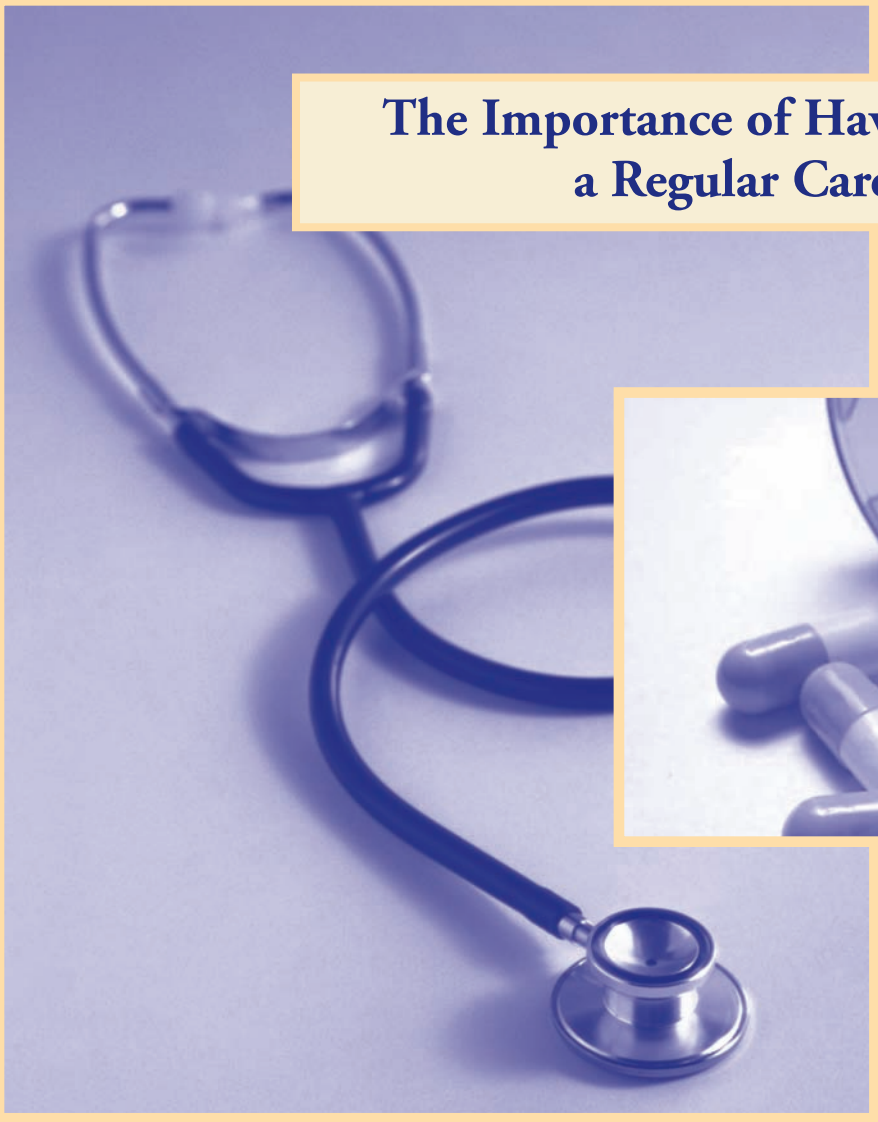
Health Care Access Among Adults in New York City

The Importance of Having Insurance and a Regular Care Provider



A Report from the
New York City Department
of Health and Mental Hygiene

May 2007

Letter from the Commissioner

Dear Fellow New Yorkers:

New York City's Health Department is committed to eliminating barriers to health care access for all New Yorkers. Clinical encounters with medical staff are important opportunities for prevention and treatment, yet many New Yorkers face barriers to receiving care.

Our latest report, *Health Care Access Among Adults in New York City*, examines two important obstacles to access: not having insurance and not having a regular health care provider. As with many health conditions, certain New Yorkers are more likely to face these barriers than others: Hispanics, men, and younger adults are among the populations at greatest risk of experiencing problems accessing care.

We hope this report will assist our partners in expanding efforts to improve access to regular providers, insurance programs, preventive services, and treatment. Together, we can help make health care more accessible to all New Yorkers.

Thomas R. Frieden, MD, MPH
Commissioner
New York City Department of Health and Mental Hygiene

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Key Findings in This Report

Many New Yorkers lack insurance, a regular provider, or both.

- One million adult New Yorkers, about 1 in 6, are presently uninsured. More than 1.2 million adults, or 1 in 5, lack a regular care provider.
- Hispanics, men, younger adults, people with low income, and residents of the South Bronx, South Brooklyn, and West Queens are more likely than others to lack insurance and a regular provider.
- Unemployed adults are more likely than employed adults to be uninsured (26% vs. 18%), but about two thirds of uninsured New Yorkers are employed (approximately 708,000 of the 1 million uninsured).

Insurance and a regular care provider each improve access to preventive care; adults with both receive the most screenings.

- Adults with both insurance and a regular provider are almost 3 times more likely to have had a colonoscopy than adults with neither (58% vs. 21%); women with both are almost twice as likely to have had a recent mammogram (78% vs. 41%) and about 40% more likely to have had a recent Pap test (83% vs. 60%).
- Adults 65 and older with both insurance and a regular provider are almost 9 times more likely to have ever received a pneumonia vaccination than those with neither (51% vs. 6%) and recent flu shots in this group are more than 4 times as common (57% vs. 14%).
- The influences of having insurance or a regular provider on screenings are similar, except for cholesterol screening; adults with only a regular provider are more likely to have had a cholesterol test in the past 5 years than those with only insurance.

Having insurance reduces the likelihood of adults not seeking medical care due to cost and receiving regular care in the emergency department.

- Compared to insured adults, the uninsured are about 4 times more likely to not seek medical care for a health problem due to cost (41% vs. 11%) and about twice as likely to not fill prescriptions (24% vs. 14%).
- Publicly-insured adults generally face more cost challenges than those with private coverage; for example, 18- to 64-year-olds with Medicaid are about twice as likely to forgo care for a medical problem due to cost as those with private insurance (16% vs. 9%).
- In each racial/ethnic group, those without insurance are more likely to use the emergency department as a regular source of care; white adults are least likely to use the emergency department for routine care, regardless of insurance status.

Having a regular provider is associated with better patient/provider communication.

- New Yorkers with regular care providers rate their providers higher than those with no regular care provider in terms of listening (84% vs. 61%), explaining (86% vs. 63%), and spending enough time during medical visits (74% vs. 47%).
- Those with regular providers receive more advice on nutrition, exercise, and weight control than those without. However, having a regular provider does not increase the likelihood of following this advice.

Introduction

Health care, including insurance coverage of medical care and prescriptions, has become increasingly complex and expensive in recent years. In addition, the rising prevalence of chronic conditions such as diabetes and obesity has resulted in a greater focus on lifestyle, behavior, and nutrition in health care, as these are increasingly recognized as important factors in health and longevity.

In this report, we focus on two fundamental aspects of access among adults — health care coverage and regular care providers — and examine their relationship with the receipt of quality medical services. Both are critical to making health care accessible throughout the boroughs, forming a cornerstone of **Take Care New York (TCNY)**, the New York City Department of Health and Mental Hygiene's 10-point policy to improve the health of all New Yorkers. For more information, visit www.nyc.gov/health/tcny.

The report is divided into sections that reflect the likely steps involved in access to quality health care:

- Insurance and a regular care provider
- Cost barriers
- Identification of a site for care
- Interaction with medical providers
- Receipt of appropriate preventive care, such as screenings and immunizations

A detailed table of these indicators can be found in the Appendix.

In each category, New Yorkers face important challenges. We hope this report will help community organizations, providers, and policy makers to expand access and target resources to groups in greatest need.

In This Report

In this report, we examine health care access among adults in New York City. When possible, the report includes the indicators and 10 priority areas, set forth by **TCNY,** that present a significant health burden to New Yorkers but are amenable to intervention.

This report is not meant to be a comprehensive look at health care access, nor can it necessarily explain the many complex factors involved in accessing care. However, understanding associations between having insurance, having a regular provider, and utilizing health care services can help identify groups and obstacles that would benefit most from targeted outreach, interventions, and policy. Because New Yorkers face different access challenges depending on their employment status, race/ethnicity, location, sex, age, and other characteristics, we highlight various groups throughout the report and provide detailed data about them in the Appendix.

Unless otherwise noted, data presented are from the New York City Community Health Survey, an annual phone survey of approximately 10,000 adult New Yorkers. Due to the nature of the survey, only data on adults 18 and older are shown. Health care access among children is an important issue, one we hope to include in future reports.

Throughout this report, the term "regular care provider" (or "regular provider") is used to refer to a doctor or other health care professional with responsibility for providing health care to individuals. Respondents were asked: "Do you have one person or more than one person you think of as your personal doctor or health care provider?" Those who responded "yes" were classified as having a regular provider. This provider may have been designated by a health plan, selected by a plan enrollee, or chosen independently of insurance coverage.

"Insurance," or "health coverage," refers to any method of payment other than cash, whether private or public, used to cover health care expenses. Respondents were asked: "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?" Respondents who answered "no" were classified as uninsured.

Only statistically significant findings are presented in the text without preface. When we discuss the implications of potentially important findings that are not statistically significant, we indicate this by including the phrase "data suggest."

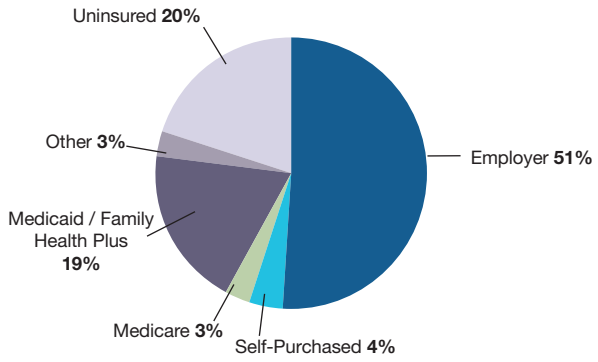
Overview of Insurance and Regular Care Provider Status

Approximately 80% of all New Yorkers ages 18 to 64 report having some type of health care insurance, half through their employer. About 1 in 5 are covered through public programs such as Medicaid and Medicare, and 4% have a self-purchased plan. The remaining 20% are uninsured.

Among adults 65 and older more than half report Medicare as their regular health care payment method; 3% have no medical coverage.

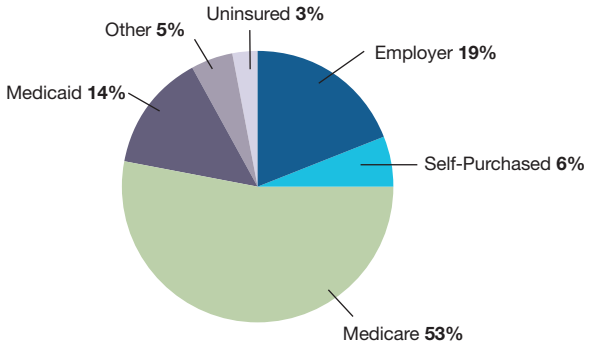
Based on these findings, about 1 in 6 adults, or more than 1 million people, currently lack health insurance.

Type of insurance, adults 18 to 64, 2005



Percents are age-adjusted.
Respondents were asked: What type of health care insurance do you use to pay for your doctor or hospital bills?
Source: NYC Community Health Survey, 2005.

Type of insurance, adults 65 and older, 2005



Respondents were asked: What type of health care insurance do you use to pay for your doctor or hospital bills?
Source: NYC Community Health Survey, 2005.

Uninsured yet eligible?

An estimated 286,000 uninsured New Yorkers, or about 1 out of every 4 uninsured adults, have incomes below the federal poverty level. Depending on their immigration status, these adults may be eligible for coverage under public programs such as Medicaid. About 75% of these adults are foreign-born, and almost 100,000 reside in Queens.

More information on eligibility is available by calling 311.

Source: NYC Community Health Survey, 2005.

Adults Without Insurance

Certain groups of New Yorkers are more likely to be uninsured. Hispanics have the highest rates of being uninsured; 1 in 4 currently lack coverage. Men are more likely to be uninsured than women (21% vs. 13%), and non-whites are more likely to lack coverage than whites.

Health care coverage is frequently tied to employment. Unemployed adults have a higher rate of being uninsured than employed persons (26% vs. 18%). However, more than two thirds (68%) of all uninsured adults are employed.

The likelihood of being uninsured decreases with higher income. New Yorkers living below the federal poverty level are about 4 times as likely to be uninsured as those in the highest income bracket (26% vs. 7%). Being uninsured also differs by age; those ages 18 to 24 are about twice as likely to lack coverage as 45- to 64-year-olds (27% vs. 15%), while almost all older adults have some form of coverage.

Nationwide, the profile of the uninsured looks quite similar, with a few notable exceptions. Hispanics are less likely to be uninsured in New York City than across the country (25% vs. 32%). Compared to the United States, employed adults in New York City are more likely, and unemployed adults less likely, to be uninsured. In addition, the gap between insurance rates for men and women is more than twice as large in New York City compared to the United States (8% vs. 3%).

Adults without insurance, New York City and nationwide, 2005

		% Uninsured, NYC	% Uninsured, U.S.	Uninsured Population, NYC	Total Adult Population, NYC
Overall		17	16	1,041,000	6,068,000
Sex	Men	21	18	611,000	2,732,000
	Women	13	15	430,000	3,202,000
Race/Ethnicity	White	11	12	223,000	2,284,000
	Black	16	19	234,000	1,356,000
	Hispanic	25	32	419,000	1,467,000
	Asian/Pacific Islander	21	16	132,000	600,000
	Other	14	18	32,000	228,000
Employment Status	Employed	18	15	708,000	3,668,000
	Unemployed	26	37	142,000	503,000
	Not in Labor Force	15	17	173,000	1,687,000
Age Group	18-24 years	27	31	200,000	743,000
	25-44 years	22	20	566,000	2,603,000
	45-64 years	15	13	244,000	1,667,000
	65+ years	3	3	30,000	909,000
Income (% Poverty Level)	<100	26	*	286,000	1,087,000
	100-199	24	*	233,000	969,000
	200-399	15	*	151,000	951,000
	400-599	12	*	108,000	848,000
	≥600	7	*	72,000	1,026,000

* US data are available only by annual income level, but show a similar pattern: 36% of those with incomes below $15,000 are uninsured, while only 5% of those with incomes above $50,000 are uninsured.

Percents are age-adjusted, except for age group.
Subgroup totals may not sum to overall population due to missing responses.
Sources: NYC Community Health Survey, 2005; Behavioral Risk Factor Surveillance System, 2005; Census 2000.
Respondents were asked: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

Lapses in coverage: In addition to the more than one million uninsured New Yorkers, 480,000 (approximately 8%) report having been without medical coverage at some point in the past 12 months. This is more common among unemployed adults, adults with incomes below 200% of the federal poverty level, and 18- to 24-year-olds.

Source: NYC Community Health Survey, 2004.

Adults Without a Regular Provider

While many New Yorkers are uninsured, lacking a regular provider is even more common. About 21% of adults, or 1.3 million New Yorkers, do not have a regular provider.

Uninsured adults are almost 4 times as likely to lack a regular provider as those with insurance (53% vs. 14%), but insured adults account for more than half of those without a regular provider. Many of the same groups that lack insurance also have high rates of being without a regular care provider. For example, Hispanics have the highest proportion of both being uninsured (25%) and not having a regular provider (31%). Men, people with low income, and younger adults are also more likely to be without a regular provider.

Adults in the highest income group are about twice as likely to lack a regular provider as they are to lack insurance (13% vs. 7%). And although only 3% of adults over 65 are currently without insurance, 10% lack a regular provider.

Compared to the United States, the overall rate in New York City is similar; however, unemployed New Yorkers, adults 18 to 24, and Hispanics are less likely than their national counterparts to be without a regular provider.

Adults without a regular provider, New York City and nationwide, 2005

		% Without a regular provider, NYC	% Without a regular provider, U.S.	Population without a regular provider, NYC	Total Adult Population, NYC
Overall		21	21	1,259,000	6,068,000
Insurance Status	Insured	14	14	655,000	4,865,000
	Uninsured	53	51	579,000	1,030,000
Sex	Men	25	26	728,000	2,774,000
	Women	16	16	531,000	3,242,000
Race/Ethnicity	White	15	17	338,000	2,327,000
	Black	18	20	257,000	1,375,000
	Hispanic	31	36	483,000	1,476,000
	Asian/Pacific Islander	22	24	137,000	604,000
	Other	19	21	43,000	235,000
Employment Status	Employed	20	21	786,000	3,685,000
	Unemployed	27	33	152,000	510,000
	Not in Labor Force	22	19	302,000	1,742,000
Age Group	18-24 years	30	37	233,000	768,000
	25-44 years	25	27	666,000	2,617,000
	45-64 years	16	14	267,000	1,687,000
	65+ years	10	6	92,000	930,000
Income (% Poverty Level)	<100	32	*	359,000	1,108,000
	100-199	26	*	258,000	981,000
	200-399	16	*	153,000	951,000
	400-599	12	*	110,000	852,000
	≥600%	13	*	141,000	1,031,000

* US data are available only by annual income level, but show a similar pattern: 34% of those with incomes below $15,000 do not have a regular provider, while 13% of those with incomes above $50,000 do not have one.

Percents are age-adjusted, except for age group.
Subgroup totals may not sum to overall population due to missing responses.
Respondents were asked: Do you have one person or more than one person you think of as your personal doctor or health care provider?
Sources: NYC Community Health Survey, 2005; Behavioral Risk Factor Surveillance System, 2005; Census 2000.

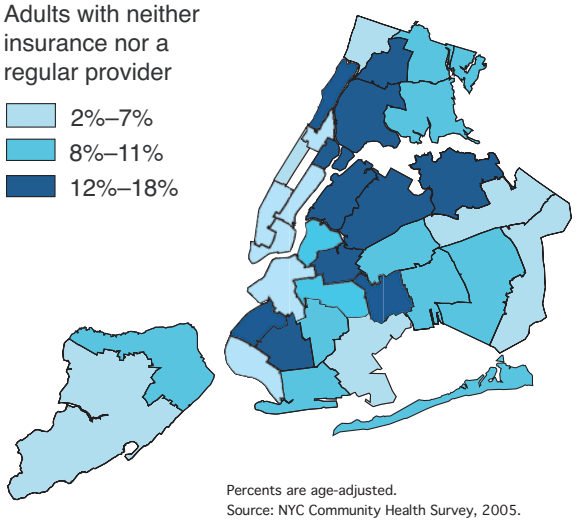
Adults With Neither Insurance Nor a Regular Care Provider

Adults lacking both medical coverage and a regular care provider are concentrated in neighborhoods with a large proportion of immigrants, such as West Queens, where more than half of adults are foreign-born, and in poorer parts of the city, such as the South Bronx, where more than 40% of residents live in poverty. In these neighborhoods, at least 1 in 7 adults have neither insurance nor a regular care provider.

The high rates of adults lacking both components of care may be related, in part, to the distribution of primary care doctors throughout the city. Primary care doctors are less common in the Bronx, Brooklyn and Queens than in Manhattan and Staten Island.

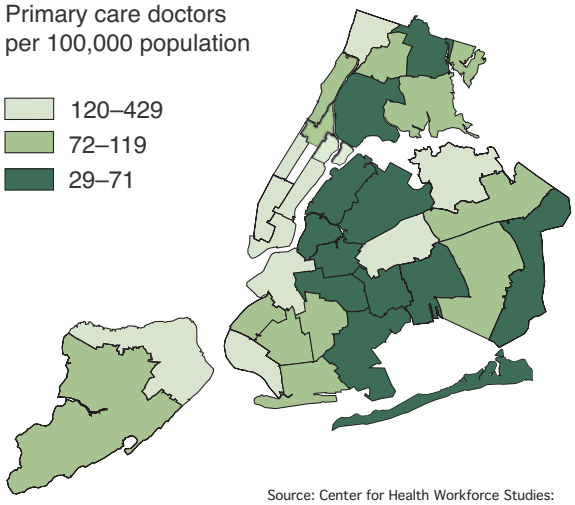
Adults with neither insurance nor a regular care provider, 2005

Adults in West Queens and the South Bronx are most likely to have neither insurance nor a regular provider



Percents are age-adjusted.
Source: NYC Community Health Survey, 2005.

Primary care doctors are less commonly located outside Manhattan and Staten Island



Source: Center for Health Workforce Studies: The New York City Workforce, 2000.

Who has insurance but no regular provider?

658,000 adults, or about 1 of every 10 New Yorkers, have some form of medical coverage but no regular provider. These individuals may not feel a need to seek health care, or their health coverage may be difficult to use; for example, providers who are convenient to access may not accept their type of insurance. Data suggest that insurance without a regular provider is more common among Medicaid recipients (18%), Hispanics (15%), adults younger than 45 (13%), and residents of Manhattan and the Bronx (13%).

Who has a regular provider but no insurance?

456,000 adults, or about 1 out of every 15 New Yorkers, state that they have a regular provider but are currently uninsured. This may be due to a recent change in their insurance status, or they may pay out of pocket for all medical services. Data suggest that having a regular provider without insurance is most likely among non-whites (9%), adults younger than 65 (9%), and residents of Queens (9%).

Percents are age-adjusted.

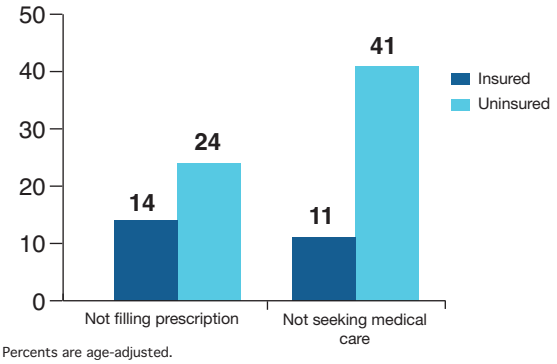
Source: NYC Community Health Survey, 2005.

Financial Barriers

Financial barriers to care exist for both insured and uninsured New Yorkers. In 2003, more than 900,000 adults, or 15%, did not fill a prescription due to cost; the same proportion (15%) did not seek care due to cost. Uninsured adults were about twice as likely to skip prescriptions (24% vs. 14%). For medical care, the difference was even more dramatic: the uninsured were 4 times more likely to go without care as a result of financial constraints (41% vs. 11%).

Many New Yorkers, especially the uninsured, face financial barriers to care

Percent of adults not receiving care in past 12 months due to cost

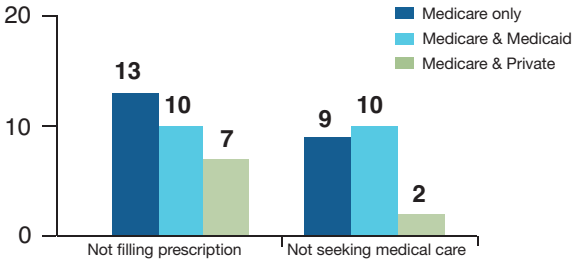


Percents are age-adjusted.
Respondents were asked: In the last 12 months, was there any time when you did not fill a prescription due to cost?
In the last 12 months, was there any time when you had a medical problem but did not go to the doctor or clinic because of the cost?
Source: NYC Community Health Survey, 2003.

While Medicare covers many critical services, it did not offer a prescription drug benefit until 2006. In 2003, among adults 65 years and older, 9% did not fill one or more prescriptions due to cost, and 7% did not seek treatment for the same reason. Those with Medicare as their only coverage were about twice as likely as those with supplemental private coverage to skip a medication (13% vs. 7%) and 5 times as likely to forgo medical care due to cost (9% vs. 2%).

Adults 65 and older with supplemental coverage are least likely to face financial barriers to care

Percent of adults over 65 not receiving care in past 12 months due to cost

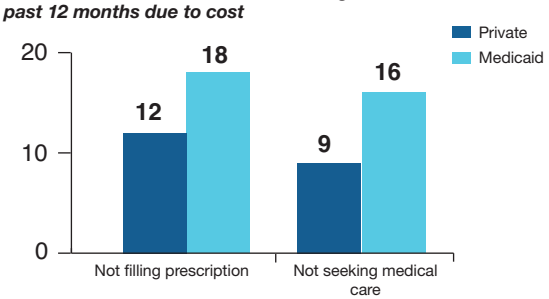


Respondents were asked: In the last 12 months, was there any time when you did not fill a prescription due to cost?
In the last 12 months, was there any time when you had a medical problem but did not go to the doctor or clinic because of the cost?
Source: NYC Community Health Survey, 2003.

Among adults under 65 years of age, 16% had not filled a prescription and 16% had not sought medical care due to cost in 2003. Those with Medicaid were about twice as likely as those with private insurance to skip medical care for financial reasons (16% vs. 9%). Since Medicaid is designed to provide medical and pharmacy services at nominal cost to beneficiaries, this may indicate either a need to provide more information to Medicaid enrollees about their coverage, or the presence of additional expenses beneficiaries have trouble meeting, such as transportation, child care or co-payments.

Adults 18-64 with private insurance are least likely to forgo care due to cost

Percent of adults 18 to 64 not receiving care in past 12 months due to cost



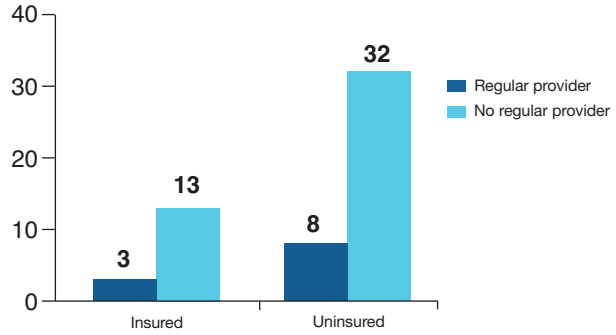
Percents are age-adjusted.
Respondents were asked: In the last 12 months, was there any time when you did not fill a prescription due to cost?
In the last 12 months, was there any time when you had a medical problem but did not go to the doctor or clinic because of the cost?
Source: NYC Community Health Survey, 2003.

Regular Source of Care

Use of the emergency department for regular care may not allow for timely treatment from a consistent provider. Overall, 7% of New Yorkers use the emergency department as their usual source of care. Adults without a regular provider are about 4 times more likely to use the emergency department as their usual source of care than those with regular providers; this is true for both insured (13% vs. 3%) and uninsured (32% vs. 8%) adults.

Adults without regular providers are more likely to use the emergency department for regular care

Percent using emergency department for regular care

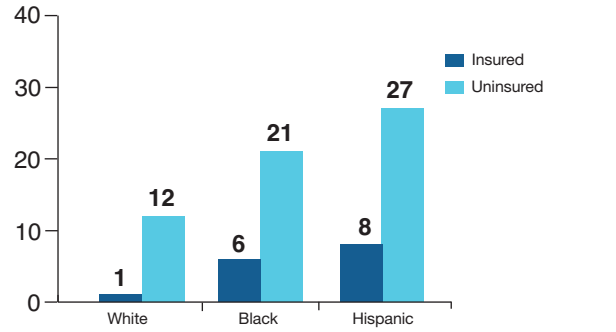


Percents are age-adjusted.
Respondents were asked: When you are sick or need advice about your health, to which one of the following places do you go: a private doctor, community health center, a hospital outpatient clinic, a hospital emergency room or urgent care center, an alternative health care provider, or other?
Source: NYC Community Health Survey, 2004.

Use of the emergency department for regular care also varies by race/ethnicity and is lowest among whites. In every racial/ethnic group, those without insurance are more likely to use the emergency department for regular care: black and Hispanic adults are more than 3 times as likely to do so if they are uninsured.

Blacks and Hispanics are more likely to use the emergency department for regular care, regardless of insurance

Percent using emergency department for regular care

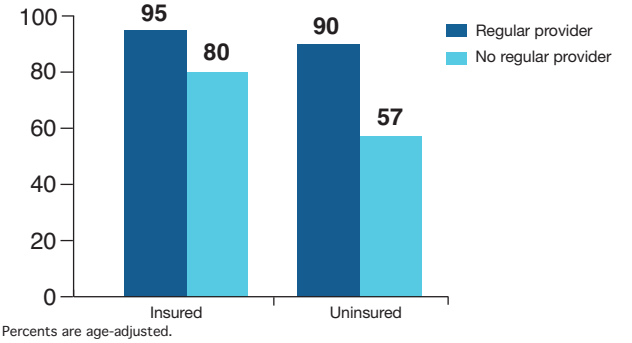


Percents are age-adjusted.
Respondents were asked: When you are sick or need advice about your health, to which one of the following places do you go: a private doctor, community health center, a hospital outpatient clinic, a hospital emergency room or urgent care center, an alternative health care provider, or other?
Source: NYC Community Health Survey, 2004.

About 1 in 10 adults ages 40 and older, including 1 in 4 uninsured adults, has not had a checkup in the past 2 years, making preventive care and ongoing monitoring more difficult. Regardless of insurance status, individuals with a regular care provider are more likely to have received a routine checkup recently.

With or without health coverage, adults with a regular provider are more likely to have received a recent routine checkup

Percent of adults 40 and older having had a checkup within past 2 years



Percents are age-adjusted.
Respondents were asked: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor or other health care provider for a routine checkup?
Source: NYC Community Health Survey, 2004.

Type of Health Coverage Matters

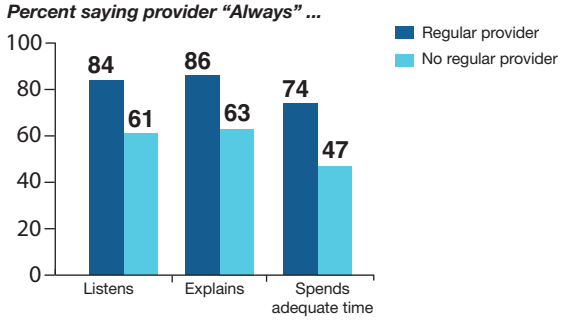
% of adults using the emergency department for regular care

Private plans	2
Medicaid	10

Percents are age-adjusted.
Source: NYC Community Health Survey, 2004.
For more subgroup comparisons, please see Appendix.

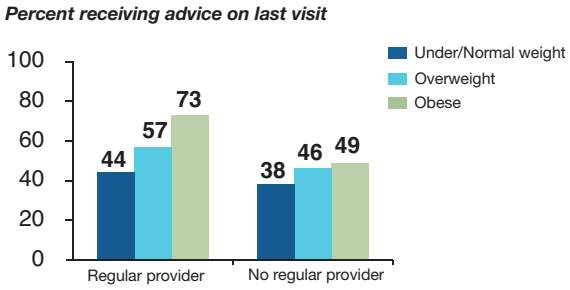
The Patient/Provider Relationship

Adults with a regular provider rate their providers higher on aspects of communication



Percents are age-adjusted.
Respondents were asked: How often does your regular doctor or health care professional listen carefully to you (explain things in a way you can understand) (spend enough time with you): always, sometimes, rarely, or never?
Source: NYC Community Health Survey, 2004.

Patients with a regular provider receive more advice on weight, nutrition or exercise



Percents are age-adjusted.
Respondents were asked: During your last visit to a doctor, did you get advice or counseling on your weight, nutrition or exercise?
Source: NYC Community Health Survey, 2004.

The interaction between patient and provider is an important part of quality care. Adults with regular care providers are more likely to report that their providers listen, explain things well, and spend adequate time with them. This pattern holds true for both English and Spanish speakers (not shown). Fewer than 2 out of 3 adults without regular providers say providers always listen and explain things in a way they can understand.

Among listening, explaining, and spending time, providers receive the lowest rating on the amount of time they spend with patients: about 3 in 4 adults with a regular care provider, and less than half of those without, say their provider always spends enough time with them.

Patients also depend on their providers to design and deliver health care that is specific to their needs. Adults with regular providers are more likely than those with no regular provider to receive advice on weight, nutrition, or exercise whether they are obese (73% vs. 49%), overweight (57% vs. 46%), or under/normal weight (44% vs. 38%).

Age Matters

% of adults who say their provider always spends enough time with them

Age 18 to 24	55
Age 65 and older	82

Source: NYC Community Health Survey, 2003.
For more subgroup comparisons, please see Appendix.

Data suggest that regardless of insurance or use of a regular provider, patients do not always comply with provider advice. About 15% of adults say they did not follow some of their provider's advice in the past year, and this is as common among those with a regular provider as those without. Among this 15%, the types of advice most often not followed include not taking medication (49%), not making lifestyle changes (19%), and not completing a test or referral (10%).

The most frequently cited reason for not taking prescribed medication is disagreement between patient and provider. When advice on nutrition or exercise is not followed, it is most often because individuals find it too difficult to do so. Disagreement and difficulty are the primary reasons mentioned for not taking a test or completing a referral. In general, cost is most commonly mentioned as a factor in not taking medications. While 1 in 7 adults mention cost as a factor in not taking medications, fewer than 1 in 10 and 1 in 30 cite cost in regards to completing referrals or making lifestyle changes, respectively.

Provider advice not followed, by reason, 2004

Reason for not following advice	Did not take a prescribed medication (%)	Did not make recommended lifestyle changes such as exercise, nutrition or diet (%)	Did not take an ordered test or complete a referral (%)
Disagreed / didn't want to comply	46	27	31
Too difficult to do / lazy or forgetful	14	52	28
Cost too much	14	3	9
Time constraints	2	3	21
Other	24	18	11

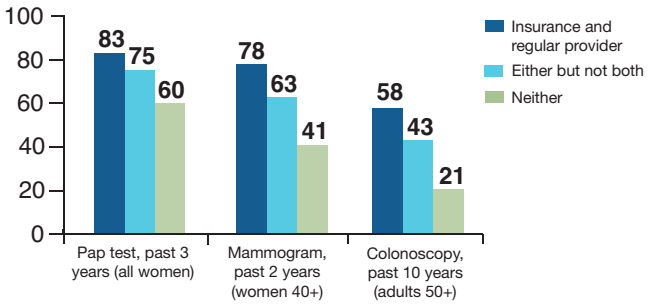
Percents are age-adjusted.
Source: NYC Community Health Survey, 2004.
Please see technical notes for a description of the questions that led to these results.

Screenings, Immunizations, and Health Status

By monitoring and providing screenings throughout a patient's life, regular care providers can help to maximize health. While insurance and regular care providers improve the likelihood of receiving cancer screening, people who have both receive the most screenings. This is particularly true for colonoscopies; the screening rate among those with both insurance and a regular care provider is about 3 times higher than for those with neither (58% vs. 21%). However, rates of screening for all groups remain below the **TCNY** targets (85% for Pap tests and mammograms, 60% for colonoscopies).

Adults with insurance and a regular provider are more likely to receive cancer screening

Percent receiving screening

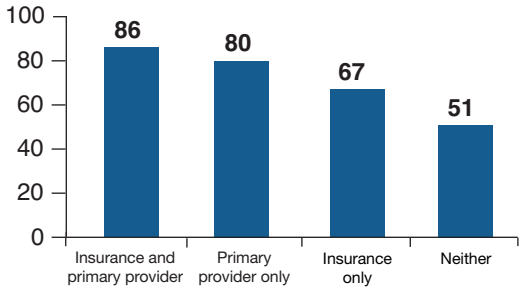


Percents are age-adjusted.
Please see technical notes for descriptions of the questions that led to these results.
Source: NYC Community Health Survey 2004-05.

Cholesterol screenings can be useful to alert providers and patients to the need to change diet, behavior, or treatment plans. While having a provider or insurance improves the likelihood of being screened, having a regular provider seems to have a stronger effect than insurance. Adults with a regular provider are 50% more likely than those without one to have had their cholesterol checked in the past 5 years.

Cholesterol screening depends more on having a regular provider than on insurance

Percent of adults screened in past 5 years



Percents are age-adjusted.
Respondents were asked: About how long has it been since you last had your cholesterol checked?
Source: NYC Community Health Survey, 2005.

Race/Ethnicity Matters

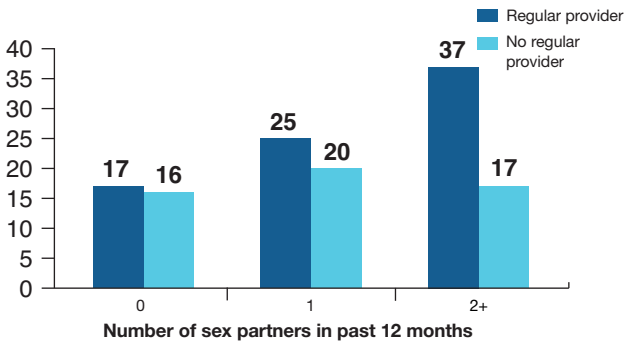
% of adult women having received a Pap test in the past 3 years		% of adults 50+ having received a flu immunization in the past 12 months	
Black	87	Asian	49
Hispanic	84	White	41
White	79	Hispanic	39
Asian	60	Black	35

Percents are age-adjusted.
Source: NYC Community Health Survey, 2004, 2004–05.

Knowing one's HIV status is another priority area of **TCNY**. Speaking to a provider about sexual and drug use history and the need for testing can help prevent HIV and other sexually transmitted infections. Early detection can also lead to more effective treatment. Adults who have had multiple partners are at elevated risk; among those with 2 or more sex partners in the past year, those without a regular provider are less likely to have been tested recently (17% vs. 37%).

Adults with multiple sex partners and no regular provider are less likely to have been tested for HIV recently

Percent of adults tested for HIV in past 12 months

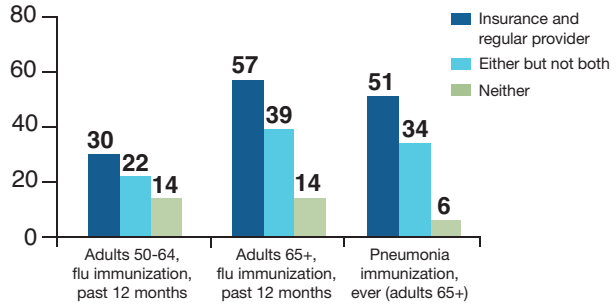


Percents are age-adjusted.
Respondents were asked: Have you had an HIV test in the past 12 months? During the past 12 months, with how many men have you had sex? With how many women have you had sex? By sex we mean oral, vaginal, or anal sex but not masturbation.
Source: NYC Community Health Survey 2004-05.

Immunizations are also important for adult health, and having insurance and a regular provider facilitate and promote their receipt. Adults ages 65 and older, a population particularly susceptible to complications from influenza, are about 4 times more likely to have obtained a flu shot in the past year if they have medical coverage and a regular provider (57% vs. 14%). However, even among those with both insurance and a regular provider, the immunization rate is far below the **TCNY** target of 80%. Adults age 65 and older are also more than 8 times more likely to have received a pneumonia shot if they have coverage and a regular provider (51% vs. 6%).

Adults with insurance and a regular provider are more likely to receive flu and pneumonia shots

Percent receiving immunization

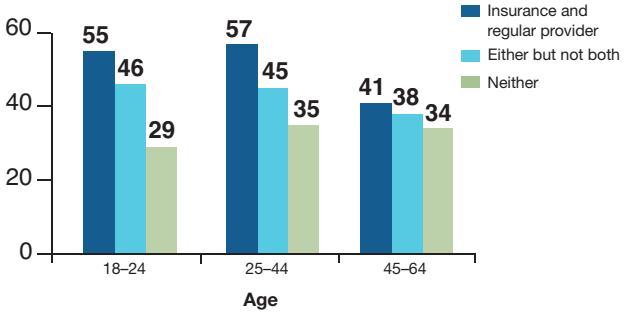


Please see technical notes for descriptions of the questions that led to these results.
Source: NYC Community Health Survey 2004-05; 2005.

Having both insurance and a regular care provider is associated with better perceived health for adults under age 45. Adults in this age group are about 60% more likely to rate their health as very good or excellent if they have both insurance and a regular provider. While this finding does not necessarily indicate that poor health is caused by lack of insurance and a regular provider, it does suggest that people without these essential health care components may have greater health care problems.

Adults with insurance and a regular provider are most likely to report very good or excellent health

Percent stating health is "very good" or "excellent"



Respondents were asked: Would you say that in general your health is: excellent, very good, good, fair or poor?
Source: NYC Community Health Survey 2004-05.

Conclusions

New Yorkers face many obstacles to obtaining affordable, quality health care. About 1 million adult New Yorkers are uninsured, another 500,000 have inconsistent coverage, and even more lack a regular provider. Each of these factors places New Yorkers at risk for not receiving regular, needed care and preventive services. In particular, Hispanics, men, and low-income residents are less likely to be insured or have a regular provider, and may, therefore, postpone or forgo services. Even among the insured, variations in covered services can prevent individuals from obtaining appropriate, timely prevention services and treatment.

This report suggests that use of the emergency department for regular care is not only a function of insurance. Regardless of insurance, non-whites, as well as those without a regular provider, obtain care at the emergency department more commonly. This may be a product of several factors, including:

- The geographic distribution of health care facilities and their hours of operation
- The types of payment accepted by health care facilities
- Knowledge of how to access alternative sites
- Cultural preferences
- An individual's health status

Given the difficulty of receiving continuous care and preventive treatments through an emergency department, this utilization pattern may reinforce existing health disparities.

Many of the health conditions facing New Yorkers today, such as hypertension, diabetes, and obesity, are influenced by nutrition, exercise, and other lifestyle factors. Community and health care system characteristics, such as a lack of safe park space or low availability of primary care doctors, may compound these problems. These are usually not remedied by a single medical visit or intervention. Instead, these conditions improve with an ongoing relationship with a provider who can monitor health over time and tailor suggestions and treatment plans to individual circumstances. Regular providers can help ensure quality care with continuous communication and an emphasis on preventive care.

In many cases, utilization of preventive screenings and immunizations remains below **TCNY** goals, particularly for adults without insurance or a regular provider. These individuals may not be aware of recommended services, receive timely reminders from their providers, or have the means to access and pay for care. Culture and preference may also inhibit their health care utilization. This report also shows an association between health care access and self–reported health status, suggesting that greater health concerns exist in groups without insurance and a regular provider.

Improving health care access for all New Yorkers will require the coordinated efforts of individuals, providers, health plans, policy makers, and community organizations.

Recommendations

Expanding access to insurance, regular providers, or both, can improve health care throughout New York City. To achieve this, we recommend the following steps.

Individuals

Individuals should identify a regular medical provider and see that provider on a regular basis. Having a consistent provider can ease discussions of sensitive topics such as mental health, sexual behavior, and domestic violence. In addition, being candid about one's diet, physical activity, and other lifestyle factors will assist the provider in creating a personalized treatment plan and providing appropriate referrals.

Individuals without insurance should check eligibility requirements for public coverage programs such as Family Health Plus by calling 311. Even without insurance, keeping track of personal medical and health information using the TCNY passport, and utilizing free screenings and vaccinations at public health clinics can be useful steps toward maximizing personal health.

Health Care Providers and Health Plans

Health care providers should remind patients of age-appropriate screening and immunization schedules and encourage regular medical visits. Providers also should create an environment that allows for candid discussions of healthy lifestyle and behavior choices. Because many New Yorkers go through periods without insurance, providers should treat each visit as a unique opportunity to promote health. Health plans and providers should educate New Yorkers about eligibility for free or low-cost health care and expand the provision of preventive care. Plans and providers should also consider expanding information technology, including automated reminders for preventive services.

City Agencies and Public Officials

City agencies and elected officials also have important contributions to make toward improving access to care citywide. Ongoing outreach is essential to inform residents in areas with many uninsured adults and large immigrant populations about the availability of public health insurance and medical services. City agencies also can continue to provide low or no cost screenings and other services to underserved communities, particularly in convenient settings such as schools and hospitals. Policymakers can craft and support legislation that simplifies insurance enrollment and recertification, and addresses existing gaps in coverage. For example, Hispanics, men, and middle–income adults currently appear to face more barriers to securing affordable coverage and a regular provider.

Agencies should continue to identify opportunities for information systems to improve standards of care. DOHMH's Primary Care Information Project, for example, aims to increase providers' resources by expanding the use of electronic prescribing, health records, and decision support software. These efforts hold promise for improved health outcomes.

Continuing educational campaigns to inform New Yorkers of health risks associated with smoking, poor diet, lack of physical activity, excessive alcohol intake, and other unhealthy behaviors is also essential. Primary prevention, emphasizing the benefits of preserving health, should be a priority.

Partnerships with news media, employers, and other venues should be strengthened in order to increase the channels outside the health care system that convey health messages to adults who face access difficulties. Finally, supporting environmental policies like the Smoke Free Air Act and fostering a community environment that encourages physical activity can help minimize health hazards.

Community-Based Organizations

As providers of service and advocates for health, community-based organizations are in a unique position to foster change and deliver programs sensitive to the needs and cultures of their neighborhoods. Community organizations should continue to advocate for expansion of local services including increased primary care availability. Additionally, they should investigate partnership opportunities with city agencies and local medical centers in order to publicize screenings and interventions for improving community health.

Appendix

Summary of access indicators

Populations significantly different from reference group (ref) are shown in bold.

	Total (%)	Sex (%)		Race/ethnicity (%)				Age (%)				Income (% poverty level)		
		Men	Women (ref)	White (ref)	Black	Hispanic	Asian	18-24	25-44	45-64	65+ (ref)	<100%	100-399%	≥400% (ref)
Financial Barriers														
Did not seek medical care in last 12 months due to cost	15	14	15	12	13	**19**	**19**	**18**	**17**	**14**	7	**23**	**17**	8
Did not fill prescription in last 12 months due to cost	15	**13**	17	13	**15**	**20**	16	**15**	**17**	**16**	9	**19**	**18**	9
Regular Source of Care														
Use emergency department for regular care	7	**8**	6	2	**9**	**14**	3	**11**	**8**	**6**	3	**13**	**8**	2
Had routine checkup in past 2 years	90	**87**	93	88	**95**	**91**	86	90	87	91	95	90	90	89
Patient/Provider Relationship														
Say provider always listens carefully	79	80	79	81	81	**77**	79	**75**	**75**	**83**	88	**75**	79	81
Say provider always explains in a way they can understand	81	**80**	83	85	**83**	**77**	**78**	**73**	**79**	**85**	88	**76**	**81**	85
Say provider always spends enough time	69	**67**	70	73	70	**64**	**66**	**55**	**64**	**74**	82	**62**	**69**	73
Received advice on weight, nutrition or exercise at last visit	53	**55**	52	50	**55**	**58**	49	**41**	**50**	**61**	57	**56**	54	52
Screenings, Immunizations and Health Status														
Received Pap test (cervical cancer) within past 3 years (all women)	80	n/a	80	79	**87**	**84**	**60**	60	**88**	**85**	66	**76**	82	85
Received mammogram (breast cancer) within past 2 years (women 40+)	73	n/a	75	74	76	**78**	**65**	n/a	**67**	**79**	72	**73**	75	77
Received colonoscopy (colon cancer) in past 10 years (adults 50+)	55	**59**	52	57	55	**51**	**50**	n/a	n/a	**49**	61	**51**	**52**	64
Received flu immunization in past 12 months (adults 50+)	40	41	40	41	**35**	39	49	n/a	n/a	**28**	54	40	40	42
Received pneumonia immunization ever (adults 65+)	49	48	49	53	**40**	**43**	44	n/a	n/a	n/a	49	**40**	52	50
Received cholesterol screening in past 5 years	80	77	82	83	80	**79**	**75**	**56**	**75**	**89**	93	**72**	**79**	87
Received HIV test in past 12 months	23	19	26	16	**33**	**27**	13	**37**	**31**	**15**	6	**27**	23	21
Rate health as very good or excellent	42	**44**	41	58	**41**	**25**	**38**	**48**	**51**	**38**	26	**22**	**40**	60

Percents are age-adjusted for all but age-specific estimates.
Source: NYC Community Health Survey 2003, 2004, 2005.
See technical notes for more details on the questions that led to these results.

Appendix

Summary of access indicators, adults 18 and older

Populations significantly different from reference group (ref) are shown in bold.

	Total (%)	PCP (%)		Type of coverage (%)			
		Yes (ref)	No	Private (ref)	Medicare	Medicaid or other public	Uninsured
Financial Barriers							
Did not seek medical care in last 12 months due to cost	15	11	**26**	8	**17**	**15**	**41**
Did not fill prescription in last 12 months due to cost	15	14	**19**	10	**24**	**16**	**24**
Regular Source of Care							
Use emergency department for regular care	7	3	**21**	2	**9**	**10**	**20**
Had routine checkup in past 2 years	90	94	**74**	92	94	**95**	**76**
Patient/Provider Relationship							
Say provider always listens carefully	79	84	**61**	84	**74**	**79**	**69**
Say provider always explains in a way they can understand	81	85	**60**	86	**77**	**81**	**71**
Say provider always spends enough time	69	74	**47**	75	**59**	**69**	**57**
Received advice on weight, nutrition or exercise at last visit	53	55	**43**	53	59	**58**	**47**
Screenings, Immunizations and Health Status							
Received Pap test (cervical cancer) within past 3 years (all women)	80	82	**70**	84	**78**	**80**	**67**
Received mammogram (breast cancer) within past 2 years (women 40+)	73	77	**56**	78	76	76	**55**
Received colonoscopy (colon cancer) in past 10 years (adults 50+)	55	57	**39**	57	59	**49**	**36**
Received flu immunization in past 12 months (adults 50+)	40	42	**27**	38	**47**	**43**	**23**
Received pneumonia immunization ever (adults 65+)	49	51	**32**	46	**53**	39	**29**
Received cholesterol screening in past 5 years	80	85	**60**	85	84	**78**	**65**
Received HIV test in past 12 months	23	24	**19**	21	25	**33**	**18**
Rate health as very good or excellent	42	46	**36**	56	**28**	**26**	**35**

Percents are age-adjusted for all but age-specific estimates.
Source: NYC Community Health Survey 2003, 2004, 2005.
See technical notes for more details on the questions that led to these results.

Technical Notes

For more information

For more information, please call 311, visit nyc.gov/health, e-mail access@health.nyc.gov, or write to: Health Care Access in NYC, New York City Department of Health and Mental Hygiene, Division of Epidemiology, 125 Worth Street, Room 315, CN-6, New York, NY, 10013.

Data sources

Health coverage, regular care provider, financial barriers, usual place of care, provider advice and counseling, cancer screening, influenza immunization, pneumonia vaccination, obesity, cholesterol screening, HIV testing, sexual partners: NYC DOHMH/Division of Epidemiology/Bureau of Epidemiology Services/NYC Community Health Survey, 2003, 2004, 2005. Not all questions are available in all years. In some cases, survey years are combined for greater statistical power and are noted with a hyphen, e.g., NYC Community Health Survey 2004-05. Data for adults with insurance only or a regular provider only are combined in cases when there is no statistical difference between the two groups with respect to the indicator of interest.

U.S. insurance coverage and regular provider status: Behavioral Risk Factor Surveillance Survey, 2005. Centers for Disease Control and Prevention.

Primary care doctor availability: The New York City Workforce, 2000. Center for Health Workforce Studies.

Insurance and Regular Care Provider

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

What type of health care insurance do you use to pay for your doctor or hospital bills? Is it insurance through: your employer; someone else's employer; a plan that you or someone else buys on your own; Medicare; Family Health Plus or Medicaid; the military, CHAMPUS, TriCare or the VA; or some other source?

Do you have one person or more than one person you think of as your personal doctor or health care provider? (2005)

During the last 12 months, did you have health insurance ALL the time, or was there a time during the year when you DID NOT have any health coverage? (2004)

Respondents were asked individually about each type of insurance coverage. (2003)

Financial Barriers

In the last 12 months, was there any time when you did NOT fill a prescription for medicine because of the COST?

In the last 12 months, was there any time when you had a medical problem but DID NOT go to a doctor or clinic because of the COST?

Regular Source of Care

When you are sick or need advice about your health, to which one of the following places do you usually go: a private doctor; community health center; a hospital outpatient clinic; a hospital emergency room or urgent care center; or an alternative health care provider?

A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor or other health care provider for a routine checkup?

Patient/Provider Relationship

How often does your regular doctor or health care professional: listen carefully to you? Explain things in a way you can understand? Spend enough time with you?

During your last visit to a doctor, did you get advice or counseling on your weight, nutrition or exercise?

Has there been a time in the past 12 months when you have NOT followed a doctor's advice or treatment plan? What advice did you not follow?

Which one of the following reasons best describes why you did not follow your doctor's advice: you didn't understand what you were supposed to do; you disagreed with what the doctor recommended; it cost too much; it was too difficult to do?

Screenings, Immunizations, and Health Status

Mammogram: "A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? If yes, how long has it been since you had your last mammogram?"
Pap test: "A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? If yes, how long has it been since you had your last Pap smear?"

Colon cancer screening: "Colonoscopy is an exam in which a tube is inserted into the rectum to view the bowel for signs of cancer or other health problems. Have you ever had a colonoscopy? If yes, when was the most recent colonoscopy performed?"

Influenza immunization: "During the past 12 months, have you had a flu shot?"
Pneumonia vaccination: "Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine."

Cholesterol screening: "Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?"

HIV screening: "Have you had an HIV test during the last 12 months?"

Sexual partners: "During the past 12 months, with how many men have you had sex? By sex we mean oral, vaginal, or anal sex, but not masturbation. During the past 12 months, with how many women have you had sex?"

Health status: "Would you say that in general your health is excellent, very good, good, fair or poor?"

Adjustments

Age-adjusted analyses were standardized to the U.S. Standard Population, July 2000. Percentages have been rounded to the nearest whole number, and counts to the nearest thousand.

Suggested citation

Jasek J, Van Wye G, Kerker B, Thorpe L, Frieden TR. Health Care Access Among Adults in New York City: The Importance of Having Insurance and a Regular Care Provider. New York: New York City Department of Health and Mental Hygiene, 2007.

Significance testing

For all data, t-tests were conducted to determine significance between prevalence estimates. Significance was set at $p<0.05$, and only these differences are discussed in the text without preface.

Acknowledgments

Thanks to the following individuals who contributed to this report: Louise Cohen, Donna Eisenhower, Chris Goranson, Leena Gupta, Susan Hallinan, Katherine Kaye, Vani Kurup, Cortnie Lowe, Farzad Mostashari, Christa Myers, Carolyn Olson, Chitra Ramaswamy, Lise Stevens, Joyce Weinstein, and Jane Zucker.

Support for this publication was provided by The Commonwealth Fund. The views presented here are those of the authors and should not be attributed to The Commonwealth Fund or its directors.

EPI 1220HCA - 5.07

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