

**For Immediate Release:** Feb. 15, 2011

**Contact:** Tracey Young, EBRI (media relations), 202/775-6329, [young@ebri.org](mailto:young@ebri.org)  
Paul Fronstin, EBRI (author of report), 202/775-6352, [fronstin@ebri.org](mailto:fronstin@ebri.org)

**New Research from EBRI:**

**Women, Young People More Inclined to Seek Objective Health Care Information to Save Costs, Ensure Quality**

WASHINGTON—New findings by the Employee Benefit Research Institute (EBRI) show that women, younger individuals, and individuals who experienced an increase in either premiums or cost sharing are more likely to seek information on health care costs, quality, and access in order to make informed decisions. Additionally, people with a higher level of education are also more likely than those with less education to research information.

The analysis is based on the EBRI/MGA 2010 Health Confidence Survey (HCS), which 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 full report is published in the February 2011 *EBRI Notes*, "Who Tries to Find Objective Information on Health Care? Findings From the 2010 Health Confidence Survey" and is available online at [www.ebri.org](http://www.ebri.org)

The HCS found that, overall, slightly less than half (45 percent) of the population reported having tried to find health information about the advantages and disadvantages of different treatments, while only 14 percent tried to find information about the number of disciplinary actions taken against a doctor or hospital. About one-quarter tried to find cost information (28 percent for the full costs of different treatments; 24 percent for the costs of different doctors and hospitals).

"As companies shift health care costs to the individual, people are looking for ways to improve their quality of care, while controlling costs," said Paul Fronstin, director of EBRI's Health Research and Education Program and author of the report. "And they are researching information that will benefit them and help them make educated choices."

Among the key findings from the HCS:

**Demographics:** People under age 45 were more likely than those 65 or older to try to find information about the advantages and disadvantages of different treatment options, the full costs of different treatments, the costs of different doctors and hospitals, and the number of disciplinary actions taken against a doctor or hospital. There is some evidence that minorities and lower-income individuals are more likely to search for cost information than whites.

**Health Status:** Individuals in (self-reported) fair or poor health were more likely to report that they tried to find information on the number and success rate of procedures performed at a hospital. Among those who reported that their health status had gotten worse during the past five years, about one-half (52 percent) reported that they tried to find information about the advantages and disadvantages of different treatments.

**Health Coverage:** The uninsured were more likely than those with coverage to search for information about both treatment costs and provider costs. Individuals not satisfied with their health plan were more likely than those who were extremely or very satisfied to try to find information about treatment costs and provider costs, and they were more likely to search for information about the advantages and disadvantages of different treatments. Individuals who reported that they had experienced an increase in either premiums or cost sharing were more likely than those not experiencing an increase to try to find information about the advantages and disadvantages of different treatments, doctors' training, and costs of treatments and providers.

EBRI is a private, nonprofit research institute based in Washington, DC, that focuses on health, savings, retirement, and economic security issues. EBRI does not lobby and does not take policy positions.

###