



NCHS Data on Health Insurance and Access to Care

About NCHS

The CDC's National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective to help us understand the population's health, influences on health, and health outcomes.

Health Insurance and Access to Care

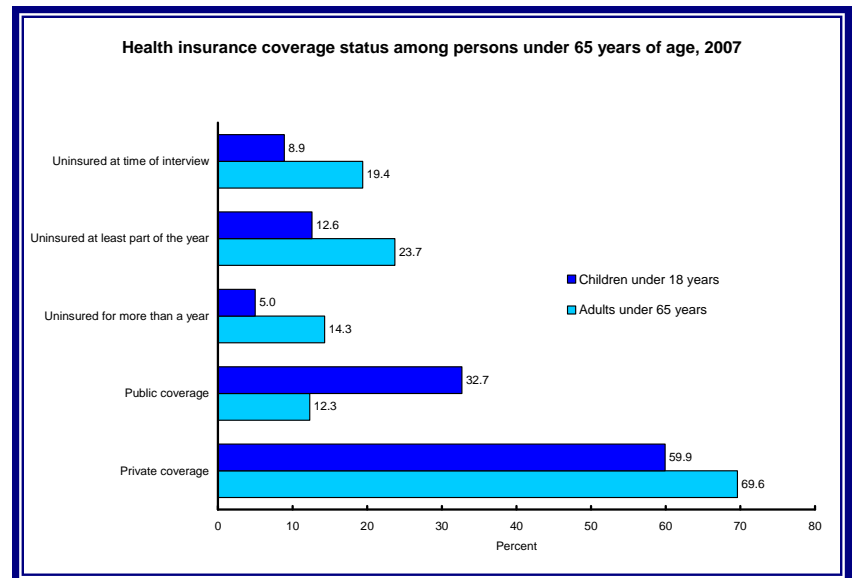
Health insurance coverage is an important determinant of access to health care. Uninsured children and non-elderly adults are substantially less likely to have a usual source of health care or a recent health care visit than their insured counterparts. The major source of coverage for persons under 65 years of age is private employer-sponsored group health insurance. Private health insurance may also be purchased on an individual basis, but it costs more and generally provides less coverage than group insurance. Public programs such as Medicaid and the State Children's Health Insurance Program provide coverage for many low-income children and adults.

NCHS' National Health Interview Survey (NHIS) provides three types of measures of lack of health insurance coverage: uninsured at the time of the interview, uninsured at least part of the year prior to the interview, and uninsured for more than a year at the time of the interview. In addition, the NHIS reports state-level estimates of uninsured at the time of interview, public coverage, and private health insurance coverage for the 41 states.

Health Insurance Data

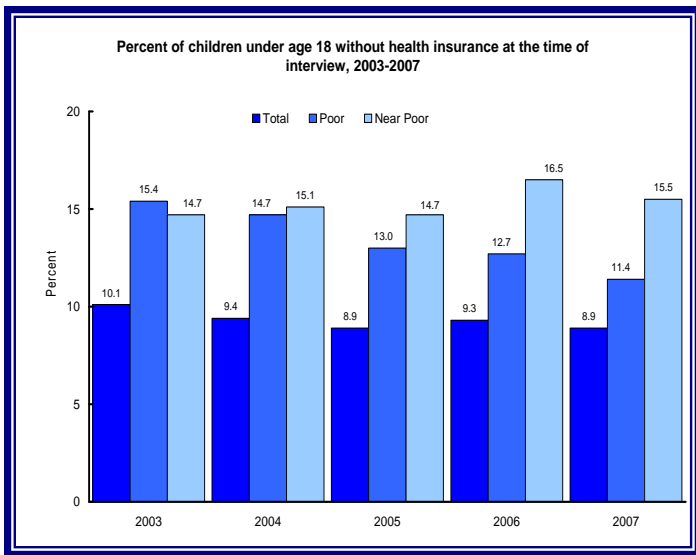
Data from the **National Health Interview Survey (NHIS)** show:

- In 2007, 43.1 million persons (14.5 percent) of all ages were **uninsured at the time of the interview**, 53.9 million (18.2 percent) had been **uninsured for at least part of the year** prior to the interview, and 30.6 million (10.3 percent) had been **uninsured for more than a year** at the time of the interview.
- In 2007, the percentage **of uninsured at the time of interview** among the **20 largest states** ranged from 5.8 percent in Massachusetts to 22.8 percent in Texas.



Source: National Health Interview Survey, 2007.

- In 2007, the percentage of **uninsured persons at the time of interview** was 19.4 percent for persons aged 18-64 years and 8.9 percent for children under age 18.



Source: National Health Interview Survey, 2007.

NHIS data on health insurance coverage for children under 18 years of age show:

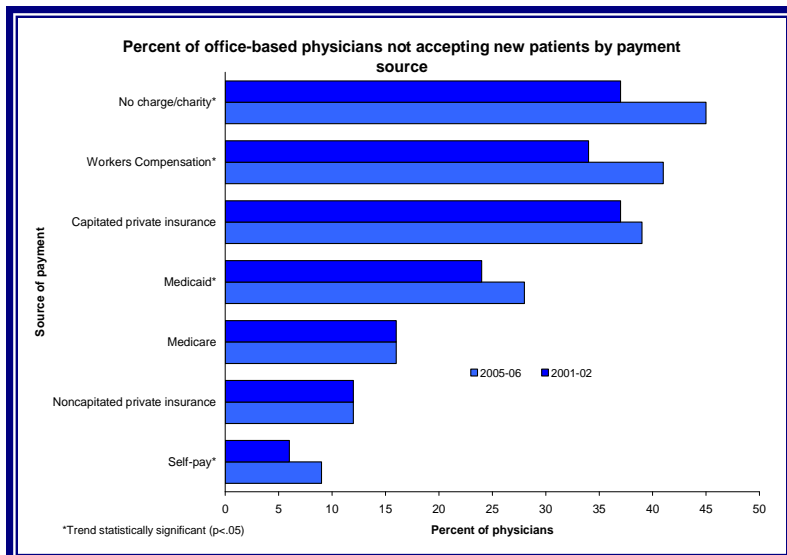
- There was a decline in the percent of U.S. children (under 18 years of age) who lacked health insurance coverage at the time of interview from 10.1 percent in 2003 to 8.9 percent in 2007.
- The percent of poor children without health insurance at the time of interview decreased from 15.4 percent in 2003 to 11.4 percent in 2007.

Access to Care Data

Access to care is important for prevention, for prompt and continuing treatment of illness and injury, and to avoid possible hospitalization. Indicators of access to care include the extent to which persons have a place they usually go for medical care, and in what setting patients receive their care (for example, whether care for non-urgent conditions is sought from a physician's office rather than an emergency department).

Clinical experts note that with access to timely and appropriate ambulatory care patients may be able to prevent illnesses, control acute episodes, or manage chronic conditions to avoid exacerbation or complications of those conditions.

Data from NHIS in 2007 show that Hispanic persons were less likely than non-Hispanic blacks or non-Hispanic whites to have a usual place to go for medical care.



Source: National Ambulatory Medical Care Survey, 2001-02, 2005-06.

Data from the **National Health Care Surveys** suggest that people who lack insurance or have worker's compensation, capitated private insurance, or Medicaid coverage may have difficulty gaining access to office-based physicians.

- Between 2001-2002 and 2005-2006, the percent of physicians not accepting new patients under no charge/charity care, worker's compensation, Medicaid, or self-pay increased.
- In 2005-2006, physicians were more likely to report they would not provide no charge/charity care (45 percent), or accept new patients with worker's compensation (41 percent), capitated private insurance (39 percent), or Medicaid (28 percent).
- In contrast, physicians were just as likely to report not accepting new patients with Medicare and noncapitated private insurance in 2001-2002 as in 2005-2006.

Health Insurance and Access to Care Data Sources

NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. They include:

- **National Health Interview Survey** – obtains information on the nation’s health status through confidential household interviews that measure: health status and disability, selected conditions, insurance coverage, access to care, use of health services, immunizations, health behaviors, injury, and the ability to perform daily activities. (<http://www.cdc.gov/nchs/nhis.htm>)
- **National Health Care Surveys** – a family of health care provider surveys, obtaining information about the facilities that supply health care, the services rendered, and the characteristics of the patients served. NHCS surveys hospitals, office-based physician practices, emergency and outpatient departments, ambulatory surgery centers, nursing homes, and home health and hospice agencies. These surveys provide a picture of how the delivery system works, and provide an opportunity to learn about patients, their illnesses, and treatments. (<http://www.cdc.gov/nchs/nhcs.htm>)

Challenges and Future Opportunities

- Expand the range of NHIS coverage questions for specific kinds of care including alternative health treatments, and practices and use of medical devices such as hearing aids.
- Increase the usefulness of NHIS data on health insurance coverage, or lack thereof, by adding core questions on the effects and burden of all types of limited coverage.
- Expand sample sizes in health care surveys to include more patients from priority populations such as racial and ethnic minorities and rural communities to permit more accurate assessment of disparities in health care, including those related to source of payment.
- Expand sample sizes in the various health care surveys to permit assessment of variation in use and quality of health care across states to permit analysis of the effects of state variation in Medicaid payment policy on health care use and quality.
- Expand the range of national provider-based data on quality of care for comparison across state and local areas. Data collection forms and sampling frames can be adapted to address quality of care issues and linked to data on provider characteristics.
- Collect additional data for ambulatory and hospital-based surveys to permit improved assessment of provision of services over time and linking of service delivery with outcomes of care.