

Cost Constraints on Health Care Access to Some Performing Artists

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This article examines some of the unique features of cost constraints on health care access to performing artists. Access to health care can be defined as "those dimensions which describe the potential and actual entry of a given population group to the health care delivery system."¹ A potential patient is said to have access to health care if he/she is not prevented from receiving the service for reasons of social status, geographic location, income or other factors unrelated to need.² Need is that which "professionals determine merits their intervention."²

In choosing the population to survey, some preliminary judgments had to be made about who is an artist. The artist profiled herein is, presumably, a person who has demonstrated a talent or skill in his/her chosen field along with a willingness to develop the associated craft. The artist intends to communicate a viewpoint through the art form to the public-at-large so that they, the audience, may gain some insight into some aspect of the human condition. This definition excludes the dilettante who may be content to use his/her creativity primarily for his/her own enjoyment. Dilettantes certainly deserve equal access to health care but they are not the subject of this paper.

Admittedly the above description is incomplete and virtually impossible to profile in a scientific study. The requirement of self-motivation on the part of the individual cannot be accurately measured. The groups described below may not satisfy everyone's definition of an artist but the criteria of some recognized experts have been accepted for the purposes of this study.

Methods

This survey was modeled in part after the 1982 national access telephone interview survey conducted by Louis Harris and Associates.³ All respondents were asked to answer 16 questions in private and return the completed questionnaire by mail. A small number elected to return it in person immediately following its distribution. All were informed about the nature of the study and their rights as research subjects. They were further instructed whom to contact if any questions should arise. Names and addresses were not requested so that confidentiality and anonymity were assured.

In January 1987 two separate groups were surveyed. One group was approached after privately taught dance classes at various locations in New York City with the permission

of the individual instructor. These classes are attended by many of the members of some of the major modern dance companies including The Paul Taylor Dance Company and Danny Buraczeski's Jazzdance. Although anyone may participate in these classes, they are designed by their instructors as advanced classes for professional dancers who have completed their basic training and want to maintain proficiency or expand their repertoire of movement.

The second group consisted of New York University, Tisch School of the Arts (NYU TSOA), Theatre Program alumni from the departments of Acting and Dance. NYU TSOA offers highly selective, rigorous, professional training programs for actors and dancers. Three hundred names were selected at random from the list of all graduates of both departments from 1972 to 1986. The Alumni Affairs Office conducted the selection with the permission of the dean of the Tisch School of the Arts. A questionnaire was sent with a stamped return envelope and a cover letter explaining the nature of the study and the subject's rights.

No effort was made to get a balanced sample of each of the various kinds of artists. All respondents were performing artists, mostly actors and dancers. Although there may be significant differences in the parameters studied between different kinds of performing artists, those will not be dealt with here. All respondents were contacted in the New York City area where it is assumed, though not strictly proven, that a large percentage of performing artists reside. Further, no effort was made to get a balanced sample of various geographical or socioeconomic areas.

Results and Conclusions

A total of 122 completed questionnaires was received. From the private dance classes 39 were obtained, with a response rate of approximately 80%. The NYU TSOA alumni returned 83 for a response rate in that group of 25%. Eighteen respondents were disqualified either because they had stopped pursuing their career full time or the questionnaire was filled out ambiguously. The subjects were evenly distributed between the two fields of dance (48 including 3 choreographers) and acting (56). The majority of respondents were between the ages of 20-39 with only one in the 40-65 age group and one under 20.

The respondents were asked to estimate their total average yearly income from all sources or use the approximate 1986 figure. Data were analyzed by income category so that some correlations could be made with the 1982 national access survey.³ Three categories were used: low, less than \$15,000; medium, \$15,000-\$25,000; high, greater than \$25,000 (Table 1).³

The majority of respondents (67%) reported incomes below \$15,000. In the national study this income group

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TABLE 1. Total Average Yearly Income

<i>Yearly Income in Thousands</i>	<i>No. of Respondents</i>
Less than 15	70
15-25	23
Greater than 25	11
Total	104

was found to be more likely to have no third-party coverage (16%) for their medical expenses than either the medium (7%) or the high (4%) income groups.³ The results here concur, since 29% of those with incomes in the low range reported having no health insurance while 17% in the middle range had no health insurance and all respondents with incomes greater than \$25,000 had private health insurance (see Table 2). Although this is a considerably higher percentage with no coverage than in the national study, no direct correlation can be made because of the small sample size and the difference in sampling techniques. A more extensive study will be needed to determine if artists have a statistically significant higher percentage of no health insurance coverage than others in their income category.

Only one respondent had public health insurance (Medicaid-Medicare). The questions in this survey, however, were not detailed enough to determine which respondents were actually qualified to receive public insurance.

TABLE 2. Mode of Insurance Coverage by Income Group

<i>Yearly Income in Thousands</i>	<i>Private (%)</i>	<i>Public (%)</i>	<i>None (%)</i>
Less than 15	70	1	29
15-25	83	—	17
Greater than 25	100	—	—
Total	76	23	23

Table 3 breaks down how those with private health insurance pay their premiums. The percentage who receive no support from an employer (63%) illustrates an important problem struggling artists may have in obtaining low-cost health insurance. Those in the lower income brackets were more likely to have to pay for health insurance entirely from their own resources (76%). The average premium paid by those who reported paying the entire premium themselves was \$777 per year. This average was determined from the 29 respondents who provided that information and includes a wide variety of policies with disparate ranges of coverage. This figure, of course, cannot be taken to represent a true average of the cost of health insurance to the individual. It may, however, be used as a rough guideline

TABLE 3. Source of Premium Payment of Those with Private Health Insurance by Income Group

<i>Yearly Income in Thousands</i>	<i>Own Resources (%)</i>	<i>Employer (%)</i>	<i>Self and Employer (%)</i>
Less than 15	76	14	10
15-25	57	26	16
Greater than 25	18	67	18
Total	63	24	13

to indicate that the cost of any health insurance policy will place a significant burden on the resources of those least likely to receive employer-sponsored health insurance.

Table 4 illustrates what may make the artist's dilemma in obtaining employer-sponsored health insurance unique. Of those surveyed, 76% had another job to supplement their income. Again, those in the lower income categories were more likely to have more than one source of income and receive more of their income from a job outside their chosen field. So those in the lower income brackets with several sources of income may not qualify for any one employer's health insurance policy. Furthermore, many reported having supplementary jobs such as waiter or waitress where no employee health insurance is available.

TABLE 4. Percentage of Respondents with Supplementary Job by Income Group

<i>Yearly Income in Thousands</i>	<i>Percent with Supplementary Job</i>
Less than 15	84
15-25	70
Greater than 25	36
Total	76

Most performing artists surveyed had incomes below \$15,000. This income group was found to be more likely to have no third-party coverage for medical expenses, in agreement with the 1982 national access survey.³ This group, which is clearly in need of employer-sponsored health plans, is less likely to belong to one. Artists in this income category have a special problem because they often have more than one job to subsidize their art. Perhaps for that reason they are less likely to qualify for any one employer's health plan.

Discussion

The Federal government through the Internal Revenue Service defines a person's occupation as that endeavor for which one receives a major portion of yearly earned income. Income earned in their chosen field, however, was not used in defining the artists in this study. Indeed, it is apparent that the artist's contribution to society cannot be measured in yearly income.

A creation of the human mind is not easily assigned a definite monetary value. What is valuable to one may be worthless to another. Even when a creation is found to be "good," how can the insight gained from the experience of the art be compared to the more concrete objects of daily living such as food, clothing, and shelter? Such insight is not strictly needed to survive, although its realization may make survival easier. So the artist helps us through our lives by allowing us to encounter the wonder of creativity. How does one reimburse that? If the artist is well-known or commercially successful, the task is easy. The demand for the artist's services will set the fee. If the artist is unknown, however, the value is in the potential of future accomplishments. Potential, alas, is not reimbursable. However, there are too many examples of artists whose worth was not recognized until years of struggling had been endured to ignore the plight of the obscure artist.

The percentage who receive no support from an employer (63%) illustrates an important problem struggling artists may have in obtaining low-cost health insurance.

Although it is true that individuals are driven to pursue such a career, it does not mean their their problems can be said to be self-induced. The struggling artist contributes to society twice. First, there is the art itself, which the audience experiences and enjoys, whether the artist is unpaid or underpaid. Second, as the results of this study indicate, most artists have a supplementary job that in effect subsidizes their art form.

In finding a job "to pay the bills," the artist must be content to take one without benefits such as health insurance but one that allows for more flexible schedules so that there is time to develop his/her craft. The only practical approach to the payment of the high cost of medical care, however, is health insurance. Those in the low-income categories, like most artists, are less likely to receive this benefit.

Those in the lower income brackets with several sources of income may not qualify for any one employer's health insurance policy.

Potential Solutions

The solution may be elusive but will certainly demand some change in the way health care is financed. As Easterbrook concluded in his extensive review "The Revolution in Medicine," the most reasonable remedy would be to "require all employers to provide adequate insurance while making everyone else eligible for Medicaid."⁴ While this may be the best general approach to resolving the issue, there are a number of practical problems to be worked out in regard to artists.

Employers providing health insurance would need to establish a minimum income requirement in order to make this plan economically feasible. It has been shown here, however, that many artists have several employers with minimal incomes from each. The actors' unions illustrate the problem this creates. The Screen Actors' Guild, the film actors' union, Actor's Equity Association, and the theatre actors' union offer health insurance policies to members who earn a minimum income of approximately \$2,500 within the individual union's jurisdiction. There is no reciprocity between the two unions. As often happens, a member may

make less than the minimum in both unions and supplement this income with a job outside of show business. The result is that the actor meets no employer's or union's minimums for a health plan but would have qualified if all income had been from one source.

One solution would be to institute a central agency that could receive contributions from each employer both within and without of the arts. In this way an individual could earn credits toward a health insurance policy from his/her entire income and this central agency would sponsor the policy. Of course employers would contribute based on the income that the employee receives from that employer. It seems that this would be preferable to either requiring employers to provide health insurance to all employees regardless of income or to straining the tax dollar by adding these able-bodied citizens to the Medicaid rolls.

In her editorial, "The Bottom Line: Funding Arts Medicine," Brandfonbrener called for the organizations behind the artists to accept a portion of the responsibility.⁵ The formation of a program such as this would be where these organizations could start.

"Although it has not been established that gaining access to medical care has any effect on one's overall health status . . . individuals must have the right to 'take the chance' that obtaining such care will benefit rather than harm them."⁶ The institution of the Medicaid-Medicare program established that health care is a right that should not be denied to those least able to contribute to society—the poor and the elderly.⁶ Although artists are particularly susceptible to inequities that block the obtaining of low cost health insurance, with some effort on the part of the artists and their patrons these inequities can be diminished. Certainly it would be preposterous to rationalize the denial of health care to the community of artists that can contribute so much.

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