

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.⁵ Barriers to care contribute to socioeconomic, racial and ethnic, and geographic differences in health care utilization and health status.

In 2008–2010, 11.8 percent or 26.4 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

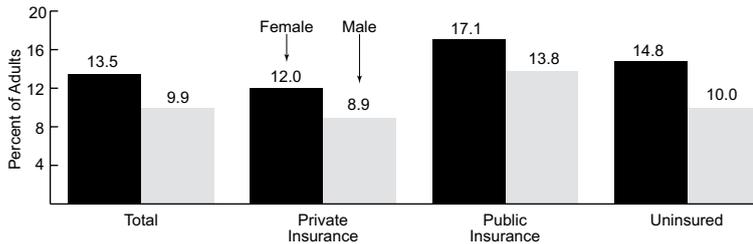
(13.5 versus 9.9 percent, respectively). For both men and women, those with public insurance or no insurance were more likely to report having delayed care as a result of logistical factors than those with private coverage. For example, 12.0 percent of women with private health insurance reported having delayed care compared to 17.1 percent of women with public coverage and 14.8 percent of uninsured women. Non-Hispanic Black and Hispanic women also were more likely than non-Hispanic White women to report delayed care due to logistical barriers (16.3 and 16.7 versus 12.2 percent, respectively; data not shown).

Women were also slightly more likely than men to have forgone needed health care due to cost (13.0 versus 11.1 percent, respectively). For

both women and men, the proportion who delayed needed care due to cost varied by poverty level. Among women, about one-fifth of those living in households with incomes less than 200 percent of poverty experienced an unmet need for health care due to cost, compared to 13.5 percent of those with household incomes of 200–399 percent of poverty and 6.5 percent of those with household incomes of 400 percent or more of poverty. 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.⁶

Adults Aged 18 and Older who Delayed Care Due to Logistical Barriers* in Past Year, by Type of Insurance, 2008–2010

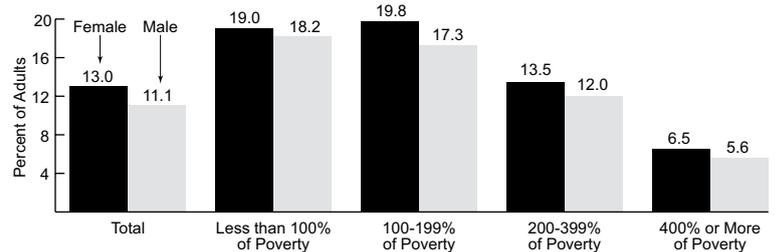
Source II.8: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*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.

Adults Aged 18 and Older with Unmet Need for Health Care* Due to Cost, by Poverty Status** and Sex, 2008–2010

Source II.8: 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. **Poverty level, defined by the U.S. Census Bureau, was \$22,314 for a family of four in 2010.