

The Insured Versus the Uninsured: Data from the Spectrum Health Value Study™ July 2009

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Summary

According to the latest estimates from the United States Census Bureau, the number of uninsured people in the U.S. was about 47 million in 2006.¹ Although these figures are daunting, the [Spectrum Health Value Study™](#) (SHVS) found they are not representative of the current state of the insured versus the uninsured in the U.S. – findings that can have far-reaching implications on the direction of health reform.

When viewed under a prism of insurance coverage and the relative value placed on health services, programs and products, interesting findings emerged concerning the state of the insured and uninsured in the U.S., as well as their attitudes about coverage and health care.

The SHVS, an ongoing nationally representative survey, uncovered three major findings concerning the insured and uninsured in the U.S.:

- There are significantly more uninsured people ages 18 and older in the U.S. than the latest Census Bureau statistics indicate (51.2 million currently compared with the 47 million in 2006);
- During the economic downturn, insured respondents reported significant cutbacks on their use of health services, including the use of prescription medications, but have increased their use of mental health services, psychiatric services, and substance abuse services; and
- Although uninsured respondents reported that they believe insurance is "absolutely essential," they still lack coverage.

As policymakers prepare for major health reform initiatives, it is important that they are armed with the most current and relevant data to plan appropriately.

This report reveals the current state of the insured and uninsured in the U.S., as well as the level of usage of traditional and nontraditional health services, programs, and products. Most importantly, however, these findings reveal what people in the U.S. value and what they need in terms of health care and insurance coverage.

The Survey

Spectrum began discussing what constitutes value in health care and how it could be measured in 2008. Value is defined as something being of worth, utility or importance.² The fact that value is

¹ U.S. Department of Commerce. U.S. Census Bureau. "Household income rises, poverty rate declines, number of uninsured up." August, 28, 2007. Washington, D.C. retrieved on June 29, 2009 from www.census.gov/press-releases/www/releases/archives.

² Value. (2009). In *Merriam-Webster Online Dictionary*. Retrieved April 21, 2009, from <http://www.merriam-webster.com/dictionary/value>



relative is vital because the value of something is known only as it relates to the value of something else.

Comparing the relative value of health care services, programs and products is one way to quantify their value. The next issue is who should be the respondent to a question that measures those relative values? One method is to ask the people who actually pay for the programs, products and services – U.S. consumers and taxpayers – which is who the SHVS decided to focus on.

Methodology

Each quarter, beginning January 2009, Spectrum will interview approximately 1,000 respondents for the study. Respondents will be matched to the U.S. population by age, gender, region and ethnicity. The first two quarters of data were collected via online interviews of the E-Rewards panel, which is made up of 2.9 million members. In the third quarter of 2009, 300 telephone interviews will be added to the total respondents to adjust for online biases.

The Respondents

During the first two quarters of 2009, 2,025 respondents were interviewed, with men and women being equally represented. Twenty-seven percent were ages 18–34, 41 percent were ages 35–54 and 33 percent were over the age of 55. The mean age was 46.2 and the median age was 48.

In addition, 61 percent suffered from a health condition in the past year and 50 percent were married. The average household size was 2.6 persons, and 31 percent of households had children present. Fifty-two percent were employed and 14 percent were unemployed. The mean household income was \$51,600. Thirteen percent were of Hispanic origin or descent, 15 percent were African-American, and 73 percent were White.

Insurance Coverage

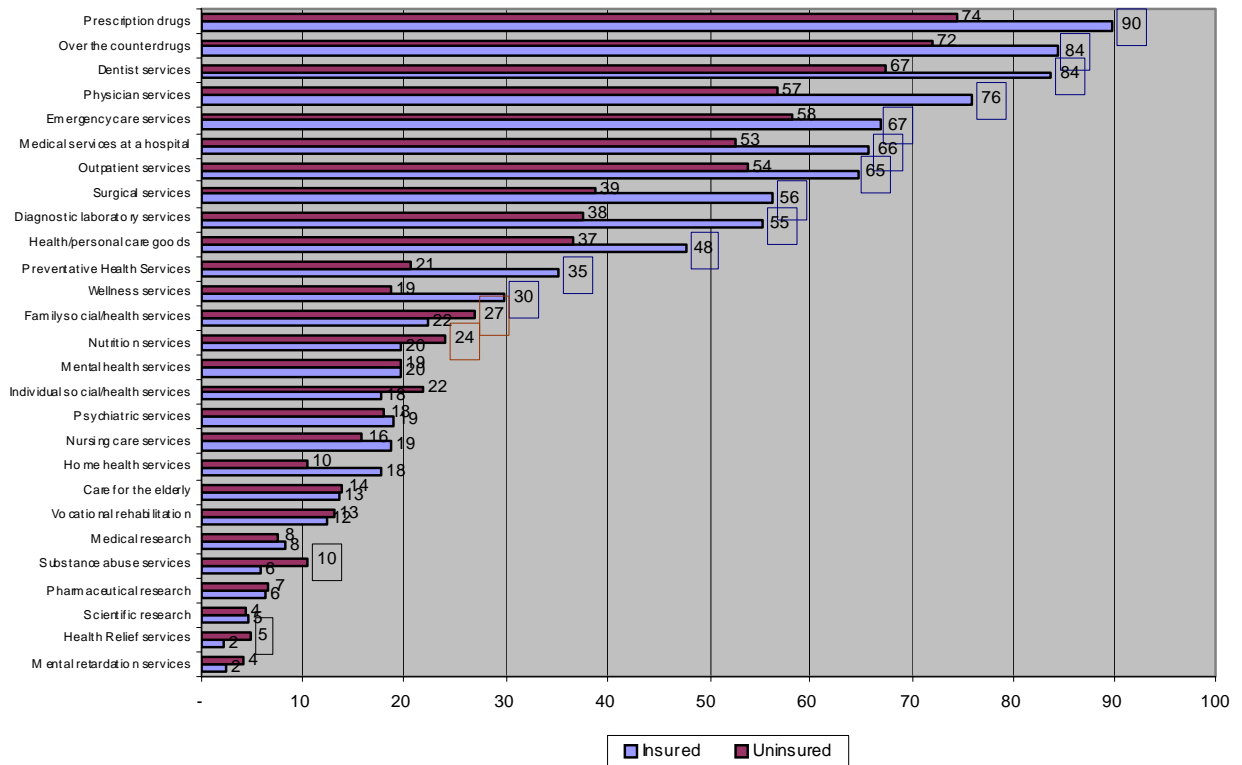
The mean age of an insured respondent was 47.5 years and the mean age of an uninsured respondent is 41.6 years. Overall, 78 percent of all respondents had insurance coverage, which if extrapolated to the entire U.S. adult population³ equates to approximately 51.2 million individuals who are uninsured.

The survey found that people are generally satisfied with their health insurance coverage with 59 percent indicating a high level of satisfaction and 18 percent indicating that they are extremely satisfied (a score of 10), and 33 percent giving their insurance a score of 9 or 10. African-Americans, at 27 percent, were more likely to indicate that they were extremely satisfied (score of 10) with their health insurance than were whites (16 percent).

³Census Bureau estimates number of children and adults in the states and Puerto Rico. U.S. Census Bureau. U.S. Department of Commerce. Washington, D.C. March 10, 2005 and U.S. POPclock Projection. Projection of the U.S. population at 18:49 on 06/16/09 at www.census.gov/population/www/popclockus.html.

Health Care Services, Programs and Products Ever Used

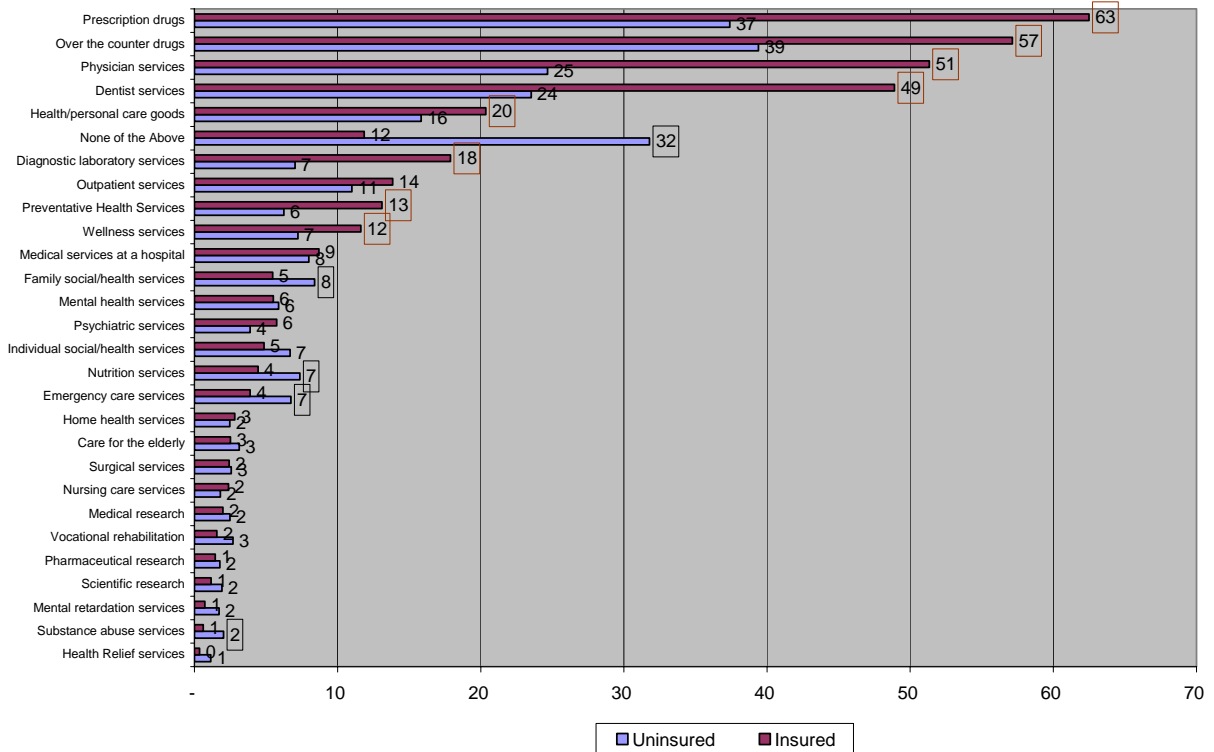
Chart 1. Services Ever Used: Insured versus Uninsured



The most commonly cited products, programs or services ever used were prescription and over-the-counter drugs at 90 percent and 87 percent, respectively. However, the use of services differs when the insured are compared to the uninsured. For the most part, the insured are statistically more likely to have ever used most health care products, programs and services than are the uninsured (See Chart 1). However, there are four services where the uninsured are statistically more likely to have used the services than the insured:

- Family social/health services;
- Nutrition services;
- Substance abuse services; and
- Health relief services (such as during a national disaster).

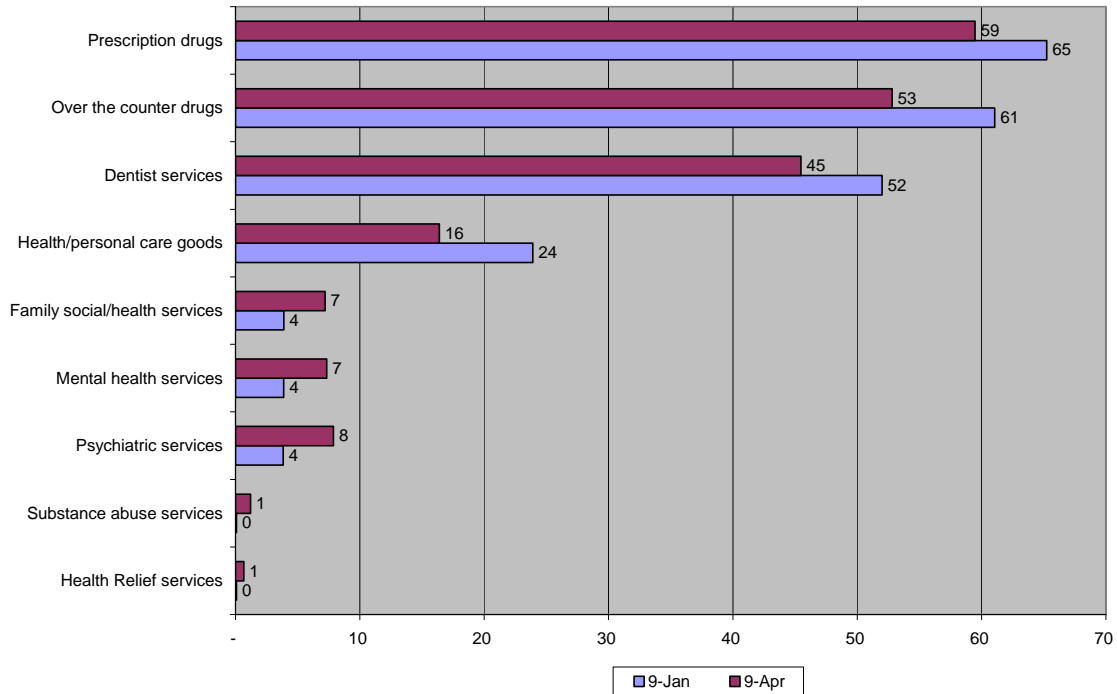
Chart 2. Services Used on a Regular Basis: Insured versus Uninsured



As seen in Chart 2, the insured are more likely to use a wide range of services at a much higher rate than do those who lack health insurance. In addition, the insured are still using many services on a regular basis.

Thirty-seven percent of all uninsured use prescription drugs on a regular basis and 39 percent use over-the-counter medications. However, only 24 percent of the uninsured see the dentist on a regular basis and 32 percent use no services at all on a regular basis.

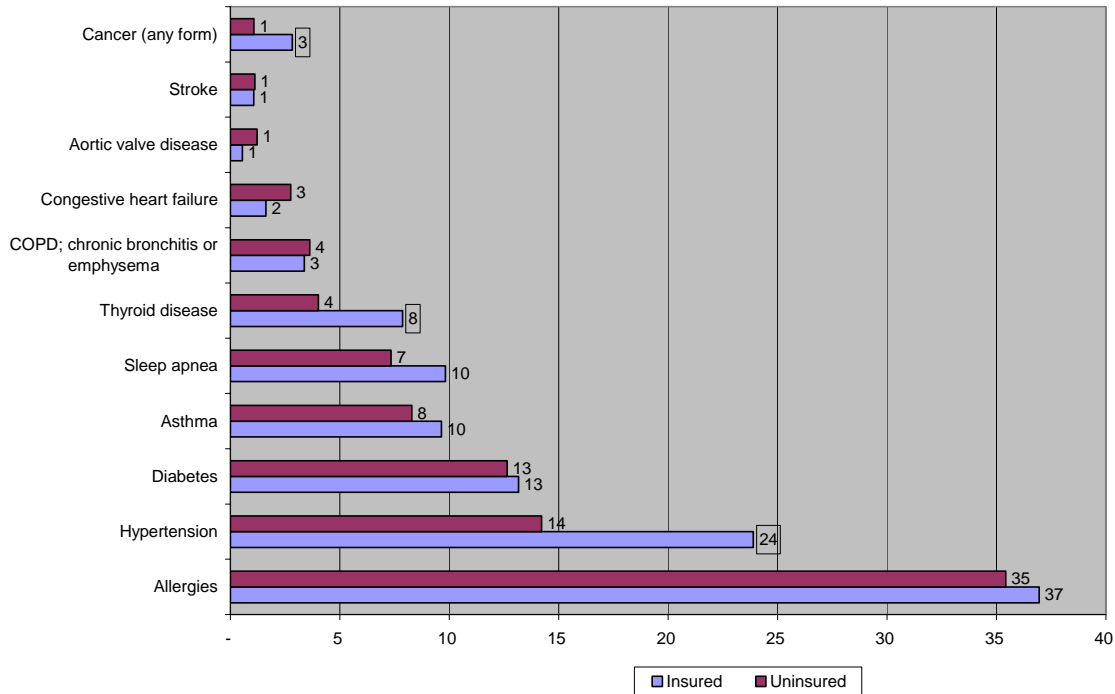
Chart 3. Significant Changes in Regular Use: Insured



The SHVS also looked at how the economic downturn has affected the regular use of health care products and services. The survey found that the uninsured have neither increased or decreased their regular use of medical services between January 2009 and May 2009. The insured, however, have made some changes in their regular use of health care products, programs and services.

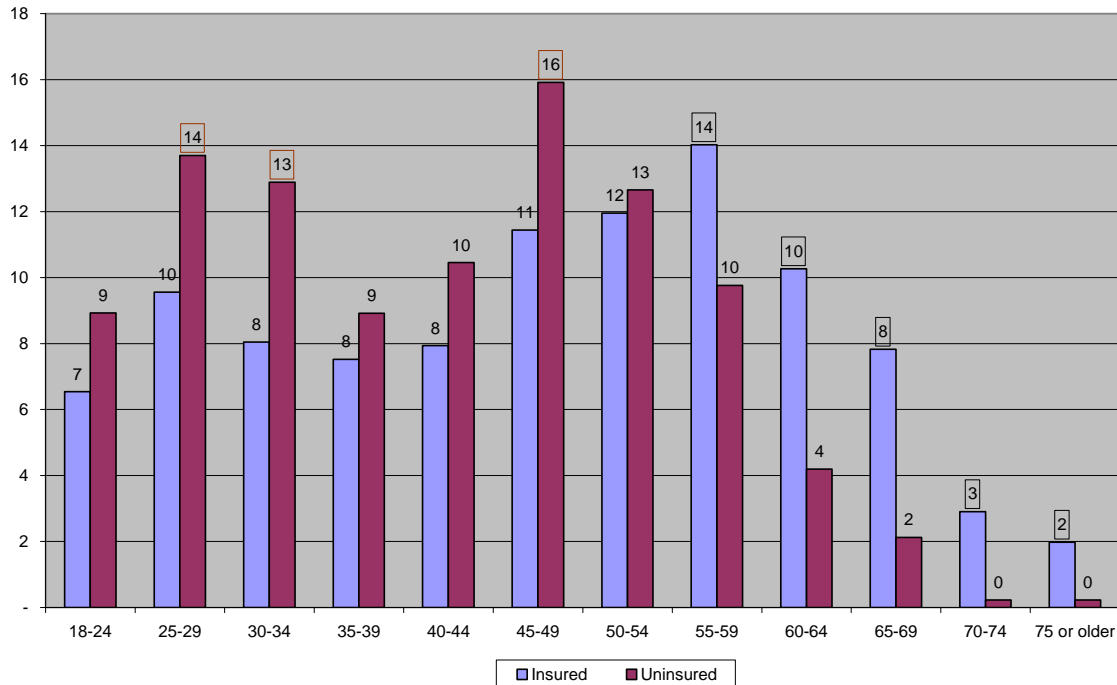
Chart 3 includes all changes, between January and April, for the insured group that were statistically significant. There have been declines in the regular use of prescription drugs, OTCs and dental services, as well as personal health products. Additionally, there have been statistically significant increases in the use of mental health services, psychiatric services, family/social health services, substance abuse services and health relief services among the insured.

Chart 4. Chronic Illness: Insured versus Uninsured



Overall, approximately 60 percent of the respondents reported a chronic illness in the past year – the most prevalent being allergies. However, when allergies were removed, only 38 percent of the insured and 44 percent of the uninsured reported no chronic illness.

Chart 5. Insured Versus Uninsured by Age



Other Differences between the Insured and the Uninsured

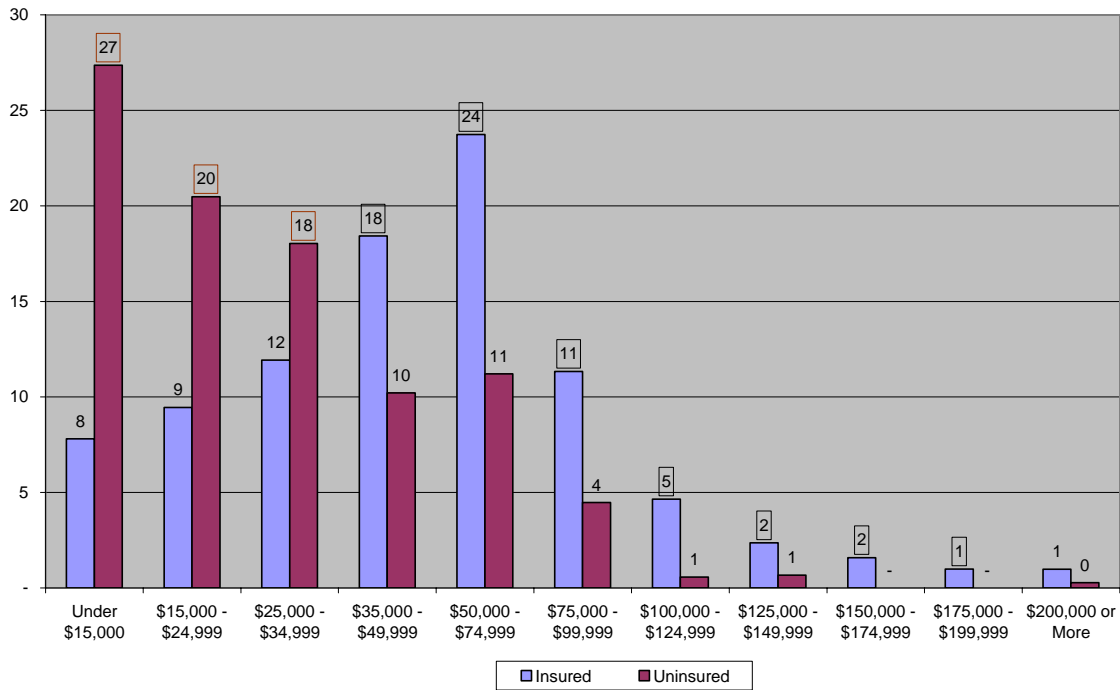
Significantly more men are uninsured than are women (54 percent of all uninsured are men and 46 percent are women). Age does seem to matter, as the chart above shows. However, some of the statistically significant differences seem inexplicable, such as the difference among the respondents ages 45-49.

The uninsured are more likely to be unmarried (66 percent) than are the insured group (32 percent). However, the uninsured are more likely to have children under the age of two in the household and are less likely to have attended some college (58 percent), compared with insured individuals (72 percent).

More uninsured respondents reported being “unemployed” – 33 percent of all uninsured, compared with only eight percent of the insured.

By ethnicity/race, blacks and Hispanics are disproportionately represented among the uninsured at 24 percent and 16 percent, respectively. People in urban areas are more likely to be uninsured than those living in the suburban areas. In addition, the insured are more likely than the uninsured to believe that the costs for health care for all Americans is ultimately paid for by the individual with 79 percent of insured respondents agreeing with this statement and 68 percent of uninsured respondents agreeing with the statement. People who are uninsured also are more likely to be in a caregiver role for a person with a chronic illness than a person who is insured. Forty-five percent of all those who lack insurance say they provide caregiving services to a friend or family member, while only 39 percent of the insured are providing those services.

Chart 6. Household Income: Insured versus Uninsured

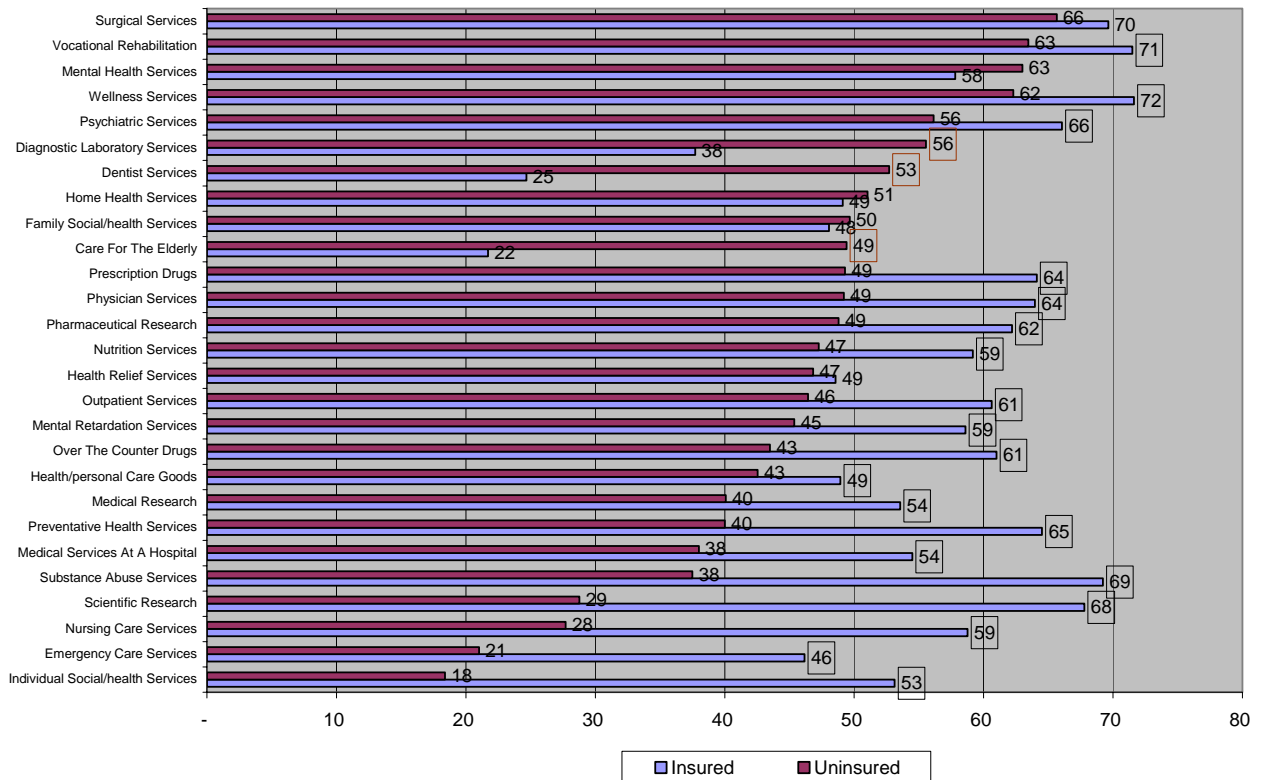


Health Care Service Ratings

Respondents were also asked how satisfied they were with 27 products, programs and services. Overall, insured respondents rated services across the board more generously than did uninsured respondents.

The uninsured were more likely to give higher ratings to three services than were the uninsured; these included diagnostic laboratory services, dental services, and care for the elderly.

Chart 7. Experience Ratings; Insured versus Uninsured



Maximum Difference (Max-Diff) Analysis

We asked each respondent the following question several times, each time showing them a set of four different services, products and programs randomly selected from the 27 being tested.

In the interpretation of Max-Diff results, any value above 50 indicates that that particular program, product or service was picked as "most important" more often than not. Any value below a 50 indicates that the product, program or services was picked as "least important" more often than not. All Max-Diff scores are relative, so it is impossible to say when a score has reached a significant level, however, scores of over 70, for example, indicates that 70 percent of the time, when shown this product, program or service, the respondents chose it as being most important.

In our results three of the tested products, programs and services scored above a 90: access to physician services, access to hospital medical services and access to emergency care. Less valued services, programs and products included preventative health services that do not specifically deal with an existing medical problem, but are designed to prevent medical problems from arising.

While the value of some of the Max-Diff scores were different between the insured and uninsured, the two groups ranked the health care programs, products and services in the same order overall. There are a couple of notable exceptions: respondents without insurance were more likely to value individual

social/health services and family social/health services, compared with people with insurance. Also, the uninsured value nutrition services much more highly than do the insured population.

About the Spectrum Health Value Study™

In 2008, Spectrum leadership observed that the discussion around health care and potential reform efforts was not fully informed in one important aspect. While much had been written and talked about in terms of access, insurance, quality and effectiveness, there was no data or information from the American public about what they value when they face spending their own dollars on health care products and services.

Working with [Russell Research, Inc.](#) of New York, NY, Spectrum designed a national survey to ask consumers what they value when it comes to these products and services. The Spectrum Health Value Study was created. Each quarter, data from 1,000 new respondents is added allowing for finer analyses and eventually for trend studies. The results will also be compiled to form an increasingly robust and informed answer to the question of what consumers' value in health services and products, as well as offer a look at how the value changes during these uncertain economic times.

More information on study methodology can be found in the methodology section of this site.

This information is made available to the public as part of the Spectrum Health Value Study™, and may be used for media, academic and policy analysis purposes with attribution. Suggested citation: "Spectrum Health Value Study (www.healthvaluestudy.com), 2009."