

Access to Care

Access to medical care is defined by the Institute of Medicine as “the timely use of personal health services to achieve the best possible health outcomes.”¹ Routine medical care can prevent and lessen the severity of health problems. Lack of access to health care contributes to mortality and morbidity due to preventable diseases. One of the ways in which poverty produces poorer health outcomes is through lack of access to health care.²

Access to routine primary care can reduce unnecessary and costly hospitalizations for chronic conditions such as asthma, hypertension, congestive heart failure, chronic obstructive pulmonary disease, and diabetes.³ Hospitalization for chronic conditions is much more costly than routine care, and can be an indicator of decline in health status. Access to care has been found to be associated with lower rates of hospitalization for the chronic conditions asthma, hypertension, congestive heart failure, chronic obstructive pulmonary disease, and diabetes.³

National and State Prevalence

Nationwide, in 2001, 13.3% of adults 18 and over did not have any kind of health care coverage. In Tennessee in 2001, 10.7% had no health care coverage.⁴

Healthy People 2010

Objective 1-1 of Healthy People 2010 is “Increase the proportion of persons with health insurance.” The target for this objective is 100%. Objective 1-5 is “Increase the proportion of persons with a usual primary care provider.” The target is 85%. The Healthy People 2010 baseline for this objective, measured nationwide in 1996, is 77%.¹

Description of Measures

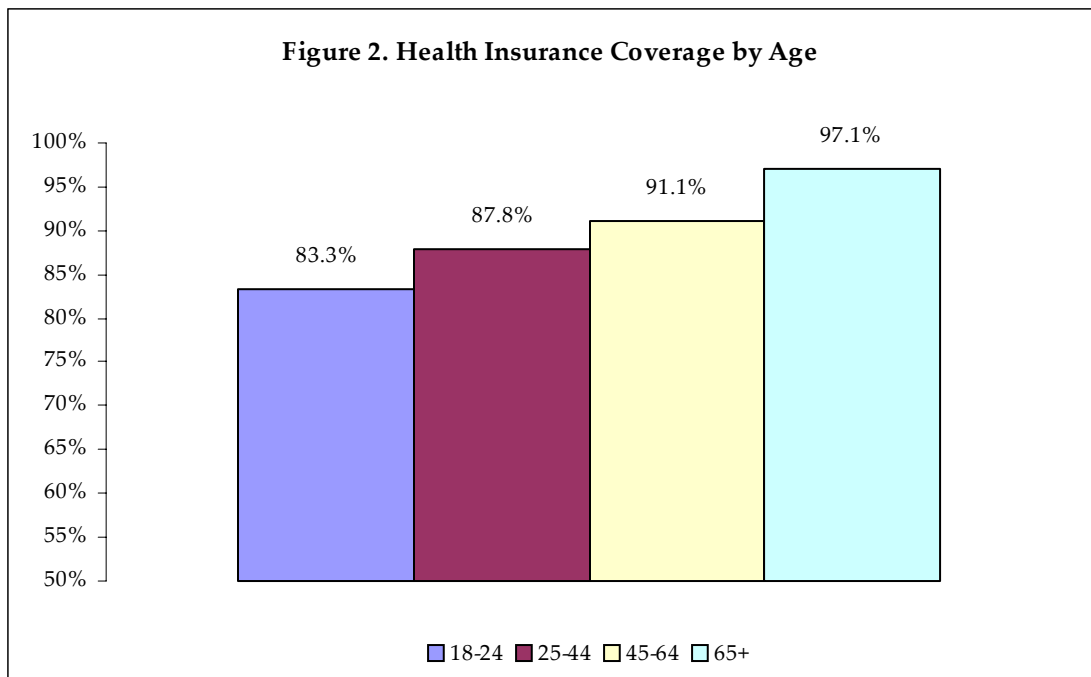
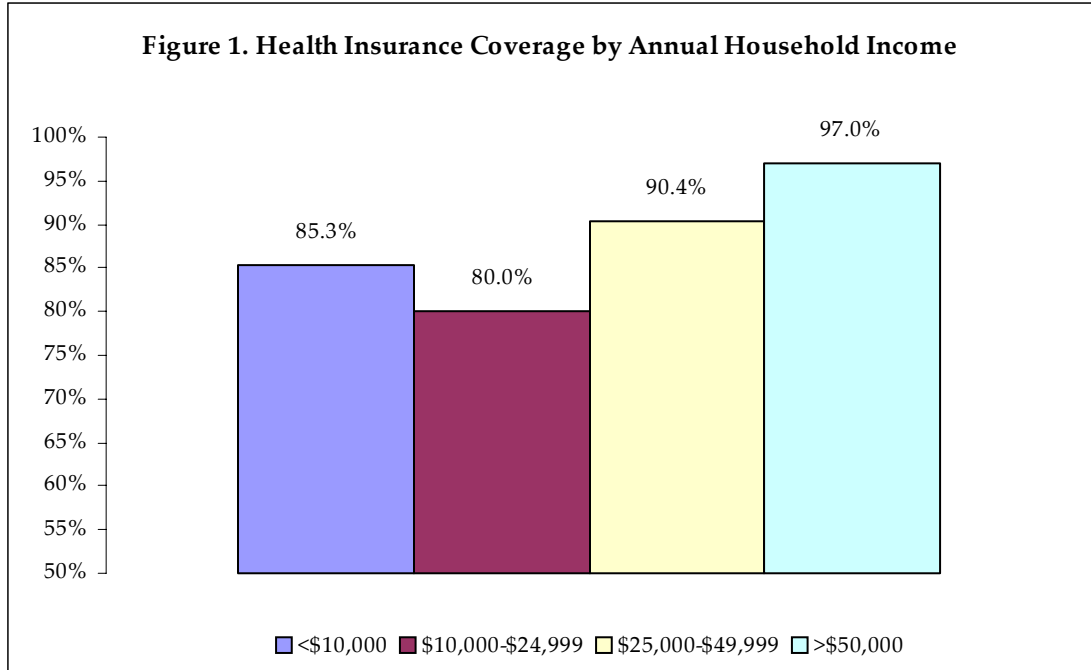
The Community Health Behavior Survey used two indicators of health care access: health insurance coverage, and having a usual primary care provider.

The survey measured health insurance coverage by asking “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO’s or government plans such as Medicaid?” Usual source of primary care was measured by the question, “Do you have one person you think of as your personal doctor or health care provider?”

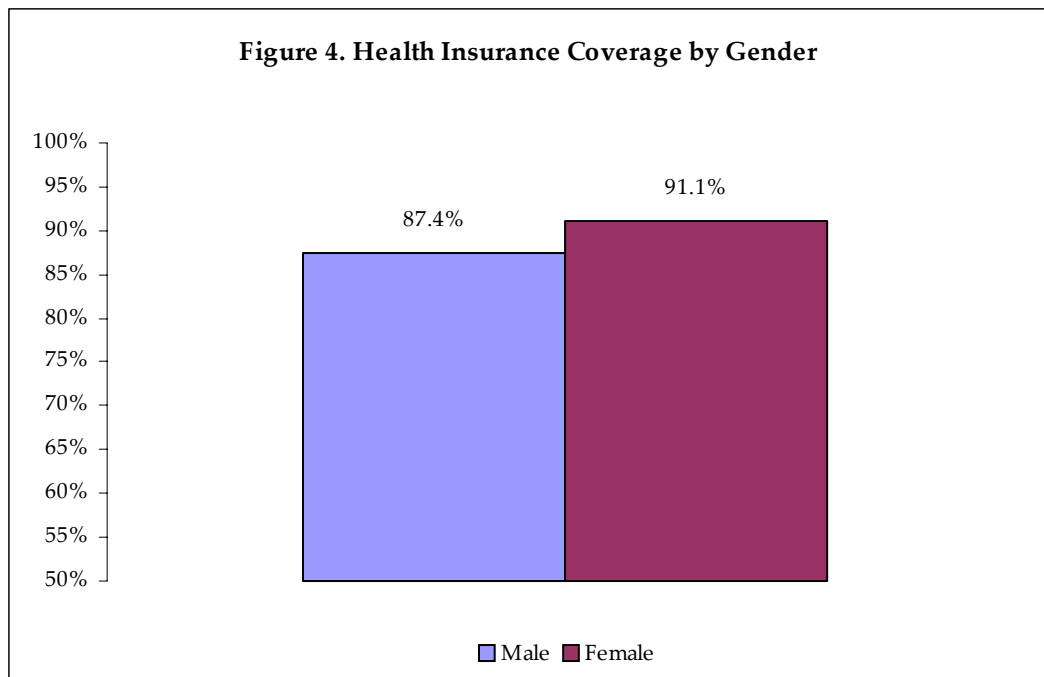
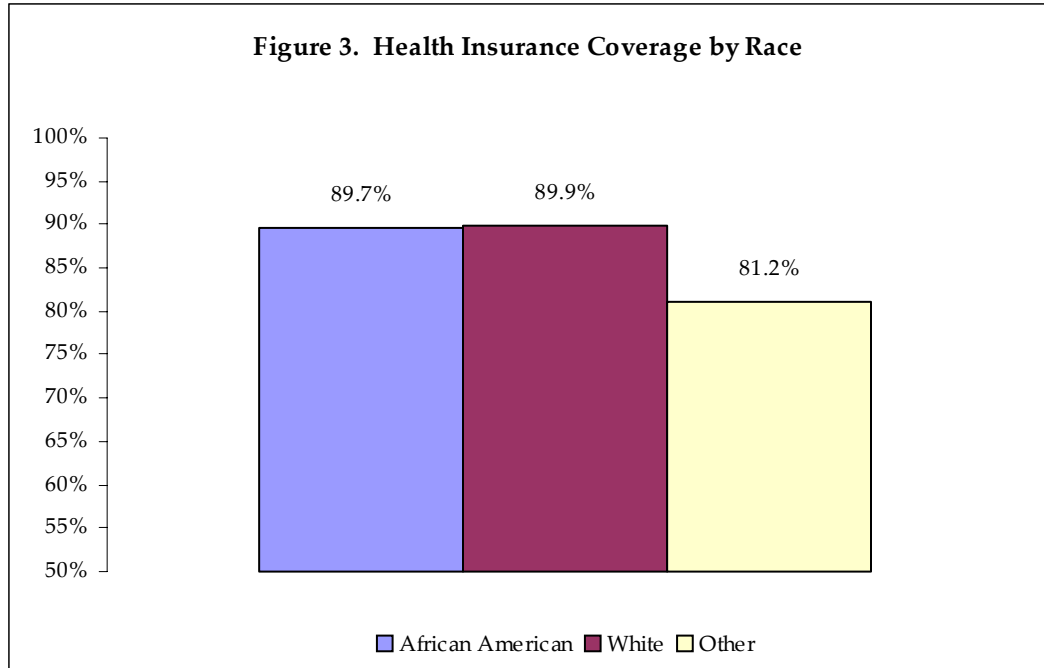
Results

Health Insurance Coverage

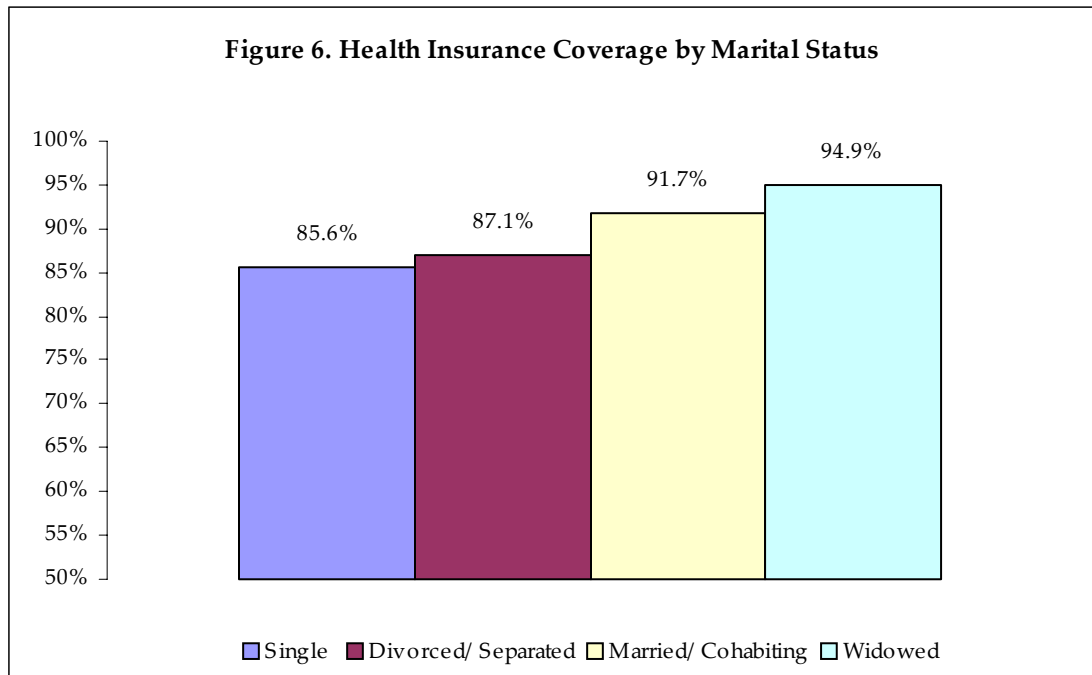
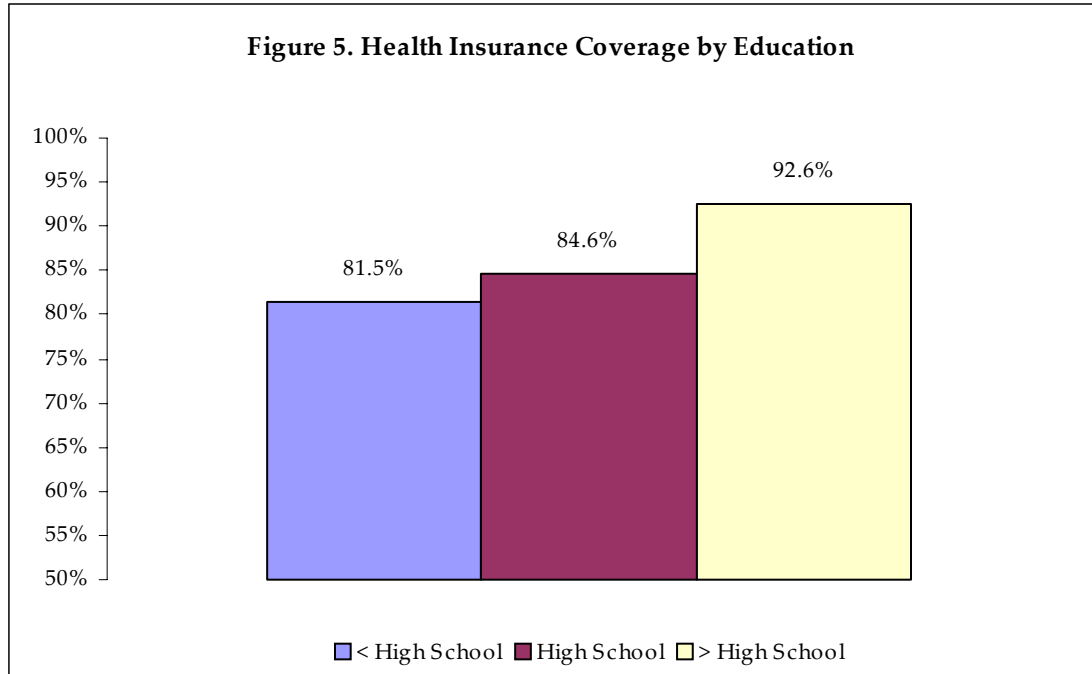
- In Metro Nashville, 89.3% (95% confidence interval, 88.6% – 90.0%) reported having some kind of health care coverage; 10.7% (95% confidence interval, 10.0% – 11.4%) were uninsured.
- Those with higher household incomes were more likely to have medical insurance. Almost all respondents (97.0%) with household incomes of \$50,000 or more had health insurance. Among people with household incomes under \$25,000, 20.0% had no health care coverage. (Figure 1)



- Older respondents were more likely to have health insurance. Rates of insurance coverage ranged from 83.3% for 18-24 year olds, to 97.1% for those 65 and older. (Figure 2)
- There was no significant difference in coverage rates between African American (89.7%) and White (89.9%) respondents. The rate for “Others” was substantially lower (81.2%). (Figure 3)



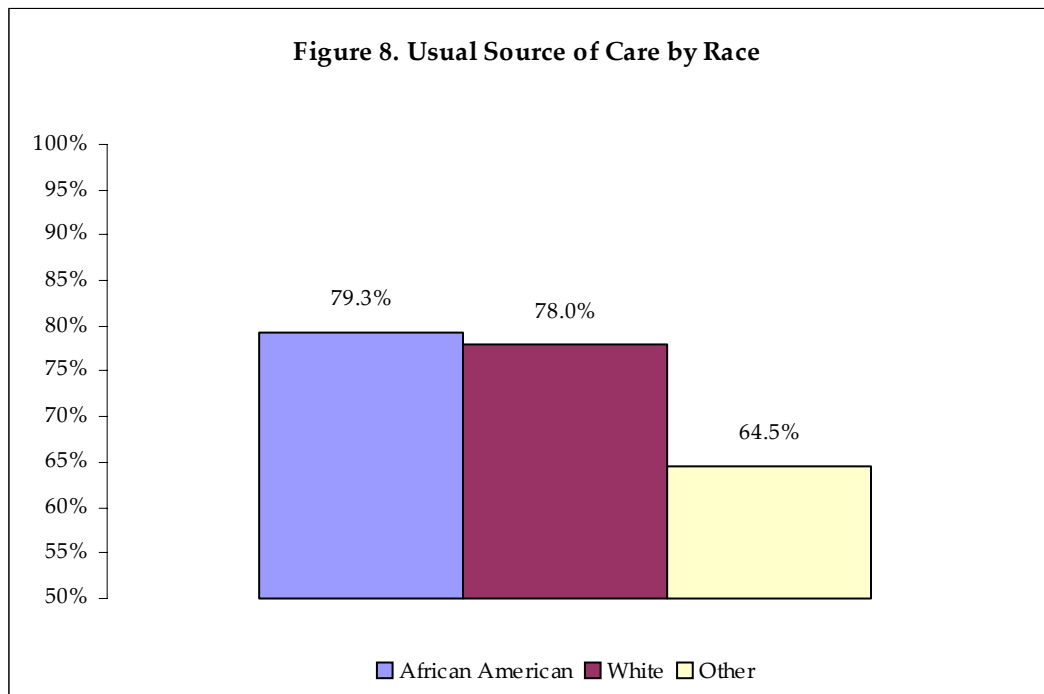
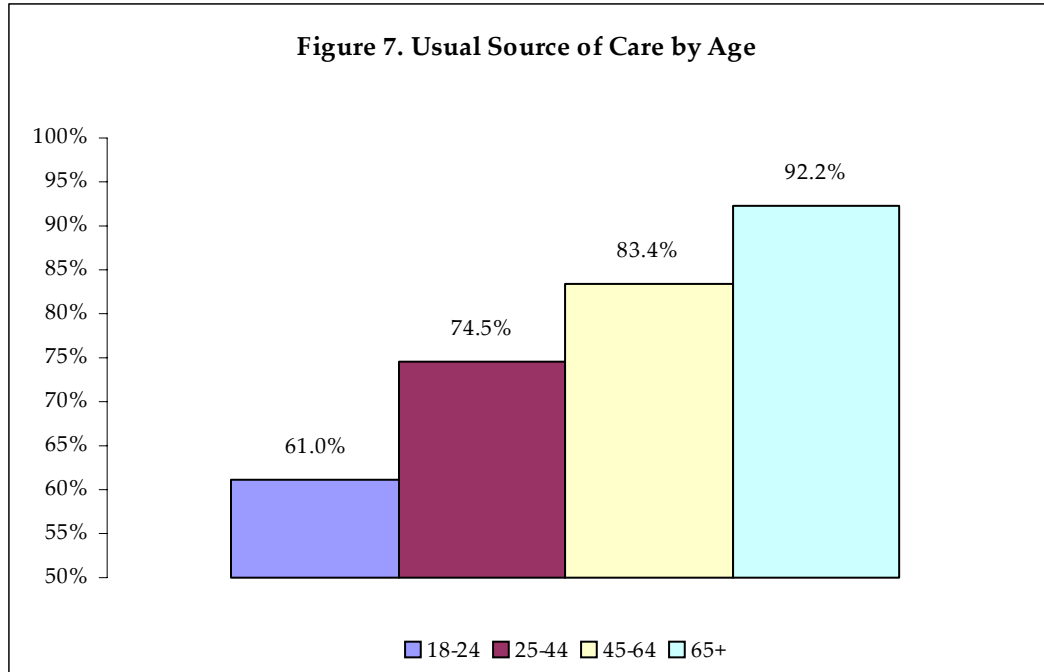
- Females were more likely than males to have health coverage. The rate was 87.4% for males and 91.1% for females. (Figure 4)
- Respondents with education beyond high school were significantly more likely to have health coverage than those with less education, at 92.6%. This was significantly higher than 84.6% for high school graduates and 81.5% for those who did not graduate. These two groups were not significantly different from each other. (Figure 5)



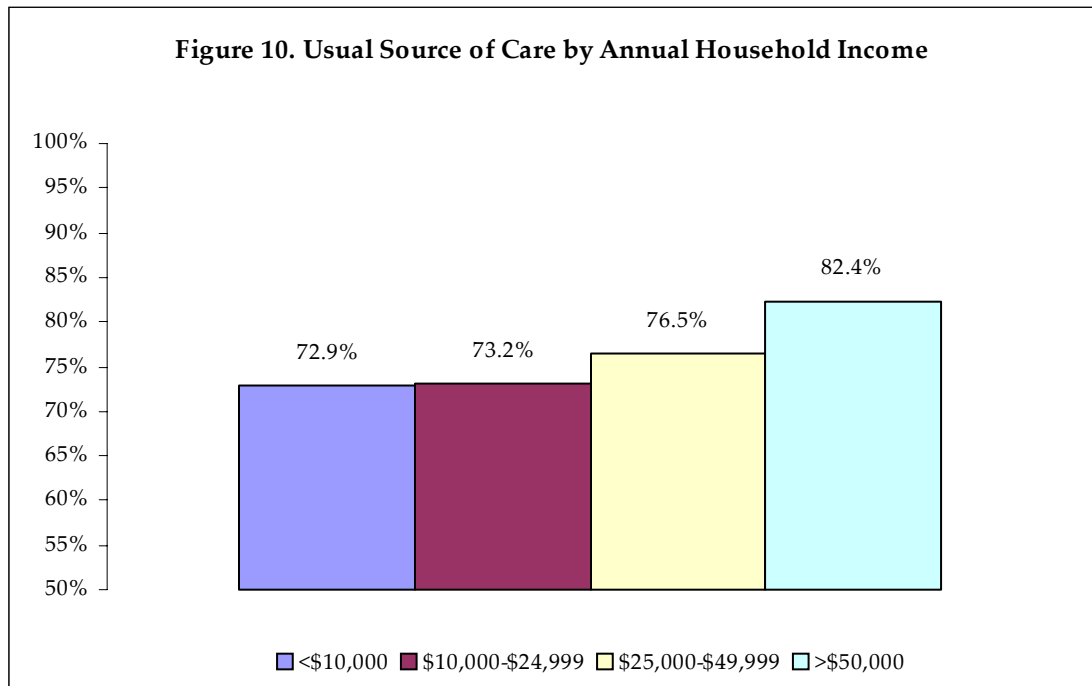
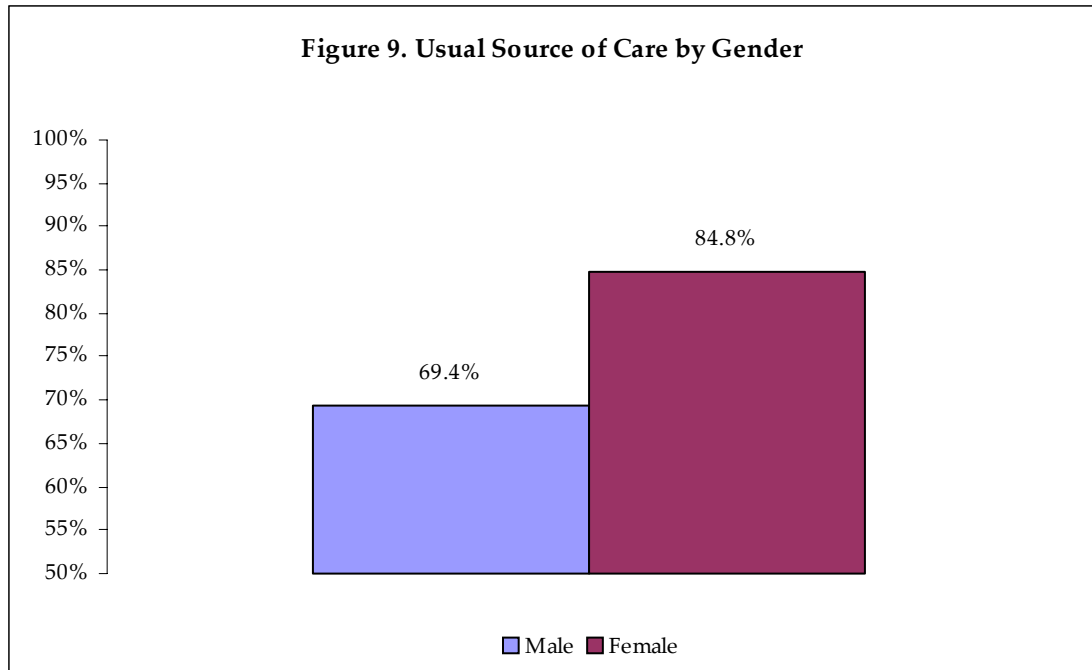
- Rates of insurance coverage for single respondents (85.6%) and divorced and separated (87.1%) were not significantly different and were lower than for married/cohabiting (91.7%) and widowed (94.9%) respondents. (Figure 6)

Personal Doctor or Provider

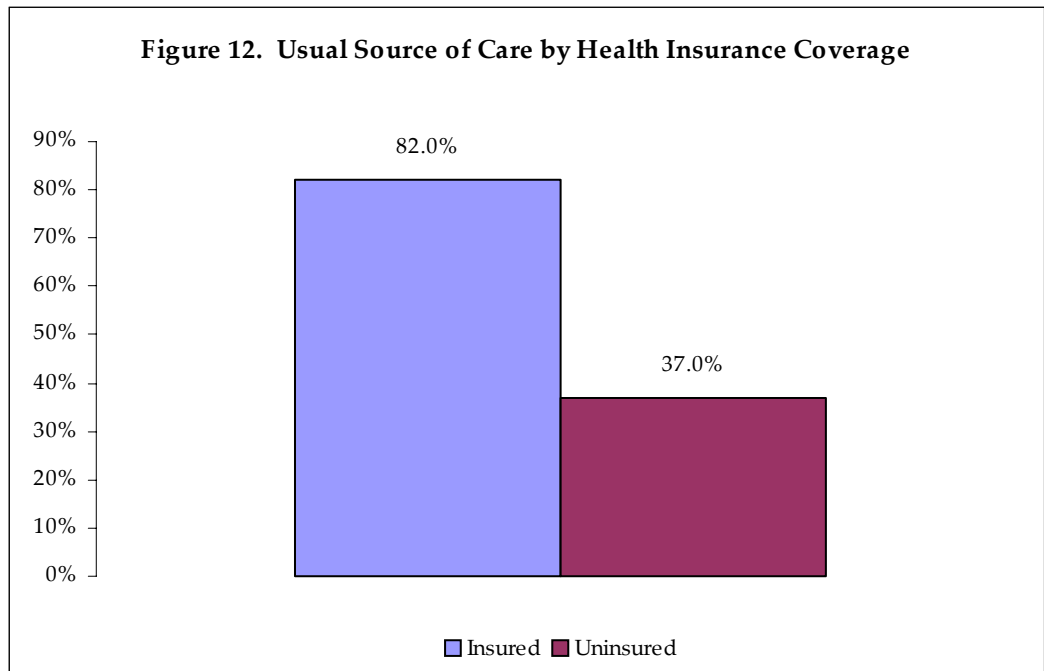
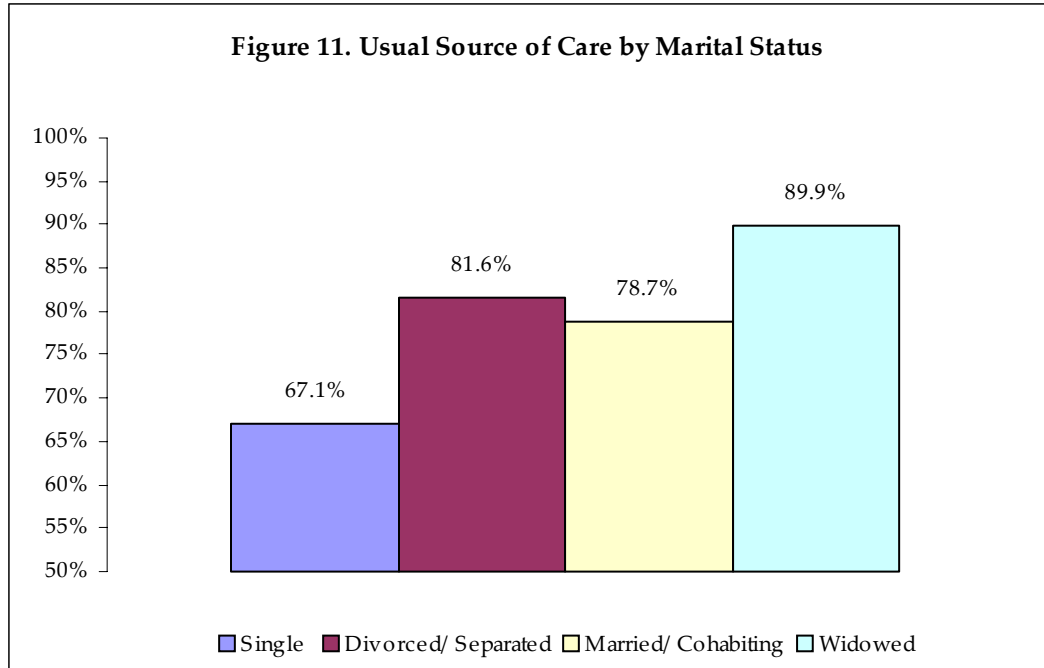
- 77.4% (95% confidence interval, 76.5% – 78.4%) reported having someone they thought of as their personal doctor or health care provider.



- Respondents in older age groups were more likely to have a personal physician or provider. The rate ranged from 61.0% for the 18 – 24 age group to 92.2% for those 65 or older. (Figure 7)
- African Americans (79.3%) and Whites (78.0%) were about equally likely to have a personal doctor. The rate for “Others” was significantly lower, 64.4%. (Figure 8)



- Females (84.8%) were significantly more likely than males (69.4%) to have a personal doctor. (Figure 9)
- Of those reporting household incomes over \$50,000, 82.4% reported having a personal physician. This is significantly higher than the lower income groups, which ranged from 72.9% to 76.5%. The differences between the three lower groups were not significant. (Figure 10)



- Married and divorced respondents were not substantially different but were significantly more likely than singles and less likely than widowed persons to have a personal physician. (Figure 11)
- Persons who had health care coverage were much more likely to have a personal physician or regular care provider than were those without coverage. Most people with health insurance (82.3%) had a personal doctor. (Figure 12)

References

1. U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.
2. Stanhope M, Lancaster, J., *Community and Public Health Nursing*. St.Louis: Mosby; 1996.
3. Bindman, A.B., et al., preventable hospitalizations and access to health care. *JAMA*, 1995. **274**(4): p. 305-11.
4. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Prevalence Data [Web page]. June 12, 2003. Available at: <http://apps.nccd.cdc.gov/brfss/display.asp>. Accessed June 19, 2003.

<i>Demographics</i>	<u>Have Health Insurance Coverage</u>	<u>Have a Usual Source of Care</u>
<u>Total</u>	89.3% (88.6 - 90.0)	77.4% (76.5 - 78.4)
<u>Age</u>		
18-24	83.3% (80.4 - 86.2)	61.0% (57.2 - 64.8)
25-44	87.8% (86.7 - 89.0)	74.5% (73.0 - 76.0)
45-64	91.1% (89.9 - 92.3)	83.4% (81.7 - 85.0)
65 or older	97.1% (96.2 - 98.0)	92.2% (90.7 - 93.7)
<u>Race</u>		
African American	89.7% (88.2 - 91.1)	79.3% (77.4 - 81.2)
White	89.9% (89.1 - 90.7)	78.0% (76.9 - 79.1)
Other	81.2% (75.9 - 86.5)	64.4% (58.0 - 70.9)
<u>Gender</u>		
Male	87.3% (86.1 - 88.7)	69.4% (67.6 - 71.2)
Female	91.1% (90.2 - 91.9)	84.8% (83.7 - 85.8)
<u>Income</u>		
<\$10,000	85.3% (81.2 - 89.5)	72.9% (67.7 - 78.0)
\$10,000-\$24,999	80.0% (78.2 - 81.9)	73.2% (71.1 - 75.2)
\$25,000-\$49,999	90.4% (89.3 - 91.6)	76.5% (74.8 - 78.1)
\$50,000 or more	97.0% (96.2 - 97.8)	82.4% (80.6 - 84.1)
<u>Education</u>		
< High School	81.5% (78.9 - 84.1)	76.1% (73.2 - 78.9)
High School	84.6% (83.0 - 86.2)	76.6% (74.8 - 78.5)
> High School	92.6% (91.8 - 93.4)	78.2% (76.9 - 79.4)
<u>Marital Status</u>		
Single	85.6% (84.4 - 86.8)	67.1% (65.4 - 68.8)
Married/Cohabiting	91.7% (90.3 - 93.2)	81.6% (79.5 - 83.6)
Divorced/Separated	87.1% (85.6 - 88.6)	78.7% (76.9 - 80.6)
Widowed	94.9% (93.4 - 96.4)	89.9% (87.9 - 91.9)
<u>Insurance Coverage</u>		
Insured		82.3% (81.4 - 83.2)
Uninsured		37.2% (34.5 - 39.8)