November 2, 2009

Health Insurance Coverage and Access to Doctors in Eastern North Carolina:

Data from the Behavioral Risk Factor Surveillance Survey (BRFSS) 2000-2008

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Health Insurance Coverage and Access to Doctors in Eastern North Carolina

Introduction

Health insurance and access to care are crucial to individual and community health. In North Carolina, the uninsured are four times more likely than people with insurance coverage to report that they did not seek necessary medical care because of costs or that they had no usual source of care.¹ The uninsured are also less likely to get preventive screenings or receive ongoing care for chronic conditions.²⁻⁵ Ultimately, uninsured adults are 25% more likely to die prematurely than adults with health insurance.⁶

This brief report provides information specifically about Eastern North Carolina. It has been produced as corollary to report on access to care in North Carolina by the North Carolina Institute of Medicine.⁷ The information in this report was derived from surveys of the Behavioral Risk Factor Surveillance System and prepared by staff of the East Carolina University, Center for Health Services Research and Development.

Health Insurance Coverage by region, age, and race/ethnicity

No health insurance coverage by region

In 2008, almost a fifth (18.7%) of the residents of Eastern North Carolinian (ENC) had no health insurance (Figure 1), slightly more than the proportion of people in the Piedmont (PNC), yet slightly less than in the Western (WNC) region of the state.

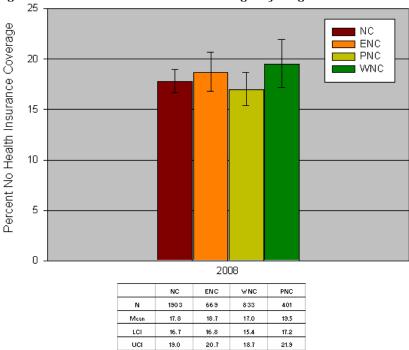


Figure 1. No Health Insurance Coverage by Region 2008

Trends in health insurance coverage by region (2000-2008)

The percentage of people without health insurance is increasing dramatically. In 2000, 12.7% of North Carolinians reported that they had no health insurance coverage. By 2008, 17.8% were without health insurance, a 40% increase. (Figure 2).

The increasing trend is similar across all three regions of the state but most variable and highest in the West. Eastern North Carolina has had a consistent upward trend, an average of 18% without health insurance over the nine year period.

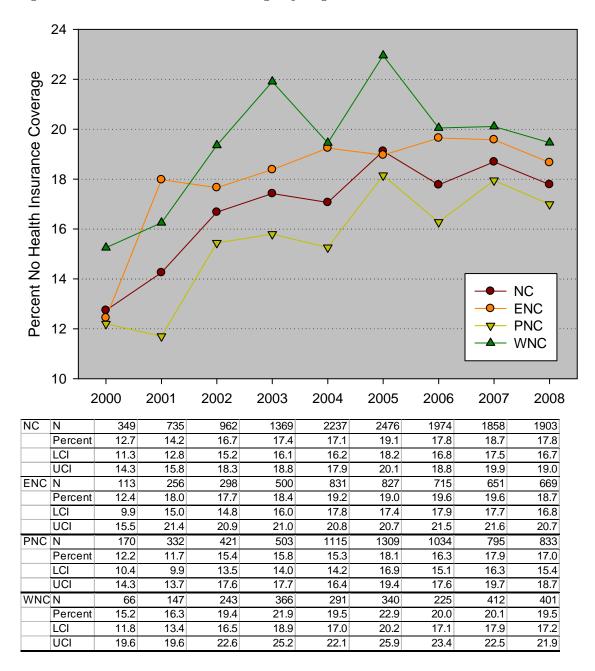
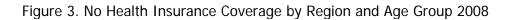
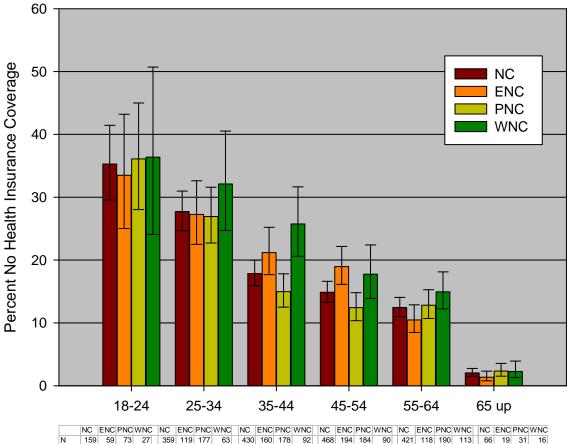


Figure 2. No Health Insurance Coverage by Region 2000-2008

No health insurance coverage by region and age

Substantial differences exist in the proportion of people without health insurance by age. More than a third (35.3%) of young people between ages 18 and 24 have no health insurance. Over a quarter of 25 to 34 year olds in the Piedmont and Eastern North Carolina don't have health insurance; almost a third in the West. Most people over 65 years old are covered by Medicare.





	INC	LINC	FINC	VVINC	INC	LINC	FINC	VVINC																
N	159	59	73	27	359	119	177	63	430	160	178	92	468	194	184	90	421	118	190	113	66	19	31	16
Mean	35.3	33.5	36.1	36.4	27.7	27.3	26.9	32.1	17.9	21.2	15.0	25.7	14.9	19.0	12.4	17.8	12.5	10.5	12.8	14.9	2.0	1.4	2.3	2.3
LCI	29.5	25.0	28.0	24.1	24.7	22.5	22.7	24.7	15.9	17.7	12.5	20.6	13.3	16.1	10.4	13.9	11.0	8.5	10.7	12.2	1.5	0.8	1.5	1.3
UCI	41.4	43.2	45.0	50.7	31.0	32.6	31.6	40.5	20.0	25.2	17.8	31.7	16.6	22.2	14.8	22.4	14.1	12.9	15.3	18.1	2.8	2.3	3.6	3.9

No health insurance coverage by region and race/ethnicity

There are large differences in coverage by race/ethnicity for the state as a whole. Over two-thirds (69.3%) of Hispanics have no health insurance, compared to about a third (30.4%) of Native Americans, a quarter of African Americans (23.6%), and 13% of Whites. Fewer White people are insured in Western North Carolina (20%) than in Eastern North Carolina (14.4%) or in the Piedmont (10.5%).

The highest proportion of uninsured African Americans is in the East; 24.5% are uninsured there. The highest proportions of uninsured Hispanics and Native Americans are in the West (80.1% and 49.9%, respectively).

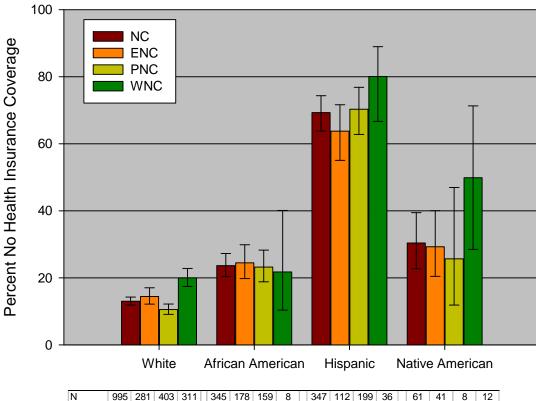


Figure 4. No Health Insurance Coverage by Region and Race/Ethnicity 2008

N	995	281	403	311	345	178	159	8	347	112	199	36	61	41	8	12
Percent	13.0	14.4	10.5	20.0	23.6	24.5	23.2	21.8	69.3	63.7	70.3	80.1	30.4	29.3	25.7	49.9
LCI	11.9	12.1	9.1	17.4	20.3	19.7	18.8	10.4	63.8	55.1	62.8	66.7	22.7	20.4	11.9	28.5
UCI	14.2	17.0	12.2	22.8	27.3	29.9	28.3	40.1	74.3	71.6	76.8	89.0	39.4	40.0	47.0	71.3

Could not see a doctor because of cost

Could not see a doctor because of cost by region

In 2008, about one out of six people across the state said that they could not see a doctor because of cost; 17.4% of Eastern North Carolinians said they could not.

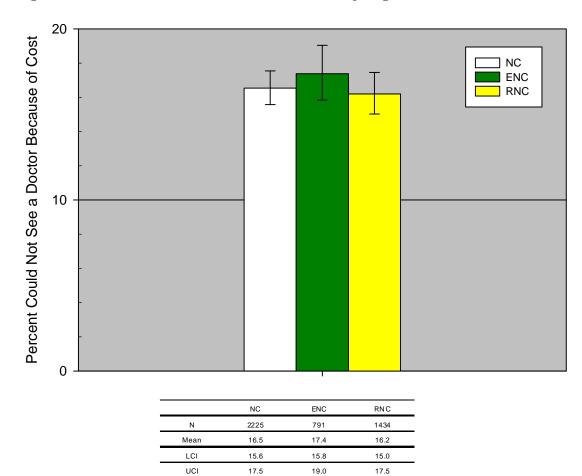


Figure 5. Could Not See a Doctor Because of Cost by Region 2008

No personal doctor

No personal doctor by region

In addition to the problem of lack of health insurance to pay a doctor, many people report not having a personal physician. More than 20% of people in the state reported that they do not have personal doctor. In Eastern North Carolina, 1 of every 4 people (24.9%) say they don't have a personal doctor.

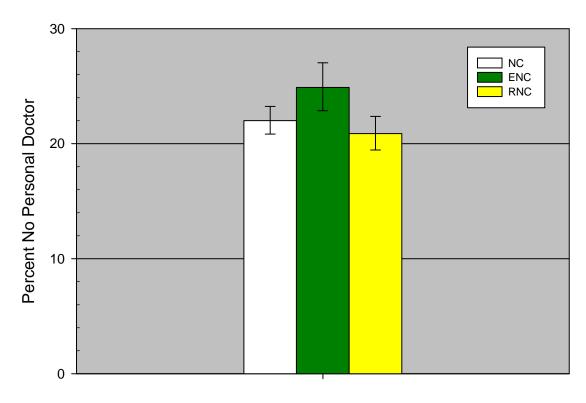


Figure 6. No Personal Doctor by Region 2008

	NC	ENC	RNC
Ν	2381	888	1493
Percent	22.0	24.9	20.9
LCI	20.8	22.9	19.5
UCI	23.2	27.0	22.4

Trends in no personal doctor by region (2001-2008)

The percentage of people without a personal doctor has been generally increasing since 2001 and varies substantially by region. Compared to residents of the three other regions of North Carolina, fewer people in the East have a personal doctor. In 2008, almost 25% of Eastern North Carolinians said they had no personal doctor, compared to 21% of people living in the Piedmont and Western regions.

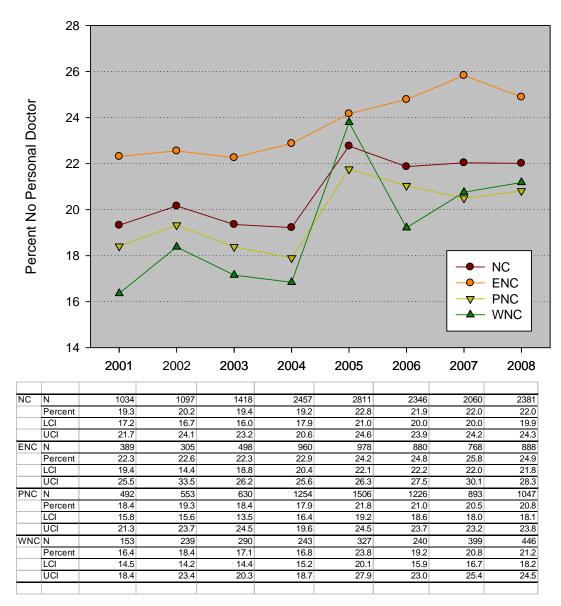


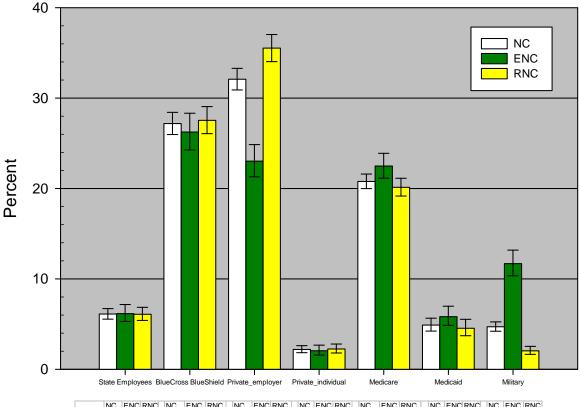
Figure 7. No Personal Doctor by Region 2001 to 2008

Type of insurance

Type of insurance by region

There are differences in the type of insurance that Eastern North Carolinians have compared to the rest of the state (RNC). A greater proportion of people in Eastern North Carolina are covered by Medicare and military insurance than in the rest of the state. It is notable that a much smaller proportion in the East are covered by group insurance offered through employers as compared the rest of North Carolina (23% vs 36%).

Figure 8. Type of Insurance by Region 2008



	NC	ENC	RNC	NC	ENC	RNC	NC	ENC	RNC	NC	ENC	RNC	NC	ENC	RNC	NC	ENC	RNC	NC	ENC	RNC
Ν	804	274	530	2872	939	1933	3378	834	2544	321	84	237	4468	1553	2915	457	203	254	554	370	184
Percent	6.1	6.2	6.1	27.2	26.2	27.5	32.1	23.0	35.5	2.2	2.0	2.2	20.8	22.5	20.1	4.9	5.8	4.5	4.7	11.7	2.0
LCI	5.5	5.3	5.4	26.0	24.3	26.1	30.9	21.3	34.0	1.8	1.6	1.8	20.0	21.1	19.2	4.2	4.9	3.7	4.2	10.3	1.6
UCI	6.7	7.2	6.9	28.4	28.3	29.1	33.3	24.8	37.0	2.6	2.7	2.8	21.6	23.9	21.1	5.7	7	5.5	5.2	13.2	2.5

1. State Employee Health Plan

2.Blue Cross Blue Shield of NC

3.Other private insurance plan from employer or workplace 4.Other private insurance plan directly from an insurance company

4. Other private insurance plan directly from an insurance company 5. Medicare

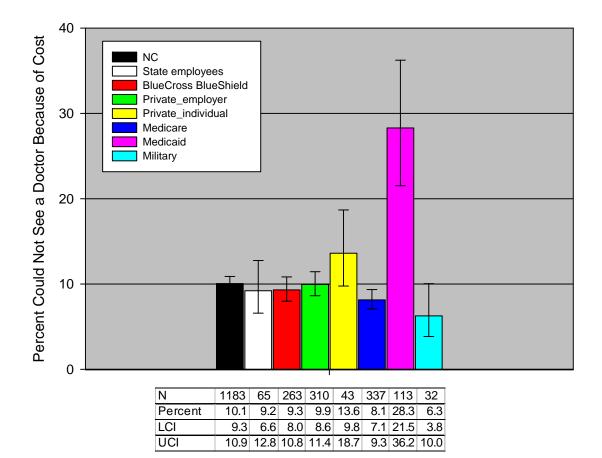
6.Medicaid or Carolina ACCESS or Health Choice

7.Military, CHAMPUS, or VA

Could not see a doctor because of cost by type of insurance

Access to a physician is related to type of insurance. In 2008, about 30% of people with Medicaid reported that they could not see a doctor because of cost. The percentage is substantially and statistically significant. It is notable also that almost 14% of people with individually purchased private health insurance reported that they had not seen a doctor sometime during the year because of cost and almost 10% of people with Blue Cross or employer sponsored group health insurance said they had not seen a doctor because of cost.

Figure 9. Could Not See a Doctor Because of Cost by Type of Insurance 2008



1. State Employee Health Plan

2.Blue Cross Blue Shield of NC

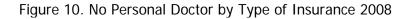
3.Other private insurance plan from employer or workplace 4.Other private insurance plan directly from an insurance company

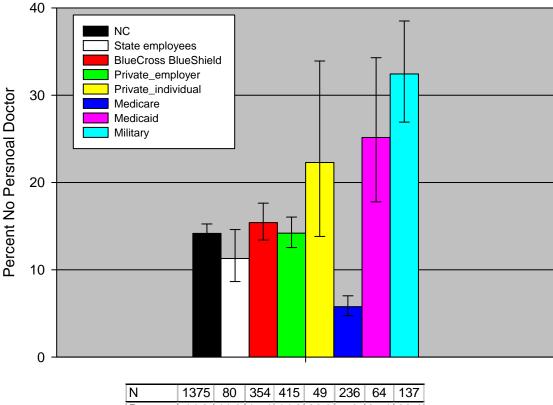
5.Medicare

6.Medicaid or Carolina ACCESS or Health Choice 7. Military, CHAMPUS, or VA

No personal doctor by type of insurance

People who are most likely to not have a personal doctor are those covered by Medicaid, Military insurance, or privately purchased individual insurance. A quarter of those with Medicaid said they had no personal doctor, compared to almost a third of those with Military coverage, and 22.3% of those with private, individual insurance.





Ν	1375	80	354	415	49	236	64	137
Percent	14.2	11.3	15.4	14.2	22.3	5.8	25.1	32.4
LCI	13.2	8.6	13.4	12.5	13.8	4.7	17.8	26.9
UCI	15.2	14.6	17.6	16.0	33.9	7.0	34.3	38.5

1. State Employee Health Plan 2.Blue Cross Blue Shield of NC

3.Other private insurance plan from employer or workplace 4.Other private insurance plan directly from an insurance company

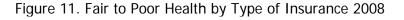
5.Medicare

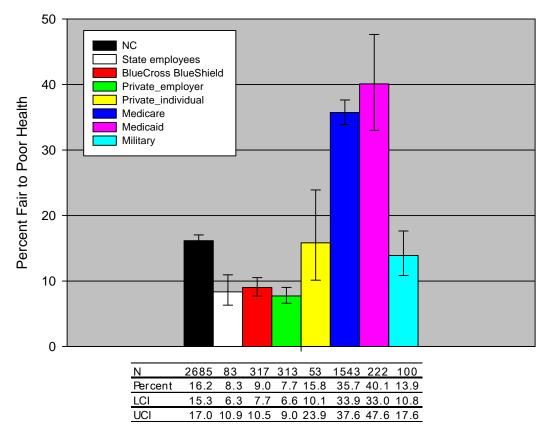
6.Medicaid or Carolina ACCESS or Health Choice

7.Military, CHAMPUS, or VA

Self-rated general health by type of insurance

One's health is highly dependent on age and it is no surprise that the 36% of the elderly covered by Medicare would rate their health as fair or poor. It is remarkable, however, that a greater proportion of Medicaid recipients, a much younger population, rate their health as just fair or poor; 40% of Medicaid recipients reported fair to poor health. Less than 10% of people with State Employees Health Insurance, Blue Cross Blue Shield, or private, group insurance through employers reported that they have fair or poor health.





1. State Employee Health Plan

2.Blue Cross Blue Shield of NC

3.Other private insurance plan from employer or workplace 4.Other private insurance plan directly from an insurance company

4.Other private insurance pla 5.Medicare

6.Medicaid or Carolina ACCESS or Health Choice

7. Military, CHAMPUS, or VA

Days of physical health not good by type of insurance

There is a substantial difference in healthy days by type of insurance. The healthiest are those in the State Employee's health plan, Blue Cross Blue Shield or other employer sponsored plans. People with either Medicare or Medicaid report more days of physical health being not good during the past 30 days than other insurance plans, 7.4 days and 8.4 days, respectively. Those covered by either State Employees, Blue Cross Blue Shield, or private insurance plans through employers report the fewest days of poor health, 1.9, 2.2, and 2.3 days, respectively.

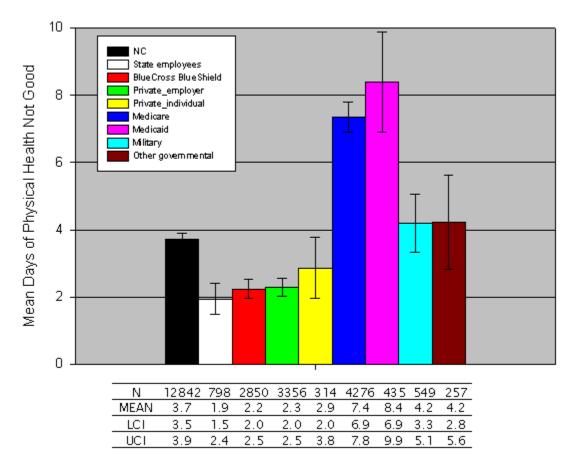


Figure 12. Days of Physical Health Not Good by Type of Insurance 2008

1. State Employee Health Plan 2.Blue Cross Blue Shield of NC

2.Blue Cross Blue Shield of NC 3.Other private insurance plan from employer or workplace

4.Other private insurance plan directly from an insurance company

5.Medicare

6.Medicaid or Carolina ACCESS or Health Choice 7.Military, CHAMPUS, or VA

8. Other governmental plans

Summary

Substantial disparities exist in health care access and perceived general health by region, age, and type of health insurance. These disparities are increasing.

Yearly trend: The percentage of respondents reported not having insurance coverage has increased since 2000. Almost one fifth of the population has no health insurance. The problem is worse in the East and West than in the Piedmont region.

There are substantial differences in the percentage of respondents who were insured by age and race/ethnicity. The younger the respondents are, the less insured. Most of respondents over 65 are insured.

In NC 13% of white respondents have no insurance coverage, compared to 23% of African Americans, 30% of Native Americans, and 69% of Hispanics.

In 2008 17% of respondents in Eastern North Carolina reported that they could not see a doctor because of cost in the past 12 months; worse than in 2000 when 13% reported this problem.

Not having a personal doctor is also a problem that is increasing and is worst in the east. In 2008 25% of people in Eastern North Carolina did not have a personal doctor compared to 22% in 2001.

Type of insurance differs by region, age, and race/ethnicity. Respondents in ENC are covered more by military plans, Medicaid, and Medicare, and less by private insurance through employers (11%, 5.8%, 23%, and 23%, respectively) than the rest of North Carolina (2%, 4.5%, 20%, and 36%, respectively).

People with insurance under 65 years of age are most likely to be covered by private plans through employers (39%) or Blue Cross Blue Shield (33%). African Americans, Hispanics and Native Americans are more likely to be covered by Medicaid or military plans than whites.

The type of insurance one has is associated with access to health care. People with Medicaid reported not seeing a doctor because of cost (28%) more than those with other insurance plans. More respondents with military plan or Medicaid reported not having a personal doctor than those with other plans.

Self-rated general health differed by type of insurance. Forty percent of respondents with Medicaid and 36% respondents with Medicare reported that they had only fair-to-poor health, almost 4 times more than those with State Employees, Blue Cross Blue Shield, or private plans by employers. Similar differences also exist in days of physical health not good by type of insurance.

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