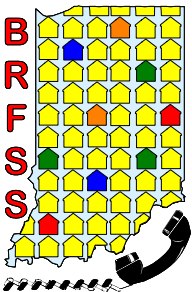


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*Indiana State Department of Health
Public Health System Development and Data Commission
Data Analysis*

Health Care Coverage Among Adults Indiana 2006



Health care coverage has a positive impact on health outcomes, while not having coverage can be detrimental to one's health. An estimated 15.6% of Indiana adults (730,000) did not have any kind of health care coverage in 2006. In particular, an estimated 18.4% of adults between the ages of 18-64 did not have any kind of health care coverage.

Many health conditions and behaviors are not reportable; hence, prevalence data must be obtained from another source. The Behavioral Risk Factor Surveillance System (BRFSS) is an annual random digit-dial telephone survey of adults aged 18 years and older. The survey is conducted through a cooperative agreement with the Centers for Disease Control and Prevention (CDC). All 50 states and the District of Columbia participate.

The BRFSS relies on self-reported data. This type of survey has certain limitations that should be understood when interpreting the data. Many times, respondents have the tendency to underreport behaviors that may be considered socially unacceptable (e.g., smoking, heavy alcohol use). Conversely, respondents may overreport behaviors that are desirable (e.g., physical activity, nutrition).

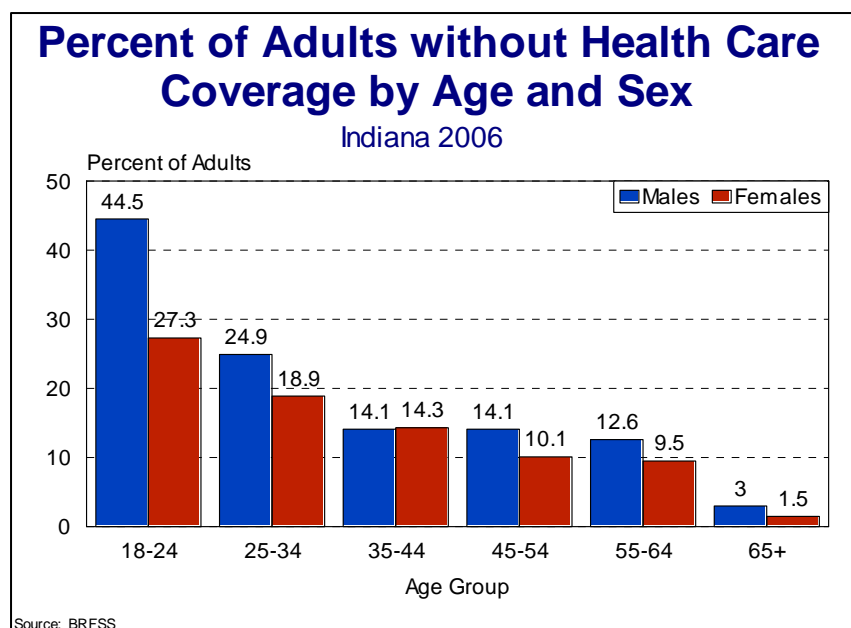
The information on health care coverage, having a personal doctor or health care provider, not being able to see a doctor due to cost, and length of time since last regular checkup was obtained from the 2006 BRFSS survey. Respondents were asked if they had any kind of health care coverage (including health insurance, prepaid plans such as HMOs, or government plans such as Medicare), if they had one person they thought of as their personal doctor or health care provider, if there was a time in the past 12 months when they needed to see a doctor but could not because of cost, and the length of time since their last visit to a doctor for a routine checkup.

In describing racial differences in this article, “white” refers to white, non-Hispanic respondents and “black” refers to black, non-Hispanic respondents. The differences reported below are statistically significant ($p < 0.05$) unless otherwise noted.

Health Care Coverage

In 2006, 15.6% of Indiana adults reported that they did not have any kind of health care coverage. Overall, males were more likely to report not having any kind of coverage than females (18.6% vs. 12.8%, respectively). The differences between males and females by age group were not statistically significant (see Figure 1).

Figure 1

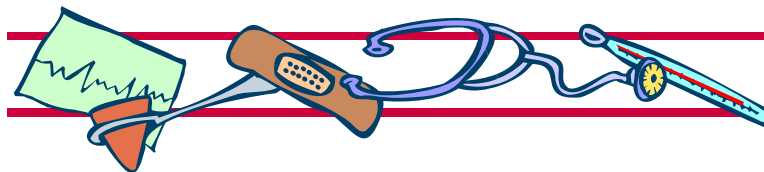


Black and Hispanic adults were more likely to report not to having health care coverage than white adults (21.6% and 40.7% vs. 13.5%, respectively). White males were more likely to report not to have health care coverage than white females (16.7% vs. 10.5%, respectively).

The percent of adults without health care coverage decreased as the level of education and income increased. Thirty-three percent of adults with less than a high school education did not have health care coverage. This percent is more than twice as high as respondents with a high school education (16.1%), some college or technical school (16.0%), or college graduates (6.9%).

For adults with a high school education, males were more likely to report not having health care coverage than females (19.5% vs. 13.0%, respectively). Adults with household incomes less than \$25,000 were more likely to report not having health care coverage than those with household incomes of \$25,000 or more. For adults with household incomes of \$35,000-\$49,999, males were more likely than females to report not having health care coverage (14.4% vs. 7.2%, respectively).

Adults without health care coverage were less likely to have had early detection cancer screenings (mammogram, Pap test, Prostate Specific Antigen (PSA) test, and sigmoidoscopy/colonoscopy). For females aged 40 years and older, only 49.4% of those without coverage reported having had a mammogram within the past 2 years, compared to 73.6% of females with coverage. For females aged 18 years and older, 69.2% of those without coverage reported having had a Pap test within the past 3 years, compared to 83.5% of females with coverage. Approximately 20% (21.4) of males aged 40 years and older without coverage reported having had a PSA test within the past 2 years, compared to 53% of males with coverage. Adults aged 50 years and older with coverage were more likely to report having had a colonoscopy/ sigmoidoscopy than those without coverage (58.5% vs. 28.4%, respectively).



Personal Doctor or Health Care Provider

Approximately three fourths of respondents (77%) reported having only one personal doctor or health care provider, 6.6% reported having more than one, and 16.3% reported not having one. Female respondents were more likely to report having only one personal doctor or health care provider than male respondents (81.5% vs. 72.5%, respectively). The percent of adults reporting having only one health care provider increased with age, education and income. Respondents ages 18-34 years were less likely than the older age groups to report having only one doctor. Respondents with household incomes of \$50,000 or more were more likely to report having only one doctor than respondents in lower income groups.

For respondents reporting having more than one doctor or health care provider, there were no significant differences between males and females or among race/ethnicity categories. Respondents aged 65 years and older were more likely to report having more than one doctor than respondents in the other age groups. Respondents with household incomes of \$15,000 or less were more likely to report having more than one doctor than respondents with household incomes of \$75,000 or more.

Males were more likely to report not having a personal doctor or health care provider than females. White respondents were less likely to report not having a personal doctor than black, other, or Hispanic respondents. Hispanic respondents were more likely to report not having a personal doctor than white or black respondents (see Figure 2).

Could Not See Doctor Because of Cost in Past Year

Overall, 14.1% of respondents reported needing to see a doctor in the past year but could not because of cost. Females were more likely to report this situation than males (16.1% vs. 11.9%, respectively). The difference between white males and females was not significant, while the difference between black males and females was significant (see Figure 3). Black and Hispanic respondents were more likely to report not being able to see a doctor due to cost than white respondents (19.7% and 20.6% vs. 12.7%, respectively).

Figure 2

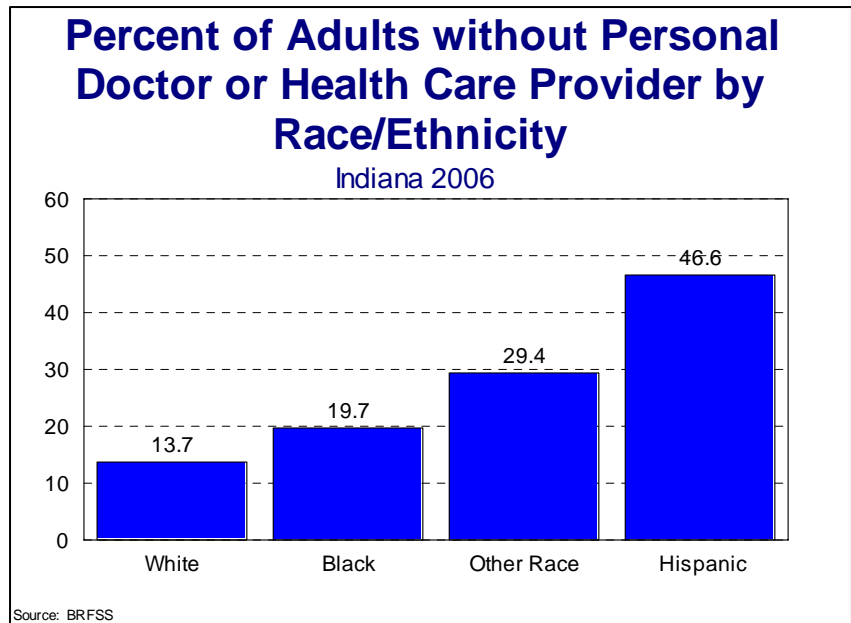
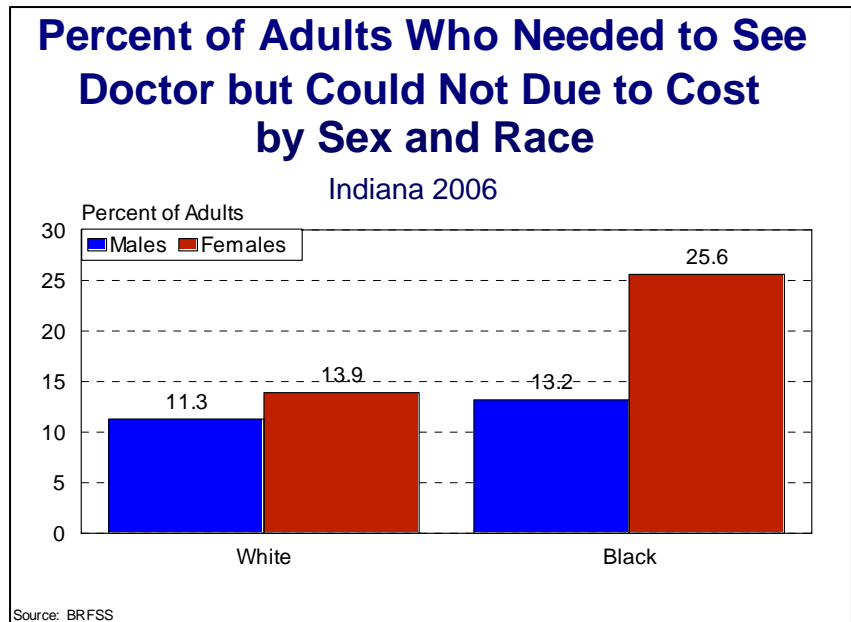


Figure 3



Time Since Last Visit to Doctor for Routine Checkup

Regular medical checkups can be beneficial for prevention as well as treatment of health conditions. Overall, 61.4% of adults reported seeing a doctor within the past 12 months, 15% in the past 1-2 years, 10.8% in the past 2-5 years, 11.8% in five or more years, and 1% reported never seeing a doctor. Females were more likely to report having had a routine checkup in the past year than males (67.1% vs. 55.4%, respectively). Males were more likely than females to report having had a routine checkup two or more years ago. There was no difference between males and females for reporting checkups in the past one or two years.

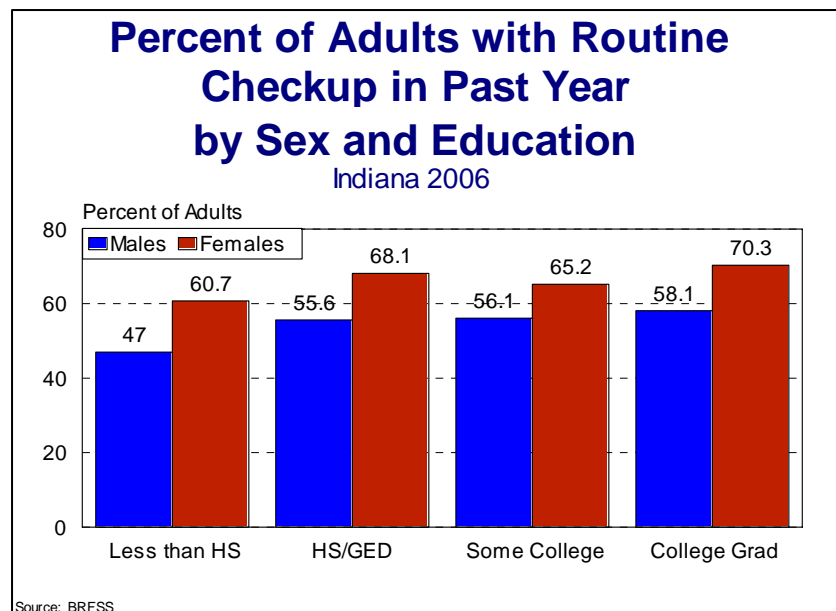
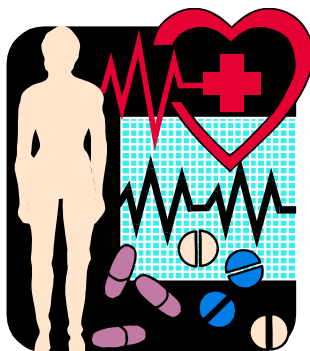
Black respondents were more likely than white or Hispanic respondents to report having had a routine checkup within the past year (69.6% vs. 61.6% and 51.2%, respectively).

The percent of adults with a checkup within the past year increased with age, from 50.5% for adults aged 18-24 years to 80.7% for adults aged 65 years and over.

New for 2008, the Healthy Indiana Plan (HIP) provides health insurance for uninsured adult residents ages 18-64 whose household income is 22-200% of the federal poverty level and who are not eligible for Medicaid. Applications for HIP became available in November, and plan coverage will begin in January 2008. Information on HIP can be found at <http://www.in.gov/fssa/hip/index.htm>.

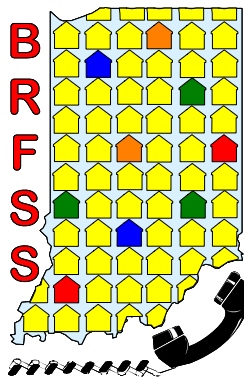


Figure 4





Public Health System Development and Data
Data Analysis
2 North Meridian Street, 3-D
Indianapolis, IN 46204
Phone: 317.233.7416
Fax: 317.233.7378
E-mail: data-analysis@isdh.IN.gov



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<i>State Health Commissioner</i> Judith A. Monroe, MD	<i>Editor</i> Linda Sternock
<i>Deputy State Health Commissioner</i> Mary L. Hill, RN, Esq.	<i>Director, Data Analysis Team</i> Jon E. Lewis, PhD
<i>Assistant Commissioner</i> Joe D. Hunt, MPH	<i>Design/Layout</i> Kristy Holzhausen
<i>Data Provider</i> Centers for Disease Control and Prevention	<i>Surveys</i> Clearwater Research, Inc.

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