

Access to Care: Hispanics, Young Adults and the Uninsured

A new article casts light on the inequalities in access to health care related to insurance, age and ethnicity. "Changes in Access to Care, 1977-1996: The Role of Health Insurance," by Samuel H. Zuvekas and Robin M. Weinick, appears in the April 1999 (Part II) edition of the journal *Health Services Research*. The study measures the degree of access as being the percentage of people reporting having a usual source of health care in three national surveys conducted about a decade apart -- in 1977, 1987 and 1996. The study finds that, over the 20 year period, overall access has worsened slightly, so that in 1996 almost 18 percent of the population had no usual source of care. Far more dramatic, though, are the trends among three groups on which the authors focus. Access among Hispanics worsened by about 50 percent, going from 20 percent having usual source of care in 1977 to 30 percent in 1996. They find similar trends for young adults age 18-24 -- from 21 percent to 34 percent -- and for the uninsured -- 26 to 38. At the same time, the "access gap" between each of these groups and the rest of the population -- the difference in the percentages of people lacking a source of care -- has widened substantially. These results taken together paint a sobering picture of access in these three groups.

People of hispanic ethnicity and young adults are themselves more likely to be uninsured, so the overall increase in the number of uninsured over this period has put these groups at an even greater disadvantage. However, the authors' statistical analysis finds that increases in the number of uninsured explain only one-fifth of the erosion in access that Hispanics have experienced, and one-sixth of the young adults'. A substantial part of the decline is explained by worsening access within the ranks of the uninsured *and* the insured. This suggests that increasing insurance coverage for Hispanics and young adults would have some effect on reducing the disparities in access for these groups, but much would remain. The implication is that a complete policy solution would go beyond expanding coverage and address the other barriers to care that are particular to these groups.

The article's abstract is at <http://www.xnet.com/~hret/zuvek341.htm>