

Healthcare Availability, Quality, and Cost in Greater Cincinnati

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

The Greater Cincinnati Community Health Status Survey (GCCHSS) is a project of The Health Foundation of Greater Cincinnati. The GCCHSS is conducted by the Institute for Policy Research at the University of Cincinnati.

Topics included in the GCCHSS include access to and satisfaction with healthcare, medical debt, mental and physical health status, nutrition and exercise, cigarette and alcohol use, and others.

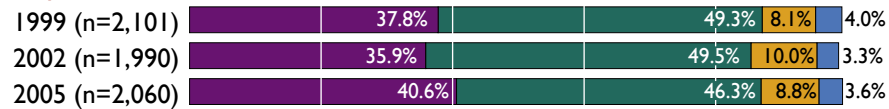
A total of 2,077 randomly selected adults residing in 8 Ohio counties, 9 Kentucky counties, and 5 Indiana counties were interviewed by telephone between August 16 and October 24, 2005. The potential sampling error for the survey is $\pm 2.2\%$.

For more information, please visit our web site at www.healthfoundation.org/gcchss.html. For the complete survey dataset, visit www.oasis.uc.edu.

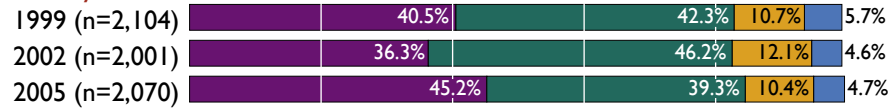
Community partners that helped develop the GCCHSS include:

- + Anthem Foundation of Ohio
- + Center for Closing the Health Gap
- + Child Policy Research Center
- + City of Cincinnati Health Department
- + Council on Aging
- + Employer Health Care Alliance
- + Foundation for a Healthy Kentucky
- + Hamilton County Health Department
- + Health Improvement Collaborative
- + Northern Kentucky Health Department
- + Northern Kentucky University Center for Latino and Multicultural Studies
- + United Way of Greater Cincinnati
- + University of Cincinnati Institute for Policy Research
- + University of Cincinnati Institute for the Study of Health
- + Urban Appalachian Council

Quality of health care

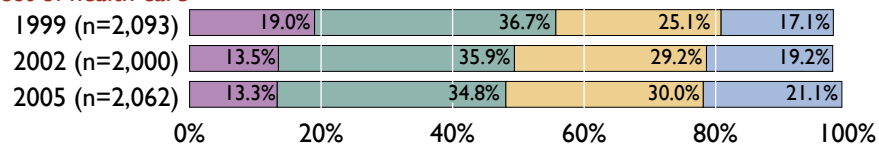


Availability of health care



Very satisfied (purple), Fairly well satisfied (green), Not too satisfied (yellow), Not at all satisfied (blue)

Cost of health care



Very reasonable (purple), Fairly reasonable (green), Somewhat unreasonable (yellow), Very unreasonable (blue)

According to the 2005 Greater Cincinnati Community Health Status Survey, the vast majority of adults in the region are satisfied with the quality of care (86.9%) and availability of care (84.5%) they receive. However, far fewer adults in the region are satisfied with the cost of healthcare: only 48.1% of respondents reported that they felt healthcare costs were very or somewhat reasonable.

Although satisfaction with quality and availability has risen slightly since 1999, satisfaction with cost has been decreasing. In 1999, 55.7% of adults felt healthcare costs were reasonable. This dropped in 2002 (49.4%) and 2005 (48.1%).

Quality

Quality of care is an important indicator of how well a healthcare system is doing. The Institute of Medicine and others at the federal level have launched efforts to provide standards in quality of care and measure progress in this area. For additional information, see the Institute of Medicine's

(continued on next page)

Greater Cincinnatians **more** and **less** likely to be very or fairly well satisfied with the quality of the healthcare they get (2005 data)

| Demographic | % very or fairly well satisfied with quality |
|--|--|
| Region | 86.9% |
| Age | |
| 65+ | 89.6% |
| 18 to 29 | 85.0% |
| Sex | |
| Male | 87.2% |
| Female | 86.6% |
| Ethnicity | |
| White Appalachian (1st and 2nd generation) | 89.6% |
| African American | 83.2% |
| Family Income | |
| Above 200% FPG ¹ | 88.5% |
| Below 100% FPG | 77.9% |
| Health Insurance | |
| Private or self-insured | 89.5% |
| Uninsured | 74.5% |

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Crossing the Quality Chasm report produced in 2001 (visit <http://www.iom.edu/CMS/8089/5432.aspx>).

In Greater Cincinnati, quality of care is consistently rated highly. As age or income increase, the likelihood of being satisfied with quality of healthcare also increases.

Availability

Availability of care is an indicator of whether someone will get care when they need it. In Greater Cincinnati, as age or income increase, the likelihood of being satisfied with availability of healthcare also increases.

Although availability of care has been consistently rated highly by residents, the region has wide variation in availability of care, with many regions designated as Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas (MUAs). Generally speaking, rural areas within the region tend to be designated as HPSAs and MUAs.

*Greater Cincinnatians **more** and **less** likely to be very or fairly well satisfied with the availability of healthcare when they need it (2005 data)*

| Demographic | % very or fairly well satisfied with availability |
|---|---|
| Region | 84.5% |
| Area in region | |
| Boone/Campbell/Grant/Kenton Counties (KY) | 89.1% |
| Adams/Brown/Clermont/Highland Counties (OH) | 76.8% |
| Age | |
| 65+ | 90.9% |
| 18 to 29 | 80.9% |
| Sex | |
| Male | 84.9% |
| Female | 84.1% |
| Ethnicity | |
| White Non-Appalachian | 86.4% |
| African American | 81.9% |
| Family Income | |
| Above 200% FPG ¹ | 86.2% |
| Below 100% FPG | 76.3% |
| Health Insurance | |
| Medicare | 89.7% |
| Uninsured | 64.9% |

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Residents of the rural Ohio area in the region (Adams/Brown/Clermont/Highland Counties)—most of which is designated as an HPSA—were the least likely to be satisfied with availability of healthcare, while residents of the urban Kentucky area (Boone/Campbell/Grant/Kenton Counties) were most likely to be satisfied. However, residents of the Indiana area (Dearborn/Franklin/Ohio/Ripley/Switzerland Counties), which is also a rural area and HPSA, were the second most likely to be satisfied with availability. Residents of the City of Cincinnati were the second least likely to be satisfied with availability.

Cost

The cost of care is a great concern for many people in the United States as health insurance premiums increase and out-of-pocket expenses continue to rise. In Greater Cincinnati, we see this concern reflected in the continuous decline of adults satisfied with the cost of care they receive from 1999 to 2005. Unlike the other healthcare satisfaction measures from the survey, we found that as income increases, the likelihood of finding healthcare costs reasonable decreases.

*Greater Cincinnatians **more** and **less** likely to feel the cost of the healthcare they receive is very or fairly reasonable (2005 data)*

| Demographic | % who feel healthcare costs are reasonable |
|--|--|
| Region | 48.1% |
| Age | |
| 65+ | 55.6% |
| 46 to 64 | 43.6% |
| Sex | |
| Male | 50.2% |
| Female | 46.2% |
| Ethnicity | |
| White Non-Appalachian | 50.5% |
| White Appalachian (1st and 2nd generation) | 45.8% |
| Family Income | |
| Below 100% FPG ¹ | 53.0% |
| Above 200% FPG | 47.6% |
| Between 100–200% FPG | 47.5% |
| Health Insurance | |
| Medicare | 55.3% |
| Medicaid | 40.4% |

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.