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Nine Years after Affordable Care Act Passage, Illinois Coverage Rates are High, Though Disparities Persist

Most Illinoisans say they have a health plan or coverage and a primary care doctor, but many also indicate that access to high quality health care is a problem for their local community. The results vary considerably between age and racial groups.

These are major findings from a statewide poll conducted March 11-17 by the Paul Simon Public Policy Institute. The poll sampled 1,000 registered voters and has a margin of error of plus or minus 3.1 percent.

Compared to a nationwide poll conducted by Pew Research Center in Spring of 2016 and 2018, though, Illinois respondents say they have better health care coverage and see access as less of a problem.

The following poll questions were posed to document the current state and perception of healthcare accessibility and utilization in Illinois. Illinois is a state with Medicaid expansion and a diversity of rural, suburban, and urban populations.

Numbers of Insured Residents Are Mostly High Across the State. Almost all (96 percent) of the respondents said that they had a health plan or coverage, only 4 percent reported no coverage. Health care coverage varies little across income and education levels, regions of the state, and party affiliations.

According to Kristen Dunlap-Berg, “when Illinois opted to accept federal funds from the Patient Protection and Affordable Care Act to expand Medicaid, the state increased the eligibility threshold for people to receive Medicaid to 138 percent of the poverty level, making it possible for more people to receive health care coverage.” Dunlap-Berg is a Social Work Intern at Paul Simon Public Policy Institute.

The polling shows disparities in health coverage based on age and employment. Ninety-six percent of those ages 51-65 and 99 percent of those over 66, reported that they have health coverage, compared to 92 percent of those under 35 and 93 percent of respondents ages 35-50. Additionally, full-time and retired employees are insured at rates of 95 percent and 99 percent, respectively, but rates of health coverage of those who are employed part-time and those who are unemployed are only 91 percent and 88 percent, respectively.

Older Adults Are More Likely to Have One Person They Think of as Their Primary Care Doctor. When asked if they currently have one person they regard as their primary care doctor or health care provider, 88 percent of the respondents said yes and 12 percent said no. There were considerable differences among age groups. Sixty-six percent of respondents under the age of 35 said yes, and 81 percent of respondents ages 35-50 said yes. Meanwhile, 92 percent of respondent between the age of 51-65, and 95 percent of those over 60 said yes. This indicates that the elderly, those who are eligible for Medicare, are the group most likely connected to a primary care doctor.

Similarly, 81 percent of full-time employees, 87 percent of part-time employees, and 85 percent of those who are not employed reported they had one person they think of as their primary care doctor, while 96 percent of retired respondents said they did.

“The Affordable Care Act encourages the usage of patient-centered medical homes, so patients can have consistent care from one medical team, including a primary care doctor. This provides increased access to preventive services and sustained management of chronic illnesses,” Dunlap-Berg added.

People of Color Are More Likely to Report Access to Quality Health Care as a Significant Problem in the Local Community. Respondents were asked if access to high quality health care in the local community is a big problem, small problem, or not a problem. Twenty-percent said access to good quality healthcare was a big problem, and 19 percent said it was a small problem. Fifty-six percent said it was not a problem, and 5 percent said other or they didn't know.

White respondents answered big problem at a rate of 15 percent, as opposed to 33 percent of black respondents, 29 percent of Hispanic respondents, and 32 percent of respondents of other races. Sixty percent of white respondents said that it wasn't a problem, compared to 43 percent of black respondents, 42 percent of Hispanic respondents, and 46 percent of respondents of other races.

Young adults were more likely to report access as a big problem (30 percent), compared to 21 percent of those ages 35-50, 20 percent of those ages 51-65, and 15 percent of those 66 and older.

“This poll highlights the strengths the state of Illinois has in terms of health care coverage rates, as well as the racial and ethnic disparities that need to be addressed,” Dunlap-Berg said. “Due to the state’s expansion of Medicaid, almost all people have health coverage, a fact that would be affected by any decision made about the future of the Patient Protection and Affordable Care Act.”

National Results:

Since the ACA has been enacted, millions of individuals in states throughout the country have purchased new plans from the market place and millions of others have either joined the state’s Medicaid rolls, been granted the authority to stay on their parent’s insurance coverage or taken part in Medicaid expansion. The Institute poll results suggest that healthcare coverage in Illinois is above the national average. Only 84 percent of national survey respondents reported having healthcare coverage. Seventy-six percent of the respondents in the national poll responded, yes – they have one person they think of as their primary care doctor or health care provider. Twenty-seven percent of national respondents reported access to good quality health care as a big problem, and 30 percent said it was not a problem at all.

Respondents in Illinois were more likely to report that they had one person they saw as their primary care doctor, as well as have health coverage or a health plan. Likewise, when responses were totaled, respondents reported health care access to be less of a problem in Illinois than in the national survey. “Both the Illinois poll and the national data point to a marked increase in the number of individuals enrolled in insurance. However, the results indicate that disparities in access persist by race and age; therefore, policy makers must continue to pay attention to the social determinants of health and the impact for certain racial, ethnic and socioeconomic groups,” said Linda Baker University Professor at the Paul Simon Public Policy Institute.

These questions were replicated from surveys by the Pew Research Center for the People and the Press. Questions about health care access in the community and having one person respondents thought of as their primary care doctor were duplicated from a survey conducted May 10-June 6, 2016. The question regarding whether respondents have health care coverage was replicated from a survey conducted April 25-May 1, 2018.

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The margin of error for the entire sample of 1,000 voters is plus or minus 3.1 percentage points. This means that if we conducted the survey 100 times, in 95 of those instances, the population proportion would be within plus or minus the reported margin of error for each subsample. For subsamples, the margin of error increases as the sample size goes down. The margin of error was not adjusted for design effects.

Live telephone interviews were conducted by Customer Research International of San Marcos, Texas using the random digit dialing method. The telephone sample was provided to Customer Research International by Scientific Telephone Samples. Potential interviewees were screened based on whether they were registered voters and quotas based on area code and sex (<60 percent female). The sample obtained 54 percent male and 46 percent female respondents. Interviewers asked to speak to the youngest registered voter at home at the time of the call. Cell phone interviews accounted for 60 percent of the sample. A Spanish language version of the questionnaire and a Spanish-speaking interviewer were made available.

Field work was conducted from March 11 to 17. No auto-dial or “robo” polling is included. Customer Research International reports no Illinois political clients. The survey was paid for with non-tax dollars from the Institute’s endowment fund. The data were not weighted in any way. Crosstabs for the referenced questions will be on the Institute’s polling web site, simonpoll.org.

The Paul Simon Public Policy Institute is a member of the American Association for Public Opinion Research’s (AAPOR) Transparency Initiative. AAPOR works to encourage objective survey standards for practice and disclosure. Membership in the Transparency Initiative reflects a pledge to practice transparency in reporting survey-based findings.

The Institute’s polling data are also archived by four academic institutions for use by scholars and the public. The four open source data repositories are: The Roper Center for Public Opinion Research (<http://ropercenter.cornell.edu/polls/>), The University of Michigan’s Inter-university Consortium for Political and Social Research (<http://openicpsr.org>), the University of North Carolina’s Odum Institute Dataverse Network (<http://arc.irss.unc.edu/dvn/dv/PSPPPI>), and the Simon Institute Collection at OpenSIUC (<http://opensiuc.lib.siu.edu/ppi/>).

Note: The “Simon Poll” and the “Southern Illinois Poll” are the copyrighted trademarks of the Board of Trustees of Southern Illinois University. Use and publication of these polls is encouraged- but only with credit to the Paul Simon Public Policy Institute at SIU Carbondale.

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Frequency Tables¹

Table 1. Health Coverage

Do you now have any type of health plan or health coverage?

Response	Percent (n=1000)
Yes	96%
No	4%
Other/Don't know	1%

Table 2. Medical Home

Do you currently have one person you think of as your primary care doctor or health care provider that you usually go to when you are sick or need health care or not?

Response	Percent (n=1000)
Yes	88%
No	12%
Other/Don't know	*

*small base

Table 3. Access to Good Quality Health Care

Is access to good quality health care a big problem, small problem, or not a problem, in your local community?

Response	Percent (n=1000)
Big problem	20%
Small problem	19%
Not a problem	56%
Other/don't know	5%

Demographic Crosstabs

Table 4. Health Care by Age

	<35	35-50	51-65	66+	
Yes	92%	93%	96%	99%	
No	8%	6%	4%	*	
Other/don't know	0%	1%	0%	1%	*small base

Table 5. Health Care by Employment

	Full-time	Part-time	Retired	Not employed	
Yes	95%	91%	99%	88%	
No	5%	7%	1%	10%	
Other/don't know	*	1%	1%	1%	*small base

Table 6. Medical Home by Age

	<35	35-50	51-65	66+
Yes	66%	81%	92%	95%
No	34%	19%	8%	4%
Other/don't know	1%	0%	0%	1%

Table 7. Medical Home by Employment

	Full-time	Part-time	Retired	Not employed
Yes	81%	87%	96%	85%
No	19%	12%	4%	14%
Other/don't know	0%	1%	1%	1%

Table 8. Access to Good Quality Health Care by Age

	<35	35-50	51-65	66+
Big problem	30%	21%	20%	15%
Small problem	20%	21%	21%	14%
Not a problem	44%	53%	53%	66%
Other/don't know	6%	4%	6%	5%

Table 9.

Access to Good Quality Health Care by Race

	White	Black	Hispanic	Other
Big problem	15%	33%	29%	32%
Small problem	19%	17%	22%	18%

Not a problem	60%	43%	42%	46%
				5%
Other/don't know	5%	7%	7%	

National Results

Table 1. Health Coverage

Do you now have any type of health plan or health coverage?

Response	Percent (n=1000)
Yes	84%
No	13%
Other/Don't know	3%

Table 2. Medical Home

Do you currently have one person you think of as your primary care doctor or health care provider that you usually go to when you are sick or need health care or not?

Response	Percent (n=1000)
Yes	76%
No	23%
Other/Don't know	1%

Table 3. Access to Good Quality Health Care

Is access to good quality health care a big problem, small problem, or not a problem, in your local community?

Response	Percent (n=1000)
Big problem	27%
Small problem	42%
Not a problem	30%
Other/don't know	1%