

# 2009 Health Care for America Survey

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*The insurance company doubled my premium. I called to ask why, and the agent told me, "Because we can." William, Florida • I have a lump on my right breast that the doctor is "watching" because the insurance doesn't cover more than that...What happens if it's too late? Ellen, Michigan • I'm seriously considering just letting nature take its course. There's only so much debt and charity I can stand. John, Michigan • I just don't even want to think about the future anymore. Renee, Ohio • My mom got cancer when I was 19....If she had had health insurance, she would have sought treatment earlier, and she may well have lived. Dayna, North Carolina • The deductibles are so high, that I cannot go to the doctor. Iris, Florida • I'm living in poverty hoping that \$30 worth of groceries lasts two weeks and I don't get sick before I can refill my medications. Amber, Florida • We paid while we could, and went financially bankrupt in the process....and my days are full of excruciating pain and suffering now. Jax, Washington • I am desperate for our country to finally do something. Kerry, New Mexico*



# 2009 Health Care for America Survey

**AMERICA'S ECONOMIC AND HEALTH CARE CRISES** have formed a perfect storm battering working families.

The results of the online 2009 Health Care for America Survey, sponsored by the AFL-CIO and Working America, reveal deep problems that must be fixed. A total of 23,460 people responded to the survey, which was conducted between April 1 and May 31, 2009. And more than 6,000 people took the time to tell heart-wrenching stories about the toll of health care costs, lack of insurance, systemic flaws in our health care system and the economic downturn.

The survey confirms that every day, people are being forced to make life-and-death decisions: Pay the health care premiums or buy the life-saving prescription? Chip away at credit card debt or skip the required care for a serious chronic condition? Nearly everyone is dissatisfied with health care costs—including almost three-quarters of people with insurance. As one woman wrote, “My insurance deductible equals four to five months of take home pay each year. My insurance bill is split with my employer but equals two days of pay each month. How am I supposed to go to a doctor?”

As this survey report was being prepared, congressional committees were writing health care reform legislation. The AFL-CIO will share these results with members of Congress and the administration, as well as the media and state and local leaders. From the extensive survey responses—and even more poignantly, from the personal stories—policymakers will learn about the everyday impact of our disintegrating health care system.

Congress and the administration must hear that health care reform is urgent. First, people need relief from the pressure of untenable health care costs that are bankrupting families, endangering health and hobbling businesses. Second, the insurance system is failing working families. The public is extremely dissatisfied and demanding change. Survey respondents overwhelmingly support stronger rules and standards for insurance companies and a public health insurance option for those who choose it. Many people who submitted stories went further, calling for a single-payer health care system.

## ***'Because We Can'***

*At my annual renewal, the insurance company doubled my premium. I called to ask why, and the agent told me, "Because we can."*

***William, Florida***

Among the survey's findings:

- High and rising health care and insurance costs are keeping people from getting needed health care. More than half say they cannot get the health care they need at a price they can afford, and the problem is even more acute among people who buy their own insurance, Hispanics and young adults.
- A third of all respondents forgo basic medical care because of costs. More than one-quarter of people with insurance—and three-quarters of those without insurance—report skipping basic health care services such as doctor-recommended tests and treatments and visiting a doctor when sick.
- Having health insurance does not shelter families from high costs or difficulty getting care. Fully 43 percent of people with insurance say they are not able to get the care they need at a price they can afford. And 80 percent of those with insurance say their health care costs increased this past year, with 34 percent saying they increased a lot.
- As the economy has worsened, health care has been lost along with jobs. Nearly a quarter of respondents say someone in their household lost health care coverage in the past year because of losing or changing jobs.
- Once health care disappears, it's hard to get back. One-quarter of those without health insurance say they were denied coverage in the past year due to "pre-existing conditions."
- Health care is costlier and harder to access for people who cannot get employer-provided coverage or Medicare and buy insurance in the private market. Sixty-two percent of them say they cannot get the care they need at an affordable price, compared with 39 percent of people with employer-provided coverage.
- The uninsured are in a dire situation, with 96 percent saying they cannot get the care they need at an affordable cost.
- Three-quarters of our respondents (76 percent) are dissatisfied with their household's health care costs. Two-thirds are dissatisfied with their health care coverage. More than one-third are dissatisfied with their household's access to care and the quality of care they receive.
- Ninety-seven percent of people who took the survey, including 96 percent of those with insurance, say that given the current economic crisis, health care reform is urgent.
- By far, most people (83 percent) say health insurers have too much influence on their health care and treatment.

# Today's Health Care System Is Failing Working Families

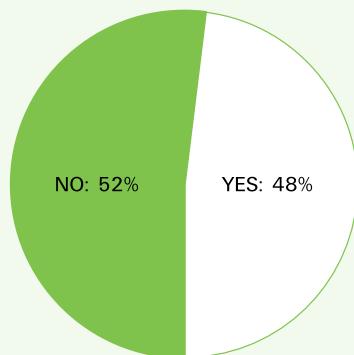
The 2009 Health Care for America Survey makes clear that today's health care system is not working. It costs too much. Too many people are uninsured and even those with insurance report serious problems affording needed care. Survey respondents are deeply dissatisfied with health care coverage as well as costs, and tell horror stories about insurance companies refusing coverage and denying and delaying payments—sometimes until an illness has taken the ultimate toll. In an economic crisis, getting, maintaining and paying for health coverage and health care are major concerns.

## High and Rising Costs Are Keeping People from Getting Care They Need

More than half (52 percent) of respondents say they cannot get the health care they need at a price they can afford.

### More Than Half Can't Get Needed Care at Affordable Price

Are you able to get the health care you need at a price you can afford?



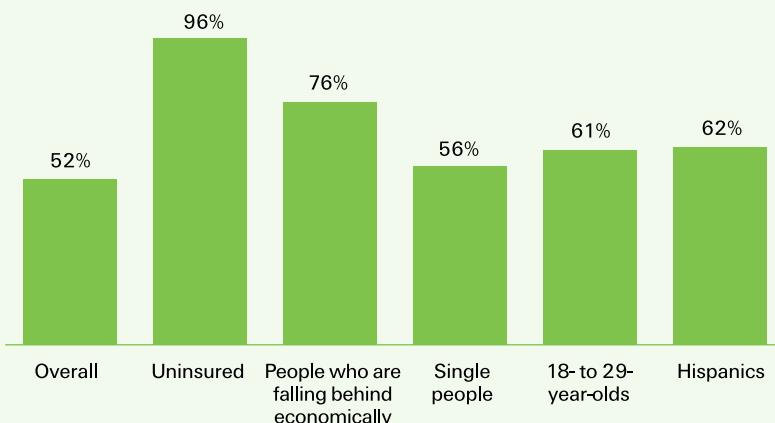
### **What Can I Afford THIS Month...?**

*Every single month, I find myself trying to determine what is going to get refilled and if I can still see the doctor for follow-up. I know I need to see the doctor for maintenance of my chronic life long condition but sometimes, I just don't have the copay because I have to still afford gas to get to and from work. I am constantly finding myself rationing my medication and not taking it as prescribed because I can't afford to get it all the time....So much for the American Dream, I'm living in poverty hoping that \$30 worth of groceries lasts two weeks and I don't get sick before I can refill my medications.*

*Amber, Florida*

The uninsured, Hispanics, households in economic trouble, young adults and single people find it particularly hard to find affordable care they need.

### **Uninsured, People Falling Behind, Young Adults, Hispanics and Singles Especially Say They Can't Afford Needed Care**



Most people without insurance—and a significant proportion of those with insurance—report skipping needed medical care due to costs.

### **Costs Push People to Skip Care—Especially the Uninsured**

	Insured	Uninsured
Did not visit a doctor when sick because of cost	26%	77%
Skipped medical test, treatment or follow-up recommended by a doctor because of cost	31%	74%
Did not fill a prescription or skipped doses because of cost	26%	55%

In addition to the uninsured, people in financial straits, Hispanics and young adults are more likely to say they've skipped needed medical care because of costs.

### **Young Adults, Those 'Falling Behind' and Hispanics Also Skipping Care Due to Costs**

	Overall	People "Falling Behind"	Hispanics	18- to 29-Year-Olds
Didn't visit a doctor	36%	55%	44%	56%
Skipped recommended test, treatment or follow-up	39%	58%	46%	50%
Didn't fill a prescription or skipped doses	32%	50%	40%	36%
Had serious problems paying or couldn't pay bills	30%	52%	35%	37%

### **Crucial Health Care Treatments Are Not Affordable for a Quarter to More Than One-Third of Respondents**

Are any of the following health expenses not affordable for you today?

Catastrophic health problems	37%
Specialists	34%
Tests	31%
Chronic disease treatment	31%
Prescription drugs	29%
Surgery	28%
Preventive care and check-ups	26%

### **Indebted for Life**

*I'm almost 60, unemployed and I've got heart disease. I've had two previous heart attacks and had two heart catheterizations and stent procedures performed in the past three years, the last being done just a few weeks ago....Together, these procedures and ER charges add up to over \$100,000 dollars, which I'll never be able to pay. It's disgusting that insurance companies wouldn't be billed anywhere near these amounts, resulting in the uninsured who can pay their bills subsidizing insurance companies and hospitals. I'm unable to purchase at least two of the many prescriptions I'm supposed to be taking and can't afford essential visits to a cardiologist for follow-up care. More cardiac related illness seems a certainty in my future and I'm seriously considering just letting nature take its course. There's only so much debt and charity I can stand.*

*John, Michigan*

## Cancer

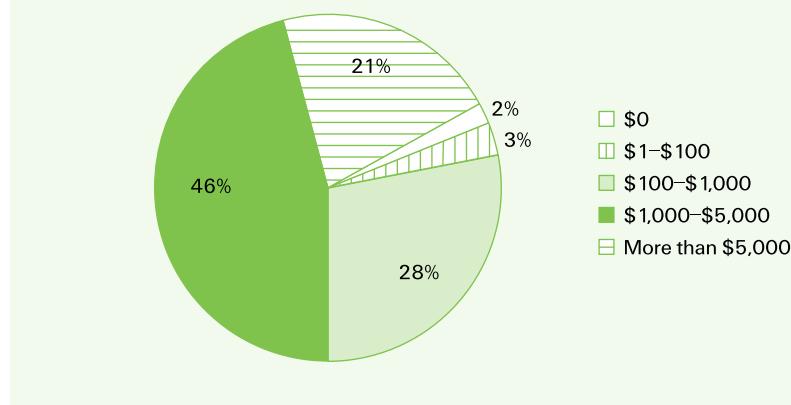
*My mom got cancer when I was 19. She put off going to the doctor for weeks even though she had obvious symptoms because she was uninsured and had had several serious and expensive health problems in the previous year. To pay for the health care she had already had, she and my dad had taken out a second mortgage on their home. She was afraid that if she went to the doctor again, our family would have to declare bankruptcy. She did not go to the doctor until she was in unbearable pain. The doctors did exploratory surgery and then said that the cancer was far too advanced to treat. She died one month later. If she had had health insurance, she would have sought treatment earlier, and she may well have lived.*

**Dayna, North Carolina**

Sixty-seven percent spent more than \$1,000 out of pocket in the past year. Almost half of people had out-of-pocket health care expenses of between \$1,000 and \$5,000 in the past year, with one in five reporting out-of-pocket costs of more than \$5,000.

### Most Pay More Than \$1,000 in Out-of-Pocket Costs

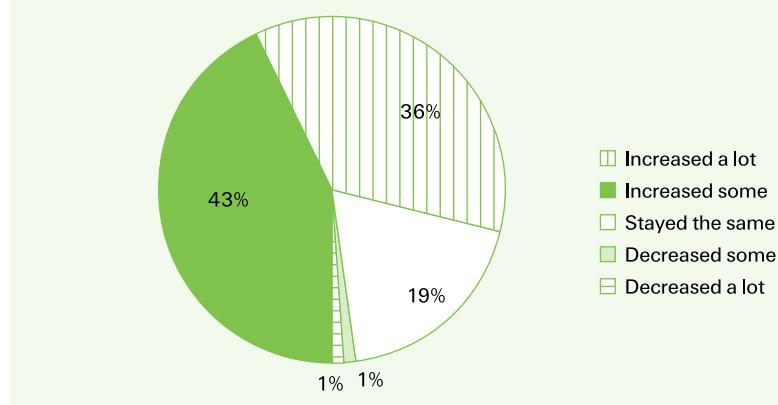
How much did you and your household spend out of your own pockets for health care in the past year? (Include premiums, deductibles, co-pays, prescription costs)



And 79 percent say their health care costs increased some or a lot in the past year.

### Costs Have Grown for More Than Three-Quarters

How have your health care costs overall changed in the past year?

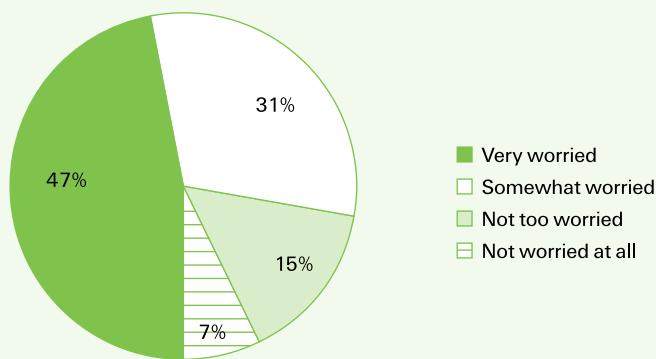


Eighty percent with insurance say their health care costs increased this past year, with 34 percent saying costs increased a lot.

Worry runs deep about problems paying for health care. More than three-quarters (78) percent are somewhat or very worried. Nonunion households are especially concerned (52 percent are very worried; 30 percent are somewhat worried).

### **More Than Three-Quarters Are Worried About Paying for Health Care**

Are you worried about you or someone in your household having trouble paying for health care in the next year?



### **Too Much**

*My insurance deductible equals four to five months of take home pay each year. My insurance bill is split with my employer but equals two days of pay each month. How am I supposed to go to a doctor?*

**Karen, Florida**

With rising costs and growing worries, it's no surprise that survey respondents describe deep and broad dissatisfaction with our health care system today. Large majorities are dissatisfied with costs and health care coverage—and more than a third are dissatisfied with access to care and health care quality.

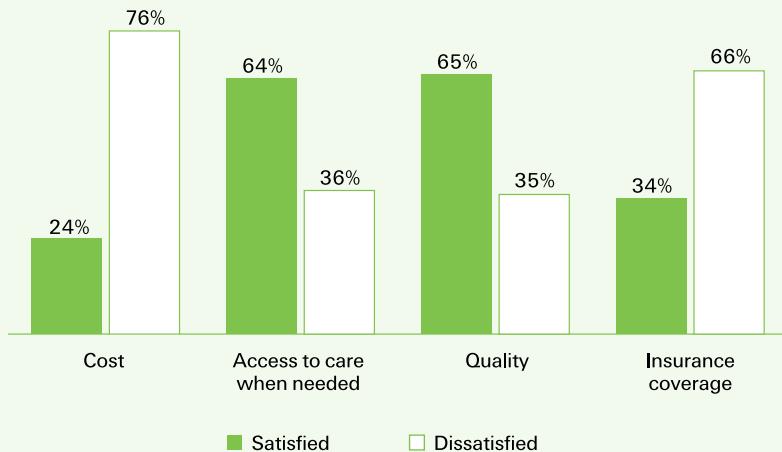
- More than three-quarters (76 percent) are dissatisfied with their household's health care costs and two-thirds (66 percent) are dissatisfied with coverage.
- More than one-third of respondents are dissatisfied with their household's access to care (36 percent) and the quality of care they receive (35 percent).

### Breast Cancer Screening/Prevention

If a family member has been diagnosed with cancer then the insurance company should make it easier and more affordable for others in the family to have well being/cancer screening done more than once a year. My mother was diagnosed with breast cancer and had her breast removed, went through chemotherapy—I was allowed one mammogram and can't have another one until a year later. I have a lump on my right breast that the doctor is "watching" because the insurance doesn't cover more than that....What happens if it's too late?

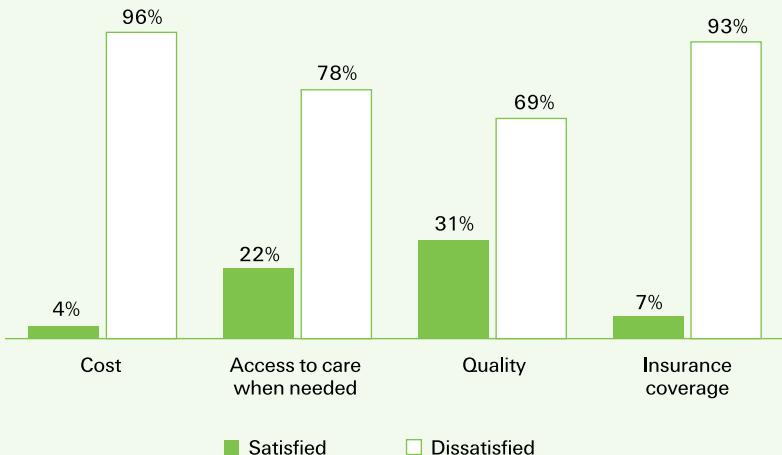
Ellen, Michigan

### Thinking about health care for YOU AND YOUR FAMILY, are you generally satisfied or dissatisfied with:



Dissatisfaction with health care in America overall is even greater than the dissatisfaction reported about respondents' own household situations.

### Thinking about health care IN AMERICA OVERALL, are you generally satisfied or dissatisfied with:



## Health Insurance Is Not a Shield

Having insurance is no shield against problems and concerns.

- Almost one in four (23 percent) of those with insurance say their insurer refused to pay for doctor-recommended treatments or tests in the past year. Even more (27 percent) report their insurer denied a claim they felt should have been covered.
- Forty-one percent also report that their insurer paid less than it should have for a claim in the past year.
- More than two-thirds with insurance worry about their households losing insurance, and almost three-quarters worry about their households being able to pay for health care.

Among people with insurance:	
Insurer refused to pay for treatment or tests the doctor recommended	23%
Insurer denied a claim that you believe should have been covered	27%
Insurer paid less than you believe it should have for a claim	41%
Are dissatisfied with health care costs	71%
Are dissatisfied with insurance coverage	61%
Can't get care they need at a price they can afford	43%
Are very or somewhat worried about you or someone in household losing insurance in the next year	67%
Are very or somewhat worried about you or someone in your household having trouble paying for health care in the next year	73%

### **Paying for a Medical Insurance That Does Not Allow Me to Go to the Doctor**

*I am unemployed because I had to quit my job to care for my elderly mother. My children decided to pay [for medical insurance] for me. But what is the problem? The deductibles are so high, that I cannot go to the doctor....And we keep paying \$300 monthly just in case I have to go to the hospital. In the meantime I cannot afford to go to the doctor.*

*Iris, Florida*

## **Fully Insured, But Not Covered**

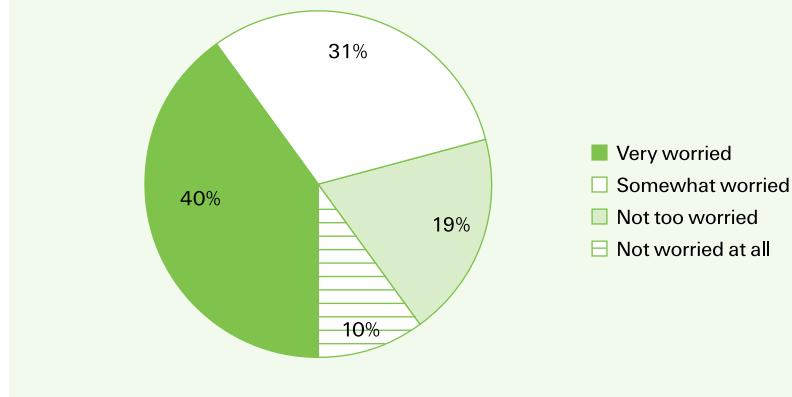
**While I have better employer provided insurance than most Americans, the one time I've had a real health issue, that insurance paid zero. Last year, I was diagnosed with TMJ. I had about \$3,000 in bills from dental and surgical treatments; my policy paid zero. My dentist tells me I may not be able to open my mouth in a few years without additional surgery. My policy will pay zero on the diagnostic measures needed before surgery, or the needed surgery, or the post surgical physical therapy. The expected costs are high enough that, despite the fact that I am a middle class professional, I haven't been able to afford further treatment.**

**Will, Montana**

Concern about losing health coverage is widespread.

- Seventy-one percent of those surveyed are somewhat worried (31 percent) or very worried (40 percent) that someone in their household will lose health coverage in the next year.
- Even among those with employer-based health insurance, 67 percent are at least somewhat worried about losing coverage.

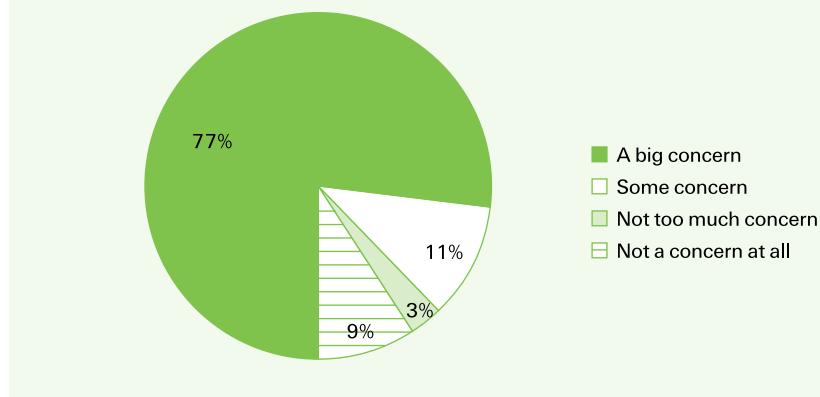
### **Seventy-One Percent Are Worried About Losing Health Coverage**



Concern about health care is even greater when people think about changing jobs.

### **Health Coverage Is a Big Concern in Changing Jobs**

How big a concern is health care when you think about changing jobs?

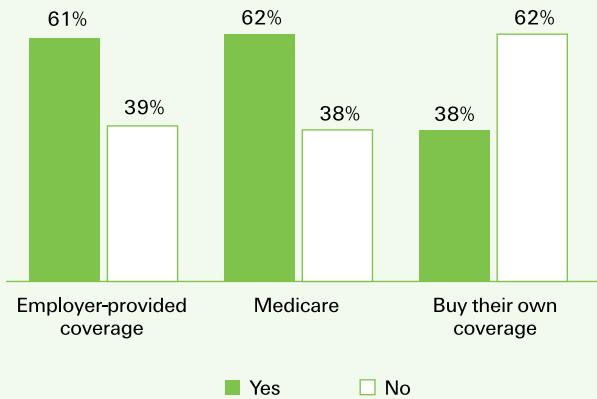


## People Who Buy Their Own Coverage Fare Worse

Although having insurance does not resolve working families' health care problems, people who have to buy their own insurance in the private market are less able to afford the care they need and report greater cost increases than those with employer-provided insurance or Medicare.

### People Who Buy Their Own Coverage Have Greater Problems Affording the Care They Need...

Are you able to get the care you need at a price you can afford?



### ...Are More Likely to Skip Needed Care...

	Employer-Provided Coverage	Medicare	Buy Their Own Coverage
Did not visit a doctor when sick because of cost	25%	19%	33%
Skipped medical test, treatment or follow-up recommended by a doctor because of cost	30%	24%	40%
Did not fill a prescription or skipped doses because of cost	25%	25%	30%

### ***My Health Insurance Company Likes to Play Tricks***

***My Health Insurance Company (MHIC) (not their real name) likes to play tricks. They are masters at saying one thing and doing another. For example: MHIC says they pay for tests ordered by my doctor. Routinely, I will get legitimate tests and MHIC denies payment after I have had to pay out of pocket. My wife needed a contrast MRI to rule out cancer.... They said that since she did not have cancer, the test was unnecessary so they did not have to pay for it. I appealed, but the appeals process is meaningless as it is handled in-house by MHIC. Note: When I tried to get the MRI preauthorized before my wife had the procedure, the MHIC rep said they don't do preauthorizations. She said just go ahead and do the test and MHIC would make a determination afterwards. Apparently that means "get the procedure, but we're not going to pay for it." I might as well not have health insurance at all, but my employer requires me to have it and pay the premiums out of my pocket.***

***Jack, Maryland***

## **Booted Out of Hospital After Major Surgery**

*I had a total hip replacement last summer, and entered the hospital feeling confident that the \$1000 a month insurance policy...would cover as many days as I needed in the hospital.*

*To make a long story short, I was told by my surgeon on the 3rd day that I had "till midnight to get out." I was not even stabilized on oral pain medication yet, so I was given a last shot about 15 minutes before I was to leave....*

*I have since learned that there is some kind of a cap on what the hospital gets paid that circumvents my own policy....They got the same amount of money whether I'm there 3, or the used to be 6-10 day stay for hip replacements.*

*I feel duped at the ridiculous amount of money that has been funneled to my insurance company for 23 years, only to find that when I needed it most, I was cut off from services in a way that I never imagined.*

**Nancy, Oregon**

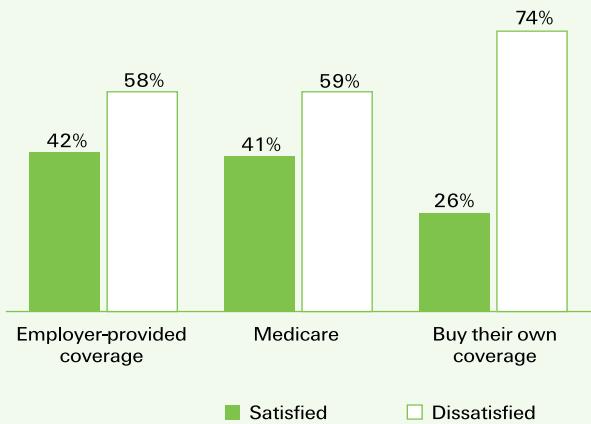
## **...And Their Costs Are More Likely to Have Increased a Lot**

How have your health care costs changed over the past year?

	Employer-Provided Coverage	Medicare	Buy Their Own Coverage
Increased a lot	32%	31%	48%
Increased some	48%	48%	39%
Stayed the same	18%	18%	11%
Decreased some or a lot	2%	3%	2%

People who buy their own insurance also are more likely to be dissatisfied with their coverage.

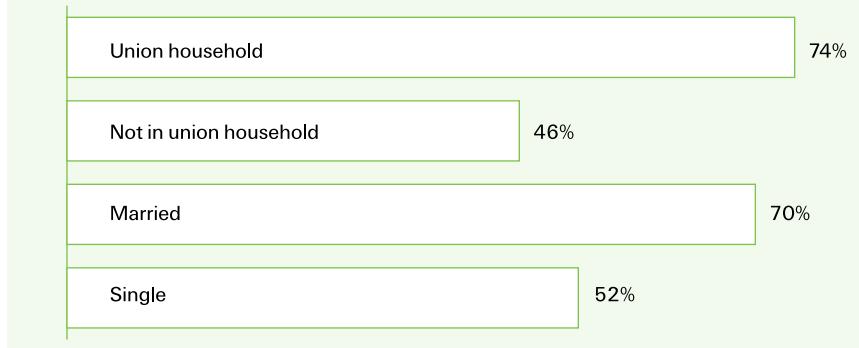
### **People Without Employer-Provided Insurance or Medicare Are Less Satisfied with Health Care Coverage.**



Union household members and married people are more likely to have employer-provided health coverage.

### **Union Households, Married People Are Most Likely to Have Employer Coverage**

Who has employer-provided coverage?



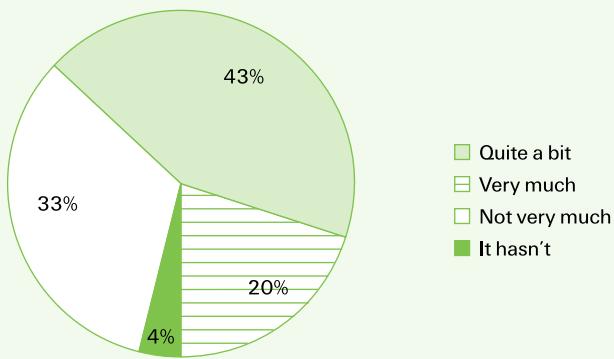
## Economic Collapse Tied to Health Care Crisis

The health care crisis is exacerbating—and exacerbated by—the effects of the most severe economic collapse in a generation.

- The economic downturn has affected 63 percent of respondents' households—43 percent say it has affected them quite a bit and 20 percent say it has affected them very much.
- When it comes to finances, only 12 percent surveyed say they are getting ahead, while 88 percent say they have just enough to get by (56 percent) or are falling behind (32 percent). The differences between the getting ahead and falling behind rates by education and race/ethnicity are relatively small, but people who are single and those who buy their own health insurance are much more likely to be falling behind than married people and those with employer-sponsored health coverage.
- In the past year, one of four (24 percent) surveyed say someone in their household lost health care because of losing or changing jobs.

### Economic Downturn Affects Most Quite a Bit or Very Much

How has the economic downturn affected your household in the past year?



### Retirees at Risk

*It is pretty scary that many millions of hard working retirees as well as those working may lose their insurance, and yes I am talking about the auto industry. My husband could lose his benefits, which he thinks he will. I don't know how my kids will be able to get their annual checkups. How can anyone get ahead in this country? I don't understand how this came to this....I just don't even want to think about the future anymore.*

**Renee, Ohio**

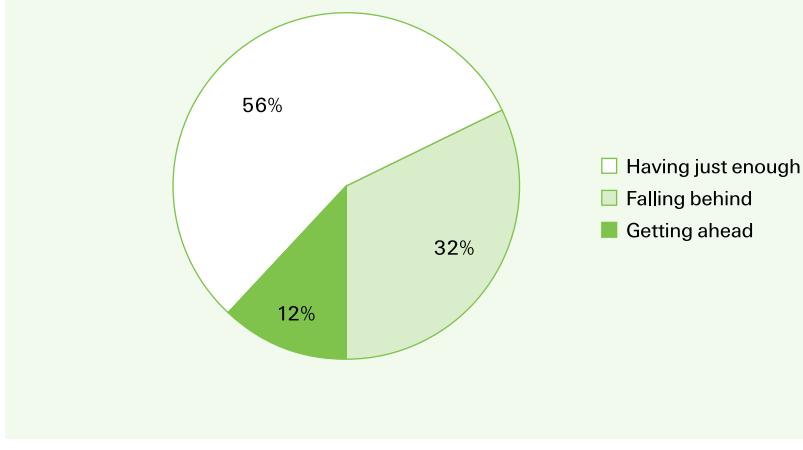
## **When My Tax Dollars Failed Me**

*I was a Medicare ombudsman for a local HMO until I was broadsided by another driver on my way to work in March 2007. I was injured severely and forced to take a long term NONPAID medical leave for one year from my work, after a year of part time FMLA leave. Even working part time, I was unable to afford all of the copays and costs of medical treatments and medications, having denied myself much needed physical therapy that delayed my healing process and may have resulted in permanent damage. Unfortunately, at the end of the year I was still unable to go back to work. I lost my job....We paid while we could, and went financially bankrupt in the process....and my days are full of excruciating pain and suffering now.*

**Jax, Washington**

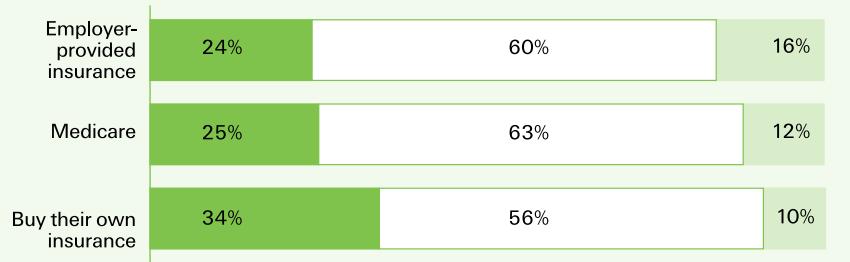
## **Almost a Third Say They Are 'Falling Behind'**

Which of the following best describes your household's financial situation today?



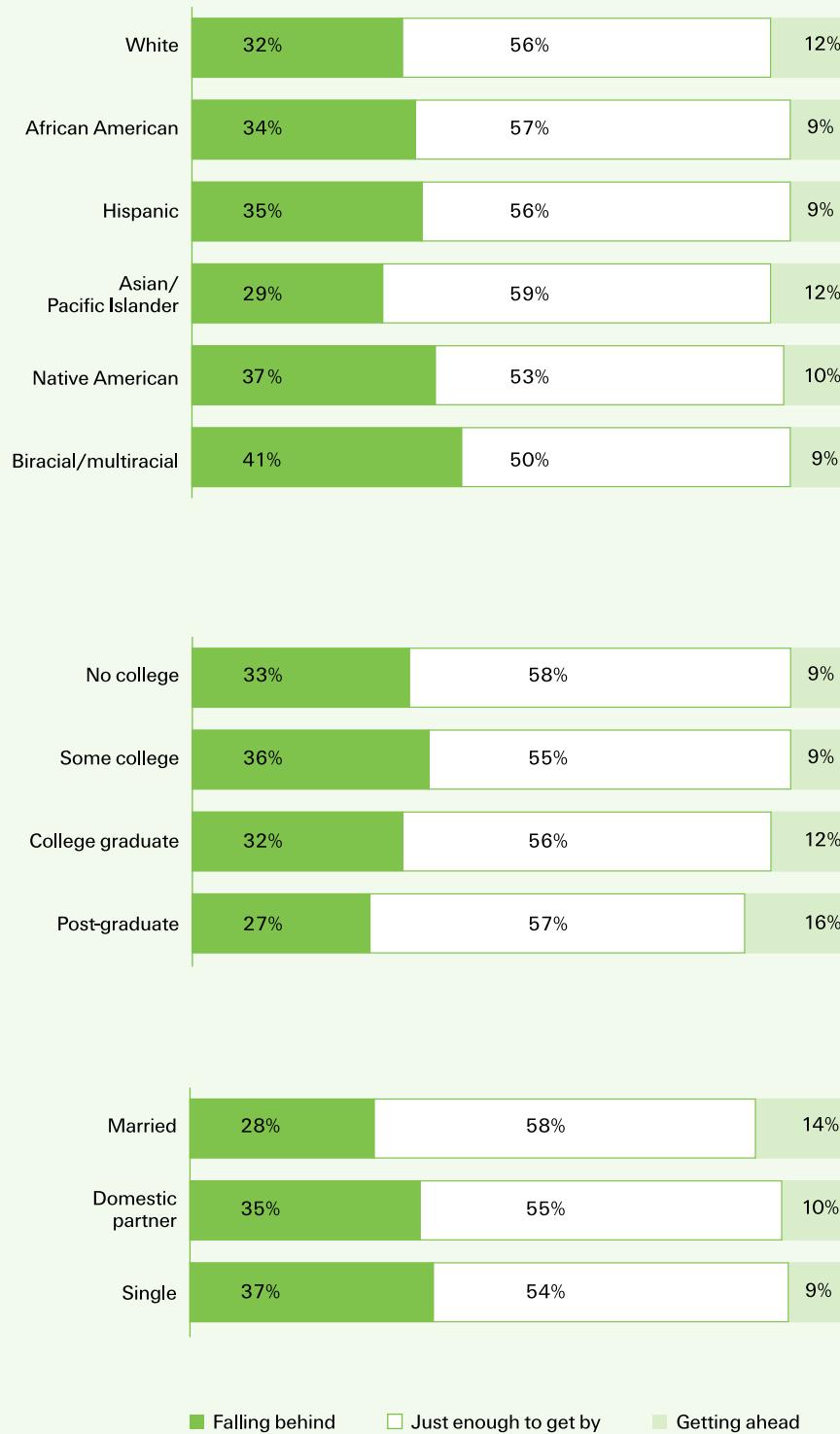
## **Uninsured and People Who Buy Their Own Insurance Are Most Likely to Be Falling Behind**

Who is falling behind?



■ Falling behind      □ Just enough to get by      ■ Getting ahead

## Who else is falling behind?



## Health Care Reform Is Urgent

The survey respondents nearly universally agree that health care reform is urgent.

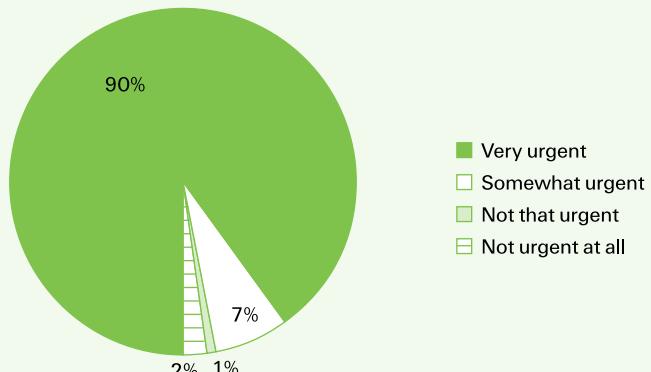
### **Desperate**

*I am desperate for our country to finally do something for my family so a health crisis does not kill one of us or leave us completely financially devastated.*

**Kerry, New Mexico**

### **Ninety-Seven Percent Say Reform is Urgent**

With the current economic crisis, how urgent do you think it is for government to address health care reform?



## **People Overwhelmingly Want Government Standards, Cost Limits and a Public Health Insurance Option**

Which statement comes closer to your way of thinking?

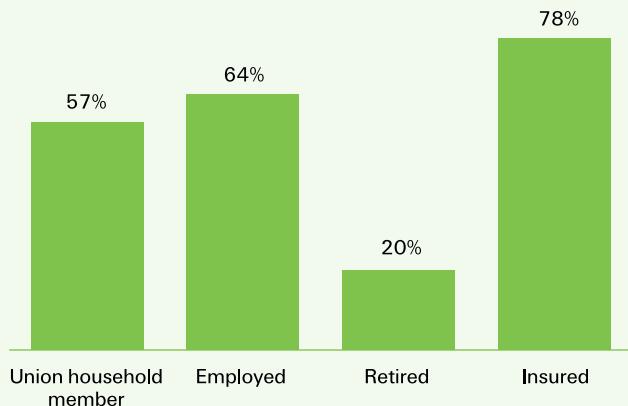
Government should have stronger rules and standards for health insurance companies	94%
Health insurance companies work best without too many government rules and standards	6%
Premium, copayment and deductible costs required by insurers should be limited	94%
Insurers should be able to base premiums, copayments and deductibles on market factors without interference	6%
Health insurers should provide a standard package of benefits	80%
Health insurers should cover benefits based on the policy you can afford and choose to buy	20%
Health care reform should let people choose whether to have private insurance or a public health insurance plan	95%
Health insurance should remain in the hands of private insurance companies	5%

## Who Took This Survey?

The troubling results of this survey are especially notable because the people who responded to it *should* be doing quite well. Sixty-four percent are employed and 20 percent are retired. Seventy-eight percent are insured. Fifty-seven percent are in union households. More than 80 percent have attended at least some college. Fifty-six percent are married and 52 percent are 50 to 64 years old.

The experiences of these 23,460 people and the personal stories from more than 6,000 of them are a telling signal of the failure of America's health care system.

### A Look at Who Took This Survey



White	85%
African American	6%
Hispanic	4%
Asian/Pacific Islander	1%
Native American	1%
Biracial/multiracial	2%

Grade 1–11	1%
High school graduate	10%
Non-college program/Post high school	7%
Some college	27%
College graduate	28%
Post-graduate	27%

Student	7%
Married	56%
Domestic partner	8%
Have children younger than 18 living with me	21%
Have children older than 18 living with me	21%
LGBT	5%
Union member	51%

## About This Survey

The online 2009 Health Care for America Survey was conducted between April 1 and May 31, 2009. A total of 23,460 people submitted responses to the survey and 6,409 submitted personal stories.

The survey was featured on the AFL-CIO website, and more than 25 organizations promoted the survey through links and e-mails. These include eight national unions (AFGE, AFSCME, AFT, BCTGM, IBEW, NEA and USW); our community affiliate and survey co-sponsor Working America; eight state labor federations and local labor councils; the constituency group Pride at Work; and allied organizations including American Rights at Work, Jobs with Justice, Union Privilege, Health Care for America NOW, PHI: Health Care for Health Care Workers, the Universal Health Care Action Network and the Northwest Federation of Community Organizations.

To e-mail survey results to a friend, download a PDF of the report or read personal stories, visit [www.healthcaresurvey.aflcio.org](http://www.healthcaresurvey.aflcio.org).



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