CARING FOR THE UNINSURED: THE URBAN DILEMMA

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The number of uninsured Americans continues to grow. In 1996, 41.7 million Americans, 15.6% of the total population, lacked health insurance coverage.¹ In urban areas, the problem of the uninsured is particularly acute. New data indicate that 19% of urban residents are uninsured, compared with 14% in suburban areas and 16% in rural areas.²

THE UNINSURED IN NEW YORK CITY

The lack of health insurance is a particularly large problem in New York City, where the proportion of people without insurance exceeds the proportion in New York State and the nation as a whole. Almost 28% of New York City residents under age 65 lacked health insurance in 1996.³ New York City, which has 38% of New York State's non-elderly population, is home to more than half of the state's uninsured people. The lack of insurance is also prevalent among New York City's children: nearly 20% of New York City children under age 18 were uninsured in 1995.

As in the rest of the nation, the problem of the uninsured in New York City is getting worse. From 1991 to 1996, the percentage of New York City residents under age 65 without health insurance increased from 19.8% to 27.8%—an increase of 40% in five years.³ The growth of New York City's uninsured population is occurring at the same time that changes in the city's health care system may be making it more difficult for the uninsured to access needed health care. Increased penetration by managed care in New York City reflects earlier trends on the West Coast and in other parts of the country. In New York City, the percentage of the population enrolled in health maintenance organizations doubled between 1993 and 1996.⁴ As managed care enrolls increasing numbers of patients, traditional cross-subsidies to support care for the uninsured that existed in a system based on fee for service are disappearing. Managed care and other

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trends in the city's health care financing and delivery systems increase the risks that uninsured New Yorkers will not be able to access health care when they need it.

THE COMMONWEALTH FUND SURVEY OF MANAGED CARE AND ACCESS TO CARE IN NEW YORK CITY

To examine the recent experiences of New Yorkers with the city's health care system, the Commonwealth Fund commissioned Louis Harris and Associates, Inc., to conduct a survey of adult residents across the five boroughs. Between October 1996 and March 1997, telephone and in-person interviews were completed with 4,013 New Yorkers. The telephone interviews included a representative sample of 3,000 New Yorkers aged 18 and older, as well as an oversample of 750 adults living in low-income areas, and 263 in-person interviews with adults in households without telephones. Of those contacted by telephone, 53% completed the survey. A 66% response rate was obtained for the in-person interviews.

PROFILE OF THE UNINSURED

Survey results reveal that New York City's uninsured are caught in a situation that leaves them without access to affordable coverage. They are predominantly persons of low income who do not qualify for Medicaid, work in jobs that do not provide health benefits, and cannot afford to purchase private coverage. Uninsured adults (42%) are twice as likely as the insured (21%) to be at or below the poverty level. Among low-income adults, those with household incomes less than 250% of poverty, 33% are uninsured, 25% are on Medicaid, 17% are on Medicare, and 24% have private insurance. Were it not for public insurance programs, 3 of every 4 low-income adults in New York City could be uninsured (Fig. 1).

At the same time, the majority—nearly two-thirds—of New York City's uninsured adults under age 65 are working on either a full-time or a part-time basis. Those on Medicaid, however, reveal almost the opposite picture: 67% of Medicaid beneficiaries are not working. This disparity raises important questions of misdirected incentives in that working appears to compromise one's ability to access health care coverage. Only 14% of those with private insurance are not working (Fig. 2).

New York City's uninsured also share many characteristics of the nation's uninsured. They tend to be younger. Of the uninsured, 21% are 18 to 24 years old, compared with 10% of the insured in that age group, and 30% of the uninsured are 25 to 34 years old, compared with 22% among the insured. The uninsured are more likely to be male—56% of the uninsured, compared with 44% among the insured—reflecting the disproportionate enrollment of women

Base: Income up to 250% of poverty

FIG. 1 Income and insurance in New York City. If not for public programs, 3 of 4 low-income people could be uninsured. From *The Commonwealth Fund Survey of Health Care in New York City*. New York: Commonwealth Fund; March 1998.

in Medicaid. Also, 60% of the uninsured are single, reflecting the importance of coverage for spouses, domestic partners, and dependents. New York City's uninsured tend to be less educated: 31% have not graduated from high school. Finally, New York City's uninsured belong disproportionately to racial and ethnic minorities. Overall, 77% of the uninsured are racial/ethnic minorities. Of the uninsured, 34% are Hispanic, 25% are black/African-American, and 22% are white.

Base: Adults < 65 Years

FIG. 2 Work and insurance status, New York City. Two-thirds of the uninsured work. From *The Commonwealth Fund Survey of Health Care in New York City*. New York: Commonwealth Fund; March 1998.

ACCESS TO CARE

Lack of health insurance is a major barrier to accessing health care. Survey results indicate a consistent and fundamental pattern in which the uninsured do not receive or have difficulty obtaining medical care. More than half (53%) of the uninsured rate getting medical care when they need it as extremely, very, or somewhat difficult, compared with 13% of the insured. Of those uninsured in New York City, 1 in 5 (19%) had a time in the last year when they needed care but did not get it, compared with 7% of the insured. Similarly, one-third of the uninsured (32%) put off or postponed care they thought they needed in the past year, compared with 21% of the insured. Not getting medical care has negative implications for both the uninsured and the insured. More than half of the uninsured (55%) experience very or somewhat serious consequences from not getting medical care they think they need, as do one-third (34%) of the insured (Fig. 3).

On specific dimensions of access to care, the same pattern of the uninsured faring worse than the insured is apparent. Of uninsured adults, 7 of 10 (69%) have no regular doctor or health professional to whom they usually go when they are sick or need medical advice, compared with 23% of the insured. For those without a regular physician, 65% of the uninsured also lack a specific place to go, compared with 47% of the insured. The uninsured are far more likely than the insured to rate their access to the following types of medical care as fair or poor: access to specialists (36% vs. 20%), availability of phone advice (36% vs. 24%), ease of getting care at night or on weekends (43% vs. 32%), and access to emergency care when needed (41% vs. 25%).

Being uninsured often means going without primary and preventive health care. Of the uninsured, 37% had no doctor visits in the past year, compared with

FIG. 3 Access to care difficulties, New York City. From *The Commonwealth Fund Survey of Health Care in New York City*. New York: Commonwealth Fund; March 1998.

11% of the insured. Among women, more than half (58%) of the uninsured aged 50 or older did not receive a breast examination in the past year, compared with one-third (36%) of insured women, and 47% of uninsured women did not receive a Papanicolaou test in the past year, compared with 35% of insured women. For uninsured men aged 50 or over, 3 of 4 (74%) did not receive a prostate examination in the past year, compared with 44% of insured men in this age group.

When the uninsured do receive care, they often wait longer for it than do the insured. When the insured are sick, the wait for a medical appointment is less than 3 days for 62% of them, compared with 41% of the uninsured.

FINANCIAL BURDENS

The primary reason the uninsured postpone or fail to receive care is cost.⁵ When the uninsured do receive health care, they are more likely than the insured to face financial difficulties as a result. One-third (30%) of the uninsured had problems paying their medical bills in the past year, compared with 13% of the insured (Fig. 4). For those with financial problems related to health care, moreover, the burdens can be great regardless of insurance status. Problems paying medical bills are considered very or somewhat serious by 87% of the uninsured and 68% of the insured.

URBAN SAFETY NET PROVIDERS

The uninsured also differ from the insured in terms of where they receive care. Among those who have a particular doctor or place to which they usually go, 39% of the uninsured go to a doctor's office, compared with 60% of the insured. Of the uninsured, 15% go to a hospital emergency room (ER), compared with 4% of the insured. Among households with a family member that used an ER in the past year, half (45%) of the uninsured used an ER because no other facility

FIG. 4 Financial burdens of the cost of health care, a problem for many New Yorkers, especially the uninsured. From *The Commonwealth Fund Survey of Health Care in New York City*. New York: Commonwealth Fund; March 1998.

FIG. 5 Sources of care, New York City. The uninsured rely on public hospitals and emergency rooms. From *The Commonwealth Fund Survey of Health Care in New York City*. New York: Commonwealth Fund; March 1998.

was available to them, compared with 31% of the insured. For the uninsured and their family members, 30% used an ER because other places cost too much; 9% of the insured cited this reason.

The city's public providers are crucial sources of care for the uninsured. One-third (34%) of the uninsured or their family members who used an ER in the past year did so in a public or municipal hospital, compared with 16% of those with private insurance. Public hospitals are also major providers of inpatient care for the uninsured. Half (48%) of the uninsured who were hospitalized in the past year stayed in a public or municipal hospital, compared with 13% of the privately insured (Fig. 5). Despite these differences in utilization, however, the public hospital system has widespread support among the general public. Equal proportions of the uninsured (58%) and the privately insured (57%) believe that it would be a "bad thing" for those in New York City if a few public hospitals in New York City were sold to private companies or were closed.

QUALITY OF CARE

Considerable numbers of those surveyed were dissatisfied with the health care services they received, and the uninsured reported receiving lower-quality care than the insured. Of the uninsured, 39% rated the health services they and their family used in the past year as fair or poor, compared with 19% of the insured.

The survey consistently found that uninsured patients appear to receive "second-class" treatment from their physicians. Among those who made at least one doctor visit in the past year, the uninsured were usually twice as likely as the insured to rate the care they received as fair or poor, including ratings of their doctor overall (30% vs. 13%), how much their doctor cares about them (35% vs. 20%), how long they must wait in the office (62% vs. 38%), and the amount of time the doctor spent with them (40% vs. 21%). The uninsured were also twice as likely as the insured to rate their doctor as fair or poor on the following

TABLE Quality of Care: the Uninsured are More Dissatisfied with their Physicians

Fair/Poor Ratings	Uninsured, %	Insured, %
Doctor overall	30	13
How much doctor cares about them	35	20
Wait time in office	62	38
Amount of time doctor spends with them	40	21
Doctor makes sure they understand what they have been told	28	14
Doctor treats them with dignity and respect	22	10
Doctor listens to them	29	14

From *The Commonwealth Fund Survey of Health Care in New York City*. New York: Commonwealth Fund; March 1998.

interpersonal relationships: making sure that they understand what they have been told (28% vs. 14%), treating them with dignity and respect (22% vs. 10%), and listening to them (29% vs. 14%) (Table).

Among those who had been inpatients in the past year, the uninsured also believed that they received inferior care. One-quarter (26%) of the uninsured would not recommend the hospital where they stayed overnight to their friends or family, compared with 11% of the insured. Only 4 in 10 (41%) uninsured patients who were hospitalized had one doctor in charge of their care in the hospital, compared with 7 in 10 (69%) insured patients. The uninsured (40%) were twice as likely as the insured (21%) to rate the availability of nurses during their hospital stay as fair or poor. The uninsured were also less likely than the insured (64% vs. 80%) to get answers they could understand from their doctors and to be told what they should or should not do on discharge (67% vs. 85%). The uninsured were also more likely to believe that they were discharged from the hospital too soon: one-quarter (26%) of the uninsured felt that the time they spent in the hospital was too short, compared with 17% of the insured.

IMPLICATIONS AND CONCERNS

The Commonwealth Fund's survey demonstrates that the lack of health insurance coverage places the health and financial security of working families in New York at serious risk. Uninsured New Yorkers are more likely to face significant difficulties accessing the health care services they need, to receive inferior care, and to face large financial burdens as a result of being uninsured.

In light of these difficulties, the rapid growth of New York City's uninsured population in recent years is especially troubling. Much of the growth in the city's uninsured population is due to the continued erosion of employer-sponsored coverage. The percentage of non-elderly New York City residents with private insurance coverage fell from 58.2% in 1991 to 49.1% in 1996.³ Were it not for expansions in public coverage during this same period, the number of uninsured

New Yorkers would be much greater. Medicaid currently insures almost one-quarter of all New York City residents, up from one-fifth in 1991.

However, expansions in public coverage are unlikely to continue to offset ongoing declines in private coverage. If trends in private coverage continue at a steady rate and public coverage remains at 1995 levels, almost one-third of New York City's non-elderly population could be uninsured by the year 2000.⁶ Welfare reform could also increase the ranks of the uninsured. By severing the link between welfare eligibility and Medicaid eligibility, some individuals may not realize they are still eligible for insurance coverage, and it will become more difficult for public agencies to locate and enroll those who are eligible. The transition from welfare to work may also inadvertently increase the number of the uninsured, as people are moved into jobs that do not provide health insurance benefits. In addition, changes in immigration policies could increase the number of New York City's uninsured, given the city's large noncitizen population. Such changes in public financing and in the private marketplace require renewed urgency among policy makers to protect access to affordable, high-quality health care for New Yorkers in need.

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