

Chapter 4: Access to Care



Access to Care

Access to comprehensive and affordable quality health care services is vital to achieving health equity and the best possible quality of life. The Institute of Medicine defines access to health care as “the timely use of personal health services to achieve the best possible health outcomes” (1). Adequate health care is essential to disease prevention and management, and is important for every age group. Routine preventative care and easy access to treatment help individuals avoid sickness and disease, recover more quickly when ill, and manage chronic disease. When most needed, brief periods without health services can accumulate to produce long-term health issues, increasing the risk for the advancement of disease and even death by depriving individuals of life-saving monitoring and medical resources. In addition to health and economic consequences for individuals, a lack of access to consistent medical and preventative care leads to sicker individuals who require more resources, in turn contributing to rising healthcare costs and further burdening stressed emergency medical care systems (2).

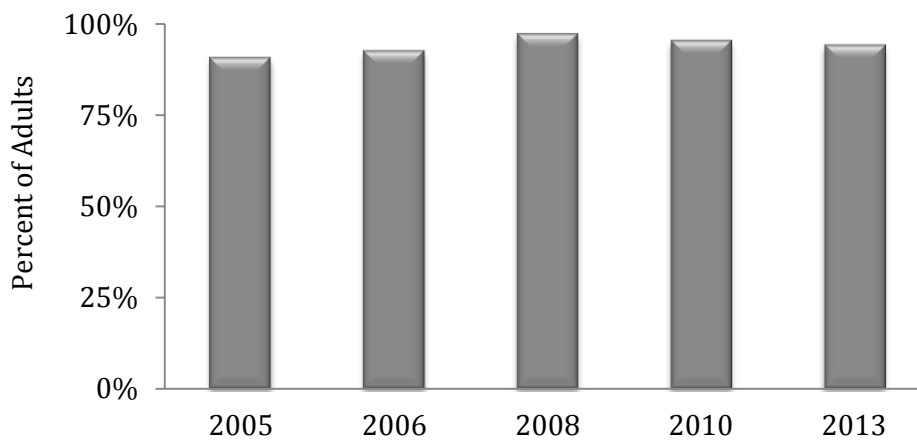
Access to care means more than being in close proximity to health services. Boston is home to world-renowned teaching hospitals and 25 community health centers, yet some residents still do not have access to regular health care. An individual’s access to health care is affected by a myriad of social, economic, and environmental factors, including the cost of medical insurance, medical technology available, access to clinical, community, and preventative health services, and transportation to reach services (3). A person’s tendency to access care is also influenced by socio-demographic factors, including age, gender, race/ethnicity, and country of birth. Barriers and perceived barriers to participating in our health-care system are disproportionately faced by low income residents, people with physical and mental disabilities, those whose primary language is not English, the uninsured and underinsured, recent immigrants, and certain racial/ethnic groups (2).

A key component of general health, oral health care is often neglected. Some may feel it is not as important as general health care, or find that oral health care is prohibitively expensive even with insurance. However, regular visits to the dentist offer an opportunity for the early diagnosis, prevention, and treatment of oral diseases and conditions (4).

In 2006, Massachusetts addressed a major barrier to health care access through enacting comprehensive health reform. The system was designed to provide near-universal health insurance coverage for state residents by promoting shared individual, employer, and government responsibility.

Massachusetts succeeded in expanding coverage to nearly all state residents, which resulted in more adults receiving preventative care services and reporting having a medical home (5). Between 2006 and 2010, the percentage of uninsured nonelderly adults decreased from 10.9% to 6.3%, while the national percentage increased from 17.1% to 18.4% during the same time period. Although not identical, Massachusetts reform served as a model for the nationally implemented Patient Protection and Affordable Care Act.

**Figure 4.1 Adults with Health Insurance
by Year**

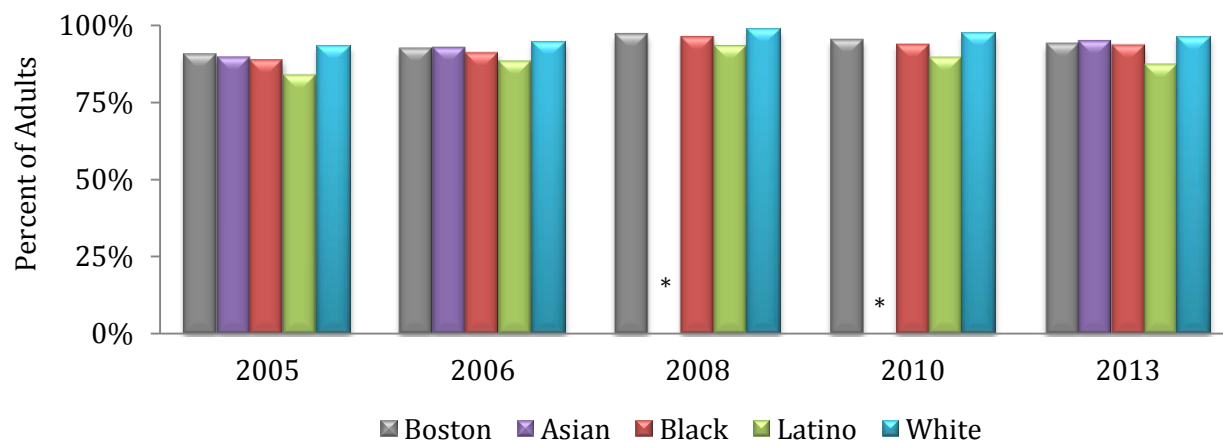


2005	2006	2008	2010	2013
90.6%	92.5%	97.1%	95.3%	94.0%
(88.5-92.7)	(90.7-94.2)	(96.0-98.2)	(93.9-96.6)	(92.8-95.2)

DATA SOURCE: Boston Behavioral Risk Factor Survey (2005, 2006, 2008, 2010 and 2013), Boston Public Health Commission

In 2013, 94% of Boston residents had health insurance coverage. Between 2005 and 2013, the percentage of residents with health insurance increased significantly.

Figure 4.2 Adults with Health Insurance by Race/Ethnicity and Year

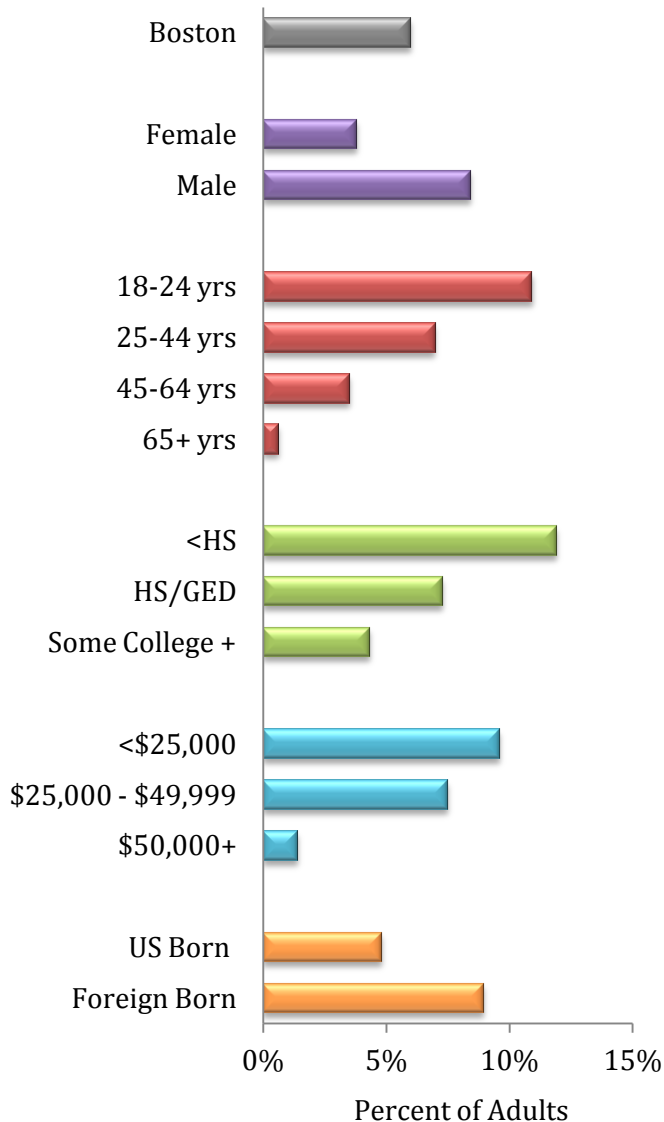


	2005	2006	2008	2010	2013
Boston	90.6% (88.5-92.7)	92.5% (90.7-94.2)	97.1% (96.0-98.2)	95.3% (93.9-96.6)	94.0% (92.8-95.2)
Asian	89.6% (82.0-97.1)	92.7% (86.8-98.6)	*	*	94.8% (91.2-98.5)
Black	88.9% (84.4-93.3)	91.1% (87.2-95.0)	96.3% (94.4-98.2)	93.8% (90.6-97.1)	93.6% (91.3-95.8)
Latino	83.6% (76.3-90.9)	88.1% (82.4-93.8)	93.0% (88.8-97.3)	89.4% (84.6-94.2)	87.0% (83.0-91.1)
White	93.4% (90.9-96.0)	94.7% (92.8-96.7)	98.9% (98.2-99.5)	97.5% (96.1-98.8)	96.4% (94.8-98.0)

*Insufficient sample size for Asian residents in 2008 and 2010.

DATA SOURCE: Boston Behavioral Risk Factor Survey (2005, 2006, 2008, 2010 and 2013), Boston Public Health Commission

Over time, the percentage of Boston residents with health insurance varied by race/ethnicity. In 2013, a lower percentage of Latino residents were insured compared to White residents. Between 2005 and 2013, there was an increase in the percentage of White residents who were insured. There was no significant change in the percentage of Black or Latino residents with insurance from 2005 to 2013.

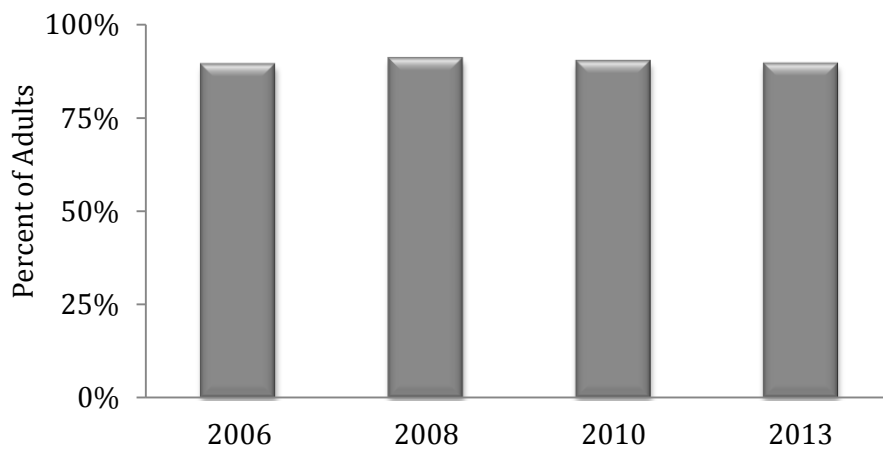
Figure 4.3 Uninsured by Selected Indicators, 2013

Boston	6.0% (4.8-7.2)
Gender	
Female	3.8% (2.6-5.0)
Male	8.4% (6.3-10.6)
Age	
18-24 yrs	10.9% (6.8-15.0)
25-44 yrs	7.0% (4.9-9.0)
45-64 yrs	3.5% (2.3-4.7)
65+ yrs	0.6% (0.1-1.2)
Educational Attainment	
Less than High School	11.9% (6.8-17.0)
High School Graduate or GED	7.3% (4.4-10.1)
At Least Some College/Bachelor's Degree or Higher	4.3% (3.1-5.5)
Income	
< \$25,000	9.6% (7.0-12.2)
\$25,000 - \$49,999	7.5% (4.2-10.9)
\$50,000+	1.4% (0.7-2.1)
Place of Birth	
US Born	4.8% (3.4-6.2)
Foreign Born	8.9% (6.1-11.8)

DATA SOURCE: Boston Behavioral Risk Factor Survey (2013), Boston Public Health Commission

In 2013, 6% of Boston residents had no health insurance coverage. Residents without health insurance coverage varied by gender, age, educational attainment, income and place of birth. The percentage of uninsured Boston female residents was lower than that of uninsured male residents. A lower percentage of those 45-64 years and those 65+ were uninsured than those ages 18-24 years. A higher percentage of residents with less than a high school education were uninsured compared to residents with at least some college. Higher percentages of adults with incomes of less than \$50,000 were uninsured than those with incomes greater than \$50,000. There was no statistical difference in the percentage of uninsured between US born and foreign born residents.

Figure 4.4 Routine Check-up within the Past 2 Years, by Year

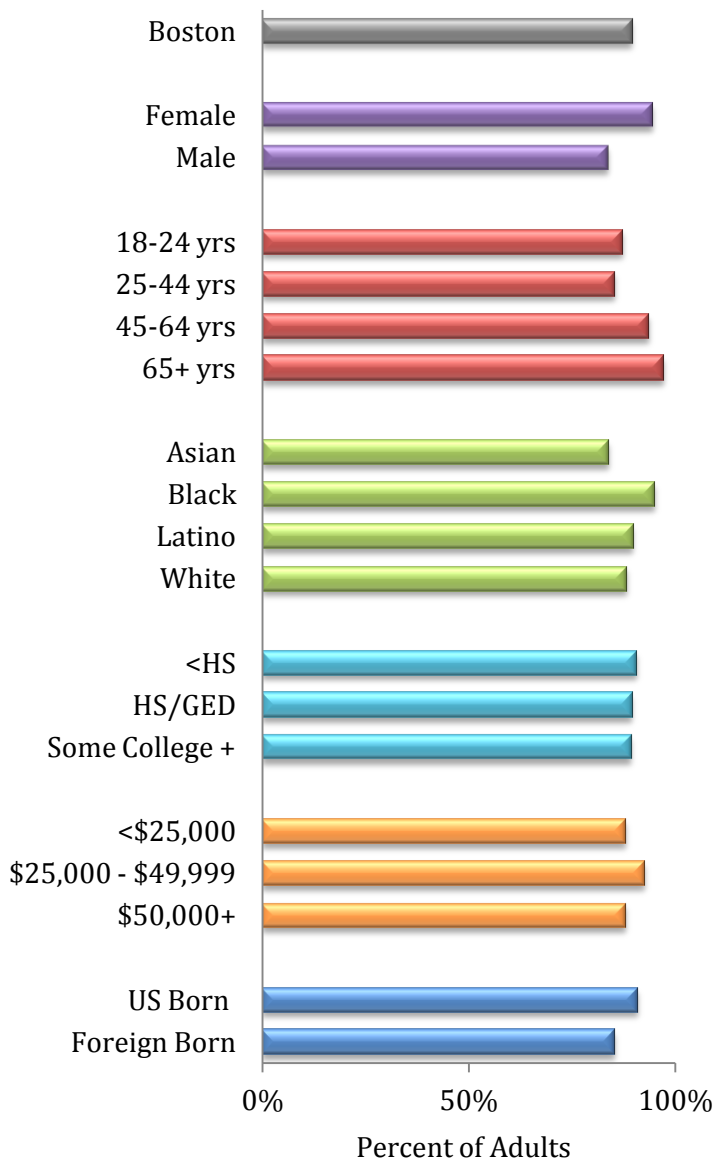


2006	2008	2010	2013
89.2%	90.9%	90.1%	89.4%
(87.3-91.1)	(89.0-92.8)	(88.0-92.1)	(87.9-90.9)

DATA SOURCE: Boston Behavioral Risk Factor Survey (2006, 2008, 2010 and 2013), Boston Public Health Commission

In 2013, 89% of adults had a routine check-up within the past 2 years. There was no significant difference in the percent of adults who had a routine check-up between 2010 and 2013.

Figure 4.5 Routine Check-up within the Past 2 Years By Selected Indicators, 2013

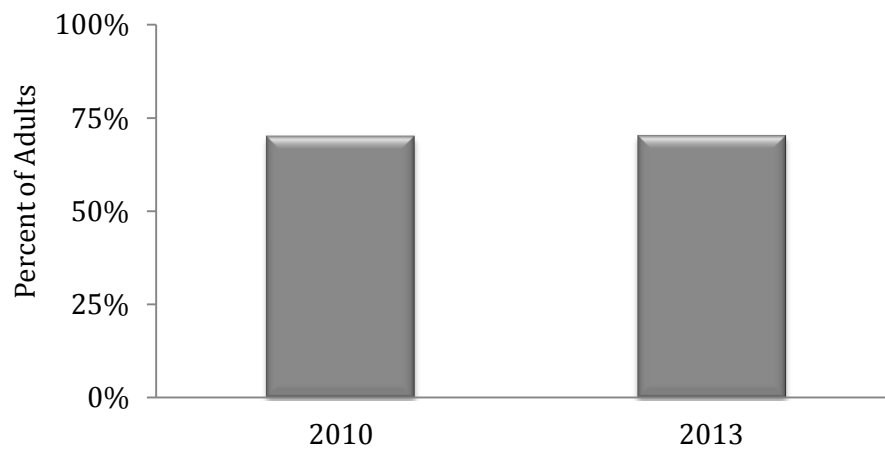


Boston	89.4% (87.9-90.9)
Gender	
Female	94.5% (93.1-95.9)
Male	83.7% (81.0-86.4)
Age	
18-24 yrs	87.2% (82.8-91.6)
25-44 yrs	85.3% (82.5-88.1)
45-64 yrs	93.5% (91.8-95.1)
65+ yrs	97.0% (95.9-98.1)
Race/Ethnicity	
Asian	83.8% (78.0-89.6)
Black	94.9% (93.2-96.7)
Latino	89.6% (86.2-93.1)
White	88.0% (85.6-90.4)
Educational Attainment	
Less than High School	90.5% (85.9-95.2)
High School Diploma or GED	89.4% (86.1-92.6)
At Least Some College/Bachelor's Degree or Higher	89.2% (87.4-91)
Income	
<\$25,000	87.9% (84.8-91.1)
\$25,000 - \$49,999	92.4% (89.9-94.9)
\$50,000+	87.9% (85.5-90.3)
Place of Birth	
US Born	90.9% (89.2-92.6)
Foreign Born	85.2% (81.7-88.7)

DATA SOURCE: Boston Behavioral Risk Factor Survey (2013), Boston Public Health Commission

In 2013, 89% of Boston residents had a routine health check-up within the past 2 years. A higher percentage of female residents than male residents had a check-up within the past 2 years. Among residents by age group, a higher percentage of residents ages 45-64 and those 65 and over had a check-up within the past 2 years compared to residents ages 18-24. A lower percentage of Boston residents born outside the United States reported a check-up within the past 2 years when compared to Boston residents born in the United States. No statistical differences were found by educational attainment or place of birth.

**Figure 4.6 Teeth Cleaned in the Past Year
by Year**

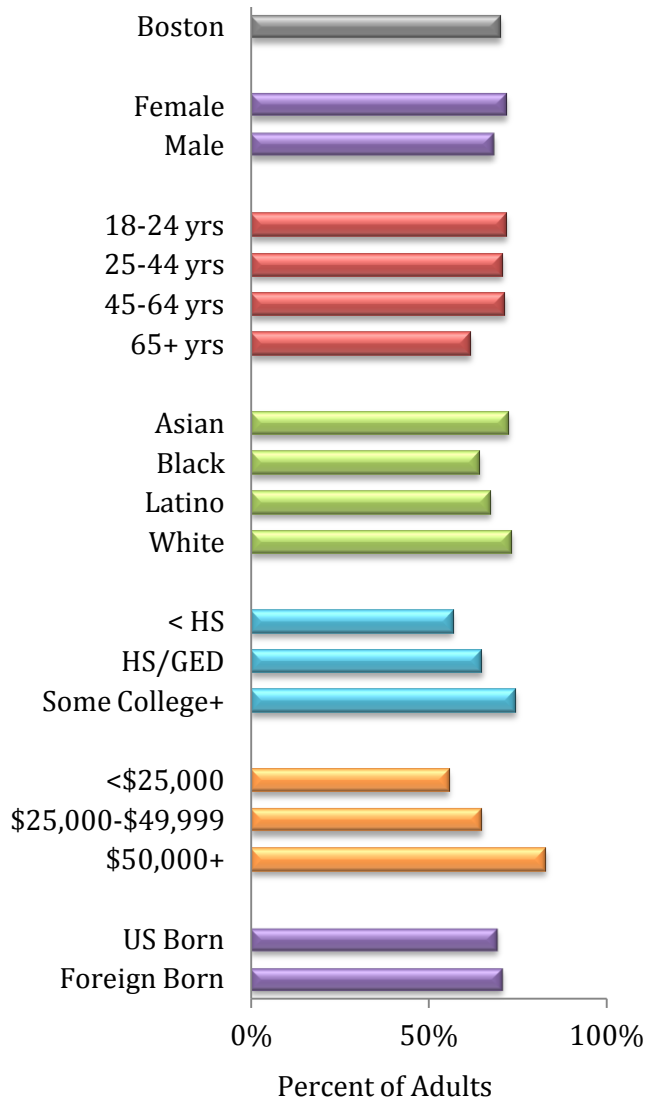


2010	2013
69.9% (67.3-72.6)	70.2% (68.1-72.2)

DATA SOURCE: Boston Behavioral Risk Factor Survey (2010 and 2013), Boston Public Health Commission

Between 2010 and 2013, there was no significant change in the percentage of Boston residents who had their teeth cleaned within the past year.

Figure 4.7 Teeth Cleaned in the Past Year by Selected Indicators, 2013

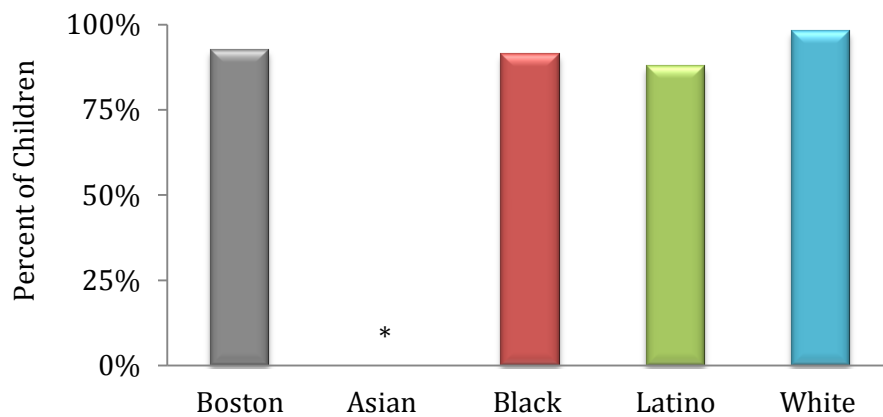


Boston	70.2% (68.1-72.2)
Gender	
Female	71.9% (69.2-74.6)
Male	68.3% (65.1-71.4)
Age	
18-24 yrs	72.0% (66.1-77.8)
25-44 yrs	70.9% (67.4-74.3)
45-64 yrs	71.5% (68.5-74.5)
65+ yrs	61.6% (57.5-65.8)
Race/Ethnicity	
Asian	72.5% (65.2-79.8)
Black	64.4% (60.6-68.2)
Latino	67.2% (62.4-72.1)
White	73.4% (70.3-76.5)
Educational Attainment	
Less than High School	56.7% (50.3-63.1)
High School Diploma or GED	65.0% (60.5-69.5)
At Least Some College/Bachelor's Degree or Higher	74.3% (71.9-76.7)
Income	
<\$25,000	55.6% (51.5-59.8)
\$25,000-\$49,999	64.8% (59.9-69.8)
\$50,000+	82.9% (80.3-85.5)
Place of Birth	
US Born	69.2% (66.7-71.8)
Foreign Born	70.6% (66.5-74.8)

DATA SOURCE: Boston Behavioral Risk Factor Survey (2013), Boston Public Health Commission

In 2013, 70% of Boston residents had their teeth cleaned during the past year. By age, a lower percentage of residents ages 65+ had their teeth cleaned in the past year compared to those in ages 18-24 years. Black adults were less likely to have had their teeth cleaned compared to White adults. A lower percentage of residents with less than a high school education and those who were high school graduates had their teeth cleaned compared to residents with at least some college. A lower percentage of residents with an annual income of less than \$25,000 and between \$25,000 and \$49,999 had their teeth cleaned in the past year compared to residents with an annual income of \$50,000 or more. There was no significant difference by place of birth.

Figure 4.8 Children with a Usual Place of Healthcare by Race/Ethnicity, 2012



Boston	Asian	Black	Latino	White
92.6% (90.5-94.6)	*	91.3% (87.2-95.3)	87.8% (83.0-92.6)	97.9% (96.5-99.2)

*Insufficient sample size

DATA SOURCE: Boston Survey of Children's Health, 2012, Boston Public Health Commission

Most of Boston's children had a usual place where they received health care in 2012. However, by race/ethnicity, percentages of Black and Latino children with a usual place of care were lower than for White children.

References

1. Institute of Medicine. Access to Health Care in America. Washington D.C. : National Academy Press, 1993.
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5. Henry J. Kaiser Foundation. Massachusetts Health Care Reform: Six Years Later. Kaiser Family Foundation. [Online] May 2012. [Cited: February 19, 2014.] <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8311.pdf>.