

## *2006 Health Confidence Survey: Dissatisfaction With Health Care System Doubles Since 1998, p. 2*

## *New Publications and Internet Sites, p. 10*

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### *Executive Summary:*

#### **2006 Health Confidence Survey:**

#### **Dissatisfaction With Health Care System Doubles Since 1998**

- **Public dissatisfaction focuses on costs:** The 2006 Health Confidence Survey (HCS) finds that the public's increasing dissatisfaction with the American health care system appears to be focused primarily on the rising cost of care. Many Americans report that rising costs have hurt their financial well-being and feel that steps should be taken to slow these increases.
- **Sharp growth in poor ratings of the health system:** Six in 10 Americans rate the health care system as *fair* (28 percent) or *poor* (31 percent). The percentage of individuals rating the system as *poor* has doubled since the inception of the HCS in 1998 (15 percent).
- **Health care quality still ranks high:** Even as they report growing dissatisfaction with health care costs, Americans are more satisfied with the *quality* of care they have received than they are with the health care system as a whole, and prefer to use quality rather than cost as their primary consideration when making decisions about care.
- **Health costs force increasing trade-offs in other spending:** Those with health coverage who have experienced an increase in health care costs in the past year are more likely to report their household finances have suffered as a result. They indicate that increased health care costs have resulted in a decrease in saving for retirement (36 percent, up from 25 percent in 2004) and other savings (53 percent) and in difficulty paying for basic necessities (28 percent, up from 18 percent) and other bills (37 percent, up from 30 percent).
- **Employment-based health benefits rated higher than cash:** Three-quarters of those with employment-based health benefits state they would prefer \$6,700 in employment-based coverage to an additional \$6,700 in taxable income (75 percent). When those preferring to keep their coverage are asked how much they would need in additional taxable income to willingly give it up, the median response is \$11,000.
- **Ninth annual HCS:** This is the ninth wave of the 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 HCS is co-sponsored by the Employee Benefit Research Institute (EBRI) and Mathew Greenwald & Associates, Inc., a Washington, DC-based market research firm. The 2006 HCS data collection was funded by grants from 10 private organizations.

## ■ 2006 Health Confidence Survey: Dissatisfaction With Health Care System Doubles Since 1998

By Ruth Helman, Mathew Greenwald & Associates, and Paul Fronstin, EBRI

### Overview

Findings from the 2006 Health Confidence Survey (HCS) indicate that the public's increasing dissatisfaction with the American health care system appears to be focused primarily on the rising cost of care. Many Americans report that rising costs have hurt their financial well-being and feel that steps should be taken to slow these increases.

At the same time, Americans are more satisfied with the *quality* of care they have received than they are with the health care system as a whole, and prefer to use quality rather than cost as their primary consideration when making decisions about care. The 2006 HCS represents the ninth wave of an annual survey to assess the attitudes of the American public regarding the health care system in the United States. Among its major findings:

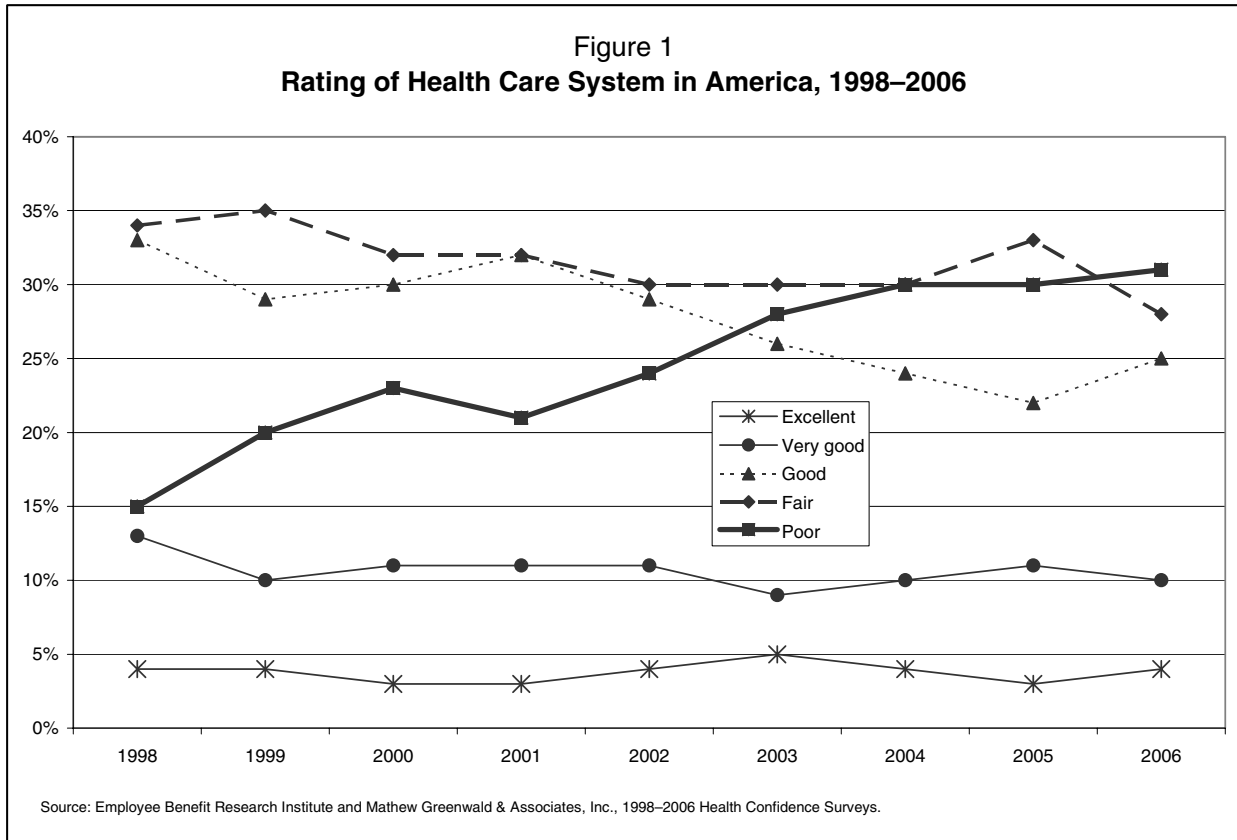
- Six in 10 Americans rate the health care system as *fair* (28 percent) or *poor* (31 percent). Moreover, the percentage of individuals rating the system as *poor* has doubled since the inception of the HCS in 1998 (15 percent).
- While half of Americans are *extremely* or *very* satisfied with health care quality (52 percent), fewer than 2 in 10 are satisfied with the cost of health insurance or with costs not covered by insurance (16 percent each). In fact, people are more likely than in any previous HCS to say they are *not too* or *not at all* satisfied with health insurance costs (52 percent, up from 33 percent in 2005) and with costs not covered by insurance (48 percent, up from 37 percent).
- Those with health coverage who have experienced an increase in health care costs in the past year are more likely to report that these increases have negatively affected their household finances. In particular, they indicate that increased health care costs have resulted in a decrease in saving for retirement (36 percent, up from 25 percent in 2004) and other savings (53 percent) and in difficulty paying for basic necessities (28 percent, up from 18 percent) and other bills (37 percent, up from 30 percent).
- Three-quarters of those with employment-based health benefits state they would prefer \$6,700 in employment-based coverage to an additional \$6,700 in taxable income (75 percent). When those preferring to keep their coverage are asked how much they would need in additional taxable income to willingly give it up, the median response is \$11,000.
- The large majority of Americans consider quality more important than cost when making decisions about health care. Nearly 9 in 10 say they would give more weight to quality than to total cost when choosing a provider for open heart surgery (89 percent) and cancer treatments (87 percent), while more than 7 in 10 would consider quality over cost when seeking immunizations or an annual physical (72 percent each).
- Although most Americans are confident that they have enough knowledge to discuss aspects of their health care with their doctor, only a minority are *extremely* or *very* confident they know enough to purchase health insurance on their own (37 percent).

### The American Health Care System

Although other issues facing the public have waxed and then waned over the past nine years, health care has remained an issue of concern for many Americans. When asked which one of seven issues they feel is most critical today, 2 in 10 Americans identify health care (19 percent), about equal to the proportion that chooses the war (17 percent). Fewer select each of the other issues mentioned: energy and gas prices (16 percent),<sup>1</sup> terrorism (14 percent), the economy (13 percent), education (10 percent), or Social Security (7 percent) as the single most critical issue facing America today.

While only a minority identify health care as the country's *most* critical issue, dissatisfaction with the American health care system is widespread. A majority of Americans rate the health care system as *poor* (31 percent) or *fair* (28 percent). One-quarter consider it *good* (25 percent) and only a small minority rate

it *very good* (10 percent) or *excellent* (4 percent). In fact, the percentage of Americans rating the health care system as *poor* has doubled over time, rising from 15 percent in 1998 to 30 percent in 2004 and 2005 and 31 percent in 2006 (Figure 1).



Moreover, confidence in some aspects of today’s health care system has retreated slightly since 2005. People are less likely to feel *extremely* or *very* confident that they are able to get the treatments they need (53 percent, down from 59 percent), have enough choice about who provides their medical care (42 percent, down from 50 percent), and are able to afford health care without financial hardship (29 percent, down from 33 percent) (Figure 2). These declines in confidence are found across the population and are not concentrated among a single demographic subgroup.

One bright spot is that, in contrast to the ratings for the health care system overall, Americans’ ratings of their own health plan are generally favorable and have remained relatively stable. More than half of those with health insurance coverage are *extremely* (18 percent) or *very* (36 percent) satisfied with their current plan, and more than one-third are *somewhat* satisfied (35 percent). Only 1 in 10 say they are *not too* (6 percent) or *not at all* satisfied (3 percent) (Figure 3).

Dissatisfaction with the health care system appears to be focused primarily on cost. More than half of Americans say they are *extremely* or *very* satisfied with the quality of the medical care they have received in the past two years (52 percent, a slight decrease from 57 percent in 2005 but equivalent to the 2004 measurement). However, fewer than 2 in 10 are *extremely* or *very* satisfied with the cost of their health insurance and with the costs of health care services not covered by insurance (16 percent each). In addition, the percentages *not at all* satisfied with costs have reached their highest levels since the inception of the HCS in 1998 (Figure 4).

When asked which health care issues they think should be top priorities for Congress to address in the next five years, people tend to focus on affordability issues. They most often choose “slowing the rising costs of medical care” (55 percent) and “ensuring Medicare continues to pay future benefits” (48 percent). Nearly 4 in 10 select “improved access to health insurance” (38 percent). Only 3 in 10 pick “using technology to improve the quality and safety of care” (30 percent), and one-quarter pick “structuring Medicare payments to reward quality” (25 percent).<sup>2</sup>

**Figure 2**  
**Confidence in Selected Aspects of Today's Health Care System, 2002–2006**

	Ability to Get Needed Treatments				
	2002	2003	2004	2005	2006
Extremely Confident	21%	18%	17%	22%	20%
Very Confident	34	33	33	37	33
Somewhat Confident	32	34	34	29	31
Not Too Confident	6	7	7	5	7
Not At All Confident	6	6	9	6	8
Don't Know/ Refused	1	1	1	1	<0.5

	Enough Choice About Who Provides Medical Care				
	2002	2003	2004	2005	2006
Extremely Confident	20%	13%	15%	16%	14%
Very Confident	25	30	27	33	28
Somewhat Confident	35	36	36	32	38
Not Too Confident	10	11	9	8	7
Not At All Confident	8	9	12	9	11
Don't Know/ Refused	1	1	1	1	1

	Ability to Afford Health Care Without Financial Hardship				
	2002	2003	2004	2005	2006
Extremely Confident	14%	13%	11%	12%	11%
Very Confident	21	19	23	21	18
Somewhat Confident	33	31	31	33	32
Not Too Confident	13	16	11	13	13
Not At All Confident	18	21	23	21	25
Don't Know/ Refused	1	1	1	1	1

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2002–2006 Health Confidence Surveys.

### The Cost of Care

More and more, people who experience an increase in health care costs report a negative effect on household finances. The majority with health coverage report they have experienced an increase in the amounts they are responsible for paying under their plan in the last year (60 percent). These Americans are more likely than in previous years to indicate the changes have caused financial difficulties. More than one-third in the 2006 HCS say they have decreased their contributions to retirement plans (36 percent, up from 25 percent in 2004), and more than one-half have decreased their contributions to other savings as a result of the cost increases (53 percent). Almost 3 in 10 indicate they have had difficulty paying for basic necessities, such as food, heat, and housing (28 percent, up from 18 percent), while nearly 4 in 10 report difficulty paying other bills (37 percent, up from 30 percent). One-third say they have used up all or most of their savings (33 percent, up from 26 percent) and more than 2 in 10 each have increased their credit card debt (22 percent) and borrowed money (21 percent, up from 15 percent) (Figure 5).

**Figure 3**  
**Satisfaction With Current Health Plan, 1998–2006**

	1998	1999	2000	2001	2002	2003	2004	2005	2006
Extremely Satisfied	16%	15%	14%	12%	13%	14%	16%	17%	18%
Very Satisfied	36	38	36	39	39	36	31	37	36
Somewhat Satisfied	35	36	38	35	34	41	36	35	35
Not Too Satisfied	8	6	7	7	7	7	9	6	6
Not At All Satisfied	3	3	4	3	6	2	6	4	3
Don't Know/ Refused	2	2	1	2	1	<.5	2	1	1

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 1998–2006 Health Confidence Surveys.

**Figure 4**  
**Satisfaction With Selected Aspects of Health Care Received in Past Two Years, 1998–2006<sup>a</sup>**

	Quality of Medical Care Received									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	
Extremely Satisfied	15%	13%	12%	13%	13%	15%	14%	15%	16%	
Very Satisfied	37	35	37	40	39	37	38	42	37	
Somewhat Satisfied	30	31	35	32	34	31	31	31	34	
Not Too Satisfied	4	6	5	4	4	5	5	3	5	
Not At All Satisfied	2	3	4	2	3	3	4	5	4	
Don't Know/ Refused	1	1	<0.4	<0.5	1	1	1	<0.5	1	
Not Applicable	11	11	6	9	6	8	8	3	4	

	Cost of Health Insurance									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	
Extremely Satisfied	12%	7%	7%	10%	9%	6%	9%	7%	5%	
Very Satisfied	17	17	15	19	17	16	16	21	11	
Somewhat Satisfied	29	30	29	28	27	24	26	32	27	
Not Too Satisfied	16	17	18	15	15	19	11	14	16	
Not At All Satisfied	13	13	19	15	21	21	23	19	35	
Don't Know/ Refused	1	2	1	2	2	1	1	1	2	
Not Applicable	12	15	9	12	8	12	13	6	4	

	Health Costs Not Covered by Insurance									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	
Extremely Satisfied	7%	5%	5%	7%	5%	4%	6%	7%	4%	
Very Satisfied	13	15	14	17	15	15	13	14	11	
Somewhat Satisfied	27	28	28	28	26	25	26	30	28	
Not Too Satisfied	16	18	18	15	18	21	15	16	16	
Not At All Satisfied	18	15	22	19	23	23	26	22	32	
Don't Know/ Refused	3	2	2	2	4	2	2	2	2	
Not Applicable	16	17	11	13	8	11	13	10	7	

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 1998–2006 Health Confidence Surveys.

<sup>a</sup> Statistics for 1998–2004 were recalculated and may not agree with previously published data. An intervening question screening out respondents who reported these questions were not applicable was omitted from the 2005 and 2006 HCS. These respondents have been added to the "not applicable" category to achieve rough compatibility with 2005 and 2006 data.

Those who have experienced cost increases in the past year report they have also compensated by making changes in the way they use health care, but proportions making these changes have remained fairly constant over time. About 8 in 10 each say the increased cost of health care has led them to use generic drugs when available (82 percent) and try to take better care of themselves (80 percent, up from 71 percent in 2005). Almost 6 in 10 each say cost increases have led them to talk to the doctor more carefully about treatment options and costs (57 percent) and go to the doctor only for more serious conditions or symptoms (56 percent). Roughly 4 in 10 have delayed going to the doctor (44 percent) and switched to over-the-counter drugs (36 percent). Less frequent responses to the increase in health care

**Figure 5**  
**Shifts in Resources Resulting From Cost Increases, Among Those Experiencing Increase in Costs, 2004–2006**

	2004	2005	2006
Decrease your contributions to a retirement plan, such as a 401(k), 403(b), or 457 plan, or an IRA <sup>a</sup>	25%	26%	36%
Decrease your contributions to other savings	48	45	53
Have difficulty paying for basic necessities, like food, heat, and housing	18	24	28
Have difficulty paying for other bills	30	34	37
Use up all or most of your savings	26	29	33
Increase your credit card debt	NA	NA	22
Borrow money	15	18	21

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2004–2006 Health Confidence Surveys.

<sup>a</sup> Individual retirement account.

costs include looking for cheaper health insurance (26 percent), looking for less expensive health care providers (26 percent), not filling or skipping doses of prescribed medications (22 percent), and saving additional money in a health care account (19 percent) (Figure 6).

Perhaps because of the increased costs that many are experiencing, most Americans with employment-based health benefits value them above the actual dollar amount that employers pay toward the coverage. When employed Americans with health coverage are asked whether they would prefer \$6,700 in employment-based health benefits coverage or an additional \$6,700 in taxable income, three-quarters choose the employment-based coverage (75 percent). Of those, about one-quarter each say their employer would have to give them an additional \$10,000–\$14,999 (25 percent) or \$15,000 or more (22 percent) in taxable income for them to willingly give up their coverage. Thirteen percent state no amount of taxable income would be enough. One in 10 would accept less than \$10,000 (11 percent), while 3 in 10 are unsure of the amount (30 percent).

Figure 6

**Changes in Health Care Usage Resulting From Cost Increases,  
Among Those Experiencing Increase in Costs, 2004–2006**

	2004	2005	2006
Choose generic drugs when available	81%	79%	82%
Try to take better care of yourself	74	71	80
Talk to the doctor more carefully about treatment options and costs	58	57	57
Go to the doctor only for more serious conditions or symptoms	57	54	56
Delay going to the doctor	45	40	44
Switch to over-the-counter drugs	40	33	36
Look for cheaper health insurance	26	28	26
Look for less expensive health care providers	28	27	26
Not fill or skip doses of your prescribed medication	NA	21	22
Save additional money in an account that can only be used for health care expenses	NA	NA	19

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2004–2006 Health Confidence Surveys.

Moreover, most of those with employment-based coverage would prefer to continue receiving their current level of health benefits from their employer even if some of the premium were taxed (70 percent). Fewer than 2 in 10 say that, in the event Congress chose to tax part of the premium, they would prefer to reduce the level of health benefits they receive from their employer so they would not pay any taxes on the premium (18 percent).

The large majority of Americans favor public policy measures that would increase the affordability of health insurance. When asked whether they would favor or oppose certain policy changes to make sure all Americans have access to health insurance, more than 8 in 10 say they would favor tax breaks to help people pay for coverage they purchase on their own (85 percent) or for employment-based coverage (83 percent). Roughly three-quarters each would favor requiring all employers to pay toward subsidized health insurance for their employees (78 percent), allowing uninsured people to buy into government public programs (78 percent), allowing the uninsured to buy into government employee insurance programs (77 percent), and expanding government public programs to cover more people (73 percent). Of the changes tested, people are least likely to say they would support requiring everyone to participate in some kind of health insurance plan (67 percent) (Figure 7).

### Health Care Quality

Although Americans are increasingly concerned about the cost of health care, the large majority consider quality before cost when making health care decisions. Almost 9 in 10 each say quality would be more important than total cost when choosing a provider for open heart surgery (89 percent), cancer treatments (87 percent), and colon cancer screenings (85 percent). Roughly three-quarters consider quality more important when seeking a provider for childbirth and delivery (79 percent), an annual physical (72 percent), and immunizations (72 percent) (Figure 8). Even among those without health coverage, at most 36 percent say they would look at cost first when obtaining these services (for an annual physical).

**Figure 7**  
**Support for Policy Changes to Ensure Americans Have Access to Health Insurance**

	Strongly Favor	Somewhat Favor	Somewhat Oppose	Strongly Oppose	Don't Know/Refused
Offering tax breaks to help people pay for coverage they purchase on their own	56%	30%	7%	6%	1
Offering tax breaks to help people pay for employer coverage	48	35	8	7	2
Requiring all employers to pay toward subsidized health insurance for their employees	46	32	13	8	1
Expanding government public programs, such as Medicare or Medicaid, to cover more people	44	29	14	11	1
Allowing uninsured people to buy into government employee insurance programs, such as the program members of Congress participate in	40	38	10	8	3
Allowing uninsured people to buy into government public programs, such as Medicare and Medicaid	38	40	11	7	3
Requiring everyone to participate in some kind of health insurance plan	36	31	16	15	2

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2006 Health Confidence Surveys.

Many Americans think that greater access to information would improve health care quality. Three-quarters say that the quality of the medical care they receive would improve if they had access to more information about the success of different treatment options (74 percent). Seven in 10 think quality would improve if they had access to more information comparing doctors and hospitals on quality and cost (70 percent) and 6 in 10 believe it would be better if doctors and hospitals were required to supply information about quality and cost (61 percent). In addition, 67 percent say quality would improve if they had more responsibility for their own medical decisions (Figure 9).

**Figure 8**  
**Importance of Quality vs. Total Cost When Selecting a Provider**

	Quality	Both Equally	Total Cost	Don't know/Refused
Open Heart Surgery	89%	2%	9%	<0.5%
Cancer Treatments	87	2	10	<0.5
Colon Cancer Screenings	85	2	13	<0.5
Childbirth and Delivery	79	1	11	9
Immunizations	72	1	27	<0.5
An Annual Physical	72	2	26	<0.5

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2006 Health Confidence Survey.

Americans are less likely to think other changes would affect health care quality. Approximately one-third indicate that quality would improve if they knew the full price of the health care services they receive, not just what they pay (35 percent). Roughly one-quarter think insurance that limited them to a small network of highly rated doctors and hospitals would improve quality (27 percent). Fewer than 2 in 10 each believe quality would be better if they paid for more of their health care costs directly (17 percent) or paid a larger portion of their health care costs (13 percent).

### Health Care Decisions and Information

Most Americans are fairly confident that they have enough knowledge to make decisions about their health care, but they are less likely to express confidence in their ability to make decisions about coverage. Nearly three-quarters are *extremely* or *very* confident they know enough to ask their doctor

questions about their health care (73 percent), and approximately two-thirds each are confident about knowing enough to question their doctor about the appropriateness of different treatment options (65 percent) and choose their own doctors (63 percent). However, the percentage of Americans *extremely* or *very* confident that they know enough to purchase health insurance is much lower (37 percent), on par with their confidence in being able to invest retirement savings on their own (35 percent) (Figure 10).

**Figure 9**  
**Impact of Changes on the Quality of the Health Care System**

	Better	No Difference	Worse	Don't Know/Refused
If you had access to more information about the success of different treatment options	74%	23%	2%	1%
If you had access to more information comparing doctors and hospitals on quality and costs	70	27	1	1
If you had more control over decisions made regarding your medical care	67	29	2	1
Doctors and hospitals were required to supply information about quality and cost	61	32	4	3
You knew the full price of your health care services, treatments, and prescription drugs, not just what you pay	35	58	5	2
Your health insurance limited your choice to a small network of highly rated doctors and hospitals	27	39	31	3
You paid for more of your health care costs directly instead of through an insurance company	17	51	28	3
You paid a larger portion of your health care costs yourself	13	62	22	2

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2006 Health Confidence Survey.

Despite being confident about knowing enough to make health care decisions, people are less likely to express confidence in being able to get the kinds of information necessary to make informed decisions. Approximately 4 in 10 are *extremely* or *very* confident that they could get information about the advantages and disadvantages of different treatment options (41 percent) and a doctor's training, certification, and experience (37 percent). About 3 in 10 express confidence in their ability to get data on the number and success rate of procedures performed at a hospital (30 percent), the full costs of different treatment options (27 percent), and the costs of different doctors and hospitals (27 percent). Finally, just 2 in 10 are confident about obtaining the number of disciplinary actions taken against a doctor or hospital (20 percent) (Figure 11).

**Figure 10**  
**Confidence in Knowing Enough to Make Various Health Care Decisions**

	Extremely Confident	Very Confident	Somewhat Confident	Not Too Confident	Not At All Confident	Don't Know/Refused
Ask your doctor questions about your health and health care	33%	40%	23%	2%	2%	<0.5%
Question your doctor about the appropriateness of different treatments	29	36	27	5	3	<0.5
Choose your own doctors	25	37	30	4	3	1
Purchase health insurance on your own	12	25	32	14	15	2
Figure out how to invest your retirement savings on your own	13	22	38	14	12	1

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2006 Health Confidence Survey.

Americans rely primarily on their health care providers for information when making decisions about health care. More than 6 in 10 report they have sought information from their doctor to help them make decisions in the past six months (62 percent), and 4 in 10 have asked their pharmacist for information (40 percent). More than 4 in 10 report they recently obtained health care information from their friends or relatives to make decisions (43 percent), while slightly fewer have used independent Internet sites (38 percent). People are less likely to have used other sources of information, such as their health



insurance company (29 percent), newspapers or periodicals (23 percent), television or radio (17 percent), and prescription drug companies (9 percent).

People are more apt to report success when seeking information from health care professionals than when using other sources. At least half of those who sought information from a pharmacist or doctor say they received all of the information they were looking for (pharmacist 57 percent, doctor 51 percent). Nearly 4 in 10 looking to their health insurance company report getting all of the information they were looking for (38 percent), and one-third consulting prescription drug companies feel they got all the needed data (32 percent). Those seeking information from other sources are even less likely to report getting all of the information they needed. Only about 2 in 10 indicate they were successful in obtaining all of the needed information from independent Internet sites (20 percent) and friends or relatives (18 percent), while just 1 in 10 were successful with newspapers or periodicals (11 percent) and television or radio (9 percent).

Although only a minority of people currently seek information from sources independent of their health care professionals, friends, and relatives, almost 6 in 10 Americans say they would be *extremely* or *very* likely to use information about doctors' quality of care and specialty areas (57 percent) to help them make health care decisions if these ratings were available through the mail, by telephone, or on the Internet. Roughly half state they would be likely to use information about hospitals' quality of care and specializations (53 percent), the level of personalized care offered (47 percent), and comparative costs (46 percent).

In fact, many claim they would be willing to switch doctors or hospitals based on these types of information. About half say they would be willing to switch providers based on doctors' (51 percent) or hospitals' (49 percent) quality-of-care ratings and specialty areas and on information about the level of personalized care offered (45 percent). More than one-third indicate they would be willing to consider switching based on data about comparative costs (35 percent).

**Figure 11**  
**Confidence in Ability to Get Selected Types of Information**

	Extremely Confident	Very Confident	Somewhat Confident	Not Too Confident	Not At All Confident	Don't Know/Refused
The advantages and disadvantages of different treatments	14%	27%	46%	7%	5%	1%
A doctor's training, certification, and experience	14	23	40	12	10	1
The number and success rate of procedures performed at a hospital	10	20	39	17	12	2
The full costs of different treatment options	9	17	44	17	11	1
The costs of different doctors and hospitals	9	17	41	18	13	2
The number of disciplinary actions taken against a doctor or hospital	9	12	32	23	22	2

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2006 Health Confidence Survey.

### About The 2006 HCS

These findings are part of the ninth 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 May 16 and June 3, 2006, through 23-minute telephone interviews with 1,000 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 employment status, and the data were weighted by gender, age, education, and employment to reflect the actual proportions in the population.

In theory, the weighted sample of 1,000 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.

The HCS is co-sponsored by the Employee Benefit Research Institute (EBRI), a private, nonprofit, nonpartisan public policy research organization, and Mathew Greenwald & Associates, Inc., a Washington, DC-based market research firm. The 2006 HCS data collection was funded by grants from 10 private organizations. Staffing was donated by EBRI and Greenwald & Associates. HCS materials and a list of underwriters may be accessed at the EBRI Web site: <http://www.ebri.org/surveys/hcs/>

Underwriters of the 2006 HCS include: AARP, Blue Cross and Blue Shield Association, Buck Consultants, The Commonwealth Fund, Deere & Company, IBM, National Rural Electric Cooperative Association, Pfizer, Inc., Principal Financial Group, and Procter and Gamble.

## Endnotes

<sup>1</sup> Gas prices peaked during the time the Health Confidence Survey was in the field.

<sup>2</sup> Respondents were allowed to select up to three priorities.

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## ■ *New Publications and Internet Sites*

[Note: To order U.S. Government Accountability Office (GAO) publications, call (202) 512-6000.]

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### Health Care

Hewitt Associates. *Health Care Expectations: Future Strategy and Direction, 2006*. Free. Hewitt Associates LLC, Attn: Hewitt Information Desk, 100 Half Day Rd., Lincolnshire, IL 60069, (847) 295-5000, e-mail: [infodesk@hewitt.com](mailto:infodesk@hewitt.com), [www.hewitt.com](http://www.hewitt.com)

U.S. Government Accountability Office. *Consumer-Directed Health Plans: Early Enrollee Experiences with Health Savings Accounts and Eligible Health Plans*. Order from GAO.

### Pension Plans/Retirement

Knox, Melanie N. Aska, and Joan Gucciardi. *Pension Distribution Answer Book*. 2007 Edition. \$259. Aspen Publishers, 7201 McKinney Circle, P.O. Box 990, Frederick, MD 21705-9727, (800) 638-8437, [www.aspenpublishers.com](http://www.aspenpublishers.com)

Fenge, Robert, and Pierre Pestieau. *Social Security and Early Retirement*. \$30. MIT Press, c/o Trilateral, 100 Maple Ridge Rd., Cumberland, RI 02864, (800) 405-1619 or (401) 658-4226, fax: (800) 406-9145 or (401) 658-4193, e-mail: [mitpress-orders@mit.edu](mailto:mitpress-orders@mit.edu)

### Web Documents

2005 Survey of the Funded Position of Multiemployer Plans  
[www.segalco.com/publications/surveysandstudies/2005fundingsurvey.pdf](http://www.segalco.com/publications/surveysandstudies/2005fundingsurvey.pdf)

Default Investment Alternatives Under Participant Directed Individual Account Plans; Proposed Rule [as published in the *Federal Register* on September 27, 2006]

<http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/pdf/06-8282.pdf>

Designing a Retiree Rx Strategy for 2007 and Beyond

[www.segalco.com/publications/publicsectorletters/sept2006.pdf](http://www.segalco.com/publications/publicsectorletters/sept2006.pdf)

Employer Costs for Employee Compensation—June 2006

[www.bls.gov/news.release/pdf/ecec.pdf](http://www.bls.gov/news.release/pdf/ecec.pdf)

Employer Health Benefits 2006 Annual Survey

[www.kff.org/insurance/7527/](http://www.kff.org/insurance/7527/)

Health Care Consumerism: An Employer's Perspective

[www.buckconsultants.com/buckconsultants/Portals/0/Documents/PUBLICATIONS/white\\_papers/WP\\_Health\\_and\\_Welfare/wp\\_insight\\_healthcare\\_consumerism.pdf](http://www.buckconsultants.com/buckconsultants/Portals/0/Documents/PUBLICATIONS/white_papers/WP_Health_and_Welfare/wp_insight_healthcare_consumerism.pdf)

Income, Poverty, and Health Insurance Coverage in the United States: 2005

[www.census.gov/prod/2006pubs/p60-231.pdf](http://www.census.gov/prod/2006pubs/p60-231.pdf)

Leave Benefits in 2006

[www.bls.gov/opub/ted/2006/aug/wk4/art05.htm](http://www.bls.gov/opub/ted/2006/aug/wk4/art05.htm)

Pension Insurance Data Book 2005

[www.pbgc.gov/docs/2005databook.pdf](http://www.pbgc.gov/docs/2005databook.pdf)

Pension Sponsorship and Participation: Summary of Recent Trends [Updated August 31, 2006]

[www.opencrs.com/rpts/RL30122\\_20060831.pdf](http://www.opencrs.com/rpts/RL30122_20060831.pdf)

Present Law and Analysis Relating to the Tax Treatment of Health Savings Accounts and Other Health Expenses

[www.house.gov/jct/x-45-06.pdf](http://www.house.gov/jct/x-45-06.pdf)

Saving for Your Golden Years: Trends, Challenges and Opportunities [The 2006 National Summit on Retirement Savings Final Report]

[www.dol.gov/ebsa/pdf/2006SummitFinalReport.pdf](http://www.dol.gov/ebsa/pdf/2006SummitFinalReport.pdf)

Securing the Future: Defined Benefit Plans and the Pension Protection Act of 2006

[www.deloitte.com/dtt/cda/doc/content/us\\_consulting\\_ger\\_pensionbooklet\\_180806.pdf](http://www.deloitte.com/dtt/cda/doc/content/us_consulting_ger_pensionbooklet_180806.pdf)

Small Group Health Insurance in 2006: A Comprehensive Survey of Premiums, Consumer Choices, and Benefits

[www.ahipresearch.org/pdfs/FINALSmallGroupPaper.pdf](http://www.ahipresearch.org/pdfs/FINALSmallGroupPaper.pdf)

Special Report to Clients: The Pension Protection Act of 2006

[www.hewittassociates.com/ MetaBasicCMAAssetCache /Assets/Articles/pensionReform\\_Aug06.pdf](http://www.hewittassociates.com/ MetaBasicCMAAssetCache /Assets/Articles/pensionReform_Aug06.pdf)

Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Financial Well-Being of American Families

[www.cmwf.org/usr\\_doc/Collins\\_squeezedrisinghlcarecosts\\_953.pdf](http://www.cmwf.org/usr_doc/Collins_squeezedrisinghlcarecosts_953.pdf)

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