

State *Of the* State Survey

*Racial Differences Persist in Health
Insurance Coverage and Access to
Care in Michigan's Changing
Health Care System*

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Racial Differences Persist in Health Insurance Coverage and Access to Care in Michigan's Changing Health Care System

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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.

BACKGROUND

Historically, Michigan has been home to a low percentage of citizens without health insurance coverage (13.2% in 1998 vs. 16.3% nationally, according to the U.S. Census Bureau Health Insurance Coverage, 1998, October 1999). A key factor in Michigan's favorable situation is the higher rate of employment-based health insurance coverage for Michigan workers. Despite this generally favorable picture in Michigan, lack of health insurance coverage and problems with access to health care do persist among certain groups, particularly among African Americans. In recent years, both the federal government and the State of Michigan have taken steps to increase insurance coverage among poor children in low income families, but initiatives directed at uninsured adults have been limited. This paper will assist policy makers and the general public in assessing the status of health insurance coverage and access to health care for Michigan adults.

THE SURVEY

Survey and Sample Design

Telephone surveys of 1013, 971, and 1408 adults in the state of Michigan were conducted by Michigan State University's Institute for Public Policy and Social Research between October and November 1995, between November 1997 and February 1998, and between July and October 1999, respectively. These were the fifth, 13th and 18th MSU State of the State Surveys (SOSS). All three surveys focused primarily on health policy issues. The overall sampling error is 3.2%. All of the statistical relationships in this report fall beyond the range of sampling error. This survey involved a total of 1408 Michigan adults with an oversampling of 458 respondents age 50 and older.

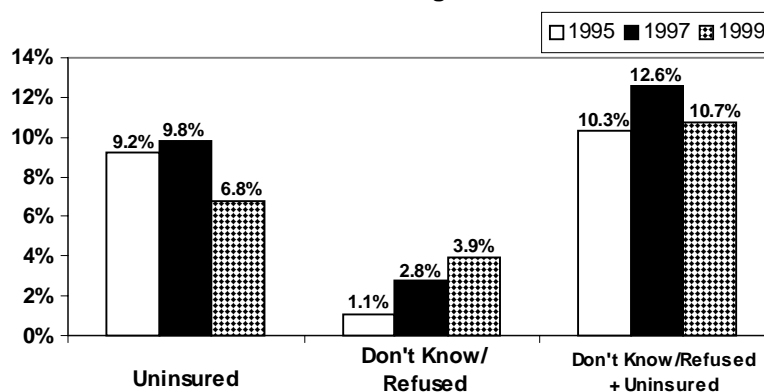
The sample was designed to provide representative information for residents from major regions of the state: Detroit City, Southeast Michigan (excluding Detroit) Southwest Michigan, Central Michigan (West and East), northern Lower Michigan, and the Upper Peninsula. (See attached information sheet for a list of the counties included in each region.) The data reported here are weighted to be representative of Michigan's adult population who have telephones. Note that telephone surveys such as this one definitely under-represent the uninsured.

KEY FINDINGS

Health Insurance Coverage

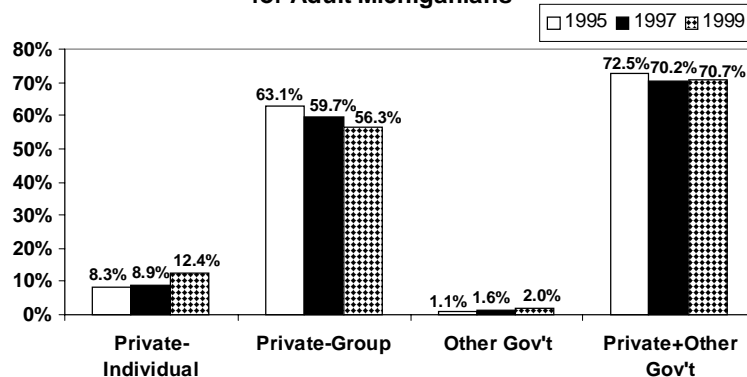
- Fewer than 10% of the Michigan adults surveyed were not covered by any kind of health insurance.** Recent declines in the number of Michiganians reporting no insurance coverage were partially offset by an increase in those who did not know if they had health insurance coverage (Fig. 1A, Q. 1. Exact wording for all questions is on page 8). Among currently uninsured adults, 15% were enrolled in Medicaid sometime during the last two years. Only 40% of those lost coverage by exceeding income limits or gaining employment.

Figure 1A.
Lack of Health Insurance Coverage
for Adult Michiganians



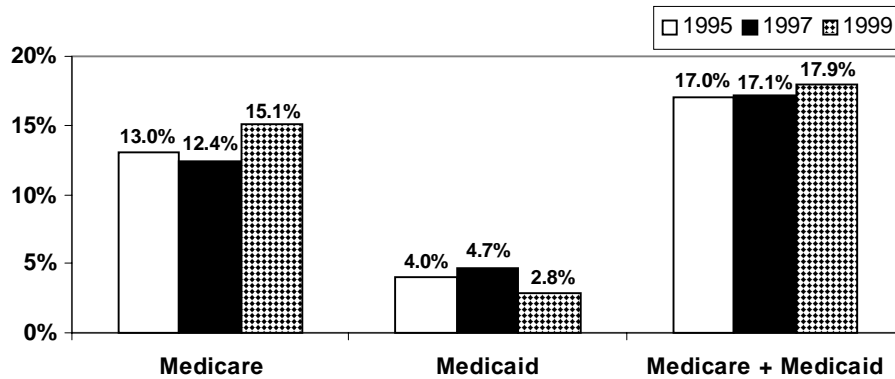
Nearly 60% of Michigan adults reported having private group coverage, although this percentage has been falling since 1995 (Fig. 1B). Another 9% of Michiganians were covered by individual private policies, a figure that rose to 12% in 1999. Other government insurance, such as CHAMPUS and military health (also Indian Health), is primarily employment-based health insurance. When looked at together, private and other government insurance covers a relatively steady 70% of Michigan's adult population.

Figure 1B.
Private Health Insurance Coverage
for Adult Michiganians



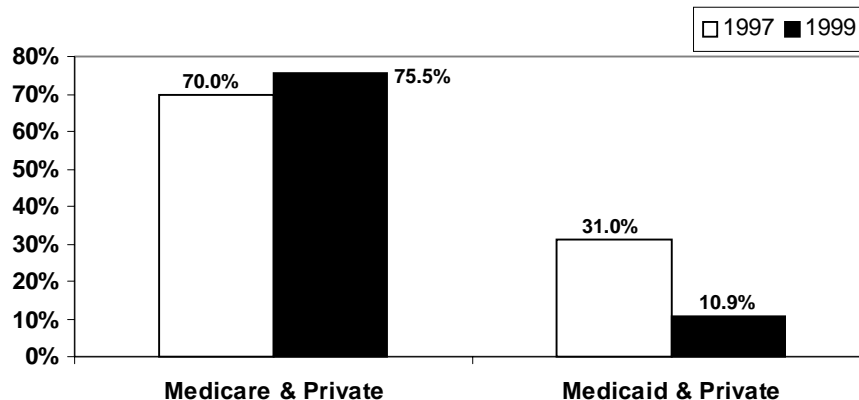
- Medicare coverage—public health insurance for the elderly and disabled—showed a dip and then a jump, while Medicaid coverage—public health insurance for the poor—showed a rise and then a drop** (Fig. 1C). Medicare coverage should be rising at a modest rate due to the aging of the population, and Medicaid should be dropping as a result of the decline in the welfare roles due to a strong economy and government welfare reform. However, beneficiaries of both programs often confuse the names, and some elderly individuals are covered by both programs. When both Medicare and Medicaid coverage were combined, there was a modest increase in coverage of nearly 1% for these public health insurance programs.

Figure 1C.
Public Health Insurance Coverage
for Adult Michiganians



- Many older Michiganians reported having joint public/private coverage.** Of those with Medicare coverage in 1997, nearly 70% had private insurance coverage that supplemented their Medicare coverage (Medigap coverage). In 1999, this number rose to almost 76%. In contrast, only 31% of adults covered by Medicaid in 1997 (includes those who consider Medicare secondary to their private coverage) had supplementary private coverage, and this figure dropped further to 10.9% in 1999 (Fig. 2, Q. 2). The rise in Medigap coverage was most likely a response to the clinical importance and cost of prescription drugs, which are not covered by Medicare. The decline in joint Medicaid/private coverage may have been due to the reduction in the welfare rolls among those who are employable.

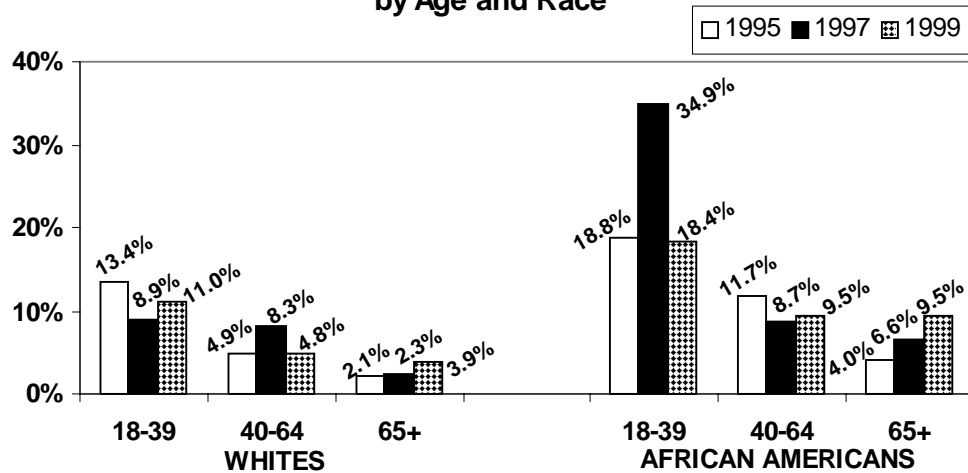
Figure 2.
Public/Private Joint Health Insurance Coverage



Racial Differences in Insurance Coverage

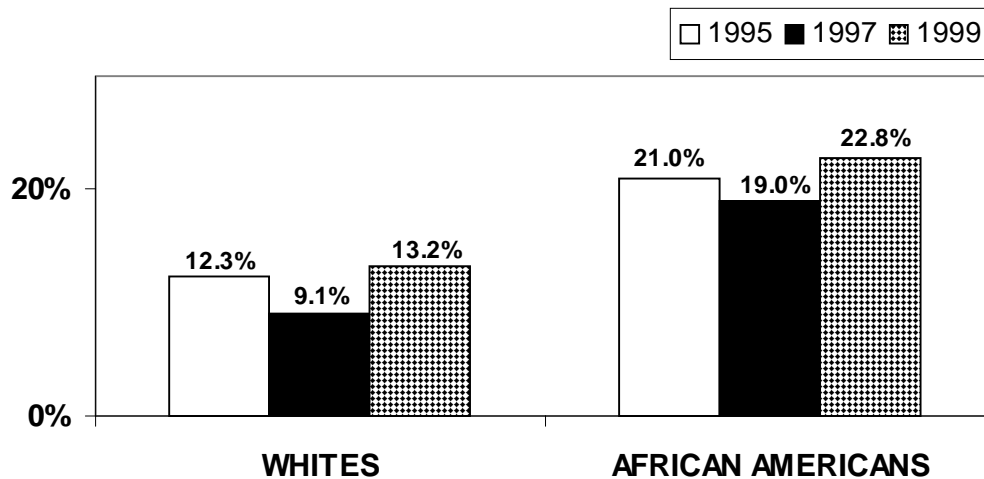
- **Health insurance coverage differed significantly by race.** In most age groups, African Americans were significantly less likely to have health insurance coverage. Over the three time periods, the largest differences were concentrated among younger African Americans (Fig. 3).

Figure 3.
Adult Michiganians Lacking Health Insurance Coverage
by Age and Race



- **African Americans were twice as likely as whites to be uninsured and twice as likely to report that they were in fair or poor health (Fig. 4).**

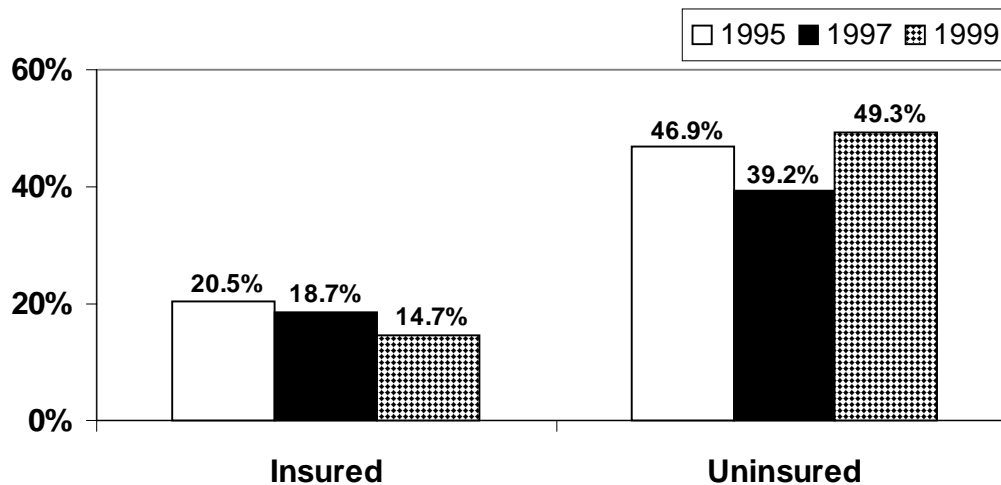
Figure 4.
Adult Michiganians in Fair or Poor Health
by Race



Access to Health Care

- **The uninsured were at least twice as likely to forego needed health care as were those with insurance.** While the incidence of not seeking needed care appears to be declining for Michigan's insured population, there appears to be no improvement in this regard for the state's uninsured. Fluctuations over time in Michigan's uninsured population are probably attributable to the relatively small size of this subsample (Fig. 5, Q. 5).

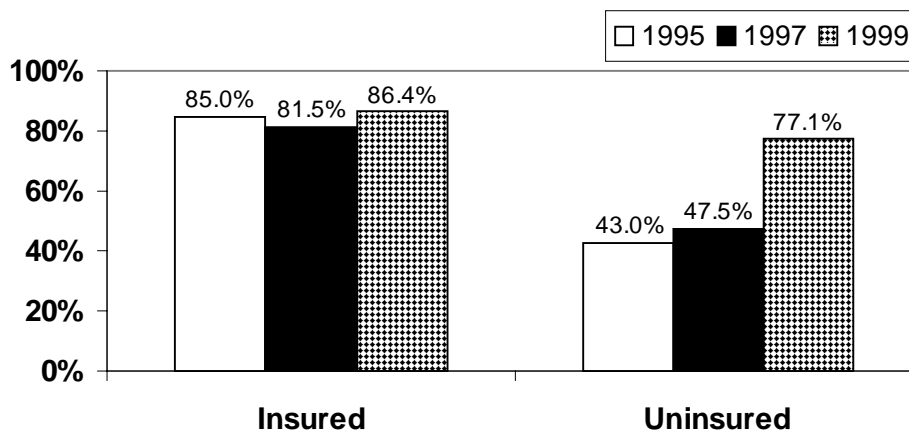
Figure 5.
Adults Not Seeking Needed Medical Care



- **The reasons for not seeking medical care remained roughly constant during the 1995-99 time period.** The main reasons cited for not seeking care—"lack of insurance" or "cost of care"—varied between one-quarter and nearly one-third of those with insurance and between two-thirds and four-fifths for those without insurance (Q. 6).

- **Health insurance coverage was a major determinant of access to primary care.** More than four-fifths of insured adults reported having a usual provider but, until recently, less than half of the uninsured had a usual provider. In 1999, more than three-quarters of uninsured Michigianians reported having a usual provider. Although firm conclusions are difficult to arrive at due to the small sample size of uninsured adults, it appears that regions with the greatest numbers of uninsured also have the highest percentage of uninsured adults without a usual provider. These possible regional differences may be the result of efforts by some local public health departments to provide the uninsured with the long-term health promotion and prevention benefits of ongoing primary care (Fig. 6, Q. 7).

Figure 6.
Adults with Usual Providers of Medical Care



- **While fewer African Americans overall had a usual provider of care (69% compared to 78% for whites) in both 1995 and 1997, this difference nearly vanished in 1999 (83% for blacks compared to 86% for whites).** Among insured African Americans, significantly fewer had a usual provider than did their insured white counterparts in 1995 (74% vs. 81%). This difference was progressively eliminated in 1997 (83% vs. 80%) and in 1999 (85% vs. 86%). This suggests that lack of insurance coverage—the major barrier to securing the benefits of ongoing primary care for Michigan’s African Americans—has been reduced.
- **Health insurance coverage affected the usual site in which patients receive their care.** Patients with health insurance were most likely to receive care in the setting which they most prefer—87% of those with insurance received care in their preferred setting. Most patients with insurance coverage (83%) preferred to receive care in a doctor’s office. For patients with insurance, 81% cited a doctor’s office as their usual site of care vs. only 74% of those without insurance coverage. The uninsured were twice as likely to rely on public health clinics and hospital emergency rooms for care as were those with insurance. Less than 1% of insured Michigianians said they had no usual place to receive care, vs. 8% of those uninsured. Uninsured Michigianians were also more likely to answer “don’t know” to questions about usual place of care (Q. 8).

- Patients with Medicaid coverage showed significant changes in the use of different sites for their health care.** Medicaid patients receiving usual care in doctors' offices dropped slightly from 1997 to 1999 (67% to 60%). In 1997, 20% of Michigan's Medicaid patients received their usual care in hospital outpatient departments. This figure dropped to only 5% in 1999 as Medicaid patients moved to public health clinics for care (24% in 1999, up from only 4% in 1997). The use of community health centers remained at 8% in both years, and use of hospital emergency rooms remained low. The state policy of assigning all Medicaid recipients to a primary care provider appears to have successfully reduced the use of hospital outpatient clinics and emergency rooms as the usual site of care for Medicaid patients (Q. 8).
- African Americans were less likely than whites to receive care in their preferred place of care, with the greatest difference occurring among the uninsured.** Seventy-nine percent (79%) of uninsured whites reported receiving care in their preferred setting, compared to only 57% of uninsured African Americans. Among uninsured African Americans, only 24% reported receiving their usual care in a physician's office, compared to 76% of their uninsured white counterparts. Insured African Americans relied more heavily on hospital outpatient clinics for their usual care, although this is partly due to a greater preference for this setting—12% of African Americans reported that they prefer to receive care in the outpatient department, vs. only 4% of whites. African Americans with insurance coverage used the hospital emergency department for usual care at the same frequency as whites.

SURVEY QUESTIONS

Questions for the health insurance items discussed in this briefing paper are listed below in the order in which they were discussed. Bracketed numbers correspond to the actual question numbers in the survey instruments: the first bracketed number is from the 1999 SOSS18, the second is from the 1997 SOSS13 survey; the third is from the 1995 SOSS5 survey. Overall, 1999 interviews lasted an average of 21.8 minutes, 1997 interviews lasted an average of 19 minutes, and 1995 interviews averaged 17 minutes. These questions consumed about three minutes of that time.

Q. 1. Do you have health insurance coverage from any source, including Medicare, Medicaid, private insurance from your employer or union, coverage from another family member, or individually purchased coverage? [I1; I1]

Q. 2. Does your primary or main health care coverage come from Medicare, Medicaid, another government health insurance program, from a plan provided through an employer or union, or from an individually purchased private insurance plan? [I2; I2]

Q. 3. Would you say that in general your health is excellent, very good, good, fair or poor? [H1; HS1]

***Q. 5.** In the past six months ["In the past year" for 1995 survey], have you ever not sought medical care even when you needed it or thought you should get it? [H6; H8]

Question 6 was asked only of those responding "yes" to Question 5

***Q. 6.** Why didn't you get care? [H6a; H8a]

(This was an open-ended question. Responses were recorded verbatim and then coded. They fell into the following categories. <1> cost/no insurance <2> no transportation/distance too great <3> no time/too busy <4> illness not severe/didn't need care <5> couldn't get appointment <6> clinic/doctor refused to see me <7> didn't know where to go <8> service not available <9> too much trouble/hassle/indifferent/too much bother <10> problem go away/thought get better on own <11> too few Medicaid providers/too difficult with Medicaid <12> don't like doctors <13> treat self/other homeopathic treatments <14> fear/don't want to find results <98> don't know <0> not applicable <99> refused)

Q. 7. Is there a particular doctor (or person) you usually see when you get health care? [HS2; H1]

***Q. 8.** When you need health care, where do you usually go? (A doctor's personal office, a community health center, a public health department clinic, a hospital emergency room, a hospital outpatient clinic, or somewhere else?) [HS1; H3]

*The wording of these items was changed slightly from 1995 to 1997. The wording shown above is from 1997.

REGIONAL CATEGORIES

NOTE: This survey was conducted using regions established by the Michigan State University Extension Service, with one exception: Detroit City is treated as a separate region.

Detroit:	City of Detroit
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
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
U.P.:	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft
West Central:	Allegan, Barry, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

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 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: (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.

Who Conducts 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 Director of SOSS is Dr. Brian D. Silver, Professor of Political Science. 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 Working Group for the Summer 1999 survey was comprised of:

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