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Michigan Residents' Perceptions about Access to and the Cost of Health Care

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Michigan residents were asked to compare their current health care status with their situation five years ago in regard to health insurance coverage, out-of-pocket health costs, and access to medications and medical treatment. Using data from the State of Michigan Survey (SOSS-43), we examined the following question: Do Michigan residents have health insurance coverage? What is the source of Michigan residents' primary or main health care coverage? How do Michigan residents perceive health care access? How do Michigan residents perceive health insurance coverage? How do Michigan residents experience out-of-pocket health care cost? This report summarizes Michigan's residents' responses to these questions. This report further examines the extent to which perceptions about health insurance coverage, out-pocket expenses, and access to medications and medical treatment differ depending on the region of residence, race/ethnicity, socio-economic status, and the type of health insurance.



Michigan Residents' Perceptions about Access to and the Cost of Health Care

The Survey

This study relies on data from the 2006 State of the State Survey (SOSS-43) in Michigan conducted by the Institute for Public Policy and Social Research at Michigan State University. The SOSS-43 is a random digit dialing (RDD) telephone survey of the Michigan adult population and was supplemented with a sample of Hispanics/Latinos in Michigan. The survey was conducted from Aug. 10 through Oct. 21 for the main portion of the survey and from Sept. 18 through Nov. 13 for the supplemental Hispanic/Latino sample. Using a stratified and disproportionate sampling design by regions of the state, 1563 interviews were completed².

Key Findings

1. Health Insurance Coverage

Eighty-five percent of Michigan residents reported that they had health insurance coverage (Fig. 1). Two-thirds of insured Michigan residents were covered by private employers or unions; one-fourth by public health insurance (Medicaid, Medicare, or another government health insurance program); and 9.4% by an individually purchased coverage plan, respectively (Fig. 2).

2. Michigan Residents' Perceptions about Health Care Access and Cost

About equal numbers of Michigan residents perceive that they are “better off,” “the same,” and “worse off” in regard to health insurance coverage and access to medications. More than half of surveyed Michigan residents perceive that their out-of-pocket health costs have “gotten worse” (Fig. 3).

3. Perceptions about Health Care Access and Cost and Region

Figure 4 displays the results of Michigan residents' perceptions about health care access and cost by region. Residents of southwest and central Michigan were more likely than residents of other regions to say they are “better off” in terms of health insurance coverage. Northern and Upper Peninsula Michigan residents were more likely than those in other regions to say they are “worse off” today in terms of health insurance coverage (Fig. 4A).

Fig. 1. Michigan Health Insurance Coverage, 2006

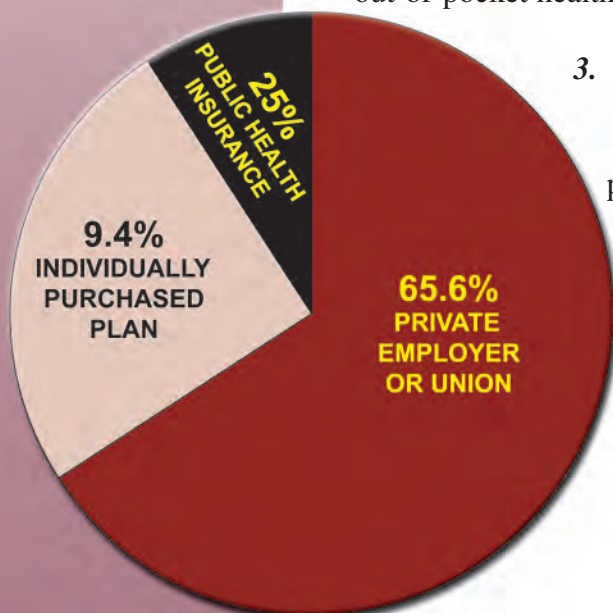
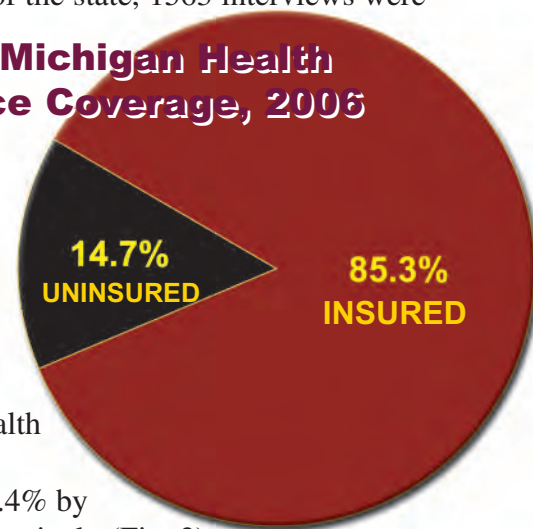
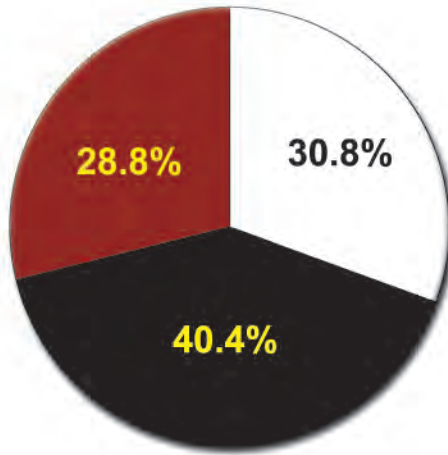
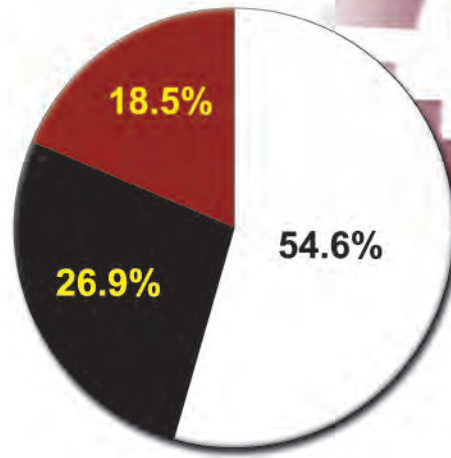
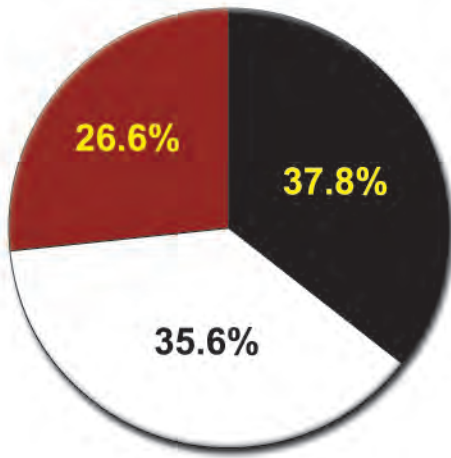


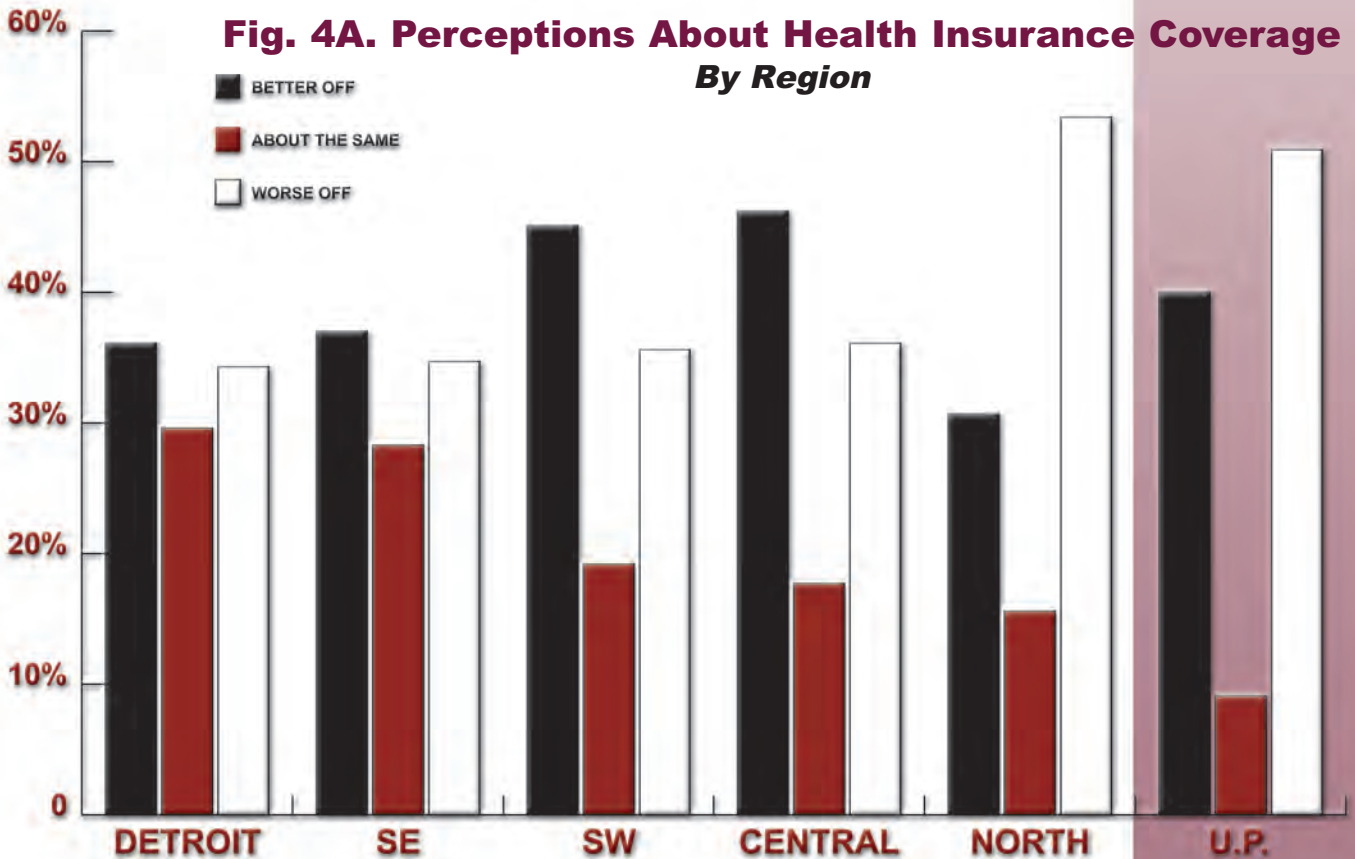
Fig. 2. Type of Michigan Health Insurance Coverage, 2006

Fig. 3. Perceptions About Health Care Access and Cost



- BETTER OFF
- ABOUT THE SAME
- WORSE OFF

Fig. 4A. Perceptions About Health Insurance Coverage By Region



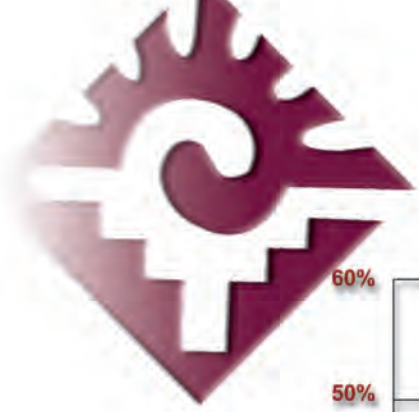


Fig. 4B. Perceptions About Out-of-Pocket Expenses by Region

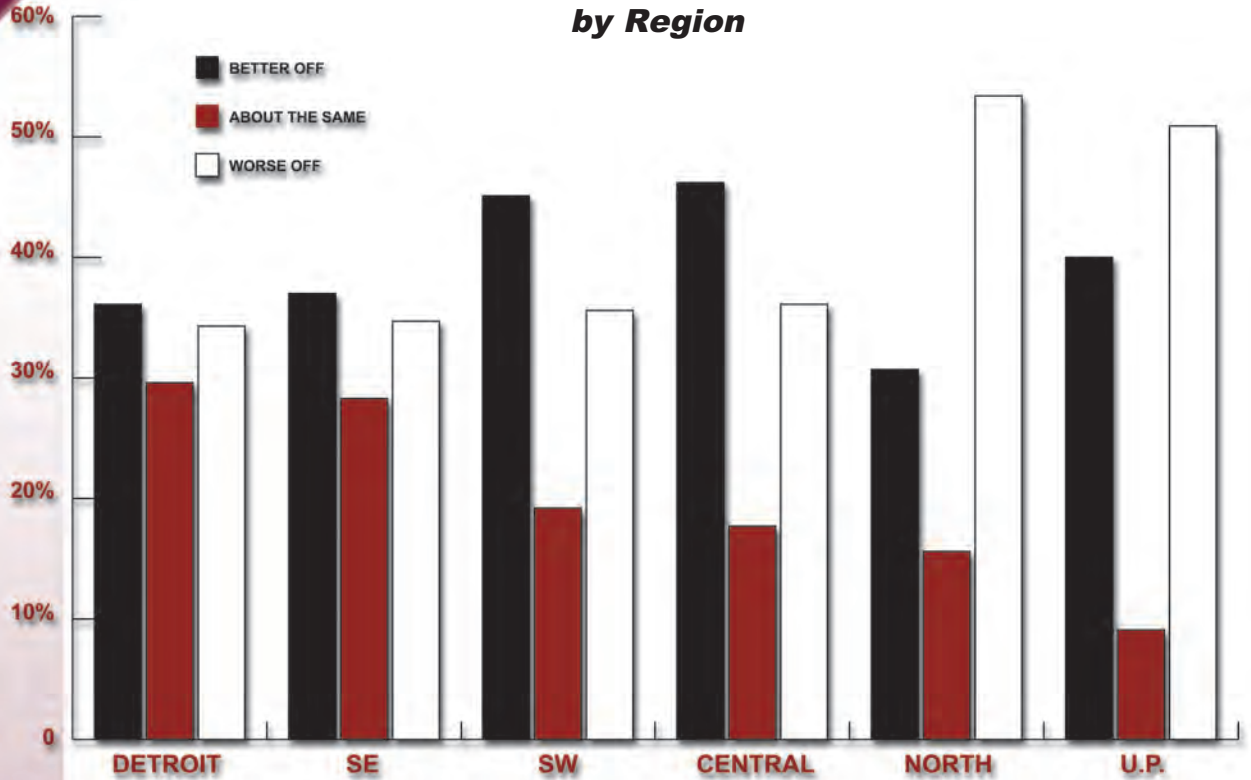
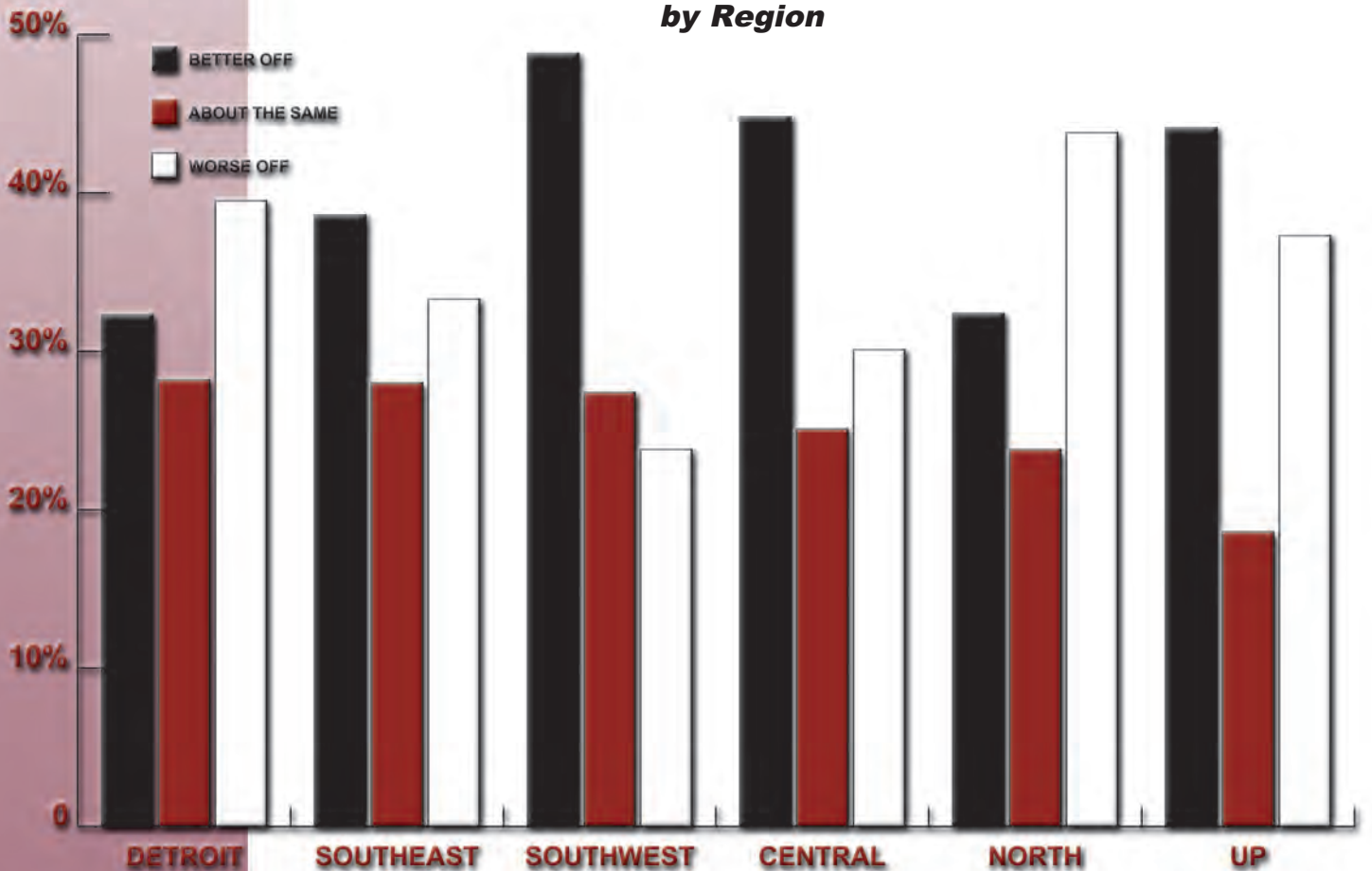


Fig. 4C. Perceptions About Access to Medications by Region





Over half of residents from each region (with the exception of Detroit at 47.2%) report being “worse off” today in terms of out-of-pocket health care costs (Fig. 4B).

Residents of Detroit and Northern Michigan were more likely to say they are “worse off” in regards to their ability to get medications. Residents of the Southwest, Central, and the Upper Peninsula were more likely to say they are “better off” today in regards to their ability to get medications (Fig. 4C).

4. Perceptions about Health Care Access and Cost and Race/Ethnicity

Figure 5 displays the results of Michigan residents’ perceptions about health care access and cost by race/ethnicity. Latino Non-English speaking (Latino NE) respondents were more inclined to report being “better off” in terms of access to health insurance coverage, out-of-pocket health costs, and access to medication than was any other ethnic group. White and Latino English-speaking (Latino E) respondents were more likely to report being “worse off” with respect to health insurance coverage. In all ethnic groups more respondents reported being “worse off” for out-of-pocket expenses. Latino English-speaking respondents were more likely to report being “worse off” regarding access to medication (Figs. 5A, 5B, and 5C).

Fig. 5A. Perceptions About Health Insurance Coverage by Race and Ethnicity

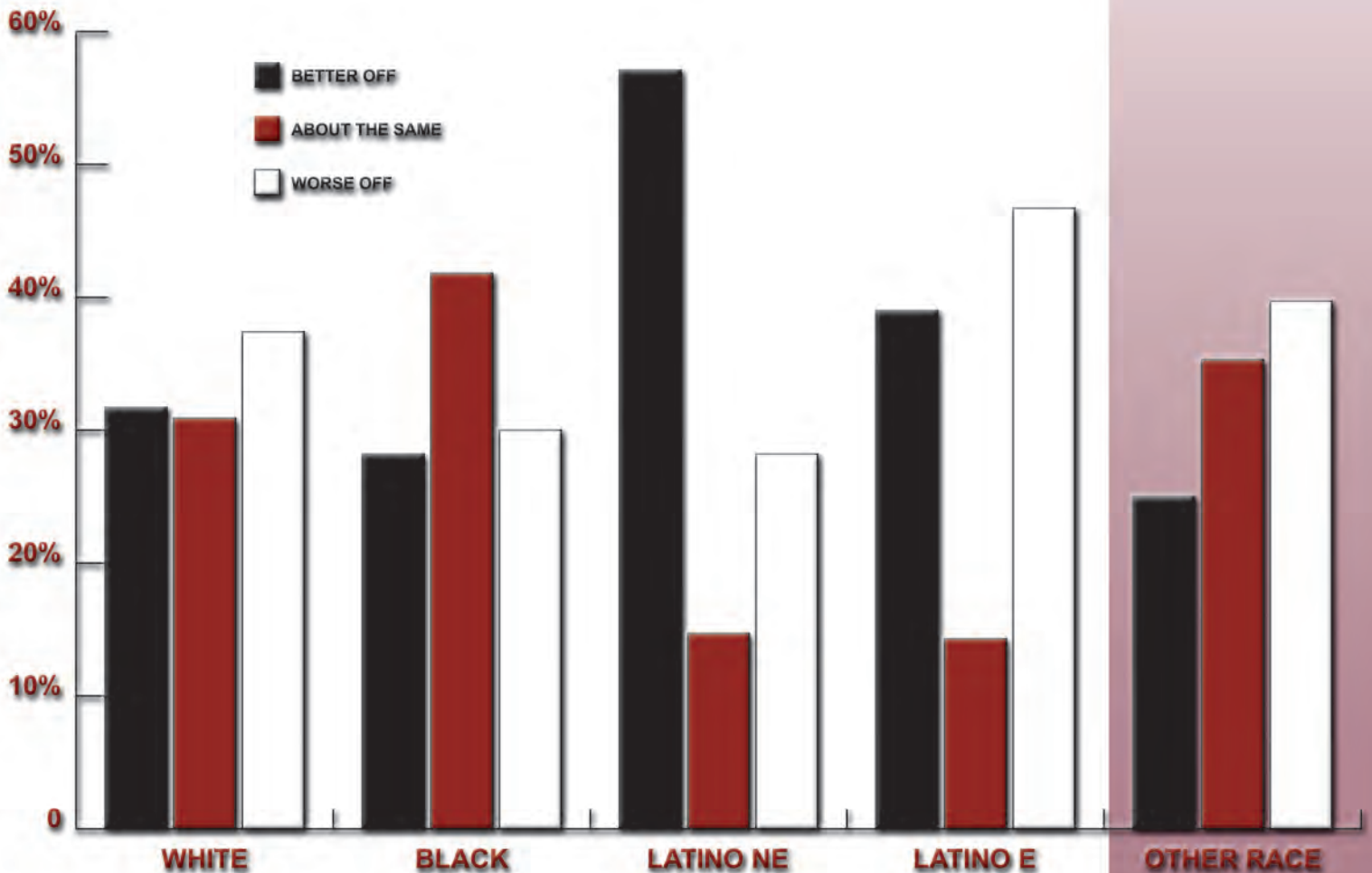




Fig. 5B. Perceptions About Out-of-Pocket Expenses by Race and Ethnicity

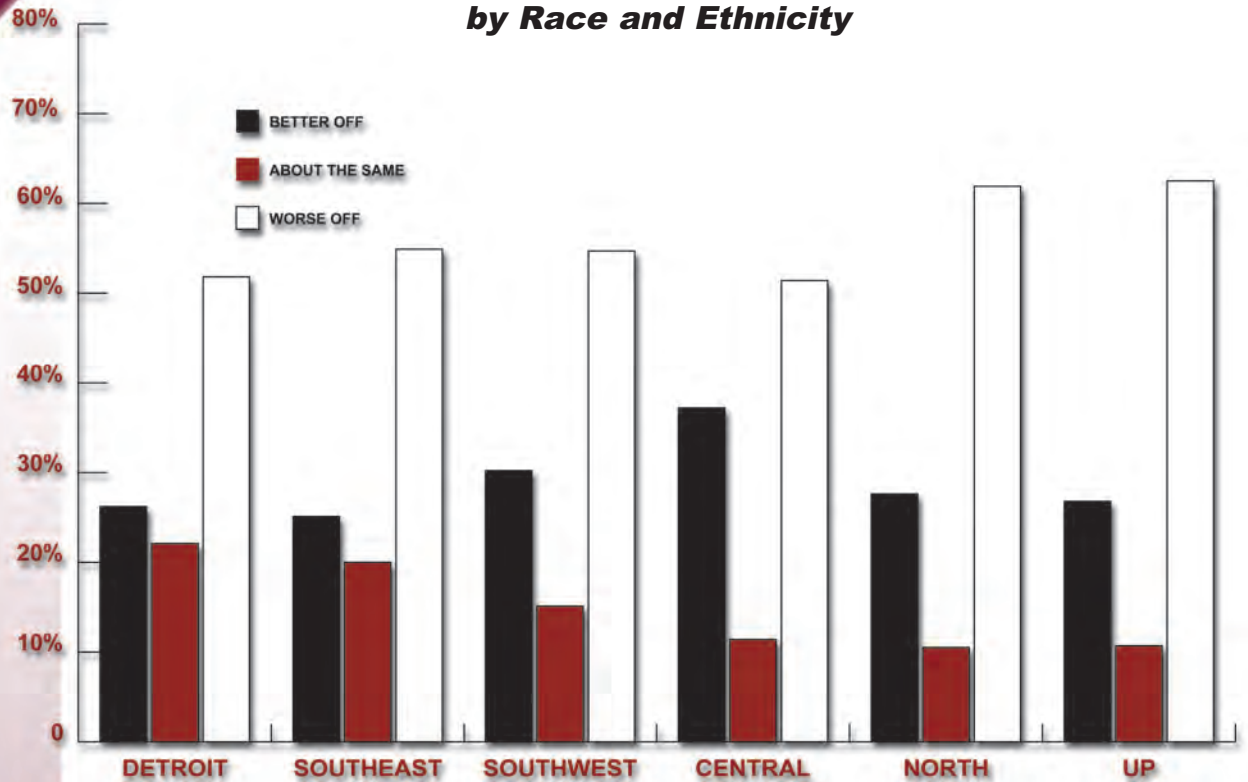
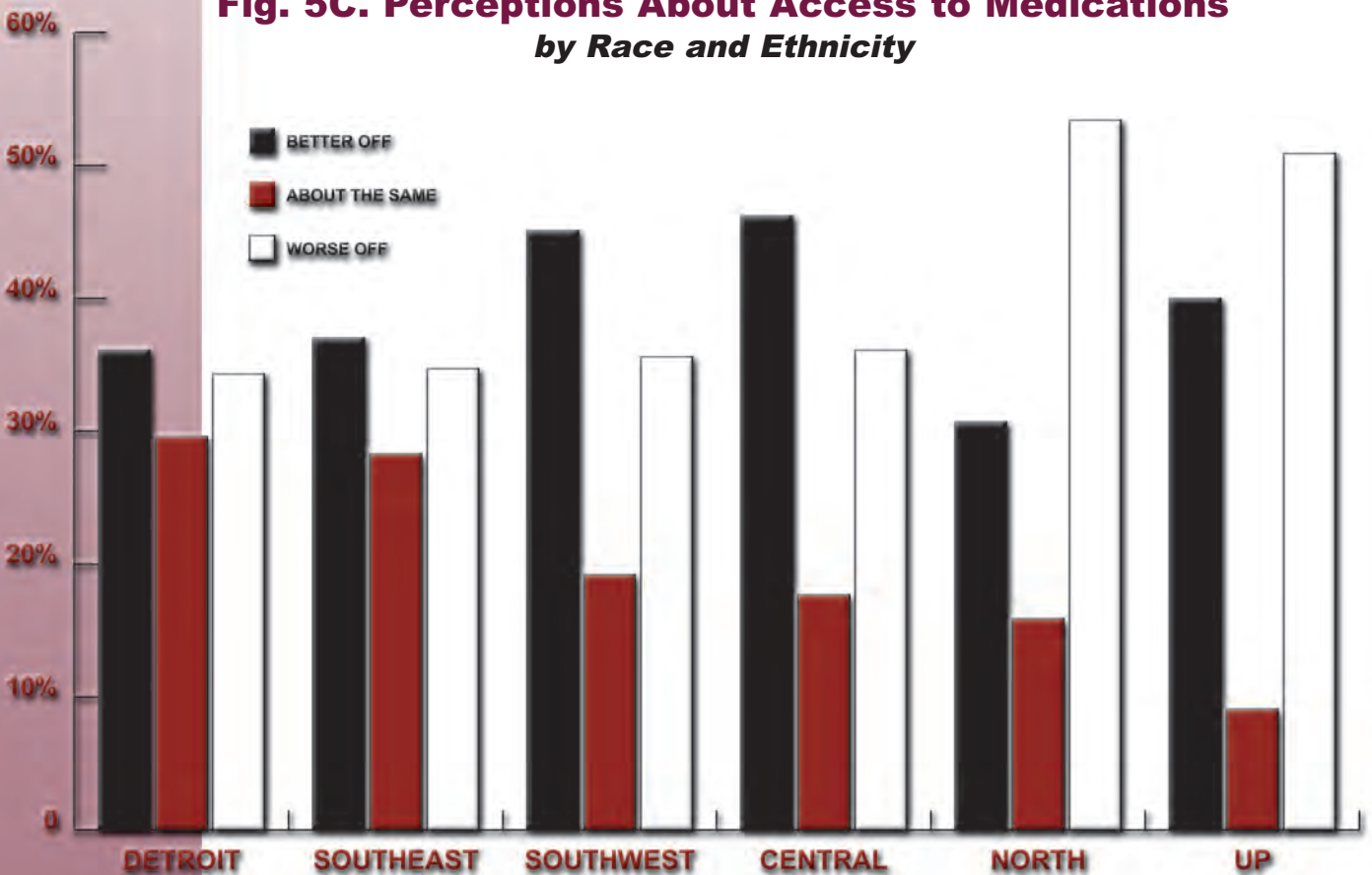


Fig. 5C. Perceptions About Access to Medications by Race and Ethnicity



5. Perceptions about Health Care Access and Cost and Family Income

Figure 6 displays the results of Michigan residents' perceptions about health care access and cost by family income. In terms of health insurance coverage, the lowest income group was most likely than the middle- or upper-income groups to report being "better off" today. In the middle income group, almost equal percentages reported feeling "worse off" or "better off."

In regards to out-of-pocket health care expenses, the largest percentage of respondents in all income groups reported being "worse off." The middle income group had the highest percentage of respondents who perceived they are "worse off."

When it comes to access to medications, respondents in the middle income group were more likely to perceive themselves as "better off." Almost equal numbers of respondents in the lower-income group reported being "worse off" or "better off" (Figs. 6A, 6B, and 6C).



Fig. 6A. Perceptions About Health Insurance Coverage by Family Income

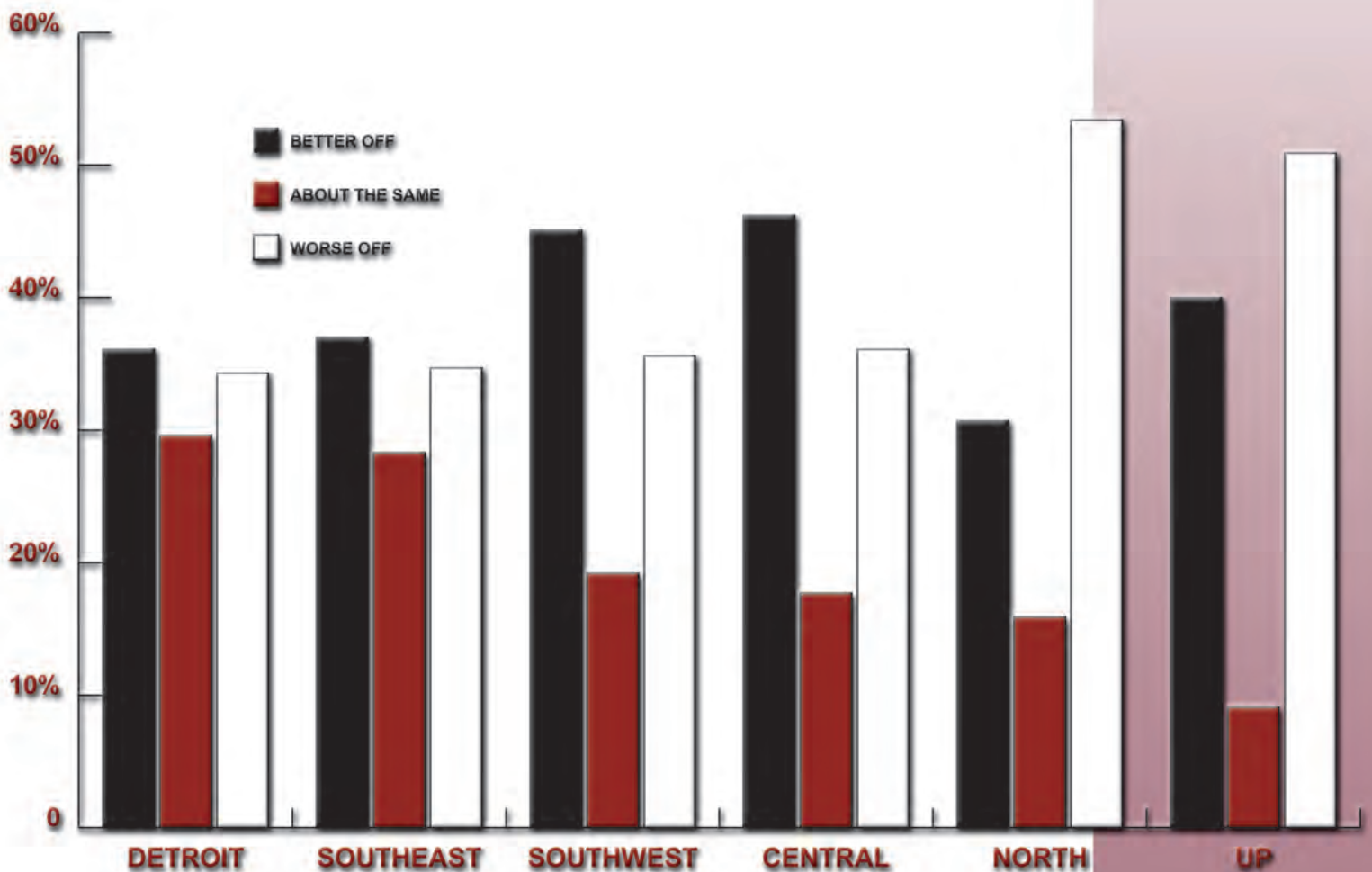




Fig. 6B. Perceptions About Out-of-Pocket Expenses by Family Income

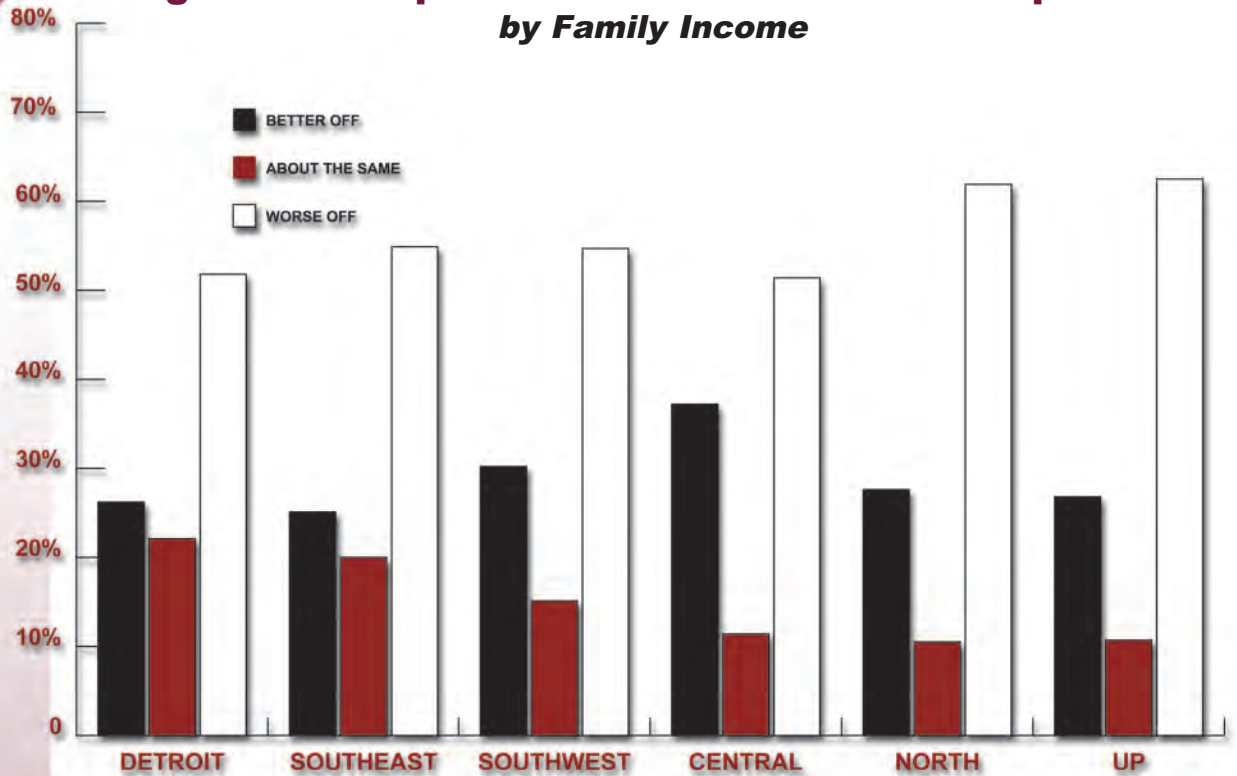
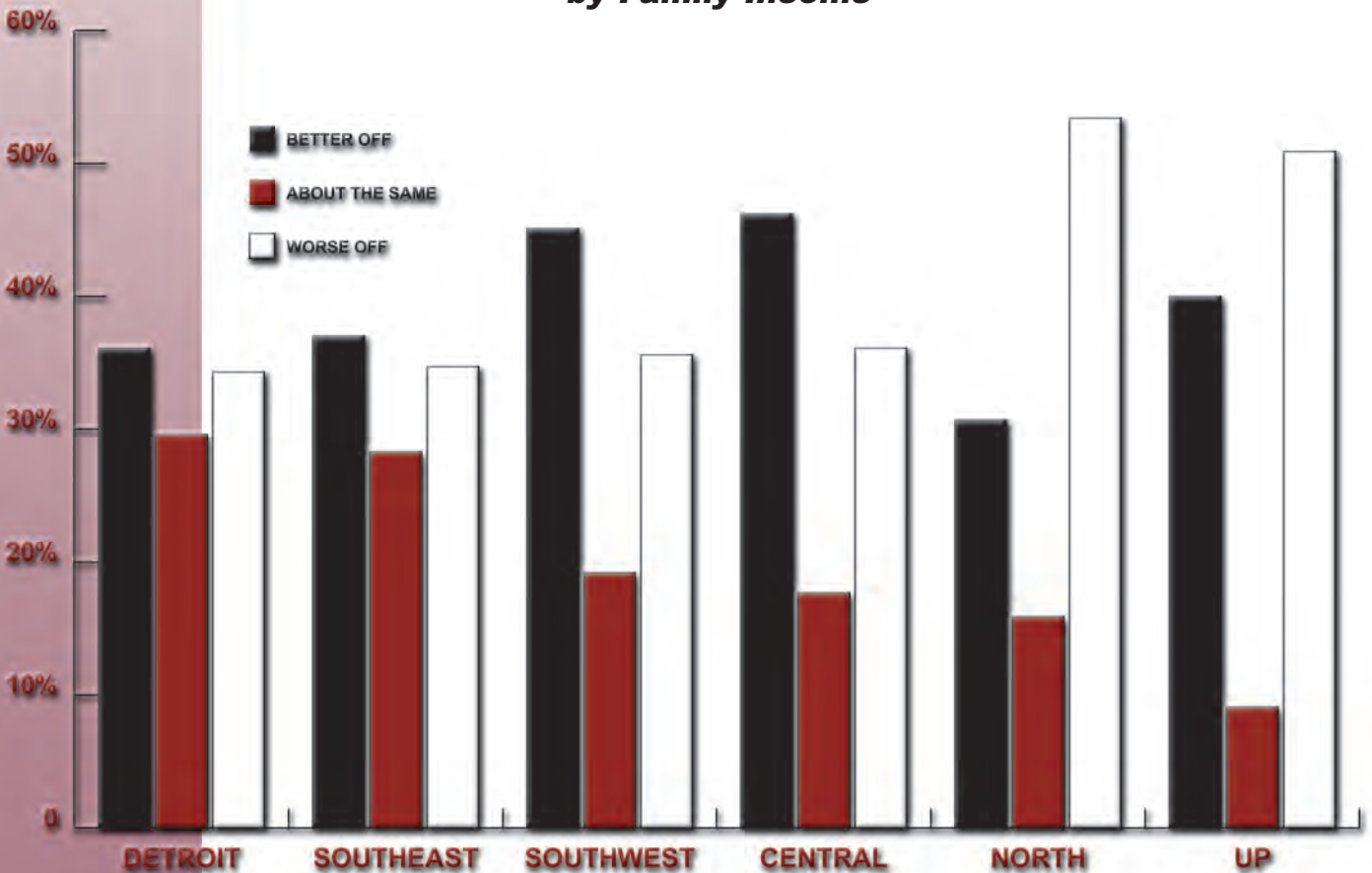
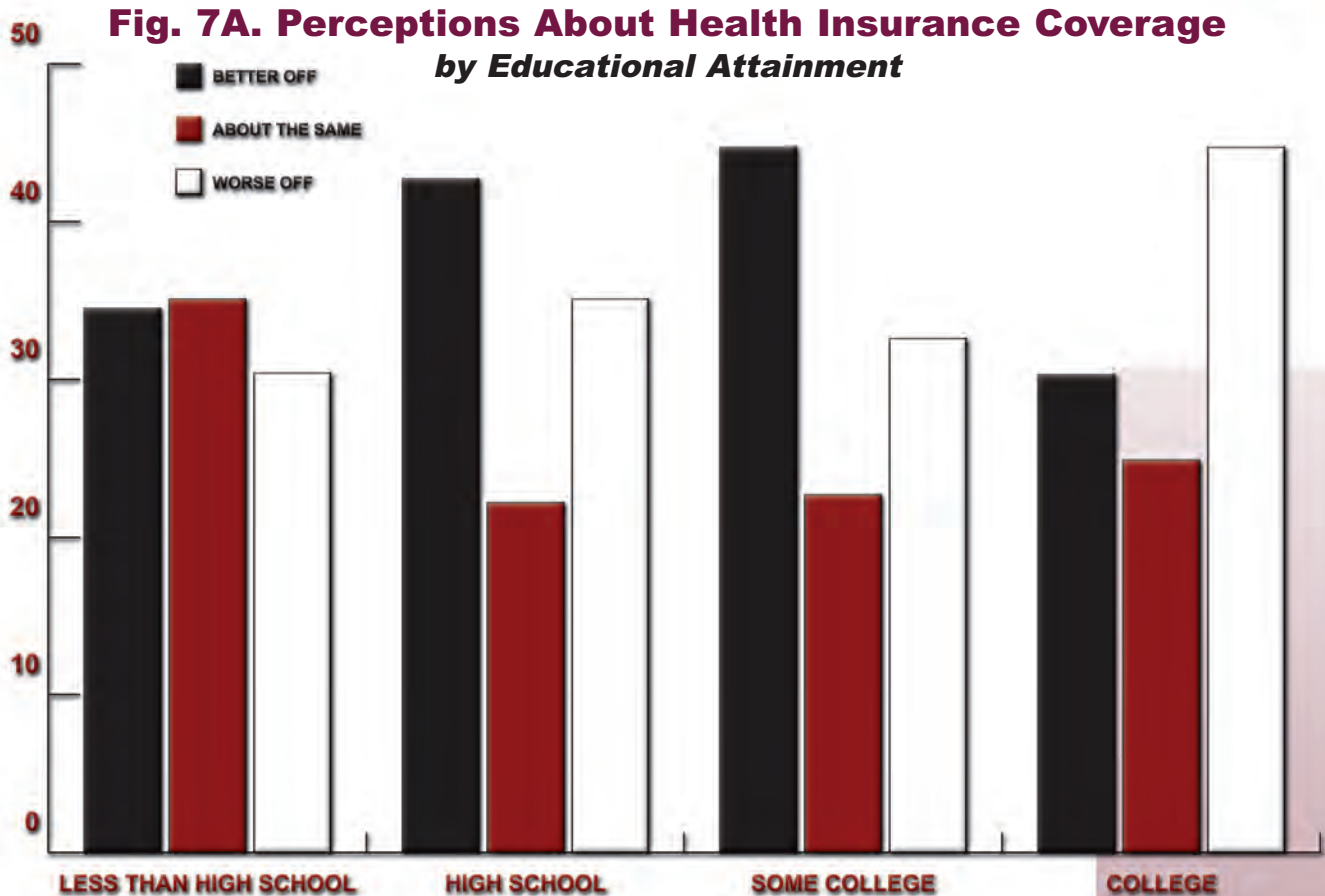


Fig. 6C. Perceptions About Access to Medications by Family Income



6. Perceptions about Health Care Access and Cost and Educational Attainment

Figure 7 displays the results of Michigan residents' perceptions about health care access and cost by educational attainment. College educated respondents were more likely than any other group to say they are "worse off" in regard to health insurance coverage. Respondents at all educational levels were more likely to say they are "worse off" in regard to out-of-pocket expenses. Residents with less-than-high-school, high school, or some college education were more likely to report being "better off" in regard to access to medications (Figs. 7A, 7B, and 7C).

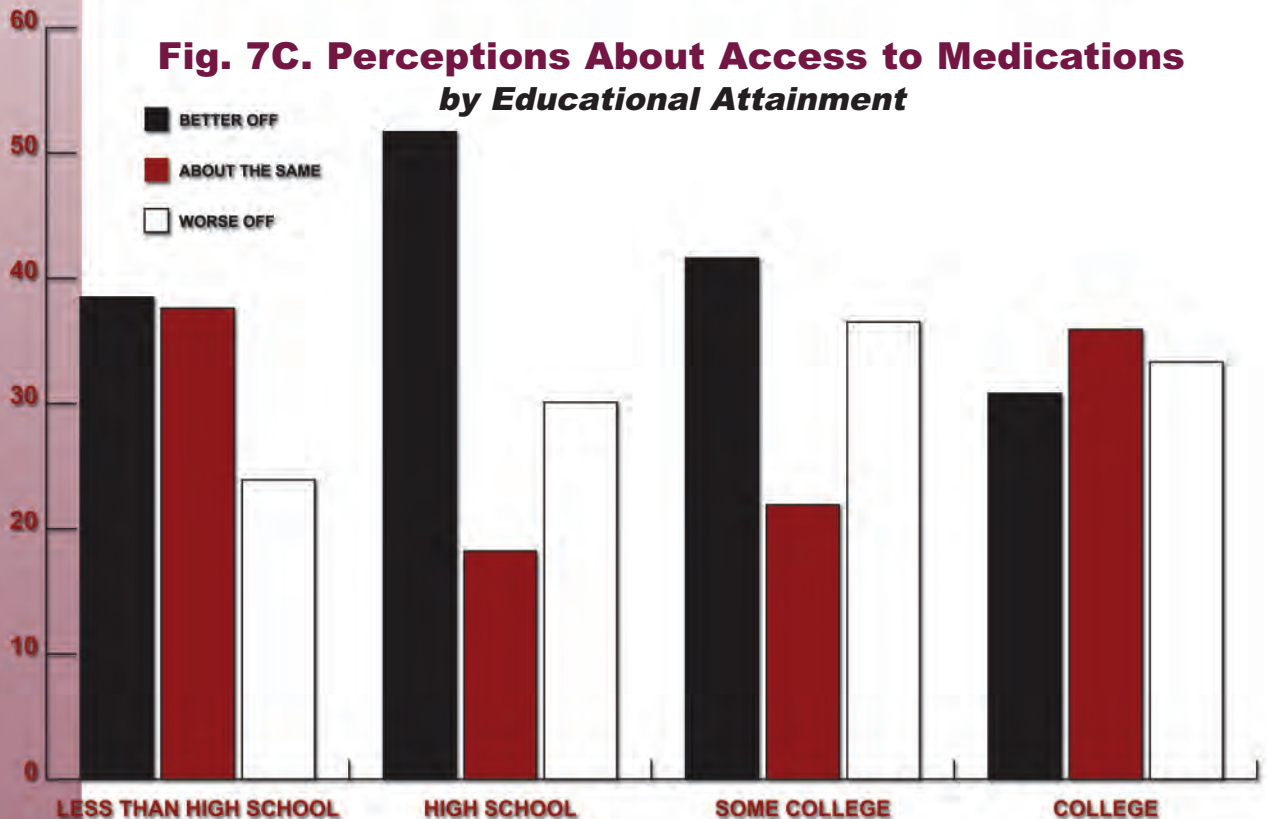
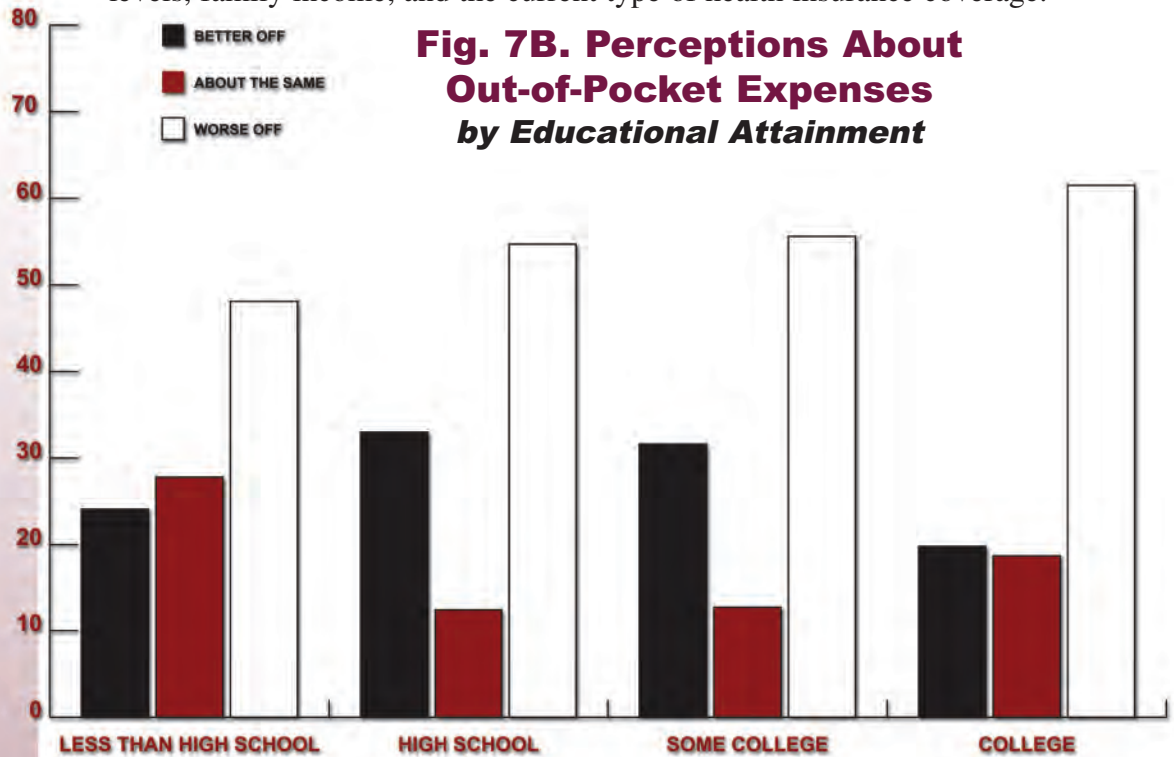


7. Perceptions about Health Care Access and Cost and Type of Insurance Coverage

Figure 8 displays the results of Michigan residents' perceptions about health care access and cost by type of insurance coverage. In regard to health insurance coverage, people with private group coverage were more likely to say they are "worse off" than those with public coverage or individually-purchased coverage. People with public insurance (i.e., Medicaid, Medicare, SCHIP) were more likely to say they are "better off" than those in the other two groups. In regard to out-of-pocket costs, people with private or individual coverage were more likely to say they are "worse off." Among respondents with public health care coverage, about equal number of respondents perceived themselves to be "better off" and "worse off." In regards to access to medications, people with public coverage were more likely to report being "better off" (Figs. 8A, 8B, and 8C).

Summary of Findings

This report summarizes the results of Michigan residents' health insurance coverage and perceptions about health care access and cost. Although the majority of Michigan residents had health insurance coverage, they equally perceived that they were "better off," "the same," and "worse off" in regard to health insurance coverage and access to medications than they were five years ago. Michigan residents perceived that their out-of-pocket health costs have "gotten worse" in the last five years. We found that Michigan residents perceived health care access and cost differently depending on the region in which they live in, race/ethnicity, educational levels, family income, and the current type of health insurance coverage.



In terms of health care coverage, people living in the northern Lower-Peninsula and Upper-Peninsula were significantly more likely to report being “worse off.” Latino non-English speakers were more likely to report being “better off.” College graduates were more likely to report being “worse off.” People covered by public health insurance (i.e., Medicaid, Medicare, SCHIP) were more likely to report being “better off” than those covered by private insurance or individually-purchased coverage.

In terms of out-of-pocket health care expenses, we found that people in all educational and income levels believed they are “worse off” today. This was also true for all ethnic groups except non-English speaking Latinos. People with private coverage were more likely to report being “worse off” than those with public coverage. Those with public coverage were almost as likely to report being “better off” as being “worse off.”

In regards to access to medications, people from Detroit and the Upper-Peninsula were more likely to report being “worse off.” People in the low- & middle-income groups were more likely to report being “worse off” although almost as many in the low-income group report being “better off.” Latino English-speaking individuals were more likely to report being “worse off.” People with public coverage were more likely to report being “better off” than those with private or individually-purchased coverage.

The differences in perceptions about health insurance coverage, out-of-pocket expenses, and access to medications and medical treatment in Michigan reflect persistent inequalities in health care access that stem from socioeconomic inequalities and uneven access to economic opportunities of different places in Michigan. Continuing inequalities in health insurance coverage, health care cost, and access to medications adversely affect the overall health and well-being of Michigan residents. There is strong evidence that having health insurance increases access to quality medical care and that people with medical insurance are likely to be healthier (Quesnel-Vallee, Amelia 2004; Spalter-Roth, Lowenthal, and Rubio, 2005). If those on public health insurance coverage perceived that they are better off, policy makers should increase and not reduce this vital source of health for Michigan residents, especially for those in lower-socioeconomic ranks, minority groups, and those in isolated and remote areas without access to health care. Reducing poverty, increasing education, and reducing racial/ethnic inequalities no doubt would improve the likelihood of healthier and longer lives for Michigan residents. Stakeholders, including policy-makers, private health-care organizations, community leaders, and health care providers should address the lack of health care access in Michigan. Furthermore, access to health care is not the whole answer. Reducing racial/ethnic, educational, economic, and spatial inequalities, making health care affordable, and improving healthy lifestyles in different communities are important factors that have been found to improve the health and well-being of people and these should be put at the forefront of strategies to improving the health of Michigan residents.



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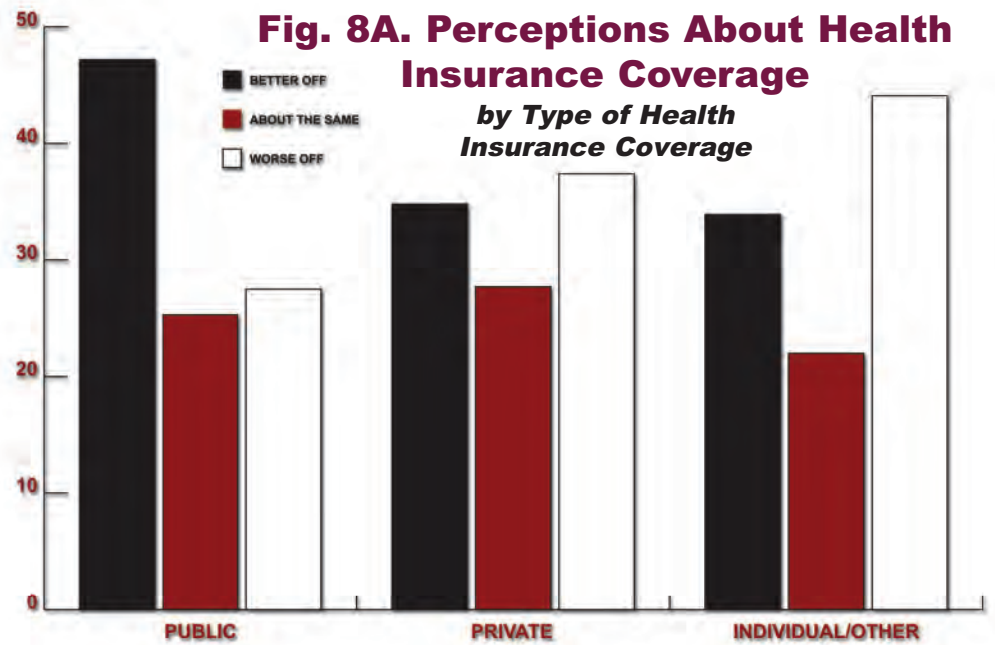
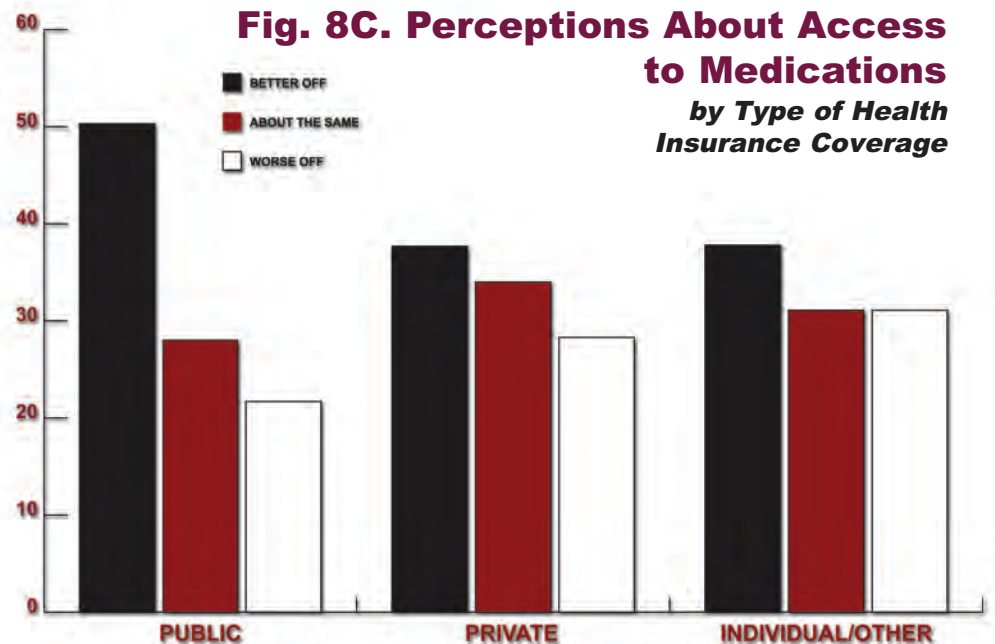
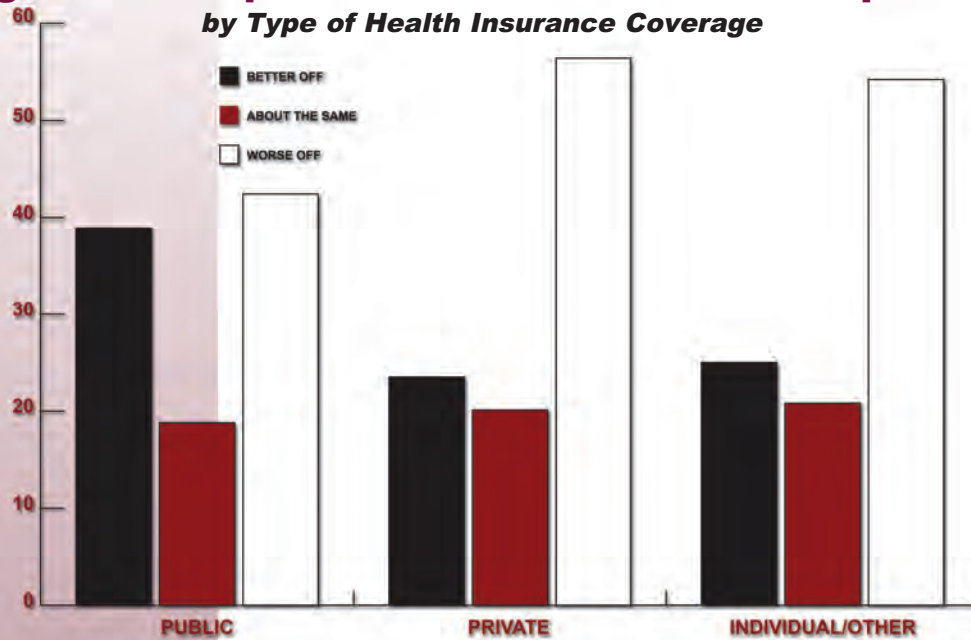


Fig. 8B. Perceptions About Out-of-Pocket Expenses
by Type of Health Insurance Coverage



Survey Questions

For this brief, a series of questions on “Health Insurance Coverage and Perceptions about Access and Cost of Health Care” were asked, including:

- *Do you have health insurance coverage from any source, including Medicare, Medicaid, private insurance from your employer or union, coverage from another family member, or individually purchased coverage?*
- *Does your primary or main health care coverage come from Medicare, Medicaid, another government health insurance program, from a plan provided through an employer or union, coverage from another family member, or from an individually purchased coverage plan?*
- *Thinking about your health insurance and what it covers, would you say you are better off or worse off now than you were five years ago?*
- *Thinking about your out-of-pocket health care costs you pay, would you say you are better off or worse off now than you were five years ago?*
- *Thinking about your ability to get medications and medical treatment you need, would you say you are better off or worse off now than you were five years ago?*

References

- Hembroff L. A. and Silver, B. D. (2007). *Methodological Report: Michigan State University State of the State Survey [MSU SOSS-43]*, East Lansing: Institute for Public Policy and Social Research, Office for Survey Research, Michigan State University.
- Quesnel-Vallee, A. (2004). “Is it Really Worse to Have Public Health Insurance than to Have No Insurance at All? Health Insurance and Adult Health in the United States.” *Journal of Health and Social Behavior* 45: 376-92.
- Spalter-Roth, R., Lowenthal, T.A., and Rubio, M. (2005). *Race, Ethnicity, and the Health of Americans*. American Sociological Association (ASA) Series on How Race and Ethnicity Matter: Synney S. Spivack Program in Applied Social Research and Social Policy.

Endnotes

1. Findings in this report were presented at the Family Impact Seminars’ series of the Department of Family and Child Ecology, Michigan State University.
2. To ensure representation of the major regions within Michigan, the sample was stratified into six regions, each consisting of a set of contiguous counties, plus the city of Detroit. The grouping of counties corresponds to that used by the Michigan State University Extension service (MSUE). For developing statewide results, weights are constructed to make the overall representative of the state adult population (Hembroff and Silver, 2006). For purposes of this article, we used *weighted* data.

