

Chapter 5

Access to Care





Access to Care

Access to health care – or the “the timely use of personal health services to achieve the best possible health outcomes” – is linked to a long list of better health outcomes, from healthy babies to higher vaccination rates to earlier cancer diagnosis (1-6). Adequate and affordable health care is essential to preventing and managing disease at every age. Beyond geographic proximity to health services – which is already a benefit for Boston residents – improving access to health care today also means we consider language, education, the cost of medical insurance, and other social, economic, and environmental factors (7). A lack of consistent medical and preventative care leads to sicker individuals who require more resources. This contributes to rising healthcare costs and stressed emergency medical care systems (8). This pattern further contributes to health inequities.

Although health care providers intend to provide equal treatment to all, bias among providers has been shown to negatively impact patients (9-11). For example, studies suggest that physicians unknowingly offer different treatment options based on the patient’s race, even when patients have similar symptoms (10-13). Patients are accessing care but being treated differently. These race-based differences may be reduced if physicians recognize they are susceptible to unconscious bias, especially when interacting with their patients and writing prescriptions (11, 13). The bias among providers and the resulting differences in treatment may also contribute to health inequities (14).

Insurance Coverage

Most of the data in this chapter focuses on insurance coverage, the most readily available public health data. Thanks to comprehensive health reform in 2006, Massachusetts has near-universal insurance coverage. This remarkable achievement is a result of a system in which the responsibility for health insurance is shared by individuals, their employers, and government (15). Massachusetts succeeded in expanding coverage to nearly all of its residents and has the lowest percentage of uninsured in the U.S. – only 2.8% of MA residents were uninsured in 2015 compared to 9.4% nationally (16).

Nationally, inequities by race and ethnicity were found in insurance coverage. In 2015, the percentage of uninsured was higher for Black (11.0%) and Latino (19.5%) individuals than for White individuals (6.3%) (17).

In Boston, however, approximately 4% of residents were uninsured in 2015, and that percentage did not differ by racial/ethnic group (Figure 5.2). This overall low rate of uninsured individuals and lack of inequity by race and ethnicity is a result of state and federal health care reform that expanded health insurance coverage (18). However, many population groups still experience inequities in health insurance coverage. For example, in Boston, the percentage of uninsured individuals was higher among residents with low household income (less than \$50,000) and among residents born outside of the U.S. (Figure 5.3).

While insurance coverage is reaching new heights, being underinsured – having insurance but with high deductibles or co-pays – is a reality for many Americans. In 2014, 23% of those who had insurance in the U.S. were underinsured (8, 19).

Use of Health Services

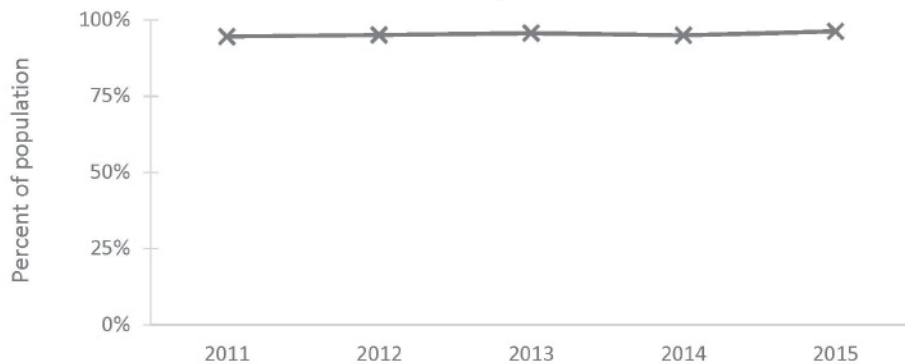
Access to care is also measured by the use of medical services. Boston is home to world-renowned teaching hospitals and over 20 community health centers, yet many residents still do not get routine health screenings or exams. In this report, we look at Bostonians who have a primary care provider, have a regular place to go for care, as well as have the ability to pay for health care. Nationally, in 2015, approximately 79% of adults reported having a doctor or health care provider. Twelve percent of adults reported inability to see a doctor in the past 12 months because of cost (20). And, approximately 12% of the population do not have a usual place to go for medical care (21). Barriers and perceived barriers to participating in the health-care system are faced by low-income residents, immigrants, those whose primary language is not English, and the uninsured and underinsured (22-24).

Dental Insurance

Access to oral health care is often overlooked. Tooth decay (cavities) is one of the most common chronic conditions in the U.S. Poor oral health has been linked with other chronic diseases, including diabetes and heart disease. Just over a quarter of U.S. adults have untreated tooth decay (25). Nearly half (46%) of U.S. adults over age 30 have gum disease, and approximately 9% of U.S. adults suffer from severe gum disease (25). According to the 2014 BRFSS, approximately 43% of U.S. adults reported having had permanent teeth removed (20). The 2014 BRFSS also indicate that approximately 35% of U.S. adults reported not having visited a dentist or dental clinic in the past year (20). There is evidence that access to dental services is unequally experienced by low-income residents and members of some racial and ethnic groups. For example, approximately 3 in 4 Latino and Black U.S. adults have an unmet need for dental treatment (25). Access to regular dental care provides an opportunity for the early diagnosis, prevention, and treatment of oral diseases and conditions (26).

In this section of the report, we closely examine insurance coverage, health care access, dental insurance coverage, and tooth loss (often a consequence of limited dental care).

Figure 5.1 Boston Population with Health Insurance by Year



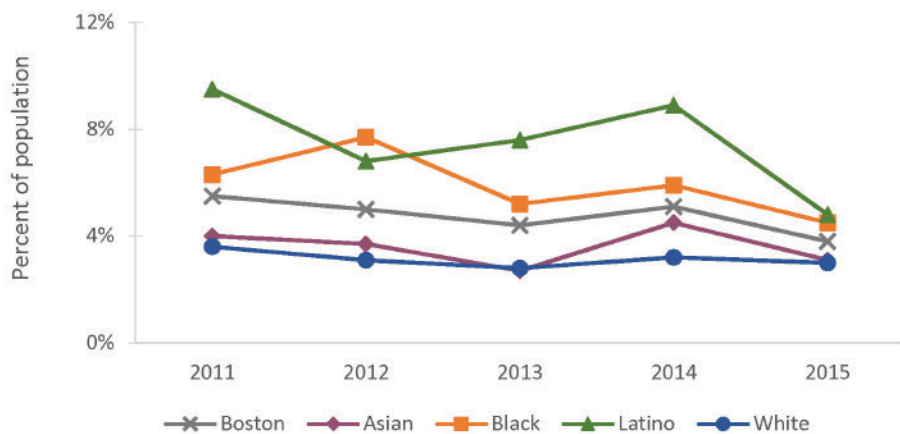
In 2015, 96% of Boston residents had health insurance.

NOTE: See appendix for confidence intervals for point estimates.

DATA SOURCE: American Community Surveys, 2011, 2012, 2013, 2014, 2015, U.S. Census Bureau



Figure 5.2 Uninsured by Race/Ethnicity and Year



In 2015, 4% of Boston residents were uninsured. In 2015, there were no significant differences by race/ethnicity in the percentage of the population without health insurance.

NOTE: See appendix for confidence intervals for point estimates. Due to limited data availability, data for Asian residents includes individuals who identified as Latino (less than 1% of Asian residents identified as Latino).

DATA SOURCE: American Community Surveys, 2011, 2012, 2013, 2014, 2015, U.S. Census Bureau

During the combined years of 2011-2015, 5% of Boston residents had no health insurance coverage.

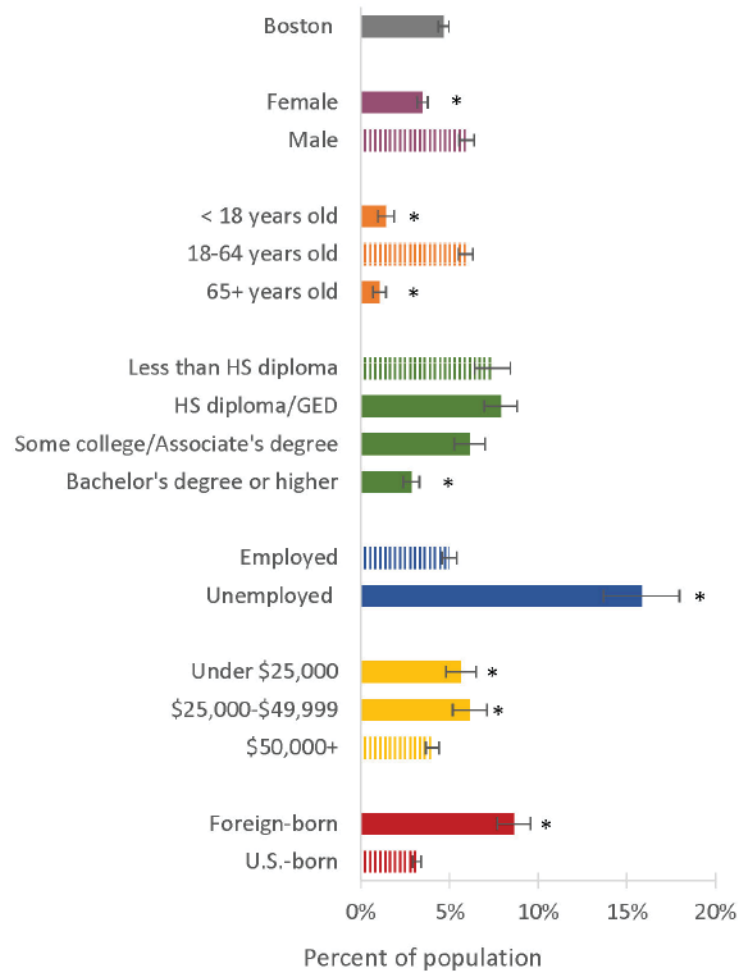
Higher percentages of uninsured residents occurred in the following groups:

- Unemployed residents (16%) compared with employed residents (5%)
- Residents with household income under \$25,000 (6%) or \$25,000-\$49,000 (6%) compared with those with an income of \$50,000 or more (4%)
- Residents born outside of the United States (9%) compared with residents born in the United States (3%)

Lower percentages of uninsured residents occurred in the following groups:

- Females (4%) compared with males (6%)
- Residents under age 18 (1%) and ages 65 and older (1%) compared with residents ages 18-64 (6%)
- Residents with a Bachelor's degree or higher (3%) compared with those with less than a high school education (7%)

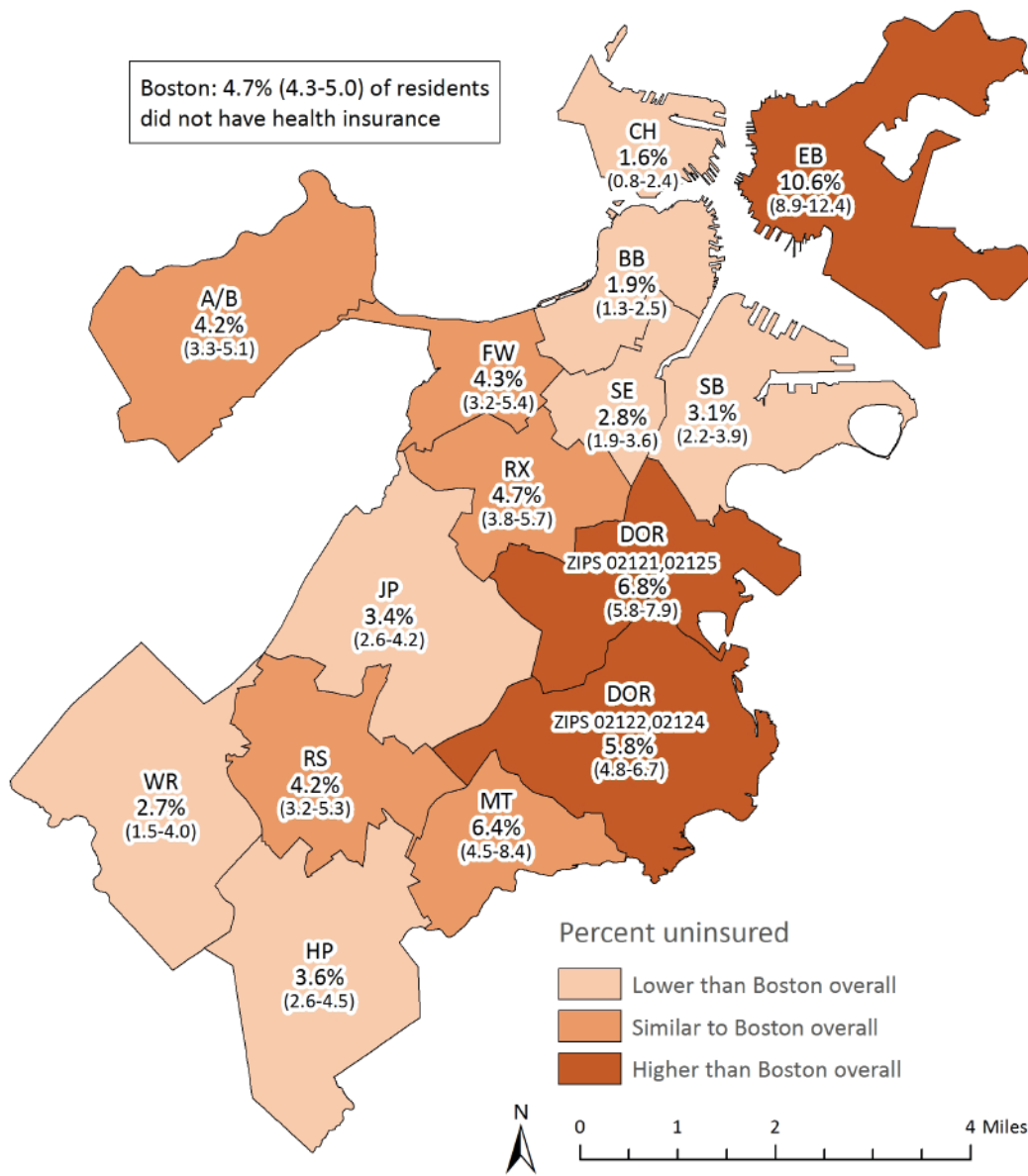
Figure 5.3 Uninsured by Selected Indicators, 2011-2015



* Statistically significant difference when compared to reference group

NOTE: Bars with patterns indicate the reference group within each selected indicator. Education is among adults ages 25 and older. Employment status is among adults ages 18 and older. Household income is among residents living in households. DATA SOURCE: American Community Survey, 2011-2015, U.S. Census Bureau

Figure 5.4 Uninsured by Neighborhood, 2011-2015



NOTE: "BB" includes the Back Bay, Beacon Hill, Downtown, the North End, and the West End. "SE" includes the South End and Chinatown.

DATA SOURCE: American Community Survey, 2011-2015, U.S. Census Bureau

During 2011-2015, Back Bay, Charlestown, Hyde Park, Jamaica Plain, South Boston, the South End, and West Roxbury had a lower percentage of uninsured residents compared with Boston overall. In the same time period, Dorchester (zip codes 02121, 02125), Dorchester (zip codes 02122, 02124), and East Boston had a higher percentage of residents without health insurance compared with Boston overall.

During 2013 and 2015 combined, 9% of Boston adult residents reported needing to see a doctor but were unable to do so because of cost.

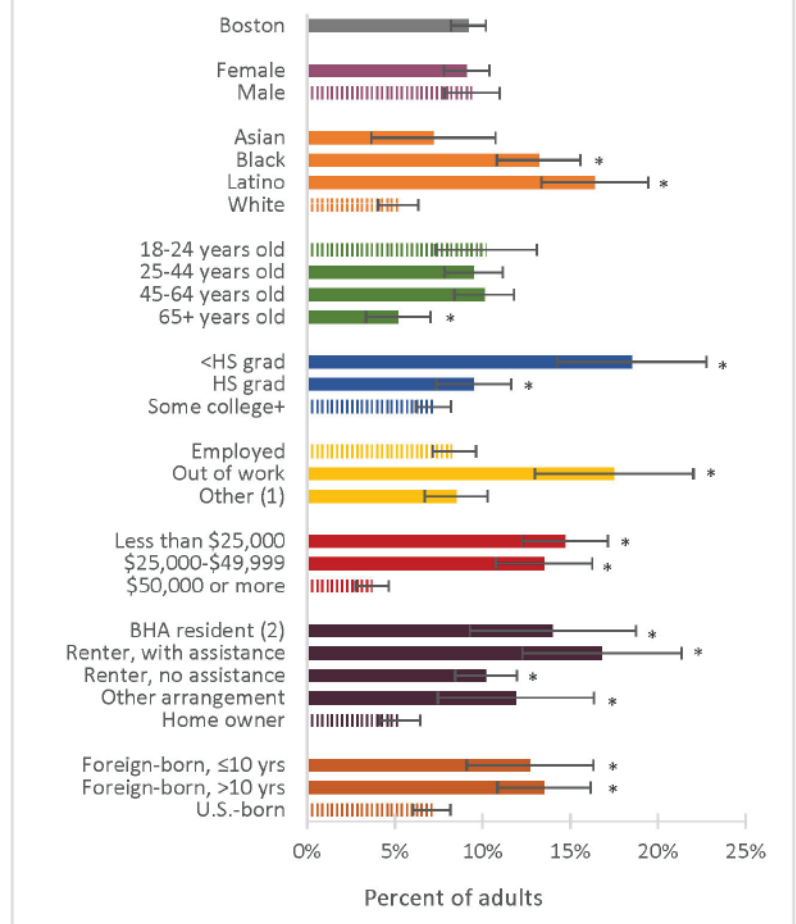
The percentage of adults who could not afford a doctor was higher for the following groups:

- Black (13%) and Latino (16%) adults compared with White adults (5%)
- Adults with less than a high school diploma (19%) or a high school diploma (10%) compared with adults with at least some college education (7%)
- Adults who were out of work (18%) compared with those who were employed (8%)
- Adults living in households with an annual income of less than \$25,000 (15%) or \$25,000-\$49,999 (14%) compared with adults living in households with an annual income of \$50,000 or more (4%)
- Adults who were Boston Housing Authority residents (14%), adults who received rental assistance (17%), adults who rented but did not receive rental assistance (10%), and those with other housing arrangements (12%) compared with home owners (5%)
- Foreign-born adults who lived in the United States for 10 years or less (13%) and foreign-born adults who lived in the United States for over 10 years (14%) compared with U.S.-born adults (7%)

The percentage of adults who were unable to afford a doctor was lower for the following group:

- Adults ages 65 and older (5%) compared with adults ages 18-24 (10%)

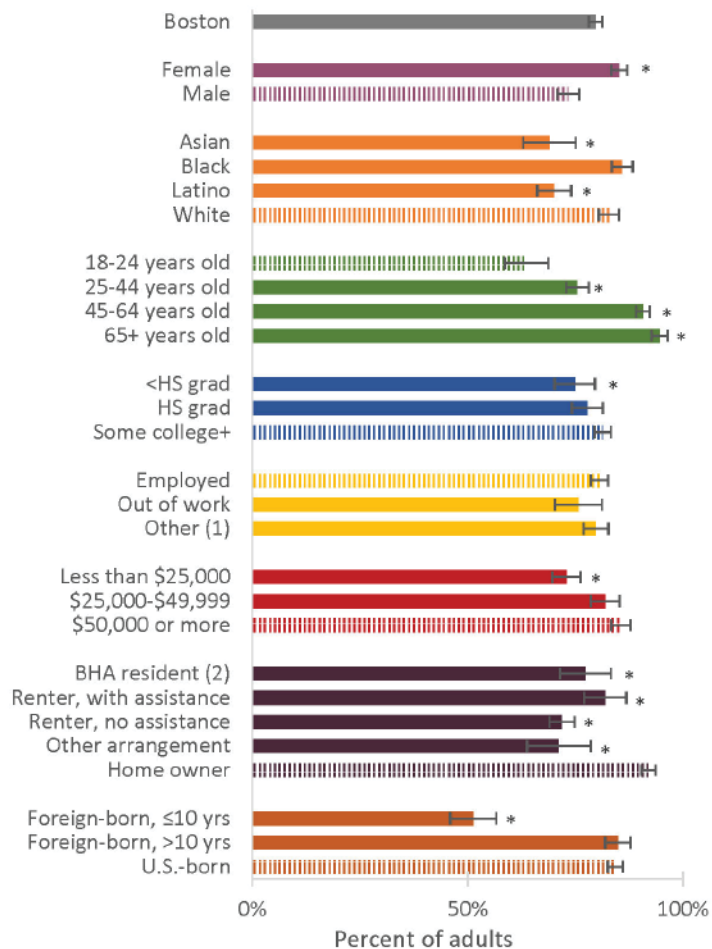
Figure 5.5 Could Not Afford to See a Doctor in the Past 12 Months by Selected Indicators, 2013 and 2015 Combined



* Statistically significant difference when compared to reference group
 (1) Includes homemakers, students, retirees, and those unable to work
 (2) Boston Housing Authority resident

NOTE: Bars with patterns indicate the reference group within each selected indicator.
 DATA SOURCE: Boston Behavioral Risk Factor Survey (2013, 2015), Boston Public Health Commission

Figure 5.6 Has Personal Doctor or Health Care Provider by Selected Indicators, 2013 and 2015 Combined



* Statistically significant difference when compared to reference group
 (1) Includes homemakers, students, retirees, and those unable to work
 (2) Boston Housing Authority resident

NOTE: Bars with patterns indicate the reference group within each selected indicator.
 DATA SOURCE: Boston Behavioral Risk Factor Survey (2013, 2015), Boston Public Health Commission

During 2013 and 2015 combined, 80% of Boston adult residents reported having a doctor or health care provider.

The percentage of adults who had a doctor or health care provider was higher for the following groups:

- Females (85%) compared with males (73%)
- Adults ages 25-44 (76%), 45-64 (91%), or 65 and older (95%) compared with adults ages 18-24 (64%)

The percentage of adults who had a doctor or health care provider was lower for the following groups:

- Asian (69%) and Latino (70%) adults compared with White adults (83%)
- Adults with less than a high school diploma (75%) compared with adults with at least some college education (81%)
- Adults living in households with an annual income of less than \$25,000 (73%) compared with adults living in households with an annual income of \$50,000 or more (86%)
- Adults who were Boston Housing Authority residents (77%), adults who received rental assistance (82%), adults who rented but did not receive rental assistance (72%), and those with other housing arrangements (71%) compared with home owners (92%)
- Foreign-born adults who lived in the United States for 10 years or less (51%) compared with U.S.-born adults (84%)

Has a Health Care Provider

Healthy People 2020 Target: 83.9%

Boston 2013 and 2015 combined: 79.7% (78.1-81.2)

In 2015, 6% of Boston adult residents had no usual place to go when they were sick or needed health advice.

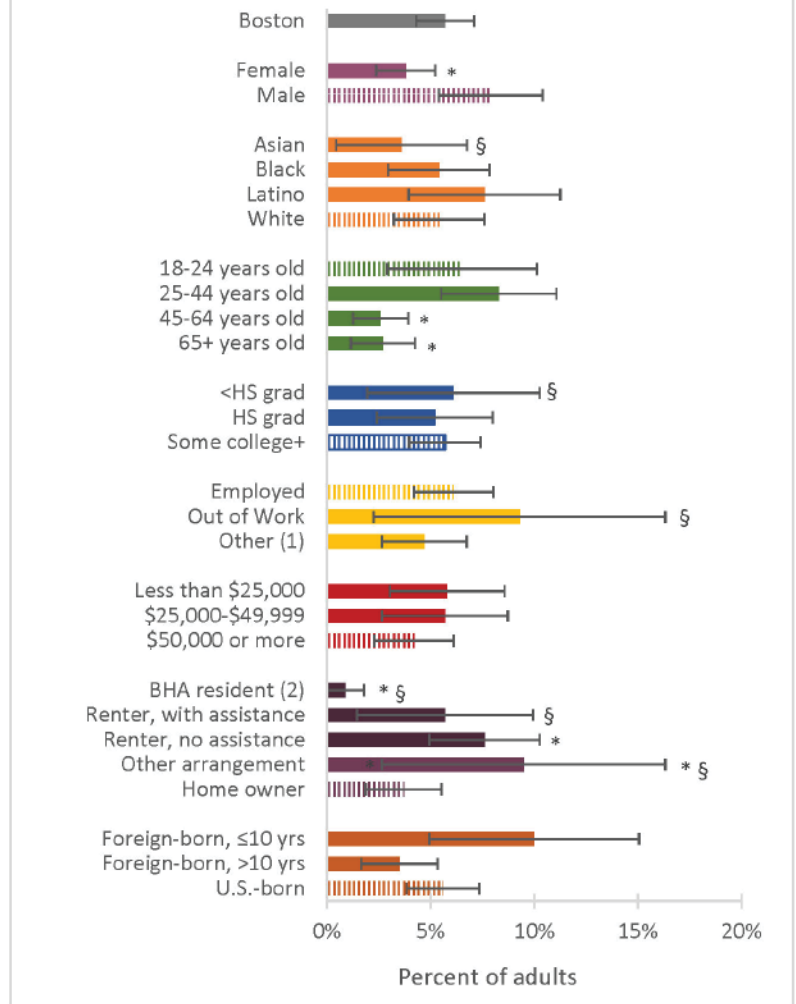
The percentage of adults with no usual place to go when sick or in need of health advice was higher for the following groups:

- Adults who rented but did not receive rental assistance (8%) and those with other housing arrangements (10%) compared with home owners (4%)

The percentage of adults with no usual place to go when sick or in need of health advice was lower for the following groups:

- Females (4%) compared with males (8%)
- Adults ages 45-64 (3%) or 65 and older (3%) compared with adults ages 18-24 (7%)
- Adults who were Boston Housing Authority residents (1%) compared with home owners (4%)

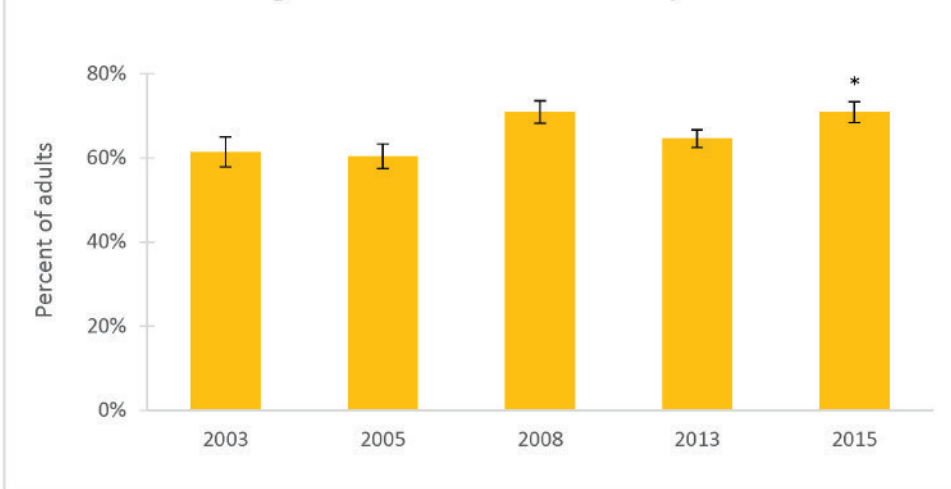
Figure 5.7 No Usual Place for Health Care by Selected Indicators, 2015



* Statistically significant difference when compared to reference group
 § Estimates have a coefficient of variation greater than or equal to 30% and should be interpreted with caution.
 (1) Includes homemakers, students, retirees, and those unable to work
 (2) Boston Housing Authority resident

NOTE: Bars with patterns indicate the reference group within each selected indicator.
 DATA SOURCE: Boston Behavioral Risk Factor Survey (2015), Boston Public Health Commission

Figure 5.8 Dental Insurance by Year



* Statistically significant change over time

DATA SOURCE: Boston Behavioral Risk Factor Survey (2003, 2005, 2008, 2013, 2015), Boston Public Health Commission

In 2015, 71% of Boston adult residents reported having insurance coverage that pays for routine dental care. The percentage of adults with dental insurance increased from 61% in 2003 to 71% in 2015.

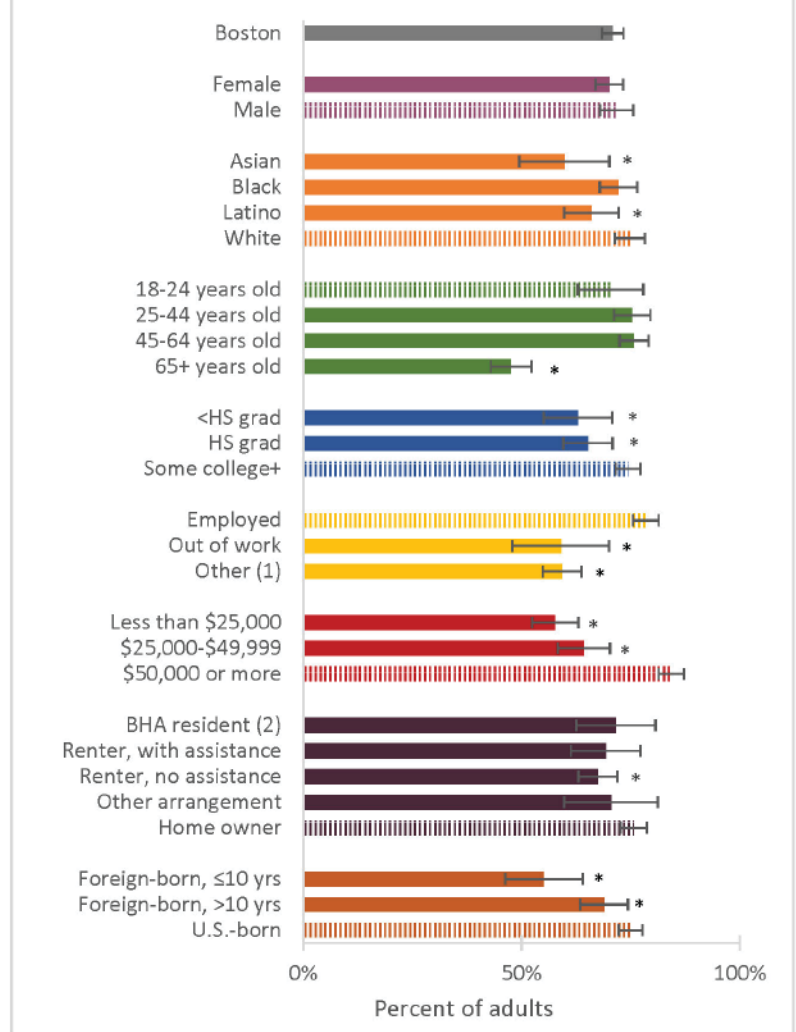


In 2015, 71% of Boston adult residents had insurance coverage for routine dental care.

The percentage of adults with dental insurance was lower for the following groups:

- Asian (60%) and Latino (66%) adults compared with White adults (75%)
- Adults ages 65 and older (48%) compared with adults ages 18-24 (70%)
- Adults with less than a high school diploma (63%) or a high school diploma (65%) compared with adults with at least some college education (74%)
- Adults who were out of work (63%) or a high school diploma (65%) compared with adults with at least some college education (74%)
- Adults who were out of work (59%) and adults whose employment status was "other" (59%) compared with those who were employed (79%)
- Adults living in households with an annual income of less than \$25,000 (58%) or \$25,000-\$49,999 (64%) compared with adults living in households with an annual income of \$50,000 or more (84%)
- Adults who rented but did not receive rental assistance (68%) compared with home owners (76%)
- Foreign-born adults who lived in the United States for 10 years or less (55%) and foreign-born adults who lived in the United States for over 10 years (69%) compared with U.S.-born adults (75%)

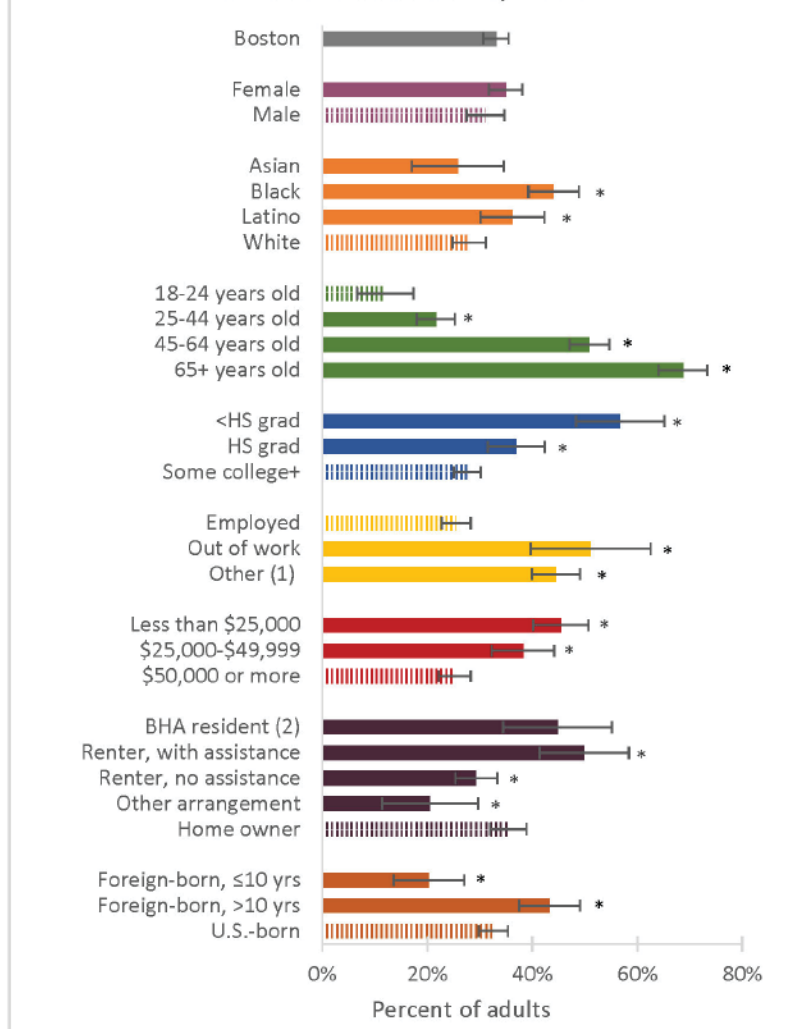
Figure 5.9 Dental Insurance by Selected Indicators, 2015



* Statistically significant difference when compared to reference group
 (1) Includes homemakers, students, retirees, and those unable to work
 (2) Boston Housing Authority resident

NOTE: Bars with patterns indicate the reference group within each selected indicator.
 DATA SOURCE: Boston Behavioral Risk Factor Survey (2015), Boston Public Health Commission

Figure 5.10 Loss of One or More Teeth by Selected Indicators, 2015



* Statistically significant difference when compared to reference group

(1) Includes homemakers, students, retirees, and those unable to work

(2) Boston Housing Authority resident

NOTE: Bars with patterns indicate the reference group within each selected indicator.

DATA SOURCE: Boston Behavioral Risk Factor Survey (2015), Boston Public Health Commission

In 2015, 33% of Boston adult residents reported ever having one or more teeth removed due to tooth decay or gum disease.

The percentage of adults who had teeth removed was higher for the following groups:

- Black (44%) and Latino (36%) adults compared with White adults (28%)
- Adults ages 25-44 (22%), 45-64 (51%), or 65 and older (69%) compared with adults ages 18-24 (12%)
- Adults with less than a high school diploma (57%) or a high school diploma (37%) compared with adults with at least some college education (28%)
- Adults who were out of work (51%) or whose employment status was "other" (45%) compared with those who were employed (26%)
- Adults living in households with an annual income of less than \$25,000 (45%) or \$25,000-\$49,999 (38%) compared with adults living in households with an annual income of \$50,000 or more (25%)
- Adults who received rental assistance (50%) compared with home owners (35%)
- Foreign-born adults who lived in the United States for over 10 years (43%) compared with U.S.-born adults (33%)

The percentage of adults who had teeth removed was lower for the following groups:

- Adults who rented but did not receive rental assistance (29%) and those with other housing arrangements (21%) compared with home owners (35%)
- Foreign-born adults who lived in the United States for 10 years or less (20%) compared with U.S.-born adults (33%)

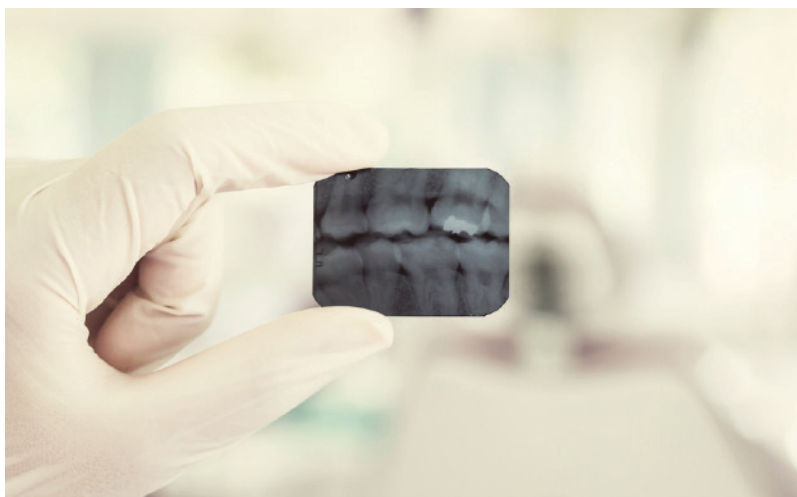
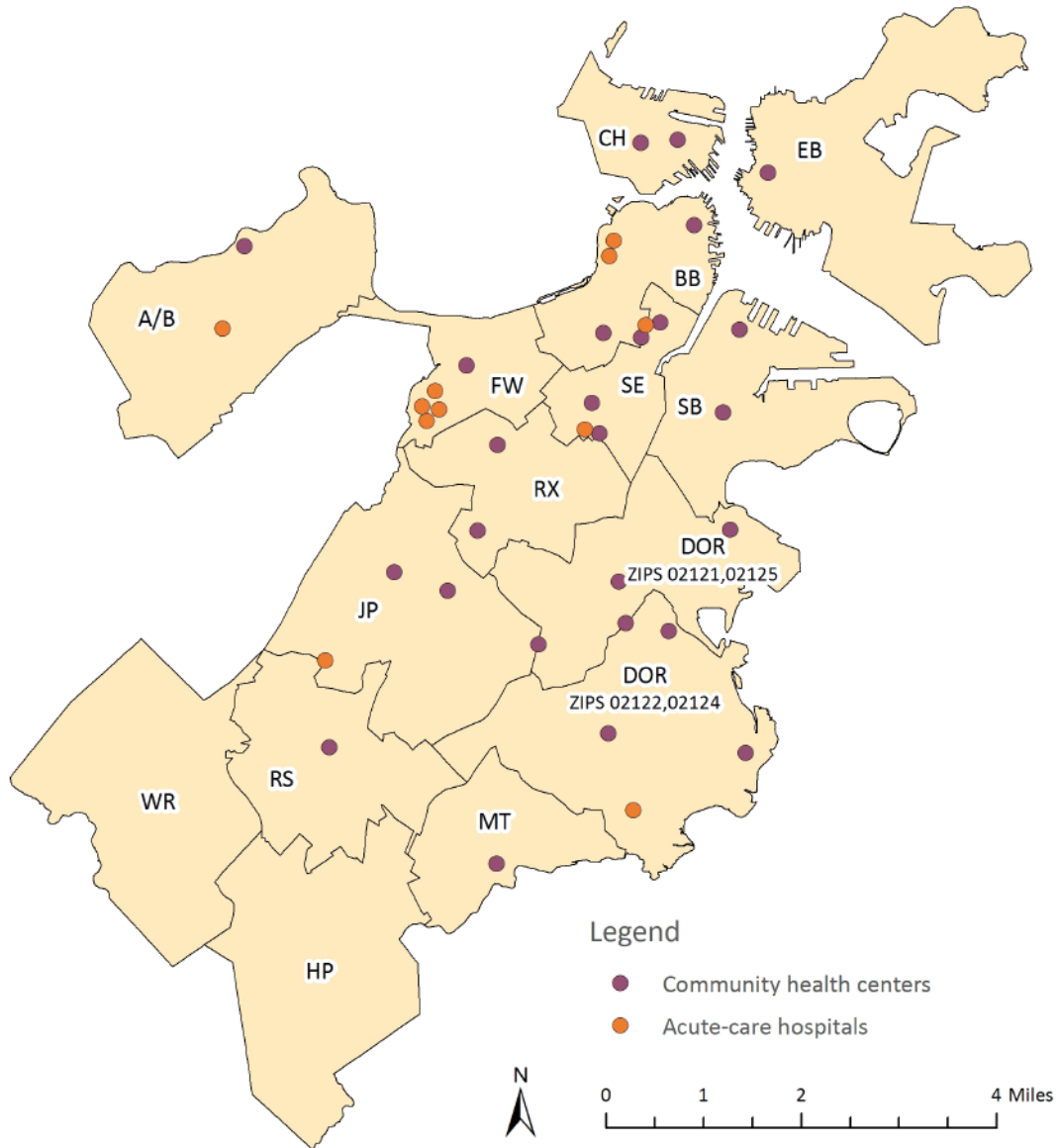


Figure 5.11 Community Health Centers (CHCs) and Acute-Care Hospitals by Neighborhood



NOTE: South Boston Health/Seaport (CHC), which opened in October 2016, is included.
 "BB" includes the Back Bay, Beacon Hill, Downtown, the North End, and the West End.
 "SE" includes the South End and Chinatown.

DATA SOURCE: CHCs - Massachusetts League of Community Health Centers, June 2016;
 Hospitals - Boston Health Equity Measure Set, Boston Public Health Commission, February 2017

Each neighborhood, with the exception of Hyde Park and West Roxbury, has at least one community health center (CHC) that offers primary care, and many neighborhoods have more than one CHC. Acute-care hospitals are concentrated in the Back Bay, Fenway, and the South End.

Summary

Since 2011, Boston has maintained a low percentage of uninsured among its residents. In 2015, the percentage of uninsured in Boston was approximately 60% lower than the reported percentage of uninsured in the U.S. overall. Racial and ethnic inequities in the percentage of uninsured were not observed for Boston, although the percentage of uninsured foreign-born Boston residents was more than two times higher than U.S.-born Boston residents. Inequities in percentage of uninsured were also found across categories of employment status, education, and household income. Differences in the percentage of uninsured residents observed at the neighborhood level may be explained by the fact that those with demographic characteristics associated with being uninsured (e.g. under or unemployment, lower-income) often live in the same neighborhood.

Racial and ethnic inequities were found in indicators of health care access, particularly for Latino adults. Higher percentages of Latino adults compared with White adults reported both the inability to see a doctor in the past 12 months because of cost and the lack of a doctor or health care provider. Among Boston adults, inequities in percentage of those with inability to see a doctor because of cost and with not having a doctor or health care provider were also found across categories of employment status, education, household income, home ownership, and place of origin. Inequities in these indicators tend to disproportionately affect adults with less than high school diploma or household income less than \$25,000, as well as adults who are non-homeowners or foreign born residents who lived in the U.S. for 10 or fewer years.

Among Boston adults, inequities across racial/ethnic groups and other groups of residents were observed in insurance coverage for routine dental care and the experience of tooth loss. Inequities among Boston adults for these indicators tend to disproportionately affect Latinos, those with less than a high school diploma or those with a household income less than \$25,000, individuals who are out of work, and foreign-born residents who lived in the U.S. for more than 10 years.

To reduce the inequities in being uninsured or faced with barriers to health care access, multi-sector interventions that target subpopulations at higher risk should address social determinants, (e.g. by improving employment opportunities and wage conditions among vulnerable sub-populations, and sources of structural racism that affect health care provider-patient interactions). Continued funding to support health insurance coverage in Massachusetts will also help maintain the low percentage of uninsured among Boston residents.

Access to Care



The percentage of uninsured in 2015



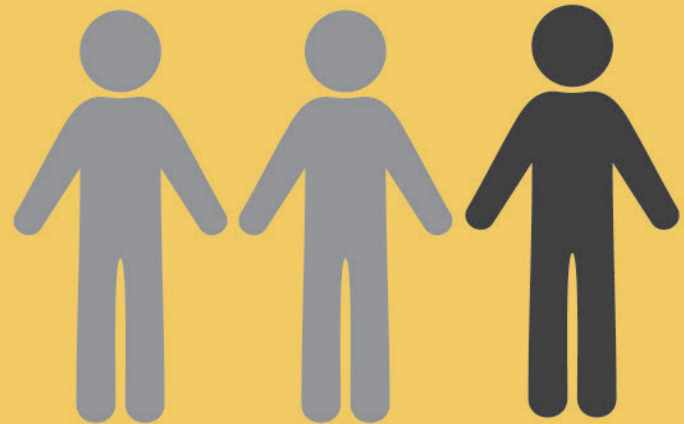
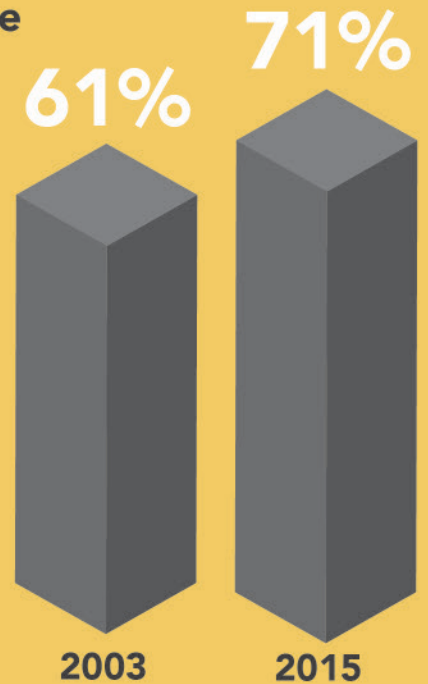
3.8%
for Boston



9.4%
for the U.S.
overall



The percentage of adult residents with dental insurance increased



In 2015, 1 in 3 adult residents reported ever having had one or more teeth removed due to tooth decay or gum disease



Our Point of View: Thoughts from public health

Massachusetts' Uninsured: Reaching the last 4%

By Beth Baker
Director, Mayor's Health Line
Boston Public Health Commission

Massachusetts and Boston have a remarkable story to tell when it comes to providing health insurance to our residents. At last count, Massachusetts had one of the lowest rates of uninsured in the country – down to an impressive 3%. Boston is very similar at 4%. Yet, even with this low number of uninsured, reaching that last 4% is important. Good medical care is the first step toward a lifetime of good health. Uninsured residents are less likely to get regular primary care, which can result in delayed medical treatment and more emergency department visits. Further, as this report shows, there are significant inequities in health insurance coverage based on age, education, income, gender, ethnicity, and race.

Robust data allows us to target our outreach, education, and enrollment activities. In Boston, to reach the 4% of uninsured, we zero in on small neighborhoods, trying to provide whatever it takes to get them enrolled. For example, there are two census tracts in East Boston (506 and 507) that have some of the highest rates of uninsured in the state: (23.7% and 20% respectively). The Mayor's Health Line (MHL) works every day to eliminate whatever barriers exist to coverage.

Applying for health insurance is confusing. To complete the online application for MassHealth or Health Connector plans, a person needs reliable internet connectivity and must read English with a high level of proficiency. In order to choose a health plan, a person needs an advanced understanding of how premiums, deductibles and co-pays interact. For many of Boston's uninsured these are real barriers and prevent them from enrolling in health insurance that will meet the unique health and financial needs of their family. MHL case workers help Bostonians navigate this complicated process. Our multi-lingual, multi-cultural case workers walk clients through the application ensure that clients understand what programs are available, and advocate when clients need additional services. Residents can receive assistance and have their questions answered in person and over the phone. In 2015, the MHL helped complete applications for over 1,100 individuals. Each year we redouble our efforts, coming up with creative strategies for getting every person affordable health coverage. Reaching the last 4% is worth every effort we make.

Our Point of View: Thoughts from a community resident

Young, invincible and insured

By Oliver Madden

Oliver is an alumni of Suffolk University, resident of the North End and member of Spark Boston. SPARK Boston is a Mayor Martin J. Walsh initiative to engage a larger and more diverse range of Boston's millennials in civic participation.

My name is Oliver. I am from New Hampshire but moved to Massachusetts to go to college. Until recently, I always had health insurance – first through my parents, then through school and later through my employers. When I left my job with a large, established company to go to a small start-up just outside Boston, I found out my new employer – with only six employees – didn't offer health insurance. I hadn't even thought to ask about it before accepting the job.

I was young and healthy and didn't think too much about it. It just didn't seem like a priority – until I attended a meeting of Spark Boston (a civic engagement group for young adults) and met Beth Baker, Director of BPHC's Mayor's Health Line.

At the meeting, Beth was talking about so-called "young invincibles" a term coined to describe young adults who are often fairly healthy and uninsured. I kind of laughed when I realized I was one of them.

After the meeting, I spoke with Beth and she gave me the information I needed to sign up for insurance, as well as her contact information in case I had questions or needed help. When I visited the site to sign up, a glitch in the system wouldn't allow me to choose a plan even though I had completed the entire application and met all of the eligibility criteria. After about an hour of troubleshooting myself, I reached out to Beth who was able to work around the glitch and get me enrolled.

It was really that human interaction and outreach that made a difference for me. Had I not met Beth I'm sure I would have figured it out eventually; but being able to call her for help motivated me to do it sooner rather than later.

I'm happy to be enrolled now, but in hindsight I really wish I had done it sooner. I suffered a concussion just two days before my coverage kicked in and ended up having to pay out of pocket for my treatment in the emergency room. Lesson learned, I guess.

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