IssueBrief

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Access in Brief: Health Care Experiences and Satisfaction by Race and Ethnicity

Racial and ethnic health disparities persist throughout the U.S. health care system. Measuring differences in access and use of services, satisfaction with and quality of care, and health outcomes can help to better understand the underlying causes of disparities and how to address them (HHS 2022; MACPAC 2022a, 2022b, 2021; Davis 2015). Additionally, it is important to measure and address racial and ethnic health disparities in Medicaid and the State Children's Health Insurance Program (CHIP) where a greater proportion of beneficiaries are racial and ethnic minorities. Black, Hispanic, Asian American, American Indian or Alaska Native (AIAN), and multi-racial individuals represent less than a quarter of the U.S. population, but make up 54 percent of adults enrolled in Medicaid and 66 percent of children enrolled in Medicaid and CHIP (Census 2021; MACPAC 2022c, 2022d, 2022e).

Racial disparities among Medicaid beneficiaries in access to care, use of services, and health outcomes are well-documented (Guth et al. 2020). Due to limited data, previously, few studies focused on the experience of Medicaid beneficiaries with the health care system, the quality of care they receive, and factors that can improve health outcomes. However, more recent findings show that Black, non-Hispanic; Hispanic; Asian, non-Hispanic; and AIAN individuals enrolled in Medicaid managed care plans are less likely to report access to needed care and satisfaction with the care received (Nguyen et al. 2022; Martino et al. 2019; Barnett et al. 2018). Additionally, some studies have shown that other aspects of the provider-patient experience, such as provider concordance, provider ability to explain information about the patient's care, and time spent with the patient also affect service use and health outcomes (Ku and Vichare 2022; Ghabowen and Bhandari 2021; Ma et al. 2021).

In this issue brief, we use data from the 2016–2022 Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access (CSHCA). This survey includes a wide range of questions related to quality of care, including experiences and satisfaction with provided care, provider concordance, and perceived unfair treatment and discrimination. Further, it oversamples certain populations, including individuals covered by Medicaid and by race and ethnicity, allowing for the disaggregation of smaller racial and ethnic groups within Medicaid, and for the comparison of their experiences to those covered by private insurance.

Among Medicaid beneficiaries, 68.1 percent of individuals reported having a usual source of care, and over 80 percent of individuals reported being able to get care when they needed it, being satisfied with the care they received, and having positive experiences with their provider. There were many similarities across racial and ethnic groups in access, use of care, and experiences with providers, including their reasons for not having a usual source of care and not being able to get the care they needed and their satisfaction with the care provided during their most recent medical visit.

There were some racial and ethnic differences in key measures of access and use of care, such as whether individuals had a usual source of care, where individuals accessed primary care services, use of medical services and prescriptions, and unfair treatment and discrimination. For example, Black, non-Hispanic and Hispanic individuals were less likely to report having a usual source of care and more likely to receive care at a clinic, health center, or hospital emergency room compared with white, non-Hispanic individuals. Further, Black, non-Hispanic; Hispanic; and Asian, non-Hispanic individuals were all more likely than white, non-Hispanic individuals to report experiencing unfair treatment and discrimination based on race, language, culture, or religion during their most recent medical visit.

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Population Characteristics for Adults Covered by Medicaid

Many demographic characteristics of Medicaid beneficiaries differed by race and ethnicity. A higher proportion of white, non-Hispanic adults were not in the workforce compared with Hispanic adults (Table 1). White, non-Hispanic adults were also more likely to report having fair or poor health and to report having at least one of the 10 measured chronic conditions compared with almost all other races and ethnicities (Table 2). These differences may be related to some of the differences reported below. For example, the differences in health status may be associated with the older age of the white, non-Hispanic population. White-non-Hispanic adults were both less likely to be younger than 35 years and more likely to be 55–64 years than most other races and ethnicities.

Demographics

The age distribution of Medicaid enrollees differed by race and ethnicity. Compared with white, non-Hispanic adults, there was a higher percentage of 18–24-year-old Black, non-Hispanic; Hispanic; Asian, non-Hispanic; and other non-Hispanic adults. Similarly, there was also a greater share of 25–34-year-old Black, non-Hispanic, Hispanic, and other non-Hispanic adults compared with white, non-Hispanic adults. Additionally, a greater proportion of white, non-Hispanic adults were older (55–64 years old) compared with Hispanic and other non-Hispanic adults (Table 1).

There were some reported differences by race and ethnicity for several socioeconomic factors. For example, 40.5 percent of white, non-Hispanic adults reported being married, which was significantly greater than for those who identified as Black, non-Hispanic or Asian, non-Hispanic. White, non-Hispanic adults were also more likely to report not being in the workforce than Hispanic adults.

TABLE 1. Selected Demographic and Socioeconomic Characteristics of Medicaid-Covered Adults Age 18–64 by Race and Ethnicity, 2016–2022

Demographic characteristics	Share of adults age 18–64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Other, non-Hispanic
Total Adults (18–64)	**100.0%**	**58.5%**	**13.9%***	**19.8%***	**3.8%***	**0.9%***	**3.2%***
Age							
18–24	**12.4**	7.7	14.0*	21.9*	25.9*	–	16.3*
25–34	**24.9**	20.2	27.2*	34.7*	28.0	23.5	35.4*
35–44	**19.4**	21.5	18.1	14.0*	22.4	–	17.6
45–54	**23.2**	25.9	19.3*	20.4*	–	40.2	17.5*
55–64	**20.1**	24.7	21.4	9.0*	–	–	13.1*
Sex							
Male	**32.7**	32.8	34.7	28.0	51.6*	–	27.6
Female	**66.2**	66.3	64.5	70.9	46.1*	56.4	69.9
Sexual orientation							
Straight/heterosexual	**87.1**	87.5	89.1	84.4	93.1*	79.6	82.9
Lesbian/gay	**4.5**	4.3	5.2	5.7	–	–	–
Bisexual	**8.4**	8.3	5.8*	9.9	–	–	15.3*
Lesbian, gay, or bisexual	**12.9**	12.5	10.9	15.6	–	–	17.1
Marital status							
Married, living together	**37.8**	40.5	24.9*	42.0	25.7*	38.7	33.3

Demographic characteristics	Share of adults age 18–64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Other, non-Hispanic
Widowed, divorced, or separated	**21.2**	26.6	13.2*	13.8*	–	–	14.4*
Single, never married	**41.0**	32.9	61.9*	44.2*	64.8*	30.7	52.2*
Education							
Less than high school	**9.9**	10.2	9.0	10.7	–	–	14.2
High school graduate	**39.9**	39.9	46.0*	38.3	33.7	47.3	29.7*
Some college or associate degree	**35.1**	35.2	31.2	38.1	30.1	33.3	38.5
College or graduate degree	**15.0**	14.6	13.7	12.9	34.7*	–	17.6
Employment status							
Working full time	**29.2**	29.0	26.7	32.3	24.5	37.5	29.8
Working part time	**19.3**	18.1	19.8	20.4	29.5*	–	20.5
Unemployed	**24.8**	24.0	28.8	24.3	25.0	–	25.0
Not in the labor force	**26.6**	28.9	24.7	22.9*	21.0	–	24.7
Income as percent of FPL							
Less than 100% FPL	**32.3**	32.7	34.4	31.3	20.8*	34.9	35.0
Less than 138% FPL	**44.3**	44.8	47.8	44.1	24.0*	38.1	47.0
100–199% FPL	**27.5**	28.0	24.7	30.7	18.9	–	24.2
200–399% FPL	**28.0**	27.0	28.4	29.4	28.2	44.3	30.7
400% FPL or higher	**12.2**	12.3	12.6	8.6*	32.1*	–	–

Notes: AIAN is American Indian or Alaska Native. NHPI is Native Hawaiian and Pacific Islander. SSI is Supplemental Security Income. FPL is federal poverty level. 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.

* 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, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016-2022.

Health status

White, non-Hispanic adults covered by Medicaid were more likely than Black, non-Hispanic; Hispanic; and Asian, non-Hispanic adults to report having fair or poor health and more likely to report having at least one of the 10 chronic conditions listed below compared with Black, non-Hispanic; Hispanic, Asian, non-Hispanic, and other, non-Hispanic adults (Table 2). The proportion of older adults between 55–64 years was significantly higher for white, non-Hispanic adults compared with Hispanic and other non-Hispanic adults, which may contribute to their higher prevalence of chronic conditions.

TABLE 2. Selected Health Measures of Medicaid-Covered Adults Age 18–64 by Race and Ethnicity, 2016–2022

Health measures	Share of adults age 18-64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Other, non-Hispanic
Self-reported health status							
Very good/excellent	**29.8%**	24.9%	33.2%*	36.6%*	47.1%*	50.5%*	36.3%*
Good	**35.8**	36.0	36.3	35.5	39.1	–	32.1
Fair/poor	**34.4**	39.2	30.4*	28.0*	13.8*	29.0	31.6
Chronic conditions							
Any chronic condition below	**81.2**	86.0	80.3*	73.5*	55.2*	91.2	74.5*
Arthritis	**32.2**	36.9	33.9	22.0*	13.4*	35.6	24.7*
Cancer	**5.0**	4.8	4.2	5.9	–	–	–
Cholesterol disorder	**26.7**	29.8	25.6	19.8*	22.6	42.0	17.8*
Depression	**35.2**	40.5	36.2	23.2*	–	57.7	33.9
Diabetes	**17.2**	16.5	21.5*	15.8	25.0	–	10.4*
Heart disease	**49.6**	55.6	40.4*	43.1*	25.9*	59.1	44.8*
Obesity	**9.9**	10.9	10.0	7.8	–	–	–
Hypertension	**33.4**	34.6	38.2	30.6	24.2	–	20.7*
Orthopedic	**27.2**	28.5	24.8	28.0	14.7*	37.4	22.2
Respiratory or chronic lung disease	**24.3**	27.0	20.5*	21.0*	–	–	24.7

Notes: AIAN is American Indian or Alaska Native. NHPI is Native Hawaiian and Pacific Islander.

* 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, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016-2022.

Health Care Access and Unmet Need

Findings from the CSHCA indicate that there are some racial and ethnic disparities in access to and use of care among Medicaid beneficiaries, including having a usual source of care and care location, as well as the type of care that is delayed. Having a usual source of care and provider may be indicative of an individual's access to and use of health care services, as well as whether individuals continue to use health care services in the long term. Additionally, having a usual source of care has been associated with a decrease in emergency service use and delayed care (Ku and Vichare 2022, Blewett 2008; Xu 2002).

Access and use of health care services

Overall, 68.1 percent of Medicaid covered adults reported having a usual source of care (Table 3). White, non-Hispanic adults were more likely to report having a usual source of care compared with adults from most other racial and ethnic groups. Of those without a source for primary care, over one-fourth reported not knowing where

to get care. Additionally, significantly more Black, non-Hispanic adults reported not knowing where to get care compared with white, non-Hispanic adults (38.5 percent compared with 23.2 percent). However, the other reasons for not having a usual source of care did not differ by race and ethnicity.

The location where individuals usually received care differed among racial and ethnic groups. For example, white, non-Hispanic adults were more likely than Black, non-Hispanic and Hispanic adults to go to a physician or a health care provider's office, while Black, non-Hispanic; Hispanic; and Asian, non-Hispanic adults were more likely than white, non-Hispanic adults to report going to a clinic or health center. Black, non-Hispanic adults were also more likely to report going to urgent care, an outpatient hospital, and a hospital emergency room for their usual care than white, non-Hispanic adults.

TABLE 3. Selected Measures of Access and Use of Care for Medicaid-Covered Adults Age 18–64 by Race and Ethnicity, 2016–2022

Access and utilization measures	Share of adults age 18–64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Other, non-Hispanic
Health care access in past 12 months							
Has a usual source of care	**68.1%**	71.7%	58.6%*	66.4%	63.9%	69.4%	60.4%*
Type of usual source of care[1]							
Physician or other health care provider's office	**73.0**	77.8	65.0*	64.5*	68.8	73.3	70.8
Clinic or health center	**25.0**	19.0	37.0*	35.3*	32.4*	–	19.3
Urgent care or hospital outpatient	**23.4**	21.0	27.6*	24.8	32.4	–	32.0*
Hospital emergency room	**21.6**	19.7	30.4*	20.7	23.6	–	26.6
Primary reason why you do not have a usual source of care							
Cost of medical care	**7.1**	10.4	–	–	–	–	–
Change in circumstances (e.g., recently moved, changed insurance plans, job loss)	**16.0**	16.8	–	20.5	–	–	–
Don't know where to get care	**27.2**	23.2	38.5*	26.0	–	–	–
Other reason (e.g., like to go to different places, treat self, seldom get sick, or other reason)	**49.8**	49.6	51.4	50.6	–	–	54.7
Talk with a health provider by video (e.g., Skype)	**19.2**	18.7	20.4	19.9	24.9	–	12.9

Notes: AIAN is American Indian or Alaska Native. NHPI is Native Hawaiian and Pacific Islander.

[1] MACPAC does not typically include hospital emergency room as a usual source of care. Individuals could mark all usual sources of care that they use for their care, so these responses are not mutually exclusive. The analysis included hospital emergency room because a large proportion of respondents reported this as one of their usual sources of care.

* 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, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016–2022.

Needed and delayed care

Over 80 percent of adults covered by Medicaid were able to get the care they needed, and there were differences in the amount of care among racial and ethnic groups (Table 4). For example, white, non-Hispanic adults were more likely to need medical care more than once in the past 12 months, compared with most of the other racial and ethnic groups.

The primary reason for not receiving necessary care was similar across groups. Almost a quarter of all respondents reported not being able to afford care, that their provider did not accept their insurance, or that they could not get an appointment soon enough.

Black, non-Hispanic adults were more likely than white, non-Hispanic adults to report not filling a prescription or skipping a medical test or treatment due to cost, or not being able to pay their medical bills. Similarly, Hispanic adults were also more likely than white, non-Hispanic adults to report skipping a medical test or treatment due to cost.

TABLE 4. Selected Measures of Needed and Delayed Care for Medicaid-Covered Adults Age 18–64 by Race and Ethnicity, 2016–2022

Needed or delayed care	Share of adults age 18–64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Other, non-Hispanic
Needed care in the past 12 months							
Needed medical care	**100.0%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Frequency of needed care in the past 12 months							
One time	**48.3**	41.8	58.7*	57.7*	58.1*	54.1	50.8
More than one time	**51.7**	58.2	41.3*	42.3*	41.9*	45.9	49.2
Frequency of getting needed care							
Always	**82.1**	83.1	80.2	81.3	84.2	63.4	80.5
Sometimes	**16.4**	15.4	18.6	17.3	–	–	17.6
Never	**1.5**	1.5	–	–	–	–	–
Type of provider needed to see							
General physician, PA, or NP	**54.5**	51.4	63.9	59.9	59.9	–	37.5
Specialist	**41.9**	43.4	32.3	40.1	–	–	61.2
Other	**3.6**	–	–	–	–	–	–
Main reason for not obtaining care							
Provider does not accept insurance	**24.2**	25.8	25.8	23.8	–	–	–
Could not find a provider that would see me regardless of insurance	**10.4**	6.6	–	16.8*	–	–	–
Could not afford care	**23.1**	23.4	27.9	19.6	–	–	–
Could not get an appointment soon enough	**28.0**	25.9	17.8	33.4	–	–	34.8
Did not have transportation	**14.3**	18.4	15.2	–	–	–	–

Needed or delayed care	Share of adults age 18–64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Other, non-Hispanic
Difficulties getting needed care							
Delayed getting necessary medical care	**29.1**	28.8	25.7	31.6	29.4	37.2	33.3
Did not fill a prescription for medicine because of cost	**27.3**	25.9	31.6*	30.2	18.5	25.7	27.2
Skipped a medical test, treatment or follow-up due to cost	**24.4**	21.7	28.8*	29.3*	22.8	–	23.9
Problems paying or were unable to pay for medical bills	**31.1**	29.7	36.1*	32.3	23.8	41.0	31.4

Notes: PA is physician's assistant. NP is nurse practitioner. AIAN is American Indian or Alaska Native. NHPI is Native Hawaiian and Pacific Islander.

* 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, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016-2022.

Health Care Experiences and Quality of Care

Many factors contribute to whether individuals are able to access and use health care services and continue to engage with the health care system. Some of these factors include ease of scheduling an appointment and traveling to the provider location, satisfaction with the care provided, experiences with the provider, and the quality of care provided (Wallace 2022; Babitsch et al. 2012).

We assessed the health care experiences and quality of care by both race and ethnicity and insurance payer. There were some differences between white, non-Hispanic adults and those of other races and ethnicities in experience with providers and quality of care. There were also differences across white, non-Hispanic; Black, non-Hispanic; and Hispanic adults covered by Medicaid and those covered by private insurance, with adults covered by private insurance reporting better access and provider experiences than those covered by Medicaid (Tables A-1 and A-2).

Ease of accessing health care

Medicaid beneficiaries of different races and ethnicities reported different experiences with scheduling their most recent medical appointment. For example, Black, non-Hispanic; Hispanic; and Asian, non-Hispanic adults were more likely than white, non-Hispanic adults to be able to schedule a same-day appointment (Table 5). However, these same groups were also less likely than white, non-Hispanic adults to receive their usual care at an office, so the availability of appointments may be related to the appointment location (Table 3).

There were differences in how far Medicaid beneficiaries had to travel to their most recent appointment. White, non-Hispanic adults were more likely than Black, non-Hispanic and Asian, non-Hispanic adults to report travelling for less than 30 minutes to their provider. Black, non-Hispanic adults were also more likely than white, non-Hispanic adults to report needing to travel over one hour to their provider.

TABLE 5. Selected Measures of Provider Access for Medicaid-Covered Adults Age 18–64 by Race and Ethnicity, 2016–2022

Most recent medical care visit	Share of adults age 18–64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Other, non-Hispanic
Time between making and having the appointment							
Same day	**49.9%**	43.4%	56.5%*	58.4%*	72.1%*	60.2%	51.7%
Less than two weeks (not same day)	**32.8**	36.1	34.0	25.3*	20.2*	–	32.2
Two weeks or more	**17.3**	20.4	9.5*	16.3	–	–	16.1
Travel time to provider							
Less than 30 minutes	**72.4**	75.6	65.4*	70.9	57.8*	58.9	75.1
30 to 60 minutes	**21.7**	19.9	27.0*	23.0	29.0	–	15.2
More than one hour	**5.9**	4.5	7.6*	6.2	–	–	–

Notes: ER is emergency room. AIAN is American Indian or Alaska Native. NHPI is Native Hawaiian and Pacific Islander.

* 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, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016-2022.

Experiences with provided care

Across all races and ethnicities, Medicaid beneficiaries reported similar satisfaction and experiences with the quality of care from their provider during their most recent medical visit. On average, over 85 percent of adults covered by Medicaid were very or somewhat satisfied with their most recent medical care visit and would recommend their provider (Table 6). However, over 16 percent of adults had a negative experience with their provider during their most recent medical visit.

Although there were many similarities in experiences with care across races and ethnicities, there were some differences for key measures of provider experience. For example, there were large differences in reported provider concordance between white, non-Hispanic adults and those of other races and ethnicities. White, non-Hispanic adults were more likely than all other races and ethnicities to report having a provider who was of the same race or ethnicity (71.4 percent). Provider concordance was significantly lower, ranging from 40.1 percent to 46.1 percent for all other races and ethnicities.

There were also differences in experiencing unfair treatment and discrimination during the most recent medical visit between white, non-Hispanic adults and adults of other races and ethnicities. For example, Black, non-Hispanic and Hispanic adults were almost two times more likely to report unfair treatment based on race compared with white, non-Hispanic adults. Further, Black, non-Hispanic and Hispanic adults were more likely than white, non-Hispanic adults to report unfair treatment based on type of health insurance.

The vast majority of adults covered by Medicaid reported English as the language they were most comfortable using with providers, but some racial and ethnic groups experienced language barriers and unfair treatment due to language. For example, Hispanic adults were less likely to report English as the language they were most comfortable using compared with white, non-Hispanic adults. Additionally, Hispanic adults were significantly more likely to report unfair treatment based on language than white, non-Hispanic adults.

TABLE 6. Selected Measures of Provider Satisfaction and Experience for Medicaid-Covered Adults Age 18-64 by Race and Ethnicity, 2016-2022

Provider experience	Share of adults age 18–64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Other, non-Hispanic
Satisfaction with your most recent medical care visit							
Very or somewhat satisfied	**85.6%**	86.6%	83.6%	85.6%	84.0%	66.4%	83.1%
Would recommend provider	**87.5**	88.2	87.2	87.4	83.3	74.5	85.1
Experience with provider during most recent medical care visit							
Had a negative provider experience related to: how the provider explained things, answered questions, or how much time the provider spent with patient	**16.6**	15.7	17.4	17.4	16.5	41.7	18.2
Provider who treated you was the same race or ethnicity as you	**59.3**	71.4	40.1*	42.7*	44.4*	46.1*	46.1*
Unfair Treatment and discrimination during most recent medical care visit based on:							
For any of the reasons below	**25.8**	22.4	31.7*	30.6*	31.4	39.6	22.8
Based on race, language, culture or religion (at least one)	**14.9**	11.8	20.4*	18.6*	22.1*	–	12.9
Health insurance	**21.8**	19.2	25.9*	26.5*	23.1	36.4	15.8
Sex or gender	**9.9**	8.7	9.5	13.6*	13.1	–	–
Age	**11.8**	10.6	10.7	14.6	16.9	–	11.2
Race	**10.1**	7.5	15.3*	13.4*	15.1	–	–
Language	**9.6**	8.0	10.2	13.1*	13.6	–	8.8
Culture	**9.0**	7.3	10.1	12.6*	–	–	–
Religion	**8.1**	7.0	9.3	10.4	–	–	–
Sexual orientation	**8.3**	7.3	9.1	10.5	13.1	–	–
Frequency of language barriers in the past year							
Frequently	**11.1**	9.9	13.1	12.0	14.7	–	12.8
Rarely	**20.8**	19.6	22.1	23.4	25.3	–	15.1
Never	**68.1**	70.5	64.8*	64.6*	60.0	60.3	72.1

Provider experience	Share of adults age 18–64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Other, non-Hispanic
Language most comfortable using with providers							
English	**97.5**	99.6	98.5	90.5*	97.8	97.2	99.4
Spanish	**2.0**	–	–	8.1*	–	–	–

Notes: AIAN is American Indian or Alaska Native. NHPI is Native Hawaiian and Pacific Islander.

* 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, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016-2022.

Data and Methods

Data for this report come from the 2016–2022 AAMC CSHCA, which includes 12 biannual survey waves. The survey asks respondents about their demographics, health care access, and experiences with health care providers during the past 12 months, and includes questions about quality of care, satisfaction with care, and communication with a provider based on their most recent health care visit. A supplementary module in 2016 assessed respondents' access to and experiences with mental and behavioral health care.

Each wave of the CSHCA includes a core sample of 2,000 individuals, which incorporates quotas for age and insurance distributions. Every other survey wave includes both the core sample and an additional 1,500 respondents who are oversampled from specific subgroups of interest (minority, rural, and/or Medicaid beneficiaries). The CSHCA uses post-survey weights derived from the Current Population Survey (based on sex, age, race and ethnicity, employment status, household county, income, educational attainment, and geographic region) to produce nationally representative estimates. All differences discussed in this brief were computed using t-tests and are significant at the 0.05 level.

The target population and sampling frame for the CSHCA differ substantially compared to federal surveys such as the National Health Interview Survey (NHIS). For example, the NHIS represents the civilian, non-institutionalized population of the United States, while the CSHCA is designed to focus on health care experiences and largely excludes individuals who either did not need care during the past year or were never able to access care. In addition, the NHIS sampling frame covers the entire United States and uses a complex, multistate probability sample based on geography, while the CSHCA consists of an online panel of over 1.5 million individuals living in the United States.

Because the NHIS and the CSHCA have different target populations, use different survey sampling and weighting methodologies, the CSHCA results reported in this issue brief show differences compared with those reported in prior MACPAC work (MACPAC 2022b, 2022d).[1]

Insurance coverage

Coverage source is defined as the health insurance that the respondent had when they most recently needed medical care. However, some of the questions in this survey refer to experiences across the past 12 months, and an individual may have multiple coverage sources or have been uninsured for part of the year. Given that the 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

The AAMC CSHCA includes a combined race and ethnicity question, so respondents self-identify their race and ethnicity in one question and are able to select all responses that apply. The options include: Native American and Alaska Native; Asian; Black or African-American; Hispanic; Native Hawaiian or other Pacific Islander; white; other race and ethnicity, and refused.

The analyses include Medicaid beneficiaries and compare the demographics, socioeconomic status, and health status between white, non-Hispanic adults (age 18-64) and five other racial and ethnic groups: Black, non-Hispanic; Hispanic; Asian, non-Hispanic; AIAN and NHPI, non-Hispanic; and other, non-Hispanic. Individuals of Hispanic origin can be of any race, and non-Hispanic other includes individuals who selected other race and ethnicity and did not select Hispanic. Additionally, given the small sample for those who identify as Native Hawaiian and Pacific Islander, their responses were combined with those reported by Native American and Alaska Native. The estimates are reportable for most racial and ethnic groups, but even with five years of pooled survey data, the sample size for some of the groups is too small to report reliable results.

The second analysis compares the experiences of individuals covered by Medicaid with those covered by private insurance. These statistical analyses are comparisons within three racial and ethnic groups: white, non-Hispanic; Black, non-Hispanic; and Hispanic (Appendix A). Given small sample sizes for some of the racial and ethnic groups, the comparisons were limited to three racial and ethnic groups with large enough analyses to produce estimates.

Endnotes

[1] NHIS and the AAMC consumer health care access surveys use different survey sampling and weighting methodologies, which can lead to differences in the surveyed populations, the results reported in this issue brief compared with those reported in prior MACPAC work, and their generalizability to the population as a whole (MACPAC 2022b). The demographic characteristics of the survey populations and the distribution of racial and ethnic groups are different (although the differences

were not statistically tested). For example, white, non-Hispanic adult Medicaid beneficiaries represented 56.2 percent of the AAMC weighted survey sample, compared with the reported 45.0 percent of the NHIS 2015-2018 weighted survey sample (Table 1). The five other racial and ethnic groups made up less than half of the weighted population of adults covered by Medicaid in both surveys.

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APPENDIX A: Insurance Payer Comparison

TABLE A-1. Selected Measures of Provider Access for Adults Age 18-64 by Health Insurance Coverage and Race and Ethnicity, 2016-2022

Most recent medical care visit	White, non-Hispanic		Black, non-Hispanic		Hispanic	
	Medicaid	Private	Medicaid	Private	Medicaid	Private
Time between making the appointment and having the appointment						
Same day	**43.9**	53.8*	55.2	62.7*	58.1	62.7
Less than two weeks (not same day)	**37.1**	34.0*	33.7	29.7	28.6	29.4
Two weeks or more	**18.9**	12.2*	11.0	7.6*	13.3	7.9*
Travel time to provider						
Less than 30 minutes	**74.5**	71.0*	65.9	66.9	69.9	63.9*
30 to 60 minutes	**20.7**	23.5*	26.8	27.2	23.1	27.8*
More than one hour	**4.8**	5.5	7.3	5.9	7.0	8.3

Notes: ER is emergency room.

* Difference from Medicaid 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, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016-2022.

TABLE A-2. Selected Measures of Provider Experience Adults Age 18-64 by Health Insurance Coverage and Race and Ethnicity, 2016-2022

Provider experiences with most recent medical care visit	White, non-Hispanic		Black, non-Hispanic		Hispanic	
	Medicaid	Private	Medicaid	Private	Medicaid	Private
Satisfaction with your most recent medical care visit						
Very or somewhat satisfied	**86.6%**	92.62%*	83.6%	90.5%*	85.6%	88.1%
Neither satisfied nor dissatisfied	**6.8**	3.9*	9.4	4.5*	8.3	7.1
Very or somewhat dissatisfied	**6.6**	3.5*	7.0	5.0	6.1	4.8
Would recommend provider	**88.2**	93.0*	87.2	92.0*	87.4	90.2
Provider experience during most recent medical care visit						
Had a negative provider experience for any of: how the provider explained things, answered questions, or spent enough time	**15.7**	11.2*	17.4	11.8*	17.4	19.1
Provider who treated you explained things in a way that was easy to understand	**94.6**	96.7*	95.9	96.5	94.2	94.0

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Provider experiences with most recent medical care visit	White, non-Hispanic		Black, non-Hispanic		Hispanic	
	Medicaid	Private	Medicaid	Private	Medicaid	Private
Provider answered all your questions to your satisfaction	**90.5**	94.0*	89.0	93.6*	88.9	90.4
Provider who treated you spent enough time with you	**88.9**	92.3*	89.1	91.4	87.4	87.6
Provider who treated you was the same race or ethnicity as you	**71.4**	79.2*	40.1	48.3*	42.7	58.0*
Unfair Treatment and discrimination during most recent medical care visit based on:						
Unfair treatment for any of the reasons below	**22.4**	34.8*	31.7	40.2*	30.6	46.5*
Unfair treatment based on race, language, culture or religion (at least one)	**11.8**	27.3*	20.4	33.9*	18.6	35.5*
Health insurance	**19.2**	28.9*	25.9	32.5*	26.5	37.9*
Sex or gender	**8.7**	18.2*	9.5	19.9*	13.6	22.3*
Age	**10.6**	22.3*	10.7	21.6*	14.6	23.1*
Race	**7.5**	18.7*	15.3	21.7*	13.4	23.7*
Language	**8.0**	19.8*	10.2	21.2*	13.1	23.6*
Culture	**7.3**	17.6*	10.1	17.1*	12.6	21.9*
Religion	**7.0**	17.2*	9.3	19.5*	10.4	19.3*
Sexual orientation	**7.3**	18.5*	9.1	16.4*	10.5	20.8
Frequency of experiencing language barrier						
Frequently	**9.9**	24.2*	13.1	26.1*	12.0	31.7*
Rarely	**19.6**	17.3*	22.1	20.1	23.4	21.0
Never (past 12 months)	**70.5**	58.5*	64.8	53.8*	64.6	47.3*
Language most comfortable using with providers						
English	**99.6**	99.3	98.5	98.9	90.5	86.6
Spanish	**–**	0.6*	–	0.9	8.1	12.4*

Notes:

* Difference from Medicaid 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, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016-2022.