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Americans’ Views On Health Care: A Study In Contradictions
by Cindy Jajich-Toth and Burns W. Roper

Americans’ attitudes toward their health care system and its financing have been the subject of numerous recent reports in both professional journals and the popular press. Many of these articles report significant dissatisfaction with the current U.S. health care system and a preference for some form of national health program. Others note apparent inconsistencies in popular views. The most obvious example is that while Americans express a preference for a “national health plan,” they do not want to pay additional taxes to support such a program.

Public opinion research at the Health Insurance Association of America (HIAA) has addressed in detail Americans’ attitudes toward their health coverage and possible approaches to reform. The results highlight the apparent contradictions in the public’s attitudes and suggest that expressions of support for “national health insurance” are more accurately read as an index of frustration with the shortcomings of our current health system than as support for a government-run health insurance system.

Specifically, although many Americans do express a preference for “national health insurance” or for insurance on a foreign model, such as Canada’s, we find the following: (1) A large majority of Americans are highly satisfied with their own health insurance and health care. (2) Many Americans are dissatisfied with aspects of our present system, and, as a result, they show support for change. (3) Public support is greater for reform approaches that do not involve direct government operation of the health insurance system than for government-run approaches such as Medicare. In addition, many Americans think a government program of health insurance would have negative effects on the system and on their own health care. (4) While Americans clearly are concerned about the shortcomings of our present health care system, the percentage expressing support for “fundamental” changes or for strictly government-run alternatives (such as a Canadian-style system) varies across surveys.

Cindy Jajich-Toth is associate director of opinion research for the Health Insurance Association of America in Washington, D.C. Burns Roper is chairman of the Roper Organization in New York City and the Roper Center in Storrs, Connecticut.
These responses may be affected by the questions’ context, suggesting that the opinions are not strongly held; therefore, extreme caution is appropriate in drawing policy conclusions from survey data as they now exist (or as public opinion now exists). This DataWatch reviews findings from HIAA’s most recent public opinion surveys and explores what these cross-currents in public opinion portend for health policy reform.

**Data and methods.** Data reported here come from the Monitoring Attitudes of the Public (MAP) survey, an annual public attitudes survey of approximately 1,500 people (1,484 for 1989 and 1,510 for 1990). This survey uses face-to-face interviews in respondents’ homes. The scientifically selected sample is representative of the U.S. adult population age eighteen and over. The data are statistically weighted to be representative of all Americans. The health insurance portion of this survey has been sponsored by HIAA for more than a decade and conducted by the Roper Organization since 1985.

### Elements Of Satisfaction With The U.S. Health Care System

As in years past, in 1990, Americans are generally satisfied with most facets of their own health insurance. Among those with insurance protection, 83 percent are pleased with their insurance coverage and the benefits it provides, and half of them are very satisfied (Exhibit 1). Seventy-nine percent are satisfied with the medical services and treatments covered in their policies; 75 percent say they are happy with the proportion of medical care costs paid by their health insurance; and 72

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**Exhibit 1**

Satisfaction With Present Health Insurance Coverage

![Pie chart showing satisfaction levels with health insurance](source)

**Source:** Health Insurance Association of America, Monitoring Attitudes of the Public (MAP) Survey, 1990.
percent are satisfied with how promptly their insurer pays claims. Americans are similarly satisfied with their health care. Eighty-eight percent express satisfaction with the quality of care they receive from their doctors. They are a bit less satisfied (79 percent) with the quality of care they receive in hospitals.

**The health care system.** Despite people's strong satisfaction with their personal experiences in the health care system, it is evident that in the public mind, not all is well with the system: Only one-quarter (25 percent) of Americans say that the health care system works pretty well and that only minor changes are necessary to make it work better. Forty-four percent say that there are some good things about our health care system, but fundamental changes are needed to make it work better. Another quarter (25 percent) of the population say that the health care system has so much wrong with it that we need to completely rebuild it.

To probe the reasons for this apparent dissatisfaction with our system, we asked a follow-up question of those who told us they thought our system needed either "fundamental changes" or to be "completely rebuilt." In this open-ended question, we asked people to identify the system's most serious problems. Cost problems are paramount; 56 percent of respondents feel that costs are too high. Respondents cite high costs in general, the high cost of premiums, and high doctor and hospital fees. In addition, fewer than a third (31 percent) of Americans say they are satisfied with the cost of medical care.

Access to health care is the second most frequently cited problem in this same question; 32 percent of respondents mention problems related to the availability of health care or health insurance. For example, people display uneasiness over the possibility of losing job-related health insurance. In a series of theoretical questions we asked in 1989, we found that nearly two-thirds (64 percent) of those with group coverage said they were concerned about the possibility of losing it when they leave a job; a majority (52 percent) expressed concern about being unable to qualify for health insurance because of a health problem when changing jobs, or about working part time and not having insurance. Anxieties over cost, access, and gaps in coverage probably explain in part the apparent abundance of support for "public health insurance" shown in public opinion polls in recent years:

**Reducing health care costs.** Since cost is one of the biggest concerns expressed about our present health care system, in 1990 we endeavored to find out what types of cost-reduction measures the public would favor. About three-quarters (72 to 75 percent) of the public view the following potential features or modifications of our present system as good solutions to reducing health care costs: "Give patients incentives to use efficient
doctors and hospitals, such as PPOs [preferred provider organizations] and HMOs [health maintenance organizations];” “except in emergencies, require[e] that doctors’ major treatment decisions be reviewed to assure that they are appropriate and not too costly;” “develop treatment guidelines which doctors would generally be expected to follow;” and “place government limits on hospital and physician prices.”

A smaller majority support the adoption of a national or state health plan with government control of the total health care budget (58 percent); 52 percent support using guidelines and standards to limit the use of expensive technologies, such as transplants. Having insurance pay less and employees pay more of the cost of medical care to reduce use of services is decidedly unpopular (only 22 percent support it).

Helping the uninsured. To address access problems, we presented four proposals aimed at ensuring that everyone gets some type of health care coverage (Exhibit 2). The public support all of them to varying degrees.

The first proposal, “making private insurance more available and affordable and providing tax subsidies so low-income workers and small employers can afford it,” is supported by 90 percent of the public, while 5 percent are opposed. The second, “setting up a new public program to provide coverage to anyone who doesn’t get health insurance through their employer,” has 82 percent support, while 10 percent oppose it. The third, “requiring all employers, including small employers, to provide health care benefits for their employees,” has 71 percent support, while 18 percent oppose it. The fourth proposal, “expanding the Medicare

Exhibit 2
Public Support For Policy Options For Those Without Health Care Coverage

<table>
<thead>
<tr>
<th>Policy Option</th>
<th>Favor</th>
<th>Oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make private insurance more available</td>
<td>90</td>
<td>5</td>
</tr>
<tr>
<td>Public program for the uninsured</td>
<td>82</td>
<td>10</td>
</tr>
<tr>
<td>Mandate employer coverage</td>
<td>71</td>
<td>18</td>
</tr>
<tr>
<td>Expand Medicare</td>
<td>69</td>
<td>21</td>
</tr>
</tbody>
</table>

program to cover all Americans," has support from 69 percent of respondents and is opposed by 21 percent.

All the proposals, private and governmental, receive strong support; this indicates that the public see the need for a change of some kind. However, while the support for expanding Medicare is substantial, other options garner greater support. It is perhaps worth noting that the policy option incorporating private health insurance is opposed by only 5 percent of the public, while 21 percent oppose expanding Medicare (a specific example of a government-run national program).

When told that more than thirty million people do not have health insurance or coverage by a government program, Americans say that lack of coverage is a problem requiring government action. Paying for a government solution, however, is problematic. Forty percent think that lack of coverage is a problem that demands government action even if new taxes are needed. Fifty percent, however, are not willing to pay more in taxes; they say either that they see lack of coverage as a problem that needs a government solution, but only if no new taxes are needed to support it (36 percent), or that lack of coverage is a problem, but one that does not require government action (14 percent).

**Support for national health insurance.** Most opinion polls have sought to determine public support for government-run public health insurance by asking whether respondents favor such an approach based on, at most, a very brief description of what the program might be like. In MAP 1990, we decided to approach the topic from a slightly different angle. We asked: "How do you think you would be affected if a government-run health insurance program were in place? [Would] health care be more costly than it is now; less costly; or would it cost the same as it costs now?" The same question was then repeated for quality of care, freedom of choice, and how personal the care would be.

Asking the question in this way yields some surprising answers for those who believe there is a groundswell of support for a public program. Americans think a government-run system would adversely affect their freedom of choice. They believe care would become impersonal. A substantial minority believe quality would suffer, and many doubt that such a system would save money. A majority (54 percent) believe that their freedom in choosing doctors and services under a government-run program would be restricted. Twenty-six percent think freedom of choice would be the same as it is now. Twelve percent think they would have more freedom of choice than they have now. A majority (54 percent) also think that health care would be less personal under a government-run program. Thirty-one percent think care would be just about as personal as it is now. Just 7 percent think health care would be more personal than
it is with our present system. Regarding quality, 39 percent think that a government-run program would lead to lower-quality health care; 36 percent think that quality would be about the same; and only 16 percent think that quality would improve if a government program were in place (Exhibit 3). Regarding cost, 39 percent believe such a program would be less costly than the system we have now, but 31 percent think a government program would actually cost more; 18 percent think it would cost about the same. In short, nearly half say that a government program would cost at least as much as the system we have now (Exhibit 3). These results are certainly not consistent with the view that there is a surge of support for government-run health insurance.

Comparison with Canadian health system. Some findings from 1989 make the same point. In 1989, we used a question first asked by Louis Harris and Robert Blendon in a cross-national public opinion poll taken in late 1988 and reported in *Health Management Quarterly* and *Health Affairs.* Harris and Blendon gave a brief positive description of the Canadian national health insurance system and asked people which system they preferred, the American or the Canadian. For our analysis, we repeated the question but then probed further to find out the popularity of various elements of the Canadian national health insurance system. The original question read: “In the Canadian system of national health insurance, the government pays most of the cost of health care for everyone out of taxes, and the government sets all fees charged by doctors and hospitals. Under the Canadian system people can choose their own

Exhibit 3
Effect Of Government Health Insurance On Quality And Cost Of Health Care

[Diagram showing quality and cost perceptions]

*Source: Health Insurance Association of America, MAP Survey. 1990.*
doctors and hospitals. On balance, would you prefer the Canadian system or the system we have here?” Based on this description, 45 percent of MAP respondents preferred the Canadian system, while 37 percent preferred the U.S. system. But how did those who said they preferred the Canadian system, based on this brief description, react when specific components of the system were described?

Support for these components is mixed. The subgroup of people who say they prefer the Canadian system respond positively to provider choice (94 percent) and universal coverage (94 percent). They also find fee control for doctors and hospitals (88 percent) and paying for health care costs out of taxes (90 percent) acceptable. But when people are asked about the acceptability of paying substantially higher taxes to support the system, the approval figure drops to 57 percent.

A majority (60 percent) of persons indicating support for the Canadian system as described find government control of benefits acceptable, but 91 percent want to retain the ability to privately insure benefits not provided by the government. Reaction to prohibitions against private coverage for government-provided benefits (such as exist in Canada) is negative; 48 percent find it unacceptable. This discontent jumps to 62 percent when it is pointed out that this prohibition precludes private coverage to avoid waiting periods for certain government-provided treatments. Eighty-one percent of the subgroup find waiting periods of many months for some high-cost treatments unacceptable. Again, what at first appears to be active support for a government-run program turns to ambivalence as further aspects of such a system are presented.

The subtle effects of context. The results of our questions on Canadian health care also raise another issue. We found that 45 percent of MAP respondents prefer the Canadian system. Less than a year earlier, Harris and Blendon found that 61 percent of Americans expressed that preference (Exhibit 4). What accounts for this sixteen-point difference? Both surveys use representative samples. The Blendon survey was by telephone; MAP is an in-person household interview. Yet it is hard to see how the different modes of interviewing could produce this discrepancy.

A possible explanation is suggested by results the Roper Organization has obtained from a question it has asked periodically since 1973. The question is aimed at determining public preference for our present system of private health insurance versus a national health insurance program (Exhibit 5). In three of six years, national health insurance won over private insurance; in the other three, private insurance won. Is public opinion on this issue as volatile as it appears to be?

The explanation for the apparent shifts in attitude seems to be that answers to the national health insurance question were affected by the
exhibit 4
preference for canadian system description versus u.s. system, 1989

<table>
<thead>
<tr>
<th></th>
<th>Harris/Blendon results</th>
<th>Roper/HIAA results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefer Canadian system</td>
<td>61%</td>
<td>45%</td>
</tr>
<tr>
<td>Prefer own system</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>Don’t know/no answer</td>
<td>2%</td>
<td>18%</td>
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items preceding it. If the question about public versus private insurance followed questions about medical care or medical cost, private insurance was favored. If the question about public versus private insurance was asked by itself, national health insurance won. It seems that when respondents are first asked about their own experiences with health care and cost, they assess what they have and then lean in the direction of supporting the present system.

This explanation could account for the difference in the Blendon and MAP results (45 percent of MAP respondents, and 61 percent of Blendon respondents, preferred the Canadian system). Blendon asked three questions—one on rating the health care system, one on priorities for government spending, and one on satisfaction with health care services—before he addressed the issue of public versus private systems by asking respondents if they would prefer the Canadian system. In MAP, we asked a series of questions about health care, health insurance, the health insurance industry, and the health care system before asking respondents whether they would prefer the Canadian system. It could be that after people assess what they have in the MAP survey, they are less likely to “vote” for a public health insurance system.

When comparing MAP 1990 results to Blendon’s results on a question of general satisfaction with the U.S. health care system, the Roper “context effect” seems to reappear. In MAP, one-quarter (25 percent) of Americans say that the health care system works pretty well and that only

exhibit 5
differing options as to how health insurance should be provided

<table>
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</thead>
<tbody>
<tr>
<td>Present private plan</td>
<td>50%</td>
<td>43%</td>
<td>45%</td>
<td>50%</td>
<td>40%</td>
<td>49%</td>
</tr>
<tr>
<td>National plan</td>
<td>40%</td>
<td>45%</td>
<td>47%</td>
<td>40%</td>
<td>44%</td>
<td>41%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>10%</td>
<td>12%</td>
<td>9%</td>
<td>10%</td>
<td>15%</td>
<td>10%</td>
</tr>
</tbody>
</table>

minor changes are necessary to make it work better. Only 10 percent of Blendon’s sample gave this response. Of MAP respondents, 44 percent agree that there are some good things about our health care system, but fundamental changes are needed to make it work better; of Blendon’s respondents, 60 percent held this view. Similar percentages say that the health care system has so much wrong with it that we need to completely rebuild it-25 percent in MAP, 29 percent in Blendon’s survey.

Thus, in the MAP survey, people seem more positive about the present system, particularly in choosing whether they think the system needs “minor” or “fundamental” changes. Again, this does not discount the large proportion of people who want to see reform in our health care system, but it does show great variation in answers to the same question.

In conclusion, survey data from different studies, with different questions, asked in different contexts, show no clear consensus on American health care issues. The American people desire change, but they are either ambivalent or undecided about what that change should entail. These issues must be explored in greater depth before we draw firm conclusions about what Americans really want from their health care system.

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NOTES