

STATISTICAL BRIEF #92

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Attitude Regarding Need for Help from Medical Professionals: Adults Age 18 and Over, 1987 and 2002

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Introduction

Individual attitudes and beliefs may affect a person's decision on how and when to use the health care system. As part of a series of attitudinal items, the 1987 National Medical Expenditure Survey (NMES) and the 2002 Medical Expenditure Panel Survey (MEPS) each contained a question that asked adults age 18 and over whether they strongly agreed, agreed, were uncertain, disagreed, or strongly disagreed with a statement that said they could overcome illness without help from someone with medical training.

This Statistical Brief highlights attitudinal variation across various demographic and socioeconomic characteristics (age, race/ethnicity, sex, insurance status, education, and family income) and also examines differences between 1987 and 2002. Strongly agreed and agreed responses were combined into an "agreed" category. All differences between estimates discussed in the text are statistically significant at the 0.05 level.

Findings

There was a large difference between 1987 and 2002 in the percentage in agreement with statements regarding the need for help in overcoming illness. About half of adults (51.0 percent) in 1987 agreed with the statement in the NMES self-administered questionnaire: "I can overcome most illness without help from a medically trained professional," but only about one-quarter of adults agreed (23.7 percent) in 2002 with a similar statement in the MEPS self-administered questionnaire: "I can overcome illness without help from a medically trained person" (figure 1). The slight wording differences in these statements may have contributed to some of the observed shifts in attitude.

As illustrated below, large differences between 1987 and 2002 and in general patterns of differences in attitude were also observed across subgroups of the population.

Highlights

- About half of adults (51.0 percent) felt that they could overcome illness without help from a medically trained person in 1987, but only about one-quarter (23.7 percent) felt they could in 2002.
- From 1987 to 2002, the percentage of adults who felt they could overcome illness without help from a medically trained person decreased substantially across all categories of age, race/ethnicity, sex, insurance status, education, and income levels.
- In both 1987 and 2002, persons age 65 and over, minorities, females, persons with fewer than 12 years of education, and those with public health insurance only were less likely than their counterparts to feel they could overcome illness without help from a medically trained person.

Age

In both 1987 and 2002, the likelihood of feeling that one could overcome illness without help from a medically trained person decreased with age. For example, in 2002 the percentage who agreed with the statement was more than twice as high for adults 18–44 (29.3 percent) than for adults age 65 and older (13.8 percent). The percentage who agreed with the statement that they could overcome illness without help was more than 20 percentage points lower in 2002 than in 1987 in all age groups. (figure 2)

Race/ethnicity

In both 1987 and 2002, white non-Hispanic adults were somewhat more likely than Hispanics or black non-Hispanics to feel they could overcome illness without help from a medically trained person. In all race/ethnic groups, the percentage who agreed that they could overcome illness was at least twice as large in 1987 as in 2002. This percentage declined from 53.1 percent to 24.8 percent for white non-Hispanics, from 42.0 percent to 20.1 percent for Hispanics, from 40.3 percent to 20.0 percent for black non-Hispanics, and from 49.2 percent to 23.7 percent for the other non-Hispanic group. (figure 2)

Sex

Males were somewhat more likely than females to feel they could overcome illness without help from a medically trained person. For both sexes, the percentage who agreed that they could overcome illness without medical help from a medically trained person was substantially lower in 2002 than in 1987 (27.5 percent versus 54.7 percent for males and 20.1 percent versus 47.7 percent for females). (figure 2)

Insurance status

In 2002, about one out of six persons with public insurance only (16.9 percent) felt they could overcome illness without help compared to nearly one-fourth of privately insured persons (23.7 percent) and nearly one-third of the uninsured (30.4 percent). From 1987 to 2002, the percentage of adults who felt they could overcome illness without help from a medically trained person decreased substantially across all insurance status categories. (figure 3)

Education

In both 1987 and 2002, adults with fewer than 12 years of education were slightly less likely to feel they could overcome illness without help than adults with higher educational attainment. Comparing 1987 with 2002, there was a decline of more than 50 percent in this percentage across all education categories. (figure 3)

Family income

There were also substantial decreases across income categories (poor/near poor, low, middle/high) between 1987 and 2002 in the percentage of adults who felt they could overcome illness without help from a medically trained person. In 2002, this percentage was fairly similar across the three income groups examined, ranging from 22.3 percent for adults in the low income category to 24.0 percent for the middle/high income group. (figure 3)

Data Source

The estimates in this Statistical Brief are based upon data from the 1987 NMES and the MEPS 2002 Full Year Consolidated Data File (HC-070).

Definitions

Racial and ethnic classifications

Classification by race and ethnicity is based on information reported for each family member. Respondents were asked if each family member's race was best described as American Indian, Alaska Native, Asian or Pacific Islander, black, white, or other. They also were asked if each family member's main national origin or ancestry was Puerto Rican; Cuban; Mexican, Mexicano, Mexican American, or Chicano; other Latin American; or other Spanish. All persons whose main national origin or ancestry was reported in one of these Hispanic groups, regardless of racial background, were classified as Hispanic. Since the Hispanic grouping can include black Hispanic, white Hispanic, Asian and Pacific Islanders Hispanic, and other Hispanic, the race categories of black, white, Asian and Pacific Islanders, and other do not include Hispanic. Beginning in 2002, MEPS respondents were allowed to report multiple races, and these persons were included in the other non-Hispanic category. As a result, there was a slight increase in the percentage of persons classified in this category in 2002 compared with prior years.

Health insurance status

- Private coverage: Private health insurance coverage was defined as nonpublic insurance that provided coverage for hospital and physician care (including TRICARE and Medigap coverage).
- Public only coverage: People were considered to have only public health insurance coverage if they were not covered by private insurance, and they were covered by Medicare, Medicaid, or other public hospital and physician coverage.
- Uninsured: People who did not have insurance coverage at any time during the survey year were classified as uninsured. People who were covered only by noncomprehensive State-specific programs (e.g., Maryland Kidney Disease Program) or private single service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) were considered to be uninsured.

Family income

Each sample person was classified according to the total yearly income of his or her family. Within a household, all individuals related by blood, marriage, or adoption were considered to be a family. Personal income from all family members was summed to create family income. Based on the ratio of family income to the Federal poverty thresholds, which control for family size and age of the head of family, categories are defined as follows:

- Poor/near poor: Persons in families with income less than or equal 125 percent of the poverty line, including those who reported negative income
- Low income: Persons in families with income over 125 percent through 200 percent of the poverty line
- Middle/high income: Persons in families with income over 200 percent of the poverty line

About MEPS and NMES

The Medical Expenditure Panel Survey (MEPS) is the third in a series of nationally representative surveys of medical care use and expenditures. MEPS is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics. MEPS collects nationally representative data on health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. The first survey, the National Medical Care Expenditure Survey (NMCES) was conducted in 1977; and the second survey, the National Medical Expenditure Survey (NMES), was carried out in 1987.

NMES and MEPS data are released to the public in public use data files. NMES data files are available from the AHRQ Publications Clearinghouse (E-mail: ahrqpubs@ahrq.gov). MEPS data files are available on the MEPS Web site.

For more information about MEPS, call the MEPS information coordinator at AHRQ (301-427-1656) or visit the MEPS Web site at <http://www.meps.ahrq.gov/>.

References

For a detailed description of the MEPS survey design, sample design, and methods used to minimize sources of nonsampling error, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, Md.: Agency for Health Care Policy and Research, 1997.

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, Md.: Agency for Health Care Policy and Research, 1997.

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003: 41(7) Supplement: III-5–III-12.

For more information on the NMES survey design, see the following publications:

Cohen, S., DiGaetano, R., and Waksberg, J. *Sample design of the 1987 Household Survey*. AHCPR Pub. No. 91-0037. National Medical Expenditure Survey Methods 3. Agency for Healthcare Policy and Research. Rockville, Md.: U.S. Department of Health and Human Services, Public Health Service, 1991.

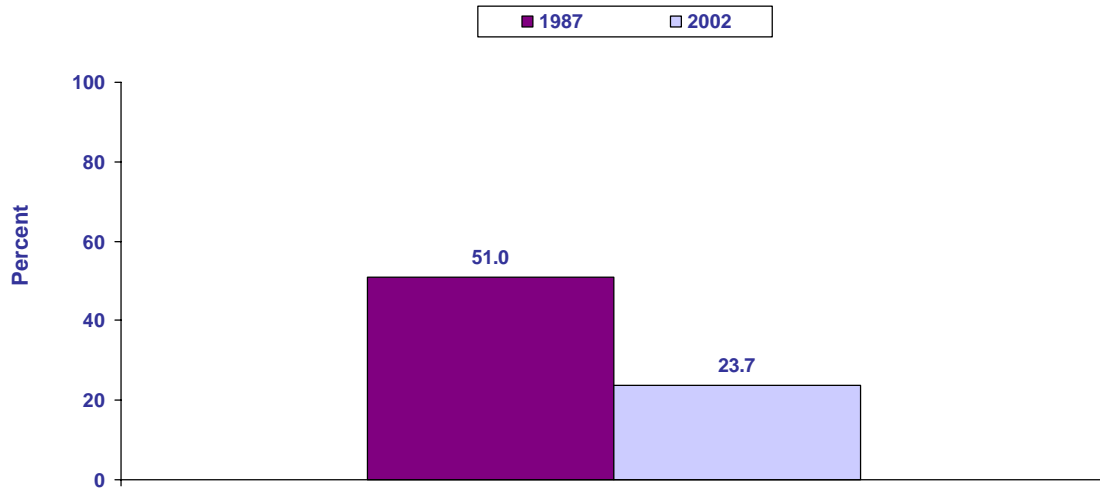
Edwards, W. and Berlin, M. *Questionnaires and data collection methods for the household survey and the survey of American Indians and Alaskan Natives*. DHHS Pub. No. (PHS) 89-3450. National Medical Expenditure Survey Methods 2. National Center for Health Services Research and Health Care Technology Assessment. Rockville, Md.: U.S. Department of Health and Human Services, Public Health Service, 1989.

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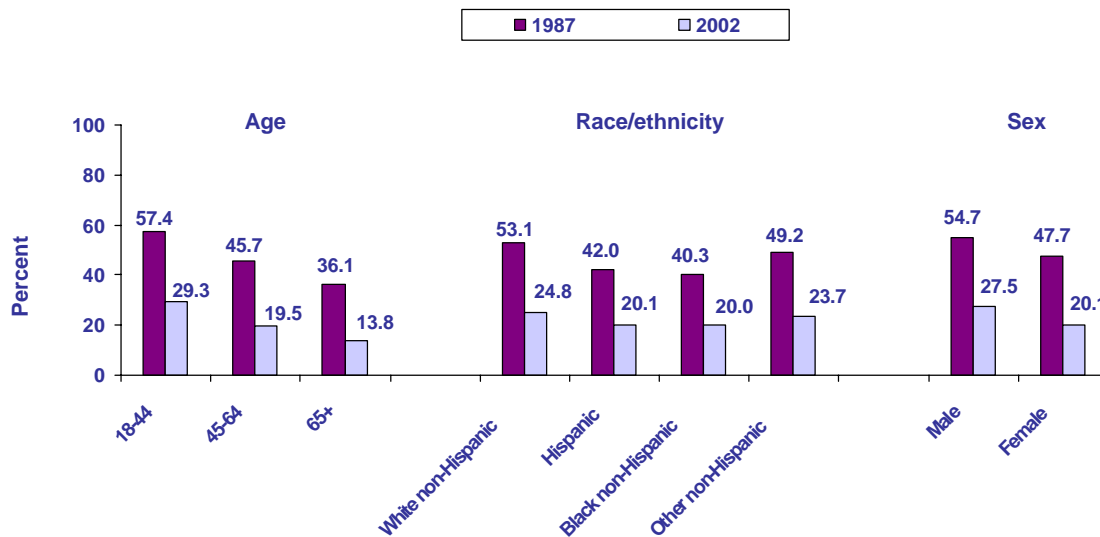
Figure 1. Percentage of adults age 18 and over who felt they could overcome illness without help from a medically trained person, 1987 and 2002



Source: Center for Financing, Access, and Cost Trends, AHRQ, National Medical Expenditure Survey, 1987, and the Household Component of the Medical Expenditure Panel Survey, 2002.



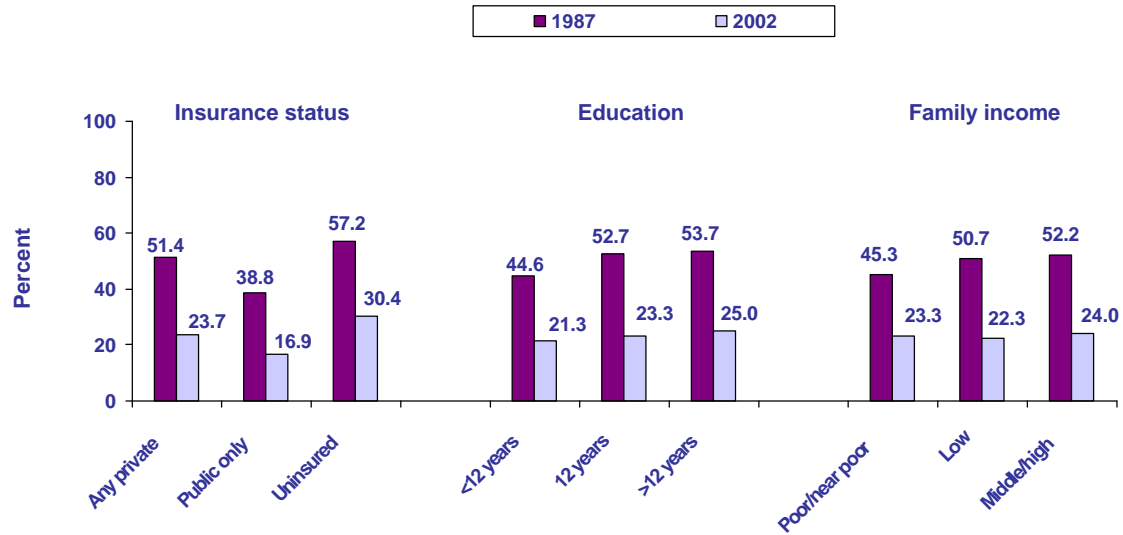
Figure 2. Percentage of adults who felt they could overcome illness without help from a medically trained person, by age, race/ethnicity, and sex, 1987 and 2002



Source: Center for Financing, Access, and Cost Trends, AHRQ, National Medical Expenditure Survey, 1987, and the Household Component of the Medical Expenditure Panel Survey, 2002.



Figure 3. Percentage of adults who felt they could overcome illness without help from a medically trained person, by insurance status, education, and family income, 1987 and 2002



Source: Center for Financing, Access, and Cost Trends, AHRQ, National Medical Expenditure Survey, 1987, and the Household Component of the Medical Expenditure Panel Survey, 2002.