



Health Care Access and Utilization Among Young Adults Aged 19–25: Early Release of Estimates From the National Health Interview Survey, January–September 2011

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Highlights

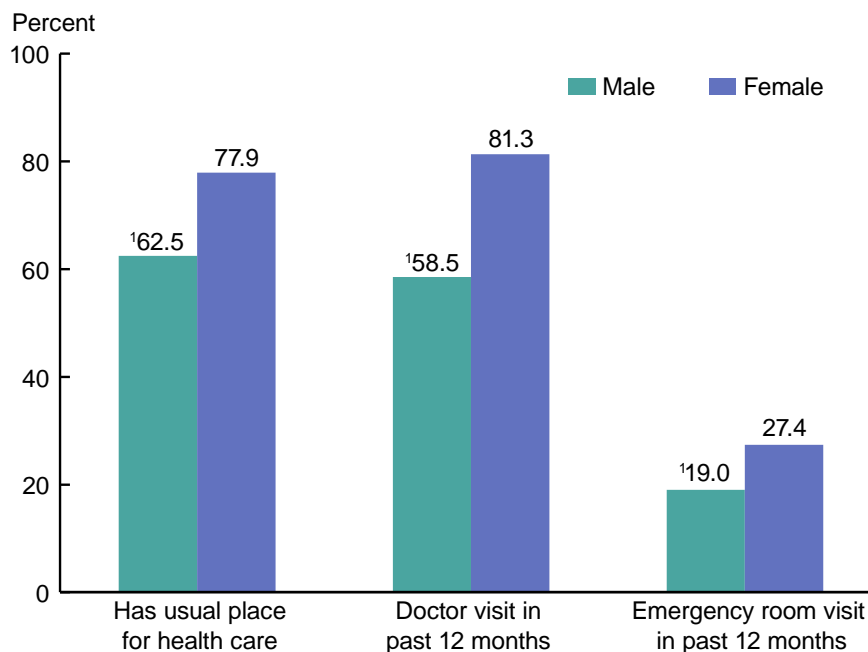
- From January through September 2011, 77.9% of women aged 19–25 had a usual place for health care compared with 62.5% of men in the same age group.
- Among adults aged 19–25, those with public health coverage were more likely to have had an emergency room visit in the past 12 months than those with private coverage or the uninsured.
- Among those aged 19–25, Hispanic adults were less likely to have had a usual place for health care, a doctor visit in the past 12 months, or an emergency room visit in the past 12 months than non-Hispanic black adults, and less likely to have had a usual place for health care or a doctor visit in the past 12 months than non-Hispanic white adults.
- Adults aged 19–25 who were not poor were more likely to have had a usual place for health care and less likely to have had an emergency room visit compared with those who were poor. No significant differences were observed between poor and near poor in the percentages for having a usual place for health care, a doctor visit in the past 12 months, or an emergency room visit in the past 12 months.
- Twenty-eight percent of uninsured adults aged 19–25 delayed or did not get needed medical care due to cost compared with 7.6% of those with private health insurance and 10.1% of those with public coverage.

Introduction

Previous studies have examined patterns of health care utilization among young adults (1,2). Low wages or temporary jobs typically available to young adults upon graduation from high school or college often come with limited or no health benefits (3). Disruption of health insurance coverage can introduce barriers to health care and leave young adults vulnerable to high out-of-pocket expenses in the event of a serious illness or injury (4). In March 2010, the Affordable Care Act (ACA) legislation was passed. One of ACA's early provisions was the extension of dependent private health insurance coverage for young adults up to age 26. This report provides preliminary estimates of access to and utilization of health care among young adults aged 19–25, using National Health Interview Survey (NHIS) data collected from January through September 2011.

This report is produced by the NHIS Early Release (ER) Program, which releases updated selected estimates that are available from the NHIS website: <http://www.cdc.gov/nchs/nhis.htm>. For more information about NHIS and the ER Program, see “Technical Notes” and “Additional Early Release Program Products” sections of this report.

Figure 1. Percentages of adults aged 19–25 with a usual place for health care, a doctor visit in the past 12 months, or an emergency room visit in the past 12 months, by sex: United States, January–September 2011



¹Significantly different from females ($p < 0.05$).

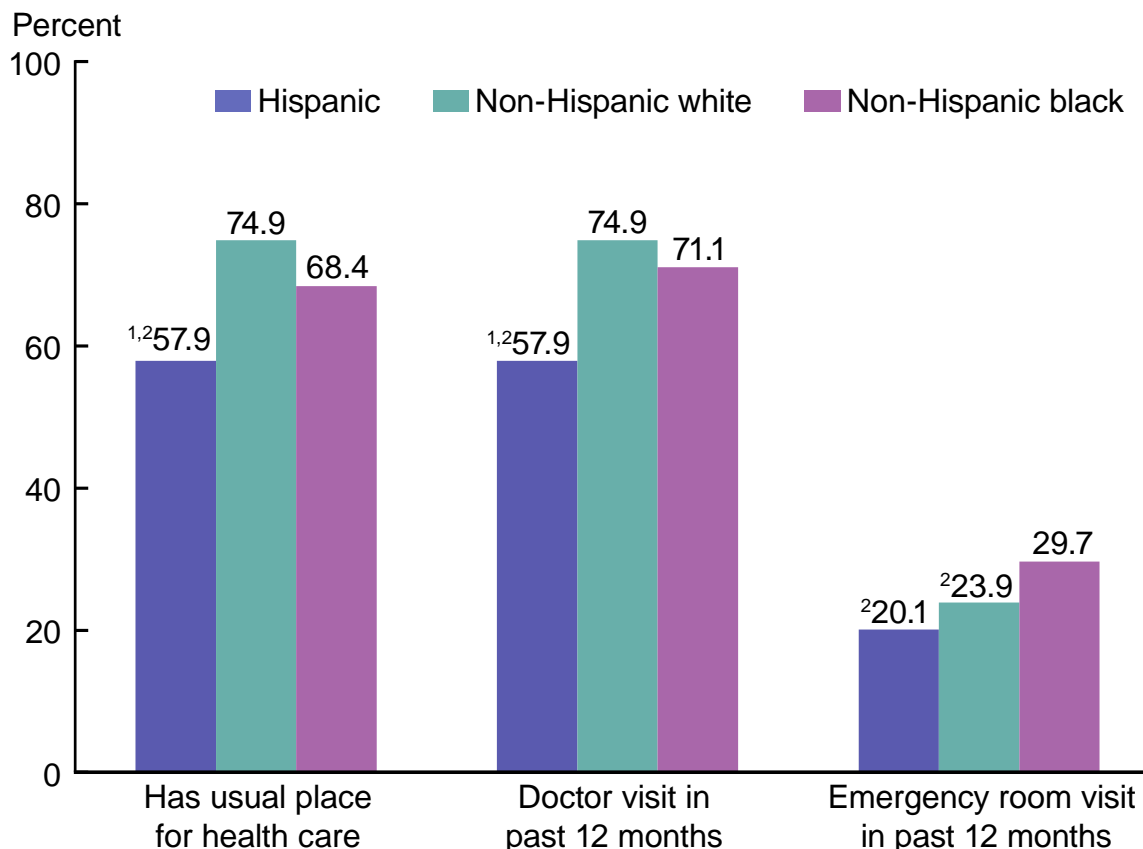
NOTES: Estimates for 2011 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, Sample Adult component, 2011.



- In the first 9 months of 2011, 77.9% of women aged 19–25 had a usual place for health care compared with 62.5% of men of the same age group (Figure 1).
- Women (81.3%) were more likely to have had a doctor visit in the past 12 months than men (58.5%).
- Women (27.4%) were more likely to have had an emergency room visit in the past 12 months than men (19.0%).

Figure 2. Percentages of adults aged 19–25 with a usual place for health care, a doctor visit in the past 12 months, or an emergency room visit in the past 12 months, by race and ethnicity: United States, January–September 2011



¹Significantly different from non-Hispanic white ($p < 0.05$).

²Significantly different from non-Hispanic black ($p < 0.05$).

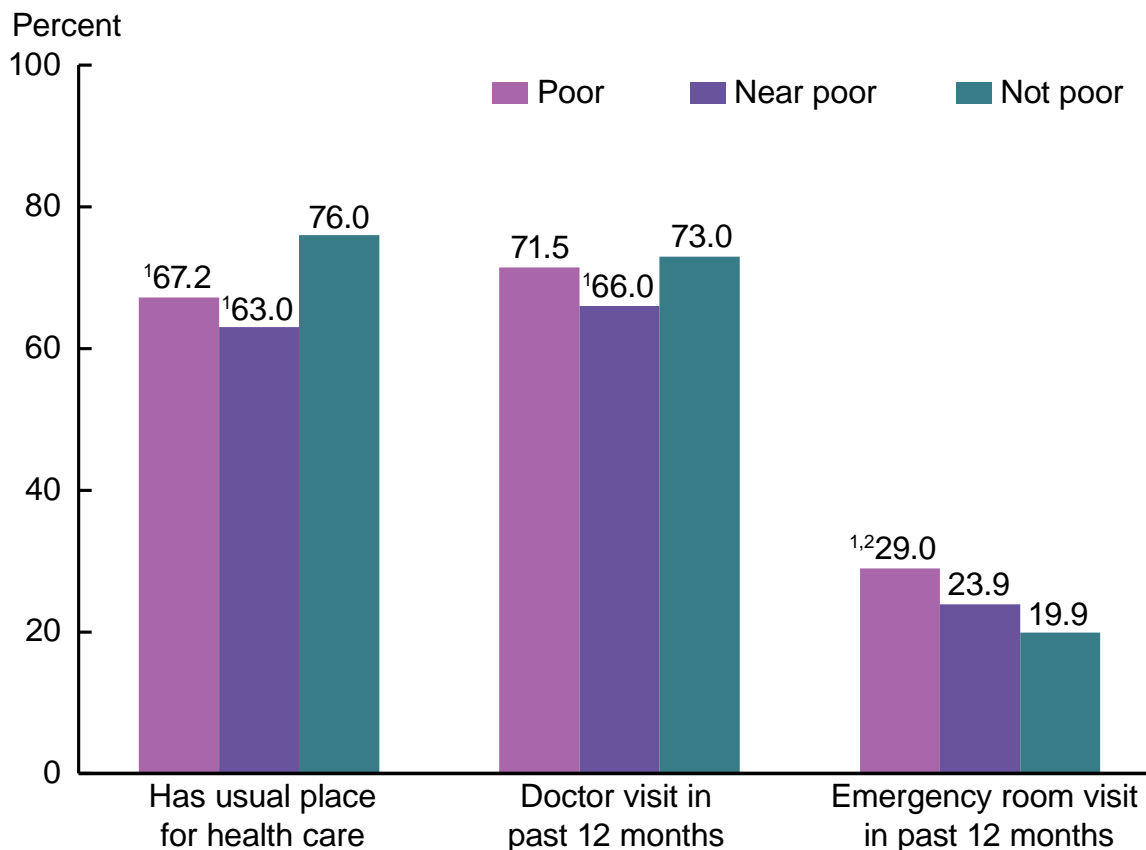
NOTES: Estimates for 2011 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, Sample Adult component, 2011.

- In the first 9 months of 2011, 57.9% of Hispanic persons aged 19–25 had a usual place for health care, significantly less than non-Hispanic white (74.9%) and non-Hispanic black (68.4%) persons. No significant difference was observed in having a usual place for health care between non-Hispanic white and non-Hispanic black persons (Figure 2).
- Among Hispanic persons, 57.9% had a doctor visit in the past 12 months, significantly less than non-Hispanic white (74.9%) and non-Hispanic black (71.1%) persons. No significant difference was observed in having a doctor visit in the past 12 months between non-Hispanic white and non-Hispanic black persons.
- Hispanic (20.1%) and non-Hispanic white (23.9%) persons were less likely than non-Hispanic black persons (29.7%) to have had an emergency room visit in the past 12 months. There was no significant difference in having an emergency room visit in the past 12 months between Hispanic and non-Hispanic white persons.



Figure 3. Percentages of adults aged 19–25 years with a usual place for health care, a doctor visit in the past 12 months, or an emergency room visit in the past 12 months, by poverty status: United States, January–September 2011



¹Significantly different from not poor ($p < 0.05$).

²Significant linear trend by poverty status ($p < 0.05$).

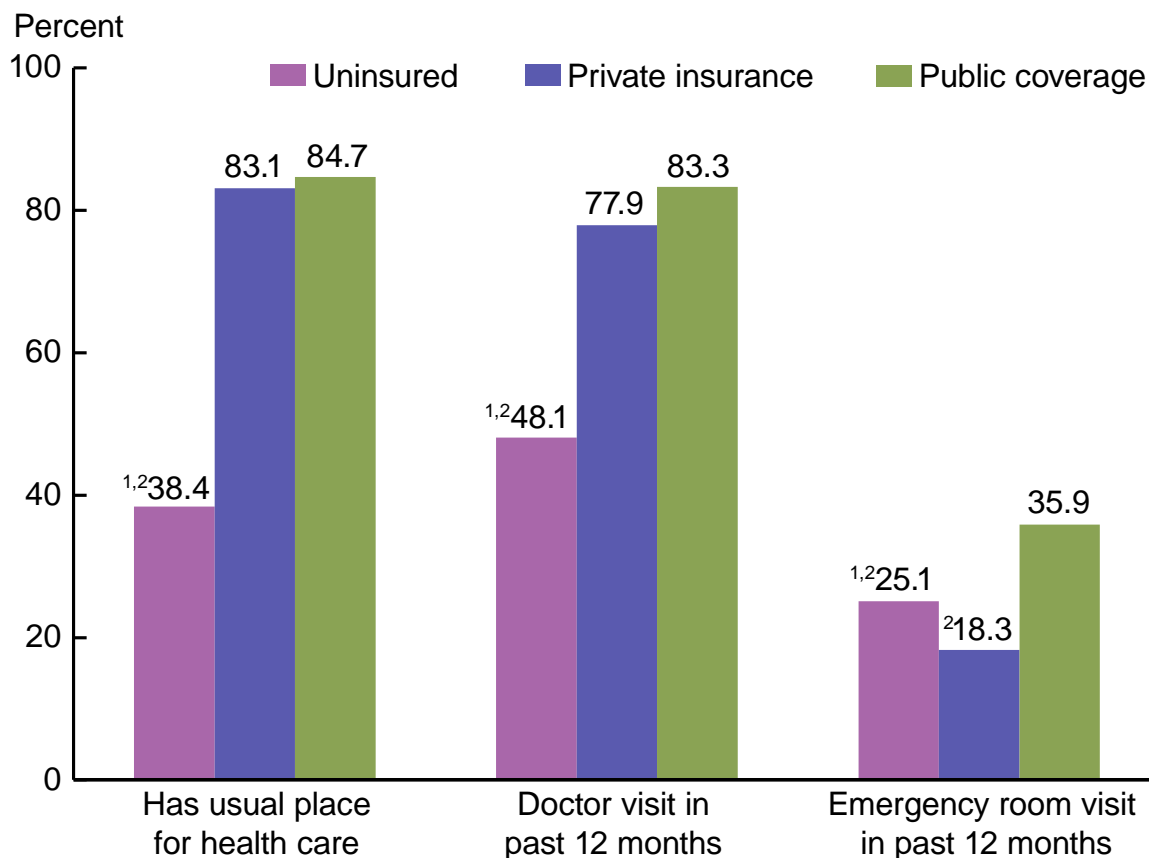
NOTES: Estimates for 2011 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, Family Core and Sample Adult components, 2011.

- In the first 9 months of 2011, adults aged 19–25 who were poor (67.2%) and those who were near poor (63.0%) were less likely than those who were not poor (76.0%) to have had a usual place for health care (Figure 3).
- No significant differences were observed between those who were poor and those who were near poor in the percentages for having a usual place for health care and a doctor visit in the past 12 months.
- Having an emergency room visit in the past 12 months decreased as income relative to poverty status increased.



Figure 4. Percentages of adults aged 19–25 with a usual place for health care, a doctor visit in the past 12 months, or an emergency room visit in the past 12 months, by health insurance coverage status: United States, January–September 2011



¹Significantly different from private insurance ($p < 0.05$).

²Significantly different from public coverage ($p < 0.05$).

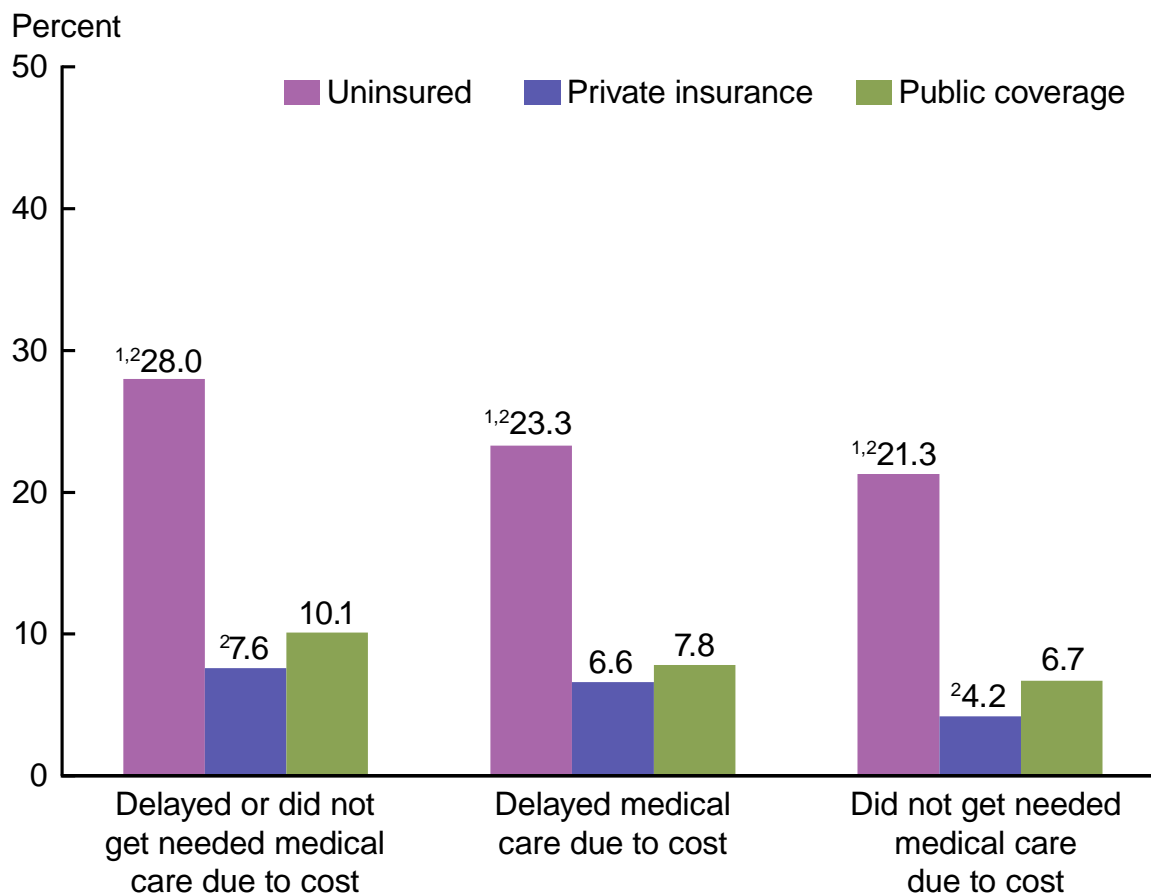
NOTES: Estimates for 2011 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, Family Core and Sample Adult components, 2011.

- In the first 9 months of 2011, 38.4% of uninsured adults aged 19–25 had a usual place for health care and 48.1% had a doctor visit in the past 12 months, both significantly lower than the percentages of those with private insurance and those with public coverage (Figure 4).
- There were no significant differences between those with private insurance (83.1%) and those with public coverage (84.7%) in having a usual place for health care, and in having a doctor visit in the past 12 months (77.9% and 83.3%, respectively).
- The pattern differed for having an emergency room visit in the last 12 months: Those aged 19–25 with public coverage were most likely to have had an emergency room visit in the past 12 months (35.9%), followed by those who were uninsured (25.1%) and then those with private insurance (18.3%).



Figure 5. Percentages of adults aged 19–25 years who delayed or did not get needed medical care due to cost, by health insurance coverage status: United States, January–September 2011



¹Significantly different from private insurance ($p < 0.05$).

²Significantly different from public coverage ($p < 0.05$).

NOTES: Estimates for 2011 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, Family Core component, 2011.

- In the first 9 months of 2011, 28% of uninsured adults aged 19–25 delayed or did not get medical care due to cost, significantly more than those with private health insurance (7.6%) and those with public coverage (10.1%) (Figure 5).
- Of those who were uninsured, 23.3% delayed medical care due to cost, significantly more than those with private health insurance (6.6%) and public coverage (7.8%). However, no significant difference was found between the percentages with private insurance and with public coverage in delaying medical care due to cost.
- The uninsured were the most likely to not get medical care due to cost (21.3%); those with public coverage (6.7%) were more likely than those with private health insurance (4.2%) to not get medical care due to cost.



Table 1. Percentages of adults aged 19–25 who had a usual place for health care, a doctor visit in the past 12 months, or an emergency room visit in the past 12 months, by selected demographic characteristics: United States, January–September 2011

Selected characteristic	Had usual place for health care ¹	Doctor visit in past 12 months ²	Emergency room visit in past 12 months ³
Percent (standard error)			
Total	70.3 (1.22)	70.0 (1.13)	23.2 (0.91)
Sex			
Male	62.5 (1.94)	58.5 (1.72)	19.0 (1.28)
Female	77.9 (1.40)	81.3 (1.22)	27.4 (1.42)
Race/ethnicity			
Hispanic	57.9 (2.64)	57.9 (2.37)	20.1 (1.80)
Non-Hispanic white only	74.9 (1.48)	74.9 (1.54)	23.9 (1.33)
Non-Hispanic black only	68.4 (3.16)	71.1 (2.61)	29.7 (2.55)
Poverty status ⁴			
Poor	67.2 (2.22)	71.5 (1.92)	29.0 (2.08)
Near poor	63.0 (2.41)	66.0 (2.26)	23.9 (2.14)
Not poor	76.0 (1.60)	73.0 (1.63)	19.9 (1.53)
Health insurance coverage status at interview			
Uninsured ⁵	38.4 (2.34)	48.1 (2.23)	25.1 (2.03)
Private ⁶	83.1 (1.20)	77.9 (1.39)	18.3 (1.28)
Public ⁷	84.7 (1.80)	83.3 (2.53)	35.9 (2.44)

¹Based on a question in the Sample Adult section that asked, "Is there a place that you USUALLY go to when you are sick or need advice about your health?" If there was at least one such place, then a follow-up question was asked: "What kind of place [is it/do you go to most often]—a clinic, doctor's office, emergency room, or some other place?" Choices for the second question were: "clinic or health center," "doctor's office or HMO," "hospital emergency room," "hospital outpatient department," "some other place," or "doesn't go to one place most often." Adults who indicated that the emergency room was their usual place for care were considered not to have a usual place of health care.

²Based on a question in the Sample Adult section that asked, "DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE?" Respondents were instructed to exclude overnight hospitalizations, visits to hospital emergency rooms, home visits, dental visits, and telephone calls.

³Based on a question in the Sample Adult section that asked, "DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?"

⁴Based on family income and family size, using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as those below the poverty threshold; "near poor" persons have incomes 100% to less than 200% of the poverty threshold; and "not poor" persons have incomes 200% of the poverty threshold or greater. The percentage of respondents with unknown poverty status was 11.6% in the first three quarters of 2011. Estimates for persons with unknown poverty status are included in the total but are not shown separately. For more information on the unknown income and poverty status categories, see "NHIS Survey Description" for 2010, available from: <http://www.cdc.gov/nchs/nhis.htm>. Estimates may differ from estimates based on both reported and imputed income.

⁵Defined as not having any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person also was defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care.

⁶Excludes plans that paid for only one type of service such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

⁷Includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare (disability), and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

NOTES: Estimates for 2011 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, Family Core and Sample Adult components, 2011.



Table 2. Percentages of adults aged 19–25 who delayed or did not get needed medical care due to cost in the past 12 months, by selected demographic characteristics: United States, January–September 2011

Selected characteristic	Delayed medical care due to cost ¹	Did not get needed medical care due to cost ²	Delayed or did not get needed medical care due to cost ³
Percent (standard error)			
Total	11.5 (0.51)	9.4 (0.41)	13.8 (0.54)
Sex			
Male	10.2 (0.62)	8.5 (0.52)	12.5 (0.67)
Female	12.9 (0.69)	10.4 (0.56)	15.1 (0.72)
Race/ethnicity			
Hispanic	11.2 (1.01)	9.8 (0.79)	14.0 (1.05)
Non-Hispanic white only	12.5 (0.74)	9.6 (0.55)	14.4 (0.77)
Non-Hispanic black only	9.3 (0.94)	9.2 (0.99)	12.1 (1.07)
Poverty status⁴			
Poor	14.6 (1.18)	13.3 (1.01)	18.1 (1.26)
Near poor	17.2 (1.22)	13.8 (1.10)	20.0 (1.32)
Not poor	8.6 (0.70)	6.3 (0.55)	9.9 (0.74)
Health insurance coverage status at interview			
Uninsured ⁵	23.3 (1.15)	21.3 (1.05)	28.0 (1.21)
Private ⁶	6.6 (0.55)	4.2 (0.39)	7.6 (0.61)
Public ⁷	7.8 (0.99)	6.7 (0.91)	10.1 (1.09)

¹Based on a question in the Family section that asked, “DURING THE PAST 12 MONTHS, has [person] delayed seeking medical care because of worry about the cost?” Responses exclude dental care.

²Based on a question in the Family section that asked, “DURING THE PAST 12 MONTHS, was there any time when [person] needed medical care, but did not get it because [person] couldn’t afford it?” Responses exclude dental care.

³Based on a positive response to either of the following two questions in the Family section: “DURING THE PAST 12 MONTHS, has [person] delayed seeking medical care because of worry about the cost?” and “DURING THE PAST 12 MONTHS, was there any time when [person] needed medical care, but did not get it because [person] couldn’t afford it?” Responses exclude dental care.

⁴Based on family income and family size, using the U.S. Census Bureau’s poverty thresholds. “Poor” persons are defined as those below the poverty threshold; “near poor” persons have incomes 100% to less than 200% of the poverty threshold; and “not poor” persons have incomes 200% of the poverty threshold or greater. The percentage of respondents with unknown poverty status was 11.6% in the first three quarters of 2011. Estimates for persons with unknown poverty status are included in the total but are not shown separately. For more information on the unknown income and poverty status categories, see “NHIS Survey Description” for 2010, available from:

<http://www.cdc.gov/nchs/nhis.htm>. Estimates may differ from estimates based on both reported and imputed income.

⁵Defined as not having any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person also was defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care.

⁶Excludes plans that paid for only one type of service such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

⁷Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare (disability), and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

NOTES: Estimates for 2011 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, Family Core component, 2011.



Technical Notes

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) is releasing selected estimates of health care access and utilization for the civilian noninstitutionalized U.S. population aged 19–25 based on data from the 2011 National Health Interview Survey (NHIS).

The estimates are being released prior to final data editing and final weighting, to provide access to the most recent information from NHIS. The resulting estimates for persons without health insurance are generally 0.1–0.3 percentage points lower than those based on the editing procedures used for the final data files. Occasionally, because of decisions made for the final data editing and weighting, estimates based on preliminary editing procedures may differ by more than 0.3 percentage points from estimates based on final files. Estimates for 2011 are stratified by sex, race/ethnicity, poverty status, and insurance status.

Data source

Data used to produce this Early Release report are derived from the Family Core, Sample Adult Core, and Supplemental components of NHIS from January through September 2011. These components collect information on all family members in each household. Data analyses for the January–September 2011 NHIS were based on 77,635 persons in the Family Core and 25,272 adults in the Adult Core components. Visit the NHIS website at <http://www.cdc.gov/nchs/nhis.htm> for more information about the design, content, and use of NHIS.

Estimation procedures

NCHS creates survey weights for each calendar quarter of the NHIS sample. The NHIS data weighting procedure is described in more detail at http://www.cdc.gov/nchs/data/series/sr_02/sr02_130.pdf. Estimates were calculated using the NHIS survey weights, which are calibrated to census totals for sex, age, and race/ethnicity of the U.S. civilian noninstitutionalized population. Weights for the 2011 NHIS data were derived from 2000 census-based population estimates.

Point estimates, and estimates of their variances, were calculated using SUDAAN software to account for the complex sample design of NHIS. The Taylor series linearization method was chosen for variance estimation.

Unless otherwise noted, all estimates shown meet the NCHS standard of relative standard error less than or equal to 30%. Differences between percentages or rates were evaluated using two-sided significance tests at the 0.05 level. Terms such as “greater than” and “less than” indicate a statistically significant difference. Terms such as “similar” and “no difference” indicate that the estimates being compared were not significantly different. Lack of comment regarding the difference between any two estimates does not necessarily mean that the difference was tested and found to be not significant.

Definitions of selected terms

Has a usual place for health care—Based on a question in the Sample Adult section that asked, “Is there a place that you USUALLY go to when you are sick or need advice about your health?” If there was at least one such place, then a follow-up question was asked: “What kind of place [is it/do you go to most often]—a clinic, doctor’s office, emergency room, or some other place?” The choices for the second question were: “clinic or health center,” “doctor’s office or HMO,” “hospital emergency room,” “hospital outpatient department,” “some other place,” and “doesn’t go to one place most often.” Adults who indicated that the emergency room was their usual place for care were considered not to have a usual place of health care.

Doctor visit in past 12 months—Based on a question in the Sample Adult section that asked, “DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR’S OFFICE, A CLINIC, OR SOME OTHER PLACE?” Respondents were instructed to exclude overnight hospitalizations, visits to hospital emergency rooms, home visits, dental visits, and telephone calls.

Emergency room visit in past 12 months—Based on a question in the Sample Adult section that asked, “DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?”

Delayed medical care due to cost—Based on a question in the Family section that asked, “DURING THE PAST 12 MONTHS, has [person] delayed seeking medical care because of worry about the cost?” Responses exclude dental care.



Did not get needed medical care due to cost—Based on a question in the Family section that asked, “DURING THE PAST 12 MONTHS, was there any time when [person] needed medical care, but did not get it because [person] couldn’t afford it?” Responses exclude dental care.

Health insurance coverage—The “Private health insurance coverage” category excludes plans that pay for only one type of service such as accidents or dental care. The “Public health plan coverage” category includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories. A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, CHIP, state-sponsored or other government-sponsored health plan, or military plan at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. The analyses excluded persons with unknown health insurance status (about 1% of respondents each year).

Hispanic or Latino origin and race—Refers to two separate and distinct categories. Persons of Hispanic or Latino origin may be of any race. Hispanic or Latino origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. Race is based on the family respondent’s description of his or her own race background, as well as the race background of other family members. For conciseness, the text, tables, and figures in this report use shorter versions of the 1997 Office of Management and Budget terms for race and Hispanic or Latino origin. For example, the category “Not Hispanic or Latino, black or African American, single race” is referred to as “non-Hispanic black only” in the text, tables, and figures. Estimates for non-Hispanic persons of races other than white only, black only, and Asian only, or of multiple races, are combined in the “non-Hispanic other races” category.

Poverty status—Based on the ratio of the family’s income in the previous calendar year to the appropriate poverty threshold (given the family’s size and number of children) defined by the U.S. Census Bureau for that year (5). Persons categorized as “Poor” have a ratio less than 1.0 (i.e., their family income was below the poverty threshold); “Near poor” persons have incomes of 100% to less than 200% of the poverty threshold; and “Not poor” persons have incomes that are 200% of the poverty threshold or greater. The percentage of respondents with unknown poverty status in the first three quarters of 2011 was 11.6%. For more information on unknown income and unknown poverty status, see “NHIS Survey Description” for 2010 (available from: <http://www.cdc.gov/nchs/nhis.htm>).

NCHS imputes exact income for approximately 30% of NHIS records. The imputed income files are released a few months after the annual release of NHIS microdata and are not available for the ER updates. Therefore, health insurance estimates stratified by poverty status in this ER report are based on reported income only and may differ from similar estimates produced later (e.g., in *Health, United States*) that are based on both reported and imputed income.

Additional Early Release Program Products

Additional reports are published through the Early Release Program. “Early Release of Selected Estimates Based on Data From the National Health Interview Survey” is published quarterly in about March, June, September, and December and provides estimates of 15 selected measures of health. Measures of health include estimates of health insurance, having a usual place to go for medical care, obtaining needed medical care, influenza vaccination, pneumococcal vaccination, obesity, leisure-time physical activity, current smoking, alcohol consumption, HIV testing, general health status, personal care needs, serious psychological distress, diagnosed diabetes, and asthma episodes and current asthma.

“Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey” is published quarterly in about March, June, September, and December and provides detailed estimates of health insurance coverage.

“Wireless Substitution: Early Release of Estimates From the National Health Interview Survey” is published in May and December and provides selected estimates of telephone coverage in the United States.

Preliminary microdata files containing selected NHIS variables are produced quarterly by the NHIS Early Release Program. For each data collection year, these files are made available three times: in about September (with data from the first quarter), in about December (with data from the first two quarters), and in about March of the next year (with data from the first three quarters). Analysts may access these files through the NCHS Research Data Center.

New Early Release Program measures or products may be added as work continues and in response to changing data needs. Feedback on these releases is welcome (e-mail).



Announcements about Early Releases, other new data releases, publications, or corrections related to NHIS will be sent to members of the HISUSERS listserv. To join, visit the CDC website at <http://www.cdc.gov/subscribe.html>.

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