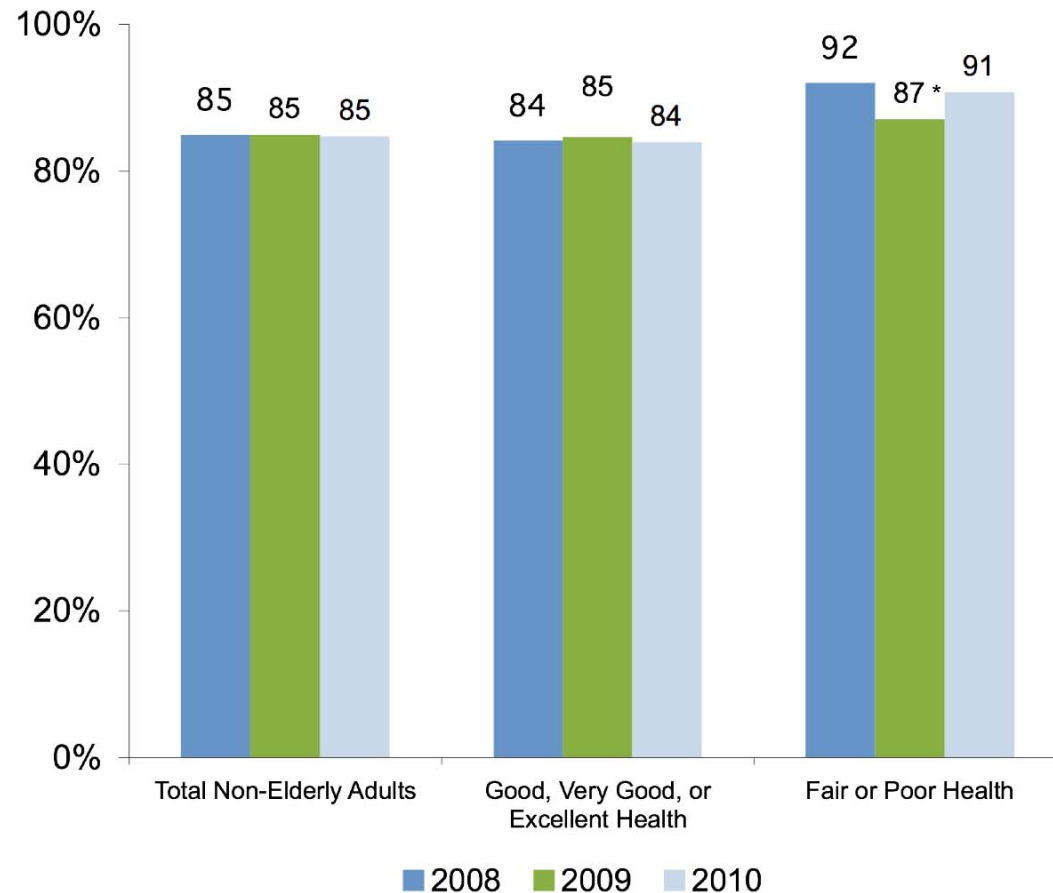
Non-elderly adults in other, non-Hispanic groups were less likely to have had a doctor visit in the past 12 months than were adults in other race/ethnic groups. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Non-Elderly Adults with a Doctor Visit in Past 12 Months by Health Status



Most non-elderly adults, regardless of health status, had a doctor visit in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

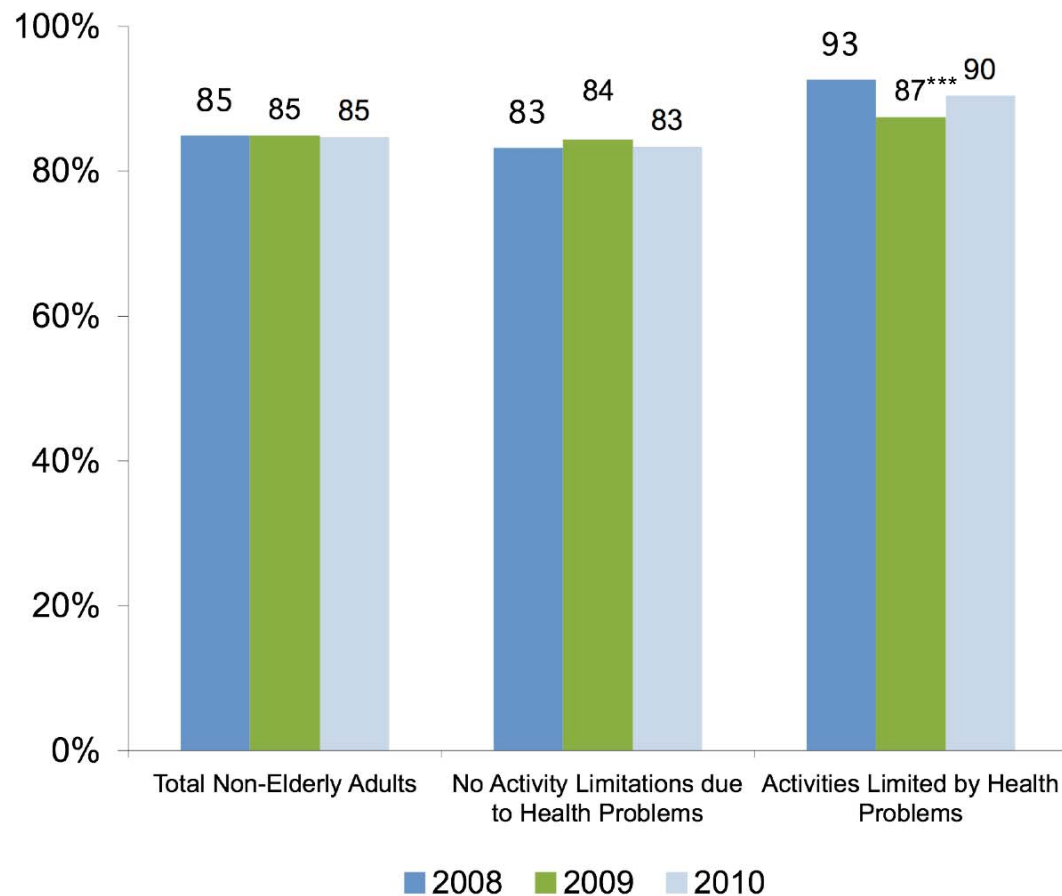
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Non-Elderly Adults with a Doctor Visit in Past 12 Months by Disability Status



Most non-elderly adults, regardless of disability status, had a doctor visit in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

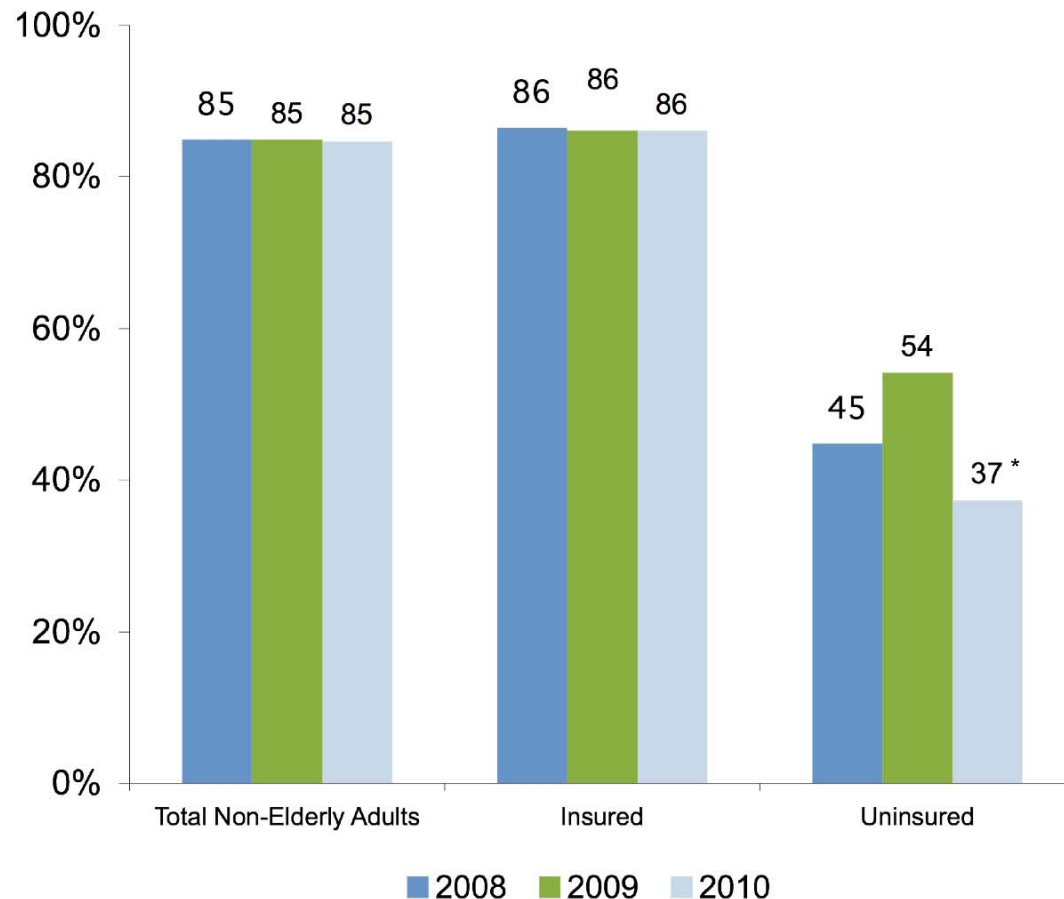
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Non-Elderly Adults with a Doctor Visit in Past 12 Months by Insurance Status



Compared with the 97.1% of adults who were insured, the 2.9% of non-elderly adults who were uninsured were much less likely to have had a doctor visit in the past 12 months. The share of uninsured non-elderly adults with a doctor visit in the past 12 months dropped significantly between 2009 and 2010.

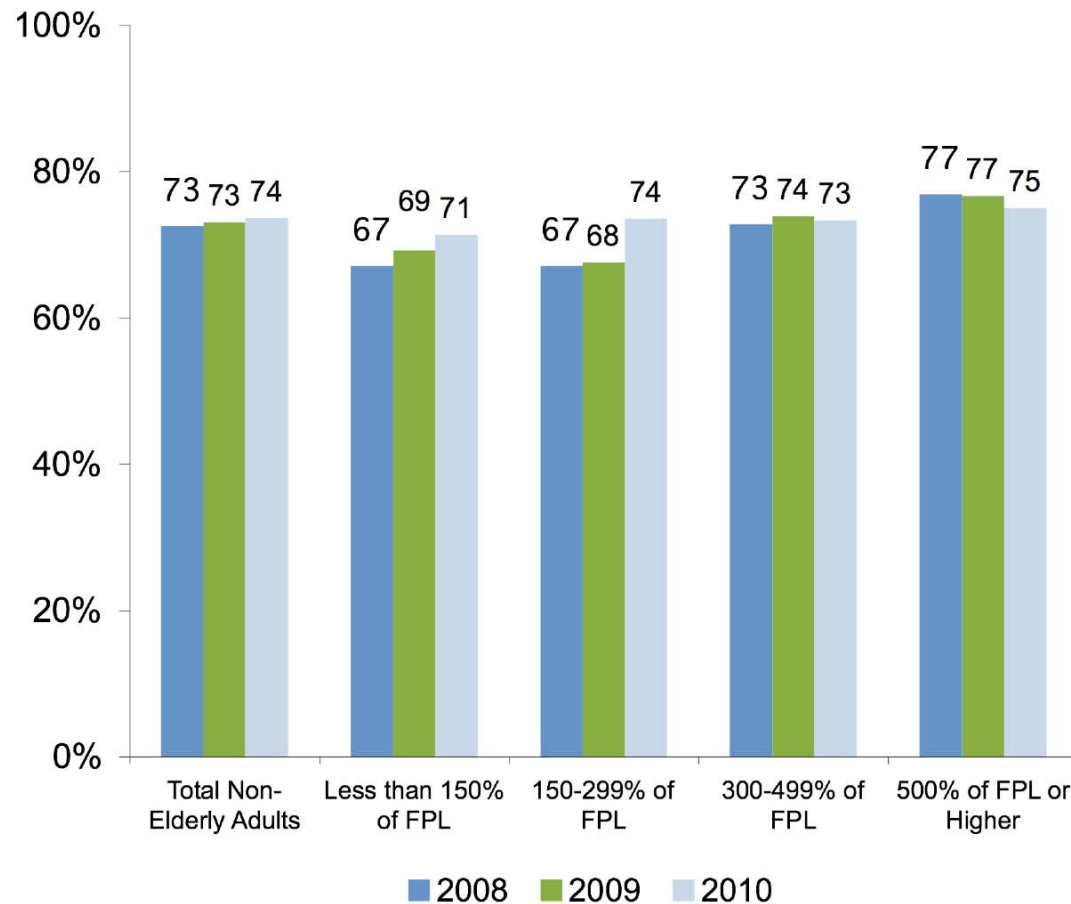
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Non-Elderly Adults with a Preventive Care Visit in Past 12 Months by Income



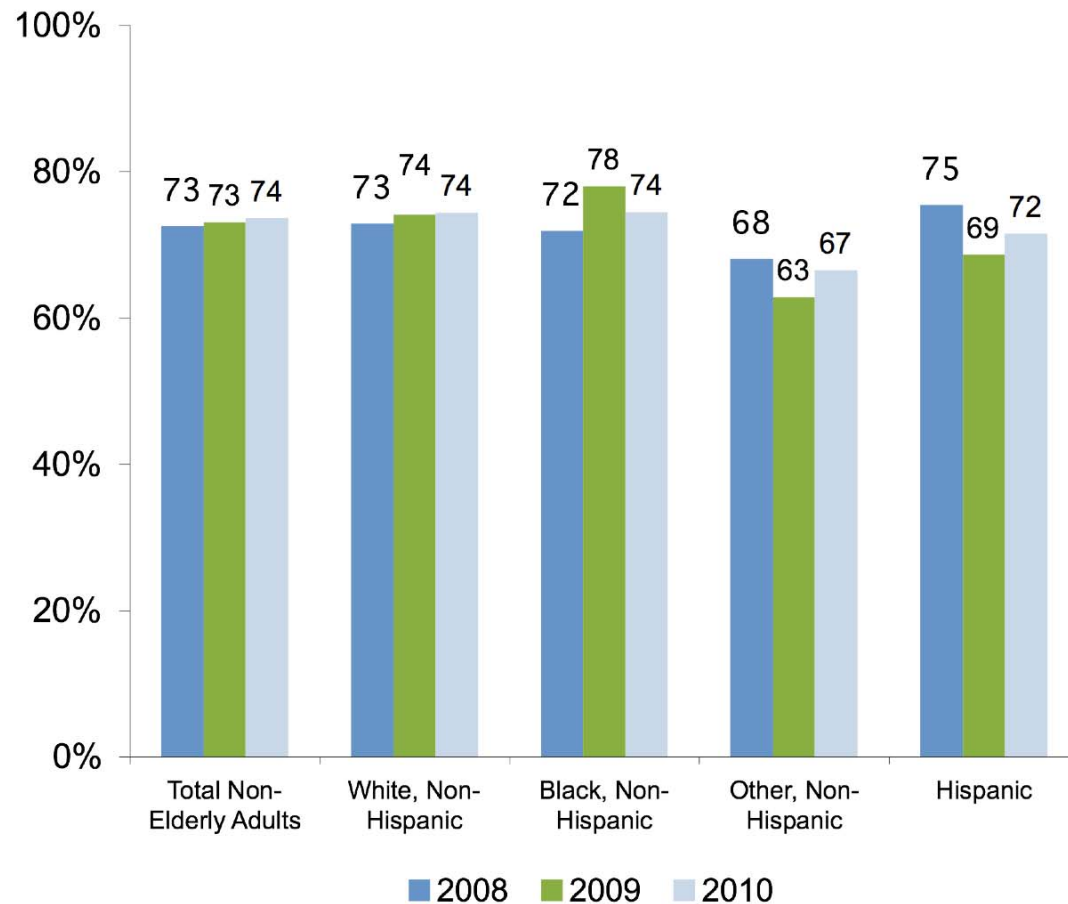
Among non-elderly adults, those with higher family income relative to the federal poverty level (FPL) were slightly more likely to have had a preventive care visit (including a check-up, physical exam or other preventive care) in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Non-Elderly Adults with a Preventive Care Visit in Past 12 Months by Race/Ethnicity



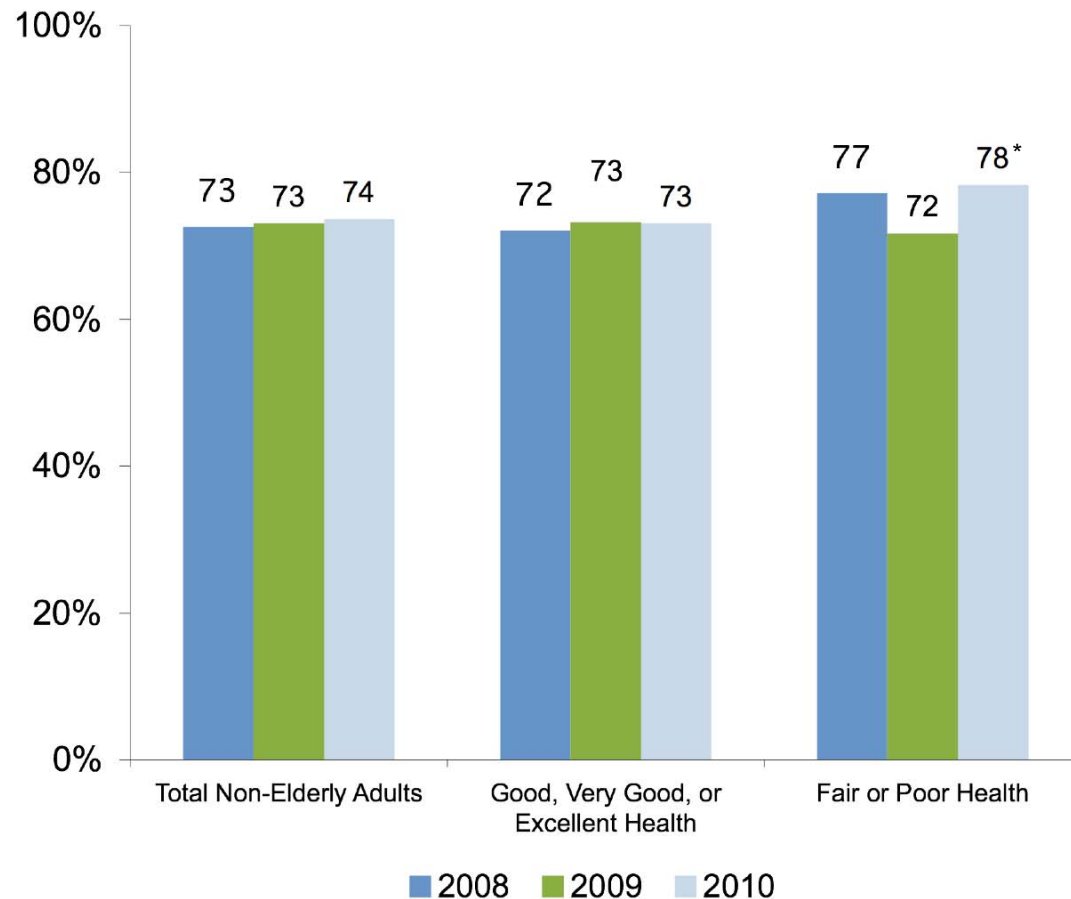
Non-elderly adults in other, non-Hispanic group were less likely to have had a preventive care visit (including a check-up, physical exam or other preventive care) in the past 12 months than were adults in other racial/ethnic groups. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Non-Elderly Adults with a Preventive Care Visit in Past 12 Months by Health Status



The majority of non-elderly adults, regardless of health status, had a preventive care visit (including a check-up, physical exam or other preventive care) in the past 12 months. The share of non-elderly adults in fair or poor health with a preventive care visit rose between 2009 and 2010.

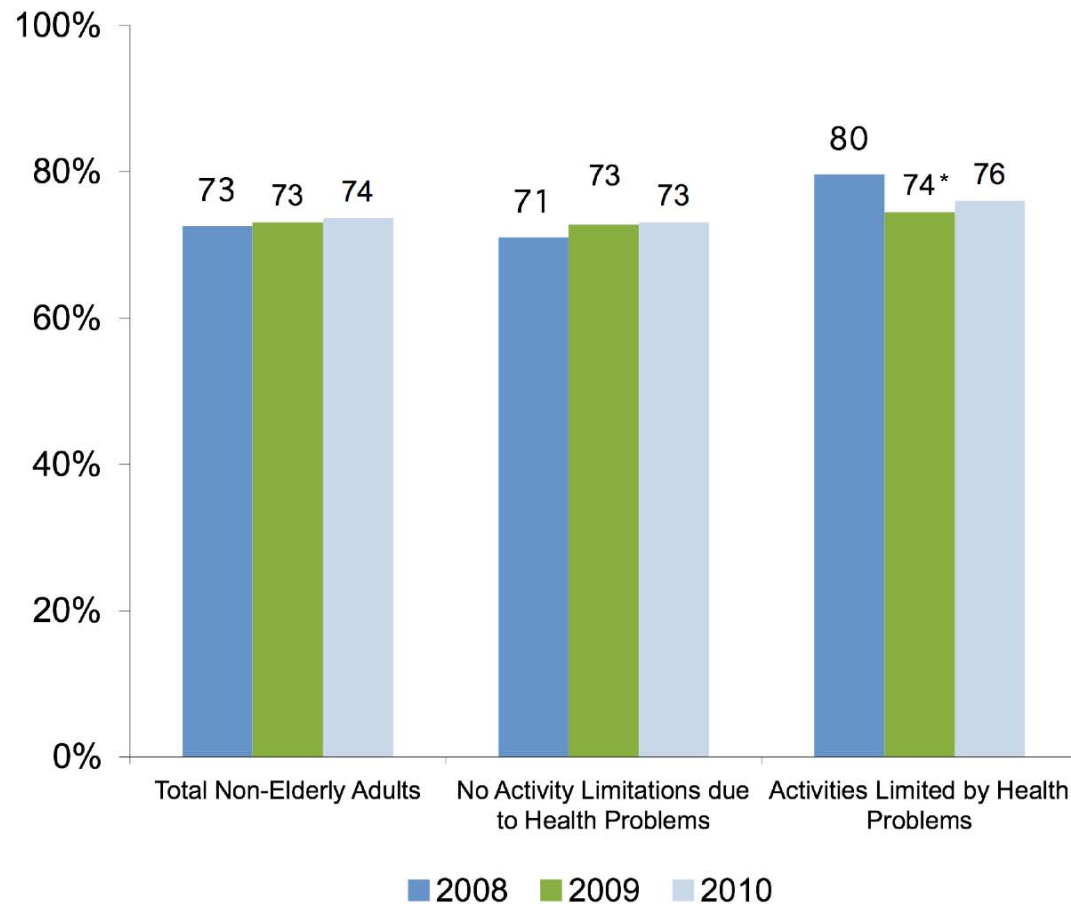
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Non-Elderly Adults with a Preventive Care Visit in Past 12 Months by Disability Status



The majority of non-elderly adults, regardless of disability status, had a preventive care visit (including a check-up, physical exam or other preventive care) in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

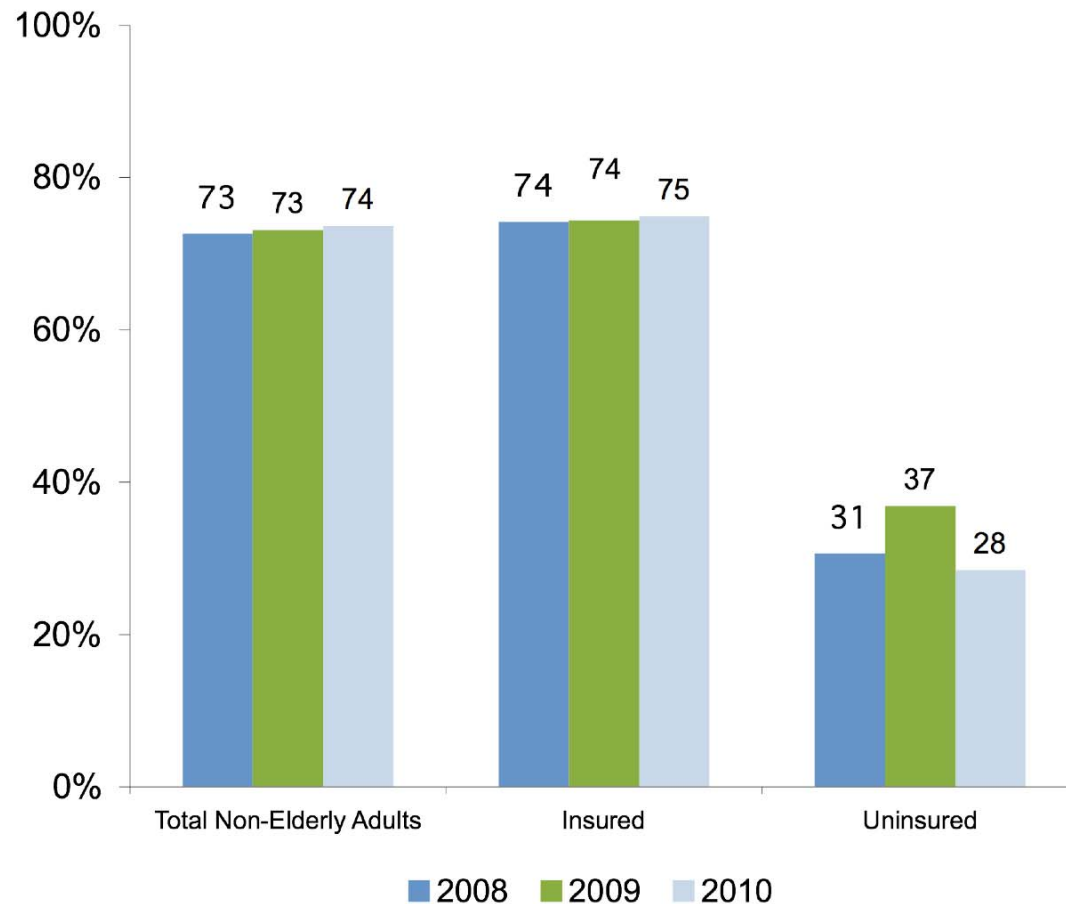
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Non-Elderly Adults with a Preventive Care Visit in Past 12 Months by Insurance Status



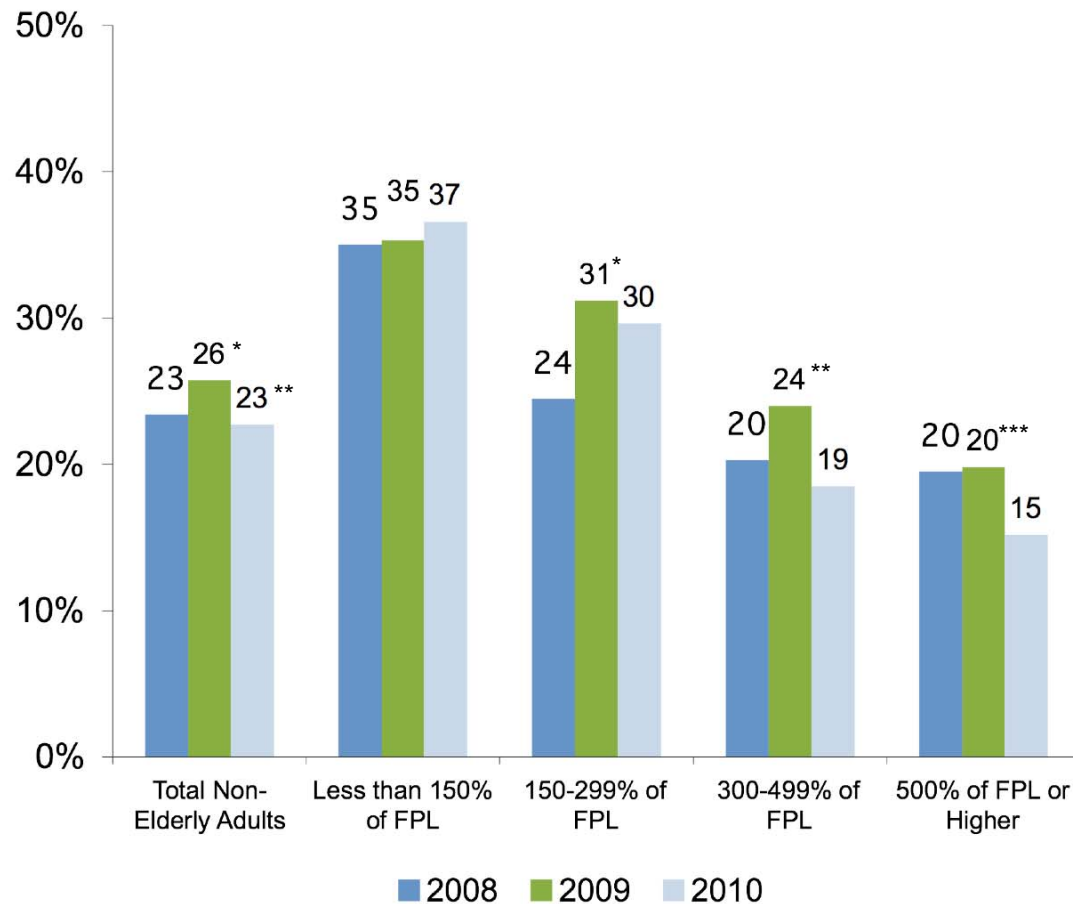
Compared with the 97.1% of adults who were insured, the 2.9% of non-elderly adults who were uninsured were much less likely to have had a preventive care visit (including a check-up, physical exam or other preventive care) in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Non-Elderly Adults with an ER Visit in Past 12 Months by Income



Low-income non-elderly adults were more likely to have had an ER visit in the past 12 months than higher income adults. The share of non-elderly adults with an ER visit dropped significantly between 2009 and 2010 for those with family income at 300% of the federal poverty level (FPL) or higher.

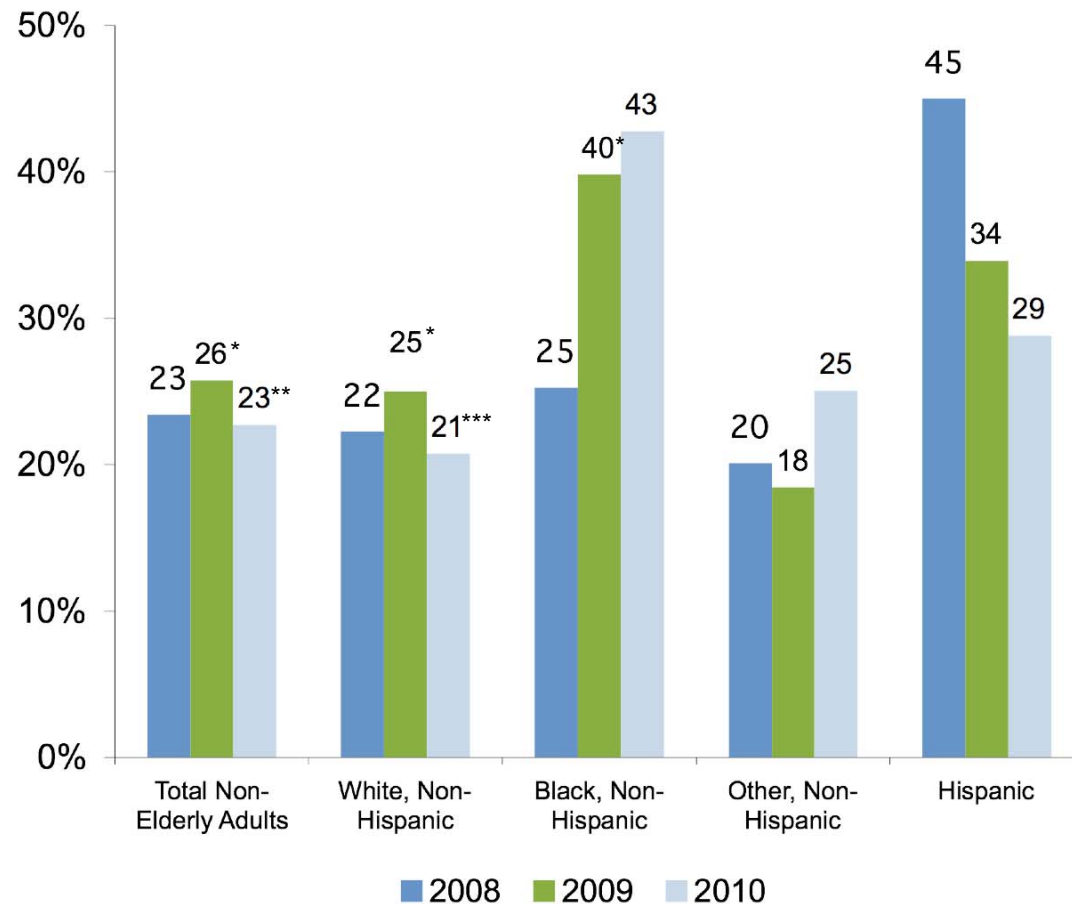
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Non-Elderly Adults with an ER Visit in Past 12 Months by Race/Ethnicity



Among non-elderly adults, black, non-Hispanic adults were more likely to have had an ER visit in the past 12 months than were adults in other racial/ethnic groups. The share of white, non-Hispanic adults with an ER visit decreased between 2009 and 2010.

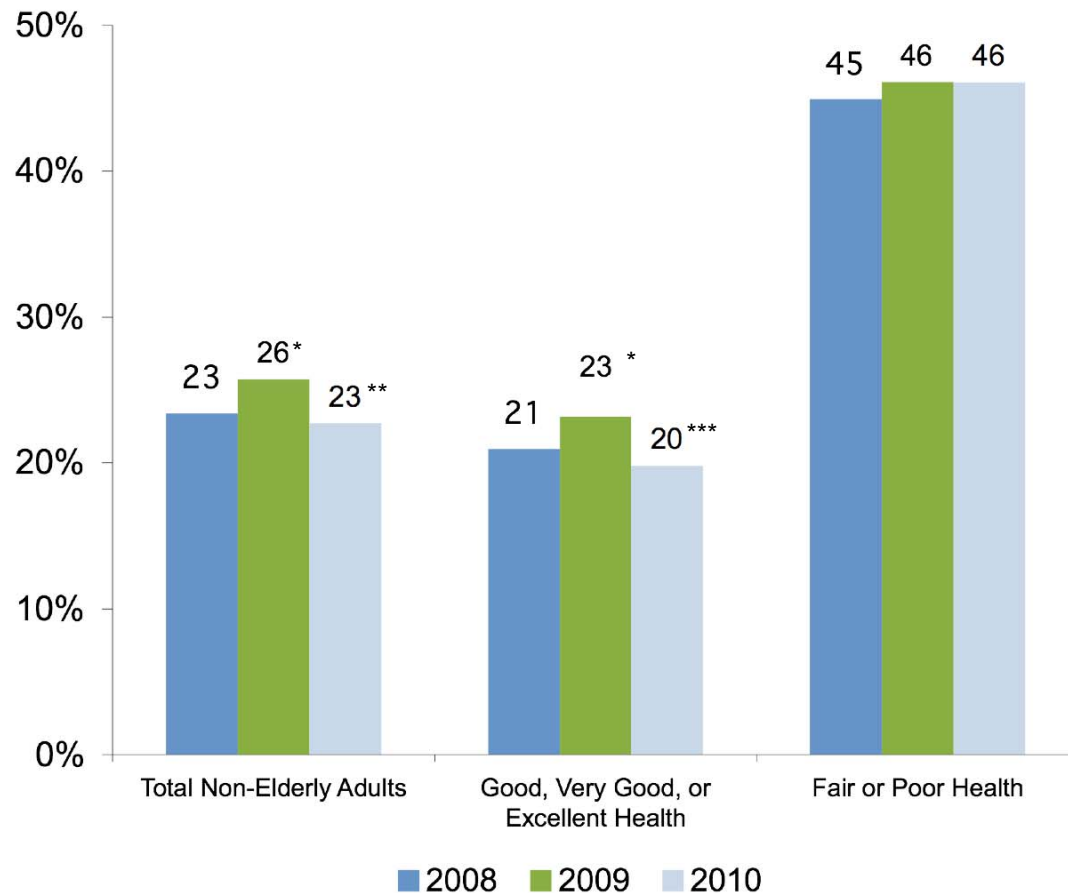
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Non-Elderly Adults with an ER Visit in Past 12 Months by Health Status



Among non-elderly adults, those in fair or poor health were much more likely to have had an ER visit in the past 12 months than were those in better health. The share of adults in good, very good, or excellent health reporting an ER visit decreased between 2009 and 2010.

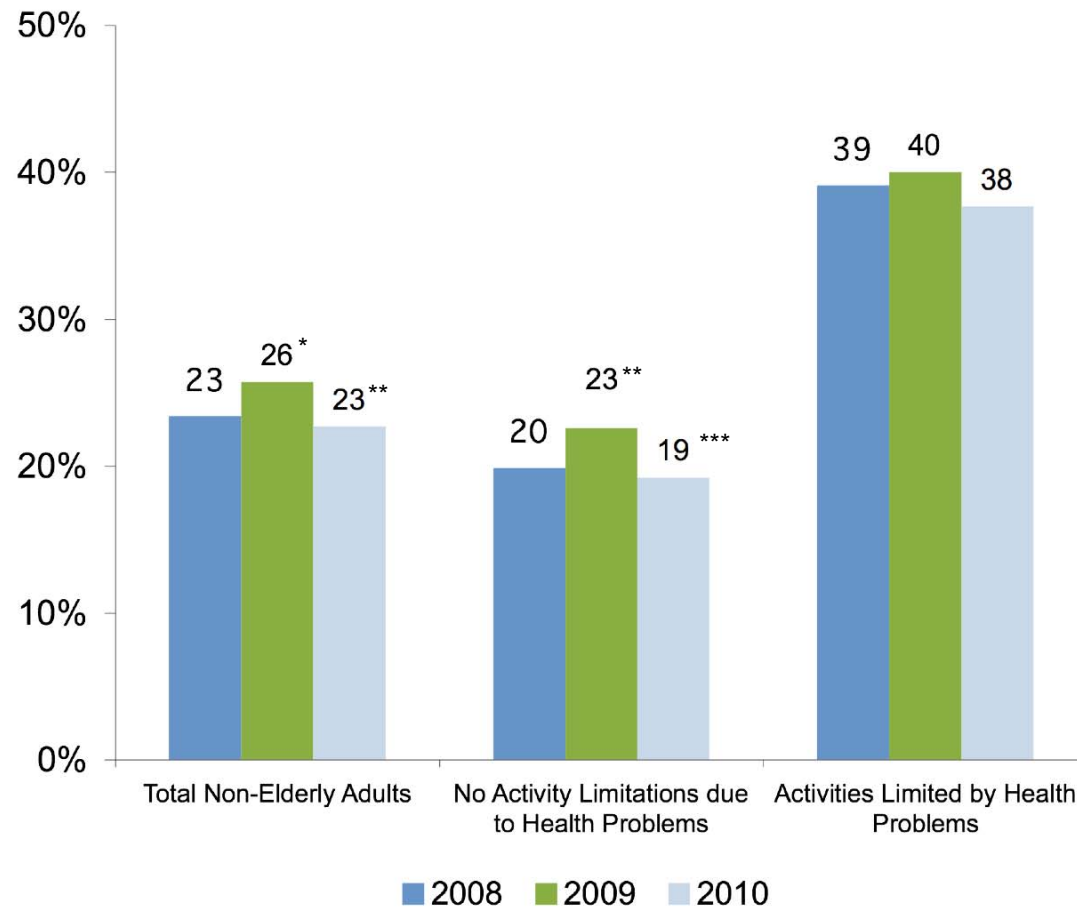
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Non-Elderly Adults with an ER Visit in Past 12 Months by Disability Status



Among non-elderly adults, those with a disability were much more likely to have had an ER visit in the past 12 months than were those without a disability. The share of adults without a disability with an ER visit decreased between 2009 and 2010, returning to about the same level as in 2008.

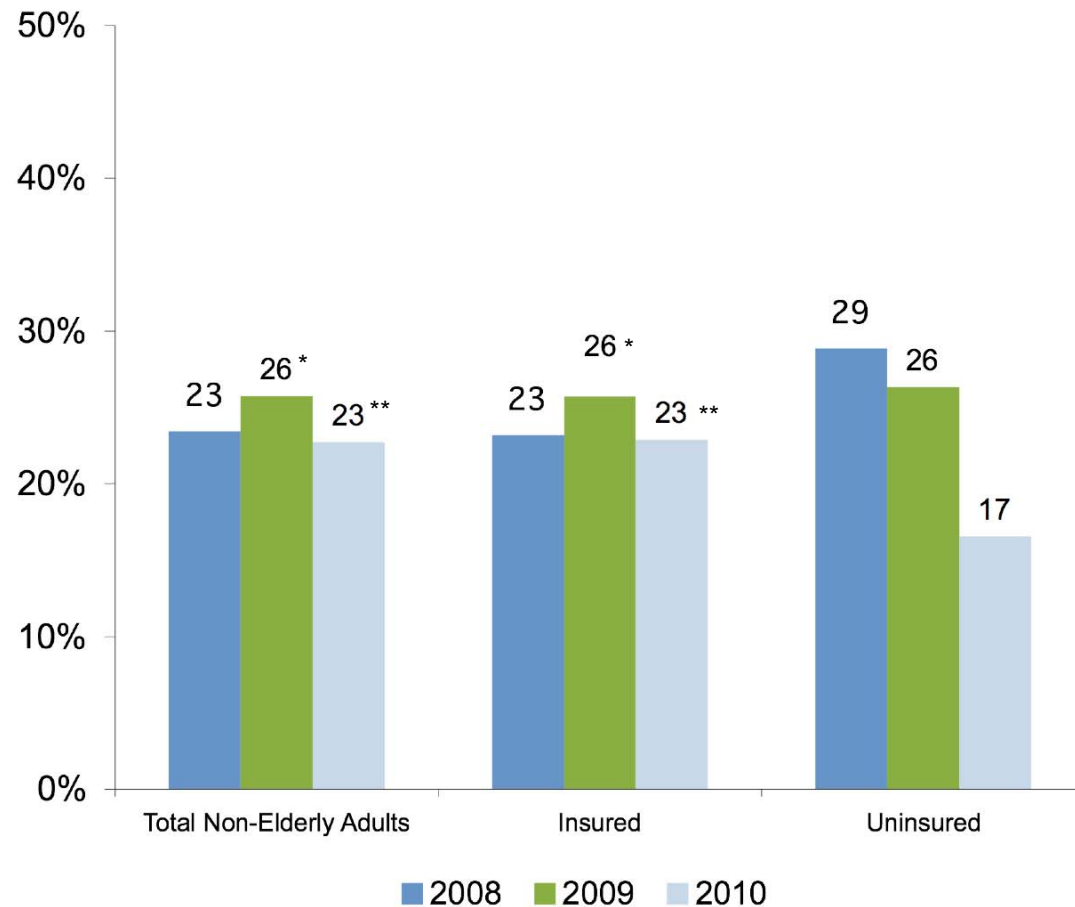
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Non-Elderly Adults with an ER Visit in Past 12 Months by Insurance Status



The share of insured adults reporting an ER visit decreased between 2009 and 2010, returning to the 2008 level.

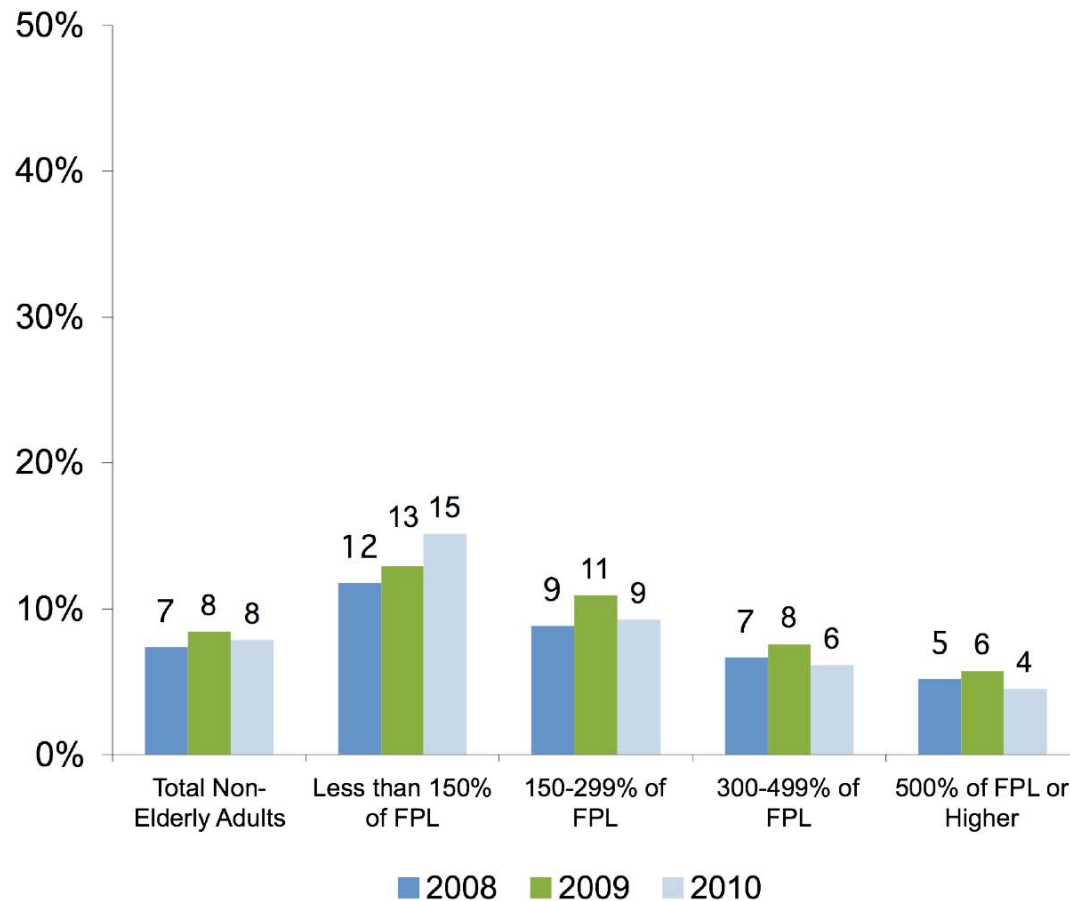
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Non-Elderly Adults with a Non-Emergency ER Visit in Past 12 Months by Income



Lower-income non-elderly adults were more likely to have had a non-emergency visit as their most recent ER visit in the past 12 months than were higher-income adults. The 2010 estimates are not significantly different from the estimates for 2009.

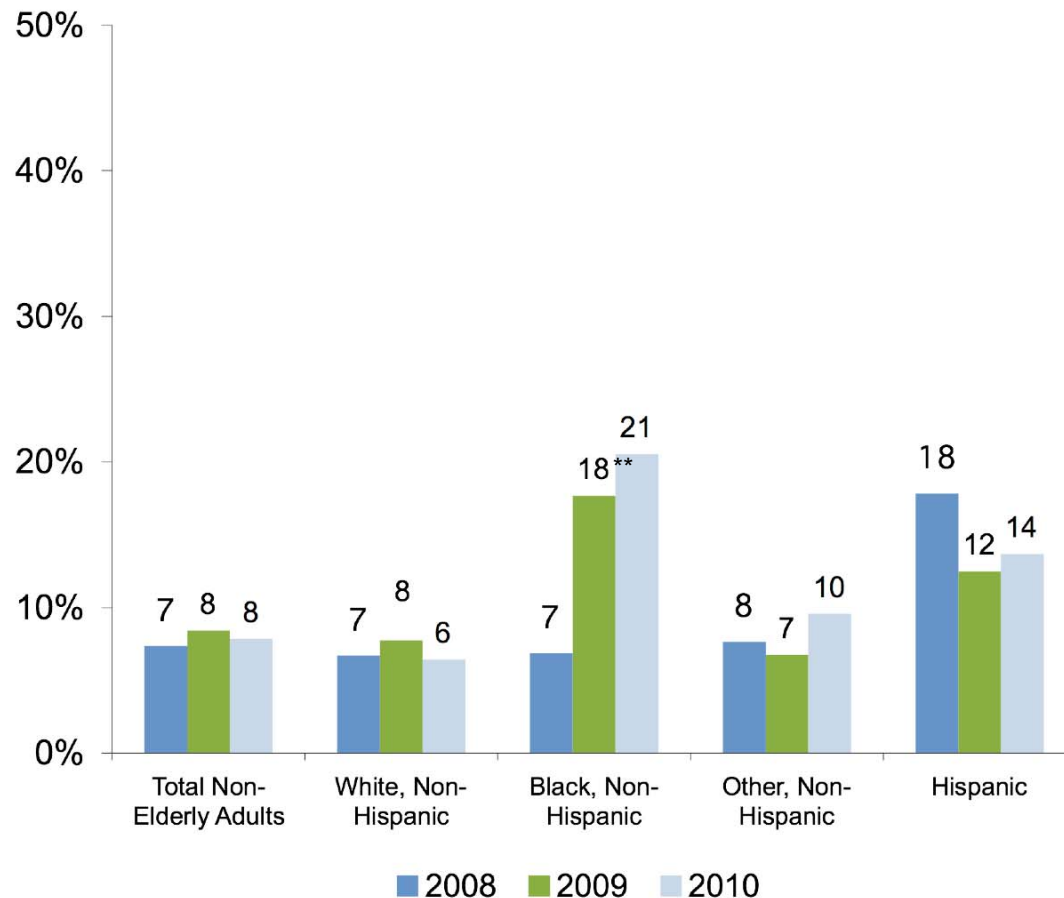
A non-emergency ER visit is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Non-Elderly Adults with a Non-Emergency ER Visit in Past 12 Months by Race/Ethnicity



Black, non-Hispanic non-elderly adults were more likely to have had a non-emergency visit as their most recent ER visit in the past 12 months than were adults in other racial/ethnic groups. The 2010 estimates are not significantly different from the estimates for 2009.

A non-emergency ER visit is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

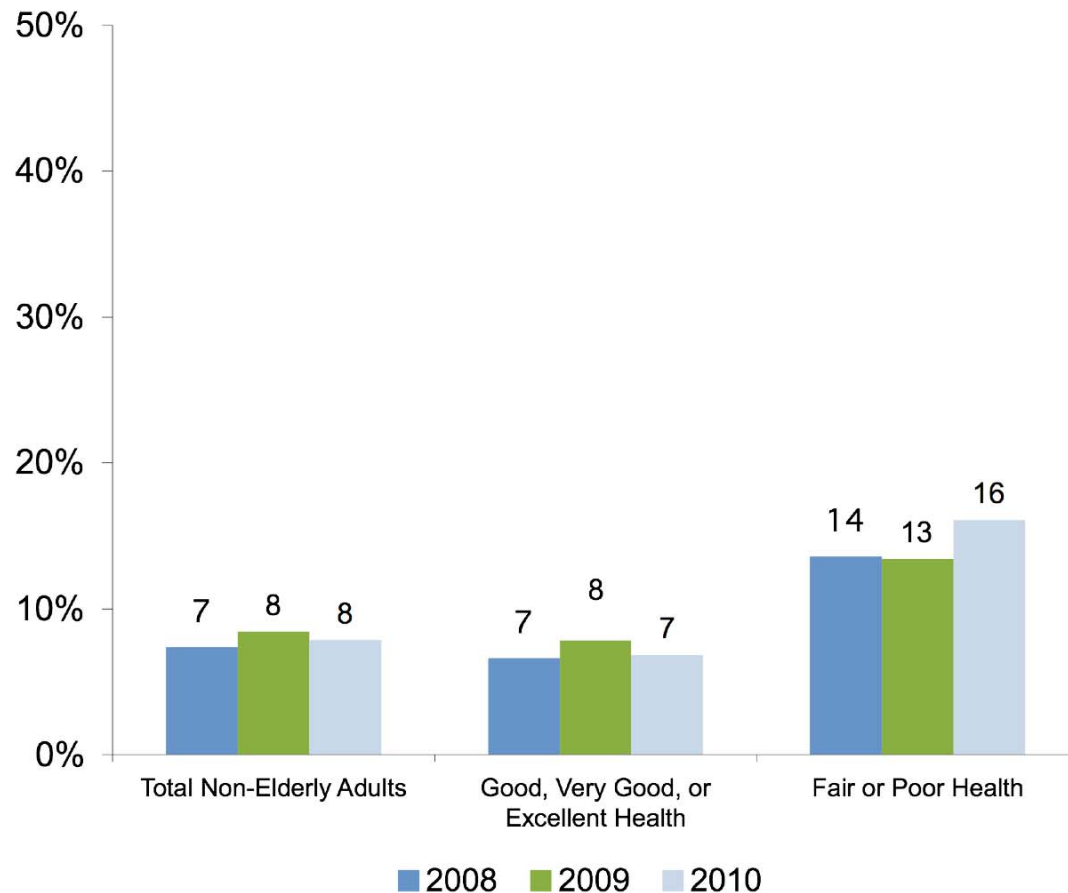
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Non-Elderly Adults with a Non-Emergency ER Visit in Past 12 Months by Health Status



Among non-elderly adults, those in fair or poor health were more likely to have had a non-emergency visit as their most recent ER visit in the past 12 months than were those reporting better health. The 2010 estimates are not significantly different from the estimates for 2009.

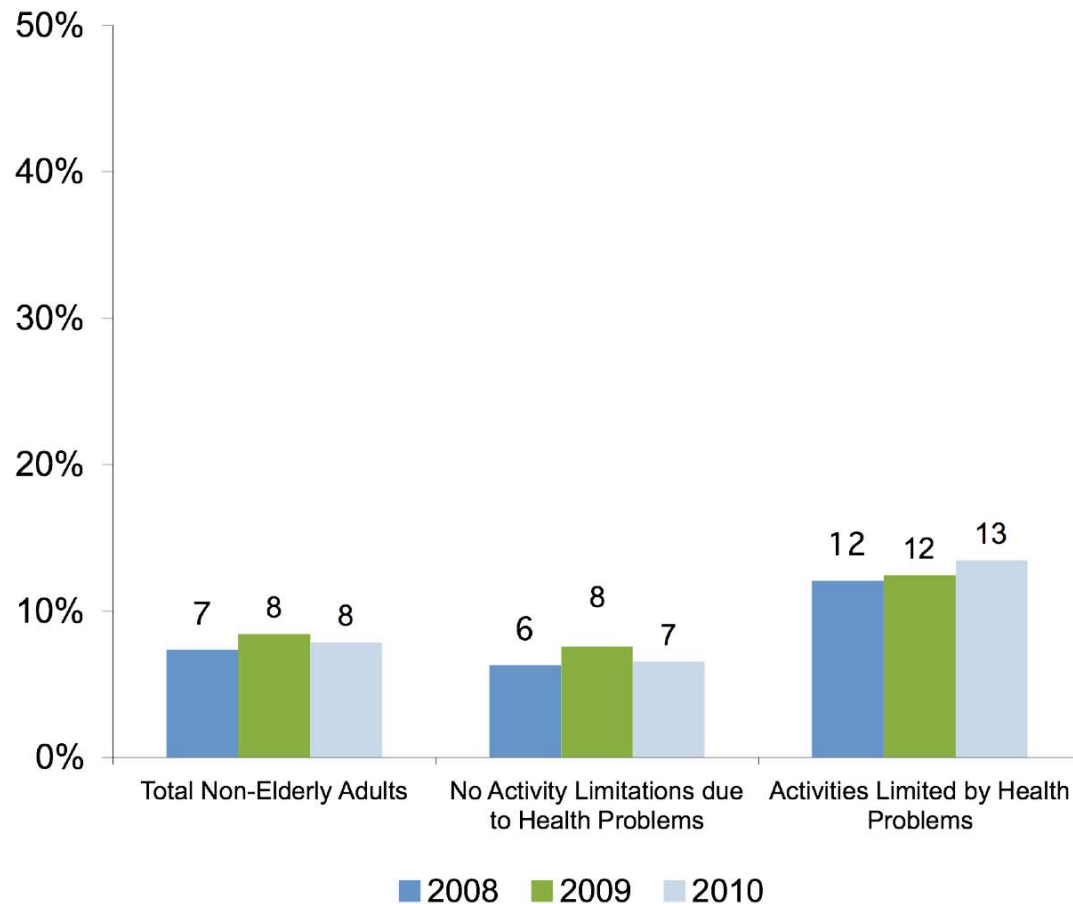
A non-emergency ER visit is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

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Non-Elderly Adults with a Non-Emergency ER Visit in Past 12 Months by Disability Status



Among non-elderly adults, those with a disability were more likely to have had a non-emergency visit as their most recent ER visit in the past 12 months than were those without a disability. The 2010 estimates are not significantly different from the estimates for 2009.

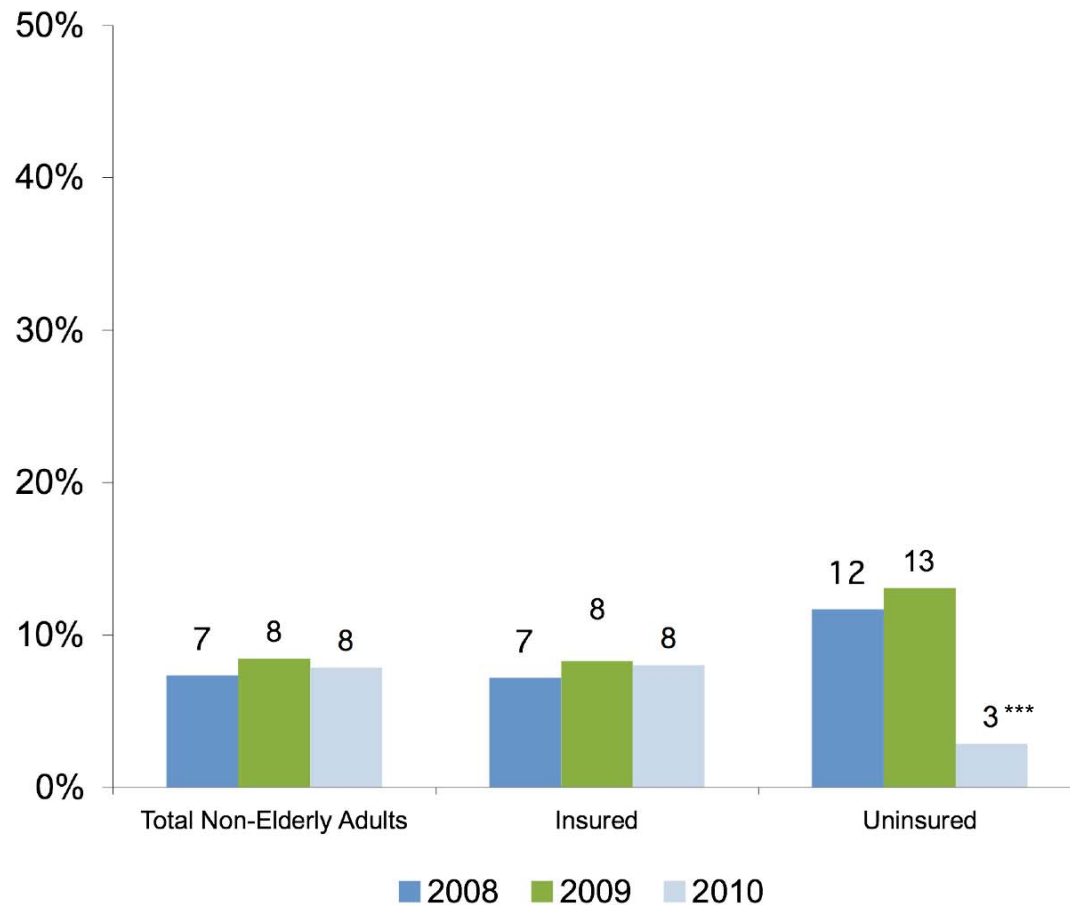
A non-emergency ER visit is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Non-Elderly Adults with a Non-Emergency ER Visit in Past 12 Months by Insurance Status



In contrast to earlier years, uninsured non-elderly adults in 2010 were less likely to have had a non-emergency visit as their most recent ER visit in the past 12 months than were insured adults. The share of uninsured non-elderly adults who reported a non-emergency visit as their most recent ER visit dropped significantly between 2009 and 2010.

A non-emergency ER visit is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

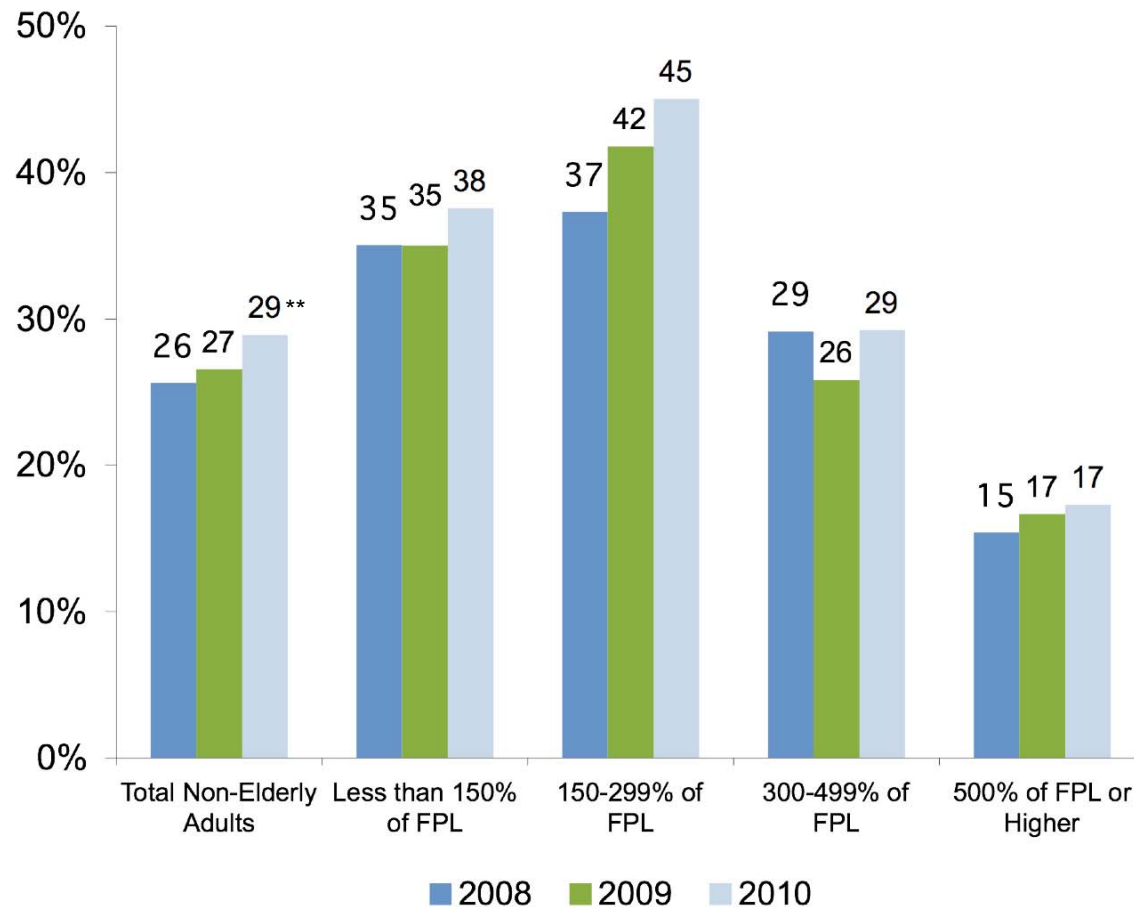
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Non-Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Income



Unmet need for health care because of cost was highest among non-elderly adults with family income between 150% and 299% of the federal poverty level (FPL) in the past 12 months. The share of non-elderly adults reporting unmet need for health care because of cost rose between 2009 and 2010.

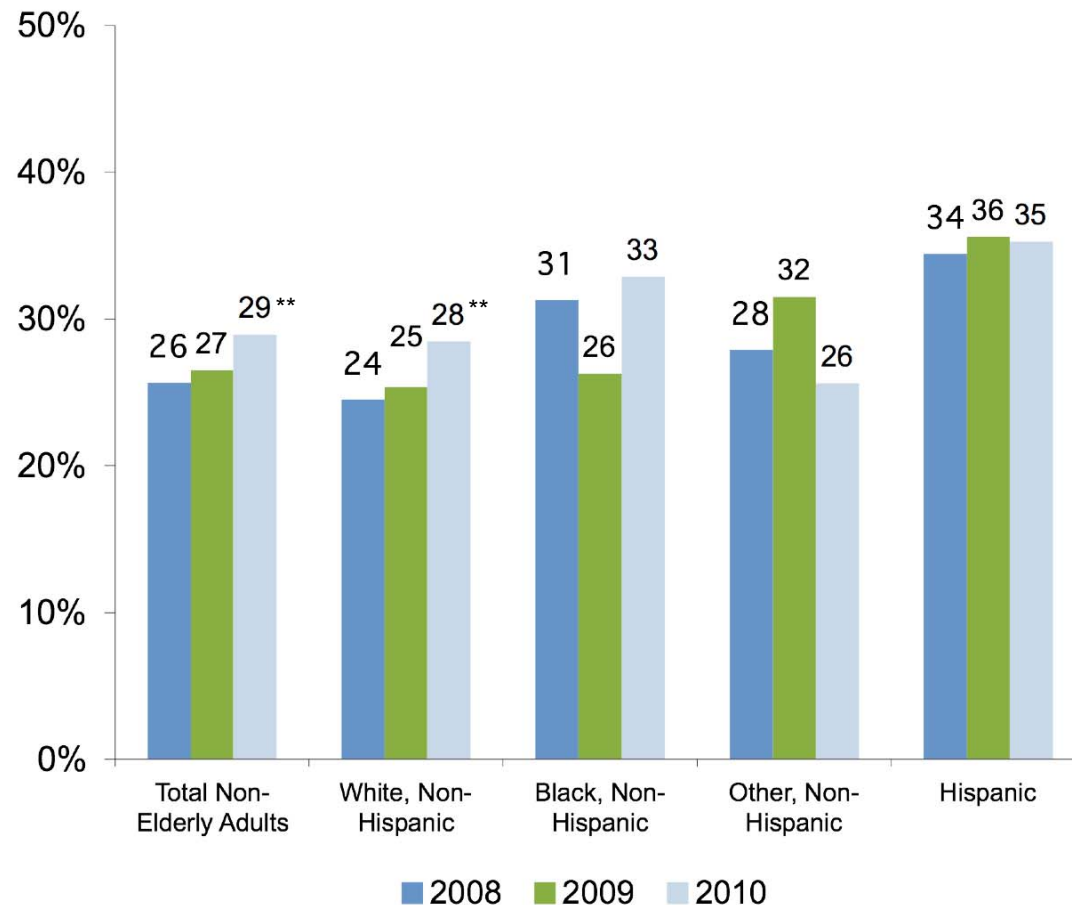
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Non-Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Race/Ethnicity



Hispanic and black, non-Hispanic non-elderly adults were more likely to report unmet need for health care due to cost in the past 12 months than were adults in other race/ethnic groups. The share of white, non-Hispanic adults reporting unmet need for health care due to costs increased between 2009 and 2010.

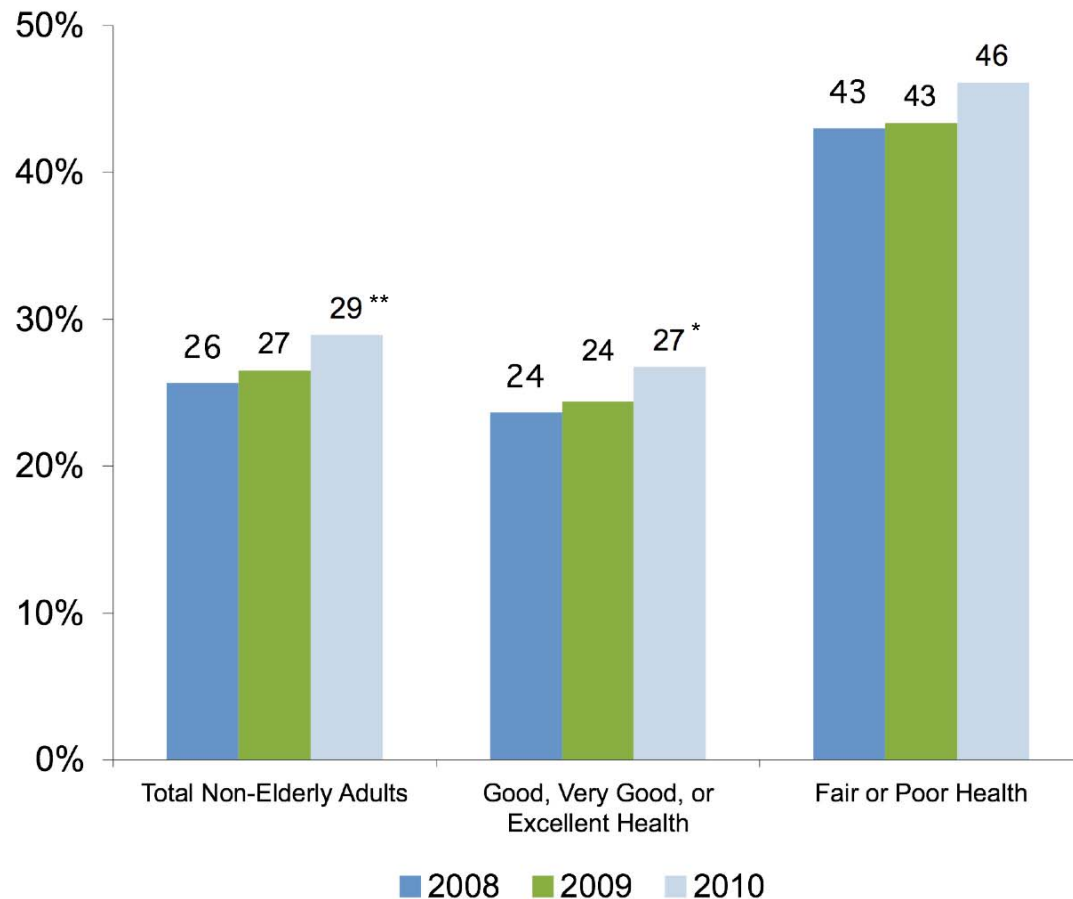
Source: Urban Institute tabulations on the Massachusetts HIS.

* (**) (***) Estimate is significantly different from the prior year at the 10% (5%) (1%) level, two-tailed test.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Non-Elderly Adults Not Getting Needed Care Due to Cost Past 12 Months by Health Status



Non-elderly adults reporting fair or poor health were more likely than those reporting good or excellent health to have gone without needed health care because of cost in the past 12 months. The share of adults in good, very good, or excellent health who were not getting needed health care due to cost rose between 2009 and 2010.

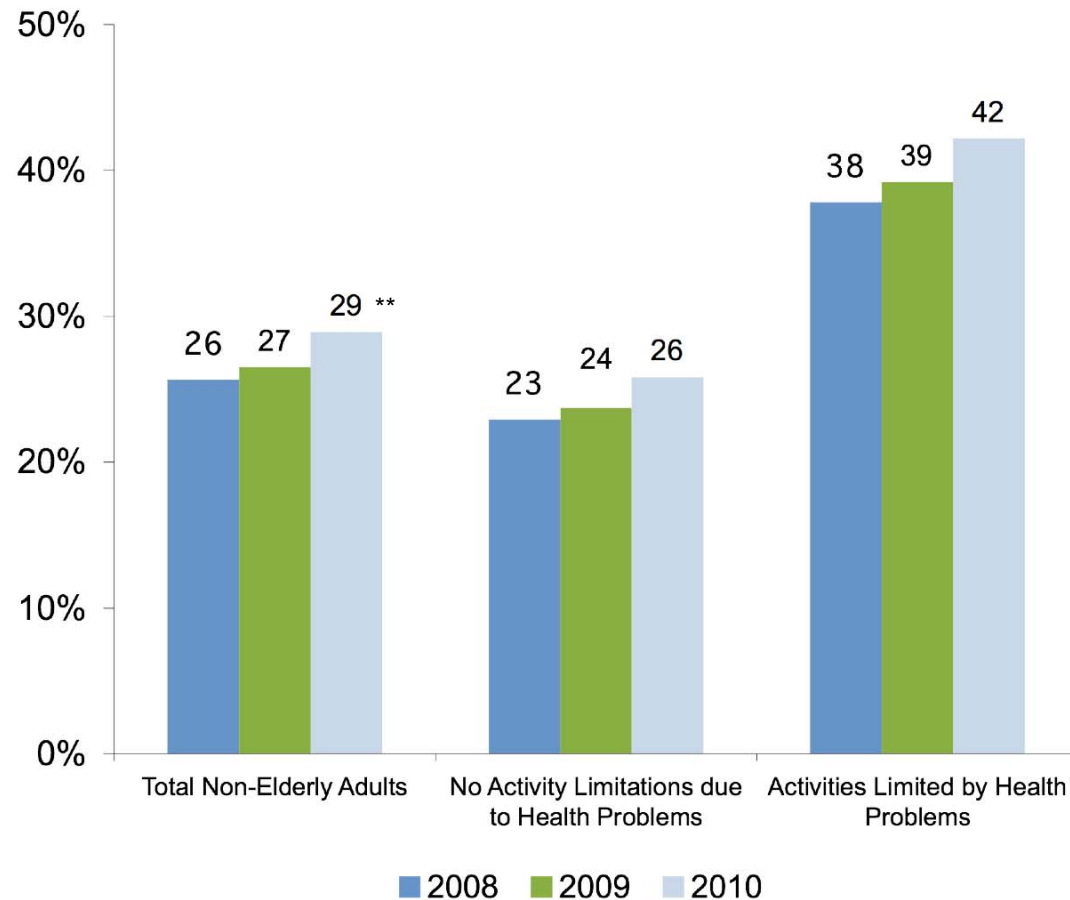
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Non-Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Disability Status



Non-elderly adults reporting a disability were more likely than those not reporting a disability to have gone without needed health care because of cost in the past 12 months. The share of non-elderly adults reporting not getting needed care due to cost rose between 2009 and 2010.

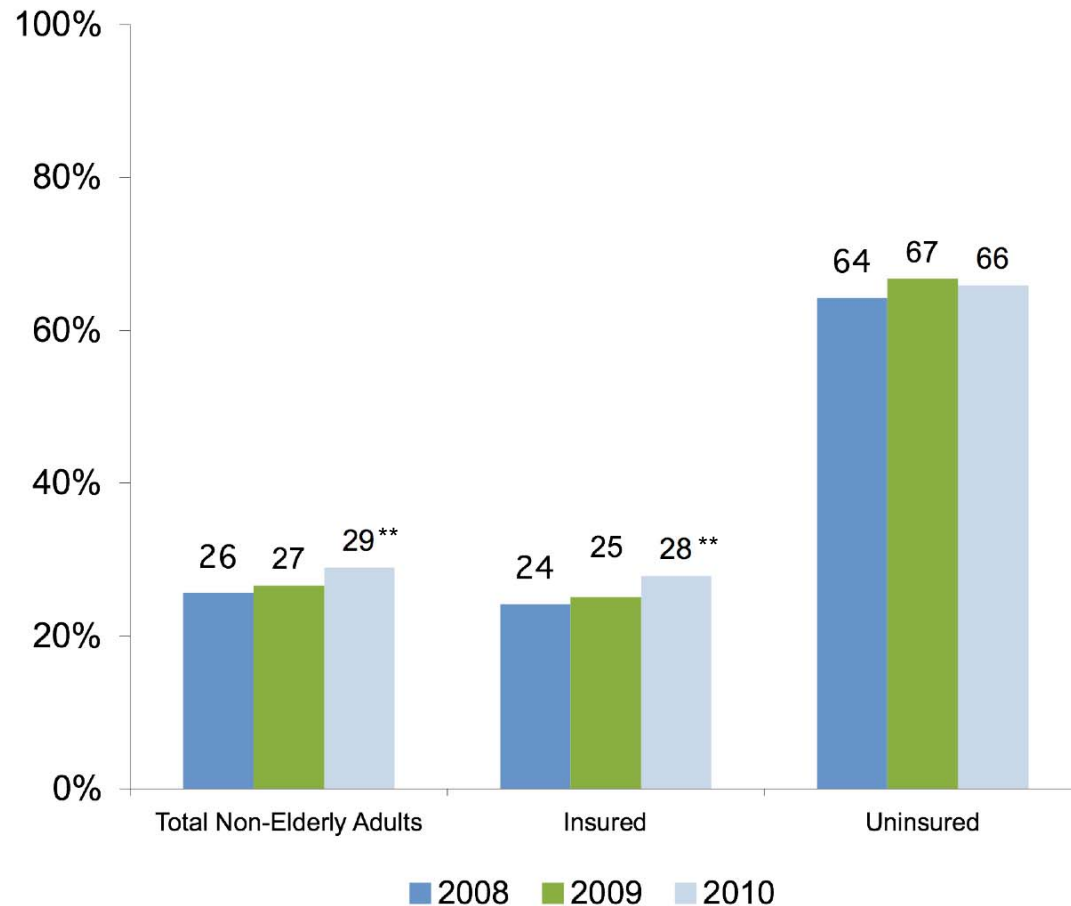
Source: Urban Institute tabulations on the Massachusetts HIS.

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Non-Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Insurance Status



The 2.9% of non-elderly adults without insurance were much more likely than the 97.1% with insurance to have gone without needed health care because of cost in the past 12 months. The share of insured adults reporting not getting needed care due to cost in the past 12 months increased between 2009 and 2010.

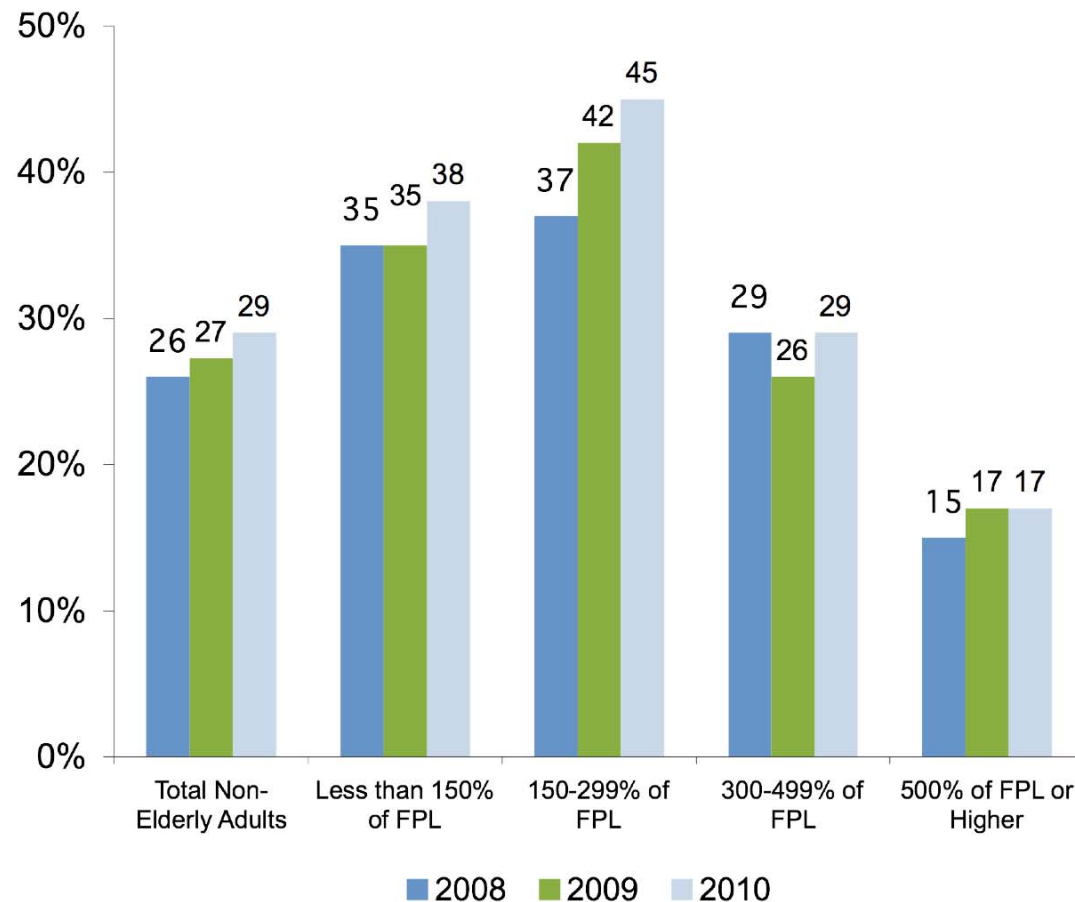
Source: Urban Institute tabulations on the Massachusetts HIS.

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Non-Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Income



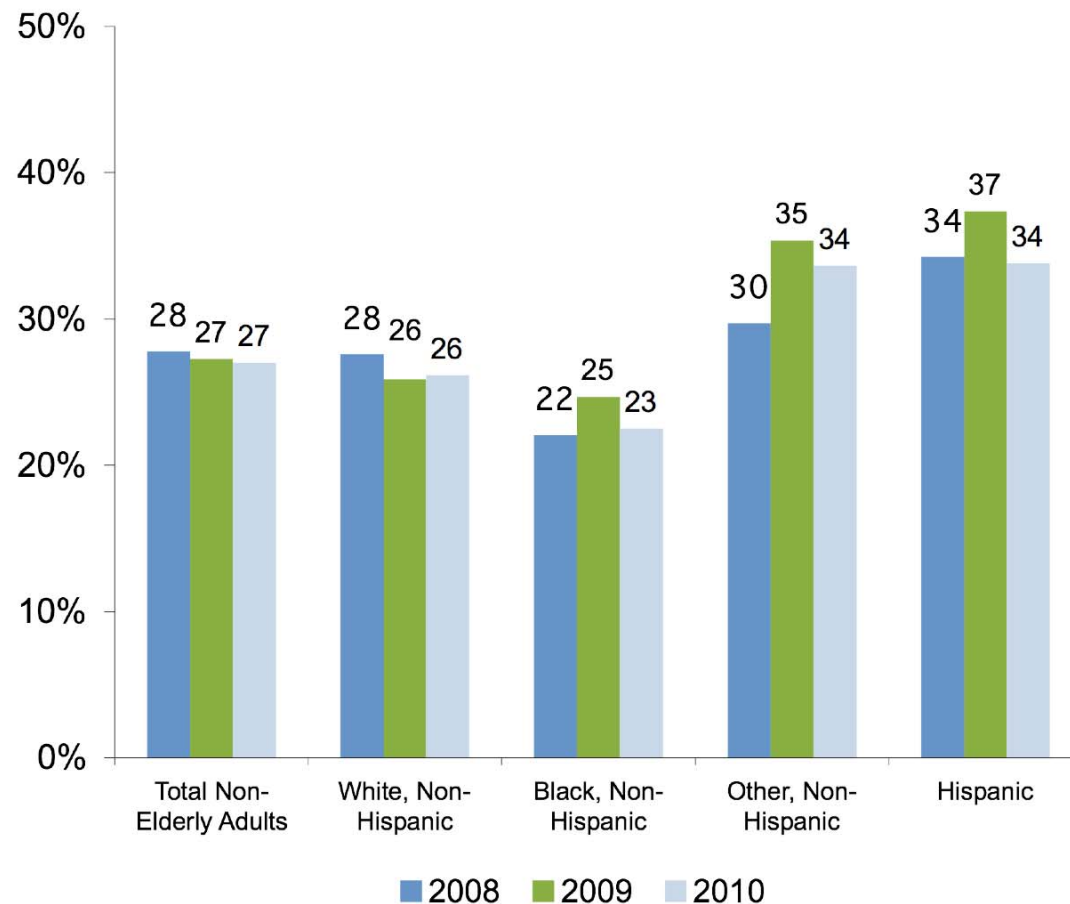
More than one quarter of non-elderly adults (29%), regardless of family income relative to the federal poverty level (FPL), reported problems obtaining health care in the past 12 months. Non-elderly adults earning less than 300% of the FPL were more likely to report difficulty obtaining care than adults in higher income households. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Non-Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Race/Ethnicity



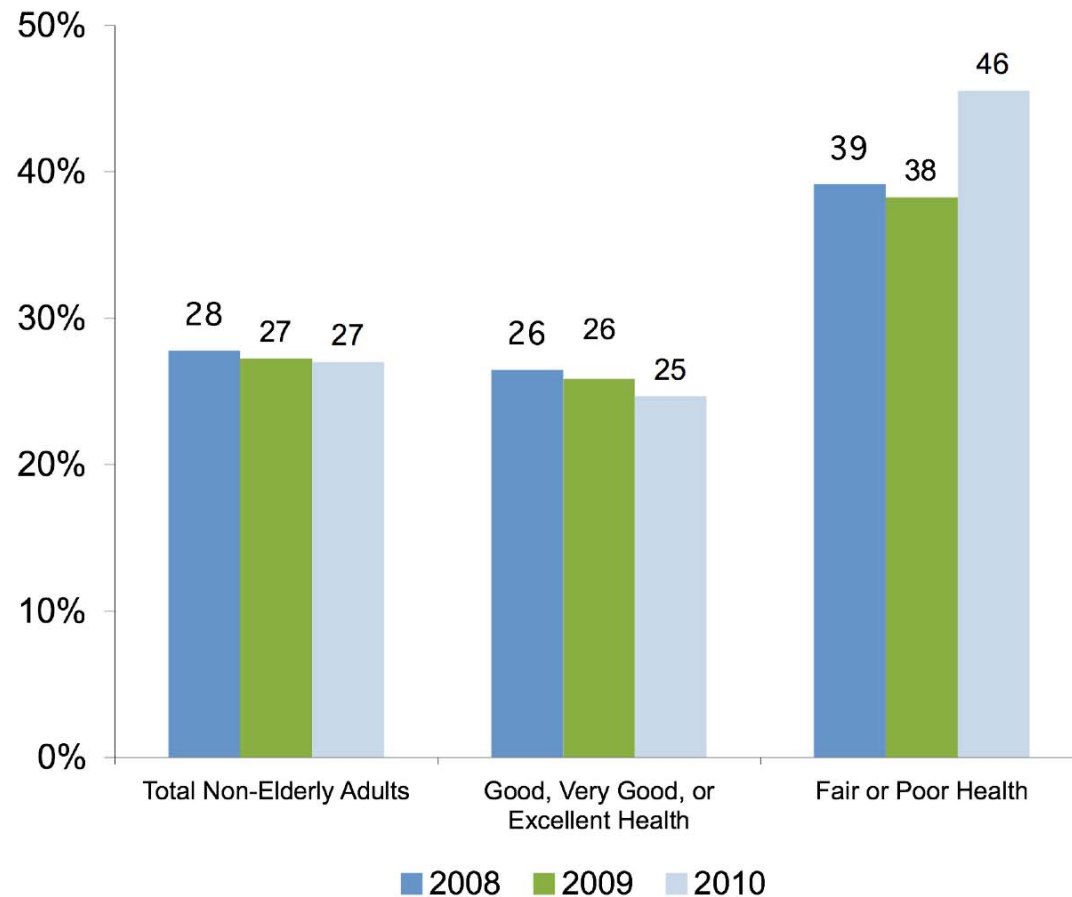
Hispanic and other, non-Hispanic non-elderly adults were more likely to report problems obtaining health care in the past 12 months than other racial/ethnic groups. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Non-Elderly Adults with Difficulty Obtaining Care in 12 Months by Health Status



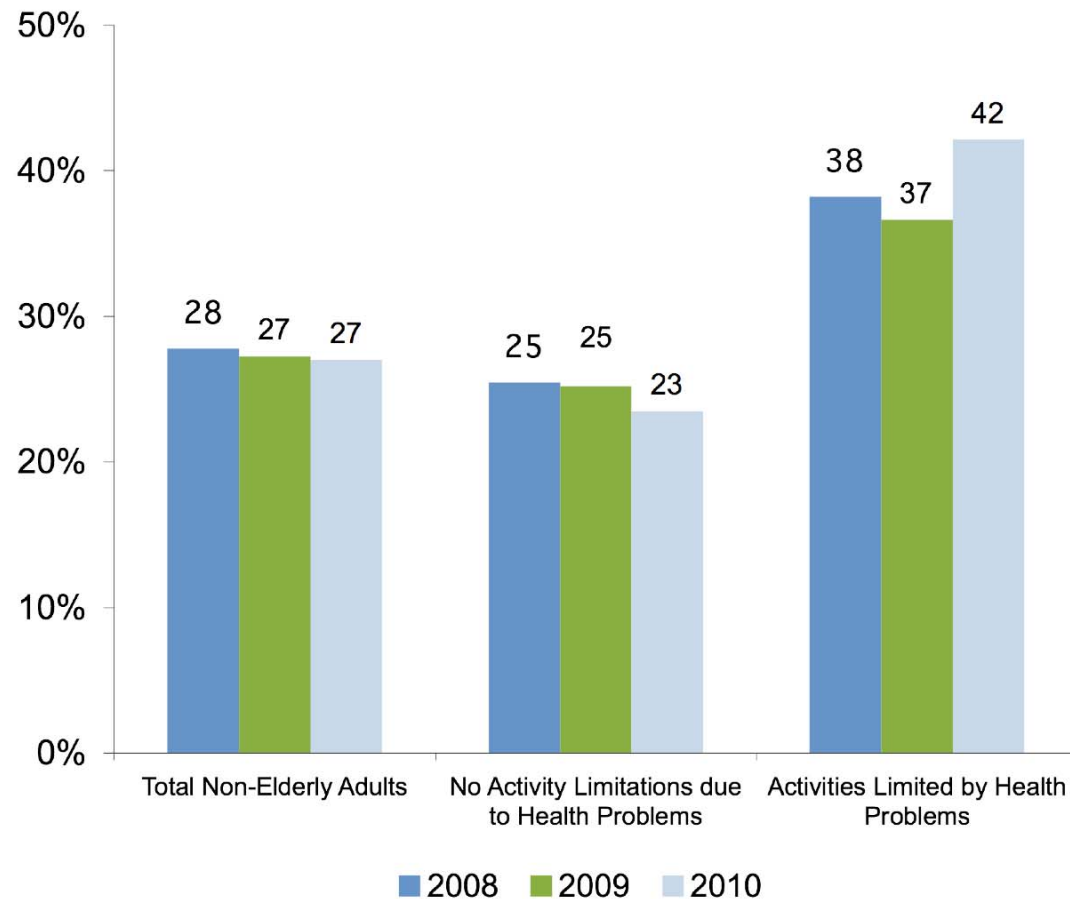
Non-elderly adults in fair or poor health were more likely to report problems obtaining health care in the past 12 months than were adults reporting good or excellent health. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Non-Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Disability Status



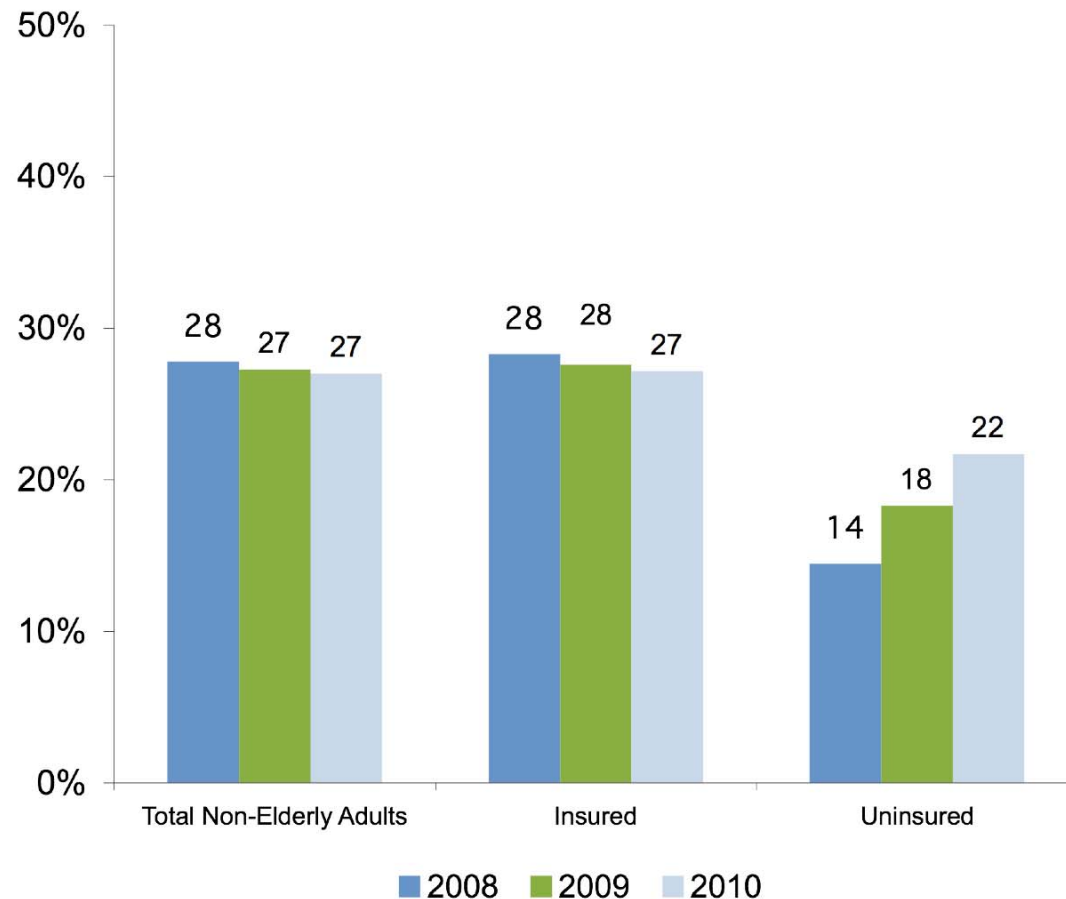
Non-elderly adults with a disability were more likely to report problems obtaining health care in the past 12 months than those without a disability. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Non-Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Insurance Status



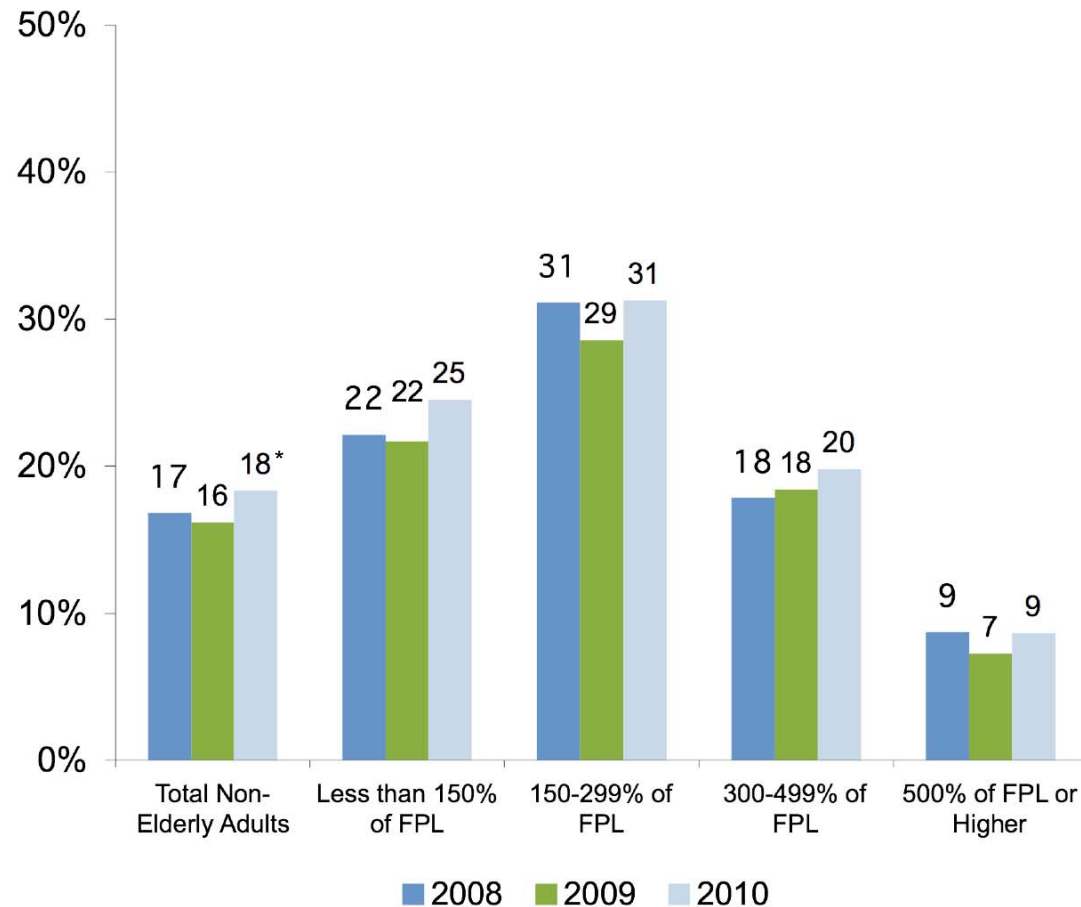
The 97.1% of non-elderly adults with insurance were more likely to report problems obtaining health care in the past 12 months than those without insurance. This may reflect the finding that insured adults were more likely to use care than were uninsured adults. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Non-Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Income



Non-elderly adults with family income between 150% and 299% of the federal poverty level (FPL) were most likely to have had problems paying medical bills in the past 12 months, while those with family incomes at or above 500% FPL were the least likely. The share of non-elderly adults with problem paying medical bills in past 12 months increased between 2009 and 2010.

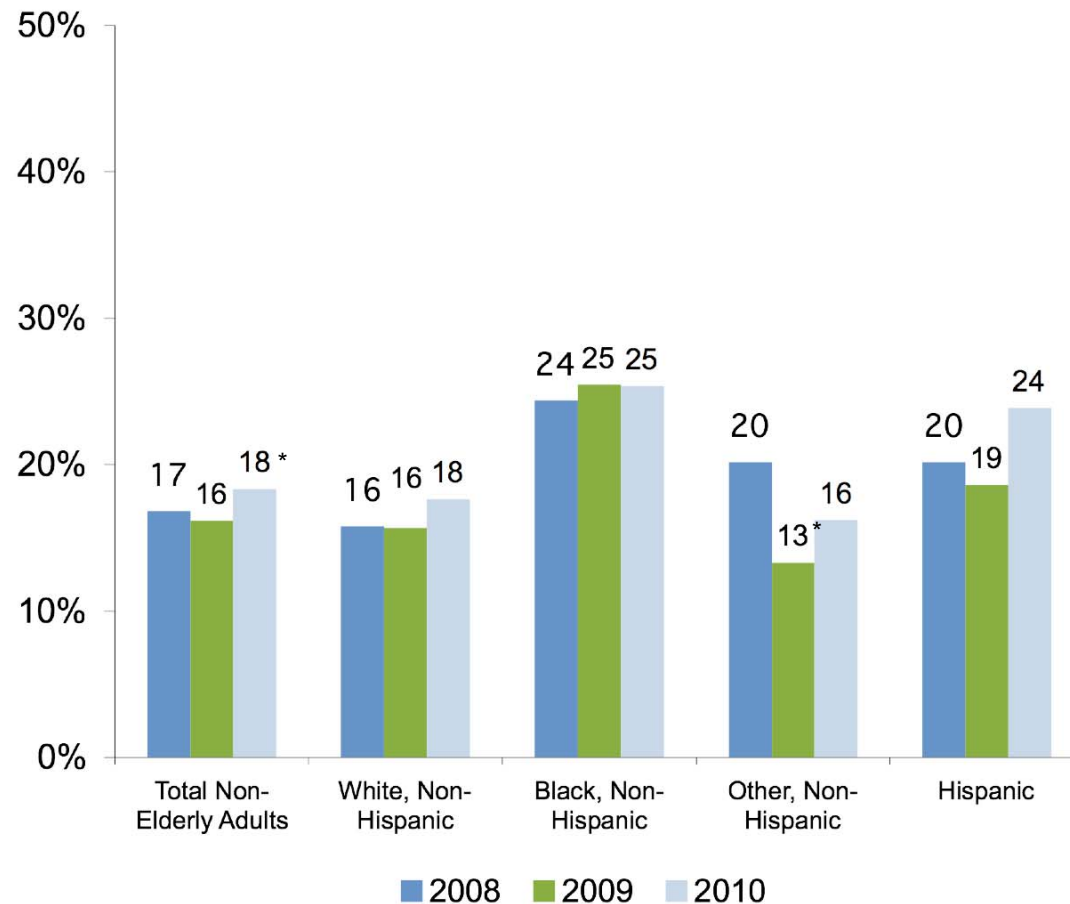
Source: Urban Institute tabulations on the Massachusetts HIS.

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Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Non-Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Race/Ethnicity



Among non-elderly adults, Hispanic and black, non-Hispanics were more likely to report problems paying medical bills in the past 12 months than were adults in other racial/ethnic groups. The share of non-elderly adults with problem paying medical bills rose between 2009 and 2010.

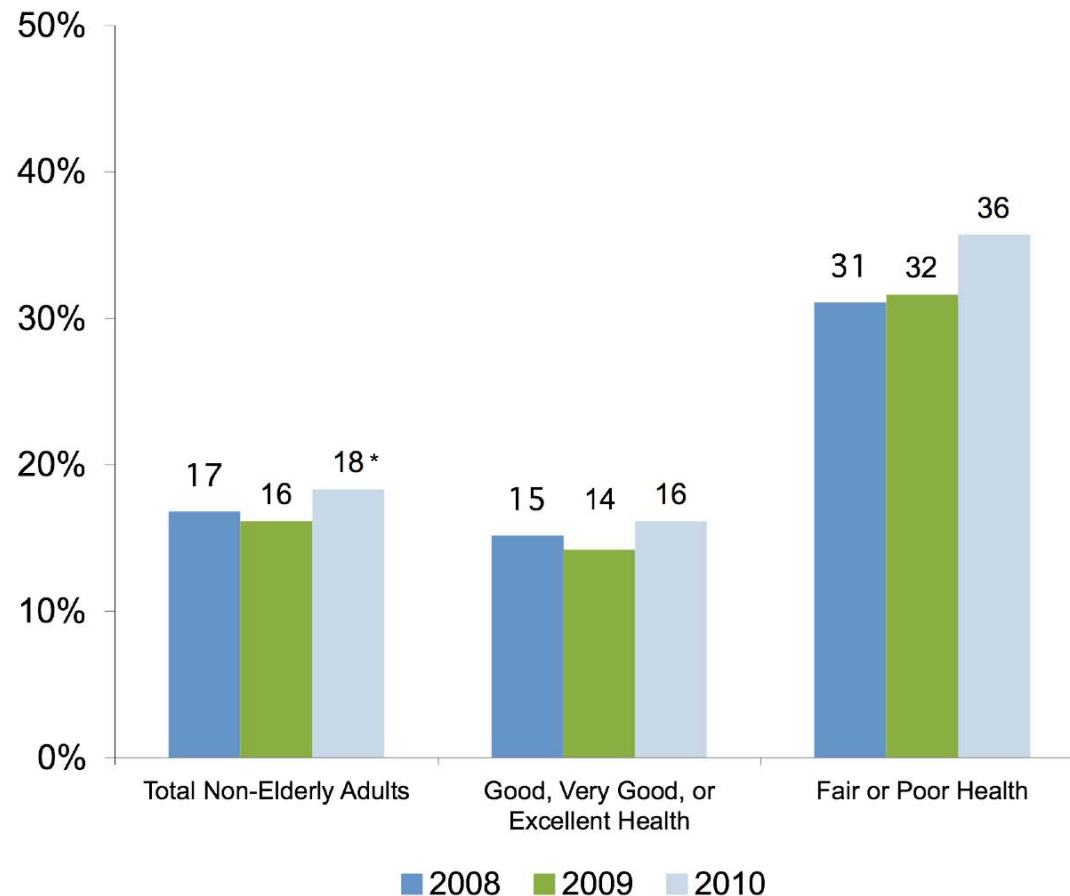
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Non-Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Health Status



Non-elderly adults in fair or poor health were more than twice as likely to have had problem paying medical bills in the past 12 months as were adults reporting good or excellent health. The share of non-elderly adults with problem paying medical bills rose between 2009 and 2010.

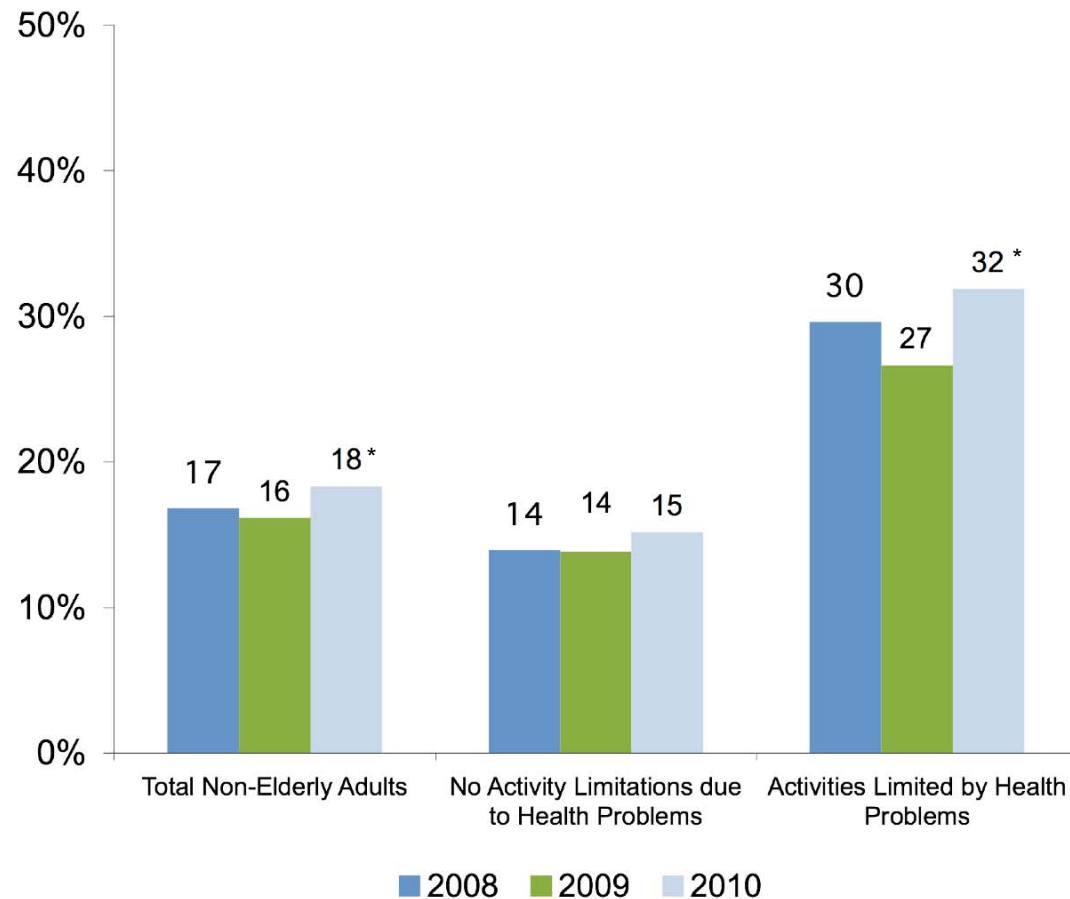
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Non-Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Disability Status



Non-elderly adults with a disability were more than twice as likely to have had trouble paying medical bills in the past 12 months than were adults without a disability. The share of non-elderly adults with disability who reported problems paying medical bills rose between 2009 and 2010.

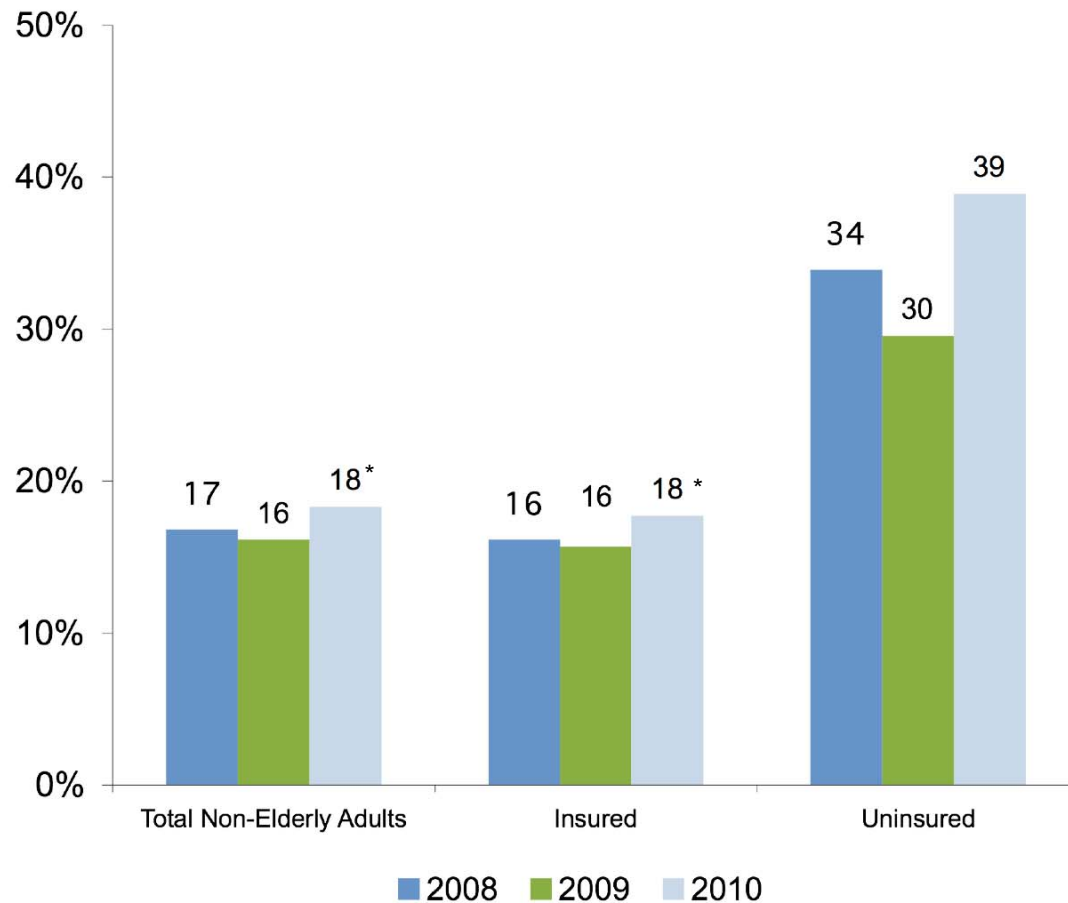
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Non-Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Insurance Status



The 2.9% of uninsured non-elderly adults were much more likely to have had trouble paying medical bills in the past 12 months than were the 97.1% of insured adults. However, the share of insured non-elderly adults who reported problems paying medical bills rose between 2009 and 2010.

Source: Urban Institute tabulations on the Massachusetts HIS.

* (**) (***) Estimate is significantly different from the prior year at the 10% (5%) (1%) level, two-tailed test.

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