CHAPTER 11: ACCESS TO CARE

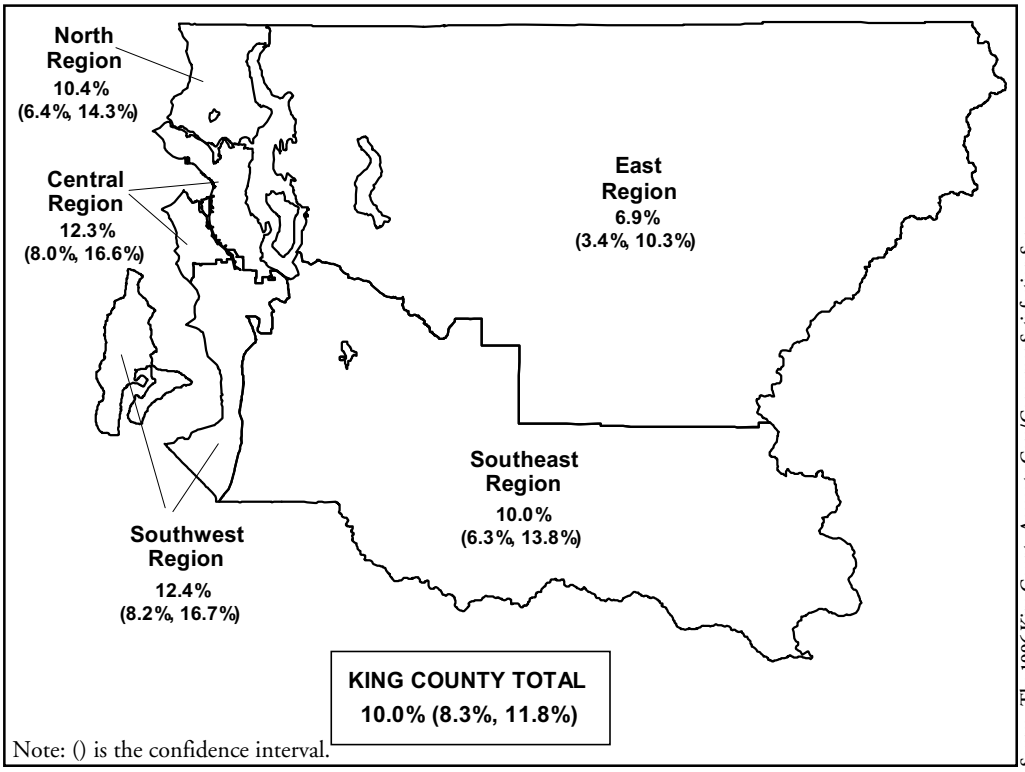
Access to adequate and timely health care prevents or mitigates illness and improves overall quality of life. Having adequate access to the health care system is related to getting recommended screening, receiving treatment for illness and injury, avoiding unnecessary hospitalizations, experiencing fewer episodes of unmet need and adopting healthier lifestyles. In this section, barriers to access are explored, including lack of health insurance coverage, not having a usual source of medical care, lack of access to dental care, and unmet medical need. In addition, we examined the rate of hospitalizations for diseases that are potentially avoidable with adequate access to care.

INSURANCE COVERAGE

Lack of health insurance is a major barrier in obtaining health care. BRFS and a recent survey of King County adults provide data on insurance coverage. Since adults age 65 and older generally carry medical insurance from Medicare, only those under age 65 are analyzed for this measure. Overall, one of 10 King County adults age 18-64 (about 108,000 people) lacked health insurance of any kind. Within the County, there were substantial regional differences in lack of coverage (Figure 11-1).

- The uninsured rate among residents of Central and Southwest regions were highest, with over 12% uninsured.
- The uninsured rate among residents of the East Side (6.9% uninsured) was substantially lower.
- The North and Southeast regions were at about the county average.
- Between 1991 and 1993, the percent uninsured increased significantly. From 1993 to 1996, the percent uninsured remained virtually unchanged.

Figure 11-1:
Percent Uninsured Among Adults Age 18-64
By Region, King County, 1996



Note: () is the confidence interval.

Source: The 1996 King County Access to Care/Consumer Satisfaction Survey.

- Lack of health insurance coverage was much more common in households with lower annual incomes, where the cost of medical care would be more likely to put serious stress on family finances or result in not seeing a doctor when needed. The relationship between income and insurance coverage was statistically significant (Figure 11-2).
- Those with household incomes of <$20,000 were 28 times as likely to be uninsured as those in the highest income bracket of $50,000+, and almost twice as likely to be uninsured as the next highest income bracket of $20,000-$34,999.
- Those in low-income households were uninsured at almost three times the county average.
- Households earning less than $20,000 were over six times as likely to report not seeing a doctor when needed because of the cost than households earning $50,000 or more.
- The unemployed and nonwhites were also significantly more likely to lack coverage than their employed or white counterparts, respectively.

Figure 11-2:
Percent Without Health Insurance Among Adults Age 18-64 By Annual Household Income, King County, 1996

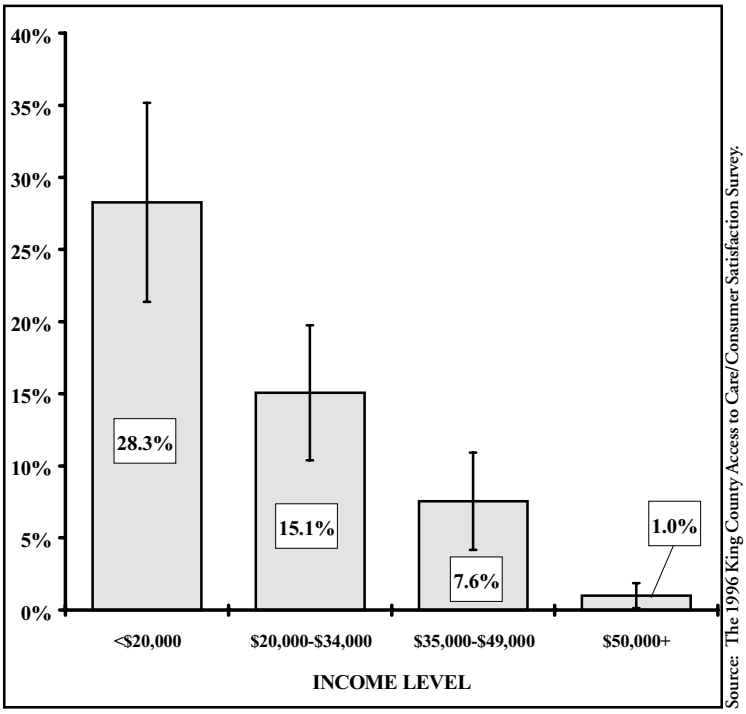
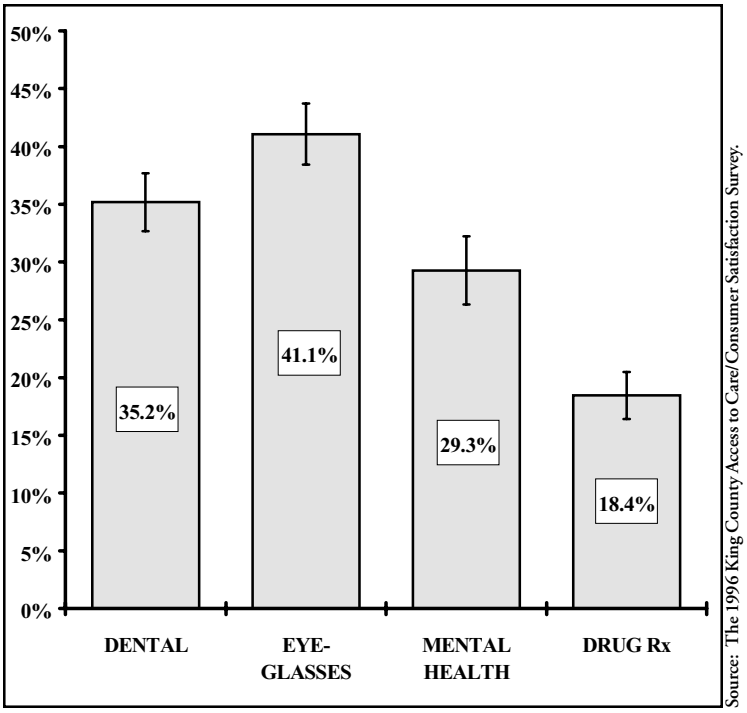


Figure 11-3:
Percent Without Dental, Vision, Mental Health, Prescribed Drug, and Dental Health Insurance Among Adults Age 18+ King County, 1996



- Lack of coverage for dental health, eyeglasses, mental health and prescribed drugs was substantially more common than non-coverage for medical insurance (Figure 11-3).
- Four of 10 King County adults lacked coverage for eyeglasses.
- One in three lacked dental coverage, while almost one in five had no insurance for prescribed drugs.
- Of those who knew whether they had mental health coverage, three in 10 said they didn't have such coverage. (Almost one-third of respondents did not know whether they had coverage, a much higher proportion than for other questions.)
- Lack of coverage for these services was also significantly more likely in unemployed and low-income adults.

USUAL SOURCE OF CARE

Having access to a usual source of primary care enables the timely use of personal health services so that the best possible health outcomes can be achieved. A usual source of primary care includes a comprehensive array of services, such as health promotion and disease prevention as well as curative services. It is envisioned in Healthy People 2000 that by the year 2000, at least 95% of the U.S. population should have a usual source of primary care.

The Behavioral Risk Factor Survey data showed that among King County adults age 18 and older:

- 83% had a usual source of primary care in 1996.
- Young adults age 18 to 24 were less likely to have a usual source of care than older persons.
- Males were less likely to have a usual source of care than females.
- Persons who did not have health insurance were more likely to be without a usual source of care than persons who were insured.
- Race/ethnicity and income level were not significantly associated with having a usual source of care.
- Another measure of access to care is the use of routine medical checkup. Younger adults and uninsured were significantly less likely to receive an routine annual checkup.

Table 11-1:
Having Access to an Usual Source of Care and Routine Checkup Among Adults
King County, 1994-1996 Averages

	Sample Size	Had a Usual Source of Care		Had a Routine Check-up	
		Rate	95% C.I.	Rate	95% C.I.
Age:					
18-24	275	75.4	(69.9 - 80.9)	59.7	(53.2 - 66.1)
25-44	1,432	80.1	(77.9 - 82.4)	58.2	(55.4 - 61.0)
45-64	800	89.1	(86.7 - 91.5)	70.8	(67.3 - 74.3)
65+	432	94.1	(91.7 - 96.5)	85.5	(81.7 - 89.2)
Sex:					
Male	1,328	77.9	(75.5 - 80.3)	56.2	(53.3 - 59.2)
Female	1,611	90.1	(88.5 - 91.6)	74.9	(72.6 - 77.2)
Race/Ethnicity:					
White	2,548	84.4	(82.9 - 85.9)	65.3	(63.2 - 67.3)
African Am.	119	90.1	(84.8 - 96.7)	78.1	(70.0 - 86.2)
Asian	180	81.1	(74.8 - 87.5)	66.2	(58.3 - 74.2)
Hispanic	124	85.2	(78.5 - 91.9)	67.9	(59.3 - 76.6)
Annual Household Income:					
<$10,000	165	80.9	(74.1 - 87.8)	66.4	(58.3 - 74.4)
$10,000 - 24,999	609	77.6	(73.9 - 81.3)	62.5	(58.2 - 66.8)
$25,000 - 34,999	410	84.2	(80.4 - 88.1)	65.9	(60.9 - 70.9)
$35,000 - 49,999	561	85.9	(82.8 - 89.1)	65.5	(61.1 - 69.9)
$50,000+	851	87.5	(85.0 - 89.9)	64.8	(61.2 - 68.3)
Have Health Insurance:					
Yes	2,612	87.1	(85.7 - 88.5)	69.2	(67.3 - 71.1)
No	309	59.2	(53.0 - 65.4)	35.1	(29.0 - 41.2)

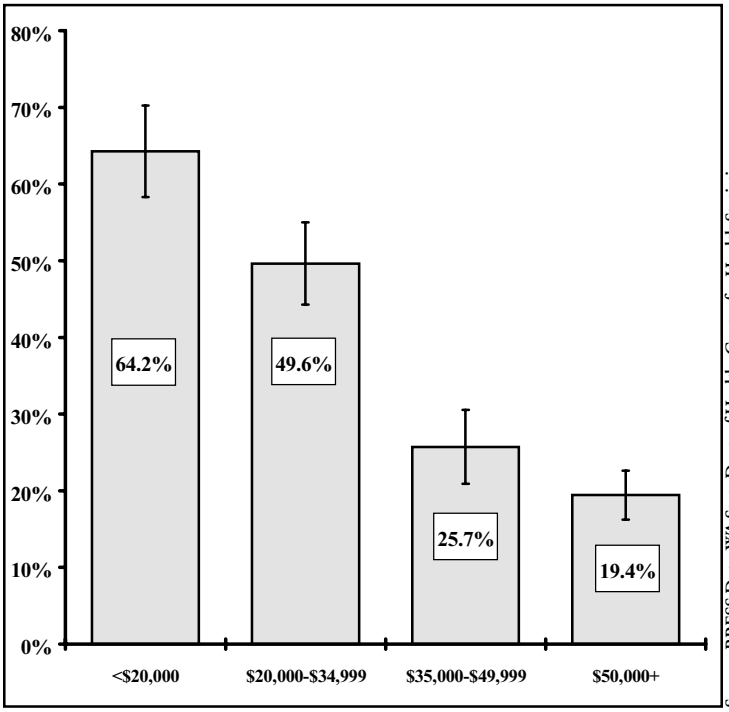
Source: BRFSS Data: Washington State Department of Health, Center for Health Statistics.

ORAL HEALTH CARE ACCESS

Access to and utilization of dental care is related to barriers such as lack of insurance coverage and low income, as well as multiple cultural and socioeconomic factors. Dental problems like dental caries, gingivitis and tooth loss for reasons other than injury can be prevented through regular dental care. Lack of dental health coverage is more frequent than lack of coverage for medical care, and such coverage, where it exists, is more likely to entail high deductibles and exclusions. Getting regular preventive care may seem discretionary in the absence of an acute condition, particularly in low-income families.

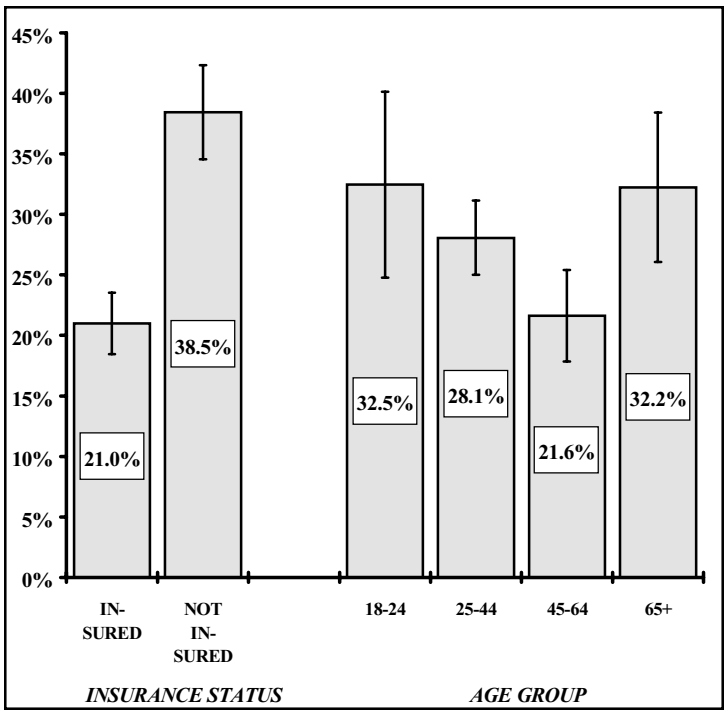
According to BRFS data, over one-third (36%) of King County adults lacked any kind of dental insurance. Lack of coverage was strongly related to income, with those in households earning less than $20,000 per year more than three times as likely as those in households earning $50,000 or more to lack insurance. Lack of dental insurance was more than twice as likely in the self-employed (58% without insurance) and unemployed (56%) compared to those employed for wages (23%). Almost three-quarters (73%) of those aged 65 and over lacked dental coverage, which is in stark contrast to medical insurance coverage for this group, which is virtually total due to Medicare. Medicare does not cover dental needs.

Figure 11-4:
Percent Having No Dental Insurance Among Adults Age 18+
By Household Income, King County
1995 and 1997 Average



Over one in four adults (27%) said they had not visited a dentist or dental clinic in the last year. Those lacking insurance coverage were almost twice as likely to have infrequent care (38%) compared to their insured counterparts (21%) (Figure 11-5). Infrequent care was also more likely in low-income households, and in those aged 65 and older and 18 to 24. One in three (33%) of those who did not get care in the last year gave cost as the reason.

Figure 11-5:
Percent Who Did Not See a Dentist in the Last 12 Months
Among Adults Age 18+
By Insurance Status and Age, King County
1995 and 1997 Average



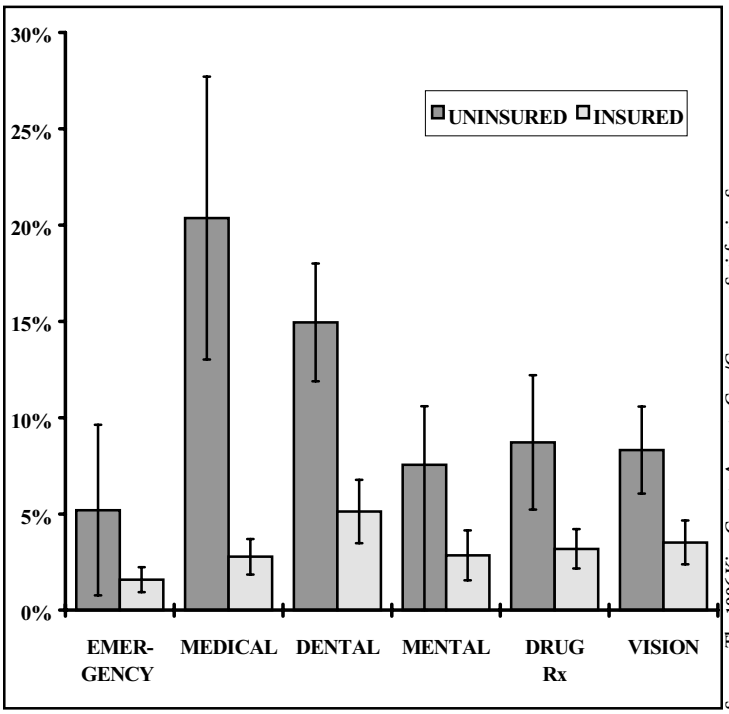
Source: BRFSS Data: WA State Dept. of Health, Center for Health Statistics.

UNMET MEDICAL NEED

Respondents to the Access to Care Survey were asked whether they had not received desired care for emergencies, medical, dental, or vision problems, mental health, or prescribed drugs, over the previous 12 months (Figure 11-4).

- 17% of King County residents said they had an unmet need for at least one of these conditions in the last year. The percent reporting unmet need was highest for dental care (8.5%) and lowest for emergency care (1.9%). Only 4.3% said they had an unmet medical care need in the last year.
- However, the uninsured were markedly more likely to have an unmet need. Over 20% of the medically uninsured wanted to see a doctor but couldn't, compared to less than 3% of their medically insured counterparts. Those not covered for dental or vision care or prescribed drugs were significantly more likely than their insured counterparts to have an unmet need for dental or vision care, or prescribed drugs, respectively.

Figure 11-6:
Percent With Unmet Need Among Adults Age 18+
By Insurance Status, King County, 1996



Source: The 1996 King County Access to Care/Consumer Satisfaction Survey.

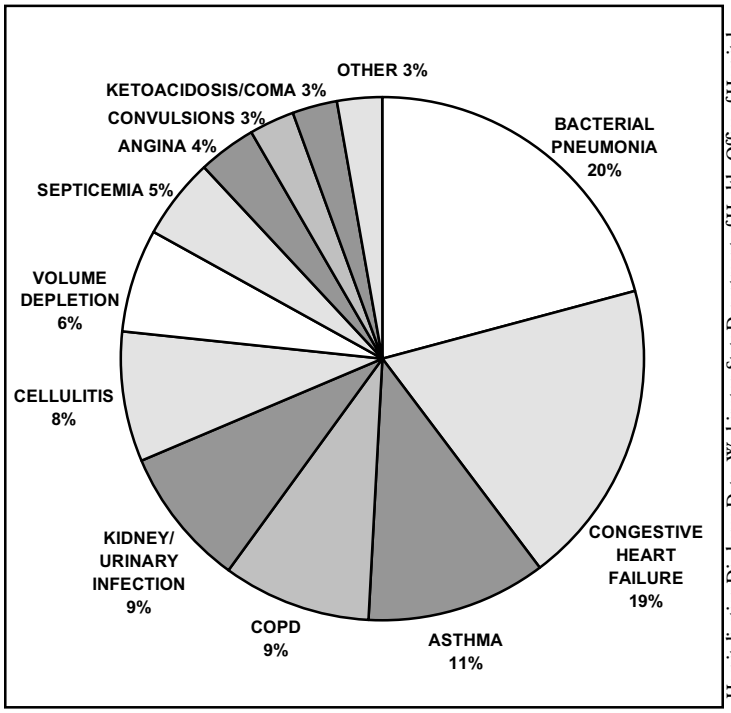
AVOIDABLE HOSPITALIZATION

Hospitalization for certain health conditions is often avoidable with adequate access to clinical preventive care and treatment. Some examples of the avoidable hospitalizations include those for asthma, cellulitis, congestive heart failure, and serious diabetic complications.[1,2] High rates of hospitalization for these conditions may indicate a lack of access to primary care, which is usually due to lack of health insurance coverage but can also be attributed to other barriers such as lack of a means of transportation, lack of knowledge, language barriers, mental health problems, and personal beliefs in the value of medical services. Avoidable hospitalization rates are also affected by the underlying prevalence of diseases, patient care-seeking behavior, physician practice style, patient adherence to treatment plan, and other factors.

In this section, based on a literature review, we grouped the hospitalizations for 16 conditions as an indicator for lack of access to primary care. These avoidable hospitalization conditions include bacterial pneumonia, congestive heart failure, asthma, COPD, kidney/urinary infection, cellulitis, volume depletion, angina, septicemia, diabetic ketoacidosis and coma, convulsions, incarcerated hernia, primary hypertension, dental conditions, grand mal status, and hypoglycemia.

- In 1996, there were a total of 16,589 avoidable hospitalizations among King County residents, accounting for 15% of the total non-childbirth hospitalizations.
- The leading causes of avoidable hospitalization include bacterial pneumonia, congestive heart failure, and asthma, accounting for 21%, 19%, and 11% of the total avoidable hospitalizations (Figure 11-7).

Figure 11-7:
Avoidable Hospitalizations in King County
Three Year Average, 1994-1996

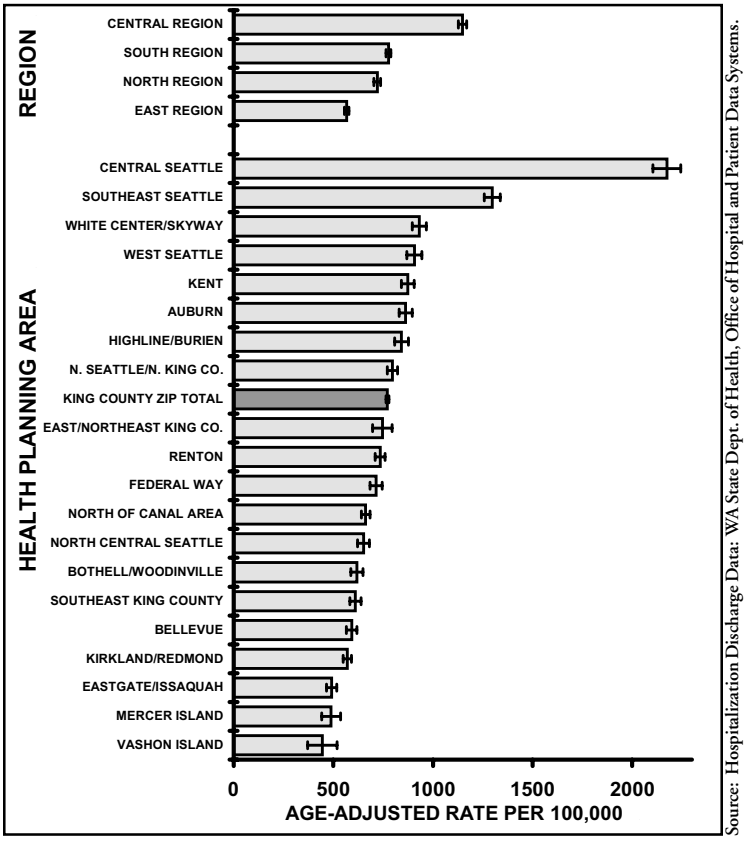


Note: "Other" includes incarcerated hernia, primary hypertension, dental conditions, grand mal status, and hypoglycemia.

Source: Hospitalization Discharge Data: Washington State Department of Health, Office of Hospital and Patient Data Systems.

1 Weissman, JS. et al. (1992): Rates of Avoidable Hospitalization by Insurance Status in Massachusetts and Maryland. JAMA. 268(17): 2388-2394.
2 Institute of Medicine. 1993. Using Indicators to Monitor National Objectives. In Access to Health Care in America, 102-126.

Figure 11-8:
Avoidable Hospitalization Rates
By Region and Health Planning Area, King County
Three Year Average, 1994-1996



Source: Hospitalization Discharge Data: WA State Dept. of Health, Office of Hospital and Patient Data Systems.

- Averaged over 1994-1996, the age-adjusted avoidable hospitalization rate for residents of Central Region was the highest, followed by South, North, and East Regions.
- By Health Planning Areas, the rate in Central Seattle was 2.8 times the total county rate. The rates in Southeast Seattle, White Center/ Skyway, West Seattle, Kent, Auburn, and Highline/Burien were also significantly higher than the county rate. The Eastside communities and Vashon Island had the lowest rates in the county (Figure 11-8).