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Access to Health Care Services for Adults in Maine

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INTRODUCTION

Access to comprehensive, quality health care services promotes an individual's health and well-being. Barriers to obtaining needed health care services include lack of insurance coverage, high-cost care, and inadequate supply of health care providers and services. These barriers can lead to delayed or forgone medical care, preventable hospitalizations, financial burden, and poorer health outcomes.

Two years ago, the Maine Health Access Foundation and the University of Southern Maine collaborated to study access to health care services among adults in Maine using data from Maine's Behavioral Risk Factor Surveillance System (BRFSS) (see methods note, pg. 4). [The study](#) examined access to care among vulnerable populations in Maine in 2012-2014, including individuals with low incomes and people of color. This brief provides an update to the study using data from 2014-2016.

KEY FINDINGS

- Measures of access to care among vulnerable populations in Maine largely remained unchanged between 2012-2014 and 2014-2016.
- Mainers with lower incomes and with less than a bachelor's degree report poorer health care access across most of the measures studied.
- Among adult Mainers in households earning less than \$25,000 annually, 18 percent were uninsured in 2014-2016 compared with 4 percent of those in households earning \$50,000 or more.
- A higher proportion of Mainers of Color continued to report problems accessing health care services compared with White Mainers.

FINDINGS

As in 2012-2014, access to health care remained a challenge for many Maine adults in 2014-2016. Individuals with lower incomes and with less than a bachelor's degree reported poorer access to health care. Mainers of Color especially faced barriers including lack of health insurance, lack of a regular health care provider, and having to delay care because of challenges such as lack of transportation.

Mainers with low incomes report worse access to needed health care

Maine adults with annual household incomes of less than \$25,000 reported poorer access to health care services across a variety of measures compared with those in higher earning households (see Table 1).

Table 1: Percent of Maine adults with barriers to health care, by annual household income

	Less than \$25,000	\$25,000-\$49,999	\$50,000 or more
Did not have a regular health care provider****	15.2% (13.4-17.0)	14.1% (12.3-15.9)	8.8% (7.8-9.9)
Did not receive needed care because of cost****	18.5% (17.0-19.9)	10.8% (9.7-12.0)	5.1% (4.5-5.7)
Did not take medication because of cost^****	16.0% (13.8-18.2)	10.2% (8.3-12.1)	3.8% (2.9-4.6)
Delayed needed care for a non-cost reason****	26.0% (24.0-28.1)	15.9% (14.2-17.6)	11.4% (10.3-12.5)
Had health care bills being paid off over time^****	25.1% (22.7-27.4)	27.6% (25.2-30.1)	21.9% (20.1-23.7)

Source: 2014-2016 Maine BRFSS annual survey

*Statistically significant income differences at *p<.05, **p<.01, ***p<.001, ****p<.0001

^Available in 2014 and 2016 only

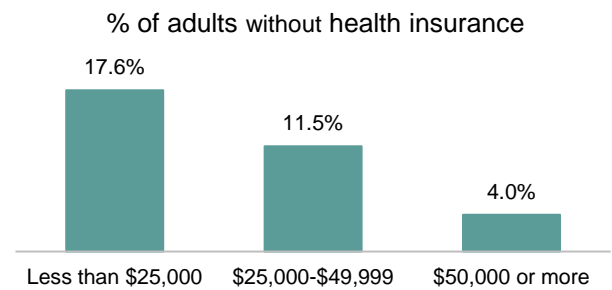
Several of the barriers to care reported by individuals in lower-income households are cost-related. Across the three income groups examined (annual household incomes less than \$25,000, \$25,000-\$49,999, and \$50,000 or more) individuals with the lowest household incomes were most likely to report forgoing needed healthcare due to cost. In the lowest income group 19 percent of individuals had to forgo needed care due to cost compared with 11 percent of those making \$25,000-\$49,999, and five percent of those with household incomes of \$50,000 or more. Individuals with the lowest household income were also the most likely to not take medication because of cost. Sixteen percent of individuals in the lowest household income group reported not taking medication due to cost compared with 10 percent and four percent in the higher income groups, respectively.

The issue of medical debt was a reported problem across all of the income groups included in this analysis. More than one-fifth of surveyed individuals reported paying off health care bills over time, rising to one-fourth for lower income groups. Individuals with household incomes of \$25,000-\$49,999 were statistically more likely to report paying off health care bills over time compared with the highest income earners, but one-on-one comparisons between other income groups are not statistically significant.

Individuals with lower household incomes were more likely to report non-cost barriers to care (26 percent compared with 16 and 12 percent of the higher income groups, respectively.) These barriers included lack of transportation, not being able to get an appointment soon enough, and having to wait too long to see a provider.

Mainers in the two lower income brackets were significantly more likely to lack a regular health care provider than individuals in households earning \$50,000 or more. Among individuals with household income below \$25,000, 15 percent reported not having a usual source of care, compared with 14 percent of individuals with household income between \$25,000-\$49,999, and nine percent of individuals in the highest income group (\$50,000 plus).

Figure 1. A higher percentage of individuals with low incomes lacked health insurance.



Source: 2014-2016 Maine BRFSS annual survey
Differences by income group statistically significant at $p < .0001$

Household income was also associated with health insurance coverage (see Figure 1). Among Mainers with an annual household income of less than \$25,000, 18 percent lacked health insurance, compared with 12 percent of individuals with annual household incomes between \$25,000 and \$49,999, and four percent of individuals in the highest income category.

Mainers without a bachelor's degree report greater barriers to care

Across the measures of health care access, differences between those with less than a high school diploma, individuals with a high school diploma or GED, and those who have completed some college were not statistically significant. However, for each measure we examined, individuals with a bachelor's degree reported better access to health care compared with those with lower levels of educational attainment.

For example, among individuals with a bachelor's degree or higher, eight percent did not have a regular health care provider, compared with 12 percent of those with some college, 14 percent of those with a high school diploma or GED, and 17 percent of those with less than a high school diploma (see Table 2). Mainers with a bachelor's degree were also the least likely to forgo needed care due to cost. Six percent of those with a bachelor's degree reported forgoing care due to cost compared with 11 percent of those with some college, 12 percent of those with a high school diploma or GED, and 13 percent of those with less than a high school diploma.

Table 2: Percent of adults with delays in obtaining health care and uninsured rate, by educational attainment

	Less than a high school diploma	High school diploma or GED	Some college	Bachelor's degree or higher
Did not have a regular health care provider****	17.2% (13.0-21.4)	14.4% (13.0-15.9)	12.0% (10.5-13.4)	7.5% (6.5-8.5)
Did not receive needed care because of cost****	13.0% (10.4-15.6)	12.4% (11.4-13.5)	11.1% (10.0-12.2)	5.8% (5.1-6.4)
Delayed needed care for a non-cost reason****	22.4% (18.5-26.3)	17.0% (15.5-18.5)	17.5% (15.8-19.1)	12.7% (11.6-13.8)
Did not take medication because of cost^****	13.4% (8.9-17.9)	9.8% (8.2-11.4)	9.7% (8.0-11.3)	4.8% (3.9-5.8)
Uninsured****	16.7% (13.6-19.7)	13.9% (12.8-15.1)	8.8% (7.9-9.8)	3.3% (2.8-3.8)

Source: 2014-2016 Maine BRFSS annual survey

*Statistically significant educational attainment differences at *p<.05, **p<.01, ***p<.001, ****p<.0001

^Available in 2014 and 2016 only

Mainers with less than a bachelor's degree reported similar rates of delaying care for a non-cost reason across levels of educational attainment (22 percent of those with less than a high school diploma, 17 percent of those with a high school diploma or GED, and 18 percent of those who have completed some college). A significantly lower proportion (13 percent) of individuals with a bachelor's degree delayed care for a non-cost reason such as lack of transportation.

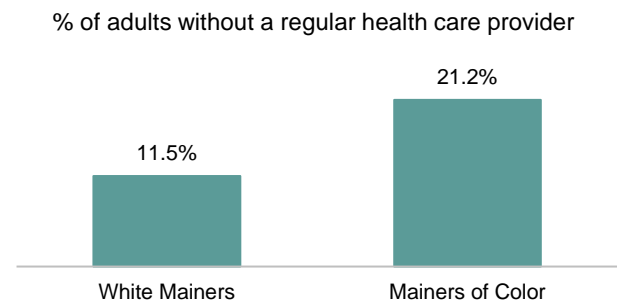
Similar proportions of individuals with less than a bachelor's degree reported not taking medication due to cost, ranging from 10 percent among those with a high school diploma or some college to 13 percent of those with less than a high school diploma. Among those with a bachelor's degree or higher degree, just five percent reported not taking medication because of cost. This suggests that the affordability of medications is a more acute issue among those with less than a bachelor's degree.

Mainers with a high school diploma and those with less than a high school diploma reported similar uninsured rates (17 percent of those with less than a high school and 14 percent of those with a high school diploma reported that they lacked health insurance coverage). A statistically smaller proportion of individuals who completed some college reported being uninsured (9 percent), while just three percent of Mainers with a bachelor's degree reported not having health insurance coverage.

Mainers of Color are more likely to face barriers to health care services

One in five Mainers of Color reported that they lacked a regular health care provider to consult when they are sick or need health advice (see Figure 2). A significantly smaller proportion (12 percent) of adult White Mainers reported having no usual source of care.

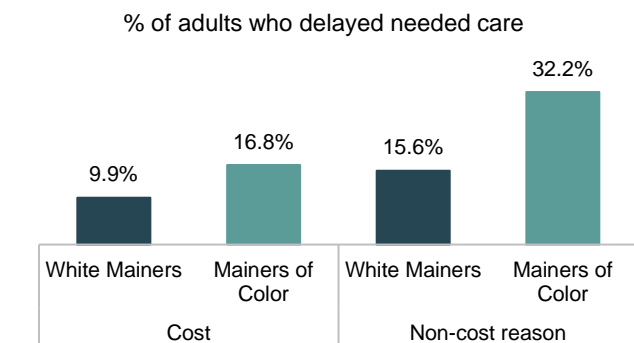
Figure 2. A higher percentage adult Mainers of Color lacked a regular health care provider.



Source: 2014-2016 Maine BRFSS annual survey
Differences by race and ethnicity are statistically significant at p<.0001

A larger proportion of Mainers of Color reported delaying care for both cost and non-cost reasons compared with White Mainers (Figure 3). For example, 17 percent of Mainers of Color reported forgoing care due to cost, compared with 10 percent of White Mainers.

Figure 3. A higher percentage of adult Mainers of Color delayed care for a cost or non-cost reason.

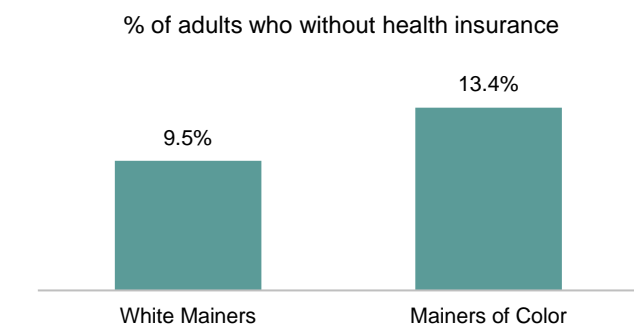


Source: 2014-2016 Maine BRFSS annual survey
Differences by race and ethnicity are statistically significant at $p < .0001$

Mainers of Color were twice as likely to report delaying needed care for a non-cost reason such as a lack of transportation (32 percent compared with 16 percent among White Mainers).

A significantly larger proportion of Mainers of Color reported not having health insurance coverage compared with White Mainers (see Figure 4). Thirteen percent of Mainers of Color lacked health insurance, compared with 10 percent of White Mainers.

Figure 4. A higher percentage of adult Mainers of Color lacked health insurance.



Source: 2014-2016 Maine BRFSS annual survey
Differences by race and ethnicity are statistically significant at $p < .01$

METHODS NOTE

This brief uses data from the 2014-2016 Maine BRFSS. In 2014, 2015, and 2016 the full BRFSS samples for Maine were 9,137; 9,036; and 10,019 respectively, for a total of 28,219 respondents over the three years of data included in this brief.

Because some of the BRFSS questions vary across years some measures are presented for only a pair

of years (for example, some access-related questions are asked only every other year.) For all measures, multiple years are pooled to ensure sufficient sample size and allow for analyses of sub-populations.

The race and ethnicity categories used in this brief derive from a variable in the BRFSS with the following five levels: (1) White, Non-Hispanic, (2) Black only, Non-Hispanic, (3) Other race only, Non-Hispanic, (4) Multiracial, Non-Hispanic, and (5) Hispanic. To ensure adequate sample size for analysis, we collapsed this five-level variable into two categories. Throughout this brief, adults in the first category (White, Non-Hispanic) are labeled “White Mainers” and categories 2-5 are combined and labeled “Mainers of Color.” While driven by sample numbers, this decision limits the brief’s findings and may mask important differences between individual racial and ethnic groups.

One of the access measures included in the BRFSS asks about delaying needed health care due to a non-cost reason. Response options include being unable to reach the provider by phone, being unable to get an appointment soon enough, having to wait too long in the office, provider office hours, and transportation problems. Because of small sample sizes, we collapse these options into a single measure that indicates whether the individual had any non-cost related delay in care.

Because the BRFSS uses a complex sampling strategy, all analyses for this brief use sample weights to correct for stratification. The statistical testing and confidence intervals produced by these analyses account for the complex sample design of the BRFSS. In some cases, a difference may be statistically significant across the full range of a category, but not between certain groups within that category. In these cases, 95 percent confidence intervals are presented for each group and the text clarifies whether significant differences exist between sub-groups. Statistical significance p -values appear below figures.