

Chapter Seven

Access to Health Care Services

This chapter focuses on issues that affect individuals' access to and use of health care services—health insurance coverage, the availability of a regular source (location) of health care, and the availability of a regular physician or other health care provider. The chapter also describes utilization of health care services in the past year.

Health Insurance Coverage

NHANES-III asked all respondents about sources of health insurance coverage. Survey questions considered Medicare, Medicaid, Veteran's Administration (VA) benefits, CHAMPUS, CHAMPVA, and private health insurance.¹

During the survey period, four versions of the interview used to gather this information were used and health insurance questions varied across versions. The major difference was the time frame referenced; for example, "now" vs. "in the last month." In addition, some questions had slight variations in wording across versions. When differences in versions were considered slight, NHANES-III staff created the variable for the full survey time period. All variables used in this analysis were available for the full survey period except the question about receipt of CHAMPUS, CHAMPVA, VA benefits, and military health care.² The prevalence of this type

of insurance coverage was calculated using data for respondents who answered that question. These data were not tabulated separately because of very low prevalence, but contributed to overall estimates of health insurance coverage.

The vast majority of persons (88%) had some form of health insurance (table D-218). FSP participants were *more* likely than income-eligible nonparticipants and *less* likely than higher-income nonparticipants to have health insurance (figure 66). Overall, 81 percent of FSP participants had health insurance, compared with 67 percent of income-eligible nonparticipants and 93 percent of higher-income nonparticipants. This general pattern was noted for both males and females, overall. However, the pattern of between-group differences varied somewhat by age, as described below.

Among preschool-age children (1 to 5 years), the difference between FSP participants and higher-income nonparticipants was not statistically significant. In these age groups, only about 5 percent of FSP participants and a comparable percentage of higher-income nonparticipants were lacking insurance (figure 67). In contrast, 23 to 26 percent of income-eligible nonparticipants in this age group had no health insurance. Differences between FSP participants and

¹CHAMPUS (now known as TRICARE) is a health care benefits program for active duty and retired members of the military. CHAMPVA is a health care benefits program for permanently disabled veterans and their dependents.

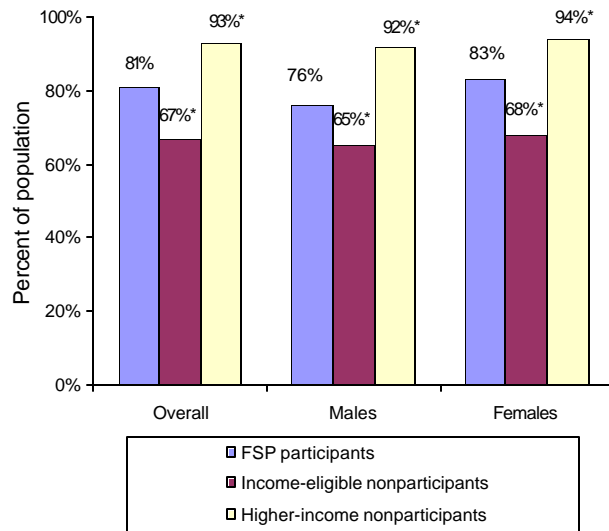
²Version differences for health insurance questions varied for different sources of health insurance. Two versions of the Medicare and Medicaid questions were asked: "At any time DURING THE LAST 12 MONTHS were you covered by Medicare/Medicaid?" and "DURING THE LAST MONTH were you covered by Medicare/Medicaid?"

The question about CHAMPUS, CHAMPVA, verteran's

administration benefits, and military health care was not asked in the first version of the interview (46% of respondents), and two versions of the question were used in the three interview versions that did include the question: "DURING THE PAST 12 MONTHS were you covered by.....?" and "DURING THE LAST MONTH were you covered by....."

Three versions of the private health insurance question were asked: "Are you NOW covered by a health insurance plan?", "Are you covered by a health insurance plan?" and "During the LAST MONTH were you covered by a health insurance plan obtained privately or through an employer or union?"

Figure 66—Percent of persons with any health insurance coverage



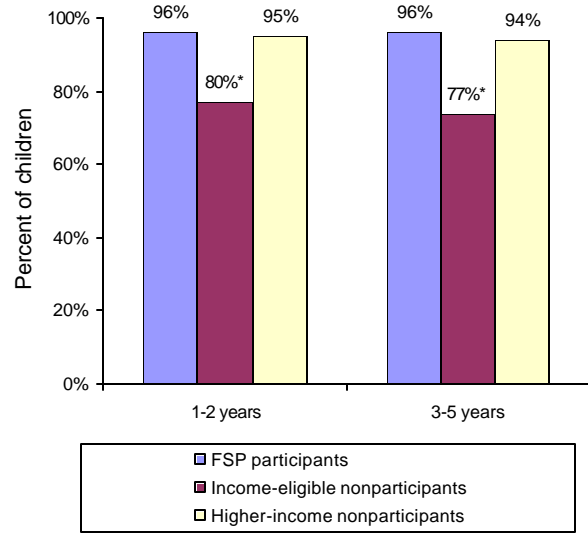
*Statistically significant difference from FSP participants at the .05 level or better.
Source: NHANES-III, 1988-94.

income-eligible nonparticipants were statistically significant. A comparable pattern was observed for infants; however, the data are not presented in figure 67 because the point estimate for FSP participants is statistically unreliable.

Among the oldest adults (70 years and older), there were essentially no significant differences between FSP participants and either group of nonparticipants (table D-218). In this age cohort, close to 100 percent of the individuals in all three participant/nonparticipant groups were covered by some form of insurance.

Among other adults (20 to 69 years), the difference between FSP participants and higher-income nonparticipants was generally statistically significant. However, the significance of the difference between FSP participants and income-eligible nonparticipants varied by gender. Among males, there were no significant differences between FSP participants and income-eligible nonparticipants in rates of insurance

Figure 67—Percent of preschool children with any health insurance coverage

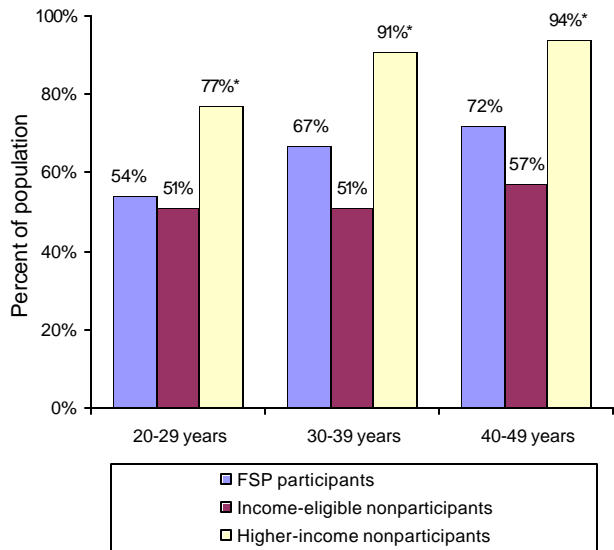


*Statistically significant difference from FSP participants at the .05 level or better.
Source: NHANES-III, 1988-94.

coverage (figure 68).³ This pattern was also observed for females between 50 and 69 years

³Figure 68 does not show data for males 50-59 and 60-69 because most of the point estimates are statistically unreliable (see table D-218).

Figure 68—Percent of adult males with any health insurance coverage



*Statistically significant difference from FSP participants at the .05 level or better.
Source: NHANES-III, 1988-94.

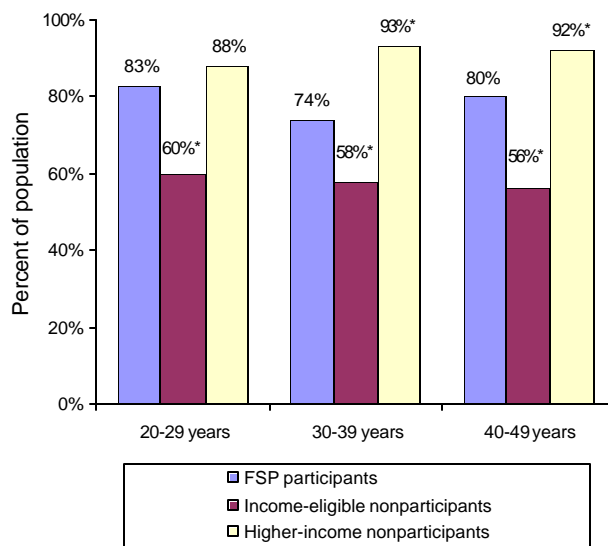
of age. Among women of childbearing age (20-49 years), however, FSP participants were significantly more likely than income-eligible nonparticipants to have health insurance (figure 69).

FSP participants were significantly *more* likely to have Medicaid coverage and significantly *less* likely to have private health insurance than either income-eligible nonparticipants or higher-income nonparticipants (figure 70 and tables D-219 and D-220). Overall, 59 percent of FSP participants received Medicaid benefits, compared with 15 percent of income-eligible nonparticipants and 2 percent of higher-income nonparticipants. Only 26 percent of FSP participants had private health insurance coverage, compared with 48 percent of income-eligible nonparticipants and 89 percent of higher-income nonparticipants. This pattern was observed for most gender-and-age-specific subgroups.

Regular Source of Health Care

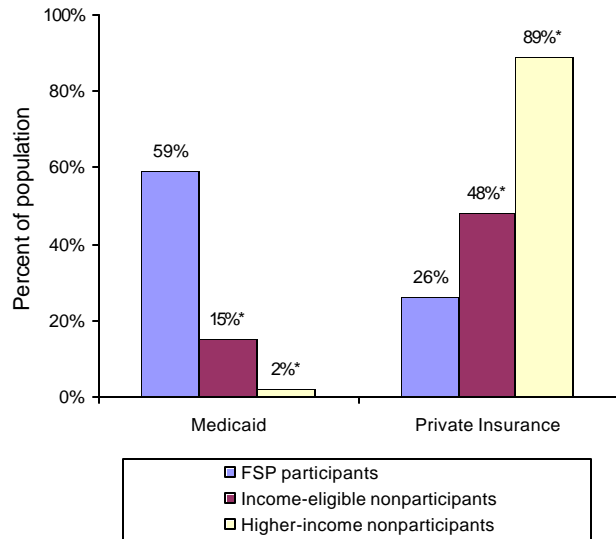
More than 8 out of 10 persons had a regular source of health care—that is, a clinic, health

Figure 69—Percent of females of child-bearing age with any health insurance coverage



*Statistically significant difference from FSP participants at the .05 level or better.
Source: NHANES-III, 1988-94.

Figure 70—Percent of persons with Medicaid and percent with private health insurance

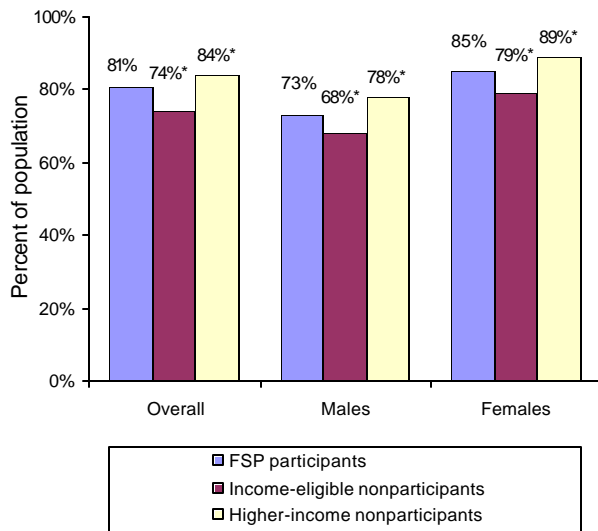


*Statistically significant difference from FSP participants at the .05 level or better.
Source: NHANES-III, 1988-94.

center, or doctor’s office that was usually used for health care needs or to obtain health-related advice and information (table D-221). FSP participants were *more* likely than income-eligible nonparticipants and *less* likely than higher-income nonparticipants to have a regular source of health care (figure 71). Eighty-one percent of FSP participants had a regular source of health care, compared with 74 percent of income-eligible nonparticipants and 84 percent of higher-income nonparticipants. This pattern was observed for both males and females.

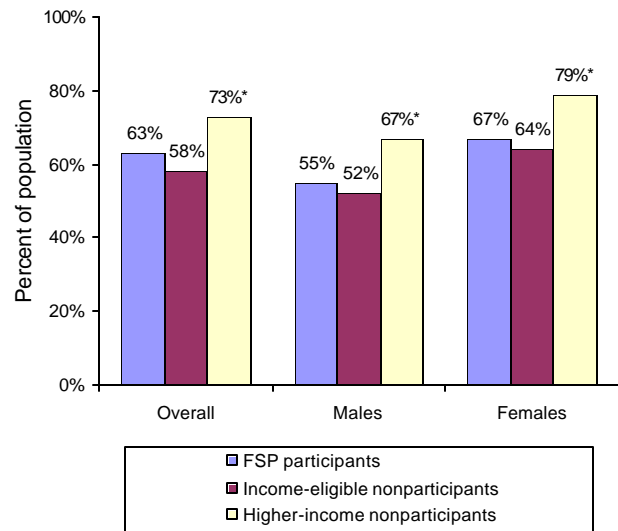
There were no significant differences between FSP participants and income-eligible nonparticipants in the percent of persons who reportedly had a regular physician or other health care provider (figure 72 and table D-222). In comparison with higher-income nonparticipants, however, FSP participants were significantly less likely to have a regular health care provider (63% vs. 73%). These patterns were noted for both males and females. Differences for the population as a whole were concentrated among infants, children, adolescents, and adults less than 50 years of age.

Figure 71—Percent of persons with a regular source of health care



*Statistically significant difference from FSP participants at the .05 level or better.
Source: NHANES-III, 1988-94.

Figure 72—Percent of persons who see a regular physician or other health care provider



*Statistically significant difference from FSP participants at the .05 level or better.
Source: NHANES-III, 1988-94.

Use of Health Care Services in the Past Year

More than a quarter (77%) of all persons reported seeing a physician or other health care provider at least once during the preceding 12 months (excluding overnight hospital stays) (table D-223). There was no overall difference between FSP participants and higher-income nonparticipants in this regard (79% vs. 78%). In comparison with income-eligible nonparticipants, however, FSP participants were significantly more likely to have seen a health care provider at least once during the past year (79% vs. 72%). These patterns were observed for both males and females. The difference between FSP participants and income-eligible nonparticipants was largely attributable to differences among women between 20 and 39 years of age.