



Highlights from a Survey of Arizonans on Health Care Issues

**A FrameWorks Research Report**

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*Method: 800 interviews statewide, conducted November 12 – December 4, 2003. Residents of rural areas and Hispanic residents were oversampled and then weighted to reflect their proportion in the population.*

**While not their highest priority, most Arizonans prioritize legislative action to reform health care. Some are cautious, however, about government responsibility for this issue. They overwhelmingly believe that all levels of government should be equally responsible for health care reform. At the same time, fewer Arizonans say state government has “a lot” of responsibility for reforming health care – far less than say state government has a lot of responsibility for education or the state economy. Even fewer place responsibility for health care reform with business.**

Arizonans’ highest priorities for state action are education and the state economy, followed by health care reform. (Table 1) Arizonans readily place responsibility on state government for improving education (75% say state government should have “a lot of responsibility” for

Table 1: Priority for State Legislature  
Average Response on 1-10 Scale

Improving education and the schools	8.6
Strengthening the state economy	8.2
Reforming health care	8.0
Improving conditions for the poor	7.4
Lowering taxes	6.7

improving education) and for strengthening the state economy (67%). Fewer, though still a majority, believe state government should have a lot of responsibility for lowering taxes (58%) and reforming health care (57%). They place the least responsibility on state government for improving conditions for the poor (50%).

Fewer Arizonans place responsibility on business for addressing each area. While most (61%) believe business should have a lot of responsibility for strengthening the state economy, one-third or fewer believes business should have a lot of responsibility for improving education (33%), reforming health care (32%), improving conditions for the poor (30%), or lowering taxes (21%).

Importantly, Arizonans do not place responsibility on just one level of government for reforming health care. Two thirds (65%) believe all levels of government should be equally responsible for reforming health care, while 20% believe the most responsibility lies with federal government, 11% say state government, and only 3% place primary responsibility on local government.

**State residents want to see health care reformed, but they do not think the system is so broken that it needs to be completely rebuilt. They are primarily concerned about the cost of health care, and show far less concern for covering the uninsured. At the same time, a core group representing roughly one-third of state residents selects covering the uninsured as their top priority for state action, and a majority expresses dissatisfaction with the state’s ability to address the uninsured.**

Arizonans believe the state health care system needs change, but not a complete overhaul. A majority (54%) say “there are some good things in our health care system, but fundamental changes are needed to make it work better,” while far fewer (23%) believe “the health care system has so much wrong with it that we need to completely rebuild it,” or that “on the whole, the healthcare system works pretty well and only minor changes are necessary to make it work better” (19%).

The top priority for healthcare reform, according to Arizonans, is addressing cost. Among a series of health priorities, state residents most want the state

Making sure treatment is not limited because of cost	8.2
Holding down the cost of health care	8.1
Addressing medical errors	7.9
Dealing with insurance company bureaucracy and inconvenience	7.8
Providing coverage for people without health insurance	7.7

legislature to make sure "treatment is not limited because of cost" and to hold down "the cost of health care." Residents rate "providing coverage for people without health insurance" the lowest priority of the five areas of reform tested.

However, there is a committed core of support for addressing the uninsured. When asked to select just one of the five priorities above, a plurality (30%) selects "providing coverage for people without health insurance." Support for addressing cost is divided between those who select "holding down the cost of health care" (25%) and those who choose a category that is about cost and access -- "making sure treatment is not limited because of cost" (20%). Very few select "dealing with insurance company bureaucracy and inconvenience" or "addressing medical errors" as their top priority (13%, 6% respectively).

There is little in the health care system that meets with Arizona residents' approval. Three quarters (78%) are satisfied with "the experience and qualifications of doctors and other health professionals in Arizona." In every other area tested, however, residents give lukewarm or negative ratings. Only a slim majority (53%) is satisfied with "the time doctors spend with patients" and Arizonans are divided (44% satisfied, 48% dissatisfied) with "the ability of people in Arizona to get approval for the health care services they need." Majorities are dissatisfied with cost and access. More than two thirds (69%) are dissatisfied with the "cost of health care in general." A majority (55%) is dissatisfied with "the state's efforts to make sure the needs of patients come before the economic interests of the industry." Finally, 58% of Arizona residents are dissatisfied with "the state's efforts to reduce the number of people who are without insurance coverage."

**While they see a variety of problems in health care that need to be addressed, with cost at the forefront of their concerns, Arizonans also support making a major effort to provide universal health care. They do so because they believe it will be best for the state as a whole, not because they believe they will personally benefit from reform efforts.**

Arizonans want a major effort to provide health insurance for the uninsured (63%), not a limited effort (27%), or the status quo (8%). Even when told that providing health insurance for the uninsured would require an increase in state taxes, a majority (55%) continues to support making a major effort to cover the uninsured.

Their reasons are largely altruistic. A plurality (40%) believes a major effort to cover the uninsured would not have much effect on people like themselves, and the remainder is divided between those who believe they would be better off (28%) and those who believe they would be worse off (30%). However, a majority (51%) believes the state as a whole would be better off with a major effort to cover the uninsured, while only 26% believe the state would be worse off and 19% think there would be no effect either way.

A further indication that Arizonans are largely motivated by what is better for the state as a whole, rather than what is best for their own personal situation, is the finding that most Arizonans are satisfied with their own health care. Eighty-four percent (84%) of those with insurance are satisfied with the ease-of-use of their insurance (51% very satisfied), and 82% of those with insurance are satisfied with their level of confidence that their insurance will be there for them when they need it (48% very satisfied). Among all Arizonans, whether they are currently insured or not, 79% are satisfied with their ability to get the tests and care they need (46% very satisfied), 72% are satisfied with the time doctors spend with them (41% very satisfied), and 62% are even satisfied with the cost of health care (32% very satisfied).

**Of the four models tested, majorities believe that each of the four would improve access to health care, and majorities favor three of the four proposals after hearing arguments for and against each. Expanding existing public insurance programs appears to have the most support initially and maintains this support even when subjected to attack. Among the models tested, providing benefits through a regional network overseen by a publicly elected body has the least support.**

Expanding existing public insurance programs to cover the uninsured has significant public support, and support stays strong under opposition attack. Two-thirds (68%) of state residents say that expanding existing public insurance programs would improve access to health care (29% say it would improve access very much). After hearing messages for and against the proposal, just as many (68%) favor the idea (41% strongly favor) while only 28% oppose the proposal.

Arizonans also believe that employer mandates would improve access to health care, but just a small majority favors the idea after hearing reasons for and against it. Two-thirds (66%) believe that requiring employers to provide health care coverage would improve access to health care (33% say would improve it very much). However, this proposal is vulnerable to opposition attack. After hearing reasons for and against this proposal, 57% favor the idea (36% strongly) while 39 percent oppose it.

There is lukewarm initial support for tax credits; support persists after respondents hear reasons for and against the proposal. Sixty percent believe tax credits or vouchers would

improve Arizonans' access to health care (21% say it would "very much improve" Arizonans' access to health care). After hearing reasons for and against tax credits, 57% favor the idea (30% strongly) and 38% oppose it.

Arizonans are least enthusiastic about a proposal to administer benefits through a network of regional offices overseen by a publicly elected governing body (51% believe it would improve healthcare, 17% say it would improve it very much). After hearing messages for and against this idea, support drops dramatically. Only 43% favor the proposal (23% strongly) while a majority (53%) opposes it (38% strongly).

There is little variation in people's assessment of whether these models represent complete rebuilding, fundamental change, or minor reform. Arizonans are most likely to see a tax credit or voucher model as minor reform (37%) and are most likely to see the regional network as representing complete rebuilding (33%).

**The survey confirms the focus group recommendations concerning the most effective message direction. There are three elements required to deliver a convincing message for supporting health care reform, according to survey respondents: 1) a long-term plan with a series of steps is necessary; 2) prevention pays for itself in the long run; and 3) unavoidable situations result in people being without insurance. The least effective messages are those that suggest consumer power can influence insurance industry practices.**

The most convincing message, according to survey respondents, is that a long-term plan for reforming health care is needed. On a scale of one to 10, survey participants give an average rating of 8.0 to the statement: "There's no one fix that will address all the problems in the health insurance system. What is important is that we put a long-term plan in place and begin to take the necessary steps toward improving health care."

The survey demonstrates that two other message elements are also compelling reasons to support health care reform -- prevention and the situations that lead to being uninsured. The second and third most highly rated statements focus on prevention. On a scale of one to 10, survey participants give an average reading of 7.8 to the statement: "Quality health insurance that includes check-ups, immunizations, well baby care, pre-natal care and other preventive care, pays for itself in the long run by preventing problems before they happen or become serious. By expanding health insurance coverage, health care reform will pay for itself and result in healthier communities." Similarly, respondents give an average rating of 7.6 to the statement: "Since the numbers of uninsured people are growing, communities are seeing increases in preventable diseases. When people are without healthcare, they delay going to the doctor and do not get the preventive care they should. Health care reform would expand health care coverage and help our communities be healthier."

Finally, people also find convincing statements that discuss the unavoidable situations people face that can lead to being uninsured. The following statement received an average rating of 7.6 on a 10 point scale: "There are tens of thousands of Arizonans

whose employers do not provide health insurance, who earn too much to get public health insurance, but not enough to afford insurance on their own. Reforming health care would allow working families living on the edge to afford health insurance and to become a bit more financially secure.” On a scale of one to 10, survey participants give an average rating of 7.5 to the statement: "There are lots of situations that result in people being uninsured – small businesses that do not offer health insurance, insurance companies that reject coverage due to pre-existing conditions, young adults that are too old to be on their parents’ coverage but cannot afford their own, early retirement, divorce, etc. We need health care reform that means people in any of these situations no longer have to worry about health insurance."

Statements that were the least effective were those promoting consumer responsibility or consumer power over health care costs. As the focus groups demonstrated, Arizonans feel they have little control over health care costs, so these statements are in opposition to Arizonans’ own experiences. The weakest statement rated 6.6 on a 10 point scale: "What we need in health care reform is to use the power of consumer spending to ensure that people get the health insurance they need. If people were directly responsible for choosing their own insurance, the free market would result in insurers developing products to meet consumers’ expectations.” The second weakest statement also addressed individual responsibility for health care costs. Survey participants rate the following statement 6.8 on a 10 point scale: "Individuals need more responsibility for their own health insurance costs. If consumers had to pay directly, they would begin to question what they are paying for and force the health system to get rid of wasteful spending, which would result in lower health care costs overall.”

**As noted earlier in this memo, a majority of Arizonans expresses support for reforming health care and for making a major effort to cover the uninsured. Even so, there are several demographic groups that are particularly strong supporters of health care reform. These represent the core constituencies for mobilization in this state. Furthermore, advocates should anticipate a long and difficult path to reform. Opinion is fluid and volatile in Arizona on this issue. Over the course of the survey, just as many respondents moved toward supporting reform as moved against it. This means advocates will need a carefully coordinated strategy and message discipline to motivate supporters without energizing opposition.**

There are a number of demographic groups that comprise the core supporters for this issue. They are more likely than Arizonans overall to rate health care reform as an important issue, to rate providing coverage for people without health insurance as their highest priority, to favor making a major effort to provide health insurance for the uninsured, and to support a variety of proposals to cover the uninsured. The subgroups consistently rating covering the uninsured as an important priority include nonwhite Arizonans (particularly Hispanics), Democrats, union members, working women, younger women, women without a college education, and residents without a high school education. Subgroups struggling with health insurance -- those with at least one family member without insurance and those with public insurance -- are also core supporters for

this issue. Importantly, those who are not registered to vote are more likely to be core supporters than those who are politically active.

Rural residents offer an opportunity. They place high priority on reforming health care and want to cover the uninsured. However, rural residents are less enthusiastic about the proposals and their support weakens over the course of the survey. Once the core constituency has been solidified, rural residents could be a target for further gains, or for defense against losses.

Subgroups with the lowest levels of support for the proposals include Republicans, older men, and college-educated men. Problematically, those who are the most politically active -- registered to vote and have written and spoken out on behalf of issues they care about -- are less likely to favor proposals to reform healthcare than Arizonans overall.

Finally, as the focus group research indicated, building public support for specific proposals to reform health care will be a difficult challenge. This survey underscores how difficult that challenge will be. A total of six questions were asked both early and late in the survey to determine shifts in response. There was little overall movement for or against reform over the course the survey. Underlying this static overall response, however, was significant movement in both directions. By tracking the pattern of response by each individual survey participant, we find that 19% of respondents shifted down in the level of health care reform they felt necessary (from completely rebuilding toward fundamental or minor change, for example), while 17% of respondents moved in the opposite direction. This results in virtually no change in overall response, but is important because it demonstrates that response is fluid.

Table 3 provides an example of the movement in response by each survey participant for one particular question – amount of health care reform that is necessary. The first cell of 14% of respondents consists of individuals stating that the health care system needs to be completely rebuilt the first time they were asked the question (question 17) and the second time they were asked (question 53) – they stayed consistent in response. The three light gray cells consist of respondents who decreased the level of reform they felt necessary. Some started the survey saying the system should be completely rebuilt, but by the end of the survey changed their mind, saying fundamental changes are needed instead (7%) or minor changes are needed (2%); others started the survey saying fundamental changes are needed but decided by the end that minor changes are needed (10%). Taken together, these three cells comprise 19% of respondents who decreased over the course of the survey in the level of health reform they desire. The three black cells consist of 17% of respondents who increased in their level of desired reform – from fundamental or minor change to complete rebuilding (7% and 2% respectively) or from minor change to fundamental change (8%). *The point is that large percentages of survey respondents shift over the course of the survey, but they are just as likely to move in both directions, so there is little movement in the overall total percentages in response.*

<p>Table 3: Movement in Response Concerning Level of Needed Health Care Reform</p>
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	<i>Question 53 Response</i>			
<i>Question 17 Response</i>	<b>Completely Rebuild</b>	<b>Fundamental Change</b>	<b>Minor Change</b>	<b>None/Don't Know</b>
<b>Completely Rebuild</b>	14%	7%	2%	-
<b>Fundamental Change</b>	7%	36%	10%	1%
<b>Minor Change</b>	2%	8%	9%	-
<b>None/Don't know</b>	1%	1%	1%	1%

Similarly, on a scale of one to 10, respondents gave an average rating of 7.7 to "providing coverage for people without insurance" early in the survey -- a rating that dropped slightly to 7.6 by the end of the survey. This represents no significant change in the overall rating. However, by looking at individual patterns of response, 20% of respondents increased their rating by two points or more on that 10 point scale during the course of the survey while 14% of respondents dropped their rating by two points or more on the 10 point scale.

These dynamics illustrate problems and opportunities for advocates. The high proportions of people who move during the course of the survey demonstrate that it is possible to shift opinion on this topic. However, because people are equally likely to move toward support and toward opposition, advocates will need to control communications carefully and be very diligent about constituency building.

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