

BARRIERS TO CARE AND UNMET NEED FOR CARE

Barriers to receiving needed health care can include cost, language or knowledge barriers, and structural or logistical factors, such as long waiting times and not having transportation.⁴ Barriers to care contribute to socioeconomic, racial and ethnic, and geographic differences in health care utilization and health status.

In 2007–2009, 11.4 percent or 25.3 million adults reported that they delayed getting medical care in the past year due to various logistical or structural factors, such as not being able to get an appointment soon enough and inconvenient office hours (data not shown). Women were more likely than men to report having delayed care due to logistical barriers in the past year (13.0 versus 9.6 percent, respectively). For

both men and women, those with lower household incomes were more likely to report having delayed care as a result of logistical factors. For example, 18.9 percent of women living in households with incomes below the poverty level reported having delayed care, compared to 12.2 percent of women in households with incomes of 200 percent or more of poverty.

Women were also slightly more likely than men to have forgone needed health care due to cost (9.3 versus 7.8 percent, respectively). For both women and men, those who were uninsured were significantly more likely to not have received needed care due to cost than those who were insured with either public or private insurance. Among women, 32.4 percent of those who were uninsured experienced an unmet

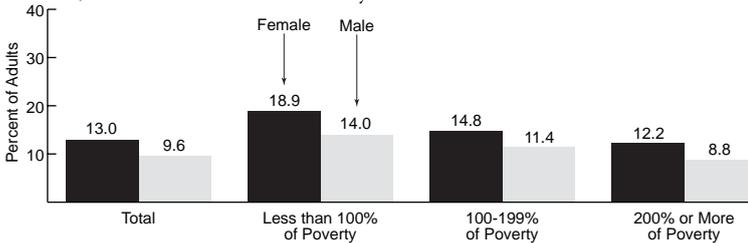
need for health care due to cost, compared to 4.5 percent of those with private insurance and 6.1 percent with public insurance.

Unmet needs for health care also varied by race and ethnicity. About 11 to 12 percent of Hispanic and non-Hispanic Black women had an unmet need for health care due to cost, compared to 8.5 percent of non-Hispanic Whites and 4.1 percent of non-Hispanic Asian women (data not shown).

The Affordable Care Act of 2010 helps to remove financial barriers to care by expanding Medicaid eligibility for more low-income people, mandating employer-sponsored coverage for large employers, establishing state-based insurance exchanges, and requiring insurance coverage of preventive services without copays.⁵

Adults Aged 18 and Older who Delayed Care Due to Logistical Barriers* in Past Year, by Poverty Status** and Sex, 2007–2009

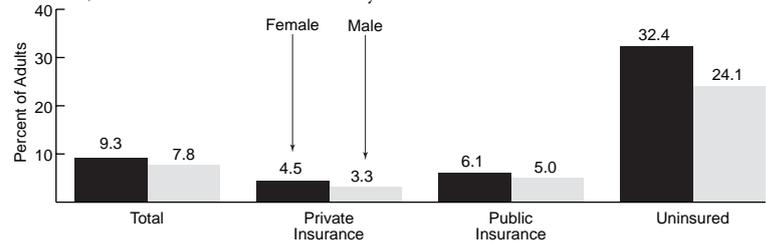
Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported that they delayed getting medical care in the past year due to any of five reasons: couldn't get through on phone, couldn't get appointment soon enough, office room wait too long, inconvenient office hours, no transportation. **Poverty level, defined by the U.S. Census Bureau, was \$21,954 for a family of four in 2009.

Adults Aged 18 and Older with Unmet Need for Health Care Due to Cost,* by Health Insurance Coverage and Sex, 2007–2009

Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported that they needed but did not get medical care because they could not afford it; excludes dental care.