Access in Brief: Experiences in Accessing Medical Care by Race and Ethnicity

In 2020, Medicaid and the State Children's Health Insurance Program (CHIP) covered over 44 million children and over 51 million adults. The majority of Medicaid beneficiaries are racial and ethnic minorities, with over 57 percent of adults enrolled in Medicaid and over 67 percent of children enrolled in Medicaid and CHIP identifying as Black, Hispanic, Asian American, American Indian or Alaska Native (AIAN), or multi-racial (MACPAC 2021a).

Racial and ethnic disparities in securing health insurance coverage and in accessing health care services have been well documented, and these disparities vary by racial and ethnic group. Although disparities in securing health insurance coverage have declined in Medicaid expansion states, research regarding whether racial disparities in accessing and using health care services have declined has had mixed results (MACPAC 2021b, Baumgartner et al. 2020, Guth et al. 2020). [1] Some studies have found disparities in having a usual source of care and in having cost-related barriers to accessing care have narrowed for certain racial groups. However, others have found greater improvements in access and health outcomes for white adults than for Black and Hispanic adults (Baumgartner et al. 2020; Lee and Porell 2020).

Health insurance coverage is just one of the many factors affecting whether adults and children are able to access needed health care. In addition to socioeconomic factors, such as income, housing, and education, recent research has shown that experiences with the health care system, including provider concordance and acceptability, and provider-patient experience also contribute to racial disparities (Ghabowen and Bhandari 2021; Ma et al. 2021; Ma et al. 2019).

With respect to Medicaid specifically, certain policies that contribute to differences in access and use of care, such as cost-sharing requirements and coverage of optional benefits, may differ by state, population, and income (MACPAC 2021c). For example, some services may not be consistently covered for all adults (e.g., dental services for adults), so disparities in use of services for adults may be due to differential access to these services across states (MACPAC 2021d).

In this issue brief, we use data from the 2015-2018 National Health Interview Survey (NHIS) to compare the demographics, health status, and difficulties accessing care reported by adults and children covered by Medicaid by race and ethnicity. [2] We found that although the majority of Medicaid and CHIP beneficiaries across all races and ethnicities have had health insurance coverage for the past 12 months and have high rates of having a usual source of care, there were disparities in many key measures of access. In addition, these disparities vary among racial and ethnic groups.

Among adults, for example, there were significant differences between racial and ethnic groups in where they access health services. White, non-Hispanic adults were more likely to report their usual source of

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care being a doctor's office compared to Black and Hispanic adults, whereas Hispanic and AIAN, non-Hispanic adults were more likely to report a health center or clinic as their usual source. There was also variation between racial and ethnic Medicaid beneficiary groups in their use of certain services. For example, Asian, non-Hispanic; Black non-Hispanic; and Hispanic adults had significantly lower rates of receiving some preventive health screenings compared to white, non-Hispanic Medicaid beneficiaries. Hispanic and Black, non-Hispanic adults were also less likely than white, non-Hispanic adult Medicaid beneficiaries to have received primary care visits and mental health care in the past 12 months.

With respect to children enrolled in Medicaid and CHIP, we found differences in access and use of care, reported health status, and chronic conditions between white, non-Hispanic and other racial and ethnic groups. For example, white, non-Hispanic children were more likely to self-report having very good or excellent health, receive their usual care at a doctor's office, and to have seen a general doctor and a medical specialist in the past 12 months than the majority of the other racial and ethnic groups. Although there were relatively few reports of unmet or delays in accessing care, there were significant disparities between white, non-Hispanic and other racial and ethnic groups for these measures.

Adults Covered by Medicaid

In the analyses below, we compare the demographics, socioeconomic status, and experiences with accessing health care between white, non-Hispanic adult (age 19-64) Medicaid beneficiaries and five other racial and ethnic groups of Medicaid beneficiaries. White, non-Hispanic adult Medicaid beneficiaries represented 45.0 percent of the weighted survey sample (Table 1). The five other racial and ethnic groups made up the majority of the adults covered by Medicaid, and they included Black, non-Hispanic (21.4 percent); Hispanic (24.1 percent); Asian, non-Hispanic (5.6 percent); AIAN, non-Hispanic (1.5 percent); and other or multi-racial, non- Hispanic (3.5 percent) adult Medicaid beneficiaries.

Demographic characteristics

The demographic characteristics and socioeconomic status of adult Medicaid beneficiaries differ by race and ethnicity (Table 1). Specifically, we found that:

- White, non-Hispanic adults were significantly less likely to have a full year of health insurance coverage (87.2 percent) than Black, non-Hispanic (90.9 percent); Hispanic (91.1 percent); Asian, non-Hispanic (95.1 percent); and American Indian or Alaska Native (AIAN), non-Hispanic (94.7).

- White, non-Hispanic adults were significantly more likely to have a college or graduate degree (10.8 percent) compared to Black, non-Hispanic (6.1 percent) and Hispanic (6.0 percent) adults. They were significantly less likely to have a college or graduate degree compared to Asian, non-Hispanic adults (19.7 percent).

- White, non-Hispanic adults were significantly more likely to not be in the labor force (53.0 percent) compared to Black, non-Hispanic (49.2 percent); Hispanic (43.5 percent); and Asian, non-Hispanic (39.4 percent) adults.

- Black, non-Hispanic and AIAN, non-Hispanic adults were significantly more likely to have a household income below 100 percent of the federal poverty level (FPL) (54.2 percent and 59.8 percent, respectively) compared to white, non-Hispanic Medicaid beneficiaries (39.6 percent).

TABLE 1. Selected Demographic and Socioeconomic Characteristics of Medicaid-Covered Adults Age 19-64 by Race and Ethnicity, 2015-2018

Demographic characteristics	Percentage of adults covered by Medicaid age 19-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Total Adults (19-64)	100.0%	45.0%	21.4%*	24.1%*	5.6%*	1.5%*	2.5%*
Length of time with any coverage during the year							
Full year	89.5	87.2	90.9*	91.1*	95.1*	94.7*	88.2
Part year	10.3	12.4	9.1*	8.7*	4.8*	—	11.0
Age							
19-25	19.4	17.8	19.5	21.8*	20.2	20.4	22.0
26-34	23.2	24.2	24.7	22.9	13.0*	19.2	20.8
35-49	29.8	29.0	27.7	32.3*	35.9*	24.9	28.1
50-64	27.6	29.1	28.1	23.1*	30.9	35.6	29.2
Sex							
Male	37.3	39.6	32.3*	35.8*	44.9	33.4	38.9
Female	62.7	60.4	67.7*	64.2*	55.1	66.6	61.1
Sexual orientation							
Straight/heterosexual	95.9	95.2	95.6	97.2*	98.4*	95.7	94.9
Lesbian/gay	1.9	1.7	2.6	1.4	—	—	—
Bisexual	2.2	3.1	1.8*	1.4*	—	—	—
Marital status							
Married	29.3	29.6	14.4*	37.3*	56.2*	23.0	17.5*
Living with partner	13.7	17.6	9.4*	11.9*	—	17.4	17.9
Widowed, divorced, separated	18.6	21.0	18.3*	16.0*	10.1*	19.8	20.3
Never married	38.3	31.7	57.8*	34.8	29.4	39.8	44.4*
Education							
Less than high school	24.9	19.4	24.1*	36.2*	26.9*	31.1*	16.6
High school graduate	34.6	35.9	37.4	31.6*	28.3*	37.1	27.8*
Some college or associate degree	31.6	34.0	32.4	26.3*	25.1*	30.7	47.1*
College or graduate degree	8.9	10.8	6.1*	6.0*	19.7*	—	8.4
Other demographic characteristics							
Citizen of the United States	89.3	97.8	96.3*	71.5%	64.2*	97.3	98.0

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Demographic characteristics	Percentage of adults covered by Medicaid age 19-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Parent of a dependent child	51.7	50.8	52.0	54.4*	46.9	48.8	52.9
Veteran	3.0	4.3	2.7*	1.3*	—	—	—
Employment status							
Not in the labor force	49.1	53.0	49.2*	43.5*	39.4*	55.2	48.0
In the labor force							
Working full time	20.9	17.5	17.9	28.4*	27.6*	18.3	21.4
Working part time	19.7	20.3	17.5	20.5	23.4	13.2*	17.5
Unemployed	10.3	9.2	15.4*	7.6	9.6	—	13.2
Income as percent of the federal poverty level (FPL)							
Less than 100% FPL	43.3	39.6	54.2*	40.4	42.6	59.8*	38.4
Less than 138% FPL	61.0	57.5	69.0*	58.9	60.7	76.9*	67.8*
100-199% FPL	34.6	35.0	29.2*	37.6	36.2	30.8	43.7*
200-399 % FPL	17.2	18.3	13.3*	19.2	17.1	—	16.4
400% FPL or higher	4.9	7.1	3.2*	2.8*	—	—	—
Other benefits programs							
Family receives WIC benefits	8.6	9.2	9.8	7.9	—	—	—
Family receives income from TANF	5.1	4.6	6.8*	4.7	—	—	7.2
Receives SSI or SSDI							
Receives SSI	15.9	17.7	20.3	11.2*	4.2*	19.1	14.0
Receives SSDI	15.5	17.3	19.8	10.7	4.2	18.0	13.8

Notes: AIAN is American Indian or Alaska Native. SSI is Supplemental Security Income. SSDI is Social Security Disability Insurance. WIC is Supplemental Nutrition Program for Women, Infants, and Children. SNAP is Supplemental Nutrition Assistance Program, formerly referred to as food stamps. TANF is temporary assistance for needy families. Percentage calculations for each item in the exhibit exclude individuals with missing and unknown values. The individual components listed under the subcategories are not always mutually exclusive and may not sum to 100 percent. Income was calculated using multiple imputation technique as specified by the National Center for Health Statistics. Multiple imputation was used to address nonresponse for income, for this reason, the estimates presented in this table differ slightly from those estimates presented in MACStats using the 2019 NHIS data.
* Difference from white, non-Hispanic is statistically significant at the 0.05 level.
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of NHIS, 2015-2018.

Health status. There were some reported differences in health and prevalence of disability and chronic illness by race and ethnicity in Medicaid beneficiaries.

- Hispanic and Asian, non-Hispanic adults were significantly more likely to report very good or excellent health (45.8 percent and 48.7 percent, respectively) than white, non-Hispanic Medicaid beneficiaries (37.2 percent). However, significantly more white, non-Hispanic adults reported having basic action difficulty or complex activity limitation (60.9 percent) than Black, non-Hispanic (51.4 percent), Hispanic (41.6 percent), and Asian, non-Hispanic (26.0 percent) Medicaid beneficiaries.

- White, non-Hispanic adults were significantly more likely to have any of the selected chronic conditions than Hispanic (61.6 percent vs. 42.6 percent) and Asian, non-Hispanic (38.1 percent) adults (Table 2).

- AIAN, non-Hispanic adults were significantly more likely than white, non-Hispanic adults to have had a diabetes diagnosis (22.8 percent vs. 12.1 percent).

TABLE 2. Selected Health Characteristics of Medicaid-Covered Adults Age 19-64 by Race and Ethnicity, 2015-2018

Health measures	Percentage of adults covered by Medicaid age 19-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Self-reported health status							
Very good or excellent	40.0%	37.2%	38.2%	45.8%*	48.7%*	31.8%	36.6%
Good	32.0	31.4	31.7	31.8	36.9	41.9*	31.1
Fair/poor	28.0	31.4	30.1	22.4*	14.4*	26.3	32.3
Limitations and health conditions							
Has basic action difficulty or complex activity limitation	52.3	60.9	51.4*	41.6*	26.0*	61.2	61.6
Needs help with any ADLs	6.7	7.5	7.7	5.0*	—	—	7.0
Unable/limited in amount of work due to health problem	26.2	32.4	27.4*	16.4*	10.1*	28.9	34.0
Currently pregnant	6.0	6.8	5.2	5.6	—	—	—
Chronic conditions							
Any chronic condition (any below)	55.2	61.6	58.8	42.6*	38.1*	60.8	66.1
Arthritis	24.8	31.2	23.2*	16.9*	10.5*	28.3	30.2
Asthma	19.1	22.3	20.2	13.2*	11.6*	19.7	26.2
Depression/anxiety/emotional problem condition	15.7	18.5	11.2*	13.1*	—	—	24.7
Diabetes	12.9	12.1	13.6	13.3	10.4	22.8*	14.4
Heart disease, angina, heart attack	11.1	14.3	10.1*	7.0*	4.7*	16.8	13.2
Hypertension	31.0	31.4	39.9*	24.0*	23.1*	29.5	34.8

Notes: AIAN is American Indian or Alaska Native. ADL is activities of daily living.
* Difference from white, non-Hispanic is statistically significant at the 0.05 level.

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– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of National Health Interview Survey, 2015-2018.

Usual source of care

Overall, a high share of Medicaid beneficiaries had a usual source of care and the same source of care as 12 months prior. However, the proportion of adults with a usual source of care and the site of care differed by race and ethnicity (Table 3).

- Black, non-Hispanic; Asian, non-Hispanic; and AIAN, non-Hispanic adults were more likely than white, non-Hispanic adults to have a usual source of care (91.7 percent, 91.0 percent, and 93.4 percent, respectively, vs. 87.6 percent).

- Black, non-Hispanic; Hispanic; Asian, non-Hispanic; and AIAN, non-Hispanic adults were more likely than white, non-Hispanic adults to have had the same source of care as they did 12 months prior (82.4 percent, 79.3 percent, 82.0 percent, and 88.9 percent, respectively, vs. 75.9 percent).

- Black, non-Hispanic and Hispanic adults were significantly less likely to change their health care place (8.8 percent and 9.0 percent) than white, non-Hispanic adults (13.1 percent).

- White, non-Hispanic beneficiaries were significantly more likely to have their usual source of care be at a doctor's office (66.3 percent) than Black, non-Hispanic (60.8 percent), Hispanic (44.3 percent), and other and multi-racial, non-Hispanic (57.0 percent) Medicaid beneficiaries.

- AIAN, non-Hispanic adults were significantly more likely than white, non-Hispanic adults to receive their usual source of care at a clinic or health center (66.6 percent vs. 28.5 percent).

TABLE 3. Usual Source of Care for Medicaid-Covered Adults Age 19-64 by Race and Ethnicity, 2015-2018

Usual source of care	Percentage of adults covered by Medicaid age 19-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Usual source of care	88.7%	87.6%	91.7%*	87.8%	91.0%*	93.4%*	84.0%
Had the same usual source of medical care 12 months ago	78.6	75.9	82.4*	79.3*	82.0*	88.9*	73.6
Change in usual health care	10.9	13.1	8.8*	9.0*	9.4	—	—
Had a change related to health insurance	32.3	27.3	39.4*	39.6*	—	—	—
Type of usual source of care							
Doctor's office	58.9	66.3	60.8*	44.3*	65.4	—	57.0*
Clinic or health center	34.8	28.5	31.6	49.5*	29.5	66.6*	26.6
Urgent care or hospital	4.8	3.8	6.7*	4.5	—	—	13.8*

Notes: AIAN is American Indian or Alaska Native.
* Difference from white, non-Hispanic is statistically significant at the 0.05 level.

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– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of National Health Interview Survey, 2015-2018.

Use of care

A high proportion of adults reported using health care services, such as having a general doctor's visit or a health care professional appointment, in the past 12 months (Table 4). However, only about half of adults or fewer received other types of services, such as dental visits, eye appointments, or receiving the flu shot, and the proportion of adults receiving these services differed by race and ethnicity.

- White, non-Hispanic Medicaid beneficiaries were significantly more likely to have seen a general doctor (73.0 percent) and to have received counseling or therapy from a mental health professional (24.2 percent) than Black, non-Hispanic (69.0 percent and 15.7 percent, respectively) and Hispanic (66.4 percent and 12.6 percent) adults (Table 4).

- Hispanic and AIAN, non-Hispanic Medicaid beneficiaries were significantly more likely to have had a dental visit in the past 12 months (54.1 percent and 64.5 percent) than white, non-Hispanic Medicaid beneficiaries (48.9 percent).

- White, non-Hispanic Medicaid beneficiaries were significantly more likely to have visited the emergency room at least one time in the past 12 months (40.2 percent) than Hispanic (29.4 percent) and Asian, non-Hispanic (19.0 percent) Medicaid beneficiaries.

TABLE 4. Use of Health Services by Medicaid-Covered Adults Age 19-64 by Race and Ethnicity, 2015-2018

Health care use	Percentage of adults covered by Medicaid age 19-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Utilization in past 12 months							
Dental visit	51.2%	48.9%	52.5%	54.1%*	52.1%	64.5%*	41.9%
Eye doctor visit	30.6	31.9	28.2*	29.0	34.1	33.3	32.5
General doctor's visit	70.2	73.0	69.0*	66.4*	69.3	69.9	67.9
Health care professional visit	86.6	88.8	88.7	82.8*	81.5*	82.0	81.4*
Received care at home	5.2	5.6	6.7	3.3*	—	—	6.8
Received counseling/therapy from mental health professional	18.7	24.2	15.7*	12.6*	9.0*	17.5	25.2
Had a flu shot	34.6	34.0	31.4	36.0	42.3*	55.3*	30.0
Ever received HPV shot/vaccine	12.9	11.9	14.7*	13.3	12.3	14.8	9.4
Tetanus shot in the past 10 years	57.5	65.3	48.5*	53.4*	43.6*	62.4	59.8
Number of emergency room visits							
None	63.5	59.8	59.9	70.6*	81.0*	58.4	55.0
At least 1	36.5	40.2	40.1	29.4*	19.0*	41.6	45.0
1	17.8	19.7	17.6	15.7*	11.6*	21.4	17.9
2-3	12.1	13.0	14.7	9.4*	4.9*	—	14.9
4 or more	6.6	7.5	7.8	4.3*	—	—	12.3
Hospitalized overnight	14.8	17.0	15.4	11.5*	5.6*	14.0	24.4*

Notes: AIAN is American Indian or Alaska Native.
* Difference from white, non-Hispanic is statistically significant at the 0.05 level.
− Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of National Health Interview Survey, 2015-2018.

Selected health screenings

The results indicate that about one in four adult Medicaid beneficiaries, of appropriate age, had a colonoscopy in the past five years and fewer than half of adults who should have received a cervical cancer screening in the past three years reported having one. Additionally, there were differences in health screening rates among adult Medicaid beneficiaries by race and ethnicity.

- Asian, non-Hispanic beneficiaries had significantly lower rates compared to white, non-Hispanic Medicaid beneficiaries of ever having a colonoscopy (18.3 percent vs. 44.6 percent), ever having a cervical cancer test (63.7 percent vs. 93.4 percent), ever having a mammogram (69.6 percent vs. 92.5

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percent), and ever being tested for human immunodeficiency virus (HIV) (35.4 percent vs. 54.2 percent).

- Black, non-Hispanic and Hispanic Medicaid beneficiaries were significantly less likely have received a cervical cancer screening in the past 3 years (34.6 percent and 28.1 percent, respectively) compared to white, non-Hispanic Medicaid beneficiaries (50.5 percent).

- Black, non-Hispanic and Hispanic Medicaid beneficiaries were significantly more likely to have been tested for HIV (70.8 percent and 58.7 percent, respectively) compared to white, non-Hispanic Medicaid beneficiaries (54.2 percent).

- Hispanic Medicaid beneficiaries were significantly more likely than white, non-Hispanic Medicaid beneficiaries to have received a prostate-specific antigen (PSA) test in the past two years (97.9 percent vs. 62.8 percent).

TABLE 5. Selected Health Screenings for Medicaid-Covered Adults Age 19-64 by Race and Ethnicity, 2015-2018

Screenings	Percentage of adults covered by Medicaid age 19-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Screenings							
Cholesterol screening	63.9%	62.0%	66.4%*	65.9%	67.6%	57.2%	53.1*%
Ever had a colonoscopy[1]	37.6	44.6	38.8	25.8*	18.3*	40.9	43.3
Colonoscopy within the last 5 years[1]	24.4	25.0	—	29.9	—	—	48.0
Ever had a cervical cancer test[1]	90.6	93.4	94.6	87.2*	63.7*	81.4	93.4
Cervical cancer screening within the last 3 years (19-64 years)[1]	42.3	50.5	34.6*	28.1*	40.7	—	61.5
Ever had a Mammography (50-64 years)[1]	91.7	92.5	97.5*	90.8	69.6*	84.1	92.6
PSA test for prostate cancer within last 2 years (55+ years)[1]	77.3	62.8	79.2	97.9*	—	—	—
Ever had a PSA test[1]	30.8	32.7	36.6	25.9	—	—	—
Ever been tested for HIV	57.9	54.2	70.8*	58.7*	35.4*	51.6	61.0

Notes: AIAN is American Indian or Alaska Native. HIV is human immunodeficiency virus. PSA is prostate-specific antigen

* Difference from white, non-Hispanic is statistically significant at the 0.05 level.

– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

[1] This question was only asked in 2015 and 2018. Counts should not be compared to other estimates in the table.

Source: MACPAC, 2021, analysis of National Health Interview Survey, 2015-2018.

Unmet needs due to costs

As noted above, states have different requirements regarding premiums and cost-sharing for Medicaid beneficiaries, and these can differ by population and income level (MACPAC 2021c). Further, not all services are covered for all adults in Medicaid (MACPAC 2021d). These differences in costs and covered

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services can lead to differences in realized access to care. Overall, almost 70 percent of adult Medicaid beneficiaries reported having unmet or delayed medical, prescription, or dental care due to cost and this differed by racial and ethnic group (Table 6).

- Hispanic adults were significantly more likely to report unmet or delayed care due to cost (74.9 percent) than white, non-Hispanic (67.8 percent) adults. They were also significantly more likely to worry about paying medical bills if they got sick or had an accident (53.7 percent) than white, non-Hispanic Medicaid beneficiaries (44.3 percent).

- For medical care, white, non-Hispanic adults (9.1 percent) were significantly more likely than Black, non-Hispanic; Hispanic, and Asian Medicaid beneficiaries to report not getting care due to cost (7.3 percent, 4.7 percent, and 2.4 percent respectively).

- For dental care, white, non-Hispanic adults were significantly more likely to not be able to afford dental care (21.9 percent) compared to Black, non-Hispanic adults; Hispanic adults, Asian, non-Hispanic adults; and AIAN, non-Hispanic adults (15.8 percent,16.7 percent, 11.1 percent, and 11.1 percent respectively).

- White, non-Hispanic adults (9.8 percent) were significantly more likely than Black, non-Hispanic and Hispanic beneficiaries to skip medication doses to save money (6.9 percent and 6.5 percent, respectively).

- White, non-Hispanic adults (21.1 percent) were also more likely to ask their doctor for a lower cost medication than Black, non-Hispanic and Hispanic adults (13.0 percent and 11.7 percent respectively).

TABLE 6. Selected Measures of Unmet Need for Medicaid-Covered Adults Age 19-64 by Race and Ethnicity, 2015-2018

Unmet need in the past 12 months for types of care due to cost	Percentage of adults covered by Medicaid age 19-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Unmet need for any care below due to cost	69.2%	67.8%	65.7%	74.9%*	69.4%	66.5%	71.9%
Didn't get medical care due to cost	7.3	9.1	7.3*	4.7*	2.4*	—	12.0
Needed prescription medication but did not get it due to cost	10.4	12.2	10.3	9.2*	—	—	12.2
Couldn't afford dental care	18.7	21.9	15.8*	16.7*	11.1*	11.1*	25.5
Get sick or have accident and worry about paying medical bills	46.6	44.3	43.4	53.7*	47.5	40.4	47.5
Skipped medication doses to save money	8.1	9.8	6.9*	6.5*	—	—	9.7
Delayed filling a prescription to save money	11.2	13.0	9.6*	10.2	—	—	12.5
Asked doctor for lower cost medication to save money	16.7	21.1	13.0*	11.7*	—	14.8	23.3

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Delayed medical care

One in five of adults covered by Medicaid reported barriers to access that delayed getting needed care, which included barriers due to cost and not being able to get an appointment soon enough. The share of beneficiaries with reported delays in accessing care differed by race and ethnicity, and overall white, non-Hispanic beneficiaries reported the highest rates of delayed care.

- White, non-Hispanic adults were significantly more likely to delay medical care due to barriers related to scheduling and clinic and office open hours, transportation, and cost (22.4 percent) than Black, non-Hispanic (19.2 percent); Hispanic (18.7 percent), and Asian, non-Hispanic (16.6 percent).

- White, non-Hispanic adults were significantly more likely than Black, non-Hispanic; Hispanic, and Asian, non-Hispanic adults to report delays in accessing care because of not being able to get an appointment (12.0 percent vs. 8.4 percent, 8.8 percent, and 7.8 percent, respectively).

- White, non-Hispanic adults were significantly more likely than Black, non-Hispanic; Hispanic, and Asian, non-Hispanic adults to report delays in accessing care due to cost (11.0 percent vs. 7.3 percent, 5.5 percent, and 2.9 percent, respectively).

TABLE 7. Selected Measures of Reasons for Delayed Medical Care for Medicaid-Covered Adults Age 19-64 by Race and Ethnicity, 2015-2018

Delayed medical care in the past 12 months	Percentage of adults covered by Medicaid age 19-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Delayed medical care due to any access barrier listed below	20.6%	22.4%	19.2%*	18.7%*	16.6%*	24.5%	25.0%
Couldn't get through on the phone	4.9	6.0	4.0*	3.8*	4.5	–	–
Couldn't get an appointment soon enough	10.3	12.0	8.4*	8.8*	7.8*	12.2	15.0
Wait too long in the doctor's office	8.1	7.7	7.5	9.3	6.9	12.7	8.0
Not open when you could go	4.4	5.4	2.4*	3.9*	4.2	9.7	5.0
No transportation	7.8	8.4	9.7	5.4*	–	–	12.5
Delayed medical care because of cost	8.5	11.0	7.3*	5.5*	2.9*	–	15.4

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Children Enrolled in Medicaid and CHIP

In the analyses below, we used 2015-2018 NHIS data to compare the demographics, socioeconomic status, and experiences with accessing health care between white, non-Hispanic children and children of five other racial and ethnic groups covered by Medicaid and CHIP. White, non-Hispanic children represented 32.2 percent of the weighted survey sample (Table 8). The five other racial and ethnic groups made up the majority of the children covered by Medicaid and CHIP, and they included Black, non-Hispanic (21.9 percent); Hispanic (37.5 percent), Asian, non-Hispanic (3.0 percent); AIAN, non-Hispanic (sample too small to report); and other or multi-racial, non- Hispanic (4.1 percent) adult Medicaid beneficiaries.

Demographic characteristics

Demographic and socioeconomic characteristics for children enrolled Medicaid and CHIP varied by race and ethnicity (Table 8). Across groups, over 95 percent of children enrolled in Medicaid and CHIP had a full year of insurance coverage. The distribution by age and sex were similar among race and ethnic groups, but there were differences across groups in family income, health needs and receipt of various benefits.

- White, non-Hispanic children were significantly more likely to have special health care needs (44.1 percent) compared to Black, non-Hispanic (35.9 percent); Hispanic (30.3 percent), and Asian, non-Hispanic children (18.5 percent).

- White, non-Hispanic children were also more likely to receive special education or early intervention services (14.0 percent) than Black, non-Hispanic (11.3 percent) and Hispanic (8.7 percent) children.

- White, non-Hispanic children were significantly less likely to have a household income below 100 percent FPL (34.2 percent) compared to Black, non-Hispanic (53.5 percent); Hispanic (46.8 percent); AIAN, non-Hispanic (63.4 percent); and other and multi-racial, non-Hispanic children (45.9 percent).

- The families of Hispanic children were significantly more likely to receive Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits than white, non-Hispanic children's families (16.4 percent vs. 13.8 percent).

- The families of Hispanic and Black, non-Hispanic children were significantly more likely to receive temporary needy assistance for families (TANF) (3.8 percent and 4.3 percent, respectively) than white, non-Hispanic families (2.4 percent).

TABLE 8. Selected Demographic and Socioeconomic Characteristics of Children Enrolled in Medicaid or CHIP Age 0-18 by Race and Ethnicity, 2015-2018

Demographic characteristics	Percentage of children enrolled in Medicaid or CHIP age 0-18						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Total Children (0-18)	100.0%	32.2%	21.9*	37.5%*	3.0%*	—	4.1%*
Length of time with any coverage during the year							
Full year	95.7	94.4	97.1*	95.7*	98.3*	98.9%*	95.2
Part year	4.1	5.3	2.6*	4.2	—	—	4.3
Age							
0-4	29.5	30.6	29.3	29.1	24.1*	24.9	30.8
5-11	38.5	37.6	37.8	39.4	36.8	38.1	43.2
12-18	32.0	31.8	32.9	31.6	39.1*	37.0	26.0*
Sex							
Male	50.2	50.5	48.8	50.2	54.9	50.1	51.3
Female	49.8	49.5	51.2	49.8	45.1	49.9	48.7
Citizenship							
Citizen of the United States	97.6	98.8	98.1	97.1*	82.8*	—	—
Special education needs							
Has special health care needs	36.4	44.1	35.9*	30.3*	18.5*	41.7	46.7
Receives special education or early intervention services[1]	11.2	14.0	11.3*	8.7*	—	—	16.2
Family income as percent of the federal poverty level (FPL)							
Less than 100% FPL	44.2	34.2	53.5*	46.8*	41.1	63.4*	45.9*
Less than 138% FPL	62.9	53.1	69.0*	67.3*	64.5*	78.0*	62.1*
100−199% FPL	37.3	40.9	31.6*	38.0	43.1	28.1*	32.8*
200−399% FPL	15.4	19.5	13.3*	13.3*	12.6*	7.7*	16.7
400% FPL or higher	3.1	5.4	1.6*	1.9*	—	—	4.6
Other benefits programs							
Family receives WIC benefits	14.6	13.8	13.7	16.4*	12.3	12.6	12.8
Family receives income from TANF	3.5	2.4	4.3*	3.8*	—	—	4.5
Receives SSI	3.0	3.4	4.3	2.0*	—	—	2.8

Notes: AIAN is American Indian or Alaska Native. SSI is Supplemental Security Income. SSDI is Social Security Disability Insurance. WIC is Supplemental Nutrition Program for Women, Infants, and Children. SNAP is Supplemental Nutrition Assistance Program, formerly referred to as food stamps. TANF is temporary assistance for needy families. Percentage calculations for each item in the exhibit exclude individuals with missing and unknown values. The individual components listed under the subcategories are not always mutually exclusive and may not sum to 100 percent. Income was calculated using multiple imputation technique as specified by the National Center for Health Statistics. Multiple imputation was used to address nonresponse for income, for this reason, the estimates presented in this table differ slightly from those estimates presented in MACStats using the 2019 NHIS data.
* Difference from white, non-Hispanic is statistically significant at the 0.05 level.

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– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of NHIS, 2015-2018.

Health status

Overall, three out four children with Medicaid or CHIP reported having very good or excellent health (Table 9). However, the proportion of children with very good or excellent health and the rates of disability and chronic illness differed by race and ethnicity.

- White, non-Hispanic children were significantly more likely to self-report having very good or excellent health (80.4 percent) than Black, non-Hispanic (72.1 percent); Hispanic (73.4 percent); AIAN, non-Hispanic (64.6 percent); and other and multi-racial, non-Hispanic (73.9 percent) children.

- AIAN, non-Hispanic children were significantly more likely to self-report having fair or poor health (5.9 percent) compared to white, non-Hispanic (3.2 percent) children.

- Other and multi-racial, non-Hispanic children were significantly more likely than white, non-Hispanic children to report having any of the listed chronic conditions (39.5 percent vs. 29.0 percent). They were also more likely to report having ever been diagnosed with attention deficit disorder or attention deficit hyperactivity disorder compared to white, non-Hispanic children (23.0 percent vs. 15.6 percent).

- Other and multi-racial, non-Hispanic children and Black, non-Hispanic children were significantly more likely to report having been diagnosed with asthma (21.9 percent and 20.1 percent, respectively) than white, non-Hispanic children (13.9 percent).

TABLE 9. Selected Health Characteristics of Children Enrolled in Medicaid or CHIP Age 0-18 by Race and Ethnicity, 2015-2018

Health status	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Self-reported health status							
Very good/excellent	75.5%	80.4%	72.1%*	73.4%*	79.8%	64.6%*	73.9%*
Good	20.9	16.4	23.9*	22.6*	19.8	29.4*	23.3*
Fair/poor	3.6	3.2	4.0	4.0	—	5.9*	2.8
Lifetime chronic conditions							
Any chronic condition listed below	26.5	29.0	30.5	21.6*	11.5*	32.3	39.5*
Ever had ADD/ADHD	12.0	15.6	13.8	7.5*	—	8.4*	23.0*
Ever had asthma	15.3	13.9	20.1*	13.5	7.4*	21.9	21.9*
Ever had other developmental delay	5.4	6.9	5.8	3.9*	—	—	5.4
Autism, Asperger's syndrome, PDD or autism spectrum disorder	3.4	4.7	3.1*	2.4*	—	—	4.1

Notes: AIAN is American Indian or Alaska Native. ADD is attention deficit disorder. ADHD is attention deficit hyperactivity disorder. PDD is persistent depressive disorder.
* Difference from white, non-Hispanic is statistically significant at the 0.05 level.
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of NHIS, 2015-2018.

Usual source of care

Having a usual source of care is one of the key indicators of access to care and is an important measure of whether individuals will use health care services when they need them. Almost all children reported having a usual source of care (96.2 percent) and having the same usual source of care as they did 12 months ago (88.6 percent) (Table 10). Additionally, over 85 percent of children have had a well-child check up in the past 12 months. However, there were differences by race and ethnicity in where children received their usual source of care and in how likely they were to receive a well-child visit in the past months.

- White, non-Hispanic children were significantly more likely to receive their care at a doctor's office (76.1 percent) than Black, non-Hispanic (68.1 percent); Hispanic (48.8 percent); Asian, non-Hispanic (65.5 percent); and other and multi-racial, non-Hispanic (68.6 percent).

- Hispanic and AIAN, non-Hispanic children were significantly less likely than white, non-Hispanic children to have had a well-child checkup in the past 12 months (83.6 percent and 77.0 percent, respectively, vs. 86.9 percent).

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TABLE 10. Usual Source of Care for Children Enrolled in Medicaid or CHIP Age 0-18 by Race and Ethnicity, 2015-2018

Access and utilization measures	Percentage of children enrolled in Medicaid or CHIP age 0-18						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Receipt of appropriate care in the past 12 months							
Usual source of medical care	96.2%	96.1%	96.6%	96.3%	95.8%	90.2%	96.0%
Had the same usual source of medical care 12 months ago	88.6	86.9	91.5*	88.7	90.2	86.0	85.8
Had a well-child checkup	85.8	86.9	88.6	83.6*	84.8	77.0*	87.5
Type of usual source of care							
Doctor's office	62.8	76.1	68.1*	48.8*	65.5*	—	68.6*
Clinic or health center	34.9	22.2	28.3*	49.5*	30.9*	75.1*	28.6*
Urgent care or hospital	1.9	1.3	3.0*	1.6	—	—	—

Notes: AIAN is American Indian or Alaska Native.
* Difference from white, non-Hispanic is statistically significant at the 0.05 level.
− Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of NHIS, 2015-2018.

Use of care

Children also reported high rates of medical service use. Over 80 percent of children saw a general doctor and dentist in the past 12 months (Table 11). However, there were differences in the rates of access to health care services by race and ethnicity.

- White, non-Hispanic children were significantly more likely to have seen a general doctor in the past 12 months (86.5 percent) than Black, non-Hispanic (79.5 percent); Hispanic (82.3 percent); Asian, non-Hispanic (80.2 percent); and AIAN, non-Hispanic (71.5 percent) children.

- Hispanic and AIAN, non-Hispanic children were significantly more likely than white, non-Hispanic children to have seen a dentist (84.1 percent and 86.2 percent, respectively, vs. 78.1 percent).

- White, non-Hispanic children were more likely to have seen a medical specialist in the past 12 months (16.6 percent) than Black, non-Hispanic (13.7 percent); Hispanic (11.3 percent); Asian, non-Hispanic (8.4 percent); AIAN, non-Hispanic (9.4 percent); and other and multi-racial, non-Hispanic (12.5 percent) children.

TABLE 11. Selected Health Care Use Measures for Children Enrolled in Medicaid or CHIP Age 0-18 by Race and Ethnicity, 2015-2018

Access and utilization measures	Percentage of children enrolled in Medicaid or CHIP age 0-18						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Saw selected health professional							
Dentist	80.6%	78.1%	80.1%	84.1%*	76.2%	86.2%*	72.7%
Eye doctor	25.0	27.5	25.6	22.4*	29.3	24.9	22.6
General doctor	83.0	86.5	79.5*	82.3*	80.2*	71.5*	86.1
Had at least 1 emergency room visit	24.3	26.3	27.0	21.5*	11.1*	26.6	29.5
Had at least 1 overnight hospital stay	5.6	6.2	6.2	4.6*	4.3	–	7.0
Medical specialist	13.4	16.6	13.7*	11.3*	8.4*	9.4*	12.5*
Mental health professional or doctor for emotional or behavioral problem	11.2	16.4	9.2*	7.6*	–	–	18.5
Received care at home	1.5	2.0	1.3	1.2*	–	–	–
Number of times saw a doctor or other health professional							
None	8.1%	6.7%	8.3%	9.0%*	10.0%	12.7%	6.7%
At least 1	91.9	93.3	91.7	91.0*	90.0	87.3	93.3
1	23.5	18.8	27.0*	25.2*	27.9*	27.1	21.7
2-3	36.8	35.1	37.1	37.9	41.0	40.1	34.7
4 or more	31.5	39.3	27.7*	27.8*	21.0*	20.2*	36.9

Notes: AIAN is American Indian or Alaska Native.
* Difference from white, non-Hispanic is statistically significant at the 0.05 level.
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of NHIS, 2015-2018.

Unmet needs

Fewer than one in 10 children reported an unmet need for any of the listed types of care due to cost (Table 12), and there were few differences between racial and ethnic groups. There were some differences in reported unmet need between white, non-Hispanic and Hispanic children, but the absolute differences were small given that rates of unmet health care needs were so low overall. For example, Hispanic children were significantly more likely to report having one of these listed unmet needs due to cost (8.5 percent) than white, non-Hispanic children (6.8 percent). Hispanic children were also significantly more likely than white, non-Hispanic children to report having unmet dental care needs due to cost (5.2 percent vs. 3.8 percent), an unmet need for eyeglasses due to cost (2.8 percent vs. 1.4 percent), or an unmet need for prescription drugs due to cost (2.5 percent vs. 1.7 percent).

TABLE 12. Selected Measures of Unmet Need for Children Enrolled in Medicaid or CHIP Age 0-18 by Race and Ethnicity, 2015-2018

Unmet need for selected types of care due to cost	Percentage of children enrolled in Medicaid or CHIP age 0-18						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Unmet need due to cost for any care listed below	7.5%	6.8%	6.6%	8.5%*	8.5%	6.2%	8.7%
Dental care	4.5	3.8	4.3	5.2*	6.0	—	4.8
Eyeglasses	2.0	1.4	1.5	2.8*	—	—	—
Medical care	1.0	1.0	1.0	0.9	—	—	—
Mental health care or counseling	1.2	1.7	1.0	0.9*	—	—	—
Prescription drugs	2.1	1.7	2.3	2.5*	—	—	3.4

Notes: AIAN is American Indian or Alaska Native.
* Difference from white, non-Hispanic is statistically significant at the 0.05 level.
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of NHIS, 2015-2018.

Delayed medical care

One out of seven of children reported delays in care due to barriers associated with cost, being unable to get a medical appointment when needed, long wait times or limited office hours, or lack of transportation (Table 13). There were reported differences between white, non-Hispanic children and children of other races and ethnicities in which barriers were most related to the delay in care.

- Hispanic and AIAN, non-Hispanic children were significantly more likely to report a delay in care (16.3 percent and 23.1 percent) than white, non-Hispanic children (11.8 percent).

- Hispanic; Asian, non-Hispanic; and AIAN, non-Hispanic children were significantly more likely to report delaying medical care because the wait was too long in the doctor's office (7.9 percent, 9.2 percent, and 18.7 percent) than white, non-Hispanic children (3.3 percent).

- Black, non-Hispanic and other and multi-racial, non-Hispanic children were significantly more likely than white, non-Hispanic children to report delaying medical care because they did not have transportation (4.5 percent and 6.6 percent, respectively, vs. 3.0 percent).

TABLE 13. Selected Measures of Delayed Medical Care for Children Enrolled in Medicaid or CHIP Age 0-18 by Race and Ethnicity, 2015-2018

Delayed medical care in past 12 months	Percentage of children enrolled in Medicaid and CHIP age 0-18						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN, non-Hispanic	Other or multi-racial, non-Hispanic
Delayed medical care due to any access barrier listed below	13.9%	11.8%	12.2%	16.3%*	12.8%	23.1%*	15.7%
Delayed medical care due to cost	1.8	1.9	1.9	1.7	—	—	—
Delayed medical care because couldn't get an appointment soon enough	5.8	5.6	3.8*	6.9	—	—	6.9
Delayed medical care because wait too long in the doctor's office	5.5	3.3	4.0	7.9*	9.2*	18.7*	2.8
Delayed medical care because could not go when open (office hours)	2.9	2.5	2.2	3.8*	—	—	—
Delayed medical care because they did not have transportation	3.6	3.0	4.5*	3.5	—	—	6.6*

Notes: AIAN is American Indian or Alaska Native.
* Difference from white, non-Hispanic is statistically significant at the 0.05 level.
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of NHIS, 2015-2018.

Data and Methods

Data for this report come from the 2015-2018 NHIS. The data were collected continuously throughout the year for the Centers for Disease Control and Prevention's National Center for Health Statistics by the U.S. Census Bureau. The NHIS collects information about the heath and health care of the U.S. civilian non-institutionalized population. Interviews are conducted at respondents' homes, and follow-up interviews may be conducted by phone.

All differences discussed in this brief were computed using Z-tests and are significant at the 0.05 level.

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Insurance coverage

Coverage source is defined as at the time of the survey interview. Because an individual may have multiple coverage sources and because sources of coverage may change over time, responses to survey questions may reflect characteristics or experiences associated with a coverage source other than the one assigned in this brief.

The following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, uninsured for the past 12 months. Not separately shown are the estimates for those covered by any type of military health plan or other government-sponsored program. Private health insurance coverage excludes plans that cover only one type of service, such as accident or dental insurance. The Medicaid category also includes persons covered by other state-sponsored health plans. Individuals are defined as uninsured if they did not have any private health insurance, Medicaid, State CHIP, Medicare, state- or other government-sponsored health plan, or military plan during the past year. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accident or dental coverage only.

Race and ethnicity

NHIS survey respondents self-identify their race and ethnicity separately, but are reported as a combination of their responses. Individuals reporting only one race are categorized as follows: white-only, non-Hispanic; Black-only, non-Hispanic; Asian-only, non-Hispanic; American Indian and Alaska Natives, non-Hispanic. Individuals reporting a different race or multiple races are categorized as other single and multiple races, non-Hispanic. Given the small sample and data confidentiality rules, Native Hawaiian and Pacific Islander cannot be identified in publicly available data. Individuals of Hispanic origin can be of any race.

Endnotes

[1] Starting in 2014, states have had the option to expand Medicaid eligibility to cover adults with incomes up to 138 percent of the federal poverty level (FPL), a group of adults who were previously ineligible for coverage.[1] As of November 2021, 39 states and the District of Columbia had expanded Medicaid coverage to this group (KFF 2021).

[2] The race and ethnicity categories used are based on the minimum recommended categories for race and ethnicity as published by the Office of Management and Budget: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Hispanic, and non-Hispanic (OMB 1997). Our analyses include all of these categories with the exception of Native Hawaiian or other Pacific Islander, as these responses are not available in the publicly available data.

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