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Issue Brief

Health Care Disconnect: Gaps in Coverage and Care for Minority Adults

Findings from the Commonwealth Fund Biennial Health Insurance Survey (2005)

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ABSTRACT: Analysis of the Commonwealth Fund Biennial Health Insurance Survey (2005) finds that uninsured rates for Hispanic and African American adults are one-and-a-half to three times greater than the rate for white adults. Nearly two-thirds (62%) of working-age Hispanics and one-third (33%) of African Americans were uninsured at some point during 2005, compared with 20 percent of working-age whites. Hispanics are particularly disconnected from the health care system, being substantially less likely than whites to have a regular doctor, to have visited a doctor in the past year, or to feel confident about their ability to manage their health problems. African Americans are significantly more likely than whites to visit the emergency room for non-urgent care and to experience serious problems with medical bills and medical debt. Along with expanded insurance coverage, policies promoting continuity in patients' relationships with health care providers also are needed to reduce disparities in access.

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BACKGROUND

A recent Commonwealth Fund report documented the increasing instability of health insurance coverage for a wide cross-section of Americans, as well as the host of problems that people with gaps in their coverage experience with accessing care, managing health conditions, and paying for care.[1] This issue brief focuses specifically on insurance coverage for African American and Hispanic working-age adults.

Drawing from the Fund's Biennial Health Insurance Survey (2005)—the same survey on which that earlier report was based—we investigate how a lack of continuous insurance coverage affects minority populations, relative to whites, in terms of cost-related access problems, receipt of preventive care, self-management of chronic disease, use of emergency rooms

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for non-urgent care, and medical debt. We also look at whether racial and ethnic disparities in access and cost burdens persist after adjusting for insurance and income.[2] Finally, we explore the effect having a regular doctor has in reducing disparities in access to care.

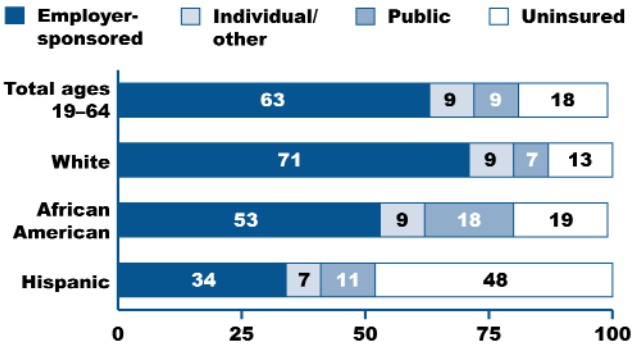
HISPANICS

Hispanics Have the Highest Uninsured Rates

In 2005, as in previous years, Hispanics had the highest uninsured rate of all working-age adults. Nearly two-thirds (62%) of Hispanic adults—an estimated 15 million people—were uninsured at some point during 2005. Nearly half (48%) of Hispanics reported they were currently uninsured, while another 14 percent said they were insured but had experienced a gap in their coverage during the year (Figure 1).[3] The high uninsured rate among Hispanic adults is, in part, attributable to relatively low rates of employer-sponsored and public insurance.[4] Only 34 percent of working-age Hispanics had employer-sponsored coverage in 2005 (Figure 2), even though two-thirds work either full or part time (Table 1). Employment rates among Hispanic adults approach those of whites; Hispanic workers, however, are much more likely to be employed by firms that do not offer health benefits.[5]

Figure 2. Employer-Sponsored Insurance Coverage Rates Are Particularly Low for Hispanics and African Americans

Current insurance coverage status among adults ages 19–64, 2005 (%)



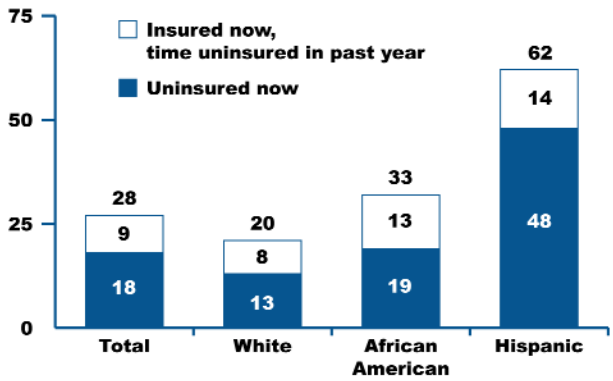
Note: Percentages may not sum to 100% because of rounding.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Most Low-Income Hispanics Lack Insurance Coverage

All low-income adults have high uninsured rates, but rates are especially high among low-income Hispanics (Figure 3). Three-fourths (76%) of Hispanics with income under 200 percent of the federal poverty level (twice the poverty level is $38,700 for a family of four) lacked insurance coverage during the year, compared with 46 percent of low-income white adults. One reason for the high uninsured rate for low-income Hispanics is that, as a group, they are less likely to be covered by public insurance: only 15 percent of low-income

Figure 1. Uninsured Rates Are Highest Among Hispanics and African Americans, 2005

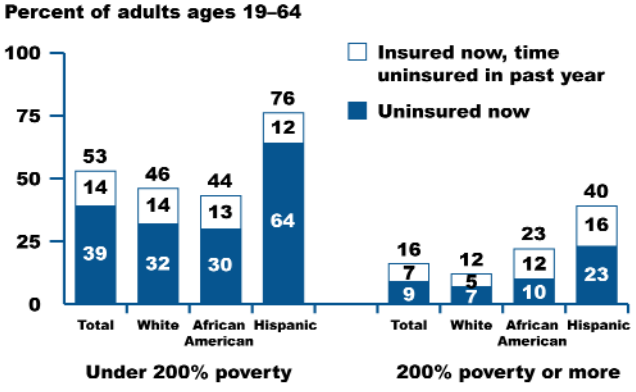
Percent of adults ages 19–64



Note: Because of rounding, totals above stacked bars may not reflect the sum of each insurance category.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Figure 3. Three-Quarters of Low-Income Hispanics Are Uninsured During the Year; Disparities in Insurance Persist Across Income Levels

Percent of adults ages 19–64



Note: Because of rounding, totals above stacked bars may not reflect the sum of each insurance category.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Hispanic adults surveyed had public insurance, whereas 21 percent of white adults did (Table 1). But even at higher income levels, Hispanic adults have significantly higher uninsured rates than white or African American adults. Among adults with income equal to or exceeding twice the poverty level, 40 percent of Hispanics were uninsured during 2005, compared with 23 percent of African Americans and 12 percent of whites.

Many Hispanics Are Disconnected from the Health Care System

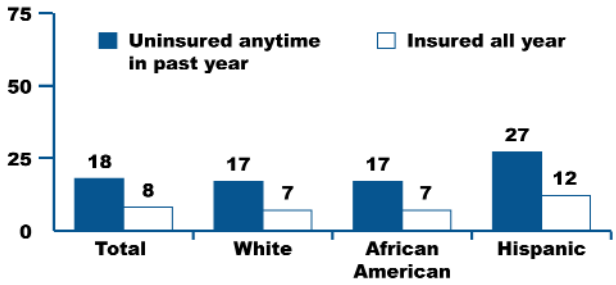
Findings from the Commonwealth Fund Biennial Health Insurance Survey indicate that a substantial number of Hispanics adults, both insured and uninsured, are disconnected from the health care system. Hispanics overall are less likely than whites or African Americans to visit health care providers or have a regular doctor—and thus less likely to receive timely, appropriate care (Table 2). One of five (21%) Hispanics with a chronic condition, disability, or other health problem did not visit a doctor within the past 12 months, according to the survey; this is more than twice the rate for whites (9%). Not surprisingly, uninsured Hispanics are at greatest risk for not getting health care. After adjusting for poverty status, more than one-quarter (27%) of uninsured Hispanic adults with health problems did not have a medical visit in the past year, versus 17 percent of white and African American adults with health problems (Figure 4).

Having a regular place to go for care, or a "medical home," improves the early detection of illness and effective management of chronic conditions.[6] Most white and African American adults—82 percent and 80 percent, respectively—have a regular source of care (Table 2). For Hispanic adults, however, the story is different: less than half (48%) have a regular doctor. After accounting for differences in poverty status, only 37 percent of uninsured Hispanic adults reported having a regular doctor, compared with 62 percent of uninsured whites and 66 percent of uninsured African Americans (Figure 5). For all three groups, the likelihood of having a regular physician is greater for the insured than the uninsured, but the disparity between Hispanics and other groups nonetheless persists.

The survey also asked all respondents about difficulties they have experienced getting needed health care. Specifically, they were asked if, because of cost, they did not go to a doctor or clinic when sick; did not fill a prescription; skipped a medical test, treatment, or follow-up visit recommended by a doctor; or did not see a specialist when needed. For one of these access measures—not seeing a specialist when needed—rates were highest among Hispanics (26% vs. 16% for whites and 17% for

Figure 4. Among Adults with Health Problems, Uninsured Hispanics Are Most Likely to Go Without Health Care

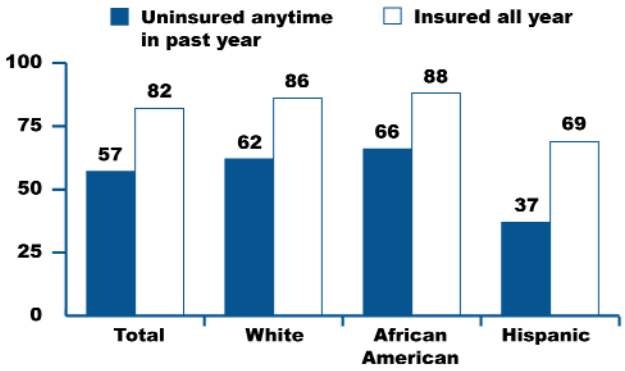
Percent of adults ages 19–64 with health problems* and NO doctor's visit in past year, adjusted estimates controlling for income



* Defined as having any chronic condition or disability.
Note: Estimates are adjusted percentages based on logistic regression, controlling for poverty status.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Figure 5. Hispanics—Whether Insured or Uninsured—Are Less Likely to Have a Regular Doctor

Percent of adults ages 19–64 with a regular doctor, adjusted estimates controlling for income



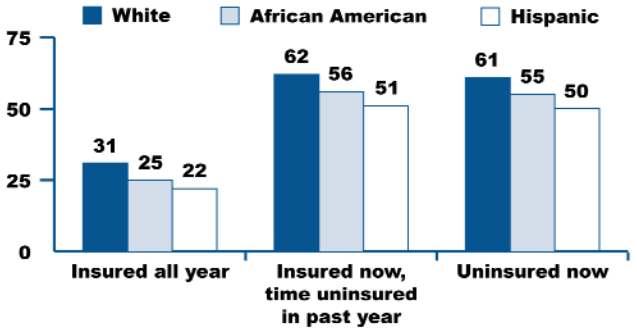
Note: Estimates are adjusted percentages based on logistic regression, controlling for poverty status.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

African Americans). But there are no significant differences among the three populations on the other access measures studied (Table 2).

An earlier report found that cost-related access problems were highest among adults who lacked health insurance for any length of time.[7] According to this survey, this holds true across racial and ethnic groups (Figure 6). Indeed, 50 percent or more of whites, Hispanics, and African Americans who spent any time without health coverage during the year experienced difficulty accessing care because of cost. Adults with continuous coverage, however, have access problems at rates less than half of that of their insured counterparts, even after taking into account income differences.

Figure 6. Cost-Related Access Problems Are Highest Among Those with Any Time Uninsured During the Year, Regardless of Income

Percent of adults ages 19–64 who had any of four access problems* in past year because of cost, adjusted estimates controlling for income



* Did not fill a prescription; did not see a specialist when needed; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic.
Note: Estimates are adjusted percentages based on logistic regression, controlling for poverty status.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Many Hispanics Are Not Getting Preventive Care, but Insurance Helps

Because Hispanics are more likely than others to be disconnected from the health care system, their rates of receiving preventive care are significantly lower relative to whites and African Americans. Seventy-three percent of Hispanic adults received a blood pressure check in the past year, compared with 90 percent of whites and 94 percent of African Americans (Table 2). Cholesterol screening is also lower for Hispanics: only 59 percent had their cholesterol checked within the past five years, compared with 69 percent of African Americans and 72 percent of whites. Annual dental checkups, meanwhile, are low for all adults, but particularly so for Hispanics.

Previous research found that adults who have continuous insurance coverage are significantly more likely to receive recommended preventive care than those who are uninsured at any time during the year.[8] According to this study, the same holds true across racial and ethnic groups (Table 3). Findings further indicate that having insurance coverage reduces disparities between white and Hispanic adults in receipt of timely and necessary preventive care. Indeed, when Hispanics are insured all year, they have similar rates as white adults of getting cholesterol screenings, blood pressure checks, and dental exams (Table 3).

Hispanics Lack Confidence in Ability to Get High-Quality Care

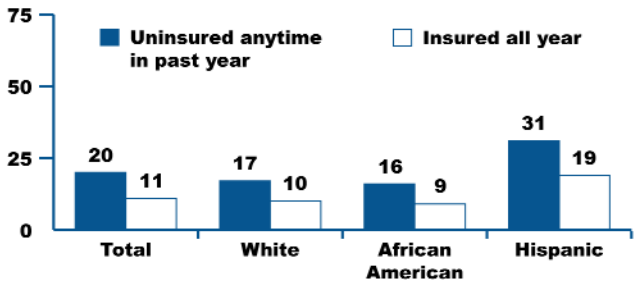
Given that a substantial number of Hispanics lack coverage and do not have a regular doctor, it is no surprise that Hispanic adults are not confident in their ability to manage their health problems and, more generally, to get high-quality health care. More than one-quarter (27%) of Hispanic adults with health problems were "not too" or "not at all" confident about their ability to manage their health problems, whereas only 11 percent of whites and 12 percent of African Americans felt this way (Table 2). Moreover, Hispanic adults are significantly more likely than white or African American adults to lack confidence in their ability to receive quality care. More than two of five (43%) Hispanic adults reported they were "not too" or "not at all" confident that they would be able to receive high-quality health care when needed, compared with less than one-third of white (27%) or African American (30%) adults.

Previous studies found a strong correlation between having insurance and confidence in receiving quality care.[9] For adults with health problems, those who are uninsured for any time during the year are significantly more likely than

those with continuous coverage to lack confidence in self-managing their chronic conditions and health problems (Figure 7). Among the uninsured, Hispanics are the least confident about self-managing their health problems, with 31 percent reporting they are "not too" or "not at all" confident, compared with 17 percent and 16 percent of uninsured white and African American adults. Once insurance coverage is factored in, overall confidence in the ability to get quality care does not significantly vary by race and ethnicity, even after adjusting for income (Table 2). That is, insurance plays a key role in making adults feel confident about their ability to get good health care.

Figure 7. Hispanics Are Least Confident About Self-Managing Their Chronic Diseases and Health Problems

Percent of sicker* adults ages 19–64 who are not too/not at all confident about managing health problems, adjusted estimates controlling for income



* Defined as having any chronic condition or disability.
Note: Estimates are adjusted percentages based on logistic regression, controlling for poverty status.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

AFRICAN AMERICANS

African Americans Have High Uninsured Rates and High Incidence of Chronic Disease

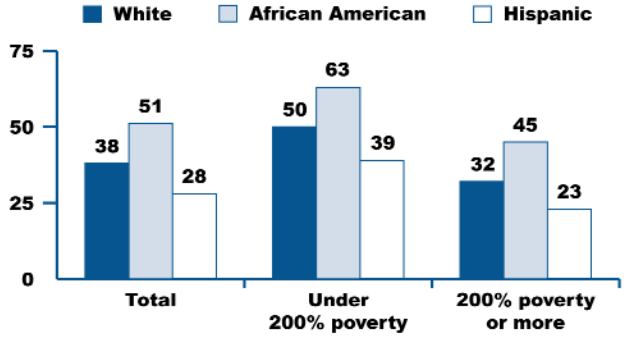
African American adults also have significantly higher uninsured rates than white adults. One-third (33%) of African American adults—more than 6 million people—reported they were uninsured at some point during 2005, compared with one of five (20%) white adults (Figure 1). Low rates of employer-sponsored coverage partly explain the high uninsured rate among African Americans relative to whites (Figure 2). Only 53 percent of working-age African Americans have health insurance coverage through their own employer or that of a family member, well below the average for white working-age adults (71%).

In comparing low-income African Americans and their white counterparts, uninsured rates are nearly the same, however. Among adults with income below 200 percent of the poverty level, 44 percent of African Americans and 46 percent of white adults lacked coverage during the year (Figure 3). Although a smaller proportion of low-income African Americans have employer-sponsored insurance coverage (30% vs. 40%), public insurance coverage among African Americans is slightly higher than it is for white adults (32% vs. 21%) (Table 1).

Rates for chronic conditions are high among African Americans, especially compared with white and Hispanic adults (Table 1). Forty-five percent of African American adults reported they have hypertension, heart disease, diabetes, or asthma; in contrast, 31 percent of whites and 20 percent of Hispanic adults reported any one of these conditions. Across income levels, African Americans are significantly more likely than either whites or Hispanics to report a chronic condition or a disability (Figure 8), even when rates are adjusted for population age differences. Among low-income adults, African Americans are the most affected by chronic disease and other health problems.

Figure 8. Across Income Levels, African Americans Are More Likely to Have Health Problems, Even After Adjusting for Age

Percent of adults ages 19–64 with health problems*

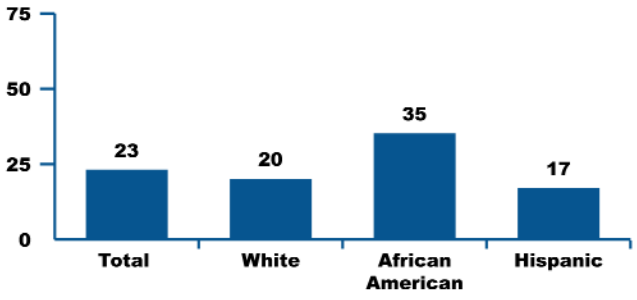


* Defined as having any chronic condition or disability.
Note: Percentages are age-adjusted.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Poor Access to Primary Care and Affordability Are Problems for African Americans

The survey finds that African American (35%) adults are more likely than white (20%) or Hispanic (17%) adults to report using the emergency room for conditions that could have been treated by a primary care doctor if one had been available, even after factoring in insurance coverage and poverty status (Figure 9). Having more health problems and lacking access to alternate sources of health care after hours or on the weekend leaves many African American adults with few options for receiving care other than the ER.

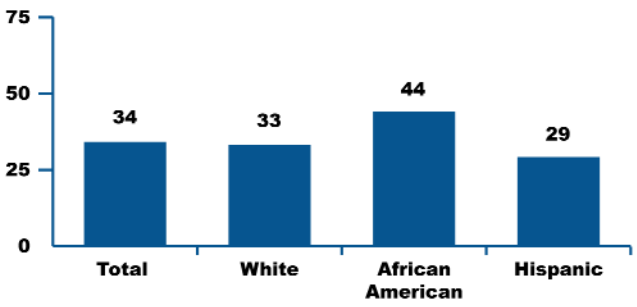
Figure 9. More than One-Third of African Americans Visited the ER for a Condition that Could Have Been Treated by a Regular Doctor if One Had Been Available



Note: Estimates are adjusted percentages based on logistic regression, controlling for poverty status and insurance.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Health problems and lack of health insurance also put African Americans at great financial risk. Indeed, African Americans have the highest rates of problems with medical bills and medical debt. Forty-four percent of African Americans reported they were unable to pay their medical bills, were contacted by a collection agency for unpaid medical bills, had to change their way of life significantly in order to pay their bills, or had outstanding medical debt (Figure 10). This is significantly higher than the rates for white (33%) and Hispanic (29%) adults. Among the uninsured, African American adults also fare the worst. After adjusting for income differences, 61 percent of uninsured African American adults reported

Figure 10. African Americans Have the Highest Rates of Medical Bills and Medical Debt



Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

medical bill problems or outstanding medical debt, compared with 56 percent of uninsured whites and 35 percent of uninsured Hispanics (Table 3).[10]

Dissatisfaction with health care experiences is also highest among African Americans. One of five (20%) African American adults reported being "somewhat" or "very" dissatisfied with the quality of care they received in the past year; only 13 percent of white adults expressed this view (Table 2). Satisfaction was greatest among African Americans with continuous insurance coverage, as it was among continuously insured Hispanics and whites (Table 3). In fact, when insured all year, African Americans are no more likely than white adults to report being dissatisfied with the quality of their health care (Table 3).

CONCLUSIONS

Lack of insurance coverage and instability of coverage are persistent problems for low-income adults and racial and ethnic minorities.[11] The Commonwealth Fund Biennial Health Insurance Survey (2005) documented that Hispanic working-age adults are particularly likely to lack basic access to medical care. This can be attributed in part to their very high uninsured rates, but it is also because of the difficulties Hispanics experience in establishing ongoing care relationships with their doctors. Findings suggest that improving coverage as well as access to a medical home would go a long way toward helping Hispanic adults connect with the health care

system, receive the preventive care they need, and successfully manage and control chronic conditions.

Rates of unpaid medical bills and debt, meanwhile, are particularly high among African Americans, a consequence of the high prevalence of chronic disease and high uninsured rates found in this population. Helping to prevent the financial strain associated with unpaid medical bills and accrued debt should be a top priority area for policymakers.

Insurance alone does not ensure equal access and equal care.[12] Having a regular doctor is important as well, in terms of timing and receipt of preventive care. Indeed, findings indicate that on certain measures of preventive care, there are few racial and ethnic disparities among Hispanics, African Americans, and whites once they have a regular doctor (Figure 11). Whether insured or uninsured, or below or above poverty, people who have a regular provider are significantly more likely to get recommended preventive care, such as blood pressure and cholesterol screenings, and to feel confident about self-managing their chronic conditions. Ensuring that people have a medical home may thus be an important lever for reducing racial and ethnic disparities in care.

Closing the health gap for minorities is a key public policy aim of the U.S. Department of Health and Human Services.[13] Creating new and affordable health insurance options, strengthening and expanding the health care safety net, and ensuring both continuity of care and the ability to self-manage chronic conditions would help to accomplish this goal.

Notes

1 S. R. Collins, K. Davis, M. M. Doty et al., *Gaps in Health Insurance: An All-American Problem* (New York: The Commonwealth Fund, Apr. 2006).

2 This part of the analysis builds on an earlier study: J. L. Hargraves and J. Hadley, "The Contribution of Insurance Coverage and Community Resources to Reducing Racial/Ethnic Disparities in Access to Care," *Health Services Research,* June 2003 38(3):809–29.

3 Although the data cannot support subgroup analysis within the Hispanic population, the authors recognize that there exists a great degree of socioeconomic and cultural diversity within the Hispanic population, and as such, insurance coverage rates also vary widely, in particular, by national origin, immigration status, and the length of time in the United States. For more information on how insurance coverage rates vary within the Hispanic population. see C. Schur and J. Feldman, *Running in Place: How Job Characteristics, Immigrant Status, and Family Structure Keep Hispanics Uninsured* (New York: The Commonwealth Fund, May 2001); and M. M. Doty and B. Ives, *Quality of Health Care for Hispanic Populations: Findings from the Commonwealth Fund 2001 Health Care Quality Survey* (New York: The Commonwealth Fund, Mar. 2002).

4 J. E. Carillo, F. M. Trevino, J. R. Betancourt, and A. Coustasse, "The Role of Insurance, Managed Care, and Institutional Barriers," in *Health Issues in the Latino Community,* edited by M. Aguirre-Molina, C. Molina, and R. E. Zambrana (San Francisco: Jossey-Bass, 2001), pp. 55–73.

5 K. Quinn, *Working Without Benefits: The Health Insurance Crisis Confronting Hispanic Americans* (New York: The Commonwealth Fund, Mar. 2000).

Figure 11. Having a Regular Doctor Improves Preventive Care Screening Rates and Patient Confidence
(base: adults ages 19–64)

	Regular doctor				No regular doctor			
	Total	White	African American	Hispanic	Total	White	African American	Hispanic
Blood pressure check in past year	92%	92%	96%	89%	77%	78%	87%★	70%
Cholesterol check in past five years	75	73	76	79	51	49	52	57★
Not too/not at all confident can control or manage health problems[a]	12	11	10	20★	20	18	16	30

[a] Defined as having any chronic condition or disability.

★ Significant difference from white at $p \leq .05$ or better.

Note: Estimates are adjusted percentages based on logistic regression, controlling for poverty status and insurance.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

[6] B. Starfield, L. Shi, and J. Macinko, "Contribution of Primary Care to Health Systems and Health," *Milbank Quarterly,* 2005 83(3):457–502; L. Shi, "Experience of Primary Care by Racial and Ethnic Groups in the United States," *Medical Care,* Oct. 1999 37(10):1068–77; S. Leatherman and D. McCarthy, *Quality of Health Care in the United States: A Chartbook* (New York: The Commonwealth Fund, Apr. 2002).

[7] Collins et al., *Gaps in Health Insurance,* 2006.

[8] Collins et al., *Gaps in Health Insurance*; Robert Wood Johnson Foundation, *The Coverage Gap: A State-by-State Report on Access to Care* (Princeton, N.J.: RWJF, Apr. 2006).

[9] Collins et al., *Gaps in Health Insurance*; S.R. Collins et al., *The Affordability Crisis in U.S. Health Care: Findings from the Commonwealth Fund Biennial Health Insurance Survey* (New York: The Commonwealth Fund, Mar. 2004); and L. Duchon et al., *Security Matters: How Instability in Health Insurance Puts U.S. Workers at Risk* (New York: The Commonwealth Fund, Dec. 2001).

[10] Rates vary and are statistically significant at $p \leq .1$.

[11] Hargraves and Hadley, "Contribution of Insurance Coverage," 2003; V. Velanovich, M. U. Yood, U. Bawle et al., "Racial Differences in the Presentation and Surgical Management of Breast Cancer," *Surgery,* Apr. 1999 125(4):375–79.

[12] Carillo et al, "Role of Insurance," 2001, pp. 55–73; E. R. Brown et al., *Racial and Ethnic Disparities in Access to Health Insurance and Health Care* (Los Angeles: UCLA Center for Health Policy Research, 2000).

[13] Institute of Medicine Committee on Quality of Health Care in America, *Crossing the Quality Chasm: A New Health System for the 21st Century* (Washington, D.C.: National Academies Press, 2001); Agency for Healthcare Research and Quality, *National Healthcare Disparities Report, 2005* (Rockville, Md.: AHRQ, 2005); National Institutes of Health, *Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities Volume I Fiscal Years 2002–2006* (Washington, D.C.: U.S. Department of Health and Human Services, 2001).

Methodology

Data for this study were drawn from The Commonwealth Fund Biennial Health Insurance Survey (2005), conducted from August 18, 2005, through January 5, 2006, with a random, nationally representative sample of 4,350 adults age 19 and older. The analyses restricted the sample to non-elderly adults ages 19 to 64 and includes 1,677 non-Hispanic whites, 673 African Americans, and 764 respondents who identified themselves as Latino or Hispanic. The analyses compare the experiences of respondents who were continuously insured throughout the year with those who were uninsured at the time surveyed or at any time during the year.

To examine racial and ethnic differences and the extent to which insurance and income attenuate disparities, a series of logistic regressions were estimated to predict access problems, preventive care, self-management of chronic diseases, and medical bill or debt problems as a function of income and insurance. The adjusted percentages presented in Table 2 show how rates vary by race and ethnicity once the effects of insurance and income are taken into account. In Table 3, logistic regression models were used to predict outcomes by race and ethnicity for uninsured and insured individuals, adjusting for income. For all regression models, predicted probabilities were estimated and expressed as adjusted percentages for ease of interpretation.

Table 1. Demographic, Insurance, and Health Characteristics by Race and Ethnicity, 2005
(base: adults ages 19–64)

	Total	White	African American	Hispanic
Estimated number of adults (millions)	172.5	116.7	19.4	24.4
Unweighted N	3,352	1,677	673	764
Age				
19–29	21%	17%	22%	33%
30–49	49	48	51	48
50–64	31	35	27	19
Annual income				
Less than $20,000	21	16	34	36
$20,000–$39,999	22	20	24	31
$40,000–$59,999	18	20	18	10
$60,000+	30	35	19	11
Poverty status				
Under 100% poverty	13	9	20	23
100%–199% poverty	16	14	24	25
Under 200% poverty	30	23	44	49
200% poverty or more	61	67	50	39
Adult work status				
Full time	61	63	59	52
Part time	12	12	6	15
Not currently working	27	25	35	32
Family work status				
At least one full-time worker	76	80	68	68
Only part-time workers	7	7	6	12
No worker in family	16	14	26	20
Type of insurance coverage at time of survey				
Employer	63	71	53	34
Individual/other	9	9	9	7
Medicaid	5	4	10	9
Medicare	4	3	8	2
Uninsured	18	13	19	48
Type of insurance coverage at time of survey, among adults with income <200% poverty				
Employer	32	40	30	16
Individual/other	7	7	8	5
Public	23	21	32	15
Uninsured	39	32	30	64
Stability of insurance				
Insured all year	72	80	67	38
Insured now, time uninsured in past year	9	8	13	14
Uninsured now	18	13	19	48
Uninsured anytime in past year	28	20	33	62
Chronic conditions				
Hypertension	20	20	34	13
Heart attack/heart disease	6	6	6	2
Diabetes	8	7	12	8
Asthma	11	11	13	6
Any of the four chronic conditions	31	31	45	20
Any disability, handicap, or chronic disease that prevents working full time or limits activity	16	15	22	12
Health problems*	36	36	51	25

* Respondent reports any of four chronic conditions, or a disability, handicap, or chronic disease that prevents working full time or limits activity.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Table 2. Access to Care, Health Care Utilization, Medical Bills and Debt by Race and Ethnicity
Unadjusted Rates and Rates Adjusted by Insurance Status and Income, 2005
(base: adults ages 19–64)

	Unadjusted percentages				Percentages adjusted by insurance and income[a]		
	Total	White	African American	Hispanic	White	African American	Hispanic
Estimated number of adults (millions)	172.5	116.7	19.4	24.4	116.7	19.4	24.4
Access to care							
Has a regular doctor	76%	82%	80%★	48%★	78%	81%	59%★
Had a doctor's visit in the past two years	90	94	94	69★	93	94	77★
Has health problems,[b] NO doctor's visit in the past 12 months	11	9	11	21★	10	10	17
Cost-related access problems							
Did not fill prescription	25	24	27	27	27	26	20★
Skipped recommended test or follow-up	20	19	20	24	22	19	17★
Had a medical problem, did not visit doctor or clinic	24	23	22	29	27	20★	20★
Did not get needed specialist care	17	16	17	26★	18	16	18
Any cost-related access problems	37	36	36	41★	40	35	31★
Preventive care received							
Blood pressure checked in past year	88	90	94★	73★	88	94★	80★
Cholesterol checked in past five years	69	72	69	59★	67	71	69
Dental exam in past year	62	65	60★	51★	60	62	60
Self-management of chronic diseases							
Not too/not at all confident can control or manage health problems (among those with health problems[b])	13	11	12	27★	12	11	23★
Satisfaction and confidence							
Somewhat/very dissatisfied with the quality of care received in the past year	14	13	20★	16	16	20	12
Not too/not at all confident able to receive high-quality care when needed	30	27	30	43★	30	29	34
Emergency room use							
Visited ER for condition that could have been treated by a regular doctor had one been available	21	19	36★	19	20	35★	17
Medical bill problems and outstanding medical debt							
Not able to pay medical bills	23	22	30★	21	26	28	14★
Contacted by a collection agency for unpaid medical bills	13	11	25★	14	14	23★	9★
Had to change way of life to pay medical bills	14	13	22★	13	15	21★	9★
Any medical bill problem[c]	28	26	39★	26	30	37★	18★
Any medical bill problem and/or outstanding medical debt	34	33	44★	29★	37	42★	21★

[a] Adjusted percentages are predicted probabilities estimated by logistic regression models, controlling for insurance status and poverty.

[b] Respondent reports any of four chronic conditions (hypertension, heart attack/heart disease, diabetes, asthma), or a disability, handicap, or chronic disease that prevents working full time or limits activity.

[c] Not able to pay medical bills, contacted by a collection agency for unpaid medical bills only (not billing error), or had to change way of life to pay medical bills.

★ Significant difference from white at $p \leq .05$ or better.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Table 3. Access to Care, Health Care Utilization, Medical Bills and Debt by Insurance Status and Race and Ethnicity Based on Predicted Probabilities Using Logistic Regression, 2005
(base: adults ages 19–64)

	Uninsured anytime during the year[a] Percentages adjusted by income				Insured all year[a] Percentages adjusted by income			
	Total	White	African American	Hispanic	Total	White	African American	Hispanic
Estimated number of adults (millions)	47.8	23.6	6.3	15.1	124.7	93.2	13.1	9.3
Access to care								
Has a regular doctor	57%	62%	66%	37%★	82%	86%	88%	69%★
Had a doctor's visit in the past two years	81	87	89	62★	92	95	96	83★
Has health problems,[b] NO doctor's visit in the past 12 months	18	17	17	27★	8	7	7	12
Cost-related access problems								
Did not fill prescription	40	43	41	33	18	20	19	14
Skipped recommended test or follow-up	37	40	36	31★	12	14	12	10
Had a medical problem, did not visit doctor or clinic	46	50	40★	38★	14	16	11	11
Did not get needed specialist care	34	35	30	35	10	11	9	11
Any cost-related access problems	58	61	55	50★	28	30	25	22
Preventive care received								
Blood pressure checked in past year	79	80	90	68★	91	92	96	86
Cholesterol checked in past five years	51	49	54★	52★	77	76	79	78
Dental exam in past year	46	46	47	46	67	67	68	67
Self-management of chronic diseases								
Not too/not at all confident can control or manage health problems (among those with health problems[b])	20	17	16	31★	11	10	9	19
Satisfaction and confidence								
Somewhat/very dissatisfied with the quality of care received in the past year	28	29	34	22★	11	12	15	8
Not too/not at all confident able to receive high-quality care when needed	48	46	46	51	23	23	22	26
Emergency room use								
Visited ER for condition that could have been treated by a regular doctor had one been available	28	25	41★	21★	21	18	32★	15
Medical bill problems and outstanding medical debt								
Any medical bill problem[c]	46	49	57★	31★	21	22	28	12
Any medical bill problem and/or outstanding medical debt	52	56	61	35★	26	29	33	14

[a] Adjusted percentages are predicted probabilities estimated by logistic regression models, controlling for poverty status.

[b] Respondent reports any of four chronic conditions (hypertension, heart attack/heart disease, diabetes, asthma), or a disability, handicap, or chronic disease that prevents working full time or limits activity.

[c] Not able to pay medical bills, contacted by a collection agency for unpaid medical bills only (not billing error), or had to change way of life to pay medical bills.

★ Significant difference from white at $p \leq .05$ or better.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

About the Authors

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