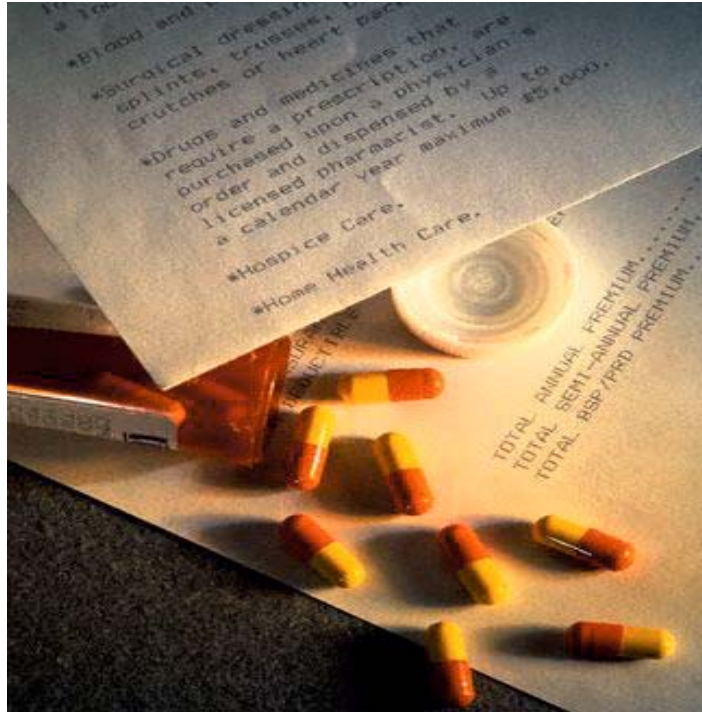


marketresponseinternational



project :: 1546

January 9 :: 2004

This survey was financed in part by grant number G0301MNBS24 from the Department of Health and Human Services, Administration on Developmental Disabilities, under provisions of Public Law 106-402. The content of this survey does not necessarily reflect the position or policy of the Administration on Developmental Disabilities or the Minnesota Department of Administration.

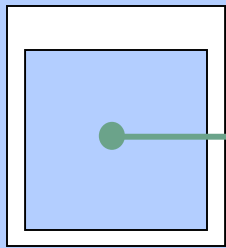
## Minnesota Health Care Opinion Poll Study

prepared for:



prepared by:

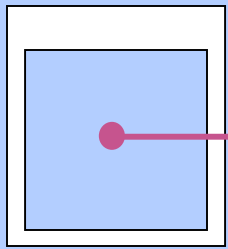
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**1 ::  
project  
overview**



## **project overview**

### ***background and objectives***

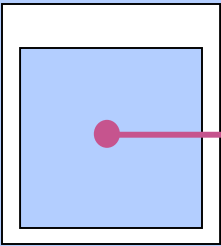
The Minnesota Governor's Council on Developmental Disabilities and the Minnesota Board on Aging commissioned MarketResponse International to gather opinions from Minnesotans regarding their current feelings on many key issues related to health care. Specific objectives of this study were to obtain measures such as:

- Current satisfaction with health care quality and costs, in general for the U.S. and specifically for Minnesotans based on their own personal experiences.
- Current level and types of health care insurance coverage, and related attitudes/satisfaction.
- Perceptions regarding changes in health care costs and payment responsibilities.
- Attitudes and values regarding a range of health care coverage, costs and social responsibility issues.
- Preferences for universal health care vs. private health care insurance, and related trade offs and opinions.

### ***research design***

A quantitative survey instrument was constructed and administered via telephone by professional interviewers to 800 randomly selected Minnesotans. To ensure the sample adequately represented the Minnesota population, a random digit dialing (RDD) list was purchased and utilized throughout the fieldwork process. The questionnaire was administered using computer aided telephone interviewing (CATI), to maximize data collection efficiency and minimize the potential for measurement error. The survey was conducted from November 19th to November 30th, when the chosen sample size, n=800, had been reached.

Given a sample size of 800, one can say with 95% confidence that the error attributable to sampling could be as much as 3.5% in either direction.



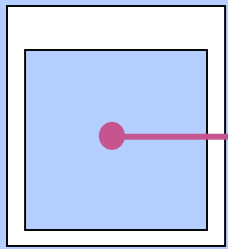
## sample description: respondent profiles

	Respondent Sample (Base) (n=800)	Minnesota Population (N=5,064,000)
<u>Household</u>		
<u>Income:</u>	%	%
Less than \$10,000	3	6
\$10,000 - \$14,999	4	5
\$15,000 - \$24,999	10	10
\$25,000 - \$34,999	11	11
\$35,000 - \$49,999	16	16
\$50,000 - \$74,999	20	22
\$75,000 - \$99,999	11	13
\$100,000 - \$149,999	6	10
More than \$150,000	3	5
Don't know / Refused	17	--

	Respondent Sample (Base) (n=800)	Minnesota Population (N=5,064,000)
<u>Race:</u>	%	%
White, Caucasian	92.9	89.4
Black or African American	1.9	3.5
Hispanic	.9	3.5
Native American	1.3	1.1
Asian / Pacific Islander	.8	2.9
Other	.8	1.3
Don't know / Refused	1.5	--

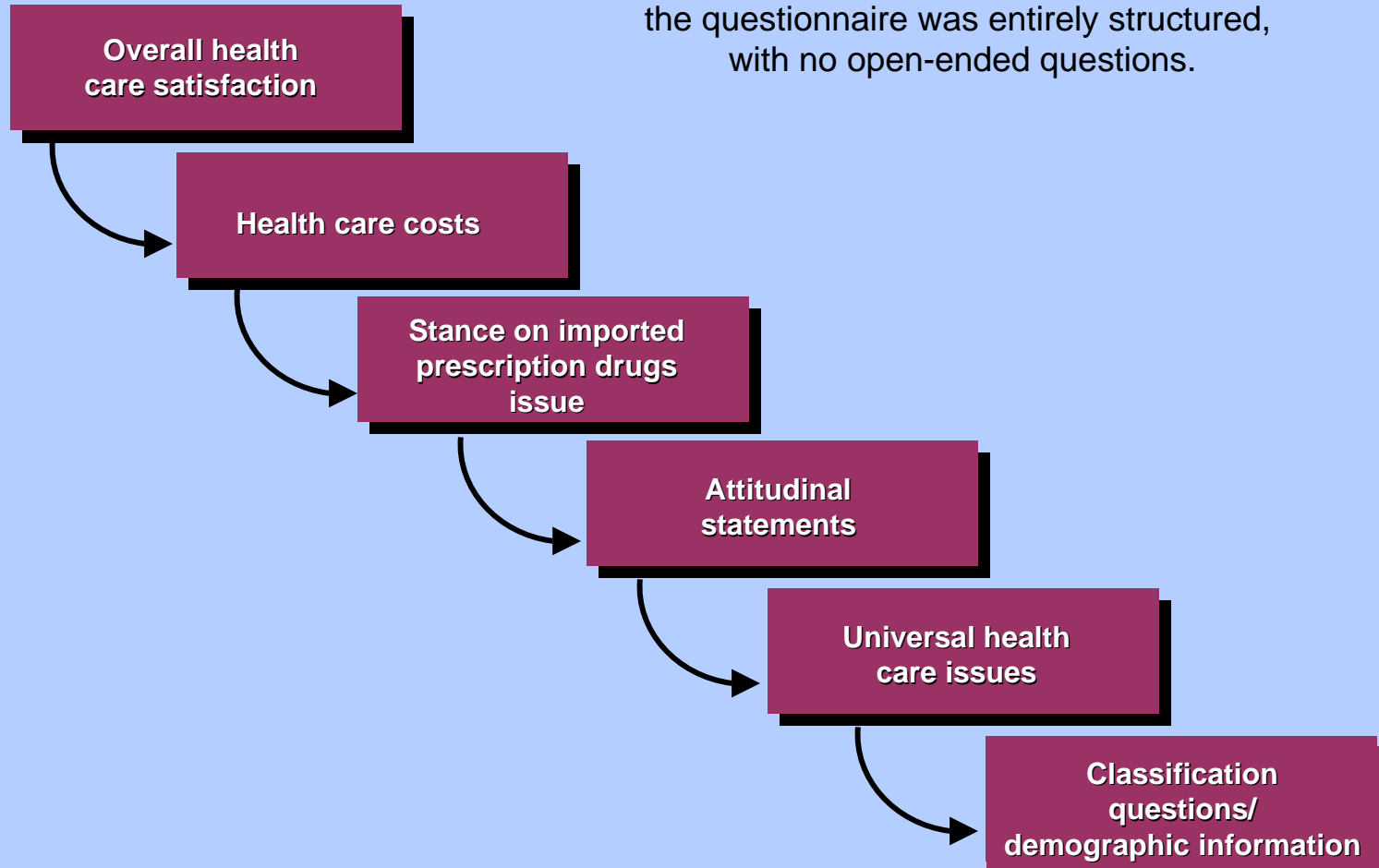
	Respondent Sample (Base) (n=796)	Minnesota Population (N=5,064,000)
<u>Age:</u>	%	%
15 - 19	1	8
20 - 24	4	7
25 - 34	14	13
35 - 44	21	16
45 - 54	23	15
55 - 64	18	10
65 - 74	12	6
75 and older	9	6

The random digit dial (RDD) sample was employed in order to include Minnesota households with either listed or unlisted telephone numbers. The RDD sample was drawn in a way that reflects the distribution of Minnesotans across the state. The process of dialing randomly through this sample of phone numbers resulted in a survey sample profile that reflects the profile of the state population, as shown on this page.

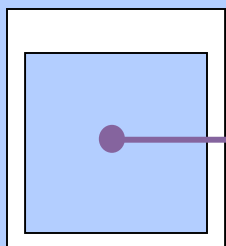


## questionnaire design

The interview took approximately 20 minutes to complete; the questionnaire was entirely structured, with no open-ended questions.



**2::  
detailed  
findings**



## health care satisfaction



Overall satisfaction, US Health Care Quality



Overall satisfaction, US Health Care Costs



### Satisfaction with:

The quality of health care you receive



Total amount you pay for health insurance & health care



Your ability to get a doctor's appt. when you want



The amount of time you are able to spend w/ your doctor



Your ability to see medical specialists, if you ever need one



Your ability to get the newest drugs and treatments



The quality of your medical provider

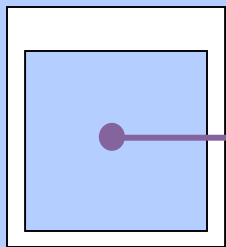


The kind of advice you get from your doctor regarding the actions you can take to help improve your health



Minnesotans are generally more satisfied with the quality of health care they receive personally, than they are with the overall US system. However, half of the state's population is dissatisfied with their health care costs.





## health care satisfaction

Satisfaction with US health care quality is related to age and income. . .

<u>Overall satisfaction with U.S. health care quality</u>	Age			
	<25 (37) %	25-44 (275) %	45-64 (322) %	65+ (162) %
Very satisfied	14	27	30	38↑
Somewhat satisfied	62↑	44	44	38
Somewhat dissatisfied	16	16	17	11
Very dissatisfied	8	13	10	14

Older Minnesotans tend to be the most satisfied.  
Younger ones are more ambivalent

<u>Overall satisfaction with U.S. health care quality</u>	Total annual household income			
	<\$25K (136) %	\$25-49K (221) %	\$50-99K (236) %	\$100K+ (67) %
Very satisfied	22	24	36↑	48↑
Somewhat satisfied	43	47	40	37
Somewhat dissatisfied	16	18	15	13
Very dissatisfied	18↑	12	9	2↓

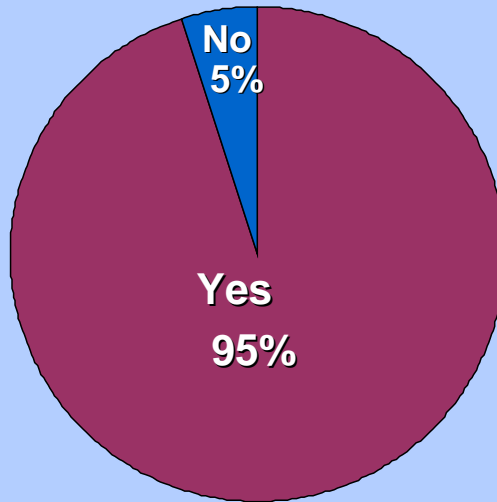
The higher your income the more likely you are to be *very satisfied* with US health care quality.  
Almost 1 in 5 of those in the lowest income bracket are *very dissatisfied* with health care quality

↑↓ Denotes statistically significant differences at the 95% confidence level.

## current health insurance coverage

**Do you have some form of health insurance or health care coverage, including either private medical insurance through an employer or self-paid, or a public program such as Medicare, Minnesota Care, etc.?**

(Base = 800)



ABCNEWS Poll Comparison: National results showed that a greater majority of Minnesotans are insured than those in the national poll. 83% of the national poll were insured and 17% were uninsured.

Ninety-five percent of the survey respondents report having some kind of health insurance coverage; four out of five of those with coverage have private medical insurance, either exclusively or in combination with public insurance. Based on the overall ratings there appears to be room for improvement in Minnesotans' perceptions of their health insurance coverage.

### What type of coverage do you have?

(Base=758)

Private medical insurance through an employer or self paid	83%
Medicare (government health insurance program for people 65 and over)	20%
Medicaid, Medical Assistance or Minnesota Care (government program for low income families)	7%

### All things considered, how would you rate your overall health insurance coverage?

(Base=758)

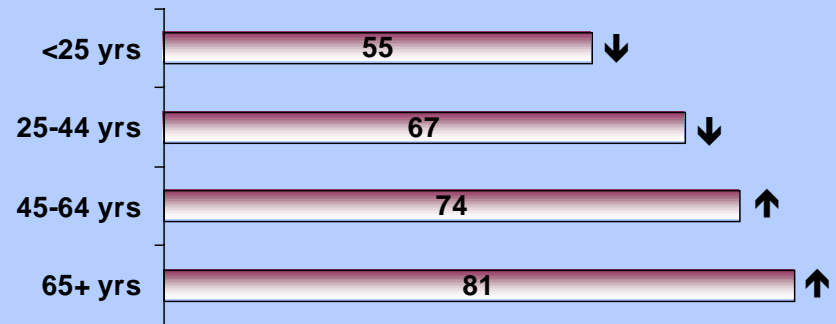
Excellent	27%
Good	46%
Fair	21%
Poor	7%

## current health insurance coverage

**All things considered, how would you rate your overall health insurance coverage?**

Age	(Base)	Excellent %	Good %	Fair %	Poor %
<25	(31)	23	32	36	10
25 - 44	(261)	26	41	25	8
45 - 64	(302)	26	47	20	7
65+	(160)	29	53	14	5

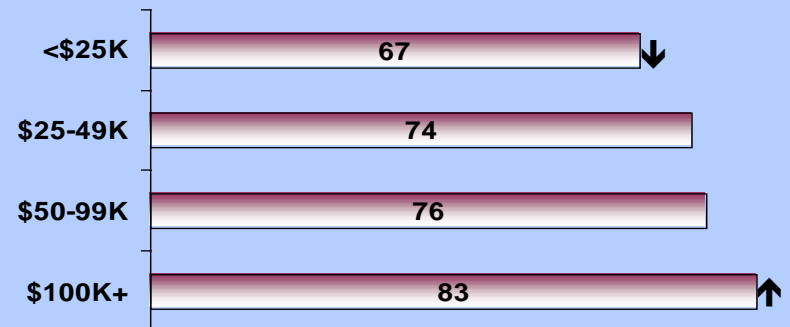
Percent rating their overall health insurance as *Excellent* or *Good*.



### Total annual household income

Total annual household income	(Base)	Excellent %	Good %	Fair %	Poor %
<\$25K	(120)	23	43	23	11
\$25-49K	(204)	24	50	20	6
\$50-99K	(234)	30	46	21	3
\$100K+	(65)	39	45	17	--

Percent rating their overall health insurance as *Excellent* or *Good*.



Top 2 box ratings for overall health insurance coverage, among Minnesotans who are currently insured, shows that older MN citizens and higher income MN citizens are significantly more likely to give a good or excellent rating of their personal health insurance coverage, as compared to younger and/or lower income Minnesotans.

↑↓ Denotes statistically significant differences at the 95% confidence level.



## current health insurance coverage

***Do you have some form of health insurance or health care coverage, including either private medical insurance through an employer or self-paid, or a public program such as Medicare, Minnesota Care, etc.?***

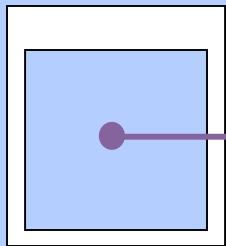
<b>Age</b>		<u>Yes</u>	<u>No</u>
	(Base)	%	%
<25	(n=37)	84	16 <b>↑</b>
25-44	(n=275)	95	5
45-64	(n=322)	94	6
65+	(n=162)	99	1

<b>Geographic Location</b>		<u>Yes</u>	<u>No</u>
	(Base)	%	%
Twin Cities	(n=87)	90	10 <b>↑</b>
Suburban	(n=284)	98	2
Small City	(n=129)	91	9 <b>↑</b>
Small Town	(n=191)	95	5
Rural	(n=109)	94	6

<b>Total annual household income</b>		<u>Yes</u>	<u>No</u>
	(Base)	%	%
<\$25K	(n=136)	88	12 <b>↑</b>
\$25-49K	(n=221)	92	8
\$50-99K	(n=236)	99	1
\$100K+	(n=67)	97	3

The highest proportions of Minnesotans without health care insurance can be found among young adults (ages 18-24), and among lower income households. Higher concentrations of uninsured Minnesotans can be found living in Minnesota's cities.

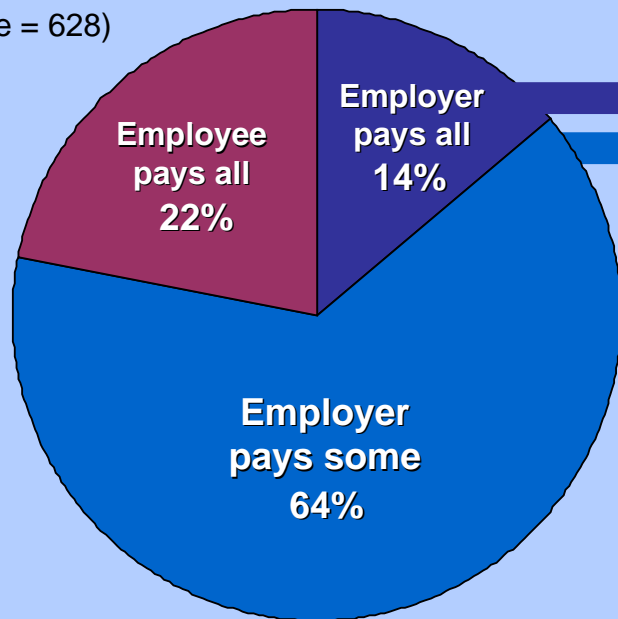
**↑↓** Denotes statistically significant differences at the 95% confidence level.



## perceptions of health care costs

### AMONG THOSE PRIVATELY INSURED:

(Base = 628)

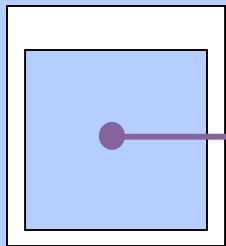


*Thinking about the past few years, does it seem like your employer is paying more, the same or less of the cost of your health insurance?*

(Base=489)

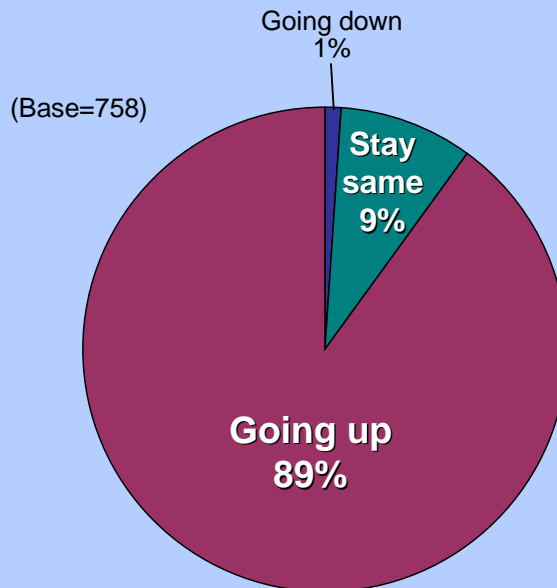
Employer is paying more	24%
Employer is paying about the same	37%
Employer is paying less	32%
Don't know	8%

Approximately 3 out of 4 Minnesotans have private health insurance coverage paid for partially or entirely by their employer; of that population, one-third believe that over the past few years their employers have decreased their share of payment for the employees' health insurance coverage.



## perceptions of health care costs

***IF INSURED: Does it seem to you that your health insurance costs have been going up, going down or staying the same over the past couple of years?***



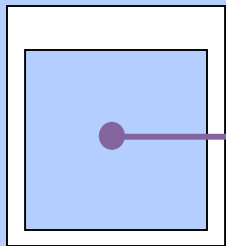
***Have they been going up a lot, or somewhat?***

(Base=671)

A lot	58%
Somewhat	42%

Most Minnesotans perceive that health care costs have been going up in recent years, and over half think they have been going up a lot. These perceptions are equally strong among those from all income categories and most age categories, except the youngest group, under age 25.

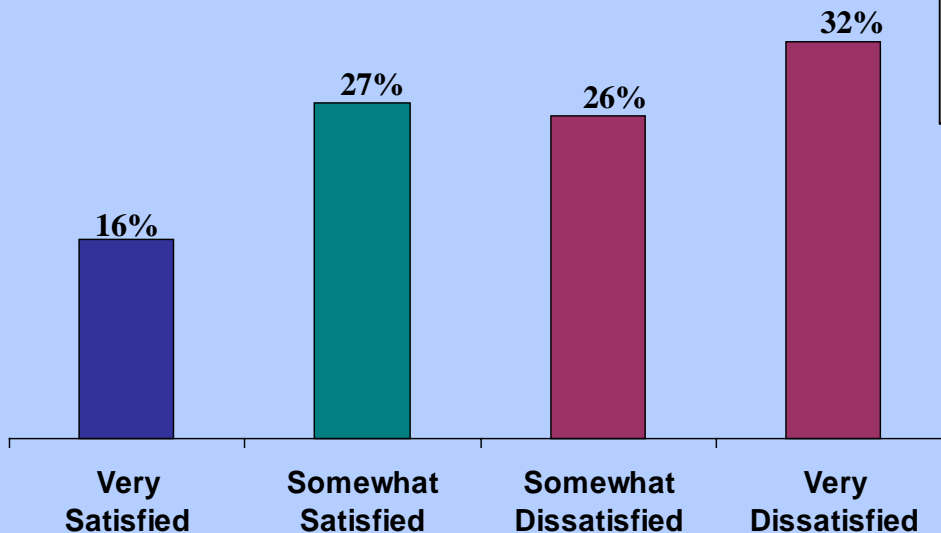
ABCNEWS Poll Comparison: The results showed that costs have remained more consistent from a national perspective as compared to MN results. Only 66% of national respondents reported an increase in costs. Of the people that believe they are increasing most (51%) believe it is somewhat of an increase.



## opinions regarding health care costs

**Are you generally satisfied or dissatisfied with the total cost you pay for yourself and/or family for health care in this country?**

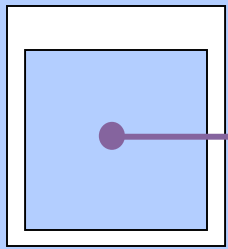
(Base=800)



<u>Total annual household income</u>				
	<u>&lt;\$25K</u>	<u>\$25-49K</u>	<u>\$50-99K</u>	<u>\$100K+</u>
(Top 2 Boxes) Very and Somewhat Satisfied	38%	37%	44%	57% <sup>↑</sup>
-----	-----	-----	-----	-----
Very Dissatisfied	32%	35%	29%	16% <sup>↓</sup>

Satisfaction with health care costs is related to income. Those in the highest income category are most likely to be satisfied, and least likely to be very dissatisfied with health care costs.

<sup>↑</sup><sub>↓</sub> Denotes statistically significant differences at the 95% confidence level.



## opinions regarding health care services

**Which statement do you agree with more?**

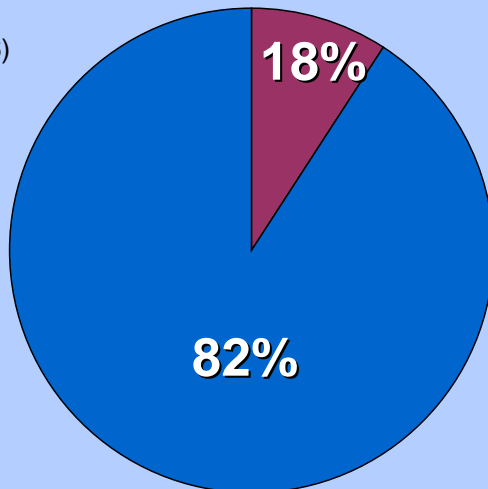


People have the responsibility not to overuse health care services because it increases insurance costs for everyone else; or



People have the right to use as much health care as they want.

(Base=796)

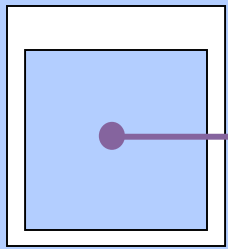


<u>Age</u>	Responsibility not to overuse %	Have the right to use as much as I want %
<25	68 ↓	32
25-44	77	22
45-64	84	16
65+	89 ↑	11

Here is evidence of a kind of wisdom that is gained with age. As Minnesotans grow older they are more likely to believe in personal responsibility when it comes to using (and not abusing) health care services. On the other hand, almost one out of five Minnesotans overall feel health care services are a kind of unlimited entitlement.

↑↓ Denotes statistically significant differences at the 95% confidence level.





## opinions regarding health care services

**Which statement do you agree with more?**

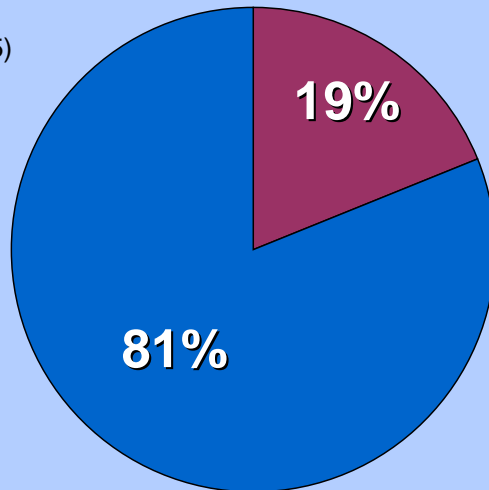


The government should do something to reduce the price of prescription drugs.



The government should not get involved in drug pricing issues.

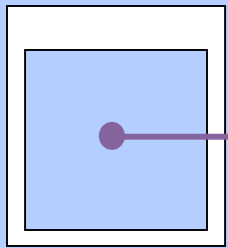
(Base=795)



<u>Location</u>	Gov't should do something to reduce drug prices %	Gov't should not get involved %
Twin Cities	89 ↑	11
Suburb	84	16
Small city	79	21
Small town	80	20
Rural	74 ↓	26

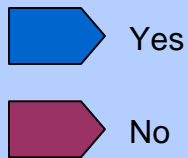
There appears to be an interesting relationship between proximity to the Twin Cities and trust in government involvement in prescription drug pricing. Those living in the rural areas are more likely to believe that government should not get involved; however, even there, the majority opinion is that government should do something to reduce the price of prescription drugs.

↑↓ Denotes statistically significant differences at the 95% confidence level.

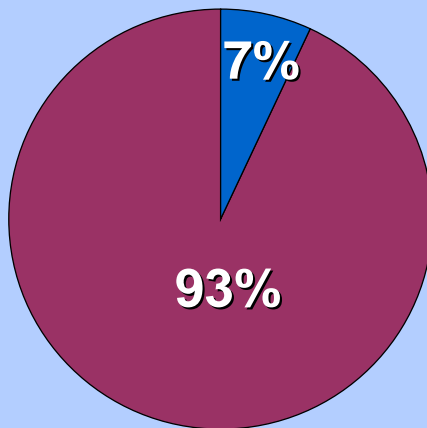


## opinions regarding health care services

*Have you or anyone in your household ever bought prescription drugs from Canada or from another foreign country in order to get a better price?*

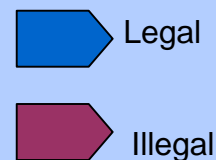


(Base=800)

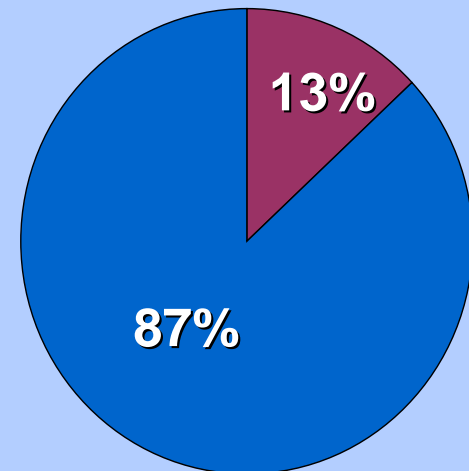


While only a relative few Minnesotans (7%) have bought prescription drugs from a foreign country, a clear majority believe it should be legal.

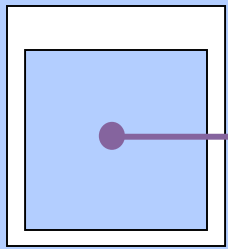
*Do you think it should be legal or illegal for Americans to buy prescription drugs from Canada, Europe, or other industrialized countries?*



(Base=793)





ABCNEWS Poll Comparison: At the national level, a higher percentage of respondents (12%) have purchased drugs from a foreign country than in Minnesota. However, more national respondents believe that buying prescription drugs from a foreign country should be illegal (29% v. 13% in Minnesota).

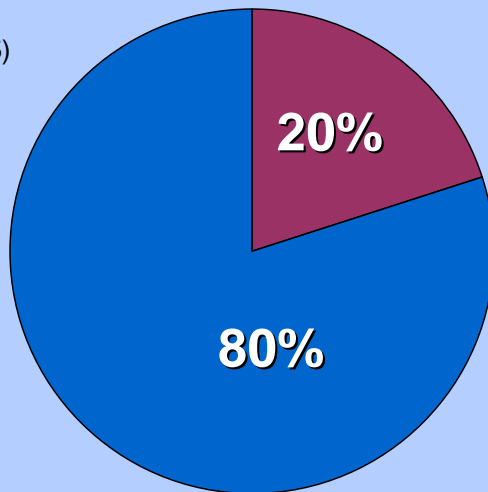


## opinions regarding health care services

*Which of these do you think is more important?*

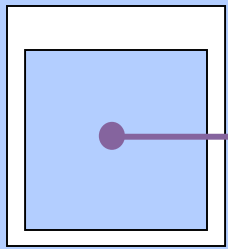
-  Providing health care coverage for all Americans, even if it means raising taxes
-  Holding down taxes, even if it means some Americans do not have health care coverage.

(Base=795)





Eight out of ten Minnesotans are willing to pay higher taxes in order to ensure that all Americans have health care coverage.

ABCNEWS Poll Comparison:  
The response was very similar in the national poll with 17% favoring holding down taxes and 80% favoring providing health care for all Americans.

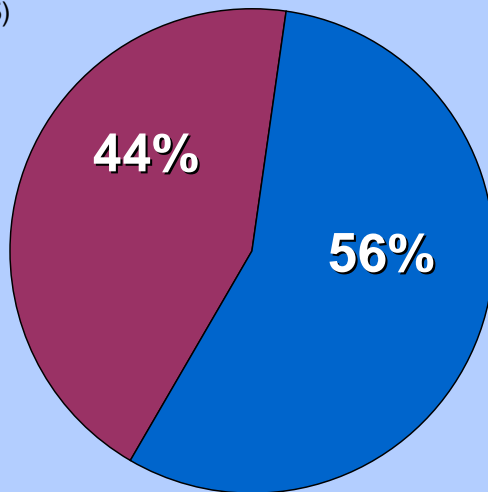


# opinions regarding health care services

## Which would you prefer?

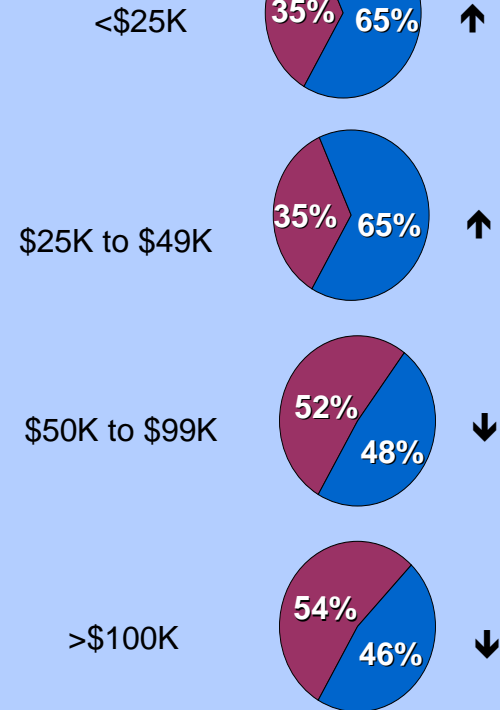
-  A universal system where the government insures that everyone has health coverage; or
-  A private system that relies on individuals and employers to provide for their own health care needs.

(Base=795)



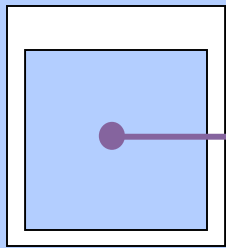
Among the Minnesota population as a whole, there is a slight preference for a universal health care system over a private system. Given the sample of 800, one can be 95% confident that estimates such as these are accurate within  $\pm 4$  percentage points. Therefore, we can say that somewhere between 52% and 60% of Minnesotans would prefer a universal health care system.

## Total Household Income





Preference for universal vs. private health care system is strongly related to total household income. Among those whose income is lower than \$50K annually, two-thirds prefer universal health care vs. one-third preferring a private system. Whereas, among those earning more than \$50K, there are slightly higher percentages preferring the private system.

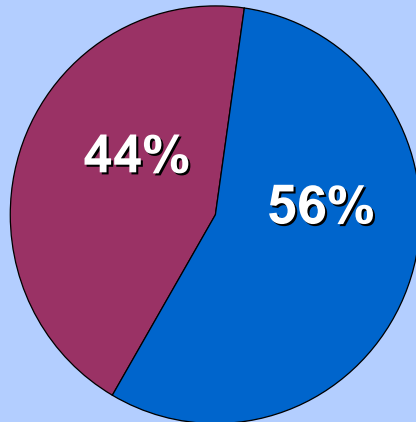
↑↓ Denotes statistically significant differences at the 95% confidence level.





## opinions regarding health care services

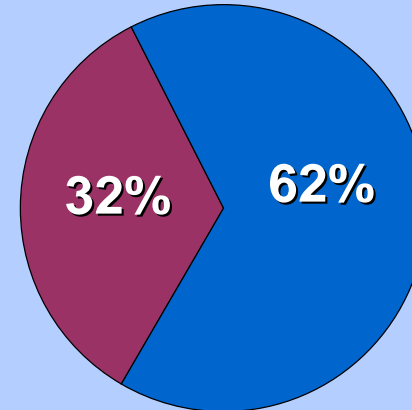
### *From Minnesota study- Which would you prefer?*

-  A universal system where the government insures that everyone has health coverage; or
-  A private system that relies on individuals and employers to provide for their own health care needs.



### *From ABCNEWS national study- Which would you prefer?*

-  A universal insurance program , in which everyone is covered under a program like Medicare that's run by the government and financed by the taxpayers; or
-  The current health insurance system in the U.S., in which most people get their health insurance from private employers, but some people have no insurance





#### ABCNEWS Poll Comparison:

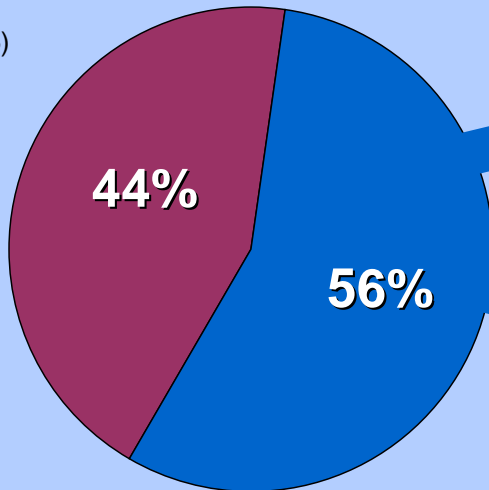
The Minnesota and national surveys yielded similar results from respondents regarding their belief in a universal health coverage system. It should be noted that the more detailed description presented by the ABCNEWS national study may have influenced the higher preference for the universal program.

# opinions regarding health care services

## Which would you prefer?

-  A universal system where the government insures that everyone has health coverage; or
-  A private system that relies on individuals and employers to provide for their own health care needs.

(Base=795)



## Would you support or prefer a universal health care system if it limited your choice of doctors?

	(Base=446)	Support	Oppose
<b>TOTAL</b>		45%	55%
<u>Age</u>			
<25		70	30
25-44		51	49
45-64		42	58
65+		32	68↑

Among those who would prefer a universal health care system, about half would change their minds and oppose the system if it limited their choice of doctors. The level of opposition is related to age; that is, the older you get the more likely you are to insist on your choice of doctors.

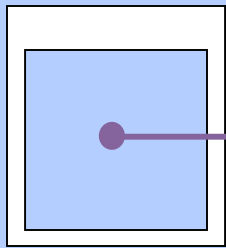
## Would you support or oppose a universal health care system if it meant there were waiting lists for some non-emergency treatments?

	(Base=446)	Support	Oppose
<b>TOTAL</b>		59%	41%

If universal health care brings waiting lists for some non-emergency treatments, about 4 out of 10 proponents would then become opposed to universal health care.


ABCNEWS Poll Comparison: The national survey showed higher support for a universal system than Minnesotans -- even with limited choice of doctors (national 56% support v. 45% in Minnesota) or waiting lists for some non-emergency treatments (63% support v. 59% in Minnesota). Again slight wording differences in the two studies may have impacted results.


↑↓ Denotes statistically significant differences at the 95% confidence level.



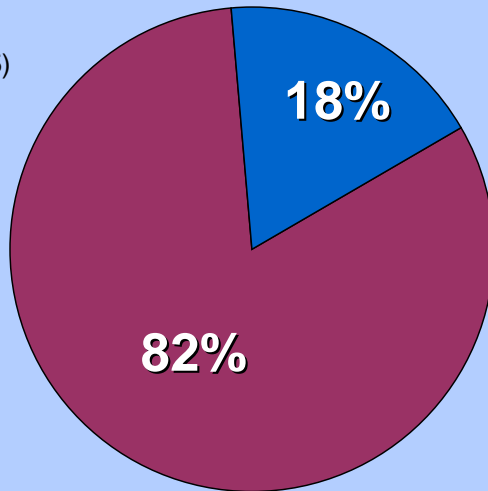
# opinions regarding health care services

*If you had to choose, which of the following approaches to universal health care would you prefer?*

 A system completely run by the government; or

 A system where government insures that everyone has health insurance coverage, but the health care industry would remain in the private sector.

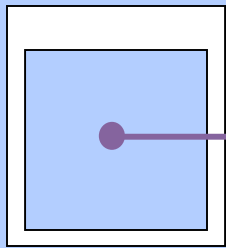
(Base=795)



	System completely run by gov't	System where gov't insures coverage, but health care industry remains in private sector
<b>TOTAL</b>	18%	82%
<u>Income</u>		
<\$25K	24 ↑	77
\$25-49K	24 ↑	76
\$50-99K	15	86 ↑
\$100K+	8	92 ↑

Although a majority of Minnesotans, regardless of income, prefer a universal system where government insures coverage over a system completely run by the government, the preference is more prevalent among those in the higher income categories.

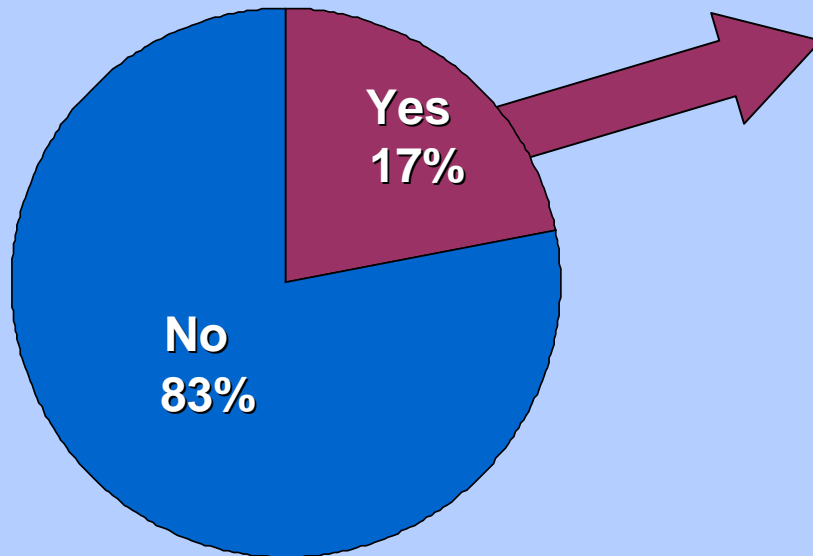
↑↓ Denotes statistically significant differences at the 95% confidence level.



## households with a person with a disability

**Do you or does anyone in your household have a physical, mental, sensory, or emotional disability?**

(Base = 800)



Seventeen percent (17%) of Minnesota households report having someone in the household with a disability. Thirteen percent (13%) of those disabilities occurred at birth.

**Has this disability occurred within the last 6 months or is it more longer term?**

(n=134)

Last 6 months. . . . . 5%

Longer term . . . . . 95%

**Did this disability occur at birth, or later?**

(n=127)

At birth. . . . . 13%

Later. . . . . 80%

Don't know. . . . . 6%

**Are you the person with the disability, or is it someone else in your household?**

(n=134)

Me, respondent. . . . . 54%

Someone else. . . . . 46%

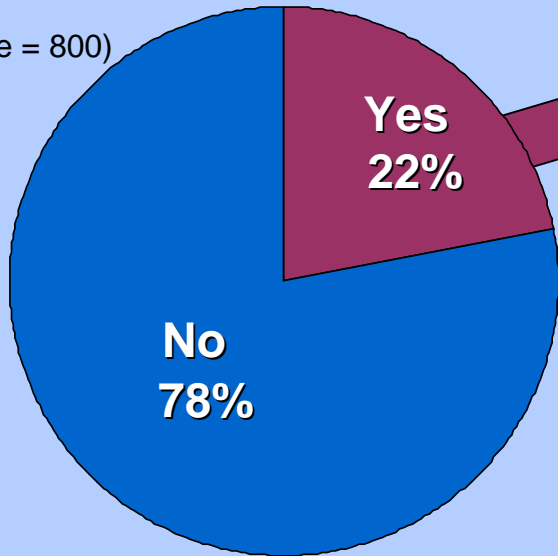


# households with a person with a disability

Among ALL households:

**Within the last 12 months, have you or a family member delayed any sort of medical treatment because of the cost you would have to pay?**

(Base = 800)



## How serious was the condition or illness?

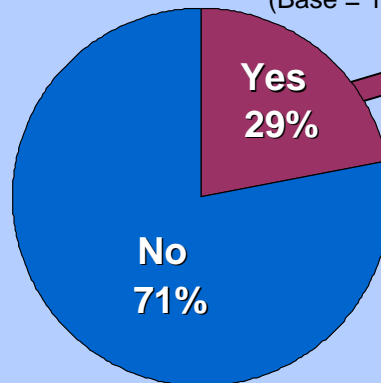
(n=177)

Very serious. . . . .	17%	} 57%
Somewhat serious. . . . .	40%	
Not very serious. . . . .	27%	
Not at all serious. . . . .	16%	

About 1 out of 5 Minnesotans have delayed medical treatment because of cost; in over half of these cases the condition was serious

## Among households with a disabled individual

(Base = 134)



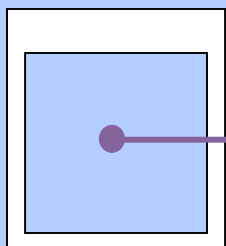
## How serious was the condition or illness?

(n=39)

Very serious. . . . .	23%	} 74%
Somewhat serious. . . . .	51%	
Not very serious. . . . .	13%	
Not at all serious. . . . .	13%	

Among households with a disabled individual, more than 1 in 4 have delayed medical treatment because of cost; in almost three quarters of these cases the condition was serious

ABCNEWS Poll Comparison: The MN results were nearly identical to the national results with the percentage that have delayed treatment (23%). 67% of the national respondents had a (very / somewhat) serious condition.



## households with a person with a disability

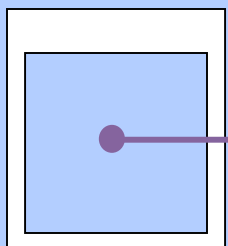
	(Base)	H.H. with individual with a disability?	
		Yes (123)	No (625)
		%	%
<b>IF INSURED: What type of coverage do you have?</b>			
Private medical insurance		73↓	87
Medicare		23	19
Medicaid, Medical Assistance or MinnesotaCare		14↑	5
<b>% of Households with annual income &gt; \$50,000:</b>		35	48

**IF INSURED: In regards to your ability to afford the cost of your health care insurance over the next few years, would you say you are. . .**

	(Base)	H.H. with individual with a disability?	
		Yes (123)	No (625)
		%	%
Very worried		31	22
Somewhat worried		41	43
Not so worried		15	21
Not at all worried		14	14
Top 2 Box		72	65


Compared to all other households, those with an individual with a disability have lower income; and among those with insurance, there is a higher likelihood the provider is Medicaid or another government program for lower income people. Households with a person with a disability are also more likely to be worried about future health care insurance costs.

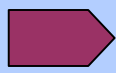
   Denotes statistically significant differences at the 90% confidence level.  
 ↑↓ Denotes statistically significant differences at the 95% confidence level.



**households with a person with a disability**

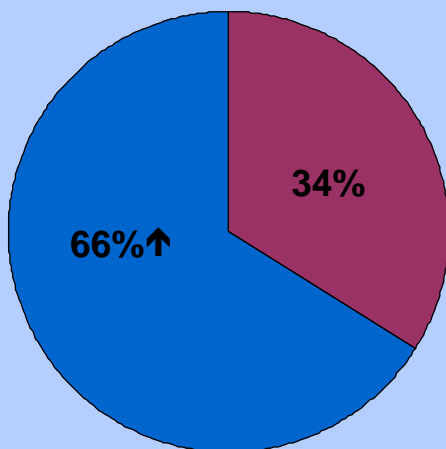
**Which would you prefer?**

 A universal system where the government insures that everyone has health coverage; or

 A private system that relies on individuals and employers to provide for their own health care needs.

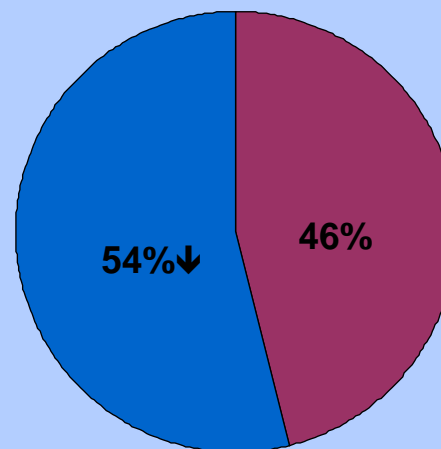
**H.H. with individual  
with a disability**

Base=134

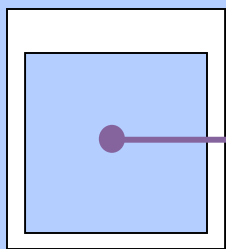


**H.H. with no persons  
with a disability**

Base=661



Households that have an individual with a disability are more likely to favor universal health care (two-thirds) as compared to all other households (about half).



# health care attitudes

## Percent Agreement with:

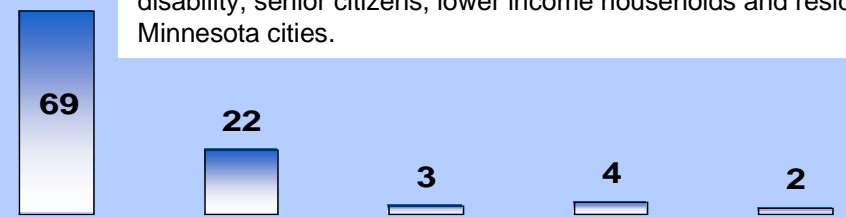


I should be able to choose any health care provider I want, including physicians and hospitals

### Top Box Demographics

Female	77%	↑
HH w/ Disblty	81%	↑
Age 65+	80%	↑
Inc. < \$25K	82%	↑
Inc. > \$100K	55%	↓
Twin Cities	63%	↓
Sm. City	82%	↑

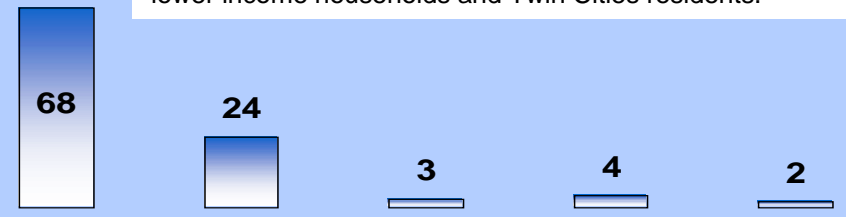
The most agreed to statement was related to choice of providers. This sentiment was particularly strong among women, households with an individual with a disability, senior citizens, lower income households and residents of small Minnesota cities.



We have personal responsibility not to use more health care services than we need in order to keep health care costs affordable

Inc. < \$25K	69%	↓
Inc. > \$100K	82%	↑
Twin Cities	62%	↓
Sm. City	75%	↑

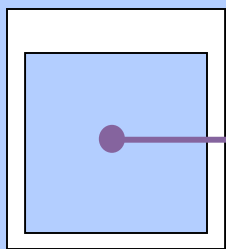
Personal responsibility was also strongly confirmed, with higher agreement from higher income households and small city residents, and lower agreement from lower income households and Twin Cities residents.



People should not be turned away from necessary medical treatment, even if they are uninsured and cannot afford the treatment

Female	72%	↑
Inc. < \$25K	75%	↑
Twin Cities	62%	↓
Sm. City	76%	↑

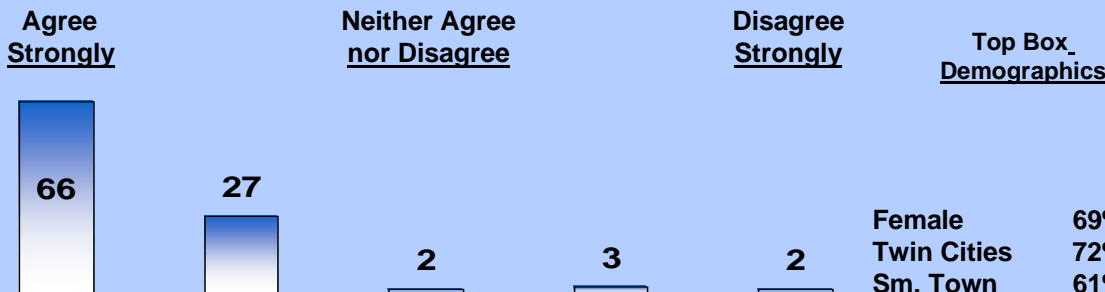
Minnesotans believe that people should not be turned away from treatment. Women, low income, and small city residents feel particularly strongly about this.



# health care attitudes

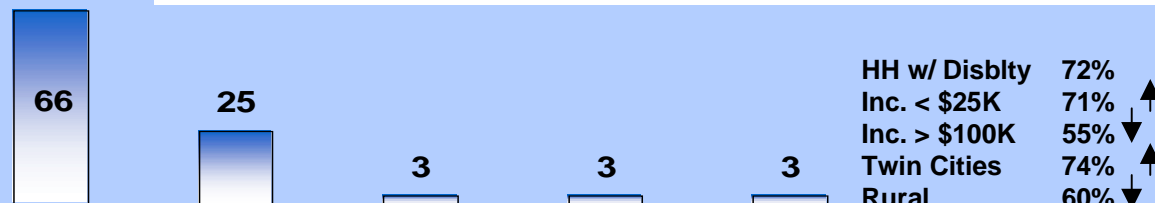
## Percent Agreement with:

I think it's a good idea that the government spends money on prevention, early detection of disease, and other community health related issues



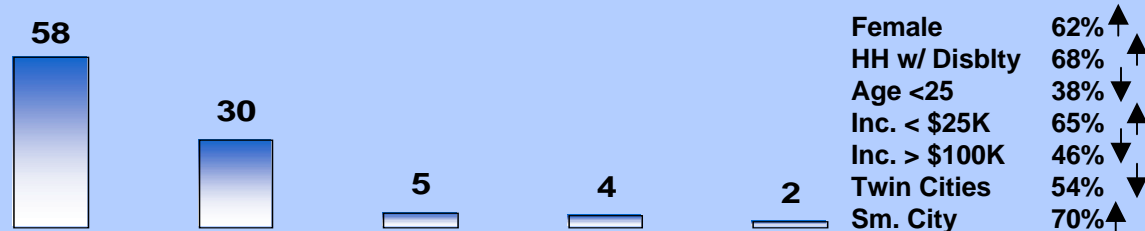
Most Minnesotans felt strongly that the government should be spending money on community health related issues – particularly women and Twin Cities residents.

Health care should be available to all citizens regardless of their income or employment status

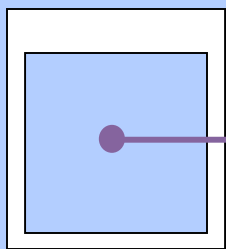


Most Minnesotans also believe that health care should be available to all citizens. Higher income households and rural residents were less likely to agree strongly with this.

Individuals whose health has been impacted through no fault of their own should not have to pay higher premiums than others



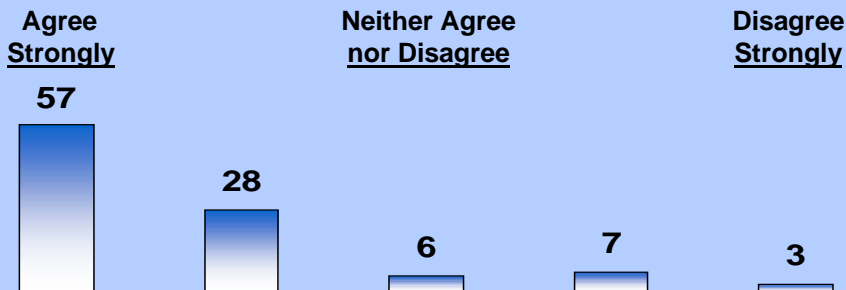
While most Minnesotans felt strongly that individuals whose health has been impacted through no fault of their own should not pay higher premiums than others; men, residents under age 25, upper income households, and Twin Cities residents were less likely to agree.



# health care attitudes

## Percent Agreement with:

People, such as the elderly and the disabled, who need more services than others should get them without paying more

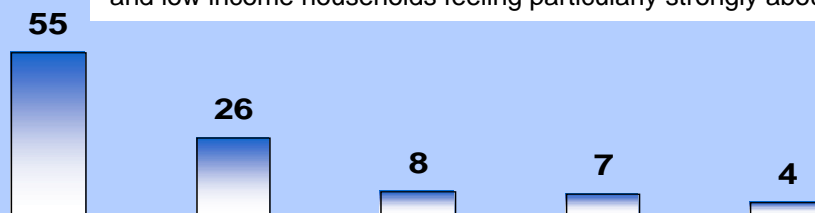


### Top Box Demographics

Female	62%	▲
HH w/ Disblty	69%	▲
Age 65+	63%	▲
Inc. < \$25K	66%	▲
Inc. > \$100K	33%	▼

Most Minnesotans believe that those who need more services should get them without paying more – with women, households with an individual with a disability, senior citizens, and low income households feeling particularly strongly about this.

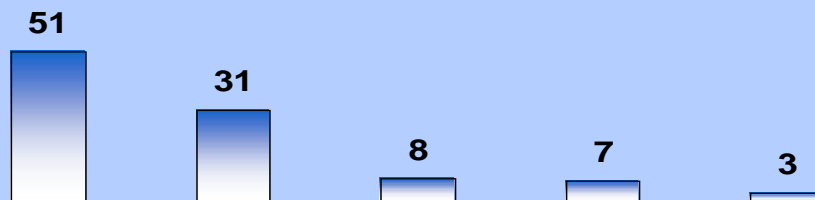
Employers should give employees a choice of more than one health plan



Female	58%	▲
HH w/ Disblty	63%	▲
Age 65+	34%	▼

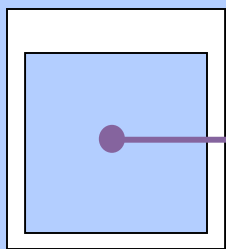
Most Minnesotans believe that employers should give a choice of health plans; however senior citizens were less likely to agree strongly with this.

Children's health care needs should take a priority in health care cost decisions



Female	55%	▲
Sm. City	62%	▲
Sm. Town	47%	▼

Most Minnesotans believe children's health care should be a priority, with females and residents of small cities feeling particularly strongly about this.



# health care attitudes

## Percent Agreement with:

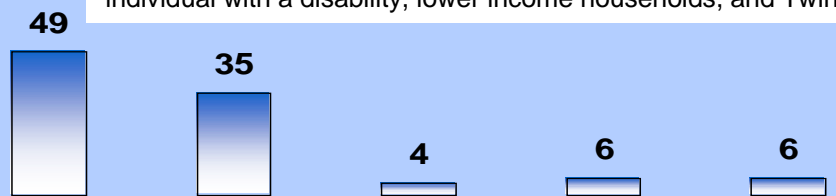
The government should ensure access to health care providers for rural and low income populations



Top Box Demographics	
Female	55% ↑
HH w/ Disblty	60% ↑
Inc. < \$25K	58% ↑
Inc. > \$100K	42% ↓
Twin Cities	59% ↑
Suburbs	42% ↓

Most Minnesotans believe that the government should ensure access to health care providers for rural and low income populations – particularly women, households with an individual with a disability, lower income households, and Twin Cities residents.

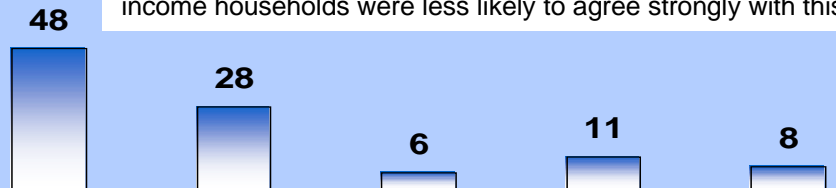
Everyone should pay something for their health care, with people paying varying amounts depending on what they can afford



HH w/ Disblty	58% ↑
Inc. < \$25K	60% ↑
Inc. > \$100K	37% ↓

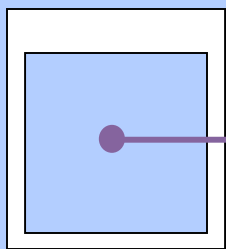
Minnesotans believe that everyone should pay something for their health care, depending upon what they can afford. Households with an individual with a disability and lower income households had stronger agreement with this statement, while upper income households were less likely to agree strongly with this statement.

It is the government's responsibility to make sure that patients receive safe, high quality medical care



Inc. < \$25K	60% ↑
Inc. > \$100K	39% ↓

While most Minnesotans believe that it is the government's responsibility to ensure high quality care, about one in five disagree. Agreement with this statement appears to be inversely related to income.



# health care attitudes

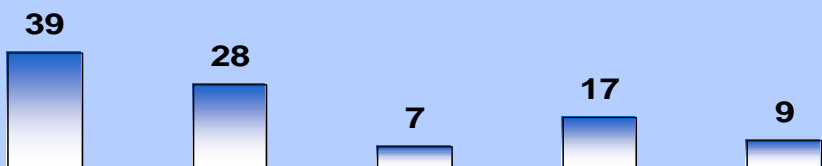
## Percent Agreement with:

The government should provide education and incentives to help people make wise choices regarding their health



**Top Box Demographics**  
 Three-fourths of Minnesotans believe that the government should provide education and incentives to help people with decisions regarding their health

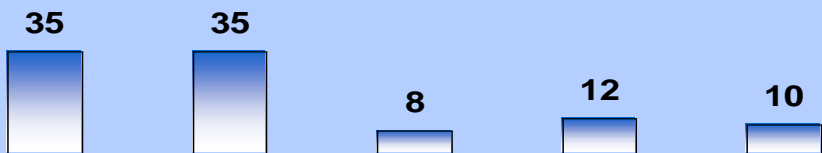
Health insurance should pay for any kind of medical treatment, regardless of the cost



**Female** 41% ↑  
**HH w/ Disbly** 51% ↑  
**Inc. < \$25K** 54% ↑  
**Inc. > \$100K** 18% ↓  
**Twin Cities** 28% ↓  
**Sm. Town** 44% ↑

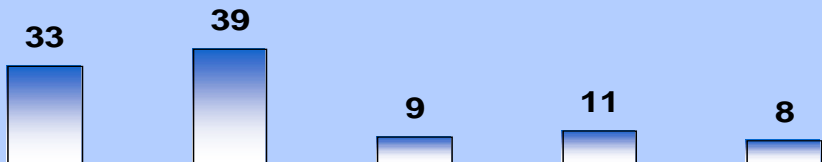
While Minnesotans tended to agree that health insurance should pay for any treatment – upper income households were more likely to disagree.

If they can afford it, some people should be able to have a health care plan that covers more medical services than other health care plans



People generally felt that if you can afford it you should be able to have more health care insurance coverage.

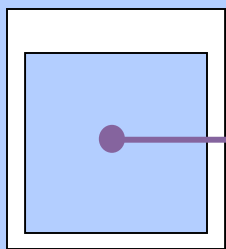
The cost of treatment, along with the chance of success, is a factor that should be considered in decisions regarding treatment



**HH w/ Disbly** 42% ↑  
**Inc. < \$25K** 43% ↑  
**Inc. > \$100K** 27% ↓  
**Sm. City** 40% ↑  
**Rural** 26% ↓

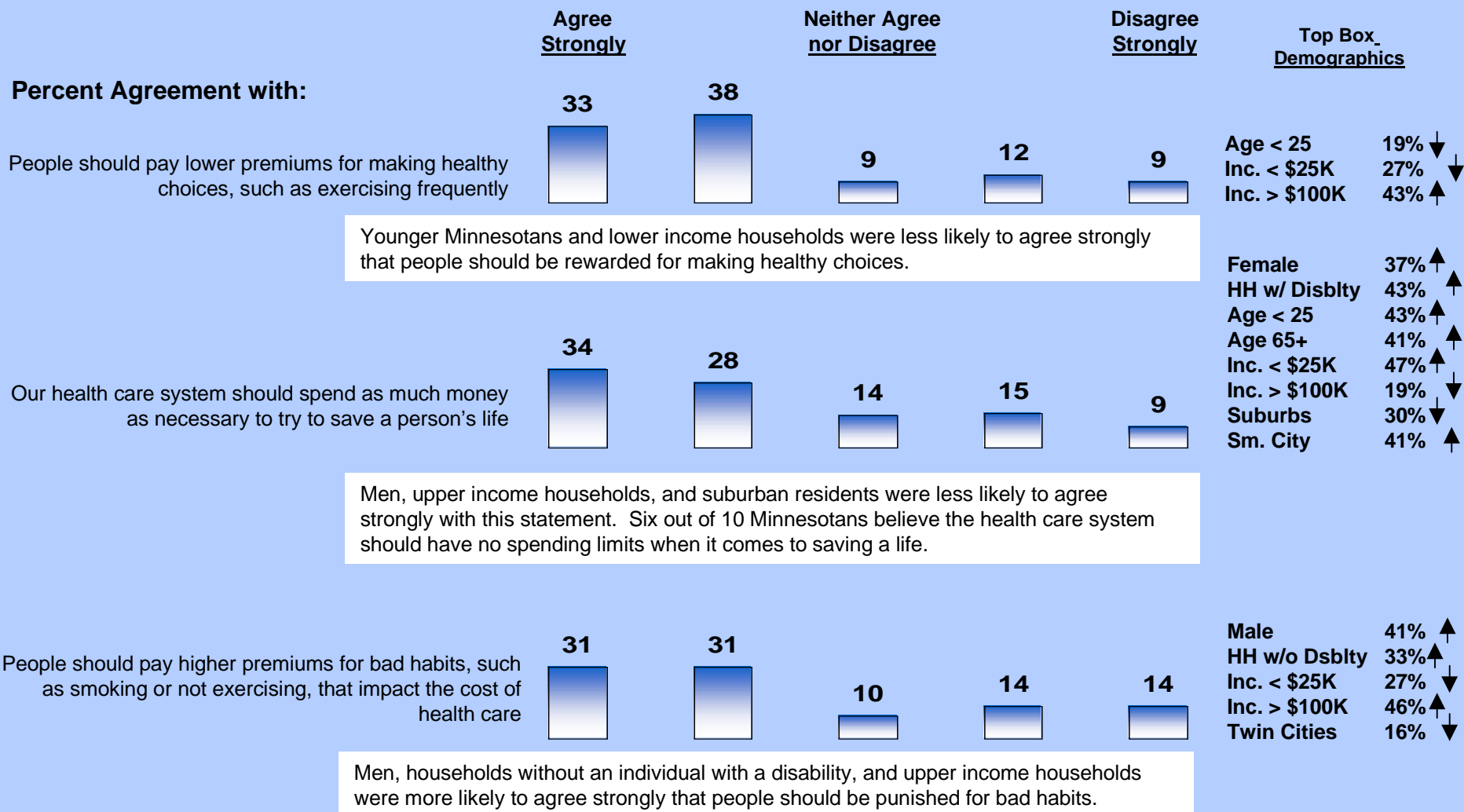
Minnesotans, particularly Households with individuals with a disability, lower income households, and residents of small cities feel most strongly that cost of treatment and chance of success should be considered.



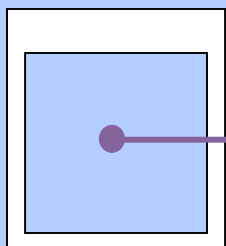


# health care attitudes

## Percent Agreement with:



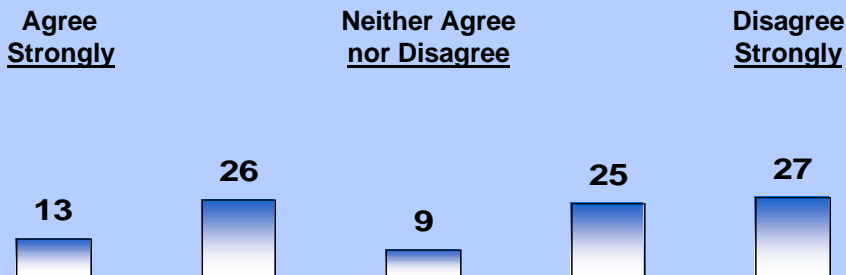
↑↓ Denotes statistically significant differences at the 95% confidence level.



# health care attitudes

## Percent Agreement with:

Individuals or families who are likely to use more health care should be expected to pay higher premiums than others

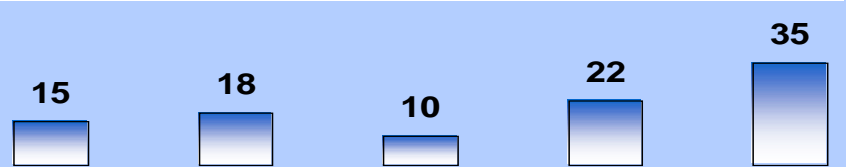


### Bottom Box Demographics

Female	30%	↑
HH w/ Disblty	38%	↑
Inc. < \$25K	38%	↑
Inc. > \$100K	15%	↓
Twin Cities	32%	↑
Rural	19%	↓

Minnesotans were inclined to disagree with paying more for higher use of health care, particularly women, households with an individual with a disability, lower income households and Twin Cities residents.

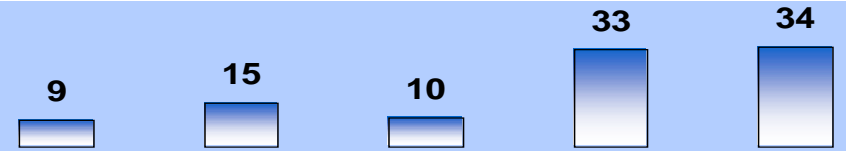
If I want to smoke, drink or just not take good care of my health, that's my business. I shouldn't be penalized with higher health care costs



Male	41%	↑
Age <25	19%	↓
Age 65+	36%	↑

Here is a divisive issue for Minnesotans – while a third believe in privacy and/or the sanctity of free choice when it comes to personal health care, another third disagree strongly. Men, senior citizens, and upper income households were less concerned with the privacy of health decisions -- tending to believe that people who don't take care of themselves should be penalized with higher costs.

People should be denied health care if they make unhealthy lifestyle or behavior choices

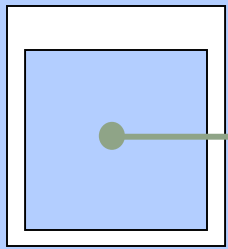


Female	37%	↑
Sm. City	43%	↑
Rural	29%	↓

The lowest rated statement was related to denying health care to individuals who make poor choices. Women and residents of small cities disagreed most strongly with this statement.

↑↓ Denotes statistically significant differences at the 95% confidence level.

**3 ::  
summary  
of  
findings**



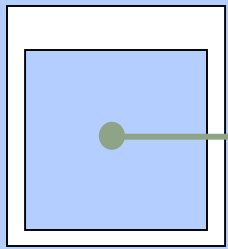
## Summary of findings

**While most Minnesotans are satisfied with the quality of health care in the US, well over half are dissatisfied with its costs.**

- Citizens of this state are more satisfied with US health care, as compared to the general US population, as measured in an ABCNEWS/Washington Post poll conducted in October 2003.
- Older Minnesotans and those with higher incomes are most satisfied; whereas, almost 1 in 5 of those in the lowest income bracket are *very dissatisfied* with the quality of health care in the US.
- Minnesotans are generally more satisfied with the quality of health care services they receive personally than they are with the overall US health care system.

**Ninety-five percent (95%) of Minnesotans have some form of health insurance.**

- A greater majority of Minnesotans are insured than those in the ABCNEWS national poll (95% Minnesotans v. 83% national respondents.)
- While 73% rate their coverage as good or excellent, these positive ratings are more prevalent among older and higher income Minnesotans.
- The highest proportion of Minnesotans without health care coverage can be found among young adults, ages 18-24, 16% of whom are not insured.
- And 12% of those in the lowest income category (<\$25K) do not have health insurance coverage.



## Summary of findings

### **Nine of ten Minnesotans believe their health care costs have been rising in recent years.**

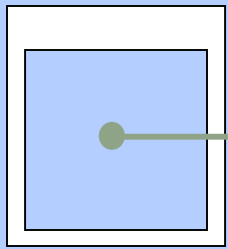
- Over half believe costs have been going up *a lot*.
- The perception of increasing costs appears to be stronger in Minnesota when compared to Americans in general. According to the ABCNEWS poll, 2/3 believe they are going up versus 89% of Minnesotans.

### **Satisfaction with health care costs is related to income.**

- Those in the highest income category are most likely to be satisfied with the amount they pay for health care.
- Among those whose total annual household income is less than \$50k, one out of three are *very dissatisfied* with their health care costs.

### **While only a relative few Minnesotans (7%) have bought prescriptions drugs from a foreign country, a clear majority (87%) believe it should be legal.**

- Four of five believe the government should do something to reduce the price of prescription drugs; only one in five believe government should not get involved in these issues.
- Nationwide, a higher percentage (12%) have purchased foreign drugs; however, according to the ABCNEWS poll, more Americans believe it should be illegal (29%) compared to 13% of Minnesotans.



## Summary of findings

**Most Minnesotans (4 of 5) believe all Americans should have health care coverage, even if it means raising taxes.**

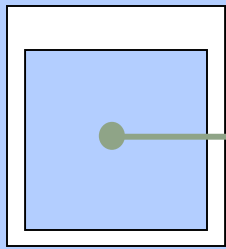
- This response was very similar to that received in the ABCNEWS poll.

**Among the Minnesota population as a whole, a slight majority (56%) would favor a universal system where the government ensures that everyone has health coverage over a private system that relies on individuals and employers to provide for their own health care needs; however, the strength of the preference is questionable:**

- about half of the proponents would change their minds and oppose the universal health coverage system if it limited their choice of doctors;
- and if the universal health coverage system brings waiting lists for some non-emergency treatments, then 4 of 10 proponents would then become opposed to it.
- Most believe the best approach to a universal health care system would have government ensuring that all Americans have health care coverage, but the health care industry would remain in the private sector.

**Seventeen percent (17%) of Minnesota households report having someone in the household with a disability.**

- These households have a lower percentage of incomes over \$50,000 (35% vs. 48%), and they are more likely to be worried about future affordability of health care insurance.



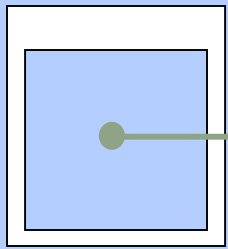
## Summary of findings

**Minnesotans showed very strong agreement (>90% agree strongly or somewhat) with the following health care concepts:**

- Ability to choose providers
- Personal responsibility to keep health care affordable
- People should not be turned away from the health care system
- The government should provide money for prevention
- Availability of health care shouldn't depend on income or employment

**Minnesotans showed strong agreement (>75% agree strongly or somewhat) with the following health care concepts:**

- Individuals with higher needs or special needs (elderly, disabled, low income, rural) should have access to needed health care
- Everyone should pay something for their health care
- The government has a responsibility to provide access, education, and ensure high quality care



## Summary of findings

**Minnesotans showed agreement (50 - 75% agree strongly or somewhat) with the following health care concepts:**

- Health insurance should pay for any kind of treatment
- Some people should be able to have better health care if they can afford it
- Cost of treatment should be a factor in treatment decisions
- People should pay lower premiums for healthy choices and higher premiums for bad habits
- The system should spend as much as necessary to save a person's life

**Minnesotans showed disagreement (>50% disagree strongly or somewhat) with the following health care concepts:**

- Paying higher premiums for health care based on expected usage
- Not being penalized (through higher costs) for not taking care of oneself
- Denying people health care based on unhealthy lifestyles or behavior choices

**Demographic differences seen in these concepts were strongest related to income – with higher income households believing more in self-reliance and less government involvement**