



**PUBLIC OPINION OF THE UNINSURED:
WHO ARE THEY? CAN THEY GET CARE?
SHOULD INSURANCE BE PUBLICALLY PROVIDED?**

Special Problem

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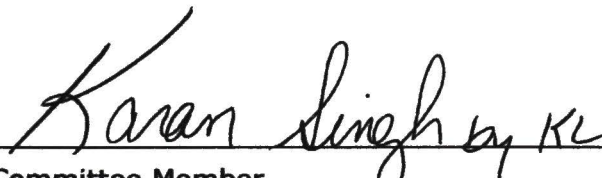
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TABLE OF CONTENTS

LIST OF TABLES AND FIGURES	iv
INTRODUCTION	1
WHO ARE THE UNINSURED	1
Medicaid, Medicare, and Other Assistance Programs	3
FUTURE PROPOSALS	5
Tax Related Health Proposals	6
Medicare or Combination Approaches	7
METHODOLOGY	9
Hypothesis	12
RESULTS	12
DISCUSSION	15
Limitations	18
CONCLUSIONS/RECOMMENDATIONS	19
APPENDIX A	21
APPENDIX B	23
REFERENCE LIST	27

LIST OF TABLES AND FIGURES

TABLE 1 – Demographic Characteristics of Low-Income

(<200 percent FPL) Uninsured Adults----- 3

TABLE 2 – Percent of Americans Naming Health Care as

one of the Two Most Important Problems for the

Government to Address, 1993 to 1997----- 4

FIGURE 1 – Weighted Mean Proportion for Question #1-----13

FIGURE 2 – Weighted Mean Proportion for Question #2-----14

FIGURE 3 – Weighted Mean Proportion for Question #3-----15

INTRODUCTION

The United States is at the pinnacle of medical expertise and exploration. Many people from around the world come here to receive that outstanding care.

Unfortunately, many of our own citizens are unable to enjoy that same privilege.

With mounting technological and research costs, Health Maintenance Organizations, State-funded health insurance, and federally funded programs, such as Medicaid, are struggling to meet the expanding numbers of uninsured. The public is the driving force behind the policy debate in this country, and the debate over the uninsured may be lacking some very important information. It was the aim of this study to evaluate the public's view of the uninsured. Meta-analysis was used to evaluate three questions regarding the public's opinion of the status of the uninsured in this country to better understand the true perception held.

WHO ARE THE UNINSURED

The status of the uninsured in the US is varied in both its actual scope and in the public's estimation of that breadth. Seventy-five percent of the uninsured are either employed or in families where there is at least one person employed, while half of the public believed them to be from unemployed families. (Schroeder, 1999; Holohan et al, 1997; Feder et al, 2001) In fact, 39 percent of *low-income* uninsured are from households where one or more people work full-time, and 42 percent are part-time workers with no health benefits offered due to their work status. (Holohan et al, 1997) Three quarters of the uninsured are non-elderly adults. (Spillman, 2000)

"Adults are 40 percent more likely than children to be uninsured and less than half as likely to have public coverage." (Spillman, 2000) Twenty-four percent of the US population is made up of minorities, but they make up 46 percent of the uninsured. (Levey et al, 2000) Fifty-six percent of the uninsured nonelderly Americans are in families with incomes below 200 percent Federal Poverty Level. (Feder et al, 2001)

"Surveys show that many Americans are not aware that the number of uninsured Americans continues to grow and of the barriers that uninsured persons have when trying to get needed care. Two recent surveys found that although the percent of nonelderly Americans with no health insurance has increased from 14.8 percent in 1987 to 18.3 percent in 1997, the majority of respondents did not know that the number of uninsured is increasing or how many Americans are uninsured." (Blendon et al, 1999)

The following chart taken from the Urban Institute's 1997 National Survey of American Families shows a remarkable breakdown of the low-income uninsured.

Table 1

Demographic Characteristics of Low-Income (<200 percent FPL) Uninsured Adults

	Uninsurance rate (percent)
Age	
18-34 male	47
18-34 female	38
35-54	35
55-64	23
Race/ethnicity	
White non-Hispanic	31
Black non-Hispanic	34
Other non-Hispanic	43
Hispanic	53
Family Structure	
Married with children	37
Married without children	34
Single with children	33
Single without children	40
Health Status	
Excellent/very good	32
Good	41
Fair/poor	41
Limiting condition	30
ALL	37
Source: Urban Institute calculations from the 1997 National Survey of America's Families	

The uninsured have less access to care, use less care, and often cannot obtain certain services. (Schroeder, 1999) When considering conditions like asthma, diabetes, and stroke that could have been treated or prevented if they had access to ambulatory care, the uninsured are twice as likely to end up hospitalized.

(Schroeder, 1999)

Medicaid, Medicare, and other State Assistance Programs

"Insurance coverage in the United States has developed incrementally along three separate pathways: employer-sponsored insurance, Medicare, and Medicaid plus

SCHIP.” (Bilheimer et al, 2001) Most proposals to expand coverage found in the debate today are incremental ones. (Weil, 2001) Public interest in health care and the government’s role in it has changed in only the last few years. NBC News and the Wall Street Journal administered surveys on health care in 1993 and 1999. Health care was the second most important issue the public assigned the government in 1994. However, by 1999 health care fell behind education, crime/violence, social security, the economy, jobs, and concerns over taxes. (Blendon et al, 1999) This is illustrated in the following table from Robert Blendon’s editorial from the American Journal of Public Health.

Table 2

Percent of Americans naming health care as one of the two most important problems for the government to address, 1993 to 1997

Jan	1993	31%
Jun	1993	29%
Feb	1994	45%
Aug	1994	55%
Feb	1995	25%
Sep	1995	18%
Apr	1996	16%
Jan	1997	11%
May	1997	10%
Jun	1997	9%
Aug	1997	11%
Oct	1997	12%

Source: Harris Poll, October 1997 as reprinted in the American Journal of Public Health

More than 35 million low income Americans receive Medicaid health coverage, and nearly 3 million children are enrolled in CHIP. (Feder et al, 2001) “Whether uninsured adults can get coverage from public programs depends largely on the state they live in.” (Spillman, 2000) Most states exclude single adults or childless couples, no matter how poor, from Medicaid coverage, unless they are severely disabled. (Kahn, III et al, 2001) “Those who need health insurance the most may be

the least likely to participate in a Medicare buy-in and the near-elderly who don't already qualify for Medicaid may be unlikely to be able to pay the premiums to join *even if it is offered!*" (Powell-Griner et al, 1999)

During the 1990s states set the pace for national health reform. (Brown et al, 2001) In addition to those ineligible for state assisted programs, the greatest increase in the uninsured is made up of those who choose not to join programs available to them, whether state programs or through their employer. (Levey et al, 2000) "There are two causes of the lack of insurance that all analysts accept: Many people's incomes are too low to allow them to afford insurance, and the premium they would have to pay is too high to make insurance purchasing attractive." (Pauly et al, 2001)

FUTURE PROPOSALS

Like any other national problem, there are many different proposals for dealing with health care in our country. "There is no public consensus on the best way to respond to the nation's uninsurance problem." (Blendon et al, 1999) Many fall in the same basic areas. These include tax credits or tax incentives, universal health care, employer mandated health insurance, or any combination of these. When studying the public's opinion of these programs, it is essential to keep informed of what the public is hearing through the media and their employers about these options.

Tax Related Health Proposals

When looking at tax incentive programs it is helpful to know the current provisions in place. Under the current tax code, there are certain subsidies for health care already in place. These are:

- Employers' payments toward health insurance are excluded from employees' taxable income
- Those spending more than 7.5 percent of their incomes on health insurance and health care can deduct the excess expenditures on their income tax returns
- Workers in firms with group health insurance plans that qualify in section 125 of tax code can make before-tax premium contributions
- Self-employed workers can deduct from their income tax a portion of their health insurance expenditures, currently 60 percent but rising to 100 percent by 2003 (Gruber et al, 2000)

Advocates of a tax based health reform argue that it has the upside of not requiring the health care system to make any fundamental changes, there is no need to negotiate with providers, there is no need to reorganize the delivery system or alter the medical treatment philosophy. (Pauly et al, 2001) The most common form of tax incentive proposed, and the type supported by the current administration, is the tax credit. Pauly explains credits in this way:

"Credits do something exceedingly simple. They reduce the net premium a person would have to pay for at least some insurance policy. Refundable credits are used to offset other taxes or are paid to the household if there is no tax liability, they differ from tax deductions because they are not used to

change taxable income and do not depend on the household's income tax rate. Thus, credits simultaneously increase the affordability and the value of coverage." (Pauly et al, 2001)

In spite of the benefits touted by others, many believe that tax incentives should only be used as a part of an overall strategy instead of a solution in and of itself. Credits will not necessarily reduce waste, lower administrative costs, or improve doctor/patient relationships. (Pauly et al, 2001) "Tax policy shows promise as a means of providing health insurance to some of the uninsured, covering substantial numbers of uninsured persons will require very large expenditures...even the most effective tax policy considered here - a \$2,000/\$4,000 credit...would cost almost \$40 Billion per year and cover only 30 percent of uninsured." (Gruber et al, 2000) The American Nursing Association opposes tax incentives and expanding ERISA (Employee Retirement Income Security Act) that could lead to a "siphoning off of the healthy". This in turn could cause increases in premiums in plans with only the less healthy, causing many to then become uninsured. (Reed, 2000) "Because the great bulk of the uninsured could have taken advantage of at least a moderate tax subsidy for employer coverage, but did not, we can also be virtually certain that a small (say, 25 percent or less) tax credit will not have much effect." (Pauly et al, 2001)

Medicare or Combination Approaches

Many believe that strengthening and building on Medicaid and SCHIP is the most effective approach to ensure coverage for the 25 million eligible for these programs. (Pauly et al, 2001; Weil, 2001) However, there are those who feel this approach would not have the expected effect. The Institute for the Future set forth three

projections for the uninsured in 2010 based on the current proposals: the best scenario still had 30 million uninsured and the worst had 67 million uninsured.

(Schroeder, 1999) They are therefore, interested in setting out guidelines to prevent any problems from occurring. Guidelines set forth by Families USA have four main priorities for dealing with the uninsured problem:

- Cannot take away health coverage from people who have it today
- The proposal should build on the health coverage structures that work for many millions of insured people
- The proposal should use public resources in a way that maximizes new health coverage
- The proposal should focus on low-wage workers, their families, and other low-income populations that are least capable of obtaining health coverage on their own. (Families USA, 1997)

The American Nursing Association advocates a single payer system, expanding Medicare with appropriate improvements and accommodations of scope to cover the entire US population. (Reed, 2000) Kahn and Pollack's proposal laid out in *Health Affairs* focuses on the low-wage working population with incomes below 200 percent FPL, and it has three parts:

- Medicaid expansion – require an expansion of Medicaid to cover all persons with annual incomes below 133 percent FPL
- Expansions for higher – income persons – states would be given the option of establishing Medicaid or SCHIP-type coverage for adults with incomes between 133-200 percent FPL, and coverage would be based on incomes and not parental status

- Tax credits – a nonrefundable tax credit for businesses to encourage them to make coverage affordable for their low-income workers (Feder et al, 2001; Weil, 2001; Bilheimer et al, 2001)

However, the need for subsidies does not stop at twice the FPL, where a premium of \$2000 represents about 12 percent of a person's income – a catastrophic amount.

There is evidence that even modest premiums may prevent those low-income individuals from participating. There are those who believe that despite the variety of solutions to the health care problem, "any initiative is likely to take an incremental rather than a universal or comprehensive approach." (Feder et al, 2001) Others feel that providing health coverage for everyone will occur neither through modest increments nor through one comprehensive package. (Families USA, 1997)

Any substantial changes would be very unlikely to pass a Congress so evenly divided, so small steps are the best opportunity for health care reform. Not only is the incremental approach the more likely future our country faces, but many agree that it is the most effective and most beneficial. Weil examines this issue and tells us that these incremental steps can help build institutions like SCHIP, build expectations, and can be repealed by the majority – even if repeal is rare. (Weil, 2001)

METHODOLOGY

The data for this study was collected using several methods. The Medline search engine was utilized to find published studies of public opinion and the uninsured. The Kaiser Network website (<http://www.kaisernetwork.org>) contains an extensive, searchable database on public opinion polls. This included the studies found through

the Medline search, some studies never published, and those found in the larger newspapers and reputable magazines. From this database, 116 poll questions were found relating to the uninsured in this country. Of those, five questions were repeated frequently and with nearly identical respondent size from several points in the past five years. These then were diminished to three questions, which were very similar and had five to ten different polling dates.

The methodology used in this study is referred to as meta-analysis. This type of analysis is used to compare several studies to one another to gain an understanding of a particular area of interest. This section will examine the specific methods used to analyze the public's opinion of the uninsured in this country.

There are strengths and weaknesses to meta-analysis. The structured format of the meta-analysis in summarizing research findings, measures not only magnitude but also direction of the findings, shows convergence and divergence between studies, and is an organized way of handling information from a large number of findings. However, meta-analysis also requires more effort and more expertise than traditional descriptive analysis, it may not be sensitive to social concerns relevant to specific studies within the group under investigation, and sometimes the mixture is too different to be considered. (Lipsey et al, 2001)

In meta-analysis it is very important to establish the effect size (ES). This is simply the amount each study will weigh with respect to the others based on its number of respondents. Obviously this is important to keep a 50 respondent study and a 500 respondent study from having the same weight in the statistical evaluation. To

determine the ES of a particular study, one must perform a few minor calculations. Several methods are acceptable, however, the proportion method will be all that is necessary in this case. The proportion method requires and is only truly viable for those falling within the .2 to .8 range. (Lipsey et al, 2001)

Once the effect size is known, the variance can be computed as well as the standard error. From these calculations, the weighted mean proportion can be found. This is the combined measure of the population based on the surveys that would select the same choice when presented with the same question. Following is a list of formulas used for these calculations. (Lipsey et al, 2001)

$$ES = p = \frac{k}{n}$$

$$SE = \sqrt{\frac{p(1-p)}{n}}$$

$$\omega = \frac{n}{p(1-p)}$$

$$wmp = \frac{\sum \omega * p}{\sum \omega}$$

Where p is the proportion, k is the number of the sample, n , choosing the answer in question. SE is the standard error within the proportion. ω is the variance, and wmp is the weighted mean proportion for each question.

Hypothesis

It is the belief of the author that the meta-analyses will show that the American public is under-informed about the make-up of the uninsured, the difficulties they face when seeking medical treatment, and who should provide health insurance for them. These three questions were addressed in several polls, which were analyzed by the above method. From the findings of these analyses, conclusions were drawn, and future recommendations were made.

RESULTS

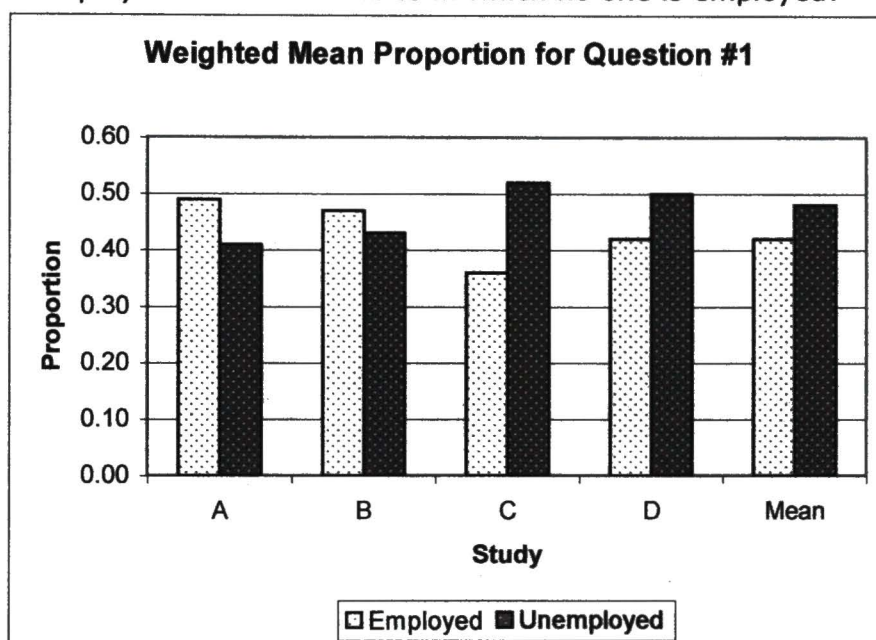
The calculations were computed for all surveys and for each research question. The data are presented in Appendix B. The surveys ranged in sample size. For Question 1 – who are the uninsured? – the range of n was 751 to 1958. For Question 2 – are they able to get care from doctors and hospitals? – the range was 751 to 1011. And for Question 3 – should government make providing health insurance a top priority? – the range was 751 to 1515. All surveys were administered over the telephone to adults around the nation by researching facilities and organizations seen as leaders in their field.

Four surveys comprised the meta-analysis for the first research question. All were, at least in part, derived by the Kaiser Family Foundation (KFF), and most included Harvard School of Public Health (HSPH). The surveys were conducted over three years from 1996 to 1999. The proportions ranged from .36 to .49 of the sample size believing more uninsured persons are employed or from families in which someone

was employed. Those who answered that more uninsured persons were unemployed and from families where no one is employed ranged from proportion size of .41 to .52. The weighted mean proportion of each group was .42 and .48 respectively. The following figure illustrates these data.

Figure 1

Question: "Would you say that more uninsured Americans are...employed people and people from families in which someone is employed, or that more of them are unemployed and from families in which no one is employed?"



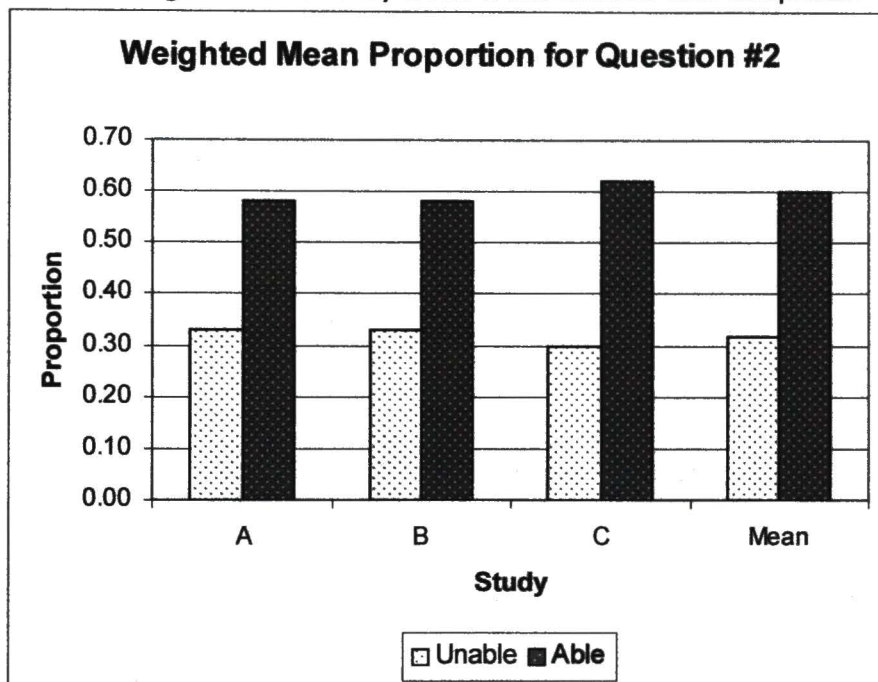
Where A is the KFF and HSPH survey from October 1999, B is the KFF and HSPH survey from November 1998, C is the KFF survey from May 1998, D is the KFF and HSPH survey from June 1996, and Mean is the computed weighted mean proportion.

Question number 2 was comprised of three different surveys – Families USA, September 1999, KFF and HSPH, November 1998, and KFF June 1996. The proportions for this survey question ranged from .30 to .33 for those answering that the uninsured were unable to get the care they needed from hospitals and doctors. In addition, those believing that the uninsured were able to receive care had proportions ranging from .58 to .62. The weighted mean proportions for this

question were .32 for those choosing the unable option in the surveys and .60 for those deciding on the able option for the uninsured in their community. Figure 2 demonstrates these findings.

Figure 2

Question: "Is it your impression that people in your community without health insurance are unable to get medical treatment, or that those uninsured people are still able to get medical they need from doctors and hospitals?"



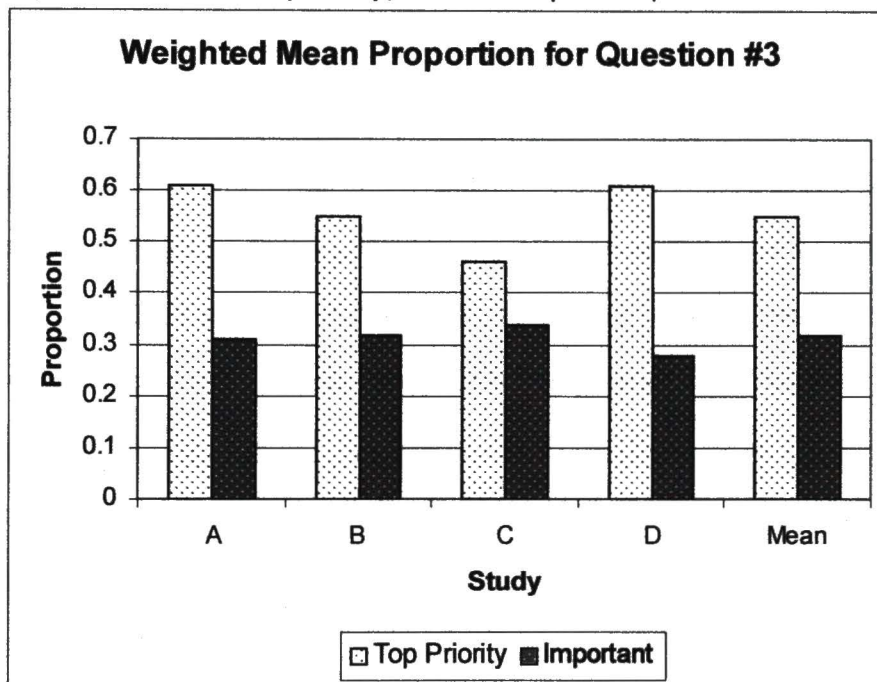
Where A is the Families USA and HIAA from September 1999, B is the KFF and HSPH survey from November 1998, C is the KFF survey from June 1996, and Mean is the computed weighted mean proportion.

The third research question related to the respondents' view on whether the government should place providing health insurance for the uninsured as a top priority. The four surveys used in this analysis were from the Pew Research Center Surveys in early and mid January 2001, the KFF and HSPH December 1999 survey, and the KFF and HSPH survey from November 1998. Only the top two responses were analyzed including those responding that it should be either a top governmental

priority or important but lower priority. The proportions for those answering that it should be a top priority ranged from .46 to .61, and those believing that it should be important but of a lower priority had ranges of proportions from .28 to .34. These led to the weighted mean proportions of .55 and .32 correspondingly. The data are presented in Figure 3.

Figure 3

Question: "Should...providing health insurance to the uninsured...be a top priority, important but lower priority, not too important, or should it not be done?"



Where A is the Pew Research Center survey from January 3-7, 2001, B is the Pew Research Center survey from January 12-16, 2001, C is the KFF and HSPH survey from December 1999, D is the KFF and HSPH survey from November 1998, and Mean is the computed weighted mean proportion.

DISCUSSION

The results provided by the meta-analysis illustrate the nation's misinformation about the uninsured. While at least seventy-five percent of the uninsured in this

country are from working families where at least one person is employed, only 42 percent of the adult population believed that to be the case. Nearly half (48 percent) answered that the uninsured are comprised mostly of the unemployed. However, the situation becomes even more interesting when looking at the open-ended poll questions. These questions were excluded from the meta-analysis due to differences in the question phrasing and/or response choices. For example, in a KFF and NewsHour with Jim Lehrer survey from May 2000, respondents were asked about the make-up of the uninsured; specifically, "...which one or two types of people would come to your mind first?" Seventeen different groups were listed in this survey. Poor people were the number one response by those nearly 2,000 respondents at 33 percent. Working families and the unemployed were the next highest categories at 18 and 16 percent respectively. In a Families USA and HIAA October 1999 survey, working families were the seventh highest group cited as being among the uninsured. Topping that list was once again the poor at 43 percent, the unemployed at 35 percent and the elderly at 26 percent. Finally, in a KFF June 1998 survey, 41 percent of the respondents characterized the uninsured as poor or low-income people. The next highest category was less than half that at 20 percent for unemployed followed by the homeless at 19 percent. These data exemplify the lack of understanding the public has of who the uninsured are.

Turning now to the second research question investigated, regarding whether the uninsured were able or unable to receive the medical care they need from hospitals and doctors. The meta-analysis shows that the American public believed that the uninsured are able to get needed care – 60 percent versus 32 percent of those answering that the uninsured would not be able to receive care. Two additional surveys

were not utilized in the meta-analysis due to the difference in wording of the question itself. In the October 1999 Community Voices and WK Kellogg Foundation survey, 46 percent of the respondents stated that they felt the uninsured were unable to get treatment while 41 percent believed they were able to receive care. Finally, in a KFF survey conducted in May 1998, 75 percent of respondents cited that they thought the uninsured had a "hard time getting treatment". Thus, the American public believes that the uninsured are able to receive care, but they also believe that getting that care is harder for that population.

The last research question concerned whether respondents believed the government should make "...providing health insurance to the uninsured..." a top priority, an important but lower priority issue, not very important, or not done at all. The meta-analysis shows that 55 percent of the American public believes that health insurance should be a top priority of the government. Thirty-two percent believed it to be important but of a lower priority. The aspect of this research question that is most interesting is the follow-up questions asked about how the government should go about this. When asked which type of government intervention they would most favor in a KFF and NewsHour with Jim Lehrer May 2000 survey, three responses tied for first place with 21 percent of the votes. These choices were universal health care, requiring businesses to offer private insurance for their employees, and to expand state government programs. Very close to these, with 20 percent of the respondents, was the option offering tax deductions or other financial help.

In three other surveys – a KFF and HSPH from January 2000, October 1999, and January 1999 – the number one response rate was always relating to requiring businesses to offer private insurance for their employees at rates of 25, 34, and 38 percent respectively. The expansion of state programs ranked second with 21 percent in the January 2000 survey, but was entirely absent in the October and January 1999 poll. Tax incentives ranked third with 19 percent (January 2000), and second with 28 and 34 percent (October and January 1999 correspondingly). These insights would not be interesting simply based on their information; however, it is interesting to note that only follow-up questions on tax incentives were ever asked in these polls. And a tax option seems to be the only, or at least the only major, option being put forth by the executive and legislative branches while the American public believes the businesses should shoulder more of the responsibility for the uninsured.

Limitations

Many polls relating to the uninsured have been administered over the past five years (the time frame to which I limited the analysis). However, different organizations, some of who were not concerned with replicability, administered these polls. Therefore, the questions asked were often worded differently. This excluded a large number of relevant polls from the meta-analysis.

In addition to this issue, a language barrier exists here, as well. One of the fastest growing portions of the uninsured is the Hispanic minority group, many of whom do not speak English. None of the polls studied or referenced in this meta-analysis were conducted in Spanish. This is an extremely important population excluded from

analysis. This exclusion automatically sways the results; however, without any data available, no one can say which direction this population would sway the results towards.

CONCLUSIONS/RECOMMENDATIONS

It is clear that the American public is aware of the uninsured problem in this country. What is also evident is the extent to which they are misinformed of that problem. Several recommendations can be offered to various groups and institutions regarding ways of improving that misinformation. A Spanish survey on the uninsured should be conducted directly related to those questions already asked by earlier polls. The Kaiser Family Foundation and/or the Robert Wood Johnson Foundation would both be excellent institutions to conduct such surveys, as well as relating them back to the English only polls of their past. Other good advocacy groups to include in this type of undertaking would be Hispanic organizations aware of the problems associated with minorities and the uninsured.

Other advocacy groups concerned with health and equity should ensure that their members and their advertising accurately inform the public of the extent of the problems associated with the uninsured. By making the issue of the uninsured a serious one, especially at election times, politicians would have strong incentives to listen and fight for their constituency. Appropriate groups for this type of information assignment would be Families USA, the American Academy of Pediatrics, NAACP, Project HOPE, the National Council of La Raza, and similar groups.

Many other advocacy groups could be more proactive in emphasizing the public's interest in an employer-based answer to the problem of the uninsured. The AFL-CIO would be an excellent start in this area. The Democratic Party could also play a role in congressional health committees and advocacy. Families USA, KFF and RWJF would also be excellent groups to rally in Congress for health insurance guarantees.

The road to a country insured is a long and treacherous one. No single solution will be the answer to a problem this large. And no single group will achieve this solution on its own hard work. This is a classic opportunity to create an "issue network" similar to one created for the passing of SCHIP legislation. Only by a cooperation of several groups and by utilizing several solutions to the problem will the number of uninsured in this country be reduced significantly.

APPENDIX A

TABLE OF POLLS USED IN META-ANALYSIS QUESTIONS

Survey by	Survey Firm	Field Dates	Method	Sample	Sample Size
KFF, Harvard SPH	Princeton Survey Research Associates	20-Jun-1996 to 9-Jul-1996	Telephone	National Adult	1011
KFF	Princeton Survey Research Associates	20-May-1998 to 30-May-1998	Telephone	National Adult	1958
KFF, Harvard SPH	Princeton Survey Research Associates	4-Nov-1998 to 6-Dec-1998	Telephone	National Adult who voted in 1998 election	751
Families USA, HIAA	Public Opinion Strategies	29-Sep-1999 to 4-Oct-1999	Telephone	National Adult	800
KFF, Harvard SPH	Princeton Survey Research Associates	8-Oct-1999 to 12-Oct-1999	Telephone	National Adult	1033
KFF, Harvard SPH	Princeton Survey Research Associates	3-Dec-1999 to 13-Dec-1999	Telephone	National Adult	1515
Pew Research Center	Princeton Survey Research Associates	12-Jan-2000 to 16-Jan-2000	Telephone	National Adult	1091
Pew Research Center	Princeton Survey Research Associates	3-Jan-2001 to 7-Jan-2001	Telephone	National Adult	1258

KFF is the Henry J. Kaiser Family Foundation

Harvard SPH is the Harvard School of Public Health

HIAA is the Health Insurance Association of America

Several polls had questions that pertained to more than one Meta-analysis question.

APPENDIX B
META-ANALYSIS OF WEIGHTED MEAN PROPORTION

Meta-Analysis: Calculation of Weighted Mean Proportion

"Would you say that more uninsured Americans are...employed people and people from families in which someone is employed, or that more of them are unemployed and people from families in which no one is employed?"

		<i>n</i>	<i>p</i>	<i>SE</i>	ω	$\omega \cdot p$	weighted mean proportion
Employed	KFF, Harvard Oct-99	1033	0.49	0.0156	4133.6534	2025.4902	$\frac{\sum \omega \cdot p}{\sum \omega}$
	KFF, Harvard Nov-98	751	0.47	0.0182	3014.8534	1416.9811	
	KFF May-98	1958	0.36	0.0108	8498.2638	3059.3750	
	KFF, Harvard Jun-96	1011	0.42	0.0155	4150.2463	1743.1034	
	Sums	4753	1.74		19797.0169	8244.9497	0.42
Unemployed	KFF, Harvard Oct-99	1033	0.41	0.0153	4270.3596	1750.8474	
	KFF, Harvard Nov-98	751	0.43	0.0181	3064.0554	1317.5438	
	KFF May-98	1958	0.52	0.0113	7844.5512	4079.1666	
	KFF, Harvard Jun-96	1011	0.50	0.0157	4044.0000	2022.0000	
	Sums	4753	1.86		19222.9662	9169.5579	0.48

Meta-Analysis: Calculation of Weighted Mean Proportion

"Is it your impression that people in your community without health insurance are unable to get medical treatment, or that those uninsured people are still able to get the medical care that need from doctors and hospitals?"

		<i>n</i>	<i>p</i>	<i>SE</i>	ω	$\omega * p$	weighted mean proportion
Unable to Get Care	Families USA, HIAA Sep-99	800	0.33	0.0166	3618.2722	1194.0298	$\frac{\sum \omega * p}{\sum \omega}$
	KFF, Harvard Nov-98	751	0.33	0.0172	3396.6530	1120.8955	
	KFF Jun-96	1011	0.30	0.0144	4814.2857	1444.2857	
	Sums	2562	0.96		11829.2109	3759.2110	0.32
Able to Get Care	Families USA, HIAA Sep-99	800	0.58	0.0174	3284.0722	1904.7619	
	KFF, Harvard Nov-98	751	0.58	0.0180	3082.9228	1788.0952	
	KFF Jun-96	1011	0.62	0.0153	4291.1714	2660.5263	
	Sums	2562	1.78		10658.1664	6353.3834	0.60

Meta-Analysis: Calculation of Weighted Mean Proportion

"Should...providing health insurance to the uninsured...be a top priority, important but lower priority, not too important, or should it not be done?"

		<i>n</i>	<i>p</i>	<i>SE</i>	ω	$\omega \cdot p$	weighted mean proportion
Top Priority	Pew Research Cntr Jan-01	1258	0.61	0.0138	5287.9361	3225.6410	$\frac{\sum \omega \cdot p}{\sum \omega}$
	Pew Research Cntr Jan-01	1091	0.55	0.0151	4408.0808	2424.4444	
	KFF, Harvard Dec-99	1515	0.46	0.0128	6099.0338	2805.5555	
	KFF, Harvard Nov-98	751	0.61	0.0178	3156.7885	1925.6410	
	Sums	4615	2.23		18951.8392	10381.2820	0.55
Important	Pew Research Cntr Jan-01	1258	0.31	0.0130	5881.2529	1823.1884	
	Pew Research Cntr Jan-01	1091	0.32	0.0141	5013.7867	1604.4117	
	KFF, Harvard Dec-99	1515	0.34	0.0122	6751.3368	2295.4545	
	KFF, Harvard Nov-98	751	0.28	0.0164	3725.1984	1043.0556	
	Sums	4615	1.25		21371.5748	6766.1102	0.32

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