



by Howard Larkin

# Why five million American adults can't afford eyeglasses

## Letter from America

In America, the richest country on earth, about 61 million adults are at high risk of serious vision loss due to diabetes, advanced age or diagnosed eye problems. Yet half do not receive recommended annual dilated eye exams, and one in 12 cannot even afford eyeglasses, according to a study in the March issue of *Archives of Ophthalmology*.

America's failure to provide adequate eye care carries health consequences well beyond unnecessary blindness and visual impairment, according to the study authors, led by Xinzhi Zhang, MD, of the US Centers for Disease Control and Prevention. Vision loss and eye disease are also associated with increased risk of other illnesses, injury due to falls and other accidents, depression and social isolation, and death.

The population study of nearly 31,000 US citizens identified several risk factors for a reduced chance of receiving needed eye care. These included age, gender and income.

Conspicuous among them was lack of health insurance coverage – not really a surprise in a nation where nearly 48 million have no healthcare coverage.

"There is substantial inequity in access to eye care in the US. Better targeting of resources and efforts toward people at high risk may help reduce these disparities," the study concluded.

Dr Zhang's study is but one of a raft of recent studies documenting the deleterious health effects of inadequate insurance coverage. To wit:

- Loss of health insurance coverage is a major factor in late failure of organ transplants in children, according to Mark A Schnitzler, MD, of St Louis University School of Medicine, who co-authored a study on transplant financing in the March 2007 *Pediatric Transplantation*. While one-year organ-graft success rates exceed 90 per cent for children and adolescents, failure rates increase sharply when they lose insurance coverage for anti-rejection

drugs costs that can top 10,000 annually. That typically happens when public insurance coverage ends three or four years after the transplant, or when patients reach the limits of private insurance policies or lose coverage under their parents' private insurance when they become young adults. Providing life-long coverage for transplant recipients would save lives and lower overall treatment costs, Dr Schnitzler said.

- Acute myocardial infarction patients who report difficulty affording care or medicine have higher rates of angina and re-hospitalisation for both cardiac and non-cardiac causes, according to a study of nearly 2,500 heart attack patients reported in the March 14 issue of the *Journal of the American Medical Association*. Two-thirds of those who said they had financial barriers to care had health insurance, though many were under policies with high deductibles and co-payments, or limited coverage for drugs. "Financial barriers to healthcare, as defined by self-reported avoidance of healthcare services or medication due to cost, are a common and potent risk factor for adverse outcomes in the AMI population," wrote Harlan M Krumholz, MD, of the Yale University School of Medicine, and co-authors.
- Uninsured patients were more than 50 per cent less likely to obtain any medical care than those with insurance after an unintentional injury or onset of a new chronic condition, according to a study of more than 30,000 cases involving 24,000 patients also published in the March 14 *JAMA*. Among those who received some care, uninsured patients were 2.6 times less likely to receive recommended follow-up care for injuries, and 1.7 times less likely for new chronic illnesses than those with insurance. "The results of this analysis imply that the failure to address

the problem of no insurance for US individuals will have adverse health consequences," wrote Jack Hadley, PhD, of the Urban Institute, a research and advocacy group based in Washington, DC. That these health problems are suffered by individuals who experienced injuries or new illnesses belies the notion that somehow anyone can get care through emergency rooms and other safety-net services when they really need it, Dr Hadley added.

Indeed, a study in the July/August 2004 *Health Affairs* by J Michael McWilliams, MD, and colleagues at the Harvard Medical School, found that uninsured near-elderly individuals had an adjusted mortality hazard risk of 1.43 compared with insured individuals. Based on these findings, this study estimated that about 13,000 Americans die each year due to a lack of health insurance.

Recognising the severe and growing social and economic impact of uninsured patients, governors of many states, including California, Louisiana and Illinois, are promoting expanded or universal health insurance coverage. But at the national level, support is eroding even for existing public insurance programmes.

One example is the Children's Health Insurance Program, which subsidises private coverage for children in families with incomes of up to 200 per cent of the federal poverty level, or about 31,500 for a family of four. These families often cannot afford private insurance, which can cost more than 10,000 annually for a family, but make too much money to qualify for Medicaid, the federal-state insurance programme for indigent individuals.

This year 14 of the 50 states will run out of funds for their children's programmes by September, according to figures released at the National Governors' Association meeting in late February. But pleas for more federal dollars to maintain the programmes at their current eligibility levels appear to be falling

on weak, if not deaf, ears, despite a pledge by President George W Bush to maintain the programme.

In meetings with state governors, the nation's top healthcare official, Michael O'Leavitt, secretary of health and human services, said he would work with Congress to find a short-term solution. But he also chastised them for failing to manage their budgets.

Speaking of his experience as governor of Utah, Mr Leavitt told *The New York Times* that: "When we were out of an allotment, we just discontinued enrolling people [in health insurance programmes] until we had room." Mr Leavitt also suggested cutting benefits as a way of increasing coverage, according to other media accounts.

Needless to say, many governors found this attitude chilling – even among the President's own Republican Party. Vermont's Governor, Jim Douglas, a Republican, noted that less than four per cent of children in his state are uninsured, but that would change under current administration policies. "We don't want to lose ground," he told reporters.

But with budget deficits climbing, war costs draining the treasury, and restoring Mr Bush's tax cuts unlikely, prospects for funding added health insurance appear dim – no matter what the human cost.