



# In the Literature

## WHAT OTHER PROGRAMS CAN TEACH US: INCREASING PARTICIPATION IN HEALTH INSURANCE PROGRAMS

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The pervasively low take-up rates for certain public benefits—that is, the rate at which people who are eligible for a program enroll—have been a major cause of uninsurance in the United States. Millions of Americans are eligible for public programs such as Medicaid, but never sign up for them. Why not take free, or nearly free, care when offered?

This issue recently was tackled by researchers at the Mailman School of Public Health at Columbia University in “[What Other Programs Can Teach Us: Increasing Participation in Health Insurance Programs](#),” a study funded by The Commonwealth Fund that appeared in the *American Journal of Public Health*. After examining factors that influence take-up behavior across a wide range of public programs, authors Dahlia K. Remler, Ph.D., and Sherry A. Glied, Ph.D., concluded that programs with an automatic enrollment feature have the highest take-up rates. Based on this finding, Remler and Glied recommend introducing automatic enrollment in public insurance to improve participation.

Understanding why people do not avail themselves or their dependents of health insurance programs is critical to the success of efforts to expand coverage. To better understand the low take-up rates in health care, the authors looked to other social welfare or related programs. Food stamps, unemployment insurance and Aid to Families with Dependent Children (now Temporary Assistance for Needy Families) all have low take-up rates, as does Medicaid.

The authors reviewed roughly 100 research articles that examined program features or mechanisms that affect take-up rates. They assessed four possible influential factors: the size of benefits, inconvenience, stigma, and information about the program.

Many studies indicate that participants are influenced by the size of potential benefits—the larger the benefits, the more likely that potential recipients are willing to overcome other barriers and sign up for a program. Inconvenience can influence participation as well. One study, for example, found that people who perceived an application as long and complicated were 1.8 times less likely to take up Medicaid.

But when access to a program is convenient, take-up rates rise substantially. Programs that permitted automatic enrollment had significantly higher rates of participation than other programs. The participation rate in one company’s pension program, for instance, rose from 37 percent to 86 percent within one year after the company switched from voluntary to automatic enrollment.

Overall, the studies reviewed by the authors conclude that the link between low take-up rates and a sense of shame about accepting benefits is weak. If there is a stigma associated with accepting benefits, that attitude rarely affects take-up rates.

Finally, researchers believe that the more information potential participants have about a program, the more likely it is that they will participate in it. One study found that 36 percent of people who were informed about food stamps by researchers took up the benefit, while none of the people who were eligible for food stamps, but not told of the program, enrolled.

Several lessons can be learned from the research conducted on benefit take-up rates:

- *The size of a benefit, measured over time, is consistently the most important predictor of high participation. A reason that some health*

coverage expansion programs have low take-up, for example, is that some people are uninsured for short periods, and do not anticipate receiving the benefit for a long time. Longer periods of coverage might lead to higher participation.

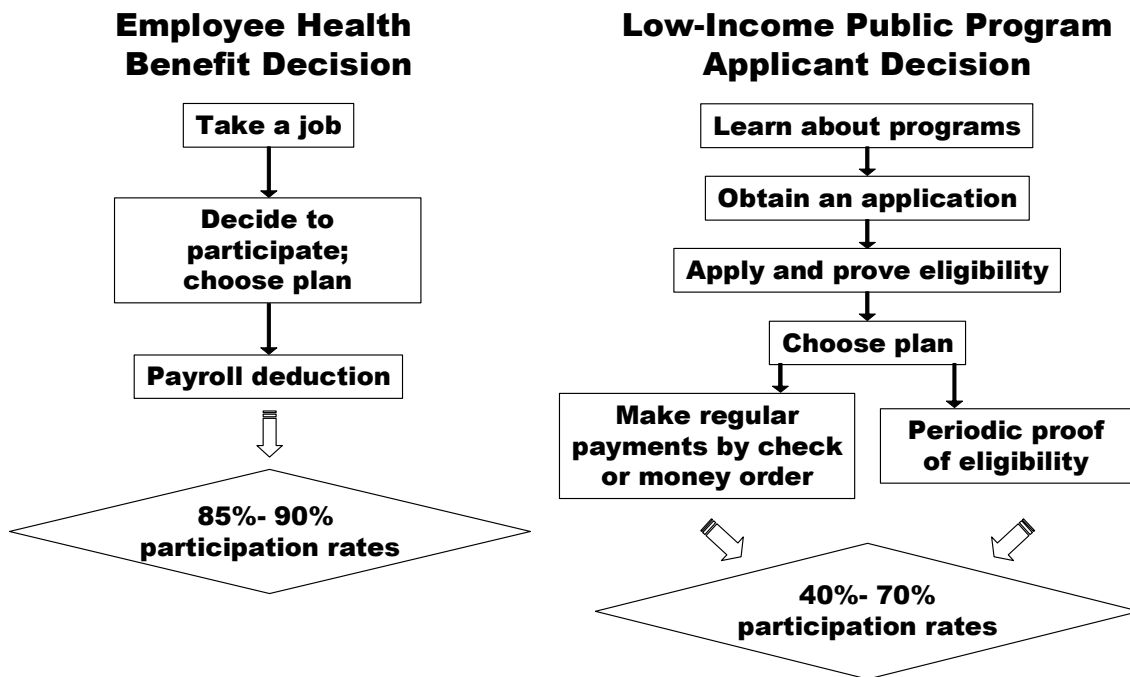
- *The availability of information about a program may increase participation, but the program itself must be perceived to have desirable benefits.* Stigma does not appear to be a factor that deters people from participating in a program.
- *Automatic enrollment can dramatically increase take-up rates.* Programs that enroll people automatically—Medicare part A, Medicare part B and employer-sponsored insurance, for example—have the highest take-up rates. Moving from voluntary to automatic enrollment can be an extremely effective means of improving program participation.

### Take-Up Rates for Other Public Programs

| Program                                | %     |
|--|-------|
| Medicare part A                        | 99    |
| Medicare part B                        | 95.5  |
| Employer-sponsored insurance           | 80–87 |
| Earned income tax credit               | 80–86 |
| Food stamps                            | 54–71 |
| Unemployment insurance                 | 65–83 |
| Rental assistance                      | 64    |
| SSI (elderly)                          | 50–56 |
| Medicaid (eligible uninsured children) | 50–70 |
| AFDC (female heads of household)       | 45–70 |
| QMB and SLMB (Medicare assistance)     | 43    |

Source: Remler and Glied.

### Take-Up of Employer Insurance vs. Public Insurance



Source: Commonwealth Fund analysis based on D. K. Remler and S. A. Glied, "What Other Programs Can Teach Us: Increasing Participation in Health Insurance Programs," *American Journal of Public Health* 93 (January 2003): 67–74.