

**THE COMMONWEALTH FUND
SURVEY OF HEALTH CARE IN NEW YORK CITY**

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MARCH 1998

THE COMMONWEALTH FUND

The Commonwealth Fund is a philanthropic foundation established in 1918 by Anna M. Harkness with the broad charge to enhance the common good. The Fund carries out this mandate through its efforts to help Americans live healthy and productive lives and to assist specific groups with serious and neglected problems. In 1986, the Fund was given the assets of the James Picker Foundation, in support of Picker programs to advance the Fund's mission.

The Fund's current four national program areas are improving health care services, bettering the health of minority Americans, advancing the well-being of elderly people, and developing the capacities of children and young people. In all its national programs, the Fund emphasizes prevention and promoting healthy behavior. The Fund's international program in health policy seeks to build a network of policy-oriented health care researchers whose multinational experience and outlook stimulate innovative policies and practices in the United States and other industrialized countries. In its own community, the Fund makes grants toward improving public spaces and services.

THE COMMONWEALTH FUND SURVEY OF HEALTH CARE IN NEW YORK CITY

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OVERVIEW

OVERVIEW: UNINSURED AND AT RISK: NEW YORKERS' HEALTH CARE EXPERIENCES

New York City Adults Report on Their Health Insurance Coverage, Access, and Care Experiences

New York City's health care system is known internationally for its excellent medical centers and extensive public hospital and clinic system. Yet, New Yorkers' own access to quality health care is at risk due to a steady erosion of private health insurance coverage coupled with widening income disparities. Increases in the ranks of New York's uninsured are likely to strain the City's capacity to serve those in need.

To understand how New Yorkers are faring in terms of their access to health care, care experiences, and ability to afford the care they and their families need, The Commonwealth Fund supported *The Commonwealth Fund Survey of Health Care in New York City, 1997*. Conducted by Louis Harris and Associates, Inc., from October 1996 through March 1997, the survey included 4,013 adults citywide. The survey also included brief interviews with parents about their children's health insurance coverage and care experiences. The results portray the current state of health care in New York City and explore the consequences of being uninsured for the women and men who live and work in the City.

Summary of Survey Findings

One in four adults in New York City, or more than one million women and men, were uninsured at the time of the survey. Among working-age adults (ages 18 to 64), the uninsured rate in the City is 50 percent higher than the national average (28 percent vs. 19 percent). Compared with the nation, insured New Yorkers are less likely to have employer coverage and more likely to have Medicaid coverage.

In keeping with national trends, the survey found that managed care has spread broadly across New York City's insured population, with half of the insured enrolled in a managed care plan. Penetration was highest among the privately insured population: three in four are in managed care, compared with 20 percent of Medicare and 29 percent of Medicaid beneficiaries enrolled in managed care.

Uninsured New Yorkers share a common characteristic with the uninsured nationally: the vast majority live in working families and have low incomes. Seven in ten work or are in a working family. Three in four live in families earning incomes below the poverty level (42 percent), and 30 percent have incomes less than two-and-one-half times poverty—about \$25,000 for a family of two.

The survey found that uninsured New Yorkers are two to three times more likely than the insured to go without needed medical care, and they struggle to pay their medical bills. The uninsured are also more likely than the insured to lack a regular doctor, and are less likely to receive preventive care. When the uninsured do receive health care, they are also about twice as likely as New Yorkers with

insurance to report negative care experiences—two in five (39 percent) of the uninsured rate care overall as fair or poor, compared with one in five (19 percent) of the insured.

Compounding health care access problems, the uninsured face serious problems paying their medical bills and incur large out-of-pocket costs. Low and modest wage working New Yorkers' access to health care is at particular risk. Health care access and cost problems are inversely related to income. Moreover, New York City's working poor adults are more likely to be uninsured than poor adults living in families without a current worker.

The survey found that New York City's public hospitals, emergency rooms, and clinics form an important system of care for uninsured and low income people. When hospitalized, nearly half (48 percent) of the uninsured are admitted to public hospitals (compared with 13 percent of those privately insured), and the uninsured with low incomes are more than twice as likely as the privately insured to use a public hospital emergency room. The majority of New Yorkers, regardless of insurance status, believe it would be a "bad thing" for New Yorkers if a few public hospitals in New York City were sold to private companies or closed.

Among different racial and ethnic groups of New Yorkers, minorities are at greatest overall risk for health care access and cost problems and negative care experiences. One in four Hispanics, black/African American, and Asian American adults reports difficulties getting care when needed, compared with 16 percent of white, non-Hispanic adults. Similar proportions of minorities rate access to specialists negatively.

Children living in low income working families are also at risk. Overall, one in six New York children was uninsured at the time of the survey, despite efforts to expand public, subsidized insurance for children. Most uninsured children are living in working, two-parent families. Parents' reports on their uninsured children's access to health care and preventive care services indicate that lack of insurance is undermining their children's health.

The survey findings indicate collectively that New York City faces a challenge in providing secure health insurance as workplace coverage erodes. As managed care drives down rates paid for care, subsidies built historically into New York City's health system will decline. Uninsured New Yorkers are already reporting health care access and cost barriers. The challenges are to make coverage affordable, make health care accessible to all, and improve the quality of life for New York City's working families.

HEALTH INSURANCE COVERAGE

HEALTH INSURANCE COVERAGE

New York City's working-age adults (ages 18 to 64) are at high risk of being uninsured: 28 percent said they were uninsured at the time of the survey, a rate that is 50 percent higher than the national average. The vast majority of the uninsured work, have low incomes, and have been uninsured for more than a year. Compared with the nation, insured New York City adults are less likely to have job-based insurance and are more likely to be insured by Medicaid.

New York City's working-age adults—especially minority adults—are at high risk of being uninsured. Less than half of all adults ages 18 to 64 have coverage through their own or their spouse's employer, a rate significantly lower than the national average.

One in four New York City adults—28 percent of those ages 18 to 64—were uninsured at the time of the survey: these rates are significantly higher than for the nation or New York State.

Only 44 percent of working-age adults in the City have job-based health insurance coverage, compared with 63 percent nationally. Medicaid helps fill the gap left by private insurance: one in five (19 percent) working-age adults in New York City is covered by Medicaid, compared with 8 percent nationally.

Uninsured rates among New York City's minority adults ages 18 to 64 are 50 percent higher than among the City's white, non-Hispanic adults.

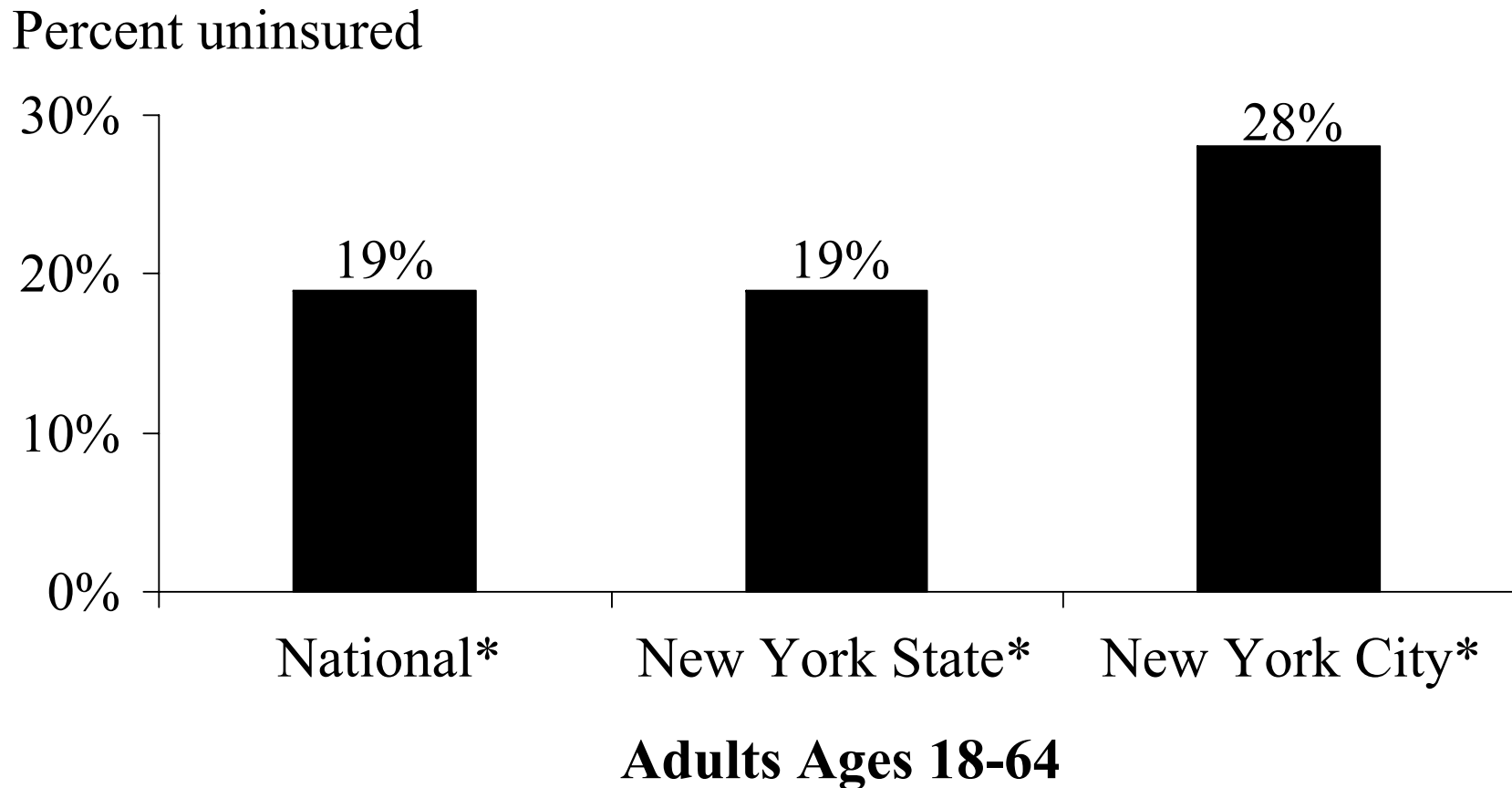
The vast majority of New York City's uninsured adults are poor or living on low incomes, are in working families, and have been uninsured for a year or more.

Three in four uninsured adults ages 18 to 64 have incomes below 250 percent of poverty—about \$25,000 for a family of two. Seven in ten work or live in a family with a worker. Nearly one-third work full time. Three-quarters are uninsured for at least 19 months.

New York City's coverage reflects national trends toward managed care.

Half of all insured New Yorkers and three in four privately insured adults report that they belong to a managed care plan. One-fifth of New York City's Medicare beneficiaries and three in ten adult Medicaid beneficiaries also report being enrolled in a managed care plan.

New York City Has a Higher Percentage of Uninsured than Does New York State or the Nation



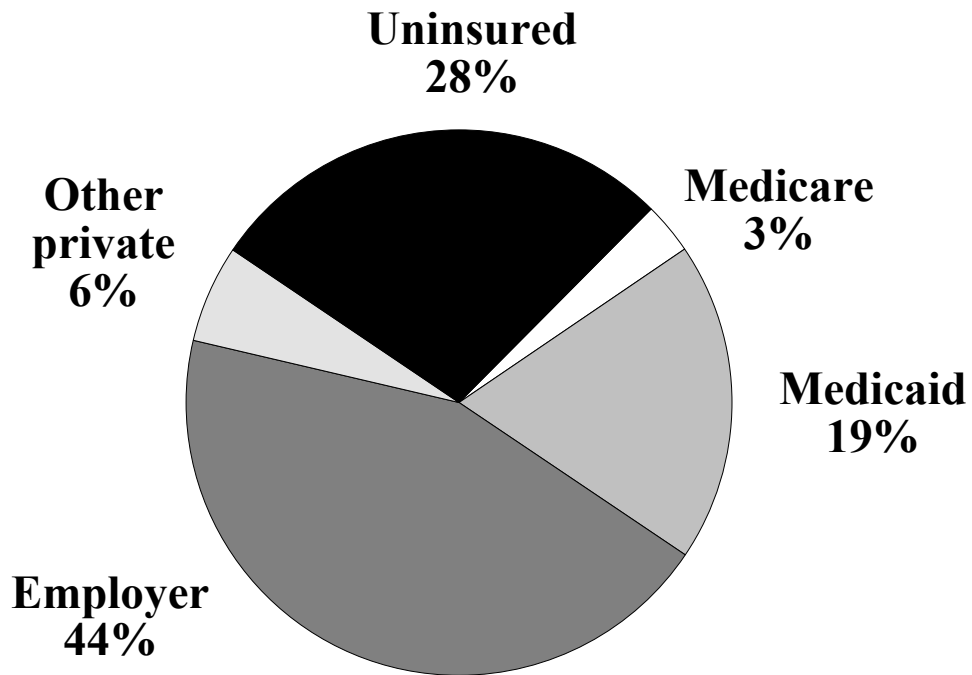
*Source: March 1996 Current Population Survey.

The Commonwealth Fund Survey of Health Care in New York City, 1997

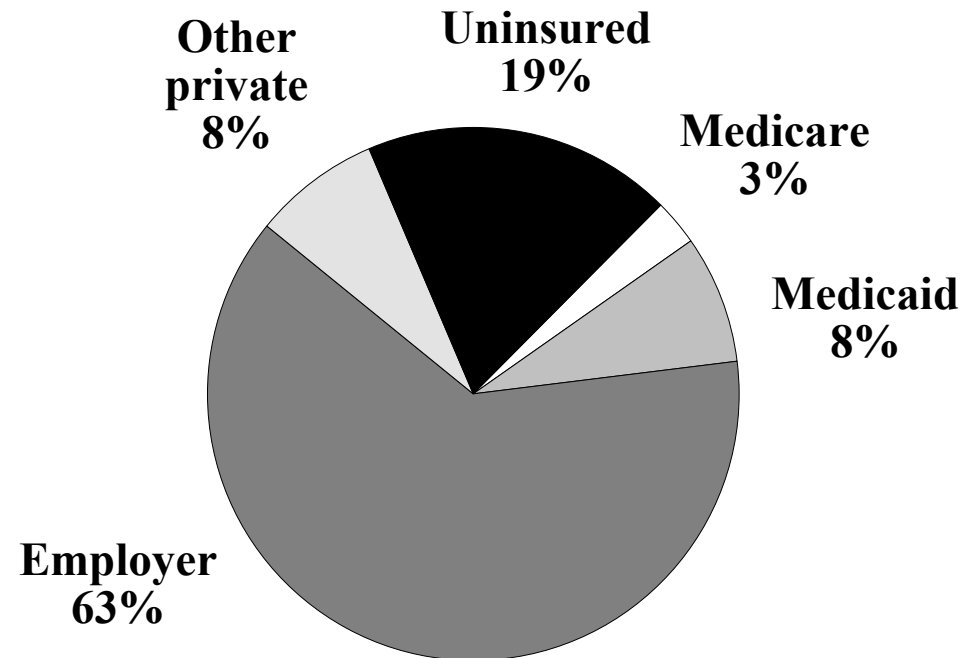
Louis Harris and Associates, Inc.



New York City Adults Are More Likely to Be Uninsured, on Medicaid, and Less Likely to Have Private Coverage



Adults Ages 18-64, New York City



Adults Ages 18-64, National

Note: Totals may differ due to rounding.

The Kaiser/Commonwealth 1997 National Survey of Health Insurance

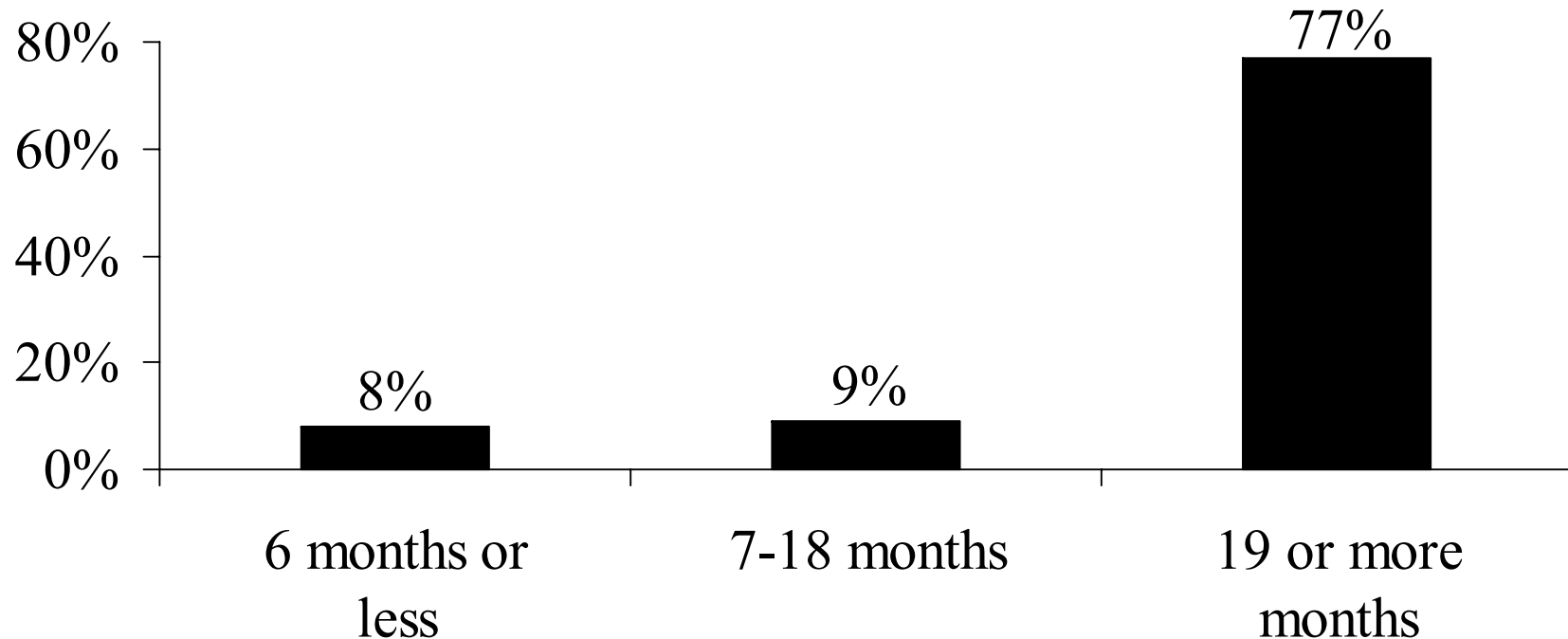
The Commonwealth Fund Survey of Health Care in New York City, 1997

Louis Harris and Associates, Inc.



New York City's Uninsured Are Uninsured for Long Periods of Time

Length of time uninsured

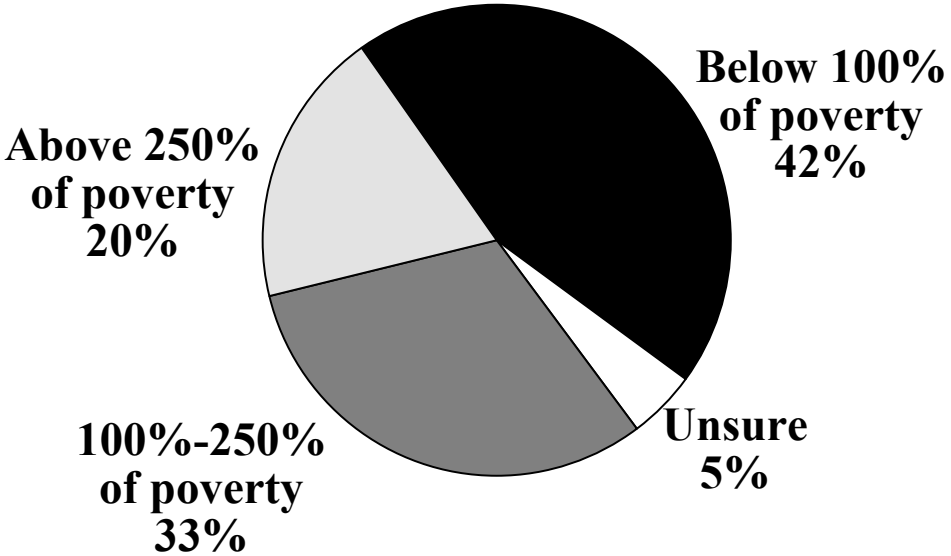


Uninsured Adults Ages 18-64

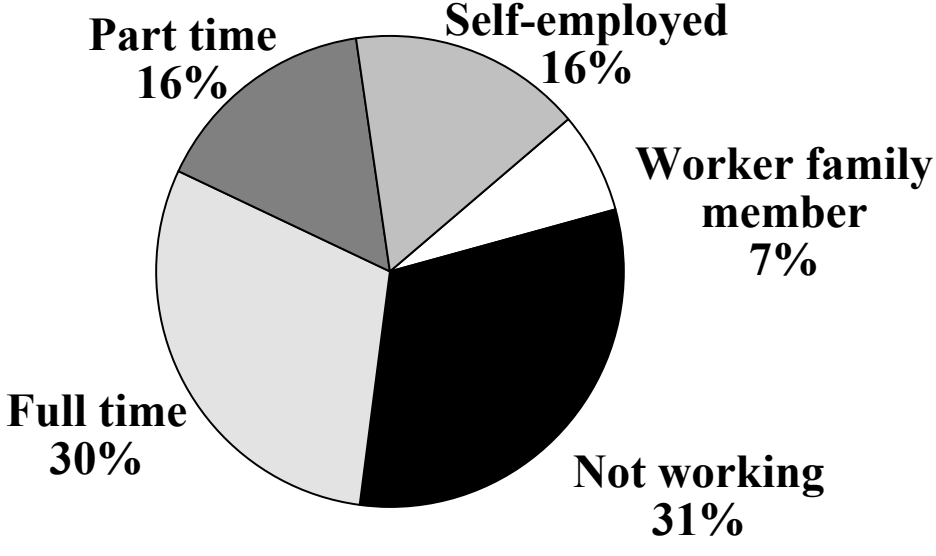
The Commonwealth Fund Survey of Health Care in New York City, 1997
Louis Harris and Associates, Inc.



Most Uninsured New Yorkers Have Low Incomes and Work



Poverty Status



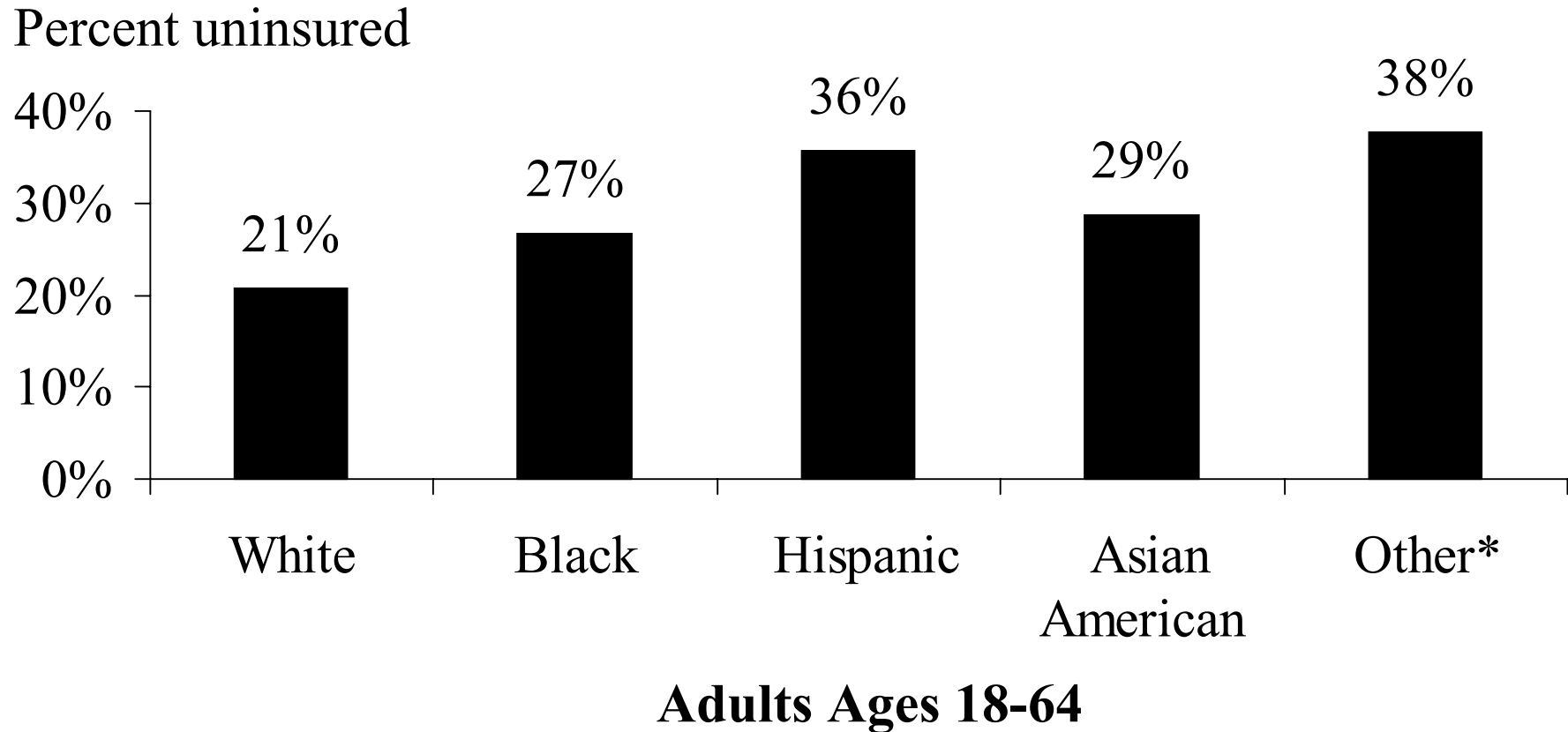
Employment Status

Uninsured Adults Ages 18-64

The Commonwealth Fund Survey of Health Care in New York City, 1997
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Minorities Are More Likely to Be Uninsured



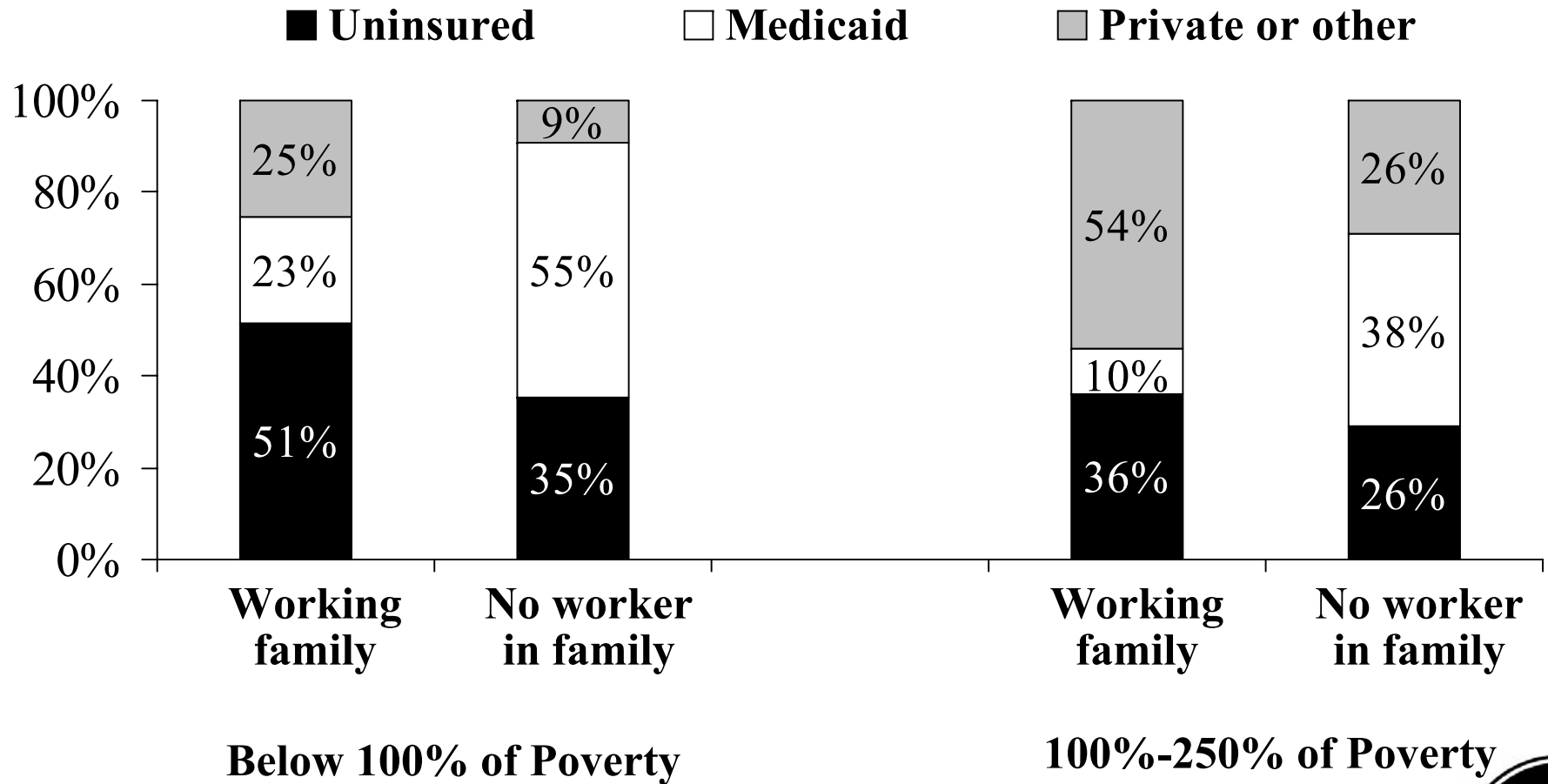
*Other includes Native American or Alaska native, mixed race, some other race, or not sure.

The Commonwealth Fund Survey of Health Care in New York City, 1997

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Working Increases the Risk of Being Uninsured for Adults in Low Wage Families



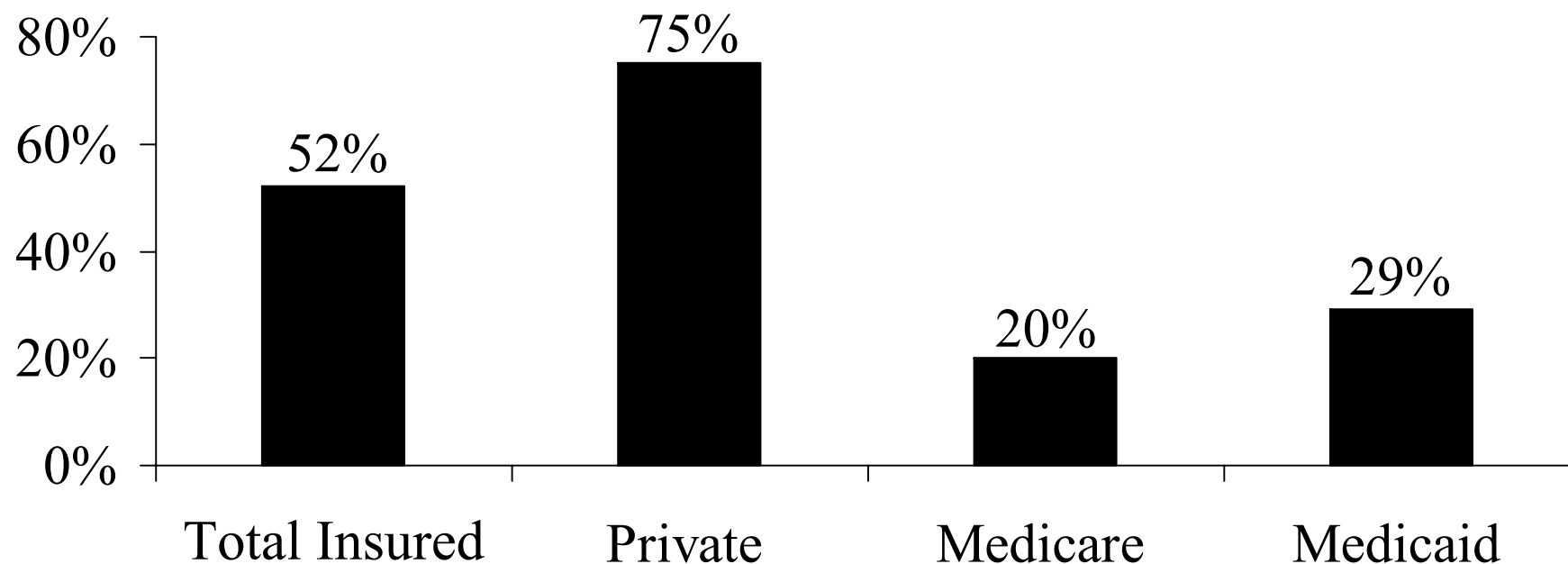
Adults Ages 18-64

The Commonwealth Fund Survey of Health Care in New York City, 1997
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Managed Care Is Becoming a Major Source of Care for New Yorkers

Percent enrolled in managed care



All Adults, by Primary Insurance Source

The Commonwealth Fund Survey of Health Care in New York City, 1997

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ACCESS TO HEALTH CARE

ACCESS TO HEALTH CARE

Insurance is crucial to the ability to access health care when needed, and based on the experiences of the uninsured, being uninsured appears to undermine the quality of care received. New York City's uninsured adults are two to three times more likely than the insured to report health care access problems, to not see a physician, and to give negative ratings to care when receive it.

New York City's uninsured report access to health care difficulties and often go without care during the year.

Nineteen percent of uninsured working-age adults had a time when they needed care but did not get it in the past year, compared with 7 percent of the insured. A majority of uninsured working-age adults rate their overall ability to get medical care when needed as extremely, very, or somewhat difficult, compared with 14 percent of the insured.

New York City's uninsured adults are also more likely than the insured to rate as fair or poor their access to specialists, advice by phone, and care at night or on weekends.

New York City's uninsured lack regular physicians and are less likely to receive primary and preventive care.

Seven in ten uninsured working-age adults have no usual doctor or health professional they go to when they are sick or need medical advice. More than one-third of uninsured working-age adults did not visit doctor in the past year—three times the no-visit rate of the insured.

The majority of women and men age 50 and older do not receive essential preventive care. Two in three (58 percent) uninsured women ages 50 to 64 said they did not have a mammogram and three in four uninsured men ages 50 to 64 said they did not have a prostate examination in the past year. Women and men with insurance are 50 percent more likely to report having received preventive care.

Negative ratings of care and physicians by the uninsured indicate concerns with quality of care. Uninsured adults are twice as likely as the insured to rate care as fair or poor.

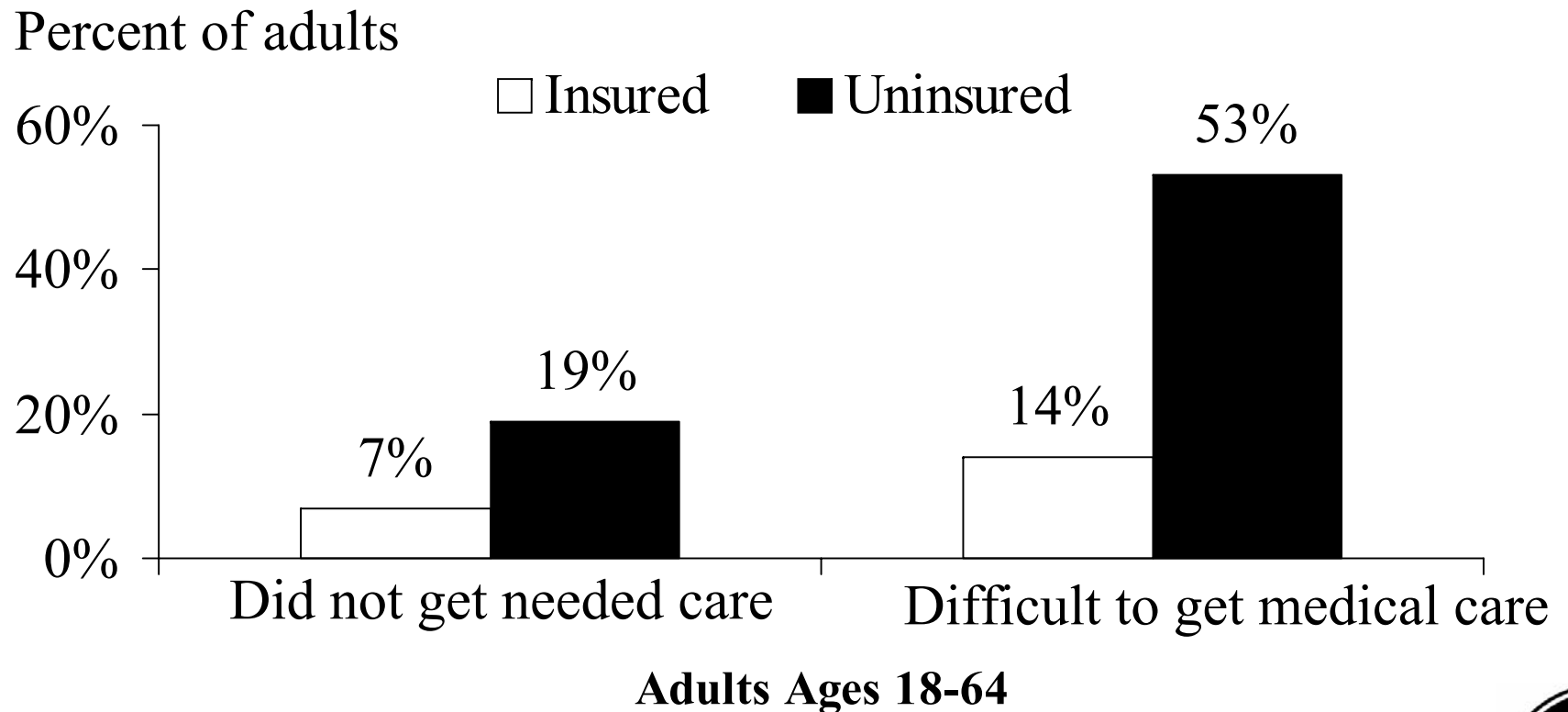
Nearly four in ten (39 percent) uninsured New York City working-age adults rate their family's health care overall as fair or poor, and three in ten rate negatively the care they personally receive from a physician. One-third of the uninsured give negative ratings as to whether their physician cares about them, and 40 percent give negative ratings to the amount of time their physician spends with them.

New York City minorities' health care access and care experiences are generally more negative than experiences reported by white, non-Hispanic adults.

More than one in four black, Hispanic, or Asian American adults ages 18 to 64 say getting care they need is difficult, compared with 19 percent of white, non-Hispanic adults.

Minorities are also 50 percent more likely than white, non-Hispanic adults to rate their family's health care overall as fair or poor.

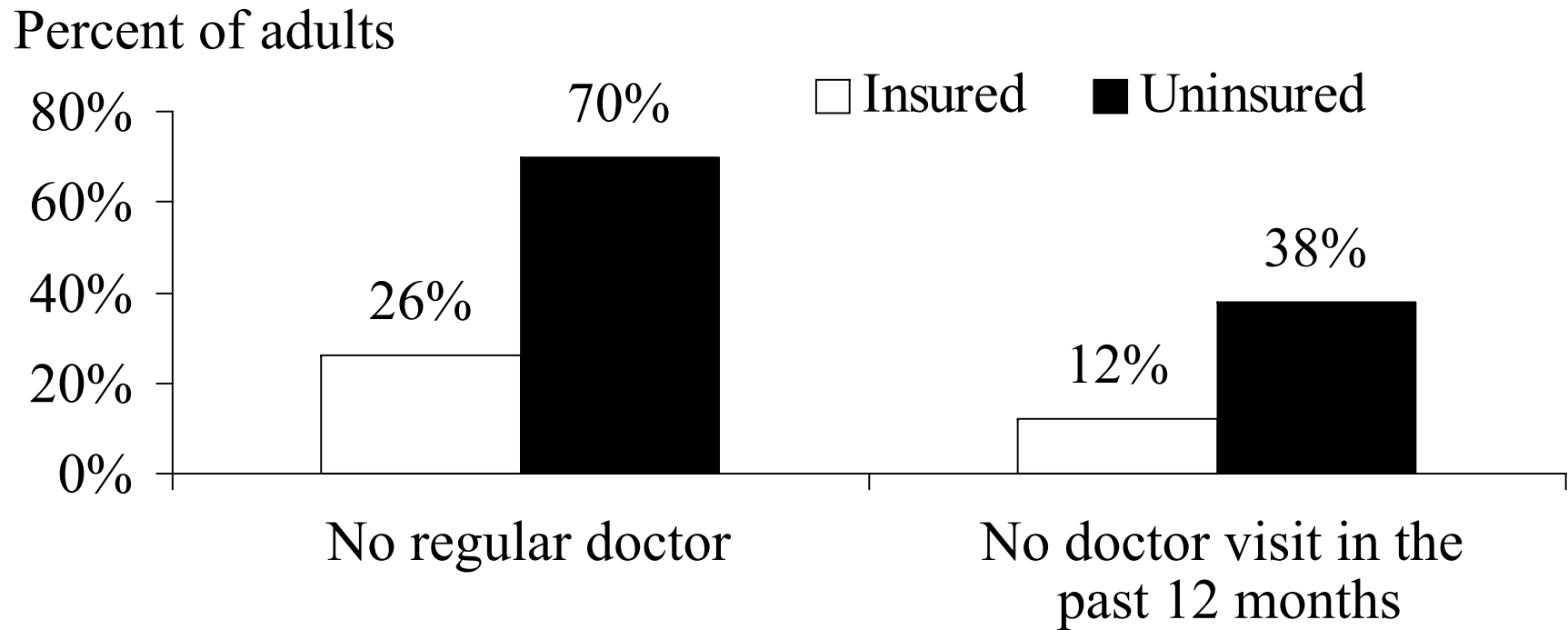
The Uninsured Are Two to Three Times More Likely to Have Problems with Access to Health Care



The Commonwealth Fund Survey of Health Care in New York City, 1997
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Uninsured New Yorkers Lack Primary Care

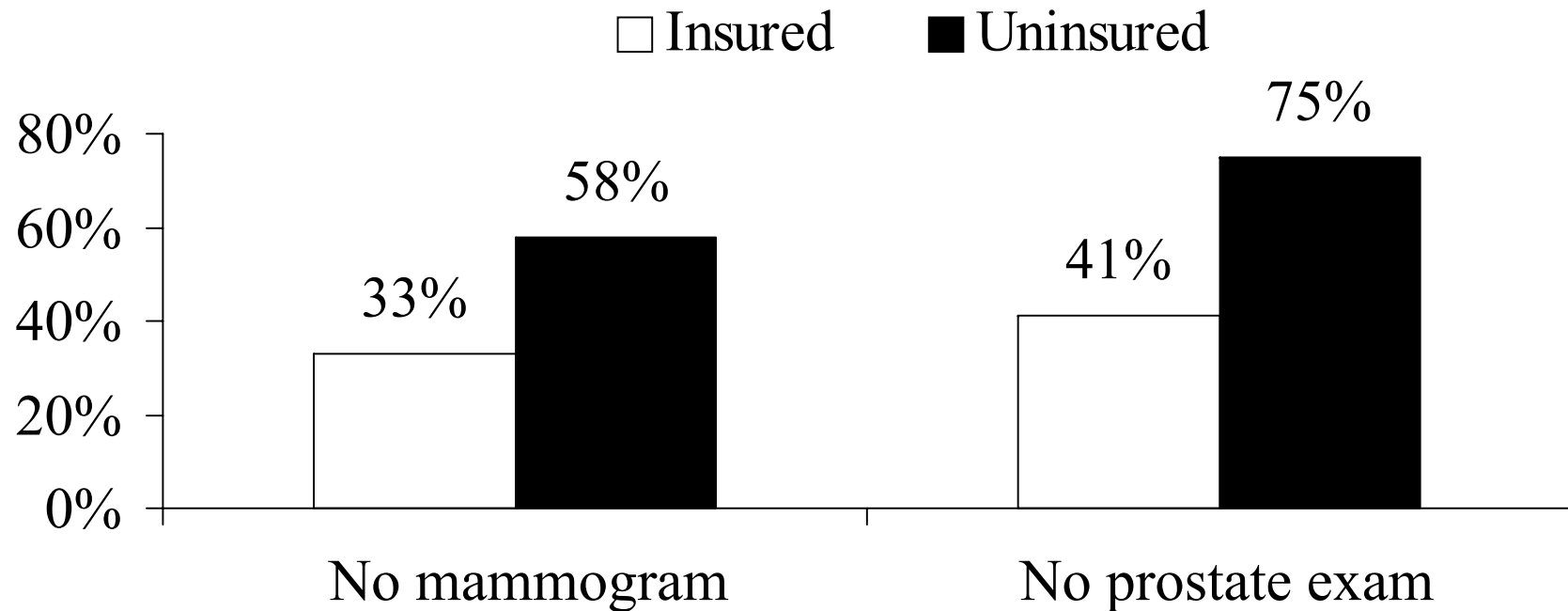


Adults Ages 18-64

The Commonwealth Fund Survey of Health Care in New York City, 1997
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Older Uninsured Men and Women Are Less Likely to Receive Preventive Care

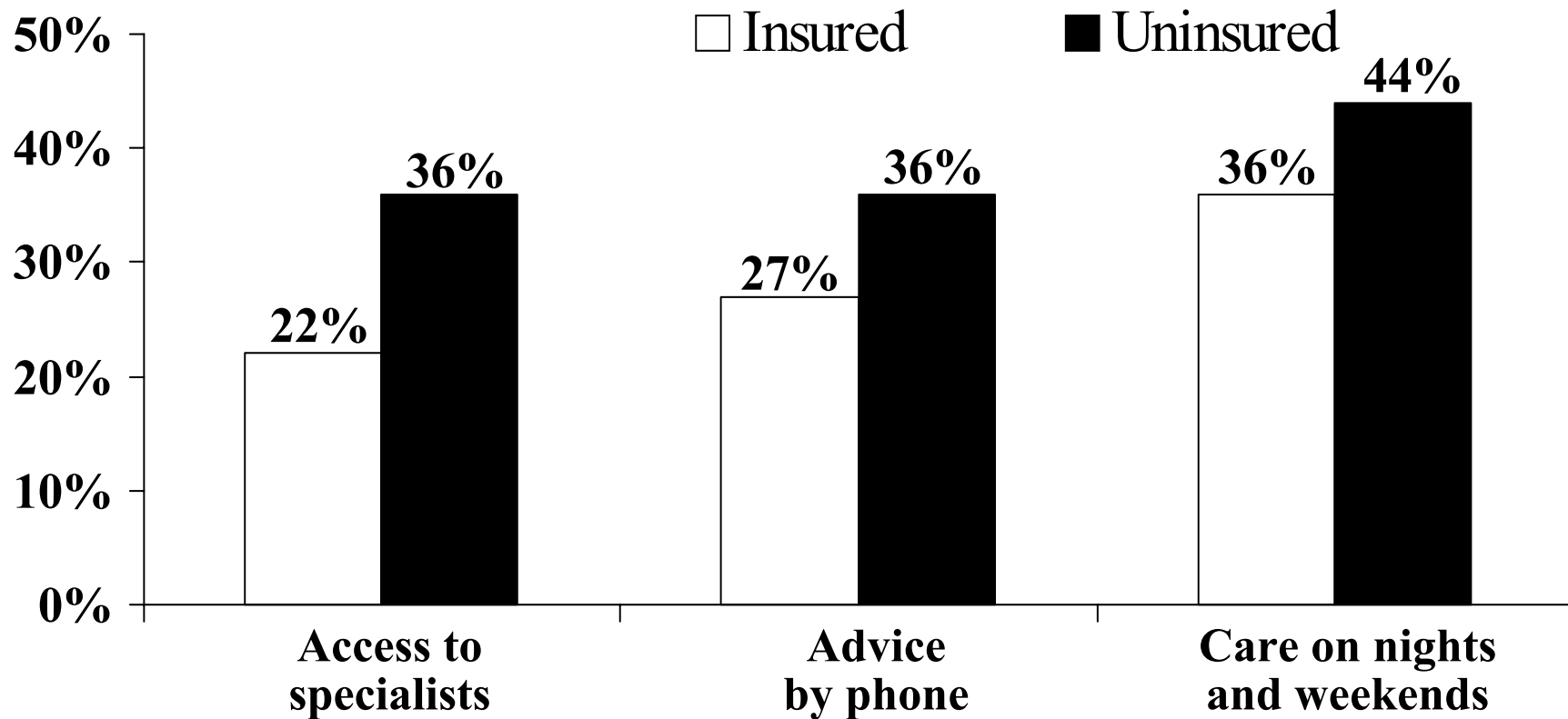


Adults Ages 50-64



Uninsured Adults Rate Access to Health Care Negatively

Percent rating access as “fair” or “poor”



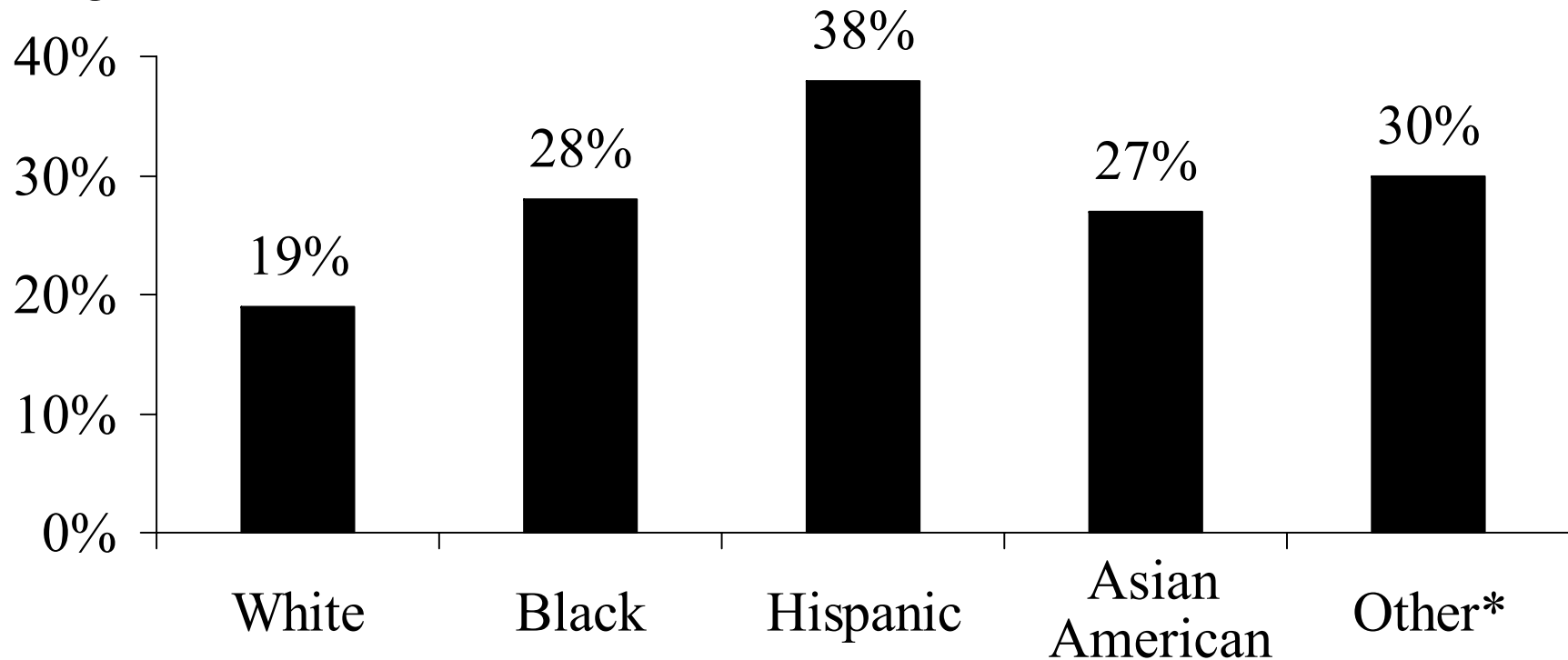
Adults Ages 18-64

The Commonwealth Fund Survey of Health Care in New York City, 1997
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Minorities Are More Likely to Report Difficulty Getting Needed Health Care

Percent saying it is extremely, very, or somewhat difficult to get needed care



*Other includes Native American or Alaska native, mixed race, some other race, or not sure.

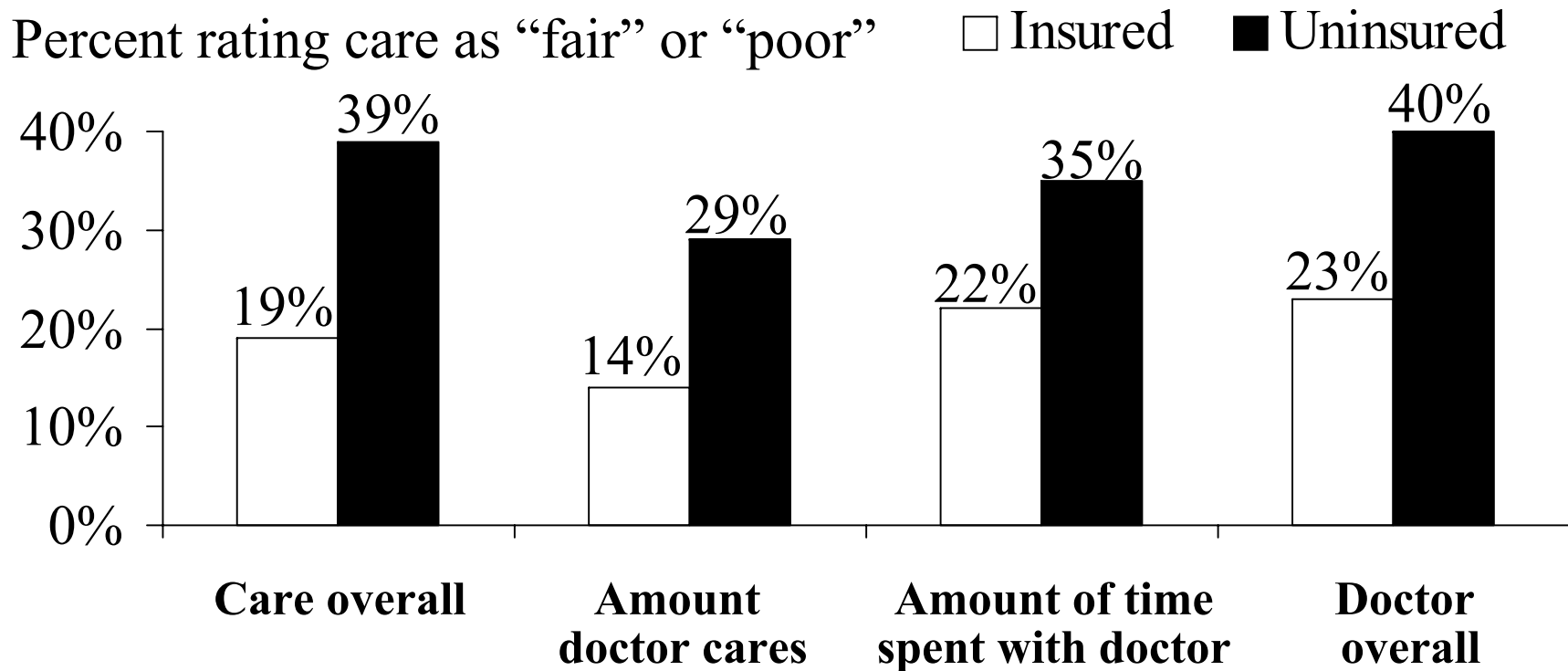
Adults Ages 18-64

The Commonwealth Fund Survey of Health Care in New York City, 1997

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The Uninsured Rate Health Care More Negatively



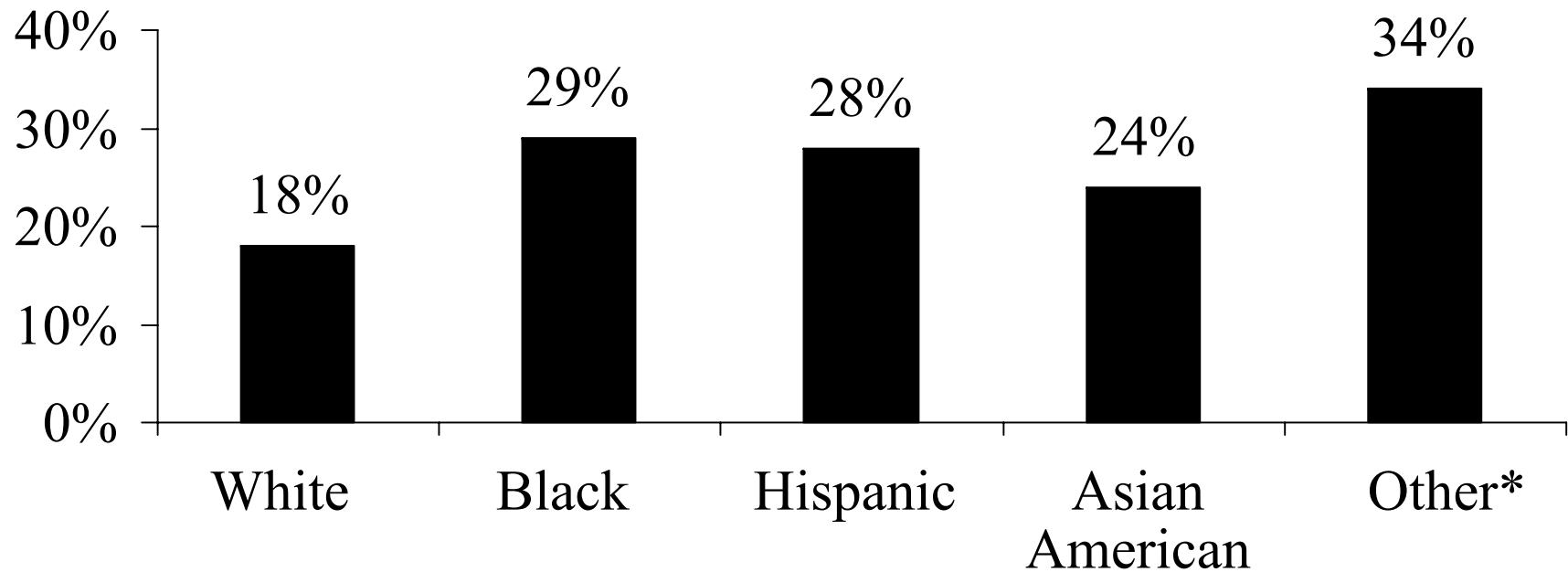
Adults Ages 18-64

The Commonwealth Fund Survey of Health Care in New York City, 1997
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Minorities Are More Likely to Rate Health Care Negatively

Percent rating care as “fair” or “poor”



Adults Ages 18-64

*Other includes Native American or Alaska native, mixed race, some other race, or not sure.

The Commonwealth Fund Survey of Health Care in New York City, 1997

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PROBLEMS PAYING MEDICAL BILLS

PROBLEMS PAYING MEDICAL BILLS

Health insurance provides financial protection for families in addition to improving access to health care. Nearly one in three uninsured adults in New York City reports problems paying family medical bills. Health care cost and access problems are inversely related to family income: as income decreases, risk increases for going without needed care or struggling to pay bills.

One-third of the New York City uninsured have problems paying medical bills. Insurance, however, does not always protect families: more than one in ten insured adults report bill problems.

One-third (31 percent) of the uninsured report problems paying medical bills—more than double the rate the insured report. Overall, more than one in six (18 percent) working-age adult New Yorkers had a problem paying their medical bills in the past year.

Bill problems are usually rated as very or somewhat serious. Among working-age adults who had problems paying medical bills in the past year, 87 percent of the uninsured and 69 percent of the insured considered them to be very or somewhat serious.

Working-age minorities, except for Asian Americans, are more likely to report cost problems than white, non-Hispanic adults.

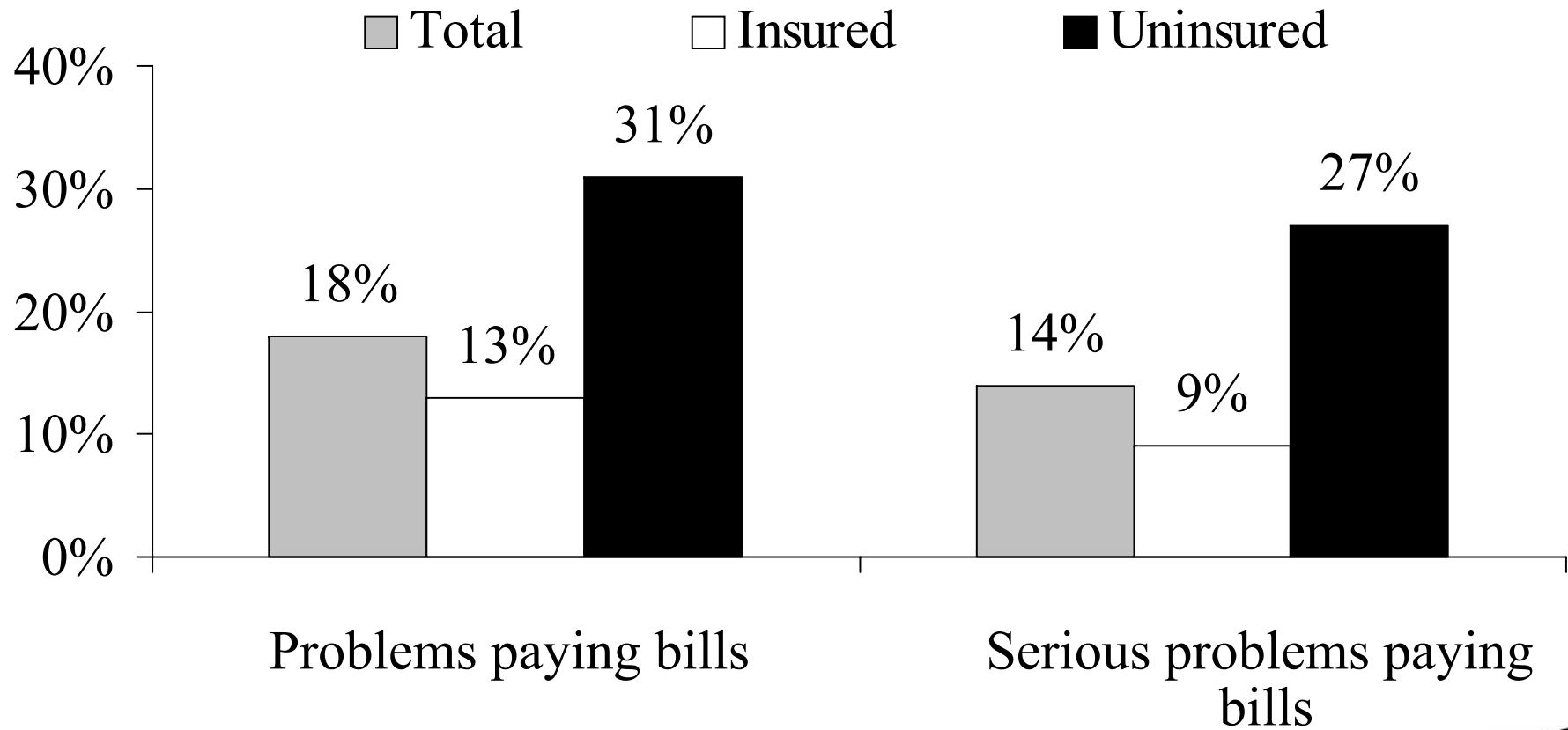
The uninsured often face high out-of-pocket expenses.

One in six (16 percent) uninsured working-age adults incurred more than \$1,000 in out-of-pocket medical costs in the past year; nearly one-third (29 percent) had \$500 or more in out-of-pocket expenses.

Lack of insurance puts low wage New Yorkers at high risk for health care access and cost problems.

Having a health care access or cost problem is directly related to being uninsured and inversely related to income. Uninsured New York City adults with poverty level incomes are at highest risk: 44 percent of the uninsured poor go without care or struggle with bills, double the rate of insured poor adults.

The Uninsured Have Problems Paying Medical Bills



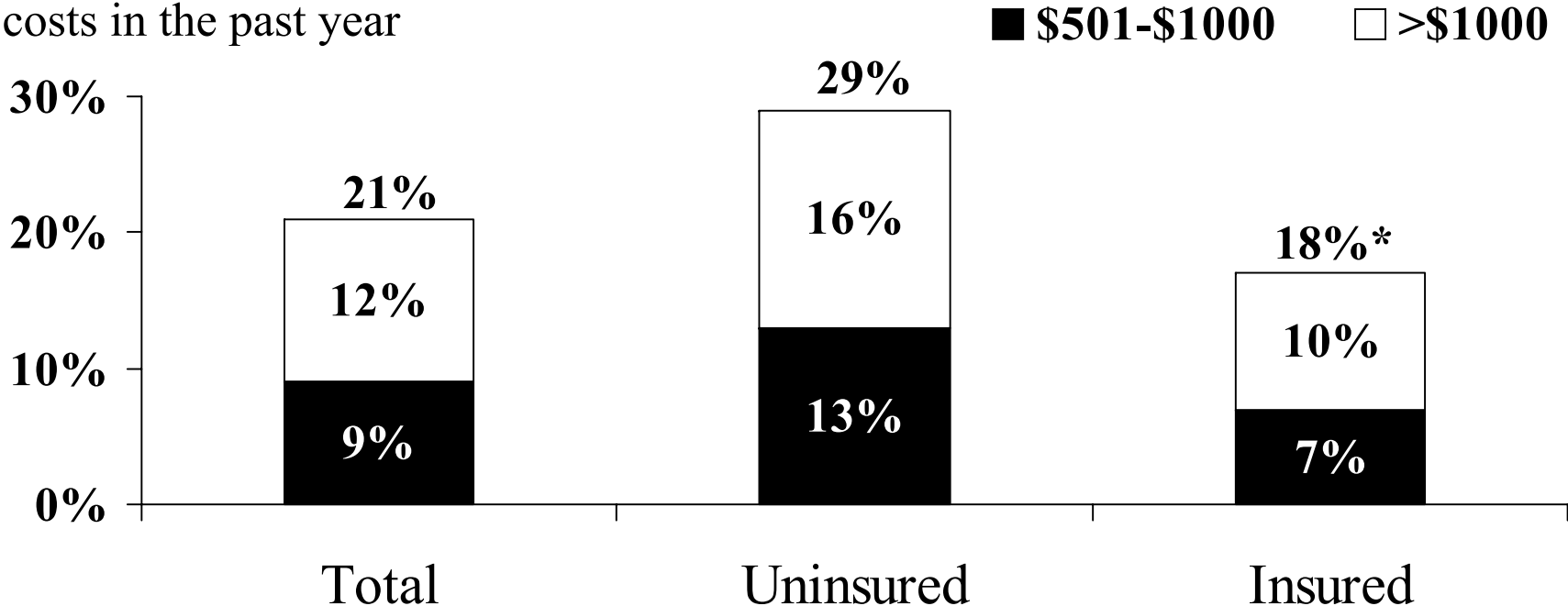
Adults Ages 18-64

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The Uninsured Are at Greater Risk for High Out-of-Pocket Costs

Percent with high out-of-pocket costs in the past year



Adults Ages 18-64

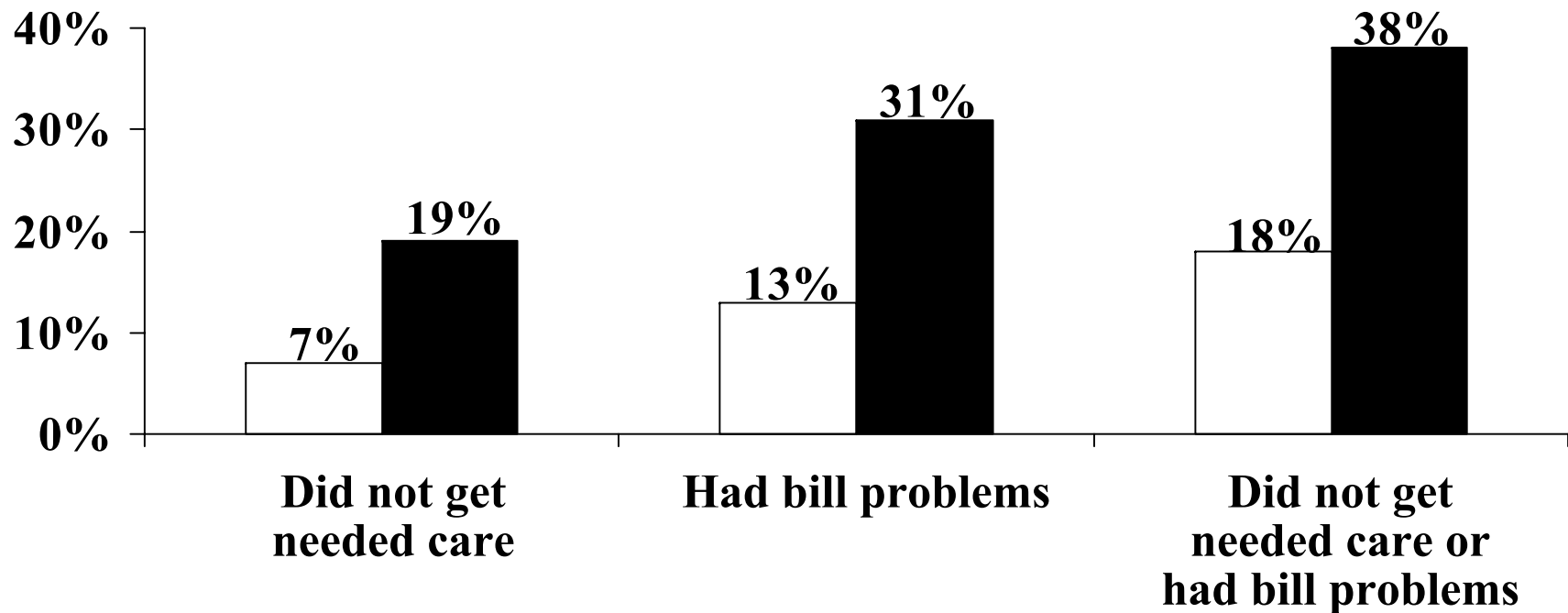
*Totals may differ due to rounding.



Uninsured New Yorkers Often Do Not Get the Care They Need and Have Problems Paying Bills

Percent who did not get needed care and/or had bill problems in past year

□ Insured ■ Uninsured



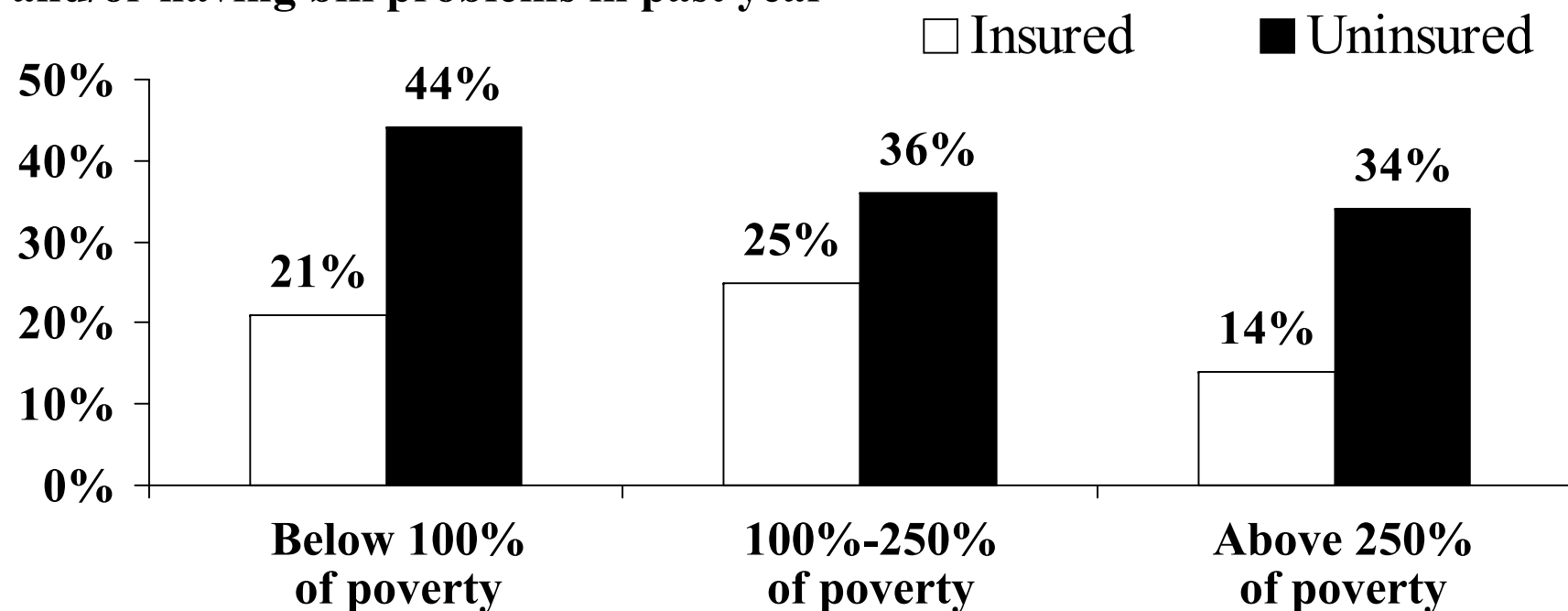
Adults Ages 18-64

The Commonwealth Fund Survey of Health Care in New York City, 1997
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New Yorkers Living in Poverty Are at High Risk for Health Care Access and Cost Problems

Percent not getting needed care and/or having bill problems in past year



Adults Ages 18-64

The Commonwealth Fund Survey of Health Care in New York City, 1997
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CHILDREN'S HEALTH

CHILDREN'S HEALTH

One in six children in New York City was uninsured at the time of the survey—a rate almost 50 percent higher than for New York State. As with adults, the experiences of New York City's children underscore the importance of health insurance in accessing health care services. New York City's uninsured children are more likely to have health care access problems and to go without preventive care.

The vast majority of uninsured children live in working, two-parent families.

Seventeen percent of children living in New York City were uninsured at the time of the survey. Of these, almost three-quarters (72 percent) live in families with at least one worker.

Sixty-two percent of the City's uninsured children live in two-parent families.

New York City's uninsured children face health care access barriers and often go without needed care.

Forty percent of uninsured New York City children have no regular doctor or health professional they can go to when they are sick, compared with 10 percent of insured children. Uninsured children are also far more likely to have had no visit to a doctor in the past year (30 percent uninsured children vs. 11 percent insured children).

Parents of uninsured children are twice as likely as parents of insured children to say that it is extremely, very, or somewhat difficult to get care when their child needs it.

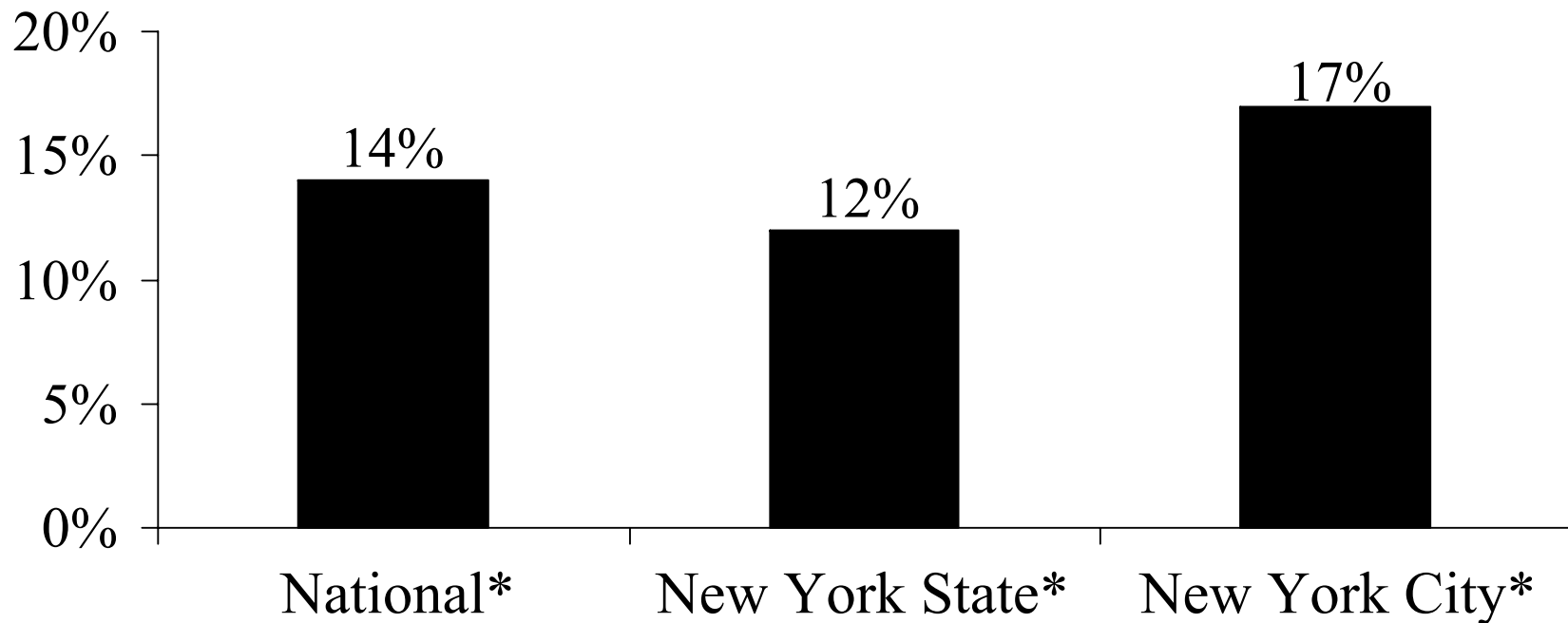
Lack of insurance puts New York City's children at risk for not receiving preventive care.

Uninsured children were twice as likely as insured children to go without immunizations or a check-up in the past year (29 percent vs. 13 percent). Among the insured, 19 percent of privately insured children had not seen a provider for a check-up or immunization, compared with 7 percent of children insured by Medicaid.

Medicaid is an important source of coverage for New York City children living in low income families.

Fifty-one percent of children living in families below 100 percent of poverty (\$16,050 for a family of four) are covered by Medicaid, as are 16 percent of children living in families from 100 percent to 250 percent of poverty (about \$40,000 for a family of four).

Children Living in New York City Are at Greater Risk of Being Uninsured



Uninsured Children as a Percent of All Children, 1996

*Source: March 1996 Current Population Survey.

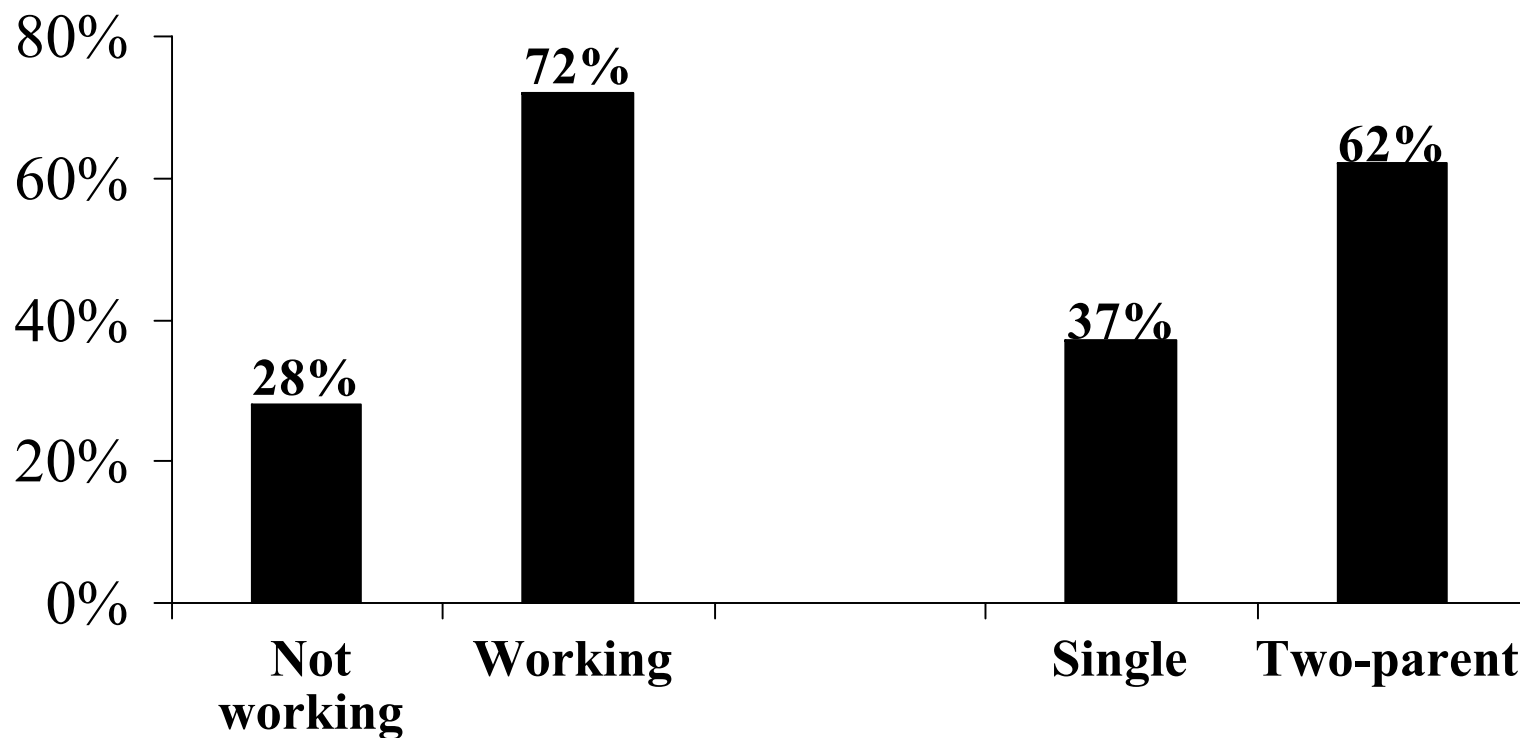
The Commonwealth Fund Survey of Health Care in New York City, 1997

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Most Uninsured New York City Children Live in Working, Two-Parent Families

Percent of uninsured children



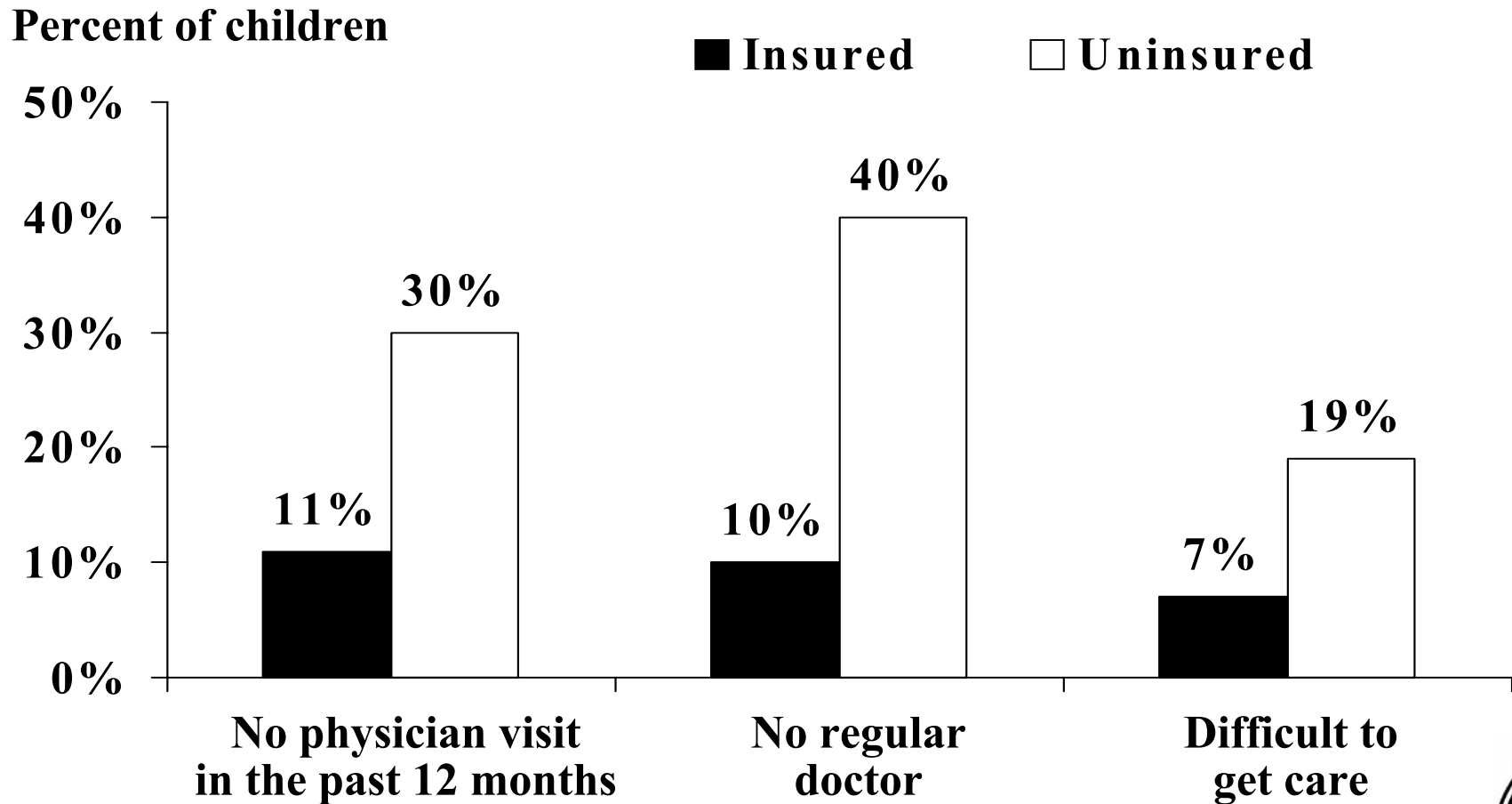
Family Employment Status

Family Structure

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Uninsured Children Are at Nearly Three Times the Risk of Health Care Access Barriers

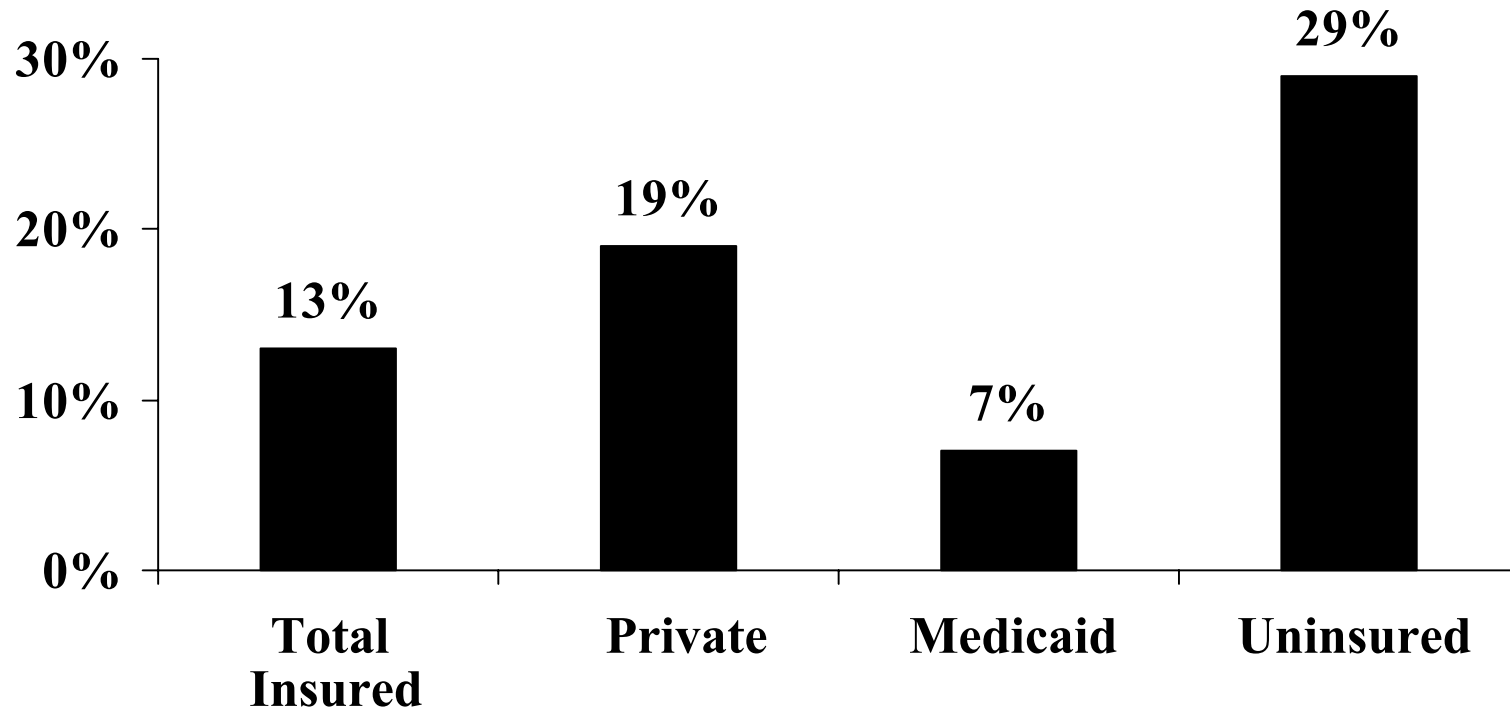


The Commonwealth Fund Survey of Health Care in New York City, 1997
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Uninsured Children Are Less Likely to Receive Preventive Care

Percent of children not receiving a check-up or immunization in the past year



The Commonwealth Fund Survey of Health Care in New York City, 1997
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PUBLIC HOSPITALS

PUBLIC HOSPITALS

New York City's extensive system of public hospitals, clinics, and emergency rooms provide health care access to those who cannot afford to pay for care. Reports by New York City's uninsured indicate that this system eases access problems and provides a major source of care. The majority of New Yorkers support the public hospital system.

New York City's uninsured have somewhat better access to health care than the nation's uninsured.

One-third of the nation's uninsured, working-age adults had a time in the past year when they did not get needed care, compared with 19 percent of New York City's uninsured. And more than half of the nation's uninsured, working-age adults put off or postponed seeking care they felt they needed in the past year, compared with one-third of New York City's uninsured.

Half of the uninsured, working-age adults in both the nation and in the City rate their overall ability to get medical care when needed as extremely, very, or somewhat difficult.

Public hospitals and their emergency rooms are major sources of health care for New York City's uninsured and Medicaid populations.

Public hospitals cared for half of the uninsured and 28 percent of Medicaid beneficiaries or their family members who were hospitalized in the past year.

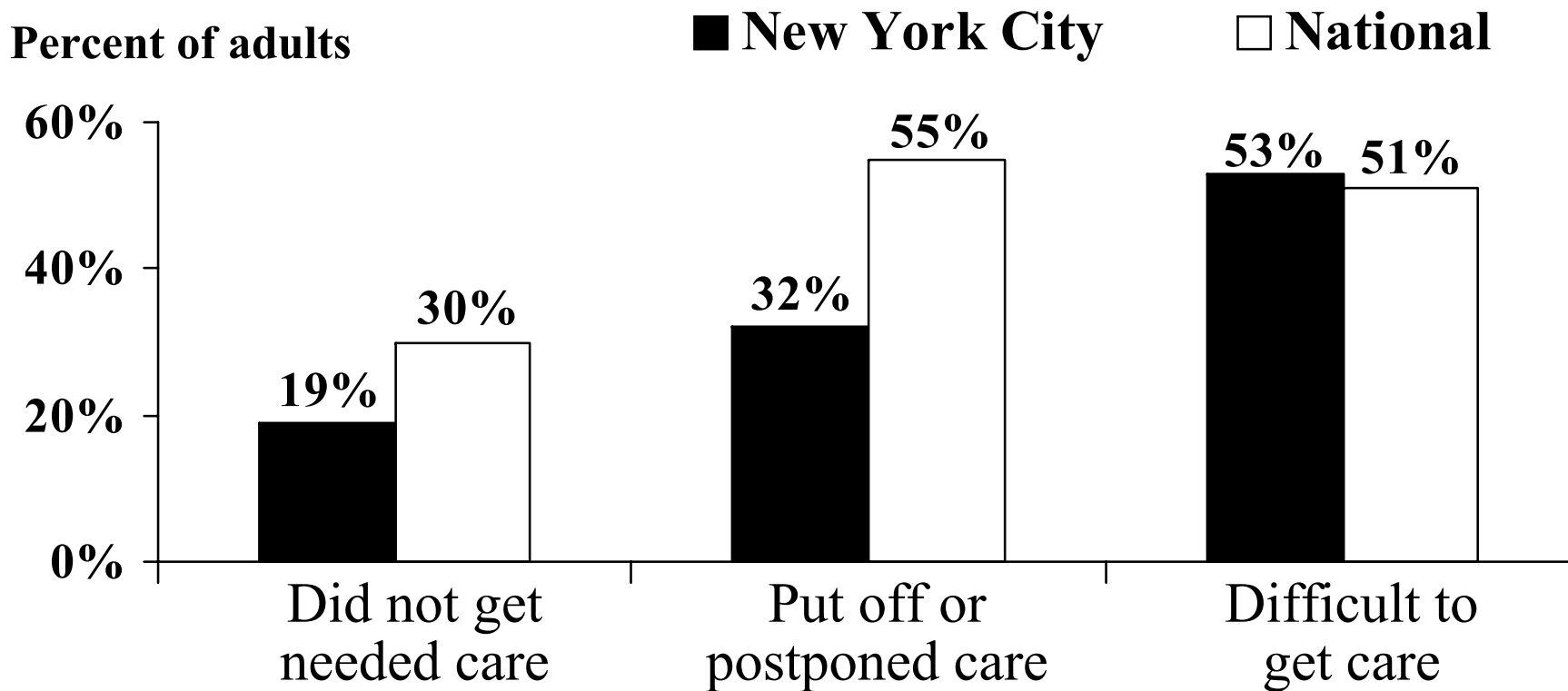
One-third of the uninsured and half of Medicaid beneficiaries or their family members used an emergency room in the past year. Half (49 percent) of the uninsured who go to an emergency room do so because no other facility is available or their physician directs them to the emergency room.

The uninsured and Medicaid beneficiaries are more than twice as likely as the privately insured to use public hospital emergency rooms.

Widespread support exists for the public hospital system among New Yorkers.

The majority of all New Yorkers, regardless of insurance status, believe that it would be a "bad thing" for New Yorkers if a few public hospitals in the City were sold to private companies or closed.

New York City's Uninsured Have Somewhat Better Health Care Access than the Nation's Uninsured



Uninsured Adults Ages 18-

64

The Kaiser/Commonwealth 1997 National Survey of Health Insurance

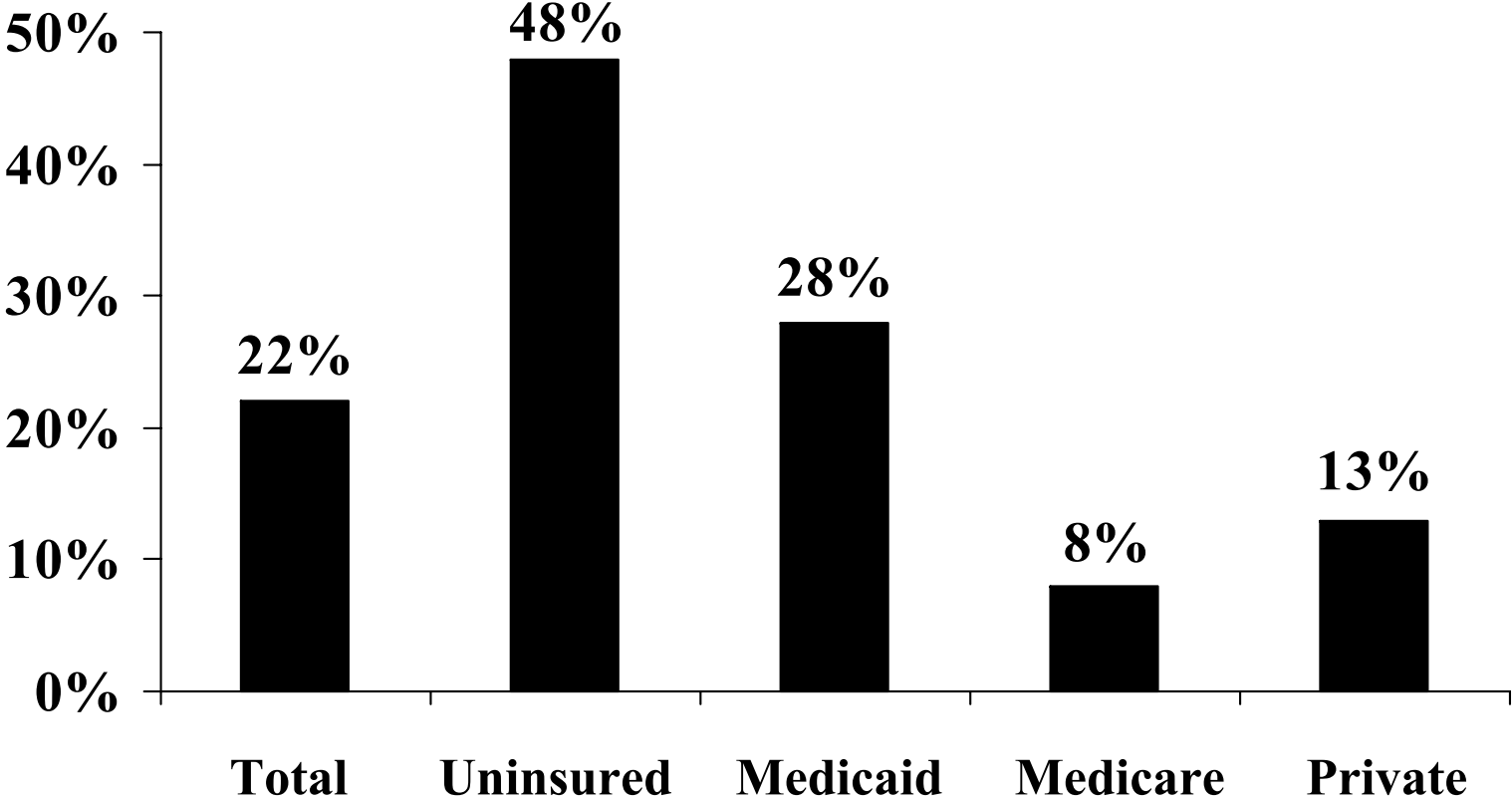
The Commonwealth Fund Survey of Health Care in New York City, 1997

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Public Hospitals Are a Major Source of Care for the Uninsured

Percent of hospital patients admitted to public hospitals

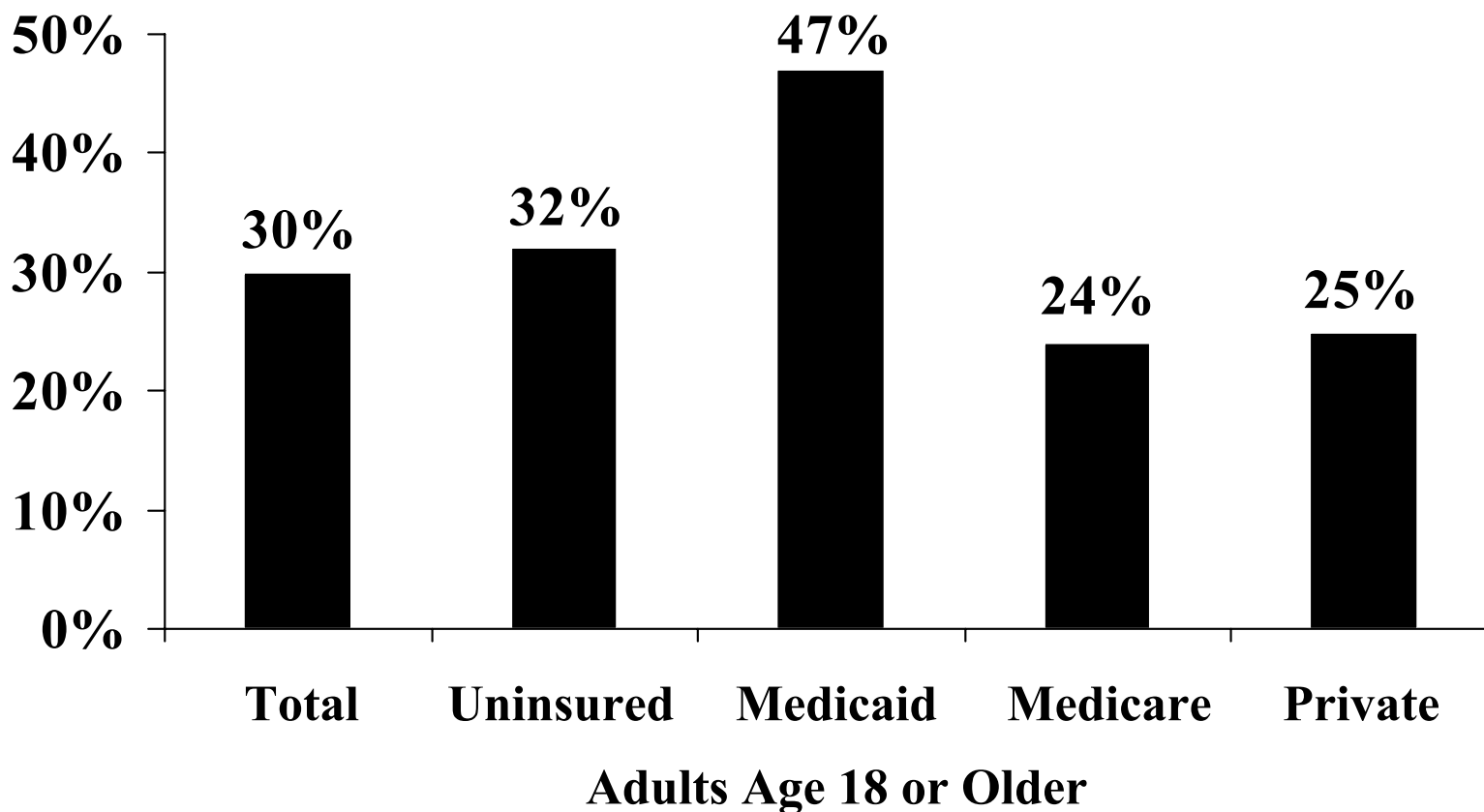


The Commonwealth Fund Survey of Health Care in New York City, 1997
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Emergency Rooms Serve Uninsured New Yorkers and the Medicaid Population

Percent using emergency room

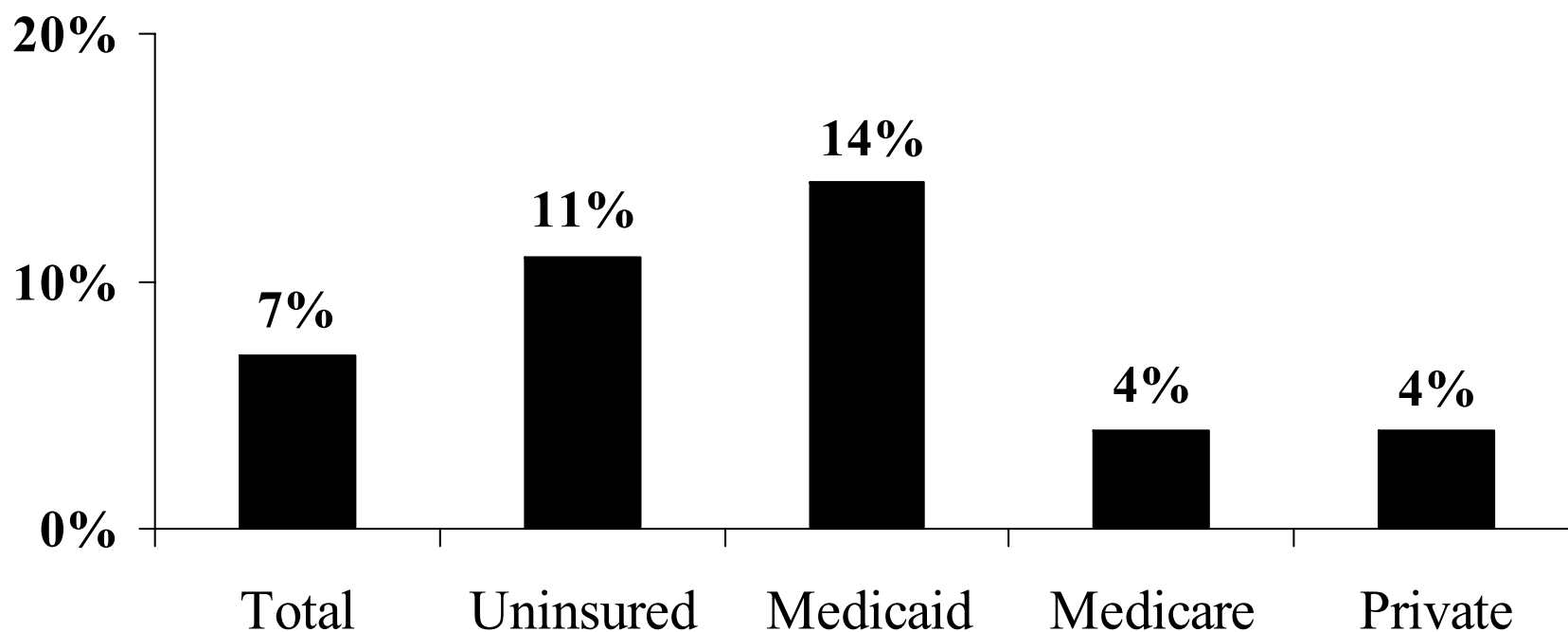


The Commonwealth Fund Survey of Health Care in New York City, 1997
Louis Harris and Associates, Inc.



The Uninsured and Medicaid Beneficiaries Rely on Public Hospital Emergency Rooms

Percent using public emergency room



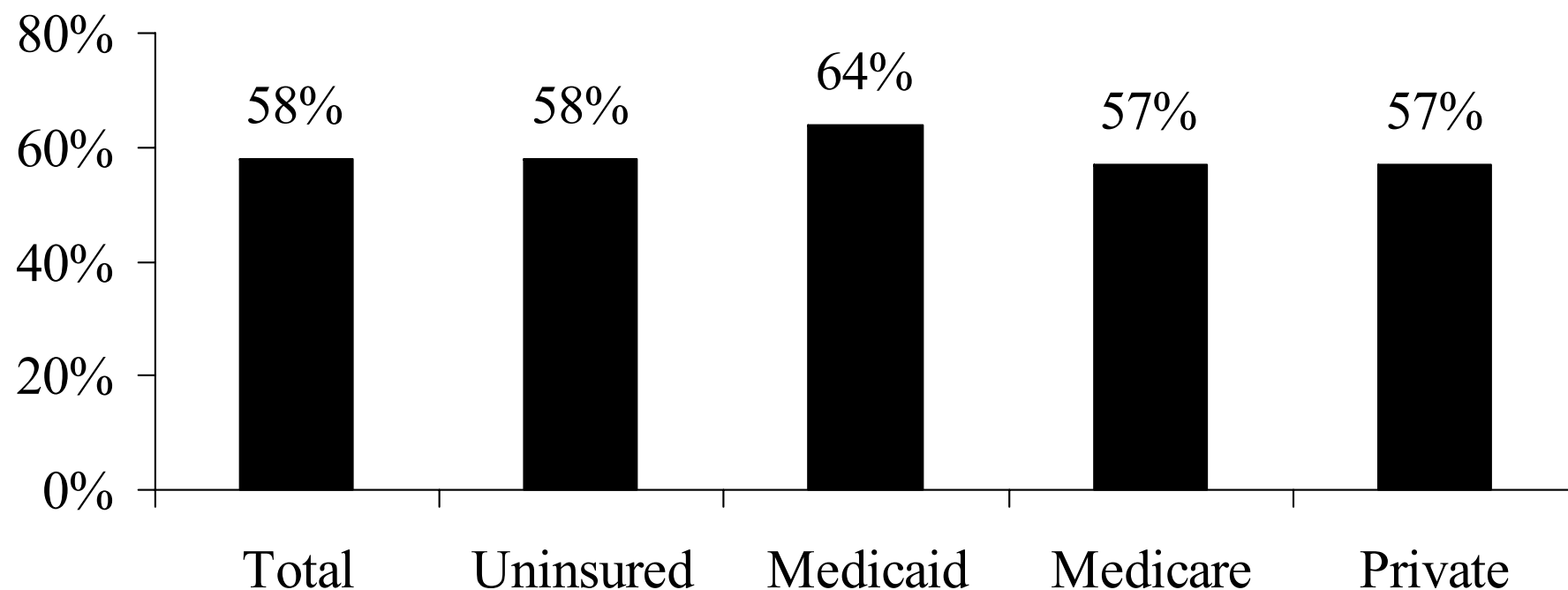
Adults Age 18 or Older

The Commonwealth Fund Survey of Health Care in New York City, 1997
Louis Harris and Associates, Inc.



Widespread Support for Public Hospitals Exists, Regardless of Insurance Coverage

Percent saying that selling or closing NYC public hospitals is a bad thing



New York City Adults Age 18 or Older

The Commonwealth Fund Survey of Health Care in New York City, 1997
Louis Harris and Associates, Inc.



MEDICAID

MEDICAID

Medicaid plays a key role in insuring New Yorkers. It is a major source of coverage for the poor, children, and minorities. Moreover, Medicaid insures a sicker population than does private insurance. Adults insured by Medicaid, however, are more likely to report problems getting care and are less likely to have a regular physician.

Medicaid serves a sicker population than private insurance.

Forty-one percent of New York City's Medicaid beneficiaries ages 18 to 64 rate their health as fair or poor, compared with 17 percent of adults with private insurance coverage. Medicaid beneficiaries were also twice as likely to have had a serious illness, chronic condition, injury, or disability that required extensive care in the past year (25 percent of Medicaid beneficiaries compared with 12 percent of the privately insured).

Medicaid is a major source of insurance for children, as well as for black and Hispanic adults.

Medicaid insures 28 percent of all children in New York City and half of children in families with poverty-level incomes.

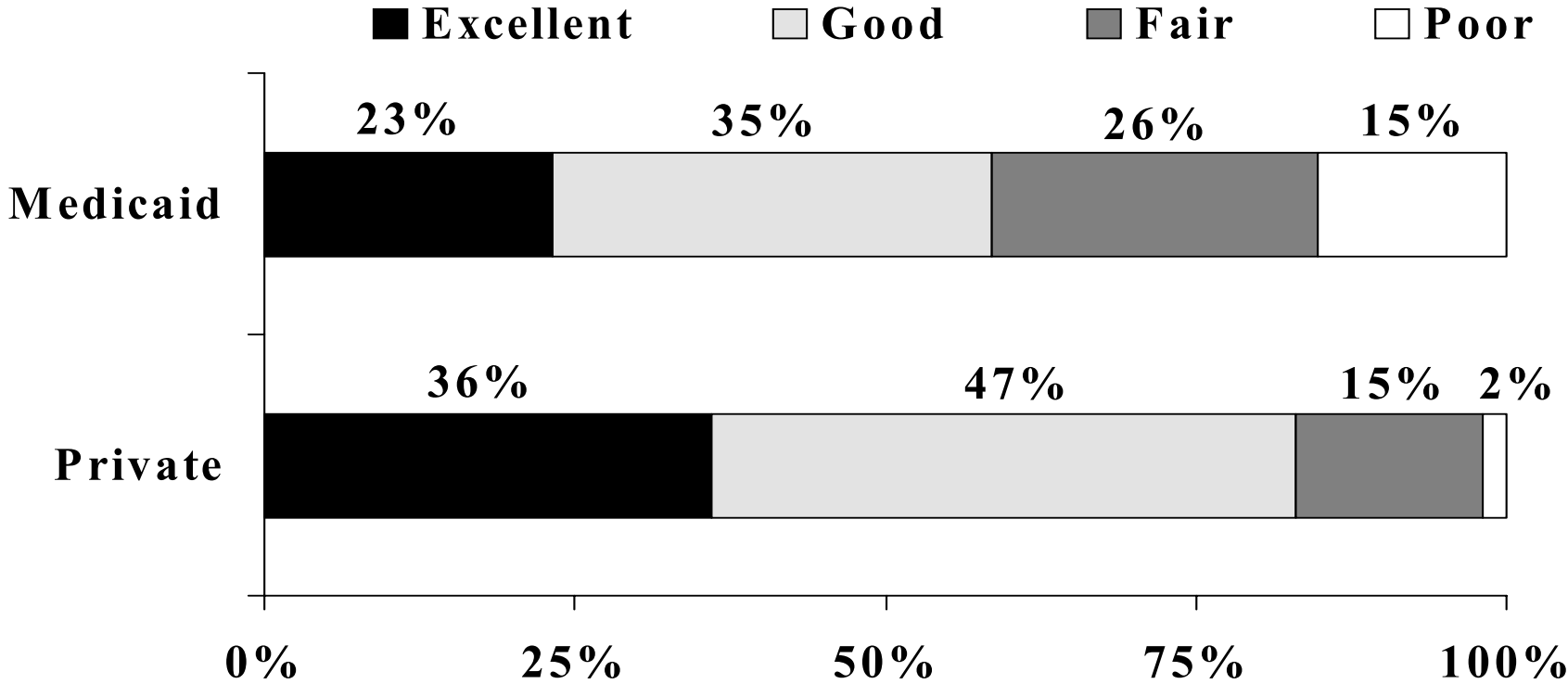
Nearly one-third of black and Hispanic adults ages 18 to 64 were Medicaid beneficiaries when surveyed. Black, Hispanic, and other minority adults (other than Asian American) are less likely to have employer-based insurance than white, non-Hispanic, working-age adults.

Medicaid beneficiaries are more likely to rate care and access to health care negatively and are less likely to have a physician they view as their usual source of care than are privately insured New Yorkers.

Adult Medicaid beneficiaries ages 18 to 64 are more likely than those with private coverage to rate as fair or poor the care provided by their doctors, the time they wait to get a medical appointment, and their access to care during nights and weekends.

More than one-third of New York City's Medicaid beneficiaries (36 percent) have no particular doctor or health professional they go to when they are sick or need medical advice, compared with 22 percent of adults with private insurance.

Medicaid Serves a Sicker Population

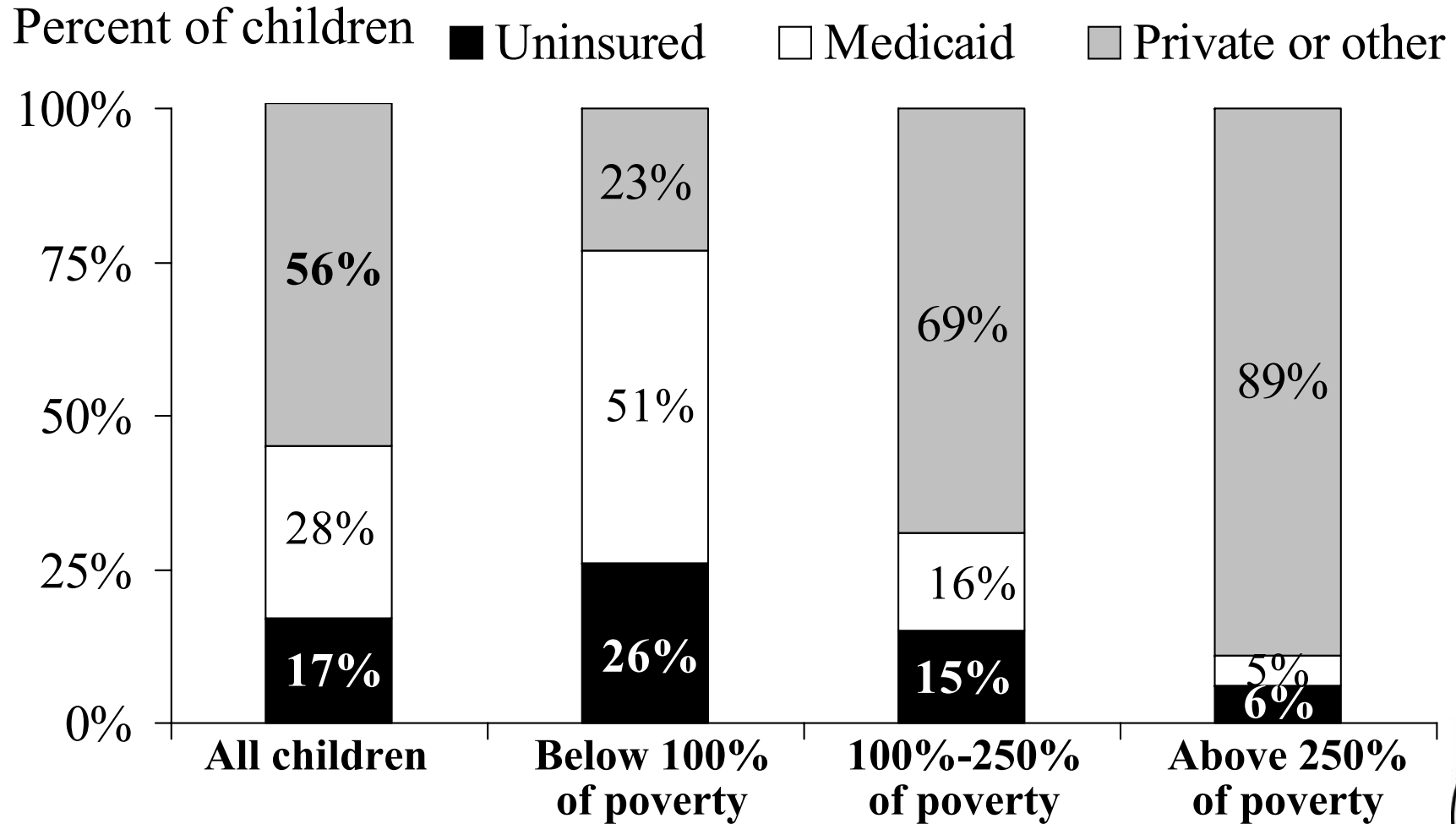


Self-Reported Health Status, Adults Ages 18-64

The Commonwealth Fund Survey of Health Care in New York City, 1997
Louis Harris and Associates, Inc.



Medicaid Is a Critical Source of Insurance for Low Income Children

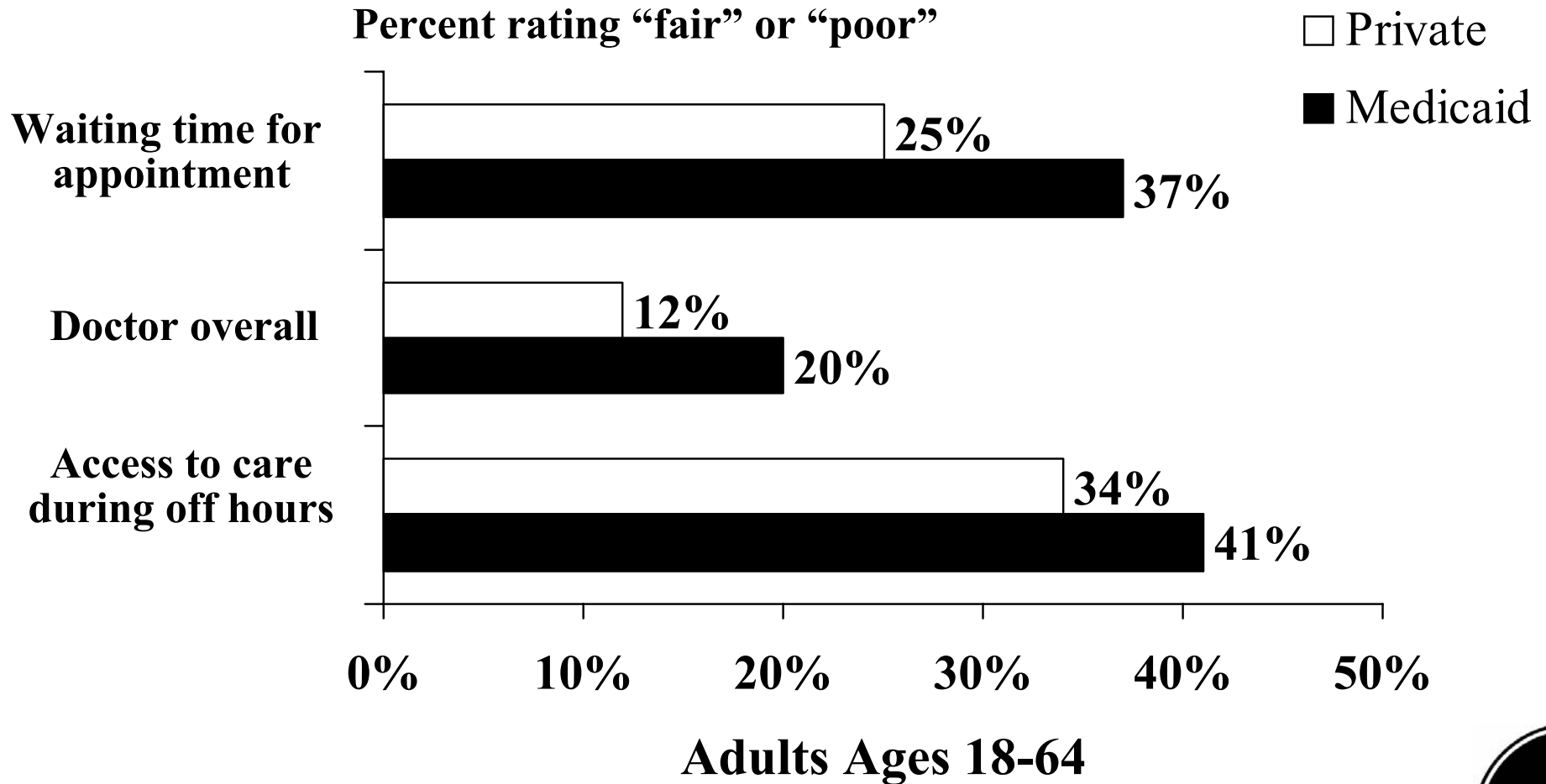


The Commonwealth Fund Survey of Health Care in New York City, 1997

Louis Harris and Associates, Inc.



Medicaid Beneficiaries Are More Likely to Rate Access and Care as Fair or Poor



The Commonwealth Fund Survey of Health Care in New York City, 1997
Louis Harris and Associates, Inc.



METHODS

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The Commonwealth Fund Survey of Health Care in New York City, 1997, included interviews with 4,013 adults, ages 18 and older, living in New York City. The survey was conducted by Louis Harris and Associates, Inc., from October 1996 to March 1997. The sample includes 3,750 telephone interviews and 263 in person interviews with respondents who did not have telephones in their homes. Interviews were conducted in English or Spanish, depending on the adult's preference. Adults who could not participate in either language were excluded from the survey.

Adults reported on their own health, health insurance coverage, care, and cost experiences. Where the respondent was also the parent or guardian of a child under age 18, the adult also reported his or her child's insurance coverage, care, and health status.

The sample design included an oversample of households living in low income communities. In the analysis, the data were weighted to the March 1996 Current Population Survey for New York City to reflect the known distribution of New York City residents by sex, race, education, number of adults in the family, and health insurance status. Responses for children were weighted to reflect the number of children in the family, demographic characteristics, and child insurance status (insured or not).



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