



Patients Before Profits: Reforming the American Health Care System,
A Meta-Analysis of Public Opinion

Prepared for the Frameworks Institute

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Method

This meta-analysis of opinion research is based on a review of existing, publicly available data. The objective of this phase of research is to develop a strategic perspective of public beliefs that may influence policy support, with the ultimate goal of developing effective communications. Over 100 public opinion reports and surveys were reviewed, comprising thousands of survey questions. This report is not, however, intended to provide a catalogue of all public opinion research on this topic, so not all of the surveys reviewed were included. Rather, this analysis is designed to offer strategic insights that will prove useful to later stages of the research process; accordingly, only the most relevant and useful findings have been incorporated.

We precede the public opinion analysis with an overview of recent trends in health insurance nationwide and, where available, in New Hampshire. We do so in order to provide a context for the discussion of public perceptions. We conclude with a review of opinion data specific to New Hampshire, recognizing the paucity of this data. It is our intention over the next year to add significantly to understanding of public attitudes to health care in New Hampshire with the provision of new original research supported by the Endowment for Health.

Introduction

Skyrocketing health care costs and increasing restrictions by health insurance companies have left people frustrated with the nation's health care system. Consequently, health care is poised to move to the top of the public agenda. Americans view health care as a basic human right for all, but they see millions without health insurance and worry that they are vulnerable to a health crisis that would leave them owing massive medical bills.

Concerns about the health care system cluster into three areas: cost, access, and quality. People see costs climbing, worry about their own ability to pay in a crisis, and are concerned about those unable to afford insurance. While they rate their own access to insurance positively, people recognize that low income Americans have poor access to care. Furthermore, Americans worry about decisions by insurance companies that will restrict their own access to the care they need. Finally, while most people still hold positive views of the quality of care in America, overall ratings are weak, and definitions of quality are primarily based on personal relationships with care providers.

The public, doctors, and business executives believe the health care system needs fundamental change, and support a variety of government actions to address problems in the system. All three groups agree that the trend toward managed care has harmed quality while doing little to control costs. Fundamentally, they do not trust insurance companies to put the best interests of the patient before profits.

The public has a number of policy priorities, but when forced to choose only one, dealing with the uninsured is primary. There are a number of solutions the public and business

executives will support to address the uninsured, but they want to continue to rely on an employer-sponsored system. Large percentages support expanding current government programs or providing tax credits or other financial assistance to people or employers to make insurance more affordable. However, the public does not support a single, government health system and business executives are wary of too much government regulation. Furthermore, the public will oppose a solution that puts more cost burden on the average person who feels they are already struggling with health care costs.

New Hampshire faces some particular opportunities and challenges in addressing this issue. New Hampshire is a wealthy state that is currently struggling with the depressed economy affecting the rest of the country. This can work *against* the issue if state residents see dealing with the uninsured as yet another cost for an overburdened state budget. *Or*, the weak economy can work *for* the issue if people see dealing with the uninsured as part of what needs to be done to address economic needs in the state. Similarly, New Hampshire has a comparatively low proportion of uninsured. Indeed, the state is a national health care leader. This can work *against* the issue if people see lack of insurance as a minimal problem in New Hampshire, *or* it can work *for* the issue if residents view dealing with the uninsured as a matter of pride in being a health care leader. These are some of the considerations that will need to be explored in later phases of research.

Background

New Hampshire is in a far better position than the rest of the country when it comes to poverty, health care and the uninsured. Comparatively, New Hampshire has a high median income, a low percentage of poor residents, a low percentage of uninsured residents and ranks high on a variety of health indicators.

New Hampshire is one of the wealthiest states in the country. The state ranks third in median family income (1998-2000 data)¹ and has a low unemployment rate of 4.5%.² The state is also less poor than the nation overall, with 9% of New Hampshire residents living in poverty compared to 15% of all Americans. One-quarter (25%) of New Hampshire residents live below 200% of the poverty level, compared to 34% of the country.³

New Hampshire performs exceedingly well on a variety of health indicators. It had been first in the nation in two separate health status surveys, until 2001 when it slipped to second in the nation, according to UnitedHealth Foundation's *State Health Ranking 2001 Edition*, or third in the nation, according to the Morgan Quinto Press study.

New Hampshire residents are far more likely to be insured than people in the rest of the nation. In early 2002, 14.3% of all Americans were without any public or private health insurance, representing roughly 40 million people nationwide. Adults age 18 to 65 are most likely to be without insurance (18.6%). The percentage of children without health insurance has declined from 13.9% in 1997 to 10% today, largely due to the expansion of public health plans, which now cover 27.7% of children compared to 21.5% in 1997.⁴

In New Hampshire, however, 9% are uninsured, representing close to 100,000 residents. Children are slightly less likely to be uninsured than children nationally (8% compared to 10%). New Hampshire relies heavily on private insurance: 84% of all New Hampshire residents are covered through private insurance, while 7% have public insurance.⁵ In fact, most (73%) of the uninsured in New Hampshire have at least one family member working, but a majority (58%) of uninsured working adults are employed by companies that do not offer insurance, they are ineligible (18%), or it costs more than they can afford to pay (13%).⁶

Small companies are far less likely to offer insurance than large companies, but again, New Hampshire rates better than the rest of the nation, with higher proportions of small companies offering insurance to employees. A central weakness in New Hampshire is the low percentage of firms that offer health insurance to part-time employees. Finally, there are troubling national trends that could indicate future problems if replicated in the state: smaller companies are less likely to offer insurance than they were two to three years ago, and more employees are opting out of insurance as their premiums increase.

Small companies are less likely to provide health insurance to employees than are larger companies. According to the Agency for Healthcare Research and Quality, 59.3% of private sector establishments nationally offered health insurance to employees in 2000. Providing health insurance correlates with company size: only 39.6% of companies with fewer than 10 employees offer insurance, compared to 99.2% of companies with 1000 or more employees.⁷ However, this is not *just* a small employer problem – 43% of uninsured workers work at a company with 100+ employees.⁸

Furthermore, companies that employ a large percentage of low-wage workers are less likely to offer insurance than companies with fewer low-wage workers. Only 42.5% of those companies with a majority of employees defined as low-wage offer health insurance, compared to 64.7% of those with less than half their staff comprised of low-wage workers.⁹

Even controlling for company size, New Hampshire companies are more likely to offer health insurance than companies in the nation overall. A majority (55.6%) of New Hampshire firms with fewer than 50 employees offer health insurance compared to 47.2% of firms in the nation. Virtually all New Hampshire companies with 50 employees or more offer insurance (97.9% in New Hampshire, 96.8% US).¹⁰

However, there is a large difference in the state between what is offered to full-time employees and part-time employees. Eighty-six percent of New Hampshire companies offer health insurance to full-time employees, but only 24% offer insurance to part-time employees. Furthermore, full-time employees are only required to pay about 25% of the premium on average, while part-time employees are required to pay between 60% and 70% of the premium, depending on the scope of their coverage.¹¹

The percentage of employees participating in company medical benefits has declined as the cost of employee contributions has increased. Nationally from 1990 to 1996, the percentage of full-time employees at small private establishments (less than 100 employees) who participated in medical care benefits declined from 69% to 64% of full time employees. Over the same period, employee contributions increased for individual coverage (from \$25 per month to \$43) and for family coverage (from \$109 to \$182).¹² The pattern for medium and large establishments is the same. From 1991 to 1997, the percentage of full-time employees participating in their company's medical benefits dropped from 83% to 76%. Employee contributions grew from \$27 to \$39 per month for individual coverage and from \$97 to \$130 for family coverage.¹³ From the spring of 2001 to the spring of 2002, monthly premiums rose 12.7%, the largest increase since 1990.¹⁴

Nationally there is a troubling pattern emerging: small businesses are increasingly less willing to offer health insurance. In 2000, 67% of businesses with fewer than 200 employees offered health insurance to workers; by 2002 only 61% did. Coverage among employers with fewer than 10 employees dropped from 60% to 55% over this time period, and dropped from 79% to 74% among companies with 10-24 employees.¹⁵ Whether these trends will repeat themselves in New Hampshire remains to be seen but is most certainly part of the stimulus to worry that plagues New Hampshire residents.

Context – Major Issues Facing the Country

There was a dramatic shift in issue priority over the course of the last year. In early 2001, the public wanted the President and Congress to improve education, protect Social Security and address health care. Just one year later, these concerns have been eclipsed by the public's desire to handle terrorism and improve the economy. However, health care continues to be an underlying concern, waiting to emerge on the public agenda. More than in any other area, Americans believe the country is losing ground in dealing with the health care system.

On the eve of George Bush's inauguration, the public was clear about its expectations. Americans wanted the Bush Administration and Congress to prioritize education, and placed Social Security, the economy, health care and prescription drugs just slightly lower in priority. Two years later, the country has two primary areas of concern – the war on terrorism and the faltering economy.

When forced to choose just one issue, the economy was the priority for likely voters just prior to the 2002 election (28%),

	Priorities for Congress and Bush Administration (%) Highest Priority)	
	2002 ¹⁶	2001 ¹⁷
Handling the US campaign against terrorism	46%	--
Improving the Economy/Keeping America prosperous	45%	43%
Improving education	38%	50%
Protecting the Social Security system	33%	46%
Improving the healthcare system	32%	43%
Handling national defense/Providing military security for the country	31%	39%
Helping senior citizens pay for prescription drugs	27%	42%
Keeping the federal budget balanced	21%	40%
Protecting/improving the quality of the environment	17%	30%
Reforming/Improving the way political campaigns are financed	14%	25%

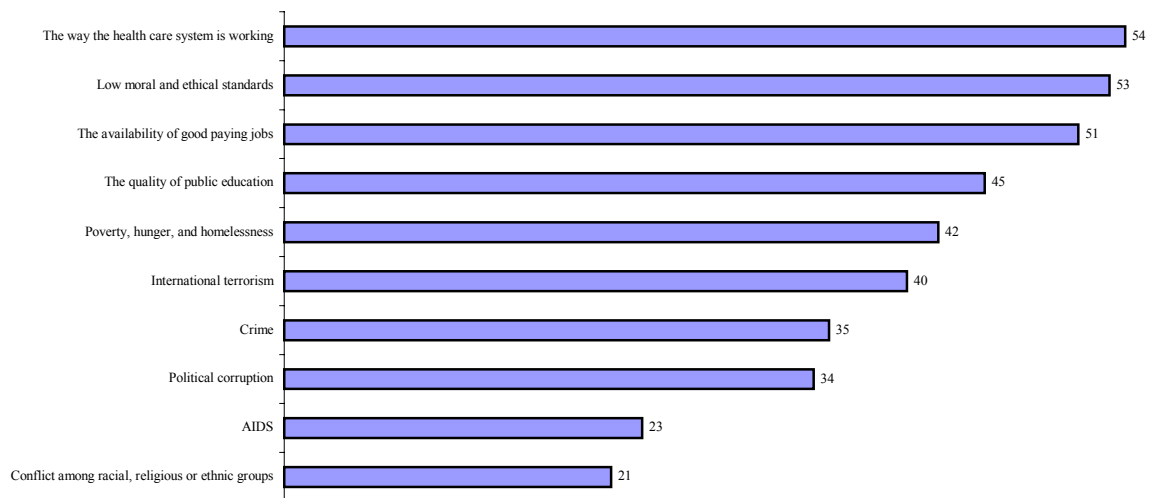
followed by terrorism and Iraq (combined 23%, terrorism 13%, Iraq 10%), education (14%), health care (13%), Social Security (11%) and corporate reform (4%).¹⁸ Though focused on the economy and terrorism, when forced to choose just one priority, likely voters prior to the 2002 elections continued to have many concerns: the war on terrorism (71% “very important”), the economy and jobs (69%), education (68%), Iraq (65%), health care (64%), Social Security (57%), and prescription drugs (55%).¹⁹

In determining which candidate to support for Congress in 2002, most voters placed three issues in the top tier of concerns just prior to the election: terrorism, the economy and education. The second tier of important issues included values, Social Security, health care, and Medicare. Crime was either a second or third tier issue, while taxes, the environment and local issues were ranked in the lowest tier of priorities.²¹

Though lower in priority than some other concerns, health care continues to be a worry for many Americans and is primed to emerge as a core issue. In fact, in this more than in any other issue, Americans feel the country is losing ground: in dealing with “the way the health care system is working” (54%), followed by “low moral and ethical standards” (53% losing ground), and the “availability of good-paying jobs” (51%). While ratings of every other area have improved over the past decade or so, ratings of the health care system have remained consistently negative.²²

	One of the Most + Very Important	One of the Most Important
The war against terrorism	84	28
The economy	83	22
Education	82	22
Moral values	70	19
Social Security	73	18
Health care other than Medicare	72	17
Medicare	68	17
Crime	73	15
Taxes	65	15
The environment	62	13
Local issues in your area	56	10

America is Losing Ground on Issue²³ (In Percent)



Media Coverage of Health News

The media gives a great deal of attention to news about health issues and the number of health policy news stories has increased dramatically. However, most of the stories focus on politics or business and do not provide a substantive discussion of policy choices. Most new stories about the uninsured or Medicare are about the politics of the issue, while most stories about managed care and health costs are about business and economics. The media gives far less attention to policy solutions.

A study of media coverage by the Kaiser Family Foundation found a 34% increase in the number of stories covering the big health policies (Medicare, managed care, the uninsured and health care costs) from 1997 to 2000. Over that same period, nearly half (48%) of the stories focused on managed care issues, followed by Medicare (28%) and the uninsured and health costs (12% each).²⁴

Most of these stories included a discussion of politics (41%) or economic and business issues (38%). Fewer focused on policy choices (24%), delivery of medical care (20%), descriptions of the health care system (19%), or demographics related to the health care issue (10%).²⁵

Stories about the uninsured and Medicare were most likely to have a political focus (56% of stories about the uninsured included a political focus, 50% of Medicare stories) followed by a policy focus (33%, 32%). Meanwhile, stories on managed care and health care costs tended to have an economic or business focus (47% of managed care stories, 57% of health care cost stories) followed by a political focus (32%, 37%). Much less attention was given to policy choices in stories about managed care or health care costs (19% of managed care stories include a discussion of policy choices, 18% of health care cost stories).²⁶

Health Care Priorities

Americans have a number of health care priorities – they would like to see such diseases as cancer and AIDs addressed, costs held in line, and more access to care. A number of government policies are supported by three-quarters of the public or more, but when forced to choose just one health priority, a plurality want to see government address the uninsured. This priority is particularly important to younger Americans, Democrats, Independents, and those who *are* uninsured.

An international mindset prioritizes different health issues than a national mindset. The “most urgent health problem facing the *world* today,” according to Americans, is cancer (35% volunteer “cancer” in an open-end question) or AIDS (33%), followed by hunger (11%), health care cost (10%), heart disease (9%) and the uninsured (8%). A *national* mindset increases the number of responses about cost and insurance. The “most urgent

health problem facing the *nation* today” continues to be cancer (27% volunteer “cancer” in an open-end question), followed by health care cost (19%), the uninsured (18%), and AIDS (17%).²⁸

When thinking of the health problem they most want government to address, over a third volunteer a health care cost issue (35%), followed by health access issues (26%), specific policy mentions (25%), medical conditions (14%), and quality of care (7%).²⁹

Americans see a number of important health problems that need to be addressed: “helping people age 65 and over pay for prescription medicines” (81% say that is a “very important issue for the President and Congress to deal with”); “making Medicare more financially sound for future generations” (79%); “increasing the number of Americans covered by health insurance” (74%); and “Protecting patients’ rights in HMOs and managed care plans” (69%).³⁰

When forced to choose just one of these four priorities, a plurality (35%) point to “increasing the number of Americans covered by health insurance” as most important followed by prescriptions for seniors (23%) and Medicare (21%). Few choose protecting patients’ rights as most important (10%).³¹ There is a large difference in policy priority by age, insurance status and party identification. A plurality of those under 65 years of age choose increasing the number of Americans covered by health insurance as their top priority (38%) compared to only 22% of those 65 and older. Seniors are most likely to choose prescription medicines (29%) followed by making Medicare more financially sound for future generations (27%). Similarly, the uninsured are more likely than the insured to see increasing the number of Americans covered by health insurance as a top priority (46% of uninsured, 33% of insured). Finally, Democrats and Independents are more likely to choose the uninsured as a priority issue (39% and 36% respectively) than Republicans (30%).³²

**Most Important Health Problem
for Government to Address²⁷
Open-end Responses
(In Percent)**

Costs (net)	35%
Cost of health care	17%
Cost of prescriptions	16%
Cost of insurance	7%
Costs – other	2%
Access (net)	26%
Universal/uninsured	10%
Health insurance	6%
Health care availability	5%
Health care for the poor	3%
Access – other	3%
Policy/Social Issues (net)	25%
Senior citizen care/issues	10%
Coverage of RX drugs	6%
Medicare	6%
Children’s care/issues	2%
Other policy/social issues	4%
Medical Conditions (net)	14%
Cancer/cancer research	7%
AIDS/AIDS research	4%
Other medical conditions	8%
Quality of Care (net)	7%
HMO/managed care	4%
Other quality of care	2%

The Health Care System

Americans are fairly satisfied with their personal health care situation, but extremely dissatisfied with the health care system overall. Fundamentally, they worry that health insurance companies will put profits before people. They want to see significant reform of the nation’s health care system. Health care priorities tend to cluster into three categories: cost, quality and access. Cost is frequently the highest personal concern for voters as they worry about paying for health care and health insurance. Quality is the most important consideration when people are

choosing health care. Access is chosen by most as the critical policy priority for the nation.

Assessment of Personal Situation

On a personal level, Americans are satisfied with their health care and have generally positive interactions with their health insurance company. When they do have a problem, it tends to revolve around billing and coverage. However, high levels of personal satisfaction mask underlying worries about being able to rely on their health insurance when they need it.

Most (82%) rate the “quality of the healthcare you receive” highly (28% rate it “excellent,” 54% “good”) and nearly three-quarters (71%) rate their “healthcare coverage” highly (20% rate it “excellent,” 51% “good”). Fewer, though still a majority, are generally satisfied with the total cost they pay for health care (58%).³³

Three quarters (76%) of those with private insurance have had contact with their plan in the prior year and nearly all say their experience was positive – 80% positive, 34% very positive. At the same time, nearly half (48%) report experiencing some problem with their health insurance in the prior year. The most frequently reported problems are with billing or payment for services (22% have experienced that problem in the prior year), the plan not covering a particular kind of care (14%), difficulty getting someone from the plan to answer questions (14%), and misunderstandings over which health services the plan covers (13%).³⁴

People want help in resolving these problems. When asked to choose just one vehicle for assistance, they prefer having someone at work whose job it is to deal with these issues (23%), or an independent place to turn to for help (19%), followed by an independent medical expert to whom they can appeal a decision (15%) or a state agency that is responsible for monitoring the way plans operate. Very few choose the right to sue a health plan as their first choice (8%). When allowed to assess each solution independently, one-third to one-half sees each of these solutions as “very helpful.”³⁵

High levels of personal satisfaction with one’s own plan mask underlying fears of not being able to control their health care or rely on having coverage when needed. People believe that insurance companies have more say over the kind of health care they receive (42%) than they do (22%) or their doctor does (15%).³⁷ People worry more about paying bills than about their personal health or safety. Among a list of worries, more report worrying “a lot” about having enough money to live comfortably and having enough health insurance to pay medical bills than any other worry.

Life Worries ³⁶	
% Worry “A Lot”	
That you will not have enough money to live comfortably	30%
That you will not have enough health insurance to pay for large medical bills	29%
That your spouse or someone very close to you will not live long	22%
What will happen to you if you become old and sick	18%
That your health will get much worse	18%
That you or someone in your household will lose your/their job	17%
That you will be a victim of a crime	13%
That you will not live long	10%
That you will go to hell	10%

Nearly two-thirds worry about the cost of their health care increasing (65%) and about their health plan having the wrong priorities, i.e. being more concerned about saving money than providing good treatment (62%).³⁸ People are increasingly worried about health plans placing money before treatment. In 1997, 47% were worried about this (18% very worried), which increased to 58% in 1999 (30% very worried), and to 62% today (30% very worried).³⁹ Doctors worry at even higher levels that their health plan would be more concerned about saving money than about the best treatment (85% worry, 46% very worried).⁴⁰

Personal Health Care Worries ⁴¹		
(In Percent)		
	Very + Somewhat Worried	Very Worried
The amount you pay for your health care services or health insurance will increase	65%	34%
Your health plan would be more concerned about saving money for the plan than about what is the best treatment for you (asked of insured only)	62%	30%
The quality of health care services you receive will get worse	53%	25%
You might not be able to get the health care services you think you need	44%	23%

As would be expected, the uninsured worry significantly more about these issues than do the insured. The uninsured are particularly worried about not having health insurance for others in their family (61% of uninsured are very concerned, 38% of insured), being denied a medical procedure (58%, 34%), not getting health care because they can't afford it (58%, 32%) and not getting preventive tests because they don't have insurance (57%, 30%).⁴²

Assessment of the Nation's Health Care System

Though fairly satisfied with their personal health care situation, Americans are extremely critical of the nation's health care system and feel the system needs major change. The public, business executives, and doctors all believe that the shift toward managed care has harmed the quality of care patients receive, and has done little to contain costs. Fundamentally, the public does not trust health insurance companies or managed care plans to do what is in the patient's best interests. Americans are extremely angry about practices that restrict care or constrain coverage.

Americans have grave concerns about the nation’s health care system. Only 15% think the health care system is in “good health,” while 48% believe it is “somewhat ill,” 26% say it is in “critical condition,” and 9% say it is “terminally ill.”⁴⁴ People are decidedly negative in their assessment of “health care coverage in this country” with only 30% giving a positive rating, and 68% rating it “only fair” (41%) or poor (27%). Only 22% are satisfied with the total cost of health care in this country. When it comes to “the quality of health care in this country,” a majority (55%) rates it “excellent” (14%) or “good” (41%), and 44% rates it as “only fair” (32%) or “poor” (12%).⁴⁵

Americans give the system good grades for training health professionals, conducting medical research, making sure children get care, and making advanced technology available. They are most critical of the system’s ability to keep costs down and make sure patients’ needs come before the economic interests of the industry.

More than three-quarters of Americans believe the nation’s health care system needs significant change. Nearly half (49%) says, “there are some good things in our health care system, but fundamental changes are needed to make it work better” while an additional 31% thinks, “the health care system has so much wrong with it that we need to completely rebuild it.” Fewer (17%) believe “on the whole, the health care system works pretty well and only minor changes are necessary to make it work better.”⁴⁶ This response has been fairly constant for the last 20 years, hitting its most negative rating in 1991 (92% saying fundamental change or rebuild) and its least negative rating in 1987 (66% saying fundamental change or rebuild).⁴⁷ Employers and physicians are less likely than the general public to believe the system needs to be completely rebuilt (11% each), but more likely to say it needs fundamental change (74% and 70% respectively). Very few employers or physicians think the system needs only minor changes (15% and 19% respectively).⁴⁸

Grading the Health Care System ⁴³	
% “A” or “B”	
Training highly qualified doctors and other health professionals	66%
Conducting the kind of medical research that improves Americans’ health and well-being	59%
Making sure all babies and children get the care they need early in life	56%
Making advanced medical technology available	54%
Making enough primary care doctors or general practitioners available to take care of the population	49%
Making medical specialists available	48%
Getting doctors to give patients enough information	44%
Making sure the elderly get enough care	41%
Making healthcare workers available and affordable for elderly and sick people at home	35%
Making sure people get enough dental and oral health care	32%
Making sure the needs of patients come before the economic interests of the health industry	28%
Keeping health care costs down	24%

People blame health insurance companies and managed care plans for much of what is wrong with health care in America. When asked to rate job performance in various industries, nurses and doctors rate highly for doing a good job (89% and 75% respectively), but health insurance companies and HMOs are rated poorly (43% and 46% respectively say they do a “bad job”).⁵⁰ In fact, people are increasingly likely to perceive HMOs as doing a poor job. The proportion seeing managed care plans as doing a bad job in serving health care consumers increased steadily from 21% in 1997 to 39% by 2000, where it remained in 2001. At the same time, the proportion rating them as doing a “good job” declined steadily from 34% in 1997 to 24% in 2000. Interestingly, the “good job” ratings increased to 32% by 2001.⁵¹

Job Performance by Industries ⁴⁹		
(In Percent)		
	Good Job	Bad Job
Nurses	89	4
The US Postal Service	83	10
Doctors	75	11
Banks	68	19
Hospitals	67	17
Pharmaceutical or drug companies	52	33
Lawyers	45	29
Health insurance companies	38	43
HMOs and other managed care health plans	31	46
Oil companies	29	52

People see the trend away from traditional fee-for-service coverage and toward more managed care as a bad thing (44%), not a good thing (36%). This assessment is very different than in 1995, when a majority (59%) saw the trend as a good thing, and few thought it was bad (28%). The public is also less likely to believe that managed care will help to contain health care costs (only 34% believe it will help contain costs, -25 points since 1995). Finally, people are more likely to say the trend toward managed care will harm the quality of medical care they receive (51%, +12 since 1995).⁵²

Small business employers also hold negative views of managed care. Majorities believe HMOs and managed care have: “decreased the amount of time doctors spend with their patients” (65%), “decreased the quality of health care for people who are sick” (58%), made it “harder for people who are sick to see medical specialists” (57%), made it “harder to get preventive services such as immunizations, health screenings, and physical exams” (43%), and have not made much difference in keeping health care costs down (43%).⁵⁴

Doctors are decidedly negative in their views toward managed care. They believe managed care has had a negative impact on the way they practice medicine (68% negative, 25% mostly negative), and on the medical care services available to their patients (72%, 24%).⁵⁵

Role in Improving the Health Care System ⁵³		
(% Helping, % Hurting)		
	Helping	Hurting
AARP, a national group of people age 50 and older	79	9
Unions	54	27
The Democrats in Congress	54	29
The Clinton Administration	54	34
The American Medical Association	47	33
The Republicans in Congress	42	37
Business groups	38	37
Drug companies	24	65
Health Insurance, HMOs, and managed care companies	22	69
Trial lawyers	17	69

In fact, most people believe that health insurance companies are hurting the health care system (69%) rather than helping (22%). In contrast, majorities see AARP, unions, and the Democrats in

Congress as trying to help improve the system.⁵⁶

The concern underlying the critique of health insurance and managed care is trust. Most trust doctors and health care providers to do what is right, but few trust health insurance companies or government health programs. Compared to other actors in the community, doctors and health care providers rate fairly high (67% trust doctors to do what is best almost all, or most of the time). Within the health care industry, doctors are the most trusted actors (62%), while very few trust health insurance companies to do what is best (29%).⁵⁷

How often can you trust to do what is best? ⁵⁸		
	Almost All + Most Times	Almost All the Time
For you or your community?		
The fire department	94	54
Doctors and other health care providers	67	14
The police	66	19
Local schools	59	14
The courts	42	10
Local elected officials	31	6
Congress or politicians in Washington	13	3
For patients or customers?		
Doctors and other health care providers	62	15
Hospitals	58	11
Clinics or health centers	49	10
Medicare, the government program that helps pay medical bills for people over age 65 and the disabled	38	11
Medicaid, the government program that helps pay medical bills for people with low incomes	37	11
Health insurance companies, including HMOs and other managed care plans	29	6

People are most angry about insurance practices that restrict care or constrain coverage. A majority (60%) is “extremely angry” about the trend in insurance plans requiring “prior approval when you want to get medical care, even in an emergency, or they won’t pay.” Nearly as many (53%) are extremely angry about the fact that “workers with medical problems cannot switch jobs because their new insurance company would not pay for treatment of pre-existing conditions.” About a third are extremely angry about additional responsibility for costs shifting to patients and workers: 33% are extremely angry about doctors refusing “to submit bills directly to traditional health insurance plans so patients must pay out of their own pocket and then get reimbursed”; 31% are extremely angry that “employers pay a smaller share of the premium for workers’ health insurance or they offer no insurance plan at all.” Very few express extreme anger about unfair advantages: 15% are extremely angry that “people who can afford to pay for it themselves get the latest treatments that some health plans won’t pay for;” 11% are extremely angry that “doctors have an ownership business interest in outpatient clinics that they send their patients to.”⁵⁹

Cost, quality and access consistently emerge as the three areas of consideration in health care policy. When asked to select which one of these is the most important health care issue, a plurality (44%) choose “people not being covered by health insurance” as most important, followed by “the cost of health care” (39%). Far fewer (14%) select “the quality of health care” as most important for policy consideration.⁶⁰ However, when thinking about what most concerns them, cost is selected by a plurality (44%) followed by quality (29%) and access (24%).⁶¹

Cost

The cost of health care is the public’s and business executives’ main source of concern about the health care system. They have watched their insurance premiums and out-of-pocket costs increase in recent years. Business executives point to the rising cost of health care as a serious problem facing their companies. Small businesses that do not offer insurance to employees point to cost as the reason – they say they cannot afford to offer it, nor can their employees afford to contribute to premiums. The public believes rising health care costs are due to greed and inefficiency in the health care system. They are willing to take some steps to contain costs, but are not willing to sacrifice their access to quality care and innovative treatments.

Only 35% are satisfied (7% very satisfied) with the availability and affordability of healthcare,⁶² and only 22% are satisfied with the total cost of health care in this country.⁶³ People are evenly divided between those who are satisfied with getting good health insurance at a reasonable price (50%) and those who are dissatisfied (48%).⁶⁴ As recently as the mid-1990s, the public believed the trend toward managed care would help contain costs (59%), but now far fewer believe that to be true (34% will help contain, 50% will not help).⁶⁵ However, even with several voicing strong concerns about costs, a majority (58%) is generally satisfied with the total cost they pay for their own health care,⁶⁶

People have experienced rising health care costs in recent years. A majority (54%) of those with health insurance says the amount they pay toward premiums has gone up over the prior year; 19% say the cost has gone up “a lot” while 35% say it has gone up “a little.” Nearly as many (45%) report the amount that is not covered by insurance has increased; 15% say it has increased “a lot” and 30% say it has increased “a little.”⁶⁷ These rising costs are hurting quality of care – 22% say they have not filled a prescription because of the cost and 18% say they used a drug less often than prescribed because of the cost.⁶⁸

Figures from the US Department of Labor substantiate these survey responses. From 1990 to 1996, employees at small private establishments contributed more for individual coverage (from \$25 per month to \$43) and for family coverage (from \$109 to \$182).⁶⁹ From 1991 to 1997, employee contributions at medium and large establishments grew from \$27 to \$39 per month for individual coverage and from \$97 to \$130 for family

coverage.⁷⁰ Those increases have continued in recent years. From the spring of 2001 to the spring of 2002, monthly premiums rose 12.7%, the largest increase since 1990.⁷¹ Employers expect that costs will continue to rise: 43% of all firms and 78% of firms with 200 or more employees say they are very or somewhat likely to increase the amount employees pay for coverage next year.⁷² Cost is an important factor when evaluating health plans: nearly all say that cost is important (90% extremely or very important, 46% extremely), tied with the importance of being able to choose their own doctor or hospital (89%, 45%).⁷³

The rising cost of health care is a significant concern for business executives. A majority of employers (61%) is very or somewhat worried that the cost of health insurance will increase faster than they can afford.⁷⁴ Small and medium size manufacturers point to the cost of health insurance as the most serious problem facing their company (50%).⁷⁵ Small employers (3 to 24 employees) are dissatisfied with the cost of health care and health insurance (66% dissatisfied, 43% very dissatisfied).⁷⁶ Forty percent of small employers do not contribute to health insurance for their employees, and they point to cost as the main reason. Among small businesses that do not offer insurance, 72% say the high cost of health insurance premiums is a very important reason followed by “employees are generally covered under another plan, such as a spouse’s policy or a parent’s policy” (43% very important). Even those small businesses that offer insurance know of employees who do not participate due to cost (30%).⁷⁷ Finally, small employers assume insurance will cost more than they can afford to pay. Small businesses that do not currently offer insurance assume it would cost an average of \$264 per month to cover an employee, but they feel they could only afford to contribute \$110 per month, and their employees could only afford to contribute \$89 per month.⁷⁸

The public blames rising health costs on high profits and inefficiency. Two-thirds (66%) believe the profits made in the health care industry are higher than the profits made in most industries. A plurality (46%) think the health care industry is worse at efficiently controlling cost than most industries, while 43% say the health care industry is about the same as other industries.⁷⁹ People blame rising costs of health care on: high profits made by drug companies (71% say it is very important in causing higher health care costs), the amount of greed and waste that occurs in the health care system (67%), the number of malpractice lawsuits (59%), aging of the population (56%), the use of expensive high-tech medical equipment (48%), and the use of expensive new drugs (47%). They are least likely to blame the rising costs of health care on people having no incentive to look for lower-priced doctors and services because they have insurance (38%).⁸⁰

Employers are more likely to blame rising health care costs on higher spending for drugs (64% contributes “a lot” to increases in health insurance premiums), hospitals (57%) and doctors (45%). Fewer blame higher insurance company profits (31%), better medical technology (29%) or richer benefit packages (14%).⁸¹

People do not want to limit care to control costs. Fully 70% believe that, in the event of a serious illness or injury, it is best to “provide any treatment that might help, regardless of

its cost, even if it means raising health insurance costs for all people,” over limiting “the use of expensive medical treatments that might help, in order to hold down health insurance costs for all people” (24%).⁸² Most are unwilling to save costs by waiting longer for treatment or not paying for new types of treatments. However, to contain costs, people are willing to limit the extreme measures taken to keep the terminally ill alive, if the terminally ill patient has stated that desire. Indeed, two-thirds of survey respondents say this is an option they would choose themselves.

Options to Cut Medical Costs ⁸³ (% Acceptable for Companies to Offer Option, % Willing to Choose Option if it Lowered Costs)		
	Acceptable To Offer Option	Would Choose Option
An insurance company could offer savings for individuals who have made living wills stating that they do not want extreme measures used to keep them alive when they are terminally ill and unconscious and not expected to ever regain consciousness.	72	69
An insurance company could offer savings if the individual would accept waiting longer for treatment that is not urgent, or traveling a greater distance for specialized care.	48	47
An insurance company could offer savings if the individual would agree in advance that the company would not pay for new treatments if the demonstrated success rate was less than 25 percent.	40	38

Access/the Uninsured

Those who are uninsured point to cost and lack of employer coverage as the main reasons for being without insurance. Many uninsured parents are also without insurance for their children, and are largely unfamiliar with the state programs that could help them. The public tends to think of the uninsured as being poor and unemployed. Even so, most relate to the problems of the uninsured in some way, either by knowing someone who is uninsured, or by personally struggling with unpaid medical bills. They believe the uninsured are still able to receive medical care, but the care is not as good or comprehensive as the care an insured person would receive. Dealing with the problems of the uninsured is one of the public’s highest health policy priorities.

As noted earlier, 14.3% of Americans are without any public or private health insurance, representing nearly 40 million people nationwide.⁸⁴ A majority of the uninsured has been without insurance for two years or more (59%).⁸⁵ Most of those who are uninsured point to cost and lack of coverage through work as reasons: too expensive (74% major reason), job doesn’t offer coverage (48%), or they are unemployed (36%). Fewer point to such reasons as another family member having insurance that doesn’t cover them (25% major reason), not getting coverage due to poor health (23%), not needing it (19%), not thinking anyone will sell them coverage (17%), or not knowing how to get insurance (16%).⁸⁶ A majority (59%) of those who are uninsured says their employer does not offer health benefits. Of the uninsured working for a company that does offer benefits, 37% say they

do not participate in the health plan because it is too expensive, and 39% say they are not eligible or not *yet* eligible.⁸⁷

Many uninsured parents do not have insurance for their children either. They would enroll their children in state programs, but most are unfamiliar with what is available. Among uninsured parents, 41% do not have health insurance for their children, but 84% would enroll their child in the Children's Health Insurance Program if they thought they were eligible. However, 71% of the uninsured are not familiar with the program. Similarly, 53% of these parents are not very familiar with Medicaid, but 73% would enroll if they thought they were eligible. Many of those with uninsured children have tried to enroll them in Medicaid (50%), and 20% have tried to enroll their children in the CHIP program.⁸⁸

Struggling with health insurance extends far beyond the uninsured. First, a majority (53%) of Americans knows someone who does not have health insurance.⁸⁹ Furthermore, many Americans have struggled to pay for health care: 20% have had problems paying medical bills in the prior year (39% of those under 65 who are uninsured); 26% have been contacted by a collection agency about unpaid medical bills (39% of those under 65 who are uninsured).⁹⁰

People think of the uninsured as poor and unemployed, and believe them to be treated differently by the health care system. When people think of the uninsured, the image that comes to mind is: poor people (33%), unemployed (16%), and the elderly (13%). Several also volunteer that the uninsured are working families (18%), but more think of the uninsured as unemployed (57%) rather than working (39%).⁹¹ People believe that the health care system frequently treats people differently based on whether or not they have health insurance (70% very or somewhat often, 39% very often) and by how much money they have (71%, 35%).⁹² While they rate their own access to health care as an "A" or "B" (68%), far fewer rate access for low-income people as highly (21%).⁹³

Though they think the health care industry treats the uninsured differently, most believe the uninsured still receive health care. A majority (55%) believes that people in their community without health insurance are still able to get the medical care they need. However, among the 55% who believe the uninsured still get care, nearly all believe the care would come from emergency rooms (84%), community clinics (84%), or hospital outpatient departments (72%), but not private doctors (only 44% believe they would get care from private doctors). Furthermore, most (60%) think the care the uninsured would get would not be as good as the care an insured person would receive, and 59% say those with an on-going medical problem may not get the follow up care they need.⁹⁴

As noted earlier, when forced to choose just one of four health priorities, a plurality (35%) points to "increasing the number of Americans covered by health insurance" as most important, followed by prescriptions for seniors (23%) and Medicare (21%). Few choose protecting patients' rights as most important (10%).⁹⁵ Addressing the uninsured increased significantly in priority (+7 points) from August of 2002, when just 28% chose this issue as most important – statistically tied with prescriptions for seniors at 27%.⁹⁶

Quality

When it comes to choosing a health plan, the public sees quality as the most important factor, and the shift toward managed care has harmed the quality of care. To determine quality, Americans rely on the recommendations of friends, family, and doctors. The public has confidence in its ability to choose a doctor or hospital, but less confidence in its ability to make the right choice in health plans. Quality doctors and hospitals, the public believes, are those effective in communicating and building relationships. Quality health plans allow customers to have access to all the care they need.

“Quality” is the most important consideration in choosing a health plan. A plurality (44%) says that “having a plan that provides a high quality of health care” is most important, followed by “keeping your costs of coverage low” (18%), “having a wide range of benefits or a particular benefit you need” (17%) and “having a plan that offers a wide choice of doctors” (15%).⁹⁷ But most consumers see all of these areas as very important: “having a plan that provides a high quality of health care” (87% very important), “having a wide range of benefits or a particular benefit you need” (76%), “keeping your costs of coverage low” (74%), and “having a plan that offers a wide choice of doctors” (70%).⁹⁸

People have confidence in their ability to choose a doctor or hospital, but have less confidence in their ability to make the right choices about a health plan. Nearly half (49%) said they were “very confident” that they had enough information to make the right choices the last time they were choosing a doctor, and 47% felt very confident when choosing a hospital. Slightly less felt very confident the last time they made decisions about treatment options (42%) or prescription medicine (41%). In comparison, only 35% felt very confident they had enough information to make the right choices the last time they were choosing a health plan.⁹⁹ This may be due in part to the dramatic changes in health plans that have caused people unease. In 1995, people were more likely to believe that the trend toward managed care would improve quality (48%) rather than harm quality (39%). By 2002, a majority (51%) says that managed care will harm quality while few (27%) believe it will improve quality.¹⁰⁰

Few have seen much information about health care quality. Less than a third (27%) say they have seen any information about health care quality in the preceding year: 17% saw something in a newspaper/magazine, 15% through the mail, 11% at work, and 7% saw something online.¹⁰¹

When it comes to choosing a new health plan, people trust the word of friends, family, and their doctor, but not an employer or endorsements by societies or government agencies. Most say their friends and family members (60% would have a lot of influence) and their regular doctor or other individual doctors (60%) would have a lot of influence in their decision. Several also would be influenced by patients who are surveyed about the quality of care (39%). Fewer would be influenced by their employer

(29%), groups of doctors like state medical societies (25%), consumer groups (16%), government agencies (13%), or newspapers and magazines (8%).¹⁰² Most do not trust employers' advice in this area, "because employers' main concern is saving the company money on health benefits" (61%), while fewer (29%) see employers as a good source "because employers examine plans closely when deciding which ones to offer."¹⁰³ Similarly, friends, family, and doctors influence their selection of a doctor or hospital.

In fact, when forced to choose between a surgeon who "has treated a friend or family member without any problems, but his ratings aren't as high as those of other surgeons at the hospital," and a surgeon whose "ratings are much higher, but no one you know personally has ever been one of his patients," more would choose the surgeon who treated family (50%) than the one with high ratings (38%).¹⁰⁵ Similarly, more would choose a hospital they have used for many years (62%) over a hospital rated higher in quality by the experts (32%).¹⁰⁶

Influences on Choosing a Doctor or Hospital ¹⁰⁴		
	(% "A lot of Influence")	
	Doctor	Hospital
Friends or family members	65	63
Your regular doctor or other individual doctors	64	64
Patients who are surveyed about the quality of care	41	41
Your employer or someone at work who deals with health benefits	26	25
Groups of doctors like state medical societies	24	28
Consumer groups	16	18
Government agencies	14	15
Newspapers or magazines	7	12

When determining a doctor's quality, communications skills are very important. People have near unanimous agreement (92% very important) that a doctor's "skill, experience and training" are very important. But nearly as many look to communications and relationship skills specifically: "their communications skills and willingness to listen and explain thoroughly" (90%), "the degree to which they involve you in the decisions made regarding your health care" (86%), and "their personal manner, sensitivity, and respect" (84%). A consumer's experience in dealing with the doctor's office is also important: "the competence of the office staff" (75%), "the ability to get timely appointments" (72%), "their attitude toward referrals" (71%). Fewer judge "the waiting time at the doctor's office" (45%) as an important determinant of quality.¹⁰⁷

People look for similar relationship issues when determining the quality of a hospital. Again, there is near unanimous agreement (97%) that the "medical staff's skill, experience and training" are very important, as is "the cleanliness and the condition of the facility" (96%). All the other top concerns revolve around communicating and building a relationship: "the degree to which they involve you in the decisions made regarding your health care" (90%), the "sensitivity, courtesy, and respect shown by hospital staff" (88%), the "responsiveness of the nursing staff" (88%), and "how well the staff explains tests, treatments, and what to expect" (87%). The hospital's reputation is important to many (76%), as is the doctor who referred the hospital (67%). Out-of-pocket costs are the least important of the criteria in determining a hospital's quality (55% very important).¹⁰⁸

When it comes to determining the quality of a health plan, respondents' main concern is access to the care they need: "the ability to get the care your doctor recommends" (92% very important), "access to emergency care" (90%), "the range of services covered by the plan" (85%), the "doctors available through the plan" (85%), and the "ease of getting routine care" (82%). Convenience and cost issues are important, but less so: "customer service" (74%), the "ease of getting referrals" (72%), the "costs you personally have to pay for" (67%) and "simplicity of paperwork" (57%).¹⁰⁹

Role for Government and Business

Americans want the government to provide needed services and work to improve the standard of living for all Americans. When it comes to health care, they view it as a universal right and believe the federal government should work to increase the number of Americans with insurance and should be involved in promoting quality of care. However, Americans want to continue the current system of providing health benefits through employers.

Generally, people prioritize providing needed services (62%) over holding down the size of government (31%). However, they think George Bush's priorities are the reverse: holding down the size of government is more important to him (62%) than providing needed services (28%).¹¹⁰ Similarly, 56% believe "the government in Washington should do everything possible to improve the standard of living of all Americans," while only 39% say "this is not the government's responsibility; each person should take care of themselves."¹¹¹

When it comes to health care, the public views it as a universal right, not a benefit for those who can afford it. Fully 84% agree, 62% strongly agree "health care should be provided equally to everyone, just as public education is." Just as many (86%) disagree, 66% strongly, "health care, like owning a home, should be available only to those who can afford it."¹¹²

The public wants government involved in providing health care to the uninsured. Nearly three-quarters (72%) think the federal government should work to increase the number of Americans covered by health insurance.¹¹³ In fact, 62% see it as the "responsibility of the federal government to make sure all Americans have health care coverage."¹¹⁴ However, support for government responsibility to *provide* insurance is narrower – by a 53% to 38% margin people think it is government's responsibility to provide health insurance coverage to low-income Americans. Importantly, voters and non-voters perceive different levels of government responsibility for providing insurance. By a 49 to 43% margin, voters think it is government's responsibility, while non-voters see government responsibility at a 61% to 30% margin.¹¹⁵

On health care quality, most Americans would like the government to have some involvement. By a 63 to 30% margin, people believe government should be involved in "promoting, monitoring, or providing information about the quality of health care of

doctors, hospitals, health plans and other providers.” However, the 63% that want involvement in health care quality are divided over the kind of involvement they desire: 28% want government to work directly with providers to improve quality; 21% want government to penalize providers that fail to meet standards; and 12% want government to just make sure that information is available.¹¹⁶

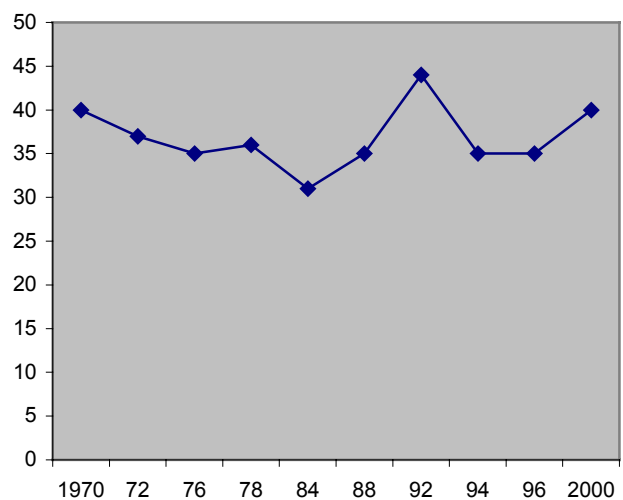
Philosophically, a strong majority (59%) says “government regulation of business is necessary to protect the public interest” while only 34% thinks, “government regulation of business usually does more harm than good.”¹¹⁸ In many areas of the health care industry there is not enough regulation, according to the public. Majorities believe there is not enough regulation in the quality of care in nursing homes (61%), in the cost of prescription medicines (54%), in HMOs (51%) and in the cost of health insurance policies (51%).¹¹⁹

On the other hand, small business executives are uncomfortable with too much government oversight of health insurance. Most say the best way to “ensure that consumers in HMOs and other managed care plans are treated fairly and get the proper care” is to have a “non-government independent organization developing and enforcing standards that plans must follow” (62%) rather than government (12%) or the “industry monitoring itself and setting voluntary standards” (14%).¹²⁰

The desire for an active government role does not mean that the public wants a single payer health system through government. A majority (55%) opposes a national health plan, financed by taxpayers, in which all Americans would get their insurance from a single government plan.¹²¹ Small business executives also oppose “a national health plan, financed by taxpayers, in which all Americans would get their insurance from a single government plan” (50%).¹²² Support for a government insurance plan hit a peak in 1992, when 44% placed themselves closer on a 7-point scale to supporting a government insurance plan over private insurance.¹²³

	Too Much	Not Enough
The quality of care in nursing homes	6	61
The cost of prescription medicines	20	54
HMOs and managed care	13	51
The cost of health insurance policies	19	51
The safety of prescription medicines	10	37
The quality of doctors and hospitals	10	36

% Support Government Insurance Plan



Support for a government insurance plan correlates with income and education. Half of those without high school degrees support government insurance, while only 37% of those with a college degree do. A majority (51%) of those in the 0-16th income percentile supports government insurance, compared to 28% of those in the 96-100th percentile. Democrats and Independents are more supportive of government insurance (48% and 43% respectively) than Republicans (27%).¹²⁴

The public wants to continue to rely on employers for its health benefits. Three quarters (73%) of those with employer insurance think their employer does a good job in selecting quality health insurance plans.¹²⁵ Furthermore, the public does not want to take responsibility for buying insurance on its own – even with cash from employers to do so. More people prefer a system of getting health insurance through their employer (48%) than a system based on getting insurance through government (25%) or directly from an insurance company (19%).¹²⁶ When asked to choose, more (46%) prefer their employer paying all or part of their health insurance rather than giving them cash to buy insurance (13%), and 38% say it doesn't make much difference either way. Two-thirds and more believe if they had to buy insurance on their own with cash from their employer, it would be harder to get a good price for health insurance (78%), find or keep health insurance if they were sick (75%), handle administrative issues such as filing a claim (66%), or find a good quality health insurance plan (65%).¹²⁷ Most small employers (61%) agree that people would be better off getting their health insurance through the place where they work rather than purchasing it on their own (24%).¹²⁸

Politics and Policies

Voters see Democrats as better on the health care issue than Republicans. While it is currently a second tier issue, it is a very compelling reason for voters to support a candidate for office. However, it is also a risky issue, since support for reform can decline dramatically with the right attack.

Health care is one of the few areas in which Democrats have a solid advantage over Republicans. Those who voted in the Congressional elections in 2002 rated Democrats as significantly better than Republicans in dealing with energy and the environment, health care, prescription drugs and standing up to corporate interests. They rated Republicans as significantly better in keeping America strong, having clear ideas on what they want to do, and in dealing with taxes.

Health care was not a defining issue in the 2002 election. However, with the right message and attention to the issue, health

Party Advantage on Issues ¹²⁹	
% Democrat Minus % Republican	
Energy and the environment	24
Health care	19
Prescription drugs	18
Standing up to the powerful corporate interests in Washington	17
Dealing with corporate abuses	9
Retirement and Social Security	9
Standing up to the powerful special interests in Washington	8
Being on your side	1
Education	0
The federal budget and deficits	-1
The economy	-3
Taxes	-15
Having clear ideas on what they want to do	-25
Keeping America strong	-39

care has an opportunity to be a persuasive political message by candidates. Among a series of messages offered by hypothetical candidates, a message about health care caused people to feel more positively about the hypothetical candidate than messages about tax cuts, the economy, and Social Security. It tied with a message about terrorism. When read the following description, 41 percent of voters in the 2002 elections said they felt much more positively about a Democratic candidate who said, “We have a rising health care crisis. Patients and doctors are at the mercy of HMOs. Prescription drug prices drive seniors to the edge. Forty-two million Americans now have no health insurance. It’s time to get serious. We should require health insurance with employment and give tax credits to help small businesses. We need a patients’ bill of rights. And prescriptions should be covered under Medicare for all seniors. That’s the responsible thing to do.” Even in the current environment, this message about health was as powerful a reason to support a candidate as a message about terrorism, and more powerful than messages about other compelling election issues.¹³⁰

However, this is a risky issue and very susceptible to the right attack. For example, 81% favor a law “that would require HMOs, other managed care plans, and health insurance companies to provide people with more information about their health plan, make it easier for people to see medical specialists, allow appeals to independent reviewers when someone is denied coverage for a particular medical treatment, and give people the right to sue their health plan.” When told this could mean “that some companies might stop offering health care plans to their workers because the companies are afraid they might be sued along with the health plan,” one-third of supporters shift to opposition.¹³¹ The right message matters in gaining and holding public support for reform.

Dealing with the uninsured tops the nation’s health care priorities. The public believes the nation can afford to take care of the uninsured and that the country would be better off if this problem were addressed. At the same time, Americans are skeptical that anything will be done.

People want government to take action to help the uninsured. Nearly half (49%) believe government should “make a major effort to provide health insurance for most uninsured Americans which might require a tax increase to pay for it” while 36% prefer a “limited effort to provide health insurance for some of the uninsured which would mean more government spending.” Only 12% think things should stay as they are.¹³²

In fact, at the top of a long list of priorities for the nation’s health agenda is “increasing funding to make it possible for everyone to get health care when they need it” (84% important, 47% extremely important). Other references to lack of access to health care test just slightly lower in priority: “increasing funding to make sure minority and poor Americans can get health care when they need it (78%, 38%), and providing health insurance for most uninsured Americans (74%, 36%).

Priority for the Nation's Health Agenda¹³³
 (% Extremely Important, % Very Important)

	Extremely + Very	Extremely
Increasing funding to make it possible for everyone to get health care when they need it	84	47
Increasing efforts to reduce medical errors made by doctors and hospitals	81	43
Increasing funding to make sure minority and poor Americans can get health care when they need it	78	38
Increasing funding to improve health care for people with long-term, chronic health problems, such as diabetes or asthma	77	35
Increasing efforts by HMOs/managed care plans to have fewer restrictions on plan members getting the care they think they need	75	39
Providing health insurance for most uninsured Americans	74	36
Increasing funding of new efforts to control health care costs	74	34
Providing more funding for long term care services, which would allow more frail people to stay in their homes and communities	74	30
Providing more funding for nursing home care	73	31
Encouraging health plans to provide the same coverage for mental health problems as they do for physical health problems	73	30
Increasing funding for research and professional training to improve medical care for people at the end of their lives	70	29
Increasing funding to provide better health statistics and data to improve government decision making	50	19
Increasing funding for health care programs sponsored by religious organizations	29	8

Concern for the uninsured pre-dates the impact of the weakening economy. After the November 2000 election, providing “insurance for people without health insurance” was selected as the health issue Americans “would most like to see [the next President and Congress] pass legislation to do” (32%). The other four choices were clearly second tier in priority: “provide prescription drug coverage for seniors” (17%), “protect patients’ rights in HMOs and other managed care plans” (16%), “help families with the cost of caring for elderly or disabled family members who need long-term help (16%), and “make Medicare more financially sound in the future” (15%). Those who did not vote in the election were more likely than voters to see the uninsured as the most important of these issues (35% of non-voters, 30% of voters).¹³⁴

By a narrow margin, people would rather have the federal government spend more to provide health care for uninsured people (52%) than cut the federal income taxes they pay (42%).¹³⁵ And they would rather provide health insurance for those who cannot afford it (58%) than reform HMO and managed care plans (38%).¹³⁶ People are divided between which should be a higher priority, providing health insurance to the uninsured or helping people over 65 pay for prescription drugs (44% each). There is a correlation by age, with younger respondents prioritizing the uninsured (57% of 18-29 year olds) and older respondents prioritizing prescription drugs for seniors (52% of seniors).¹³⁷

As noted earlier, when forced to choose just one of four health priorities, a plurality (35%) points to “increasing the number of Americans covered by health insurance” as most important, followed by prescriptions for seniors (23%) and Medicare (21%). Few choose protecting patients’ rights as most important (10%).¹³⁸ Addressing the uninsured increased significantly in priority (+7 points) from August of 2002, when just 28% chose this issue as most important – statistically tied with prescriptions for seniors at 27%.¹³⁹

More than three-quarters (79%) think this country could “afford a major program to provide health insurance for most uninsured Americans, which might require a tax increase.” However, a majority (56%) thinks it is not very or not at all likely that government will enact a major program to provide health insurance for the uninsured. If the government did embark upon such an effort, most (63%) think the country as a whole would be better off, but “there wouldn’t be much effect on people like you” (43%). If they think it would affect them, they are more likely to say they would be better off (35%) rather than worse off (19%).¹⁴⁰

The public and business executives support a wide range of actions to provide coverage for the uninsured. However, since the rising cost of health care is a large part of the public’s worries about health care, they are not willing to pay higher insurance premiums or taxes to increase the number of Americans with insurance. Businesses that do not currently offer insurance say they would if the government would provide some assistance with the expense.

To make sure that all Americans have access to health insurance, large percentages of Americans would support a variety of actions: “requiring all employers to offer health insurance to employees” (82% support, 63% strongly); “expanding government programs such as Medicare or Medicaid” (81%, 53%); “tax credits to help people pay for employer coverage” (79%, 47%); and “allowing uninsured people to buy into government programs” (77%, 44%).¹⁴¹ In addition, the public favors expanding state government programs for low-income people, such as Medicaid and the Children’s Health Insurance Program, to provide coverage for people without health insurance (84%), expanding neighborhood health clinics (80%), requiring businesses to offer private health insurance for their employees (76%), and offering uninsured Americans income tax deductions, tax credits, or other financial assistance to help them purchase private health insurance on their own (73%).¹⁴²

While people want to address the problem of the uninsured and support a variety of government actions to help the uninsured, they are split in their willingness to pay more in either higher health insurance premiums or higher taxes to increase the number of Americans with health insurance – 46% say they are willing while 49% are not.¹⁴³

Small business executives also support a variety of approaches to provide health care to the uninsured: “offering additional tax credits to small businesses to help them purchase private health care insurance for their employees” (89% favor); “offering uninsured Americans income tax deductions, tax credits, or other financial assistance to help them purchase private health insurance on their own” (75%); “expanding state government

programs for low-income people, such as Medicaid and the Children's Health Insurance Program to provide coverage for people without health insurance (67%). They are less enthusiastic about "expanding Medicare to cover people under age 65 who do not have health insurance" (54%) and "a national health plan, financed by taxpayers, in which all Americans would get their insurance from a single government plan" (40%).¹⁴⁴

Small business executives are willing to take action to help children. Fully 83% of small employers favor the law Congress passed to help states cover uninsured children.¹⁴⁵ Just as many (85%) would be willing to provide their employees with written information about the state Children's Health Insurance Program. Just under a third (29%) say they would drop insurance coverage for employees or their dependents if they were eligible for a state administered insurance program.¹⁴⁶

Small businesses that do not currently offer insurance say they would be more likely (76% more likely, 38% a lot more likely) to offer a health plan if the government provided some financial assistance. Nearly three quarters would be more likely (71% more likely, 30% a lot more likely) to provide a health plan with government assistance covering 25% of health insurance premiums.¹⁴⁷

The State Context

The weak economy and tightening state budget create a context for scaling back state spending, not expanding new programs. This is particularly true in a state like New Hampshire with a history of tax opposition. Still, health care is the area New Hampshire residents most want to protect.

Like most states, New Hampshire is struggling with a faltering economy. A majority of residents (59%) reports the state economy is in recession.¹⁴⁸ Few New Hampshire residents rate the present business conditions in the state as "good" (19%, down 14 points since June). Currently, a majority (53%) rates business conditions as "normal" and 25% say conditions are "bad."¹⁴⁹ Furthermore, 43% of New Hampshire residents state they are worse off compared to a year ago, while just as many (42%) say they are "the same," and 15% say "better." Again, these ratings are far worse than June, when 27% indicated they were worse off.¹⁵⁰

The President's image has been declining in the state, due in part to weakening perceptions of his performance on the economy. Currently, 57% approve of the way President Bush is handling his job, which is down from 73% in June. Ratings of his performance on the economy are weaker, with 46% approving of the way he is handling the economy and 36% disapproving. This compares with 56% who approved and 26% who disapproved of the President's performance on the economy in June.¹⁵¹

Still, the people of New Hampshire are optimistic about the future – 38% think business conditions will be better six months from now, and 50% think conditions will be better in a year. Nearly as many (46%) expect that they will be financially better off a year from now, up from 28% in June.¹⁵²

The faltering economy and tightening state budgets are raising questions about budget priorities in most states. While we do not have access to a survey of New Hampshire legislators, a survey of state legislators across the country demonstrates that expanding health care is low on their list of priorities. Nationally, 68% of state legislators report that their state's economy has worsened over the past year, and they are preparing to make spending cuts" (54% cuts, 20% say the cuts will be "substantial").¹⁵⁴

Prioritizing health issues will be particularly challenging at a time when education funding is securing so much attention in the state. For some time, state residents have chosen "education funding" as the most important problem facing the state (43%) followed by taxes (15%), jobs and the economy (10%), education quality (6%), and sprawl (2%).¹⁵⁵

State Legislators' Priorities	
% "One of the Most Important Priorities" ¹⁵³	
Improving public education	45%
Improving state economy	40%
Creating jobs	39%
Balancing state budget	39%
Reducing the number of people on welfare	36%
Providing after school programs	33%
Helping low-income families with children	30%
Provide affordable child care	28%
Reduce hunger and homeless	27%
Reducing child poverty	27%
Insure uninsured children	27%
Health insurance for child of working poor	26%
Affordable housing	26%
Help vulnerable families	24%
Hold down taxes	23%
Cut state spending	22%
Combat terrorism	21%
Increasing state minimum wage	18%
Cutting taxes	17%
Improve family values	16%
Protect patients in HMOs	15%
Protect environment	15%
Closing tax loopholes	13%
Fighting crime	12%

However, there are reasons to believe that advocates can bring attention to health policy in the state. First, state residents demonstrate a desire to protect health care over any other state budget priority. When forced to select one area of government funding for cuts, New Hampshire residents are least likely to choose health and hospital funding as their first choice to cut to close the state budget gap.

First Choice to Cut to Close the State Budget Gap¹⁵⁶	
(In Percent)	
Parks and recreation funding	37
Social service and welfare programs	19
Roads and highway funding	13
Police and public safety funding	7
Education funding	5
Health and hospital funding	4
All equal	9
Don't know	7

Furthermore, New Hampshire residents are more civically engaged than people in other parts of the country, which gives advocates an advantage in addressing an issue like the uninsured. Compared to the rest of the country, New Hampshire residents are more likely to: say that most people are trustworthy (59% in New Hampshire, 47% nationally), attend a political meeting in the past 12 months (25%, 16%), rate their community as an

excellent place to live (48%, 41%), read a newspaper frequently (3.6 weekly, 3.3 weekly), be involved in sports or outdoor clubs (26%, 21%), be involved in literary/arts/music groups (23%, 17%), and be involved in hobby/investment/garden clubs (30%, 25%).¹⁵⁷ These high levels of community engagement point to an environment where political activity thrives, and the tough economy may serve to bring people together to address this fundamental concern of caring for the health of New Hampshire residents, including the uninsured.

Conclusions

- Health care is well positioned to emerge on the public agenda. The public has several health policy priorities, and dealing with the uninsured is among its top concerns.
- While the public, physicians and business executives say the system needs fundamental reform, they want to maintain the basic structure of private health care provided by employers. They want government to build on the existing system, not replace it completely. Therefore, solutions to address the uninsured that work within the current structure, such as expanding existing government programs, or providing assistance with employer-purchased care, will be easiest for the public to support.
- This also means that employers should not be positioned as the enemy. Employers need to be part of the solution.
- The goal is universally supported – everyone agrees that a person should not have to go without health care. The weakness will be in describing the solution. Health care is a very personal concern. Any solution that risks interfering with a person's access to care, cost of care, or quality of care will be strongly opposed.
- The state's unique context – the economy, the percentage of uninsured, the state's history as a health leader, its civic activism – all provide potential opportunities and challenges in developing an effective message on this issue.

¹ Kaiser Family Foundation State Health Facts Online. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 1999, 2000 and 2001 Current Population Surveys. Total US numbers are based on March 2001 estimates.

² Seasonally adjusted unemployment rate, September 2002, New Hampshire Economic and Labor Market Information Bureau.

³ Kaiser Family Foundation State Health Facts Online. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2000 and 2001 Current Population Surveys. Total US numbers are based on March 2001 estimates.

⁴ Family Core component of the National Health Interview Surveys, National Center for Health Statistics, Centers for Disease Control and Prevention, U.S Department of Health and Human Services. The estimate for 2002 is based on data collected January through March.

⁵ “The New Hampshire Health Insurance Coverage and Access Survey,” by the Office of Planning and Research, New Hampshire Department of Health and Human Services, conducted by Macro International, Inc., 11,781 households representing 28,263 people under age 65, June 16 to September 1, 1999.

⁶ “The New Hampshire Health Insurance Coverage and Access Survey,” by the Office of Planning and Research, New Hampshire Department of Health and Human Services, conducted by Macro International, Inc., 11,781 households representing 28,263 people under age 65, June 16 to September 1, 1999.

⁷ Agency for Healthcare Research and Quality, Center for Cost and Financing Studies. 2000 Medical Expenditure Panel Survey -- Insurance Component.

⁸ “Workers Without Health Insurance: Who Are They and How Can Policy Reach Them?” by the Urban Institute, written by Bowen Garrett, Len M. Nichols, and Emily K Greenman, based on 1999 Current Population Survey data. A Community Voices publication.

⁹ Agency for Healthcare Research and Quality, Center for Cost and Financing Studies. 2000 Medical Expenditure Panel Survey -- Insurance Component.

¹⁰ Agency for Healthcare Research and Quality, Center for Cost and Financing Studies. 2000 Medical Expenditure Panel Survey -- Insurance Component. Data made available by Kaiser Family Foundation State Health Facts Online.

¹¹ New Hampshire Benefits Survey, conducted by New Hampshire Employment Security, Economic and Labor Market Information Bureau. Surveys mailed to 5598 employers September 2001; a total of 2836 responded.

¹² U.S. Department of Labor, Bureau of Labor Statistics, Employee benefits in small private establishments, 1990 Bulletin 2388, September 1991, 1994 Bulletin 2475, April 1996, and 1996 Bulletin 2507, April 1999. Employee benefits in medium and large private establishments, 1991 Bulletin 2422, May 1993, 1997 Bulletin 2517, Sept. 1999, and news release USDL 97-246. July 25, 1997. Blostin AP and Pfuntner JN. Employee medical care contributions on the rise. Compensation and Working Conditions, Spring 1998.

¹³ U.S. Department of Labor, Bureau of Labor Statistics, Employee benefits in small private establishments, 1990 Bulletin 2388, September 1991, 1994 Bulletin 2475, April 1996, and 1996 Bulletin 2507, April 1999. Employee benefits in medium and large private establishments, 1991 Bulletin 2422, May 1993, 1997 Bulletin 2517, Sept. 1999, and news release USDL 97-246. July 25, 1997. Blostin AP and Pfuntner JN. Employee medical care contributions on the rise. Compensation and Working Conditions, Spring 1998.

¹⁴ Employer Health Benefits 2002 Summary of Findings, designed and analyzed by the Kaiser Family Foundation and Health Research and Educational Trust, fieldwork conducted by National Research LLC, 3262 public and private employers, January – May 2002.

¹⁵ Employer Health Benefits 2002 Summary of Findings, designed and analyzed by the Kaiser Family Foundation and Health Research and Educational Trust, fieldwork conducted by National Research LLC, 3262 public and private employers, January – May 2002.

¹⁶ ABC News and the Washington Post, 1507 adults nationally, January 24-27, 2002.

¹⁷ Gallup Polls – Gallup News Service, Jan. 24, 2001

¹⁸ CBS News Poll, 1867 likely voters nationally, November 2-4, 2002.

¹⁹ Sponsored by ABC News, conducted by TNS Intersearch, 504 likely voters nationally, October 31 – November 2, 2002.

²⁰ A Generational Look at the Public: Politics and Policy, sponsored by the Washington Post/Kaiser Family Foundation/Harvard University Survey Project, conducted by Princeton Survey Research Associates of Princeton, NJ, 2886 adults nationally, including an oversample of respondents 55 years and older, August 2 – September 1, 2002. Results for all age groups were weighted to reflect the actual distribution in the nation.

²¹ A Generational Look at the Public: Politics and Policy, sponsored by the Washington Post/Kaiser Family Foundation/Harvard University Survey Project, conducted by Princeton Survey Research Associates of Princeton, NJ, 2886 adults nationally, including an oversample of respondents 55 years and older, August 2 – September 1, 2002. Results for all age groups were weighted to reflect the actual distribution in the nation.

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- ²² Sponsored by the Pew Research Center for the People and the Press, conducted by Princeton Survey Research Associates, 1048 adults nationally, March 14-19, 2002.
- ²³ Sponsored by the Pew Research Center for the People and the Press, conducted by Princeton Survey Research Associates, 1048 adults nationally, March 14-19, 2002.
- ²⁴ “A Study of Media Coverage of Health Policy 1997-2000,” by the Kaiser Family Foundation, and Princeton Survey Research Associates. Supplement to the January/February 2002 Columbia Journalism Review.
- ²⁵ “A Study of Media Coverage of Health Policy 1997-2000,” by the Kaiser Family Foundation, and Princeton Survey Research Associates. Supplement to the January/February 2002 Columbia Journalism Review.
- ²⁶ “A Study of Media Coverage of Health Policy 1997-2000,” by the Kaiser Family Foundation, and Princeton Survey Research Associates. Supplement to the January/February 2002 Columbia Journalism Review.
- ²⁷ Sponsored by Kaiser Family Foundation/Harvard School of Public Health, *Health Poll Report Surveys*, most recent conducted by Princeton Survey Research Associates, 1201 respondents nationally, October 10-13, 2002.
- ²⁸ Sponsored, designed and analyzed by the Washington Post, Kaiser Family Foundation and Harvard University, fieldwork conducted by Princeton Survey Research Associates, 1,402 adults nationwide, June 13 - 23, 2002.
- ²⁹ Sponsored by Kaiser Family Foundation/Harvard School of Public Health, *Health Poll Report Surveys*, most recent conducted by Princeton Survey Research Associates, 1201 respondents nationally, October 10-13, 2002.
- ³⁰ Sponsored by Kaiser Family Foundation/Harvard School of Public Health, *Health Poll Report Surveys*, most recent conducted by Princeton Survey Research Associates, 1201 respondents nationally, October 10-13, 2002.
- ³¹ Sponsored by Kaiser Family Foundation/Harvard School of Public Health, *Health Poll Report Surveys*, most recent conducted by Princeton Survey Research Associates, 1201 respondents nationally, October 10-13, 2002.
- ³² Sponsored by Kaiser Family Foundation/Harvard School of Public Health, *Health Poll Report Surveys*, most recent conducted by Princeton Survey Research Associates, 1201 respondents nationally, October 10-13, 2002.
- ³³ Conducted by the Gallup Organization, 1001 adults nationally, November 11 – 14, 2002.
- ³⁴ “National Survey on Consumer Experiences With and Attitudes Toward Health Plans,” sponsored by the Kaiser Family Foundation/Harvard School of Public Health, conducted by Princeton Survey Research Associates, 1205 adults nationally, July 2 – August 8, 2001.
- ³⁵ “*Kaiser Family Foundation National Survey of Consumer Experiences with Health Plans*,” was designed and analyzed by researchers at the Kaiser Family Foundation. Fieldwork was conducted by telephone by Princeton Survey Research Associates, 2500 adults age 18-65 who have coverage other than Medicare, October 20 - December 8, 1999.
- ³⁶ The Harris Poll, 1011 adults nationally, October 27 – November 2, 1999.
- ³⁷ By Community Voices, W.K. Kellogg Foundation, conducted by Belden Russonello & Stewart, 1500 adults nationally, May 18-May 25, 1999.
- ³⁸ Kaiser Family Foundation/Harvard School of Public Health trend.
- ³⁹ Kaiser Family Foundation/Harvard School of Public Health trend.
- ⁴⁰ “Survey of Physicians and Nurses,” was designed and analyzed by researchers at the Kaiser Family Foundation and the Harvard School of Public Health. The survey was administered by mail by the National Opinion Research Center to a national random sample of 1053 physicians and 768 nurses nationwide between February 11 and June 5, 1999.
- ⁴¹ Sponsored by Kaiser Family Foundation/Harvard School of Public Health, *Health Poll Report Surveys*, most recent conducted by Princeton Survey Research Associates, 1201 respondents nationally, October 10-13, 2002.
- ⁴² “National Survey on the Uninsured,” sponsored by The NewsHour with Jim Lehrer and the Kaiser Family Foundation, conducted by ICR/International Communications Research, 1985 adults nationally,

including an oversample of 754 uninsured adults, January 10 – February 9, 2000. Responses were weighted to reflect actual distribution in the nation.

⁴³ By Community Voices, W.K. Kellogg Foundation, conducted by Belden Russonello & Stewart, 1500 adults nationally, May 18-May 25, 1999.

⁴⁴ By Community Voices, W.K. Kellogg Foundation, conducted by Belden Russonello & Stewart, 1500 adults nationally, May 18-May 25, 1999.

⁴⁵ Conducted by the Gallup Organization, 1001 adults nationally, November 11 – 14, 2002.

⁴⁶ Harris Interactive, 1013 adults nationally, April – June 2002.

⁴⁷ Harris Interactive trend, most recently 1013 adults nationally, April – June 2002.

⁴⁸ Harris Interactive, 406 physicians, 301 large, medium and small employers, conducted April – June 2002.

⁴⁹ “National Survey on Consumer Experiences With and Attitudes Toward Health Plans,” sponsored by the Kaiser Family Foundation/Harvard School of Public Health, conducted by Princeton Survey Research Associates, 1205 adults nationally, July 2 – August 8, 2001.

⁵⁰ “National Survey on Consumer Experiences With and Attitudes Toward Health Plans,” sponsored by the Kaiser Family Foundation/Harvard School of Public Health, conducted by Princeton Survey Research Associates, 1205 adults nationally, July 2 – August 8, 2001.

⁵¹ Kaiser Family Foundation/Harvard School of Public Health trend.

⁵² Harris Poll trend, most recent 1011 adults nationwide, September 19-23, 2002.

⁵³ “Issues in the 2000 Election: Health Care,” sponsored, designed and analyzed by the Kaiser Family Foundation, Harvard University and *The Washington Post*. Fieldwork conducted by ICR/International Communications Research, 1,183 registered voters nationally, July 5 - 18, 2000. The survey included an oversample of 176 registered voters who said that Medicare and/or health care other than Medicare would be one of the most important issues helping them to decide which presidential candidate to support. A total of 614 voters fell into this category and were classified as “health care or Medicare-oriented voters.”

⁵⁴ “National Survey of Small Business Executives on Health Care,” sponsored by the Kaiser Family Foundation, the Harvard University Program on the Public and Health/Social Policy, and the American Small Business Alliance Education Fund, conducted by Princeton Survey Research Associates, 800 heads of companies and organizations with less than 100 full-time employees, March 18 - May 9, 1998.

⁵⁵ “Survey of Physicians and Nurses,” was designed and analyzed by researchers at the Kaiser Family Foundation and the Harvard School of Public Health. The survey was administered by mail by the National Opinion Research Center to a national random sample of 1053 physicians and 768 nurses nationwide between February 11 and June 5, 1999.

⁵⁶ “Issues in the 2000 Election: Health Care,” sponsored, designed and analyzed by the Kaiser Family Foundation, Harvard University and *The Washington Post*. Fieldwork conducted by ICR/International Communications Research, 1,183 registered voters nationally, July 5 - 18, 2000. The survey included an oversample of 176 registered voters who said that Medicare and/or health care other than Medicare would be one of the most important issues helping them to decide which presidential candidate to support. A total of 614 voters fell into this category and were classified as “health care or Medicare-oriented voters.”

⁵⁷ Race, Ethnicity and Medical Care: A Survey of Public Perceptions and Experiences,” sponsored, designed and analyzed by the Kaiser Family Foundation, fieldwork conducted by Princeton Survey Research Associates, 3884 adults nationally (1479 white, 1189 black, 983 Latino), July 7 – September 19, 1999.

⁵⁸ Race, Ethnicity and Medical Care: A Survey of Public Perceptions and Experiences,” sponsored, designed and analyzed by the Kaiser Family Foundation, fieldwork conducted by Princeton Survey Research Associates, 3884 adults nationally (1479 white, 1189 black, 983 Latino), July 7 – September 19, 1999.

⁵⁹ Sponsored by NBC News and the Wall Street Journal, conducted by Hart and Teeter Research Companies, 2006 adults nationally, June 18-21, 1998.

⁶⁰ Sponsored by Harvard School of Public Health and the Robert Wood Johnson, fieldwork conducted by ICR--International Communications Research, 1206 adults nationally, July 26-September 2, 2001. Data provided by The Roper Center for Public Opinion Research, University of Connecticut.

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- ⁶¹ By Community Voices, W.K. Kellogg Foundation, conducted by Belden Russonello & Stewart, 1500 adults nationally, May 18-May 25, 1999.
- ⁶² Sponsored by Harvard School of Public Health and the Robert Wood Johnson, fieldwork conducted by ICR--International Communications Research, 1206 adults nationally, July 26-September 2, 2001. Data provided by The Roper Center for Public Opinion Research, University of Connecticut.
- ⁶³ Conducted by the Gallup Organization, 1001 adults nationally, November 11 – 14, 2002.
- ⁶⁴ Sponsored by Newsweek, conducted by Princeton Survey Research Associates, 1501 adults, February 18 – March 5, 2000.
- ⁶⁵ Harris Interactive trend, most recent 1011 adults, September 19-23, 2002.
- ⁶⁶ Conducted by the Gallup Organization, 1001 adults nationally, November 11 – 14, 2002.
- ⁶⁷ The NPR/Kaiser/Kennedy School National Survey on Health Care, sponsored by National Public Radio, the Henry J. Kaiser Family Foundation, and Harvard University's Kennedy School of Government, conducted by ICR/International Communications Research, 1205 adults nationally, March 28 - May 1, 2002.
- ⁶⁸ Harris Interactive, 1010 adults nationally, November 14-18, 2002.
- ⁶⁹ U.S. Department of Labor, Bureau of Labor Statistics, Employee benefits in small private establishments, 1990 Bulletin 2388, September 1991, 1994 Bulletin 2475, April 1996, and 1996 Bulletin 2507, April 1999. Employee benefits in medium and large private establishments, 1991 Bulletin 2422, May 1993, 1997 Bulletin 2517, Sept. 1999, and news release USDL 97-246. July 25, 1997. Blostin AP and Pfuntner JN. Employee medical care contributions on the rise. Compensation and Working Conditions, Spring 1998.
- ⁷⁰ U.S. Department of Labor, Bureau of Labor Statistics, Employee benefits in small private establishments, 1990 Bulletin 2388, September 1991, 1994 Bulletin 2475, April 1996, and 1996 Bulletin 2507, April 1999. Employee benefits in medium and large private establishments, 1991 Bulletin 2422, May 1993, 1997 Bulletin 2517, Sept. 1999, and news release USDL 97-246. July 25, 1997. Blostin AP and Pfuntner JN. Employee medical care contributions on the rise. Compensation and Working Conditions, Spring 1998.
- ⁷¹ Employer Health Benefits 2002 Summary of Findings, designed and analyzed by the Kaiser Family Foundation and Health Research and Educational Trust, fieldwork conducted by National Research LLC, 3262 public and private employers, January – May 2002.
- ⁷² Employer Health Benefits 2002 Summary of Findings, designed and analyzed by the Kaiser Family Foundation and Health Research and Educational Trust, fieldwork conducted by National Research LLC, 3262 public and private employers, January – May 2002.
- ⁷³ “2002 Health Confidence Survey” sponsored by the Employee Benefit Research Institute and Consumer Health Education Council, conducted by Matthew Greenwald and Associates, 1000 adults nationwide, May 2002.
- ⁷⁴ Employer Health Benefits 2002 Summary of Findings, designed and analyzed by the Kaiser Family Foundation and Health Research and Educational Trust, fieldwork conducted by National Research LLC, 3262 public and private employers, January – May 2002.
- ⁷⁵ The 2001 NAM Small Manufacturers Operating Survey was mailed to more than 9,100 small and medium manufacturers nation-wide in September 2001. More than 1,750 surveys were returned and used in this analysis; the response rate was 19%.
- ⁷⁶ “*National Survey of Small Businesses*,” sponsored, designed and analyzed by the Kaiser Family Foundation, fieldwork conducted by Princeton Survey Research Associates, 805 small business owners and top executives of United States companies and organizations with 3 to 24 employees, May 17 - July 9, 2001.
- ⁷⁷ “*National Survey of Small Businesses*,” sponsored, designed and analyzed by the Kaiser Family Foundation, fieldwork conducted by Princeton Survey Research Associates, 805 small business owners and top executives of United States companies and organizations with 3 to 24 employees, May 17 - July 9, 2001.
- ⁷⁸ “*National Survey of Small Businesses*,” sponsored, designed and analyzed by the Kaiser Family Foundation, fieldwork conducted by Princeton Survey Research Associates, 805 small business owners and top executives of United States companies and organizations with 3 to 24 employees, May 17 - July 9, 2001.
- ⁷⁹ “Americans on Health Care,” by the Center on Policy Attitudes, fieldwork conducted by Communications Center, Inc., 652 adults nationwide, June 23 – July 9, 2000.

⁸⁰ The NPR/Kaiser/Kennedy School National Survey on Health Care, sponsored by National Public Radio, the Henry J. Kaiser Family Foundation, and Harvard University's Kennedy School of Government, conducted by ICR/International Communications Research, 1205 adults nationally, March 28 - May 1, 2002.

⁸¹ Employer Health Benefits 2001 Summary of Findings, designed and analyzed by the Kaiser Family Foundation and Health Research and Educational Trust, fieldwork conducted by National Research LLC, 2734 public and private employers, January - May 2001.

⁸² Conducted by ABC News, 1526 adults nationally, August 24-27, 1997.

⁸³ "Americans on Health Care," by the Center on Policy Attitudes, fieldwork conducted by Communications Center, Inc., 652 adults nationwide, June 23 - July 9, 2000.

⁸⁴ Family Core component of the National Health Interview Surveys, National Center for Health Statistics, Centers for Disease Control and Prevention, U.S Department of Health and Human Services. The estimate for 2002 is based on data collected January through March.

⁸⁵ "National Survey on the Uninsured," sponsored by The NewsHour with Jim Lehrer and the Kaiser Family Foundation, conducted by ICR/International Communications Research, 1985 adults nationally, including an oversample of 754 uninsured adults, January 10 - February 9, 2000. Responses were weighted to reflect actual distribution in the nation.

⁸⁶ "National Survey on the Uninsured," sponsored by The NewsHour with Jim Lehrer and the Kaiser Family Foundation, conducted by ICR/International Communications Research, 1985 adults nationally, including an oversample of 754 uninsured adults, January 10 - February 9, 2000. Responses were weighted to reflect actual distribution in the nation.

⁸⁷ "National Survey on the Uninsured," sponsored by The NewsHour with Jim Lehrer and the Kaiser Family Foundation, conducted by ICR/International Communications Research, 1985 adults nationally, including an oversample of 754 uninsured adults, January 10 - February 9, 2000. Responses were weighted to reflect actual distribution in the nation.

⁸⁸ "National Survey on the Uninsured," sponsored by The NewsHour with Jim Lehrer and the Kaiser Family Foundation, conducted by ICR/International Communications Research, 1985 adults nationally, including an oversample of 754 uninsured adults, January 10 - February 9, 2000. Responses were weighted to reflect actual distribution in the nation.

⁸⁹ "National Survey on the Uninsured," sponsored by The NewsHour with Jim Lehrer and the Kaiser Family Foundation, conducted by ICR/International Communications Research, 1985 adults nationally, including an oversample of 754 uninsured adults, January 10 - February 9, 2000. Responses were weighted to reflect actual distribution in the nation.

⁹⁰ "National Survey on the Uninsured," sponsored by The NewsHour with Jim Lehrer and the Kaiser Family Foundation, conducted by ICR/International Communications Research, 1985 adults nationally, including an oversample of 754 uninsured adults, January 10 - February 9, 2000. Responses were weighted to reflect actual distribution in the nation.

⁹¹ "National Survey on the Uninsured," sponsored by The NewsHour with Jim Lehrer and the Kaiser Family Foundation, conducted by ICR/International Communications Research, 1985 adults nationally, including an oversample of 754 uninsured adults, January 10 - February 9, 2000. Responses were weighted to reflect actual distribution in the nation.

⁹² Race, Ethnicity and Medical Care: A Survey of Public Perceptions and Experiences," sponsored, designed and analyzed by the Kaiser Family Foundation, fieldwork conducted by Princeton Survey Research Associates, 3884 adults nationally (1479 white, 1189 black, 983 Latino), July 7 - September 19, 1999.

⁹³ By Community Voices, W.K. Kellogg Foundation, conducted by Belden Russonello & Stewart, 1500 adults nationally, May 18-May 25, 1999.

⁹⁴ Sponsored by Harvard School of Public Health and the Robert Wood Johnson, fieldwork conducted by ICR--International Communications Research, 1206 adults nationally, July 26-September 2, 2001. Data provided by The Roper Center for Public Opinion Research, University of Connecticut.

⁹⁵ Sponsored by Kaiser Family Foundation/Harvard School of Public Health, *Health Poll Report* Surveys, most recent conducted by Princeton Survey Research Associates, 1201 respondents nationally, October 10-13, 2002.

⁹⁶ Sponsored by Kaiser Family Foundation/Harvard School of Public Health, *Health Poll Report* Surveys, trend question.

⁹⁷ “National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information,” sponsored, designed, and analyzed by Kaiser Family Foundation and the Agency for Healthcare Research and Quality. Fieldwork was conducted by Princeton Survey Research Associates, 2014 adults nationwide, July 31 - October 9, 2000.

⁹⁸ “National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information,” sponsored, designed, and analyzed by Kaiser Family Foundation and the Agency for Healthcare Research and Quality. Fieldwork was conducted by Princeton Survey Research Associates, 2014 adults nationwide, July 31 - October 9, 2000.

⁹⁹ “National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information,” sponsored, designed, and analyzed by Kaiser Family Foundation and the Agency for Healthcare Research and Quality. Fieldwork was conducted by Princeton Survey Research Associates, 2014 adults nationwide, July 31 - October 9, 2000.

¹⁰⁰ Harris Interactive trend, most recent 1011 adults nationally, September 19-23, 2002.

¹⁰¹ “National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information,” sponsored, designed, and analyzed by Kaiser Family Foundation and the Agency for Healthcare Research and Quality. Fieldwork was conducted by Princeton Survey Research Associates, 2014 adults nationwide, July 31 - October 9, 2000.

¹⁰² “National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information,” sponsored, designed, and analyzed by Kaiser Family Foundation and the Agency for Healthcare Research and Quality. Fieldwork was conducted by Princeton Survey Research Associates, 2014 adults nationwide, July 31 - October 9, 2000.

¹⁰³ “National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information,” sponsored, designed, and analyzed by Kaiser Family Foundation and the Agency for Healthcare Research and Quality. Fieldwork was conducted by Princeton Survey Research Associates, 2014 adults nationwide, July 31 - October 9, 2000.

¹⁰⁴ “National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information,” sponsored, designed, and analyzed by Kaiser Family Foundation and the Agency for Healthcare Research and Quality. Fieldwork was conducted by Princeton Survey Research Associates, 2014 adults nationwide, July 31 - October 9, 2000.

¹⁰⁵ “National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information,” sponsored, designed, and analyzed by Kaiser Family Foundation and the Agency for Healthcare Research and Quality. Fieldwork was conducted by Princeton Survey Research Associates, 2014 adults nationwide, July 31 - October 9, 2000.

¹⁰⁶ “National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information,” sponsored, designed, and analyzed by Kaiser Family Foundation and the Agency for Healthcare Research and Quality. Fieldwork was conducted by Princeton Survey Research Associates, 2014 adults nationwide, July 31 - October 9, 2000.

¹⁰⁷ “2002 Health Confidence Survey” sponsored by the Employee Benefit Research Institute and Consumer Health Education Council, conducted by Matthew Greenwald and Associates, 1000 adults nationwide, May 2002.

¹⁰⁸ “2002 Health Confidence Survey” sponsored by the Employee Benefit Research Institute and Consumer Health Education Council, conducted by Matthew Greenwald and Associates, 1000 adults nationwide, May 2002.

¹⁰⁹ “2002 Health Confidence Survey” sponsored by the Employee Benefit Research Institute and Consumer Health Education Council, conducted by Matthew Greenwald and Associates, 1000 adults nationwide, May 2002.

¹¹⁰ “Bush’s First 100 Days,” sponsored by the Washington Post and ABC News, 1350 adults nationwide, April 19-22, 2001.

¹¹¹ A Generational Look at the Public: Politics and Policy, sponsored by the Washington Post/Kaiser Family Foundation/Harvard University Survey Project, conducted by Princeton Survey Research Associates of Princeton, NJ, 2886 adults nationally, including an oversample of respondents 55 years and

older, August 2 – September 1, 2002. Results for all age groups were weighted to reflect the actual distribution in the nation.

¹¹² “National Survey on the Uninsured,” sponsored by The NewsHour with Jim Lehrer and the Kaiser Family Foundation, conducted by ICR/International Communications Research, 1985 adults nationally, including an oversample of 754 uninsured adults, January 10 – February 9, 2000. Responses were weighted to reflect actual distribution in the nation.

¹¹³ “Issues in the 2000 Election: Health Care,” sponsored, designed and analyzed by the Kaiser Family Foundation, Harvard University and *The Washington Post*. Fieldwork conducted by ICR/International Communications Research, 1,183 registered voters nationally, July 5 - 18, 2000. The survey included an oversample of 176 registered voters who said that Medicare and/or health care other than Medicare would be one of the most important issues helping them to decide which presidential candidate to support. A total of 614 voters fell into this category and were classified as “health care or Medicare-oriented voters.”

¹¹⁴ Conducted by the Gallup Organization, 1001 adults nationally, November 11 – 14, 2002.

¹¹⁵ “Post-Election Survey: The Public and the Health Care Agenda for the New Administration and Congress” was sponsored, designed and analyzed by the Kaiser Family Foundation and Harvard School of Public Health. Fieldwork was conducted by Princeton Survey Research Associates, 1415 adults nationwide including 1052 adults who voted in the November 2000 election, November 13 - December 13, 2000.

¹¹⁶ “National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information,” sponsored, designed, and analyzed by Kaiser Family Foundation and the Agency for Healthcare Research and Quality. Fieldwork was conducted by Princeton Survey Research Associates, 2014 adults nationwide, July 31 - October 9, 2000.

¹¹⁷ “National Survey on Consumer Experiences With and Attitudes Toward Health Plans,” sponsored by the Kaiser Family Foundation/Harvard School of Public Health, conducted by Princeton Survey Research Associates, 1205 adults nationally, July 2 – August 8, 2001.

¹¹⁸ A Generational Look at the Public: Politics and Policy, sponsored by the Washington Post/Kaiser Family Foundation/Harvard University Survey Project, conducted by Princeton Survey Research Associates of Princeton, NJ, 2886 adults nationally, including an oversample of respondents 55 years and older, August 2 – September 1, 2002. Results for all age groups were weighted to reflect the actual distribution in the nation.

¹¹⁹ “National Survey on Consumer Experiences With and Attitudes Toward Health Plans,” sponsored by the Kaiser Family Foundation/Harvard School of Public Health, conducted by Princeton Survey Research Associates, 1205 adults nationally, July 2 – August 8, 2001.

¹²⁰ “National Survey of Small Business Executives on Health Care,” sponsored by the Kaiser Family Foundation, the Harvard University Program on the Public and Health/Social Policy, and the American Small Business Alliance Education Fund, conducted by Princeton Survey Research Associates, 800 heads of companies and organizations with less than 100 full-time employees, March 18 - May 9, 1998.

¹²¹ The NPR/Kaiser/Kennedy School National Survey on Health Care, sponsored by National Public Radio, the Henry J. Kaiser Family Foundation, and Harvard University’s Kennedy School of Government, conducted by ICR/International Communications Research, 1205 adults nationally, March 28 - May 1, 2002.

¹²² “*National Survey of Small Businesses*,” sponsored, designed and analyzed by the Kaiser Family Foundation, fieldwork conducted by Princeton Survey Research Associates, 805 small business owners and top executives of United States companies and organizations with 3 to 24 employees, May 17 - July 9, 2001.

¹²³ National Election Studies trend.

¹²⁴ National Election Studies trend.

¹²⁵ “1999 National Survey of Workers’ Health Insurance,” sponsored by the Commonwealth Fund, conducted by Princeton Survey Research Associates, 5002 adults age 18-64 years old, with an oversample of low and moderate income areas, January – May 1999. Question asked of those with employer plans.

¹²⁶ “2002 Health Confidence Survey” sponsored by the Employee Benefit Research Institute and Consumer Health Education Council, conducted by Matthew Greenwald and Associates, 1000 adults nationwide, May 2002.

¹²⁷ The NPR/Kaiser/Kennedy School National Survey on Health Care, sponsored by National Public Radio, the Henry J. Kaiser Family Foundation, and Harvard University’s Kennedy School of Government,

conducted by ICR/International Communications Research, 1205 adults nationally, March 28 - May 1, 2002. Question asked of 765 respondents who have a private plan through an employer.

¹²⁸ “*National Survey of Small Businesses*,” sponsored, designed and analyzed by the Kaiser Family Foundation, fieldwork conducted by Princeton Survey Research Associates, 805 small business owners and top executives of United States companies and organizations with 3 to 24 employees, May 17 - July 9, 2001.

¹²⁹ Post Election 2002 Survey, sponsored by Democracy Corps, conducted by Greenberg Quinlan Rosner Research, 1763 voters in 2002, November 5-6, 2002.

¹³⁰ Post Election 2002 Survey, sponsored by Democracy Corps, conducted by Greenberg Quinlan Rosner Research, 1763 voters in 2002, November 5-6, 2002.

¹³¹ “Issues in the 2000 Election: Health Care,” sponsored, designed and analyzed by the Kaiser Family Foundation, Harvard University and *The Washington Post*. Fieldwork conducted by ICR/International Communications Research, 1,183 registered voters nationally, July 5 - 18, 2000. The survey included an oversample of 176 registered voters who said that Medicare and/or health care other than Medicare would be one of the most important issues helping them to decide which presidential candidate to support. A total of 614 voters fell into this category and were classified as “health care or Medicare-oriented voters.”

¹³² Sponsored by Harvard School of Public Health and the Robert Wood Johnson, fieldwork conducted by ICR--International Communications Research, 1206 adults nationally, July 26-September 2, 2001. Data provided by The Roper Center for Public Opinion Research, University of Connecticut.

¹³³ Sponsored by the Harvard School of Public Health and the Robert Wood Johnson Foundation, fieldwork conducted by ICR--International Communications Research, 1004 adults nationally, May 2-May 6, 2001. Data provided by The Roper Center for Public Opinion Research, University of Connecticut.

¹³⁴ “*Post-Election Survey: The Public and the Health Care Agenda for the New Administration and Congress*” was sponsored, designed and analyzed by the Kaiser Family Foundation and Harvard School of Public Health. Fieldwork was conducted by Princeton Survey Research Associates, 1415 adults nationwide including 1052 adults who voted in the November 2000 election, November 13 - December 13, 2000.

¹³⁵ Conducted by ABC News, 1021 adults nationally, April 4-April 8, 2001. Data provided by The Roper Center for Public Opinion Research, University of Connecticut.

¹³⁶ Sponsored by the Pew Research Center for the People and the Press, conducted by Princeton Survey Research Associates, 1411 voters, October 7-11, 1999.

¹³⁷ A Generational Look at the Public: Politics and Policy, sponsored by the Washington Post/Kaiser Family Foundation/Harvard University Survey Project, conducted by Princeton Survey Research Associates of Princeton, NJ, 2886 adults nationally, including an oversample of respondents 55 years and older, August 2 – September 1, 2002. Results for all age groups were weighted to reflect the actual distribution in the nation.

¹³⁸ Sponsored by Kaiser Family Foundation/Harvard School of Public Health, *Health Poll Report Surveys*, most recent conducted by Princeton Survey Research Associates, 1201 respondents nationally, October 10-13, 2002.

¹³⁹ Sponsored by Kaiser Family Foundation/Harvard School of Public Health, *Health Poll Report Surveys*, trend question.

¹⁴⁰ Sponsored by Harvard School of Public Health and the Robert Wood Johnson, fieldwork conducted by ICR--International Communications Research, 1206 adults nationally, July 26-September 2, 2001. Data provided by The Roper Center for Public Opinion Research, University of Connecticut.

¹⁴¹ “2002 Health Confidence Survey” sponsored by the Employee Benefit Research Institute and Consumer Health Education Council, conducted by Matthew Greenwald and Associates, 1000 adults nationwide, May 2002.

¹⁴² The NPR/Kaiser/Kennedy School National Survey on Health Care, sponsored by National Public Radio, the Henry J. Kaiser Family Foundation, and Harvard University’s Kennedy School of Government, conducted by ICR/International Communications Research, 1205 adults nationally, March 28 - May 1, 2002.

¹⁴³ “Post-Election Survey: The Public and the Health Care Agenda for the New Administration and Congress” was sponsored, designed and analyzed by the Kaiser Family Foundation and Harvard School of

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¹⁴⁴ “*National Survey of Small Businesses*,” sponsored, designed and analyzed by the Kaiser Family Foundation, fieldwork conducted by Princeton Survey Research Associates, 805 small business owners and top executives of United States companies and organizations with 3 to 24 employees, May 17 - July 9, 2001.

¹⁴⁵ “*National Survey of Small Businesses*,” sponsored, designed and analyzed by the Kaiser Family Foundation, fieldwork conducted by Princeton Survey Research Associates, 805 small business owners and top executives of United States companies and organizations with 3 to 24 employees, May 17 - July 9, 2001.

¹⁴⁶ “*National Survey of Small Businesses*,” sponsored, designed and analyzed by the Kaiser Family Foundation, fieldwork conducted by Princeton Survey Research Associates, 805 small business owners and top executives of United States companies and organizations with 3 to 24 employees, May 17 - July 9, 2001.

¹⁴⁷ “*National Survey of Small Businesses*,” sponsored, designed and analyzed by the Kaiser Family Foundation, fieldwork conducted by Princeton Survey Research Associates, 805 small business owners and top executives of United States companies and organizations with 3 to 24 employees, May 17 - July 9, 2001.

¹⁴⁸ The New Hampshire Poll conducted by American Research Group, 800 New Hampshire adults, September 14 – 18, 2002.

¹⁴⁹ The New Hampshire Poll conducted by American Research Group, 800 New Hampshire adults, September 14 – 18, 2002.

¹⁵⁰ The New Hampshire Poll conducted by American Research Group, 800 New Hampshire adults, September 14 – 18, 2002.

¹⁵¹ The New Hampshire Poll conducted by American Research Group, 800 New Hampshire adults, September 14 – 18, 2002.

¹⁵² The New Hampshire Poll conducted by American Research Group, 800 New Hampshire adults, September 14 – 18, 2002.

¹⁵³ Sponsored by the National Center for Children in Poverty, conducted by the Mellman Group, 553 state legislators, February 15 – March 15, 2002.

¹⁵⁴ Sponsored by the National Center for Children in Poverty, conducted by the Mellman Group, 553 state legislators, February 15 – March 15, 2002.

¹⁵⁵ The Granite State Poll, by the University of New Hampshire Survey Center, 694 New Hampshire adults, 681 responded to this question, April 10 – 18, 2002.

¹⁵⁶ “New Hampshire Gaming Survey,” conducted by the University of New Hampshire, 408 New Hampshire residents, May 2001.

¹⁵⁷ The Social Capital Community Benchmark Survey, in NH sponsored by the New Hampshire Charitable Foundation, national sample of 3,000 respondents and community respondents in 40 communities nationwide (across 29 states) covering an additional 26,200 respondents, including over 700 residents in New Hampshire. July – November 2000, the national survey and in most of the community surveys was concluded in October.

About the Author

MEG BOSTROM, President of Public Knowledge LLC, has served as a public opinion analyst, advertising agency executive, and political consultant. She holds degrees in both communications and public opinion research.