

# **NATIONAL STUDY ON CONSUMER HEALTH VALUES**

***A RESEARCH PROJECT CONDUCTED FOR:***

**WYE RIVER GROUP ON HEALTHCARE  
FOUNDATION FOR AMERICAN HEALTH CARE  
LEADERSHIP**

***Underwritten by:  
Definity Health***

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## **Introduction**

*The National Study on Consumer Health Values* survey was conducted on behalf of Wye River Group by Harris Interactive. The survey was conducted with a nationally representative sample of 1,000 adults aged 18 and over in December 2004.

This survey is intended to contribute to the existing knowledge about consumer attitudes, values, and behaviors related to health care. In light of employers' and policymakers' growing interest in consumer-directed health care, consumers are likely to be facing more responsibility for the costs of and decisions about their health care. As consumer-directed health plans become more common, one of the possible challenges for employers and policymakers will be effectively motivating consumers to become more engaged in their health care, more committed to prevention and healthy lifestyles, and better informed in order to make choices based on cost and quality information. Given these priorities, it will become even more important to better understand how consumers view their role in health care decision-making, what aspects of health care they value most, and how they feel about making choices and possibly changing their lifestyles.

## **Summary of Key Findings**

An effective approach to getting Americans more involved in health care decision-making will need to ensure that the health care system is easy to understand and navigate for consumers so that they may become more comfortable using information sources other than those upon which they have traditionally relied. Nearly two in three Americans feel that they would become more involved in decision-making if the health care system were easier to navigate. Reflecting a traditional reliance on physicians for making decisions about treatments or selecting specialists or hospitals on their behalf, over a third of consumers say they would still follow their doctor's advice even if it conflicted with reliable information from another knowledgeable source

Given rising health care costs and data which shows few Americans are preparing financially for their future health care needs, it is significant that a large majority of adults say they would be willing to work an extra two or three years in order to ensure that they have enough money to pay for their health care in retirement. However, older adults – including those in their pre-retirement years – are less likely than younger adults to be willing to do so.

When it comes to perceptions about the quality of health care, the public holds mixed views. Americans appreciate that there are great differences between the quality of care provided by different hospitals and physicians for serious medical problems. However, they are not willing to pay more for access to better-quality hospitals or physicians. This may well be related to the fact that most Americans feel satisfied with their current physicians and would not change them even if cost (or other limitations) were not an issue. With this in mind, payers will need to use well-designed incentives to drive consumers to higher-quality providers.

Given that care for preventable chronic conditions accounts for a large proportion of all health care costs, employers, payers and policy-makers are becoming increasingly interested in motivating Americans to use prevention and lifestyle modification programs in order to decrease their health care costs in the long run.

Although Americans are by and large aware that a healthy lifestyle can improve and/or prevent many medical problems, they are generally unwilling to require people who are overweight or who do not exercise regularly to pay more for their coverage and care. This suggests that payers should rely on a system of incentives that emphasize rewards for healthy behaviors rather than punishment for unhealthy habits. (One possible exception to this rule is smoking, as the public appears more willing to require smokers to pay more for their health insurance and health care.)

The public believes that the corporate profits—especially as related to pharmaceutical companies—and “waste in the system” are responsible for the rising costs of health care. Therefore, any actions designed to motivate the public to be more cost-efficient in their use of health care would need to overcome this perception.

Also, the public on balance is generally uncomfortable with the important ethical implications of putting a dollar value on living another year, which would presumably inform discussions about prioritizing resources for care in the final months of life.

## SURVEY FINDINGS

### Involvement in Decision-Making

**Most Americans say they would be willing to become more involved in their health care decisions if the health care system were easier to navigate.**

- Two in five Americans (40%) agree strongly and an additional quarter (24%) agree somewhat that, if the health care system were easier to navigate, they would be more involved in making health care decisions for themselves and their family. (Table 1)

**A large minority of Americans would still follow their doctor’s advice, even if it conflicted with reliable information from a knowledgeable source.**

- More than a third (36%) agree somewhat or strongly that they would still follow their doctor’s advice even if it conflicted with reliable information from a knowledgeable source. Less than half (46%) of Americans disagree somewhat or strongly that they would follow their doctor’s advice in this situation. (Table 1)

### Willingness to Work Extra Years to Cover Health Care Expenses in Retirement

**A large majority of Americans say they would be willing work extra years to have enough money to pay for their health care in retirement.**

- Three-quarters (74%) of Americans agree strongly or somewhat that they would be willing to work an extra two or three years in order to ensure they have enough money to pay for their health care in retirement. (Table 1)
- However, age plays a large role in whether or not Americans agree that they would be willing to work longer to pay for health care expenses. While nine in ten (88%) Americans age 18-24 agree strongly or somewhat that they would be willing to work longer, as the age of the respondent rises, the percentage of those willing to work additional years falls. For example, fewer than eight in ten (77%) of those age 35-44, seven in ten (72%) of those age 45-54, two-thirds (67%) of

those age 55-64, and half (50%) of those 65 and older would be willing to work an extra two or three years to ensure they would have enough money to pay for their health care in retirement. (Table 1)

### **Perception of Quality and Value**

**A large majority of Americans believe that, when getting medical care for a serious medical problem, differences in quality between health care providers may mean the difference between life and death. However, majorities are unwilling to pay more for higher-quality care and think it is unfair to require patients to pay more for better care.**

- More than three-quarters of Americans agree that where they receive medical care for a serious medical problem can influence whether they live or die, with 53% agreeing strongly and an additional 25% agreeing somewhat.. (Table 1)
- Fewer than one in five (16%) American adults would be willing to pay significantly higher premiums for a health insurance plan that provided coverage to go to hospitals and medical groups shown to provide better care. (Table 2)
- Two-thirds (64%) of Americans think it is unfair for patients to pay more to be treated by medical groups or hospitals that have been shown to provide better care. (Table 3)

### **Do Cost or Health Plan Limitations Keep Consumers With Current Providers?**

**If money were not an issue, only about two in five Americans would change where they receive their health care.**

- Less than two in five (38%) Americans agree somewhat or strongly that, if they won the lottery, they would change where they get their health care. About half (51%) of Americans disagree somewhat or strongly that winning the lottery would prompt them to change where they get their health care. (Table 1)

### **Personal Responsibility for Health**

**Though Americans know that a healthy lifestyle can improve and/or prevent many medical problems, they are split on whether they agree that those who practice unhealthy lifestyles should pay more.**

- Almost all (93%) Americans agree strongly or somewhat that, by making healthy lifestyle choices - such as not smoking, exercising frequently, and controlling their weight – they can prevent or improve many serious medical problems. (Table 1)
- A plurality of 46% say we should not require people with unhealthy lifestyles to pay higher **premiums** than people with healthy lifestyles, and a virtually identical plurality (47%) feel that we should not require people with unhealthy lifestyles to pay higher **deductibles or co-payments** for their medical care. (Table 4)
- However, when questions are asked about different types of health risks, attitudes vary depending on the type of risk involved. Majorities believe that smokers should pay more than non-smokers (58%) and that people who do not wear seat belts should pay more than people who do wear them (53%). On the other hand, only slightly more than a quarter of Americans believe that people

who are overweight (27%) or people who do not exercise regularly (also 27%) should pay more. (Table 5)

### **Views of Rising Costs of Health Care**

**Americans attribute the rising costs of health care to a variety of factors, with high profits/drug companies and greed and waste in the system being cited most often.**

- More than half of American adults feel that rising health care costs are due to high profits/drug companies (69%), greed and waste in the system (62%), the aging of the population (55%), and malpractice lawsuits (54%). By contrast, fewer Americans attribute rising costs to the use of expensive medical technologies (46%) or the fact that consumers have little incentive to seek lower cost care (39%). (Table 6)

### **What is a Life Worth?**

**On balance, Americans are not willing to put a dollar value on living another year.**

- Only three in ten (31%) Americans agree strongly or somewhat that society should put a dollar value on living another year. (Table 1)
- About half (48%) of Americans disagree strongly or somewhat with society putting a dollar value on living another year to help decide how much money to spend on prolonging lives. (Table 1)
- The remaining 21 percent of American adults are undecided on this issue. (Table 1)

### **Methodology**

*The Harris Poll®* was conducted by telephone within the United States between December 16 and 19, 2004 among a nationwide cross section of 1,023 adults (aged 18 and over). The Harris sample makes use of a random-digit-dial (RDD) selection procedure that assures representation of persons in households that are “listed” in telephone directories, as well as persons in households that are “unlisted” in telephone directories. Figures for age, sex, race, education, region and household income were weighted where necessary to bring them into line with their actual proportions in the population.

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

**TABLE 1**  
**AGREEMENT WITH STATEMENTS ABOUT HEALTH VALUES**  
*“How much do you agree or disagree with the following statements?”*

**Base: All Adults**

		Agree strongly	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Disagree strongly	Don’t Know	Decline to answer
‘If the healthcare system were easier to navigate, I would be more involved in making healthcare decisions for myself and my family “	%	40	24	9	10	10	6	1
‘If I had reliable information from a knowledgeable source - for example, the Mayo Clinic or Johns Hopkins - that conflicted with my doctor’s opinion, I would still follow my doctor’s advice”	%	20	16	11	22	24	6	1
‘I would be willing to work an extra two or three years in order to ensure I have enough money to pay for my healthcare in retirement”	%	52	22	5	5	9	6	1
‘Where I go to receive medical care for a serious medical problem can influence if I live or die”	%	53	25	5	6	4	6	1
‘If I won the lottery tomorrow, I would change where my family and I get our healthcare”	%	28	10	8	18	33	3	1
‘By making healthy lifestyle choices – such as not smoking, exercising frequently and controlling my weight - I can prevent or improve many serious medical problems”	%	81	12	2	2	1	2	1
‘Society should put a dollar value on living another year to help decide how much to spend on prolonging lives”	%	15	16	11	18	30	9	1

Source: Harris Poll December 16-19 2004

**TABLE 2**  
**PAYING FOR QUALITY**

*Would you be willing to pay significantly higher premium for a health insurance plan which covered you to go to hospitals and medical groups shown to provide superior care?*

**Base: All Adults**

	<b>% saying they would be...</b>
Willing	16
Not willing	60
Not sure	23

Source: Strategic Health Perspectives- 2004- Survey of the Public

**TABLE 3**  
**PAYING FOR QUALITY**

*Do you think it would be fair for patients to pay more to be treated by medical groups or hospitals which have been shown to provide better care?*

**Base: All Adults**

	<b>% saying it would be...</b>
Fair	18
Not fair	64
Not sure	18

Source: Strategic Health Perspectives- 2004- Survey of the Public

**TABLE 4**  
**FAIR OR UNFAIR FOR PEOPLE WITH UNHEALTHY LIFESTYLES TO PAY MORE  
FOR INSURANCE OR CARE?**

*“People who have healthy lifestyles, don’t smoke, exercise frequently and control their weight tend to incur fewer health care costs than people with unhealthy lifestyles. Do you think it would be fair or unfair . . . ?”*

**Base: All Adults**

	<b>All Adults</b>	<b>Sex</b>		<b>Education</b>			
		<b>Men</b>	<b>Women</b>	<b>High School or Less</b>	<b>Some College</b>	<b>College Grad</b>	<b>Post Grad</b>
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
To ask people with unhealthy lifestyles to pay higher health insurance premiums than people with healthy lifestyles							
Fair	37	48	27	27	37	49	57
Unfair	46	38	53	56	43	35	29
Not sure	17	14	20	17	20	16	14
To ask people with unhealthy lifestyles to pay higher deductibles or co-payments for their medical care than people with unhealthy lifestyles							
Fair	36	45	27	28	35	48	52
Unfair	47	41	53	55	45	38	34
Not sure	17	14	20	17	20	14	14

Source: Wall Street Journal/Harris Interactive Healthcare Poll conducted online between October 30<sup>th</sup> and November 3<sup>rd</sup> 2003, with a nation wide cross-section of 2,231 adults 18 and over.

**TABLE 5**  
**FAVOR/OPPOSE DIFFERENT PREMIUM OR COST-SHARING FOR PEOPLE WITH  
 DIFFERENT LIFE STYLES**

*“Would you favor or oppose different levels of health insurance premiums, co-payments or deductibles for . . . ?”*

**Base: All Adults**

	All Adults	Sex		Education			
		Men	Women	High School or Less	Some College	College Grad	Post Grad
	%	%	%	%	%	%	%
Smokers vs. non-smokers							
Favor	58	63	53	44	60	72	82
Oppose	31	29	32	41	28	20	13
Not sure	12	8	15	14	12	9	6
People who are overweight vs. people who are within their recommended weight							
Favor	27	35	20	24	23	35	39
Oppose	52	47	57	56	55	44	40
Not sure	21	18	23	20	22	20	21
People who do not wear seat belts vs. people who do wear seat belts							
Favor	53	56	50	44	56	59	69
Oppose	33	32	34	40	30	30	19
Not sure	14	12	16	16	14	11	12
People who exercise regularly vs. people who do not exercise regularly							
Favor	27	33	22	22	24	36	42
Oppose	52	48	56	58	53	45	35
Not sure	21	19	22	19	23	19	23

Source: Wall Street Journal/Harris Interactive Healthcare Poll conducted online between October 30<sup>th</sup> and November 3<sup>rd</sup> 2003, with a nation wide cross-section of 2,231 adults 18 and over.

**TABLE 6**  
**RISING HEALTH CARE COSTS**  
*What Is Responsible for Rising Health Care Costs?*

**Base: All Adults**

	<b>% saying very important factor</b>
High profits/Drug companies	69
Greed and waste in system	62
Aging of the population	55
Malpractice suits	54
Use of expensive medical technologies	46
Consumers have little incentive to seek lower cost care	39

Source: Harvard School of Public Health/Kaiser Family Foundation,  
 October 2004.