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Fundamental Health Care Values

Most Americans believe in equal access to care, with those who are better off or are healthy subsidizing the care of those who are poor or sick.

However, large minorities disagree, and a slender majority opposes, "a substantial increase in taxes" to make sure everyone can get the health care they need.

In 1991 the Baxter Foundation commissioned Harris Interactive (at that time, Louis Harris & Associates) to conduct a survey measuring basic public values in relation to the financing of, and access to, health care in the United States and four other countries. The results of this research were published in *Health Management Quarterly (HMQ)*, the journal of the Baxter Foundation, in a paper written by Humphrey Taylor of Harris Interactive and Uwe Reinhardt of Princeton University, titled "Does the Health Care System Fit?" The authors concluded that "given that majorities (some of them very large) or pluralities of Americans, like those in other countries, support positions in favor of universal coverage, it is clear that the American health care system does not reflect the ideology or social ethic of most Americans....The American health care system does not match American values."

Now Harris Interactive has repeated seven of the questions from that survey to measure contemporary American values and to determine what changes have taken place over the twelve years since 1991. The results are presented in this issue of *Harris Interactive Health Care News*.

The big picture is that majorities of all adult Americans tend to believe in the principle of equal access to health care for the rich and the poor, with the healthy subsidizing the cost of care for the sick, and the more affluent subsidizing the cost of care for the poor. However, these majorities are not overwhelming, and a modest majority of all adults are opposed to a substantial increase in taxes even if that is "the only way to make sure everyone can get the health care they need."

The data also show substantial, if not overwhelming, differences among Republicans, Democrats and Independents, with (unsurprisingly) Democrats supporting a redistributive social ethic more strongly than Republicans. However, most Republicans support the principle of universal access, believe the government should work to achieve this and that tiering by ability to pay is unfair.

Equality of access versus tiering by income or wealth

Large majorities of Americans including, most Republicans, reject the idea that people with more money should have access to better quality care than people with less money:

- By 75% to 21% (including a 66% to 30% majority of Republicans), most people *agree* that "people who are unemployed or poor should be able to get the same amount and quality of medical services as people who have good jobs and are paying substantial taxes."
- By 69% to 27% (including a 63% and 32% majority of Republicans), most people *disagree* that "it's fair that people who pay more in taxes (or in health insurance premiums) should be able to get better medical care than those who pay little or nothing."

- A large 69% to 28% majority of the public (including a 52% to 45% majority of Republicans) believes that “the government should do whatever is necessary, whatever it costs in taxes, to see that *everyone* gets the medical care they need.”

Redistribution of resources from the healthy to the sick to pay for health care

Majorities of adults favor the redistribution of resources from the healthy to the sick but Republicans are less likely to agree.

- A substantial 60% to 35% majority of the public (including a 57% to 40% majority of Republicans) *disagrees* that “it is unfair to take money through taxes from the young and middle-aged who work to pay for the medical care of those who are old and sick.”
- A slender 57% to 42% majority of the public *disagrees* that “it’s unfair to require the majority of people who are healthy to pay for most of the cost of treating those who are sick and are heavy users of hospitals and doctors,” but a 52% to 43% majority of Republicans agree with this statement.

Redistribution from those with more income or wealth to those with less

The public is more equally divided on the issue of redistributing money from the more to less affluent to pay for health care, with attitudes strongly correlated with party identification:

- A bare 51% to 46% of the public agrees that “the higher someone’s income is, the more he or she should expect to pay in taxes to cover the cost of people who are less well off and who are heavy users of medical services.” However, a 53% to 44% majority of Republicans *disagree* with that statement.

Raising taxes to provide universal access?

On the tough issue of raising taxes, the public is also somewhat polarized by party. While a modest 52% to 43% majority of the public *disagrees* that “if the only way to make sure that everyone can get the health care services they need is to have a substantial increase in taxes, we should do it,” most Democrats (by 53% to 44%) would favor a substantial tax increase. A much larger majority of Republicans (by 60% to 35%) would oppose a substantial tax increase. However as noted earlier, majorities of both Republicans and Democrats *agree* with the statement that the government should do “whatever it costs in taxes to see that everyone gets the medical care they need.”

On all of these issues, the attitudes of Independents fall between those of Republicans and Democrats – which is no surprise.

While, as noted above, the attitudes of Democrats and Republicans differ in predictable ways on all these questions, there are large numbers of Republicans who take the more Democratic view and vice versa. Indeed, majorities of Republicans (albeit smaller minorities) agree with most Democrats on the poor having equal access to care and on the responsibility of the government to ensure it. On the other hand, substantial minorities of Democrats side with most Republicans against the redistribution of resources from the more to the less affluent (42%) and in opposing a substantial tax increase to ensure universal access to care (44%).

TABLE 1
Seven “Values”: 2003 – By Party

“Please tell us whether you agree or disagree with the following statements about health care.”

Base: All adults

		PARTY I.D.			
		All Adults	Repub- licans	Democ- rats	Independ- ents
		%	%	%	%
People who are unemployed and poor should be able to get the same amount and quality of medical services as people who have good jobs and are paying substantial taxes	Agree	75	66	81	72
	Disagree	21	30	17	20
	Not Sure/ Refused	5	4	2	8
It’s unfair to require the majority of people who are healthy to pay for most of the cost of treating those who are sick and are heavy users of hospitals and doctors	Agree	42	52	38	40
	Disagree	52	43	57	49
	Not Sure/ Refused	7	5	5	11
The government should do whatever is necessary, whatever it costs in taxes, to see that everyone gets the medical care they need	Agree	69	52	83	65
	Disagree	28	45	16	33
	Not sure/ Refused	3	3	1	2
It’s fair that people who pay more in taxes (or in health insurance premiums) should be able to get better medical care than those who pay little or nothing	Agree	27	32	22	29
	Disagree	69	63	76	67
	Not sure/ Refused	3	5	1	5
The higher someone’s income is, the more he or she should expect to pay in taxes to cover the cost of people who are less well off and are heavy users of medical services	Agree	51	44	57	49
	Disagree	46	53	42	46
	Not sure/ Refused	3	3	2	5
It’s unfair to take money through taxes from the young and middle-aged who work to pay for the medical care of those who are old and sick	Agree	35	40	29	32
	Disagree	60	57	67	61
	Not sure/ Refused	5	3	4	7
If the only way to make sure that everyone can get the health care services they need is to have a substantial increase in taxes, we should do it	Agree	43	35	53	43
	Disagree	52	60	44	54
	Not sure/ Refused	4	5	3	4

Changes in values since 1991

The fundamental values of most Americans in 2003 have not changed substantially since 1991, over the twelve years which included President Clinton’s failed attempt of reforming the system. However, there have been some significant changes:

- Those who agree that the poor and unemployed should have equal access to care have declined from 84% to 75% while those who disagree have *increased* from 14% to 21%.
- Those who think it unfair that the healthy majority subsidizes the care of the sick have *decreased* somewhat from 47% to 42%.

- The majority who thinks the government should do whatever is necessary to ensure universal access has *declined* from 76% to 69%.
- Those who think tiering (those with more money getting better care) is fair have *declined* from 35% to 27%.
- Those who believe it is fair that people with higher incomes should pay more in taxes to pay for the care of “people who are less well off and are heavy users of medical services” have *declined sharply* from 66% to 51%.

TABLE 2
Seven “Values”: 1991 And 2003

“Please tell us whether you agree or disagree with the following statements about health care.”

Base: All adults

			Agree	Disagree	Not Sure/ Refused
People who are unemployed and poor should be able to get the same amount and quality of medical services as people who have good jobs and are paying substantial taxes	1991	%	84	14	2
	2003	%	75	21	5
It’s unfair to require the majority of people who are healthy to pay for most of the cost of treating those who are sick and are heavy users of hospitals and doctors	1991	%	47	49	4
	2003	%	42	52	7
The government should do whatever is necessary, whatever it costs in taxes, to see that everyone gets the medical care they need	1991	%	76	22	2
	2003	%	69	28	3
It’s fair that people who pay more in taxes (or in health insurance premiums) should be able to get better medical care than those who pay little or nothing	1991	%	35	63	2
	2003	%	27	69	3
The higher someone’s income is, the more he or she should expect to pay in taxes to cover the cost of people who are less well off and are heavy users of medical services	1991	%	66	30	4
	2003	%	51	46	3
It’s unfair to take money through taxes from the young and middle-aged who work to pay for the medical care of those who are old and sick	1991	%	34	63	3
	2003	%	35	60	5
If the only way to make sure that everyone can get the health care services they need is to have a substantial increase in taxes, we should do it	1991	%	*	*	*
	2003	%	43	52	4

*The 1991 data on this issue came in response to a slightly different question, so the data (and the trends) have not been included.

So what? Political implications.

While these results show that the public is rather unhappy with the failures of our health care system, they do not suggest that we are close to any potential tipping point in public values which would bring irresistible pressure on the government for fundamental reform. While majority opinion is supportive of universal access and the healthy subsidizing the sick, the public is more evenly divided on the redistribution of resources from the more affluent to the less affluent and, on balance, opposes a substantial tax increase to provide universal access. Furthermore, a Republican administration and a Republican-controlled Congress will, obviously, be more influenced by the views of Republican voters who are less supportive of fundamental changes.

The likelihood is that while both public and private sector health care plans will continue to change, we will (to use the phrase of Eli Ginsburg from the early 1990s) continue to “schlepp along,” without greatly reducing the numbers of uninsured, for the foreseeable future.

Methodology

This Harris Interactive survey was conducted by telephone within the United States between February 12 and 16, 2003 among a nationwide cross section of 1,010 adults (ages 18+). Figures for age, sex, race, education, number of adults and number of voice/telephone lines in the household were weighted where necessary to align them with their actual proportions in the population.

In theory, with a probability sample of this size, one can say with 95 percent certainty that the results have a statistical precision of plus or minus 3 percentage points of what they would be if the entire adult population had been polled with complete accuracy. Unfortunately, there are several other possible sources of error in all polls or surveys that are probably more serious than theoretical calculations of sampling error. They include refusals to be interviewed (non-response), question wording and question order, interviewer bias, weighting by demographic control data and screening (e.g., for likely voters). It is impossible to quantify the errors that may result from these factors.

These statements conform to the principles of disclosure of the National Council on Public Polls.

About Harris Interactive®

Harris Interactive (www.harrisinteractive.com) is a worldwide market research and consulting firm best known for *The Harris Poll*®, and for pioneering the Internet method to conduct scientifically accurate market research. Headquartered in Rochester, New York, U.S.A., Harris Interactive combines proprietary methodologies and technology with expertise in predictive, custom and strategic research. The Company conducts international research through wholly owned subsidiaries—London-based **HI Europe** (www.hieurope.com) and Tokyo-based **Harris Interactive Japan**—as well as through the Harris Interactive Global Network of local market- and opinion-research firms, and various U.S. offices. EOE M/F/D/V

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