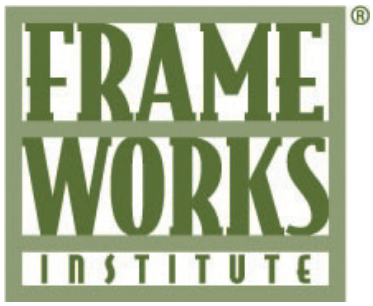

Californians on Health Care:
A Meta-Analysis of Public Opinion

A FrameWorks Research Report

April 2003

Method

This meta-analysis of opinion research represents the first phase of a multi-method inquiry into how Californians view the issue of health care. This report is based on a review of existing, publicly available opinion research on Californians' attitudes to health care. The objective of this phase of research is to develop an understanding of the public beliefs that may influence policy support, with the ultimate goal of developing effective communications to advance policy.

Public opinion surveys are used to meet a variety of objectives in the health care arena: to determine public attitudes about health care and health care policies; to understand experiences with the health care system; to determine insurance coverage and usage rates; to assess health behaviors; to develop policy, etc. Since the goal of this research effort is to develop effective communications for improving the overall system of health care through better state and federal policies, the most relevant public opinion research focuses on attitudes to and perceptions of policies. Therefore, surveys of hospital usage, health behaviors, etc., are not included here as they are not relevant to the specific objective of this effort.

Over 50 reports, presentations, press releases and surveys were reviewed, comprising hundreds of survey questions. This report is not, however, intended to provide a catalogue of all public opinion research on this topic. 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 care nationwide and in California. We do so in order to provide a context for the discussion of public perceptions that follows.

Introduction

As a part of an on-going research effort to develop effective communications concerning the uninsured in New Hampshire, the FrameWorks Institute, with a grant from the New Hampshire Endowment for Health, contracted with Public Knowledge to conduct a meta-analysis of public opinion about health care attitudes nationally, with an additional emphasis on New Hampshire. This document is intended to build upon, but not repeat, the national findings from that analysis, *Patients Before Profits: Reforming the American Health Care System.* The full report is available on the FrameWorks Institute website: www.frameworksinstitute.org.

In summary, that meta-analysis of national opinion reported the following findings:

- Health care is poised to move to the top of the public agenda. The public, doctors, and business executives believe the health care system needs fundamental change, and support a variety of government actions to address

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problems in the system. All three groups agree that the trend toward managed care has harmed quality while doing little to control costs. Fundamentally, these groups do not trust insurance companies to put the best interests of the patient before profits.

- Concerns about the health care system cluster into three areas: cost, access, and quality. Public attitudes in these three areas are not isolated from one another. Rather, views in one area influence views in the other two areas. For example, the public believes the high costs of premiums are a major cause of the high percentage of uninsured and that, to control costs, the insurance companies put increasing limitations on care.

    - In the area of costs, the public sees costs climbing, worries about its own ability to pay in a crisis, and is concerned about those who are unable to afford insurance.

    - In the area of access, most Americans rate their own access to health care positively, but also recognize that low income Americans have poor access to care. In addition, Americans worry about profit-oriented decisions by insurance companies that will restrict their own access to the care they need.

    - In the area of quality, most people hold positive views of the quality of care in America, however, overall ratings are weak, and the public's definition of quality is primarily based on personal relationships with care providers rather than evidence-based care.

- There are a number of solutions the public and business executives will support to address the uninsured. Large percentages support expanding current government programs or providing tax credits or other financial assistance to people or employers to make insurance more affordable. Importantly, the public wants to continue to rely on an employer-sponsored system and does not support a single, government health system. 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.

Publicly available opinion research on Californians' attitudes, while far more limited than national data, suggests that these conclusions hold true in California as well. However, there are unique state experiences and characteristics that will create a different health policy dialogue, necessitating a tailored communications strategy specific to that state.

First, Californians have an extraordinarily low opinion of the performance of their state government. Disapproval ratings for the Governor are very high, and ratings for the state legislature are mixed. State residents are very concerned about the economy and the budget shortfall, and rate both the Governor and the state legislature poorly on the job they have done managing the state budget.

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Second, Californians' past exposure to the national health reform debate and the state debate over Proposition 186 may have created heightened sensitivity to government's role in health care. One analysis of the campaign communications and shifts in public opinion concluded that the opponents' big government, high taxes message resonated with voters far more powerfully than the proponents' anti-insurance company message.

The negative perception of California government, concerns about the economy and budget shortfall, and objections to too much government intrusion in health care, create a very challenging environment for enacting policy change.

However, Californians also place a high priority on health care. They oppose cuts in existing state health care programs and place a high priority on such issues as access to care for all children, helping the elderly with prescription drug costs, and supporting hospitals and emergency rooms. A number of major policy proposals that build on the existing system receive strong support. Californians would rather increase taxes than cut this budget priority. They believe new taxes will be necessary and most are willing to support new taxes on the wealthy and on certain products (tobacco, Internet purchases).

Finally, one area that needs further investigation is the effect of race and attitudes toward immigrants on support for health care policies. Latinos have the largest uninsurance rate of any ethnic group in the state, and citizenship and Green Card status influence both the rate of insurance and the rate of government-paid care. Conceivably, this dynamic could cause some Californians to distance themselves from the problem, or, since the state is so diverse and has such a high proportion of first-generation immigrants, it could convince Californians to take more innovative measures because they understand that they are in a unique position compared to other states.

Background

California has a slightly higher median income as well as a higher poverty rate than the nation as a whole. The state's large Latino population suffers from the highest poverty rate of any ethnic group in the state.

The median household income in California ($47,493 in 1999) is higher than the median income for the nation ($41,994). However, Californians are more likely to be in poverty than residents in the country overall. According to the most recent Census, 14.2% of Californians live in poverty, compared with 12.4% of Americans nationwide.[1] The most recent estimates of the Current Population Survey show even higher poverty levels, with one out of five (19%) Californians in poverty and 39% of Californians with low incomes (less than 200% of poverty level), compared to 16% and 35% respectively, nationwide. Nearly one-quarter (24%) of California children are in poverty, compared to 21% of children nationwide.[2]

California is one of the nation's most diverse states, with 47% of residents considering themselves to be white, 32% Latino, 11% Asian, and 6% African American.[3] More than a quarter (26.2%) of the state's residents are foreign born, compared with 11.1%

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nationally.[4] It is the state's large Latino population that experiences the highest rate of poverty (30% of Latinos are in poverty) followed by African Americans (23%). Comparatively, 11% of California whites are in poverty. [5]

Compared to the nation, a slightly lower proportion of California's population is without health insurance. Overall, children are among the most likely age group to be insured; however the state continues to show a significant percentage of uninsured children among undocumented immigrant families. Latinos are far more likely to be uninsured than other ethnic groups.

In 2002, 16.1% of all Americans under 65 years old were without any public or private health insurance, representing roughly 40 million people nationwide. The percentage of children without health insurance has declined from 13.9% in 1997 to 10.1% in 2002, largely due to the expansion of public health plans, which now cover 27.2% of children nationally compared to 21.5% in 1997.[6]

According to the 2001 California Health Interview Survey, 15.2% of Californians under age 65 are uninsured, slightly lower than the nation's 16.1%. (Note: these two surveys represent slightly different time periods. The state's insurance status may have changed in the intervening months.) Importantly, even more Californians are insecure in their insurance status. More than one-fifth of Californians (21.1%) were uninsured at some point in the 12 months prior to the study, and 12.2% were uninsured for <u>all</u> of the 12 months prior to the survey. (Note: The California Health Interview Survey[7] was selected over other sources of similar statistics, such as the Current Population Survey or the National Survey of America's Families, because it is the largest health survey in the state, and it provides the most detailed subgroup information. However, the figures for each of these studies differ slightly.)

Children are more likely to have insurance than non-elderly adults. Overall, just under one-tenth (9.6%) of the state's children are uninsured. In California, a child's insurance status differs greatly based on his or her parents' immigration status. Only 4% of U.S. born children of U.S. born parents, and 8.6% of U.S. born children with parents who are naturalized citizens, are uninsured. This compares with 16.3% of citizen children with a non-citizen parent with a Green Card, and 15.7% of citizen children whose parent does not have a Green Card. Children who are not citizens are the most likely to be uninsured (37.6%). Overall, Latinos are the most likely ethnic group to be uninsured (28.3% are uninsured).[8]

Citizen children of non-citizen parents rely heavily on public insurance (45.4% of citizen children whose parents have a Green Card have public insurance, 67.6% of child citizens whose parents do not have a Green Card have public insurance). Furthermore, Green Card status affects a family's ability to get job-based insurance – children of parents with a Green Card are more likely to be covered by job-based insurance (36.5%) than those whose parents do not have a Green Card (15.5%).[9]

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The health insurance system in California, like that in the rest of the nation, relies upon employer-provided coverage. Problematically, employment-based coverage is not uniform, and those who can least afford to buy their own insurance are frequently those least able to get coverage through their employer. Small companies are far less likely to offer insurance than large companies, and companies with a high percentage of part-time or low-wage workers are also less likely to offer insurance than other firms.

Nearly two-thirds (63.2%) of non-elderly Californians have health insurance through a place of employment and an additional 4.8% have privately purchased insurance. The remaining insured Californians rely on public coverage through Medi-Cal (14.2%), followed by Healthy Families (1.6%) and other sources of pubic coverage (1.2%). Children are particularly reliant on public insurance, with 22.8% receiving insurance through Medi-Cal, and an additional 6% covered by Healthy Families (4.8%) or other public coverage (1.2%). As noted earlier, 15.2% of non-elderly Californians and 9.6% of children are uninsured.[10]

According to the California Health Benefits Survey, 65% of all California businesses offer health insurance, roughly the same percentage as offered insurance in 2001 (66%) and higher than in 2000 (60%). Over the same time period, coverage has been declining nationally, with 67% coverage in 2000 dropping to 65% in 2001 and 62% in 2002.[11] Coverage depends upon company size: nearly all California companies with more than 200 employees offer health insurance (99%) while only 59% of companies with 3-9 employees provide insurance. Coverage also depends upon work status. Less than half (46%) of workers employed in firms that offer insurance offer coverage to part-time employees and only 6% to temporary workers.[12]

Small California firms (2-50 employees) that sponsor health insurance have some different characteristics than those that do not sponsor health insurance. Non-sponsors tend to be smaller (48% have 2-4 employees) than sponsors (22% have 2-4 employees). Non-sponsors also rely more heavily on part-time workers (31% of the non-sponsor workforce is part-time) than sponsors (17% of the sponsor workforce is part-time). Employees of non-sponsors are more likely to be Latino (30% of non-sponsor workforce compared to 23% of sponsors) and lower-income (28% of non-sponsor full-time employees earn less than $20,000 compared to 13% of sponsor full-time employees). [13]

Most of the working uninsured in California (61.6%) say they are not offered insurance at their place of employment, while an additional 24.3% say they are not eligible for their employer's insurance. Whether or not an employee is offered insurance varies greatly by company size and industry. Employees at the smallest companies are most likely to say they are not offered insurance: 83.5% of uninsured workers at companies with fewer than 10 employees say they are not offered insurance; 70.1% of companies with 10-50 employees; 54.9% of companies with 51-99 employees, 45.4% of companies with 100-999 employees, and 14.7% of companies with 1000+ employees. Agriculture (81.8% not offered) and construction (75.2% not offered) are the industries in which uninsured workers are most likely to say they are not offered insurance. The working uninsured

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with less than a high school education are most likely to not be offered insurance (76%) as are non-citizens without a green card (82.5%).[14]

Californians are experiencing significant cost pressures in health care. On average, health care premiums in California are lower than premiums in the country overall. However, premiums have increased dramatically in recent years, and employers are shifting a greater proportion of the cost to workers. Looking ahead, many employers say they are very likely to increase employee contributions even more in the next year.

Average monthly premiums in California are less expensive than premiums nationally. Average monthly premiums for single coverage are lower in California ($237) than nationally ($255). The same is true for family coverage ($623 and $663 respectively). However, health insurance premiums have increased dramatically: 6% in 2000, 9.5% in 2001 and 13% in 2002. While companies have picked up part of these costs, workers have also seen their health contributions increase. Californians with single coverage saw the percentage of the premiums they pay increase from 10% in 2001 to 13% in 2002, and those with family coverage saw their percentage grow from 21% to 26%. This resulted in average dollar increases in worker contributions from $253 annually in 2001 to $342 in 2002 for single coverage, and from $1369 to $1806 for family coverage. Cost pressures are unlikely to be relieved anytime soon. One-third (36%) of large employers (200 or more workers) say they are very likely to increase the amount that employees pay in 2003.[15]

Political Context

The economy currently dominates Californians' concerns. The perception that the state's economy is doing "badly" has risen dramatically over the past few months and three-quarters now believe the state is in recession. However, health care is positioned to move to the top of the agenda. Before the economy outpaced health care as the top concern, in mid-2002, more state residents said they were "extremely concerned" about health care costs than any other issue.

When asked to volunteer the most important problem facing the state, a majority point to an economic issue (58%): particularly the budget shortfall (27%), the economy in general (19%), and unemployment (9%). Just fewer than half of the state's residents (47%) mention a social issue, with most pointing to education (28%), followed by immigration (6%), health care (4%) and the environment (4%). Other categories of issues mentioned by Californians include energy (12%), government (10%), and crime (8%).[16]

Concern about the state's economy is at a high point, with fully 68% reporting in March 2003 that the state's economy is doing "badly" (27% very badly). This response is far higher than a few months earlier, when, in September 2002, 42% rated the state's economy "badly" (11% very badly). In addition, 73% believe California is in an economic recession, though only 18% say it is a serious recession. Again, this response is higher than a few months earlier, when, in September 2002, 62% said the state was in

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recession (9% serious). Importantly, Californians' view of the state economy has not influenced perceptions of their personal financial security – 70% see their own personal finances as secure (15% very secure) – a response that has remained fairly constant for several years.[17]

Even though the economy is currently top-of-mind, surveys indicate that health care is positioned to emerge on the public agenda. In early 2002, when concern about the economy was high, but not as elevated as today, more Californians expressed extreme concern over health care than any other issue. (Table 1) The public's concern over health care costs and the public health system, along with concerns about public schools and the higher education system, ranked highest in a list of nearly 30 issues.

Table 1:
Issues Facing California
% Extremely Concerned [18]

Health care costs	***69%***
Public schools	68
Public health system	***57***
Higher education	55
Cost of electricity	53
Illegal drug use	53
Crime/law enforcement	52
Cost of living/inflation	52
Taxes	51
Creating more jobs in new industries	50
Protecting environment	50
Air and water pollution	49
Illegal immigration	49
Gun control	49
Terrorism and security	47
Housing costs	47
State's economy	46
Homeless/poverty	46
Unemployment	46
Supply of electricity	46
Water supply	45
Traffic congestion	45
State budget deficit	41
Overpop./overcrowding	41
Welfare/public assist.	37
Abortion	33
Race relations	31
Providing adequate gov't services	25

However, public policy solutions to health care will be handicapped by widespread negative perceptions of the state's Governor and Legislature, and by the public's concern over the state budget shortfall. Strong majorities disapprove of the way the Governor and the State Legislature are handling the budget shortfall. Three-quarters believe an increase in taxes will be necessary, though they disapprove of most specific proposals to increase taxes.

As of March 2003, Californians overwhelmingly disapproved of *the job* Gray Davis is doing as Governor (27% approve, 64% disapprove), including a majority of Democrats who disapprove of his performance (39% approve, 54% disapprove). Similarly, Californians have an unfavorable impression of Davis in general (31% favorable, 61% unfavorable). Californians are most critical of the way Governor Davis is handling the state's budget (69% disapprove, 49% strongly), followed by his performance on public school education (67% disapprove, 52% strongly) and the state's economy (63% disapprove, 45% strongly). A majority also disapproves of the way he is handling the energy situation (56% disapprove, 42% strongly).[19]

Californians are even more critical of Governor Davis now than they were less than one year ago. In June 2002, slightly less than half (49%) disapproved of Governor Davis' job performance and 41% approved. In mid-2002, state residents were most critical of his performance on energy issues, followed by the state budget. Ratings of his job performance on the economy, health care and public schools were also poor. The only areas receiving somewhat positive ratings were security, the environment, and crime reduction.

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Table 2: Gray Davis Job Performance – June 2002
Ranked by % Very Good/Good[20]

	Very Good/ Good	Fair	Poor/ Very Poor
Prevent terrorism and improve the state's security	44	32	15
Protect the state's environment	40	34	15
Reduce crime	38	36	20
Improve the state's public schools	27	33	34
Improve the state's economy	24	36	35
Improve the state's electricity situation	24	23	49
Improve the state's health care system	***22***	***22***	***33***
Balance the state's budget	21	29	39

State residents are also critical of the State Legislature: 32% approve of the job the State Legislature is doing, 37% disapprove, and 31% don't know. When it comes to the state budget, the ratings are decidedly negative (17% approve, 56% disapprove, and 27% do not know).[21]

State residents oppose cuts in most program areas. When forced to choose just one program to protect, most Californians would protect schools over other program areas (44%), with Medi-Cal selected the next most frequently (22%).[22] However, as the following table demonstrates, two-thirds and more want to protect a variety of programs, including the public schools, health care programs, law enforcement, mental health programs, and child care programs.

Table 3: Support for Cutting State Government Spending to Reduce Deficit
Ranked by % Oppose[23]

	Favor	Oppose
The public schools	20	78
Health care programs for low income Californians and the disabled	21	76
Law enforcement and police	23	74
Mental health programs	25	72
Child care programs	25	70
Higher education, including the state's public universities, colleges and community colleges	32	66
Water storage and supply facilities	27	65
Public transportation	34	62
State road and highway building and repair	37	59
Environmental regulation	40	55
State parks and recreational facilities	41	55
State prisons and correctional facilities	46	49
State energy contracts that help supply California with electricity	43	47

Three-quarters (77%) believe that Governor Davis and the State Legislature will increase taxes this year. Even when told of Republican opposition in the State Legislature to increased taxes, 73% say that it is unrealistic to not include any tax increases in the

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budget. However, a majority of residents rate only one proposal as an "excellent" or "good" way to reduce the budget shortfall – increasing taxes on cigarettes. As the following table demonstrates, state residents tend to be more supportive of increased taxes than program cuts, particularly cuts or increased fees in education. Furthermore, they are more supportive of increasing taxes that affect limited populations such as smokers, the wealthy, internet purchasers, or businesses, than increasing taxes that affect a broader population such as sales taxes or vehicle license fees. [24]

Table 4: Reducing the Budget Shortfall
% Excellent/Good Way to Reduce Shortfall[25]

Adding an additional $1.10 tax for a pack of cigarettes	66%
Reinstating the top rates on the state income tax for the top two or three percent of income earners in California. The rate would change from the current 9.3 percent to 10 or 11 percent.	48
Start collecting sales tax on all purchases made on the Internet by residents of California	43
Raising the corporate income tax rate by one percentage point from 8.84 percent to 9.94 percent	42
Reducing funding for the California state prison system	35
Raising California sales tax by one percentage point	26
Asking counties instead of the state to pay for some or all programs such as substance abuse, foster care, homecare, welfare-to-work and nursing homes.	22
Start collecting sales tax on services which are now exempt, such as auto repair and legal work	21
Increasing per-unit fees at community colleges from 11 dollars to 24 dollars a unit.	16
Increasing vehicle license fees by an average of 136 dollars per car	15
Raising fees at the University of California and California State Universities to a total increase of 35 percent this year.	9
Reducing spending on public schools by 5 billion dollars for kindergarten through twelfth grades	6

Health Care – Individual and Community Responsibility

Californians are generally satisfied with their own health care situation but are highly critical of the health care most people in the state receive. They place a good deal of responsibility on themselves for their own health, yet they also recognize public responsibility for health care.

Two-thirds of Californians give positive ratings to the health care they and their family receive (69% excellent/good, 22% excellent), and those with health insurance rate their health plan highly (69% excellent/good).[26] Furthermore, those who are insured report high levels of satisfaction with their health care provider: in taking care of their essential health needs (88% satisfied), listening to and answering their health questions (82%), being concerned about keeping them healthy (80%), educating them about things to do to stay well (79%), providing enough preventive health services (76%), and coordinating services among different health professionals and programs (72%). [27]

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People place a great deal of responsibility on themselves for their own health. Fully 80% strongly agree "it is important to learn as much as I can about my health care and medical needs" and a majority (58%) strongly agree with regard to "actively seeking out information about my health care needs."[28]

At the same time, far fewer are as optimistic about the health care most people in California receive, with a mere 3% saying it is "excellent," and 21% "good."[29] They recognize that good health requires more than just personal information gathering. Most Californians (62%) believe that quality health care contributes a good deal to the overall health of people in their communities. However, Californians differ in their assessment of how well their community promotes the overall health and well being of residents. A slim majority (55%) says their community does an "excellent" or "good" job, while 43% gives their community a rating of "only fair" or "poor." Many want to see a shift in resources toward prevention. A plurality (40%) believe the existing allocation of health spending is about right, while 33% believe community health dollars should be realigned to allocate more money to preventing illness and promoting health, and 10% would spend more on caring for the sick and injured.[30]

Three Interdependent Variables – Cost, Access and Quality

As noted in the national meta-analysis, *Patients Before Profits: Reforming the American Health Care System,* concerns about health care cluster into three related areas: cost, access, and quality. What all three areas have in common is the public's concern for health care security: Will I have access to the quality care I need when I need it, without hurting my family's financial future?

The public feels vulnerable: even those who have health insurance worry that their benefits will not be there when they need them. A majority of those with insurance are worried that if they were sick, their "health plan would be more concerned about saving money than about what is the best treatment" (53% worried, 23% very worried). A majority worries that the benefits under their current health care plan will be cut back substantially (54%, 27% very). Half worry that "health insurance will become so expensive you won't be able to afford it" (50%, 28% very). Fewer worry (39%, 24% very) that they will lose their health insurance benefits entirely.[31]

Cost

Californians' complaints about rising health care costs are justified – most have seen their health care expenditures increase for each of the last three years. Rising health care costs have led to high levels of worry about health care and personal financial security among both the insured and the uninsured. Significant percentages of Californians report that they have foregone care or made health care decisions based on cost. They believe greed is the problem: pluralities believe that high profits and lawsuits are bigger problems facing health care than too many people receiving government-paid care, or too many resources spent on the terminally ill.

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As noted earlier in this report, Californians have experienced significant increases in their personal health care expenditures over the past three years. Health insurance premiums have increased dramatically: 6% in 2000, 9.5% in 2001 and 13% in 2002. Californians with single coverage saw the percentage of the premiums they pay increase from 10% in 2001 to 13% in 2002, and those with family coverage saw their percentage grow from 21% to 26%. This resulted in average dollar increases in worker contributions from $253 annually in 2001 to $342 in 2002 for single coverage, and from $1369 to $1806 for family coverage.[32] The impact of these increases is far-reaching – 60% say they are paying more for their health care compared to two years ago.[33]

The high cost of health care is causing 4 in 10 Californians and half of the uninsured to worry about their health care and financial security: 45% of Californians "worry a great deal" or "quite a lot" that health insurance will become too expensive (50% of the uninsured); 43% worry that they will have to pay very expensive medical bills which are not covered by health insurance (49% of the uninsured); 42% worry their children will lose their health insurance (53% of the uninsured); and 41% worry that they will not be able to get the health care they need because they can't afford it (55% of the uninsured).[34]

More problematically, significant percentages report that concern about costs has led them or a family member to compromise their health care in some way. As would be expected, those who are uninsured are even more likely to report that they neglected needed health care or made decisions about their care based on cost: 39% of Californians took a less expensive drug or avoided drug treatment (55% of the uninsured); 30% avoided a trip to the doctor (58% of the uninsured); 28% underwent a cheaper medical procedure or avoided a medical procedure altogether (48% of the uninsured); and 25% avoided a trip to the hospital due to costs (43% of the uninsured).[35]

When people consider problems in health care, many more point to high profits and lawsuits as big problems, than identify such issues as too many people receiving government-paid medical care or treating people who are terminally ill.

Table 5: Problems Facing Health Care
% Saying Area is a Big Problem[36]

High profits made by drug companies	45%
High profits made by health insurance companies	42%
The number of malpractice lawsuits	39%
Doctors who charge too much	32%
The increased cost of high-tech medicine	30%
Uninsured people getting treated in emergency rooms	29%
The aging population	27%
Too many people receiving government- paid medical care	18%
Too much money spent on treating people who are terminally ill	13%

Access and the Uninsured

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In principle, Californians want to ensure basic health care coverage to everyone. However, support for government programs can fall victim to negative public perceptions of welfare and the "undeserving poor" who take advantage of the system. While not explicit in the public opinion data, there is reason to question whether support for health care programs might also be undermined by views about immigration.

Californians overwhelmingly agree that government should provide basic medical coverage to "low-income or disabled adults who cannot afford health insurance" (76% agree) and to children of low-income families (84% agree). A significant number even agree with government providing *dental* coverage to low-income adults (66%) and children of low-income families (78%). However, programs for lower-income individuals are vulnerable to public willingness to limit assistance. While nearly two-thirds (64%) oppose eliminating "some health benefits now available to low income families and disabled persons such as dental services," a majority (53%) favors making "fewer low-income families eligible to receive medical coverage under Medi-Cal by tightening income requirements."[37] Our past research on low wage work, poverty and views of the poor leads us to believe that these seemingly conflicting opinions may be due to a public belief that there are too many undeserving people receiving government-paid health coverage, i.e., not willing to work hard enough to pay their own way.

Not all of the uninsured are considered poor by typical statistical measurements, so their needs might not be addressed by an expansion of existing government services. Those who are uninsured and non-poor differ demographically from the overall group of uninsured; but like the poor uninsured, few have access to insurance at their place of employment.

Between one-quarter and one-third of those at or near the federal poverty level are uninsured (30% of those earning less than the poverty level, 26.2% of those earning 101-200% of the poverty level). While people at higher income levels are more likely to be insured, there are still a significant percentage of those earning more than 200% of the federal poverty level who are without insurance (15.1% of those earning 201-300% of the poverty level, and 5.8% of those earning more than 300%).[38]

As a group, the uninsured are most likely to be Latino (54% of the uninsured are Latino, 28% white, 10% Asian, and 4% are African American). Less than half (43%) of adults who are uninsured are U.S. born citizens and an additional 13% are naturalized citizens. One quarter (25%) are non-citizens without Green Cards and 19% are non-citizens with Green Cards.[39]

Those who are non-poor and uninsured (earning at least 200% of the poverty level) have different demographic characteristics than the uninsured overall. The non-poor uninsured are white (62%), employed (81%), U.S. citizens (90%), male (62%), and younger than 40 years old (62%). Only 20% of those who are non-poor and uninsured work for an employer who offers health insurance. Though they are technically considered non-poor, cost is a major reason they do not have insurance. Three-quarters (75%) do not believe

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they can afford insurance and two-thirds (65%) agree that they live paycheck to paycheck (49% strongly). Beyond cost, nearly half (48%) point to their own good health as a reason for not purchasing insurance; 37% are waiting until they have an employer who offers insurance; and 33% believe they can get the care they need for less than the cost of insurance. [40]

Most of those who are non-poor and uninsured agree that they worry a lot about not having insurance for themselves (61% agree, 38% strongly) or for their family (60% agree, 48% strongly). They believe people without insurance have difficulty getting proper care (70% agree, 52% strongly) and a majority worries about being wiped out financially due to being uninsured (59% agree, 41% strongly). However, when asked specifically how much they worry about not having insurance, only 29% worry a lot, 24% worry some, 14% worry a little, and 33% say they don't worry.[41]

Quality

"Quality" care is highly subjective. It is about relationships rather than evidence-based care or some objective evaluation measure. People rely heavily on advice from people – those facing a similar medical condition, friends and family, their medical professional – in gathering medical information. They are far less likely to use less personal forms of information such as calling a toll-free number, websites, or information in the media. Similarly, when choosing a doctor, the most important criterion is interpersonal communications skills. They are less interested in comparative ratings, and few say they have seen them.

Few have seen comparative reports of health care quality measures. About one-third or fewer say they have seen or heard information in their area that compares health plans or HMOs (39% have seen or heard), doctors or medical groups (29%), or hospitals (20%). Furthermore, among those who saw these kinds of reports, fewer than 40% found them "very useful:" health plans (39% "very useful"), hospitals (38%), and doctors or medical groups (37%).[42]

However, even if they did see formal comparative reports on health care, few say they would be very likely to use that form of information. Only 24% say they would be very likely to use independent evaluations or ratings. Instead, people want to get information from others who are facing the same condition (56%), from family and friends (51%), or from health professionals (48%). (Table 6)

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Table 6: Likeliness to Use Form of Information % Very Likely[43]	
Talking to people with the same medical condition	56%
Talking with family and friends	51
Talking with nurses or others who work for local doctors or hospitals	48
Talking to a qualified person who answers a toll-free number	34
Talking with coworkers	32
Information from a library/church/community organization	31
Reading a book, report, or pamphlet	31
Information in a doctor's waiting room	26
Independent evaluations or ratings	24
Newspapers or magazines	22
TV or radio	20
Visiting a website	19
Viewing a video tape at home	16
Calling a toll-free number for health care quality information	14

Interpersonal communications are valued in health care. In fact, when selecting a doctor, interpersonal communications skills are the primary consideration in choosing a quality doctor (87%). People are much less likely to see ratings by experts (39%) or patient survey results (34%) as important factors to aid in selection. (Table 7)

Table 7: Factors in Selecting Doctor % Very Important[44]	
Doctor listens to you	87%
Doctor provides all needed information	75
Doctor experience and training	70
Wait for an appointment	59
Malpractice suits or complaints	58
Ease of working with office staff	54
Time doctor spends with patients	53
Language doctor/staff speaks	50
Hospital doctor uses	49
Friend/relative recommendation	44
Rating of doctor by experts	39
Nurse/staff recommendation	35
Patient survey results	34
Transportation to office available	29
Doctor gender	17
Doctor race/ethnicity	12

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Business Perspectives

Since the health care system in California is largely an employment-based system, any effort at effective communications needs to take the views of business into account. Support or opposition by the business community can determine the outcome of a particular policy proposal. Businesses are concerned about the cost of health care, and small businesses that do not currently offer insurance say they would be much more likely to offer insurance if government helped with the cost.

Concern about health insurance is shared by many businesses. Of a list of concerns, 39% of companies report that health insurance causes the "greatest cost concern" for their company, followed by salaries (27%) and workers' compensation (25%).[45]

Most of those who are working and uninsured in California are not offered insurance at their place of employment (61.6%), or are not eligible for their employer's insurance (24.3%).[46] As noted earlier in this analysis, 65% of all California businesses offer health insurance but coverage depends upon company size. Nearly all California companies with more than 200 employees offer health insurance (99%), while only 59% of companies with 3-9 employees provide insurance. Coverage also depends upon work status. Less than half (46%) of workers employed in firms that offer insurance offer coverage to part-time employees and only 6% to temporary workers.[47]

Small California firms (2-50 employees) that sponsor health insurance differ from those that do not sponsor health insurance in several characteristics. Non-sponsors tend to be smaller (48% have 2-4 employees) than sponsors (22% have 2-4 employees). They also rely more heavily on part-time workers (31% of the non-sponsor workforce is part-time) than sponsors (17% of the sponsor workforce is part-time). Employees of non-sponsors are more likely to be Latino (30% of non-sponsor workforce compared to 23% of sponsors) and lower-income (28% of non-sponsor full-time employees earn less than $20,000 compared to 13% of sponsor full-time employees). [48]

Three quarters (73%) of the businesses not offering health insurance point to high premiums as the reason, up from 60% in 2001. Other reasons are mentioned by far fewer: employees are covered elsewhere (37%); the firm can attract good employees without having to offer insurance (32%); the administrative hassle of providing health benefits is too great (27%); the firm cannot qualify for a group policy at group rates (24%); high turnover (14%); the firm is too newly established (7%).[49]

Half of small businesses (2-50 employees) that do not currently offer health insurance say they are very (18%) or somewhat likely (33%) to begin offering health insurance over the next two years. The primary motivator would be cost: 71% say they would be more likely (36% much more likely) to offer health insurance if government offered a tax credit of 25% of premiums. Business changes that affect their bottom line would cause many to offer insurance: increased business revenue of 10% or more per year (61% more likely, 25% much more likely) and increased difficulty in hiring and keeping good

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employees due to not offering insurance (56%, 24%). Changes in the insurance process could also influence small business, but not as many find these changes compelling: if the process of purchasing health insurance became simpler (53%, 23%); if there "was a guarantee that you would not be turned down if you applied" (40%, 16%). [50]

Policies

Californians prioritize health care, particularly health care for children. Two-thirds and more support a range of policies to improve health care, but few support shifting to a universal health care system. Past experience with Proposition 186 suggests that Californians are nervous about giving government too much of a role in providing health care. Even so, state residents want to continue to provide health care to the poor, and are willing to increase some kinds of taxes to pay for it.

Californians support a variety of proposals to address the health care problems facing the state. At the top of their list of health care priorities is making sure that all children have health care, followed by helping the elderly afford prescriptions, and supporting hospitals. They are least enthusiastic about providing a system of free medical care to everyone. (Table 8)

Table 8: Health Care Priorities
% High Priority[51]

Ensuring access to health care for all children	89%
Helping low- and moderate- income people over 65 with prescription costs	85%
Supporting hospitals and emergency rooms	81%
Policing and prosecuting Medicare and Medi-Cal fraud	79%
Cracking down on medical insurance companies	72%
Providing health insurance to the uninsured	69%
Providing a system of free medical care to everyone	56%

Prior to the 2000 Presidential election, Californians demonstrated high levels of support for several proposals offered by the presidential candidates. The proposals with the most support build on the existing system of health care, while the two with the least support represent a divergence from the existing system (universal health care and medical savings accounts). Californians overwhelmingly supported proposals offered by the presidential candidates that build on the existing system of health care: expanding government funding for public health clinics and hospitals so low-income people can receive care at little or no cost (81% support); requiring employers to provide/contribute toward paying costs of health coverage for employees and their dependents (79%); allowing uninsured people ages 55 to 64 to buy into Medicare (76%); creating a tax credit for uninsured families to reimburse them for a portion of the cost of their health insurance premiums (75%); expanding existing government-sponsored health insurance programs now covering low-income children to include uninsured parents or other family members in a household (72%); and requiring all uninsured Californians to obtain health insurance

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coverage either through an employer or through a government-sponsored pool, with subsidies for low-income residents (70%). Proposals that diverge from the existing system receive less support: replacing the existing private health insurance system with a taxpayer-financed universal health care program administered by the government (42% support); creating medical savings accounts (66% stated they need to find out more about this proposal).[52]

As noted in the earlier section on addressing the state's budget shortfall, Californians want to protect state programs and are willing to increase certain kinds of taxes to protect popular programs. When asked specifically what should be done to avoid cutting medical care services to low-income families and the disabled under the state's Medi-Cal program, the greatest support focused on increasing sin taxes and taxes on the wealthy. (Table 9)

Table 9: Proposals to Avoid Cutting State Medical Services

	% Favor[53]
Increase state taxes on beer, wine and alcohol by 5 cents per serving	78%
Increase state taxes on cigarettes by 50 cents per pack	74%
Temporarily increase the top state personal income tax rate for individuals earning more than $130,000 and for couples earning more than $260,000 after deductions	68%
Cancel the scheduled cuts in registration fees on motor vehicles, returning them to their former levels	53%
Temporarily increase state business income taxes	45%
Temporarily increase state sales taxes by 1%	40%
Temporarily increase the top state personal income tax rate for individuals earning more than $37,000 and for couples earning more than $75,000 after deductions	34%
Temporarily increase state gasoline taxes by 5 cents per gallon	28%

The characterization of government's role in advancing policies will strongly influence the public's support or opposition to policy change. If the policy is seen as assisting the existing employment-based system or expanding current government programs in ways that make sense, the public will be far more receptive than if they believe the government is creating an entirely new government program. They see government as ineffective and inefficient and worry about giving government too much control over something as personally important as their own health.

The lack of support for universal health care, or a system of free medical care for everyone, is likely due to impressions left over from California residents' past experience with national health care reform and Proposition 186. An analysis of public opinion and campaign communications conducted by the Kaiser Family Foundation concluded that not only did the significant resources by the opponents to 186 result in the defeat of the proposition, but the opponents' big government, high taxes message also resonated with voters far more powerfully than the proponents' anti-insurance company message.

This past experience provides a warning for this effort. Californians continue to have a negative assessment of their state government. The Governor and the State Legislature

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receive poor marks, particularly in their ability to manage the state budget. Even though public opinion data indicates that people do not trust insurance companies and are angry about high profits, this view is not likely to trump the belief that government is inefficient, and ineffective. Any major expansion of government policy is likely to fall victim to this set of beliefs.

Furthermore, effective communications should include those sources of information that people find most trustworthy on health care issues. Again, government agencies rank low on trust, but doctors, unbiased medical associations, and people they know are trusted sources.

Table 10: Trusted Information Sources
% Trust a Lot[54]

Own doctor	71%
American Cancer Society	67
American Heart and Lung Associations	65
Family and friends	53
American Medical Association	46
Consumer Reports magazine	43
California Medical Association	41
AARP	39
Employer	34
California HealthCare Foundation	33
National magazine (e.g. Newsweek)	30
Individual hospitals	28
Government health care regulating agencies	21
Drug or pharmaceutical companies	20
Doctors on TV	20
Individual health insurance plans/HMOs	18
Internet	13

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Conclusions

- While Californians hold many of the same perceptions as people nationwide, there are a number of findings unique to California.
- Concerns about the economy are top-of-mind, but health care is ready to emerge on the agenda. State residents rate health care as a top priority and strongly oppose cuts in existing state health care programs. Currently, health care appears to compete with the economy for public attention – as the economy has increased as a public priority, health care ranks lower. However, this dynamic deserves additional attention in future research. If health care policy is positioned as a state budget item to provide for the uninsured, does it then compete with economic concerns? Or, if health care costs (to business or individuals) can be highlighted as an additional burden in the struggling economy, can health care be developed as a subset of policies to improve the economy?
- Californians have seen their own health care costs increase consistently over the past several years, and many are concerned about whether or not their health insurance will provide them health care in the future. People report having foregone needed care due to cost. They believe greed is the problem, pointing to high profits by drug and insurance companies, and malpractice suits. They worry, moreover, that without consistent coverage they could suffer financial loss from uncovered catastrophic illness.

While Californians want to ensure basic health care coverage for everyone, there is reason to question whether support for health care programs might also be undermined by views about race and immigration, when these same voters are reasoning within a "zero sum" framework. State residents want to make sure that the poor and disabled have adequate care, particularly poor children. Yet, they are willing to tighten income requirements for eligibility to receive coverage. Our prior work in poverty, welfare, and low wage work suggests that the public's willingness to tighten restrictions on the poor is largely due to the public's belief that some of those who currently receive government health insurance are not deserving of this assistance, i.e., they are "taking advantage of the system." And, while Californians recognize that race and ethnicity are likely to play a role in who gets insurance, it is entirely possible that framing this as explicitly about race will result in many of the same fears and stereotypes that result from the class-based frames. The impact of the disparities frame – distinct from the fact that disparities largely occur along class and race/ethnic lines -- is an area where new research is especially needed to gauge the impact on building public support. Many who are uninsured are not offered insurance at their place of employment. Small businesses are less likely to offer insurance, particularly small businesses that rely on low-income or part-time workers, who are presumably the workers least able to afford insurance on their own. Californians are most likely to want to build any expansions on the existing business-based system, and to resist more ambitious reforms.

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Californians support a wide array of policy solutions that build on the existing employer-based system. Even small businesses say they would be much more likely to offer their employees insurance if they had some government assistance in paying for the costs. However, policy solutions to health care will be handicapped by widespread negative perceptions of the state's Governor and Legislature, and by the public's concern over the state budget shortfall.

***About FrameWorks Institute*:** The FrameWorks Institute is an independent nonprofit organization founded in 1999 to advance science-based communications research and practice. The Institute conducts original, multi-method research to identify the communications strategies that will advance public understanding of social problems and improve public support for remedial policies. The Institute's work also includes teaching the nonprofit sector how to apply these science-based communications strategies in their work for social change. The Institute publishes its research and recommendations, as well as toolkits and other products for the nonprofit sector at www.frameworksinstitute.org.

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[9] The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey UPDATE TO EXHIBIT12 – 3/27/03 This updated table replaces Exhibit 12 on page 24 of: ER Brown, N Ponce, T Rice, SA Lavarreda. *The State of Health Insurance in California: Findings from the 2001 California Health Interview Surve*y. Los Angeles, CA: UCLA Center for Health Policy Research, 2002. An update was necessary to correct an error discovered in the original family citizenship variable.

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[11] Kaiser/ HRET Survey of Employer- Sponsored Health Benefits: 1999- 2002

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[15] Kaiser/ HRET 2001, 2002 California Employer Health Benefits Survey; Kaiser/ HRET Survey of Employer- Sponsored Health Benefits: 2000, 2001, 2002

[16] The Los Angeles Times Poll, 1,300 adult residents of California, including 1,055 registered voters, Feb. 27–March 3,2003.

[17] The Los Angeles Times Poll, 1,300 adult residents of California, including 1,055 registered voters, Feb. 27–March 3,2003.

[19] The Los Angeles Times Poll, 1,300 adult residents of California, including 1,055 registered voters, Feb. 27–March 3,2003.

[20] Conducted by The Field Poll, 543 registered voters in California, June 25 – July 2, 2002.

[21] The Los Angeles Times Poll, 1,300 adult residents of California, including 1,055 registered voters, Feb. 27–March 3,2003.

[22] The Los Angeles Times Poll, 1,300 adult residents of California, including 1,055 registered voters, Feb. 27–March 3,2003.

[23] Sponsored by the California HealthCare Foundation, conducted by The Field Institute, July 9, 2002.

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