Published in final edited form as:

Health Aff (Millwood). 2017 December ; 36(12): 2211. doi:10.1377/hlthaff.2017.1241.

Reducing Disparities In Access To Health Care

John Shelley, Meredith Kilgore, and Andrea Cherrington

University of Alabama at Birmingham, Birmingham, Alabama

We commend Kevin Griffith and coauthors for highlighting an important result of Medicaid expansion—the reduction of long-standing socioeconomic disparities in access to care (Aug 2017).

In our analysis of data for the period 2011–15 from the Behavioral Risk Factor Surveillance System, we observed similar reductions in income-related disparities. We used household size and income to impute income as a percentage of the federal poverty level.^{1,2}

Respondents were then categorized as low-income (incomes no more than 138% of the federal poverty level) or high-income (incomes at least 400 percent of the federal poverty level) to assess changes in disparities.

We found that the disparity in coverage between income groups fell from 35 percent to 22 percent in states that expanded eligibility for Medicaid under the Affordable Care Act and from 43 percent to 36 percent in nonexpansion states. We found similar reductions in disparities in other access to care variables: having a personal doctor and delaying care due to cost. Disparity reductions in expansion states were significantly greater than reductions in nonexpansion states for each outcome ($p < 0.05$). As the authors discussed, it is important to note the compounding effect of not expanding Medicaid eligibility in states where baseline disparities were already higher than their expansion counterparts.

Given the ongoing discussions about Medicaid's future, it is worth emphasizing an often-overlooked outcome of Medicaid expansion: the attenuation of disparities in access to health care.

NOTES

1. Behavioral Risk Factor Surveillance System. Statistical brief on the Health Care Access Module, 2013 and 2014 [Internet]. Atlanta (GA): Centers for Disease Control and Prevention; 2015 Oct. [cited 2017 Sep 18]. Available from: https://www.cdc.gov/brfss/data_documentation/pdf/2013-2014_hcs.pdf

CONTACT INFORMATION: John Shelley, Meredith Kilgore, and Andrea Cherrington, University of Alabama at Birmingham, Birmingham, Alabama.

Additional Contact Information:

John Shelley, Research Assistant, Division of Preventive Medicine, Department of Medicine, Phone: 334-695-7482, Fax: (205) 975-5199, jps Shelley@uabmc.edu

Meredith Kilgore, Professor and Chair, Department of Health Care Organization and Policy, School of Public Health, Phone: (205) 975-8840, Fax: (205) 934-3347, mkilgore@uab.edu

Andrea Cherrington, Associate Professor, Division of Preventive Medicine, Department of Medicine, Phone: (205) 996-2885, Fax: (205) 975-5199, acherrington@uabmc.edu

All at:

University of Alabama at Birmingham, 1717 11th Ave. South, Birmingham, AL 35205

2. Sommers BD, Blendon RJ, Orav EJ, Epstein AM. Changes in utilization and health among low-income adults after Medicaid expansion or expanded private insurance. *JAMA Intern Med.* 2016; 176(10):1501–9. [PubMed: 27532694]

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript