



The 2001 Health Confidence Survey Summary of Findings

October 2001

Overview

The 2001 Health Confidence Survey (HCS) finds that satisfaction has increased with the health care Americans currently receive, but health care continues to be an issue of concern for many Americans and they remain skeptical about the future of the health care system.

- Among those respondents who have received care in the past two years,
 - Forty-six percent are *extremely* or *very* satisfied with the care they have received in general (up from 39 percent in 2000).
 - Nearly half are *extremely* or *very* satisfied with their ability to get referrals to specialists (47 percent, up from 39 percent in 2000).
 - Three in 10 are *extremely* or *very* satisfied with the cost of their health insurance (31 percent, up from 24 percent in 2000), and one-fourth are *extremely* or *very* satisfied with health costs not covered by insurance (26 percent, up from 20 percent in 2000).
- Two in 10 respondents to the 2001 HCS named health care as the most critical issue facing America today (20 percent, up from 14 percent in 1998). This places health care behind the top-rated issue, education (23 percent), and about equal to crime (19 percent) as the issue considered to be most critical.
- Just one-third of respondents are *extremely* or *very* confident that they will be able to get the treatments they need during the next 10 years (34 percent), while only 2 in 10 are confident they will be able to get needed treatments once they are eligible for Medicare (21 percent).
- Less than one-fourth are *extremely* or *very* confident that they will be able to afford health care without financial hardship during the next 10 years (22 percent). Even fewer are confident they will be able to do so once they are eligible for Medicare (15 percent).

At the same time, the HCS finds that many Americans are unaware of national health care issues or may feel that these issues do not affect them. This is reflected by HCS findings that many respondents are unaware that they participate in managed care health plans, the level of knowledge about public programs is low, and there is general satisfaction with the status quo of employment-based health insurance coverage.

Satisfaction With Health Care

Satisfaction with the health care Americans currently receive has increased somewhat over the past year. Among those receiving health care in the past two years, the percentage of respondents saying they are *extremely* or *very* satisfied with the health care they have received, in general, has increased 7 percentage points, from 39 percent in 2000 to 46 percent in 2001. More than 4 in 10 are now *somewhat* satisfied (42 percent), while 1 in 10 are *not too* or *not at all* satisfied (10 percent). Additionally, the percentage reporting they are *extremely* or *very* satisfied with hospitals where they have received treatment has increased 6 percentage points (from 43 percent in 2000 to 49 percent in 2001), and satisfaction with the ability to get referrals to specialists also has increased 8 percentage points (from 39 percent to 47 percent). These

increases may be attributable to changes implemented in many managed care programs, such as the easing of referral requirements and increased availability of grievance review processes.

**Satisfaction With Selected Aspects of Health Care
Among Those Receiving Care in Past Two Years**

	Health Care Received- in General				Hospitals Where You Have Received Care			
	1998	1999	2000	2001	1998	1999	2000	2001
Extremely satisfied	13%	11%	9%	10%	17%	12%	13%	16%
Very satisfied	33	32	30	36	27	32	30	33
Somewhat satisfied	40	43	44	42	27	26	29	26
Not too satisfied	7	11	10	6	6	8	6	4
Not at all satisfied	4	4	6	4	5	4	5	4
Don't know	3	1	1	1	3	3	2	3
Not applicable (did not receive hospital care in the past two years)	-	-	-	-	16	16	14	14

Satisfaction with health care costs also has increased, perhaps due to the fact that employers have absorbed the majority of the latest increases in health insurance premiums. Three in 10 respondents to the 2001 HCS indicate they are *extremely* or *very* satisfied with the cost of their health insurance (31 percent, up 7 percentage points from 24 percent in 2000), and one-fourth are satisfied with health costs not covered by insurance (26 percent, up 6 percentage points from 20 percent in 2000). However, dissatisfaction with health care costs remains high. One-third are *not too* or *not at all* satisfied with the cost of health insurance (33 percent) and 37 percent are *not too* or *not at all* satisfied with health costs not covered by insurance.

**Satisfaction With Health Care Costs
Among Those Receiving Care in Past Two Years**

	Cost of Health Insurance				Health Costs Not Covered by Insurance			
	1998	1999	2000	2001	1998	1999	2000	2001
Extremely satisfied	13%	7%	8%	11%	7%	5%	5%	8%
Very satisfied	18	19	16	20	14	17	15	18
Somewhat satisfied	32	34	31	30	30	31	29	30
Not too satisfied	17	19	19	16	17	20	19	17
Not at all satisfied	15	14	20	16	20	17	24	20
Don't know	1	2	1	2	4	2	2	2
Not applicable	4	5	4	4	8	8	5	6

Despite these increases in satisfaction, health care continues to be a major concern for many Americans. Two in 10 respondents name health care as the single most critical issue in America today (20 percent). This places health care just below education (23 percent) and about equal to crime (19 percent) as an issue of concern. Health care ranks ahead of the economy (13 percent), Social Security (9 percent), taxes (7 percent), and national defense (4 percent) as the most critical issue. The perception of health care as the most critical issue is related to age and gender. One-fourth of respondents ages 45 and older (26 percent) and women (25 percent) select health care as the most critical issue in America today, making health care the most frequently named issue for these groups.

Most Critical Issue in America Today, by Gender and Age

	Total	Gender		Age	
		Men	Women	Under 45	45 & Older
Education	23%	23%	24%	29%	17%
Health care	20	15	25	14	26
Crime or violence	19	17	22	20	18
The economy	13	18	9	16	10
Social Security	9	9	9	5	13
Taxes	7	10	5	9	6
National defense	4	6	3	3	5
Don't know	3	3	3	2	4

Confidence in the Future of the Health Care System

As in previous versions of the HCS, many Americans are pessimistic about the future of the health care system. Just one-third of respondents are *extremely* or *very* confident that they will be able to get the treatments they need over the next 10 years (34 percent), and only 3 in 10 are *extremely* or *very* confident of having enough choice about who provides their medical care (30 percent). Roughly one-fourth each are *extremely* or *very* confident of being able to afford prescription drugs without financial hardship (26 percent) and being able to afford health care without financial hardship (23 percent).

As respondents look toward Medicare (the federal health care insurance program for the elderly and disabled), their confidence in the future of the health care system reaches even lower levels. Only about 2 in 10 respondents not yet eligible for Medicare are *extremely* or *very* confident that they will be able to get the treatments they need once they are eligible for Medicare (21 percent) or that they will have enough choice about who provides their medical care (18 percent). Fewer are *extremely* or *very* confident that they will be able to afford prescription drugs (15 percent) or health care (15 percent) without financial hardship once they are eligible for Medicare. In fact, one-half of respondents are *not too* or *not at all* confident that they will be able to afford prescription drugs (51 percent) or health care (49 percent) without financial hardship, and roughly 4 in 10 are *not too* or *not at all* confident that they will have enough choice about who provides their medical care (41 percent) or that they will be able to get the treatments they need (37 percent).

Confidence in Selected Aspects of the Health Care System in the Future

	Ability to Get Treatments You Need		Have Enough Choice About Who Provides Care	
	Next 10 Years	Once Eligible for Medicare	Next 10 Years	Once Eligible for Medicare
Extremely confident	8%	5%	8%	4%
Very confident	26	16	23	14
Somewhat confident	41	40	38	38
Not too confident	14	20	18	23
Not at all confident	9	17	12	19

Confidence in Ability to Afford Health Care and Prescription Drugs in the Future

	Health Care		Prescription Drugs	
	Next 10 Years	Once Eligible for Medicare	Next 10 Years	Once Eligible for Medicare
Extremely confident	6%	4%	10%	4%
Very confident	16	11	17	11
Somewhat confident	38	34	35	32
Not too confident	20	25	18	26
Not at all confident	18	25	20	25

Perhaps not surprisingly, respondents who describe their health as *good*, *fair*, or *poor* are more likely than those who describe it as *excellent* or *very good* to say they are *not too* or *not at all* confident of being able to afford future health care. For example, 6 in 10 of those in *good*, *fair*, or *poor* health are not confident of being able to afford health care once they are eligible for Medicare (59 percent), compared with 4 in 10 (44 percent) in *excellent* or *very good* health. In addition, those who describe their health as *fair* or *poor* are more likely to say they are not confident of having enough choice about who provides their medical care and being able to get the treatments they need during the next 10 years.

Confidence in Ability to Afford Health Care Without Financial Hardship

Once Eligible for Medicare, by Health Status

	Total	Health Status		
		Excellent/ Very Good	Good	Fair/ Poor
Extremely confident	4%	5%	3%	1%
Very confident	11	12	9	9
Somewhat confident	34	38	26	27
Not too confident	25	23	31	25
Not at all confident	25	21	28	34

Just as women are more likely than men to identify health care as the most critical issue facing America today (25 percent of women versus 15 percent of men), they are more likely to be concerned about the future of the health care system. In particular, women are more likely than men to be *not too* or *not at all* confident that, once eligible for Medicare, they will be able to afford prescription drugs without financial hardship (57 percent versus 45 percent), that they will have enough choice about who provides their medical care (46 percent versus 37 percent), and that they will be able to get the treatments they need (42 percent versus 32 percent).

Confidence in Ability to Get Needed Treatments

Once Eligible for Medicare, by Gender

	Total	Gender	
		Men	Women
Extremely confident	5%	7%	3%
Very confident	16	15	16
Somewhat confident	40	43	37
Not too confident	20	16	25
Not at all confident	17	16	17

Managed Care Familiarity

Managed care has been around for a number of years, and respondents are more likely than in previous years to say they are familiar with managed care. Two in 10 respondents report they are *extremely* or *very* familiar with managed care health plans (19 percent, up 5 percentage points from 14 percent in 2000), and another 27 percent say they are *somewhat* familiar with managed care. Nevertheless, more than half of respondents to the HCS continue to say they are *not too* or *not at all* familiar with managed care health plans (52 percent).

	Familiarity With Managed Care			
	1998	1999	2000	2001
Extremely familiar	4%	4%	5%	6%
Very familiar	9	12	9	13
Somewhat familiar	29	24	23	27
Not too familiar	26	22	22	21
Not at all familiar	28	35	39	31

One reason that respondents report being unfamiliar with managed care may be that many believe that they have never been enrolled in this type of insurance program—despite the fact that almost all Americans with employment-based health insurance and many with Medicare or Medicaid are enrolled in some type of managed care program. Almost 6 in 10 respondents think they have *never* been enrolled in managed care (58 percent), 2 in 10 believe that they are *currently* enrolled (21 percent), and 1 in 10 think they were *previously* but are not now enrolled (10 percent). Another 1 in 10 indicate they do not know whether or not they have ever been enrolled in managed care (11 percent).

Awareness of being in a managed care program increases with the restrictiveness of the health plan. More than half of those respondents who appear to be enrolled in a (less restrictive) PPO-type plan say they have never been enrolled in a managed care program (53 percent), and 13 percent do not know if they have ever been enrolled. In contrast, fewer than 4 in 10 of those who appear to be enrolled in a (more restrictive) HMO-type plan say they have never been enrolled in a managed care program (37 percent), and another 15 percent say they do not know if they have ever been enrolled.¹

The Employment-Based System

Most respondents receiving health insurance through an employment-based plan are satisfied with their current health insurance plan. More than one-half are *extremely* (11 percent) or *very* (41 percent) satisfied with their current plan and more than one-third are *somewhat* satisfied (36 percent). Only 1 in 10 say they are *not too* (7 percent) or *not at all* (4 percent) satisfied.

¹ Plan type is categorized by the number of managed care plan design features (out of a total of four) a respondent reports as describing his or her health plan. Individuals enrolled in plans with three or four plan design features are considered to be in "HMO-type" managed care plans; individuals enrolled in plans with one or two of these features are considered to be in "PPO-type" managed care plans; and individuals enrolled in plans with none of the four features are considered to be in "traditional" fee-for-service insurance plans.

Satisfaction With Current Health Plan
Among Those Receiving Coverage Through an Employment-Based Plan

	1998	1999	2000	2001
Extremely satisfied	14%	12%	11%	11%
Very satisfied	36	37	36	41
Somewhat satisfied	39	38	40	36
Not too satisfied	7	7	7	7
Not at all satisfied	3	4	4	4

Those receiving employment-based health insurance also tend to be satisfied with the amount of benefits they currently receive in relation to their wages (68 percent). Only 2 in 10 indicate they would rather have more health benefits and lower wages (19 percent), while even fewer respondents would prefer fewer health benefits and higher wages (10 percent). Those not satisfied with their current health plan are more likely than others to say they are willing to accept lower wages in return for more health benefits—38 percent of those who are *not too* or *not at all* satisfied with their current health plan are willing to accept lower wages in return for more health benefits, compared with 22 percent of those who are *somewhat* satisfied and 12 percent of those who are *extremely* or *very* satisfied.

However, many respondents would prefer to have a choice of health plans. Of the 40 percent saying their employer or union does not currently offer a choice of plans, 6 in 10 would prefer to be offered such a choice (61 percent). When those who either currently have a choice or who would like to have a choice are asked how many choices of health plans an employer or union should offer, 4 in 10 say an employer or union should offer three choices (41 percent). More than 2 in 10 each think two choices (22 percent) or four to five choices (21 percent) are appropriate. Seven percent would like six or more choices. Among those not currently offered a choice, the large majority would be satisfied if they were offered a choice between two (43 percent) or three (45 percent) plans.

Most respondents receiving health insurance through an employer or union are at least *somewhat* confident that the employer or union has selected the best available health plan for its workers. Almost half are *extremely* or *very* confident (47 percent) and one-third are *somewhat* confident (34 percent). In contrast, respondents are less likely to be confident that they could choose the best available health insurance plan for themselves if their employer or union stopped offering health insurance. One-third are *extremely* or *very* confident (32 percent) and 3 in 10 are *somewhat* confident (29 percent), but 37 percent are *not too* or *not at all* confident that they would be able to do so. Among those more likely to be not confident in their ability to choose the best available health plan are those in *good*, *fair*, or *poor* health and women.

Confidence in Choice of Best Available Health Plan

	Employer/Union's Choice	Respondent's Choice
Extremely confident	14%	9%
Very confident	33	23
Somewhat confident	34	29
Not too confident	9	19
Not at all confident	9	18

Respondents currently covered by employment-based health insurance generally prefer that their employer or union continue as an intermediary in the health insurance purchase process, albeit with a greater number of plans to choose from. Given a choice of options, the majority say they prefer a system that allows them to choose the health insurance that they want, with the employer paying the same amount that they currently spend on insurance and the insured

paying the difference. Given the choice between (1) employers or unions continuing to choose and pay for health insurance the way they do now and (2) employers giving them the money they currently spend on health insurance and having them buy health insurance on their own, two-thirds say they prefer the first option (63 percent).

Almost all respondents covered by employment-based health insurance are at least *somewhat* confident that their employer will continue to offer health insurance coverage to its workers. Almost two-thirds are *extremely* or *very* confident (64 percent), and 26 percent are *somewhat* confident that their employer will continue to do so. Only 1 in 10 say they are *not too* or *not at all* confident (9 percent). Those who rate health care in America as *fair* or *poor* are more likely to be only *somewhat* confident or not confident that their employer will continue to offer coverage.

**Confidence in Employer Continuing to Offer Coverage,
By Rating of Health Care in America**

	Total With Employer Coverage	Rating of Health Care in America		
		Excellent/ Very Good	Good	Fair/ Poor
Extremely confident	28%	42%	28%	23%
Very confident	36	40	42	32
Somewhat confident	26	15	21	32
Not too confident	5	2	6	6
Not at all confident	4	1	3	6

If their employer were to stop offering health insurance, more than one-half of those with employment-based coverage indicate they would be *extremely* (30 percent) or *very* (25 percent) likely to purchase insurance coverage on their own. Two in 10 say they would be *somewhat* likely to purchase coverage (21 percent). However, almost one-fourth of those with employment-based coverage say they would be *not too* (11 percent) or *not at all* (12 percent) likely to purchase insurance coverage on their own. When those who say they are *not too* or *not at all* likely to purchase insurance coverage on their own are asked why they would not do so, 7 in 10 say they would not be able to afford it (71 percent). Other reasons offered for not purchasing coverage are that they would be able to get insurance through a relative’s plan or through other employment (11 percent) or that they do not need coverage because they are young and healthy (5 percent).

More than half of those who say they are *extremely*, *very*, or *somewhat* likely to purchase health insurance on their own should their employer or union stop offering it indicate that they would purchase health insurance with the same amount of benefits as they have now (54 percent). Eighteen percent would purchase health insurance with more benefits than they currently have, while one-fourth would purchase coverage with fewer benefits (26 percent). Those who say they would purchase coverage with fewer benefits again cite cost as a primary factor—more than half say that this would be all they could afford (54 percent) and one-fourth say an individual plan costs more (26 percent).

When all respondents are asked about “job lock”—remaining in a job to maintain health benefits—2 in 10 say that at some time they or an immediate family member have passed up another job opportunity, stayed at a job they would have quit otherwise, or not retired only because they needed to keep the health insurance coverage they were receiving (21 percent, down from 27 percent in 1998). Those who say they or a family member has a chronic condition and those who rate the health care system in America as *good*, *fair*, or *poor* are more likely to report having experienced job lock. Respondents experiencing job lock most frequently cite the following

reasons for staying in the job they would otherwise have left: they could not afford health insurance on their own (28 percent) or the potential employer did not offer health insurance (15 percent), the potential employer offered fewer benefits (20 percent), and they or a family member had a medical condition that would not be covered by a potential employer's plan (18 percent).

Uninsured Americans

Much of the public policy debate regarding ways to expand health insurance coverage is moving in the direction of individual responsibility and tax incentives. While the number of uninsured respondents in the 2001 HCS is relatively small, their responses strongly suggest that such proposals may not be effective among a core group of uninsured.

The assumption among policymakers has been that adult Americans without health insurance would obtain insurance if they could afford to do so. However, there may be a sizeable group of uninsured who would choose not to obtain coverage. Eighteen percent of uninsured respondents report that they have been offered employment-based coverage since they lost or discontinued their insurance but decided not to take it. Further, while some other surveys have found that people tend to be uninsured for relatively brief periods of time, the HCS continues to find that a substantial portion of the uninsured have been without health insurance for at least three years (47 percent in 2001, 41 percent in 2000, 46 percent in 1999).

Respondents without insurance are generally willing or able to pay only a small amount toward the cost of health insurance. Five percent are willing to pay less than \$25 a month for individual coverage, 9 percent are willing to pay \$25–\$49 a month, 29 percent are willing to pay \$50–\$99 a month, and 27 percent are willing to pay \$100–\$149 a month. Only 1 in 10 uninsured are willing to pay \$200 a month or more for coverage. Respondents who currently have employment-based health insurance coverage generally appear to be more willing than the uninsured to pay an amount for health insurance that is closer to the actual cost of coverage.

Amount Willing to Pay to Purchase Health Insurance on Own

	Uninsured	Insured Through Employer
Nothing	3%	2%
\$1 to \$24 a month	2	1
\$25 to \$49 a month	9	8
\$50 to \$99 a month	29	11
\$100 to \$149 a month	27	16
\$150 to \$199 a month	14	18
\$200 or more a month	10	36
Don't know	5	9

While some uninsured do not appear to experience difficulties due to their lack of health insurance coverage, others do. One-third of uninsured respondents say they have delayed seeking health care since they lost their coverage (32 percent), and more than 2 in 10 report they have decided not to get health care they thought they needed (22 percent). Moreover, one-fourth each say that medical bills have been a major (24 percent) or minor (26 percent) source of financial stress.

The majority of uninsured Americans continue to be unaware of state-subsidized health insurance programs. Only 3 in 10 uninsured respondents say they have heard about any low-cost or free insurance programs for uninsured adults or children in their state (31 percent, down 6 percentage points from 37 percent in 2000).

Medicare

Americans appear to have little knowledge about Medicare. Specifically, only 38 percent of respondents not yet eligible for Medicare know that they will be eligible for Medicare benefits at age 65. Almost 2 in 10 expect to be eligible for benefits before age 65 (18 percent), while 6 percent say they will be eligible at age 66 or later. Four percent think they will be eligible for Medicare benefits when they become eligible for Social Security, and one-third of respondents say they do not know when they will be eligible (32 percent).

When asked about possible changes to the Medicare system to ensure that the program remains financially sound, it appears that respondents would be most likely to favor allowing Medicare beneficiaries to choose from many private plans with government contributing a fixed amount to the cost of the plan (78 percent) and using the budget surplus to pay some of the costs of Medicare (76 percent). Receiving somewhat less support are reducing payments to doctors and hospitals for treating people covered by Medicare (54 percent) and requiring seniors with income above \$50,000 to pay more (54 percent). Only about 3 in 10 favor increasing payroll taxes for current workers (30 percent) or increasing the eligibility age for Medicare to 67 (28 percent). Just 22 percent say they would favor increasing the amount Medicare recipients pay when they receive care.

The 2001 HCS

These findings are part of the fourth annual Health Confidence Survey (HCS), a survey that examines a broad spectrum of health care issues, including Americans' satisfaction with health care today, their confidence in the future of the health care system and the Medicare program, and their attitudes toward health care reform. The survey was conducted within the United States between April 17 and May 27, 2001, through 20-minute telephone interviews with 1,001 individuals ages 21 and older. Random digit dialing was used to obtain a representative cross section of the U.S. population. Interview quotas were established by sex of respondent, and the data were weighted by age and education to reflect the actual proportions in the population.

In theory, the weighted sample of 1,001 yields a statistical precision of plus or minus 3 percentage points (with 95 percent confidence) of what the results would be if the entire population ages 21 and older were surveyed with complete accuracy. However, there are other possible sources of error in all surveys that may be more serious than theoretical calculations of sampling error. These include refusals to be interviewed and other forms of nonresponse, the effects of question wording and question order, interviewer bias, and screening. While attempts are made to minimize these factors, it is impossible to quantify the errors that may result from them.

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