

Chapter Seven

Access to Health Care Services

This chapter focuses on issues that affect individuals' access to and use of health care services—health insurance coverage, the availability of a regular source (location) of health care, and the availability of a regular physician or other health care provider. The chapter also describes utilization of health care services in the past year.

Health Insurance Coverage

NHANES-III asked all respondents about sources of health insurance coverage. Survey questions considered Medicare, Medicaid, Veteran's Administration (VA) benefits, CHAMPUS, CHAMPVA, and private health insurance.¹

During the survey period, four versions of the interview used to gather this information were used and health insurance questions varied across versions. The major difference was the time frame referenced; for example, "now" vs. "in the last month." In addition, some questions had slight variations in wording across versions.² When differences in versions were considered slight, NHANES-III staff created the variable for the full survey time period. All variables used in this analysis were available for the full survey period except the question about receipt of

CHAMPUS, CHAMPVA, Veteran's Administration (VA) benefits, or military health care.³ The prevalence of this type of insurance coverage was calculated using data for respondents who answered that question.

In general, rates of health insurance coverage in this population were high. Overall, 98 percent of older adults had some form of health insurance (table D-190). This was true for both males and females. With the exception of 60-64-year-olds, who had slightly lower rates of insurance coverage (92%), there was little variation in insurance coverage by age. Older adults who did lack health insurance were significantly more likely to be in the lowest-income group than in either of the other income groups.

There was some variation in type of health insurance coverage across income groups. The rate of Medicare coverage was comparable for the three groups, but the difference between the lowest-income group and the low-income group was statistically significant (77% vs. 80%) (figure 57 and table D-191). This was due primarily to differences among individuals between the ages of 65 (the age at which seniors generally become eligible for Medicare) and 79 (table D-191).

¹CHAMPUS (now known as TRICARE) is a health care benefits program for active duty and retired members of the military. CHAMPVA is a health care benefits program for permanently disabled veterans and their dependents.

² Version differences for health insurance questions varied for different sources of health insurance. Two versions of the Medicare and Medicaid questions were asked: "At any time DURING THE LAST 12 MONTHS were you covered by Medicare/Medicaid?" and "DURING THE LAST MONTH were you covered by Medicare/Medicaid?"

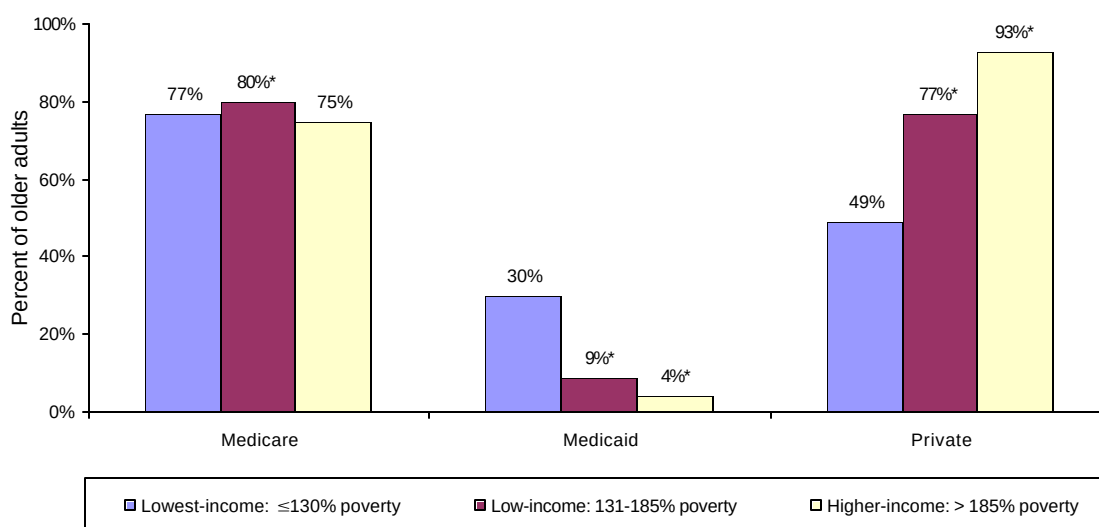
Two versions of the questions about CHAMPUS, CHAMPVA, Veteran's benefits, and military health care were asked:

"DURING THE PAST 12 MONTHS were you covered by.....?" and "DURING THE LAST MONTH were you covered by....."

Three versions of the private health insurance question were asked: "Are you NOW covered by a health insurance plan?", "Are you covered by a health insurance plan?" and "During the LAST MONTH were you covered by a health insurance plan obtained privately or through an employer or union?"

³The question about CHAMPUS, CHAMPVA, Veteran's benefits, and military health care was not asked in the first version of the interview (46% of all respondents).

Figure 57—Percent of older adults with various forms of health insurance coverage



*Statistically significant difference from lowest income group at the .05 level or better.

Note: The percentage receiving CHAMPUS, CHAMPVA, Veteran's Administration benefits, or military health care is not shown because the point estimate for the lowest-income group is statistically unreliable.

Source: NHANES-III, 1988-94.

In addition, there was a significant difference between the lowest-income group and the higher-income group in the percentage of individuals under the age of 65 who reported enrollment in Medicare (24% vs. 5%) (table D-191). Under Medicare eligibility guidelines, only persons with disabilities or end-stage renal disease are eligible to receive Medicare before age 65. This difference was observed for both males and females, with the disparity being greatest for males. Among males, the percentage of 60-64-year-olds reporting receipt of Medicare was essentially six times greater for the lowest-income group than the higher-income group (35% vs. 6%).

Older adults in the lowest-income group were more likely than those in the two other income groups to report receiving Medicaid. Thirty percent of older adults in the lowest-income group reported Medicaid benefits, compared with 9 percent of older adults in the low-income group and 4 percent in the higher-income group (figure 57 and table D-192). This pattern was observed for both males and females.

Roughly 4 percent of all older adults received military health benefits of some type (table D-193). Overall, there were no significant differences between income groups in the percentage of individuals receiving such benefits. Among 60-64-year-olds, however, the lowest-income group was significantly less likely than the higher-income group to be receiving military health benefits. This difference was largely attributable to a difference among females. (Data on military health benefits are not presented in figure 57 because the point estimate for the lowest-income group, like point estimates for most of the gender-and-age-groups, is not statistically reliable).

Finally, the lowest-income older adults were significantly less likely than older adults in the other two income groups to be covered by private health insurance. Less than half (49%) of all older adults in the lowest-income group had some form of private health insurance (figure 57 and table D-194). This compares with 77 percent of older adults in the low-income group and 93 percent of those in the higher-income group. This pattern was observed for

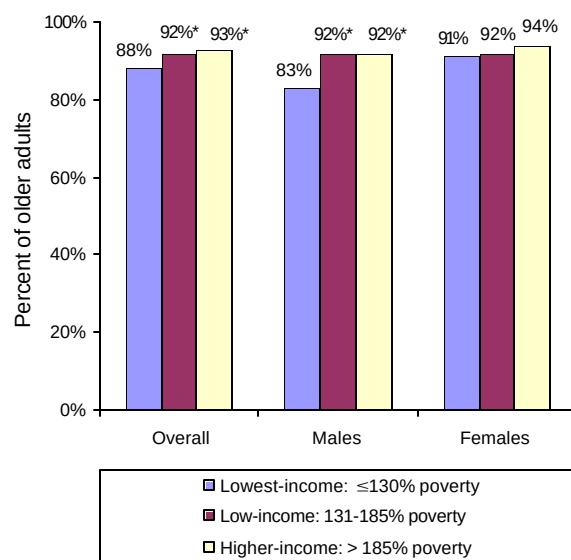
both males and females and for all but one gender-and-age subgroup.

Regular Source of Health Care

As a group, more than 9 out of 10 older adults reported having a regular source of health care—that is, a clinic, health center, or doctor’s office that was usually used for health care needs or to obtain health-related advice and information (table D-195). Older adults in the lowest-income group, however, were significantly less likely than older adults in the other two income groups to have a regular source of care (88% vs. 92% and 93%) (figure 58).

This difference was entirely attributable to a difference among males. Eighty-three percent of males in the lowest-income group reported a regular source of health care, compared with 92 percent of males in both the low-income and higher-income groups. Among older adult females, there were no significant between-group differences in the percentage of individuals with a regular source of health care.

Figure 58—Percent of older adults with a regular source of health care



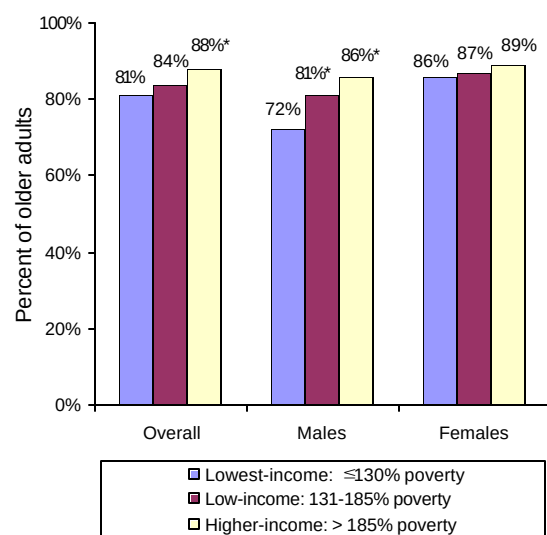
*Statistically significant difference from lowest income group at the .05 level or better.
Source: NHANES-III, 1988-94.

This pattern was repeated in data on the percentage of older adults with access to a regular physician or other health care provider. Seventy-two percent of males in the lowest income group reported a regular health care provider, compared with 81 percent of males in the low-income group and 86 percent of males in the higher-income group (figure 59 and table D-196).

Use of Health Care Services in the Past Year

The vast majority (86%) of all older adults reported seeing a physician or other health care provider at least once during the preceding 12 months (excluding overnight hospital stays) (table D-197). Overall, there were no significant differences between income groups on this measure. Among males, however, those in the lowest-income group were less likely than those in the higher-income group to have had a health care visit in the past year (80% vs. 85%).

Figure 59—Percent of older adults who see a regular physician or other health care provider



*Statistically significant difference from lowest income group at the .05 level or better.
Source: NHANES-III, 1988-94.