

How to Stay Healthy? An Exploration in Local Attitudes Towards U.S. Health Care Policy

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ABSTRACT

Currently in the United States there are approximately 47.5 million Americans without health insurance (Urbina 2008). Previous research has attempted to tackle this growing social problem by investigating alternative health care policies and the effects they might have on various populations within the United States. This study seeks to investigate local residents' attitudes pertaining to health care policy in the United States and to determine the extent to which these attitudes of a Midwestern city of approximately 50,000 people vary by socioeconomic status. Utilizing survey methodology I investigate potential relationships between variables such as income, age, gender, and employment status and sentiments on universal health care, privatized health care, and inequality in the health care system in a geographical region where health care costs have risen faster than the national average. Furthermore, I test whether a significant age, gender and socioeconomic difference on attitudes about health care exist.

INTRODUCTION

There are 47.5 million Americans without health insurance (Urbina 2008). The high number of uninsured citizens, skyrocketing health care costs while wages decline, and the increasing transfer of such costs from employers to employees are just a few of the many problems with health care in the United States (Singer 2007). To date, the United States spends twice as much per person as Canada on health care, yet Canadians have a longer life expectancy (Clarke 2008). Individuals with health insurance must often pay high deductibles before insurance takes effect (Hoffman 2006). This type of insurance deliberately discourages individuals from overusing health care services (Hoffman 2006). Furthermore, inequalities in health care services further intensify socioeconomic inequalities in the United States (Singer 2007).

Many plans for overhauling the American health care system exist. Laurence Kotlikoff (2007) proposes a 10-point Medical Security System that would require mandatory participation and award vouchers to all who purchase health insurance. This system would base vouchers off of individual experience and would provide more resources to high health risk individuals (Kotlikoff 2007). David Singer (2007) proposes a single-payer health coverage plan in which all private health insurance plans are eliminated and replaced with a Canadian-style system paid through payroll taxes. Each unique plan involves a major overhaul of our current health care system, affecting numerous individuals, rich and poor, but do we really know which system is best for everyone?

Attitudes on how the government should address health care have fluctuated over time. As of November of 2007, 64% of Americans felt that it was the government's responsibility to provide health care access to all citizens (Gallup 2007). In a January report, Americans were asked whether they would be in favor or oppose a universal health care plan. Of those polled, 62.8% favored a universal health care policy (Blendon, Altman, Deane, Benson, Brodie, and Buhr 2008).

This issue is experienced locally, as well. La Crosse County's health care costs are increasing and have more than doubled since 1999 (Magney 2007). As a result, local officials are looking towards an alternative method for funding health care. These methods include experimenting with differing levels of deductibles and implementing prescription cards (Magney 2007).

In order to better understand what changes to our current health care system would be beneficial I investigated whether certain demographic variables such as age, gender, income, education, and household size influence individuals' attitudes towards their confidence in their ability to afford health care and their openness to government intervention within health care. I hypothesized that income would be the primary variable influencing an individuals' confidence in his or her ability to afford health care. I further hypothesized that individuals with higher educational attainment would be more in favor of government intervention with in the health care system.

METHODS

In order to effectively and efficiently survey La Crosse residents I created an approximately 6-9 minute phone survey to obtain residents' attitudes and opinions regarding various health care policy. I used the Survey Research Center (CWH 323) available to sociology students at UW-L in order to conduct each survey. The sample size of 100 was compiled utilizing a systematic random sampling method to ensure that a probability sample was acquired. Using this method I randomly selected phone numbers from a current La Crosse area phone book simply by opening the page and selecting a starting point for calling. From this starting point every 15th number was subsequently chosen to participate in the survey. Businesses and residents' with an address listed outside of La Crosse were omitted. Upon calling each number a brief introduction was given to explain the purpose and importance of this study. Individuals were made sure to be over the age of 18 and were notified that their responses would remain confidential and that participation may be terminated at any point. After I presented all of this information, individuals gave their verbal consent to the survey terms and we began the survey.

The survey consisted of several different types of questions. I used questions derived from two scholarly sources. The Gallup Poll, a behavioral and opinions research organization, supplied my survey with essential questions revolving around opinions pertaining to universal versus privatized health care policies. For example, one question used from this organization was "Do you think it is the government's responsibility to make sure all Americans have health care coverage, or is that not the responsibility of the federal government?" Another question utilized was, "Which of the following approaches for providing health care in the United States would you prefer: replacing the current health care system with a new government run health care system, or maintaining the current system based mostly on private health insurance?" Both of these questions provided a foundation to begin investigating attitudes towards current health care policy.

The second source from which survey questions were adapted was a 2008 Health Confidence Survey created by the Employee Benefit Research Institute. I used questions that targeted specific facets of health care and strategies to either reduce costs or increase the amount of individuals eligible or capable of obtaining some form of health insurance. Typically these questions used a Likert scale to assess specific attitudes on each ranging from Strongly Agree/Support to Strongly Disagree/Oppose. One specific question focused on whether individuals felt it was their employers' responsibility to provide them with health insurance. Questions also revolved around the individuals' confidence in the current health care system as well as their ability to afford necessary health services. This specific question asked respondents to rate their confidence in their ability to afford health care services. Responses ranged from Extremely Confident to Not At All Confident.

The last seven questions in the survey were basic demographic questions that pertained to the respondents' age, gender, race, income, employment, household size, and highest year of education received. These questions were placed at the end of the survey to avoid the situation of individuals opting out of participating in the survey because they were reluctant to divulge sensitive information.

RESULTS

Initial descriptive statistics were run to establish the demographics of the sample population. Frequencies were run to give an indication of the number of individuals in each education level, their annual income, and their gender. Descriptive statistics to establish the average age of respondents was also run. The variables: education level, age, and income were all recoded due to the wide disparity between the responses. All variables, excluding gender, were recoded into dichotomies, so they could be included as dummy variables in various analyses. Age was recoded into Younger than 65 and 65 and Older. Education level was recoded into High School or Less and Some College or More. Annual income was recoded into Less than \$25,000 and Greater than \$25,000. Tables 1 through 4 indicate the frequency of responses pertaining to each variable.

Tables 1-6. Descriptive Statistics for La Crosse Residents

Table 1. Age

Variable	Mean	Standard Deviation	Minimum	Maximum
Age	63.82	15.57	19	92
N = 89				

Table 2. Gender

	Frequency	Percent	Valid Percent
Male	42	42.0%	42.0%
Female	58	58.0%	58.0%
Total	100	100%	100%

Table 3. Education Level

	Frequency	Percent	Valid Percent
High School or Less	38	38.0%	38.0%
Some College or More	62	62.0%	62.0%
Total	100	100%	100%

Table 4. Annual Income

	Frequency	Percent	Valid Percent
Less than \$25,000	28	31.5%	31.5%
Greater than \$25,000	61	61.0%	68.5%
Total	89	89.0%	100%

Descriptive statistics pertaining to the number or percent of La Crosse residents that are satisfied or dissatisfied with current health care costs as well as their perception on the quality of health care coverage were run to establish a basis of residents' opinions on the current health care policy. The variable pertaining to health care coverage in the United States was recoded into two categories: Good and Poor respectively. Results indicated that 70.0% of respondents are currently dissatisfied with overall health care costs in the United States. Furthermore, 48.0% of La Crosse residents surveyed specified that health care coverage in the United States is poor. The frequency of the responses to each of these variables is specified in tables 5 and 6.

Table 5. Descriptive Statistics for Satisfaction of Health Care Costs

	Frequency	Percent	Valid Percent
Satisfied	20	20.0%	22.2%
Dissatisfied	70	70.0%	77.8%
Total	90	90.0%	100%

Table 6. Descriptive Statistics for Perception of Health Care Coverage

	Frequency	Percent	Valid Percent
Poor	48	48.0%	48.5%
Good	51	51.0%	51.5%
Total	99	99.0	100%

Two individual Chi-square tests were run to investigate any significance between a respondent's confidence in his or her ability to afford health care and his or her annual income. In the first test age was used as a control since age was found to be an influence on the effects of income on the respondent's confidence. The results show a significant relationship for individuals younger than 65 with a $X^2 = 10.040$ and a p-value less than .05; ($p = .007$.) The results for individuals older than 65 are nearly significant, however, do not fully establish a relationship with a $X^2 = 5.880$ and a p-value slightly greater than .05; ($p = .053$.) The results are shown in table 1 below.

Table 1. Perception of Respondent's Ability to Afford Health Care by Income

Younger than 65 Years	Less than \$25,000	Greater than \$25,000	Total
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Very Confident	10.0%	45.5%	37.2%
Somewhat Confident	20.0%	36.4%	32.6%
Not at all Confident	70.0%	18.2%	30.2%
Total N	10	33	43
%	100%	100%	100%
$X^2 = 10.040, df = 2, p = .007, C = .435, \Phi = .483, \lambda = .100$			
65 Years or Older	Less than \$25,000	Greater than \$25,000	Total
Very Confident	27.8%	64.3%	50.0%
Somewhat Confident	66.7%	32.1%	45.7%
Not at all Confident	5.6%	3.6%	4.3%
Total N	18	28	46
%	100%	100%	100%
$X^2 = 5.880, df = 2, p = .053, C = .337, V = .358, \lambda = .167$			

The second Chi-square test examined the same relationship, however, education level was used as a control since educational level also influences the effects of income on the respondent's confidence. The results show a significant relationship with a $X^2 = 7.778$ and a p-value less than .05; ($p = .020$) for individuals with an education level of high school or less. For individuals with some college or more the results were also significant with a $X^2 = 9.956$ and a p-value less than .05; ($p = .007$.) The results are shown in table 2 below.

Table 2. Perception of Respondent's Ability to Afford Health Care by Income

High School or Less	Less than \$25,000	Greater than \$25,000	Total
Very Confident	16.7%	56.5%	42.9%
Somewhat Confident	75.0%	26.1%	42.9%
Not at all Confident	8.3%	17.1%	14.3%
Total N	12	23	35
%	100%	100%	100%
$X^2 = 7.778, df = 2, p = .020, C = .426, V = .471, \lambda = .250$			
Some College or More	Less than \$25,000	Greater than \$25,000	Total
Very Confident	25.0%	52.6%	44.4%
Somewhat Confident	31.2%	39.5%	37.0%
Not at all Confident	43.8%	7.9%	18.5%
Total N	16	38	54
%	100%	100%	100%
$X^2 = 9.956, df = 2, p = .007, C = .395, V = .429, \lambda = .250$			

A regression model was run to test which variables influenced individuals' attitudes about government intervention within health care. An index was created using survey questions that focused on whether it was more of a government responsibility to make sure citizens have adequate health care or whether it was up to the individual to seek resources to ensure adequate health care. The index was tested against each respondent's education level, annual income, their satisfaction of health care costs, age, the number of adults in their household, and gender. The results concluded three significant variables, education level, respondent's satisfaction of health care cost, and the number of adults living in their household with p-values less than .05, attributed to influencing whether an individual is more likely to support government intervention in health care. The results are shown in Table 1 below.

Table 1. Regression of La Crosse Resident's Attitudes of Government Intervention in Health Care.

Variables	Unstandardized Coefficient
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	(Standard Error)
Constant	13.499 (2.913)
Education Level	1.853* (.830)
Annual Income	-.672 (.887)
Satisfaction of Health Care Costs	-2.476* (1.002)
Age	.808 (.855)
# of Adults Living in Household	1.180* (.576)
Gender	-1.366 (.786)
Adjusted R ²	.125
N	69

A Chi-square test was run to investigate a relationship between a respondent's attitude whether it was the government's responsibility to ensure health care coverage and their annual income. The results concluded a significant relationship with a $X^2 = 4.415$ and a p-value less than .05; $p = .036$. The results are shown in the table below.

Table 1. Perception of Government's Responsibility in Regards to Providing Health Care by Income.

	Less Than \$25,000	Greater Than \$25,000	Total
Yes, Government Responsibility	74.1%	50.0%	57.5%
No, not Government Responsibility	25.9%	50.0%	42.5%
Total N	27	60	87
%	100%	100%	100%
$X^2 = 4.415, df = 1, p = .036, C = .220, V = .225, \lambda = .000$			

A Chi-square test was run to investigate a relationship between a respondent's opinion on government intervention in health care based off of whether he or she supported the government requiring all employers to pay towards health care insurance and their education level. The results concluded a significant relationship with a $X^2 = 10.249$ and a p-value less than .05; $p = .017$. The results are shown in the table below.

Table 1. Perception of Employer's Responsibility to Pay Towards Health Insurance by Education Level.

	High School or Less	Some College or More	Total
Strongly Support	62.2%	32.3%	43.4%
Somewhat Support	21.6%	24.2%	23.2%
Somewhat Oppose	8.1%	27.4%	20.2%
Strongly Oppose	8.1%	16.1%	13.1%
Total N	37	62	99
%	100%	100%	100%
$X^2 = 10.249, df = 3, p = .017, C = .306, \Phi = .322, \lambda = .081$			

DISCUSSION

The initial descriptive statistics provide a strong foundation to continue research around this topic. La Crosse in the past 2 years has seen an exponential growth in health care costs and insurance premiums. (Magney 2007). My research findings reveal that local residents, especially elderly individuals, are beginning to experience the burden these costs have on their daily life and influence everyday decisions. With 70% of individuals dissatisfied with health care costs and almost 50% of individuals identifying that there are serious gaps in health care coverage nationally, it is apparent that negotiations over new health care legislation and policies is greatly needed not only locally but also nationally.

My initial hypothesis of income being the most influential variable on an individual's confidence in the ability to afford health care coverage is supported by my significant findings. Results indicated that when controlling age, individuals with an estimated annual income of less than \$25,000 held very little confidence in their ability to afford today's health care costs. Individuals with an estimated annual income greater than \$25,000 were more confident in their ability to afford health care costs. By comparing the two age groups, individuals younger than 65 are significantly less confident in their ability to afford health care compared to individuals older than 65. This can be attributed to the unpredictability of health care coverage and costs in the future that younger generations are more likely to experience. Furthermore, individuals 65 years and older are eligible for Medicare and receive some form of continuous assistance towards health care costs. This in turn influences older individuals opinions on the costs of health care since there is some continuity in the benefits received.

Results also indicated that when controlling education level, a respondents' annual income continued to significantly influence their confidence in their ability to afford adequate health care services. In this instance, however, individuals with some college or more earning less than \$25,000 significantly reported less confidence in their ability to afford health care when compared to individuals who had completed high school or less earning less than \$25,000. Due to the demographics of the data collected, I suspect that the majority of individuals who responded as having completed high school or less are older in age. Therefore, during their lifetime a high school education provided them with the necessary skills and abilities to obtain a relatively well paying job with adequate benefits. Now older, these individuals either maintain some benefits from the time period in which they worked in or are eligible for Medicare benefits.

Individuals with some college or more are most likely younger respondents below 65 years of age. In today's society and faltering economy a college education often with graduate work is now necessary in order to obtain a well paying career with sufficient benefits. These individuals understand the difficulty to obtain such a career and the costs necessary to receive sufficient education. This in turn hinders their confidence in the ability to afford health care coverage, especially with dramatically rising costs.

My second hypothesis was supported by the results. Education level, the respondent's satisfaction of health care costs, and the number of adults living in their household significantly influence a respondent's willingness to allow government intervention in the health care system. The results indicate as education level increases the individual is more likely to allow government intervention. This can be attributed to an increase in an individuals' understanding of both government policies/legislation as well as the overall mechanics of the health care system. Education level also influences an individual's opinion on whether employers should be required by the government to pay towards health insurance for employees. Individuals with a lower income are more likely to be employed in low level service or technical trades that do not offer health insurance benefits therefore, making it extremely difficult to maintain an adequate standard of living and the ability to afford health care services.

As a respondent's satisfaction in the overall cost of health care increases they are more likely to oppose government intervention. Individuals who are satisfied with health care costs today either have adequate health insurance coverage and/or finances to ensure continuous coverage in future years.

As the number of adults living in the same household increases respondents are more willing to allow government intervention in health care. Clearly due to continually rising health care costs it is harder and often more expensive to insure multiple individuals within the same household. Allowing government intervention or changes to our current health care system brings hope the lower costs and expansions in coverage will occur.

Income also significantly influences whether an individual feels it is the government's responsibility to ensure health care coverage for all citizens. Individuals reporting an annual income of less than \$25,000 were more likely to indicate that the government had a responsibility in ensuring health care coverage. This I feel is related back to their confidence in their ability to afford health care. Individuals earning less than \$25,000 are at a disadvantage with less disposable income available for medical services. I suspect that lower income individuals hope a change in health care will bring more financial assistance towards health care costs.

LIMITATIONS

Certain limitations present themselves throughout this study and need to be addressed in future research. The use of phone survey methodology is an inexpensive and convenient way to administer surveys to a broad population in a relatively short time period. In today's era, however, not all individuals utilize landline phones as their primary phone service. The result is all individuals using cellular phones as their primary phone service are completely missed and not given the opportunity to express their opinions in this survey. I feel that the increase in use of cellular phones, especially among younger generations resulted in an important group of individuals throughout the La Crosse community were neglected from participation in the survey.

The availability of the UW-La Crosse Sociology Call Center is one other limitation in this study. Times that were open for calling were predominately during the mid-day hours. This resulted in obtaining a skewed sample population due to the majority of participants were either retired or stay at home parents. It is important to note that this population is important to consider in research, however, the over representation of this population in the sample resulted in a limited variance among opinions and attitudes toward health care policy.

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