

**Introduction: Access to Health Care**

The Institute of Medicine defines access to health care as “the timely use of personal health services to achieve the best possible health outcomes” (1). Having access to health care depends on many factors such as adequate insurance coverage, available medical services (which includes services within reasonable geographic proximity and appointments available within an appropriate time frame), transportation to reach services and an established regular source of care, like a primary care physician.

People at greater risk of not accessing health care include low income residents, people with physical and mental disabilities, those whose primary language is not English, the uninsured and underinsured, recent immigrants, and certain racial/ethnic groups. Not having access to care, in particular, preventive check-ups and timely treatment for health conditions, can lead to illness (which could have been prevented), the worsening of chronic conditions and, in some cases, death. In addition to the consequences for the individual, lack of access to medical and preventative care can affect the society as a whole by contributing to the rising costs of medical care and further burdening stressed emergency medical care systems (2).

This section looks at selected factors affecting access to care including health insurance coverage prior to the institution of Massachusetts’ laws to cover the uninsured population, specific barriers to accessing care and access to a regular primary care provider.

This section also considers access to dental care - an important part of overall health. Oral health problems cause pain; difficulty in speaking, chewing, and swallowing; and, in some cases, loss of self-esteem, or even death, as in the case of oral cancer. Regular visits to the dentist offer an opportunity for the early diagnosis, prevention, and treatment of oral diseases and conditions. Although a key component of general health, oral health care is often neglected by people who may not feel it is as important as general health care (3) or find that oral health care is less likely to be covered by insurance, and when covered, deductibles are prohibitively high (4).

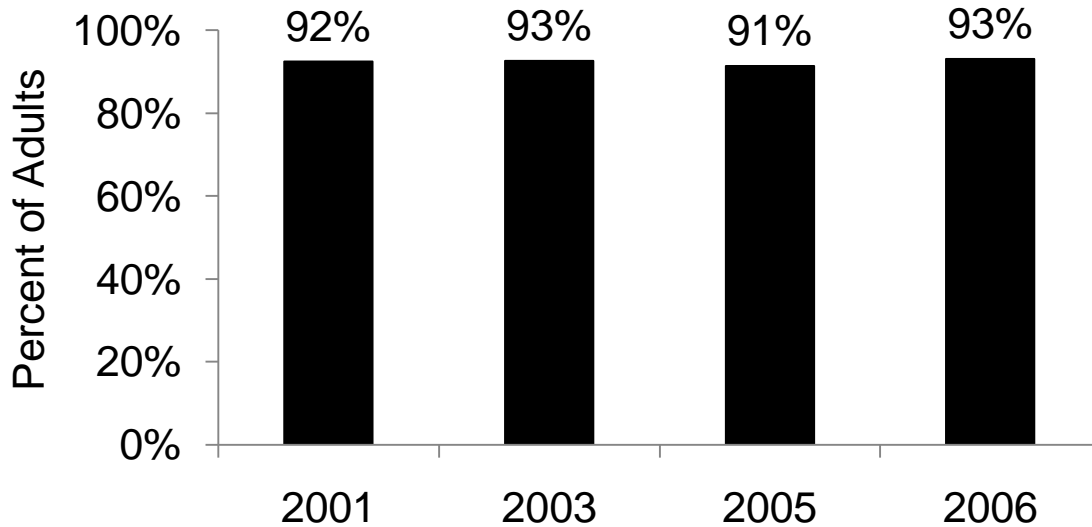
**Healthy People 2010 Targets (5):**

Increase the proportion of persons with health insurance to 100%.

Increase the proportion of persons with a usual primary care provider to 85%.

Increase the proportion of adults who use the oral health system to 65%.

**Figure 4.1 Health Care Coverage, 2001, 2003, 2005 and 2006**



NOTE: Survey question reads, “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?”

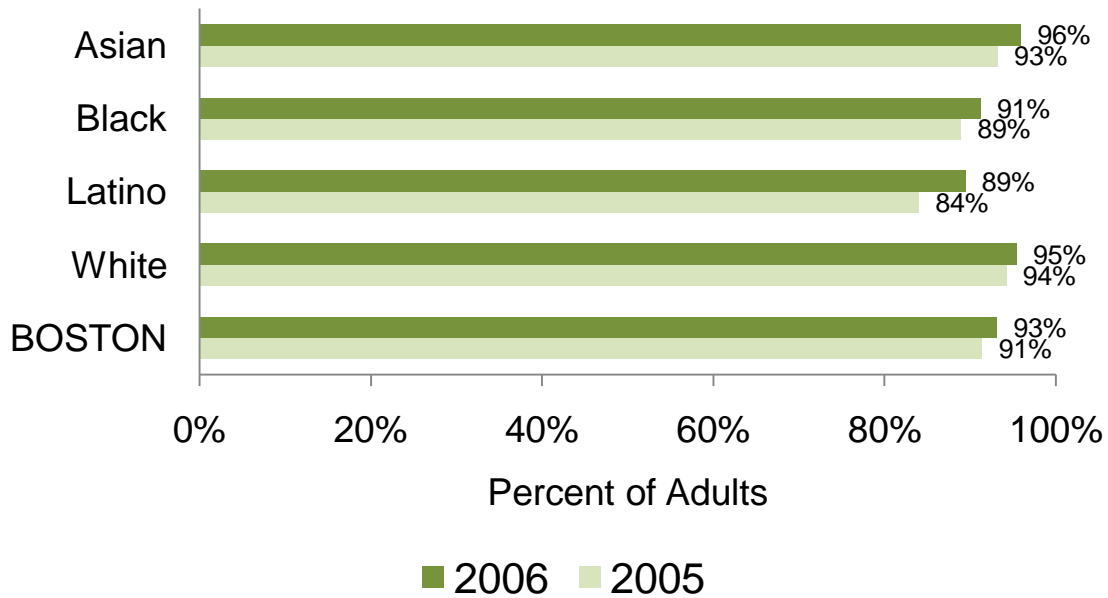
DATA SOURCE: Boston Behavioral Risk Factor Survey 2001, 2003, 2005 and 2006, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

**Healthy People 2010 Goal (5):** Increase the proportion of persons with health insurance to 100%.

- The percentage of adult residents who reported having health insurance was similar in 2001, 2003, 2005, and 2006.

**Figure 4.2 Health Care Coverage by Race/Ethnicity, 2005 and 2006**



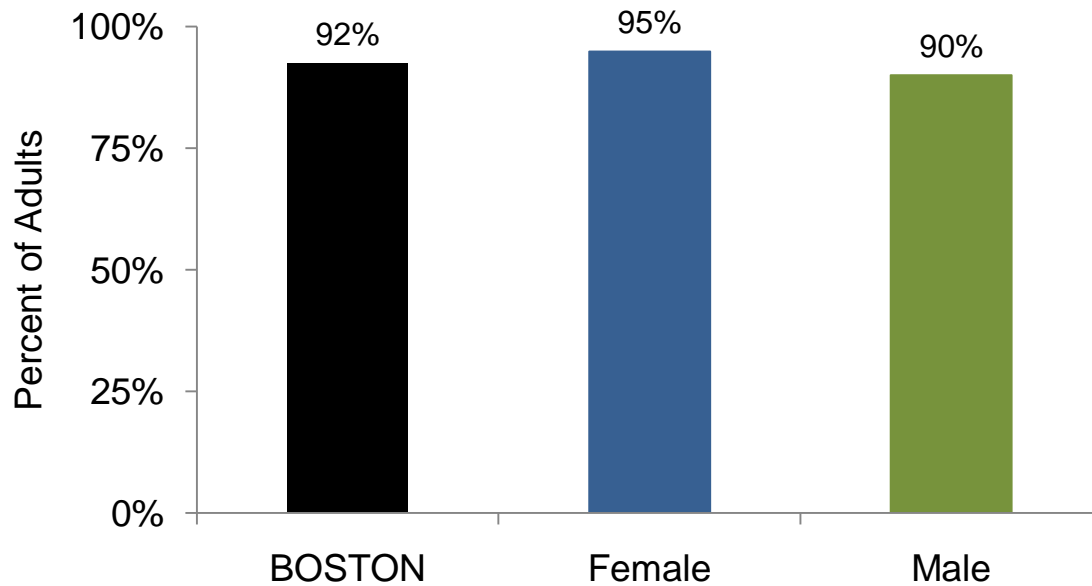
NOTE: Survey question reads, “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?”

DATA SOURCE: Boston Behavioral Risk Factor Survey 2005 and 2006, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

- In 2005, a lower percentage of Latino adults reported having insurance coverage than White adults.
- In 2006, the percentage of Asian, Black, Latino and White adults with some health insurance coverage was similar.

**Figure 4.3 Health Care Coverage by Gender, 2005 and 2006 Combined**



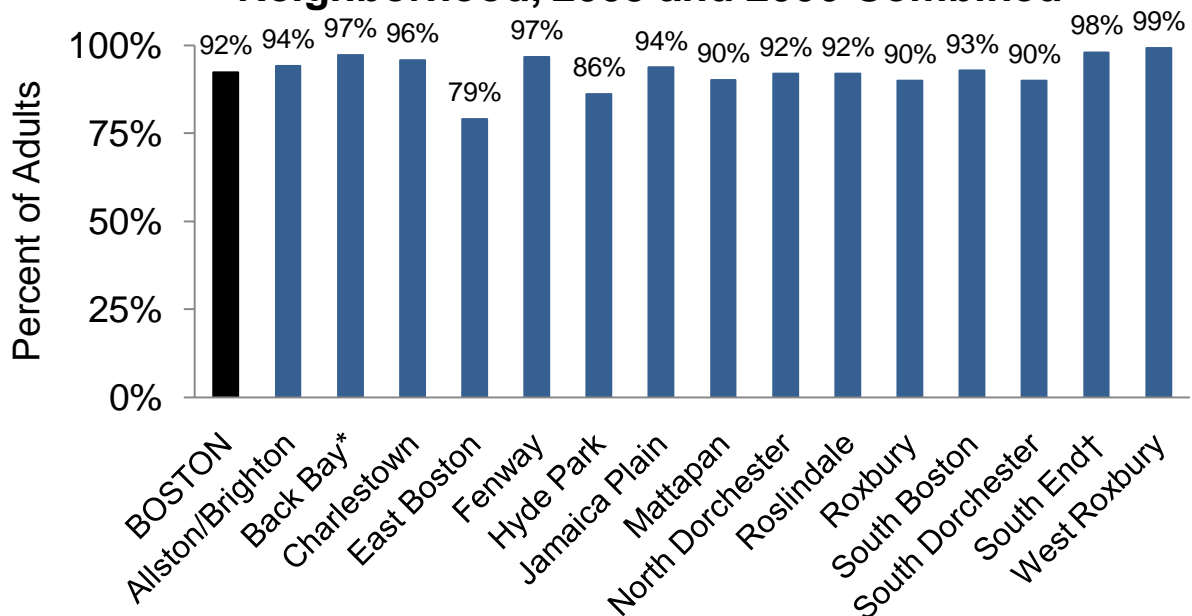
NOTE: Survey question reads, “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?”

DATA SOURCE: Boston Behavioral Risk Factor Survey 2005 and 2006, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

- A higher percentage of female adults reported having health insurance than male adults.

**Figure 4.4 Health Care Coverage by Neighborhood, 2005 and 2006 Combined**



\* Includes Beacon Hill, Downtown, North End, and West End

† Includes Chinatown

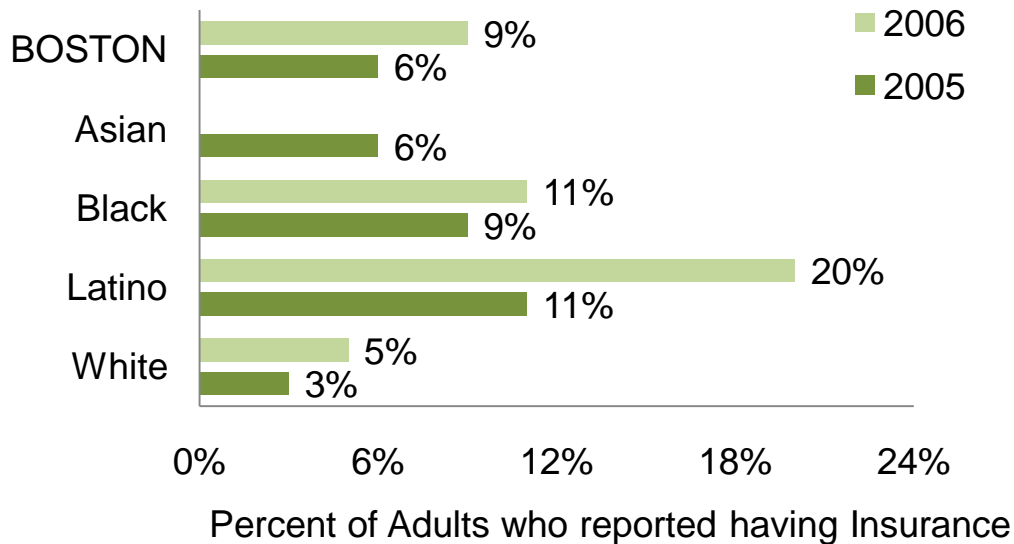
NOTE: Survey question reads, “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?”

DATA SOURCE: Boston Behavioral Risk Factor Survey 2005 and 2006, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

- A higher percentage of adults living in Back Bay, Fenway, South End, and West Roxbury, reported having health insurance coverage than adult residents overall.
- A lower percentage of adults living in East Boston reported having health insurance coverage compared to Boston overall.

**Figure 4.5 Cost as Barrier to see Doctor in the Past 12 Months, by Race/Ethnicity, 2005 and 2006**



\* Insufficient sample size for Asians in 2006

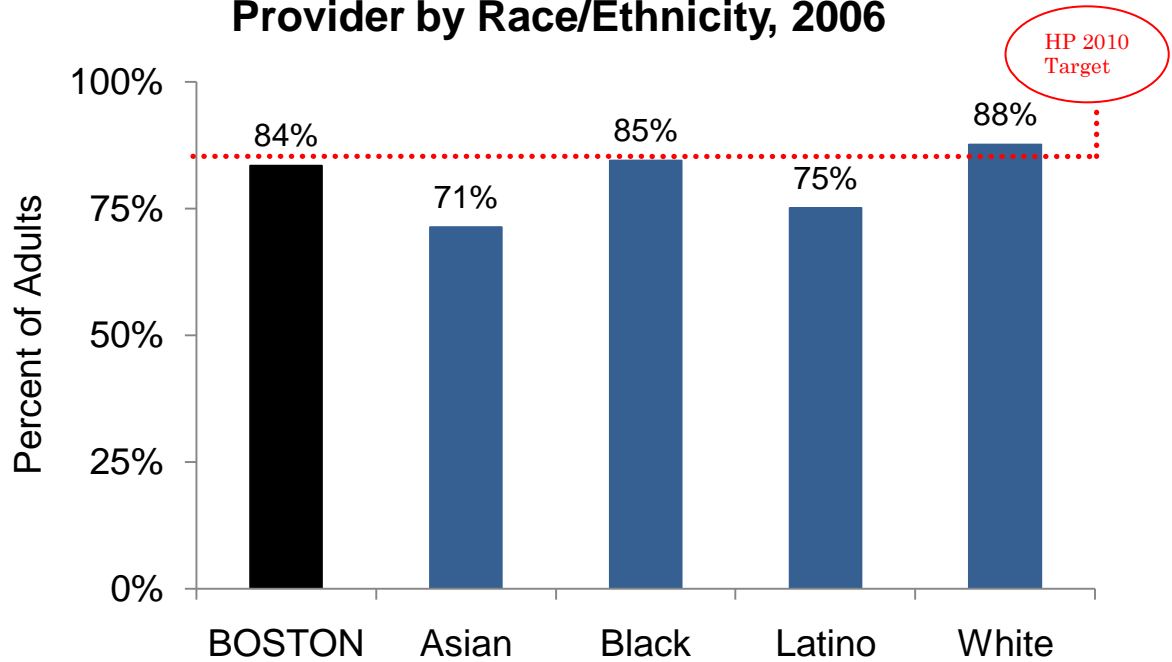
NOTE: Survey question reads, "Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?"

DATA SOURCE: Boston Behavioral Risk Factor Survey 2005 and 2006, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

- Among insured residents in both 2005 and 2006, higher percentages of Black and Latino adults reported cost as a barrier to seeing a doctor in the preceding 12 months than White adults.

**Figure 4.6 Residents with Primary Care Provider by Race/Ethnicity, 2006**



NOTE: Survey question reads, “Do you have one person you think of as your personal doctor or health care provider?”

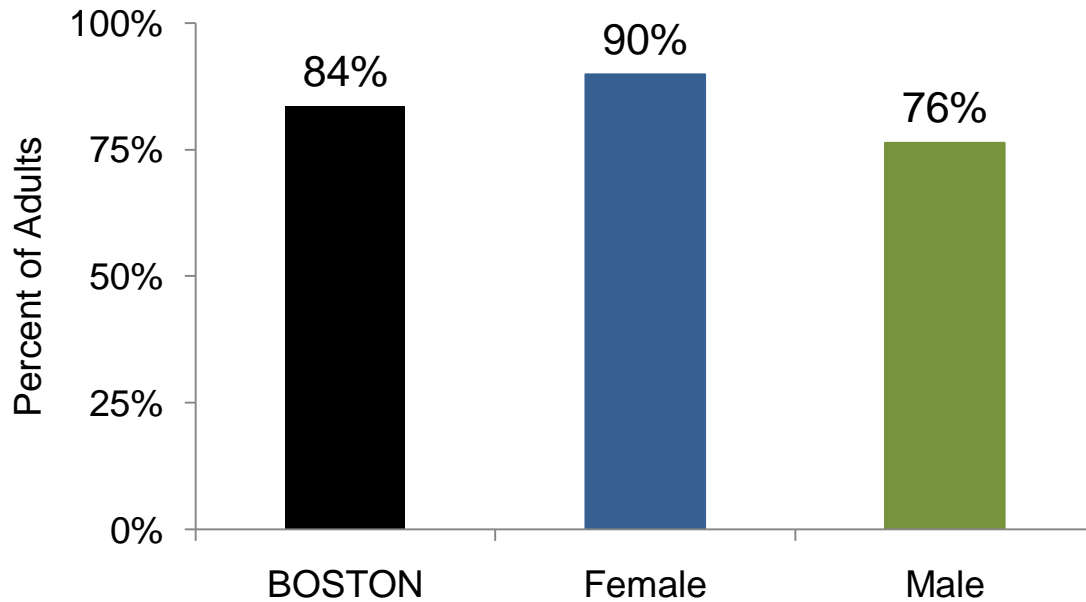
DATA SOURCE: Boston Behavioral Risk Factor Survey 2006, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

**Healthy People 2010 Goal (5):** Increase the proportion of persons with a usual primary care provider to 85%.

- A lower percentage of Asian adults reported having a personal doctor or health care provider than White adults.

**Figure 4.7 Residents with Primary Care Provider by Gender, 2006**



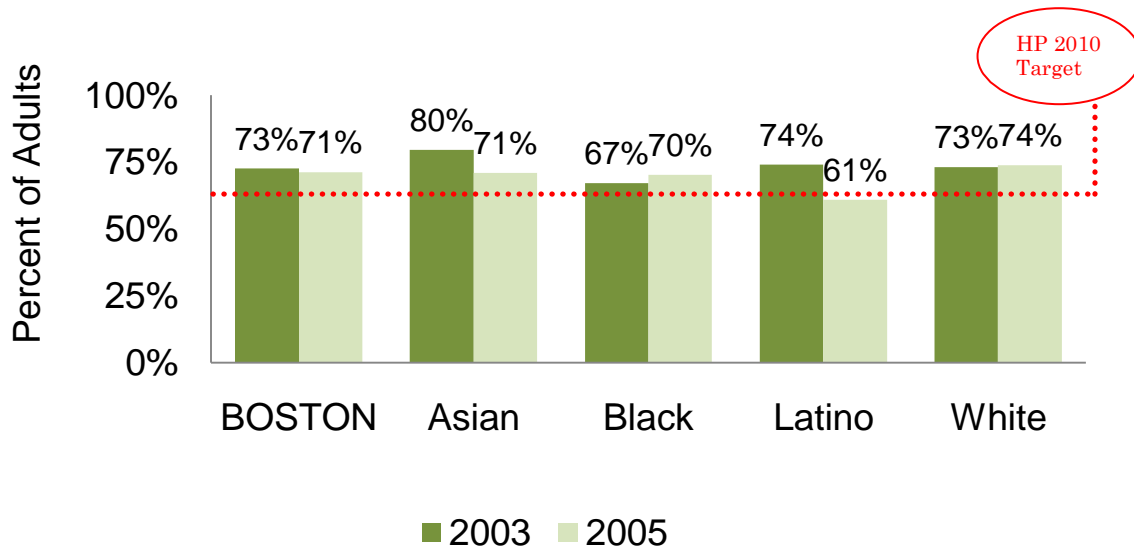
NOTE: Survey question reads, “Do you have one person you think of as your personal doctor or health care provider?”

DATA SOURCE: Boston Behavioral Risk Factor Survey 2006, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

- A lower percentage of male adults reported having a personal doctor or health care provider than female adults.

**Figure 4.8 Residents Reported Visiting Dentist Within the Past Year by Race/Ethnicity, 2003 and 2005**



NOTE: Survey question reads, “How long has it been since you last visited a dentist or a dental clinic for any reason?”

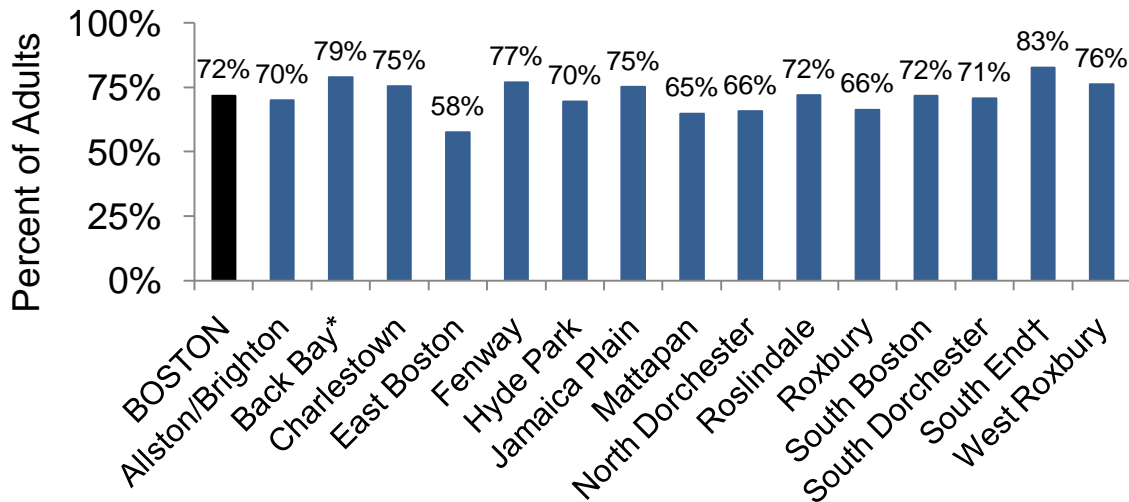
DATA SOURCE: Boston Behavioral Risk Factor Survey 2003 and 2005, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

**Healthy People 2010 Goal (5):** Increase the proportion of adults who use the oral health system to 65%.

- In 2003, the percentage of adults who reported visiting the dentist was similar across racial/ethnic groups.
- In 2005, a lower percentage of Latino adults visited the dentist within the past year compared to White adults.
- The percentage of Asian and Black adults who reported visiting a dentist within the past year was similar to White adults in 2003 and 2005.

**Figure 4.9 Residents Reporting Visited Dentist Within the Past Year by Neighborhood, 2003 and 2005 Combined**



\*Includes Beacon Hill, Downtown, North End, and West End

† Includes Chinatown

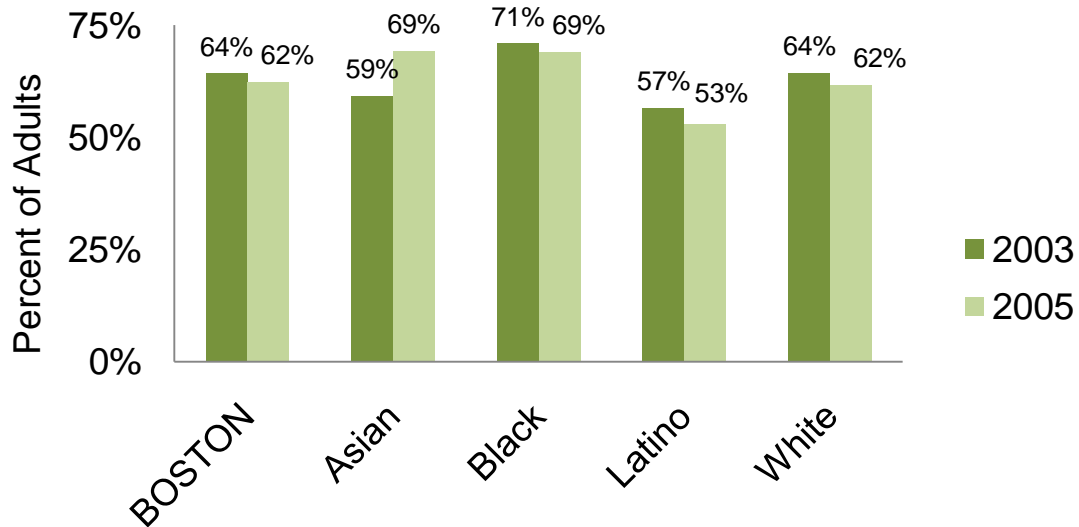
NOTE: Survey question reads, "How long has it been since you last visited a dentist or a dental clinic for any reason?"

DATA SOURCE: Boston Behavioral Risk Factor Survey 2003 and 2005, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

- Back Bay and the South End had a higher percentage of adults who reported visiting the dentist in the past year when compared to Boston residents overall.
- A lower percentage of East Boston residents reported visiting the dentist within the past year compared to Boston overall.

**Figure 4.10 Residents with Insurance to Cover Routine Dental Care by Race/Ethnicity, 2003 and 2005**



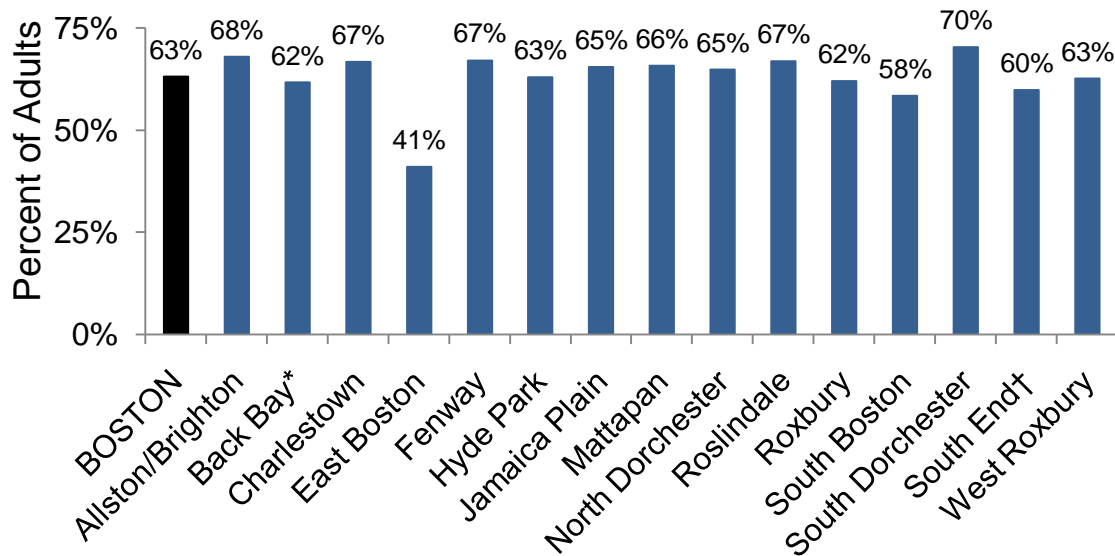
NOTE: Survey question reads, “Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMO’s, or government plans such as Medicaid?”

DATA SOURCE: Boston Behavioral Risk Factor Survey 2003 and 2005, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

- In Boston overall and within each racial/ethnic group, the percentage of adult residents with dental insurance was similar when comparing 2003 to 2005.
- A lower percentage of Latino residents reported having insurance to cover routine dental care compared to Black residents in 2005.

**Figure 4.11 Insurance to Cover Dental Care by Neighborhood, 2003 and 2005 Combined**



\* Includes Beacon Hill, Downtown, North End, and West End

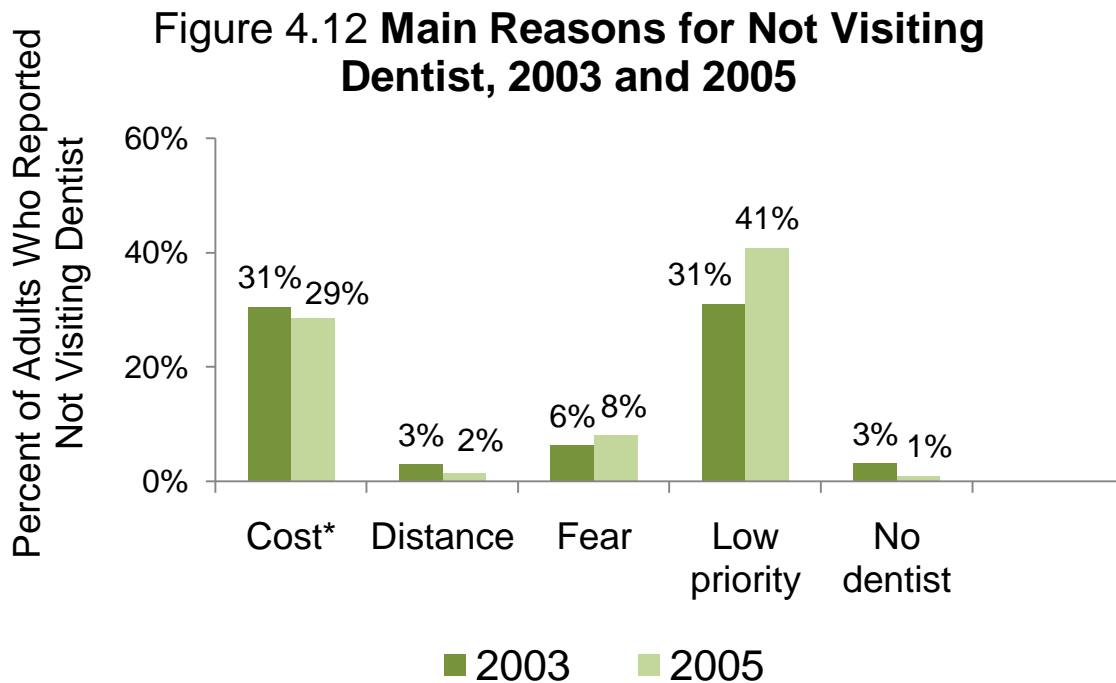
† Includes Chinatown

NOTE: Survey question reads, "Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMO's, or government plans such as Medicaid?"

DATA SOURCE: Boston Behavioral Risk Factor Survey 2003 and 2005, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

- East Boston had a lower percentage of adult residents with insurance to cover routine dental care compared to Boston adult residents overall.
- In the remaining neighborhoods, the percentage of adults who reported having dental insurance was similar to the percentage for Boston adults overall.



\* Includes people reporting lack of insurance to cover dental care

NOTE: Survey question reads, “What is the main reason you have not visited the dentist in the last year?” This question was asked to respondents who reported visiting the dentist more than a year ago or never.

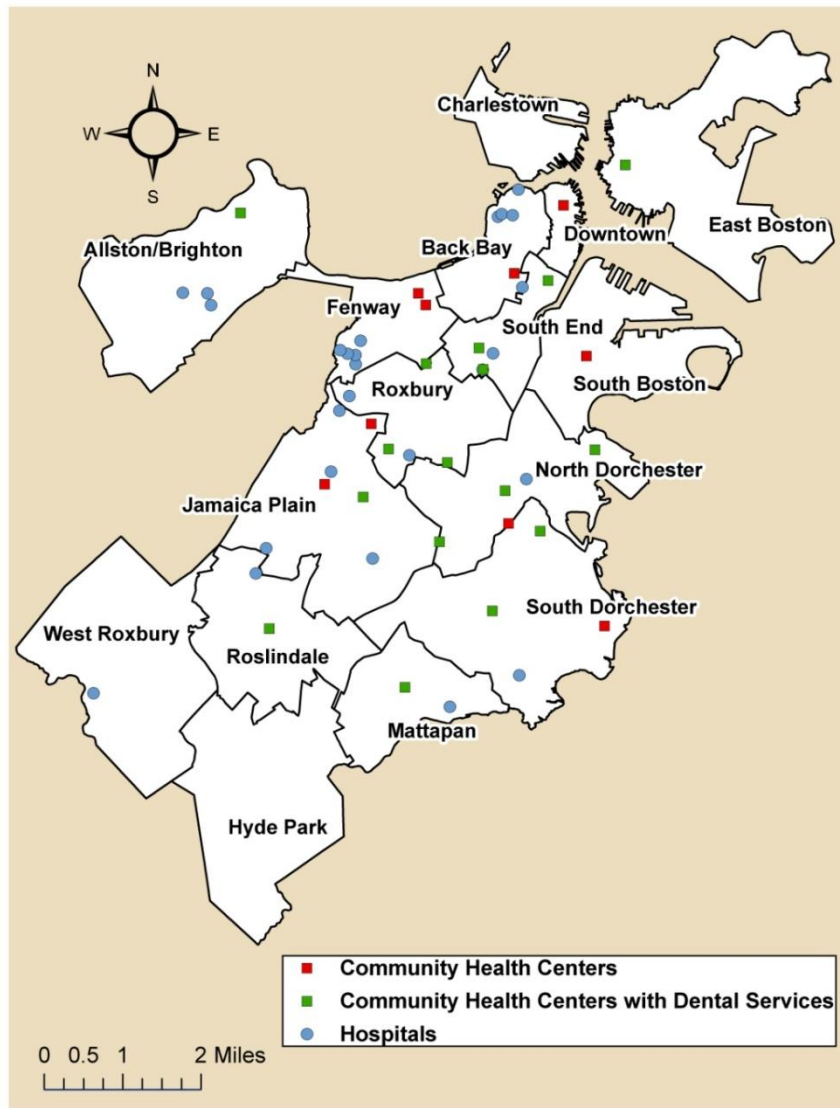
DATA SOURCE: Boston Behavioral Risk Factor Survey 2003 and 2005, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

- Among adults who reported not visiting the dentist within the past year in 2003 and 2005, the most common reason reported for not visiting the dentist was “low priority”. The second most common reason was the cost, which includes lack of insurance to cover dental care.

An important component of health care is having facilities accessible to the public. The following map shows some of the available larger health care facilities in the city including hospitals and community health centers. It also highlights community health centers that provide dental services for its patients or clients. This map does not include individual doctors or dentists in the city.

Figure 4.13 Selected Health Care Facilities by Neighborhood, 2008



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DATA SOURCES: MassGIS and Boston Public Health Commission Community Initiative Bureau

MAP CREATED BY: Boston Public Health Commission Research and Evaluation Office

**Summary: Access to Health Care**

Access to adequate health care is essential to disease prevention and management. The data presented here represent a period prior to the enactment and complete implementation of Massachusetts Health Care Reform. Although the percentage of adult Boston residents with access to some form of health insurance coverage remained stable from 2001 to 2006, consistently a higher percentage of women reported having health insurance coverage compared to men.

Although the percentage of Asian, Black Latino, and White adult residents who reported having some health insurance coverage was similar, the type and extent of insurance coverage varies from individual to individual and may not be uniform across racial/ethnic groups. In aggregate, such potential differences could contribute to disparities in health outcomes. Among insured residents, Blacks and Latinos reported cost as a barrier to accessing health care more often than Whites. Of all adults, a lower percentage of Asians reported having a primary care physician compared to Whites. Although an individual may report having health insurance coverage, the inadequacy of the coverage often remains a barrier to accessing adequate and appropriate health care.

Compared to Boston overall, a lower percentage of East Boston residents reported having health and dental insurance coverage, and having visited the dentist in the past year. Based on these limited data, East Boston residents appear to face particular challenges to accessing health care.

**References**

1. **Millman M, editor.** Access to Care in America. Committee on Monitoring Access to Personal Health Care Services, Institute of Medicine. Washington D.C.: National Academy Press; 1993. p 33.
2. **DeVoe, Jennifer E, et al.** Receipt of Preventative Care Among Adults: Insurance Status and Usual Source of Care. *American Journal of Public Health*, 2003 May; 93 (5): 786-91.
3. **Guay, Albert H.** Access to Dental Care: Solving the Problem for Underserved Populations. *Journal of the American Dental Association*. 2004 Nov;135 (11):1599-605.
4. **Mueller CD, Schur CL, Paramore LC.** Access to Dental Care in the United States. *Journal of the American Dental Association*. 1998 Apr;129 (4):429-37.
5. **U.S. Department of Health and Human Services.** Healthy People 2010 Midcourse Review Focus Area 1 Access to Quality Health Services. *Healthy People 2010 Midcourse Review*. [Online] April 9, 2007. [Cited: February 24, 2009.]  
<http://www.healthypeople.gov/data/midcourse/html/focusareas/FA01TOC.htm>.