



Access to Health Care in Massachusetts: Results from the 2008-2010 Massachusetts Health Insurance Surveys for Children (Ages 0 through 18)

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Access to Health Care in Massachusetts: Key Findings

2010 Access to Health Care for Children Highlights

Usual Source of Care and Doctor Visits

- Massachusetts children had excellent access to health care in 2010, as in past years. Nearly all children (97%) had a usual source of care – a place they went to when they were sick or needed advice about their health.
- Most children (94%) had at least one doctor visit and 90% had a preventive care visit in the 12 months prior to the 2010 survey.

Emergency Care

- More than one in four children (28%) had at least one visit to the emergency room (ER) in the 12 months prior to the 2010 survey.
- More than one in ten children's (11%) most recent ER visit was for a non-emergency condition, that is, a condition that could have been treated by a regular doctor if one had been available.

Unmet Need

- More than one in ten children (11%) did not get care that they needed due to cost in the 12 months prior to the 2010 survey.

Access to Health Care in Massachusetts: Key Findings

2010 Access to Health Care for Children Highlights

Unmet Need

- Children in fair or poor health, or with a disability, were more likely to have forgone needed care due to cost (20%) in the past 12 months than were children in better health and without a disability (9%).
- The share of Hispanic children with unmet need for care due to cost rose between 2009 and 2010 (3% versus 11%).

Barriers to Care

- Nearly one in six children (15%) were reported to have had problems obtaining health care in the past 12 months. This was more common among children with lower family incomes, and those in fair or poor health or with a disability.
- The share of children with family income at or above 500% of the federal poverty level (FPL) reporting difficulty obtaining health care rose from 7% in 2009 to 14% in 2010.
- More than one-fifth of children (21%) lived in families who reported difficulty paying medical bills in 2010.
- The share of white, non-Hispanic children living in families reporting difficulty paying medical bills rose from 17% in 2009 to 22% in 2010.

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Massachusetts Health Insurance Survey: Methodology Summary

Massachusetts Health Insurance Survey (MHIS) provides information on health insurance coverage and access to and use of health care for the non-institutionalized population in Massachusetts. In the survey, an adult member of the household is asked to respond to questions about the health insurance coverage and demographic information for all members of the household. More detailed socioeconomic characteristics and health care information are collected for one randomly selected household member (referred to as the target person in the household) and other members of his or her family who are residing in the household. Information on this target person is provided by the adult respondent for the household. The data reported here are for the household target person.

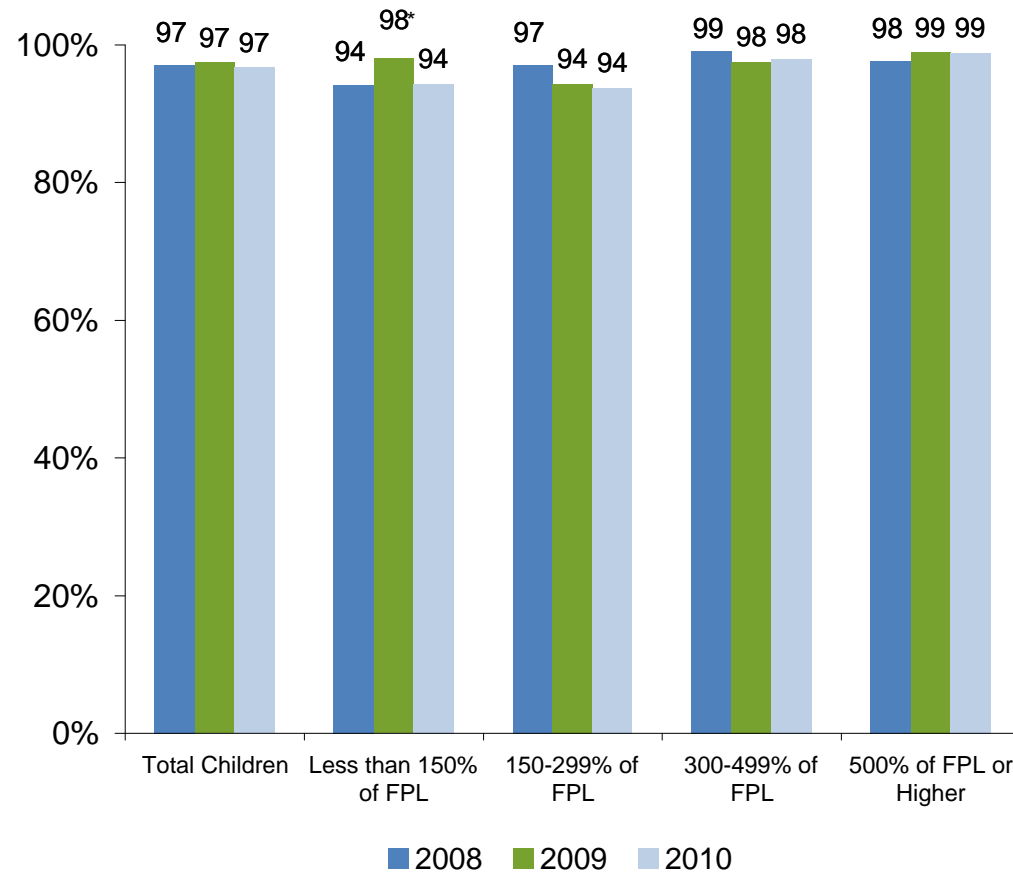
In order to ensure that the survey covers nearly all residents of Massachusetts, a dual sample frame was employed, combining a random-digit-dial (RDD) landline telephone sample with an address-based sample. The decision to rely on the dual-frame sample for the MHIS reflects the changing telephone environment as more and more households are relying on cell phones, which are not called in RDD surveys. We believe this dual-frame sampling approach combined with an improved survey instrument designed to better collect information on health insurance coverage leads to greater confidence in the estimates of the uninsured contained in this report. This design was first used for the 2008 HIS.

The MHIS is conducted via telephone, web, and mail by Social Science Research Solutions (formerly International Communications Research). The survey is available in English, Spanish, and Portuguese and takes, on average, about 19 minutes to complete. The 2008 MHIS was fielded between June and August 2008. The 2009 and 2010 MHIS were fielded between March and June of those years.

In 2010, surveys were completed with 4,478 Massachusetts households. The margin of error due to sampling at the 95% confidence interval for estimates that use the full sample is +/-1.71 percentage points. Estimates based on subsets of the full sample will have larger margins of error. All estimates reported here are based on sample sizes of at least 50 observations. The response rate for the 2010 MHIS was 49% for the RDD-sample and 37% for the address-based sample, for a combined response rate of 40%. While address-based samples typically yield lower response rates than RDD samples, the address-based sample, by capturing cell phone-only households and non-telephone households, improves the extent to which the survey covers the entire Massachusetts population. Additional information on the MHIS is available at www.mass.gov/dhcfp.

Throughout this report, children refers to persons as 0 to 18.

Children with a Usual Source of Care by Family Income



Nearly all children, regardless of family income relative to the federal poverty level (FPL), had a usual source of care. The 2010 estimates are not significantly different from the estimates for 2009.

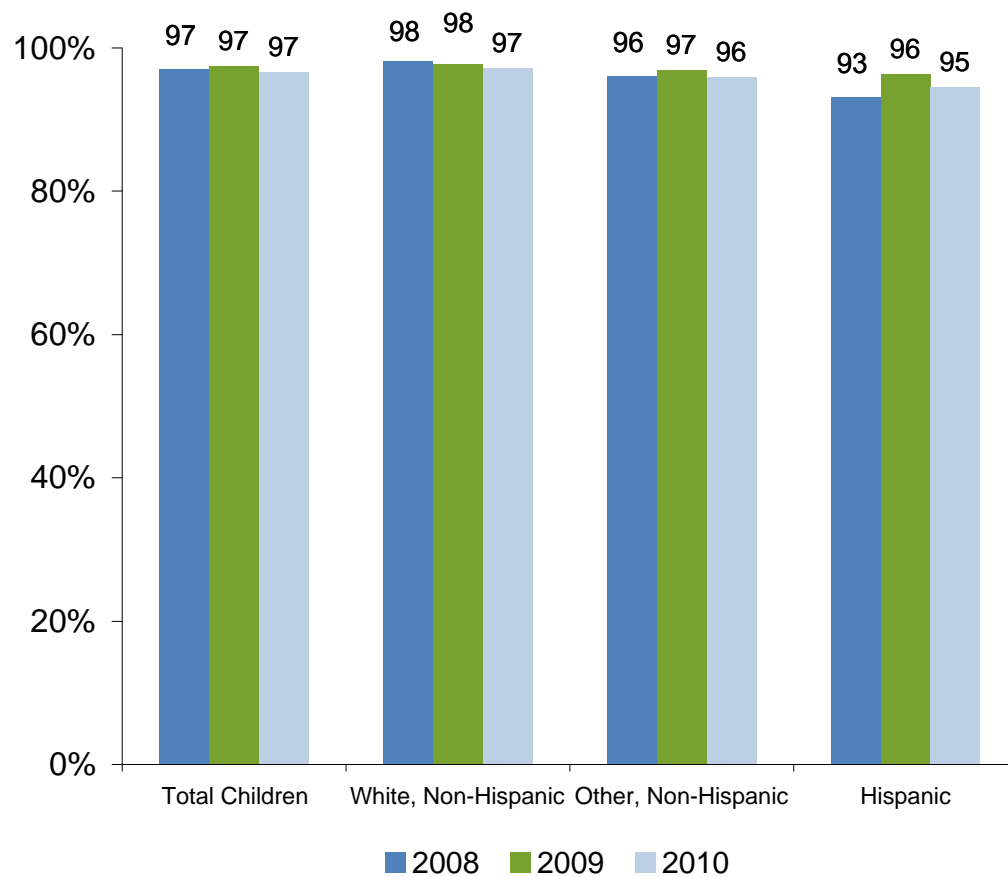
Source: Urban Institute tabulations on the Massachusetts HIS.

* (**) (***) Estimate is significantly different from the prior year at the 10% (5%) (1%) level, two-tailed test.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Children with a Usual Source of Care by Race/Ethnicity



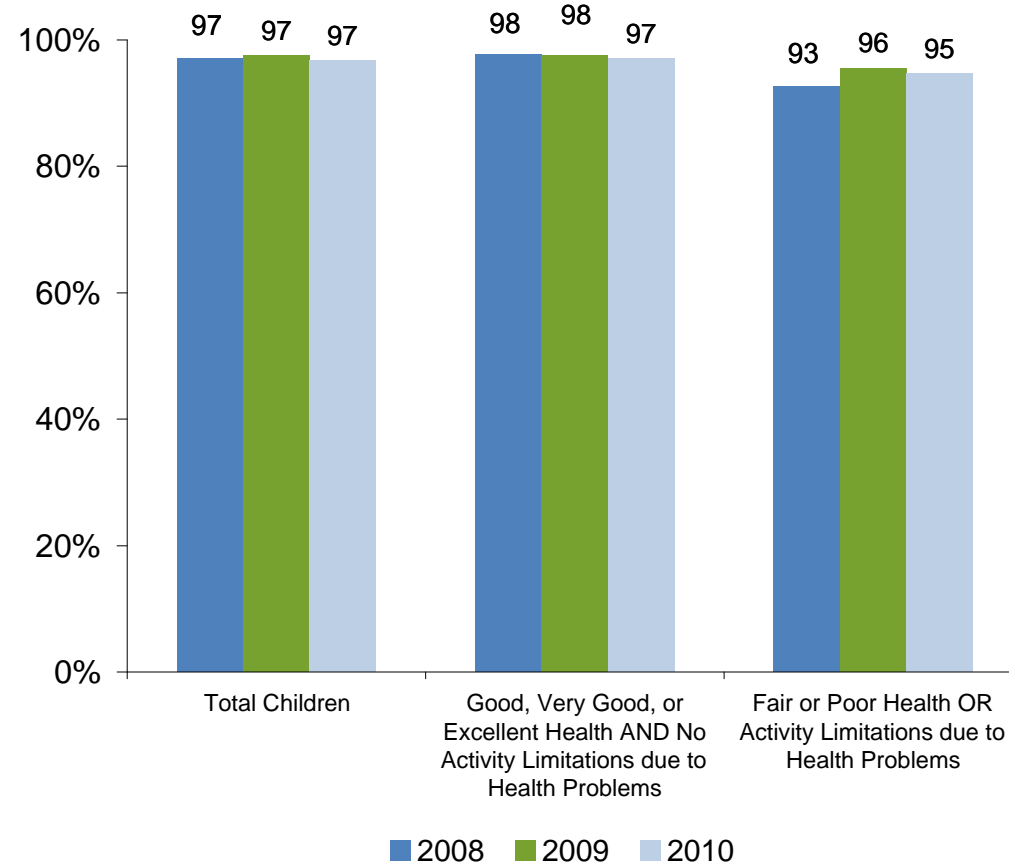
Nearly all children, regardless of race/ethnicity, had a usual source of care. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Children with a Usual Source of Care by Health and Disability Status



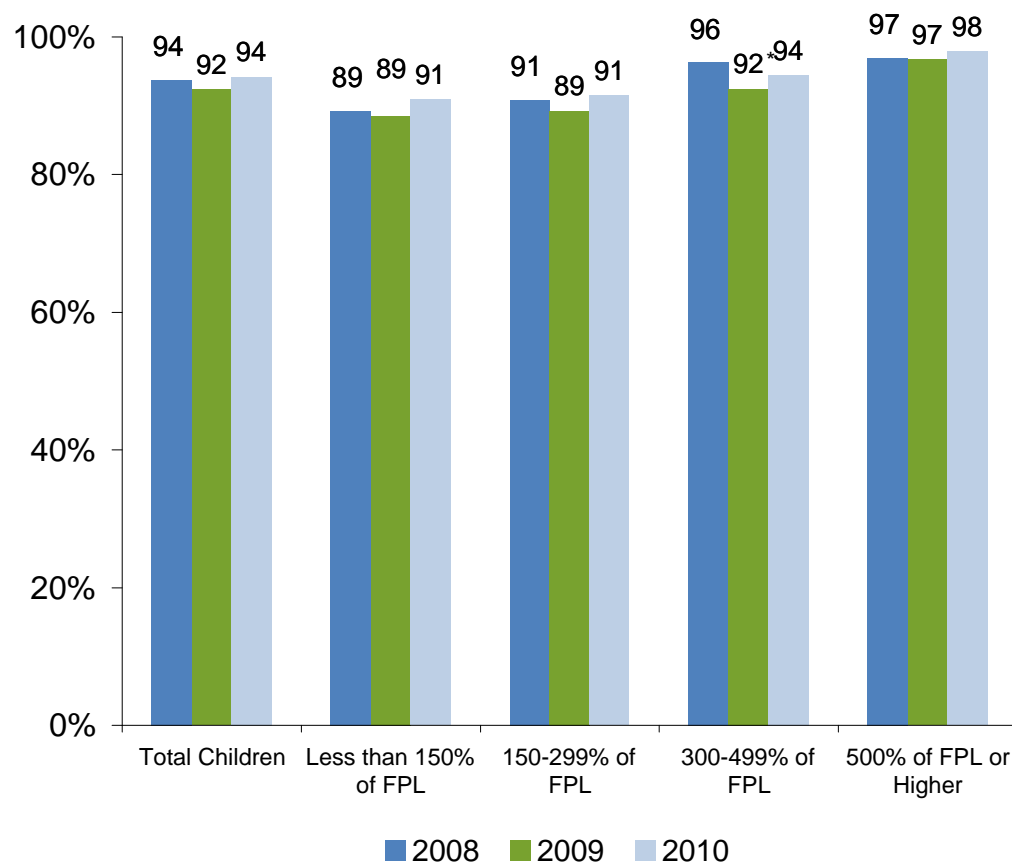
Nearly all children, regardless of health and disability status, had a usual source of care. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Children with a Doctor Visit in Past 12 Months by Family Income



Nearly all children, regardless of family income relative to the federal poverty level (FPL), had a doctor visit in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

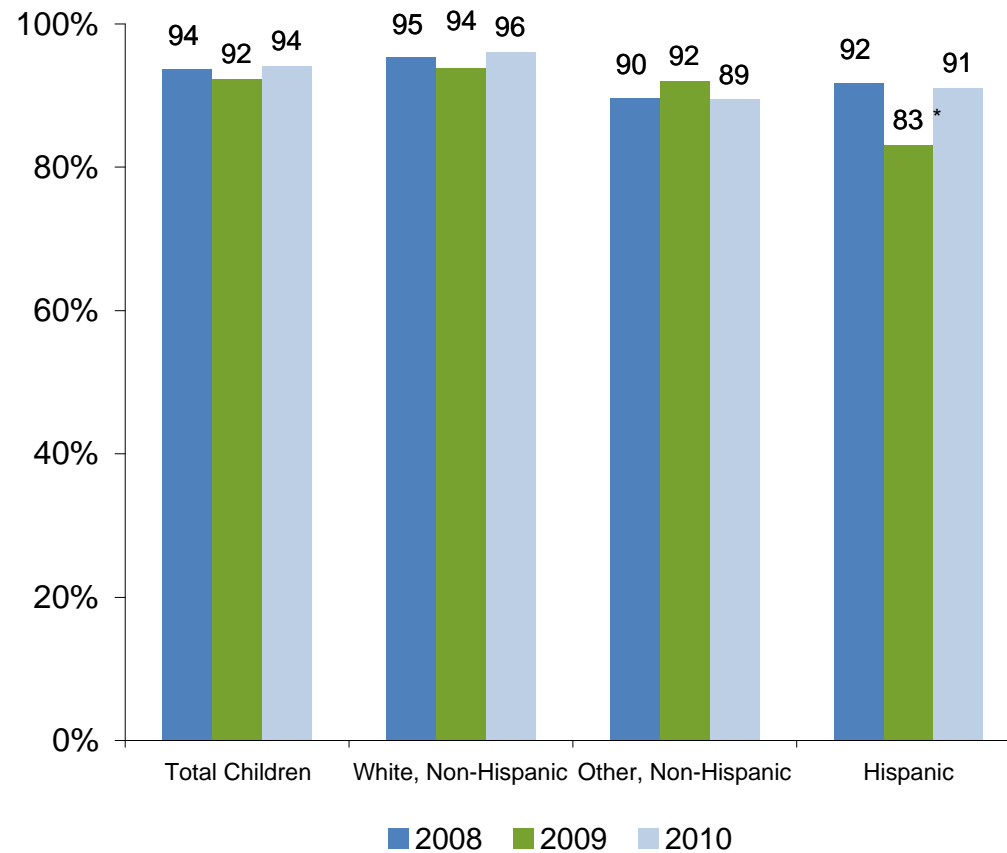
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Children with a Doctor Visit in Past 12 Months by Race/Ethnicity



Nearly all children, regardless of race/ethnicity, had a doctor visit in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

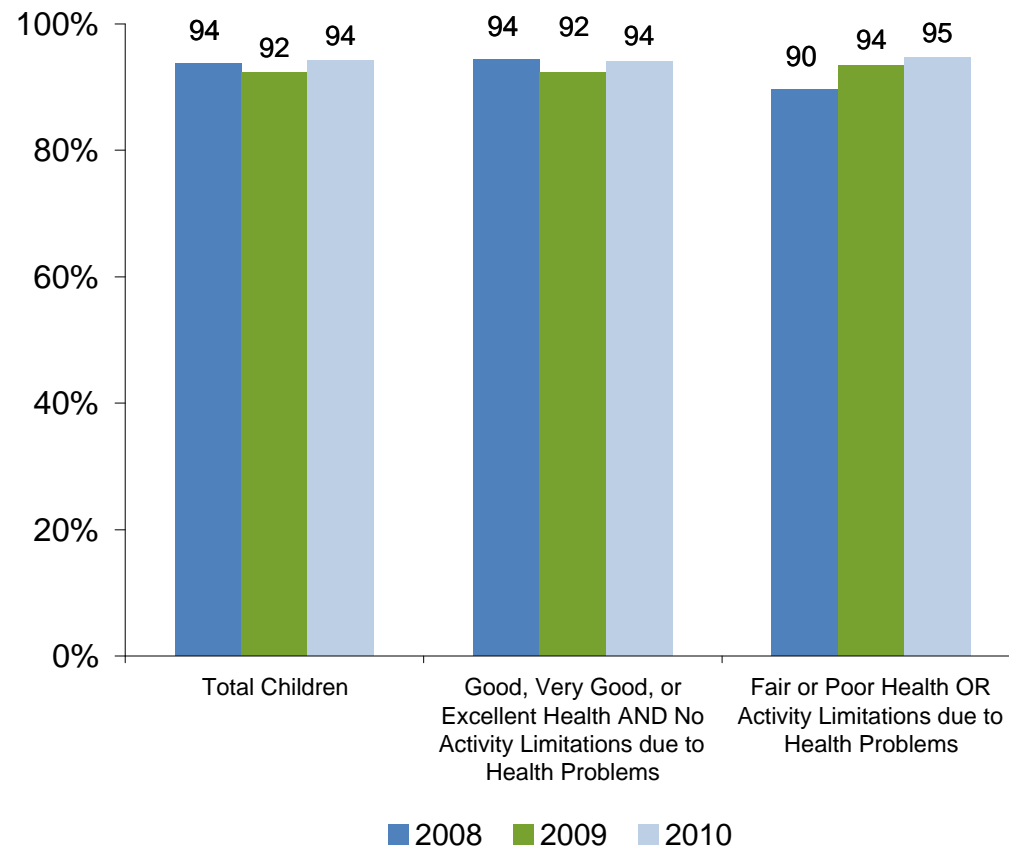
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Children with a Doctor Visit in Past 12 Months by Health and Disability Status



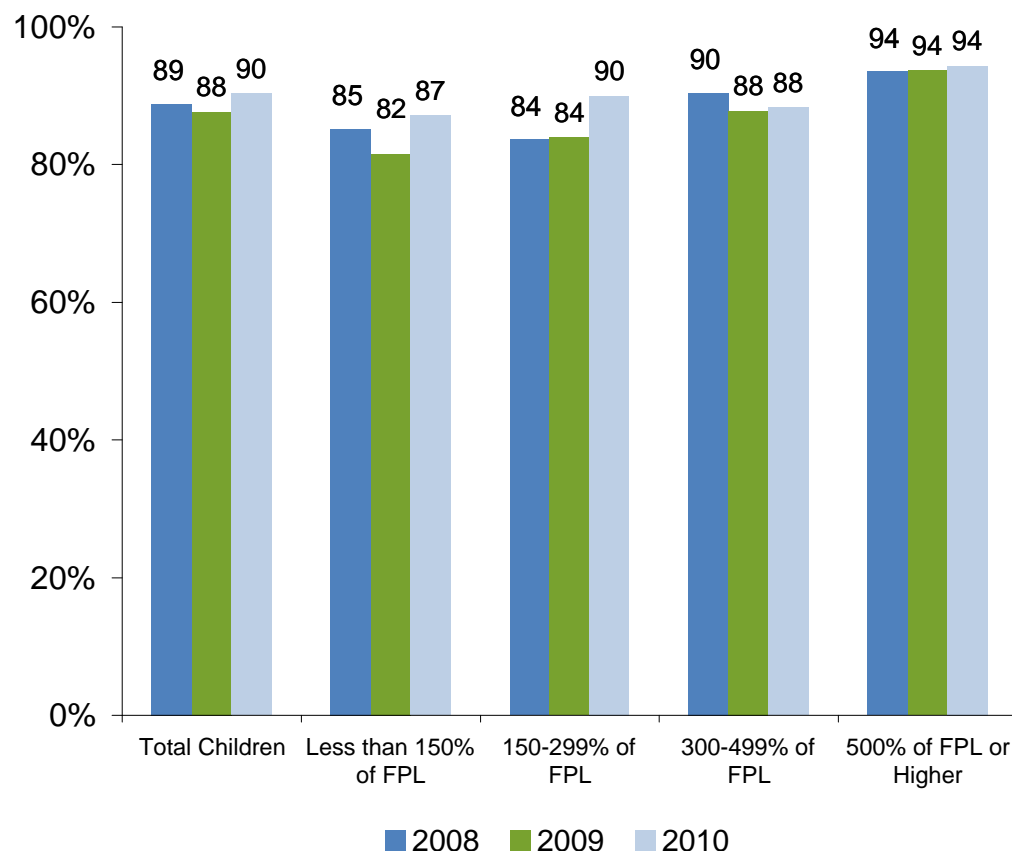
Nearly all children, regardless of health and disability status, had a doctor visit in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Children with a Preventive Care Visit in Past 12 Months by Family Income



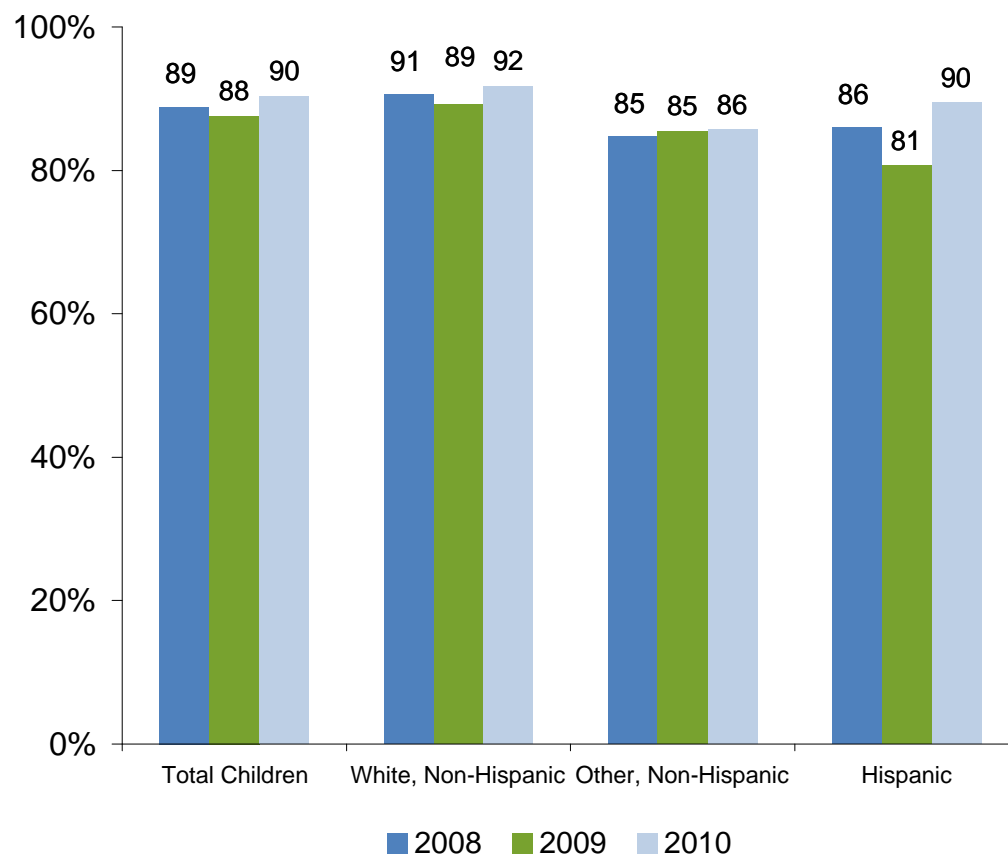
Nearly all children, regardless of family income relative to the federal poverty level (FPL), had a preventive care visit (including a check-up, physical exam or other preventive care) in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Children with a Preventive Care Visit in Past 12 Months by Race/Ethnicity



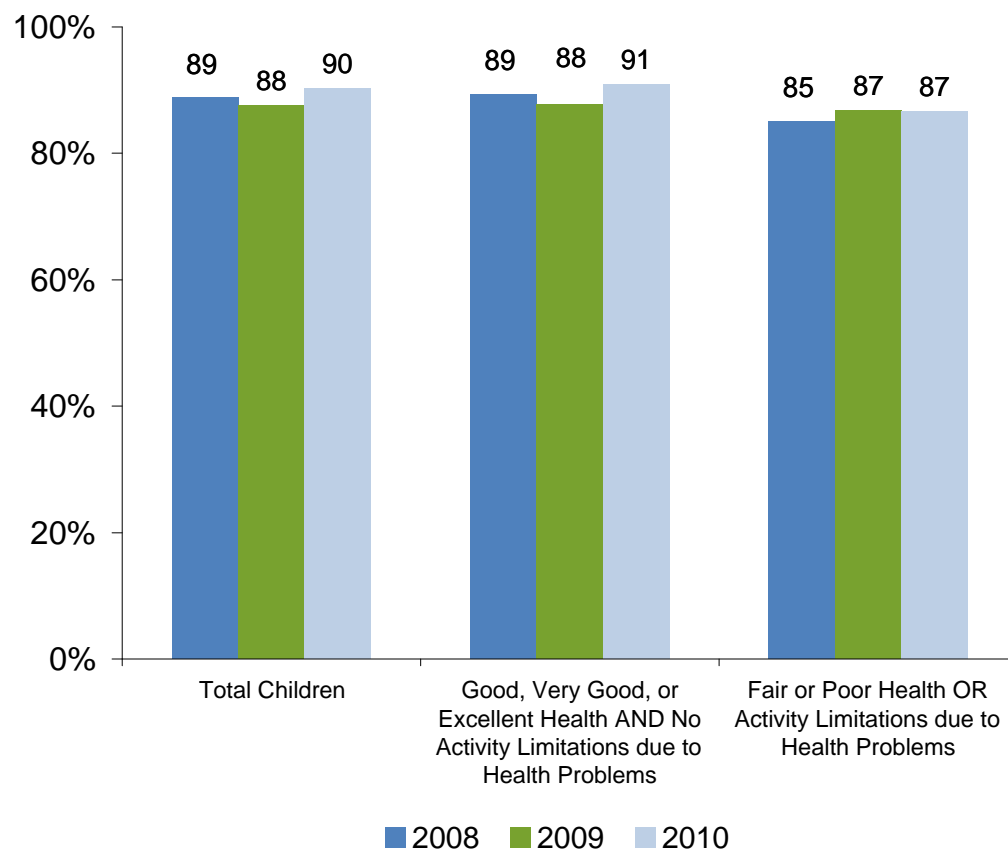
Nearly all children, regardless of race/ethnicity, had a preventive care visit (including a check-up, physical exam or other preventive care) in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Children with a Preventive Care Visit in Past 12 Months by Health and Disability Status



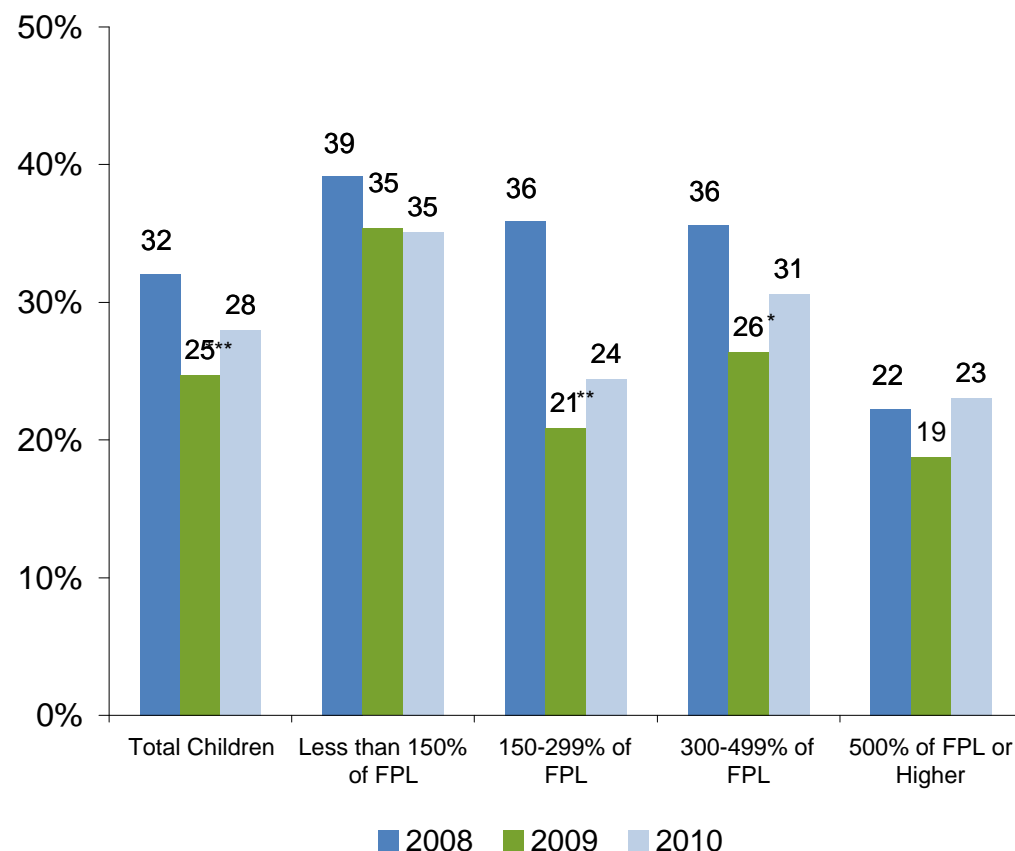
Nearly all children, regardless of health and disability status, had a preventive care visit (including a check-up, physical exam or other preventive care) in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Children with an ER Visit in Past 12 Months by Family Income



Children with family income at or below 150% of the federal poverty level (FPL) were more likely than those with higher incomes to have had an ER visit in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

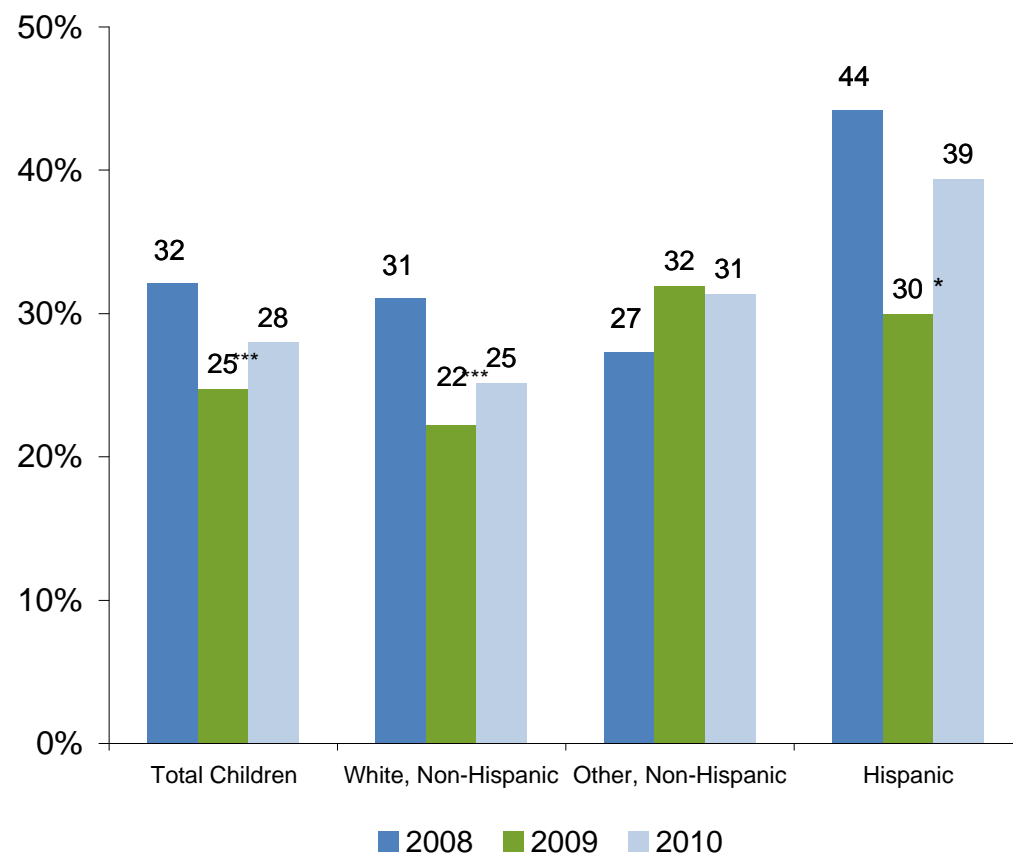
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Children with an ER Visit in Past 12 Months by Race/Ethnicity



Hispanic children were more likely than other children to have had an ER visit in the past 12 months in 2010. The 2010 estimates are not significantly different from the estimates for 2009.

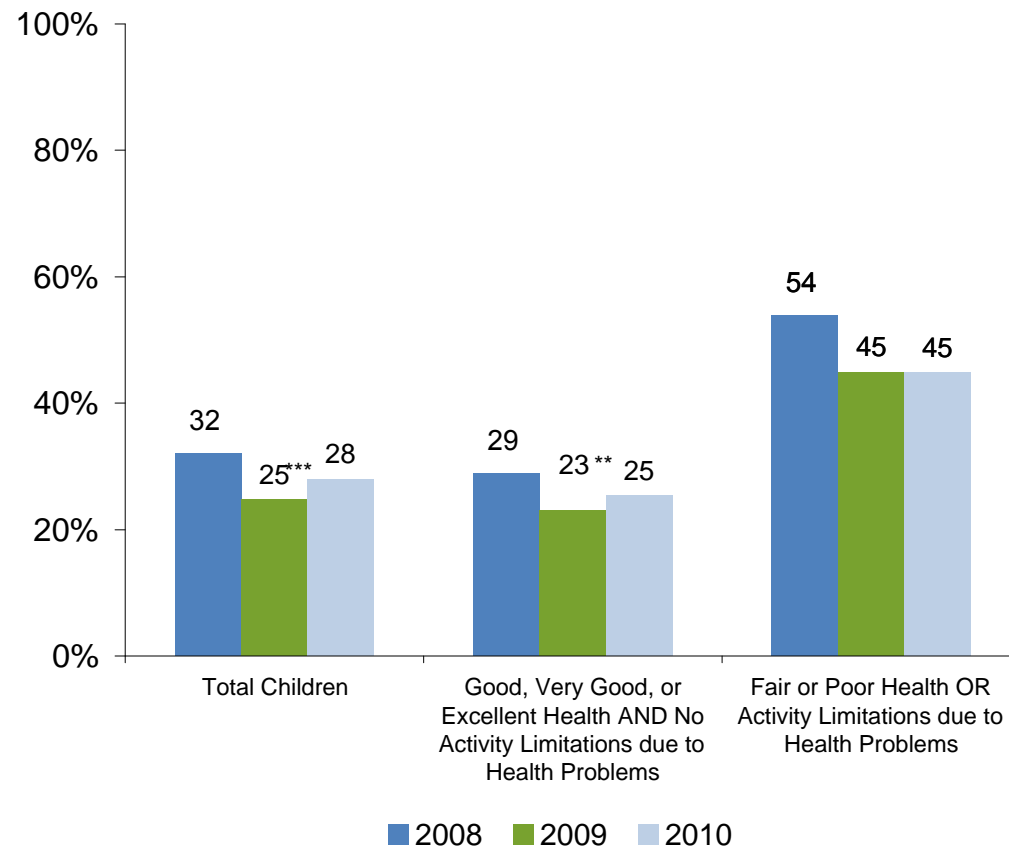
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Children with an ER Visit in Past 12 Months by Health and Disability Status



Children in fair or poor health or with a disability were more likely to have had an ER visit in the past 12 months than were children in good or excellent health and without a disability. The 2010 estimates are not significantly different from the estimates for 2009.

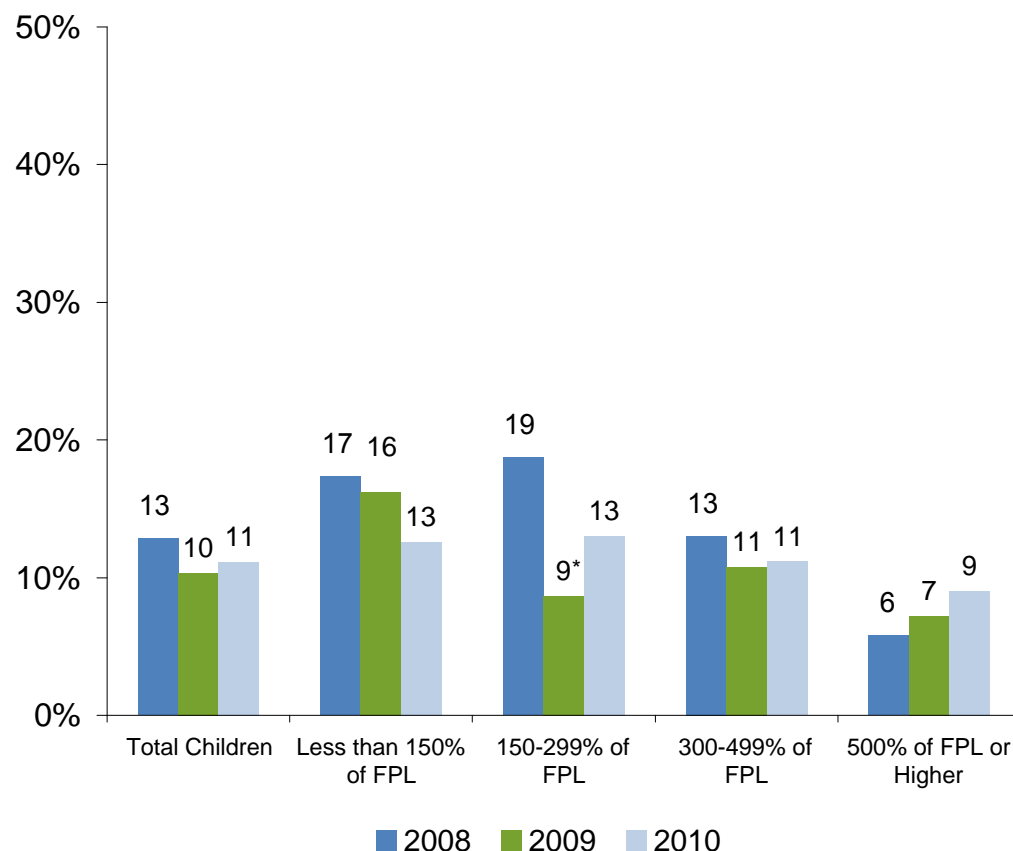
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Children with a Non-Emergency ER Visit in Past 12 Months by Family Income



Children with lower family income relative to the federal poverty level were more likely than those with higher incomes to have had a non-emergency visit as their most recent ER visit in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

A non-emergency ER visit is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

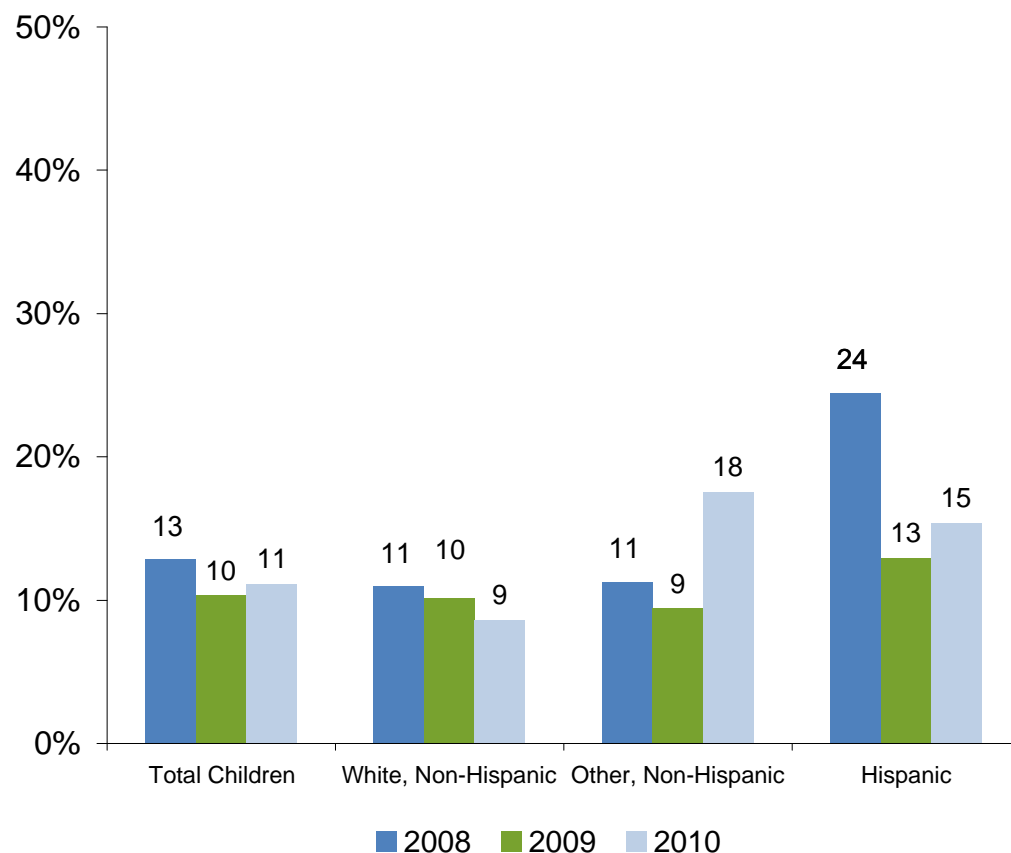
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Children with a Non-Emergency ER Visit in Past 12 Months by Race/Ethnicity



White, non-Hispanic children were less likely to have had a non-emergency visit as their most recent ER visit in the past 12 months than were other children. The 2010 estimates are not significantly different from the estimates for 2009.

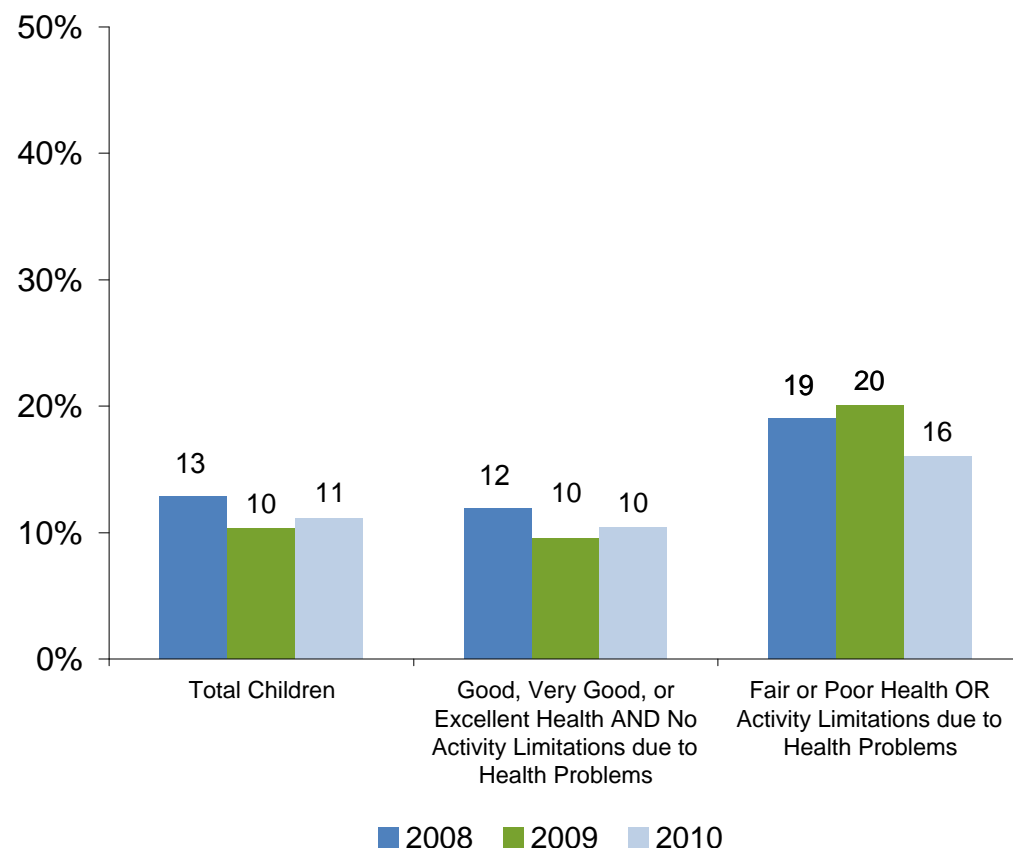
A non-emergency ER visit is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Children with a Non-Emergency ER Visit in Past 12 Months by Health and Disability Status



Children in fair or poor health, or with a disability, were more likely to have had a non-emergency visit as their most recent ER visit in the past 12 months than were children in better health or without a disability. The 2010 estimates are not significantly different from the estimates for 2009.

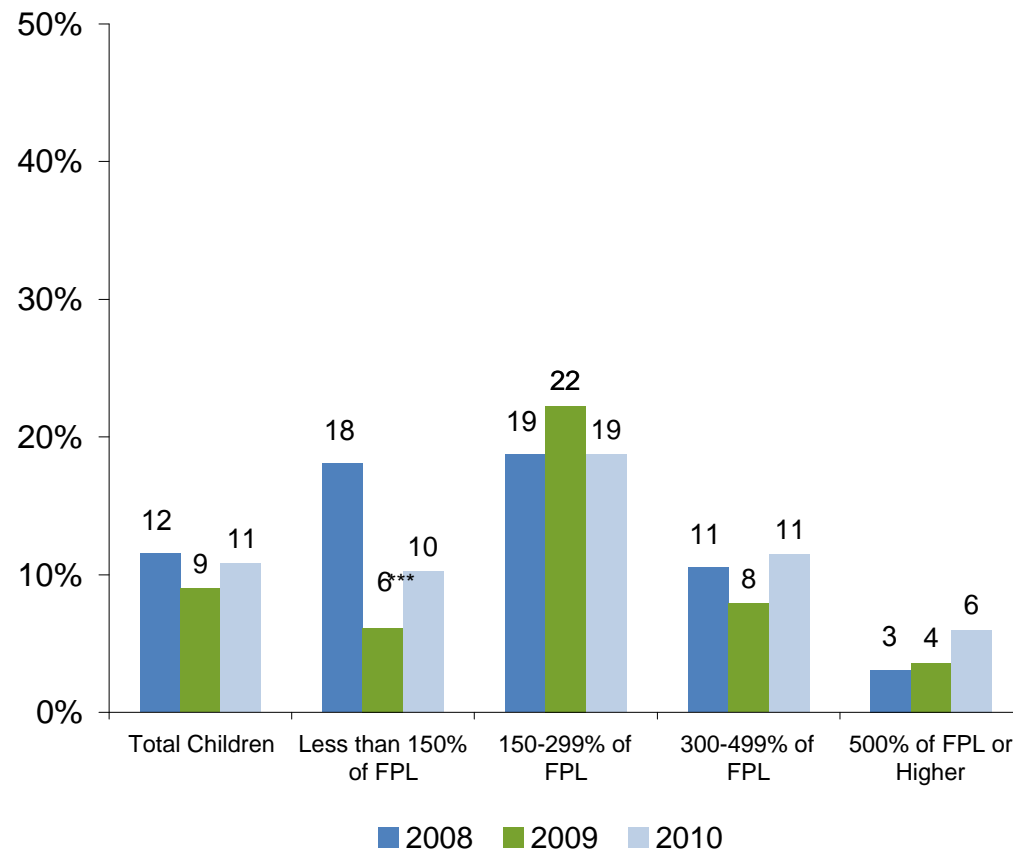
A non-emergency ER visit is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

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Children Not Getting Needed Care Due to Cost in Past 12 Months by Family Income



Unmet need for health care because of cost in the past 12 months was higher among children with family income between 150% and 299% of the federal poverty level (FPL) than other children. The 2010 estimates are not significantly different from the estimates for 2009.

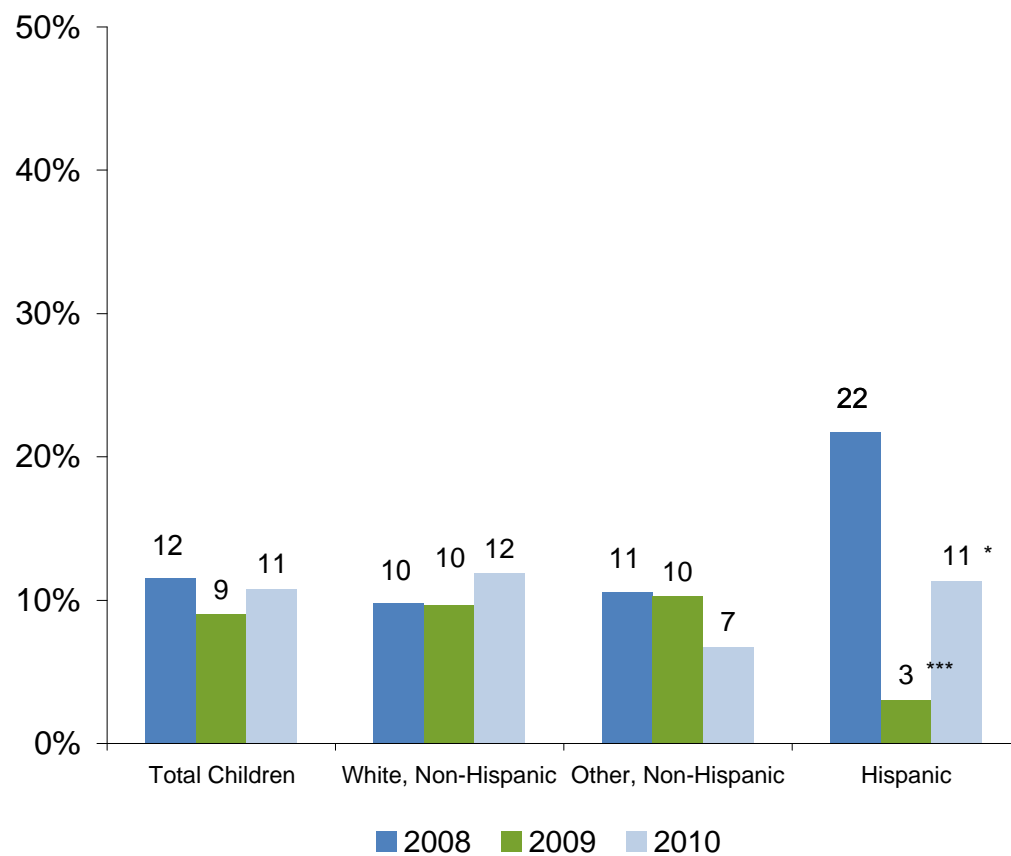
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Children Not Getting Needed Care Due to Cost in Past 12 Months by Race/Ethnicity



After dropping between 2008 and 2009, unmet need for health care due to costs in the past 12 months increased for Hispanic children.

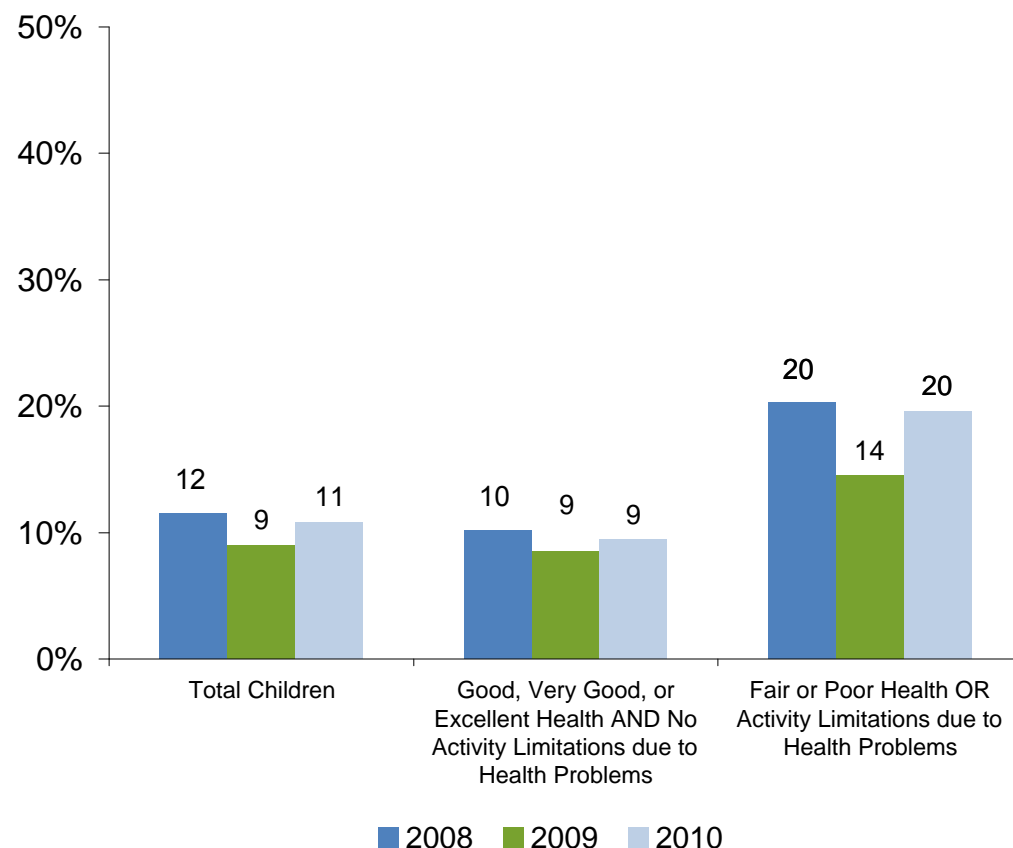
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Children Not Getting Needed Care Due to Cost in Past 12 Months by Health and Disability Status



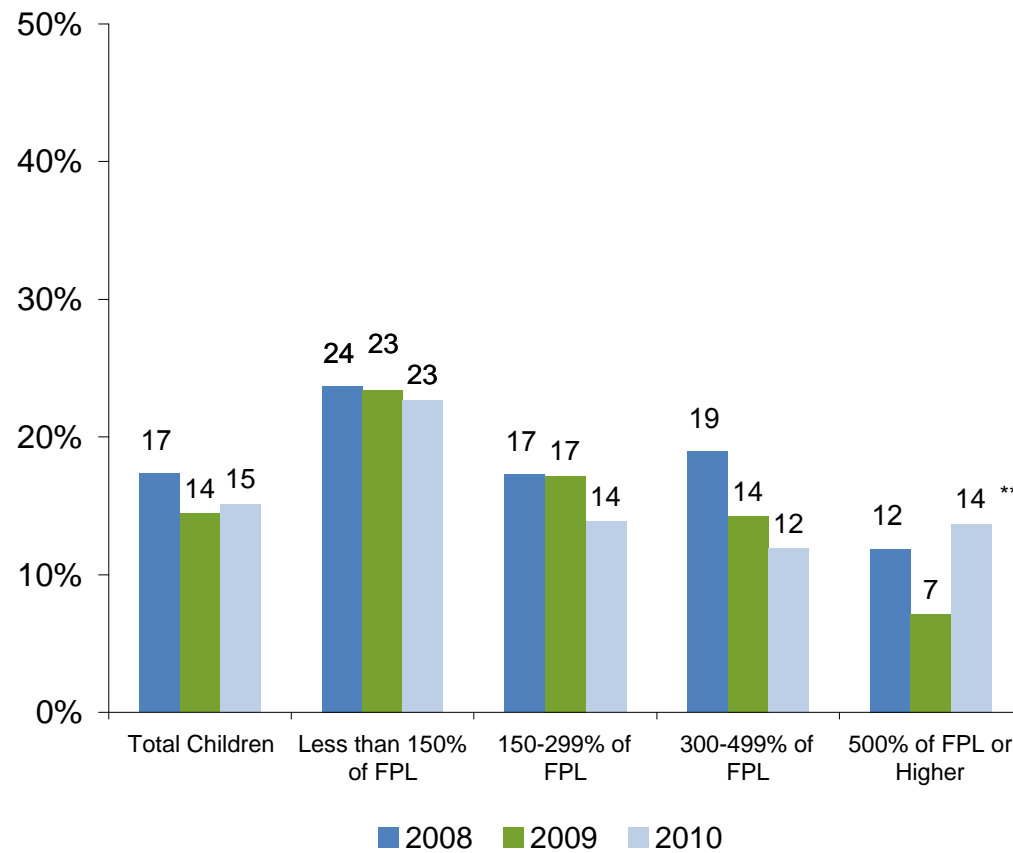
Children in fair or poor health or with a disability were more likely to have had unmet need for health care because of cost in the past 12 months than were children in better health or without a disability. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Children with Difficulty Obtaining Care in Past 12 Months by Family Income



Children with family income less than 150% of the federal poverty level (FPL) were more likely than other children to have had problems obtaining health care in the past 12 months. The share of children with family income at 500% of FPL or higher who reported difficulty obtaining care increased between 2009 and 2010.

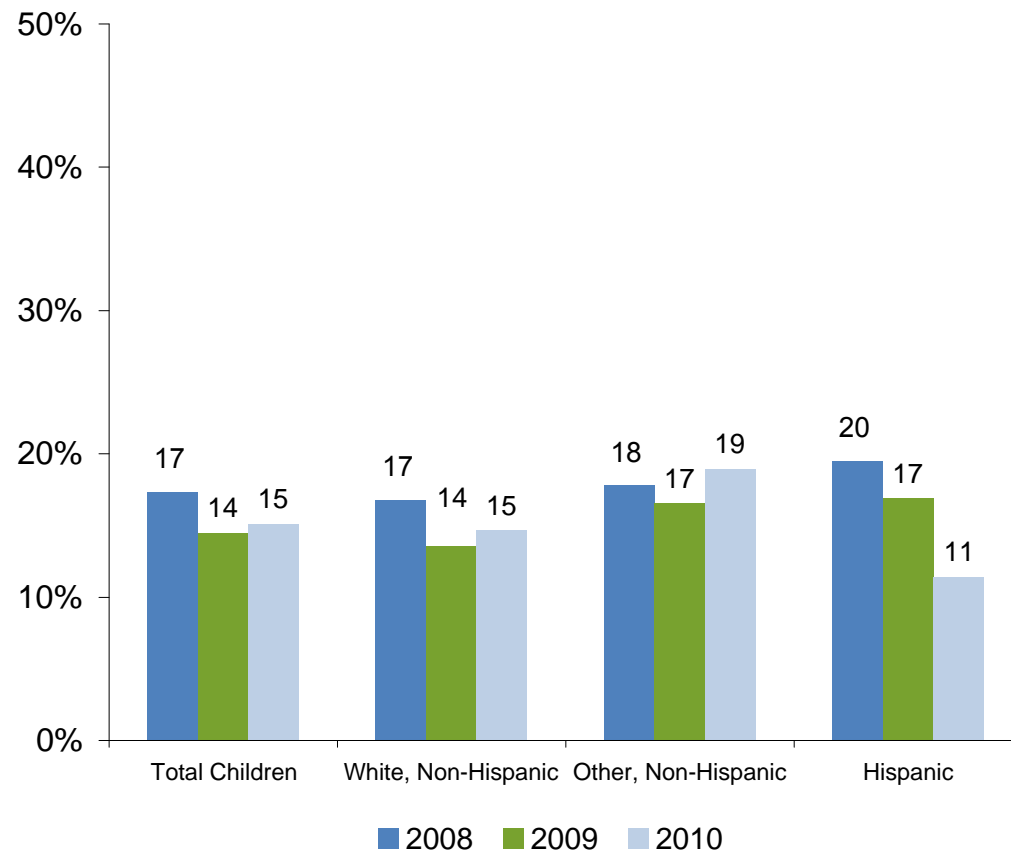
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Children with Difficulty Obtaining Care in Past 12 Months by Race/Ethnicity



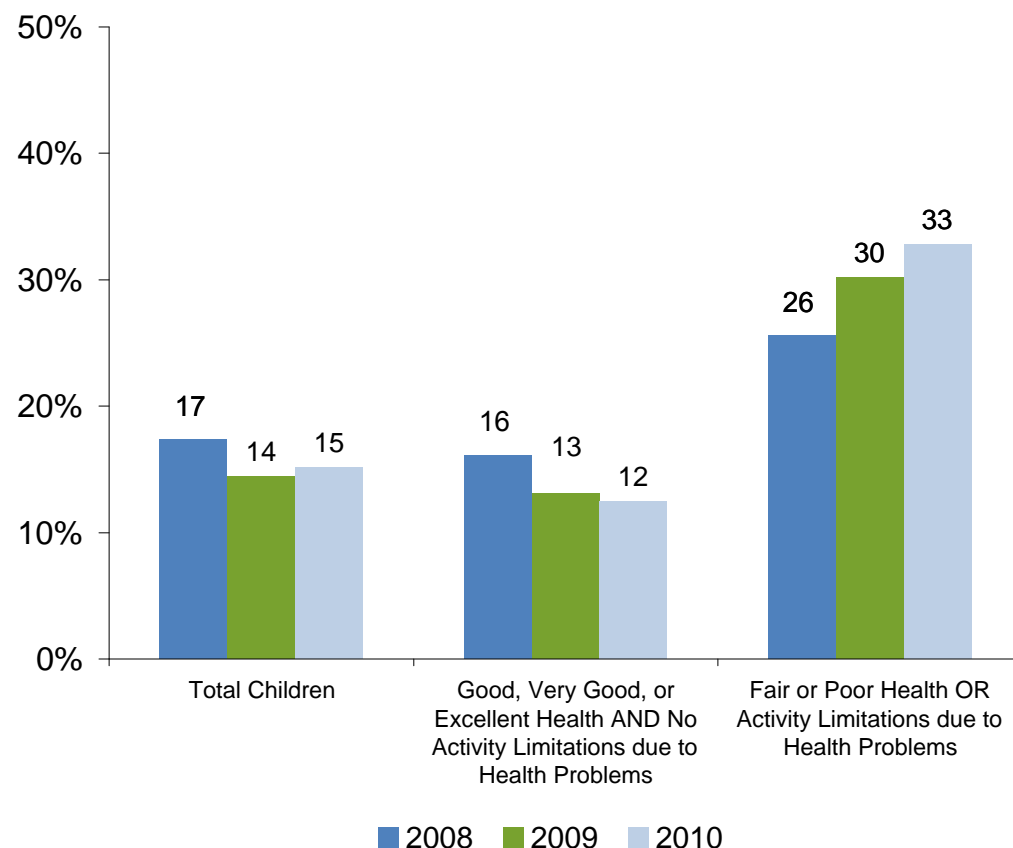
Non-white, non-Hispanic children were more likely to report difficulty obtaining health care in the past 12 months than were other children. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Children with Difficulty Obtaining Care in Past 12 Months by Health and Disability Status



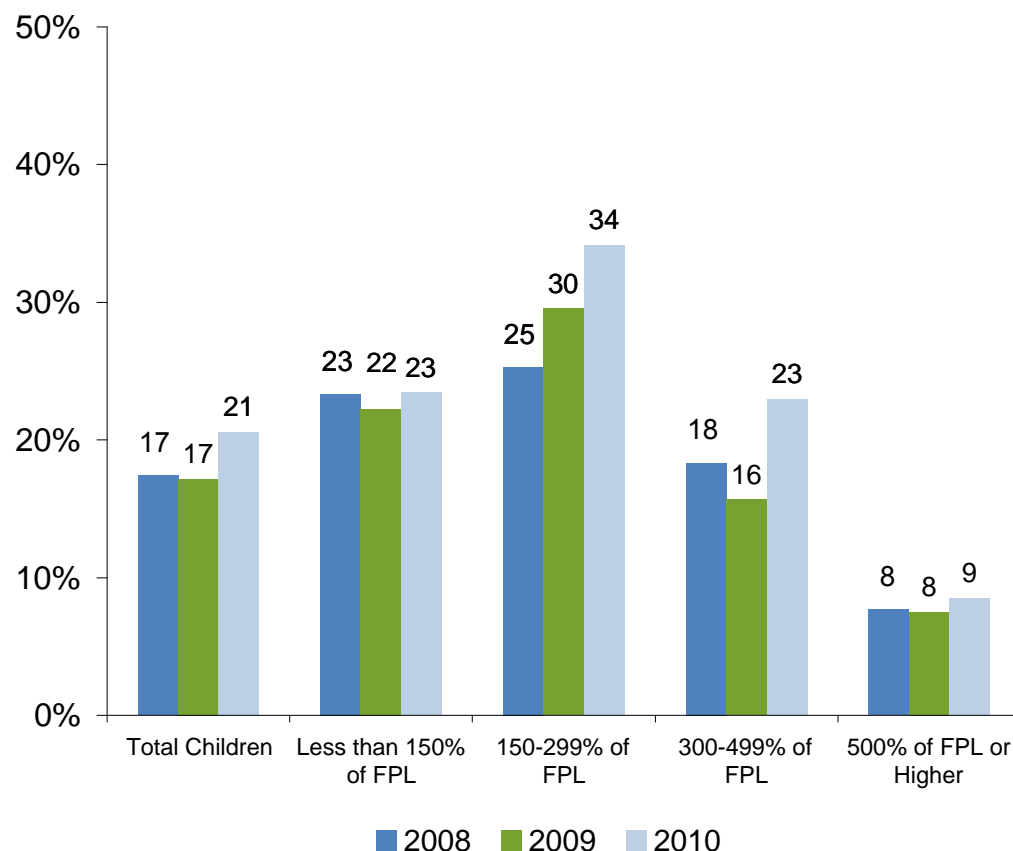
Children in fair or poor health or with a disability were more likely to have had a problem obtaining health care in the past 12 months than were children in better health or without a disability. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Children in Families with Problems Paying Medical Bills in Past 12 Months by Family Income



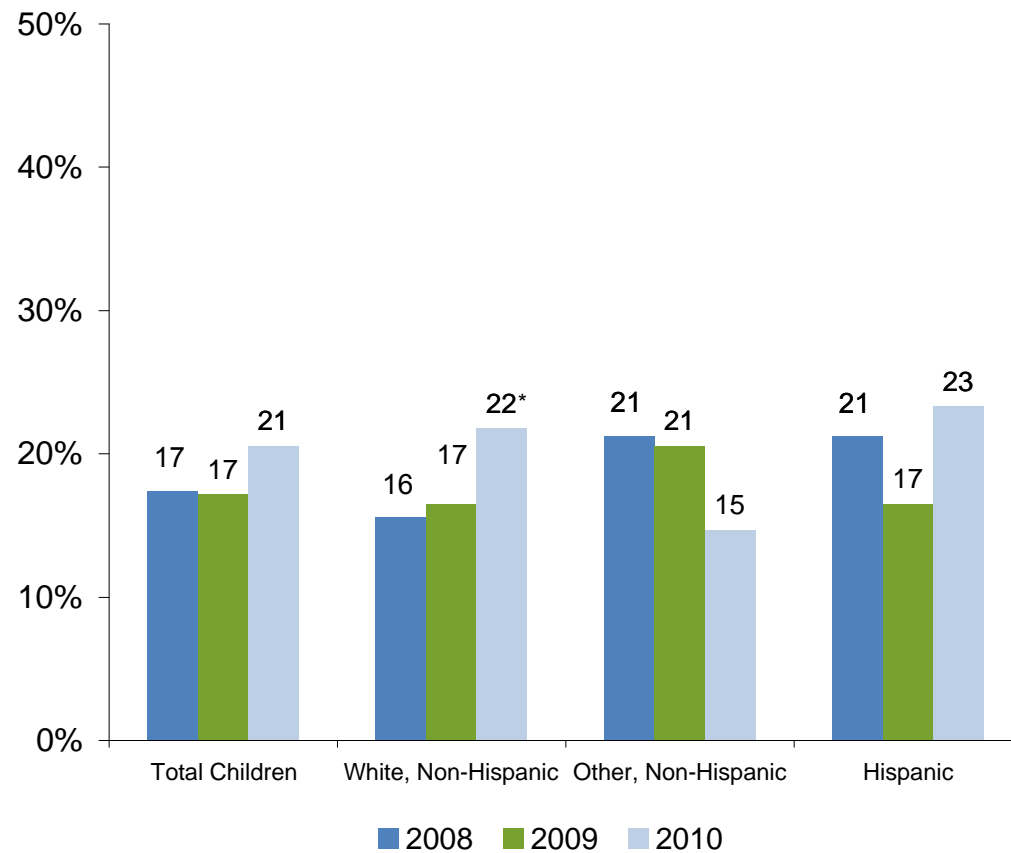
Problems paying medical bills were more common in the families of lower-income children, particularly among those with family income between 150% and 299% of the federal poverty level (FPL). The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Children in Families with Problems Paying Medical Bills in Past 12 Months by Race/Ethnicity



The share of children in families that reported problems paying medical bills were similar for white, non-Hispanic and Hispanic children in 2010. The share of White, non-Hispanic children in families reporting problems paying medical bills rose between 2009 and 2010.

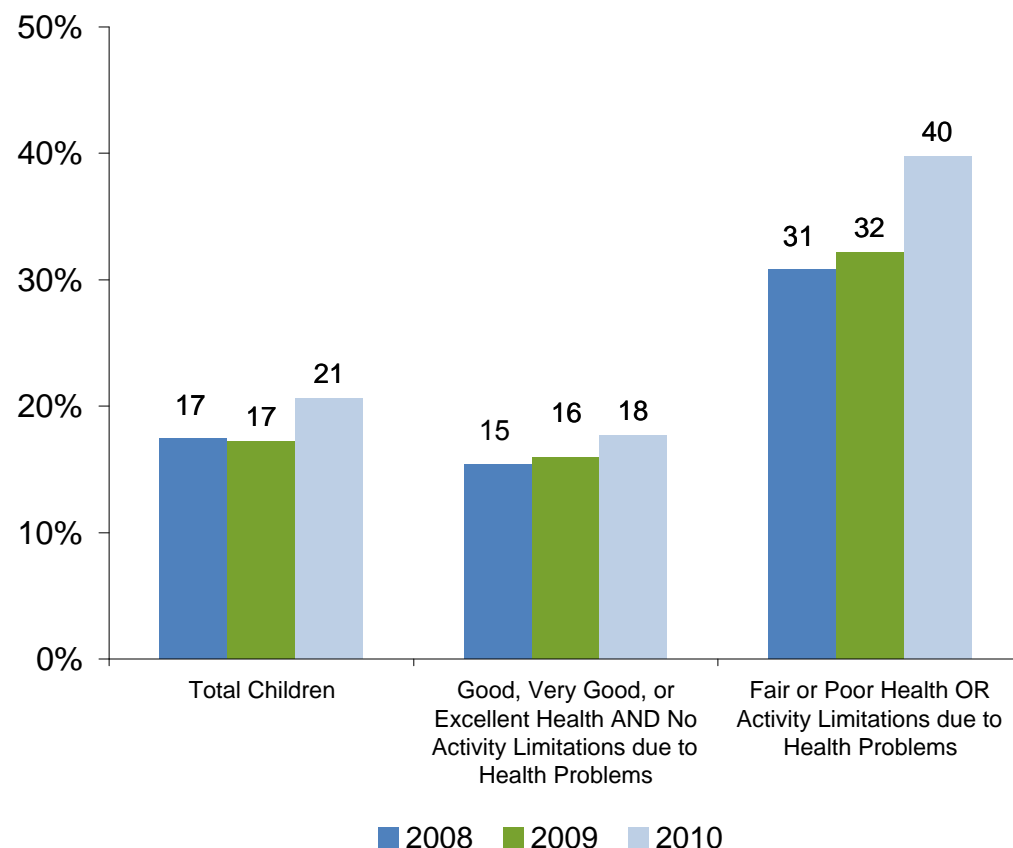
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Children in Families with Problems Paying Medical Bills in Past 12 Months by Health and Disability Status



Children in fair or poor health or with a disability were more than twice as likely to live in families with difficulties paying medical bills in the past 12 months as were other children. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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