

Chapter 4

Bridging the Inequality Gap to Accessing Medicare and Medicaid Information Online: An Empirical Analysis of E-Government Success 2002 through 2010

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ABSTRACT

Historic inequalities in U.S. Internet usage associated with demographic factors have left the underserved, primarily the poor and rural, with fewer information and options to public health insurance online. Government initiatives to overcome the Internet infrastructure barriers are opening access to Medicare and Medicaid websites for these vulnerable groups. Using multivariate regression analysis and individual level data from the Internet and American Life Project, we explore demographic factors asking: “how successful have government efforts been to bring underserved Americans online to Medicare and Medicaid public health insurance information?” The authors find some historic inequalities are narrowing as individuals with lower income are more likely to search for insurance information online with geographic differences not playing a major role. The authors’ findings also suggest that age and gender are important factors in determining which individuals search for insurance information online.

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INTRODUCTION

Studies show that historic inequality in U.S. Internet usage is narrowing, improving citizen access to e-government information and services online. Past differences in Internet access are found to be based on demographic factors, such as age, education, income and race/ethnicity, creating an inequality gap on accessing valuable online public health insurance information, such as Medicare and Medicaid (Schmeida & McNeal, 2009; Schmeida & McNeal, 2007). The variation in Internet practices attributed to these demographic factors has been linked to underlying inequalities not only in Internet access, but also in technological skills and psychological barriers (Mossberger, Tolbert, & McNeal, 2007). Overtime, the narrowing of these inequality gaps suggest that federal and state policies and programs aimed at providing equitable Internet access may be working, bringing public health insurance information into the homes of needy Americans. The objective of this chapter is to explore “how successful have government efforts been to bringing underserved Americans online to Medicare and Medicaid insurance information?” To examine this question, this chapter will provide an empirical analysis of demographic factors influencing access to Medicare and Medicaid websites for years 2002 through 2010 using survey data from the Internet and American Life Project.

BACKGROUND

Over the past decade, U.S. federal, state and municipal governments have adopted some form of electronic government (e-government) practice, referring to “the delivery of information and services via the Internet or other digital means” (West, 2004, p. 2). The rise of e-government has brought high expectation that government information and service delivery would be more effective and

efficient (Schmeida & McNeal, 2007), bringing transparency to the public, cost-cutting promises (McNeal & Schmeida, 2007; McNeal, Tolbert, Mossberger, & Dotterweich, 2003), reshaping government to be catalytic and enterprising (Schmeida, 2004), and improving the access to delivery of government information and services to citizens and other government stakeholders (Layne & Lee, 2001, p. 123). E-government promises to not only benefit the citizen, but the public organization implementing electronic delivery of services to citizens (Al-Sobhi, Weerakkody, & El-Haddadeh, 2012, p. 94).

As healthcare consumers are becoming more sophisticated and demanding better quality of care, advanced communication technology has potential to provide this quality of service. To government, Internet technology can make product and service delivery more convenient (Schmeida, 2004). The predicted benefits may improve the chance that Internet usage for U.S. government goods and services will continue to increase (Schmeida, McNeal, & Mossberger, 2007). One such service is the distribution of government Medicare and Medicaid public health insurance information and services to Americans online. To improve access to these public health insurance programs, the federal government has established Web-based information on Medicare eligibility criteria, enrollment guidelines, public health service centers, among other information. This is important since the influx of retired baby boomers has increased the demand for Medicare insurance, and the economic climate has increased demand for Medicaid and food stamps. States have also made considerable progress in Website technical development (West, 2005) with each of the 50 states providing residents with Medicaid online service information. Medicaid demand is highest in rural regions due to a smaller share of employers offering health insurance, and because of a greater share of lower income jobs (Gamm, Hutchinson, Dabney, & Dorsey, 2003). It is believed that making public

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