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Access to Primary and Preventive Health Care Across States Prior to the Coverage Expansions of the Affordable Care Act

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Abstract One goal of health insurance is ensuring people have timely access to primary and preventive care. This issue brief finds wide differences in primary and preventive care access among adults under age 65—across states and within states by income—before the Affordable Care Act's major insurance expansions took effect. When comparing experiences of adults with insurance, the analysis finds that state and income differences narrow markedly. When insured, middle- and lower-income adults across states are far more likely to have a regular source of care, receive preventive care, and be able to afford care when needed. The findings highlight the potential of expanding health insurance to reduce the steep geographic and income divide in primary and preventive care that existed across the country before 2014. Success will depend on the participation of all states. This brief offers baseline data for states and the nation to track and assess change.

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OVERVIEW

Insurance matters. Studies, including seminal work by the Institute of Medicine, have found the insured are far more likely to have a usual source of care, to receive recommended preventive care, and to receive timely care for chronic conditions.[1] Having access to a usual source of care is also linked to lower emergency room use, fewer hospital admissions, and better health outcomes.[2] Further, the receipt of recommended preventive care, including immunizations like flu shots and cancer screenings like colonoscopies, has been shown to reduce the risk of serious illness and death.[3]

This issue brief compares access to primary care and receipt of preventive care among adults under age 65 by state in 2012, and examines differences by insurance and income within states. The findings reveal wide state differences prior to the major insurance expansions of the Affordable Care Act. It also finds a steep income divide within most states, with low- and middle-income adults far less likely than those with higher incomes to have a usual source of care, receive recommended preventive care, or be able to afford care when needed. As insurance reforms take hold, this brief provides baseline data for states and the nation to track and assess change in access. The income-divide findings echo recent national studies that find access, as well as insurance, have been increasingly tied to income. In recent years, the share of the low- and

middle-income working-age population with health insurance through their work has declined. This is because employers do not offer it or because premiums, which have risen far faster than wages for these workers, are unaffordable.[4,5] The analysis finds that in all states, adults with insurance were far more likely than uninsured adults to have primary care access or receive preventive care.

The brief's findings indicate that the Affordable Care Act's health insurance expansions and reforms have the potential to substantially reduce current geographic and income disparities in access to primary and preventive care. The reforms include requirements that nongrandfathered private plans cover a wide range of recommended preventive care services without cost-sharing. These requirements, which took effect in September 2010, have already benefited millions of people with private insurance. When looking at adults with insurance, the map of the country that shows rates of primary care and preventive care access by state looks much improved. Within states, income-related access gaps also shrink when comparing the experiences of insured low- and middle-income adults with insured adults with higher incomes.

There is the risk, however, that the geographic divide could widen. As of June 2014, 22 states are not yet participating in the Affordable Care Act's Medicaid expansion, including several states with uninsured rates that are among the highest in the country. Unless all states participate to ensure that people with incomes near or below poverty have access to insurance, geographic differences between those that participate and those that do not could widen, and income-related disparities will likely persist rather than shrink.

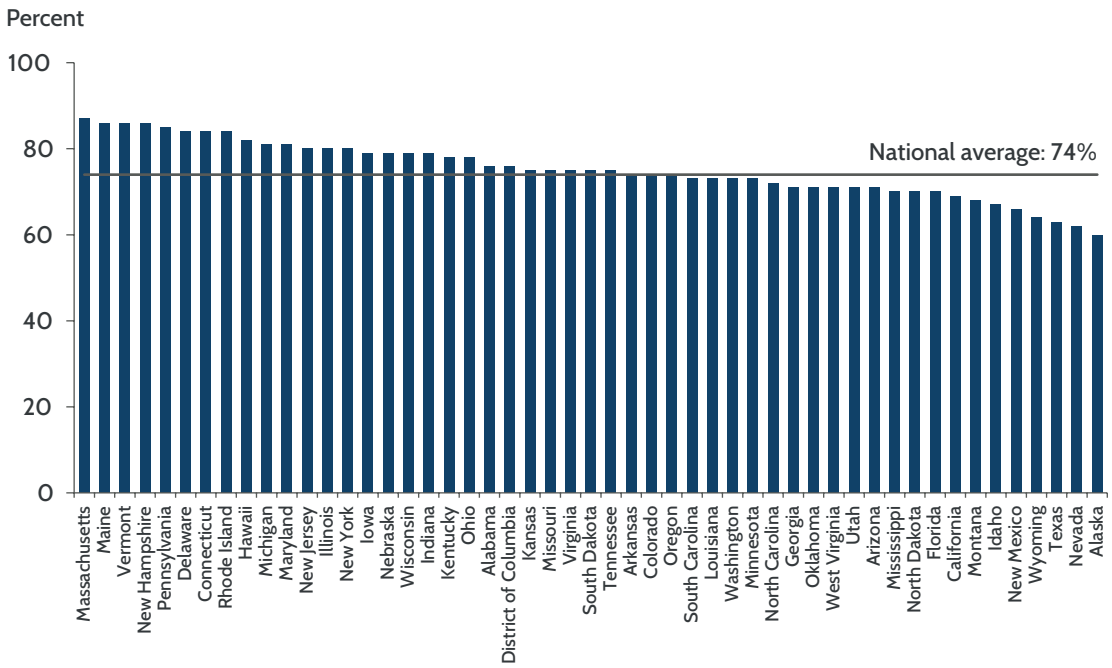
FINDINGS

Adults with a Usual Source of Care

In 2012 nationally, three-quarters (74%) of adults under age 65 reported having a usual source of primary care—a personal doctor or health care provider. But there was nearly a 50 percent difference in the rates between leading and lagging states: Nearly nine of 10 adults in Massachusetts (87%), Maine (86%), Vermont (86%), and New Hampshire (86%) had a usual source of care, while fewer than two-thirds of adults in Wyoming (64%), Texas (63%), Nevada (62%), and Alaska (60%) did (Exhibit 1, Table 1).

In all states, there were wide gaps between the insured and the uninsured who report having a personal doctor or health care provider. Nationally, insured adults were more than twice as likely as those without insurance to report having

Exhibit 1. Percent of Adults Under Age 65 with a Usual Source of Care, by State, 2012

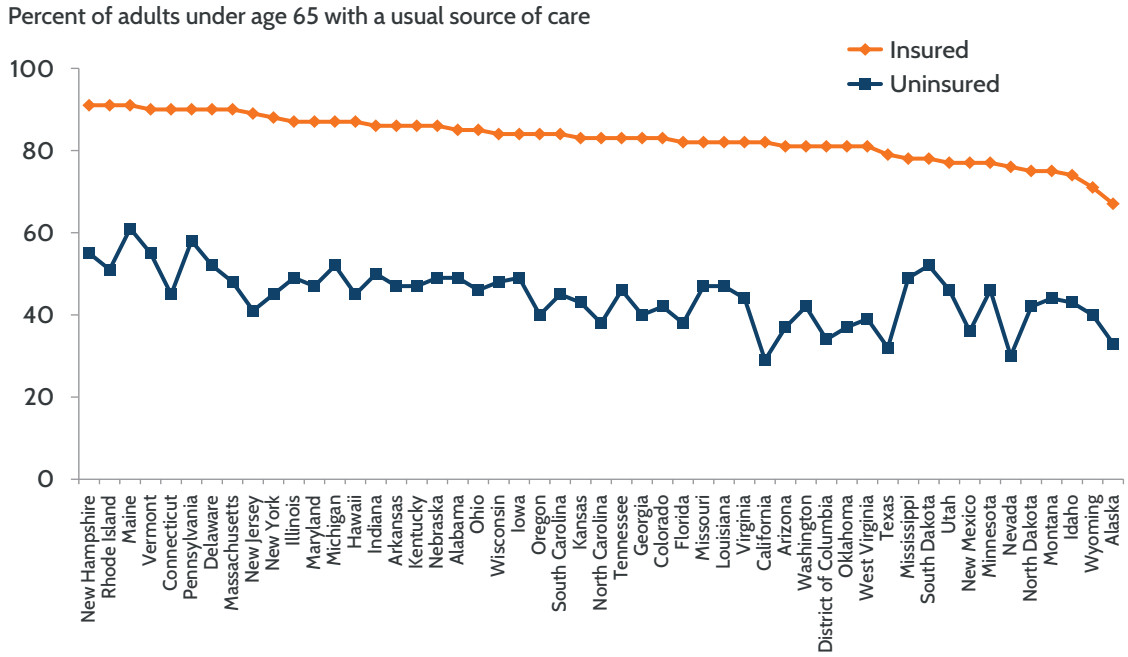


Data source: 2012 Behavioral Risk Factor Surveillance System (BRFSS).

a usual source of care (84% vs. 40%). Within states, there was a 26 to 53 percentage-point difference between the rates of insured and uninsured adults with a usual source of care (Exhibit 2, Table 1).

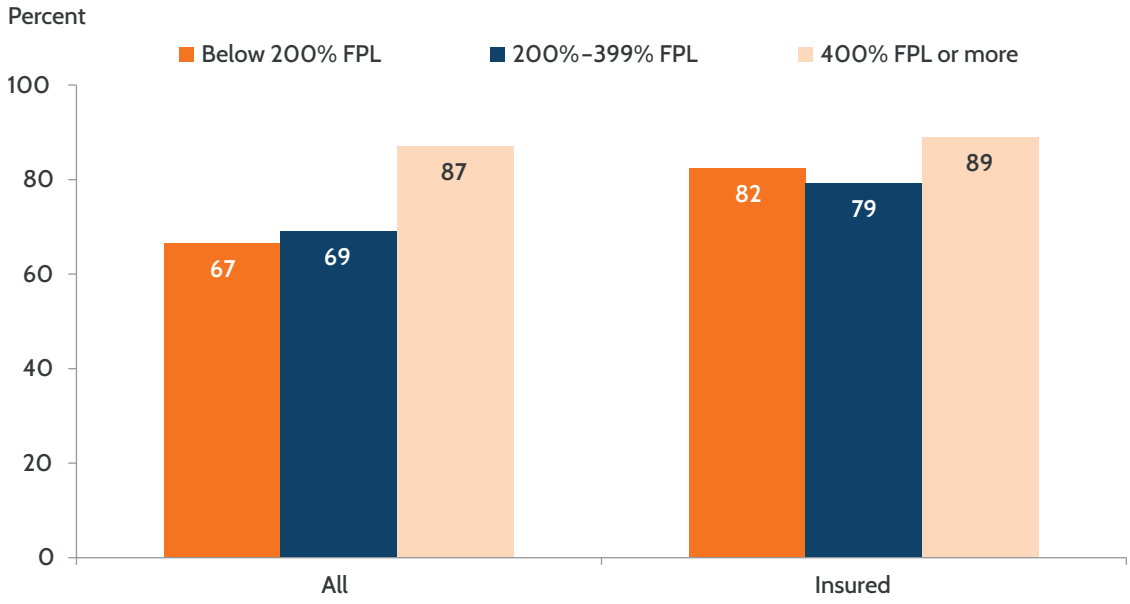
Nationally, as well as within states, low- and middle-income adults reported having a usual source of care at similar rates by 2012. But there were sharp differences between those rates and the rates at which higher-income adults reported having a personal doctor or health care provider. Having insurance helps enable more equitable access to primary care: The gap between adults with low and middle incomes and those with higher incomes who have a usual source of care narrows when comparing adults with insurance (Exhibit 3, Table 1).

Exhibit 2. Insured Adults More Likely to Have a Usual Source of Care, 2012



Data source: 2012 Behavioral Risk Factor Surveillance System (BRFSS).

Exhibit 3. Percent of Adults Under Age 65 with a Usual Source of Care, by Income and Insurance, 2012



Note: FPL = federal poverty level.
Data source: 2012 Behavioral Risk Factor Surveillance System (BRFSS).

Older Adults' Receipt of Recommended Preventive Care

National guidelines recommend screening for breast, cervical, and colon cancer at periodic intervals and annual flu shots for adults age 50 and older. Yet, in 2012, slightly more than half (53%) of older adults ages 50 to 64 nationally had received all of these recommended preventive care services within the recommended time interval given their age and gender.

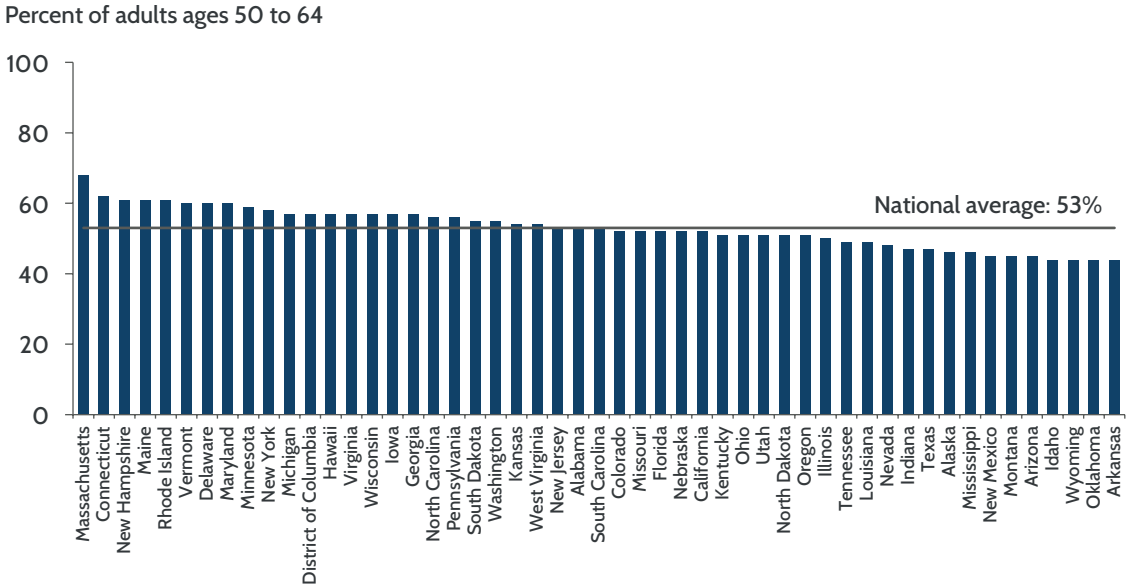
State rates depicted a strong regional pattern. Older adults in the Northeast, including those in Massachusetts (68%), Connecticut (62%), New Hampshire (61%), Maine (61%), and Rhode Island (61%), were far more likely than their peers in the South and Mountain states—New Mexico (45%), Montana (45%), Arizona (45%), Idaho (44%), Wyoming (44%), Oklahoma (44%), and Arkansas (44%)—to be up-to-date on recommended preventive care (Exhibit 4, Table 2).

The analysis finds that nearly all (95%) older adults who received recommended preventive care reported having a usual source of care (data not shown). In contrast, many of those without recommended preventive care did not have a regular source of care. Access and ties to primary care make a difference.

Nationally, older adults with insurance were more than twice as likely as those without it to be up-to-date on preventive care (58% vs. 25%). There was a gap of 20 percentage points or more between insured and uninsured older adults receiving recommended preventive care in all but two states, Illinois and Arkansas, where it was an estimated 15 and 19 percentage points, respectively. However, these two states had among the lowest rates of preventive care for insured adults (Exhibit 5, Table 2).

In 2012, nearly two-thirds (63%) of adults ages 50 to 64 with higher incomes reported being up-to-date on recommended preventive care compared with fewer than half of middle- or low-income adults (49% and 40%, respectively). For older adults, insurance helps reduce but does not eliminate the income divide in receipt of preventive care (Exhibit 6, Table 2). This pattern of narrowing but not always eliminating the income divide repeated across states (Table 2).

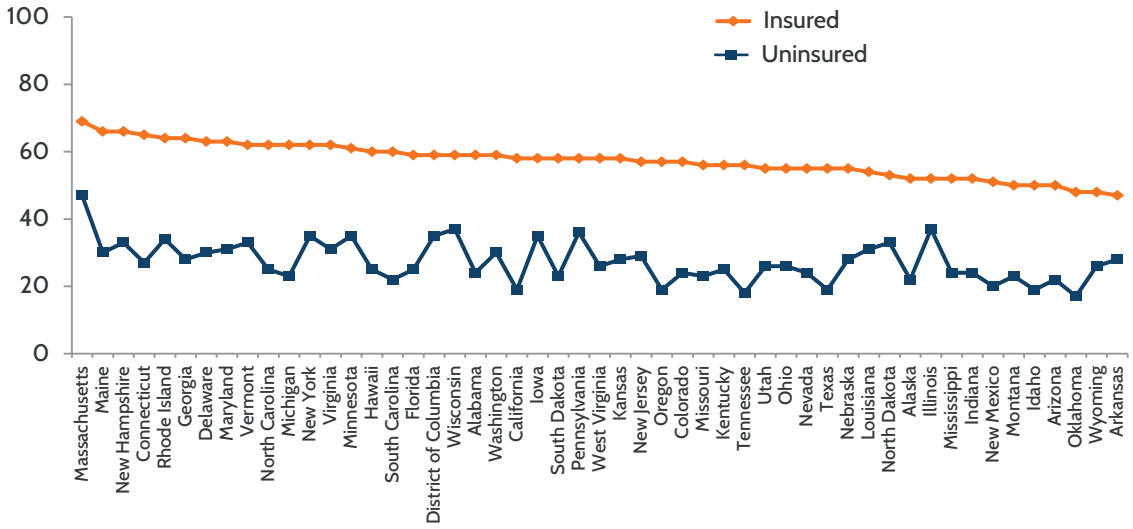
Exhibit 4. Percent of Older Adults Who Received Recommended Preventive Care, by State, 2012



Note: Recommended care includes receipt of all of the following within a specific time frame given their age and sex: screenings for colon, breast, and cervical cancer, and flu shots.
Data source: 2012 Behavioral Risk Factor Surveillance System (BRFSS).

Exhibit 5. Insured Older Adults More Likely to Receive Recommended Preventive Care, 2012

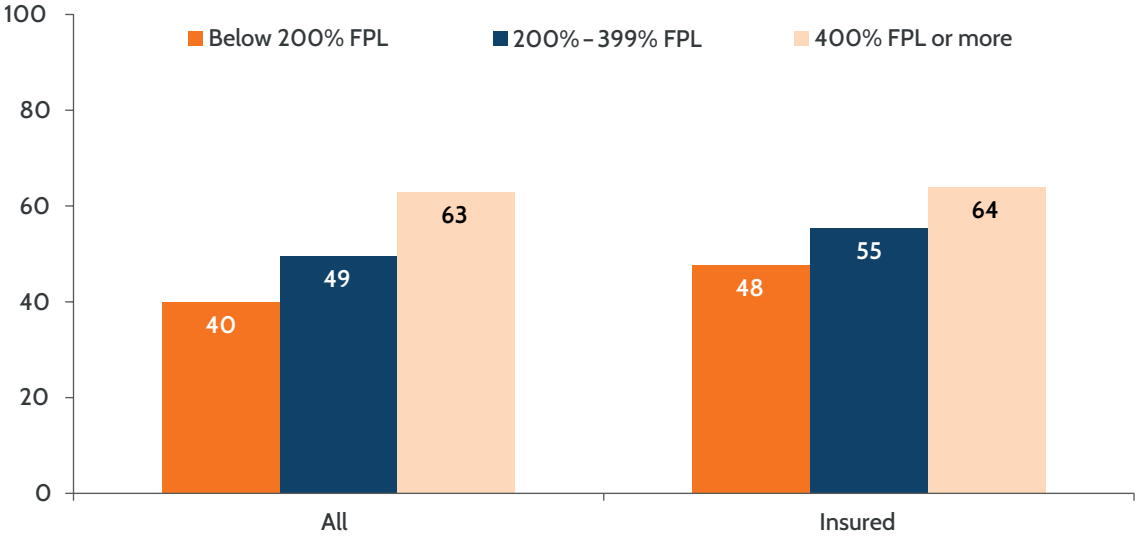
Percent of adults ages 50 to 64 receiving preventive care



Note: Recommended care includes receipt of all of the following within a specific time frame given their age and sex: screenings for colon, breast, and cervical cancer, and flu shots.
Data source: 2012 Behavioral Risk Factor Surveillance System (BRFSS).

Exhibit 6. Percent of Older Adults Who Received Recommended Preventive Care, by Income and Insurance, 2012

Percent of adults ages 50 to 64



Notes: FPL = federal poverty level. Recommended care includes receipt of all of the following within a specific time frame given their age and sex: screenings for colon, breast, and cervical cancer, and flu shots.
Data source: 2012 Behavioral Risk Factor Surveillance System (BRFSS).

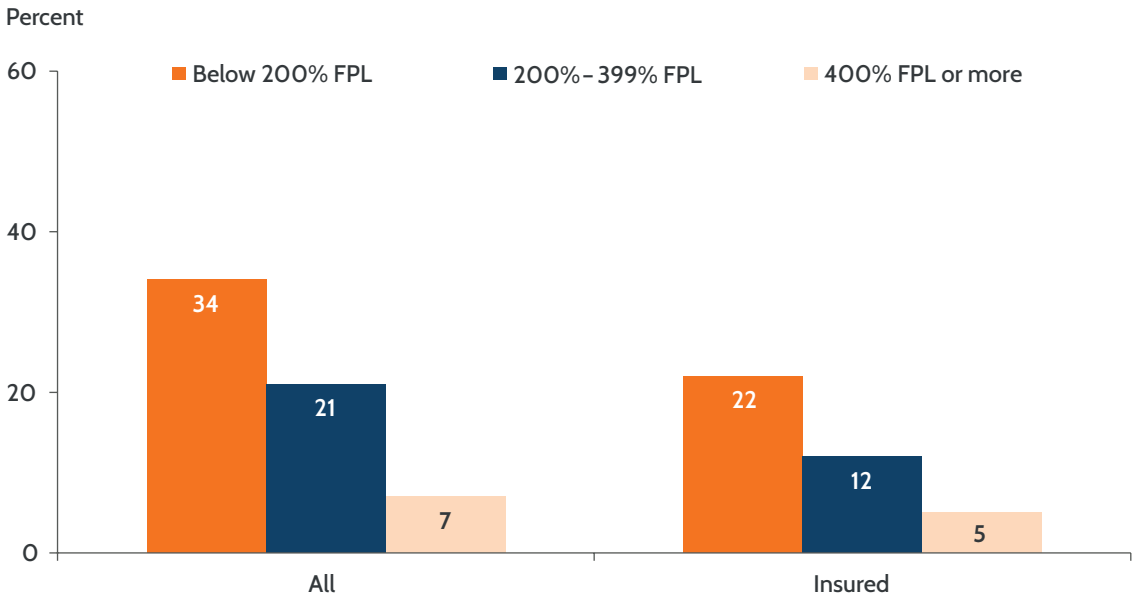
Notably, following the passage of Affordable Care Act, which required all nongrandfathered private plans to cover a wide range of preventive care services without cost-sharing, rates of preventive care have improved in some states for insured older adults receiving colon cancer screenings, mammograms, pap smears, and flu shots—the services included in our preventive care composite indicator constructed from the BRFSS survey (data not shown). However, progress on receipt of these services within the recommended time period has been uneven, and there remains ample room for improvement, as illustrated in Exhibits 5 and 6.

Adults Who Went Without Care Because of Cost

In 2012, nearly one of five adults under age 65 (19%) did not see a doctor when needed because of cost—an increase from five years ago.[6] State rates of forgone care because of cost ranged from lows of 10 percent to 11 percent in North Dakota, Massachusetts, Hawaii, and Vermont (states that have among the lowest uninsured rates in the country) to highs of 24 to 26 percent in Alabama, Texas, South Carolina, Mississippi, Arkansas, and Florida (states with generally high rates of uninsured adults). Not surprising, in all states, uninsured adults were far more likely—that is, rates of forgone care were three to more than five times higher—than those insured to go without care because of cost. Among the insured, there was less state variation (6% to 15%), with all but eight states clustered in the 8 percent to 13 percent range (Table 3).

Insurance helped to close the income divide. However, even when insured, low- and middle-income adults were much more likely than those with higher incomes to report going without care because of cost (22%, 12%, and 5%, respectively)—with similar gaps across states (Exhibit 7, Table 3). These differences likely reflect the underlying financial protectiveness of people's insurance.[7]

Exhibit 7. Percent of Adults Under Age 65 Who Went Without Care Because of Cost, by Income and Insurance, 2012



Note: FPL = federal poverty level.
Data source: 2012 Behavioral Risk Factor Surveillance System (BRFSS).

CONCLUSION

Having insurance makes an enormous difference for working-age adults. Those under age 65 without insurance were far less likely than those with insurance to report having a usual source of primary care or to have received recommended preventive care and were at far greater risk for going without care because of cost.

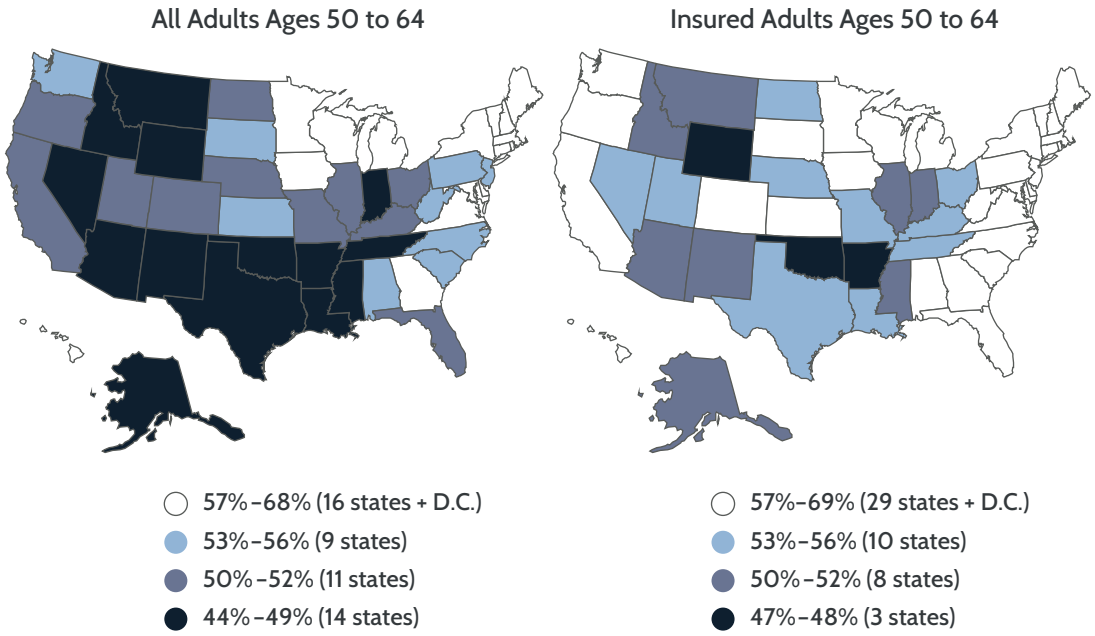
Increasing the number of people with insurance coverage will thus likely reduce the persistent steep geographic and income divide that historically has linked the ability to access health care to where you live and how much you earn. To the extent that the new coverage expansions succeed in enrolling the uninsured and providing comprehensive benefits, we should see a marked improvement across the country.

Even before the coverage expansions, it is possible to see how insurance changes the map. As illustrated in Exhibit 8, when looking at insured older adults only, many states move up to join the leading states in rates of preventive care. Similarly dramatic improvement in the state map occurs when comparing rates of all adults with those of insured adults in terms of having a usual source of care and going without care because of costs.

As of May 2014, an estimated 20 million people have gained coverage or enrolled in new plans as a result of the insurance expansions introduced by the Affordable Care Act.[8] This includes 8 million people who selected a plan through the new marketplaces, and 6 million who enrolled in Medicaid or the Children's Health Insurance Program since October 2013, the beginning of the open enrollment period.[9] In addition, an estimated 5 million people purchased plans directly from insurers and 1 million to as many as 3 million young adults gained coverage because of the provision allowing young adults to remain on their parents' policies up to age 26.[10] A new survey from The Commonwealth Fund finds that the uninsured rate for adults ages 19 to 64 declined from 20 percent in July–September 2013 to 15 percent in April–June 2014, meaning an estimated 9.5 million fewer adults were uninsured.[11]

The extent to which adults living near or below the federal poverty level will benefit, however, depends critically on state participation in the Medicaid expansion.[12] As of June 2014, 22 states had not yet decided to participate. In these states, uninsured adults with income below poverty have no new options available. The new Commonwealth Fund survey

Exhibit 8. Percent of Older Adults Who Received Recommended Preventive Care, by Insurance, 2012



Note: Recommended care includes receipt of all of the following within a specific time frame given their age and sex: screenings for colon, breast, and cervical cancer, and flu shots.
Data source: 2012 Behavioral Risk Factor Surveillance System (BRFSS).

reports that poor people who live in states that are not yet participating in the Medicaid expansion are being left behind—uninsured rates in these states remained unchanged among poor adults while the rates in participating states fell from July–September 2013 to April–June 2014.[13]

Beyond insurance expansion, there will likely also be a need to strengthen and expand the nation's primary care system and to improve preventive care rates, which are relatively low even among those with insurance. The Affordable Care Act includes provisions that have begun to address these concerns, including making new resources available for states to ensure access to quality care,[14] in addition to expanding Medicaid.

Regarding preventive care, beginning in September 2010 the Affordable Care Act required all nongrandfathered private plans to provide an array of recommended preventive care services with no out-of-pocket cost to patients. These include U.S. Preventive Services Task Force recommended preventive services. Since August 2012, nongrandfathered private plans also have been required to cover, without cost-sharing, several additional prevention-related health services for women, including all FDA-approved methods of contraception. (Plans had until the first renewal date beginning one year after the new women's preventive services guidelines were adopted to comply.)[15,16] In private health plans alone, an estimated 76 million adults and children are newly covered for preventive services with no cost-sharing as a result of the Affordable Care Act.[17]

Even with the elimination of cost-sharing for preventive services, however, there will be a need to make sure primary care is available and paid for in ways that emphasize improving population health.[18] This study finds that with respect to certain cancer screenings and flu shots for older adults, there is still ample room for improvement. In addition, the health plans people select and networks of participating providers could have an effect on the affordability and ease of access to care.

As coverage expansions take hold, we expect to see a positive domino effect, with improved primary care and preventive care access, enhanced affordability of care, and, over time, better population health. However, with 22 states not yet expanding their Medicaid programs—including several states that have among the highest uninsured rates in the country—the geographic divide between them and other states could widen and steep income disparities could persist.

HOW THIS STUDY WAS CONDUCTED

This brief draws on the 2012 Behavioral Risk Factor Surveillance System (BRFSS) national survey, which each year conducts interviews with more than 400,000 adults age 18 and older across all 50 states. BRFSS asks adults whether they have a usual source of care, received recommended preventive care, and whether they went without care because of cost, with information by income and insurance status. In this report, we restricted this analysis to adults under age 65.

Our preventive care indicator includes those ages 50 to 64. We examined whether they said "yes" to *all* of the following: sigmoidoscopy or colonoscopy in the past 10 years or a fecal occult blood test in the past two years; mammogram in the past two years (women); a pap smear in the past three years (women); and a flu shot in the past year.

We profile national and state level estimates for adults in three income groups:

- Low income: below 200 percent of the federal poverty level (annual income in 2012 of less than $22,340 if single, less than $46,100 for a family of four).
- Middle income: 200 percent to 399 percent of poverty (annual income in 2012 of $22,340 up to $44,680 if single, $46,100 up to $92,200 for a family of four).
- Higher income: 400 percent of poverty or more (annual income in 2012 at or above $44,680 if single, $92,200 for a family of four).

Notes

1 National Research Council, *America's Uninsured Crisis: Consequences for Health and Health Care* (Washington, D.C.: National Academies Press, Feb. 2009).

2 M. K. Abrams, R. Nuzum, S. Mika, and G. Lawlor, *How the Affordable Care Act Will Strengthen Primary Care and Benefit Patients, Providers, and Payers* (New York: The Commonwealth Fund, Jan. 2011).

3 J. Berenson, M. M. Doty, M. K. Abrams, and A. Shih, *Achieving Better Quality of Care for Low-Income Populations: The Role of Health Insurance and the Medical Home for Reducing Health Inequities* (New York: The Commonwealth Fund, May 2012).

4 S. R. Collins, R. Robertson, T. Garber, and M. M. Doty, *The Income Divide in Health Care: How the Affordable Care Act Will Help Restore Fairness to the U.S. Health System* (New York: The Commonwealth Fund, Feb. 2012); and S. R. Collins, R. Robertson, T. Garber, and M. M. Doty, *Insuring the Future: Current Trends in Health Coverage and the Effects of Implementing the Affordable Care Act* (New York: The Commonwealth Fund, April 2013).

5 C. Schoen, D. C. Radley, P. Riley, J. A. Lippa, J. Berenson, C. Dermody, and A. Shih, *Health Care in the Two Americas: Findings from the Scorecard on State Health System Performance for Low-Income Populations, 2013* (New York: The Commonwealth Fund, Sept. 2013); and C. Schoen, J. A. Lippa, S. R. Collins, and D. C. Radley, *State Trends in Premiums and Deductibles, 2003–2011: Eroding Protection and Rising Costs Underscore Need for Action* (New York: The Commonwealth Fund, Dec. 2012).

6 D. C. Radley, D. McCarthy, J. A. Lippa, S. L. Hayes, and C. Schoen, *Aiming Higher: Results from a State Scorecard on Health System Performance, 2014* (New York: The Commonwealth Fund, May 2014).

7 C. Schoen, S. L. Hayes, S. R. Collins, J. A. Lippa, and D. C. Radley, *America's Underinsured: A State-by-State Look at Health Insurance Affordability Prior to the New Coverage Expansions* (New York: The Commonwealth Fund, March 2014).

8 D. Blumenthal and S. R. Collins, "Health Care Coverage Under the Affordable Care Act: A Progress Report," *New England Journal of Medicine,* published online July 2, 2014.

9 U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Policy, "Addendum to the Health Insurance Marketplace Summary Enrollment Report for the Initial Annual Open Enrollment Period, for the Period: October 1, 2013–March 31, 2014 (Including Additional Special Enrollment Period Activity Through 4-19-14)," ASPE Issue Brief (Washington, D.C.: ASPE, May 1, 2014); and Blumenthal and Collins, "Health Care Coverage: Progress Report," 2014.

10 Blumenthal and Collins, "Health Care Coverage: Progress Report," 2014.

11 S. R. Collins, P. W Rasmussen and M. M. Doty, *Gaining Ground: Americans' Health Insurance Coverage and Access to Care After the Affordable Care Act's First Open Enrollment Period* (New York: The Commonwealth Fund, July 2014).

12 Schoen, Hayes, Collins, Lippa, and Radley, *America's Underinsured,* 2014.

13 Collins, Rasmussen, and Doty, *Gaining Ground,* 2014.

14 Abrams, Nuzum, Mika, and Lawlor, *How the Affordable Care Act Will Strengthen Primary Care,* 2011; K. Davis, M. K. Abrams, and K. Stremikis, "How the Affordable Care Act Will Strengthen the Nation's Primary Care Foundation," *Journal of General Internal Medicine,* published online April 27, 2011; and C. Schoen, S. Hayes, and P. Riley, *The Affordable Care Act's New Tools and Resources to Improve Health and Care for Low-Income Families Across the Country* (New York: The Commonwealth Fund, Oct. 2013).

15 A few employer-based plans were grandfathered to keep their scope of benefits before the ACA. The preventive care requirement applies to all nongrandfathered plans—that is, those that cover the vast majority of the privately insured. The provision also applies to all private plans sold through new marketplaces.

[16] Preventive benefits without cost-sharing include: wellness exams, colorectal, cervical, and breast cancer screenings; blood pressure, cholesterol, depression, and diabetes screenings; immunizations (children and adults); osteoporosis screenings for women; anemia screenings for pregnant women; and contraceptive services. For more information, see: R. Robertson and S. R. Collins, *Women at Risk: Why Increasing Numbers of Women Are Failing to Get the Health Care They Need and How the Affordable Care Act Will Help* (New York: The Commonwealth Fund, May 11, 2011); and U.S. Department of Health and Human Services, "Affordable Care Act Rules on Expanding Access to Preventive Services for Women" (Washington, D.C.: DHHS, Aug. 1, 2011), http://www.hhs.gov/healthcare/facts/factsheets/2011/08/womensprevention08012011a.html.

[17] U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Policy, "Increased Coverage of Preventive Services with Zero Cost-Sharing Under the Affordable Care Act," ASPE Issue Brief (Washington, D.C.: ASPE, June 27, 2014).

[18] Abrams, Nuzum, Mika, and Lawlor, *How the Affordable Care Act Will Strengthen Primary Care,* 2011.

Table 1. Adults Under Age 65 With a Usual Source of Care, by Income and Insurance Status, 2012

	Percent of Adults Under Age 65 with a Usual Source of Care				Percent of Adults Under Age 65 with a Usual Source of Care							
	All, by Income				All, by Insurance Status		Below 200% FPL		200%–399% FPL		400% FPL or more	
State	Total	Below 200% FPL	200%–399% FPL	400% FPL or more	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured
United States	**74%**	**67%**	**69%**	**87%**	**84%**	**40%**	**82%**	**41%**	**79%**	**37%**	**89%**	**56%**
Alabama	76%	73%	72%	87%	85%	49%	86%	50%	83%	42%	87%	69%
Alaska	60%	55%	52%	71%	67%	33%	61%	44%	59%	29%	74%	36%
Arizona	71%	65%	67%	83%	81%	37%	80%	41%	76%	35%	85%	54%
Arkansas	74%	66%	75%	85%	86%	47%	84%	48%	86%	47%	87%	–
California	69%	57%	63%	85%	82%	29%	76%	30%	77%	24%	89%	38%
Colorado	74%	67%	66%	87%	83%	42%	80%	49%	76%	33%	89%	51%
Connecticut	84%	77%	77%	93%	90%	45%	88%	41%	84%	42%	95%	64%
Delaware	84%	76%	82%	92%	90%	52%	87%	43%	88%	51%	93%	77%
District of Columbia	76%	77%	69%	86%	81%	34%	82%	–	74%	31%	87%	–
Florida	70%	63%	64%	87%	82%	38%	78%	43%	78%	31%	89%	63%
Georgia	71%	67%	64%	86%	83%	40%	82%	47%	78%	31%	87%	51%
Hawaii	82%	80%	78%	90%	87%	45%	90%	38%	84%	45%	91%	69%
Idaho	67%	65%	62%	76%	74%	43%	75%	49%	71%	34%	78%	–
Illinois	80%	76%	73%	89%	87%	49%	88%	53%	82%	44%	91%	66%
Indiana	79%	72%	75%	89%	86%	50%	85%	50%	82%	48%	91%	65%
Iowa	79%	73%	75%	88%	84%	49%	83%	45%	79%	47%	88%	–
Kansas	75%	65%	72%	88%	83%	43%	84%	41%	80%	42%	89%	54%
Kentucky	78%	74%	73%	89%	86%	47%	88%	50%	82%	40%	91%	60%
Louisiana	73%	72%	67%	82%	82%	47%	83%	55%	79%	39%	84%	50%
Maine	86%	87%	80%	93%	91%	61%	92%	69%	87%	55%	95%	66%
Maryland	81%	72%	76%	90%	87%	47%	88%	42%	82%	50%	91%	68%
Massachusetts	87%	83%	80%	93%	90%	48%	87%	52%	85%	40%	94%	66%
Michigan	81%	78%	78%	89%	87%	52%	87%	51%	85%	52%	90%	63%
Minnesota	73%	71%	66%	80%	77%	46%	79%	50%	70%	43%	82%	55%
Mississippi	70%	66%	69%	79%	78%	49%	77%	51%	78%	47%	81%	60%
Missouri	75%	67%	70%	87%	82%	47%	82%	43%	77%	47%	88%	–
Montana	68%	64%	64%	79%	75%	44%	76%	43%	69%	45%	82%	46%
Nebraska	79%	74%	75%	89%	86%	49%	86%	52%	82%	45%	90%	63%
Nevada	62%	53%	55%	79%	76%	30%	78%	29%	67%	28%	83%	41%
New Hampshire	86%	80%	81%	93%	91%	55%	92%	53%	88%	57%	94%	63%
New Jersey	80%	71%	72%	91%	89%	41%	90%	40%	83%	36%	92%	62%
New Mexico	66%	57%	64%	82%	77%	36%	73%	35%	74%	34%	84%	50%
New York	80%	76%	72%	93%	88%	45%	89%	36%	81%	42%	93%	75%
North Carolina	72%	64%	68%	86%	83%	38%	81%	40%	80%	33%	88%	56%
North Dakota	70%	67%	64%	79%	75%	42%	78%	34%	69%	41%	80%	–
Ohio	78%	74%	74%	88%	85%	46%	83%	49%	82%	42%	90%	55%
Oklahoma	71%	61%	69%	85%	81%	37%	80%	33%	77%	40%	88%	53%
Oregon	74%	66%	68%	89%	84%	40%	84%	44%	78%	32%	91%	56%
Pennsylvania	85%	81%	81%	92%	90%	58%	91%	60%	86%	54%	93%	65%
Rhode Island	84%	80%	76%	95%	91%	51%	91%	58%	88%	41%	96%	–
South Carolina	73%	69%	70%	87%	84%	45%	85%	48%	80%	42%	89%	58%
South Dakota	75%	72%	69%	85%	78%	52%	79%	54%	72%	53%	86%	53%
Tennessee	75%	71%	70%	88%	83%	46%	83%	49%	78%	44%	90%	–
Texas	63%	50%	58%	82%	79%	32%	78%	32%	74%	28%	85%	50%
Utah	71%	67%	67%	81%	77%	46%	78%	48%	73%	44%	82%	63%
Vermont	86%	85%	79%	93%	90%	55%	93%	50%	85%	51%	94%	74%
Virginia	75%	69%	71%	86%	82%	44%	81%	50%	78%	39%	87%	62%
Washington	73%	66%	65%	86%	81%	42%	82%	42%	73%	38%	88%	46%
West Virginia	71%	68%	67%	83%	81%	39%	82%	45%	78%	35%	84%	–
Wisconsin	79%	75%	74%	86%	84%	48%	83%	49%	82%	41%	87%	71%
Wyoming	64%	62%	61%	72%	71%	40%	76%	45%	68%	38%	71%	50%
Min	60%	50%	52%	71%	67%	29%	61%	29%	59%	24%	71%	36%
Max	87%	87%	82%	95%	91%	61%	93%	69%	88%	57%	96%	77%

Notes: FPL = federal poverty level. – = Data missing because sample size is too small.
Data source: 2012 Behavioral Risk Factor Surveillance System (BRFSS).

Table 2. Adults Ages 50–64 Who Received Recommended Preventive Care, by Income and Insurance Status, 2012

	Percent of Adults Ages 50–64 Who Received Recommended Preventive Care				Percent of Adults Ages 50–64 Who Received Recommended Preventive Care							
	All, by Income				All, by Insurance Status		Below 200% FPL		200%–399% FPL		400% FPL or more	
State	Total	Below 200% FPL	200%–399% FPL	400% FPL or more	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured
United States	**53%**	**40%**	**49%**	**63%**	**58%**	**25%**	**48%**	**24%**	**55%**	**25%**	**64%**	**37%**
Alabama	53%	42%	50%	66%	59%	24%	51%	19%	56%	24%	66%	–
Alaska	46%	40%	42%	52%	52%	22%	48%	30%	53%	14%	53%	–
Arizona	45%	34%	45%	53%	50%	22%	34%	35%	53%	15%	55%	–
Arkansas	44%	29%	43%	56%	47%	28%	35%	15%	48%	28%	56%	–
California	52%	34%	49%	64%	58%	19%	43%	19%	56%	21%	66%	16%
Colorado	52%	35%	47%	62%	57%	24%	45%	15%	52%	26%	62%	44%
Connecticut	62%	49%	50%	71%	65%	27%	55%	23%	54%	30%	72%	–
Delaware	60%	49%	56%	66%	63%	30%	56%	27%	59%	–	67%	–
District of Columbia	57%	46%	50%	67%	59%	35%	47%	–	52%	–	69%	–
Florida	52%	40%	51%	61%	59%	25%	48%	26%	61%	21%	62%	–
Georgia	57%	42%	56%	68%	64%	28%	54%	25%	62%	36%	70%	–
Hawaii	57%	50%	54%	66%	60%	25%	59%	17%	57%	28%	66%	–
Idaho	44%	30%	43%	53%	50%	19%	36%	21%	49%	20%	54%	–
Illinois	50%	42%	43%	57%	52%	37%	44%	37%	44%	36%	58%	–
Indiana	47%	36%	43%	59%	52%	24%	43%	24%	47%	25%	60%	–
Iowa	57%	37%	55%	65%	58%	35%	39%	–	57%	–	66%	–
Kansas	54%	42%	49%	63%	58%	28%	54%	24%	52%	29%	63%	–
Kentucky	51%	40%	51%	60%	56%	25%	48%	24%	56%	23%	60%	–
Louisiana	49%	44%	45%	59%	54%	31%	50%	33%	52%	27%	60%	–
Maine	61%	55%	57%	70%	66%	30%	59%	41%	64%	23%	72%	35%
Maryland	60%	46%	53%	67%	63%	31%	50%	34%	59%	28%	68%	33%
Massachusetts	68%	56%	64%	74%	69%	47%	57%	47%	66%	44%	74%	57%
Michigan	57%	45%	53%	68%	62%	23%	52%	23%	59%	21%	69%	–
Minnesota	59%	41%	57%	65%	61%	35%	44%	32%	60%	33%	65%	–
Mississippi	46%	35%	43%	59%	52%	24%	43%	17%	49%	23%	59%	–
Missouri	52%	44%	48%	63%	56%	23%	49%	27%	53%	24%	64%	–
Montana	45%	32%	45%	52%	50%	23%	39%	19%	52%	23%	54%	–
Nebraska	52%	32%	47%	62%	55%	28%	36%	21%	51%	25%	63%	–
Nevada	48%	37%	44%	58%	55%	24%	53%	14%	52%	23%	58%	–
New Hampshire	61%	48%	55%	69%	66%	33%	57%	29%	61%	32%	69%	–
New Jersey	53%	37%	46%	62%	57%	29%	46%	23%	51%	26%	62%	47%
New Mexico	45%	35%	44%	56%	51%	20%	42%	19%	50%	23%	58%	–
New York	58%	54%	53%	63%	62%	35%	59%	33%	56%	39%	64%	–
North Carolina	56%	38%	55%	70%	62%	25%	46%	23%	62%	25%	72%	–
North Dakota	51%	32%	50%	56%	53%	33%	37%	–	53%	–	56%	–
Ohio	51%	41%	49%	59%	55%	26%	47%	24%	54%	26%	60%	–
Oklahoma	44%	27%	44%	55%	48%	17%	34%	11%	48%	18%	56%	–
Oregon	51%	38%	46%	65%	57%	19%	50%	19%	52%	15%	66%	–
Pennsylvania	56%	49%	53%	63%	58%	36%	54%	31%	56%	38%	63%	69%
Rhode Island	61%	47%	60%	67%	64%	34%	48%	44%	68%	20%	68%	–
South Carolina	53%	39%	51%	65%	60%	22%	50%	19%	59%	22%	66%	56%
South Dakota	55%	37%	55%	63%	58%	23%	45%	14%	58%	30%	63%	–
Tennessee	49%	37%	48%	61%	56%	18%	45%	18%	54%	21%	63%	–
Texas	47%	35%	43%	57%	55%	19%	47%	20%	55%	16%	58%	–
Utah	51%	35%	48%	61%	55%	26%	42%	20%	53%	26%	62%	37%
Vermont	60%	45%	57%	67%	62%	33%	46%	–	61%	32%	68%	–
Virginia	57%	41%	52%	68%	62%	31%	50%	24%	56%	31%	68%	–
Washington	55%	38%	50%	64%	59%	30%	44%	26%	55%	29%	65%	37%
West Virginia	54%	41%	54%	64%	58%	26%	47%	22%	58%	30%	65%	–
Wisconsin	57%	38%	54%	65%	59%	37%	45%	18%	55%	43%	65%	–
Wyoming	44%	35%	43%	49%	48%	26%	49%	15%	47%	28%	50%	33%
Min	44%	27%	42%	49%	47%	17%	34%	11%	44%	14%	50%	16%
Max	68%	56%	64%	74%	69%	47%	59%	47%	68%	44%	74%	69%

Notes: Recommended care includes receipt of all of the following within a specific time frame given their age and sex: screenings for colon, breast, and cervical cancer, and flu shots. FPL = federal poverty level. – = Data missing because sample size is too small.
Data source: 2012 Behavioral Risk Factor Surveillance System (BRFSS).

Table 3. Adults Under Age 65 Who Went Without Care Because of Costs, by Income and Insurance Status, 2012

	Percent of Adults Under Age 65 Who Went Without Care Because of Cost				Percent of Adults Under Age 65 Who Went Without Care Because of Cost							
	All, by Income				All, by Insurance Status		Below 200% FPL		200%–399% FPL		400% FPL or more	
State	Total	Below 200% FPL	200%–399% FPL	400% FPL or more	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured
United States	19%	34%	21%	7%	11%	47%	22%	52%	12%	46%	5%	34%
Alabama	24%	41%	24%	5%	14%	56%	27%	64%	13%	56%	4%	21%
Alaska	15%	28%	17%	8%	10%	36%	19%	45%	9%	44%	7%	24%
Arizona	23%	42%	22%	9%	15%	51%	30%	61%	14%	53%	7%	32%
Arkansas	25%	44%	24%	6%	14%	52%	30%	58%	14%	46%	4%	–
California	19%	31%	21%	8%	11%	44%	21%	46%	12%	43%	5%	44%
Colorado	18%	36%	19%	7%	11%	44%	23%	52%	12%	40%	6%	28%
Connecticut	14%	29%	20%	5%	9%	47%	20%	55%	13%	52%	4%	28%
Delaware	15%	31%	16%	7%	11%	42%	21%	58%	12%	36%	6%	33%
District of Columbia	14%	16%	19%	3%	10%	44%	15%	–	14%	52%	2%	–
Florida	26%	40%	25%	10%	15%	53%	28%	59%	15%	49%	7%	40%
Georgia	23%	39%	25%	8%	13%	50%	23%	59%	15%	47%	6%	36%
Hawaii	11%	17%	13%	3%	8%	33%	14%	32%	8%	40%	3%	15%
Idaho	20%	38%	18%	8%	12%	48%	28%	56%	12%	41%	6%	–
Illinois	16%	28%	20%	6%	9%	45%	19%	46%	11%	47%	4%	45%
Indiana	18%	32%	19%	6%	11%	45%	20%	50%	13%	43%	5%	26%
Iowa	12%	29%	12%	4%	8%	40%	20%	53%	9%	31%	3%	–
Kansas	18%	38%	19%	5%	10%	49%	23%	56%	11%	48%	4%	32%
Kentucky	22%	39%	23%	6%	13%	57%	24%	64%	14%	54%	4%	37%
Louisiana	21%	36%	21%	7%	12%	46%	23%	57%	13%	43%	6%	21%
Maine	14%	19%	17%	7%	8%	43%	13%	44%	9%	45%	5%	40%
Maryland	13%	29%	16%	5%	8%	41%	20%	48%	9%	44%	4%	25%
Massachusetts	11%	19%	13%	5%	9%	38%	16%	42%	10%	39%	5%	25%
Michigan	17%	31%	19%	5%	11%	50%	23%	55%	12%	48%	4%	28%
Minnesota	12%	25%	14%	5%	8%	37%	18%	47%	10%	38%	5%	15%
Mississippi	25%	42%	23%	9%	15%	52%	29%	62%	13%	50%	7%	29%
Missouri	18%	36%	20%	5%	11%	45%	25%	55%	14%	44%	5%	–
Montana	18%	34%	19%	7%	12%	37%	26%	46%	13%	38%	6%	21%
Nebraska	16%	33%	17%	5%	9%	46%	24%	52%	10%	45%	4%	35%
Nevada	21%	36%	21%	8%	12%	45%	23%	50%	13%	40%	5%	40%
New Hampshire	15%	30%	19%	6%	9%	48%	22%	49%	11%	52%	5%	34%
New Jersey	18%	35%	21%	6%	10%	51%	22%	57%	12%	50%	5%	30%
New Mexico	22%	34%	22%	7%	13%	47%	22%	51%	13%	46%	5%	30%
New York	17%	28%	17%	7%	11%	45%	22%	48%	11%	40%	5%	40%
North Carolina	22%	37%	23%	8%	13%	49%	24%	54%	14%	51%	7%	26%
North Dakota	10%	23%	12%	4%	6%	34%	14%	47%	6%	37%	3%	–
Ohio	17%	29%	18%	6%	10%	46%	20%	52%	11%	45%	5%	31%
Oklahoma	22%	39%	23%	7%	13%	53%	25%	59%	14%	55%	5%	32%
Oregon	21%	36%	23%	7%	12%	54%	18%	58%	15%	52%	4%	47%
Pennsylvania	15%	30%	16%	5%	9%	47%	19%	56%	11%	42%	4%	31%
Rhode Island	15%	26%	21%	4%	9%	46%	19%	42%	10%	52%	3%	–
South Carolina	24%	41%	24%	8%	14%	52%	27%	61%	15%	49%	6%	38%
South Dakota	13%	25%	14%	5%	8%	41%	15%	51%	10%	39%	4%	36%
Tennessee	22%	34%	24%	7%	13%	55%	20%	60%	14%	56%	6%	–
Texas	24%	41%	26%	8%	13%	44%	28%	49%	15%	45%	6%	30%
Utah	17%	30%	18%	8%	11%	43%	22%	44%	10%	49%	7%	25%
Vermont	11%	21%	13%	5%	7%	42%	13%	56%	9%	38%	4%	35%
Virginia	18%	34%	17%	6%	10%	51%	21%	56%	11%	46%	5%	35%
Washington	18%	34%	21%	6%	11%	46%	23%	51%	14%	46%	5%	29%
West Virginia	22%	37%	24%	6%	13%	54%	22%	62%	14%	54%	5%	–
Wisconsin	15%	29%	18%	6%	10%	43%	22%	53%	13%	42%	5%	28%
Wyoming	16%	31%	19%	8%	9%	41%	17%	48%	10%	46%	6%	20%
Min	10%	16%	12%	3%	6%	33%	13%	32%	6%	31%	2%	15%
Max	26%	44%	26%	10%	15%	57%	30%	64%	15%	56%	7%	47%

Notes: FPL = federal poverty level. – = Data missing because sample size is too small.
Data source: 2012 Behavioral Risk Factor Surveillance System (BRFSS).

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