



Working Families at Risk: Coverage, Access, Costs, and Worries

The Kaiser/Commonwealth
1997 National Survey of Health Insurance

April 1998

The Henry J. Kaiser Family Foundation, based in Menlo Park, California, is an independent national health philanthropy and is not associated with Kaiser Permanente or Kaiser Industries. Established in 1948 by industrialist Henry J. Kaiser and his wife Bess, the Foundation focuses its work on four main areas: health reform/health policy, reproductive health, HIV, and health and development in South Africa. The Foundation also maintains a special interest in health care in its home state of California.

The Commonwealth Fund, a New York City-based national foundation, undertakes independent research on health and social issues. Its mission is to enhance the common good by looking for new opportunities to help Americans live healthy and productive lives, and to assist specific groups with serious and neglected problems.

The Henry J. Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025
Tel: 650-854-9400
Fax: 650-854-4800

The Commonwealth Fund
1 East 75th Street
New York, NY 10021
Tel: 212-535-0400
Fax: 212-606-3500

WORKING FAMILIES AT RISK: COVERAGE, ACCESS, COST, AND WORRIES
THE KAISER/COMMONWEALTH 1997 NATIONAL SURVEY OF HEALTH INSURANCE

Table of Contents

Overview 1

Health Insurance Coverage of Working-Age Adults 5

Access to Health Care 18

Problems Paying Medical Bills 24

Adults with Health Problems 28

Adults in Working Families 33

Choice of Plans from Employers for Working-Age Adults 39

Medicare: Experiences of Adults Age 65 and Older Compared with Working-Age Adults 45

Worries About Health Care: Elderly and Non-Elderly Compared 53

Trends: Comparisons of Kaiser/Commonwealth 1993 and 1997 National Surveys 58

Survey Description and Profile of the Sample 61

WORKING FAMILIES AT RISK: COVERAGE, ACCESS, COST, AND WORRIES

THE KAISER/COMMONWEALTH 1997 NATIONAL SURVEY OF HEALTH INSURANCE

Cathy Schoen, Cathy Hoffman, Diane Rowland, Karen Davis, and Drew Altman

OVERVIEW

Health security continues to be of major concern for millions of American working-age adults. Taking the pulse of health insurance and health care experiences, *The Kaiser/Commonwealth 1997 National Survey of Health Insurance* finds that one in three adults age 18 to 64, or 52 million people, were either uninsured or had been uninsured at some time during the past two years. The vast majority of these adults were in working families. Low- and modest-wage workers were particularly at risk: despite work efforts, these families were at high risk of being uninsured and of having little protection for access to health care when needed or being able to pay medical bills.

The *1997 National Survey of Health Insurance* was a result of a joint effort of the Henry J. Kaiser Family Foundation and The Commonwealth Fund to assess Americans' health insurance experiences in today's economy. Conducted by Louis Harris and Associates, the survey consisted of a mix of phone and in-person interviews with 4,001 adults over a five month period, from November 1996 through March 1997. Survey questions focused on health insurance coverage and consequences for access to health care and financial burdens of being uninsured or unstably insured.

Summary of Findings

Despite a strong economy, one-third of all adults age 18 to 64—52 million people—were either currently uninsured (19%) or had been in the past two years (13%). Having a job is a provided little protection against the risk of being uninsured for low-wage families. Adults in working families dominated the ranks of the uninsured: three in four of those currently uninsured or recently uninsured were either full- or part-time workers or married to a full- or part-time worker.

The survey found that being currently uninsured or having a recent time without insurance, even if insured today, puts adults at risk of going without needed care and exposes families to financial burdens. The currently uninsured were four times as likely as those with no breaks in coverage in the past two years to have had problems with access to care.

Adults with a recent gap in health insurance coverage (even though they were insured at the time of the survey) were almost as likely to face problems accessing care as those currently uninsured. One-third of those with a "recent gap" in coverage (33%) said they had gone without needed care or prescription medication in the past year, three times the rate of adults with no time uninsured in the past two years.

When the uninsured did receive care, they often struggled to pay their medical bills. One-third of the uninsured had bill problems in the past year. For one in six, the financial burden was so severe that it forced a significant change in their families way of life. Similarly, those with recent gaps in coverage were at risk for ongoing financial burdens, even though they were now insured.

Low- and modest-income adults in working families were at high risk for being uninsured or exposed to gaps in coverage and for consequent access problems and struggles with costs. Nearly three in five (59%) of adults in working families earning \$20,000 or less and one-third (31%) of adults in families with incomes between \$20,000 and \$35,000 were uninsured or had been in the past two years. (As of 1996, half of all households lived on incomes in these ranges—\$35,000 was the median household income.)

The health care experiences of Medicare beneficiaries are notably more positive than experiences of working-age adults. Adults age 65 and older are far less likely to report access, costs or negative care experiences than those under age 65. When asked to rate their health care insurance, Medicare also outscored other forms of coverage in terms of satisfaction with insurance and care. Moreover, senior citizens are far less likely to be anxious about their health care future than are working-age adults. In general, adults age 65 or older reported fewer access or cost problems, higher satisfaction and were far less likely to worry about access to specialists or paying bills in the event of illness than were those under age 65.

The *1997 National Survey of Health Insurance* builds on national surveys supported by the Kaiser Foundation and The Commonwealth Fund in 1992 and 1993—a time when the nation was growing out of a recession. Contrasts of key coverage and access measures reveal that little has changed since 1993—the height of debates on insurance reform. Although the national economy may have boosted employment opportunities, remarkably similar proportions of adults under age 65 were uninsured or recently uninsured in 1997 and 1993 and access problems for adults persist over time.

Definitions of Key Terms Used in Findings and Charts and Structure of the Report

The survey included questions about current health insurance coverage and about coverage during the most recent two years. Using these questions, the analysis below divides adults into three types of insurance groups:

- *continuously insured*: adults who were insured when surveyed and had no time without insurance in the past two years;
- *recent gap*: adults who were insured when surveyed but had a time uninsured in the past two years;
- *uninsured*: adults who were without insurance when surveyed.

The report also examines the experiences of adults in working families. An adult was classified as part of a working family if she or he was currently working full or part time, or, if married, was married to a full- or part-time worker. Full-time worker families include at least one full-time worker. Part-time worker families include only part-time workers and no full-time workers. Families with no current workers were classified as unemployed or other not-working based on respondents' descriptions. A description of the distribution of survey respondents and the survey methodology follows the report and charts.

Structure of the Report

The survey findings are divided into eight major topic areas:

- health insurance coverage
- health care access
- medical bill burden
- experiences of adults with health problems
- experiences of adults in working families
- health insurance plan choices
- contrasts between experiences of the working-age population and those age 65 and older
- trends between 1993 and 1997.

HEALTH INSURANCE COVERAGE OF WORKING-AGE ADULTS

HEALTH INSURANCE COVERAGE OF WORKING-AGE ADULTS

Working-age adults' (age 18-64) descriptions of their insurance coverage experiences during the past two years paint a picture of considerable insecurity and instability. Overall, one in three adults were either currently uninsured or had been uninsured during the past two years at the time of the survey. Reflecting an ongoing erosion of job-based health insurance benefits, the vast majority of the uninsured were working or married to workers, with the prevalence of gaps in coverage particularly widespread among low-wage working families.

Fifty-two million adults, or one in three working-age adults (age 18-64), were either uninsured at the time of the survey or had been uninsured during the past two years.

One in five working-age adults (19 percent) said they were currently uninsured. Another 13 percent had insurance, but reported having had a gap in coverage sometime in the past two years. Adults in low-income families were at highest risk of being uninsured: over half (53%) of those with incomes below 200 percent of poverty were uninsured or had a recent gap in coverage compared with 19 percent of adults in families with incomes at or above 200 percent of poverty.

Those uninsured or with a recent lapse in coverage generally reported lengthy periods of time without insurance. Two-thirds (64 percent) of those with a time uninsured reported being uninsured for at least 12 months, and 44 percent said they had been uninsured for two years or more.

Working-age adults were uninsured primarily because of their inability to pay for insurance or lack of employer coverage.

When asked why they were uninsured, half of uninsured adults said they could not afford coverage, and 25 percent said they were uninsured because they had either lost their job or their employer did not provide coverage. Only 4 percent said they were uninsured because of health problems and being turned down by insurance companies.

Workers dominated the ranks of the uninsured. Three in four of the uninsured were in working families. Over half were working full-time or were married to a full-time worker.

For low-income working families, employment was not a guarantee of being insured. Three in five (59 percent)

adults in working families earning \$20,000 or less per year were either currently uninsured or had a recent gap in coverage, as were nearly a third of adults with incomes between \$20,000 and \$35,000.

Low- and moderate-income families were also at high risk for being uninsured for longer periods of time than those with higher incomes. Half of working families with incomes less than 200 percent of the federal poverty level had been uninsured for two years or more.

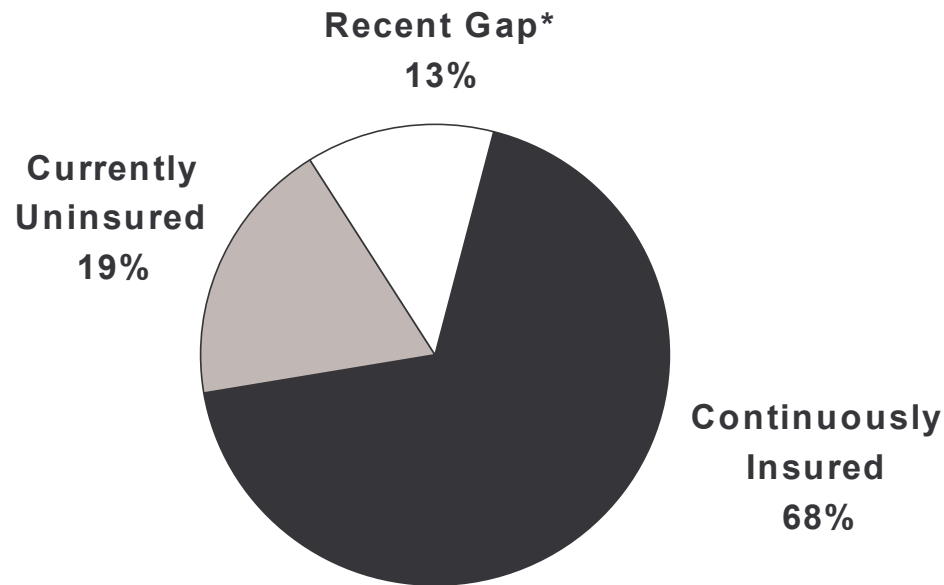
Part-time workers were particularly vulnerable with uninsured rates comparable to those of adults who were currently unemployed and looking for work. Nearly two-thirds of adults working part-time or married to a part-time worker with neither spouse working full-time were either currently uninsured or had a gap in coverage sometime in the past two years.

In addition to gaps in health coverage, working-age adults also experienced considerable discontinuity in their health insurance plans.

One-third of insured adults age 18-64 had been in their current health plan for less than two years. Medicaid coverage was even less continuous: 42 percent of adults with Medicaid said they had been in their current health plan for less than two years.

Based on reasons given for recent changes in plans, most of the plan changes appear to be involuntary rather than a search for a better plan. Among those covered by their current plan for less than two years, 21 percent changed health plans because of their employer changed health plans, 34 percent changed because they lost or changed their job, 14 percent changed health plans when they married, divorced, were no longer a student or other eligibility change reasons. Another 11 percent had previously been uninsured. Only 16 percent changed to a plan they thought would be better due to benefits, costs or physician networks.

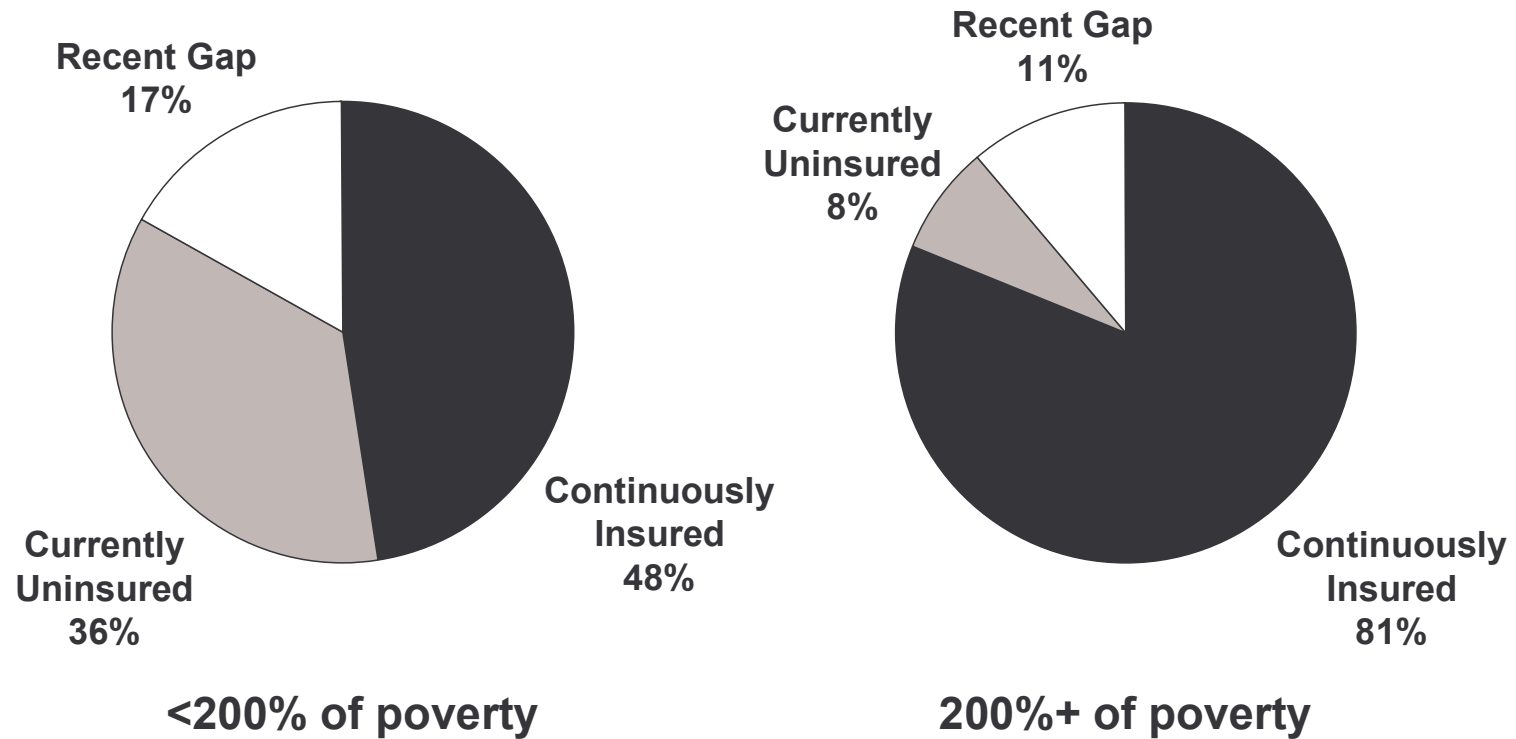
One-Third of Working-Age Adults Were Currently Uninsured or Had a Recent Gap*



164 million adults age 18-64

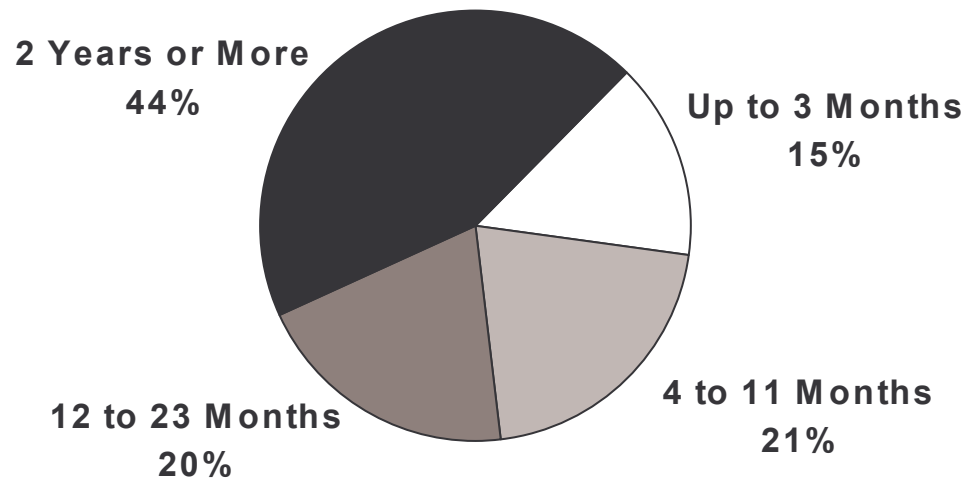
* Recent gap = insured when surveyed but had a period in past 2 years without coverage

Low-Income, Working-Age Adults Were More Likely to Be Uninsured or to Have Had a Recent Gap*



* Recent gap = insured when surveyed but had a period in past 2 years without coverage

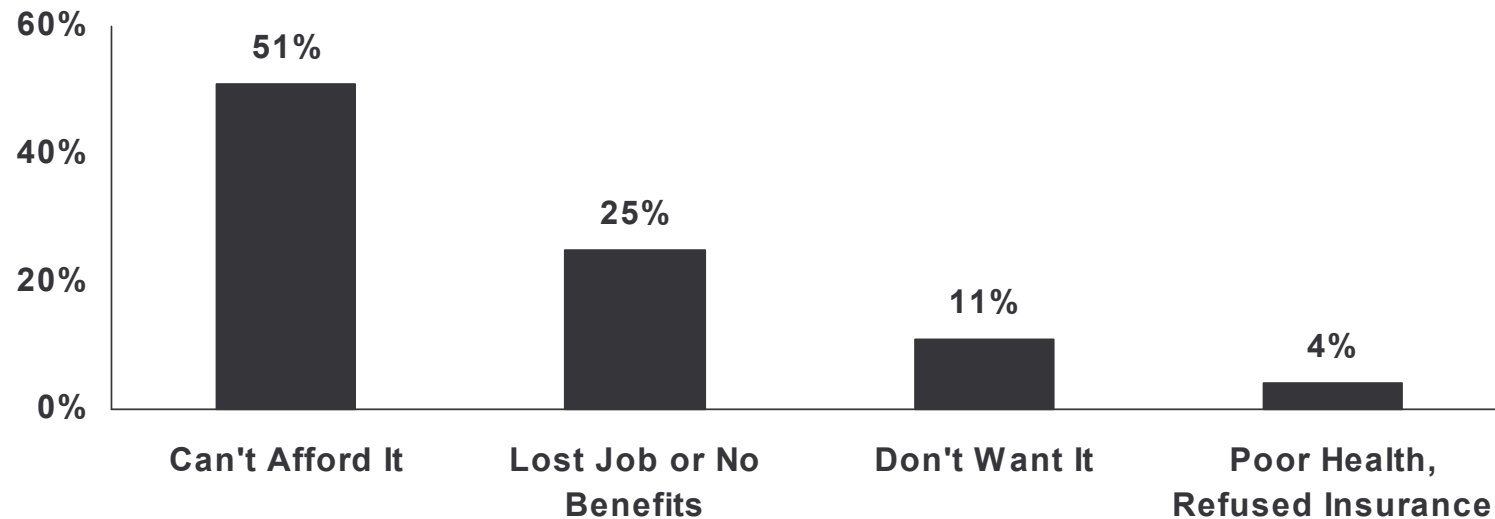
Two-Thirds of Adults with a Time Uninsured Were Uninsured for One Year or More



**52 million adults age 18-64
currently uninsured or recent gap**

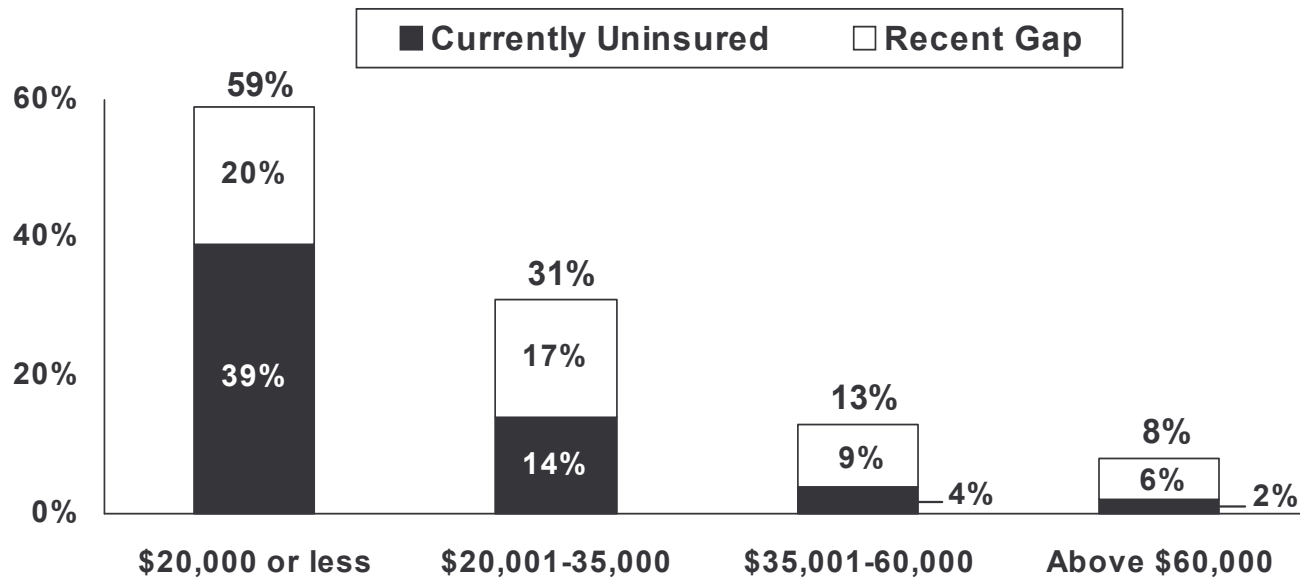
Cost and Lack of Employer Benefits Were the Main Reasons for Not Having Insurance

Reasons for not having health insurance



31 million currently uninsured adults age 18-64

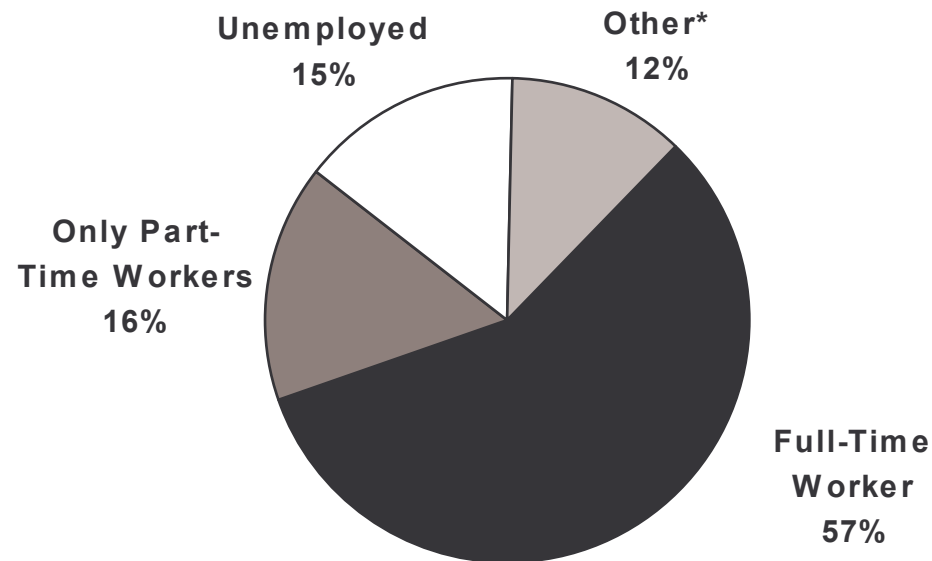
Over Half of Adults in Low-Wage, Working Families Were Uninsured Sometime in the Past Two Years



128 million adults age 18-64 in families with a FT or PT worker

Note: In 1996, 200% of poverty was about \$21,000 for a family of two and \$25,000 for a family of three

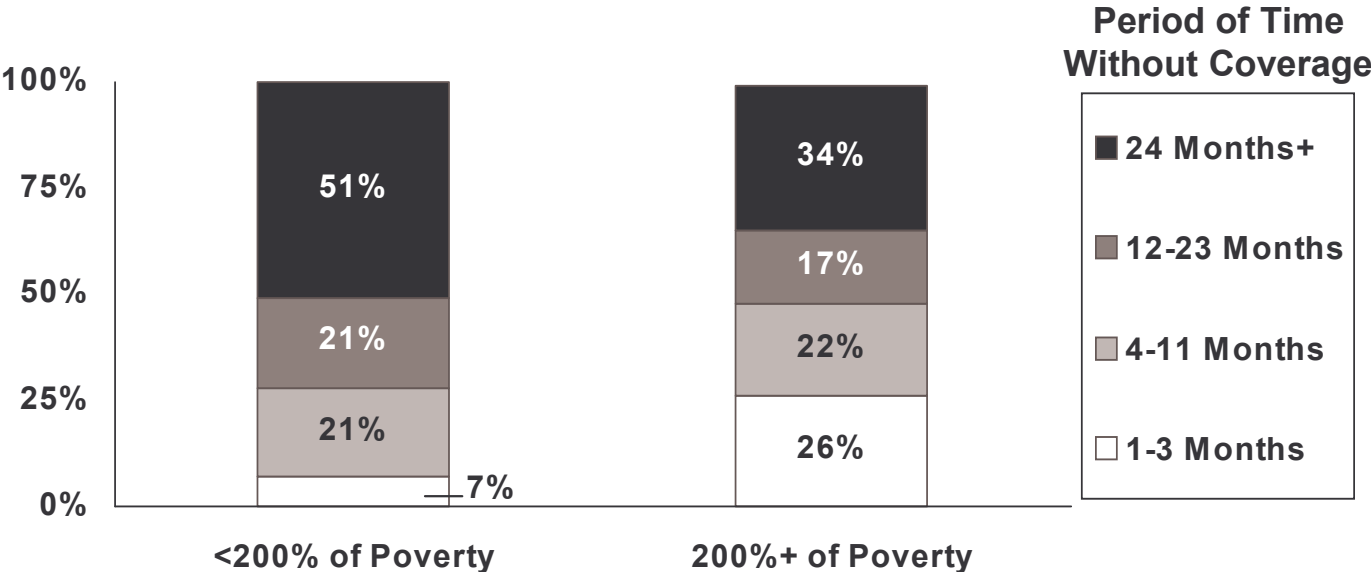
Most Uninsured Adults Were Working Full-Time or Married to a Full-Time Worker



**52 million adults age 18-64
currently uninsured or recent gap**

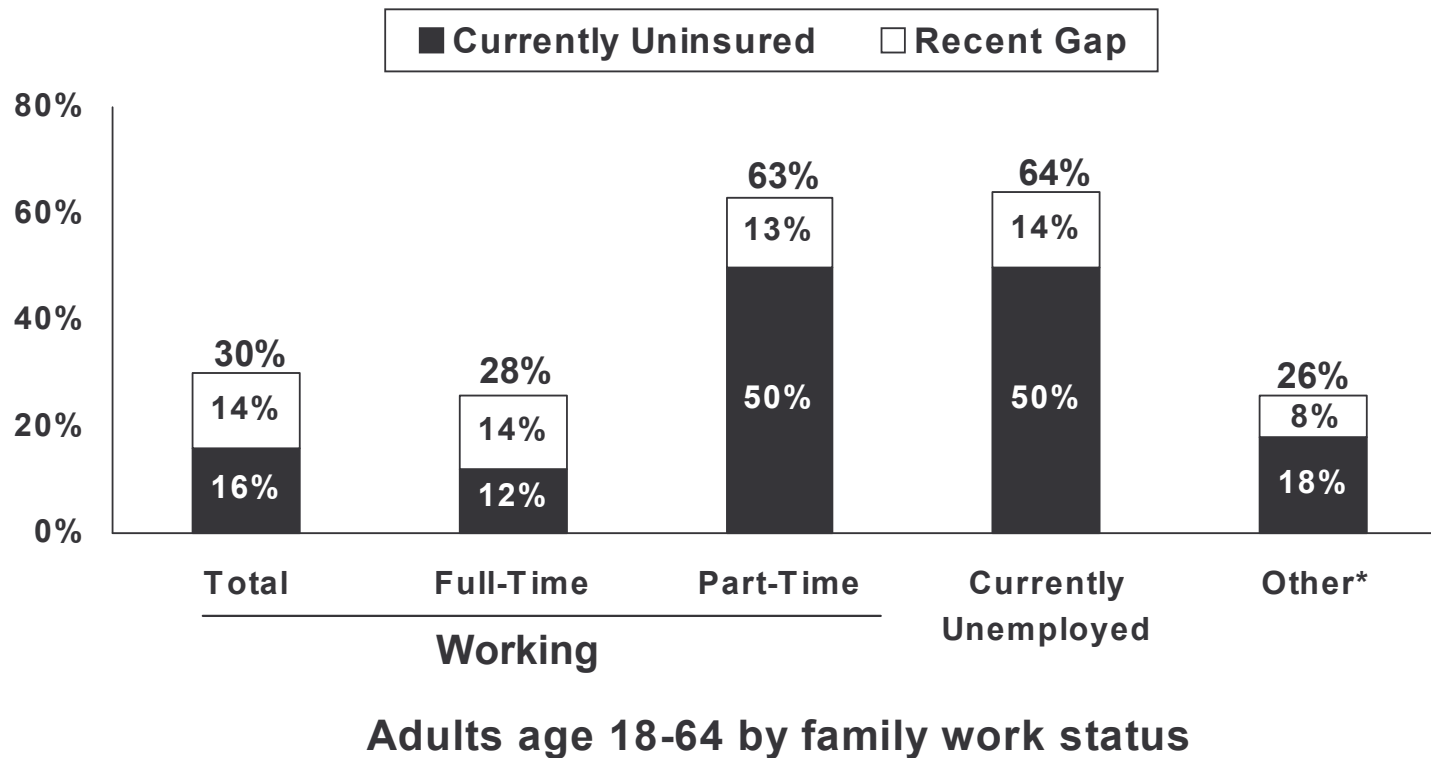
* Respondent or spouse is disabled, a student, or a retiree, and neither is a full- or part-time worker

Adults in Low-Wage, Working Families Were Uninsured for Longer Periods of Time



**38 million adults age 18-64 in working families
with a time uninsured in past 2 years**

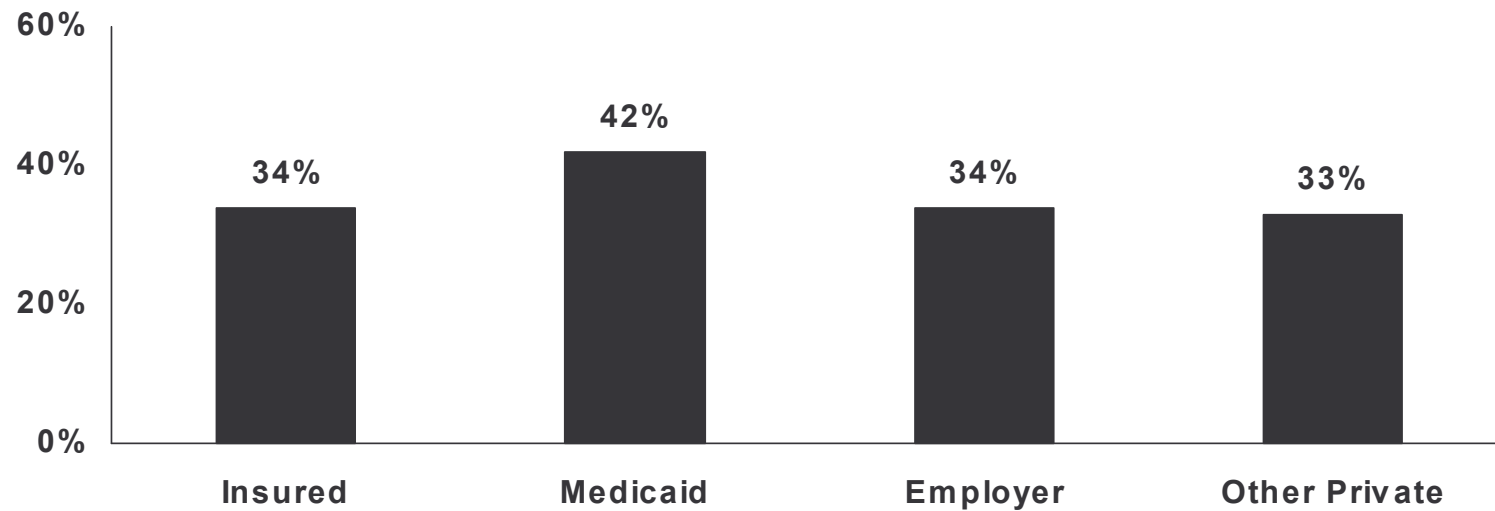
Part-Time Worker and Unemployed Families Were at High Risk of Being Uninsured



* Respondent or spouse is disabled, a student, or a retiree, and neither is a full- or part-time worker

Insurance Coverage Was Often Unstable for Adults Under Age 65

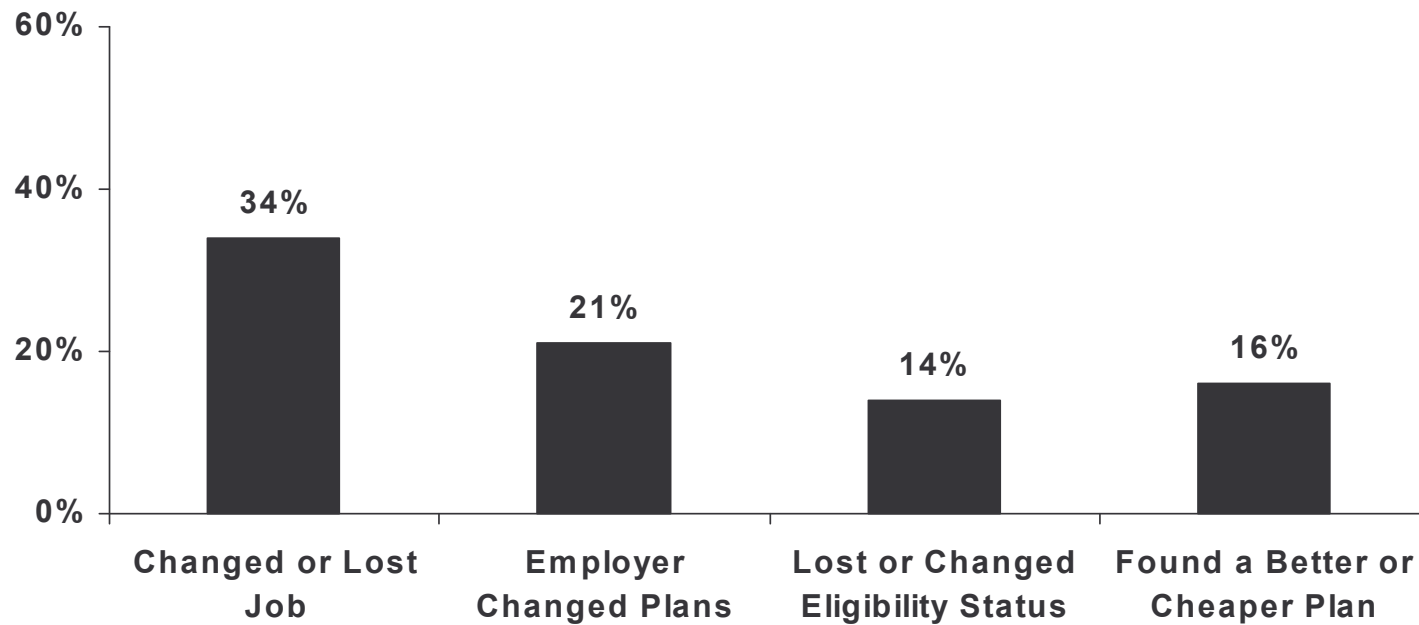
Percent in current plan less than 2 years



132 million currently insured adults age 18-64

Reasons for Changes in Health Plans

Reasons for plan change for adults who changed plans in the past 2 years



ACCESS TO HEALTH CARE

ACCESS TO HEALTH CARE

Survey findings underscore the importance of health insurance for gaining access to health care, including primary and preventive care. Whether uninsured at the time of the survey or uninsured recently, adults with gaps in insurance coverage were significantly more likely to go without needed care and to postpone care despite the consequences for their health.

As a result of being uninsured now or having a recent time uninsured, millions of working-age adults did not get the health care they needed.

Uninsured adults were four times as likely as those who were continuously to have gone without needed medical care or to have not filled a prescription in the past year. More than half the uninsured (55 percent) had postponed getting medical care due to cost concerns.

Access problems reported by those currently insured but with a time uninsured in the past two years (hereafter “recent gap”) were remarkably similar to rates reported by those currently uninsured. Those with a recent gap in health insurance were three times as likely as those with continuous coverage to have gone without needed care or not filled a prescription. The pattern of greater access problems for those with gaps in coverage persists across an array of access measures, including general difficulties in getting needed care and postponing care due to costs.

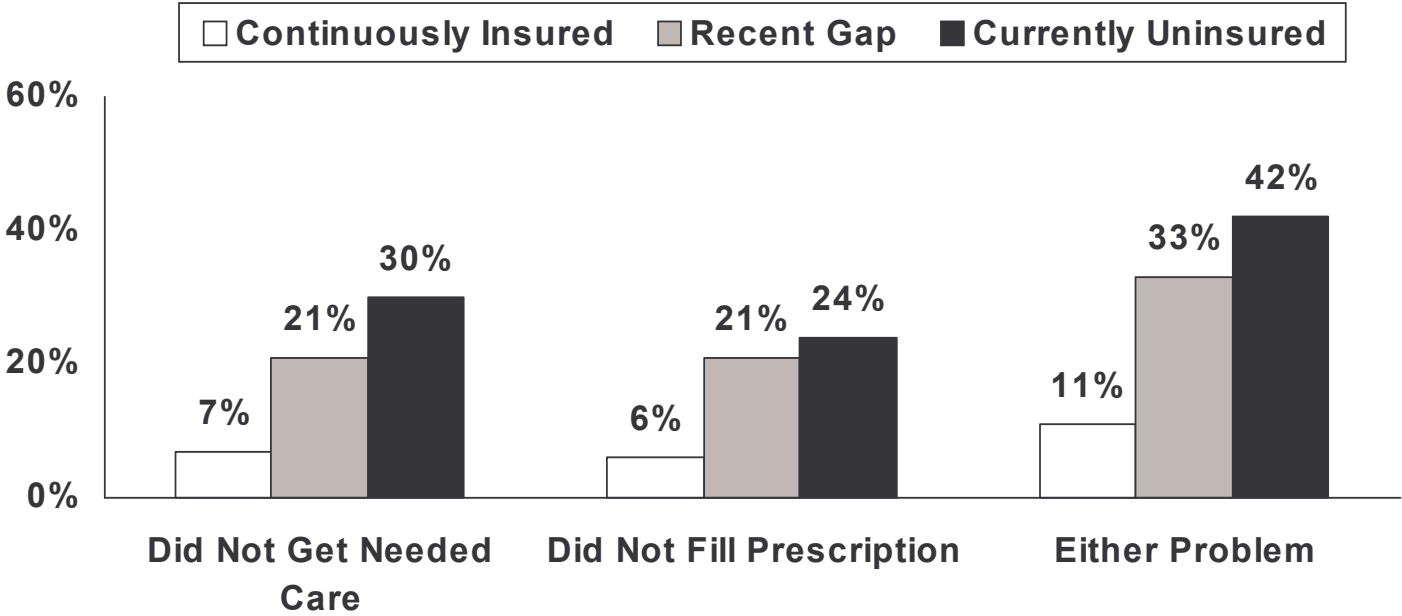
Low-income adults without insurance were at high risk of problems getting health care.

Nearly half of uninsured adults with incomes less than 200 percent of the federal poverty level reported not receiving needed care or not filling a prescription because of the cost in the past year as did more than one-third of low-income adults who had a recent gap in coverage. More than a quarter of working-age adults with higher incomes also reported difficulty in getting care if they were either uninsured or had a recent gap in coverage.

The consequences of not getting needed health care were significant.

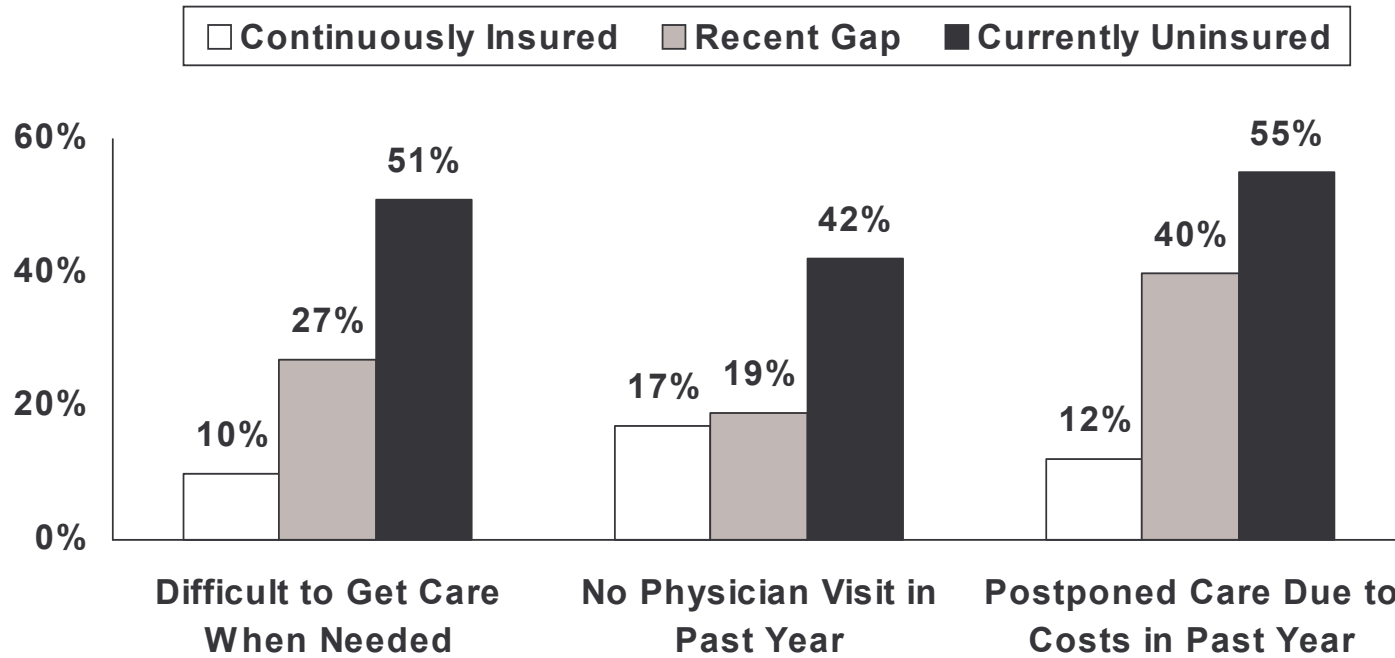
The vast majority of working-age adults (74 percent) who reported that they did not get needed medical care in the past year said their condition was painful or made carrying out normal daily activities difficult. Two-thirds who did not get needed care said the consequences were serious. Nearly half still had the untreated health condition at the time of the survey.

Two in Five Uninsured Adults Went Without Needed Care in the Past Year



164 million adults age 18-64

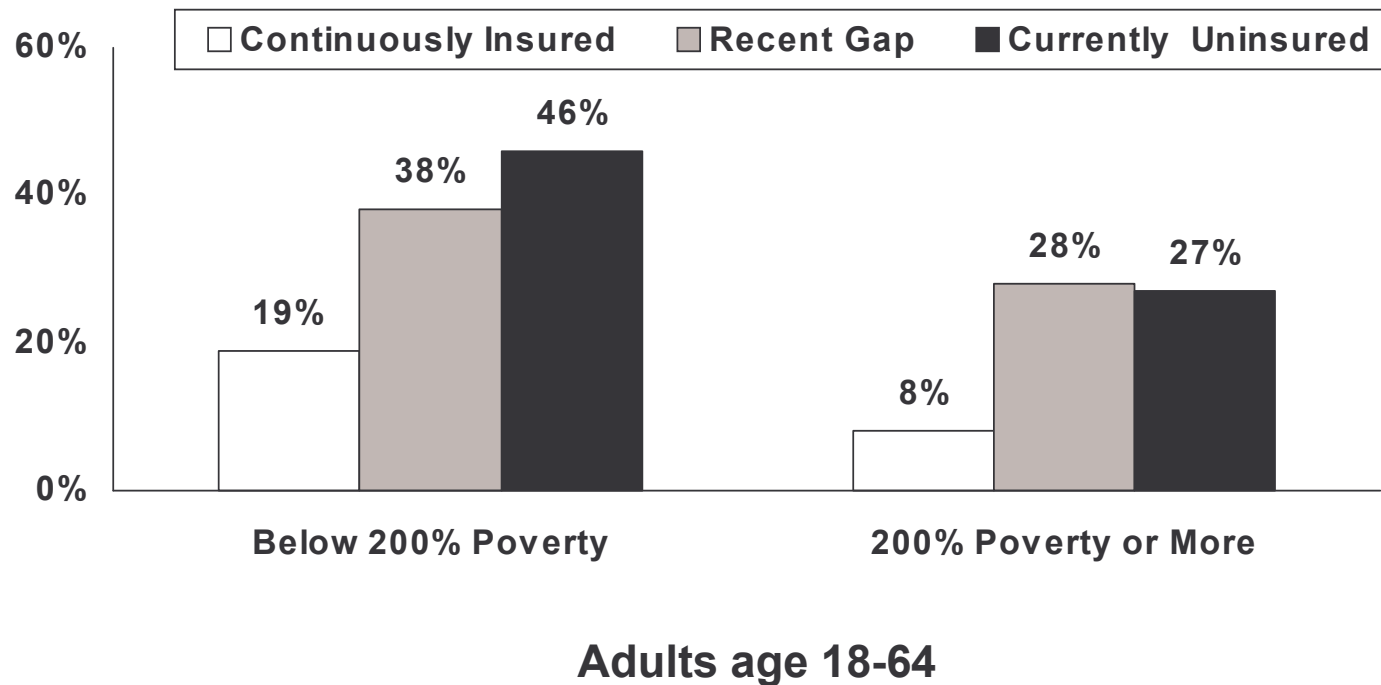
Half of Uninsured Adults Had Access Difficulties and Postponed Care Due to Costs



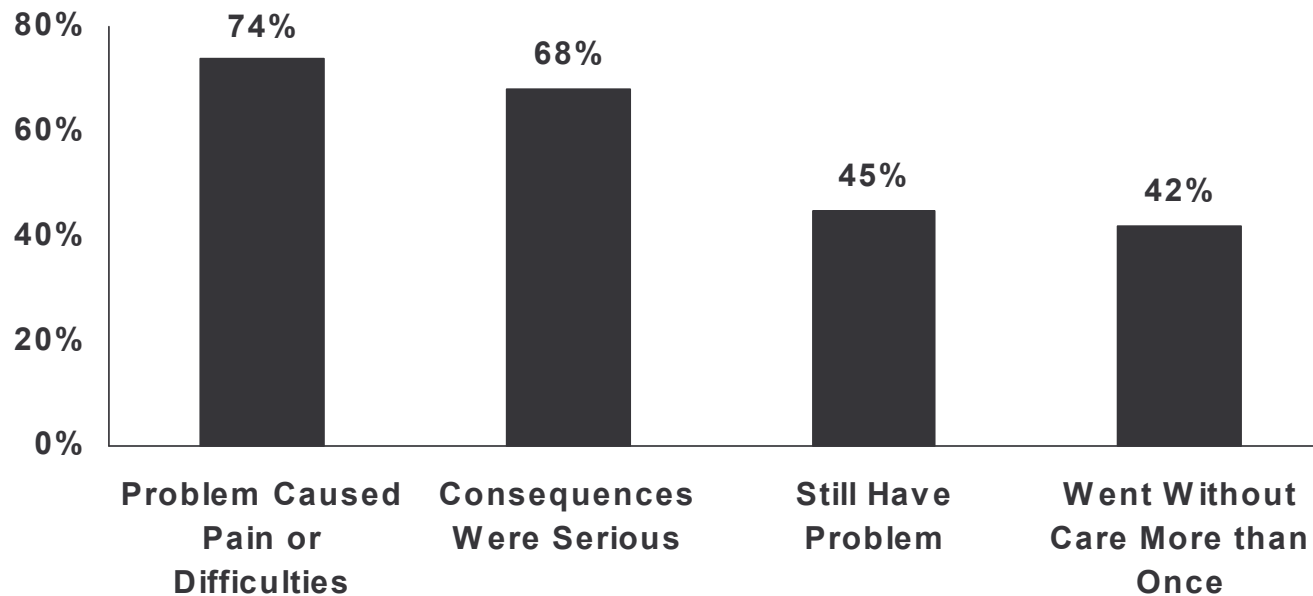
164 million adults age 18-64

Low-Income Uninsured Adults Were at High Risk of Access Problems

Percent not getting needed care or prescription in past year



Going Without Needed Care Had Consequences



**21 million adults age 18-64 who had
a time they didn't get need care**

PROBLEMS PAYING MEDICAL BILLS

PROBLEMS PAYING MEDICAL BILLS

Concerns about costs of care often led uninsured adults to postpone or go without medical care. When they did receive care, gaps in insurance coverage saddled many of the uninsured with substantial medical bills without the help of insurance. For some, the financial burden was severe enough to force changes in family lives.

Paying medical bills was a problem for the uninsured and recently uninsured. Cost concerns caused the uninsured to delay or forgo care. When care could not be avoided, many of the uninsured had difficulties paying medical bills.

More than half of the uninsured postponed getting medical care in the past year out of fear of medical bills. When they did receive care, the uninsured faced problems paying bills. Overall, one-third (36 percent) of uninsured adults said they had problems paying medical bills in the past year—a percentage three times higher than for those who had continuous health insurance.

Bill paying problems also confronted those who were currently insured but had had a recent gap in health insurance. Thirty percent of those with a recent gap reported problems paying bills in the past year.

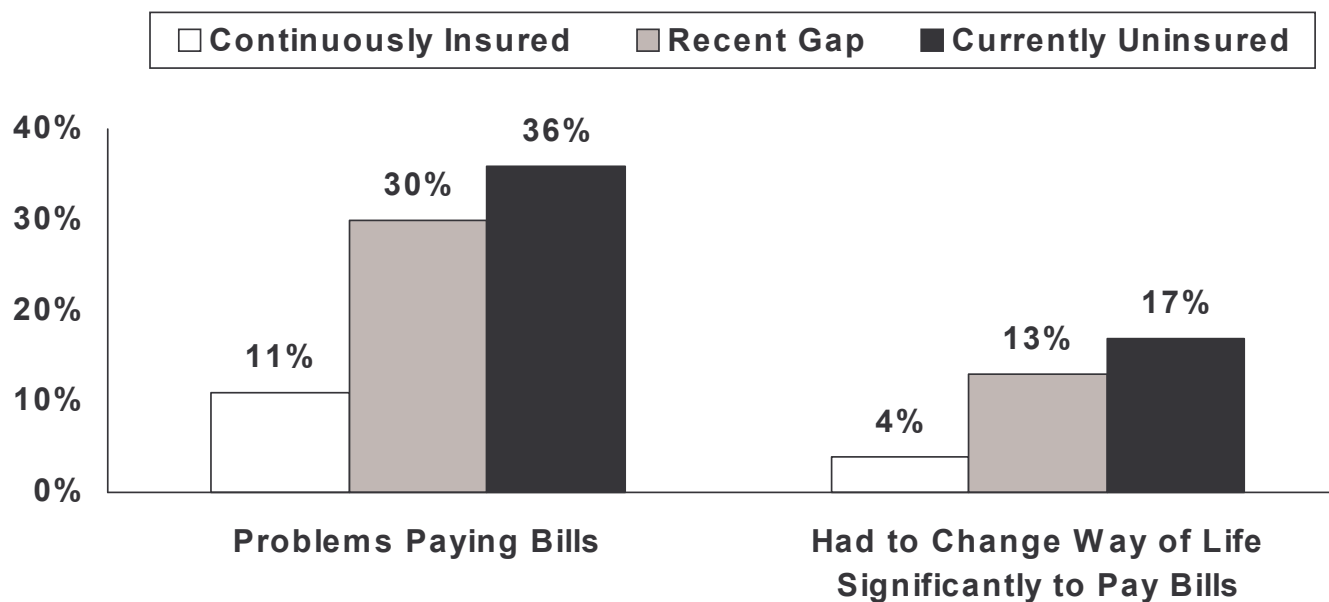
Having insurance, however, did not always protect families against financial burdens. Eleven percent of adults continuously insured over the past two years said they had problems paying medical bills. These problems indicated that insurance may well have been inadequate to pay for health care needs, particularly for low-income families.

Financial burdens of medical bills often forced major changes in family lives.

For the uninsured, problems with medical bills were often catastrophic. Half of the uninsured who reported problems with medical bills said the bills were so substantial that they had to change their life significantly to pay their bills. This amounted to one in six of all the uninsured.

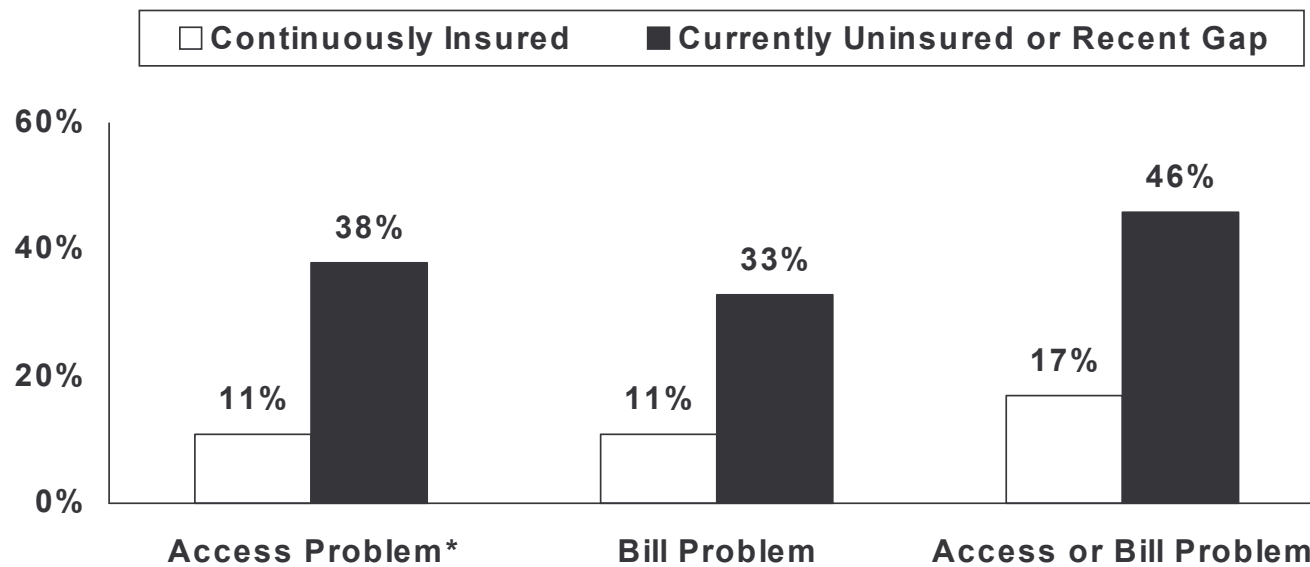
Access and bill problems were pervasive among the uninsured. Nearly half the uninsured or those with a recent gap in coverage faced either medical bill problems or had a time they went without needed care or prescription medicines in the past year.

Uninsured Adults Had Substantial Problems Paying Medical Bills



164 million adults age 18-64

Nearly Half of Uninsured/Recent Gap Adults Had Access or Bill Problems



164 million adults age 18-64

* Time you didn't get needed care or didn't fill needed prescription

ADULTS WITH HEALTH PROBLEMS

ADULTS WITH HEALTH PROBLEMS

Although it is often assumed that a disproportionate share of the uninsured are healthy and therefore less at risk, the survey found that adults age 18-64 with health problems were as at high a risk of being uninsured as adults who rate their health as excellent or good.

Lack of insurance and gaps in coverage put adults with health problems at particularly high risk for access and cost problems.

Adults with health problems were as likely to be uninsured as were adults rating their health as excellent or good.

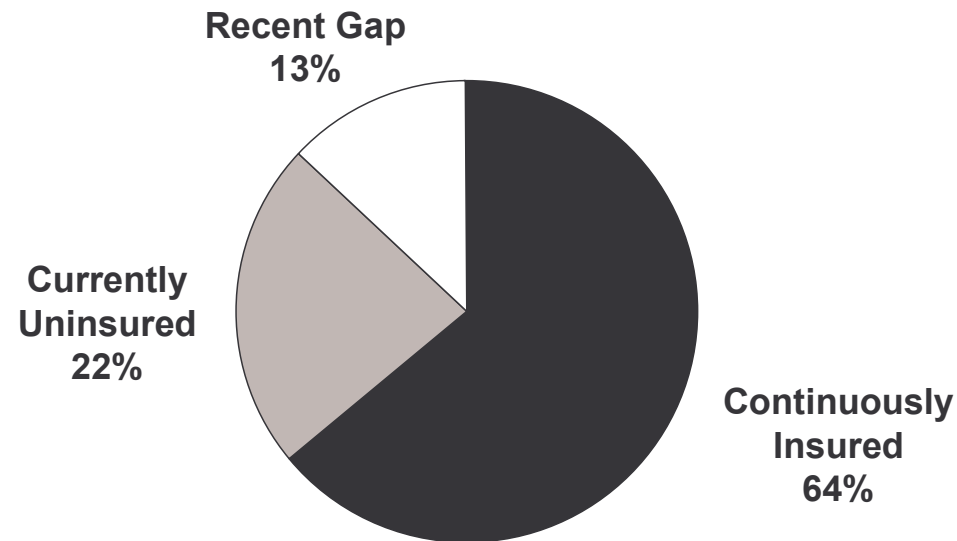
Twenty-three percent of those in fair or poor health were uninsured at the time of the survey. Another 12 percent of adults in fair or poor health had a time without health insurance in the past two years, as did 12 percent of those in excellent or good health.

Uninsured adults with health problems were particularly vulnerable to access and cost difficulties.

Two-thirds (66 percent) of adults in fair or poor health who were uninsured or had a recent gap in coverage reported not getting needed care or not filling a prescription in the past year. Similarly, two-thirds had postponed seeking care out of a fear of cost consequences.

More than half of currently or recently uninsured adults age 18 to 64 in fair or poor health reported difficulty in paying their medical bills. In combination, three in four (76 percent) of uninsured adults in fair or poor health had either an access or cost problem (or both) in the past year.

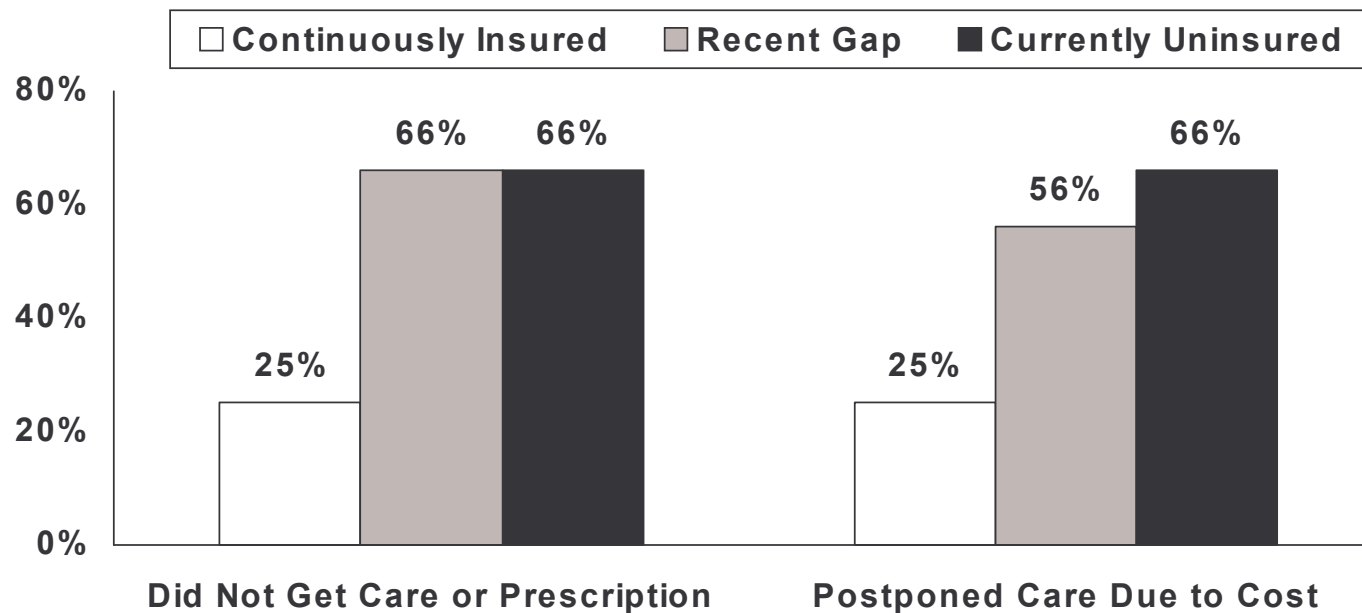
One-Third in Fair or Poor Health Were Uninsured or Had a Recent Gap*



**29 million adults age 18-64
with fair/poor health status**

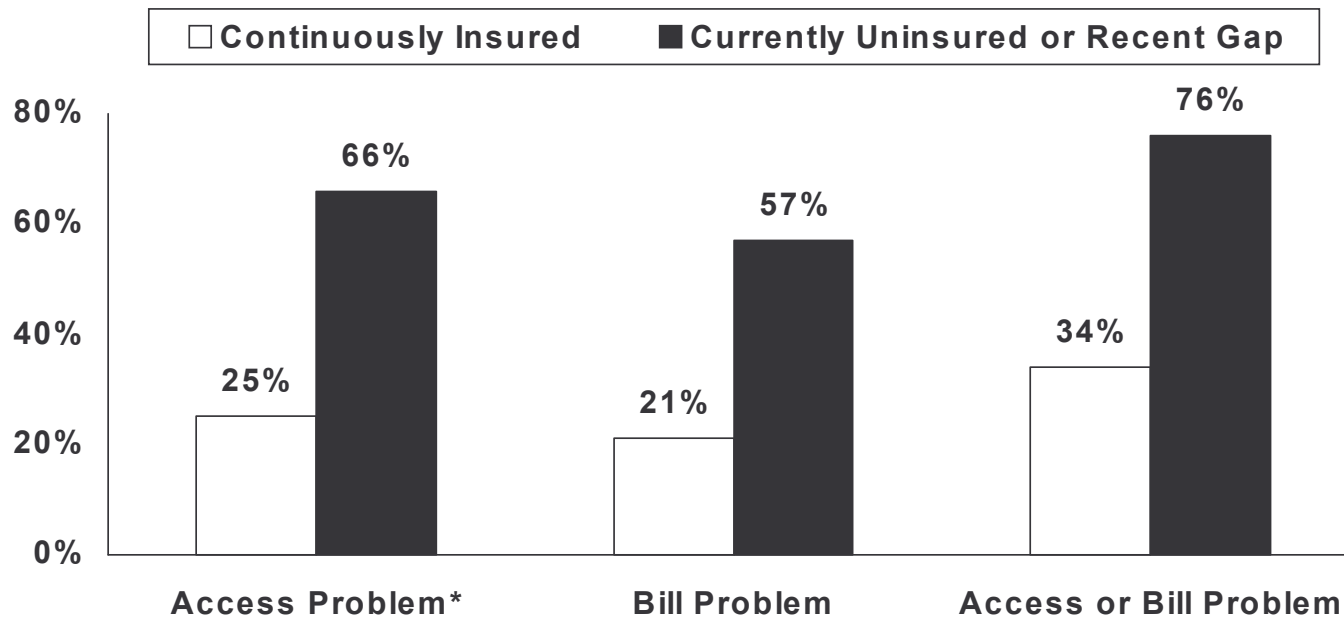
* Recent gap = insured when surveyed but had a period in past 2 years without coverage

Two-Thirds of Uninsured Adults in Fair or Poor Health Went Without Needed Care in the Past Year



29 million adults age 18-64 in fair or poor health

Three in Four Uninsured Adults with Health Problems Had Access or Bill Problems



29 million adults age 18-64 in fair or poor health

* Time you didn't get needed care or didn't fill needed prescription

ADULTS IN WORKING FAMILIES

ADULTS IN WORKING FAMILIES

For most adults under age 65, having health insurance is closely linked to employment. Yet, the survey found that adults in low- and modest-wage working families are at high risk for being uninsured or unstably insured. As a result, adults with modest means frequently face access and medical bill problems despite their work efforts.

Low- and modest-wage working families were generally at risk for access and cost problems. The lower the income, the greater the likelihood of difficulties obtaining and paying for health care.

Overall, two in five adults in working families (41 percent) with incomes of \$20,000 or less per year went without needed care or prescriptions or had problems paying their medical bills, or faced both problems, in the past year. Modest-income working families were also at risk: one-quarter of working families earning \$20,000 to \$35,000 had such problems.

Cost problems were of particular concern for low-wage adults. One-third of all adults age 18 to 64 in working families with incomes below 200 percent of the poverty level reported difficulty in paying their medical bills in the past year. Nearly one in five (18 percent) had dealt with a collection agency because of these bills, and 14 percent had changed their lives significantly in order to meet the costs of care.

Adults in working families who were uninsured or had a recent gap in coverage were at higher risk of access to care and medical problems.

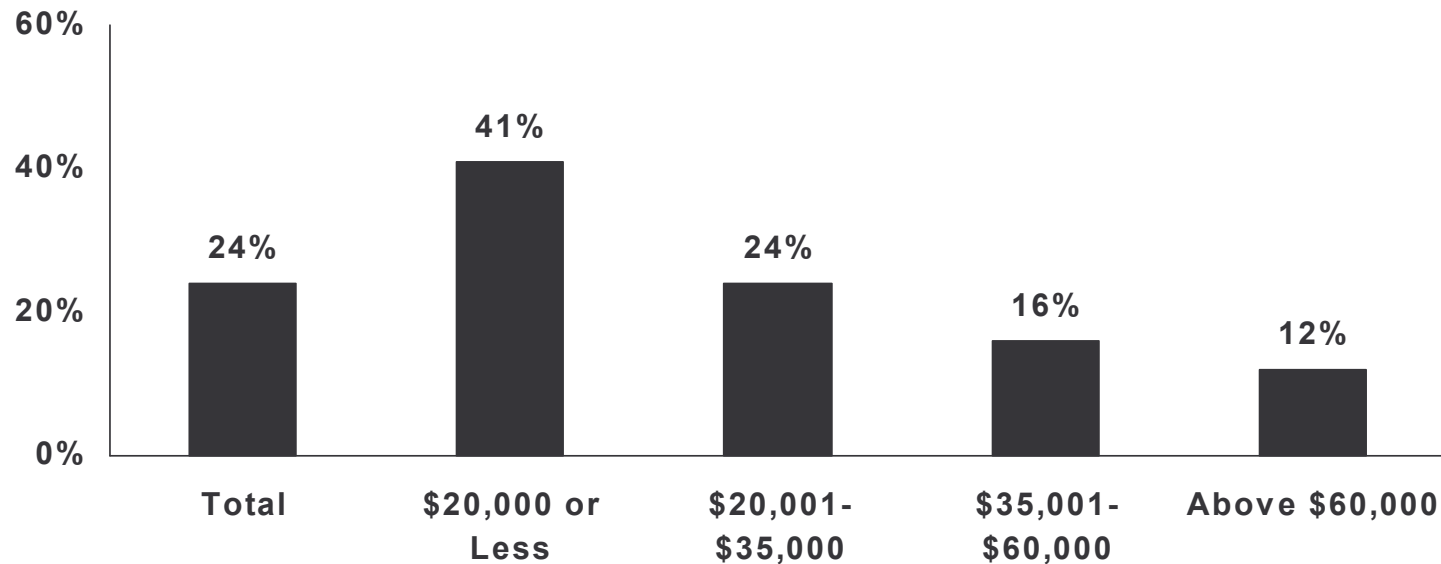
Lack of insurance was the primary factor contributing to access and cost problems. Uninsured adults in working families were four times more likely to have had a time they didn't get needed care or didn't fill a prescription in the past year than those with continuous coverage; they were five times as likely as insured working families to have postponed care due to costs, and twice as likely not to have visited a physician in the past year. More than a third of uninsured adults in working families reported problems paying their medical bills, a percentage three times higher than for insured working families. Nearly half of uninsured adults in working families said they had difficulty obtaining needed care or paying medical bills, or both, in the past year.

Adults in low-wage working families were vulnerable, when insured as well as uninsured.

More than half (54 percent) of adults in low-wage working families who were either currently or recently uninsured reported difficulty in getting health care or paying medical bills, or both, in the past year. Even when continuously insured, low-wage adults faced problems: one in four (25%) adults in families with incomes below 200 percent of poverty had either an access or medical bill problem in the past year, twice the rate (13 percent) of adults with higher incomes. These reports suggest the low-wage working families have inadequate health insurance plans.

As Wages Decrease, Access or Bill Problems Increase for Working Families

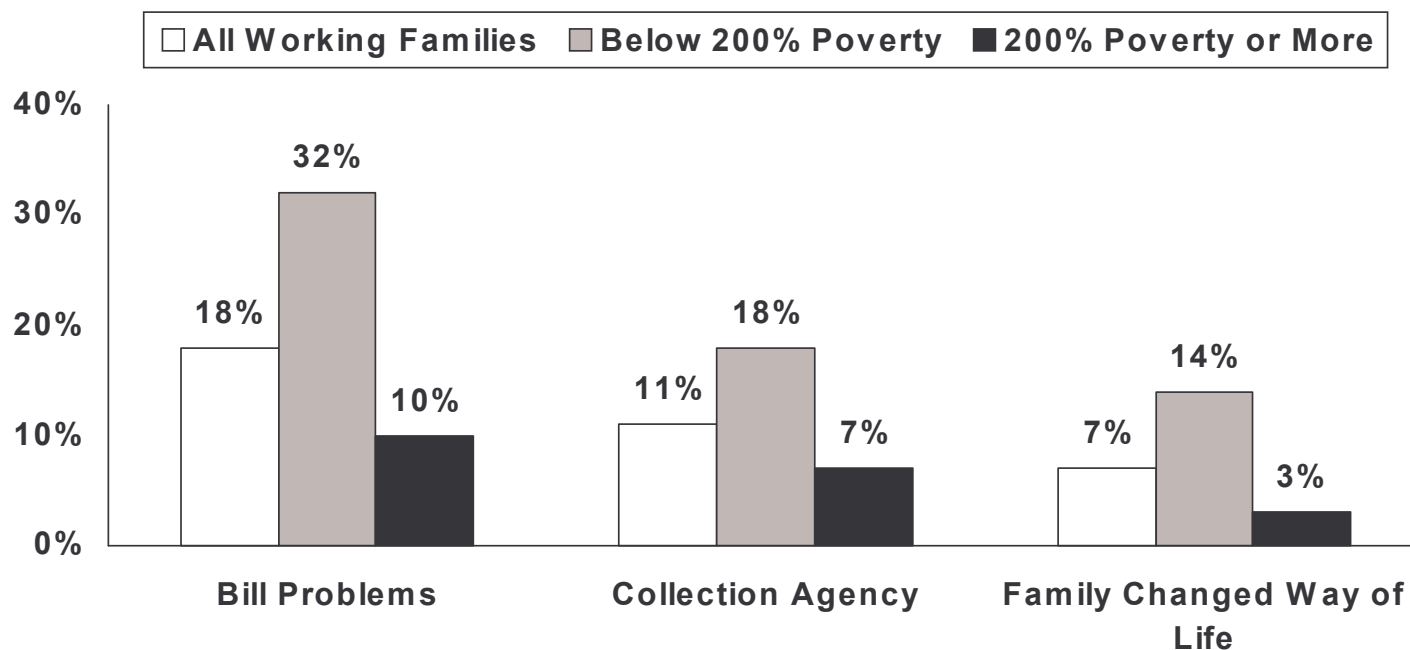
Percent not getting needed care or prescriptions and/or had medical bill problems in past year



128 million adults age 18-64 in families with a FT or PT worker

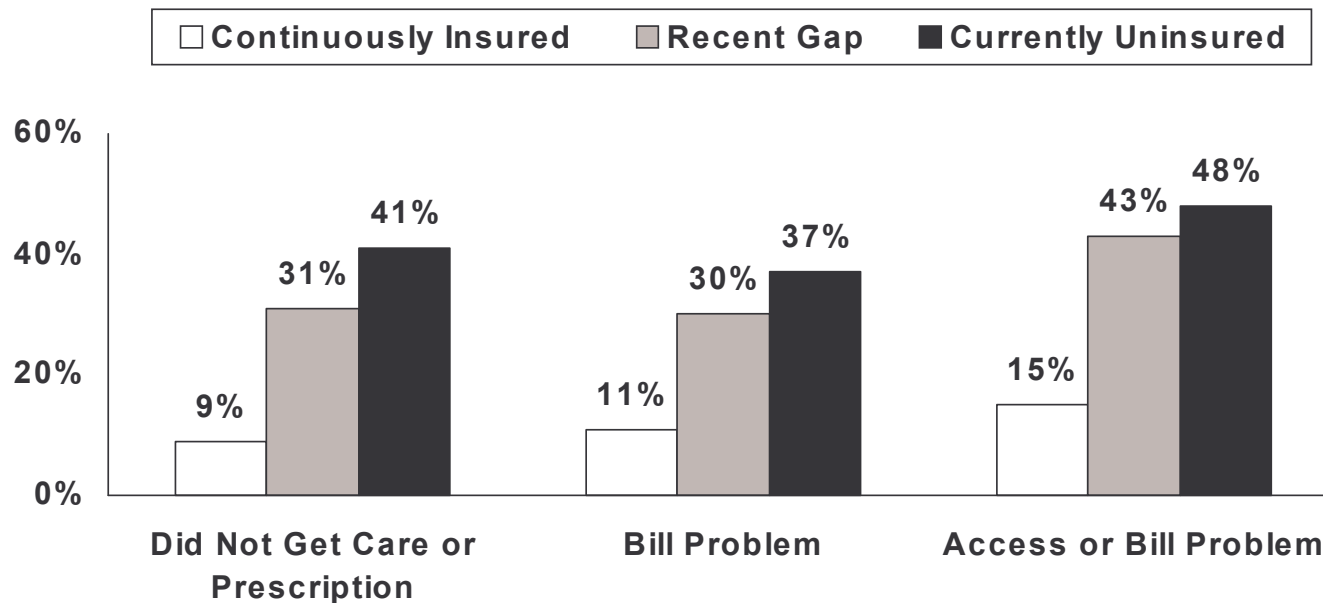
Note: In 1996, 200% of poverty was about \$21,000 for a family of two and \$25,000 for a family of three

One-Third of Low-Wage Working Families Had Problems Paying Medical Bills



**128 million adults age 18-64 in families
with a FT or PT worker**

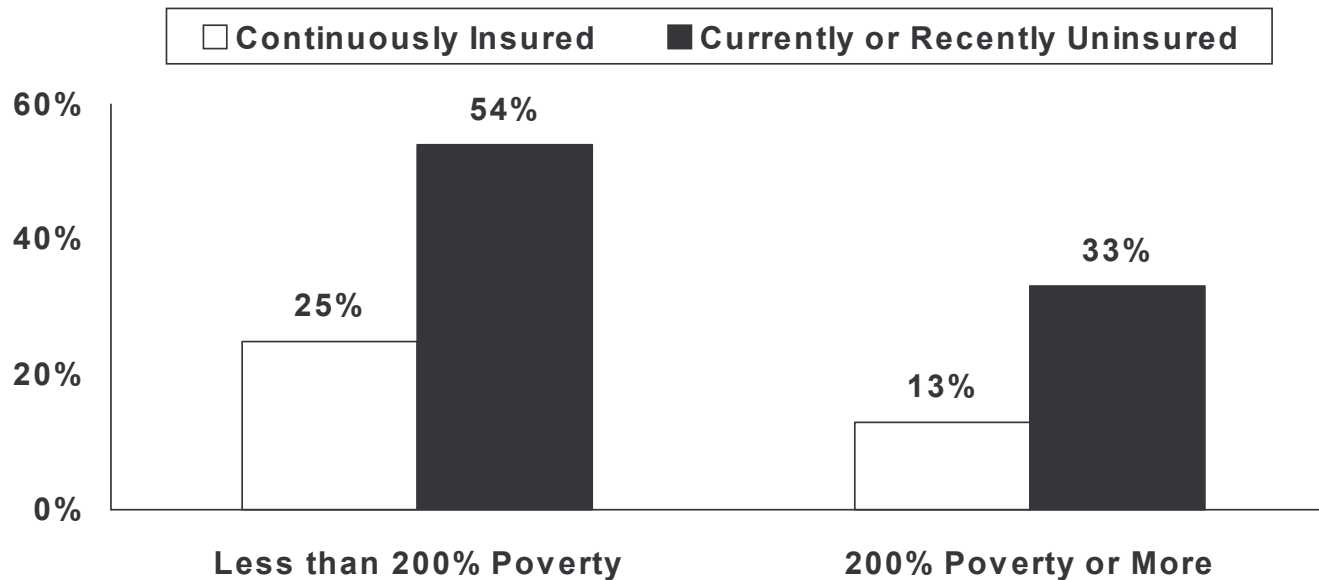
Uninsured Adults in Working Families Had Access and Cost Difficulties



**128 million adults age 18-64 in families
with a FT or PT worker**

Low-Wage Working Families at High Risk of Access or Cost Problems

Access or Bill Problem in Past Year



Adults age 18-64 in families with a FT or PT worker

CHOICE OF PLANS FROM EMPLOYERS FOR WORKING-AGE ADULTS

CHOICE OF PLANS FROM EMPLOYERS FOR WORKING-AGE ADULTS

In an era of managed care plans, choosing a health insurance plan increasingly means choosing a network of physicians, hospitals and specialists. As a result, having a choice of health plans can be an indicator of an adult or family's ability to find care to match their needs. Yet, the survey found that the majority of working adults under age 65 do not have a choice of plans through their employer. Low- and modest-wage workers were the least likely to have a choice of plans. In fact, low-wage workers were more likely to have no plan offered at all than to have a choice of plans from their employer.

Less than half of working adults were offered a choice by their employer.

Only 41 percent of working adults said their employer offered them a choice of health plans. An equal proportion had only one plan and 18 percent had no plans offered through their employer.

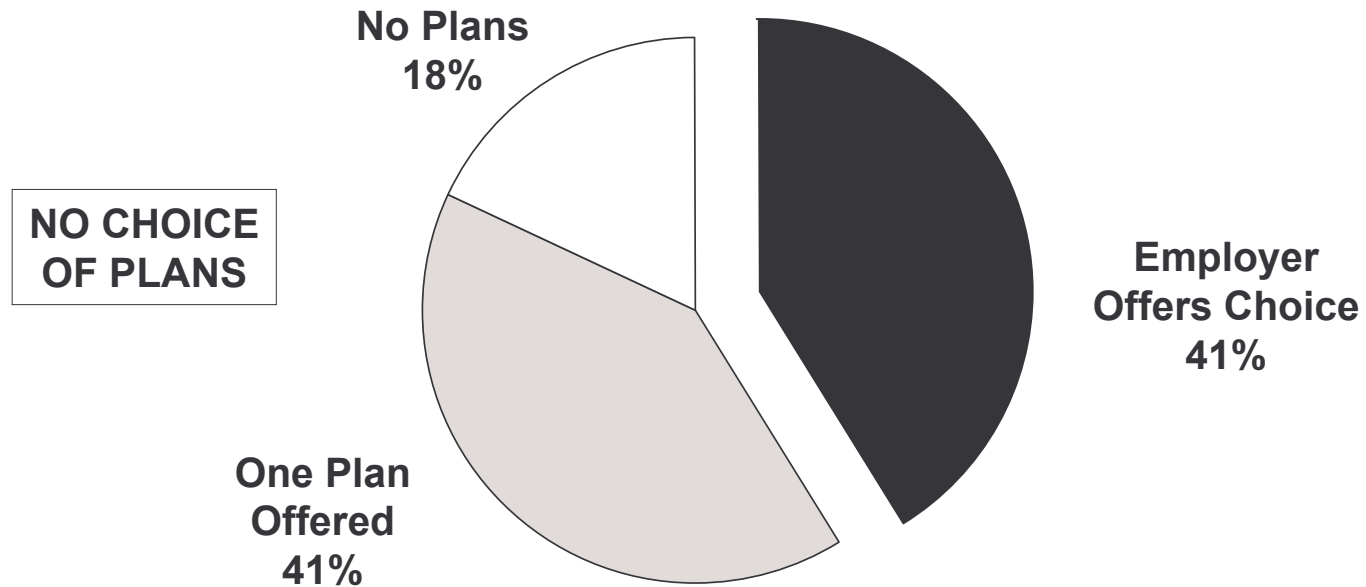
The likelihood of having a choice of plans and having any plan available through their job decreased with income. Only 22 percent of workers in families with incomes of \$20,000 a year or less had a choice of plans from their employer and 37 had no plans offered. In contrast, 56 percent of workers in families with incomes above \$60,000 had a choice of plans offered by their employer and only 9 percent said their employer did not offer them a health plan.

The opportunity to choose among health plans also decreased dramatically with firm size. Employees of firms with more than 500 workers were nearly five times as likely to have a choice from their employers as were those working for firms with 25 or less employees (72% compared with 15% with choice).

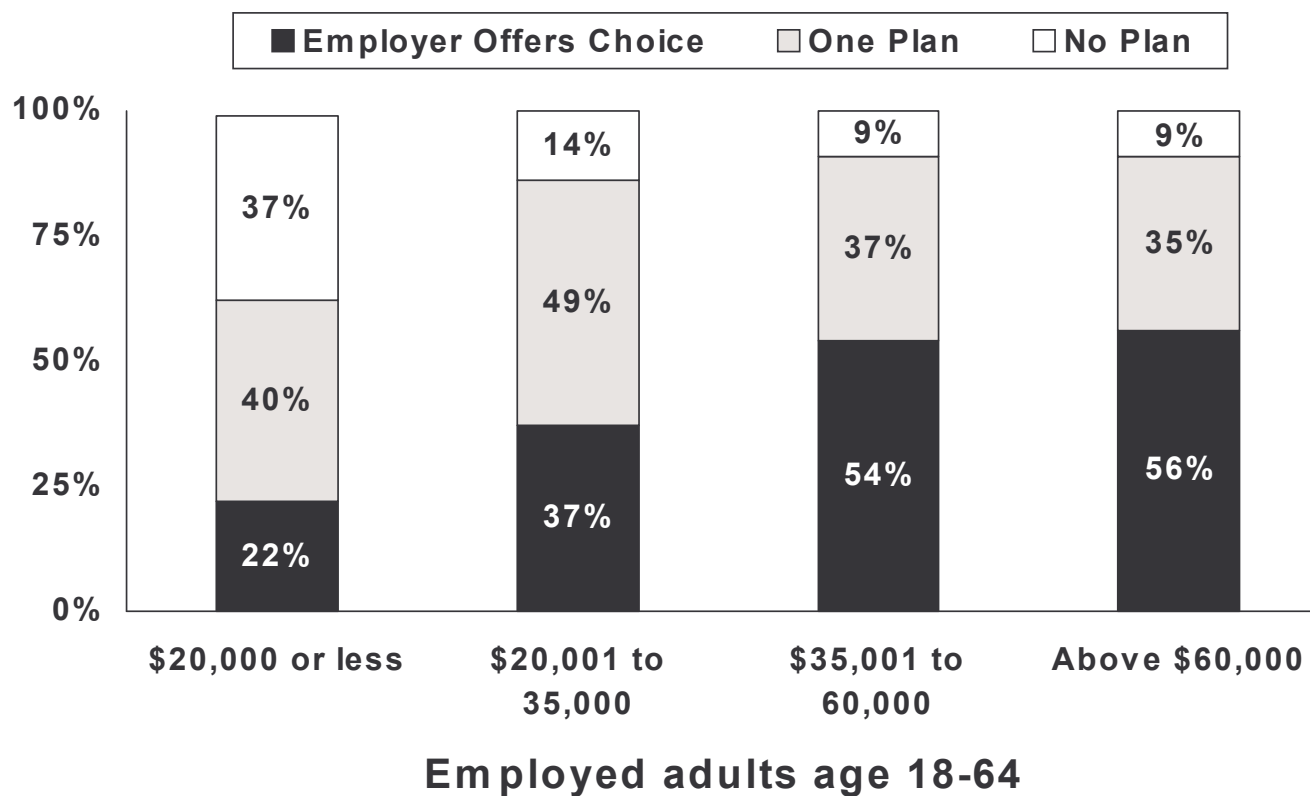
Being married to a working spouse improves the chances of having a choice of plans.

Employed adults with a working spouse were more likely to have a choice of plans due to the interaction of two jobs. Defining choice to include a choice of plans through either employer or have at least one plan offered by both employers, over 60 percent of married adults age 18-64 had some form of choice of plans. Yet, even with two adults and potentially two jobs, 13 percent of married couples said they had no plan offered through their employers.

Majority of Adults Do Not Have a Choice of Plans from Their Employer

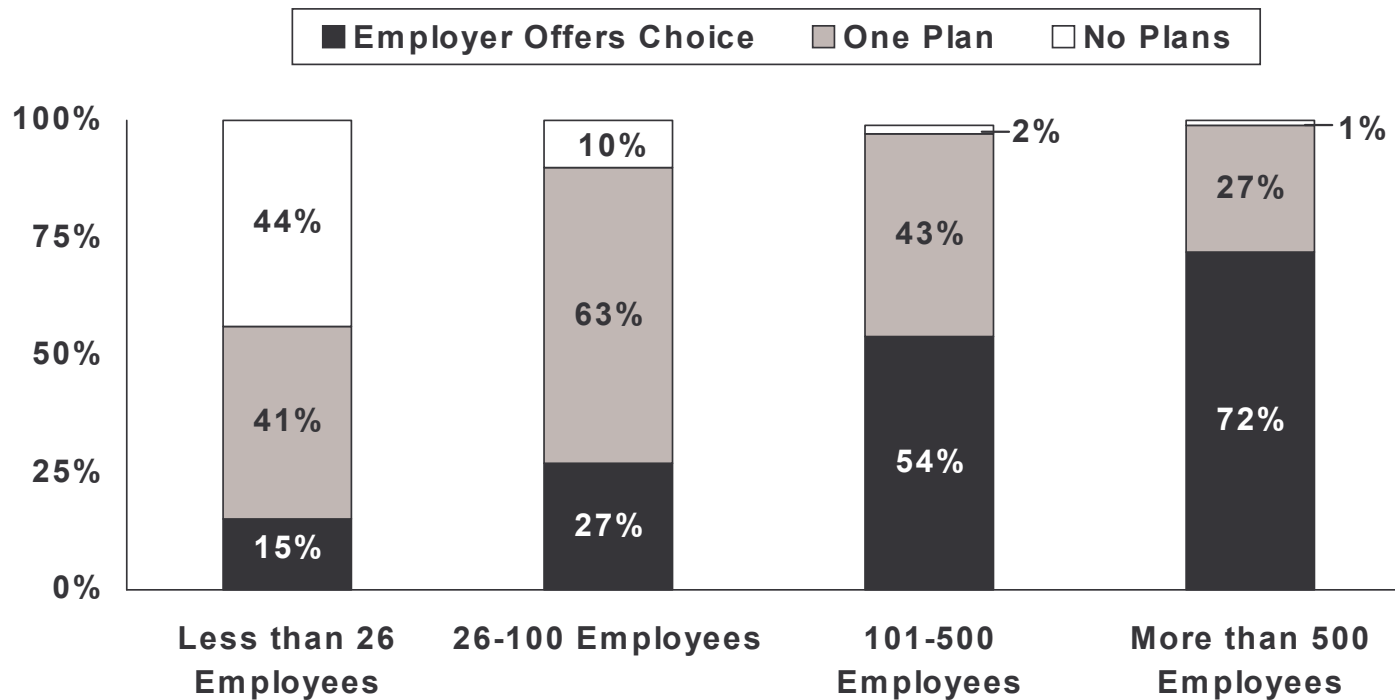


Low-Wage Workers Are the Least Likely to Have a Choice of Health Plans*



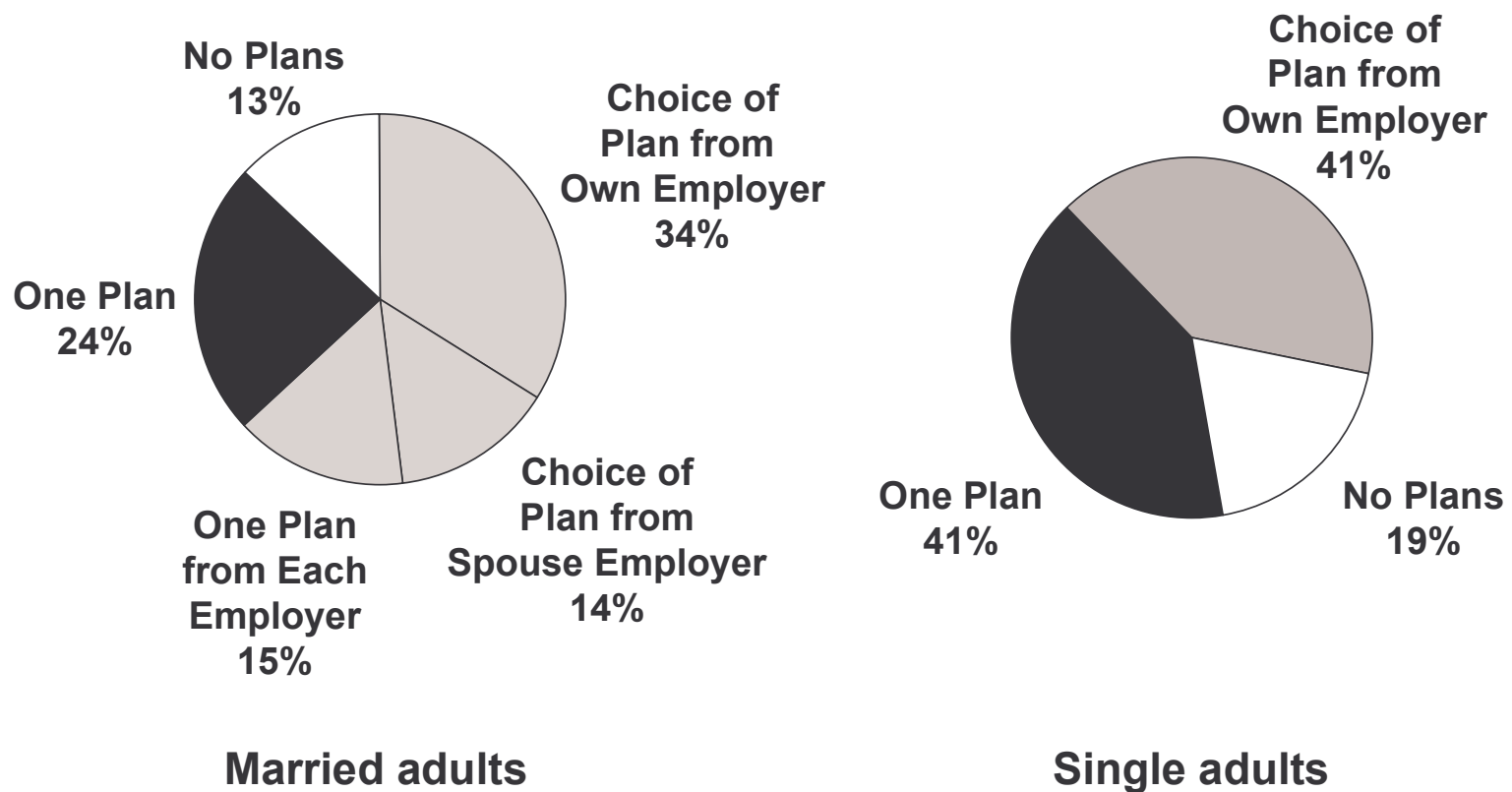
* Totals may not add to 100% due to rounding

Larger Employers Are More Likely to Offer a Choice of Plans



Employed adults age 18-64 by employer size

Married Adults Are More Likely to Have Choice if Two-Worker Family



**MEDICARE: EXPERIENCES OF ADULTS
AGE 65 AND OLDER COMPARED WITH
WORKING-AGE ADULTS**

MEDICARE: EXPERIENCES OF ADULTS AGE 65 AND OLDER COMPARED WITH WORKING-AGE ADULTS

Once adults reach age 65 or older they are almost all eligible for Medicare. As a result, a negligible proportion of the 65-and-older population are uninsured or experience gaps in coverage. In contrast to private health insurance or Medicaid, Medicare offers a standardized benefit with few changes over time that might trigger confusion over benefits or coverage.

The survey findings indicate that Medicare coverage contributes to improved health care and health insurance experiences. The access, cost and satisfaction experiences of adults age 65 and older were more positive than experiences of adults under age 65 or adults with other types of health insurance coverage. Medicare beneficiaries were less likely to report access or medical bill problems, more likely to rate their care and insurance experiences positively, and less likely to worry about their health care future.

Medicare's continuous health insurance helped support longer term relationship with physicians and reduce access barriers.

The contrast between the experiences of working-age adults and those age 65 or older—most of whom were covered by Medicare—underscores the importance of continuous health insurance coverage. More than half the elderly had the same doctor for five years or longer, compared with 41 percent of non-elderly insured adults and only one-quarter of uninsured adults or those with a recent gap in coverage.

Adults age 65 and older were less likely to report problems getting needed care or paying bills than working-age adults.

Twenty percent of all adults under age 65 had problems getting health care in the past year—primarily because of gaps in coverage—while only 7 percent of the elderly reported such problems. Likewise, only 7 percent of the elderly had problems paying their medical bills, compared with 18 percent of working-age adults.

Medicare beneficiaries were the most satisfied with their health care services, health plans and choice of physicians.

Overall, Medicare outscored other types of coverage of the under-65 population in terms of overall satisfaction. The majority of Medicare beneficiaries (57 percent) said they were “very satisfied”¹ with their health

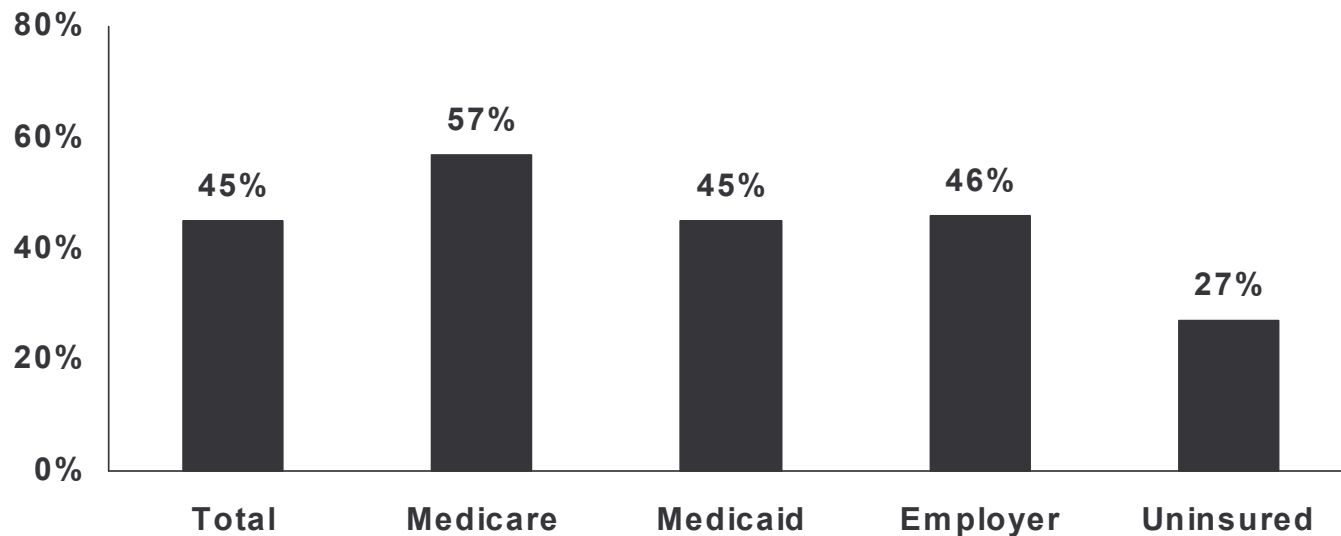
¹ Possible responses included: very satisfied, somewhat satisfied, somewhat dissatisfied and very dissatisfied.

services, compared with only a quarter of the uninsured. An even higher proportion of Medicare beneficiaries rated their insurance and choice of physicians highly: two-thirds (64 percent) were very satisfied with their health insurance and three in four (74 percent) were very satisfied with their choice of doctors. Compared with those with Medicare, adults with job-based health coverage² and adults with Medicaid were far less likely to give top ratings to the care they received, their insurance or their choice of doctors.

² Some adults surveyed had more than one type of insurance coverage. Adults with multiple types of insurance were assigned to one group. All adults age 65 and older with Medicare were assigned to Medicare. If under age 65, adults with Medicaid were assigned to Medicaid and adults with job-based coverage (and not Medicaid) were assigned to job-based coverage, although these adults might also have had Medicare. Adults under age 65 with Medicare were assigned to Medicare only if they had neither Medicaid nor job-based coverage.

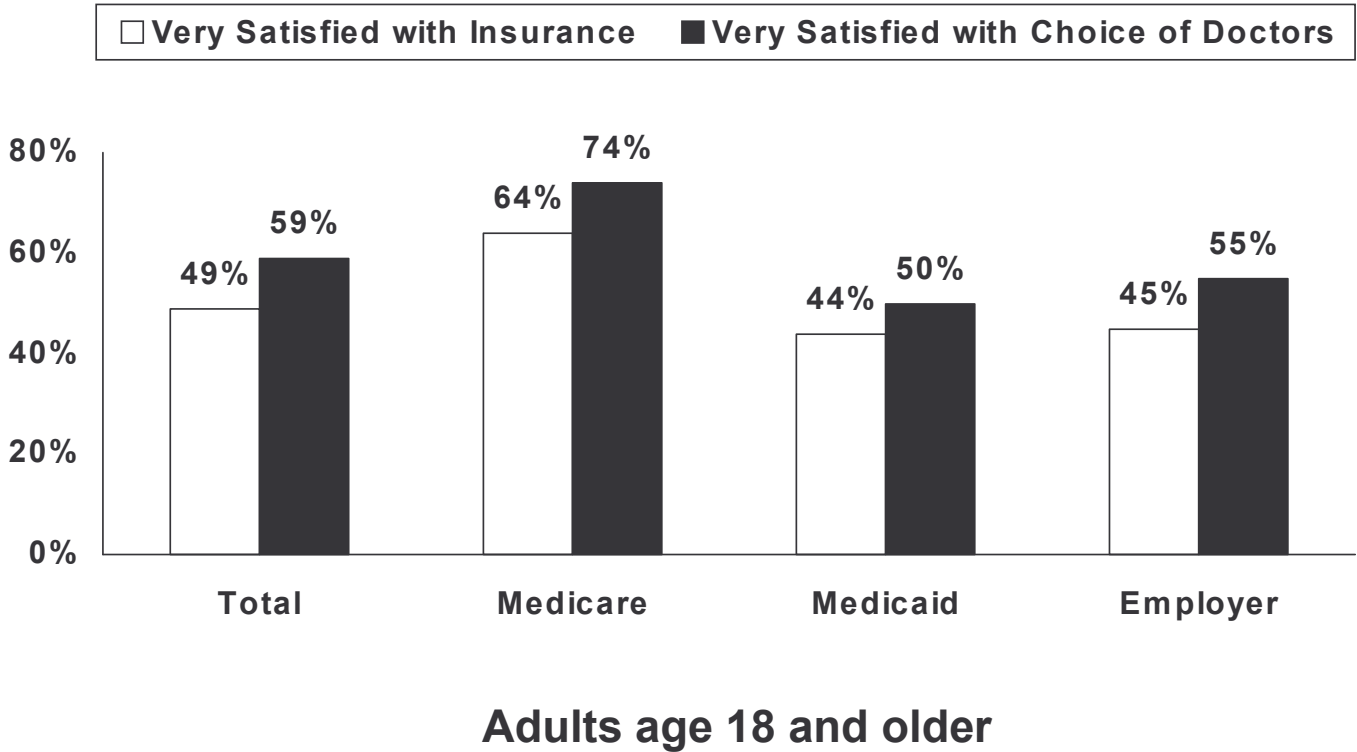
Medicare Beneficiaries Were the Most Satisfied with Health Care Services

Percent very satisfied with health care services



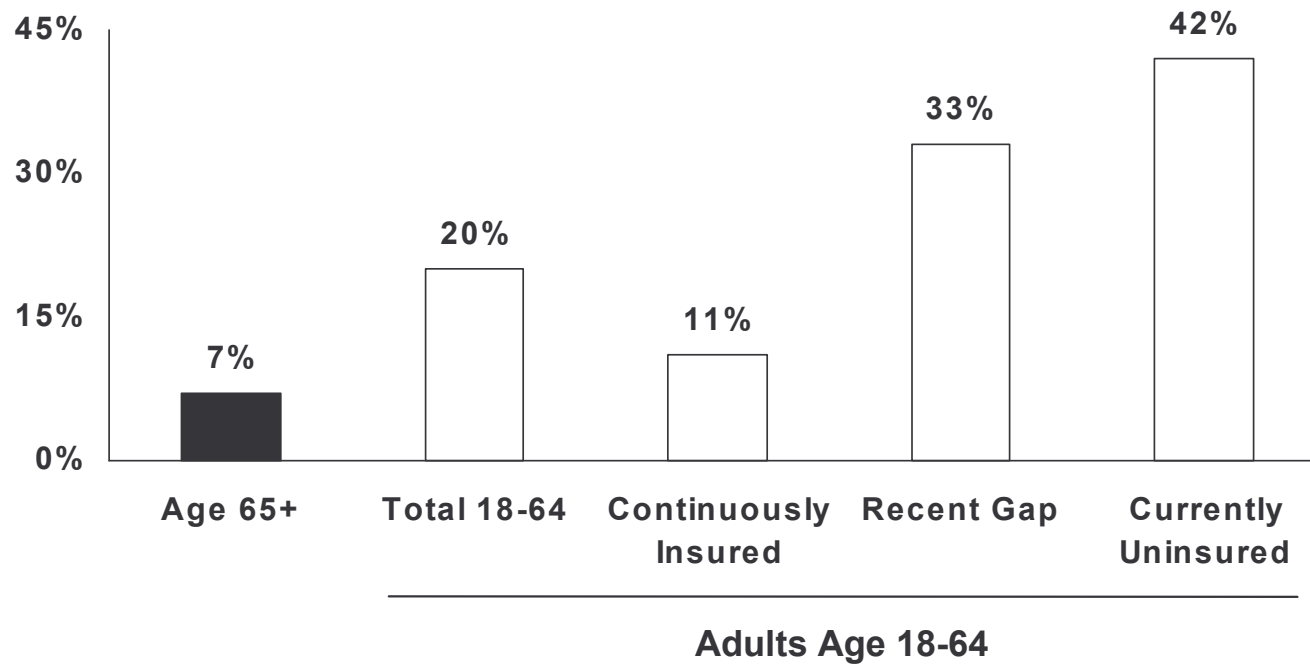
Adults age 18 and older

Medicare Beneficiaries Were the Most Satisfied with Insurance and Plan Choice of Doctors



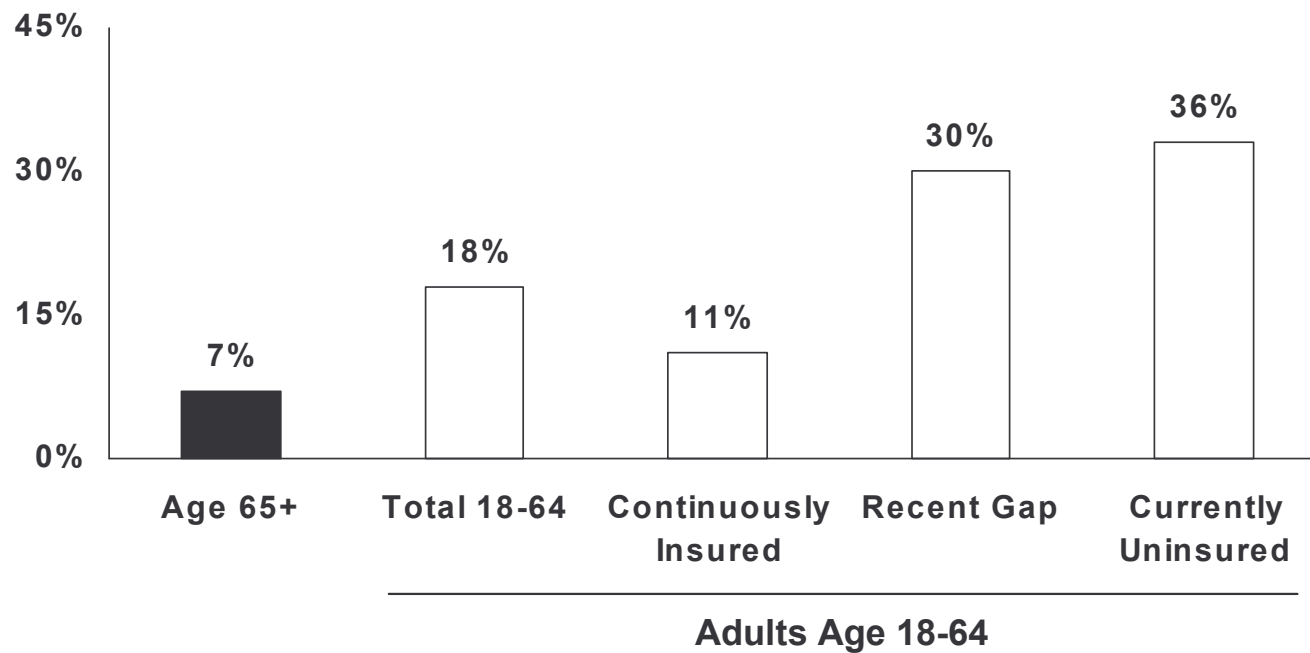
Elderly Were Less Likely to Have a Time They Didn't Get Needed Care than Adults Under Age 65

Percent not getting needed care or prescription in past year



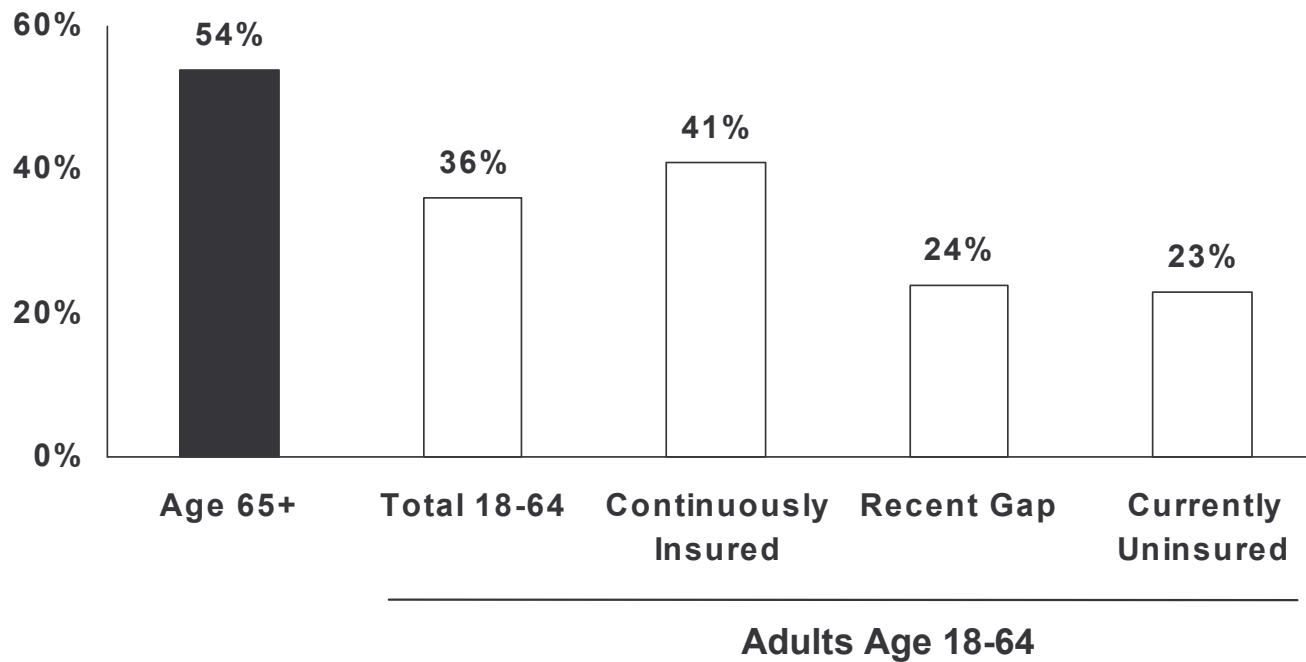
Elderly Were Less Likely to Have Problems Paying Medical Bills than Adults Under Age 65

Percent with problem paying medical bills in the past year



Elderly Were Less Likely to Have Disruption in Physician Care than Adults Under Age 65

Percent with regular doctor five years or more



**WORRIES ABOUT HEALTH CARE:
ELDERLY AND NON-ELDERLY COMPARED**

WORRIES ABOUT HEALTH CARE: ELDERLY AND NON-ELDERLY COMPARED

Concerns about the future reflect the disparate experiences of adults under age 65 and senior citizens. Although the 65-and-older population is more likely to suffer from chronic or life threatening health conditions than the working-age population, adults under age 65 were generally more worried about their future access to care and ability to pay for care than were adults age 65 and older. Being currently uninsured or having had a recent time without insurance elevated worries about the future.

Working-age adults are twice as likely to be worried about their ability get health care and whether they would be able to pay for it than are those 65 and older. Half of all adults who had been uninsured at some time or were in low-wage working families worried “a great deal” or “a lot” about their health care future.

Overall, 30 percent of working-age adults and 40 percent of adults in low-wage working families said they worried “a great deal” or “a lot” that they would be denied a necessary medical procedure, compared with 17 percent of the elderly. Half of those who were currently uninsured or had a recent gap in coverage were concerned about this issue.

Low-wage adults age 18-64 were most likely to be worried about their meeting their future health care needs. Nearly half of low-wage adults in working families worried about having to pay expensive bills that would not be covered by their insurance. In contrast, despite their general modest or low incomes, only one-quarter of the elderly worried about paying expensive bills.

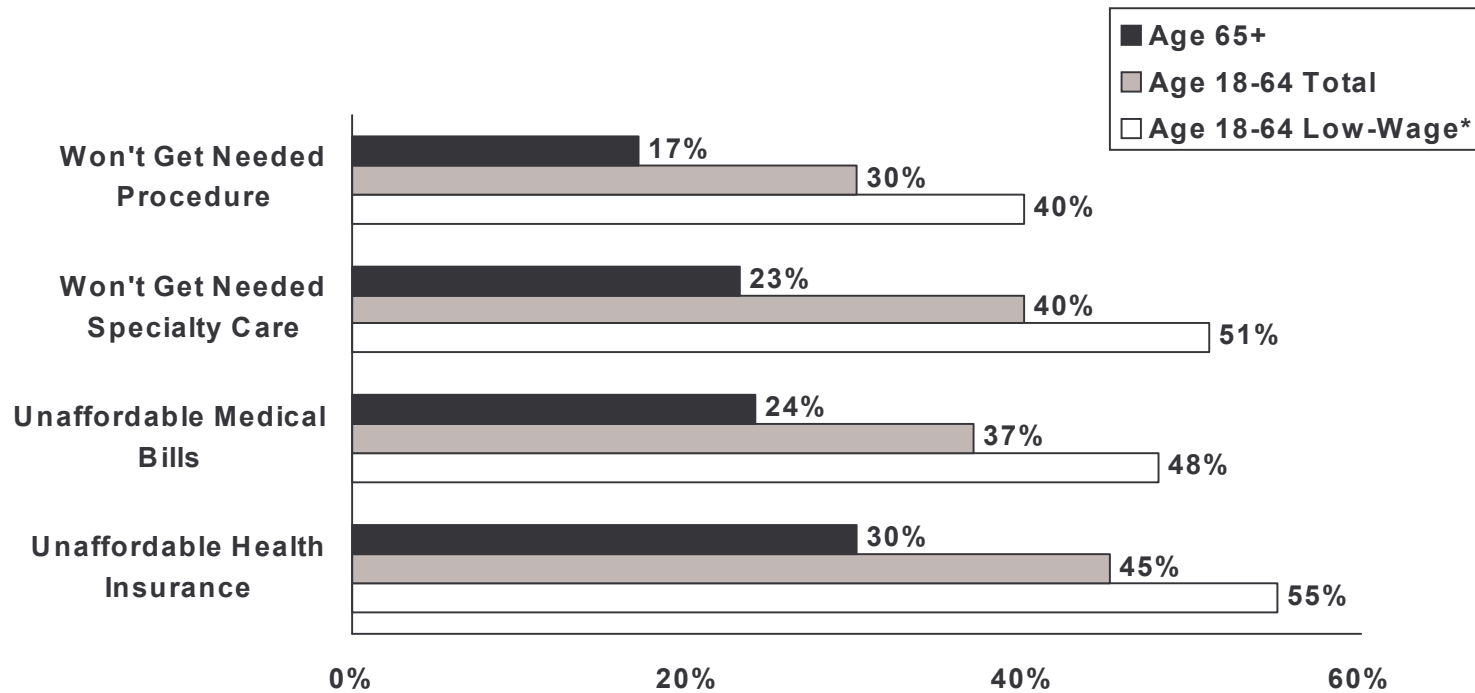
Having continuous coverage helped allay worries. Adults under age 65 who had been insured throughout the past two years were less likely to worry. Their level of concern was similar to that of the elderly, who had the security of Medicare coverage.

Despite different experiences, the vast majority of adults of all ages said they would support measures that would expand health coverage to more people and preserve the Medicare program.

Ninety-three percent of working-age adults and 87 percent of those age 65 and older favored measures that would provide health insurance for all working families. Both age groups equally supported (93 percent) preserving the Medicare program for all people age 65 and older.

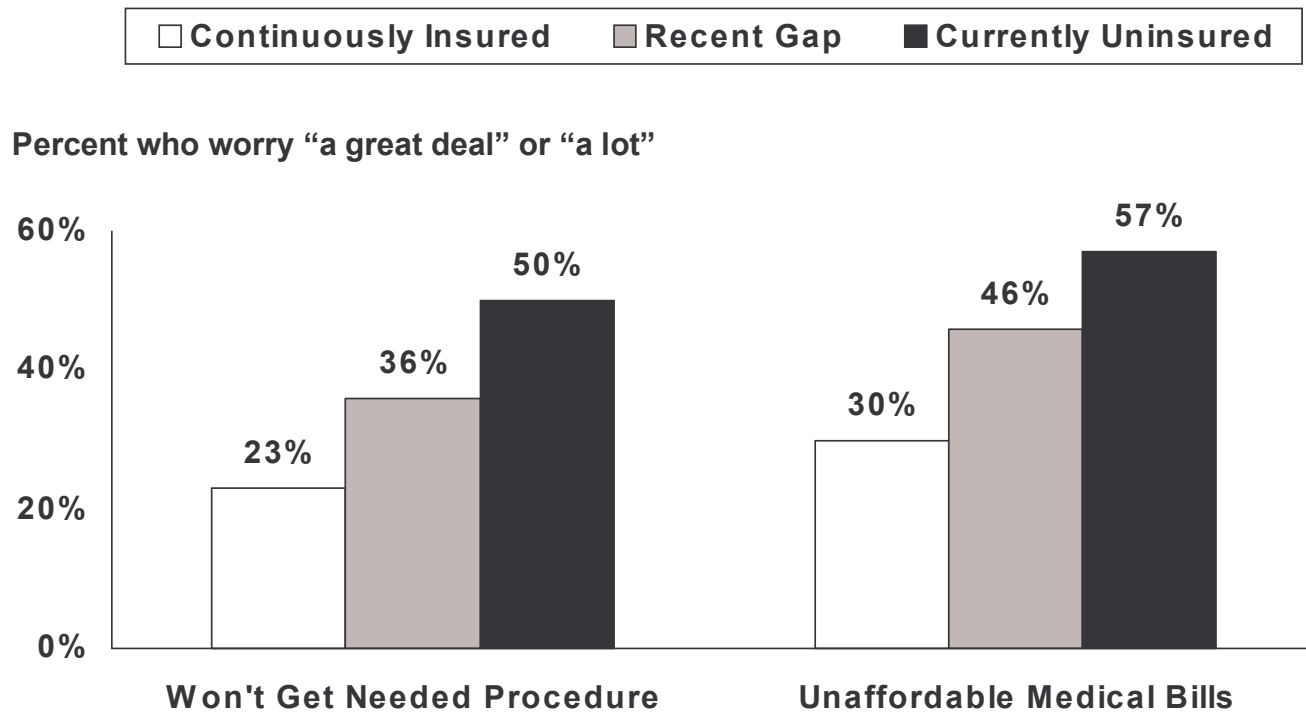
Worries About Access and Health Costs

Percent who worry “a great deal” or “a lot”



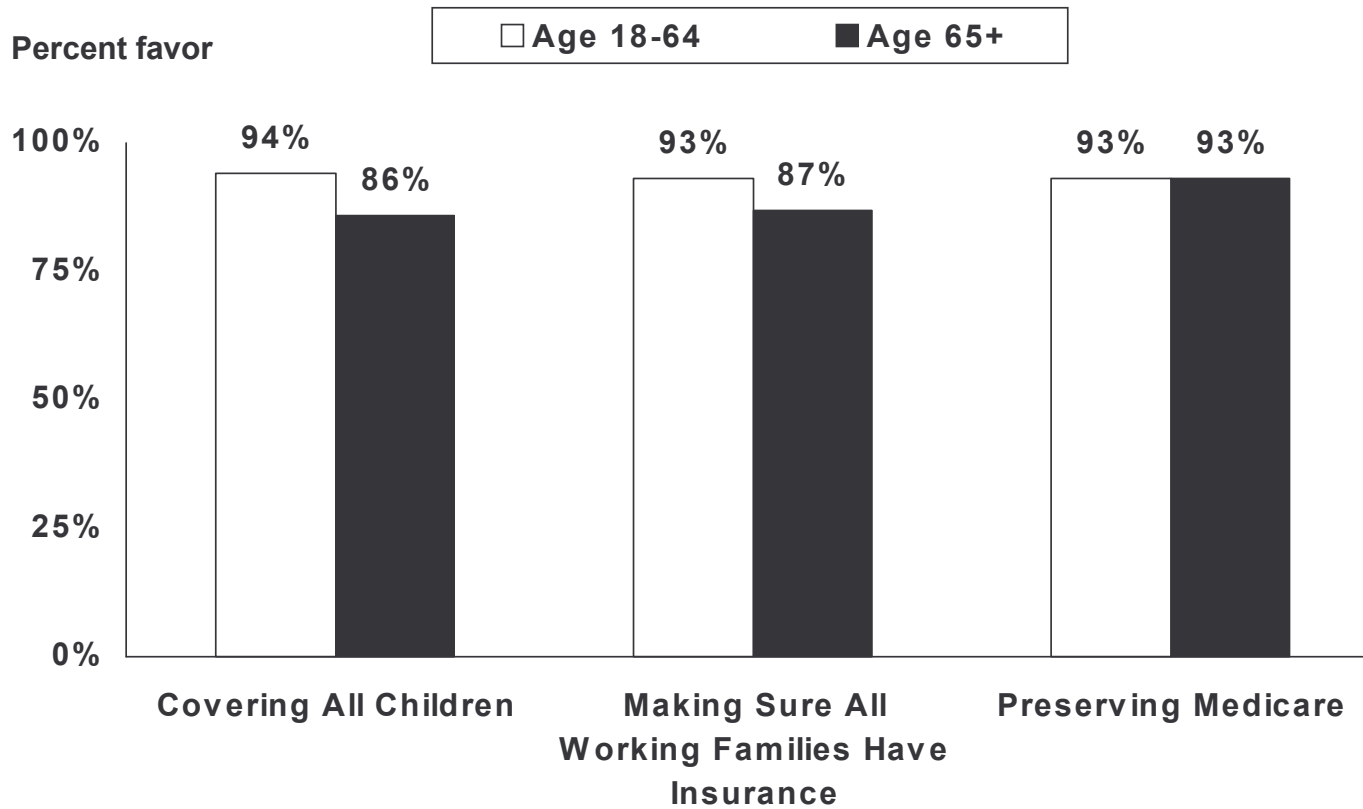
* Less than 200% of poverty

Insurance Gaps Contributed to Non-Elderly Worries About Bills and Access



164 million adults age 18-64

Support for Health Insurance Coverage Reform



**TRENDS: COMPARISONS OF
KAISER/COMMONWEALTH 1993 AND 1997
NATIONAL SURVEYS**

TRENDS: COMPARISONS OF KAISER/COMMONWEALTH 1993 AND 1997 NATIONAL SURVEYS

The 1997 survey followed an earlier 1993 national survey, conducted at a time the nation was moving out of a recession. Comparisons of coverage and a few key access measures, however, indicate that little has changed for adults by 1997 despite an improved economy and lower unemployment. The proportion of working-age adults without health insurance and recent gaps in coverage has remained remarkably similar over time. Moreover, access measures indicate that problems have persisted over time.

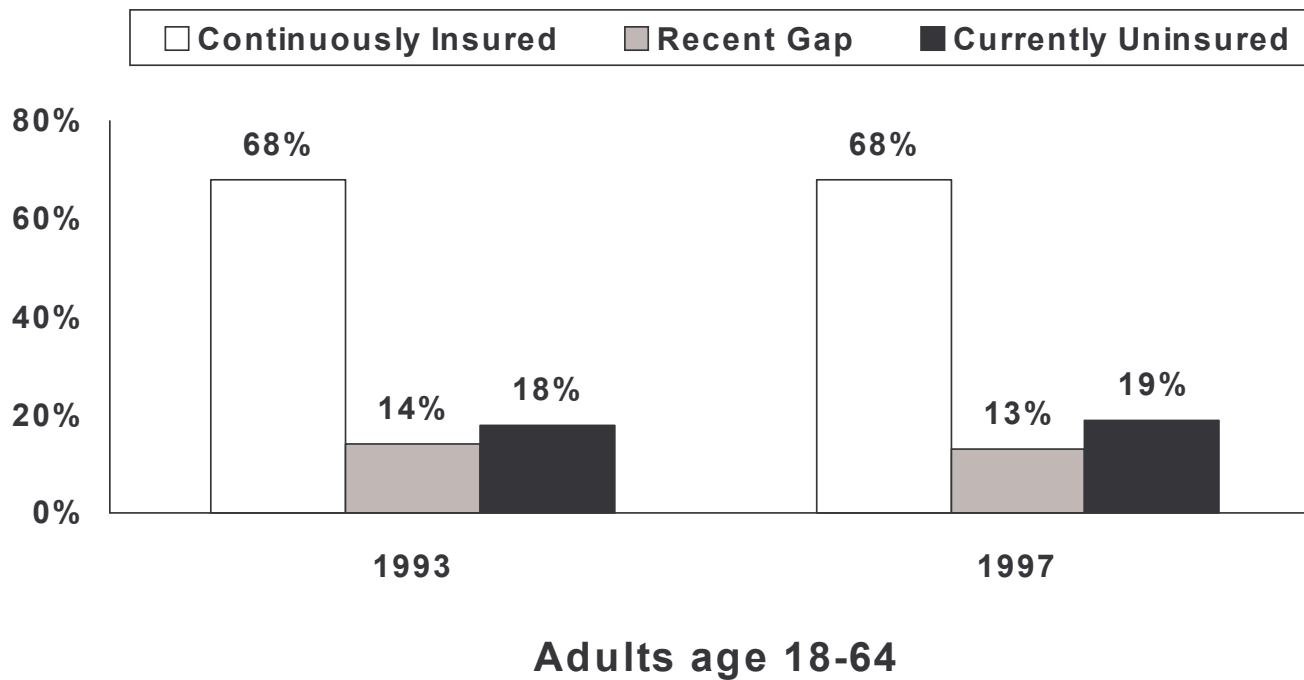
Answering the same survey questions in both years, one-third of working-age adults were either uninsured or recently uninsured in 1993 and 1997.

Although a greater proportion of adults were unemployed at the time of the 1993 survey, almost one in five was uninsured at the time of the survey in both 1997 (19 percent) and 1993 (18 percent.) And another 13 to 14 percent had been uninsured within the past two years although they had insurance when surveyed.

Access problems persist in 1997 at rates similar to those in 1993, at the height of national debates on health care reform.

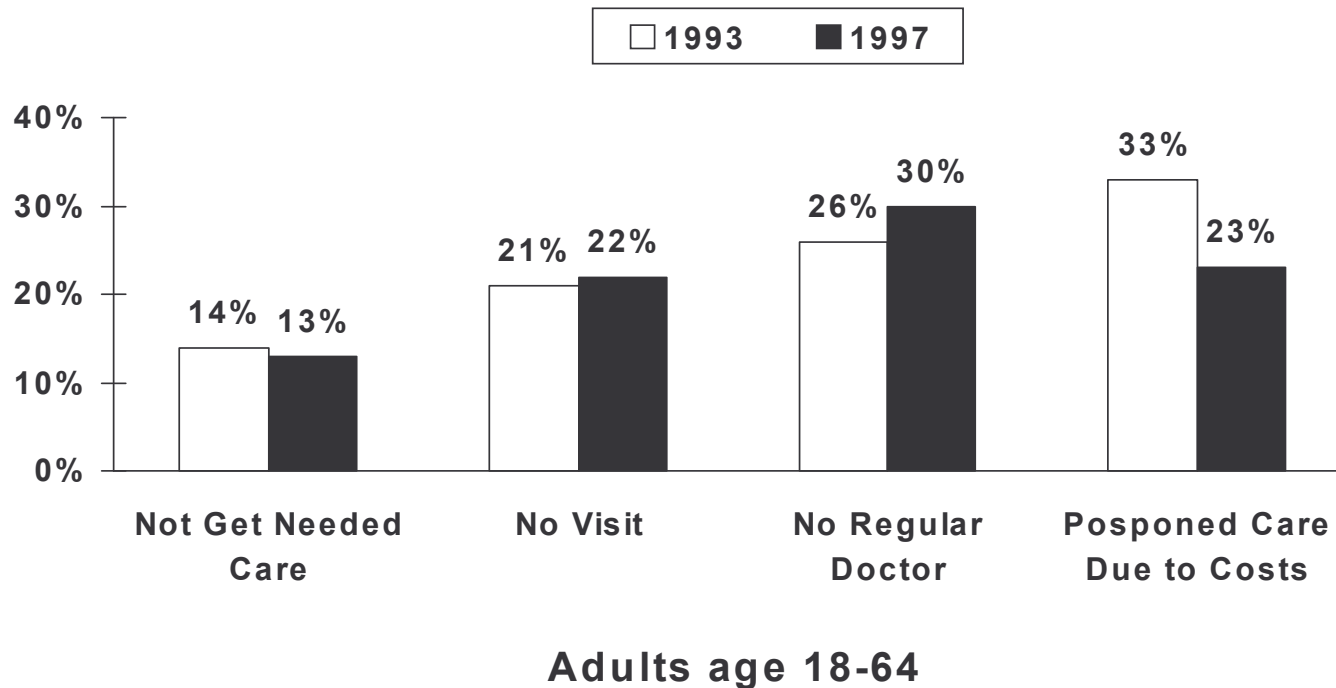
The proportion of working-age adults reporting that they had a time they did not get needed health care or that they had no physician visit in the past year remained basically unchanged over the four year period. The proportion of adults without a regular physician increased somewhat, while the proportion saying they had postponed getting care due to costs declined.

Uninsured Rates Remain High Despite an Improved Economy



Note: 1993 data are from the Kaiser/Commonwealth 1993 Survey

Health Care Access Concerns Persist over Time for Working-Age Adults



Note: 1993 data are from the Kaiser/Commonwealth 1993 Survey

WORKING FAMILIES AT RISK: COVERAGE, ACCESS, COST, AND WORRIES

THE KAISER/COMMONWEALTH 1997 NATIONAL SURVEY OF HEALTH INSURANCE

Survey Description

The survey of 4,001 adults age 18 and older was conducted by Louis Harris and Associates, Inc., between November 1996 and March 1997. The total sample includes 3,761 adults interviewed by telephone and 240 adults interviewed in-person because they did not have telephones in their homes. The data were weighted to the March 1996 Current Population Survey for accurate representation of Americans by sex, race, age, education, and health insurance status.

Profile of the Sample

Age:

3,246 adults age 18-64
741 adults age 65+

Family work status. Family work status takes into account the respondent or spouse's work status.

Among respondents age 18-64:

- 73 percent included at least one full-time worker
- 7 percent had part-time workers only
- 6 percent had at least one currently unemployed member, with no full- or part-time workers
- 14 percent were families comprised of students, retirees, or disabled persons not in the work force

Income relative to poverty (age 18-64):

36 percent of adults reported household incomes less than 200 percent of the poverty level