



NEW INTERNATIONAL SURVEY: Older Adults in U.S. Struggle with Health Care Costs More Than Those in Other Nations

Commonwealth Fund Analysis of 10 Countries Finds Older Americans Spend More on Health Care and Skip Needed Treatment and Medication More Frequently Because of Costs Than Most Other Older Adults

Although nearly all older Americans have Medicare coverage, they still pay more and are more likely to postpone or skip needed care because of costs than their counterparts in most other wealthy countries, according to new findings from the 2024 Commonwealth Fund International Health Policy Survey of Older Adults.

The findings underscore how high out-of-pocket costs—in both traditional fee-for-service Medicare and private Medicare Advantage plans — are making it difficult for many older Americans to afford the care they need.

The Commonwealth Fund conducted the survey in 10 countries — Australia, Canada, France, Germany, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom, and the United States — to explore how financial factors affect older adults' health care decisions. The survey also examined differences between beneficiaries in traditional Medicare and those in a Medicare Advantage plan.

Among the key findings:

- **Out-of-pocket costs are high.** Nearly one in four older adults in the U.S. spent at least USD 2,000 out of pocket on health care last year. In contrast, less than 5 percent of older adults in France and the Netherlands spent that much. Switzerland was the only survey country where older adults reported spending more.
- **Older adults are delaying care because of costs.** Delaying medical treatment can worsen health conditions. Although less than 10 percent of older adults across countries reported skipping needed care or forgoing medical treatment because of costs, older Americans did so at the highest rate. One-third of older U.S. adults facing cost-related barriers reported being in fair or poor health.

EMBARGOED
NOT FOR RELEASE BEFORE
12:01 a.m. E.T.
Wednesday,
December 4, 2024

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The Commonwealth Fund is a private, nonprofit foundation supporting independent research on health policy reform and a high-performance health system.

- **People are skipping dental care.** One in five older adults in the U.S., Australia, and Canada skipped needed dental care because of costs. By comparison, 5 percent or fewer of older adults in the Netherlands and Germany went without dental care.

IMPLICATIONS

The Commonwealth Fund survey highlights persistent affordability challenges in Medicare, with cost barriers forcing some older Americans to delay or skip care, which can lead to poorer health outcomes and higher long-term costs. The researchers emphasize the need for continued improvements in Medicare to bring its coverage in line with other high-income countries, where cost-related barriers are much less common.

The full report will be available after the embargo lifts at:
<https://www.commonwealthfund.org/publications/issue-briefs/2024/dec/health-care-affordability-older-adults-how-us-compares-other-countries>

HOW WE CONDUCTED THIS SURVEY

The 2024 Commonwealth Fund International Health Policy Survey of Older Adults was conducted from February 29 to June 20, 2024. The survey was administered to a nationally representative sample of adults age 65 and older in Australia, Canada, France, Germany, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom, and the United States. The Commonwealth Fund contracted with SSRS, a U.S.-based survey research firm, to field the survey in the U.S. and six additional countries, as well as collaborate with fieldwork partners and oversee survey administration in the other three countries. A total of 16,737 interviews of adults age 65 and older were completed for the 2024 survey. Final country sample sizes ranged from 300 to 3,989. Interviews were completed via landline telephone, mobile telephone, or online administration. For this analysis, U.S. respondents were limited to those with some form of Medicare coverage. The total sample of U.S. respondents for this analysis was 1,882 (traditional Medicare = 845 and Medicare Advantage = 1,037).

In Australia, Canada, France, Germany, the Netherlands, and New Zealand, a random-digit dial (RDD) overlapping-frame telephone design was used to obtain all interviews. A large portion of the interviews in both the U.K. and the U.S. were also obtained using an overlapping-frame telephone design. The sample design in both the U.K. and the U.S. also included interviews via Verian's Public Voice panel and the SSRS Opinion Panel, respectively. In the U.S., the SSRS Opinion Panel sample was used to focus on groups of analytical interest to the Fund, namely people with low income and Black, Hispanic, and rural respondents. Sweden and Switzerland both used population-based registries to draw their samples.

FROM THE EXPERTS:

Gretchen Jacobson,
Vice President, Medicare,
The Commonwealth Fund

"This study highlights how vital Medicare is for older adults in the U.S., but it also underscores the challenge of affording needed care. Rising costs are forcing many older Americans to pay more out of pocket, leading to delayed care, poorer health, and higher long-term spending."

Munira Z. Gunja,
Senior Researcher for
International Health Policy
and Practice Innovations,
The Commonwealth Fund

"Even though nearly all older adults in the United States are covered by Medicare, this study highlights areas where the program has room to improve. In some countries, almost no older adults are skipping or delaying care because of the cost. The U.S. can look abroad for innovative solutions to protect this age group from high health care costs, such as capping out-of-pocket expenses and fully covering hospital and physician services. Medicare was created to ensure older Americans can get the care they need and afford to stay healthy, and it's critical that we uphold that promise to them."

A common questionnaire was developed, translated, adapted, and adjusted for country-specific wording as needed. Response rates varied from 3 percent in the U.S. to 50 percent in Switzerland. Data were weighted to ensure that the final outcome was representative of the population of adults age 65 and older in each country. Weighting procedures considered sample design, probability of selection, and systematic nonresponse across known geographic and demographic parameters, including region, sex, age, education, and other country-relevant characteristics. In the U.S., the variables used for calibration also included race and ethnicity.

The margin of sampling error for the 2024 Commonwealth Fund International Health Policy Survey of Older Adults ranged from +/- 2.3 percentage points for Canada's sample to +/- 7.1 percentage points for France's sample, all at the 95 percent confidence interval.

ADDITIONAL PERTINENT RESEARCH

Mirror, Mirror 2024:
A Portrait of the Failing
U.S. Health System –
Comparing Performance
in 10 Nations

Medicare Advantage vs.
Traditional Medicare:
How Do Beneficiaries'
Characteristics and
Experiences Differ?

Medicare's Affordability
Problem: A Look at the
Cost Burdens Faced by
Older Enrollees
