Health care has been a topic of much social and political debate and conversation in the U.S. in recent years. From changes in policy coverage premiums to increased scrutiny of the Affordable Care Act to the potential end of the Children's Health Insurance Program (CHIP), health care is a pressing issue that is consistently pushed to the nation's forefront. With uncertainty surrounding many health care issues and initiatives and their outcomes, many Americans are left wondering about the costs of health care and the potential of losing coverage for themselves and their loved ones. This year, the American Psychological Association's (APA) annual Stress in America™ survey, conducted online by The Harris Poll, found that health care is a cause of anxiety for many adults regardless of their age, income, racial background or geographic location.

When APA released its annual Stress in America report in November 2017, the results from their August survey, which was conducted online among 3,440 adults in the U.S., showed that Americans feel as stressed about the future of our nation (63 percent) as they do about historically leading stressors such as money (62 percent) and work (61 percent). When asked to think about the nation and which specific issues cause them stress, health care is the most commonly mentioned concern (43 percent). In addition, three-fifths of Americans (60 percent) report that personal health concerns or health problems affecting their family are a very or somewhat significant source of stress.

For more than a decade, the Stress in America survey has examined what causes stress for Americans and how this stress affects their health and well-being. The November 2017 full report, The State of Our Nation, discussed sources of stress and how people cope with their stress. Because health care is a pressing issue and commonly reported stressor in the U.S., APA decided to look closer at the data about how health and health care may cause or exacerbate stress for Americans.

**INSURANCE AND ILLNESS AS SOURCES OF STRESS**

For many Americans, their own health issues and those of their family members — as well as how to treat health conditions — may be a source of stress. When asked to consider the specific health issues that cause them stress, two-thirds cite the cost of health insurance for themselves, their loved ones or in general (66 percent). Uncertainty about the future when thinking about their own health or the health of others is cited as a stressor by nearly the same number of Americans (63 percent).

Uninsured adults reported an average stress level of 5.6 in the previous month (on a 10-point scale, where 1 is “little or no stress” and 10 is “a great deal of stress”), while those with health insurance reported a significantly lower average stress level (4.7).

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**UNINSURED ARE MORE STRESSED**

Adults without health insurance reported a higher overall stress level than those who are insured.*

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*Based on survey responses to the following question: On a scale of 1 to 10, where 1 means you have “little or no stress” and 10 means you have “a great deal of stress,” how would you rate your average level of stress during the past month?

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An individual’s current health status may be associated with his or her stress levels. For the more than six in 10 Americans (62 percent) living with chronic health conditions, such as high blood pressure (28 percent) and high cholesterol (27 percent), health care issues may contribute to higher-than-average stress levels. Those living with a chronic health condition have a significantly higher average stress level (5.0) than those without a chronic condition (4.4), using the same point scale, where 1 is “little or no stress” and 10 is “a great deal of stress.”

**HEALTH CARE-RELATED STRESS HIGHER IN URBAN AREAS**

Americans in urban areas report a higher average level of stress (5.2) than those living in suburban (4.5) and rural (4.7) areas. This higher average level of stress is reflected in their concerns about health care.

More Americans in urban areas say the cost of health insurance (74 percent), uncertainty about the future when thinking about their own or others’ health (71 percent), having good health insurance (69 percent), changes to health care policy from Washington (66 percent) and medical bills (65 percent) are sources of stress than those in suburban and rural areas. Those living in suburban and rural parts of the country mention similar sources of stress as those in urban areas, though significantly larger percentages of those in urban areas identify these topics as stressors. For example, for suburban residents (62 percent) and rural residents (64 percent), the cost of health insurance is also the most commonly cited source of stress, though both are smaller proportions than for urban residents who say the same, as noted above.

Uncertainty about the future regarding the health of themselves, their loved ones or in general (61 percent); changes to health care policy from Washington (56 percent); having good health insurance (54 percent); and medical bills (52 percent) also cause stress for a majority of the suburban population. More than half of those in rural areas say that having good health insurance (57 percent), changes to health care policy from Washington (56 percent) and uncertainty about the future (55 percent) are sources of stress; just under half of Americans in rural areas (49 percent) say the same about medical bills.

**DESPITE INCOME, HEALTH-RELATED CONCERNS CAUSE STRESS**

Survey findings reveal that a person’s income does not seem to affect how stressed they feel about health-related issues — even when it comes to the costs of health care.

Health insurance costs cause stress for 64 percent of those in households with less than $50,000 in income per year, while 69 percent of those making $50,000 or more per year report stress due to insurance costs.

People at different income levels also report experiencing stress about other cost-related health care issues to a similar degree. Around three-fifths of both lower-income (58 percent) and higher-income households (60 percent) identify the cost of medications as a source of stress. The numbers are similar regarding medical bills, as 57 percent of lower-income households and 56 percent of higher-income homes report stress because of their bills.

The potential for health care policy-related changes also causes stress across income levels. Around six in 10 individuals from both the higher- and lower-income groups say that potential changes in health care policy from Washington are a source of stress (59 percent of those with an annual income of less than $50,000, compared to 61 percent of those with...
an annual income of $50,000 or more). Uncertainty about the future in general is a stressor as well, as those with a higher income (65 percent) are just as likely as those at lower income levels (62 percent) to report that uncertainty about health-related issues is a source of stress.

**YOUNGER GENERATIONS, MORE HEALTH CARE STRESS**

Millennials and Gen Xers report much higher levels of stress regarding specific health care issues for themselves, their loved ones or in general than do Boomers and older adults (classified as “Matures” in the Stress in America survey). These generational differences are most evident when looking at concerns related to accessing mental and reproductive health care services.

A lack of access to mental health care is a source of stress for 56 percent of Millennials and 47 percent of Gen Xers, while only 27 percent of Boomers and 20 percent of older adults express the same concern. More than half of Millennials (55 percent) and more than two-fifths of Gen Xers (43 percent) report feeling stress related to reproductive health care access, while the number is drastically lower for the older generations: One-quarter of Boomers (25 percent) and only 14 percent of older adults feel stress around this aspect of health care.

A majority of those in every generation cite the cost of health insurance as a source of stress, with more than seven in 10 Millennials (72 percent) and Gen Xers (71 percent) reporting health insurance costs as a cause of stress. Though the proportions are significantly smaller for the older generations, 61 percent of Boomers and 51 percent of older adults report stress due to the cost of health insurance.

**HISPANICS MOST LIKELY TO BE STRESSED BY HEALTH CARE**

The survey also reveals how stress related to health care concerns differs when looking at the findings by race or ethnicity. More than half of Hispanic (56 percent), Asian (54 percent) and Black (52 percent) Americans report that personal health concerns are a source of stress, while fewer than half of Native Americans (48 percent) and White Americans (46 percent) say the same.

Nearly two-thirds of Hispanic adults (64 percent) say that they experience stress when thinking about themselves, their loved ones or people in general losing access to health care services. Members of other racial and ethnic groups also identify this as a concern, though in smaller numbers (56 percent of Asian Americans, 51 percent of Black Americans, 50 percent of Native Americans and 49 percent of White Americans).

Access to mental health care in particular is another issue that Hispanic adults, relative to White adults, are more likely to identify as a source of stress. While nearly half of Hispanic adults (47 percent) say lack of access to mental health care is a source of stress for themselves, their loved ones or in general, fewer than two-fifths of White adults (38 percent) report the same. The same percentage of Black and Asian adults (44 percent) identify mental health care access as a stressor, and around four in 10 Native Americans (41 percent) also cite this as a source of stress.

**METHODOLOGY**

The 2017 Stress in America™ survey was conducted online within the United States by The Harris Poll on behalf of the American Psychological Association (APA) between August 2 and 31, 2017, among 3,440 adults ages 18+ who reside in the U.S., including 1,376 men, 2,047 women, 1,088 White, 810 Hispanic, 808 Black, 506 Asian and 206 Native American adults. Interviews were conducted in English (n=3,187) and Spanish (n=253). Data were weighted to reflect their proportions in the population. Weighting variables included age, gender, race/ethnicity, education, region and household income. Propensity score weighting also was used to adjust for respondents’ propensity to be online. Hispanic respondents were weighted for acculturation, taking into account respondents’ household language as well as their ability to read and speak in English and Spanish. Because the sample is based on those who were invited and agreed to participate in The Harris Poll online research panel, no estimates of theoretical sampling error can be calculated. A full methodology is available upon request.