

State
Of the
State
Survey

*Health Care Utilization
and Satisfaction*

*by Larry Hembroff
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Health Care Utilization and Satisfaction

prepared by

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The analyses and interpretations in SOSS Briefing Papers are those of the authors and do not necessarily represent the views of IPPSR or of Michigan State University.

THE SURVEY

A telephone survey of 952 adult residents of the state of Michigan was conducted by Michigan State University's Institute for Public Policy and Social Research between June 10, 1997 and July 30, 1997. This was the eleventh quarterly MSU State of the State Survey (SOSS). The survey was designed to provide information on health status; utilization of health care services; sources of health information; confidence in professionals, especially healthcare professionals; confusion regarding health recommendations; and childcare preferences. The overall sampling error is $\pm 3.2\%$.

The sample was designed to provide representative information for respondents from major regions of the state: Detroit City, Southeast Michigan (excluding Detroit), Southwest Michigan, Central Michigan (West and East), northern Lower Michigan, and the Upper Peninsula. (See attached information sheet for a list of the counties included in each region.) The data reported here are weighted to make the results representative of the adult population of Michigan.

KEY FINDINGS

SOSS 11 included a series of questions to explore Michigan residents' access to health care and their intensity of health care utilization. The findings regarding utilization are interesting in terms of the absolute volume of health care services consumed by residents of the state and the pervasiveness of that consumption. The patterns of use across demographic groupings and regions of the state are also interesting. Finally, people's satisfaction with the services they receive, as well as differences in satisfaction among types of residents, are of interest.

Use of Health Services

- **Over three quarters (76%) of Michigan residents say they go to a private physician's office for their usual health care.** Nine percent use an HMO clinic, 6% use a health clinic, 5% go to the emergency room of a hospital, 2% to urgent/ready care facilities, 1% say they never get health care, and the remainder name miscellaneous other sources. (Question 1 – *exact wording is given below.*)
- **Three quarters (75%) say they have had a routine check-up in the past year and 70% claim to have seen the doctor about a particular illness or injury.** Just over half (56%) say they did both, while only 13% claim to have done neither in the past year. (Q. 2, Q. 3)
- **Just under half (46%) of Michiganians report visiting the emergency room of a hospital for themselves or another family member in the past year.** Thirty-seven percent similarly report visiting an urgent care facility, and 33% report a family member having been hospitalized. (Qs. 4-6)
- **About half of Michigan residents say they had lab tests or radiologic tests done on themselves in the past year.** (Q. 7, Q. 8)
- **Only 4% of residents claim not to have used health care in any of the above ways in the past year.** Another 4% used only the urgent care types of services, 29% used only the more routine types of services, and the remaining 62% used some of both.

The Demographics of Health Services Use

- **More residents with children under age 18 report use of urgent care facilities and emergency rooms in the past year while more residents in households with at least one elderly member report a hospitalization in the past year.**
 - Over half (54%) of residents from households with children under age 18 went to the emergency room in the past year, compared to only 38% of other residents; 47% of residents with children used an urgent care facility in the past year compared to only 25% of other residents.
 - About a third (30%) of residents in households without elderly members say a member was hospitalized in the past year compared to 43% of the residents with elderly household members. However, fewer households with elderly members report that a member used an urgent care facility or a hospital emergency room in the past year.
- **Sex, race, education, and perhaps household income are related to health care utilization patterns.** Proportionately fewer men than women used any of the more routine health care services, but men and women equally used one of the more urgent or acute care types of services for themselves or another family member. Fewer white than African American residents report having had a regular check-up or having gone to the emergency room for care for themselves or another family member. Fewer people with college educations went to the emergency room for care or were hospitalized or had radiologic tests conducted. Fewer of those with higher household incomes had a family member hospitalized (largely because of the correlation between income and age described below).
- **Younger people tend to use urgent and emergency care, while older people tend to use routine care, lab work and testing, and hospitalization.** Older residents are more likely than their younger counterparts to have seen a doctor for a regular check-up, to have seen the doctor because of an illness or injury, to have had lab tests performed because of health problems, to have had radiologic testing done, and to have had a family member hospitalized. Conversely, younger residents are more likely to have gone to the emergency room for care for themselves or a family member and to have gone to an urgent care facility.

Satisfaction with Services

- **Nearly half of all Michigan residents (49%) say they are very satisfied with the health care they receive and another 38% say they are somewhat satisfied.** Only 11% indicate any dissatisfaction. (Q. 9)
- **Fewer Detroit and Upper Peninsula residents report being very satisfied and more people from Detroit say they are very dissatisfied or somewhat dissatisfied with their health care.** Levels of satisfaction do not differ significantly by household income level, education, or race.

DISCUSSION

Health Care Utilization. After ascertaining where people usually go for health care, interviewers asked residents how recently they had visited providers for various kinds of care. Table 1 shows the overall percentages of residents who say they used these forms of health care in the past year. Four types of care refer to personal use; the other three refer to care the interviewee used or another family

member used when accompanied by the person interviewed. Together these provide an overall assessment of contact with and utilization of the health care system. Major findings are given above.

Of the seven types of care, the average number of types residents claimed to have used in the past year was 3.7 (with a standard deviation of 1.8). Only 6% of Michigan residents claimed to have used all seven types in the past year.

Table 1 also compares utilization of various services in the past year among residents of various backgrounds. Major findings are bulleted above.

Table 2 shows the distribution of health care use across Michigan's regions. The table indicates that residents in the northern part of the Lower Peninsula and in the Upper Peninsula were less likely to use care that was of the more urgent sort and more likely to use only routine health care or no health care at all. On the other hand, Detroit residents were more likely than others to use a combination of urgent and routine health care but less likely than others to use either only urgent or only routine health care.

Satisfaction. Interviewers also asked residents how satisfied or dissatisfied they were with the quality of health care they had received. Table 3 shows the percentage distribution of responses regarding satisfaction across people of various demographic backgrounds. Interestingly, the table indicates that there were no statistically significant differences in satisfaction across categories of household incomes, nor levels of education, nor race. For those who are concerned about making quality health care equally available to all, these findings should be comforting. While they do not mean that all segments received the same quality of care, they do mean that these segments are about equally satisfied with the quality of health care they receive.

The table shows statistically significant differences between men and women and across age categories. In general, women tend to be more strongly satisfied **and** dissatisfied with the health care they receive than are men. And, in general, older people tend to be more satisfied than younger people. Note that the segments of the population which typically consume more health care, i.e., women and older individuals, tend to be more satisfied. This suggests that the less strong opinions of others may reflect their less frequent use of the health care system, giving them less of a base of experience on which to form an opinion. But, we have also pointed out that the data indicate two different patterns of use of the health care system -- the use of more urgent care types of facilities and services, and the more routine, planned uses of services and facilities. We also have pointed out that women and older people tend to be greater consumers of the more routine health care services.

To explore the effect of these interrelationships on satisfaction with health care received, we combined residents' answers to the questions regarding the recency of the use of various services representing more acute care types of services and then similarly for those representing more routine care types of services. The greater the number and recency of services used, the higher these scores. Then we examined the relationship among satisfaction with health care received, sex, age, and these two measures of recent intensity of use. Controlling for the intensity of the use of the more acute services and the more routine services and age, sex did not significantly affect satisfaction with care. Also, controlling for the influences of the other variables, people who more recently used more routine kinds of care tend to be more dissatisfied with care; those who more recently used more acute kinds of care tend to be more dissatisfied; and older people tend to be more satisfied. Age has the strongest effect. Thus, apparently the reason why women are more satisfied than men with their health care is that women live longer and make up an increasing portion of the older segments of the population and older individuals tend to be more satisfied with the care they receive regardless of the type.

Table 1. Michiganians Who Used Various Health Care Services in Past Year, by Demographic Characteristics (SOSS 11, 1997)

CHARACTERISTIC	% Had Routine Check-up	% Saw Doc for Illness/ Injury	% Visited E.R.	% Used Urgent Care	% Hospitalized	% Had Lab Tests	% Had X-rays, MRI, CT
Overall	74.5	69.9	46.0	37.2	33.2	54.1	49.7
Sex							
Man	65.1**	66.0*	43.2	34.2	35.2	44.1**	40.0**
Woman	81.5	72.0	47.5	35.2	30.2	60.5	56.4
Race							
White	71.9**	69.5	44.3*	34.7	31.5	53.3	48.5
African American	88.9	70.9	56.4	35.0	36.8	54.7	55.6
Age							
18 - 24 yrs. old	79.0**	70.5**	51.4**	43.5**	44.2**	48.2**	45.3**
25 - 34 yrs. old	67.8	65.9	51.3	44.4	26.7	47.4	32.8
35 - 44 yrs. old	63.0	59.5	51.2	38.7	32.9	48.6	50.9
45 - 54 yrs. old	70.5	76.3	47.3	21.2	29.5	51.9	47.7
55 - 64 yrs. old	79.3	62.9	31.9	29.9	24.1	56.0	56.9
65 - 74 yrs. old	91.7	81.3	32.3	20.8	39.6	70.8	72.9
75 + yrs. old	87.9	88.1	36.2	27.1	37.9	67.2	60.3
Education							
Less than H.S.	73.1	75.0	48.5**	41.2	38.2*	61.8	47.1**
High School Graduate	74.9	69.1	48.1	36.4	35.3	55.3	52.2
Some College	69.4	72.9	50.3	33.7	33.9	54.0	53.6
College Graduate	78.2	63.7	35.2	31.9	25.4	46.4	39.1
Household Income							
Less Than \$10,000	70.4	65.4	42.3	34.6	26.9*	61.5	38.5
\$10,000 - 19,999	80.0	70.7	44.0	36.8	40.8	53.9	56.6
\$20,000 - 34,999	71.0	68.6	52.6	36.6	38.6	57.7	40.3
\$35,000 - 49,999	72.8	70.4	45.3	36.3	38.0	44.1	50.6
\$50,000 or More	75.5	68.7	47.3	35.7	27.9	55.8	46.1
**p<.01							

Table 2. Use of Health Care by Region of Michigan (SOSS 11, 1997)

None Region	Use Type			Used Both Health Care Urgent & Routine	Total
	Only Urgent in Past Year	Only Routine Health Care			
Upper Peninsula	5.3%	3.5%	40.4%	50.9%	100.0%
Northern L.P.	14.1%	4.2%	36.6%	45.1%	100.0%
West Central	11.7%	4.5%	25.3%	58.4%	100.0%
Southwest	6.6%	2.5%	23.0%	68.0%	100.0%
East Central	3.1%	9.2%	26.9%	60.8%	100.0%
Southeast	1.8%	4.8%	33.3%	60.0%	100.0%
Detroit	2.9%	.7%	19.7%	76.6%	100.0%

Table 3. Satisfaction With Health Care Received, by Demographic Background (SOSS 11, 1997)

Characteristics	% Who Say They Are . . . With Health Care They Receive					x ²
	Very Satisfied	Somewhat Satisfied	Both Satisfied	Somewhat Sat. & Dissat.	Very Dissatisfied	
Overall	48.9	38.3	2.1	8.6	2.1	
Sex						
Man	47.1	42.3	0.9	7.6	2.1	
Woman	50.4	35.0	3.1	9.4	2.1	10.0*
Race						
White	49.8	38.0	1.7	8.7	1.9	
African American	43.0	37.7	4.4	10.5	4.4	7.68
Age						
18-24	39.1	47.8	1.4	11.6	0.0	
25-34	43.5	39.7	1.3	14.2	1.3	
35-44	43.4	43.4	1.2	7.5	4.6	
45-54	50.0	38.1	0.0	6.3	5.6	
55-64	60.3	30.2	4.3	5.2	0.0	
65-74	66.7	22.9	7.3	3.1	0.0	
75 +	54.2	37.3	3.4	3.4	1.7	84.94**
Education						
Less than H.S.	48.5	33.8	4.4	7.4	5.9	
High School Grad.	46.4	42.0	1.2	9.6	0.9	
Some College	50.5	34.6	2.4	9.7	2.8	
College Grad. +	48.8	38.2	2.1	8.7	2.1	16.47
Household Income						
< \$10,000	32.0	44.0	4.0	16.0	4.0	
\$10,000 - 19,999	50.0	32.4	5.4	10.8	1.4	
\$20,000 - 35,000	51.7	39.2	0.6	8.0	0.6	
\$35,001 - 50,000	43.9	47.8	1.1	6.1	1.1	
> \$50,000	49.2	36.5	1.3	11.1	1.9	24.48

*p< .05, **p<.01

SURVEY QUESTIONS

NOTE: The full wording of questions for items discussed in this briefing paper is given here. The order in this list conforms with the order of bulleted items in the “Key Findings” section above. The actual question number for the instrument is presented in brackets after the question, for example [Utl1]. Overall, the interviews lasted an average of 22 minutes. The questions about health care utilization and satisfaction consumed about three minutes of that time.

- Q. 1. When you need health care, do you usually go to a private physician’s office, an HMO clinic, an urgent or ready care facility, a health clinic the emergency room of a hospital, or some other place? [Utl1]
- Q. 2. About how long has it been since you last visited a doctor because of a particular illness or injury? (Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)? [Utl2]
- Q. 3. About how long has it been since you last visited a doctor for a routine check-up? (Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)? [Utl3]
- Q. 4. About how long has it been since you last visited the emergency room of a hospital because of a problem you personally - or another member of your family was having? (Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)? [Utl4]
- Q. 5. About how long has it been since you last visited an urgent care or ready care facility because of a problem you personally - or another member of your family was having? (Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)? [Utl5]
- Q. 6. About how long has it been since you or another member of your household had to spend at least one night in a hospital because of a health problem? (Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)? [Utl6]
- Q. 7. About how long has it been since you personally last had lab tests done at a health facility because of a problem you were having? (Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)? [Utl7]
- Q. 8. About how long has it been since you last had x-rays, mammograms, MRI, or CT scans? (Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)? [Utl8]
- Q. 9. In general, when you think about the quality of health care you have received, would you say you have been very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? [Utl9]

REGIONAL CATEGORIES

NOTE: These regions are the ones used by the Michigan State University Extension Service, except that we treat Detroit City as a separate region.

- Detroit:** City of Detroit
- Southeast:** Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne (excluding Detroit)
- Southwest:** Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Ingham, Jackson, Kalamazoo, St. Joseph, Van Buren
- West Central:** Allegan, Barry, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa
- East Central:** Arenac, Bay, Clare, Clinton, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Shiawassee, Tuscola
- Northern L.P.:** Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemaw, Otsego, Oscoda, Presque Isle, Roscommon, Wexford
- U.P.:** Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

Background Information

Michigan State University State of the State Survey [MSU SOSS]

What Is MSU SOSS?

The MSU State of the State Survey is a quarterly statewide survey of a random sample of the residents of Michigan. Although dozens of surveys are conducted in Michigan every year, no other one is designed to provide a regular systematic monitoring of the public mood in major regions of the state. Through SOSS, MSU aims to fill this information gap. SOSS has five main purposes: (1) to provide timely information about citizen opinions on critical issues; (2) to provide data for scientific and policy research by MSU faculty; (3) to provide information for programs and offices at MSU; (4) to develop survey research methodology; and (5) to provide opportunities for student training and research.

Each quarterly round or “wave” of SOSS has a different main theme. The general plan for the themes is: (a) Winter–quality of life, governmental reform, higher education; (b) Spring–family, women, and children; (c) Summer–ethnic and racial groups, Michigan communities; (d) Fall (even numbered years)–politics, the election, and political issues; (odd-numbered years)–health and the environment. This wave of SOSS departed from this pattern and focused predominantly on health care related issues.

Who Is Conducting SOSS?

The State of the State Survey is administered by the Survey Research Division (SRD) of the Institute for Public Policy and Social Research (IPPSR), using its computer-assisted telephone interviewing (CATI) technology.

The design and overall planning of SOSS is the responsibility of a 17-person Steering Committee chaired by Dr. Brian D. Silver. The Steering Committee consists of representatives from sponsoring units, which are primarily colleges and other administrative offices within MSU.

Subject to final approval by the Steering Committee, the questionnaire for each wave of SOSS is developed by a Working Group, most of whom also serve as principal investigators or analysts for that wave. The people listed below (all from Michigan State University) comprised the Working Group for the Spring 1997 survey (Wave 11):

Clifford Broman, Associate Professor, Department of Sociology
Robert Griffore, Professor, Department of Family and Child Ecology
Larry Hembroff, Senior Survey Methodologist, Institute for Public Policy and Social Research
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