



United States Adults' Health Care System Views and Experiences, 2001

Findings from the Commonwealth Fund 2001 International Health Policy Survey

The United States continues to lead the world in per-person spending on health care. Yet results from The Commonwealth Fund 2001 International Health Policy Survey indicate that the majority of U.S. adults believe the system requires fundamental reforms or needs to be completely rebuilt. The United States stands out in the five-nation survey—which also included Australia, Canada, New Zealand, and the United Kingdom—on most measures for cost-related barriers to health care and for pervasive and large income-related disparities in access and quality of care. U.S. adults with incomes below the national average were more likely to face access barriers to needed care than were their counterparts in the other four countries surveyed.

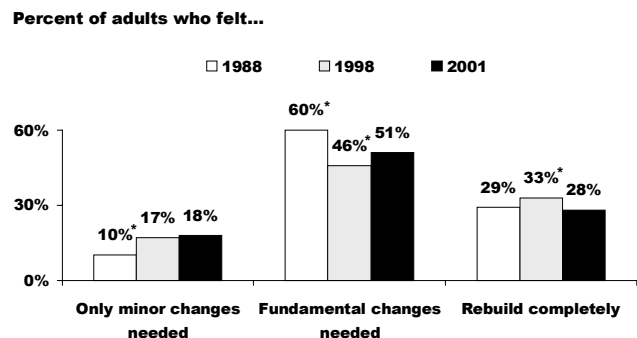
This data brief based on The Commonwealth Fund 2001 International Health Policy Survey focuses on the health system views and experiences of U.S. adults. Comparative findings from the five-nation survey were reported in the May/June issue of *Health Affairs*.¹ The data brief includes additional analysis of the survey that does not appear in the *Health Affairs* article.

Satisfaction with the Health Care System

- When asked their view of the country's health care system, nearly eight of 10 U.S. adults (79%) thought the health care system needed either fundamental reform (51%) or complete rebuilding (28%). Just 18 percent thought only minor changes were needed (Figure 1).
- Americans' high levels of dissatisfaction were the same as those found in 1988.

¹ Robert Blendon, Cathy Schoen, Catherine DesRoches, Robin Osborn, Kimberly Scoles, and Kinga Zapert, "Inequities in Health Care: A Five-Country Survey," *Health Affairs* 21 (May/June 2002): 182–91.

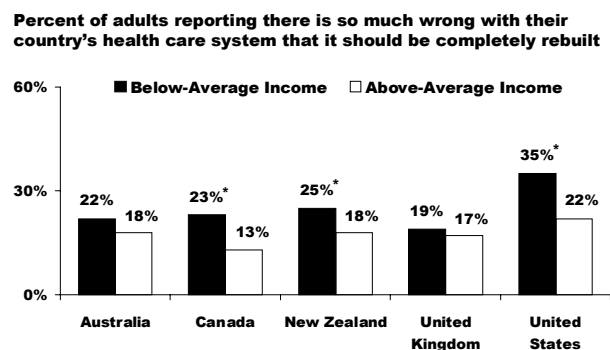
United States Figure 1
United States: Satisfaction with the Health Care System, 1988, 1998, and 2001



* Significantly different from the U.S. in 2001 at $p \leq .05$
Source: Harvard 1988 and The Commonwealth Fund 1998 and 2001 International Health Policy Surveys

- Americans with income below the national average were more likely than those with income above the average to believe the health system needs rebuilding (Figure 2).

United States Figure 2
Dissatisfaction with the Health Care System, by Income, 2001



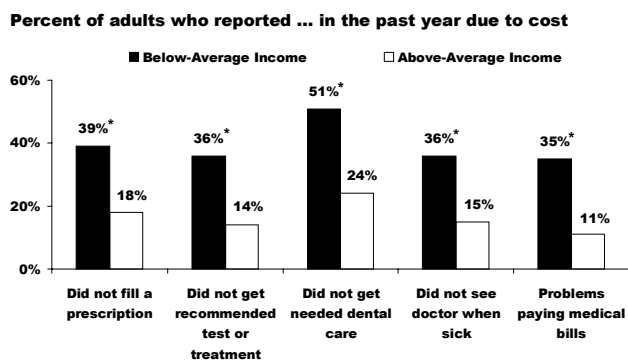
* Significantly different from above-average income at $p \leq .05$
Source: The Commonwealth Fund 2001 International Health Policy Survey

- One of five (20%) Americans said his or her access to care was worse today than it was two years ago; nearly the same proportion said access had improved (17%). These rates were similar to those reported in the other four countries.

Health Care Access and Cost

- A high proportion of U.S. adults said there was a time in the past year when they went without needed health care because of the cost. One-fifth or more of all U.S. respondents reported the following cost-related access barriers: they had a medical problem but did not see a doctor (24%), they did not fill a prescription (26%), they did not get a recommended test or treatment (22%), or they went without needed dental care (35%). With the exception of dental care, these rates exceeded those in the other four countries.
- Americans with income below the national average fared significantly worse than those with income above the average on all measures of health care access and medical cost burdens. Lower-income adults were more than twice as likely as higher-income adults to report going without needed care because of the expense (Figure 3).

United States Figure 3
United States: Access and Medical Bill Problems, by Income, 2001

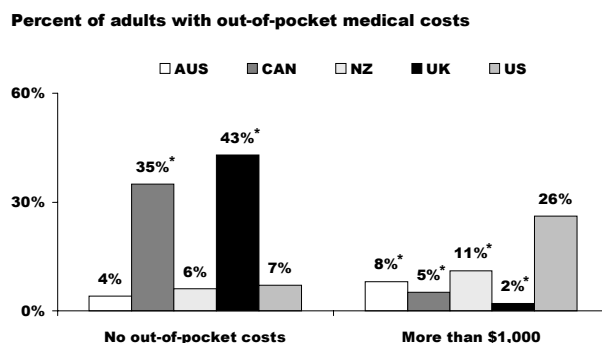


* Significantly different from above-average income at $p \leq .05$
Source: The Commonwealth Fund 2001 International Health Policy Survey

- Half of adults with below-average income (51%) said they did not see a dentist when needed in the past year because of the cost (Figure 3).
- On all measures of cost-related access problems, U.S. adults with below-average income fared worse than their counterparts in the other four countries.
- Nearly two of five U.S. adults said it was difficult to see a specialist when needed (17% extremely or very difficult, 22% somewhat difficult). When asked why, cost was the most frequent reason given (49%).

- Americans with below-average income were significantly more likely to encounter problems seeing specialists than those with above-average income: 30 percent of adults with lower income said it was extremely or very difficult to see a specialist, compared with 8 percent of those with higher income.
- Of survey respondents in all five nations, U.S. adults were generally the most likely to face high out-of-pocket costs for medical care (Figure 4).

United States Figure 4
Adults' Reports on Out-of-Pocket Costs in Past Year, 2001



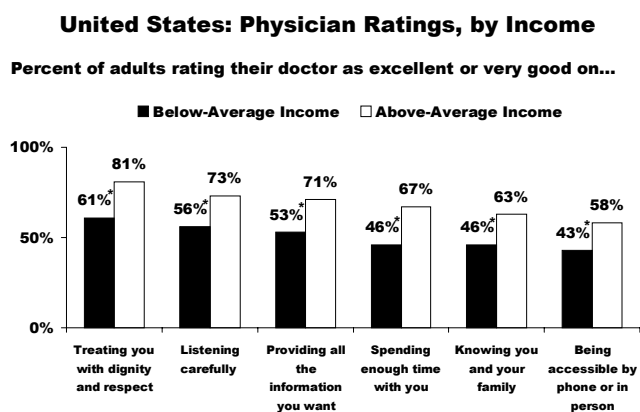
* Significantly different from the U.S. at $p \leq .05$
Source: The Commonwealth Fund 2001 International Health Policy Survey

- Americans had access difficulties related to the hours of the day when care was available or to lack of local health care resources.
 - ▶ Two of five U.S. adults (41%) said it was difficult to get care on nights and weekends—a rate that was among the highest in the five-nation survey.
 - ▶ One of five U.S. adults (20%) reported he or she was often or sometimes not able to get care because it was not available where he or she lives.
 - ▶ On both measures—care availability on nights and weekends and getting care close to home—adults with below-average income were more likely to encounter difficulties than adults with above-average income (49% vs. 40% night/weekend hours; 28% vs. 15% location).

Quality-of-Care Ratings

- Over half of U.S. respondents (57%) rated their overall medical care as excellent or very good. Thirteen percent rated their care fair or poor.
- Among adults hospitalized in the past two years, one of five rated his or her care as fair or poor; only 50 percent gave hospitals an excellent or very good rating. Adequacy of nurse staffing was of concern: 22 percent said staffing was fair or poor. U.S. hospital and nurse staffing ratings were similar to those reported in the other four countries.
- U.S. waiting times for elective (nonemergency surgery) remain brief: 70 percent of people who needed elective surgery in the past two years waited less than one month.
- On six measures of physician quality, the majority of U.S. respondents rated their doctor as excellent or very good. U.S. adults gave the lowest scores to the accessibility of their doctor by phone or in person (52% excellent or very good) and having enough time with their physician (58% excellent or very good).
- The United States was the only country among the five nations surveyed for which physician ratings varied significantly by respondents' income. Adults with income below the national average rated their doctor less favorably than those with income above the average (Figure 5).

United States Figure 5



* Significantly different from above-average income at $p \leq .05$

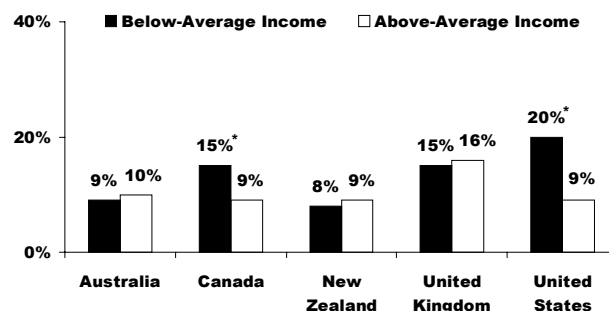
Source: The Commonwealth Fund 2001 International Health Policy Survey

- U.S. adults with below-average income rated their overall care more negatively than did adults with above-average income (Figure 6).

United States Figure 6

Overall Quality of Health Care Received in Past Year

Percent of adults reporting quality as fair or poor



* Significantly different from above-average income at $p \leq .05$

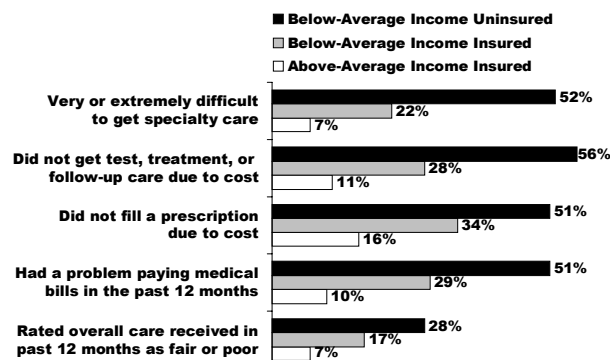
Source: The Commonwealth Fund 2001 International Health Policy Survey

Health Insurance Coverage and Access to Care

- Lack of health insurance coverage contributes to income-related disparities in access to care. Uninsured lower-income adults reported having access problems at two times the rate of insured lower-income adults (Figure 7). Half of uninsured lower-income adults (56%) went without recommended care.

United States Figure 7

Insurance Coverage Reduces Access Barriers for Low-Income Americans



Note: Below-average income uninsured significantly different from other groups on all measures at $p \leq .05$

Source: The Commonwealth Fund 2001 International Health Policy Survey

- Having insurance coverage reduced, but did not eliminate, income-related disparities in health care access experiences.

Summary

The United States stands out among the five nations surveyed in disparities by income on access and quality-of-care measures. Although the United States spends more per person on health care than any other country,² lack of adequate insurance coverage undermines access and quality for those with below-average income.

The Commonwealth Fund 2001 International Health Policy Survey consisted of telephone interviews with 1,400 adults in each of five countries: Australia, Canada, New Zealand, the United Kingdom, and the United States. Conducted in April and May of 2001 by Harris Interactive, the survey explored adults' views of their health care system and recent care experiences; to permit analysis of trends over time, the survey also included questions asked in earlier surveys. To compare experiences between lower- and higher-income adults, the survey participants were quoted the national median household income in 2001 and asked whether their own income was much or somewhat below this amount, about average, or much or somewhat above the national median. In the United States, 32 percent of adults described their income as below average, 22 percent as average, and 43 percent as above average. Three percent did not answer the income question. Adults with average income were included in the country totals but not shown separately when comparing those with below-average and above-average income.

This data brief was prepared by Cathy Schoen, Robert Blendon, Catherine DesRoches, Robin Osborn, Michelle Doty, and Deirdre Downey.

² Gerard Anderson and Peter Sotir Hussey, "Comparing Health System Performance in OECD Countries," *Health Affairs* 20 (May/June 2001): 219–32.