

Access: Measures, Trends and Equity

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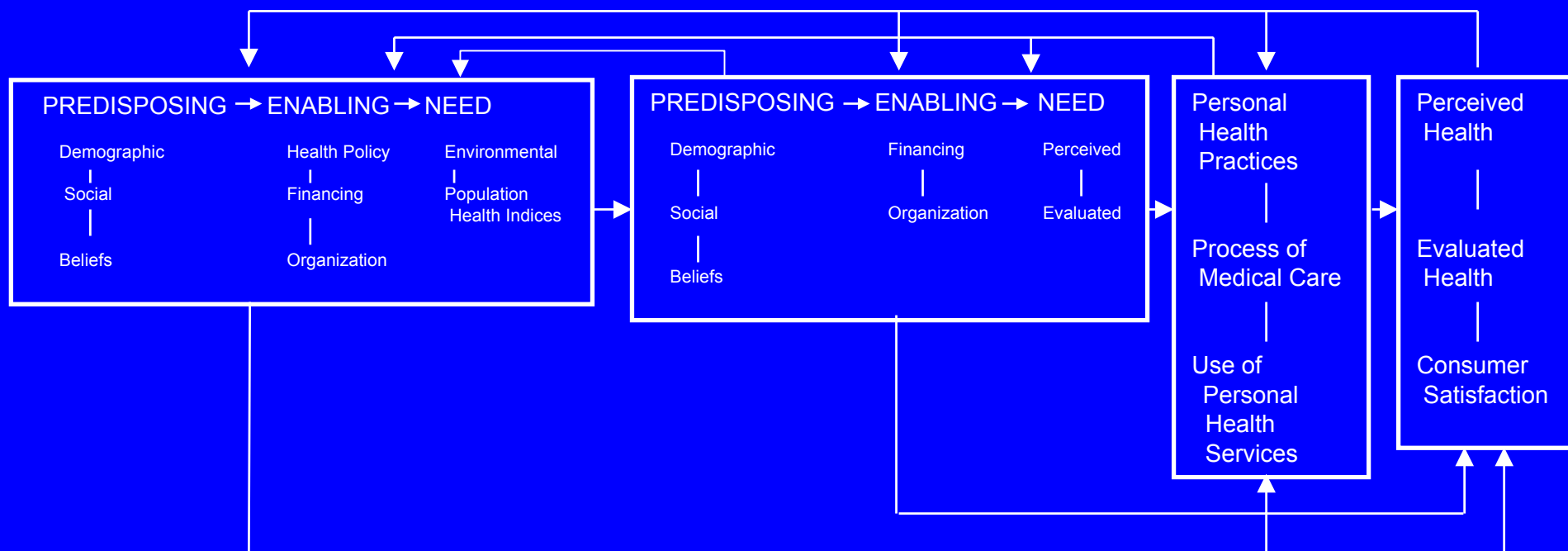
HS 100

A Definition of Access

- We define access as the actual use of personal health services and everything that facilitates or impedes the use of personal health services. It is the link between health services systems and the populations they serve. The conceptualization and measurement of access is key to the understanding and formulating health policy because it predicts health services use, can be used to promote social justice and can be used to promote health outcomes.

A Behavioral Model of Health Services Use Stressing Contextual as well as Individual Characteristics

Contextual Characteristics Individual Characteristics Health Behaviors Outcomes



Improving Dimensions of Access to Care

Dimension

Intended Improvement

1. Potential Access
(Enabling Factors)

To Increase or Decrease
Health Services Use

2. Realized Access
(Use of Services)

To Monitor and Evaluate Policies to
Influence Health Services Use

3. Equitable Access

To Insure Health Services Distribution is
Determined by Need

4. Inequitable Access

To Reduce the Influence of
Social Characteristics and
Enabling Resources on
Health Services Distribution

5. Effective Access

To improve the Outcomes
(Health Status, Satisfaction)
from Health Services Use

Efficient Access

**To Minimize the Costs of
Improving Outcomes from Health
Services Use**

	Private Insurance				Medicaid				Not covered			
	1984	1989	1994	2000	1984	1989	1994	2000	1984	1989	1994	2000
Age												
Under-18	73	72	64	67	12	14	20	19	14	15	15	13
18-44	77	75	70	71	5	5	7	6	17	18	22	22
45-64	83	83	80	79	3	4	5	5	10	11	12	13
Race/Ethnicity												
White, non-Hisp	82	82	77	79	4	5	7	6	12	12	14	13
Black, non-Hisp	59	58	52	57	21	19	27	19	19	21	19	20
Hispanic, Mexico	54	48	46	47	12	12	18	13	33	39	36	40
Hispanic, P.Rican	49	46	48	53	31	28	36	28	18	23	15	16
Hispanic, Cuban	72	69	64	64	5	8	10	10	22	22	26	25
Asian or Pacific Islander	70	71	67	72	10	12	10	12	18	18	20	17
Percent of Poverty Level												
< 100%	32	27	21	26	32	37	45	37	34	35	33	34
100-149%	62	55	47	40	8	11	16	20	26	31	34	36
150-199%	78	71	66	58	3	5	6	11	17	21	25	27
> 200%	92	91	89	88	1	1	1	2	6	7	8	9
TOTAL	77	76	70	72	7	8	11	9	14	15	17	17

Personal Health Care Use

	<u>1928- 1931</u>	<u>1952- 1953</u>	<u>1963- 1964</u>	<u>1974</u>	<u>1990</u>	<u>1996</u>
<u>Hospital Admissions (per 100 persons per year)</u>						
Low income	6	12	14	19	14	15
Middle income	6	12	14	14	9	8
High income	8	11	11	11	7	5
Total	6	12	13	14	9	8
<u>Physician Visits (per person per year)</u>						
Low income	2.2	3.7	4.3	5.3	6.3	7.5
Middle income	2.5	3.8	4.5	4.8	5.5	5.7
High income	4.3	6.5	5.1	4.9	5.6	5.3
Total	2.6	4.2	4.5	4.9	5.5	5.8
<u>Percent seeing a Dentist (within 1 year)</u>						(1997)
Low income	10%	17%	21%	35%	38%	47%
Middle income	20%	33%	36%	48%	65%	49%
High income	46%	56%	58%	64%	65%	73%
Total	21%	34%	38%	49%	62%	65%

Personal Health Care

	1964	1981- 1983	1987- 1989	1996
<u>Hospital Admissions (per 100 persons per year)</u>				
White	11	12	10	8
Black	8	14	12	10
Total	11	12	10	8
<u>Percent Seeing a Physician (within 1 year)</u>				
White	68%	76%	77%	80%
Black	58%	75%	75%	81%
Total	67%	76%	77%	80%
<u>Percent Seeing a Dentist</u>				
				(1997)
White, non-Hispanic	45%	57%	62%	68%
Black, non-Hispanic	22%	39%	43%	56%
Hispanic	-----	42%	49%	53%
Total	43%	54%	59%	61%

Conclusions on Ways to Improve Access

1. Better Models
2. Better Measures
3. Emphasize Context
4. Remember Target of Improved Access
is Individual
5. Link Use to Outcomes