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# Data Watch

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## Views On Health Care: Public Opinion In Three Nations

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by Robert J. Blendon and Humphrey Taylor

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In recent months, many private- and public-sector leadership groups have become increasingly concerned about the performance of the U.S. health care system. Sharp increases in the cost of health care, accompanied by a growing population of uninsured Americans, have become an American reality. As a result, faith in the effectiveness of current government and private-sector initiatives to contain costs has been shaken. Many experts question whether any set of incremental policies can adequately address America's seemingly intractable problems in providing health care for its citizens.

The intensified search for new directions for U.S. health policy has led to renewed interest in learning more about the experience of other industrialized countries in managing their health care systems. Recent articles in *Health Affairs* have reflected this interest.<sup>1</sup> Attention has focused particularly on Canada and Great Britain, our sister English-speaking nations, and on comparative studies of the medical care organization, financing, statistical performance, and the general health status of citizens of these countries.

To date, what is missing in this analysis is any comparative study of how the people of these three nations feel about their experiences in obtaining medical care, and their views of the performance of their own health systems. In the fall of 1988, Louis Harris and Associates, in conjunction with the Harvard School of Public Health, undertook to examine these issues for the Baxter Foundation. For the first time ever, adults in the United States, Canada, and Great Britain were surveyed simultaneously as to their views on these important issues.

In a paper published in *Health Management Quarterly* in February 1989, one of the authors addresses the implications of the results of the study for the formation of health policy in the new Bush administration.<sup>2</sup> In

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this article, we present more extensive data from the three national surveys. While the results of this comparative study do not provide in-depth answers to many questions, they do give clear indications of different patterns of access to and use of health services in each country, satisfaction with each nation's health system, and suggestions of directions for future health policy in the United States.

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## Methods

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Data reported in this article come from three surveys conducted in the fall of 1988 by Louis Harris and Associates, using the same research instrument (interview schedule). These findings are based on interviews with scientifically selected samples of 1,250 Americans, 1,026 Canadians, and 1,667 Britons, and responses were weighted to represent the adult populations of these three countries. The American survey was conducted by telephone interview, while those in Canada and Great Britain used personal in-home interviews. For results based on samples of this size one can say, with 95 percent confidence, that the error due to sampling could be approximately  $\pm 3$  percent for each question.

There are at least five limitations to the interpretations of these studies. First, the responses from the U.S. telephone survey may tend to underrepresent slightly the views of some members of the population, particularly those with low incomes. During the time period in which the surveys were conducted, an estimated 7 percent of U.S. households were without telephone service and therefore were excluded from these surveys. However, the survey data were statistically weighted to be representative of all Americans, thereby compensating, in part, for the absence of households without telephones. Second, usable comparative data on income of respondents from Great Britain were not available. Third, the survey samples in these studies may prove too small to highlight the barriers that people who have rare but very serious illnesses may face. Statistical differences in access to care problems for individuals requiring renal dialysis, transplants, artificial hips, cochlear implants, and treatment of other more rare conditions may not be measurable in surveys of less than 10,000 people. Fourth, the surveys were conducted with adult respondents only about their personal attitudes and medical care experiences; therefore, no information is provided on the performance of these health systems for children under age eighteen. Finally, the results may be affected by the general variations in attitudes that may exist between different populations. Attitudes and satisfaction levels reflect, in part, differences between performance and expectations. If expectations are higher in one country than another, the same level of service would

probably provide different levels of satisfaction.

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## Results

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**Satisfaction with health care.** Of the three nations surveyed, Americans express the greatest degree of dissatisfaction with their health care system. Most Americans (89 percent) see the need for fundamental change in the direction and structure of the U.S. health system. Only 10 percent agree with the statement that “on the whole, the health care system works pretty well.” The American perception of a need for “fundamental changes” or “complete rebuilding” differs dramatically from the views held by Canadians and Britons (Exhibit 1). In Canada, satisfaction with the national health insurance system remains relatively strong (56 percent).

British responses fall between those of the two North American countries; 69 percent of Britons think their system requires fundamental or major changes. This figure, while less than the U.S. number, is substantially greater than the Canadian figure of 43 percent. This result is perhaps not surprising, given that the National Health Service in Great Britain has been under financial constraints from the Thatcher government for more than a decade. However, even despite their widespread recognition that their system is insufficiently funded, the British express greater support of it than do Americans of the U.S. system. Data from the U.S. survey show that the groups who express the strongest opinions about the need to rebuild the U.S. health care system completely are blacks (48 percent), the working poor (38 percent), and the disabled (38 percent), in comparison to 29 percent of all Americans who express this level of dissatisfaction with the current system (Exhibit 2).

A striking finding is that Americans are significantly less satisfied with their own physician care than either Canadians or British. Only 54 percent of Americans report being “very satisfied” with their last physi-

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**Exhibit 1**  
**The Public's Overall View Of Health Care Systems**

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	U.S.	Canada	U.K.
On the whole the health care system works pretty well, and only minor changes are necessary to make it better	10%	56%	27%
There are some good things in our health care system, but fundamental changes are needed to make it work better	60	38	52
Our health care system has so much wrong with it that we need to completely rebuild it	29	5	17
Not sure	1	1	4

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**Exhibit 2****Americans Who Believe The U.S. Health System Needs To Be Completely Rebuilt**

All Americans	29%
Race	
White	27
Black	48
Hispanic	28
Occupation	
Executive	29
White collar	24
Unskilled labor	37
Income	
Less than \$7,500	29
\$7,500–15,000	38
\$15,001–25,000	33
\$25,001–35,000	32
\$35,001–50,000	22
\$50,001 or more	21
Disability	
Yes	38
No	28

cian encounter, as compared to 73 percent of Canadians and 63 percent of Britons. Dissatisfaction with personal physician care is elevated among black and Hispanic Americans (19 percent of each group), people of low income (22 percent), the uninsured (32 percent), and people who did not get needed care (38 percent), as compared with other Americans (13 percent). Elderly Americans, by contrast, seem quite satisfied with their physician care, with only 6 percent expressing dissatisfaction, a level comparable to those reported by elderly citizens in Canada (4 percent) and Great Britain (6 percent).

There are no significant differences in satisfaction with hospital care, in part due to the small numbers of respondents who reported being hospitalized in the past twelve months. Fifty-seven percent of Americans say they are “very satisfied” with their hospital stay, compared to 71 percent of Canadians and 67 percent of Britons. All three countries report generally high levels of satisfaction with their personal health care experiences (Exhibit 3), but the United States has the smallest proportion of its population who are “very satisfied.”

**National health insurance.** The majority of Americans (61 percent) state they would prefer the Canadian system of national health insurance where “the government pays most of the cost of health care for everyone out of taxes and the government sets all fees charged by hospitals and doctors,” to the one they now have. Although it may not reflect a true

### Exhibit 3 Satisfaction With Medical Care

Hospitalitation <sup>a</sup>	U.S.	Canada	U.K.
Very satisfied	57%	71%	67%
Somewhat satisfied	28	18	22
Somewhat dissatisfied	7		8
Very dissatisfied	8	5	2
Not sure	0	1	1
<b>Visit to physician</b>			
Very satisfied	54	73	63
Somewhat satisfied	32	21	26
Somewhat dissatisfied		4	7
Very dissatisfied	7	2	3
Not sure	0	0	0

<sup>a</sup> Asked only of those who reported hospitalization or visit to physician in the past twelve months.

understanding of the Canadian system, this dramatic finding is a reflection of the high level of concern and frustration Americans have expressed about their present health care arrangements. Such strong support for change could have major implications for U.S. health policy.

The findings also challenge a widely held perception that Americans and people from other countries view the U.S. health care system as the best in the world. As shown in Exhibit 4, of the three nations surveyed, only Americans are so dissatisfied as to consider adopting the type of health system used in another country. In fact, in the view of citizens of both Canada and Great Britain, the least desirable system would be the American system. Only 3 percent of Canadians and 12 percent of British would favor implementing the current U.S. system in their own country. In contrast to findings from the U.S. survey, the majority of Britons do not support such a major change despite their high level of dissatisfaction with their National Health Service. Over 90 percent of the Canadian people underscore their high level of satisfaction with their current system by expressing a preference to remain with it.

### Exhibit 4 Proportion Of Population Preferring Alternative Health System

	Americans	Canadians	British
Prefer U.S.-type system to own system	-	3%	12%
Prefer Canadian-type system to own system	61%	-	28
Prefer U.K.-type system to own system	29	5	-

Certain segments of the American public are more receptive to a Canadian-type system than others. It might be anticipated that those who are most dissatisfied with their own medical care, or who did not receive needed services last year, or who are uninsured, would favor major changes in our nation's health care arrangements. However, as shown in Exhibit 5, these strong preferences for a new direction are shared by a broad spectrum of American citizens, including people of middle income as well as business and government executives.

**Desire to increase government health spending.** Asked to select one of five areas (health care, education, housing, defense, social security) as the single priority for new government spending in their country, 24 percent of Americans listed health care as the highest priority. Overall, this choice was second only to education, which was ranked first by 34 percent of the public. National defense ranked the lowest (9 percent) as the top priority for new U.S. spending. Canadian and U.S. citizens express similar priorities for new spending (Exhibit 6). In Great Britain, however, health care was listed first by 56 percent of the population. It appears that the British dissatisfaction with their health care system stems in large part from their perceived need for increased health spending by the government. It is clear from these choices that, regardless of the country and the type of health system, people want more resources allocated to better medical care. However, contrary to the view that public spending for

**Exhibit 5  
Profile Of Americans Who Prefer Canadian Type System**

All Americans	61%
Race	
White	61
Black	61
Hispanic	62
Occupation	
Executive	67
White collar	59
Unskilled labor	60
Income	
Low (\$0-15,000)	
Middle (\$15,001-35,000)	68
Upper (\$35,001 and up)	56
Health insurance	
Yes	62
No	61
Unable to get needed medical care	
Yes	80
No	58

**Exhibit 6**  
**Priorities For New Government Spending**

	U.S.		Canada		U.K.	
	Total	Elderly <sup>n</sup>	Total	Elder <sup>a</sup>	Total	Elderly <sup>a</sup>
Health care	24%	29%	28%	25%	56%	39%
Defense		6	3	2	1	
Education	34	22	29	24	12	10
Housing	12	9	16	16	8	7
Social Security/ old age pension	20	28	21	26	21	41
None/not sure	1	4	3	8	2	2

a Age sixty-five and over.

health is driven by political pressures from elderly citizens, those over age sixty-five appear to place no higher priority on increased health spending than the populations of each of the three countries as a whole. In Great Britain, the elderly are less in favor of increased health spending than are other Britons.

**Financial barriers.** Prior studies from the three countries surveyed document the fact that serious illness is considerably more common among those citizens with low incomes.<sup>3</sup> Thus, if no barriers to adequate health care exist in a society, lower-income citizens would be expected to see physicians and be hospitalized much more frequently than those with higher incomes, reflecting their higher burden of illness.

As shown in Exhibit 7, low-income Americans receive significantly less physician care than do citizens from similar segments of society in Canada. On the other hand, high-income groups in Canada see doctors much less frequently than their U.S. counterparts (comparable figures from Great Britain were not available). However, there are no apparent differences in the receipt of hospital care by low-income groups between the two countries. This suggests that there exist fewer barriers to hospital

**Exhibit 7**  
**Percentage Of Citizens Hospitalized One Or More Times In Past Year And Mean Number Of Physician Visits**

Income group	Percent hospitalized			Physician visits		
	U.S. <sup>a</sup>	Canada	U.K.	U.S. <sup>a</sup>	Canada	U.K.
Low income <sup>b</sup>	23%	22%	-	6.7	8.7	-
Middle-upper income	13	12	-	6.6	5.5	-
Gap (percent)	+77	+83		+2%	+58%	

<sup>a</sup> U.S. data are age-adjusted for comparison with Canadian data

<sup>b</sup> In the United States, low income is less than \$15,000 per year. In Canada, low income is less than \$15,000 per year in U.S. dollars (the equivalent of \$20,000 per year in Canadian dollars).

care than to physician care in the United States. Data on the number of visits people make to physicians' offices and hospitals do not tell us all we wish to know about the accessibility of health care for people who are ill. However, such rates do provide a picture of how available services are to the people from different segments of society who need them.

In addition, those surveyed were asked if they had ever failed to obtain needed medical care and if so, for what reason. The results closely parallel the other findings. As shown in Exhibit 8, 7.5 percent of Americans surveyed, representing approximately eighteen million people, reported not receiving needed medical care for financial reasons. This figure dramatically exceeds that found for the two other countries, where approximately one half of 1 percent or less said they could not obtain care for financial reasons. Of those Americans who were unable to get needed services due to financial barriers, 36 percent were uninsured.<sup>4</sup> The fact that two-thirds had insurance, and still faced these problems, suggests that many of these people have inadequate health insurance coverage.

About 5 percent of respondents in the United States and Great Britain, and 3 percent in Canada, reported noneconomic barriers to getting needed care. Such barriers included inability to get appointments, unavailable services, lack of transportation, and other unspecified reasons. The numbers of responses in each category were too small to be analyzed individually. Evidence of the rationing of services by these health care systems, which has been reported by other authors and in the press, was not clearly seen in the responses to these surveys.<sup>5</sup> A much larger study population would be required before differences resulting from such practices could be quantified and their significance determined.

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## Conclusion

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On the basis of this study, it seems likely that a new climate of public opinion about health care is taking shape for the 1990s. Americans are clearly disenchanted with the direction of current U.S. health policies, including their emphasis on a limited role for the federal government in

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**Exhibit 8**  
**Percentage Of Nation's Population Not Receiving Needed Medical Care**

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	U.S.	Canada	U.K.
Did not receive needed care for financial reasons	7.5%	0.6%	0.1%
Did not receive needed care for nonfinancial reasons	5.1	3.1	4.6

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health, their continued toleration of a significant number of Americans facing financial barriers to care, and sharply rising health care costs.

Despite the fact that the United States spends more for health care than Canada or Great Britain, Americans are more dissatisfied with their health system, and less satisfied with their physician care, than citizens of the other two nations.<sup>6</sup> In addition, Americans report the greatest financial barriers to obtaining needed medical care. It is not clear the American public understands the difficulties of implementing the Canadian-type health system they say they want for the United States. However, what is certain from these studies is that Americans want a fundamental break with our current health care policies and would prefer that the government played a more central role in alleviating the problems in America's health system. The fact that 61 percent of the public state they favor a Canadian-type national health insurance system suggests a major new issue emerging on the national agenda.

Perhaps the most important finding of these surveys is the apparent differences among the countries with respect to the measure of success each has achieved in affording its citizens access to needed medical care. Canada and Great Britain provide us with examples that the task of eliminating financial barriers to health care, which sometimes seems insurmountable to us here in the United States, can be accomplished.

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## NOTES

1. G.J. Schieber and J.P. Poullier, "DataWatch: International Health Spending and Utilization Trends," *Health Affairs* (Fall 1988): 105-112; and J.P. Newhouse, G. Anderson, and L.L. Roos, "Hospital Spending in the United States and Canada: A Comparison," *Health Affairs* (Winter 1988): 6-16.
2. R.J. Blendon, "Three Systems: A Comparative Survey," *Health Management Quarterly* (First Quarter 1989): 2-10.
3. H.E. Freeman et al., "Americans Report on Their Access to Health Care," *Health Affairs* (Spring 1987): 6-18; and D. Black et al., *Inequalities in Health: The Black Report* (Great Britain: Penguin Books, 1980), 51-64.
4. The figure of 7.5 percent of Americans in 1988 unable to obtain needed medical care for financial reasons is similar to the 6 percent figure reported in Freeman et al., "Americans Report on Their Access to Care."
5. H.R. Aaron and W. Schwartz, *The Painful Prescription: Rationing Hospital Care* (Washington D.C.: The Brookings Institution, 1984).
6. Schieber and Poullier, "International Health Spending."