Factors Associated with Health Insurance Affordability Concerns Among U.S. Adults Age 50–64: a Cross-Sectional, Nationally Representative Study

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BACKGROUND

U.S. adults aged 50–64 must navigate a myriad of challenging decisions about their health, health insurance, and employment as they approach Medicare eligibility at age 65. Compared with their predecessors, baby boomers are experiencing more chronic health conditions, healthcare costs, and personal debt.¹ Uncertainty about federal health policy has also produced concern about future healthcare coverage among this population.² All these factors contribute to medical costs and health insurance affordability being top concerns about retirement among U.S. adults aged 50–64.^{1, 3} Prior research with this age group has demonstrated that concern about affording health insurance in the future is associated with delaying retirement due to a desire to maintain employer-sponsored health insurance coverage and also delaying or forgoing needed medical care.^{4, 5} Such avoidance of care could negatively affect long-term health.⁶ The objective of this study was to identify factors associated with concern about ability to afford health insurance in the future among U.S. adults aged 50–64.

METHODS

A nationally representative, cross-sectional sample of community-dwelling U.S. adults aged 50–64 ($N = 1028$; completion rate = 62%) was recruited via Ipsos KnowledgePanel® to complete an online survey during October 2018 as part of the University of Michigan National Poll on Healthy Aging (NPHA). Post-stratification survey weights were applied to reflect the U.S. population. Each survey item had $\leq 2\%$

missing responses; percentages reported are among those who responded to the item.

This study's primary outcome were two items measuring adults' (aged 50–64) confidence in being able to afford the cost of health insurance and out-of-pocket healthcare costs (1) over the next year and (2) when they retire. Predictor variables included age, gender, race/ethnicity, income, employment, education, health status, and health insurance literacy. Health insurance literacy was measured via three items: confidence in ability to (a) understand health insurance terms, (b) identify healthcare services covered by their insurance prior to receiving a service, and (c) find out out-of-pocket costs before receiving a healthcare service.

Responses to the health insurance affordability and literacy items were dichotomized into *not confident* ("not at all confident" and "slightly confident" responses) and *confident* ("moderately confident" and "very confident" responses). A single measure of health insurance affordability concern was created; respondents were classified as *concerned* if they had a "not confident" response to either health insurance affordability item or *not concerned* if they were "confident" on both items. We regressed health insurance affordability concern on the health insurance literacy items, age, gender, race/ethnicity, income, employment, education, and health status. Two-sided tests with $p < 0.05$ were considered statistically significant. All analyses were conducted with Stata version 15 (StataCorp, College Station, TX).

RESULTS

Estimates of population characteristics are presented in Table 1. Respondents were more likely than non-respondents to be male (49.2% vs. 40.8%, $p = 0.001$) or non-Hispanic White (74.1% vs. 60.3%, $p < 0.001$), but were not significantly different regarding age, education, income, or employment status ($ps > 0.10$).

Over a quarter of respondents were not confident in their ability to afford health insurance in the next year (27.4%) or when they retire (44.6%), nor in their ability to understand

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Table 1 October 2018 National Poll on Healthy Aging Respondent Demographics, U.S. Adults Ages 50–64

	N = 1028	
	n	Weighted % (95% CI)
Age		
50–54	305	33.3 (30.2, 36.5)
55–59	393	34.6 (31.7, 37.6)
60–64	330	32.1 (29.2, 35.2)
Gender		
Male	506	48.2 (45.0, 51.4)
Female	522	51.8 (48.6, 55.0)
Race/ethnicity		
White, non-Hispanic	762	68.4 (65.1, 71.5)
Black, non-Hispanic	93	11.7 (9.6, 14.1)
Hispanic	101	12.9 (10.7, 15.5)
Other, non-Hispanic	72	7.0 (5.4, 9.1)
Education		
≤ High school	342	40.4 (37.2, 43.7)
Some college	340	27.0 (24.5, 29.8)
≥ Bachelor's degree	346	32.6 (29.7, 35.6)
Total annual household income		
≤ \$30,000	151	17.9 (15.4, 20.8)
\$30,000–\$59,999	194	19.7 (17.2, 22.4)
≥ \$60,000	683	62.4 (59.2, 65.5)
Employment status		
Employed	732	69.1 (66.0, 72.1)
Retired	146	14.4 (12.3, 16.8)
Not working	150	16.5 (14.1, 19.2)
Health status		
Excellent/very good	448	42.9 (39.8, 46.1)
Good	417	40.5 (37.4, 43.6)
Fair/poor	159	16.7 (14.3, 19.3)
Insurance type		
Employer-sponsored	679	63.2 (60.0, 66.3)
Medicaid or other government plan	89	10.8 (8.8, 13.2)
Medicare	88	8.8 (7.1, 10.9)
Individual private insurance	84	8.5 (6.9, 10.5)
Retiree health plan	43	4.0 (2.9, 5.3)
Military healthcare	41	3.6 (2.6, 4.9)
Medicare Advantage or supplemental plan	34	3.3 (2.3, 4.7)
VA/CHAMPA	21	1.9 (1.2, 3.0)
Other	12	1.4 (0.8, 2.6)
None	36	4.1 (2.9, 5.7)
Not confident in ability to afford health insurance*		
Over the next year	268	27.4 (24.6, 30.4)
When retired	453	44.6 (41.4, 47.8)
Either	475	47.3 (44.1, 50.5)
Not confident in health insurance literacy*		
Understanding terms	200	21.3 (18.7, 24.1)
Identifying covered services	239	24.3 (21.6, 27.2)
Calculating out-of-pocket costs	237	29.5 (26.3, 32.9)

*Respondents who were slightly or not at all confident

health insurance terms (21.3%), coverage (24.2%), or out-of-pocket costs (29.5%). Lower health insurance literacy—measured via confidence knowing health insurance terms (aOR = 1.78, $p = 0.035$), identifying covered services (aOR = 1.81, $p = 0.038$), and finding out service costs (aOR = 2.69, $p < 0.001$)—female gender (aOR = 1.73, $p = 0.001$), and fair/poor health (aOR = 1.88, $p = 0.020$) were significantly associated with increased odds of health insurance affordability concern, while higher income (aOR = 0.34, $p < 0.001$) or identifying as non-Hispanic Black (aOR = 0.55, $p = 0.038$) or with other non-Hispanic minority groups (aOR = 0.45, $p = 0.026$) was significantly associated with decreased odds of affordability concern (Table 2).

Table 2 Factors Associated with Health Insurance Affordability Concerns Among U.S. Adults Ages 50–64

	Adjusted odds ratio (95% CI)
Health insurance literacy	
Confidence in understanding terms	1.78 (1.04, 3.04)
Confidence in identifying services	1.81 (1.03, 3.17)
Confidence in calculating costs	2.69 (1.64, 4.40)
Age	
50–54	ref
55–59	0.79 (0.54, 1.14)
60–64	0.74 (0.49, 1.13)
Female gender	1.73 (1.25, 2.40)
Race/ethnicity	
White, non-Hispanic	ref
Black, non-Hispanic	0.55 (0.31, 0.97)
Hispanic	0.71 (0.41, 1.25)
Other, non-Hispanic	0.45 (0.22, 0.91)
Income	
< \$30K	ref
\$30K–\$60K	0.74 (0.40, 1.39)
\$60K+	0.34 (0.20, 0.60)
Employment status	
Employed	ref
Retired	1.47 (0.42, 5.23)
Not working	0.64 (0.38, 1.08)
Education	
≤ High school	ref
Some college	1.46 (0.96, 2.22)
≥ Bachelor's degree	1.36 (0.89, 2.07)
Health	
Excellent/very good	ref
Good	1.34 (0.95, 1.90)
Fair/poor	1.88 (1.10, 3.21)
Constant	0.98 (0.52, 1.85)

Respondents with low confidence in health insurance affordability either in the next year or in retirement

DISCUSSION

Around half of U.S. adults aged 50–64 were concerned about their ability to afford future health insurance, with higher concern among women and participants with lower health insurance literacy or fair/poor health. It is notable that health insurance affordability concern was higher for those in fair/poor health, given the association between affordability concern with delayed/foregone healthcare. While the cross-sectional design of this study does not permit causal inferences, these results suggest that improving the health insurance literacy of adults approaching retirement may be one approach to reducing health insurance affordability concerns, improving healthcare utilization, and projected costs among this age group.

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Compliance with Ethical Standards:

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