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Wages, Health Benefits, and Workers' Health

Sara R. Collins, Karen Davis, Michelle M. Doty, and Alice Ho
The Commonwealth Fund

For more information about this study, please contact:

Sara R. Collins, Ph.D.
Senior Program Officer
The Commonwealth Fund
Tel 212.606.3838
Fax 212.606.3500
E-mail src@cmwf.org

ABSTRACT: Employer-based health insurance provides the majority of U.S. workers with access to health care and protection against devastating financial losses. Millions of workers, however, do not receive health benefits from their employers, and few sources of affordable coverage exist outside the employer-based system. This study, based on data from the Commonwealth Fund Biennial Health Insurance Survey, finds a deep divide in the U.S. labor force and an urgent need for expanding access to comprehensive and affordable coverage to working Americans and their families. According to the authors, higher-wage workers are more likely than their lower-paid counterparts to have health insurance and health-related benefits, such as paid sick leave, and to use preventive care services. Low-wage workers, meanwhile, are much more likely to forgo needed health care because of cost and to report problems paying medical bills.

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Background

The current economic recovery has failed to reach many working Americans. Despite recent gains in employment, the economy has suffered a net loss of 900,000 jobs since the recession officially ended in 2001, the worst performance of any post-war economic recovery.[1] The slack in the labor market has translated into sluggish wage growth. In the past year, hourly wages have increased just 2.3 percent, less than the overall rate of inflation.[2] Finally, fewer working American families have health insurance coverage through their jobs. The number of uninsured people in the United States has risen by nearly 4 million since 2001 to 45 million people in 2003, with nearly the entire increase accounted for by a decline in employer-sponsored health insurance coverage.[3]

Faltering job security is a significant U.S. economic concern. American workers depend on their jobs to provide both economic security and health care security to their families. Health insurance coverage guarantees access to

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the health care system and financial protection from catastrophic health care costs. Corporations and the U.S. economy depend on a healthy workforce to function at full capacity.

This analysis of the Commonwealth Fund Biennial Health Insurance Survey examines differences in U.S. workers' access to the health care system and their ability to afford health care services.[4] The nationally representative study of 1,963 full-time and part-time employees, highlights a deep divide in the U.S. labor force. On the one side, there are workers with wages and health insurance that provide them with the means to get the health care services they need. On the other, there are those workers who earn low wages and who often lack coverage. These workers are left without stable access to the health care system and are at great risk of financial ruin in the event of catastrophic illnesses. Workers with higher wages are more likely to have health insurance coverage and other health-related benefits, such as paid sick leave, than are those workers in the lowest-compensated positions. Workers with higher wages are also more likely to have regular physicians and use preventive care services. In contrast, workers with low wages are much more likely than higher-wage workers to report not getting needed health care services because of cost. Low-wage workers are also more likely to report problems paying medical bills. These results point to the need for expanding comprehensive and affordable health insurance coverage to all U.S. workers.

Health Insurance Coverage of American Workers

Employer-based health insurance is a critical feature of jobs in the United States, and can make the difference between working families with health insurance coverage and families in which some or all members are uninsured. Health insurance benefits provide families with the financial means to access health care, as well as protection against devastating financial losses. But because the provision of health benefits is voluntary on the part of employers, millions of American workers go without them.

Excluding the self-employed, there were an estimated 107 million full-time and part-time workers, ages 19 to 64, in 2003.[5] Seventy-two percent of those workers had health insurance through employers (Table 1). But, because there are few sources of affordable coverage outside the employer-based system, most workers without employer-based coverage are uninsured. One-fifth (21%) of all workers were uninsured for at least part of the year. The lower workers' wages are, the less likely it is that they have health insurance through their jobs. Eighty-eight percent of employees earning more than $15 per hour had employer-sponsored insurance, but only 41 percent of those earning less than $10 per hour had such coverage. The lowest wage earners are the most likely to be uninsured: 46 percent of this group was uninsured for all or part of the year.

Even when jobs come with health benefits, employees may not become eligible for coverage until they have worked a minimum length of time. Of workers with employer-sponsored insurance, three in five said they had to wait before being covered (Table 1). Forty-two percent of all workers had to wait one to three months and 10 percent had to wait four months or longer. Lower-wage workers were the most likely to experience a waiting period and most likely to wait a longer period of time before becoming covered.

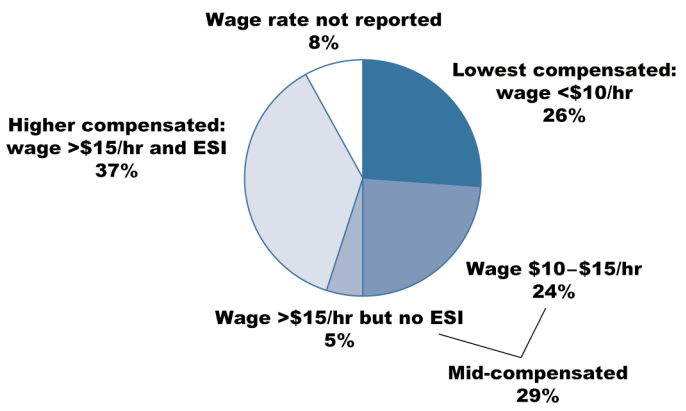
Job Compensation Groups

This study examines whether workers' health status, their access to the health care system, and problems with medical debt vary by their job compensation. Using the Commonwealth Fund Biennial Health Insurance Survey, workers were placed in three broad, job-compensation groups: 1) workers with wages of less than $10 per hour (lowest compensation); 2) workers with wages from $10 per hour to $15 per hour or workers

who earn more than $15 per hour but lack employer-sponsored coverage (mid-range of compensation); and 3) workers with wages greater than $15 an hour, with employer-sponsored coverage (higher compensation).

Excluding the self-employed, more than one-quarter (26%) of the labor force—an estimated 27 million workers—have jobs at the bottom of the compensation scale, those that pay less than $10 per hour (Chart 1).[6] A person who works full time at $10 per hour brings home an annual income of about $20,000. This is about twice the income level that places a single person below the poverty line and is barely above the income level considered poverty level for a family of four.[7] Exacerbating this financial vulnerability, 46 percent of workers earning less than $10 per hour lacked health insurance coverage for at least part of the year (Table 1).

Chart 1. Job Compensation in the American Workforce



Note: ESI defined as employer-sponsored insurance.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

Another 29 percent of the labor force, or an estimated 31 million workers, have jobs in the mid-range of the compensation ladder. These workers either earn $10 per hour to $15 per hour or earn more than $15 per hour but lack employer-sponsored health insurance coverage. About 26 million workers earn from $10 per hour to $15 per hour and another six million earn more than $15 per hour but do not have continuous employer-sponsored health insurance coverage. About one-fifth of workers earning between $10 per hour and $15 per hour lacked health insurance coverage for at least part of the year (Table 1).

Only 37 percent of the workforce, or an estimated 40 million workers, have jobs at the higher end of the compensation scale. These workers earn more than $15 per hour and have employer-sponsored health insurance coverage all year.

Paid Sick Leave and Worker Health Status by Job Compensation

While insurance coverage provides the financial means for workers to access the health care system, paid sick leave helps facilitate that access by allowing people to leave their jobs during working hours for doctors' appointments. Paid sick leave also enables employees time off from work to recover from illnesses. Yet, only 56 percent of U.S. workers report they can take paid time off during the day to see doctors and just over one-half (53%) of all workers say they have any days of paid sick leave (Table 2). Health insurance coverage and sick leave often go together: workers who have employer-sponsored coverage also tend to have paid sick leave through their jobs, while those who lack one benefit are likely to lack the other. Nearly two-thirds (65%) of employees with employer-based insurance also have paid time off to see physicians and 63 percent of these workers have at least some days of paid sick leave. In contrast, only about one-third (34%) of uninsured workers can leave work during the day for doctors' appointments and 29 percent have some paid sick days (data not shown).

Just as the lowest-paid workers are the least likely to have health insurance coverage, they are also the least likely to be able to take paid time off from their jobs for health-related reasons. Just one-third (36%) of workers in the lowest-compensated

positions have paid time off to see doctors during work hours, compared with three-fourths (73%) of those in the higher-compensated jobs (Table 2). Similarly, one-half of the lowest-compensated workers have some paid days of sick leave, compared with three-fourths of those in the higher compensated positions.

Workers in the lowest-compensated jobs are least able to take sick days and also appear to be in poorer health than the rest of the workforce (Table 2). Survey respondents were asked to describe their own health, selecting among excellent, very good, good, fair, or poor. They were also asked whether doctors had ever told them they had a heart attack or heart disease, cancer, diabetes, or arthritis. About 28 percent of U.S. workers reported either fair or poor health or that they had at least one of the four chronic health conditions. Among those workers in the lowest-compensated jobs, 36 percent were in fair or poor health or had a chronic condition, compared with 24 percent of those in the higher-compensated jobs.[8]

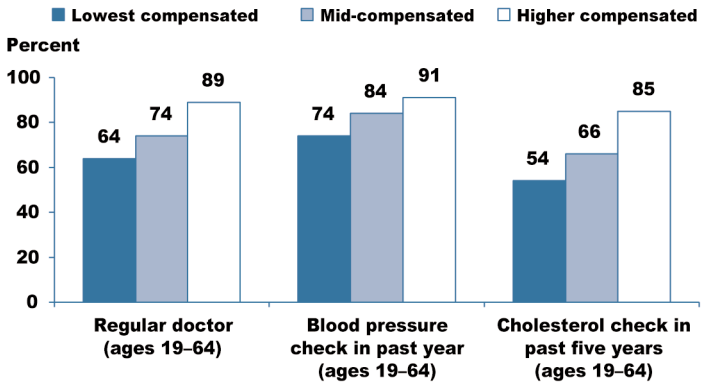
Lower-compensated workers are much more likely to report fair or poor health. This distinction is even reflected among workers with chronic health conditions. Among workers reporting at least one chronic condition, more than one-third (35%) of those in the lowest-compensated jobs said they were in fair or poor health compared with 23 percent of those in higher-compensated positions (data not shown).

Differences in Access to Health Care and Financial Security by Job Compensation

Job compensation is significantly associated with a worker's ability to access the health care system. Workers in the lowest-compensated positions are significantly less likely to establish relationships with physicians and receive essential preventive health care exams than are workers in higher-compensated jobs. Those in the lowest-compensated jobs are also much more likely to say they did not get needed health care because of cost. They are also more likely to report problems paying medical bills.

Primary Care and Preventive Health Care Exams. The Fund's survey asked respondents whether they had personal or family doctors or health care professionals who they rely on for medical care. Workers in the lowest-compensated jobs were significantly less likely to say they had regular doctors than those in higher-compensated positions (Chart 2, Table 3). Sixty-four percent of workers in jobs earning less than $10 per hour had regular doctors, compared with 89 percent of those earning more that $15 per hour with health insurance coverage.[9] Controlling for income and other factors, health insurance coverage had a strong independent effect on whether workers had regular doctors. Just 38 percent of workers who were uninsured all year had regular doctors compared with 86 percent of those who had health insurance coverage for the full year (Table 4).

Chart 2. Preventive and Primary Care Varies by Workers' Job Compensation Levels



Note: Lowest compensated are all workers with wage rate <$10/hr; mid-compensated are workers with wage rate $10–$15/hr and those >$15/hr but no employer-sponsored insurance; higher compensated are workers with wage rate >$15/hr and employer-sponsored insurance.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

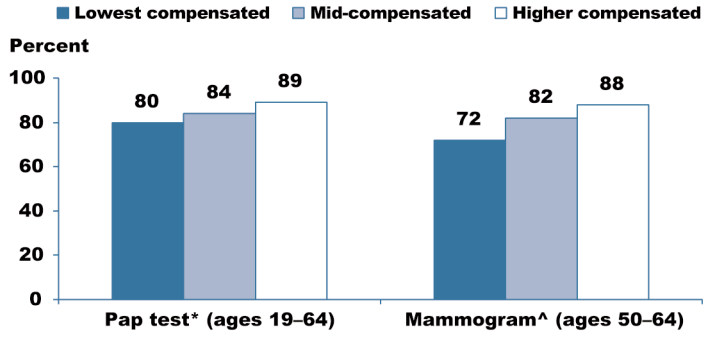
Job compensation is associated with workers receiving preventive care screens at recommended time intervals, including blood pressure and cholesterol tests, dental exams, pap tests, and mammograms. Just over one-half of respondents (54%) in the lowest-compensated jobs had their cholesterol

checked in the past five years, compared with 85 percent of workers in higher-compensated jobs (Chart 2).[10] Similarly, workers in the lowest-compensated positions were significantly less likely to have had their blood pressure checked in the past year than those in higher-compensated jobs (74% vs. 91%).[11] Adjusting for income, insurance coverage has a strong independent effect on whether workers have had either test (Table 4).

Female employees in jobs earning less than $10 per hour are less likely than those in higher-compensated jobs to receive regular screening tests for breast and cervical cancers (Chart 3). Seventy-two percent of female workers over age 50 in the lowest-compensated jobs had mammograms in the past two years compared with 88 percent of women in higher-compensated positions.[12] Similarly, 80 percent of women in the lowest-compensated jobs had received pap tests within the time recommended for their particular age groups, compared with 89 percent of women in the higher-compensated jobs.[13] Again, insurance coverage plays a significant, independent role in whether women have either screening (Table 4).

Job compensation also appears to be significantly associated with workers' abilities to maintain the health of their teeth. Just over one-half (55%) of workers in the lowest-compensated positions had dental exams in the past 12 months, compared with 81 percent of those in the higher-compensated jobs (Table 3).[14] Having insurance coverage has a strong independent effect on whether people go to the dentist (Table 4).

Chart 3. Women's Preventive Care Varies by Job Compensation Levels



Note: Lowest compensated are all workers with wage rate <$10/hr; mid-compensated are workers with wage rate $10–$15/hr and those >$15/hr but no employer-sponsored insurance; higher compensated are workers with wage rate >$15/hr and employer-sponsored insurance.

* Pap test for women ages 19–29 in past year and for women ages 30–64 in past three years.
^ Mammogram for women ages 50–64 in past two years.

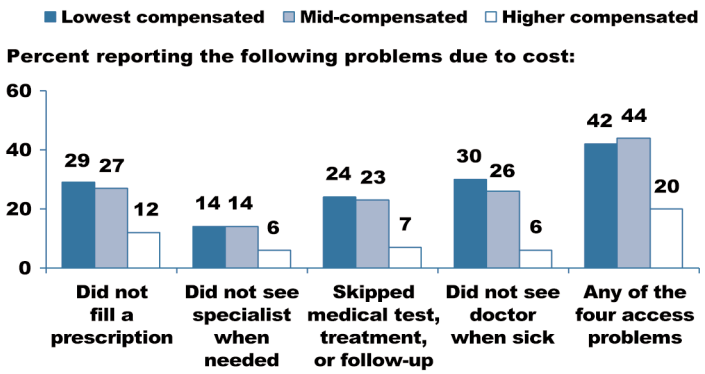
Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

Health Care Access Problems. The cost of health care prevents many workers from getting the health care they need. The survey asked respondents whether, in the past 12 months, they had not pursued medical care because of cost. Respondents were asked if they had not filled a prescription, had a medical problem but did not go to a doctor or clinic, skipped a recommended medical test or follow-up visit, or did not see a specialist when a doctor or the respondent thought it was needed. More than two in five workers in the lowest- and mid-range compensated jobs reported one of these problems compared with one in five workers in higher-compensated positions (Chart 4). Obtaining prescriptions and being able to go to the doctor when sick were particularly problematic among the lowest and mid-range compensated employees.

Out-of-Pocket Costs. Although workers in lower-compensated jobs have less access to the health care system, they are far more likely to spend large shares of their income on out-of-pocket health care costs than are more highly compensated workers. The survey asks respondents how much they paid in out-of-pocket costs over the past 12 months for their own personal prescription medicines, dental and vision care, and all other medical services, including doctors, hospitals and tests. More than one-fifth (22%) of employees in the lowest-compensated positions and nearly one-fifth (17%) of those in jobs in the mid-range of compensation spent 5 percent or more of their income on out-of-pocket costs (Table 5). Among those in higher-compensated jobs, only 5 percent spent as much on out-of-pocket costs.

Medical Bill Problems. With health care costs consuming a substantial share of

Chart 4. Lowest and Mid-Compensated Workers Are Most Likely to Report Access Problems



Note: Lowest compensated are all workers with wage rate <$10/hr; mid-compensated are workers with wage rate $10–$15/hr and those >$15/hr but no employer-sponsored insurance; higher compensated are workers with wage rate >$15/hr and employer-sponsored insurance.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

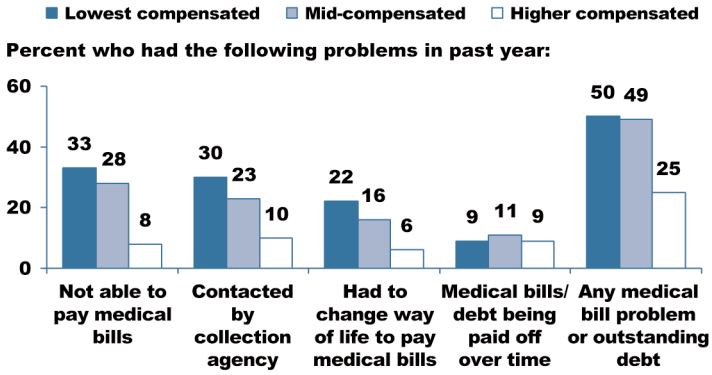
workers' incomes, many are reporting problems paying medical bills. The survey asked whether respondents had problems with medical bills in the past 12 months, including times when they had difficulty paying or were unable to pay their bills, were contacted by collection agencies concerning outstanding medical bills, or had to change their lives significantly in order to meet their obligations. People who reported no medical bill problems in the past 12 months were asked if they were currently paying off medical debt incurred in the past three years.

One-half of workers in the lowest-compensated jobs and one-half of workers in mid-range-compensated jobs either had problems with medical bills in the past 12 months or were paying off accrued debt (Chart 5). While employees in the lowest- and mid-range-compensated jobs were most at risk of experiencing medical bill problems, many higher-compensated employees also reported problems. One-quarter of workers in higher-compensated positions said they had problems with medical bills or were paying off accrued debt.

While most workers with bill problems reported they or a family member had insurance coverage when the debt was incurred, lower-compensated workers were more likely than other workers to have been without coverage at the time debt was incurred. Sixty-eight percent of workers in mid-range compensated jobs and 90 percent of those in higher-compensated jobs had health insurance coverage at the time debt was incurred (Table 5). Less than one-half (47%) of the lowest-compensated employees with bill problems were insured when medical debt was incurred.

For many workers, paying medical bills undermines financial security and forces difficult trade-offs between basic living necessities. Among employees in the lowest-compensated jobs who reported medical bill problems, more than one-third (36%) said they were unable to pay for basic needs like food, heat, or rent because of medical bills. One-half of this group said they had used all or most of their savings to pay their bills and one-quarter (24%) said they either had large credit card debt or had taken out loans against their homes to pay bills (Table 5). Workers in mid-range compensated positions with medical bill problems reported similar rates of financial trade-offs stemming from health care bills. Even workers in higher-compensated jobs reported that medical debt had undermined their finances. About one-third (32%) said they had used all or most of their savings to pay bills.

Chart 5. Lowest and Mid-Compensated Workers Are Most Likely to Report Health Care Financial Burdens



Note: Lowest compensated are all workers with wage rate <$10/hr; mid-compensated are workers with wage rate $10–$15/hr and those >$15/hr but no employer-sponsored insurance; higher compensated are workers with wage rate >$15/hr and employer-sponsored insurance.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

Discussion

Low wages and a lack of job-based health insurance are a deleterious economic combination for working American families. With the average annual family premium in even the group market reaching $10,000 in 2004, purchasing private coverage on their own is often not an option for families who already face stark compromises due to the costs of housing, food and clothing, and transportation.[15] And many people, depending on age, gender or health status, would likely face even higher premiums in the individual market or not qualify at all because of pre-existing conditions.[16] Most workers and their families who are not offered coverage through jobs are thus left with the consequences of being uninsured in the United States: poor access to the health care system, lack of preventive health care services, and the enormous stress of knowing that the lack of coverage could result in crushing financial debt.

A substantial body of evidence now shows that health insurance coverage is integral to peoples' health, their productivity level, and their educational and career achievement.[17] The Institute of Medicine estimates that the economic value lost from preventable morbidity and mortality associated with being uninsured ranges from $65 billion to $130 billion annually.[18] It is highly inequitable that American workers' access to affordable, comprehensive health insurance coverage hinges on where they are employed.[19]

The employer-based health insurance system alone is insufficient to provide coverage to all Americans. However, the system is unlikely to change in the near future due to strong public support, the system's relative efficiency in financing coverage, and a growing federal budget deficit.[20] Any solution to expand health insurance coverage in the near term will likely have to build on the current system's structure. Indeed, many proposals that have emerged in the 2004 election cycle leave the system intact but make coverage more affordable for employers and workers and expand other forms of existing insurance, like state public insurance programs.[21] After the elections, policy options to insure more equitable health insurance coverage of low wage workers should remain on the policy agenda. Health insurance is too important to leave to chance.

Notes

1 U.S. Department of Labor, Bureau of Labor Statistics, Total Non-Farm Payroll, seasonally adjusted, http://www.bls.gov/ces/cesbtabs.htm; Economic Policy Institute, *Job Watch* (Washington, D.C.: Economic Policy Institute, September 2004), http://jobwatch.org.

2 J. Bernstein, *Jobs Picture: Payrolls Up, but Growth Remains Moderate* (Washington, D.C.: Economic Policy Institute, September 3, 2004); Council of Economic Advisors, *Economic Indicators* (Washington, D.C.: U.S. Government Printing Office, August 2004), http://www.gpoaccess.gov/indicators.

3 C. DeNavas-Wait, B. D. Proctor, and R. J. Mills, *Income, Poverty and Health Insurance Coverage in the United States: 2003,* Current Population Reports, Consumer Income (Washington, D.C.: U.S. Census Bureau, August 2004).

4 See the Survey Methodology box on page 14 for a description of the survey and key measures.

5 The Bureau of Labor Statistics establishment survey estimates that there were about 131 million workers on non-farm payrolls, of all ages, in August 2004. The Bureau's household survey estimates that there were about 139 million workers age 16 and older in August 2004. The Commonwealth Fund Biennial Health Insurance Survey estimates that there were 122 million workers 19 to 64 years of age. Excluding the self-employed, there are about 107 million workers in that age range. The smaller number of workers in the Commonwealth Fund survey likely is the result of restricting the working population to adults 19 to 64. See http://www.bls.gov/news.release/empsit.tn.htm.

6 About 160 workers in the survey, or a weighted 8 million workers, did not provide wage information.

[7] C. DeNavas-Wait, B. D. Proctor, and R. J. Mills, *Income, Poverty and Health Insurance Coverage in the United States: 2003,* Current Population Reports, Consumer Income (Washington, D.C.: U.S. Census Bureau, August 2004).

[8] Difference statistically significant at $p < .01$.

[9] Difference statistically significant at $p < .01$.

[10] Difference statistically significant at $p < .01$.

[11] Difference statistically significant at $p < .01$.

[12] Difference statistically significant at $p < .05$.

[13] Difference statistically significant at $p < .01$.

[14] Difference statistically significant at $p < .01$.

[15] J. Gabel et al., "Health Benefits in 2004: Four Years of Double-Digit Premium Increases Take Their Toll on Coverage," *Health Affairs* 23 (September/October 2004): 200–209.

[16] S. R. Collins, S. B. Berkson, and D. A. Downey, *Health Insurance Tax Credits: Will They Work for Women?* (New York: The Commonwealth Fund, December 2002); K. Pollitz and R. Sorian, "Ensuring Health Security: Is the Individual Market Ready for Prime Time?" *Health Affairs* Web Exclusive (October 23, 2002): W372–W376; J. Gabel, K. Dhont, and J. Pickreign, *Are Tax Credits Alone the Solution to Affordable Health Insurance? Comparing Individual and Group Insurance Costs in 17 U.S. Markets* (New York: The Commonwealth Fund, May 2002); J. Gabel et al., "Individual Insurance: How Much Financial Protection Does It Provide?" *Health Affairs* Web Exclusive (April 17, 2002): W172–W181.

[17] S. A. Glied and P. C. Borzi, "The Current State of Employment-Based Health Coverage," *Journal of Law, Medicine and Ethics,* forthcoming.

[18] Institute of Medicine, *Hidden Costs, Value Lost: Uninsurance in America* (Washington, D.C: National Academy Press, 2003).

[19] K. Swartz, "It's Time to Fix Broken Insurance Promises to Workers," *Inquiry* 41 (Summer 2004): 113–15.

[20] Glied, "Current State," forthcoming.

[21] S. R. Collins, K. Davis, and J. M. Lambrew, *Health Care Reform Returns to the National Agenda: 2004 Presidential Candidates' Proposals* (New York: The Commonwealth Fund, September 2003, last updated October 2004); K. Davis and C. Schoen, "Creating Consensus on Coverage Choices," *Health Affairs* Web Exclusive (April 23, 2003): W3-199–W3-211.

Table 1. Health Benefits by Wage Rate
Base: Employed adults, ages 19–64, excluding self-employed

		Wage Rate[1]		
	Total	**<$10/hr**	**$10–$15/hr**	**>$15/hr**
Total in Millions (estimated)	107.0	27.4	25.7	45.7
Percent Distribution	100%	26%	24%	43%
Insurance Coverage**				
Employer-sponsored insurance all year	72	41	72	88
Lacks continuous employer-sponsored insurance	28	59	28	12
Uninsured all or part year	21	46	19	9
Public[2]	2	—	—	—
Individual/other	5	7	7	3
Waiting Period for Health Insurance** (base: respondents with own ESI or other ESI through spouse or partner)				
None	39	28	32	44
Less than 1 month	5	4	5	4
1–3 months	42	46	48	40
4 months or more	10	16	11	9

[1] Undesignated wage rate not shown (N=155 or 8 percent of sample).

[2] Due to an inadequate sample size, estimates for public insurance category are not shown.

** Differences by wage statistically significant at $p < .01$.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

Table 2. Health Status and Benefits by Job Compensation
Base: Employed adults, ages 19–64, excluding self-employed

		Job Compensation		
	Total	Lowest Compensated	Mid-Compensated	Higher Compensated
Total in Millions (estimated)	107.0	27.4	31.2	40.1
Percent Distribution	100%	26%	29%	37%
Health Problems				
Fair or poor health**	11	20	11	6
One or more chronic conditions	21	21	20	21
Either fair or poor health, chronic condition, or disability**	28	36	29	24
Sick Leave Benefits				
Paid time-off to see a doctor during work hours**	56	36	52	73
Paid sick leave**				
None	34	51	35	24
1–10 days	34	26	37	40
11 days or more	19	9	17	28

Note: Lowest compensated are all workers with wage rate <$10/hr; mid-compensated are workers with wage rate $10–$15/hr and those >$15/hr but no employer-sponsored insurance; higher compensated are workers with wage rate >$15/hr and employer-sponsored insurance; undesignated wage rate not included in these categories; chronic condition defined as cancer, heart attack/disease, diabetes, or arthritis.

** Differences by compensation group statistically significant at $p < .01$.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

Table 3. Preventive Care by Characteristics of Respondents
Base: employed adults, excluding self-employed

	Regular Doctor (ages 19–64)	Dental Exam (ages 19–64 in past year)	Pap Test (women ages 19–29 in past year; women ages 30–64 in past three years)	Mammogram (women ages 50–64 in past two years)	Colon Cancer Screening (ages 50–64 in past five years)	Blood Pressure Check (ages 19–64 in past year)	Cholesterol Check (ages 19–64 in past five years)
Total	77%	67%	84%	82%	49%	84%	70%
Job Compensation							
Lowest compensated	64**	55**	80**	72*	47	74**	54**
Mid-compensated	74	61	84	82	46	84	66
Higher compensated	89	81	89	88	52	91	85
Wage Rate							
Less than $10 per hour	64**	55**	80**	72*	47*	74**	54**
$10–$15 per hour	76	60	86	81	41	84	67
More than $15 per hour	86	79	87	88	53	90	82
Insurance Coverage[1]							
Uninsured all year	35**	36**	62**	NA	NA	59**	37**
Uninsured part year	62	50	74	NA	NA	77	53
Insured all year, employer-sponsored insurance	87	75	90	86	50	88	78
Sick Leave Benefits							
Paid time-off to see a doctor during work hours							
Yes	84**	74**	88**	86*	50	87**	78**
No	69	59	79	74	47	80	61
Paid sick leave							
None	68**	59**	79**	69**	44	80**	60**
1–10 days	86	74	88	82	50	85	77
11 days or more	85	76	88	NA	55	93	80

Note: NA values are not shown due to an inadequate sample size; lowest compensated are all workers with wage rate <$10/hr; mid-compensated are workers with wage rate $10–$15/hr and those >$15/hr but no employer-sponsored insurance; higher compensated are workers with wage rate >$15/hr and employer-sponsored insurance; undesignated wage rate not included in these categories.

[1] Due to an inadequate sample size, estimates for public, individual and "other" insurance categories are not shown.

** Differences statistically significant at $p < .01$.

* Differences statistically significant at $p < .05$.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

Table 4. Adjusted Percentages for Preventive Care by Characteristics of Respondents: Based on Logistic Regression Models

Base: employed adults, excluding self-employed

	Regular Doctor (ages 19–64)	Dental Exam (ages 19–64 in past year)	Pap Test (women ages 19–29 in past year; women ages 30–64 in past three years)	Mammogram (women ages 50–64 in past two years)	Colon Cancer Screening (ages 50–64 in past five years)	Blood Pressure Check (ages 19–64 in past year)	Cholesterol Check (ages 19–64 in past five years)
Total	77%	67%	84%	82%	49%	84%	70%
Insurance Coverage[1]							
Uninsured all year	38**	43**	68**	62*	40	74**	54**
Uninsured part year	64**	52**	76**	67*	71	81*	60**
Insured all year, employer-sponsored insurance	86	75	90	86	49	87	76
Paid Sick Leave[2]							
No	71**	63**	82	76	44	83	66**
Yes	79	70	86	85	52	85	74

Note: Multivariate models show adjusted percentages controlling for insurance status, paid sick leave, poverty status, and regular doctor.

[1] Estimates for public, individual and "other" insurance categories are not shown due to an inadequate sample size.
Insured all year with employer-sponsored is the reference category when statistical differences are shown.

[2] Has paid sick leave is the reference category when statistical differences are shown.

** Differences statistically significant at $p < .01$.

* Differences statistically significant at $p < .05$.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

Table 5. Access Barriers and Medical Bill Problems by Job Compensation
Base: Employed adults, ages 19–64, excluding self-employed

Access and Cost Indicators	Total	Job Compensation: Lowest Compensated	Job Compensation: Mid-Compensated	Job Compensation: Higher Compensated
Percent Distribution	100%	26%	29%	37%
Access Problems				
In past year, went without needed care due to costs:				
Did not fill prescription**	21	29	27	12
Did not get needed specialist care**	11	14	14	6
Skipped recommended test or follow up**	17	24	23	7
Had a medical problem, did not visit doctor or clinic**	19	30	26	6
*At least one of four access problems due to inability to pay***	33	42	44	20
Out-of-Pocket Costs				
Spent 5% or more of income for out of pocket costs**	13	22	17	5
Medical Bill Problems				
In past year:				
Not able to pay medical bills**	21	33	28	8
Contacted by a collection agency for medical bills**	19	30	23	10
Had to change way of life to pay bills**	13	22	16	6
*Any bill problem***	30	42	38	16
Medical bills/debt being paid off over time**	9	9	11	9
Base: Any bill problem or medical debt**	39	50	49	25
Percent reporting that:				
Unable to pay for basic necessities (food, heat or rent)**	26	36	27	12
Used all or most of savings**	43	50	45	32
Had large credit card debt/Needed loan or debt against home	20	24	20	16
Insurance status of person(s) at time care was provided**				
Insured at time care was provided	67	47	68	90
Uninsured at time care was provided	28	48	27	6
Other insurance combination	2	3	1	2

Note: Lowest compensated are all workers with wage rate <$10/hr; mid-compensated are workers with wage rate $10–$15/hr and those >$15/hr but no employer-sponsored insurance; higher compensated are workers with wage rate >$15/hr and employer-sponsored insurance; undesignated wage rate not included in these categories.

** Differences by compensation group statistically significant at $p < .01$.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

Survey Methodology

The Commonwealth Fund Biennial Health Insurance Survey was conducted by Princeton Survey Research Associates International from September 3, 2003, through January 4, 2004. The survey consisted of 25-minute telephone interviews in either English or Spanish and was conducted among a random, nationally representative sample of 4,052 adults ages 19 and older living in the continental United States. To make the results representative of all adults ages 19 and older living in the continental United States, the data are weighted by age, sex, race/ethnicity, education, household size, geographic region, and telephone service interruption using the U.S. Census Bureau's 2003 Annual Social and Economic Supplement.

The analytic sample consists of 1,963 part-time and full-time workers who are not self-employed. Workers' compensation is categorized as lowest (workers with wage rate less than $10 per hour), mid-compensated (workers with wage rate $10 per hour to $15 per hour or those with wages of more than $15 per hour but no employer-sponsored insurance), and higher compensated (workers with wage rate more than $15 per hour with employer-sponsored insurance). When results are shown by compensation categories, workers who do not report their wage rate (N=155) are excluded from the analysis.

In Table 4, we use multivariate logistic regression models to explore the extent to which receiving preventive care is a function of insurance, as well as additional underlying factors such as income (measured as poverty status), paid sick leave, or having a regular doctor. The adjusted percentages are based on these regression models and are presented to facilitate the interpretation of odds ratios.

About the Authors

Sara R. Collins, Ph.D., is senior program officer for health policy, research, and evaluation at The Commonwealth Fund. She is an economist whose responsibilities include survey development, research, and analysis, as well as project development and management for the Fund's Task Force on the Future of Health Insurance. Previously she was a senior research associate at the New York Academy of Medicine, Division of Health and Science Policy, and an associate editor at *U.S. News & World Report,* where she wrote articles on economics and health care. She has a Ph.D. in economics from George Washington University.

Karen Davis, Ph.D., president of The Commonwealth Fund, is a nationally recognized economist with a distinguished career in public policy and research. Before joining the Fund, she served as chairman of the Department of Health Policy and Management at The Johns Hopkins Bloomberg School of Public Health, where she also held an appointment as professor of economics. She served as deputy assistant secretary for health policy in the Department of Health and Human Services from 1977 to 1980 and was the first woman to head a U.S. Public Health Service agency. A native of Oklahoma, she received her doctoral degree in economics from Rice University, which recognized her achievements with a Distinguished Alumna Award in 1991. Ms. Davis has published a number of significant books, monographs, and articles on health and social policy issues, including the landmark books *Health Care Cost Containment; Medicare Policy; National Health Insurance: Benefits, Costs, and Consequences;* and *Health and the War on Poverty*.

Michelle McEvoy Doty, Ph.D., a senior analyst for the Health Policy, Research, and Evaluation Department at The Commonwealth Fund, conducts research examining health care access and quality among vulnerable populations and the extent to which lack of health insurance contributes to barriers to health care and inequities in quality of care. She received her M.P.H. and Ph.D. in public health from the University of California, Los Angeles.

Alice Ho is research associate for health policy, research, and evaluation and the president's office at The Common-wealth Fund. She provides analytical and writing support for Fund publications and presentations. Previously she was an associate consultant in the Global Health Solutions division of Computer Sciences Corporation, where she conducted strategic planning for hospitals. She received her bachelor's degree in neuroscience from Brown University.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