



NEWS RELEASE

Embargoed for release:
12:01 a.m. ET
Tuesday, February 7, 2012

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NEW COMMONWEALTH FUND SURVEY FINDS PROFOUND INCOME DIVIDE IN HEALTH INSURANCE AND ACCESS TO HEALTH CARE; HEALTH REFORM COULD NEARLY ELIMINATE GAPS WHEN FULLY IMPLEMENTED IN 2014

First Survey in Series That Will Track How Health Reform Law Is Working Finds that, Before Implementation, Low- and Moderate-Income Families Spend More Time Uninsured, Have Problems Getting Needed Care, and Rely on Critical Public Programs to Insure Children

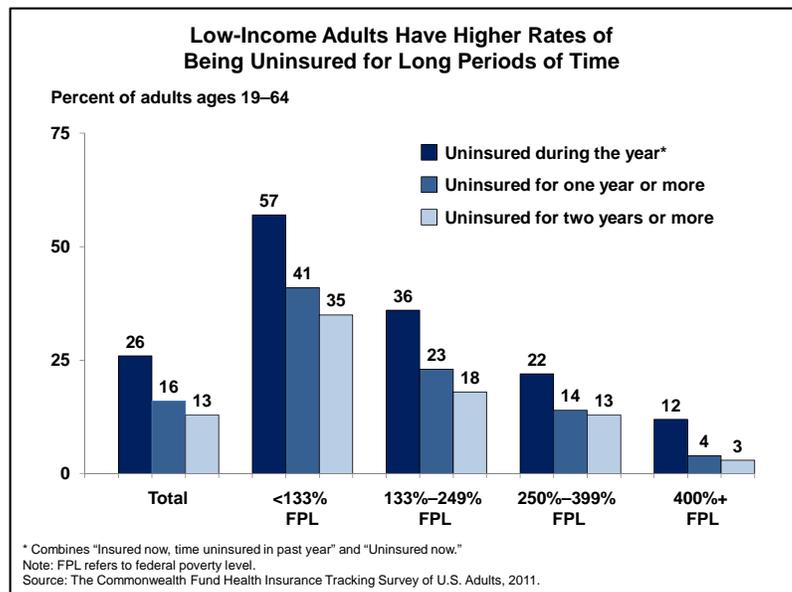
February 7, 2012, New York, NY—Adults in low- and moderate-income families are more likely to be uninsured, to lack a regular source of health care, and to struggle to get the health care they need compared to those in higher-income families, according to a new Commonwealth Fund survey. The survey found that 57 percent of people in low-income families—those earning less than \$29,726 for a family of four (133 percent of poverty)—were uninsured for some time in the past year, and 35 percent had been uninsured for two years or more. More than one-third (36%) of adults in moderate-income families—those earning between \$29,726 and \$55,875 for a family of four (133 to 249 percent of poverty)—were uninsured during the year, and 18 percent had been uninsured for two years or more.

In contrast, just 12 percent of adults in families with incomes at or above \$89,400 for a family of four (400 percent of poverty) were uninsured during the year, and only 3 percent were uninsured for two years or more.

The survey, the first Commonwealth Fund Tracking Survey of U.S.

Adults, found that the lack of health

insurance coverage, as well as income, had a significant effect on access to care, such as receipt



of recommended preventive screenings. Just 10 percent of low-income uninsured adults age 50 and over had received the recommended screening for colon cancer, compared with 50 percent of those in the same income range who had health insurance, and 56 percent of higher-income adults. Only about one-third (32%) of low-income uninsured women ages 40 to 64 had received a mammogram, compared with two-thirds (66%) of low-income women with health insurance, and three-fourths (74%) of higher-income women.

“People with low and moderate incomes run the highest risk of lacking job-based health insurance, are least able to afford health insurance on their own, and are the most at risk of not being able to afford care in the absence of coverage,” said Commonwealth Fund Vice President Sara Collins, lead author of the report. “Consequently, problems getting needed care in the United States are disproportionately concentrated among low- and moderate-income families.”

Having health insurance also meant the difference between having a regular source of care and not having one. Low- and moderate-income adults in the survey who were without health insurance were less likely to report that they had a regular doctor or place to go for their health care needs than low- and moderate-income insured adults.

Compared to insured low- and moderate-income adults, those without insurance in the same income range reported going to the emergency room for non-emergency reasons at higher rates. Low- and moderate-income adults without health insurance were more likely than low- and moderate-income insured adults to go to the emergency room because they needed a prescription (50 % vs. 35 %), because they did not have a regular doctor (41% vs. 16%), or because other options were unaffordable (40% vs. 20%).

Designed to paint a picture of how low- and moderate-income families are faring when it comes to health care and health insurance, the new report, *The Income Divide in Health Care: How the Affordable Care Act Will Help Restore Fairness to the U.S. Health System*, by Commonwealth Fund researchers Sara Collins, Ruth Robertson, Tracy Garber, and Michelle Doty, is the first in a series that The Commonwealth Fund will release over the next several years titled *Tracking Trends in Health System Performance*. Subsequent surveys will revisit the same adults surveyed initially in order to track their experiences as the Affordable Care Act is implemented. The Commonwealth Fund is undertaking additional tracking surveys that will focus on young adults ages 19-29, and adults ages 50-70, which will be released later in 2012.

According to the new report, while adults are often uninsured in low- and moderate-income families, programs such as Medicaid and the Children’s Health Insurance Program (CHIP) step in to fill a crucial gap by insuring children in 63 percent of low-income families and 38 percent of moderate-income families. However, 31 percent of low-income families and 20 percent of moderate-income families still reported some or all of their children were uninsured, compared to only 12 percent of higher-income families.

The study's authors find that the Affordable Care Act is positioned to narrow, if not entirely eliminate, the profound income inequities that currently exist in the U.S. health care system. Specifically:

- The Affordable Care Act has already expanded health insurance to 2.5 million 19-to-25 year-olds, banned lifetime limits on health insurance coverage, created pre-existing condition insurance plans providing health insurance options to those who were often uninsurable, and required insurers to cover preventive care without requiring co-payments.
- But the major provisions of the law to be implemented in 2014 will have the biggest effect on narrowing the income divide, through expanded Medicaid coverage; new health insurance exchanges offering comprehensive coverage and premium tax credits to make coverage affordable; and new rules that will prevent insurers from denying coverage or charging people more based on pre-existing conditions or gender.

“The struggles that those in the bottom third of the income distribution face in getting the health care they need are untenable,” said Commonwealth Fund President Karen Davis. “It is encouraging that the safety net created by Medicaid and CHIP is working to insure millions of children in low- and moderate-income families, but if parents can’t get needed health care, their family’s health and financial well-being remains at risk. By making health insurance affordable for all Americans, the Affordable Care Act aims to ensure that families at all income levels will have access to needed health care and greater financial security.”

The report will be available on The Commonwealth Fund Web site on February 7, 2012 at: <http://www.commonwealthfund.org/Publications/Issue-Briefs/2012/Feb/Income-Divide.aspx>.

Methodology

With this survey, The Commonwealth Fund launches a new series of longitudinal nationally representative online tracking surveys that will follow randomly selected panels of adults over the next several years to examine changes in their health insurance coverage and health care as the Affordable Care Act is implemented.

The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011, was conducted online between June 24 and July 5, 2011, by Knowledge Networks, among a representative sample of adults ages 19 to 64. The survey sample was drawn from KnowledgePanel—a probability-based online panel that is representative of the U.S. population and includes cell-phone only and low-income households that are typically difficult to reach using traditional telephone surveys and random digit dialing (RDD) sampling.

The survey was completed by 2,134 respondents. The final sample includes 977 low-income adults who have incomes below 250 percent of the federal poverty level (\$55,875 for a family of four). The survey has an overall margin of sampling error of +/- 3 percentage points at the 95 percent confidence level.

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