2009 NEW JERSEY FAMILY HEALTH SURVEY

RUTGERS
Center for State Health Policy

Facts & Findings October 2011

Differences among New Jersey Adults using Private Doctors, Clinics, and with no Usual Source of Care

Key findings

- *Nearly one-third of adults in NJ who use clinics as their usual source of care (USC) and more than half of those with no USC are uninsured.*
- *Despite being much more likely to be uninsured, those without a USC have higher family incomes and report better health than the clinic population.*
- *Clinic users and those without a USC are disproportionately minority and immigrant. Hispanic adults make up a much larger share of clinic users than other racial/ethnic groups.*
- *Clinics in the state serve a socioeconomically poorer and sicker population than do doctors' offices. Demand for care at clinics is anticipated to increase following implementation of federal health reform.*

Having a usual source of care (USC), while closely associated with health insurance coverage, has been shown to independently facilitate access to health services and improve receipt of preventive care.[1–4] In New Jersey 84.5% of non-elderly adults (age 19–64) have a USC, a place they usually go to when sick or need advice about their health. A large majority uses a doctor's office (including group practices), but clinics and community health centers (CHCs) are a critical part of the state's "safety net" and are the preferred or only available USC for certain segments of the population. This Facts & Findings uses data from the 2009 New Jersey Family Health Survey (NJFHS) to document differences in the demographic, socioeconomic, health coverage, and health status characteristics of the non-elderly adult population of New Jersey by their type of USC.

Various institutional providers serve as the USC for adults in New Jersey who do not use doctors' offices (Table). Those whose USC is a hospital out-patient clinic, a community or migrant health center, a walk-in center, or some other type of clinic are considered the clinic population for comparison with those using an office-based provider or having no USC. Adults who use a hospital emergency room when they are sick or need health advice are grouped with those having no USC.

Table | **Type of USC of New Jersey's Non-Elderly Adults**

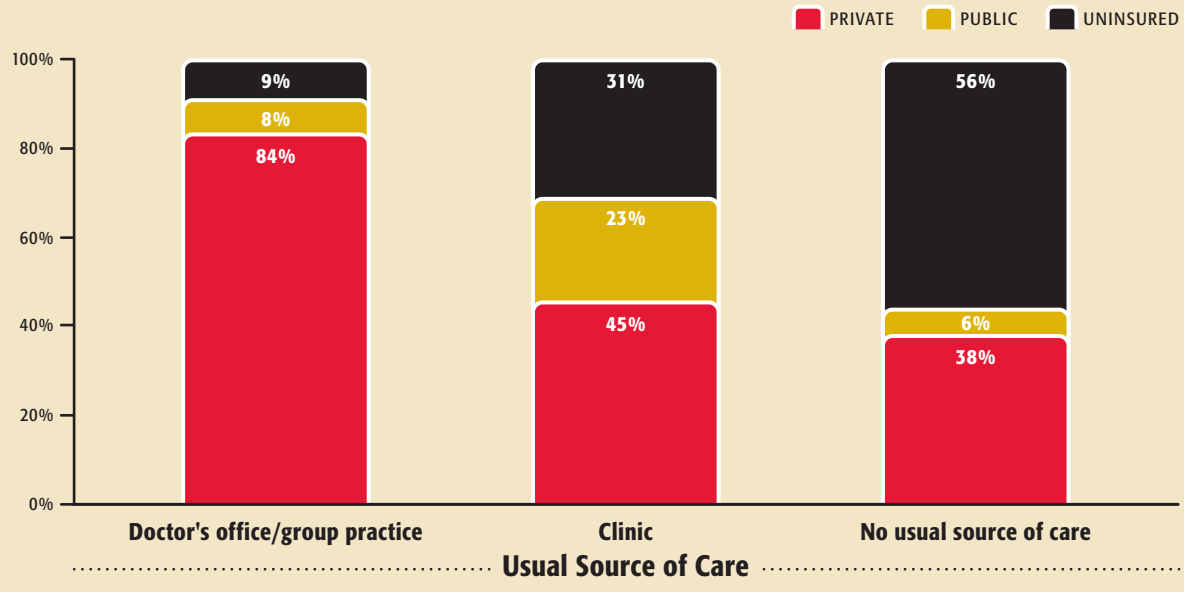
Doctor's office/group practice*	79.0%
Clinic	5.5%
Hospital out-patient clinic	2.0%
Other type of clinic	1.9%
Walk-in center	0.9%
Community or migrant health center	0.7%
No usual source of care†	15.5%

*Includes a small number (n=10) who use a workplace clinic
†Includes those who report using a hospital emergency room as their USC.

2009 NEW JERSEY FAMILY HEALTH SURVEY

Attitudes towards receiving health care services at clinics vary among non-elderly adults in New Jersey. Just over half of non-elderly adults (53%) in the state reside in a household where the NJFHS respondent agrees that "having my medical needs taken care of at a public or free clinic is just fine with me." However, willingness to use clinics is much stronger within certain subgroups, such as among the uninsured (76% agreement) and among immigrants, especially recent non-citizen immigrants who nearly all (94%) have a favorable attitude towards clinic care.[5]

Figure 1 | **Health Insurance Coverage of New Jersey's Non-Elderly Adults by Type of USC**

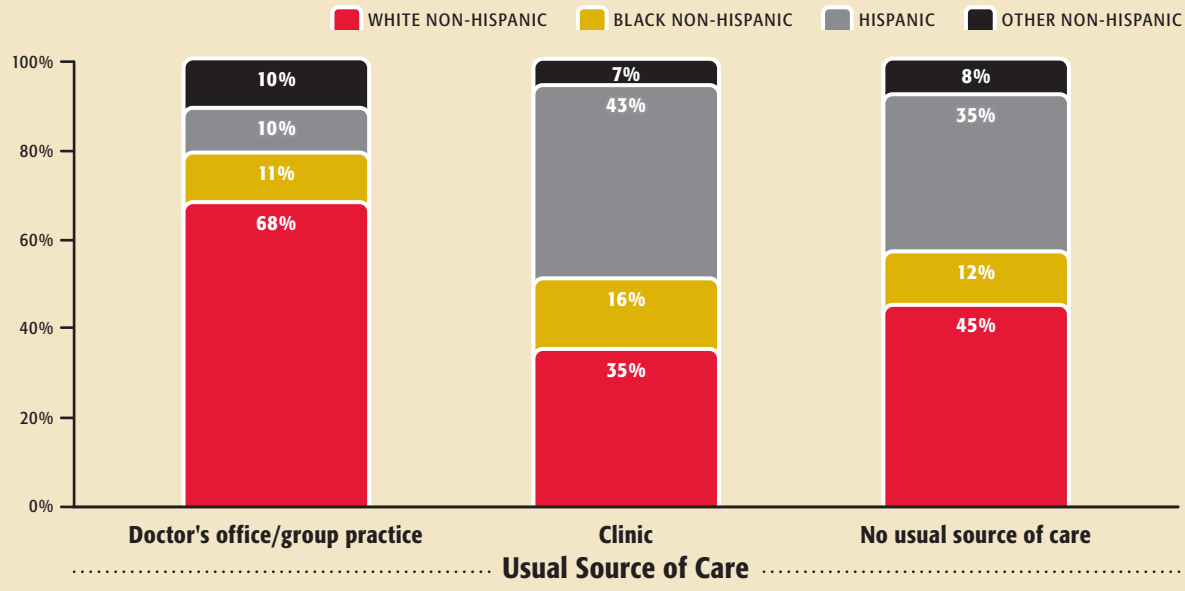


2009 NEW JERSEY FAMILY HEALTH SURVEY

Compared to those using doctors' offices, a greater proportion of the non-elderly adult population served by clinics is uninsured or covered through public plans, primarily Medicaid/NJ FamilyCare (Figure 1). The majority of those without a USC is uninsured, though there are still many (44%) who do have health coverage.

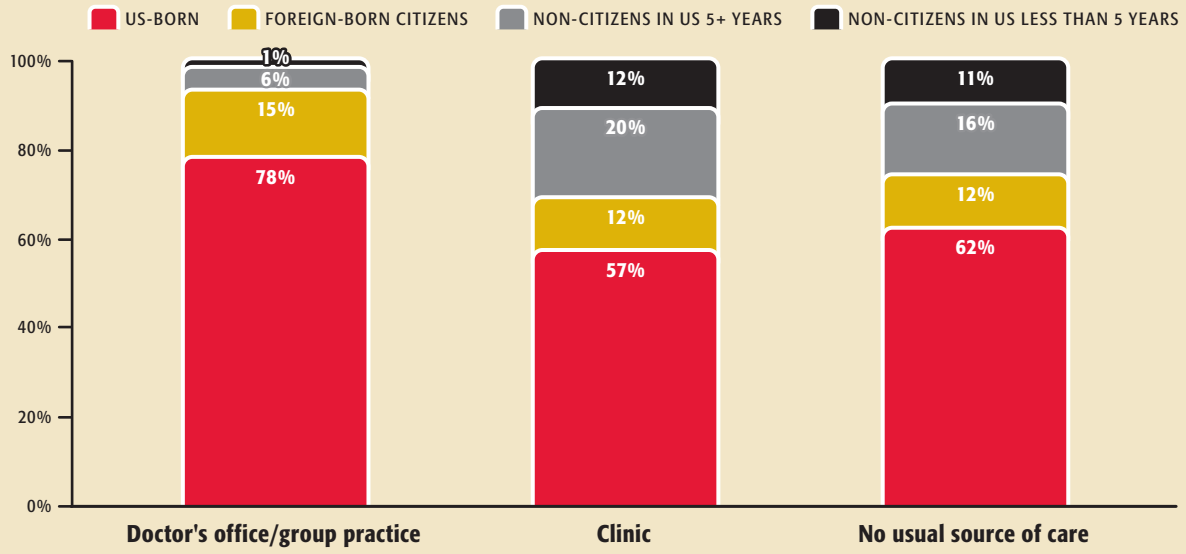
Reflecting the racial/ethnic composition of the non-elderly adult population overall, those using doctors' offices as their USC are predominantly non-Hispanic white, but clinic users and those without a USC are disproportionately minority (Figure 2). Specifically, clinics have a larger share of Hispanic and non-Hispanic black adults than the overall New Jersey population. Hispanics, though not blacks, are also overrepresented among those with no USC. These differences are partly explained by racial disparities in insurance coverage, in particular, the high rate of uninsurance among Hispanic residents in the state.[5]

Figure 2 | **Race/Ethnicity of New Jersey's Non-Elderly Adults by Type of USC**



2009 NEW JERSEY FAMILY HEALTH SURVEY

Figure 3 | **Immigration Status of New Jersey's Non-Elderly Adults by Type of USC**

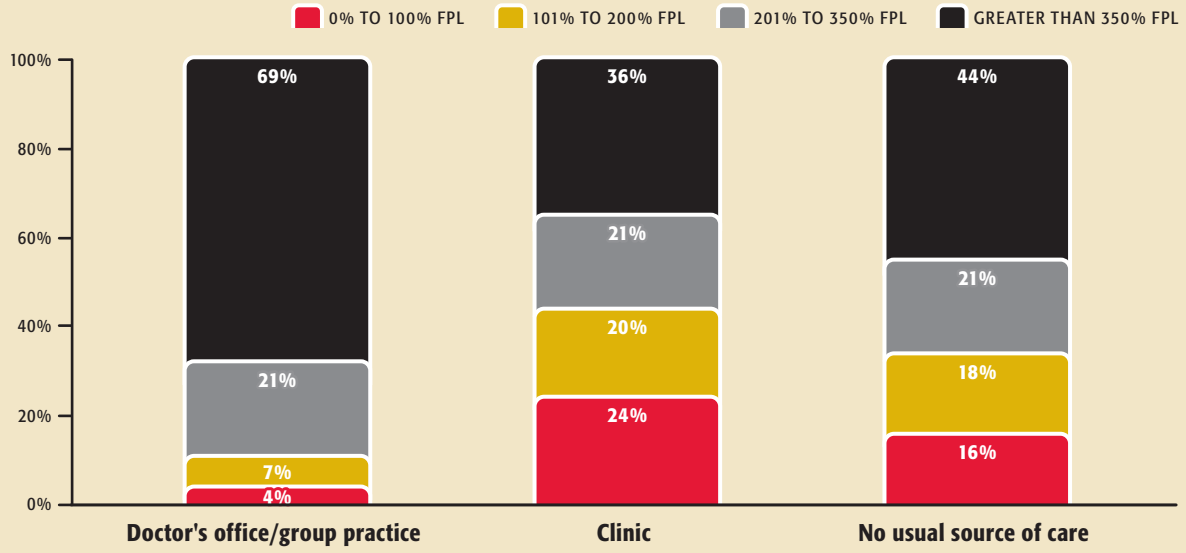


2009 NEW JERSEY FAMILY HEALTH SURVEY

Clinic users and the population without a USC are much more likely to be immigrants than those using doctors' offices (Figure 3). This difference is accounted for by the disproportionate share of non-citizen immigrants in the clinic population and the population of adults without a USC. The high rates of uninsurance and preference for clinics among immigrants, particularly non-citizens, support these findings.[5]

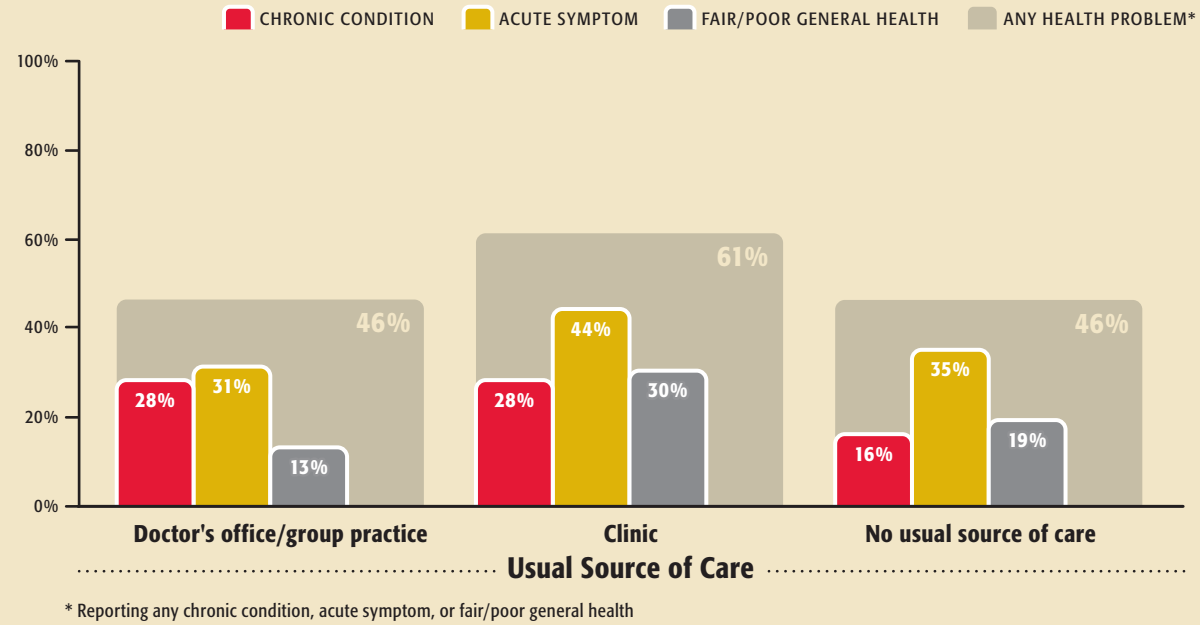
Those without a USC are situated between the clinic and doctor's office populations when family incomes as a percentage of the federal poverty level (FPL) are examined (Figure 4). They are about three times as likely to be either poor (0–100% FPL) or near poor (101–200% FPL) as those using doctors' offices, but also more likely to have incomes over 350% FPL than the population using clinics. Clinic users are the most likely of all to be poor.

Figure 4 | **Family Income of New Jersey's Non-Elderly Adults by Type of USC**



2009 NEW JERSEY FAMILY HEALTH SURVEY

Figure 5 | Health Indicators among New Jersey's Non-Elderly Adults by Type of USC



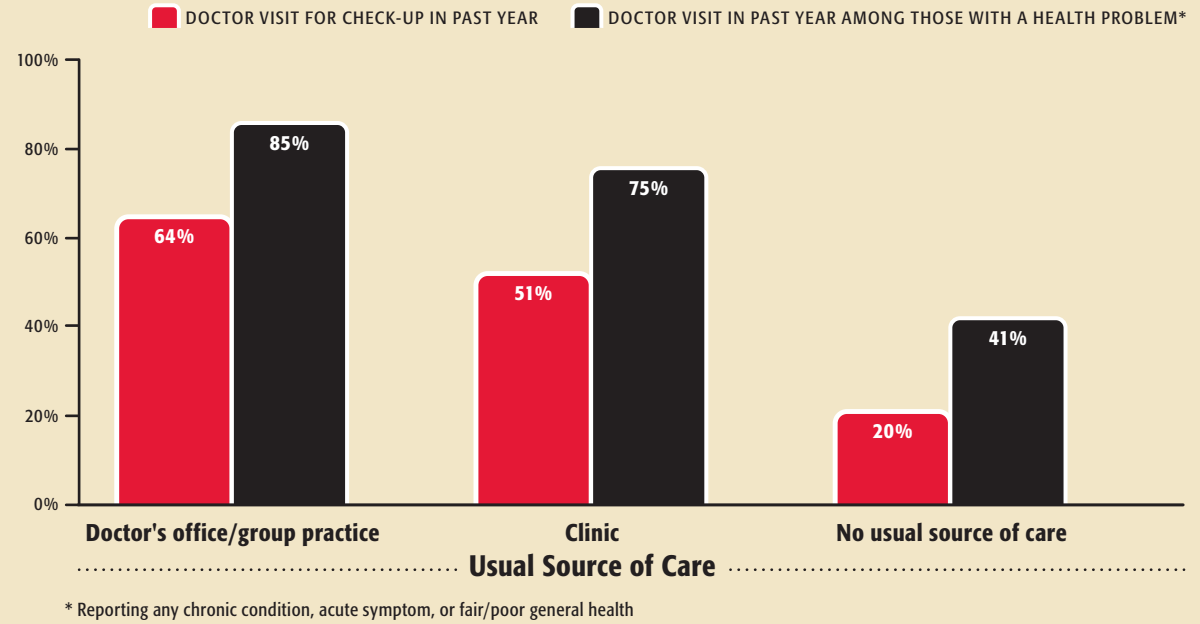
* Reporting any chronic condition, acute symptom, or fair/poor general health

2009 NEW JERSEY FAMILY HEALTH SURVEY

When comparing rates of chronic conditions, acute symptoms, and perceived general health status, the population using clinics as their USC report more health problems overall than those who get care from a doctor's office (Figure 5). This difference exists even though clinics serve adults who are younger on average (38 years vs. 43 years; data not shown in chart). The clinic population is also in poorer reported health than those without any USC, despite the nearly identical age distributions of these populations. This pattern persists even when insurance status is taken into account(data not shown).

Because it facilitates access to health services, the disadvantages of having no USC are evidenced by failure

Figure 6 | Utilization Indicators among New Jersey's Non-Elderly Adults by Type of USC



* Reporting any chronic condition, acute symptom, or fair/poor general health

2009 NEW JERSEY FAMILY HEALTH SURVEY

to receive preventive care or medical attention for existing health conditions. Compared to both the population using clinics and those using doctors' offices, the population with no USC is the least likely to have seen a doctor in the past year for a check-up or to have any doctor visit in the past year when they have a health problem (Figure 6). Particularly among the uninsured, the rates of doctor visits for those without a USC fall below those with a USC by a large margin (data not shown).

Although they make up smaller segments of the population overall, adults using various clinics or without a usual source of care differ in important ways from each other and from the large majority of New Jersey adults using doctors' offices as their USC.

Those without a USC are demographically more similar to the clinic population than they are to those who use doctors' offices, but are still distinct in some ways. Mainly, they are more likely to be male (61% vs. 43%; data not shown), non-Hispanic white, to have higher family incomes, and slightly more likely to be US-born than clinic users. They also have rates of chronic conditions, acute symptoms, and fair or poor perceived health that are about 10% lower than the clinic population, making them more like the population using office-based providers in terms of percentages with a health problem. Consistent with other research, our data show that insurance coverage alone does not guarantee establishment of a USC.[4] Studies with national data reveal that while cost and access barriers are the reasons some adults do not have a USC, most do not establish a USC because they seldom or rarely get sick and so find little value in having one.[4,6] Unfortunately, this means many will forgo recommended preventive care.

Clinics in the state are challenged with serving a much more heterogeneous population than New Jersey's office-based providers. Their population is disproportionately low socioeconomic status, uninsured or with public coverage, racial/ethnic minority, and non-citizen immigrant. Those using clinics also have more health problems overall. In short, as the USC for many of the state's most vulnerable and in need, the health services of clinics are indispensible, and their value will only continue to grow as federal health reform is implemented.

The Patient Protection and Affordable Care Act (ACA) will expand enrollment in Medicaid and private insurance in 2014, placing new demands on New Jersey's safety net providers. The surge in newly covered persons seeking care is anticipated to strain primary care capacity, and our data suggest clinics will be disproportionately affected. Following the coverage expansions in Massachusetts in 2006, uninsured CHC users did not switch their site of care when their financing changed.[7,8] If New Jersey's clinics have the same experience with regard to USC stability, they may have to absorb more pent-up demand for care from formerly uninsured patients than doctors' offices. In addition, there will undoubtedly be newcomers from the population with no USC seeking care at clinics when coverage barriers are removed. The low rates of preventive care and medical attention to existing health problems among the uninsured in this population means that clinics in New Jersey, similar to CHCs in Massachusetts,[7,8] will likely be faced with new patients seeking to address untreated health care needs and an overall increase in caseload.

References

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Other NJFHS Reports

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Kristen Lloyd, Joel C. Cantor, Dorothy Gaboda, Peter Guarnaccia. *Health, Coverage, and Access to Care of New Jersey Immigrants: Findings from the New Jersey Family Health Survey*, June 2011. http://www.cshp.rutgers.edu/Downloads/8880.pdf

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Methods

The 2009 New Jersey Family Health Survey (NJFHS) was designed to provide population-based estimates of health care coverage, access, use, and other health topics important for New Jersey policy formulation and evaluation in the coming years. It was funded by the Robert Wood Johnson Foundation and designed and conducted by the Rutgers Center for State Health Policy (CSHP). The survey, conducted between November 2008 and November 2009, was a random-digit-dialed telephone survey of 2,100 families with landlines and 400 families relying on cell phones residing in New Jersey. It collected information about a total of 7,336 individuals and had an overall response rate of 45.4% (61.7% for landlines and 26.0% for cell phones). The adult who was most knowledgeable about the health and health care needs of the family was interviewed.

Further information on the NJFHS, including a comprehensive methods report and the full text of the survey questionnaire, can be found on the CSHP website, respectively, at:

http://www.cshp.rutgers.edu/Downloads/8610.pdf and
http://www.cshp.rutgers.edu/Downloads/8620.pdf

The distributions of population demographics, health, and utilization indicators by type of USC presented in this Facts & Findings were assessed using Chi-square tests for complex survey data and found to be significantly different at or exceeding the 95% confidence level.

CSHP's Facts & Findings

Facts & Findings from Rutgers Center for State Health Policy highlight findings from major research initiatives at the Center, including the New Jersey Family Health Survey. Previous *Facts & Findings*, along with other publications, are available at www.cshp.rutgers.edu .

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