

# Uninsured Americans with Chronic Health Conditions:

## Key Findings from the National Health Interview Survey

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Prepared for the Robert Wood Johnson Foundation by The Urban Institute and the University of Maryland, Baltimore County • Using data from the Centers for Disease Control and Prevention's 2003 National Health Interview Survey (NHIS)

May 2005

CoverThe  
**UninsuredWeek** MAY 1-8  
2005

# CoverThe MAY 1-8 **UninsuredWeek 2005** **Let's Get America Covered**

## **Uninsured Americans with Chronic Health Conditions:** *Key Findings from the National Health Interview Survey*

The Robert Wood Johnson Foundation (RWJF) commissioned researchers Amy Davidoff of the Department of Public Policy of the University of Maryland, Baltimore County and Genevieve Kenney, of the Health Policy Center at The Urban Institute, to document the prevalence and impact of selected chronic health conditions among the uninsured.<sup>1</sup> Using the most recent data from the National Center for Health Statistics' National Health Interview Survey (NHIS), the researchers quantified the number of uninsured adults with chronic conditions, overall and by race and ethnicity, and examined whether they experience gaps in their access to care. Researchers further examined access problems faced by uninsured adults with different chronic health problems. The results are startling. Some highlights:

- Nearly half of all uninsured, non-elderly adults report having a chronic condition.
- Many uninsured adults with chronic conditions do not have a usual source for health care.
- Almost half of uninsured adults with chronic conditions forgo needed medical care or prescription drugs, due to cost.
- Uninsured adults with chronic conditions forgo needed medical care and prescription drugs at much higher rates than their insured counterparts.
- Chronically ill, uninsured adults are far less likely to visit a health professional than their insured counterparts.
- Uninsured adults with common chronic conditions (diabetes, hypertension, arthritis-related conditions, high cholesterol, asthma, and heart disease) suffer serious, identifiable gaps in needed medical care.

This analysis is being released in conjunction with *Cover the Uninsured Week 2005*, the largest nonpartisan mobilization in history working to ensure affordable and reliable health care coverage for all Americans. The effort is co-chaired by Presidents Gerald Ford and Jimmy Carter and is endorsed by nine former U.S. Surgeons General and U.S. Secretaries of Health and Human Services, appointed by both Republican and Democratic presidents.

RWJF and a diverse group representing some of the most influential organizations in the United States lead the effort. Information can be located at [www.CoverTheUninsuredWeek.org](http://www.CoverTheUninsuredWeek.org).

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<sup>1</sup> We are grateful to Emerald Adams, a research assistant at The Urban Institute, who performed all of the tabulations with the National Health Interview Survey (NHIS).

## For More Information

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful, and timely change. For more than 30 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. Helping Americans lead healthier lives and get the care they need—the Foundation expects to make a difference in our lifetime. For more information, visit [www.rwjf.org](http://www.rwjf.org).

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The University of Maryland, Baltimore County (UMBC) is a major research university in the Baltimore-Washington area. The Department of Public Policy at UMBC conducts scholarly research and provides graduate education, with emphasis on health policy; urban policy; social policy; public management; and evaluation and analytical techniques. For more information, visit [www.umbc.edu/pubpol](http://www.umbc.edu/pubpol).

The Urban Institute is a nonprofit, nonpartisan policy research and educational organization that examines the social, economic, and governance problems facing the nation. The Urban Institute's Health Policy Center studies how the dynamics of the health care market affect health care financing, costs, and access. For more information, visit [www.urban.org](http://www.urban.org).

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## Key Findings

Researchers at UMBC and The Urban Institute documented levels of access to care along several dimensions for uninsured, non-elderly adults with chronic health conditions in several ways – overall, by race and ethnicity, and for adults with specific chronic conditions. The findings are based on analysis of the 2003 National Health Interview Survey (NHIS), which is a survey of the health status, access to care, use of health care services, and economic and social characteristics of the U.S. population. The survey, sponsored by the National Center for Health Statistics – part of the Centers for Disease Control and Prevention – includes 40,000 households and 93,000 persons annually. There are 25,093 non-elderly adults in the sample adult file, the basis for this analysis. The presence of a series of chronic health conditions is measured through self-report of a health professional diagnosis.<sup>2</sup> This research focuses on several measures that may indicate that access to care is compromised, and provides a statistical portrait of the nation’s uninsured, non-elderly adults with chronic conditions overall, by race and ethnicity<sup>3</sup>, and for six selected chronic conditions.

Five types of outcomes were analyzed:

- Lack of a health professional visit<sup>4</sup> in the 12 months prior to the survey
- Lack of a usual source for health care at the time of the survey
- Presence of unmet health care needs in the 12 months prior to the survey
- Out-of-pocket spending on health care in the 12 months prior to the survey
- Lack of dental care in the 12 months prior to the survey

These outcomes were selected to provide insights on how adults with chronic health problems who lack insurance fare. Given that management of active chronic health conditions generally requires regular contacts with health care professionals, absence of any health professional visits within the past year likely indicates that the individual is not receiving needed services. In addition, while access to care generally is important for persons with chronic conditions, it is also important for them to receive preventive services. Dental care is particularly important as poor dental health may exacerbate the effects of underlying chronic conditions. Moreover, linkages to the health care system, as measured by having a usual source of care, will facilitate access when needed and offer greater continuity of care, which are critical for managing chronic problems. Given concerns that the uninsured will not be able to afford needed care, the researchers explored the degree to which a range of different types of health needs – including medical, dental, mental health, prescription drug, and vision needs – of uninsured adults with chronic conditions are not being met. Finally, the researchers explored out-of-pocket spending burdens because of concerns that they may create financial hardships, particularly for lower-income uninsured adults with chronic conditions. Highlights are as follows:<sup>5</sup>

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<sup>2</sup> Chronic health conditions include hypertension, high cholesterol, heart disease, asthma, diabetes, arthritis-related conditions, anxiety/depression, severe headaches or migraines, cancer, chronic bronchitis, liver condition, stroke and emphysema. Further detail on the questions and criteria used to identify each chronic condition appears in the Methods Appendix.

<sup>3</sup> “White” and “Black” adults are non-Hispanic; “Hispanic” refers to Hispanics of all races. The non-Hispanic “other” group was analyzed separately, but the estimates are not discussed because of heterogeneity within the group.

<sup>4</sup> Excludes visits to dental care providers, home visits, and provider encounters during a hospital emergency department visit or inpatient stay.

<sup>5</sup> All sample estimates reported in this summary are significantly different from zero. All comparisons between insured

## **Access to Health Care Among Uninsured Adults with Chronic Health Conditions**

Nearly half (45 percent) of non-elderly adults who do not have health insurance report having one or more chronic health conditions. Uninsured, non-elderly adults with chronic conditions account for 15.6 million adults in the U.S. The prevalence of chronic health conditions is likely understated among the uninsured. Although whites make up the largest group (59 percent) of uninsured adults with chronic conditions, a larger proportion of blacks and Hispanics with chronic conditions are uninsured.

Uninsured adults with chronic health conditions are less likely than their insured counterparts to receive medical and dental care; they are less likely to have a usual source of care; and they have substantially higher unmet health needs. In addition, they have high out-of-pocket spending burdens. In particular:

- Over one-fourth (27 percent) of uninsured adults with chronic conditions reported no visits to health professionals in the 12 months prior to the survey; uninsured adults with chronic conditions are over 20 percentage points less likely than insured adults with chronic conditions to have had visits to a health professional in the past 12 months.
- Three out of five (61 percent) uninsured adults who have a chronic condition received no dental care in the 12 months prior to the survey; uninsured adults with chronic conditions are 31 percentage points less likely than their insured counterparts to have received dental care in the past 12 months.<sup>6</sup>
- More than one of three (38 percent) uninsured adults with chronic conditions lack a usual source of care, compared with five percent of insured adults with chronic conditions.
- Among those uninsured adults reporting a usual source of care, slightly more than half (56 percent) reported using a private doctor's office or HMO, while a third use clinics or health centers, or visit hospital outpatient departments. Patterns for insured adults with chronic conditions suggest greater reliance on private doctor offices or HMOs (82 percent) and less reliance on clinics or health centers (17 percent).
- Almost one of every two (49 percent) uninsured adults with chronic conditions reported forgoing needed medical care or prescription drugs due to cost; one-third (34 percent) reported unmet need for medical care and one of three (34 percent) reported unmet need for prescription drugs. More than one in 10 (11 percent) reported unmet need for mental health services, 40 percent reported unmet need for dental care, and one in four (25 percent) reported unmet need for vision care services. Having insurance dramatically reduces problems with unmet need for services, although the problem is not totally eliminated, reflecting gaps in coverage for those with insurance. Uninsured adults with chronic conditions were 4.5 times as likely as their insured counterparts to report unmet need for medical care or prescription drugs in the 12 months prior to the survey.

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and uninsured adults that are noted in these findings meet conventional levels ( $p < .05$ ) of statistical significance. Estimates presented are rounded to the nearest percentage point. Comparison or mathematical manipulation of the estimates may be subject to rounding error.

<sup>6</sup> The gap in receipt of dental care between those with and without dental insurance is likely to be even larger than what is reported here, since not all those with general medical health insurance also have dental insurance.

- Despite having fewer contacts with the health care system, uninsured adults with chronic conditions still face large out-of-pocket expenditures for their care. More than one out of five (21 percent) uninsured adults with chronic conditions reported spending at least \$2,000 out of pocket on medical care in the 12 months prior to the survey.<sup>7</sup>
  - When limiting the analysis to those with family income less than \$20,000, 15 percent spent at a level equivalent to at least 10 percent of family income.
  - Among those with income between \$20,000 and \$45,000, 21 percent reported spending at least \$2,000, in the range of five to 10 percent of their income.

### **Access to Health Care Among Uninsured Black Adults with Chronic Conditions**

Nearly half (46 percent) of non-elderly, non-Hispanic black adults who do not have health insurance reported having one or more chronic health conditions. Uninsured black adults with chronic health conditions are less likely than their insured counterparts to receive medical and dental care; they are less likely to have a usual source of care; and they have substantially higher unmet health needs. In addition, they have high out-of-pocket spending burdens. In particular:

- Over a quarter (28 percent) of uninsured black adults with chronic conditions reported no visits to health professionals in the 12 months prior to the survey; uninsured black adults with chronic conditions are over 20 percentage points less likely than insured black adults with chronic conditions to have had visits to a health professional in the past 12 months.
- Over six in 10 uninsured black adults who have a chronic condition received no dental care in the 12 months prior to the survey; uninsured black adults with chronic conditions are 27 percentage points less likely than their insured counterparts to have received dental care in the past 12 months.
- About a third (33 percent) of uninsured black adults with chronic conditions lack a usual source for health care; uninsured black adults with chronic conditions were 28 percentage points more likely than insured black adults with chronic conditions to lack a usual source for health care.
- About half (50 percent) of uninsured black adults who have a chronic condition had an unmet need for either medical care or prescription drugs – 35 percent reported an unmet need for medical care; 36 percent reported an unmet need for prescription drugs. In addition, 35 percent reported an unmet need for dental care, 23 percent reported an unmet need for vision care, and nine percent reported an unmet need for mental health services. Uninsured black adults with chronic conditions were 3.6 times as likely as insured black adults with chronic conditions to have an unmet need for medical care or prescription drugs in the 12 months prior to the survey.
- Despite having fewer contacts with the health care system, uninsured black adults with chronic conditions still face large out-of-pocket expenditures for their care. Almost one

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<sup>7</sup> Out-of-pocket spending burdens are also high for insured adults who have chronic conditions.

out of seven (14 percent) uninsured black adults with chronic conditions reported spending at least \$2,000 out of pocket on medical care in the 12 months prior to the survey.

- When limiting the analysis to those with family income less than \$20,000, 13 percent spent at a level equivalent to at least 10 percent of family income.
- Among those with income between \$20,000 and \$45,000, 13 percent reported spending at least \$2,000, which constitutes between five and 10 percent of their income.

### **Access to Health Care Among Uninsured Hispanic Adults with Chronic Conditions**

More than one-third (35 percent) of non-elderly Hispanic adults who do not have health insurance report having one or more chronic health conditions. Uninsured Hispanic adults with chronic health conditions are less likely than their insured counterparts to receive medical and dental care; they are less likely to have a usual source of care; and they have substantially higher unmet health needs. In addition, they have high out-of-pocket spending burdens. In particular:

- Over a quarter (27 percent) of uninsured Hispanic adults with chronic conditions reported no visits to health professionals in the 12 months prior to the survey; uninsured Hispanic adults with chronic conditions are 20 percentage points less likely than insured Hispanic adults with chronic conditions to have had visits to a health professional in the past 12 months.
- About six in 10 (58 percent) uninsured Hispanic adults who have a chronic condition received no dental care in the 12 months prior to the survey; uninsured Hispanic adults with chronic conditions are 20 percentage points less likely than their insured counterparts to have received dental care in the past 12 months.
- Almost half (46 percent) of uninsured Hispanic adults with chronic conditions lack a usual source for health care other than a hospital emergency department; uninsured Hispanic adults with chronic conditions were 40 percentage points more likely than insured Hispanic adults with chronic conditions to lack a usual source for health care. Among uninsured Hispanic adults with chronic conditions who have a usual source of care, over half (53 percent) rely on clinics or hospital outpatient departments for care.
- Over four in 10 (42 percent) uninsured Hispanic adults who have a chronic condition had an unmet need for either medical care or prescription drugs – 26 percent reported an unmet need for medical care; and 29 percent reported an unmet need for prescription drugs. In addition, 35 percent reported an unmet need for dental care, 24 percent reported an unmet need for vision care, and 10 percent reported an unmet need for mental health services. Uninsured Hispanic adults with chronic conditions were 3.3 times as likely as insured Hispanic adults with chronic conditions to have an unmet need for medical care or prescription drugs in the 12 months prior to the survey.
- Despite having fewer contacts with the health care system, uninsured Hispanic adults with chronic conditions still face large out-of-pocket expenditures for their care. Almost

one out of six (15 percent) uninsured Hispanic adults with chronic conditions reported spending at least \$2,000 out of pocket on medical care in the 12 months prior to the survey.

- When limiting the analysis to those with family income less than \$20,000, 11 percent spent at a level equivalent to at least 10 percent of family income.
- Among those with income between \$20,000 and \$45,000, 12 percent reported spending at least \$2,000, which constitutes between five and 10 percent of their income.

### **Access to Health Care by Uninsured Adults with Diabetes**

More than one in seven (15 percent) non-elderly adults in the U. S. who report having diabetes are uninsured. That means 1.2 million adults in America report having diabetes, but have no health coverage. Uninsured adults with diabetes are less likely than their insured counterparts to receive medical and dental care; they are less likely to have a usual source of care; and they have substantially higher unmet health needs. In addition, they have high out-of-pocket spending burdens. Uninsured adults with diabetes often fail to receive regular medical management and screenings that are aimed at detecting complications associated with diabetes. In particular:

- Seven percent of uninsured adults with diabetes reported no visits to health professionals in the 12 months prior to the survey; uninsured adults with diabetes are 3.5 times as likely as insured adults with diabetes to have gone without any visit to a health professional in the past 12 months.
- More than six out of 10 (64 percent) uninsured adults with diabetes received no dental care in the 12 months prior to the survey; uninsured adults with diabetes are 22 percentage points more likely than their insured counterparts to have gone without dental care in the past 12 months.
- One in four (25 percent) uninsured adults with diabetes lack a usual source for health care; uninsured adults with diabetes were 12 times as likely as their insured counterparts to lack a usual source for health care.
- More than half (57 percent) of uninsured adults with diabetes had an unmet need for either medical care or prescription drugs – 40 percent reported an unmet need for medical care; 43 percent reported an unmet need for prescription drugs. In addition, 44 percent reported an unmet need for dental care, 29 percent reported an unmet need for vision care, and nine percent reported an unmet need for mental health services. Uninsured adults with diabetes were 3.6 times as likely as insured adults with diabetes to have an unmet need for medical care or prescription drugs in the 12 months prior to the survey.
- Despite having fewer contacts with the health care system, uninsured adults with diabetes still face large out-of-pocket expenditures for their care. Three in 10 (30 percent) uninsured adults with diabetes reported spending at least \$2,000 out of pocket on medical care in the 12 months prior to the survey.



- When limiting the analysis to those with family income less than \$20,000, 15 percent spent at a level equivalent to at least 10 percent of family income.
  - Among those with incomes between \$20,000 and \$45,000 almost one in six (16 percent) reported spending at least \$2,000, which constitutes between five and 10 percent of their income.
- Fewer than seven out of 10 (68 percent) uninsured adults with diabetes have a single source of medical management for their condition, and only 64 percent saw that provider within the past year. More than three of four (78 percent) did not have a professional examine their feet for sores, and three out of five did not have a dilated eye examination in the past year.

### **Access to Health Care by Uninsured Adults with Arthritis-Related Conditions**

Almost one in eight (12 percent) non-elderly adults in the U. S. who report having arthritis-related conditions (arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia) are uninsured. That means 3.6 million adults in America report having these conditions but have no health coverage. Uninsured adults with arthritis-related conditions are less likely than their insured counterparts to receive medical and dental care; they are less likely to have a usual source of care; and they have substantially higher unmet health needs. In addition, they have high out-of-pocket spending burdens. In particular:

- Almost one in five (19 percent) uninsured adults with arthritis-related conditions reported no visits to health professionals in the 12 months prior to the survey; uninsured adults with arthritis are 4.7 times as likely as insured adults with arthritis-related conditions to have had no health professional visits in the past 12 months.
- Six out of 10 (60 percent) uninsured adults with arthritis-related conditions received no dental care in the 12 months prior to the survey; uninsured adults with arthritis are 29 percentage points more likely than their insured counterparts to have gone without dental care in the past 12 months.
- Three in 10 (30 percent) uninsured adults with arthritis-related conditions lack a usual source for health care; uninsured adults with arthritis were 7.5 times as likely as their insured counterparts to lack a usual source for health care.
- More than half (59 percent) of uninsured adults with arthritis-related conditions had an unmet need for either medical care or prescription drugs – 41 percent reported an unmet need for medical care; 47 percent reported an unmet need for prescription drugs. In addition, 47 percent reported an unmet need for dental care, 35 percent reported an unmet need for vision care, and 14 percent reported an unmet need for mental health services. Uninsured adults with arthritis were 4.5 times as likely as insured adults with arthritis to have an unmet need for medical care or prescription drugs in the 12 months prior to the survey.
- Despite having fewer contacts with the health care system, uninsured adults with arthritis-related conditions still face large out-of-pocket expenditures for their care. More

than one in five (23 percent) uninsured adults with arthritis reported spending at least \$2,000 out of pocket on medical care in the 12 months prior to the survey.

- When limiting the analysis to those with family income less than \$20,000, 22 percent spent at a level equivalent to at least 10 percent of family income.
- Among those with incomes between \$20,000 and \$45,000 almost one in four (24 percent) reported spending at least \$2,000, which constitutes between five and 10 percent of their income.

### **Access to Health Care by Uninsured Adults with Hypertension**

One in seven (14 percent) non-elderly adults in the U. S. who report having hypertension are uninsured. That means 4 million adults in America report having hypertension, but have no health coverage. Uninsured adults with hypertension are less likely than their insured counterparts to receive medical and dental care; they are less likely to have a usual source of care; and they have substantially higher unmet health needs. In addition, they have high out-of-pocket spending burdens. In particular:

- Over one in six (18 percent) uninsured adults with hypertension reported no visits to health professionals in the 12 months prior to the survey; uninsured adults with hypertension are over 15 percentage points less likely than insured adults with hypertension to have had visits to a health professional in the past 12 months.
- Almost two in three (65 percent) uninsured adults with hypertension received no dental care in the 12 months prior to the survey; uninsured adults with hypertension are almost twice as likely as their insured counterparts to have gone without dental care in the past 12 months.
- Three in 10 uninsured adults with hypertension lack a usual source for health care; uninsured adults with hypertension were 27 percentage points more likely than their insured counterparts to lack a usual source for health care.
- Over half (53 percent) of uninsured adults with hypertension had an unmet need for either medical care or prescription drugs – 37 percent reported an unmet need for medical care; 40 percent reported an unmet need for prescription drugs. In addition, 41 percent reported an unmet need for dental care, 30 percent reported an unmet need for vision care, and eight percent reported an unmet need for mental health services. Uninsured adults with hypertension were 4.4 times as likely as insured adults with hypertension to have an unmet need for medical care or prescription drugs in the 12 months prior to the survey.
- Despite having fewer contacts with the health care system, uninsured adults with hypertension still face large out-of-pocket expenditures for their care. More than one in five (23 percent) uninsured adults with hypertension reported spending at least \$2,000 out of pocket on medical care in the 12 months prior to the survey.
  - When limiting the analysis to those with family income less than \$20,000, 17 percent spent at a level equivalent to at least 10 percent of family income.

- Among those with incomes between \$20,000 and \$45,000 almost one in four (24 percent) reported spending at least \$2,000, which constitutes between five and 10 percent of their income.

### **Access to Health Care by Uninsured Adults with High Cholesterol**

More than one in 10 (11 percent) non-elderly adults in the U. S. who report having high cholesterol are uninsured. That means 3.3 million adults in America report having high cholesterol, but have no health coverage. Uninsured adults with high cholesterol are less likely than their insured counterparts to receive medical and dental care; they are less likely to have a usual source of care; and they have substantially higher unmet health needs. In addition, they have high out-of-pocket spending burdens. In particular:

- One in five uninsured adults with high cholesterol reported no visits to health professionals in the 12 months prior to the survey; uninsured adults with high cholesterol are 14 percentage points less likely than insured adults with high cholesterol to have had visits to a health professional in the past 12 months.
- More than half (57 percent) of uninsured adults with high cholesterol received no dental care in the 12 months prior to the survey; uninsured adults with high cholesterol are twice as likely as their insured counterparts to have gone without dental care in the past 12 months.
- Almost three in 10 (29 percent) uninsured adults with high cholesterol lack a usual source for health care; uninsured adults with high cholesterol were six times as likely as their insured counterparts to lack a usual source for health care.
- Slightly under half (49 percent) of uninsured adults with high cholesterol had an unmet need for either medical care or prescription drugs – 34 percent reported an unmet need for medical care; 37 percent reported an unmet need for prescription drugs. In addition, 39 percent reported an unmet need for dental care, 30 percent reported an unmet need for vision care, and 12 percent reported an unmet need for mental health services. Uninsured adults with high cholesterol were five times as likely as insured adults with high cholesterol to have an unmet need for medical care or prescription drugs in the 12 months prior to the survey.
- Despite having fewer contacts with the health care system, uninsured adults with high cholesterol still face large out-of-pocket expenditures for their care. More than one in four (28 percent) uninsured adults with high cholesterol reported spending at least \$2,000 out of pocket on medical care in the 12 months prior to the survey.
  - When limiting the analysis to those with family income less than \$20,000, 19 percent spent at a level equivalent to at least 10 percent of family income.
  - Among those with incomes between \$20,000 and \$45,000 almost one in three (32 percent) reported spending at least \$2,000, which constitutes between five and 10 percent of their income.

## **Access to Health Care by Uninsured Adults with Heart Disease**

More than one in eight (13 percent) non-elderly adults in the U. S. who report having heart disease are uninsured. That means 1.7 million adults in America report having heart disease, but have no health coverage. Uninsured adults with heart disease are less likely than their insured counterparts to receive medical and dental care; they are less likely to have a usual source of care; and they have substantially higher unmet health needs. In addition, they have high out-of-pocket spending burdens. In particular:

- One in four uninsured adults with heart disease reported no visits to health professionals in the 12 months prior to the survey; uninsured adults with heart disease are 19 percentage points less likely than insured adults with heart disease to have had visits to a health professional in the past 12 months.
- Almost two out of three (65 percent) uninsured adults with heart disease received no dental care in the 12 months prior to the survey; uninsured adults with heart disease are 1.7 times as likely as their insured counterparts to have gone without dental care in the past 12 months.
- Over one-third (37 percent) of uninsured adults with heart disease lack a usual source for health care; uninsured adults with heart disease were nine times as likely as their insured counterparts to lack a usual source for health care.
- More than half (56 percent) of uninsured adults with heart disease had an unmet need for either medical care or prescription drugs – 42 percent reported an unmet need for medical care; 42 percent reported an unmet need for prescription drugs. In addition, 50 percent reported an unmet need for dental care, 38 percent reported an unmet need for vision care, and 11 percent reported an unmet need for mental health services. Uninsured adults with heart disease were 3.7 times as likely as insured adults with heart disease to have an unmet need for medical care or prescription drugs in the 12 months prior to the survey.
- Despite having fewer contacts with the health care system, uninsured adults with heart disease still face large out-of-pocket expenditures for their care. Almost one in four (24 percent) uninsured adults with heart disease reported spending at least \$2,000 out of pocket on medical care in the 12 months prior to the survey.
  - When limiting the analysis to those with family income less than \$20,000, 15 percent spent at a level equivalent to at least 10 percent of family income.
  - Among those with incomes between \$20,000 and \$45,000 almost one in three (33 percent) reported spending at least \$2,000, which constitutes between five and 10 percent of their income.

## **Access to Health Care by Uninsured Adults with Asthma**

More than one in six (18 percent) non-elderly adults in the U. S. who report having asthma are uninsured. That means 2 million adults in America report having asthma, but have no health coverage. Uninsured adults with asthma are less likely than their insured counterparts to receive medical and dental care; they are less likely to have a usual source of care; and they have substantially higher unmet health needs. In addition, they have high out-of-pocket spending burdens. Uninsured adults with asthma often fail to receive educational interventions that may improve management of asthma and reduce adverse symptoms. In particular:

- More than one in five (22 percent) uninsured adults with asthma reported no visits to health professionals in the 12 months prior to the survey; uninsured adults with asthma are 18 percentage points less likely than insured adults with asthma to have had visits to a health professional in the past 12 months.
- Almost six out of 10 (59 percent) uninsured adults with asthma received no dental care in the 12 months prior to the survey; uninsured adults with asthma are 28 percentage points more likely than their insured counterparts to have gone without dental care in the past 12 months.
- More than one of three (36 percent) uninsured adults with asthma lack a usual source for health care; uninsured adults with asthma were seven times as likely as their insured counterparts to lack a usual source for health care.
- More than half (52 percent) of uninsured adults with asthma have an unmet need for either medical care or prescription drugs – 37 percent reported an unmet need for medical care; 42 percent reported an unmet need for prescription drugs. In addition, 44 percent reported an unmet need for dental care, 25 percent reported an unmet need for vision care, and 13 percent reported an unmet need for mental health services. Uninsured adults with asthma are 3.2 times as likely as insured adults with asthma to have an unmet need for medical care or prescription drugs.
- Despite having fewer contacts with the health care system, uninsured adults with asthma still face large out-of-pocket expenditures for their care. More than one in five (21 percent) uninsured adults with asthma reported spending at least \$2,000 out of pocket on medical care in the 12 months prior to the survey.
  - When limiting the analysis to those with family income less than \$20,000, 17 percent spent at a level equivalent to at least 10 percent of family income.
  - Among those with incomes between \$20,000 and \$45,000 more than one in five (21 percent) reported spending at least \$2,000, which constitutes between five and 10 percent of their income.
- Three out of four (76 percent) uninsured adults with asthma did not receive an asthma management plan or take a course on asthma management. Six out of 10 (63 percent) did not receive training in how to monitor peak flow, and almost half (47 percent) did not receive training in how to respond to early signs of asthma. Although most (91 percent) uninsured adults with asthma used an inhaler at some point, only one of three (34 percent) used preventive medication.

**Table 1. Percent of Non-elderly Adults with Chronic Conditions who Lack Health Insurance Coverage**

<b>For adults with:</b>	<b>Percent Uninsured</b>
Any chronic condition <sup>1</sup>	17%
By race/ethnicity	
White	13%
Black	19%
Hispanic	35%
Other	21%
Hypertension (2+ visits)	14%
High cholesterol (ever)	11%
Heart disease (ever) <sup>2</sup>	13%
Asthma (current)	18%
Diabetes (ever)	15%
Arthritis-related conditions (ever) <sup>3</sup>	12%

Notes:

<sup>1</sup> Hypertension, high cholesterol, heart disease, asthma, diabetes, arthritis-related conditions, anxiety/depression, severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, and emphysema

<sup>2</sup> Coronary heart disease, angina, heart attack, and any other kind of heart condition or disease

<sup>3</sup> Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

Source: Urban Institute Tabulations of 2003 National Health Interview Survey

**Table 2. Prevalence of Selected Chronic Conditions Among Non-elderly Adults, Overall and by Insurance Status**

<u>For adults with:</u>	<u>Percent with Chronic Conditions</u>		
	<u>All Adults</u>	<u>Uninsured</u>	<u>Insured</u>
Any chronic condition <sup>1</sup>	53%	45% *	55%
By race/ethnicity			
White	55%	51% *	56%
Black	54%	46% *	56%
Hispanic	42%	35% *	47%
Other	42%	40%	44%
Hypertension (2+ visits)	16%	11% *	17%
High cholesterol (ever)	26%	21% *	27%
Heart disease (ever) <sup>2</sup>	7%	5% *	8%
Asthma (current)	7%	6%	7%
Diabetes (ever)	5%	4% *	5%
Arthritis-related conditions (ever) <sup>3</sup>	16%	10% *	18%

Notes:

\*Difference between uninsured and insured is significant at p<0.05.

<sup>1</sup> Hypertension, high cholesterol, heart disease, asthma, diabetes, arthritis-related conditions, anxiety/depression, severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, and emphysema

<sup>2</sup> Coronary heart disease, angina, heart attack, and any other kind of heart condition or disease

<sup>3</sup> Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

Source: Urban Institute Tabulations of 2003 National Health Interview Survey

**Table 3. Percent of Non-elderly Adults with Chronic Conditions who Lacked a Health Professional Visit in the Past 12 Months, Overall and by Insurance Status**

<b>For adults with:</b>	<b>Percent who Lacked a Health Professional Visit</b>		
	<b>All Adults</b>	<b>Uninsured</b>	<b>Insured</b>
Any chronic condition <sup>1</sup>	10%	27% *	7%
By race/ethnicity			
White	9%	27% *	6%
Black	10%	28% *	5%
Hispanic	14%	27% *	7%
Other	14%	24% *	10%
Hypertension (2+ visits)	5%	18% *	3%
High cholesterol (ever)	7%	20% *	6%
Heart disease (ever) <sup>2</sup>	8%	25% *	6%
Asthma (current)	7%	22% *	4%
Diabetes (ever)	3%	7% *	2%
Arthritis-related conditions (ever) <sup>3</sup>	6%	19% *	4%

Notes:

\*Difference between uninsured and insured is significant at  $p < 0.05$ .

<sup>1</sup> Hypertension, high cholesterol, heart disease, asthma, diabetes, arthritis-related conditions, anxiety/depression, severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, and emphysema

<sup>2</sup> Coronary heart disease, angina, heart attack, and any other kind of heart condition or disease

<sup>3</sup> Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

Source: Urban Institute Tabulations of 2003 National Health Interview Survey



**Table 4. Percent of Non-elderly Adults with Chronic Conditions who Lacked a Dental Visit in the Past 12 Months, Overall and by Insurance Status**

<u>For adults with:</u>	<u>Percent who Lacked a Dental Visit</u>		
	<u>All Adults</u>	<u>Uninsured</u>	<u>Insured</u>
Any chronic condition <sup>1</sup>	35%	61% *	30%
By race/ethnicity			
White	32%	63% *	28%
Black	42%	63% *	36%
Hispanic	45%	58% *	38%
Other	33%	57% *	27%
Hypertension (2+ visits)	39%	65% *	34%
High cholesterol (ever)	31%	57% *	28%
Heart disease (ever) <sup>2</sup>	42%	65% *	38%
Asthma (current)	36%	59% *	31%
Diabetes (ever)	45%	64% *	42%
Arthritis-related conditions (ever) <sup>3</sup>	35%	60% *	31%

Notes:

\*Difference between uninsured and insured is significant at  $p < 0.05$ .

<sup>1</sup> Hypertension, high cholesterol, heart disease, asthma, diabetes, arthritis-related conditions, anxiety/depression, severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, and emphysema

<sup>2</sup> Coronary heart disease, angina, heart attack, and any other kind of heart condition or disease

<sup>3</sup> Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

Source: Urban Institute Tabulations of 2003 National Health Interview Survey

**Table 5. Percent of Adults with Chronic Conditions who Lack a Usual Source of Health Care, Overall and by Insurance Status**

<b>For adults with:</b>	<b>Percent without a Usual Source of Care</b>		
	<b>All Adults</b>	<b>Uninsured</b>	<b>Insured</b>
Any chronic condition <sup>1</sup>	11%	38% *	5%
By race/ethnicity			
White	9%	36% *	5%
Black	11%	33% *	5%
Hispanic	20%	46% *	6%
Other	12%	34% *	6%
Hypertension (2+ visits)	7%	30% *	3%
High cholesterol (ever)	7%	29% *	5%
Heart disease (ever) <sup>2</sup>	8%	37% *	4%
Asthma (current)	10%	36% *	5%
Diabetes (ever)	5%	25% *	2%
Arthritis-related conditions (ever) <sup>3</sup>	7%	30% *	4%

Notes:

Usual source of care excludes emergency room.

\*Difference between uninsured and insured is significant at  $p < 0.05$ .

<sup>1</sup> Hypertension, high cholesterol, heart disease, asthma, diabetes, arthritis-related conditions, anxiety/depression, severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, and emphysema

<sup>2</sup> Coronary heart disease, angina, heart attack, and any other kind of heart condition or disease

<sup>3</sup> Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

Source: Urban Institute Tabulations of 2003 National Health Interview Survey

**Table 6. Percent of Adults with Chronic Conditions Reporting Unmet Need for Health Care in the Past 12 Months, Overall and by Insurance Status**

	Percent Reporting Unmet Need for:					
	Medical Care	Prescription Drugs	Mental Health Care	Dental Care	Vision Care	Both Medical Care and Prescription Drugs
<b>For adults with:</b>	<b>All Adults</b>					
Any chronic condition <sup>1</sup>	11%	12%	4%	15%	10%	6%
By race/ethnicity						
White	10%	11%	4%	15%	9%	5%
Black	12%	15%	3%	16%	11%	7%
Hispanic	13%	16%	5%	20%	13%	6%
Other	9%	10%	4%	14%	8%	5%
Hypertension (2+ visits)	11%	13%	3%	16%	11%	6%
High cholesterol (ever)	9%	10%	3%	13%	9%	5%
Heart disease (ever) <sup>2</sup>	13%	15%	4%	19%	13%	8%
Asthma (current)	13%	18%	5%	20%	12%	9%
Diabetes (ever)	13%	16%	4%	17%	12%	8%
Arthritis-related conditions (ever) <sup>3</sup>	12%	14%	5%	17%	12%	7%
	<b>Uninsured</b>					
Any chronic condition	34% *	34% *	11% *	40% *	25% *	20% *
By race/ethnicity						
White	36% *	36% *	11% *	43% *	26% *	22%
Black	35%	36% *	9%	35% *	23% *	21%
Hispanic	26% *	29% *	10%	35% *	24% *	13%
Other	32%	32%	11%	35%	26%	22%
Hypertension (2+ visits)	37% *	40% *	8% *	41% *	30% *	24%
High cholesterol (ever)	34%	37% *	12%	39% *	30% *	22%
Heart disease (ever)	42% *	42% *	11%	50% *	38% *	28%
Asthma (current)	37% *	42% *	13%	44% *	25% *	27%
Diabetes (ever)	40%	43% *	9%	44% *	29% *	26%
Arthritis-related conditions (ever)	41% *	47% *	14%	47% *	35% *	29%
	<b>Insured</b>					
Any chronic condition	6%	7%	2%	11%	6%	3%
By race/ethnicity						
White	6%	7%	3%	10%	6%	3%
Black	7%	10%	2%	11%	8%	3%
Hispanic	7%	9%	2%	11%	8%	3%
Other	3%	4%	2%	8%	4%	1%
Hypertension (2+ visits)	7%	9%	3%	11%	7%	3%
High cholesterol (ever)	6%	7%	2%	10%	6%	3%
Heart disease (ever)	9%	10%	3%	14%	9%	5%
Asthma (current)	8%	12%	3%	15%	9%	5%
Diabetes (ever)	9%	12%	3%	12%	9%	5%
Arthritis-related conditions (ever)	8%	10%	3%	13%	8%	4%

Notes:

\*Difference between uninsured and insured is significant at p<0.05.

<sup>1</sup> Hypertension, high cholesterol, heart disease, asthma, diabetes, arthritis-related conditions, anxiety/depression, severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, and emphysema

<sup>2</sup> Coronary heart disease, angina, heart attack, and any other kind of heart condition or disease

<sup>3</sup> Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

Source: Urban Institute Tabulations of 2003 National Health Interview Survey

**Table 7. Percent of Adults with Chronic Conditions with Family Out-of-Pocket Spending >\$2,000 in the Past 12 Months, by Income and Insurance Status**

For adults with:	Percent of Adults with Out-of-Pocket Spending > \$2,000								
	All Adults			Uninsured			Insured		
	All Incomes <sup>1</sup>	<\$20K	\$20K - \$45K	All Incomes	<\$20K	\$20K - \$45K	All Incomes	<\$20K	\$20K - \$45K
Anv chronic condition <sup>2</sup>	20%	11%	19%	21%	15% *	21%	20%	10%	18%
By race/ethnicity									
White	23%	13%	21%	25%	18% *	24%	22%	11%	20%
Black	11%	8%	11%	14%	13% *	13%	11%	5%	11%
Hispanic	16%	10%	13%	15%	11%	12%	17%	10%	14%
Other	16%	9%	17%	17%	8%	35% *	16%	10%	7%
Hypertension (2+ visits)	22%	13%	22%	23%	17%	24%	22%	12%	22%
High cholesterol (ever)	23%	14%	24%	28% *	19%	32%	23%	13%	23%
Heart disease (ever) <sup>3</sup>	26%	18%	25%	24%	15%	33%	26%	19%	24%
Asthma (current)	21%	11%	18%	21%	17%	21%	21%	9%	17%
Diabetes (ever)	26%	14%	25%	30%	15%	16%	25%	14%	28%
Arthritis-related conditions (ever) <sup>4</sup>	25%	17%	23%	23%	22%	24%	25%	15%	23%

Notes:

\*Difference between uninsured and insured is significant at p<0.05.

<sup>1</sup>Income is reported for the previous calendar year.

<sup>2</sup>Hypertension, high cholesterol, heart disease, asthma, diabetes, arthritis-related conditions, anxiety/depression, severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, and emphysema

<sup>3</sup>Coronary heart disease, angina, heart attack, and any other kind of heart condition or disease

<sup>4</sup>Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

Source: Urban Institute Tabulations of 2003 National Health Interview Survey

## **Methodological Appendix**

### **Uninsured Americans with Chronic Health Conditions: *Key Findings from the National Health Interview Survey***

#### **Data Source and Sample**

This analysis uses the 2003 National Health Interview Survey (NHIS) to examine access to care for uninsured and insured adults with chronic conditions. The NHIS is a continuous in-person household survey sponsored by the National Center for Health Statistics. The sample, which includes 40,000 households and approximately 93,000 persons, is nationally representative of the civilian, non-institutionalized U.S. population. The NHIS collects information on demographic characteristics, family income, insurance coverage, health status, access to care, and use of health care services. Data were analyzed for the 25,093 non-elderly adults in the sample adult file.

#### **Access Measures**

The analysis focuses on five indicators that reflect different dimensions of access to care. These measures are based on NHIS questions that are described below:

- **Lack of a health professional visit in 12 months prior to the survey:** The NHIS collects information on whether the adult had a health professional visit in the past 12 months. This measure does not include visits to dental providers, home visits, or provider encounters during an emergency room visit or an inpatient hospital stay.
- **Lack of a usual source for health care:** The NHIS captures whether an adult is reported to have a usual source for health care (USOC) when they are sick, and the type of provider on which they rely if they do have a usual source for health care (those relying on hospital emergency departments were classified as having no usual source of care.) The various types of USOC providers were grouped into the following categories: physician office or HMO, clinic or hospital outpatient department, or other type.
- **Presence of unmet health care needs:** The NHIS collects information on whether needed medical care, prescription drugs, vision care, dental care, or mental health care were forgone entirely due to cost, and we created indicators for each separately. We also created an additional indicator for reported unmet need for both medical care and prescription drugs.
- **Out-of-pocket spending on health care:** The NHIS collects information on approximately how much, within pre-set categories, a family spent on medical care, including dental care in the past 12 months. These categories include: zero; less than \$500; \$500-\$1,999; \$2,000-\$2,999; \$3,000-\$4,999; \$5,000 or more.
- **Lack of dental care in the 12 months prior to the survey:** The NHIS collects information on the length of time since the person last had a visit with a dental health provider. We created an indicator for whether there had been no visit within the past 12 months.

## Identifying Adults With Chronic Health Conditions

### Chronic Conditions

The presence of chronic health conditions is measured on the NHIS primarily through self-reports of diagnoses that have been made by a health professional. The specific chronic conditions identified in this manner include: hypertension; high cholesterol; heart disease, including coronary heart disease, angina, heart attack and any other kind of heart condition or disease; asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema. The NHIS also asks questions concerning feelings associated with anxiety or depression during the past 30 days, and whether those feelings interfered with life and activities. We used this information to create an indicator for anxiety/depression. (See Appendix Table 1 for NHIS text on questions on selected chronic conditions.)

### Health Insurance Coverage

The analysis compares insured and uninsured adults with chronic conditions. The NHIS collects information on the adult's health insurance at the time of the survey, asking whether they had any of a variety of public or private medical insurance plans, or were without insurance other than plans that only covered a single service (such as a vision care plan). Adults with any general medical insurance were identified as having insurance; adults who were reported to lack insurance other than a single service plan were identified as uninsured. The NHIS estimates that 34.5 million adults (19 percent) were uninsured during 2003, and that 15.6 million adults with chronic conditions (17 percent) were uninsured.

### Grouping Adults with Chronic Conditions According to Relevant Characteristics

Sample proportions for each access measure were estimated and compared for all insured and uninsured adults with chronic conditions. In addition, chronically ill adults were grouped according to selected demographic and health characteristics:

- Ethnicity (white non-Hispanic, black non-Hispanic, Hispanic, other);
- Presence of specific chronic health conditions – hypertension, high cholesterol, heart disease, asthma, diabetes, and arthritis-related conditions.

### Analysis

For each outcome measure, we computed the sample proportion for adults with chronic conditions stratified by race and ethnicity, and then for specific chronic conditions. We compared estimates for insured and uninsured adults using t-tests. The estimates have not been adjusted to take into account demographic and other differences between the insured and the uninsured that may also affect access. All analyses are performed using Stata software. Sample proportions are weighted to national totals. Statistical comparisons take into account the complex sample design of the NHIS.

**Appendix Table 1**  
**2003 National Health Interview Survey Text for Questions**  
**on Selected Chronic Conditions**

<b>NHIS Text</b>	<b>Chronic Condition</b>
<p>Have you EVER been told by a doctor or other health professional that you had ...</p> <p>... coronary heart disease?            ... angina, also called angina pectoris?            ... a heart attack (also called myocardial infarction)?            ... any kind of heart condition or heart disease?</p> <p>... [If female, other than during pregnancy] diabetes or sugar diabetes?            ... some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?            ... cancer or a malignancy of any kind?            ... a stroke?            ...emphysema?</p>	<p>Heart Disease</p> <p>Diabetes</p> <p>Arthritis-related conditions</p> <p>Cancer</p> <p>Stroke</p> <p>Emphysema</p>
<p>[If reported that blood cholesterol checked by a doctor] Have you EVER been told by a doctor or other health professional that your blood cholesterol level was high?</p>	<p>High cholesterol</p>
<p>Were you told on two or more different visits that you had ... hypertension, also called high blood pressure?</p>	<p>Hypertension (2+ visits)</p>
<p>Have you ever been told by a doctor or other health professional that you had ... asthma?</p> <p>AND</p> <p>Do you still have asthma?</p>	<p>Asthma (current)</p>
<p>During the past 12 months, have you been told by a doctor or other health professional that you had ...</p> <p>...chronic bronchitis?            ... any kind of liver condition?</p>	<p>Chronic bronchitis</p> <p>Liver condition</p>
<p>During the past three months, did you have ... severe headache or migraine?</p>	<p>Severe headache/migraine</p>
<p>During the past 30 days, how often did you feel ...</p> <p>... so sad that nothing could cheer you up?            ... nervous?            ... restless or fidgety?            ... hopeless?            ... that everything was an effort?            ... worthless?</p> <p>AND</p> <p>Altogether, how much did these feelings interfere with your life or activities: a lot, some, a little, or not at all?</p>	<p>Anxiety/Depression indicated if person reported at least one of the feelings all or most of the time and if the feelings interfered with life or activities some or a lot.</p>

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