

HIGH COST OF MEDICAL CARE PROMPTS CONSUMERS TO SEEK ALTERNATIVES

by Ha T. Tu and J. Lee Hargraves

This Data Bulletin uses data from the 2002 National Health Interview Survey, conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS). The nationally representative survey, conducted by computer-assisted in-person interviews, includes data on about 31,000 adults (aged 18 and older). The survey asked adult respondents a series of questions about their use of 27 types of complementary and alternative medicine (CAM) treatments, and general findings were reported in NCHS' Complementary and Alternative Medicine Use Among Adults: United States, 2002, published May 27, 2004. Overall, excluding prayer from the definition of CAM, 74 million Americans (36% of all adults) used some form of CAM in the past year, including about 31 million who did so for general health and well-being (see Table 2 and Supplementary Table 1).

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Table 1
Selected Characteristics of Adults, by Complementary and Alternative Medicine (CAM) Use Status¹

	USED CAM FOR GENERAL HEALTH AND WELL-BEING	USED CAM TO TREAT SPECIFIC HEALTH CONDITIONS	
		DID NOT CITE COST AS REASON FOR CAM USE	CITED COST AS REASON FOR CAM USE
DEMOGRAPHICS			
LOW INCOME AND UNINSURED	6%	4%	20%
LOW INCOME	23	21	40
UNINSURED	14	9	37
LESS THAN COLLEGE DEGREE	65	67	78
HEALTH-RELATED MEASURES			
FAIR OR POOR HEALTH	7	13	21
NO USUAL SOURCE OF CARE	14	8	20
DELAYED CARE DUE TO COST	8	10	35
UNMET NEED DUE TO COST	6	6	28
UNMET NEED FOR PRESCRIPTION DRUG DUE TO COST	7	8	33
UNMET NEED FOR MENTAL HEALTH CARE DUE TO COST	2	3	14

¹ Prayer is excluded from definition of CAM.

Note: All comparisons between adults who used CAM for cost reasons and other groups are statistically significant at p < .05.

Source: National Health Interview Survey, 2002

Nearly 6 million American adults turned to complementary and alternative medicine (CAM) to treat specific health conditions, such as depression and chronic pain, in the past year because conventional medical treatment was too expensive, according to the 2002 National Health Interview Survey.

Compared with the 38 million adults who used CAM to treat specific health conditions but did not cite cost of conventional medicine as a reason for doing so, people using CAM because of cost concerns were four times as likely to be uninsured (see Table 1). And they were almost twice as likely to have low incomes—defined as below 200 percent of the federal poverty level, or \$36,200 for a family of four in 2002. Also, people using CAM because of cost concerns were much more likely to report fair or poor health status and lack a usual place to go to receive medical care. The financial barriers to conventional medical care reported by this

group were striking: They were much more likely to report overall unmet medical needs—and unmet mental health and prescription drug needs—because of costs.

Risky Herbal Remedies Popular

Herbal remedies were by far the most widely used form of CAM among people with cost concerns: Almost two out of three (63%) used herbal remedies. Among the more popular herbal remedies are some known to cause serious side effects, including St. John's wort—used by one in eight of all CAM users citing cost concerns—and kava—used by one in 12. Widely publicized as a depression treatment, St. John's wort can interact dangerously with other drugs. Recent studies indicate St. John's wort may be ineffective against moderate to severe cases of major depression, leaving some people with worsening conditions and potentially severe consequences, including suicide. Kava, used to treat anxiety, stress and insomnia, has been shown in clinical trials to cause liver damage.¹

For the smaller but especially vulnerable group of people who used CAM because of cost concerns and who reported an unmet need for mental health care because of cost, the use of these particular drugs was much more common: One in four used St. John's wort and one in six used kava.

Among all people who turned to herbal remedies because conventional medicine was too expensive, in a majority (54%) of the cases, no conventional medical professional was aware of the CAM use. That is, the CAM treatment was neither suggested by a conventional medical professional nor did the patient disclose the CAM use during a medical visit.

Sign of the Times

For many American adults, the use of complementary and alternative medicine likely indicates greater access to treatment options. But for patients who use CAM because conventional medicine is too costly, reliance on CAM may be an unfortunate symptom of lack of access to conventional medical care.

Moreover, because some herbal products can cause serious health problems, the fact that CAM users commonly turn to herbal

Table 2

Adult Use of Complementary and Alternative Medicine (CAM) (Population Totals and Percentages)

	NUMBER OF ADULTS	% OF ADULT POPULATION	% OF CAM USERS
NO CAM USE IN PAST YEAR ¹	131,835,220	64.1%	NA
CAM USE IN PAST YEAR ONLY FOR GENERAL HEALTH AND WELL-BEING (I.E. NOT TO TREAT SPECIFIC CONDITION)	30,653,372	14.9	41.4%
CAM USE IN PAST YEAR TO TREAT SPECIFIC CONDITIONS	43,336,503	21.1	58.6
CITED COST AS REASON FOR CAM USE	5,713,800	2.8	7.7
DID NOT CITE COST AS REASON FOR CAM USE	37,622,703	18.3	50.8
ALL ADULTS	205,825,095	100.1	NA

¹ Prayer is excluded from definition of CAM.

Note: Total does not sum to 100 percent due to rounding.

Source: National Health Interview Survey, 2002

remedies—especially without their doctors' knowledge—also is cause for concern. And even when doctors know patients are using herbal remedies, they may not be trained to recognize potentially serious side effects.² In addition, adulteration of herbal remedies with ingredients not disclosed on product labeling has resulted in serious consequences, including death, for patients.³

Many Americans believe herbal products are safe because they are natural, and many assume the government regulates natural products to ensure safety. However, the Food and Drug Administration (FDA) has limited authority to oversee natural products. Unlike with prescription drugs, where safety and efficacy must be proved before the drug can be sold, the FDA must demonstrate that natural supplements are dangerous before taking enforcement action.

Clearly, public health concerns about natural products apply to all consumers, not just those who resort to them because of the high cost of conventional medicine. However, people who turn to CAM because of cost concerns are particularly vulnerable: Their lower incomes and rates of insurance coverage, coupled with worse health status, might make them more likely to seek cheaper—and potentially ineffective or unsafe—solutions to their health problems outside the realm of conventional medicine.

Also, lower education levels among these consumers suggest that they might be less likely to seek consumer information about the safety and effectiveness of CAM treatments before using them.⁴

As health care costs continue to outpace incomes, and the number of uninsured Americans keeps rising, more people are likely to turn to alternative treatments like herbal remedies as they find conventional medical care less affordable.

Notes

1. <http://nccam.nih.gov/health>, accessed on Sept. 14, 2004.
2. National Center for Health Statistics, *Complementary and Alternative Medicine Use Among Adults: United States, 2002* (May 27, 2004).
3. Gillis, Justin, "Herbal Remedies Turn Deadly for Patients," *Washington Post*, Sept. 5, 2004.
4. Tu, Ha T. and J. Lee Hargraves, *Seeking Health Care Information: Most Consumers Still on the Sidelines*, Issue Brief No. 61, Center for Studying Health System Change, Washington, D.C. (March 2003).

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SUPPLEMENTARY TABLE

Supplementary Table 1

Selected Characteristics of Adults, by Complementary and Alternative Medicine (CAM) Use Status¹ (Percentages, with Millions of People in Parentheses)

	ALL	DID NOT USE CAM	USED CAM FOR GENERAL HEALTH AND WELL-BEING	USED CAM TO TREAT SPECIFIC HEALTH CONDITIONS DID NOT CITE COST AS REASON FOR CAM USE	CITED COST AS REASON FOR CAM USE
DEMOGRAPHICS					
LOW INCOME AND UNINSURED	8% (16.9)	9% (12.3)	6% (2.0)	4% (1.4)	20% (1.1)
LOW INCOME	29 (60.2)	33 (43.1)	23 (6.9)	21 (7.9)	40 (2.3)
UNINSURED	16 (31.8)	17 (22.0)	14 (4.3)	9 (3.4)	37 (2.1)
LESS THAN COLLEGE DEGREE	75 (153.6)	80 (104.2)	65 (19.9)	67 (25.0)	78 (4.5)
HEALTH-RELATED MEASURES					
FAIR OR POOR HEALTH	12 (25.0)	13 (16.6)	7 (2.2)	13 (5.0)	21 (1.2)
NO USUAL SOURCE OF CARE	14 (27.7)	15 (19.1)	14 (4.3)	8 (3.2)	20 (1.1)
DELAYED CARE DUE TO COST	8 (17.2)	7 (8.9)	8 (2.5)	10 (3.8)	35 (2.0)
UNMET NEED DUE TO COST	6 (12.5)	5 (6.8)	6 (1.7)	6 (2.4)	28 (1.6)
UNMET NEED FOR PRESCRIPTION DRUG DUE TO COST	7 (14.7)	6 (7.7)	7 (2.0)	8 (3.0)	33 (1.9)
UNMET NEED FOR MENTAL HEALTH CARE DUE TO COST	2 (4.2)	1 (1.9)	2 (0.5)	3 (1.0)	14 (0.8)

¹ Prayer is excluded from definition of CAM.

Note: All comparisons between adults who used CAM for cost reasons and other groups are statistically significant at $p < .05$, with one exception: the comparison for "less than college degree" with adults who did not use CAM is not statistically significant.

Source: National Health Interview Survey, 2002