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At the Intersection of Health, Health Care and
Reform
The beliefs and values shaping today's health
reform debate
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The Beliefs And Values Shaping Today’s Health Reform Debate
by Robert J. Blendon, John Marttila, John M. Benson, Matthew C. Shelter, Francis J. Connolly, and Tom Kiley

Abstract: Survey results show that the American public comes to the health care reform debate with ambivalent feelings and a relatively low base of specific knowledge. But Americans also hold a set of core values that will shape their response to various proposals for national change. These include (1) a moral commitment to the uninsured; (2) a desire to achieve personal peace of mind; (3) a lack of self-blame; (4) a limited willingness to sacrifice; (5) reasoned self-interest in what changes are enacted; (6) a distrust of government; and (7) a healthy cynicism about the behavior of our major institutions.

As the debate about health care reform gets under way, we are about to see major speeches by political leaders and millions of dollars spent by interest groups on advertisements trying to persuade the public to embrace one or another view of the direction American health care should take. The various interested parties will employ experts to shape messages that will influence Americans’ support of or opposition to health reform. This DataWatch seeks to highlight the key beliefs, knowledge, political party differences, and core values that Americans will use to interpret what they see and hear in the coming debate.

Data and methods. The data reported here are derived primarily from a survey conducted 18-25 March 1993 by the Harvard School of Public Health and the Boston-based polling firm Marttila and Kiley, on behalf of The Robert Wood Johnson Foundation. Before he joined the Clinton administration, David Gergen chaired a nonpartisan national advisory committee during the survey’s design. The survey involved telephone interviews with 2,000 randomly selected adults nationwide. When interpreting these findings, one should recognize that all public opinion surveys are subject to sampling and nonsampling error. For a sample of 2,000 one can say with 95 percent confidence that the error due to sampling could be plus or minus 2.5 percent.

The survey investigated a number of topics: public interest in health care
issues; health insurance and health status; experience with the health care system and health insurance; and attitudes about specific policy proposals. What sets our survey apart from the multitude of other polls conducted on health care issues is its emphasis on the extent of public knowledge and the firmness or fluidity of public opinion on key issues. To this end, we made a conscious effort to allow respondents to express their ambivalence or lack of knowledge. Respondents who did not have an opinion or did not like the options presented were not forced to take a position. It also should be noted that survey respondents sometimes have a tendency to give socially acceptable answers. In the context of this and other polls such a tendency could lead to overstatements about respondents' knowledge of health care reform and/or their own personal involvement.

### Basic Beliefs About The Health Reform Debate

**Ambivalent beliefs.** Our survey confirms a number of specific results already reported elsewhere regarding Americans' health care coverage, concerns, and attitudes. A key original contribution of the current survey is to demonstrate the degree of ambivalence that surrounds a number of issues. The public currently does not distinguish the relative importance of various proposed goals for national health care reform (Exhibit 1). When presented with nine possible goals, a majority reported believing that each one is "very important." This relative lack of differentiation indicates that

#### Exhibit 1

**Americans' Perceptions Of Importance Of Key Health Reform Goals, 1993**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce waste/inefficiency</td>
<td>86</td>
</tr>
<tr>
<td>Provide coverage between jobs</td>
<td>82</td>
</tr>
<tr>
<td>Halt cost increases</td>
<td>77</td>
</tr>
<tr>
<td>Emphasize preventive care</td>
<td>73</td>
</tr>
<tr>
<td>Reduce malpractice suits</td>
<td>73</td>
</tr>
<tr>
<td>Improve overall quality</td>
<td>72</td>
</tr>
<tr>
<td>Provide coverage for uninsured</td>
<td>72</td>
</tr>
<tr>
<td>Reduce prescription drug costs</td>
<td>70</td>
</tr>
<tr>
<td>Give attention to women's health needs</td>
<td>60</td>
</tr>
</tbody>
</table>


*Note: Percentage who believe that goal is "very important."*
Americans are still making up their minds about what they want health care reform to accomplish.

One also can see evidence of the public's ambivalence about proposed solutions to the problems of the health care system in the mixed response to two leading proposals for reform: managed competition and government rate setting. When asked in separate questions whether managed competition (described as "getting hospitals, doctors, and insurance companies to compete for the right to provide health care to businesses and other large groups") and government price setting for doctors, hospitals, and insurers could lower health care costs, nearly three in four respondents said yes—74 percent for managed competition and 73 percent for government price setting. Presented with a choice between the two plans, however, the public is divided, and a significant percentage are unable or unwilling to decide (Exhibit 2).

The division among the public about these two approaches occurs largely along ideological, political, and socioeconomic lines. Men, conservatives, and Republicans, as well as well-educated and upper-income Americans, tend to favor managed competition; women, liberals, and Democrats, along with less well educated and lower-income subgroups, are significantly more likely to prefer government rate setting.

In an interesting finding, current health maintenance organization (HMO) members, who might be expected to prefer managed competition, have opinions very similar to non-HMO members, with 35 percent favoring managed competition and 40 percent preferring government price setting. It also is worth noting that 8 percent of all respondents are former HMO members. One in four (27 percent) of these persons reported that they no longer belong to an HMO because they were dissatisfied with the

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Exhibit 2
Americans' Views On Two Leading Approaches To Cost Control, 1993

<table>
<thead>
<tr>
<th>Percent</th>
<th>Government regulation</th>
<th>Managed competition</th>
<th>Neither</th>
<th>Both equal</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>39</td>
<td>31</td>
<td>24</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

service or quality of care, while another 14 percent cited high costs.

A similar division occurs when the public is asked whether it would be better to have private insurance companies or the government run the health insurance system. Americans are split almost evenly on this issue, with 41 percent of respondents favoring the government and 39 percent preferring private insurers. Further evidence of ambivalence is the fact that 9 percent preferred neither, and 11 percent were not sure. The large proportion of respondents who did not express a preference helps to explain why there is such a range of responses to similar questions asked in other surveys, which force respondents to make a choice that they do not necessarily want to make. This 20 percent, when forced in other surveys to make a choice, is likely to swing back and forth, depending on the context and the wording of questions.

The relatively even split between those favoring government and those preferring private-sector options masks a sharp disagreement along class and partisan lines about the preferred role of government in the health care system. Among conservatives, Republicans, and well-educated and upper-income Americans, a majority favors keeping the health insurance system in the hands of the private sector. Liberals, Democrats, and less well educated and lower-income Americans, by contrast, are more likely to believe that it would be better to put the government in charge of the system (Exhibit 3).

Low expectations for reform. Proponents of health care reform start with both an advantage and a disadvantage. To the reformers’ advantage, a majority of respondents (56 percent) said that the health care system needs a complete overhaul. To their disadvantage, a majority of Americans do not believe that they will benefit personally from reform. More than half of respondents (56 percent) believed that reform will be a net negative for themselves, either because their costs will go up without any increase in quality, or because the quality of care available to them will go down but they will still have to pay the same—or an even greater-amount of money.

Upper-income (73 percent of those with income above $75,000), Republican (67 percent), and conservative (63 percent) Americans are most likely to believe that national health reform will have a negative impact on the cost or quality of their own health care. Only 12 percent of the American people see a net gain for themselves under reform, through some combination of lower costs and increased quality of care (Exhibit 4).

Messages. Our survey tested seven possible positive and eight possible negative arguments about health care reform and asked respondents how each of these arguments would affect their support for reform. The messages were suggested by political consultants who work with Republican and Democratic candidates on policy issues. Depending on which of the seven
positive messages was presented, 63 to 83 percent of respondents said that the message made them more inclined to support health care reform. Significantly, messages showing that middle-class and working Americans are affected by health care problems seem to be very effective in gaining support for reform. These include messages explaining that the typical uninsured person is a middle-income person who holds a steady job and demonstrating the extent to which other workers have been affected by “job lock” and cuts in benefits (Exhibit 5).

Support for reform is highly vulnerable to arguments that equate reform with major sacrifices by a person and his or her family—for example, rationing of treatment or limiting a person’s choice of a doctor or hospital. The various negative messages on these issues make almost two-thirds of
Exhibit 4
Americans’ Expectations For Health System Reform, 1993

Notes: Negative expectations mean pay more/same quality, pay more/worse quality, and pay same/worse quality. Positive expectations mean pay less/better quality, pay less/same quality, and pay same/better quality. Neutral expectations mean pay same/same quality, pay less/worse quality, and pay more/better quality.

Americans less inclined to support health care reform (Exhibit 6).

These findings reveal something of the instability of public opinion as
the health care debate gets under way. Groups that have large advertising budgets to buy full-page newspaper advertisements and television and radio spots, and major political figures who have free access to the media, will have a real advantage because the public will be receptive to clearly stated messages—on the one side, that the people having problems are just like you; on the other side, that if we go ahead with reform, you and your family are really going to have to sacrifice.

Public Knowledge About Health Reform Issues

The public’s lack of knowledge about the specifics of health care reform is apparent throughout our survey—in the high percentages of incorrect answers to most of the factual questions and in the quickness with which those who profess opinions are willing to change them. Despite their

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Exhibit 6
Percentage Of Americans Less Inclined To Support Health Care Reform After Hearing Specific Messages, 1993

<table>
<thead>
<tr>
<th>Message</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>National health plan will hit elderly hardest, because they will share tax hike and pay more for Medicare</td>
<td>69</td>
</tr>
<tr>
<td>Your ability to choose doctors and hospitals could be restricted</td>
<td>64</td>
</tr>
<tr>
<td>There will be rationing, and some expensive treatments may no longer be available</td>
<td>60</td>
</tr>
<tr>
<td>The government will be even more involved, which means more waste and inefficiency</td>
<td>60</td>
</tr>
<tr>
<td>National health care will cripple small businesses</td>
<td>59</td>
</tr>
<tr>
<td>National health plan will lead to regional centers, and many local hospitals will close</td>
<td>59</td>
</tr>
<tr>
<td>Quality of care most of us now receive will be reduced</td>
<td>53</td>
</tr>
<tr>
<td>National health care means most of us will pay higher taxes</td>
<td>47</td>
</tr>
</tbody>
</table>

professed interest in health care reform (two out of three respondents said that they were following news coverage of health reform issues “very” or “fairly closely”), the public does not understand some basic aspects of the situation. For instance, many Americans are unfamiliar with some of the basic terms of the debate. Only 23 percent of respondents said that they know what managed competition means, 21 percent said that they know what single payer means, and 17 percent said that they know what play or pay means. In addition, a majority (59 percent) said that they know “not too much” or “nothing” about the Canadian health care system. These findings imply that advocates of a single-payer, Canadian-style national health care system face a public that has little idea of how that system works or its positive and negative features. This lack of understanding leaves an enormous opportunity for both opponents and proponents of such a plan to present selective information to shape public attitudes.

Compounding their lack of knowledge about the various health reform proposals, many Americans do not even know what their own health insurance covers: 21 percent of insured Americans are not sure if their insurance limits the total amount of benefits they can receive, and 37 percent are not sure if their insurance covers nursing home care.

A similar problem emerges when considering the options for cost containment. Before Americans are likely to support proposals such as national budget caps, increased coinsurance and deductibles, or rationing like that in Oregon, they have to understand the reasons that some experts think we need such changes. One of the key themes that emerges from the survey is that there is a distinct gap between the factors that the public believes are driving up health care costs and those cited by health care experts. In general, the public is most likely to say that greed, waste, and inefficiency are the principal factors contributing to the high cost of health care. The factors considered most important by the experts—an aging population, the use of expensive medical equipment, and a lack of incentive for people to look for lower-priced doctors and service—rank lower on the public’s list. Specifically, more than three in five respondents considered the following factors to be “very important” reasons for rising health care costs: the amount of greed and high profits in the health care system (67 percent); the number of malpractice lawsuits and court settlements (64 percent); and the amount of waste and inefficiency in the health system (61 percent). Fewer than half regarded the following as “very important” contributors: the costs of providing care to a growing population of elderly Americans (49 percent); the cost of using new and advanced medical technologies (47 percent); and the cost of relying on highly skilled, high-priced medical specialists for much of our health care (47 percent).

When it comes to relegating blame for the high cost of health care,
Americans tend to single out doctors, lawyers, and insurance companies as the main culprits. Perhaps most significantly, Americans do not blame themselves—as consumers of health care—for the system’s problems. Only 4 percent of respondents cited “patients” as being among the groups most worthy of blame for rising health care costs. Thus, the public believes that any major sacrifices necessary to reform the system should be made not by consumers but by the health industry. Americans tend, therefore, to see regulation as one of the fairest and most effective ways to control costs.

By consensus-level margins the public favors increasing government regulation of the health care industry to control costs. More than four in five respondents favored limiting the price of prescription drugs (86 percent); limiting the fees that doctors and hospitals can charge (82 percent); and limiting private health insurance rates (81 percent). In addition, 61 percent said that they are willing to support a new tax that would be paid by doctors, hospitals, and insurers to achieve universal coverage.

**Political Party Differences**

Our survey suggests that Republicans and Democrats bring different preferences to the health reform debate. Republicans tend to be less supportive of major changes to the current system than are Democrats or Independents. Republicans also are less likely to be uninsured or anxious about their health coverage and are more likely to be satisfied with their insurance. Perhaps not surprisingly, then, Republicans also are less likely to consider health care reform a top priority, less likely to favor a complete overhaul of the current system, and more likely to believe that reform will affect them negatively. Democrats attach greater importance to nearly all possible goals for a national health plan than do Republicans and are more likely than Republicans to be moved by any of the arguments for reform that we tested. Republicans, on the other hand, are more likely to be swayed by the arguments against reform.

**Core Values**

While the American public may not know a lot of specific facts about health care reform, they come to this debate with a set of core values that inform and shape their thinking on the topic. These are the core values that will exert a strong influence on Americans’ thinking throughout the health reform debate.

**A moral commitment to the uninsured.** Our survey shows that moral concern for the uninsured is a strong public value. This value alone, however, is not enough to generate popular support for a national health
care program. Simply put, moral concern by itself will not spur the 85 percent of Americans who have health coverage into action on behalf of the 15 percent who do not. At the same time, this fundamental concern for the uninsured remains a powerful factor in shaping public attitudes toward health care reform. Any proposal aimed at assuring universal access is likely to enjoy a great deal of political legitimacy, grounded in the moral convictions of the American people.

**Personal peace of mind.** Although Americans are not likely to be driven to political action solely by the plight of the comparatively few who are uninsured, they certainly are motivated by worries that the problems of the uninsured may one day be their problems. Underlying our survey results is a clear sense of anxiety—the fear that one’s own health coverage may at some time prove to be inadequate. To the extent that Americans see their own sense of security threatened, they will be far more likely to endorse significant actions to reform the health care system.

**A lack of self-blame.** Americans do not see the problems of the health care system as their own doing. When asked to assess responsibility for the nation’s health care ills, only 4 percent of respondents named “patients” as among the one or two most blameworthy groups. While ready to cast blame on the major components of the health care system (including doctors, insurers, and hospitals), Americans do not sense that many of the system’s problems may be related to their own behavior as consumers of health care—or at least to the lack of incentive for consumers to be price-conscious. As a result, it seems clear that Americans are looking for reforms that will affect primarily the behavior of the major institutions that make up the system, rather than their own behavior.

**A limited willingness to sacrifice.** Although the public’s willingness to give up essential elements of their current health care arrangements is clearly limited, it is apparent that Americans are willing to make moderate sacrifices for the sake of reform. Our survey shows that they would, for instance, favor the idea that patients should visit a primary care physician before seeking treatment from a specialist. It seems unlikely that Americans will—in the short term, at least—countenance much more drastic measures such as rationing, which they would likely see as an erosion of quality.

Similarly, our survey finds a limited willingness to pay more, in either taxes or higher premiums, to fund a national health care program. Even an increase of $30 per month failed to win majority support. However, the levels of public support for a number of tax initiatives tested in the survey (including increased “sin taxes”) are noticeably higher than the support for a number of nonfiscal reforms (including limiting a patient’s choice of doctors or access to advanced medical technology).

**Reasoned self-interest.** While anxieties about personal health care
appear to be guiding the American public to support significant health care reform, several competing values are serving as a brake on any headlong rush toward wholesale change. Among the most significant of these is the reasoned self-interest of the average American—who is, by and large, satisfied with his or her current health care.

**Distrust of government.** As is the case with virtually every major public policy issue, the public’s pronounced reluctance to allow the federal government a more active role in their lives will influence the health care issue. Distrust of “big government” is a long-established American political value, bolstered by the belief that the private sector is inherently more efficient than government. This belief is tempered, however, by distrust of the health insurance industry.

**Cynicism about “the system.”** Americans are cynical about the efficiency and ethical behavior of major institutions in our society. They believe that the most serious problems facing the health care system are those caused by the waste, inefficiency, and greed of the major institutions involved—insurance companies, hospitals, the medical profession, and malpractice lawyers. While there is clearly some truth in the public’s perception of a system plagued by inefficiency, this view causes the public to overlook many more significant long-term problems, such as the aging of the American population, the frequent use of expensive new technologies, and the cost of using highly trained medical specialists. Because Americans do not see these other factors as important, they will be unwilling to support proposals to address them if the proposals involve major sacrifices for themselves and their families.

Given the American public’s ambivalence, lack of detailed knowledge, and conflicting core values, it is still too early to be sure how the health care reform debate will be resolved. But the critical battleground for proponents and opponents of health reform will be determined by the public’s answer to one simple question: Will my family be better or worse off because of health care reform?

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**NOTE**