

# DESPITE A DECADE OF NEAR-UNIVERSAL HEALTH INSURANCE COVERAGE IN MASSACHUSETTS, GAPS IN HEALTH CARE ACCESS AND AFFORDABILITY PERSISTED IN 2018

## SUMMARY OF KEY FINDINGS

December 2018



Sharon K. Long  
Joshua Aarons  
*Urban Institute*

---

# EXECUTIVE SUMMARY

The Blue Cross Blue Shield of Massachusetts Foundation began a survey of adults, called the Massachusetts Health Reform Survey (MHRS), in fall 2006 to support the evaluation of Massachusetts' 2006 health care reform bill, entitled "An Act Providing Access to Affordable, Quality, Accountable Health Care" (Chapter 58 of the Acts of 2006). The MHRS has been fielded periodically since 2006 to track changes in the health care system in the Commonwealth. The most recent round of the MHRS was fielded in spring 2018.

The 2018 MHRS provides information on core measures of health insurance coverage and health care access and affordability, along with new information on access to and affordability of care for mental health and substance use disorders (MH/SUDs).

This chart pack provides an update on trends in health insurance coverage and health care access and affordability among adults 19 to 64 in Massachusetts from 2006 to 2018, along with more detailed information on the core measures of health insurance coverage and health care access and affordability for 2018. An assessment of access to and affordability of care for MH/SUDs in 2018 is provided in a companion [chart pack](#) and [brief](#). In addition, a set of 2018 [Detailed Tables](#) provides information on the new MH/SUDs measures. The summary measures included in this chart pack, which is intended to be consistent with prior years of the MHRS, do not include data from the new MH/SUDs questions and so may differ from the summary measures in the chart pack focused on the new MH/SUDs questions.

For the analysis of trends over time, the focus is on the overall population and lower- and higher-income adults, defined as family income below 300% and at or above 300% of the federal poverty level (FPL), respectively. The FPL was \$12,140 for an individual in 2018. For the 2018 analysis, the focus is on the overall population and three income groups: *low-income* adults (at or below 138% FPL), *moderate-income* adults (between 138 and 300% FPL), and *higher-income* adults (at or above 300% FPL).

The information presented here is drawn from the [2018 MHRS Detailed Tables](#) for the core measures. In addition to information on the *overall* population of

adults 19 to 64 in Massachusetts, those 2018 Detailed Tables include information on the subset of adults *who had health insurance coverage for all of the prior year*. A detailed description of the 2018 MHRS, including changes from prior years, is provided in the [2018 MHRS Methodology Report](#).

**Key Findings.** The 2018 MHRS highlights the state's ongoing success at maintaining near-universal health insurance coverage after the 2006 health care reform, as well as opportunities for improvements in access to and affordability of health care for the state's residents. Health insurance coverage in 2018 was at 96.0% for adults in Massachusetts, with the majority (87.6%) reporting coverage for all of the past year. However, the high levels of health insurance coverage did not guarantee access to health care or the affordability of care. Nearly half (49.1%) of adults reported difficulty obtaining health care over the past year and 38.1% went without needed health care, including 18.6% who went without needed care because of cost. Low- and moderate-income adults were more likely than higher-income adults to report difficulties obtaining care and unmet need for care. However, moderate-income adults were more likely than low-income or higher-income adults to have problems paying family medical bills (29.6% versus 20.8% and 10.2%, respectively), and more likely than low-income adults to have medical bills that are being paid off over time (24.9% versus 12.2%).

**Opportunities.** As was true of earlier rounds of the MHRS, the 2018 MHRS is a reminder that the goals of health care reform are not achieved by simply reducing the number of people in Massachusetts who are uninsured. New strategies are needed to improve access to care and reduce the burden of health care costs for Massachusetts adults and their families. This is especially clear in the responses from low- and moderate-income adults, who have seen improvements in insurance coverage and fiscal protection from such coverage but continue to have gaps in health care access and affordability. Moderate-income adults, in particular, often report problems paying family medical bills and medical debt.

---

# LIST OF SLIDES

## Trends in Health Insurance Coverage and Health Care Access and Affordability Among Adults from 2006 to 2018

- [Health Insurance Coverage at the Time of the Survey and over the Past Year](#) among Massachusetts Adults 19 to 64, 2006–2018
- [Health Insurance Coverage at the Time of the Survey](#) among Massachusetts Adults 19 to 64, by Family Income, 2006–2018
- [Access to Health Care over the Past Year](#) among Massachusetts Adults 19 to 64, 2006–2018
- [Frequency and Type of Emergency Department Use](#) over the Past Year among Massachusetts Adults 19 to 64, 2006–2018
- [Emergency Department Use](#) over the Past Year among Massachusetts Adults 19 to 64, by Family Income, 2006–2018
- [Problems Paying Family Medical Bills](#) over the Past Year among Massachusetts Adults 19 to 64, Overall and by Family Income, 2006–2018
- [Family Medical Debt](#) among Massachusetts Adults 19 to 64, Overall and by Family Income, 2006–2018

## Health Insurance Coverage and Health Care Access and Affordability Among Adults in 2018

- [Health and Dental Insurance Coverage](#) at the Time of the Survey among Massachusetts Adults 19 to 64, Overall and by Family Income, 2018
- [Type of Health Insurance Coverage](#) among Massachusetts Adults 19 to 64 Who Were Insured at the Time of the Survey, Overall and by Family Income, 2018
- [Difficulties Obtaining Health Care](#) over the Past Year among Massachusetts Adults 19 to 64, 2018
- [Difficulties Obtaining Health Care](#) over the Past Year among Massachusetts Adults 19 to 64, by Family Income, 2018
- [Emergency Department Use](#) over the Past Year among Massachusetts Adults 19 to 64, 2018
- [Emergency Department Use](#) over the Past Year among Massachusetts Adults 19 to 64, by Family Income, 2018
- [Unmet Need for Health Care](#) over the Past Year among Massachusetts Adults 19 to 64, 2018
- [Unmet Need for Health Care](#) over the Past Year among Massachusetts Adults 19 to 64, by Family Income, 2018
- [Problems with Family Medical Bills](#) over the Past Year among Massachusetts Adults 19 to 64, Overall and by Family Income, 2018
- [Frequency of Use of Credit Card or Personal Loan to Pay off Family Medical Debt](#) by Massachusetts Adults 19 to 64 with Medical Debt, Overall and by Family Income, 2018
- [Rating of Protection Against High Medical Bills Provided by Current Health Insurance Coverage](#) among Massachusetts Adults 19 to 64 Who Were Insured at the Time of the Survey, Overall and by Family Income, 2018

## Characteristics of Adults in 2018

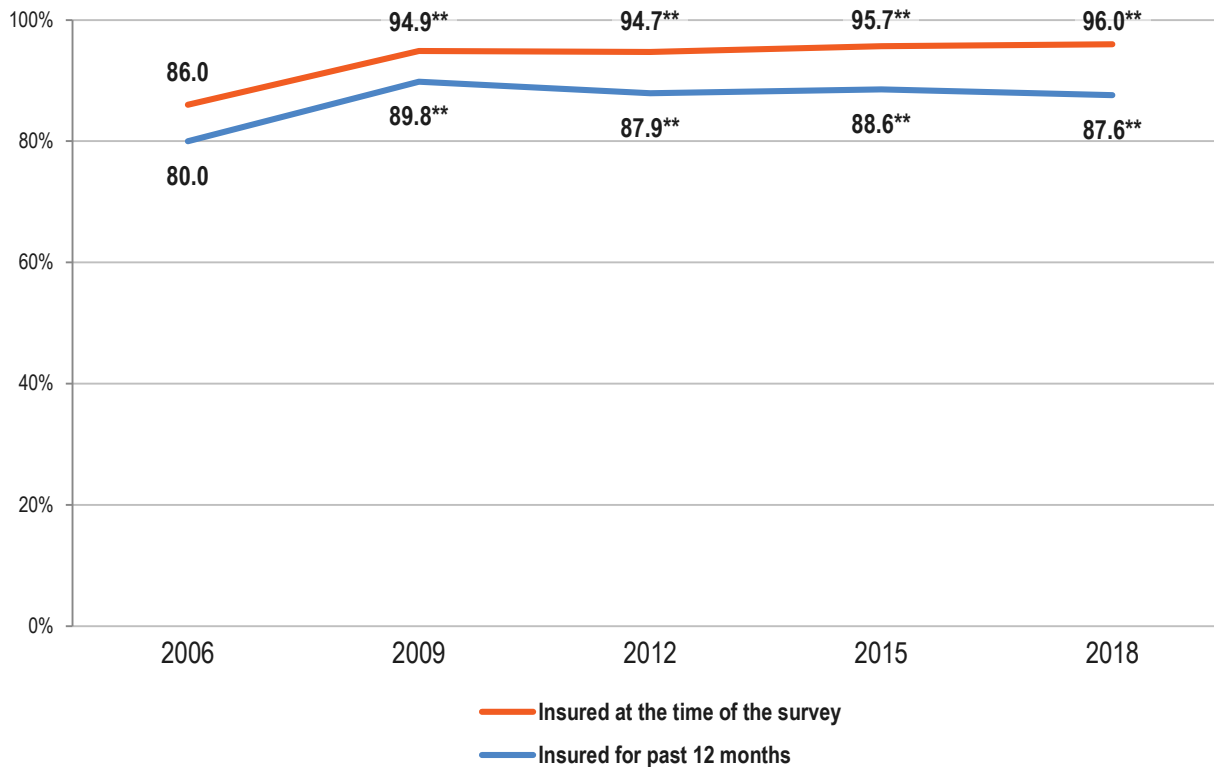
- [Demographic Characteristics](#) of Massachusetts Adults 19 to 64, 2018
- [Socioeconomic Characteristics](#) of Massachusetts Adults 19 to 64, 2018
- [Health and Disability Status](#) of Massachusetts Adults 19 to 64, 2018

---

# Trends in Health Insurance Coverage and Health Care Access and Affordability among Adults from 2006 to 2018

# HEALTH INSURANCE COVERAGE AT THE TIME OF THE SURVEY AND OVER THE PAST YEAR AMONG MASSACHUSETTS ADULTS, 2006–2018

## PERCENT REPORTING



- In 2018, 96.0% of adults in Massachusetts were insured at the time of the survey, well above the 86.0% insured in 2006 and the 87.2% insured in the nation as a whole in 2018 (based on early release estimates from the National Health Interview Survey).
- In 2018, the majority (87.6%) of adults had health insurance coverage for the entire year, an increase from 80.0% in 2006.

SOURCE: 2006–2018 Massachusetts Health Reform Survey. The survey was not fielded in 2011, 2014, 2016, or 2017. Data for 2007, 2008, 2010, and 2013 are not shown in order to keep gaps between years consistent at three years.

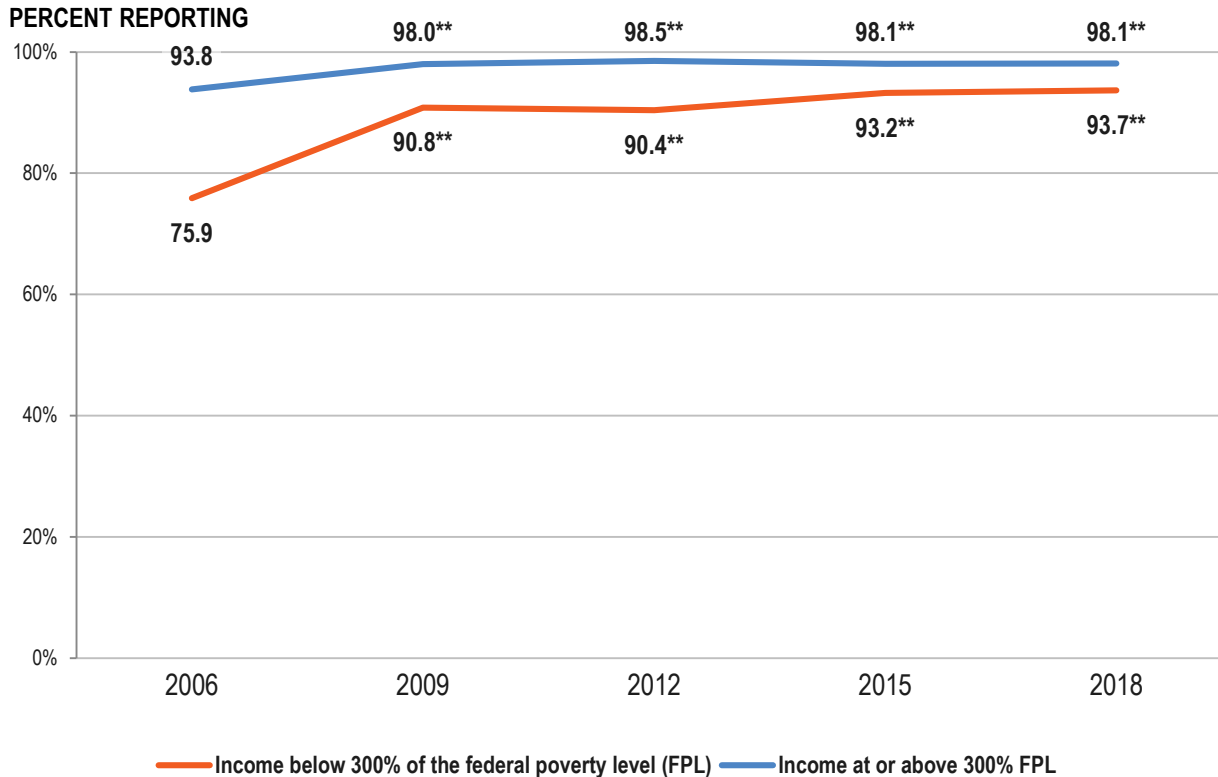
NOTE: These are unadjusted estimates.

\*(\*\*) Significantly different from value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) For 2015 and 2018: Significantly different from value in 2012 at the .05 (.01) level, two-tailed test.

†(††) For 2018: Significantly different from value in 2015 at the .05 (.01) level, two-tailed test.

# HEALTH INSURANCE COVERAGE AT THE TIME OF THE SURVEY AMONG MASSACHUSETTS ADULTS 19 TO 64, BY FAMILY INCOME, 2006–2018



- In 2018, 93.7% of adults in Massachusetts with family income below 300% of the federal poverty level (FPL) were insured at the time of the survey, up from 75.9% in 2006.
- Almost all (98.1%) of adults with family income at or above 300% FPL were insured at the time of the 2018 survey, an increase from 93.8% in 2006.

SOURCE: 2006–2018 Massachusetts Health Reform Survey. The survey was not fielded in 2011, 2014, 2016, or 2017. Data for 2007, 2008, 2010, and 2013 are not shown in order to keep gaps between years consistent at three years.

NOTE: These are unadjusted estimates.

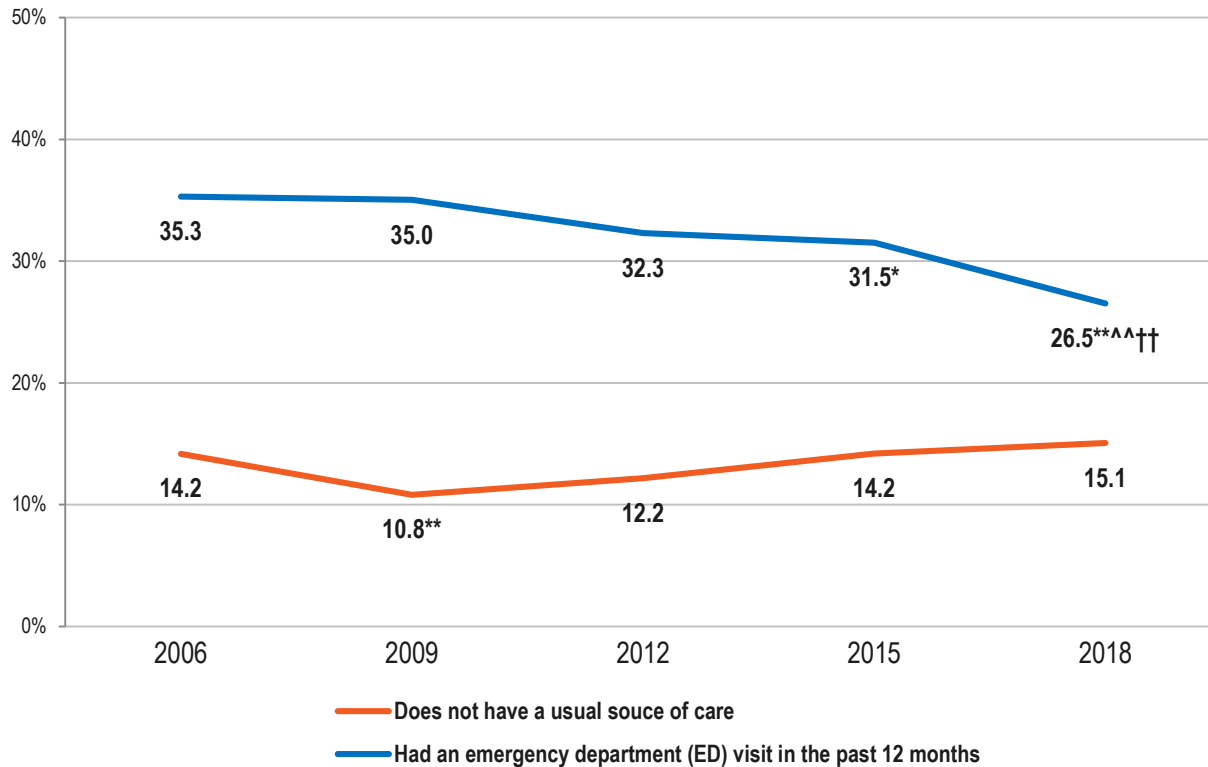
\*(\*\*) Significantly different from value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) For 2015 and 2018: Significantly different from value in 2012 at the .05 (.01) level, two-tailed test.

†(††) For 2018: Significantly different from value in 2015 at the .05 (.01) level, two-tailed test.

# ACCESS TO HEALTH CARE OVER THE PAST YEAR AMONG MASSACHUSETTS ADULTS 19 TO 64, 2006–2018

## PERCENT REPORTING



- Only 15.1% of adults in Massachusetts did not have a usual source of care (excluding the emergency department [ED]) in 2018, a level that has remained fairly stable since 2006.
- Between 2006 and 2018, ED use decreased—from 35.3% of adults with an ED visit over the past year in 2006 to 26.5% in 2018.

SOURCE: 2006–2018 Massachusetts Health Reform Survey. The survey was not fielded in 2011, 2014, 2016, or 2017. Data for 2007, 2008, 2010, and 2013 are not shown in order to keep gaps between years consistent at three years.

NOTE: These are unadjusted estimates.

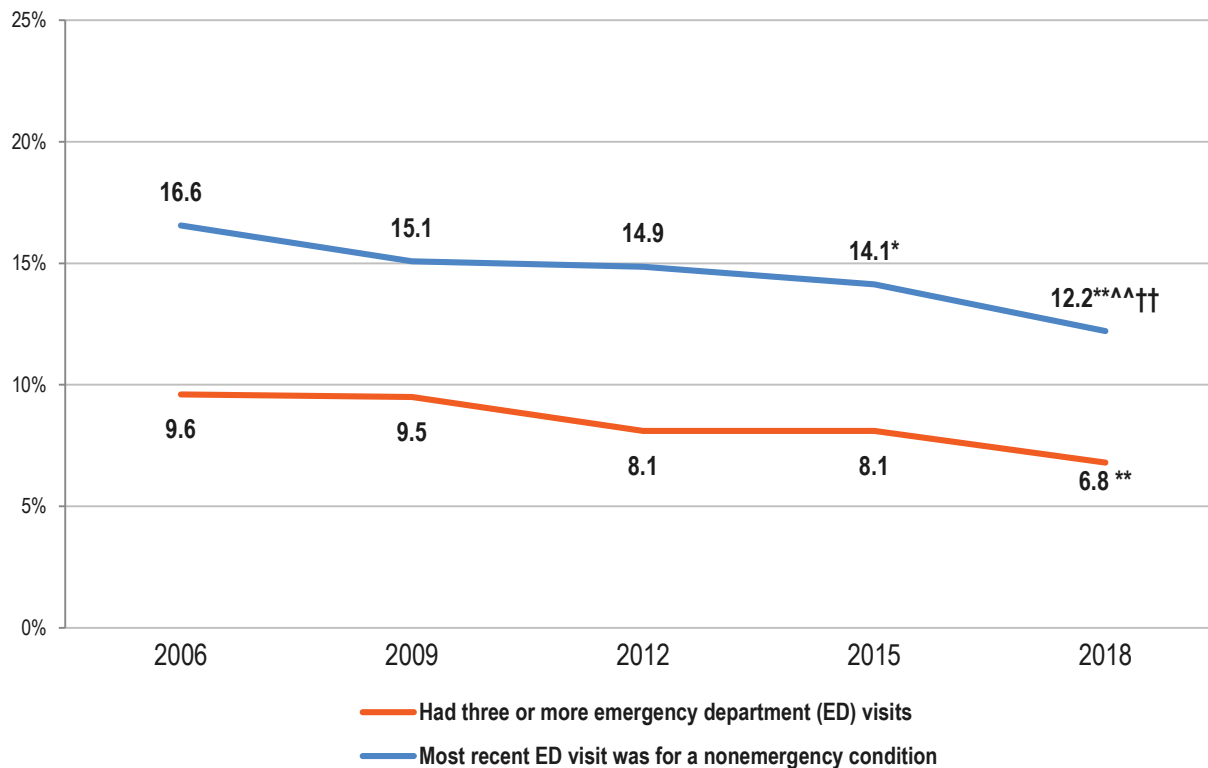
\*\* Significantly different from value in 2006 at the .05 (.01) level, two-tailed test.

^^ For 2015 and 2018: Significantly different from value in 2012 at the .05 (.01) level, two-tailed test.

†† For 2018: Significantly different from value in 2015 at the .05 (.01) level, two-tailed test.

# FREQUENCY AND TYPE OF EMERGENCY DEPARTMENT USE OVER THE PAST YEAR AMONG MASSACHUSETTS ADULTS 19 TO 64, 2006–2018

## PERCENT REPORTING



- Between 2006 and 2018, the share of adults in Massachusetts with three or more emergency department (ED) visits over the past year decreased — from 9.6% in 2006 to 6.8% in 2018.
- ED use for a nonemergency condition also declined — down from 16.6% for the most recent ED visit in 2006 to 12.2% in 2018.

SOURCE: 2006–2018 Massachusetts Health Reform Survey. The survey was not fielded in 2011, 2014, 2016, or 2017. Data for 2007, 2008, 2010, and 2013 are not shown in order to keep gaps between years consistent at three years.

NOTE: These are unadjusted estimates. A nonemergency condition is one that the respondent thought could have been treated by a regular provider, had one been available.

\*(\*\*) Significantly different from value in 2006 at the .05 (.01) level, two-tailed test.

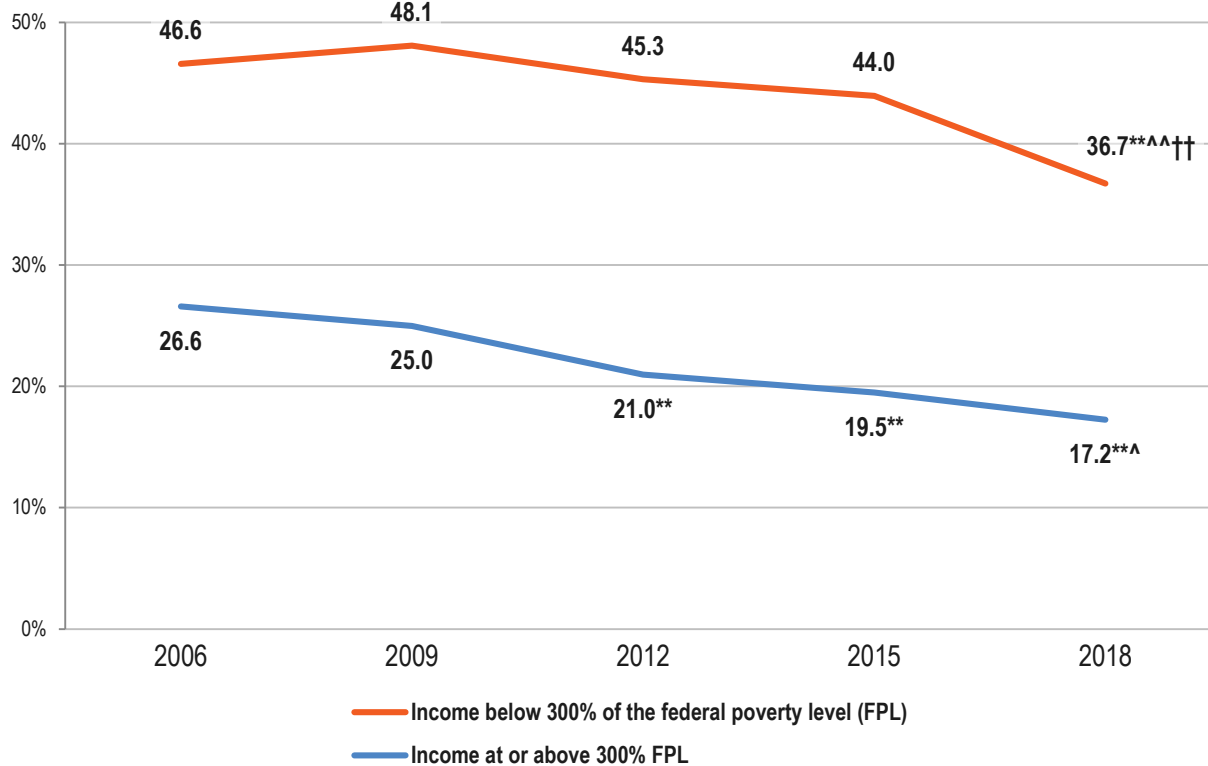
^(\*\*) For 2015 and 2018: Significantly different from value in 2012 at the .05 (.01) level, two-tailed test.

†(††) For 2018: Significantly different from value in 2015 at the .05 (.01) level, two-tailed test.



# EMERGENCY DEPARTMENT USE OVER THE PAST YEAR AMONG MASSACHUSETTS ADULTS 19 TO 64, BY FAMILY INCOME, 2006–2018

## PERCENT REPORTING



- Between 2006 and 2018, the share of adults in Massachusetts reporting an emergency department (ED) visit over the past year fell from 26.6% to 17.2% among higher-income adults and from 46.6% to 36.7% among lower-income adults.

SOURCE: 2006–2018 Massachusetts Health Reform Survey. The survey was not fielded in 2011, 2014, 2016, or 2017. Data for 2007, 2008, 2010, and 2013 are not shown in order to keep gaps between years consistent at three years.

NOTE: These are unadjusted estimates.

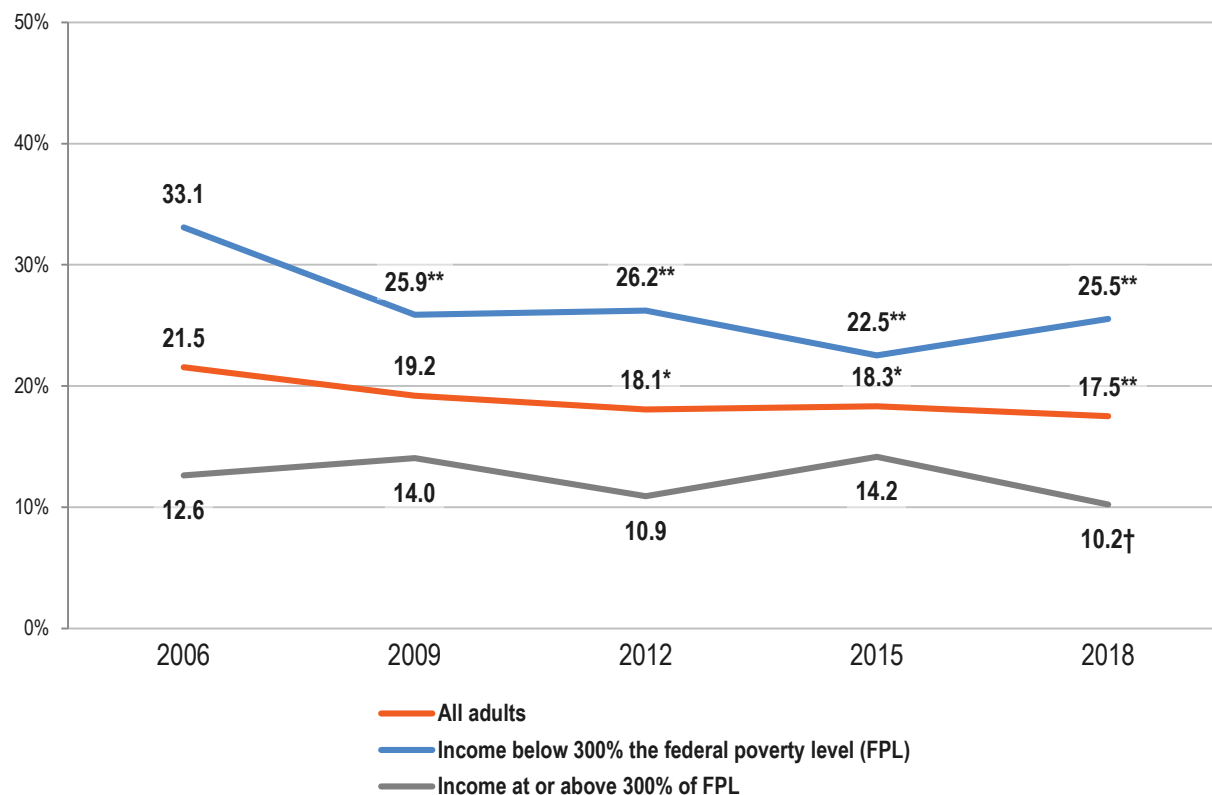
\*\* Significantly different from value in 2006 at the .05 (.01) level, two-tailed test.

^^ For 2015 and 2018: Significantly different from value in 2012 at the .05 (.01) level, two-tailed test.

†† For 2018: Significantly different from value in 2015 at the .05 (.01) level, two-tailed test.

# PROBLEMS PAYING FAMILY MEDICAL BILLS OVER THE PAST YEAR AMONG MASSACHUSETTS ADULTS 19 TO 64, OVERALL AND BY FAMILY INCOME, 2006–2018

## PERCENT REPORTING



- Between 2006 and 2018, the share of adults in Massachusetts reporting problems paying family medical bills over the past year declined from 21.5% to 17.5%.
- Problems paying family medical bills declined between 2006 and 2018 for lower-income adults, but not higher-income adults. The share of higher-income adults with problems paying family medical bills in 2018 is not significantly different than the share in 2006.

SOURCE: 2006–2018 Massachusetts Health Reform Survey. The survey was not fielded in 2011, 2014, 2016, or 2017. Data for 2007, 2008, 2010, and 2013 are not shown in order to keep gaps between years consistent at three years.

NOTE: These are unadjusted estimates.

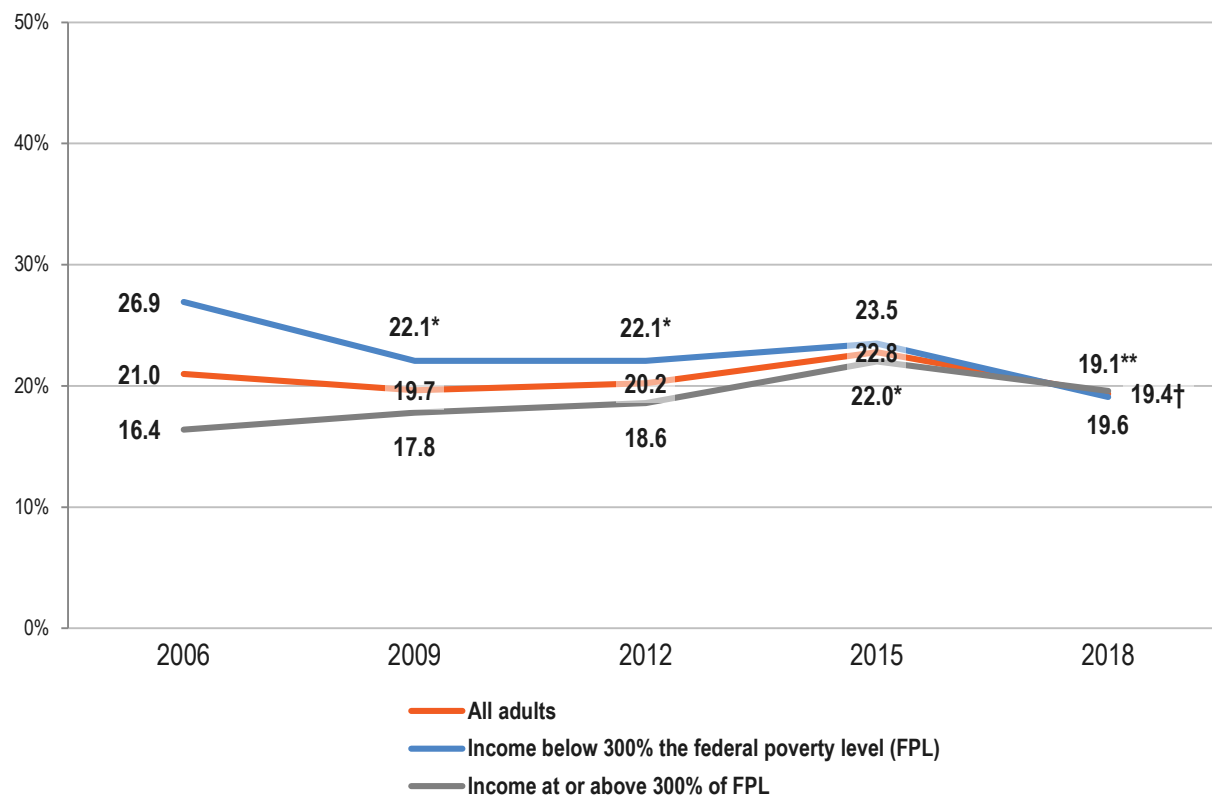
\*(\*\*) Significantly different from value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) For 2015 and 2018: Significantly different from value in 2012 at the .05 (.01) level, two-tailed test.

†(††) For 2018: Significantly different from value in 2015 at the .05 (.01) level, two-tailed test.

# FAMILY MEDICAL DEBT AMONG MASSACHUSETTS ADULTS 19 TO 64, OVERALL AND BY FAMILY INCOME, 2006–2018

## PERCENT REPORTING



- Between 2006 and 2018, the share of adults in Massachusetts with family medical bills that are being paid off over time declined for lower-income adults (from 26.9% to 19.1%), but not for higher-income adults.
- By 2018, roughly one-fifth of both lower- and higher-income adults reported problems with family medical debt.

SOURCE: 2006–2018 Massachusetts Health Reform Survey. The survey was not fielded in 2011, 2014, 2016, or 2017. Data for 2007, 2008, 2010, and 2013 are not shown in order to keep gaps between years consistent at three years.

NOTE: These are unadjusted estimates.

\*(\*\*) Significantly different from value in 2006 at the .05 (.01) level, two-tailed test.

^(\*\*) For 2015 and 2018: Significantly different from value in 2012 at the .05 (.01) level, two-tailed test.

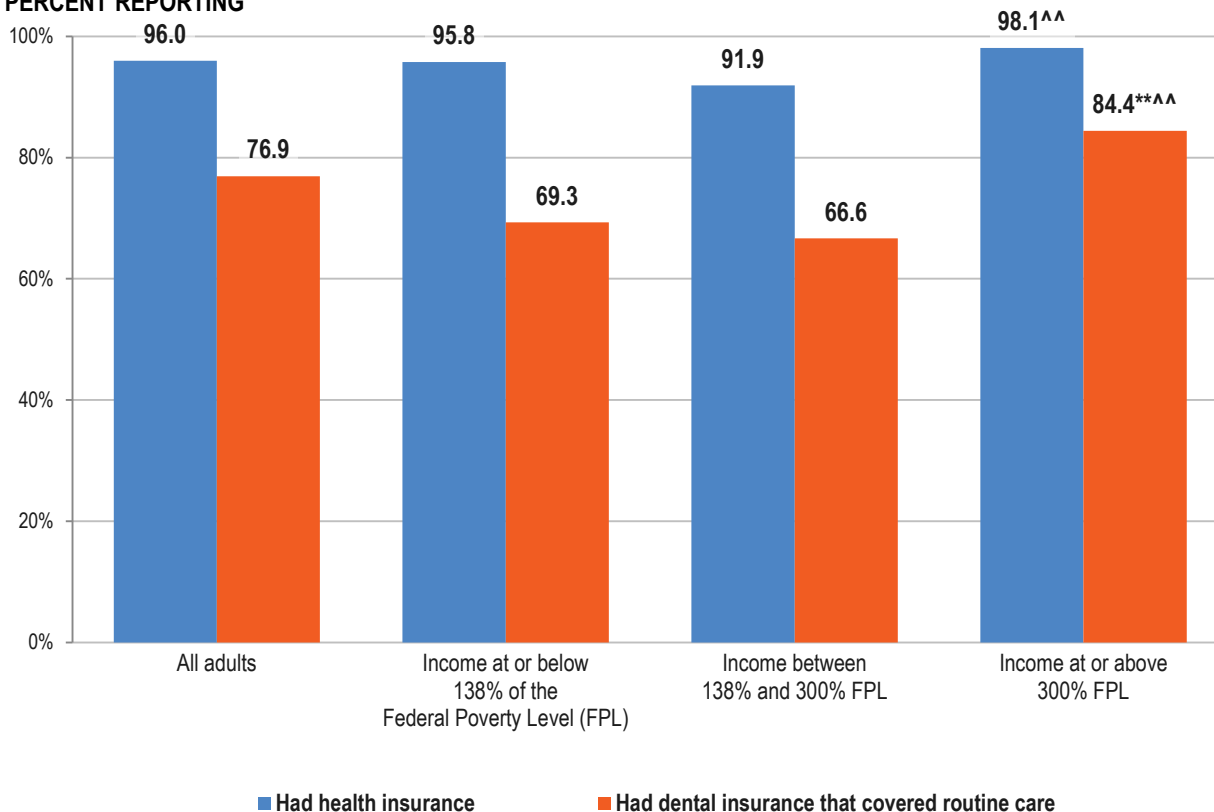
†(††) For 2018: Significantly different from value in 2015 at the .05 (.01) level, two-tailed test.

---

# Health Insurance Coverage and Health Care Access and Affordability among Adults in 2018

# HEALTH AND DENTAL INSURANCE COVERAGE AT THE TIME OF THE SURVEY AMONG MASSACHUSETTS ADULTS 19 TO 64, OVERALL AND BY FAMILY INCOME, 2018

## PERCENT REPORTING



- In 2018, nearly all (96.0%) of adults in Massachusetts reported health insurance coverage at the time of the survey.
- More than three-quarters (76.9%) reported having dental insurance that covered routine dental care. Higher-income adults were more likely than low- or moderate-income adults to have dental insurance.
- In 2018, for an individual, 138% of the Federal Poverty Level (FPL) is \$16,753 and 300% FPL is \$36,420.

SOURCE: 2018 Massachusetts Health Reform Survey.

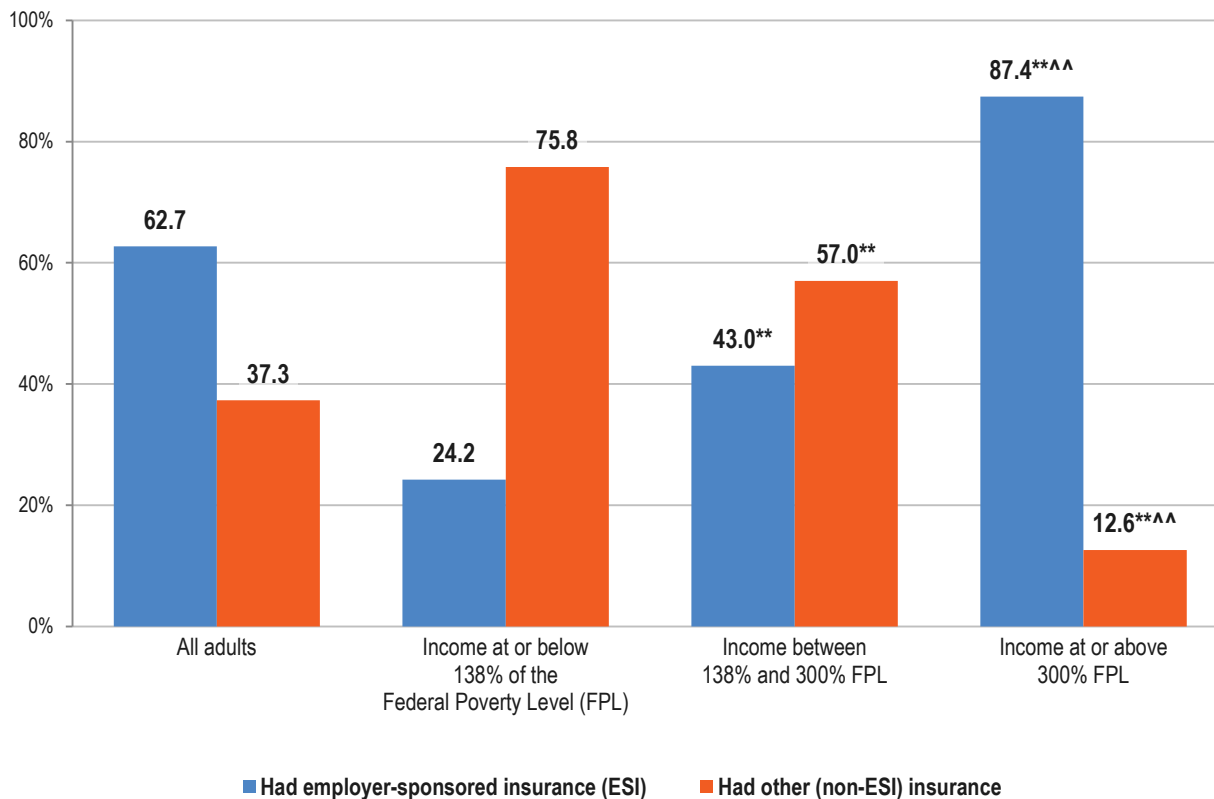
NOTE: These are unadjusted estimates.

\*\*\* Significantly different from value for low-income adults at the .05 (.01) level, two-tailed test.

^^ Significantly different from value for moderate-income adults at the .05 (.01) level, two-tailed test.

# TYPE OF HEALTH INSURANCE COVERAGE AMONG MASSACHUSETTS ADULTS 19 TO 64 WHO WERE INSURED AT THE TIME OF THE SURVEY, OVERALL AND BY FAMILY INCOME, 2018

## PERCENT REPORTING



- In 2018, nearly two-thirds (62.7%) of adults in Massachusetts who were insured at the time of the survey reported employer-sponsored insurance (ESI) and 37.3% reported other (non-ESI) insurance.
- Low-income, insured adults relied more heavily on other (non-ESI) coverage (75.8%), while higher-income adults tended to have ESI coverage (87.4%). Moderate-income adults were divided more evenly — 43.0% had ESI coverage and 57.0% had other (non-ESI) coverage.

SOURCE: 2018 Massachusetts Health Reform Survey.

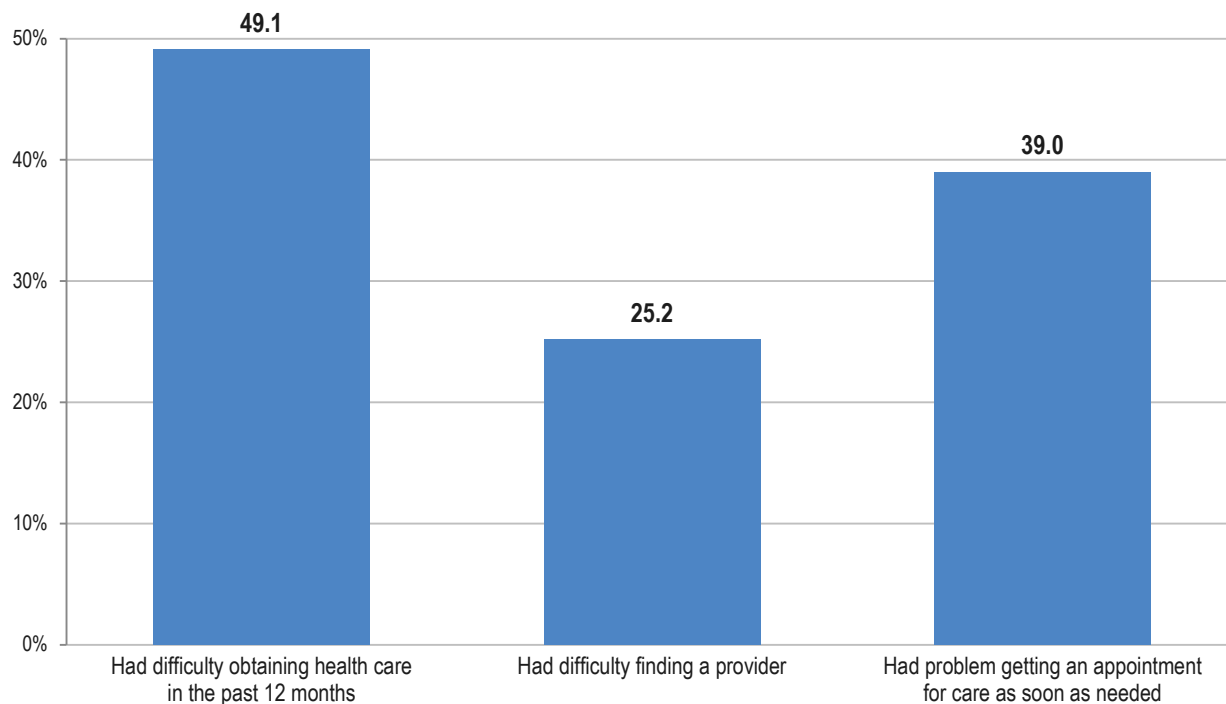
NOTE: These are unadjusted estimates. Estimates may not sum to 100 due to rounding. Other (non-ESI) insurance includes private coverage purchased directly from an insurance company and public coverage (including MassHealth).

\*\*\* Significantly different from value for low-income adults at the .05 (.01) level, two-tailed test.

^^ Significantly different from value for moderate-income adults at the .05 (.01) level, two-tailed test.

# DIFFICULTIES OBTAINING HEALTH CARE OVER THE PAST YEAR AMONG MASSACHUSETTS ADULTS 19 TO 64, 2018

## PERCENT REPORTING



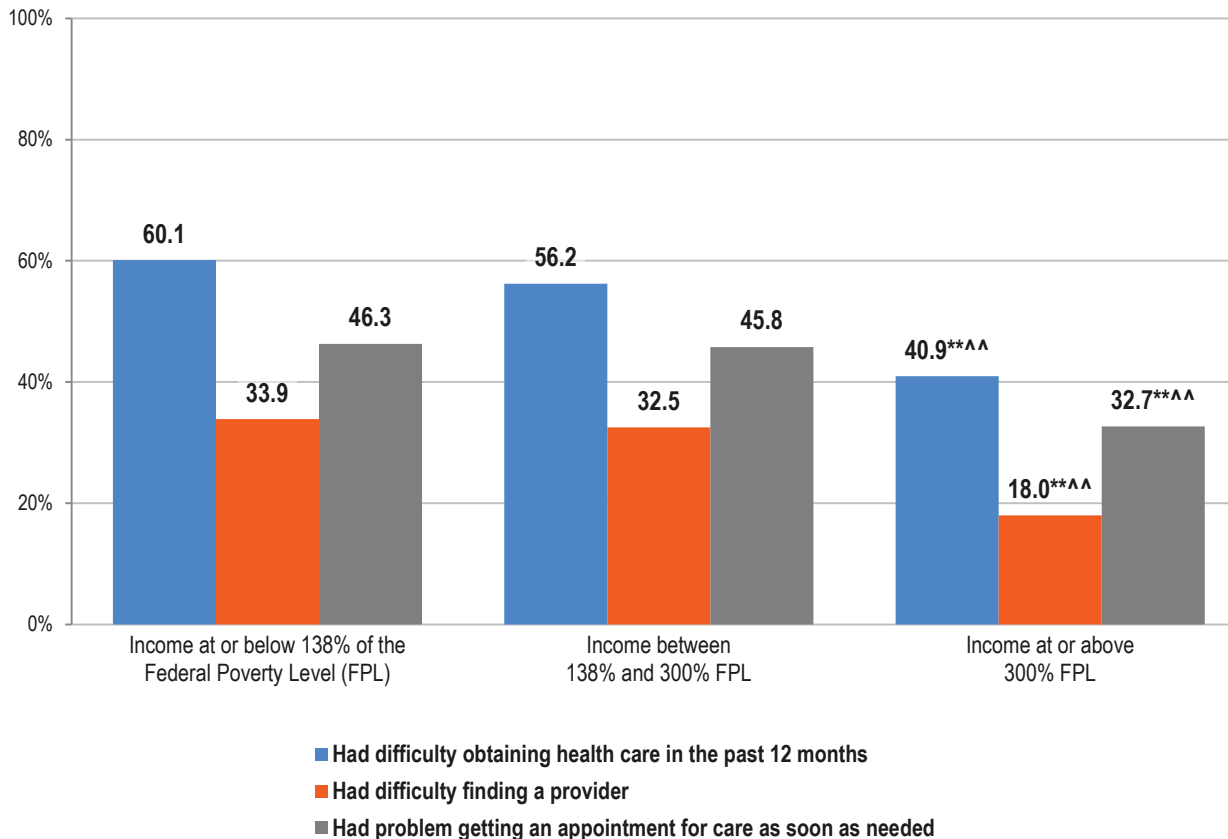
- Nearly half (49.1%) of adults in Massachusetts reported difficulty obtaining health care over the past year.
- Most often this was due to problems getting an appointment as soon as needed (39.0%), although one in four adults (25.2%) reported difficulty finding a provider.

SOURCE: 2018 Massachusetts Health Reform Survey.

NOTE: These are unadjusted estimates. "Difficulty finding a provider" includes being told by doctor's office or clinic that they were not accepting the respondent's health insurance type, any health insurance, or new patients. "Problem getting an appointment" is defined as "sometimes" or "never" getting an appointment as soon as needed.

# DIFFICULTIES OBTAINING HEALTH CARE OVER THE PAST YEAR AMONG MASSACHUSETTS ADULTS 19 TO 64, BY FAMILY INCOME, 2018

## PERCENT REPORTING



- In 2018, more than half of low- (60.1%) and moderate-income (56.2%) adults in Massachusetts reported difficulty obtaining health care over the past year, significantly higher than the 40.9% of higher-income adults.

SOURCE: 2018 Massachusetts Health Reform Survey.

NOTE: These are unadjusted estimates. "Difficulty finding a provider" includes being told by doctor's office or clinic that they were not accepting health insurance type, any health insurance, or new patients. "Problem getting an appointment" is defined as "sometimes" or "never" getting an appointment as soon as needed.

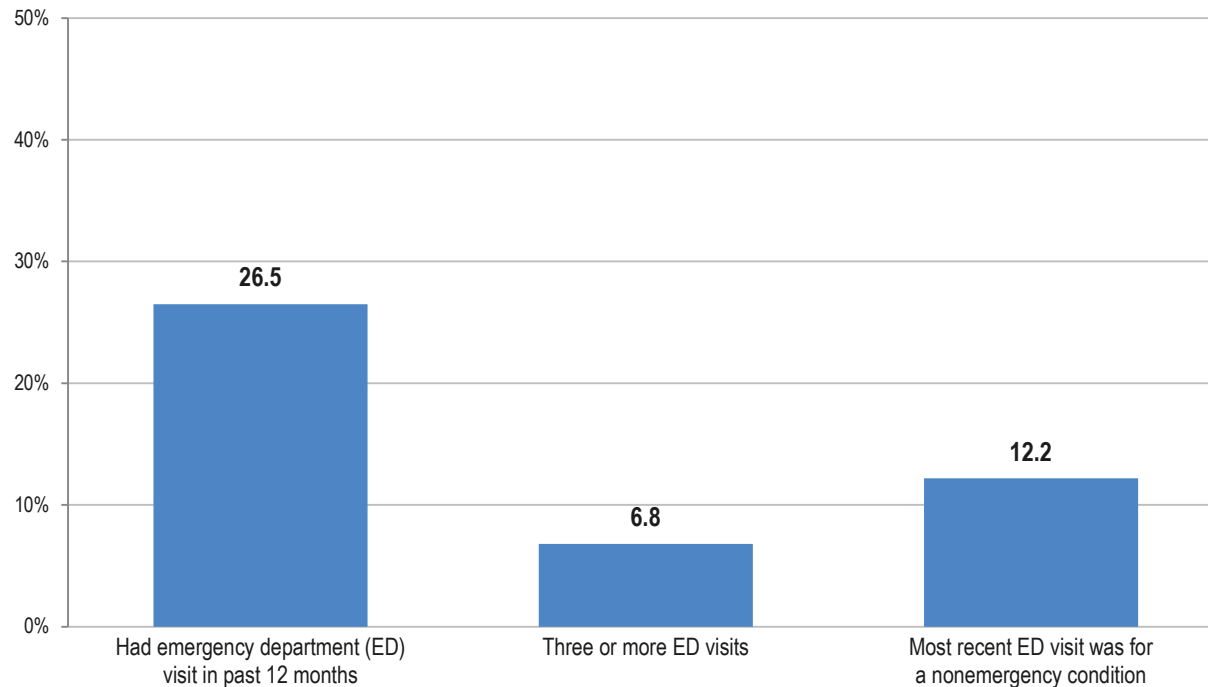
\*\*\* Significantly different from value for low-income adults at the .05 (.01) level, two-tailed test.

^^ Significantly different from value for moderate-income adults at the .05 (.01) level, two-tailed test.



# EMERGENCY DEPARTMENT USE OVER THE PAST YEAR AMONG MASSACHUSETTS ADULTS 19 TO 64, 2018

## PERCENT REPORTING



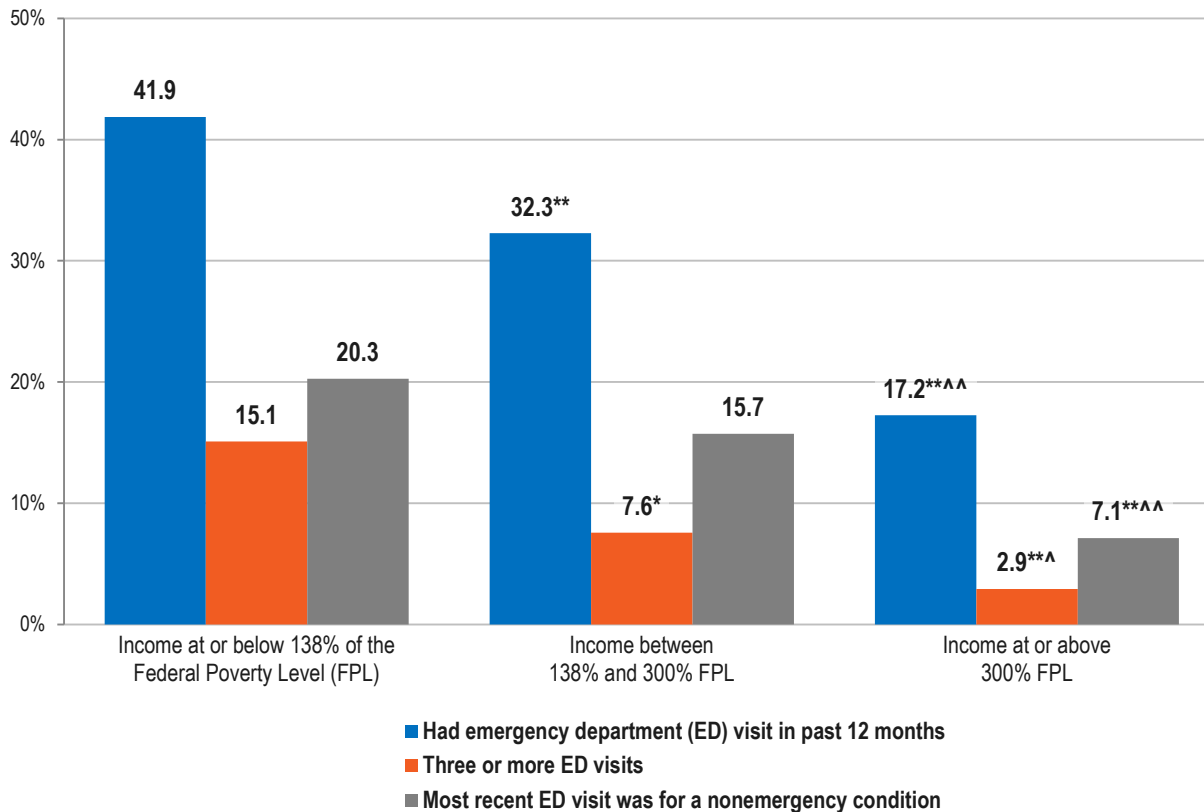
- In 2018, more than one-quarter (26.5%) of adults in Massachusetts had an emergency department (ED) visit over the past year, with roughly half of those adults reporting their most recent ED visit was for a nonemergency condition.

SOURCE: 2018 Massachusetts Health Reform Survey.

NOTE: These are unadjusted estimates. A nonemergency condition is one that the respondent thought could have been treated by a regular provider, had one been available.

# EMERGENCY DEPARTMENT USE OVER THE PAST YEAR AMONG MASSACHUSETTS ADULTS 19 TO 64, BY FAMILY INCOME, 2018

## PERCENT REPORTING



- In 2018, low-income adults in Massachusetts were more likely to have visited the emergency department (ED) over the past year (41.9%) than moderate-income adults (32.3%) and higher-income adults (17.2%).
- 15.1% of low-income adults were frequent ED users (three or more visits over the year), compared with 7.6% of moderate-income adults, and 2.9% of higher-income adults.
- Low-income adults were also much more likely than higher-income adults to report that their most recent ED visit was for a nonemergency condition, at 20.3% compared to 7.1%.

SOURCE: 2018 Massachusetts Health Reform Survey.

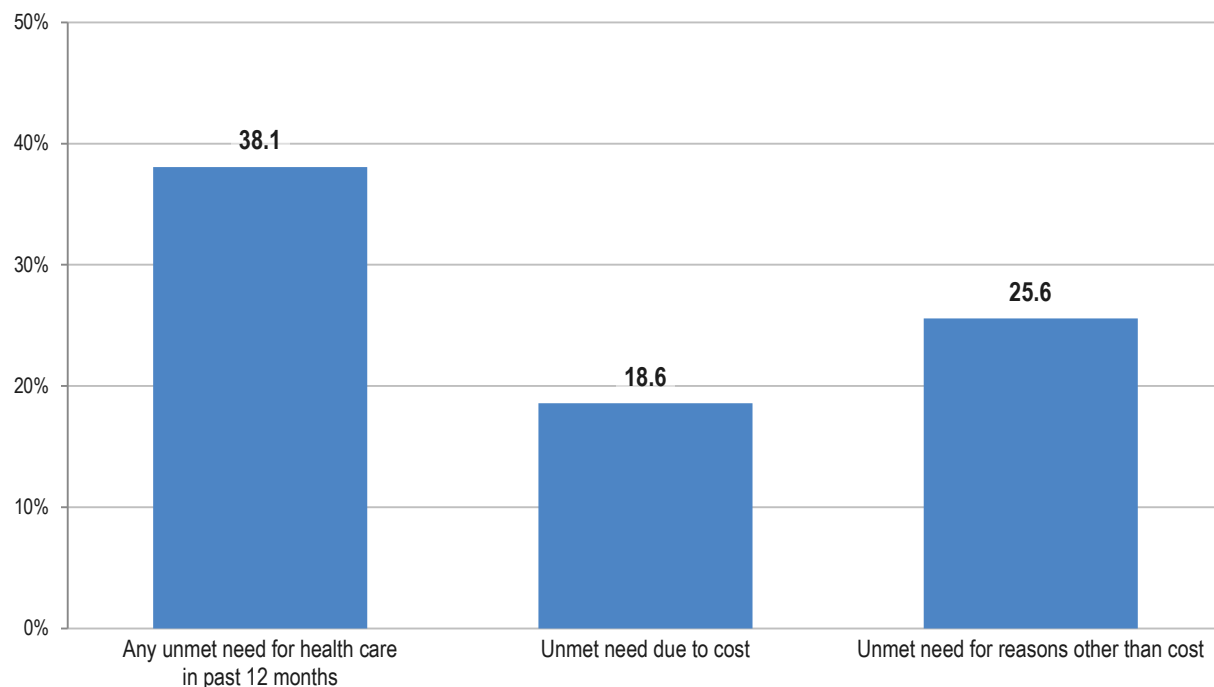
NOTE: These are unadjusted estimates. A nonemergency condition is one that the respondent thought could have been treated by a regular provider, had one been available.

\*\*\* Significantly different from value for low-income adults at the .05 (.01) level, two-tailed test.

^^ Significantly different from value for moderate-income adults at the .05 (.01) level, two-tailed test.

# UNMET NEED FOR HEALTH CARE OVER THE PAST YEAR AMONG MASSACHUSETTS ADULTS 19 TO 64, 2018

## PERCENT REPORTING



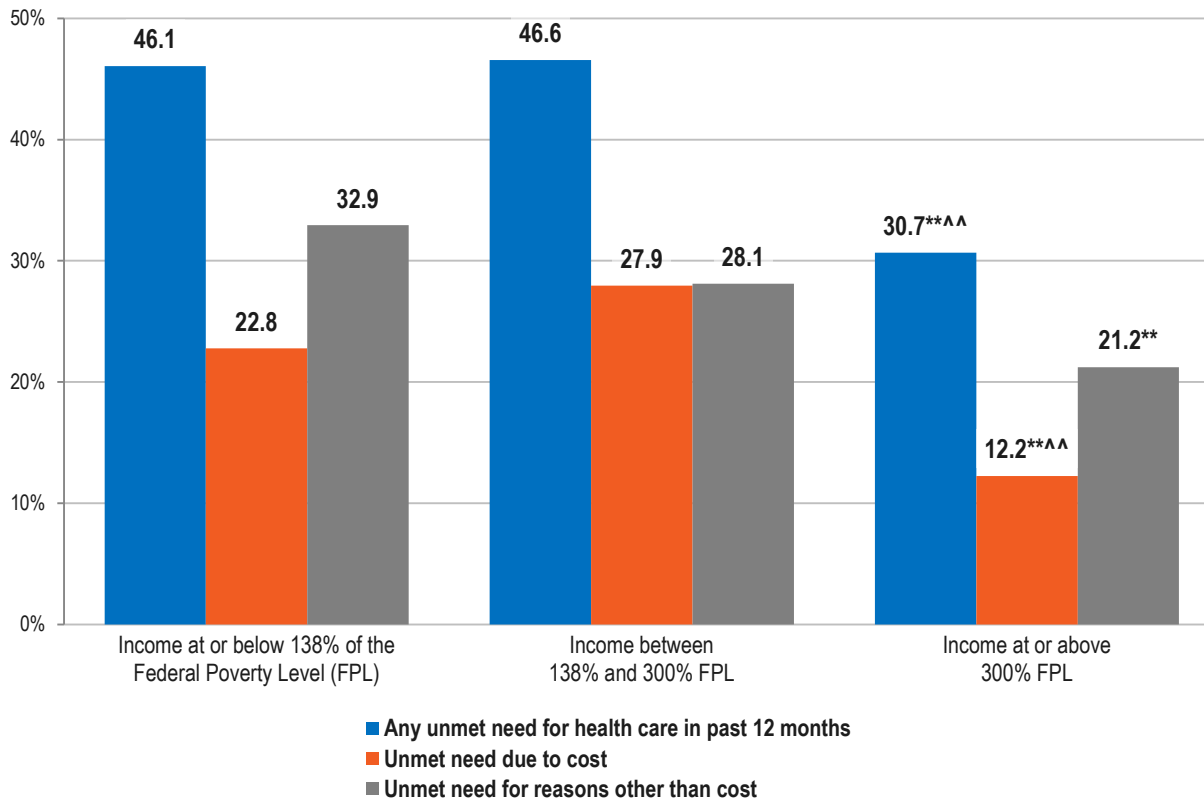
- In 2018, more than one-third (38.1%) of adults in Massachusetts reported an unmet need for health care over the past year.
- Nearly one-fifth (18.6%) reported an unmet need due to cost and one-quarter (25.6%) reported an unmet need for reasons other than cost.

SOURCE: 2018 Massachusetts Health Reform Survey.

NOTE: These are unadjusted estimates. "Unmet need for reasons other than costs" includes problems with the availability of care (e.g., could not find a provider, could not get an appointment with a provider), accessibility of care (e.g., did not have transportation, could not go during times the provider was available, available provider was too far away), or personal issues (e.g., waiting to see if things get better, did not have time to go).

# UNMET NEED FOR HEALTH CARE OVER THE PAST YEAR AMONG MASSACHUSETTS ADULTS 19 TO 64, BY FAMILY INCOME, 2018

## PERCENT REPORTING



- In 2018, nearly half of low- and moderate-income adults in Massachusetts (46.1% and 46.6%, respectively) reported an unmet need for health care over the past year, compared with 30.7% of higher-income adults.
- Low- and moderate-income adults were more likely than higher-income adults to report unmet need due to cost and reasons other than cost.
- Across all income groups, unmet need was most common for dental care and prescription drugs (data not shown).

SOURCE: 2018 Massachusetts Health Reform Survey.

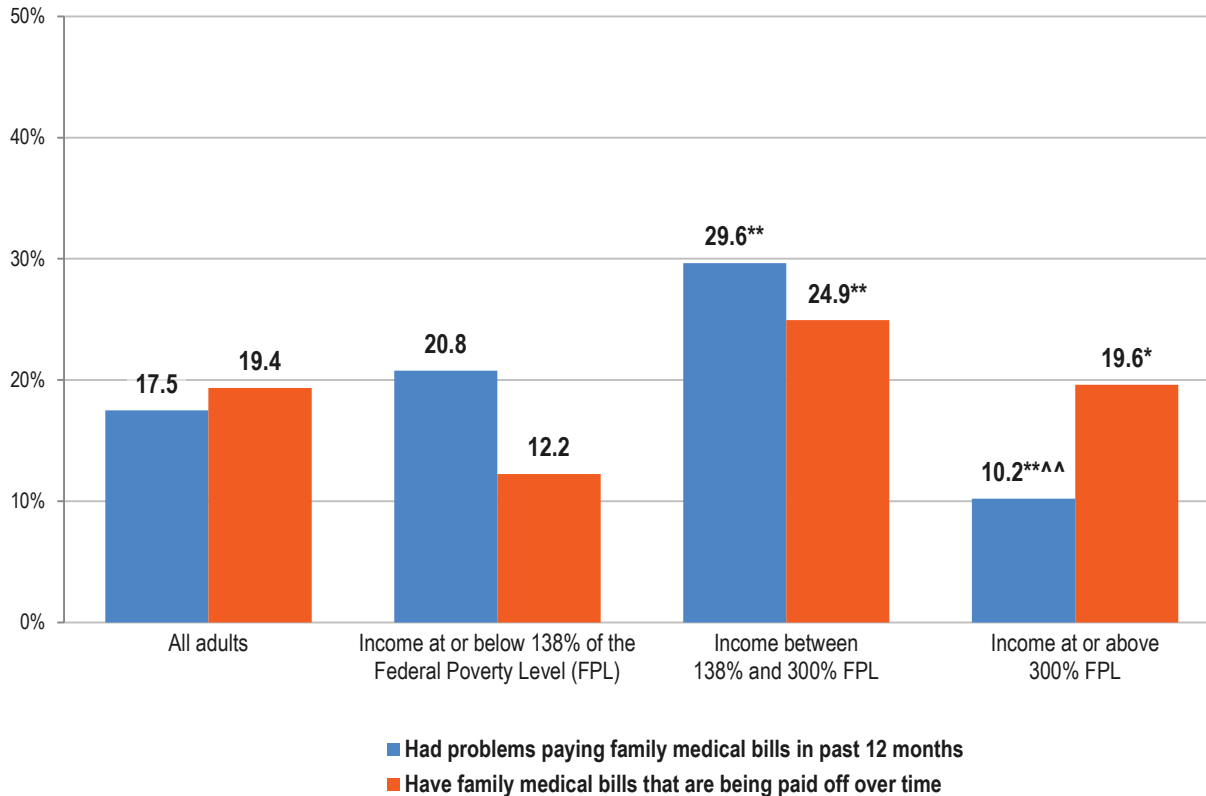
NOTE: These are unadjusted estimates. "Unmet need for reasons other than costs" includes problems with the availability of care (e.g., could not find a provider, could not get an appointment with a provider), accessibility of care (e.g., did not have transportation, could not go during times the provider was available, available provider was too far away), or personal issues (e.g., waiting to see if things get better, did not have time to go).

<sup>\*\*\*</sup> Significantly different from value for low-income adults at the .05 (.01) level, two-tailed test.

<sup>^^</sup> Significantly different from value for moderate-income adults at the .05 (.01) level, two-tailed test.

# PROBLEMS WITH FAMILY MEDICAL BILLS OVER THE PAST YEAR AMONG MASSACHUSETTS ADULTS 19 TO 64, OVERALL AND BY FAMILY INCOME, 2018

## PERCENT REPORTING



- In 2018, 17.5% of adults in Massachusetts reported problems paying family medicals over the past year and 19.4% had family medical bills that were being paid off over time.
- Moderate-income adults were more likely (29.6%) than low-income (20.8%) and higher-income (10.2%) adults to have problems paying family medical bills, and more likely than low-income adults to have medical bills that are being paid off over time (24.9%, compared with 12.2%).

SOURCE: 2018 Massachusetts Health Reform Survey.

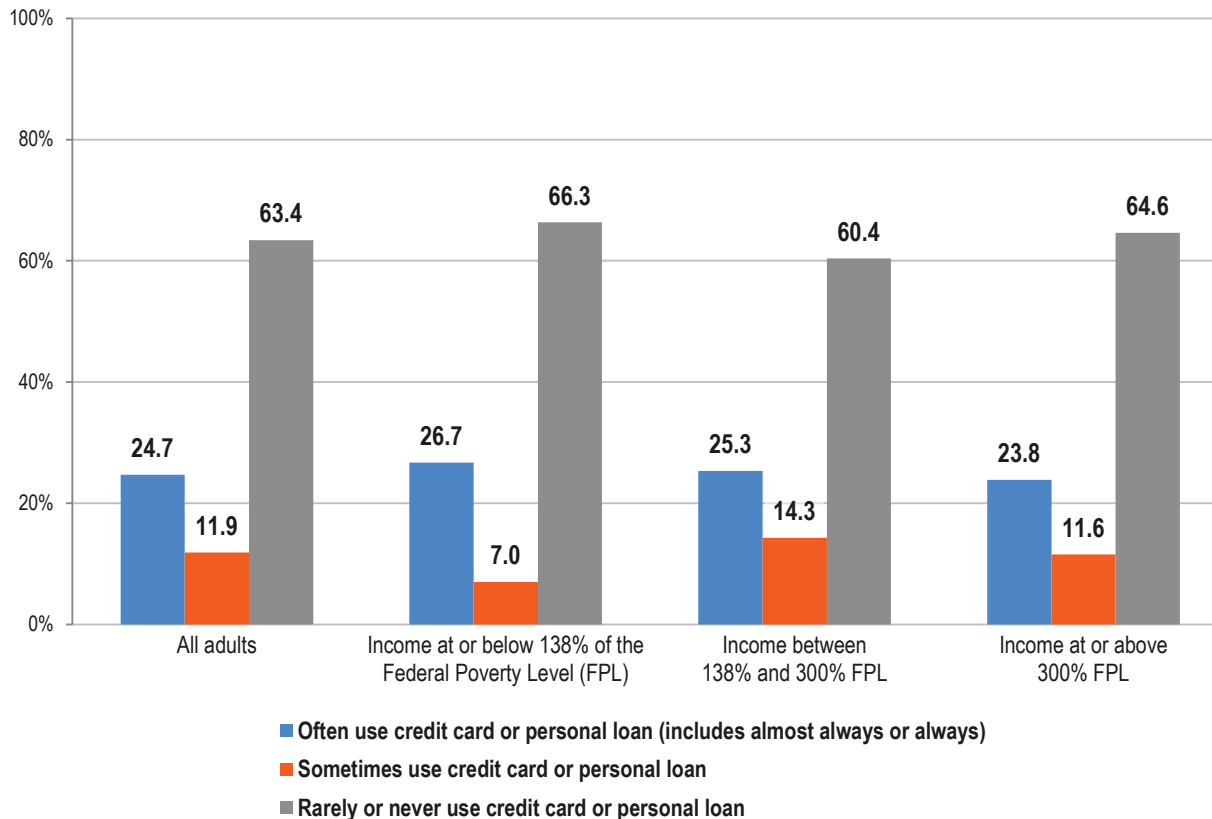
NOTE: These are unadjusted estimates.

\*\*\* Significantly different from value for low-income adults at the .05 (.01) level, two-tailed test.

^(^^) Significantly different from value for moderate-income adults at the .05 (.01) level, two-tailed test.

# FREQUENCY OF USE OF CREDIT CARD OR PERSONAL LOAN TO PAY OFF FAMILY MEDICAL DEBT BY MASSACHUSETTS ADULTS 19 TO 64 WITH MEDICAL DEBT, OVERALL AND BY FAMILY INCOME, 2018

## PERCENT REPORTING



- Roughly one-quarter (24.7%) of adults in Massachusetts who had family medical bills that were being paid off over time in 2018 reported that they often used a credit card or personal loan to pay off family medical debt.
- Reliance on credit cards and personal loans to pay off family medical debt is similar for adults at different income levels.

SOURCE: 2018 Massachusetts Health Reform Survey.

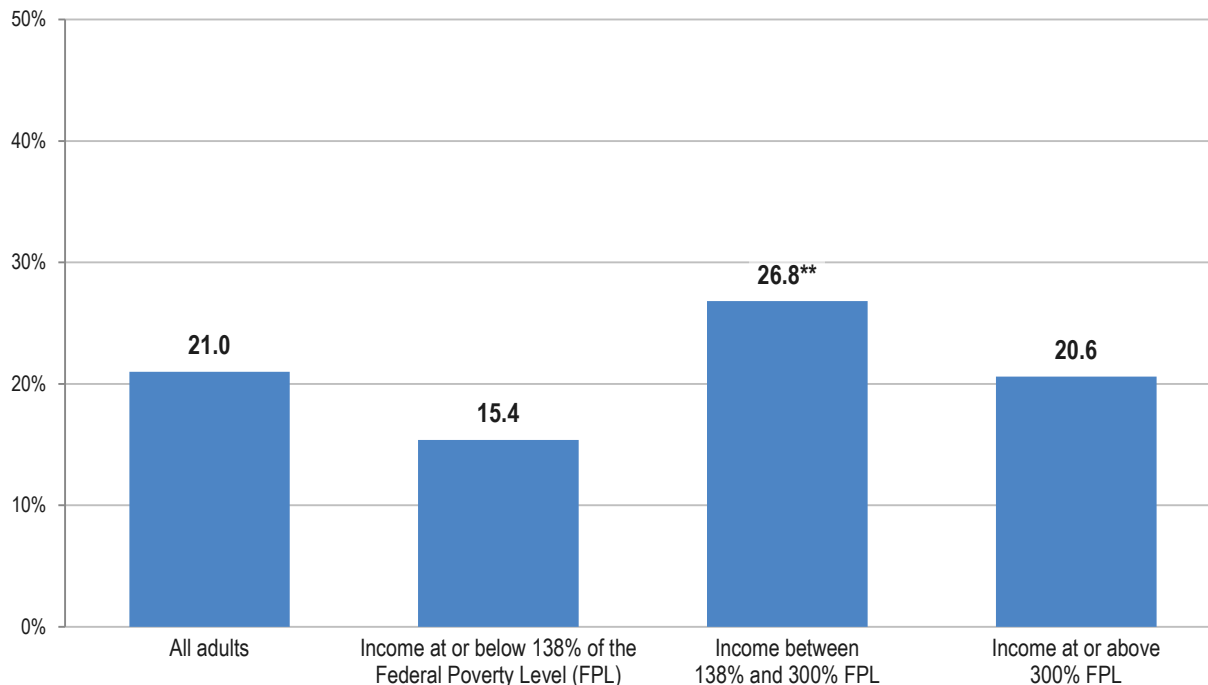
NOTE: These are unadjusted estimates. Estimates may not sum to 100 due to rounding.

\*(\*\*) Significantly different from value for low-income adults at the .05 (.01) level, two-tailed test.

^(^^) Significantly different from value for moderate-income adults at the .05 (.01) level, two-tailed test.

# RATING OF PROTECTION AGAINST HIGH MEDICAL BILLS PROVIDED BY CURRENT HEALTH INSURANCE COVERAGE AMONG MASSACHUSETTS ADULTS 19 TO 64 WHO WERE INSURED AT THE TIME OF THE SURVEY, OVERALL AND BY FAMILY INCOME, 2018

## PERCENT REPORTING



- In 2018, more than 1 in 5 (21.0%) of insured adults in Massachusetts rated their current health insurance's protection against high medical bills as fair or poor.
- Low-income adults were less likely (15.4%) to report fair or poor protection than moderate-income (26.8%) adults.

SOURCE: 2018 Massachusetts Health Reform Survey.

NOTE: These are unadjusted estimates. Estimates may not sum to 100 due to rounding.

\*(\*\*) Significantly different from value for low-income adults at the .05 (.01) level, two-tailed test.

^(^^) Significantly different from value for moderate-income adults at the .05 (.01) level, two-tailed test.

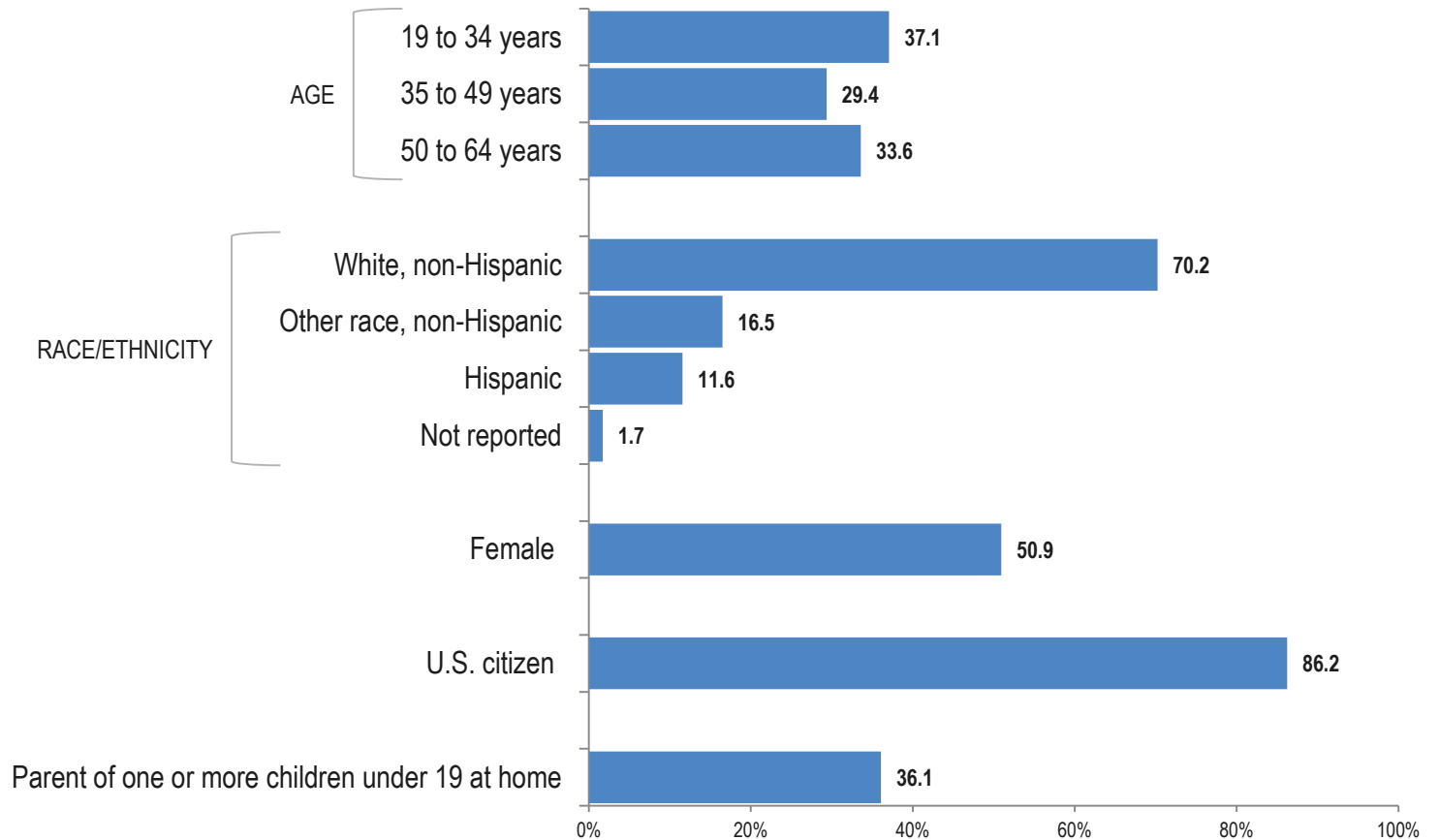
---

# Characteristics of Adults in 2018



# DEMOGRAPHIC CHARACTERISTICS OF MASSACHUSETTS ADULTS 19 TO 64, 2018

PERCENT WITH CHARACTERISTIC

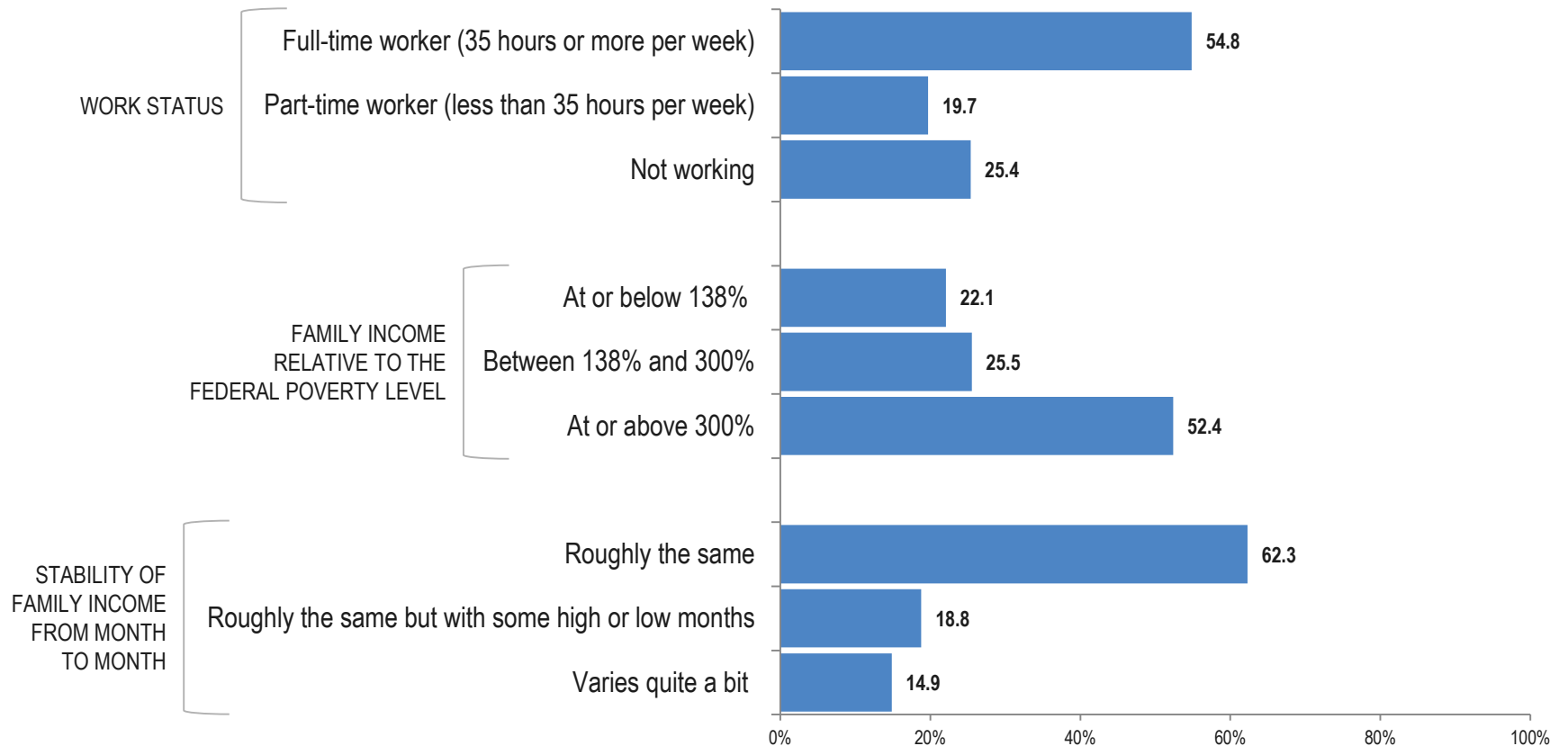


SOURCE: 2018 Massachusetts Health Reform Survey.

NOTE: These are unadjusted estimates. Estimates may not sum to 100 due to rounding and/or item nonresponse for the measure. Unless otherwise noted, responses are missing for less than 1 percent of cases.

# SOCIOECONOMIC CHARACTERISTICS OF MASSACHUSETTS ADULTS 19 TO 64, 2018

## PERCENT WITH CHARACTERISTIC

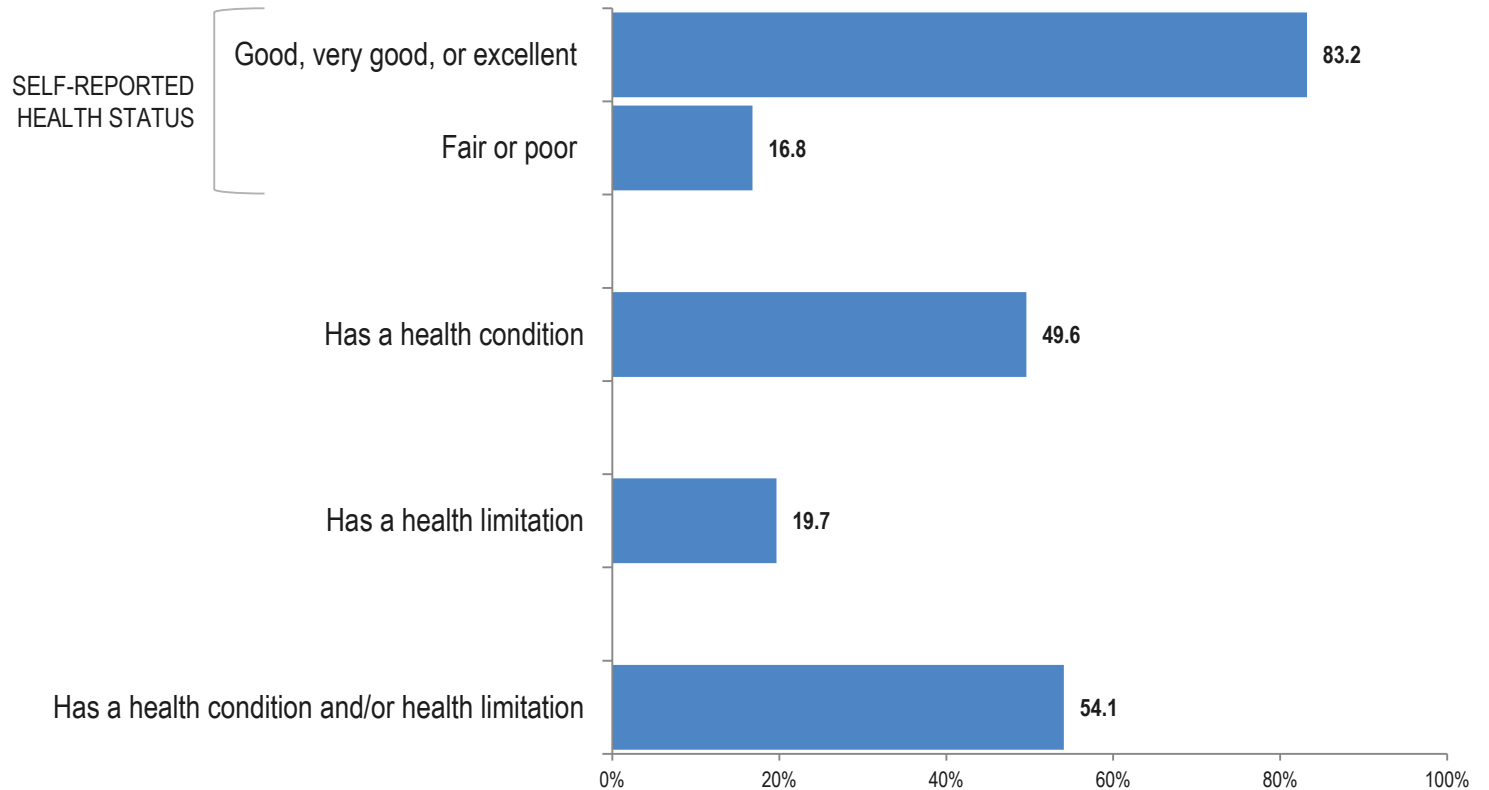


SOURCE: 2018 Massachusetts Health Reform Survey.

NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding and/or item nonresponse for the measure. Unless otherwise noted, responses are missing for less than 1 percent of cases.

# HEALTH AND DISABILITY STATUS OF MASSACHUSETTS ADULTS 19 TO 64, 2018

PERCENT WITH CHARACTERISTIC



SOURCE: 2018 Massachusetts Health Reform Survey.

NOTE: These are unadjusted estimates. Estimates may not sum to 100 due to rounding and/or item nonresponse for the measure. Unless otherwise noted, responses are missing for less than 1 percent of cases.

"Has a health condition" includes reporting having ever been told by a doctor or other health professional that they have at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; or any other chronic or long-term health condition or health problem. "Has a health limitation" includes reporting being limited in the kind or amount of work they can do because of a physical, mental, or emotional problem.