

THE ELDERLY'S EXPERIENCES WITH HEALTH CARE
IN FIVE NATIONS

FINDINGS FROM THE COMMONWEALTH FUND
1999 INTERNATIONAL HEALTH POLICY SURVEY

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EXECUTIVE SUMMARY

This report presents new research findings from *The Commonwealth Fund 1999 International Health Policy Survey*, which assessed and contrasted the health care experiences of the U.S. elderly with their counterparts in other industrialized countries. The survey, conducted in Australia, Canada, New Zealand, the United Kingdom, and the United States, finds that with the near-universal health coverage provided through Medicare, the U.S. elderly have generally similar experiences to those in the other four countries—all of which provide universal health coverage for their entire population.

The U.S. elderly surveyed reported rates of access to care, satisfaction with care, and financial and health-related concerns similar to those of elderly people in the other nations. These findings contrast with past general population studies showing the United States to lag behind countries with universal coverage on access, quality, and cost ratings as reported by the nonelderly population.

The study included interviews with 3,515 adults age 65 or older, who were asked questions about their health care experiences and related concerns. Approximately 700 interviews were conducted in each of the five countries. Commissioned by The Commonwealth Fund, the survey was conducted by Harris Interactive, Inc. (formerly Louis Harris and Associates, Inc.) and its international affiliates from April to June 1999.¹

KEY FINDINGS

Through Medicare, the United States provides nearly universal health insurance coverage for its 65-and-over population. Consequently, the U.S. elderly's health care experiences are generally comparable to those of the elderly in the other four countries.

Across an array of measures, the 1999 survey finds that the U.S. elderly's reports of access to and quality of care fall in the middle of the range for the five countries. In contrast, a 1998 survey of both the elderly and nonelderly populations in these same five nations found much higher rates of access difficulties and costs concerns in the United States, which generally trailed the universal-coverage nations.² While new survey findings for the

¹ For further discussion of the 1999 survey findings, see Karen Donelan, Robert J. Blendon, Cathy Schoen, Katherine Binns, Robin Osborn, and Karen Davis, "The Elderly in Five Nations: The Importance of Universal Coverage," *Health Affairs* 19 (May/June 2000):226–235.

² For further discussion of the 1998 survey findings, see Karen Donelan, Robert J. Blendon, Cathy Schoen, Karen Davis, and Katherine Binns, "The Costs of Health System Change: Public Discontent in Five Nations," *Health Affairs* 18 (May/June 1999):206–216.

elderly underscore the importance of universal basic benefits to ensure health care access and quality, variations among countries indicate there is still room for improvement.

Prescription drug costs, which are not covered by Medicare, continue to pose a serious hardship for the U.S. elderly.

Older people in the United States are much more likely to lack any prescription drug coverage, to bear major out-of-pocket costs for drugs, and to forgo medication because they cannot afford to fill a prescription.

The United States does relatively well in providing home health care to the frail elderly.

In the United States, caregivers and the frail elderly themselves were both more likely to report getting paid home health care than their counterparts in other countries. However, burdens faced by informal caregivers—often the children, spouses, or friends of those they serve—continue to be a problem, and frail elders' needs sometimes go unmet.

Despite the relatively positive comparative reports from the U.S. elderly overall, disparities in health care access and quality persist between income groups.

Compared with those with higher incomes, the U.S. elderly with below-average incomes are less likely to be able to pay for medical care and prescription drugs, to rate their care experiences as excellent, and to feel confident that they will be able to get the care they need in the future. These findings suggest that the private insurance market and ability to pay out-of-pocket have an impact on whether the elderly get the care they need. They also indicate that universal coverage alone cannot ensure equitable access to care.

CONCLUSION

The U.S. Medicare program works well in bringing the elderly's access to health care in line with that enjoyed by the elderly in countries featuring universal coverage for all ages. Nevertheless, gaps still exist that make it harder for the low-income elderly to get the care they need. In particular, the lack of prescription drug coverage and the growing inadequacy of long-term care financing leave the poorer elderly vulnerable to financial burdens and to going without needed care. To offer truly universal coverage that ensures equitable access to high-quality care, health insurance programs for the elderly in each of the five nations must limit patient cost-sharing and offer a comprehensive benefits package.

EXPERIENCES WITH HEALTH CARE: ACCESS, QUALITY, AND HOSPITALIZATION

Elderly Americans' experiences obtaining primary and specialty medical care generally fall in the midrange of the elderly's experiences in Australia, Canada, New Zealand, and the United Kingdom—nations that all provide universal access to health care.

- Twelve percent of U.S. respondents said it was “extremely,” “very,” or “somewhat” difficult to get needed medical care. Proportions in the other four countries ranged from 6 percent in Australia to 15 percent in the United Kingdom.
- One of 10 people (10%) over age 65 in the United States did not visit a doctor in the past year—a high proportion given the serious health problems of the elderly. This rate compares favorably, however, with that reported for the United Kingdom (13%) and New Zealand (16%). In Australia, only 2 percent of the elderly had not seen a physician during the previous year.
- Fourteen percent of respondents in the United States said it was “extremely,” “very,” or “somewhat” difficult to see medical specialists and consultants. Ten percent of respondents in Australia cited the same degree of difficulty, while nearly a quarter (23%) of Canadian and British elderly had problems seeing specialists.

Very few elderly Americans experience long waits for nonemergency surgery. The elderly in the four universal-access countries are much more likely to experience long waits.

- Only 7 percent of the elderly in the United States who needed nonemergency surgery waited five weeks or more. Respondents in the other four nations were much more likely to experience long waits: 51 percent of Britons, 40 percent of Canadians, 34 percent of New Zealanders, and 19 percent of Australians waited five weeks or more for nonemergency surgery.
- The U.S. elderly were also least likely to report that a long wait for nonemergency surgery had been a serious problem (4%). Rates of reported problems in the other

countries—ranging from 9 percent in Australia to 16 percent in New Zealand—were higher.

The U.S. elderly's ratings of health care received fall within the average of ratings in the other four countries.

- Thirty-two percent of respondents in the United States described the overall care they received in the past year as "excellent." The U.K. rate on this indicator was lowest (25%), while the New Zealand rate was highest (39%).
- Forty percent of respondents in the United States rated the care received at their most recent doctor visit as "excellent." Again, this percentage falls within the five-nation range: 31 percent (United Kingdom) to 51 percent (New Zealand).

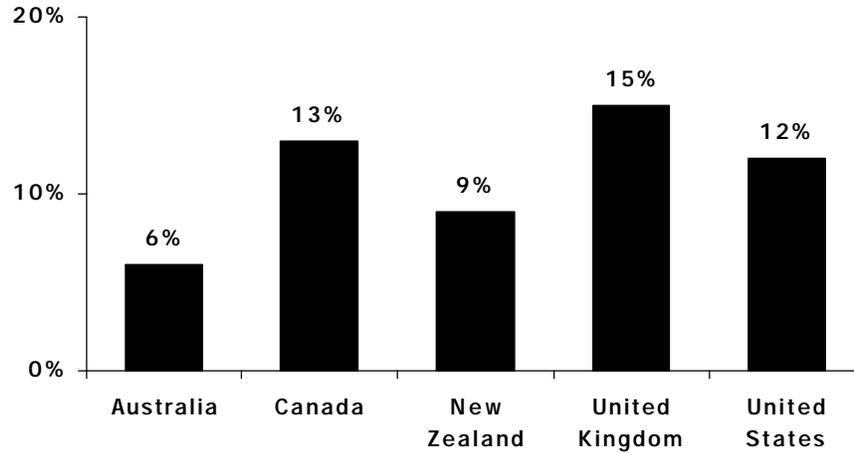
Because a significant portion of the elderly population is hospitalized every year, their opinions of the care they receive is an important measure of quality of care generally. The experiences of elderly Americans while they are in the hospital are similar to those of the elderly in other countries.

- From 20 to 30 percent of the elderly population in the five countries said they or their spouse had been hospitalized in the past year.
- Twenty-seven percent of U.S. respondents described their overall hospital experience as "excellent." In the other countries, the proportion of the elderly giving an excellent rating ranged from 25 percent (Canada) to 39 percent (New Zealand).
- Thirty-four percent of U.S. respondents described the availability of nurses in the hospital as "excellent." The low for this measure was 21 percent (Canada), while the high was 44 percent (New Zealand).
- Sixteen percent of U.S. respondents felt that they did not have enough say about their treatment during hospitalization, a rate similar to that found for Australia and New Zealand. Dissatisfaction was higher among Canadian and U.K. respondents: 22 percent said they lacked sufficient input.

- Nine percent of the U.S. elderly sampled reported that their hospital stay was too short. This rate was the same rate for the other countries, with the exception of Canada, where 13 percent of respondents thought their stay was too short.
- Of those elderly individuals who were hospitalized in the last two years and said they needed extra help following their stay, only 4 percent of the U.S. group said they did not receive this help. This result compares favorably with the 10 percent of Canadians, 11 percent of New Zealanders, and 14 percent of British who reported not getting extra help.

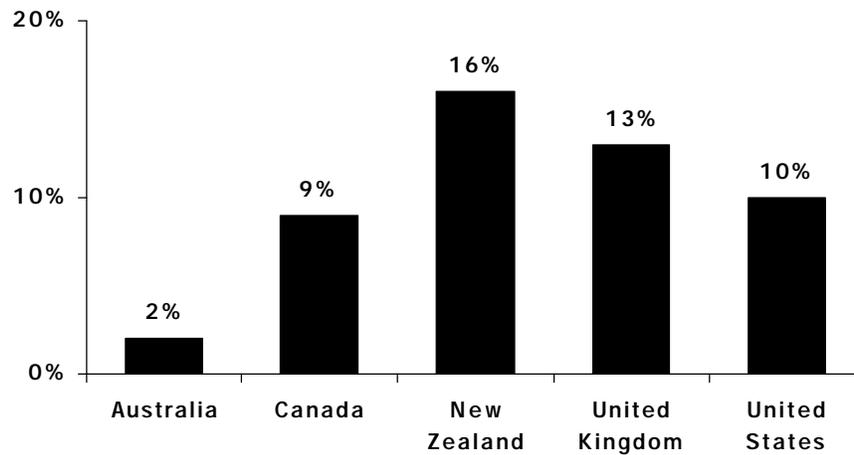
Access to Needed Medical Care

Percent of the elderly who felt it was "extremely," "very," or "somewhat" difficult to get needed medical care



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

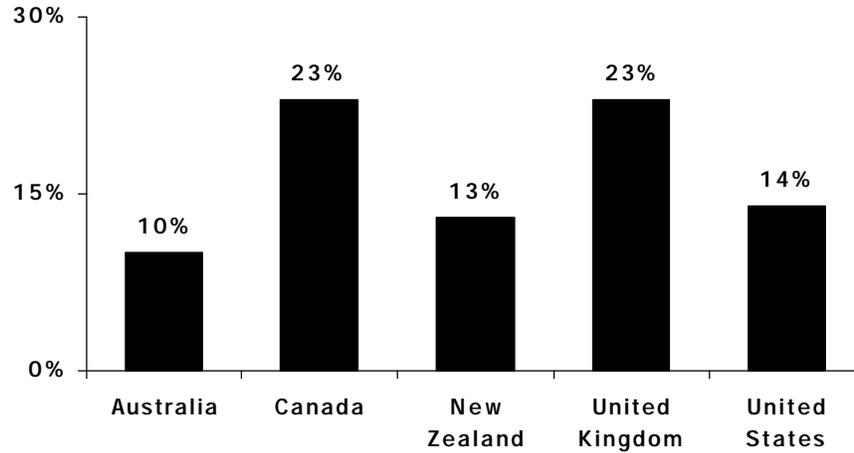
Percent of the Elderly with No Doctor's Visit in the Past Year



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Access to Specialists

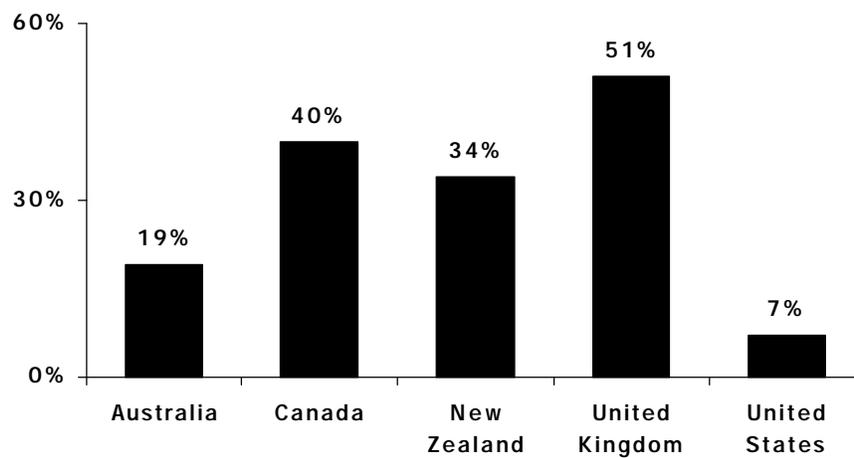
Percent of the elderly who felt it was "extremely," "very," or "somewhat" difficult to see a specialist or consultant when needed



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Long Waits for Nonemergency Surgery

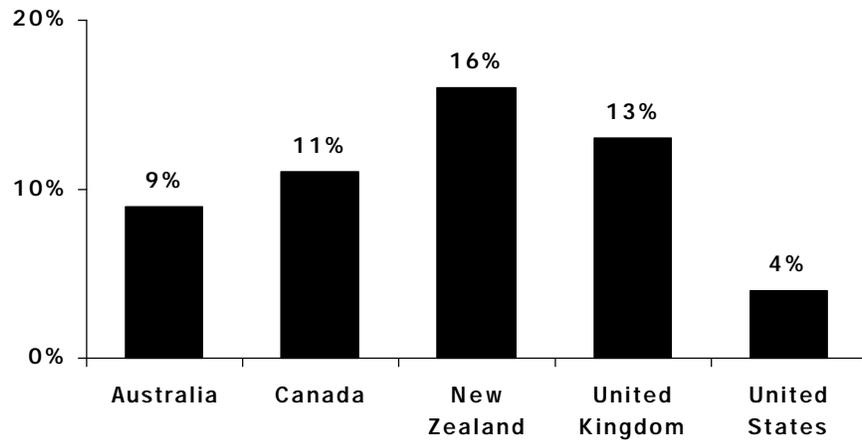
Percent of the elderly who needed nonemergency surgery and waited five weeks or more



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Long Waits for Surgery Can Be a Serious Problem

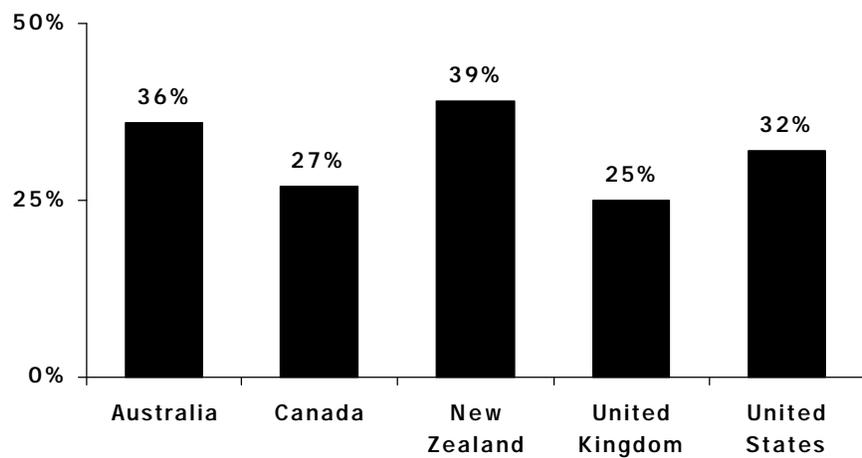
Percent of the elderly who needed nonemergency surgery and said waiting a long time was a serious problem



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Quality of Care Ratings

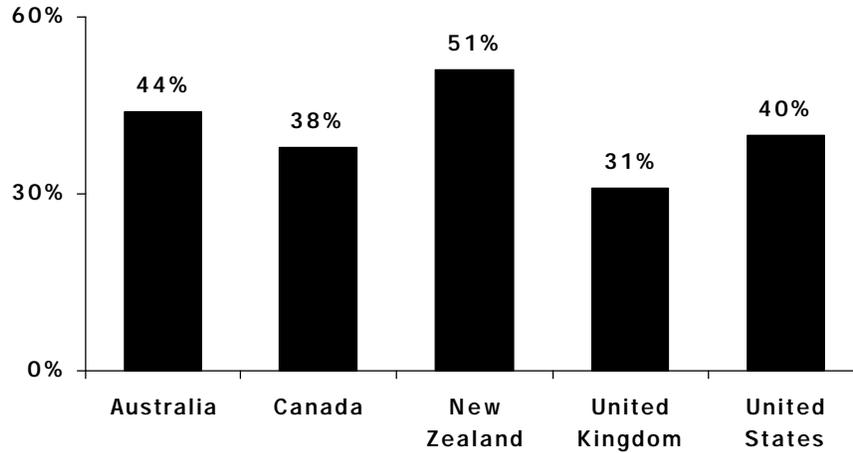
Percent of the elderly who rated the medical care they received in the past year as "excellent"



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Quality of Care at Doctor's Visits

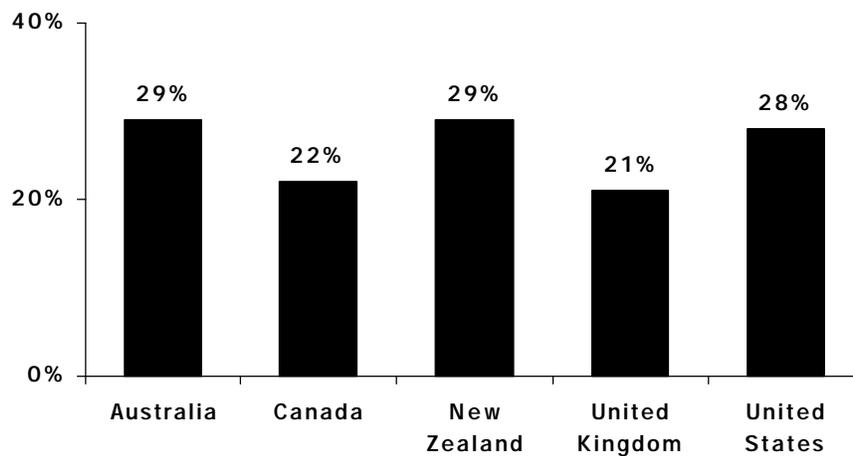
Percent of the elderly who rated the care received at their most recent doctor's visit as "excellent"



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Percent Hospitalized

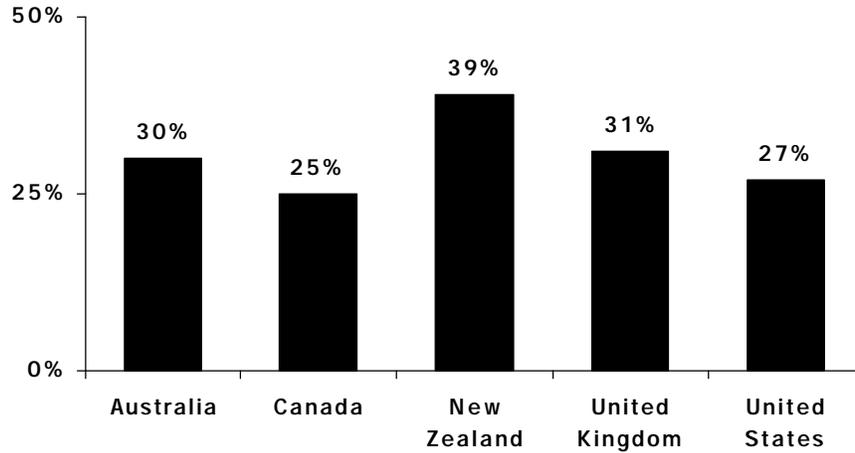
Percent of the elderly hospitalized in the past year



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Quality of Care at the Hospital

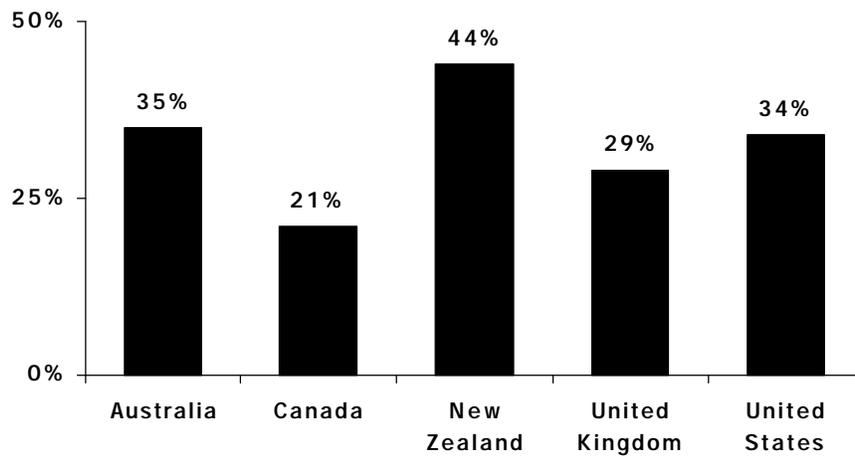
Percent of the elderly who were hospitalized in the past two years and rated their overall hospital experience as "excellent"



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Availability of Nurses at the Hospital

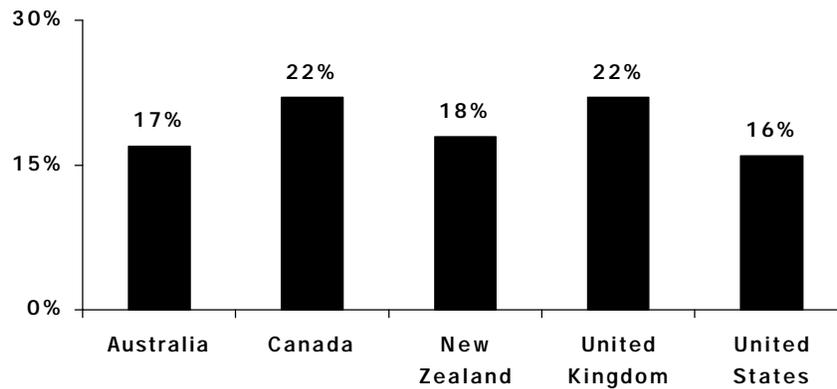
Percent of the elderly who were hospitalized in the past two years and rated the availability of nurses at the hospital as "excellent"



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Influence of the Elderly on Their Care During Hospitalization

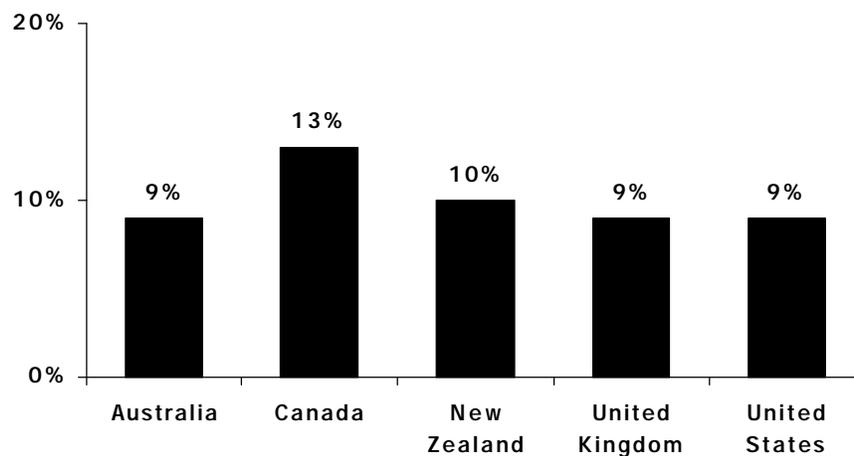
Percent of the elderly who were hospitalized in the past two years and said they did not have enough input or say about their treatment during hospitalization



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Length of Hospital Stay

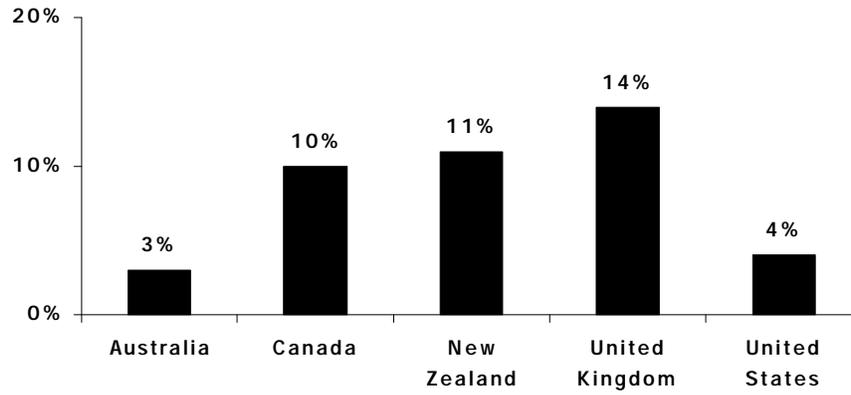
Percent of the elderly who were hospitalized in the past two years and said their hospital stay was too short



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Receipt of Extra Help After Hospitalization

Percent of the elderly who were hospitalized in the past two years said they did not receive the help they needed when they arrived home from the hospital



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

PRESCRIPTION DRUGS

The elderly in all five countries rely heavily on prescription medications.

- Approximately three of four people over age 65 in all five countries have a medical condition that requires them to take prescription medication on a regular or ongoing basis.

The United States stands out in its large percentage of elderly without any prescription drug coverage.

- Thirty-two percent of the elderly in the United States say they have no insurance coverage—either public or private—for the cost of prescription medications. This rate is twice that of the next highest country, New Zealand, where 16 percent of the elderly lack prescription drug coverage. In the United Kingdom, just 1 percent of the elderly report having no drug coverage.

The United States also stands out in the high out-of-pocket costs its elderly pays for prescription drugs.

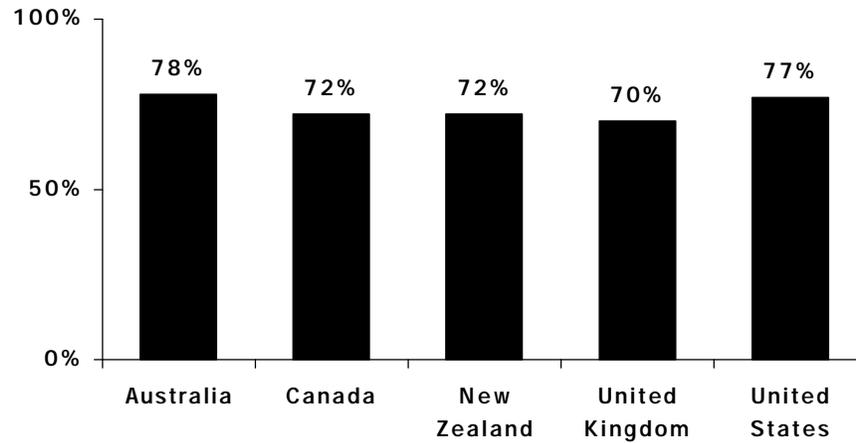
- The elderly in the United States are burdened with very high drug costs. Sixteen percent said they pay more than \$100 out-of-pocket each month for prescription medications.
- All four of the other countries in the survey guard against high out-of-pocket expenses for medications. The proportion of their elderly who pay more than \$100 a month ranged from 0 percent to 4 percent.
- Twenty percent of the U.S. elderly pay nothing out-of-pocket each month for prescription medications, a rate that is within the range of three of the four other countries. The elderly in most of the survey nations, therefore, must make at least some copayment. The exception is the United Kingdom, where 92 percent of the elderly reported having no out-of-pocket expenses.

These results indicate that Australia, Canada, and New Zealand have staked out a middle ground with respect to coverage of prescription drugs.³ Though the United Kingdom provides its elderly with near-total insulation from out-of-pocket drug costs, partial drug coverage in the other three universal-access countries still affords protection from very high out-of-pocket costs even while the elderly contribute to some part of the expense.

³ Although prescription drug coverage is not part of the national health insurance plan in Canada, most provinces provide supplemental drug coverage for the elderly.

Reliance on Prescription Medications

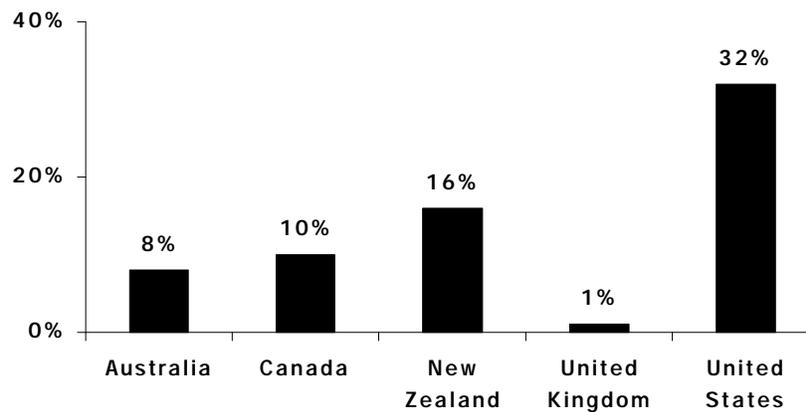
Percent of the elderly who have a medical condition that requires them to take a prescription medication on a regular basis



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Lack of Coverage for Prescription Medication

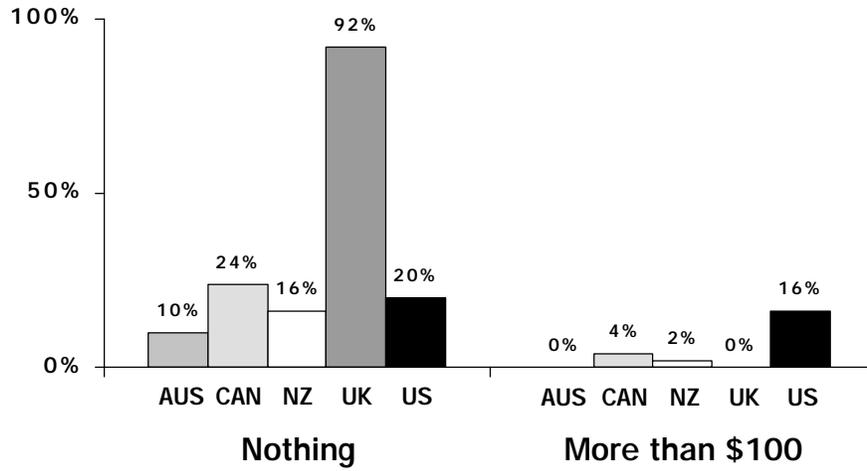
Percent of the elderly who say they have no public or private coverage for the cost of prescription medications



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Out-of-Pocket Spending on Prescription Medicines

Per month out-of-pocket expenditures for prescription medicine by the elderly



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

HOME HEALTH CARE

Across the five countries, similar proportions of the elderly report they are in fair or poor health and require at-home assistance with activities of daily living, such as eating, dressing, and bathing.

- Approximately one of five elderly respondents in the survey rated their health as “fair” or “poor.” About 30 percent said they have a disability or health condition that limits their full participation in daily activities.
- From 10 to 15 percent of those surveyed said they had personally required home health care or personal care services in the past two years.⁴

More than one of four elderly in the United States have caregiving experience, a rate similar to that for Canada and New Zealand.

- Twenty-seven percent of the U.S. elderly and 25 percent of the elderly in Canada and New Zealand are currently caring for someone who is frail, sick, or disabled, or have done so in the past two years. This compares with 19 percent of the elderly in the United Kingdom and 21 percent in Australia.
- Typically, elderly caregivers are providing their support to an aging spouse.

Caregivers in the United States are least likely to report they were unable to get additional assistance when needed.

- Ten percent of U.S. caregivers could not get needed assistance with home health care or personal health care services in the past two years. This is one-third the rate in the United Kingdom and one-half the rate in Canada and New Zealand.

In the United States, elderly caregivers and the elderly in need of home care are more likely than those in several other countries to report they have received paid home health care.

⁴ Surveys were conducted by telephone and thus may underrepresent frail elders who are unable to conduct phone interviews.

- Fifty-eight percent of elderly caregivers in the United States reported getting paid home health care in addition to informal care. The rate in Canada (53%) is similar, but rates for Australia (44%) and the United Kingdom (46%) are significantly lower.
- The United States also compares well with regard to the percentage of its elderly population requiring care in the home who receive some paid home health care. Eighty-three percent of the U.S. elderly reported getting needed professional care, compared with 63 percent of the U.K. elderly and 67 percent of the Australian elderly.

The elderly in the United States and New Zealand see government programs as the main source of support for home health care.

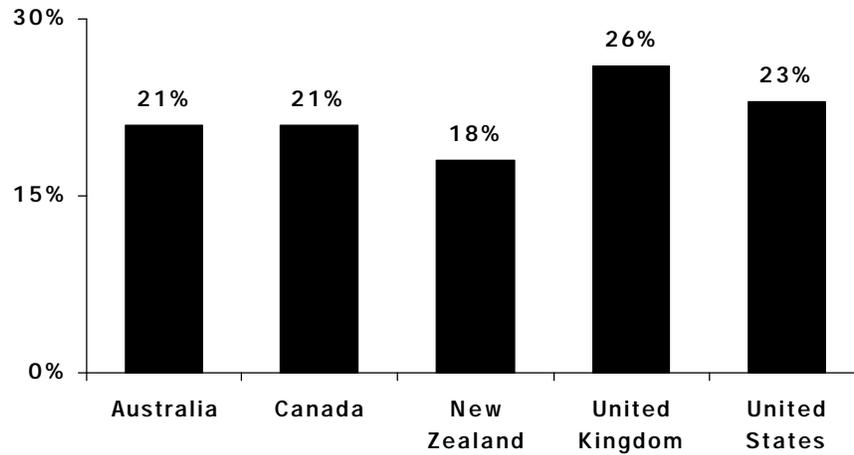
- Eighty percent of elderly caregivers in both the United States and New Zealand who received paid home care assistance said that a government program or public insurance paid for the care. Only 62 percent of elderly caregivers in Australia and 67 percent of caregivers in the United Kingdom cited public coverage of home care.

The children of elderly parents are a vital link in the safety net for the elderly, both in terms of caregiving and financial support.

- In the United States, 32 percent of the elderly who have children report that their children often help them when they are ill. Similar rates were found for the other countries, from 26 percent in Canada to 37 percent in New Zealand.
- Thirteen percent of the U.S. elderly with children reported that they at least sometimes receive financial support from them. In Australia and Canada, the corresponding rate was 12 percent, while in the United Kingdom it was 18 percent.
- Among the elderly in all five countries, rarely did they not receive any help from their sons or daughters when they needed it. Only about 6 percent of elderly parents said there was a time when their children did not provide such assistance when it was needed.

Perceived Health Status

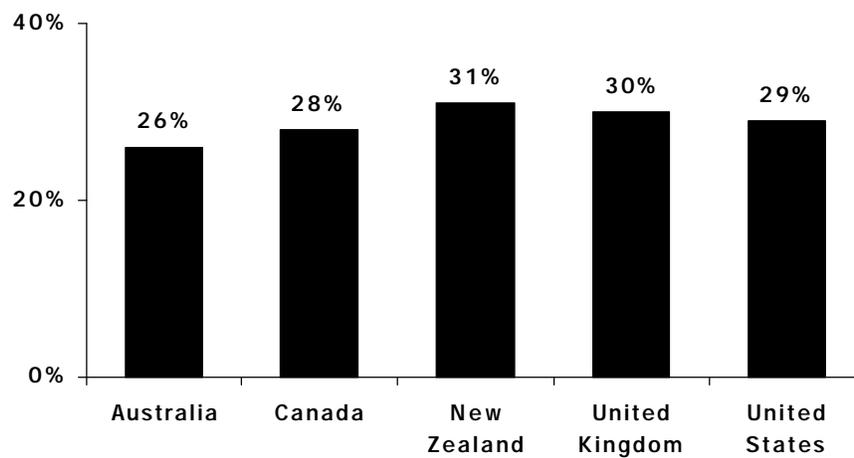
Percent of the elderly who rated their health as "fair" or "poor"



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Disabilities and Health Conditions

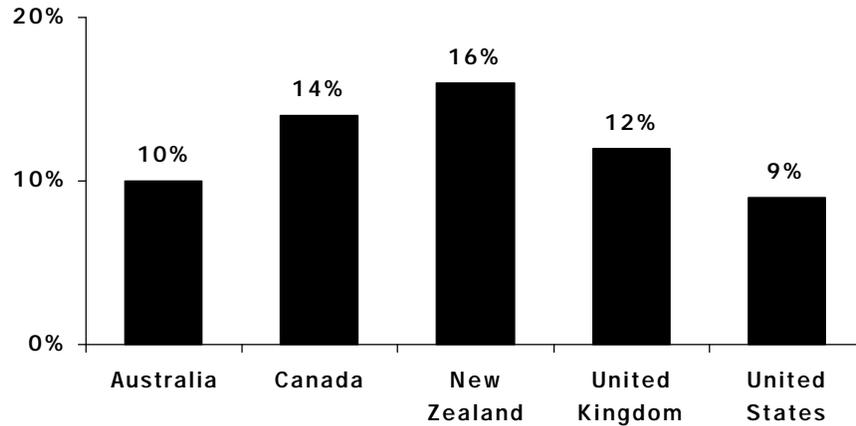
Percent of the elderly who have a disability or health condition limiting full participation in daily activities



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Need for Assistance with Activities of Daily Living

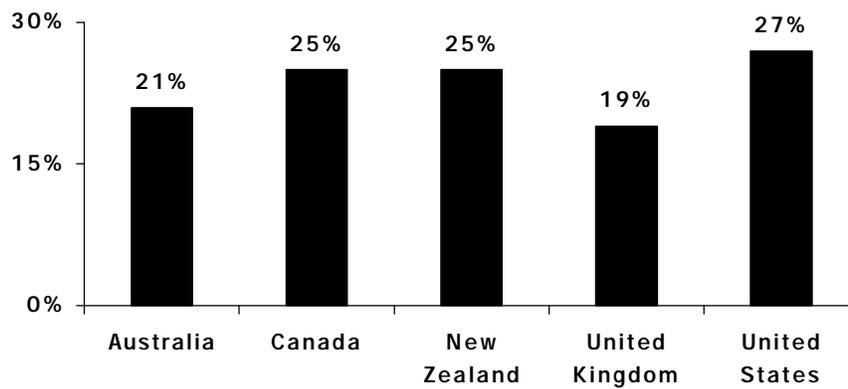
Percent of the elderly who needed home health or personal care services to help with eating, dressing, bathing, or other needs in the past two years



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Caregiving Experience of the Elderly

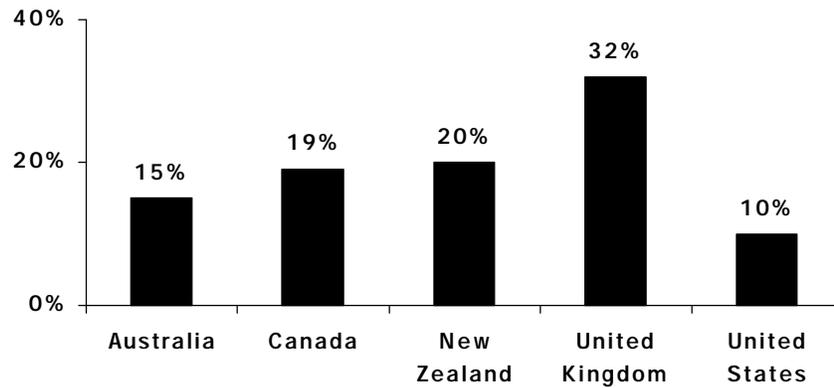
Percent of the elderly who are currently caring or have in the past two years cared for someone who is frail, sick, or disabled



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Caregivers' Unmet Need for Assistance

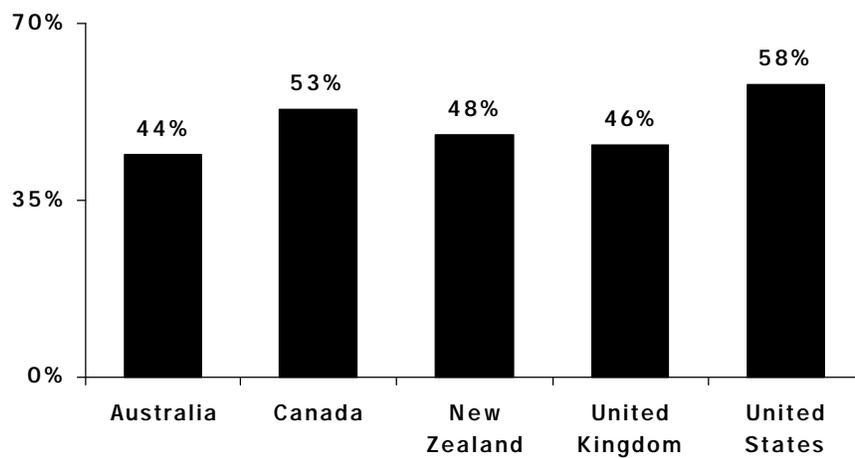
Percent of elderly caregivers who needed home health care assistance for the person they cared for in the past two years and couldn't get it



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Caregivers' Ability to Get Additional Help

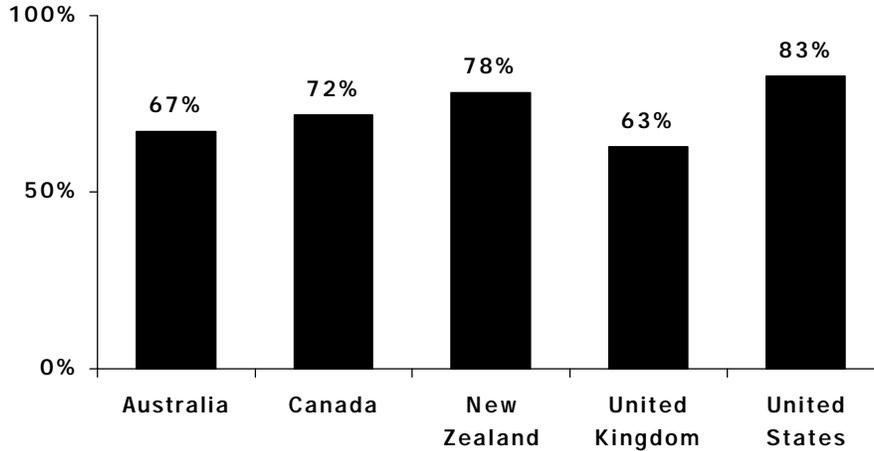
Percent of elderly caregivers reporting they used paid home health care in addition to informal care



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

The Elderly's Ability to Get Additional Help

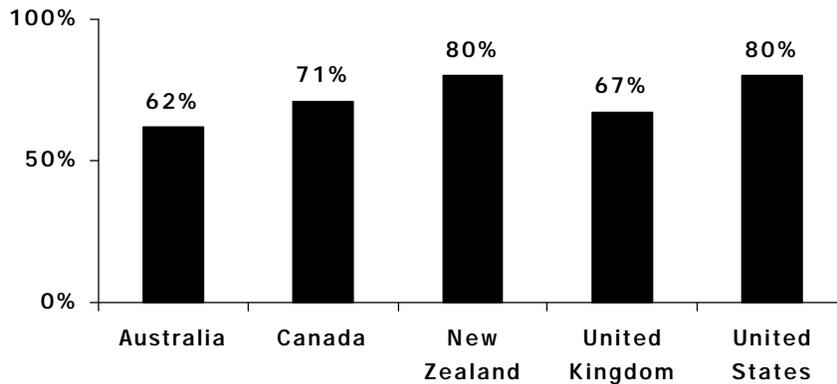
Percent of the elderly in need of care in the home who received some paid home health care



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Public or Government Program Assistance with Paid Home Health Care

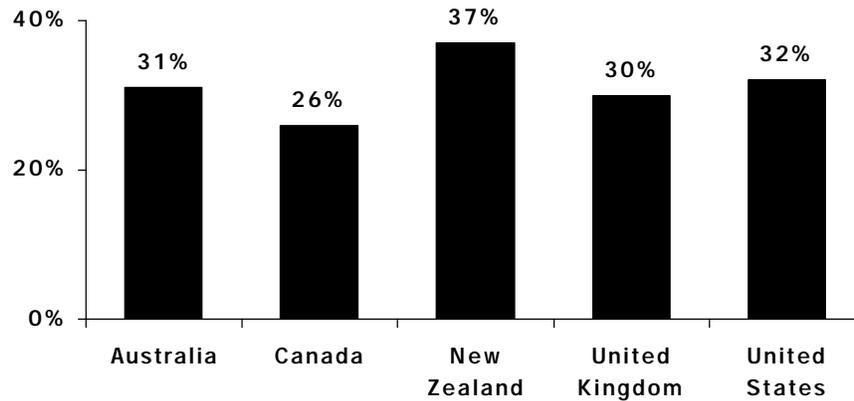
Percent of elderly caregivers reporting paid home care assistance who said a government program or public insurance (rather than family) paid for care



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Many Elderly Receive Health Assistance from Their Children

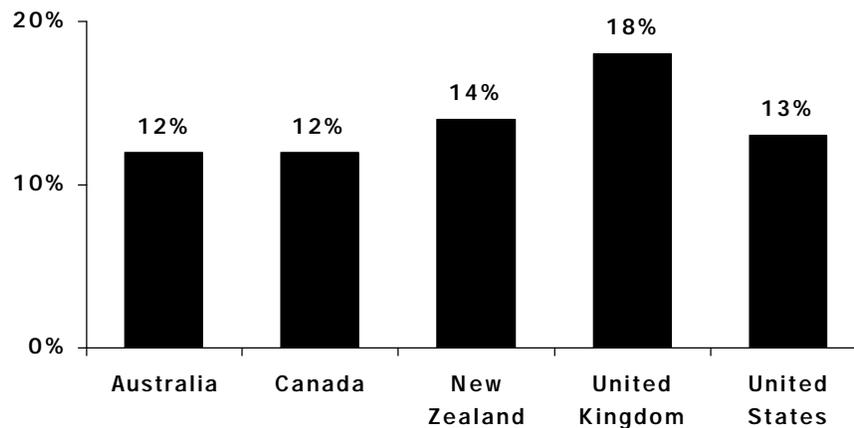
Percent of the elderly with children who "often" receive help from them when they are ill



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

The Elderly Receive Financial Assistance from Their Children

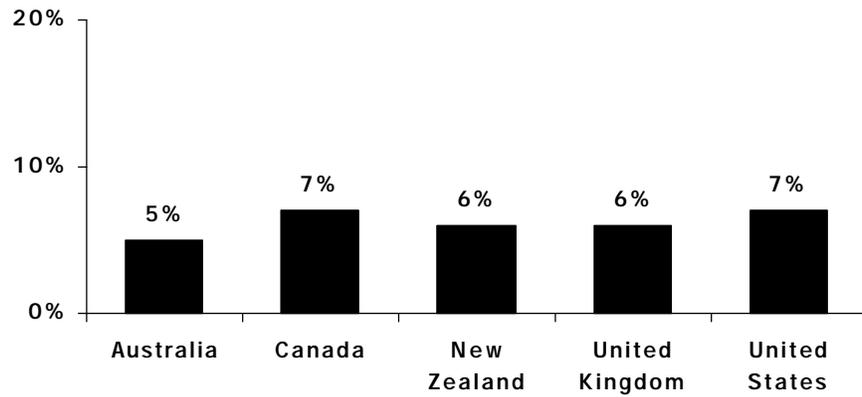
Percent of the elderly with children who "often" or "sometimes" receive financial support from their children



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Children Are a Major Source of Assistance and Caregiving for Their Parents

Percent of the elderly with children who said there was a time they needed help from their children and didn't get it



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

CONCERNS ABOUT COSTS AND FUTURE HEALTH CARE NEEDS

The elderly in all five nations live on limited budgets and struggle to make ends meet.

- Twenty-one percent of the U.S. elderly find it “extremely” or “somewhat” difficult to meet regular expenses. The elderly in other countries reported similar rates, ranging from 15 percent in Canada to 26 percent in the United Kingdom and New Zealand.
- Six percent of the elderly in the United States said they had problems paying medical bills in the past year. While low, this rate is still higher than the 1 percent and 3 percent of the elderly in the United Kingdom and Canada, respectively, who reported difficulties with medical bills.

Cost concerns can cause the elderly to forgo needed prescription medications.

- In the United States, 7 percent of the elderly said they did not fill a prescription for financial reasons, compared with 1 percent in Australia and 2 percent in New Zealand.

A substantial segment of the elderly population in all five countries—but especially in New Zealand and the United States—is very concerned about their future health status and how a deterioration in health could affect them and their family.

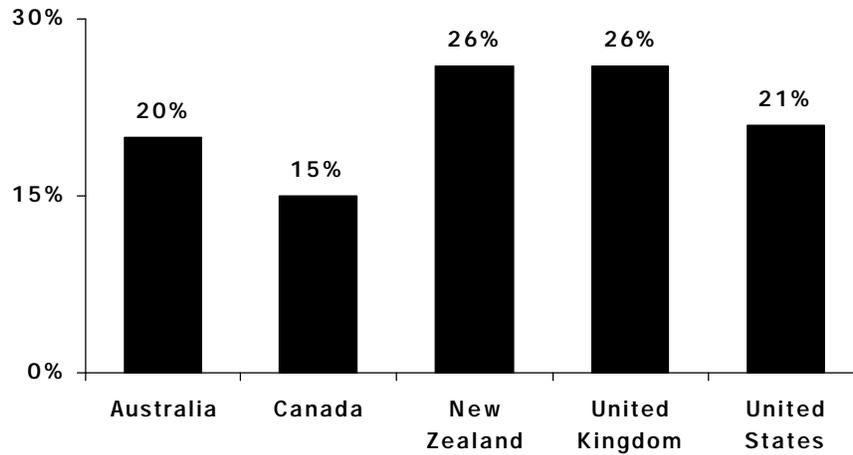
- Sixteen percent of respondents in the United States are “very concerned” that they will have to leave the place they are living in because of a health problem. Rates in the other countries are similar, ranging from 10 percent in Australia to 19 percent in New Zealand.
- Nineteen percent of the U.S. elderly are “very concerned” that they will become a burden to their family. Thirteen percent of the elderly in Australia, the United Kingdom, and Canada, and 25 percent in New Zealand, agree.

New Zealand and the United States also lead the five-nation group in the percentage of respondents who have serious concerns about being able to afford the level of health care they will need.

- Twenty-two percent of the U.S. elderly are “very concerned” they will not have enough money or insurance to pay for the long-term care services they will need. In Australia and the United Kingdom, 12 percent are very concerned, while in New Zealand, 24 percent are.
- Twenty-one percent of respondents in the United States are “very concerned” they will not be able to pay for the medical care they need. Again, the U.S. rate falls in the middle: 10 percent share this level of concern in the United Kingdom, while 25 percent do in New Zealand.

Difficulties Meeting Regular Expenses

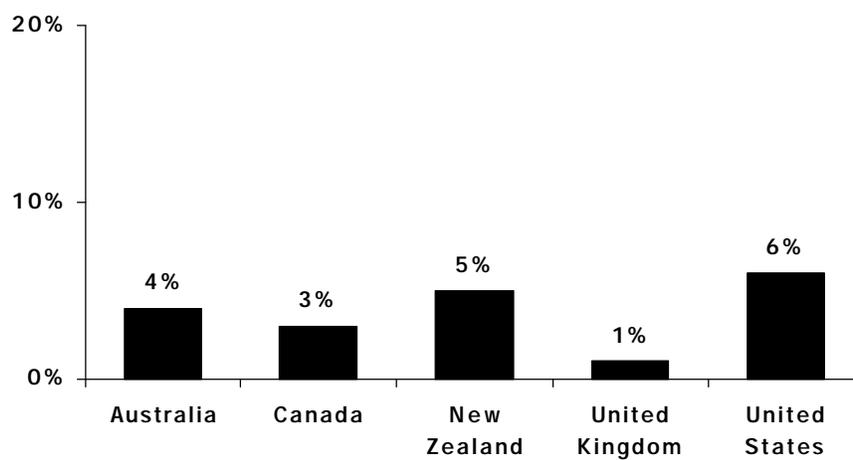
Percent of the elderly who say it is "extremely" or "somewhat" difficult to meet regular expenses



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Difficulties Paying Medical Bills

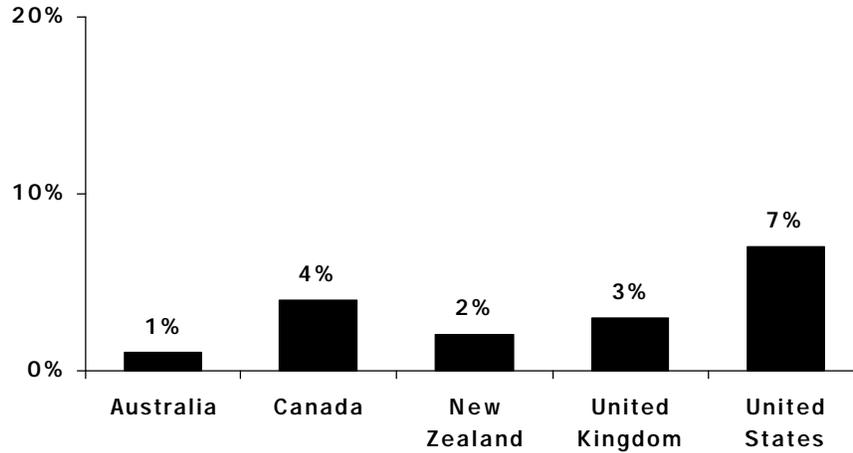
Percent of the elderly who had problems paying medical bills in the past year



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Difficulties Affording Prescription Medications

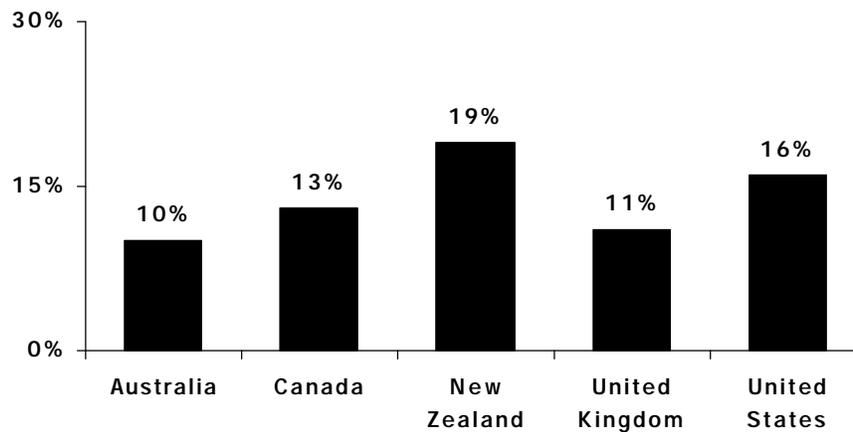
Percent of the elderly who did not fill a prescription for financial reasons



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Concerns About the Impact of Health Problems

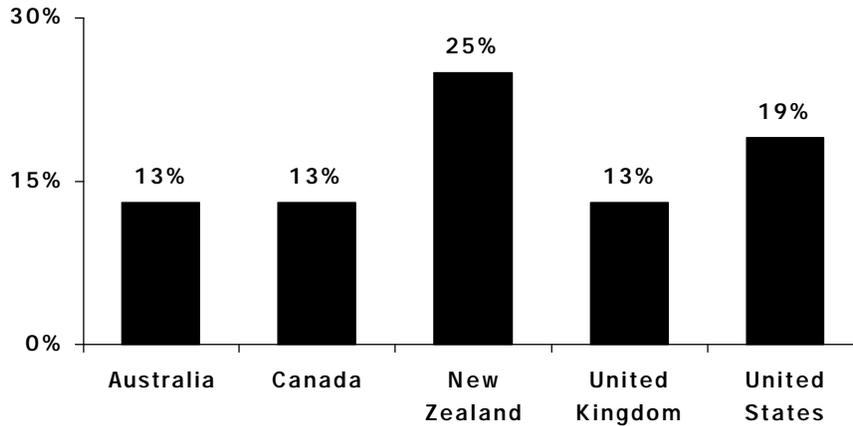
Percent of the elderly who are "very concerned" they will have to leave the place they are living now because of health problems



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Concerns About Becoming a Burden on Family

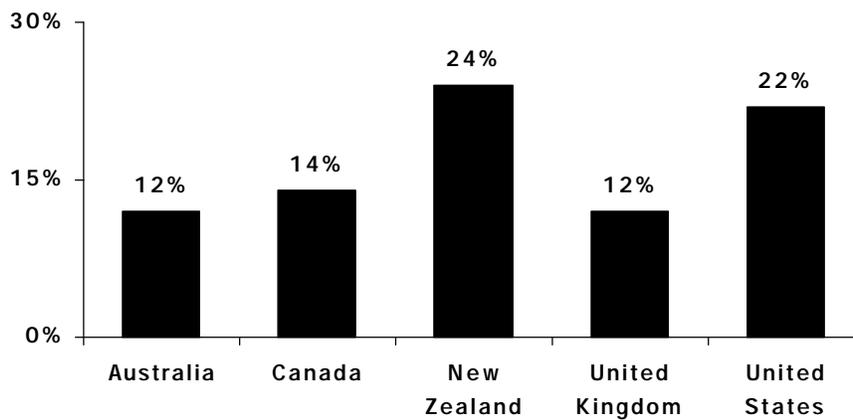
Percent of the elderly who are "very concerned" they will become a burden on their family



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Concerns About the Cost of Long-Term Care

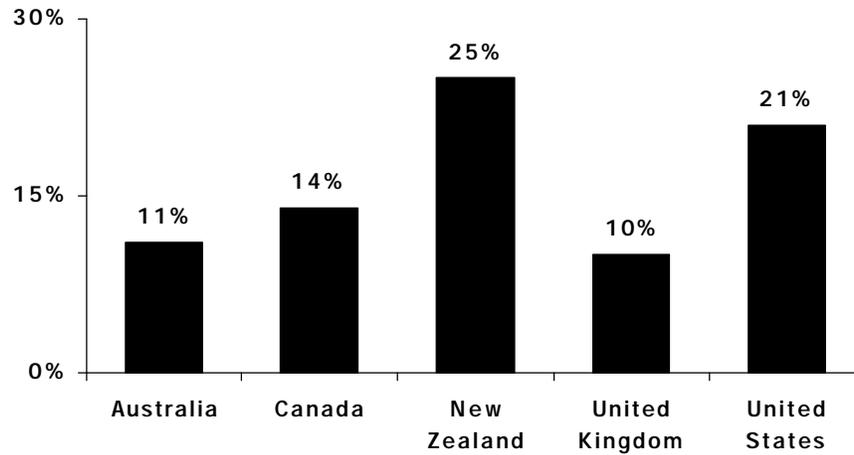
Percent of the elderly who are "very concerned" they will not have enough money or insurance to pay for the long-term care services they will need



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Concerns About Paying for Needed Care

Percent of the elderly who are "very concerned" they will not be able to pay for the medical care they need



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

DISADVANTAGED GROUPS: THE LOW-INCOME ELDERLY

The low-income elderly are in a markedly precarious position in all five countries. Like all the elderly, they are more likely than the nonelderly to have health problems. But they are also more likely than higher-income elderly to be able to meet regular expenses or afford health care.

- In the United States, 32 percent of the elderly with below-average incomes have difficulty meeting regular expenses—more than three times the rate for elderly with above-average incomes (9%). This is within the range of rates reported in the other four countries, from 23 percent in Canada to 38 percent in the United Kingdom.
- One of 10 U.S. elderly (10%) with below-average incomes, versus 2 percent of those with above-average incomes, had problems paying their medical bills in the past year. This rate is twice that reported by the low-income elderly in Australia, Canada, and New Zealand.

The elderly living on low incomes were less likely than those with higher incomes to say they receive high-quality care from their doctor or hospital.

- Only 30 percent of the U.S. elderly with below-average incomes rated the medical care they received in the past year as “excellent.” This is the approximate middle rate for the five countries, whose rates range from 21 percent in Canada to 37 percent in New Zealand.
- The U.S. elderly with below-average incomes are less satisfied with their hospital care. Of those that had been hospitalized in the past two years, only 21 percent said the overall experience was “excellent,” compared with 35 percent of those with average or above-average incomes. Australia, Canada, and the United States all showed significant differences in satisfaction between income groups and had relatively low ratings of hospital experiences (21% in Canada and 27% in Australia described their experience as “excellent”).

Lack of prescription drug coverage in public health insurance plans affects the low-income elderly disproportionately.

- Ten percent of the U.S. elderly with below-average incomes could not afford to fill a prescription in the past year, compared with only 1 percent of the elderly with above-average incomes. Rates of forgone care are low for both income groups in Australia, New Zealand, and the United Kingdom. In Canada—which, like the United States, does not include drug coverage in its public insurance plan—5 percent of the elderly with below-average incomes could not afford to fill a prescription in the past year.

In the United States, both the low-income elderly who need home health services and low-income elderly caregivers who need additional assistance are less likely to receive home health services than those with higher incomes.

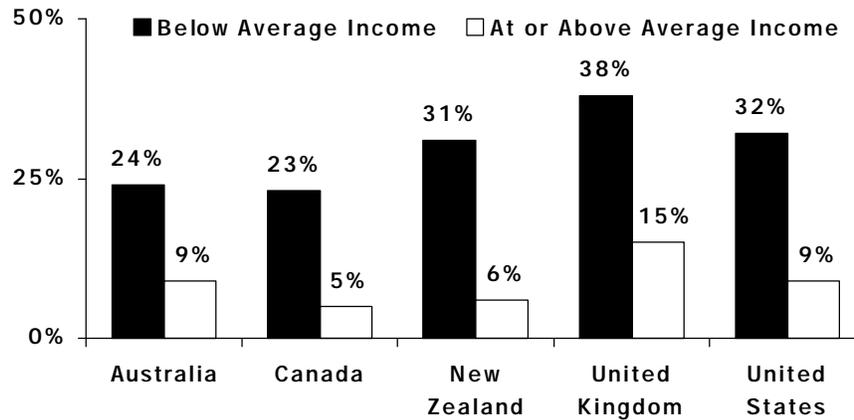
- While the U.S. elderly in need of home health services were more likely to say they received them than the elderly in the other four countries, a gap in access still exists between below- and above-average income groups. Eighty percent of the elderly with below-average incomes who have needed home health care services have received them, as opposed to 90 percent of the above-average income group. The gap is even larger in Canada, where only 63 percent of the below-average income group receive home care, compared with 90 percent of the above-average income group. The pattern is the exact opposite in Australia and New Zealand, where low-income elderly are more likely to receive care than their wealthier counterparts (73% vs. 44% and 78% vs. 64%, respectively).
- Low-income elderly caregivers who need additional help are also less likely to receive it in the United States. Fifty-one percent of caregivers with below-average incomes reported getting paid home health care, compared with 64 percent of those in the above-average income group. The pattern is much the same in the United Kingdom and New Zealand, where only 37 percent and 45 percent of below-average income caregivers, respectively, reported getting additional paid help. A reversal of this pattern occurs in Canada: 58 percent of below-average income caregivers got additional help, versus 44 percent of those in the above-average income group.

Reflecting their financial situation, the low-income elderly are more likely to worry about their ability to obtain health care in the future.

- A third (33%) of the elderly with below-average income in the United States are “very concerned” that they will need long-term care and will be unable to pay for it. The gap between income groups is greatest in the United States, where only 8 percent of the elderly with average or above-average incomes voice the same concern. Though not as extreme, the gap between the below-average income group and the above-average group in Canada (20% vs. 7%), New Zealand (27% vs. 15%), and Australia (14% vs. 6%) is nonetheless pronounced.
- According to the survey, the elderly with below-average incomes in New Zealand and the United States were the most concerned about incurring large medical expenses and being unable to pay for needed care (28%). The gap between income groups is largest in the United States: only 10 percent of the elderly with above-average incomes voiced the same level of concern. Significant differences by income are also apparent in Canada and New Zealand. In Australia and the United Kingdom, however, the elderly in both income groups are “very concerned” about these issues at about the same rate reported by the above-average income groups in the other three countries.

Difficulty Meeting Regular Expenses

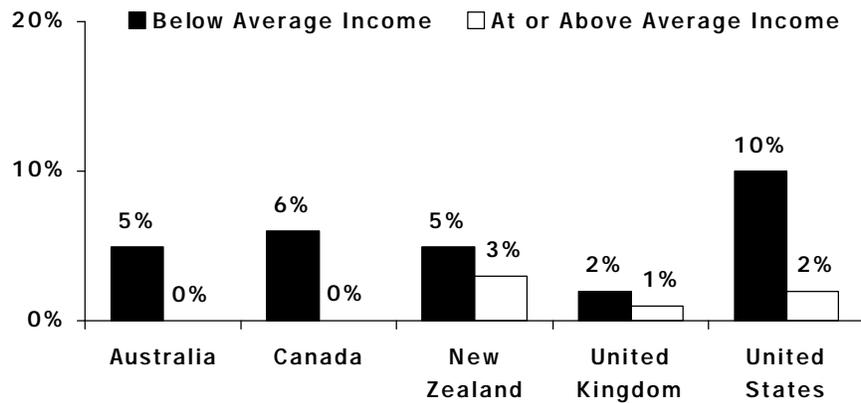
Percent of the elderly with difficulty meeting regular expenses



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Ability to Afford Health Care

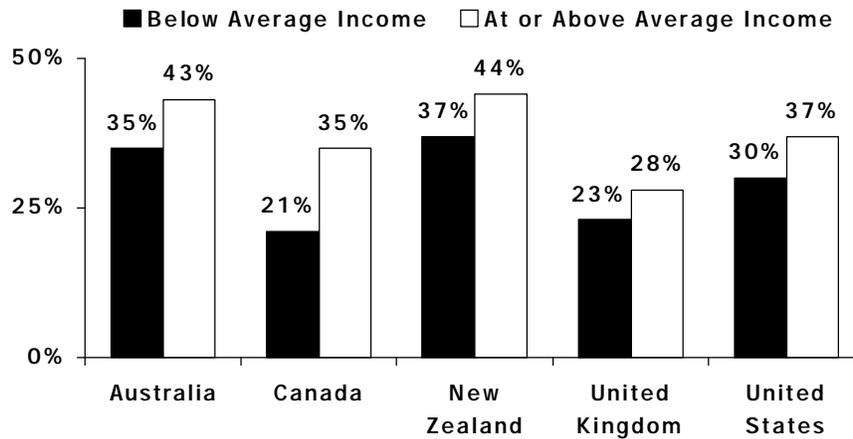
Percent of the elderly who had problems paying their medical bills in the past year



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Perceived Quality of Care

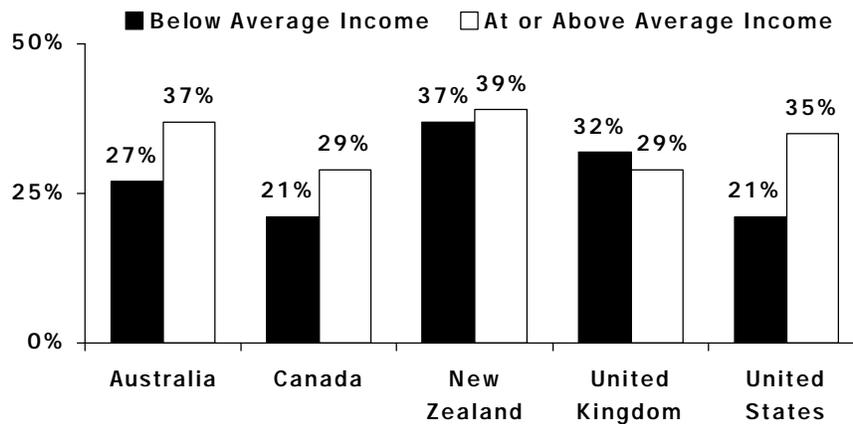
Percent of the elderly who rated the medical care they received in the past year as "excellent"



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Ratings of Hospital Experience

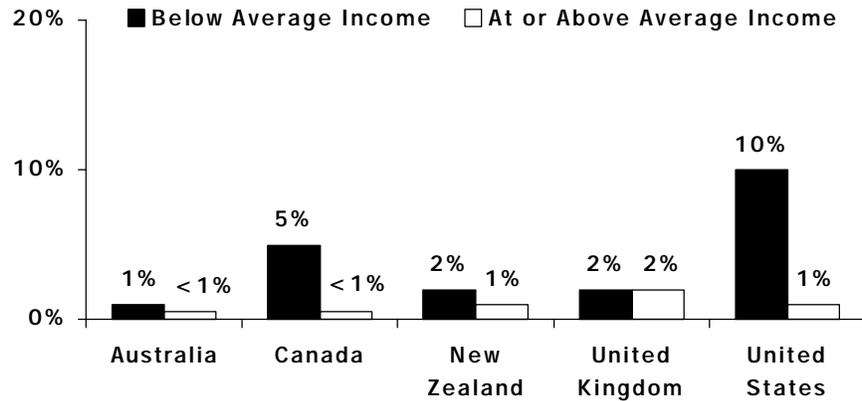
Percent of the elderly who had been hospitalized in the past two years and rated the overall experience as "excellent"



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Ability to Afford Prescription Medications

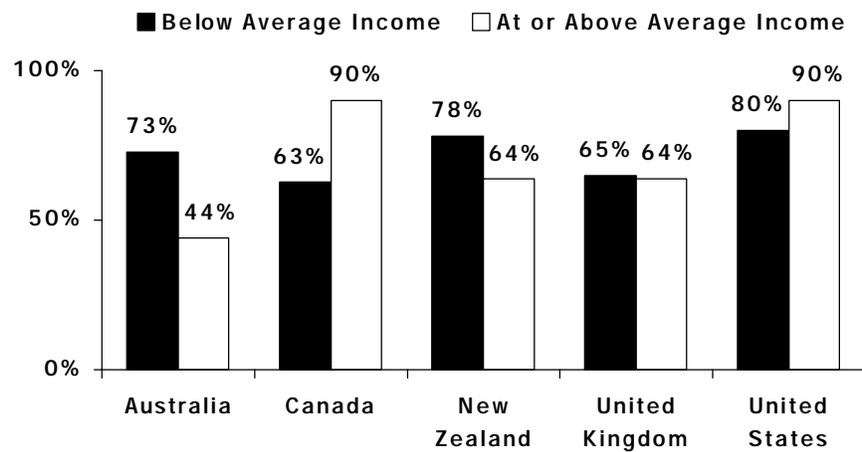
Percent of the elderly who could not afford to fill a prescription in the past year



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Receipt of Home Health Services

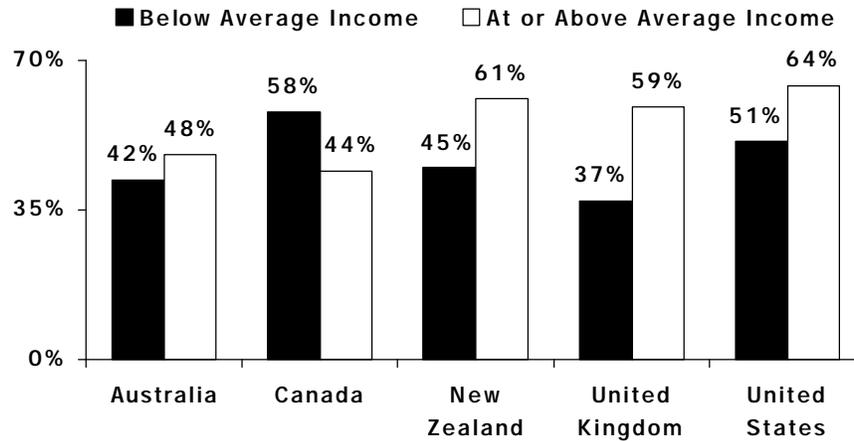
Percent of the elderly who have needed and received home health services



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Caregivers Who Receive Additional Help

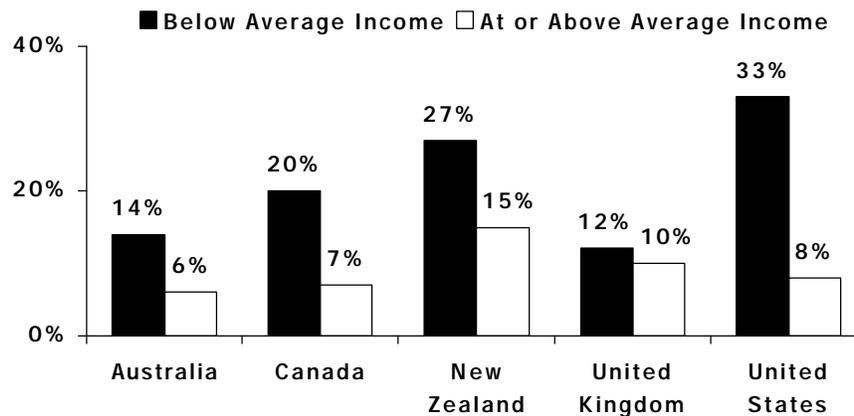
Percent of elderly caregivers whose care recipient received paid home health care



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Concern About the Affordability of Long-Term Care

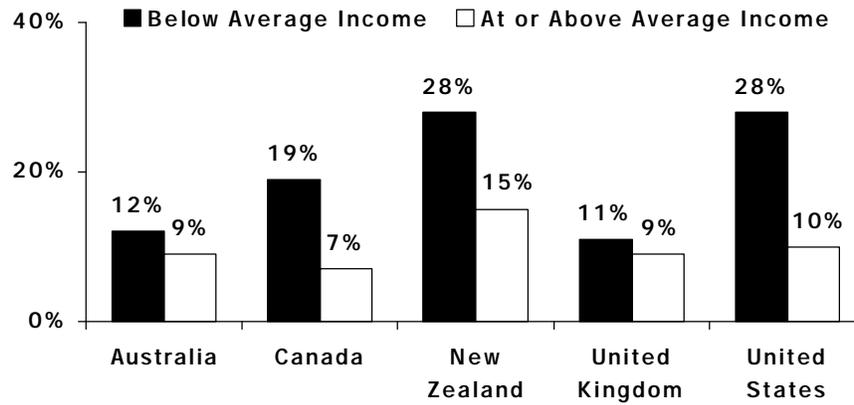
Percent of the elderly who are "very concerned" that they will need long-term care and will be unable to pay for it



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

Concern About Being Unable to Pay for Needed Care

Percent of the elderly who are "very concerned" that they will have large medical expenses and will be unable to pay for needed care



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

VIEWS OF THE HEALTH CARE SYSTEM

A significant portion of the elderly in each of the five nations is dissatisfied with the health care system in their country.

- A quarter of the elderly in the United States think that the health care system has so much wrong with it that it needs to be completely rebuilt. This finding falls between that for the United Kingdom (15%) and New Zealand (31%).
- New Zealand was the only country of the five surveyed in which a greater percentage of the elderly felt that the health system needed to be completely rebuilt than felt that the system worked well and required only minor changes.
- The U.S. elderly's views of their health system did not change much from 1998 to 1999. Approximately the same percentage felt the system needed to be rebuilt in both years. However, the elderly in Australia, Canada, and New Zealand felt better about their health care systems in 1999 than they did in 1998, with the percentage wanting to rebuild the system falling between 9 percent and 15 percent.

Many of the elderly feel that health care for the elderly in general has deteriorated in recent years.

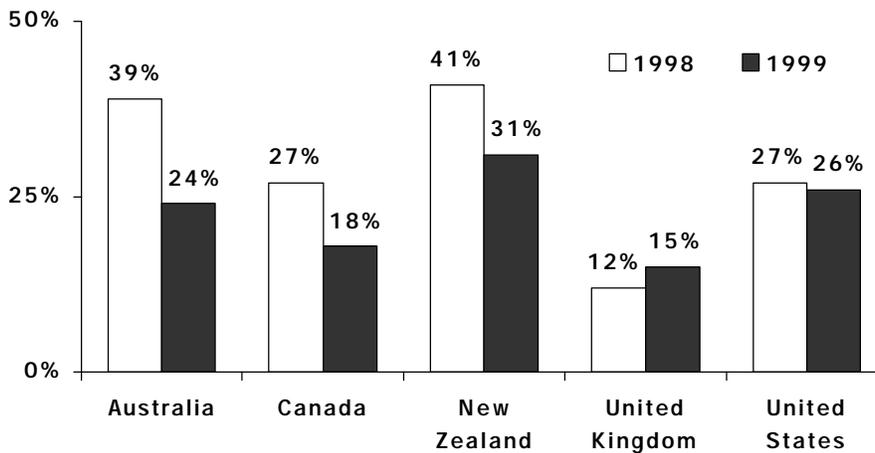
- In the United States, more than a quarter (26%) of the elderly feel that medical care for the elderly has gotten worse compared with five years ago; only 15 percent, meanwhile, feel it has gotten better. Sentiment in New Zealand, however, is far more negative: there, a stunning 48 percent of the elderly feel that medical care has gotten worse over the past five years. In Canada and Australia, the rates are 36 percent and 29 percent, respectively. Only in the United Kingdom is the proportion of the elderly who feels that care has gotten worse approximately the same as the proportion who feels that care has improved.

The Elderly's View of Their Health Care System

	Australia	Canada	New Zealand	United Kingdom	United States
System works well-only minor changes needed	34%	38%	22%	39%	25%
Some good things but fundamental change is needed	38%	40%	45%	44%	44%
System has so much wrong it needs complete rebuilding	24%	18%	31%	15%	26%

Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

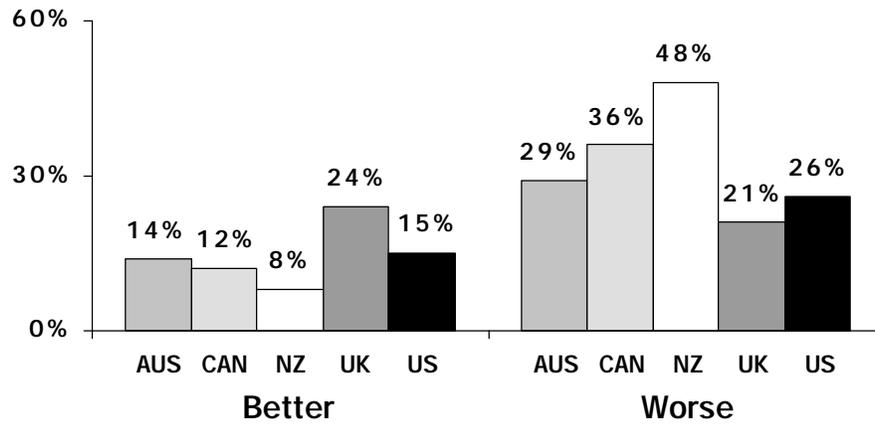
Percent of the Elderly Population Saying Their Health Care System Needs to Be Completely Rebuilt



Source: *The Commonwealth Fund 1998 and 1999 International Health Policy Surveys.*

Perceptions of Recent Changes in the Quality of Medical Care for the Elderly

Percent of the elderly saying that medical care for the elderly is better/worse compared with five years ago



Source: *The Commonwealth Fund 1999 International Health Policy Survey.*

COMPARISONS OF CARE EXPERIENCES FOR PEOPLE UNDER AND OVER AGE 65

The Commonwealth Fund 1998 International Health Policy Survey asked adults of all ages in the same five countries—Australia, Canada, New Zealand, the United Kingdom, and the United States—some similar questions regarding access, quality, and cost concerns and views of the health care system. Its findings, based on the responses of about 1,000 individuals in each country, indicate that the United States generally lags behind the other four countries when comparing averages for the overall population.

Further analysis of the 1998 survey to contrast the reports of elderly and nonelderly respondents reveals that the U.S. elderly tend to have better access to care, report higher quality of care, and have fewer cost concerns than their younger counterparts.

Compared with the other four countries, the gap found between elderly and nonelderly groups in the United States for several measures is especially pronounced.

- The U.S. was the only country where the elderly were more satisfied with their health care system than the nonelderly.
- As in the 1999 survey, the 1998 U.S. elderly ratings were generally similar to the elderly ratings reported in the other nations. In contrast, the U.S. nonelderly tended to view the health care system more negatively and to have higher rates of access and cost concerns.
- These disparities likely stem from the U.S. dichotomy of universal coverage for the elderly under Medicare and high uninsured rates among the nonelderly.

The elderly were less likely than the nonelderly to report difficulties getting needed primary and specialty medical care in all five countries. In the United States, however, the elderly tend to experience difficulties at about the same rate as that for the overall populations in the universal-coverage countries. Nonelderly U.S. residents, meanwhile, tend to have much greater difficulties.

- While 15 percent of elderly respondents in the United States reported that getting needed medical care was “extremely,” “very,” or “somewhat” difficult, 30 percent

of the nonelderly reported the same degree of difficulty, a rate that surpasses that for the other four countries.

- The rate for the U.S. elderly falls in line with the rates reported by the elderly in the other nations as well as those for the total population, which range from 15 percent in Australia and the United Kingdom to 21 percent in Canada.

In all five countries, the elderly are less likely to worry about not being able to afford needed medical care. The contrast between age groups in the United States is particularly marked.

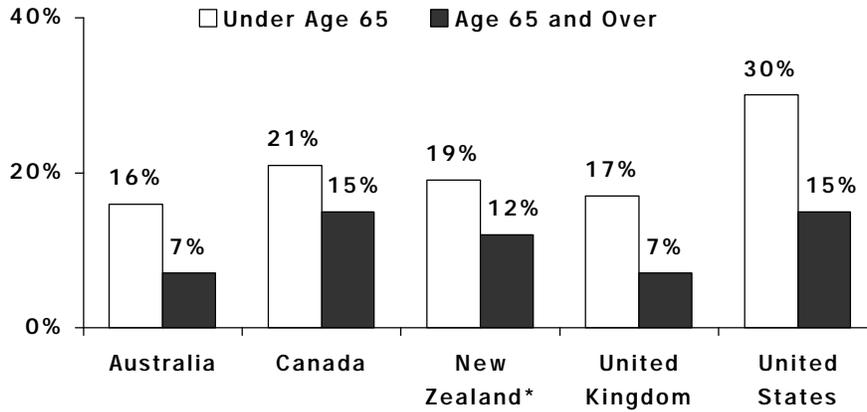
- Fewer than one of 10 elderly respondents in the United States were “very worried” that in the event of seriously illness, they would not get medical care they need because they would not be able to afford it. By comparison, one-quarter of nonelderly U.S. respondents were very worried.
- The rate for the U.S. elderly was equal to that for the U.K. elderly and much lower than that for the other three countries, which ranged from 17 percent in Canada to 30 percent in New Zealand.

In 1998, the United States was the only country where the elderly held a less negative view of the health care system than the nonelderly.

- Twenty-seven percent of the U.S. elderly felt that the health care system had so much wrong with it that it needed to be completely rebuilt, compared with 34 percent of the nonelderly.
- In the other nations, the elderly’s views were either similar to or more negative than the nonelderly’s views.

Difficulty Getting Needed Care

Percent who felt it was "extremely," "very," or "somewhat" difficult to get needed medical care

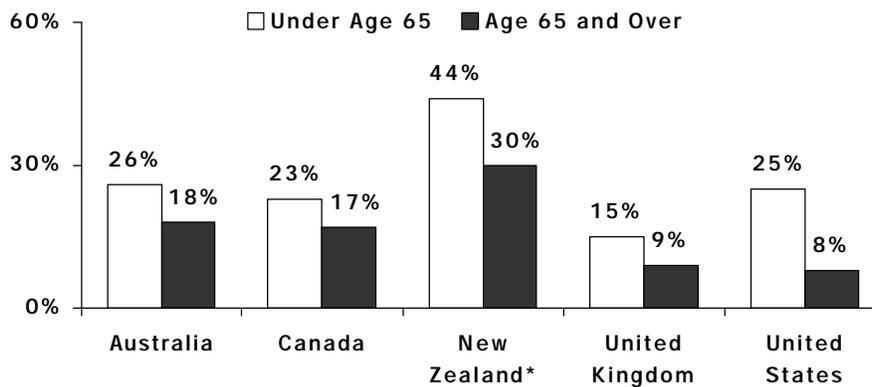


* The age break in New Zealand is "under age 70" and "age 70 and over."

Source: *The Commonwealth Fund 1998 International Health Policy Survey.*

Worries About Not Being Able to Afford Needed Care

Percent who are "very worried" that if they become seriously ill, they will not be able to get the medical care they need because they cannot afford it

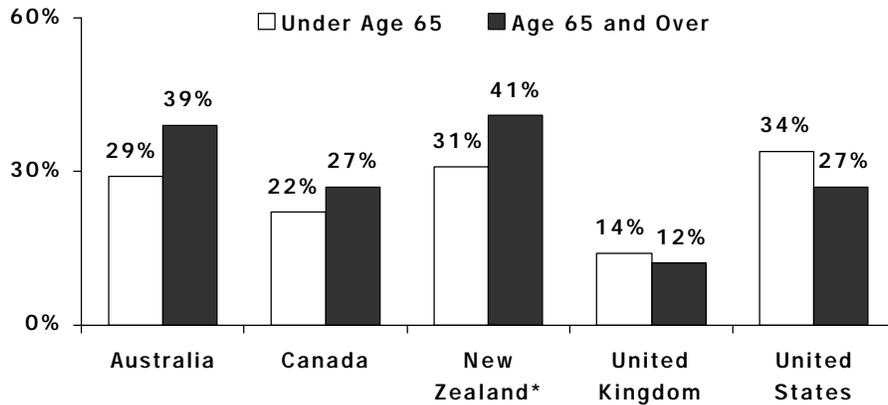


* The age break in New Zealand is "under age 70" and "age 70 and over."

Source: *The Commonwealth Fund 1998 International Health Policy Survey.*

Views of the Health Care System

Percent who think their health care system has so much wrong with it that it needs to be completely rebuilt



* The age break in New Zealand is "under age 70" and "age 70 and over."

Source: *The Commonwealth Fund 1998 International Health Policy Survey.*

METHODOLOGY

The data reported here was drawn from telephone surveys of randomly selected, noninstitutionalized adults age 65 and older that were conducted from April to June 1999 in Australia, Canada, New Zealand, the United Kingdom, and the United States. Sample sizes in each country were 701, 700, 700, 714, and 700, respectively. Harris Interactive, Inc. (formerly Louis Harris and Associates, Inc.) and its international affiliates collected the data.

Researchers from the Harvard University School of Public Health, Harris Interactive, Inc., and The Commonwealth Fund collaborated in the design of the common survey instrument that was administered in all countries. Several measures were taken or adapted from instruments developed for earlier international health surveys.⁵ Instruments were reviewed by health care experts in all nations and were presented in each nation. The average length of survey administration for all five nations was 12 minutes.

All surveys are subject to both sampling and nonsampling error. The margin of error for the national populations of 1,000 people is ± 3 percent. Responses of smaller groups have higher margins of sampling error. In cross-national surveys, the principal concern is the cross-cultural interpretation, and therefore the validity, of common survey measures. While the authors attempted to maximize the comparability of survey findings, in the end, these survey responses must be viewed in the context of their individual cultures. Differences in standard practice in measuring and reporting sample disposition and response rate information make the publication of one common response rate inadvisable. The authors will provide more detailed information on survey procedures on request.

⁵ Karen Donelan, Robert J. Blendon, Cathy Schoen, Karen Davis, and Katherine Binns, "The Cost of Health System Change: Public Discontent in Five Nations," *Health Affairs* 18 (May/June 1999):206–216; Karen Donelan, Robert J. Blendon, John Benson, Robert Leitman, and Humphrey Taylor, "All Payer, Single Payer, Managed Care, No Payer: Patients' Perspectives in Three Nations," *Health Affairs* 15 (Summer 1996):254–265; Robert J. Blendon, John Benson, Karen Donelan, Robert Leitman, Humphrey Taylor, Christian Koeck, and Daniel Gitterman, "Who Has the Best Health Care System? A Second Look," *Health Affairs* 14 (Winter 1995):220–230.

RELATED PUBLICATIONS

#388 *Equity in Health Care Across Five Nations: Summary Findings from an International Health Policy Survey* (May 2000). Cathy Schoen, Karen Davis, Catherine DesRoches, Karen Donelan, Robert Blendon, and Erin Strumpf. This issue brief, based on an article that summarized *The Commonwealth Fund 1998 International Health Policy Survey*, assesses disparities in access to health care, the financial burden of care, and perceived quality of care between people with above-average incomes and those with below-average incomes in five nations.

#354 *Health and Population Aging: A Multinational Comparison* (October 1999). Gerard F. Anderson and Peter S. Hussey, Johns Hopkins University. This chartbook compares demography, health care costs, long-term care, retirement age, income, and public policy in eight industrialized countries and explores the impact on the care and well-being of the elderly.

#334 *The Cost of Health System Change: Public Discontent in Five Nations* (May/June 1999). Karen Donelan, Robert J. Blendon, Cathy Schoen, Karen Davis, and Katherine Binns. *Health Affairs*, vol. 18, no. 3. In this article, the authors find that amid widely divergent systems and cultural norms of health care, citizens express surprisingly similar concerns about the future. Different systems pose different problems: in those with universal coverage, dissatisfaction is with the level of funding and administration, including queues. In the U.S., the public is primarily concerned with financial access.

#333 *Health Spending, Access, and Outcomes: Trends in Industrialized Countries* (May/June 1999). Gerard F. Anderson and Jean-Pierre Poullier. *Health Affairs*, vol. 18, no. 3. The authors note that even with managed care and government efforts to control growth, U.S. health spending per capita grew more rapidly in the 1990s than did spending in the average industrialized country. Despite this rapid increase in spending, the U.S. still has the lowest percentage of the population with government-assured health insurance.

#320 *Common Concerns: International Issues in Health Care System Reform* (February 1999). Karen Davis. In this essay—a reprint of the president's message from the Fund's *1998 Annual Report*—the author compares the different ways in which industrialized nations have addressed the issues of controlling health care spending, managing the use of hospital care, emphasizing primary care, containing the cost of medications, ensuring the quality of care, and reducing inequities in access and services.

#299 *Multinational Comparisons of Health Care: Expenditures, Coverage, and Outcomes* (October 1998). Gerard F. Anderson, Johns Hopkins University. This chartbook presents data comparing the health care systems and their performance in eight industrialized countries—Australia, Canada, France, Germany, Japan, New Zealand, the United Kingdom, and the United States—and the median of all 29 members of the Organization for Economic Cooperation and Development (OECD).

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