

3. Will it reduce insecurity among the insured population and their fears that their health insurance won't be adequate, that they will lose it when they most need it, or that they will be hit with huge uncovered medical bills?

4. Will it provide access to the services which we feel we need? Or will important services be excluded from the health plans we can afford, when we choose between plans?

5. Will it provide access to acceptable quality care? Or will it lower quality standards in order to control costs?

6. What will the impact of the plan be on the economy and on jobs? If the public comes to be-

lieve that requiring small employers to provide insurance for their employees will cause the loss of millions of jobs—as many small business advocates will claim—that will make it much harder to pass. And finally,

7. What will it do to taxes? Will the taxes be perceived as reasonable and worthwhile or as excessive and unfair?

The public's perception will be influenced by massive campaigns by powerful interests, including the administration offering the proposals, the doctors, hospitals, HMOs, drug companies, medical equipment manufacturers, and others whose income depends on the health-care system. Those appearing most statesmanlike have the best chance of winning the day.

As we look further ahead it's worth noting that the experts, health economists and policymakers are totally divided on how well managed competition can be made to work. I believe the system will be incredibly complicated, rather like a stealth bomber which requires so many continuous adjustments to stay in the air, that it can only be flown if a very powerful computer is making hundreds of vital adjustments every second or so. If it flies well, wonderful. If it flies but not well, I guess we'll play at the fashionable game of continuous quality improvement for years to come. If it crashes, then sometime early in the next century (but probably not before) we will try another model and see if it will fly any better.

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## **"The conventional wisdom that portrays Americans as narrow individualists is myopic. The public's reactions to health-care reform are also guided by their sense of the national good."**

*By Lawrence R. Jacobs and Robert Y. Shapiro*

President Clinton's announcement of his health reform plan will prompt its supporters and critics to intensify their battle for public opinion. The sophisticated combatants among them will not count on converting opinion to their side overnight because the public's policy preferences rarely change during short periods.<sup>1</sup> Instead, the battle over health reform will focus on framing the issue in particular ways—that is, setting the standards by which Americans evaluate the administration's—and any other—proposal.<sup>2</sup> Analyses of trend data reveal two potentially competing criteria that Americans are likely to use to assess health reforms: (1) what they perceive to be the impact on the health care available to

them personally; and (2) what they see as the impact on the care of others nationwide.

We gain from being able to examine these items from a historical perspective, focusing on patterns and trends over time in responses to *identically* worded questions. A major advantage of this approach, too often neglected, is that changes in responses can be treated as reflecting genuine shifts in public thinking rather than differences in question wording. For instance, surveys on public opinion toward the administration's "managed competition" approach have produced dramatically different results simply because of the way these questions are framed. An

historical approach acknowledges that surveys do not precisely measure (within sampling error) preexisting preferences but actually shape or channel public attitudes through their framing of questions. Surveys that repeat several identical questions can establish a baseline or central tendency for national opinion and patterns of opinion that is useful for identifying and tracking genuine shifts in public preferences that do occur.

Our discussion here is based on the most comprehensive set of trend data yet assembled.<sup>3</sup> We were specifically interested in the public's reactions to health care providers: the public's perception of the quality, timeliness, accessibility, and

cost of the care provided by doctors and hospitals as well as the government's responsibility and spending for health care. Altogether, we examined a subset of 53 repeated questions that covered 353 time points (an average of nearly seven time points per question).

### Personal Satisfaction

Public opinion toward health reform has generally been interpreted from one perspective: Americans, it is assumed, evaluate health reform mainly in terms of how it affects them personally. As the questions in Figure 1 suggest, large majorities have been quite satisfied with their personal care for many years. Between 89% and 94% report personal satisfaction with the quality of treatment provided by the doctor's staff. Numerous polls report that more than eight of ten Americans express satisfaction with the care they and their family receive from doctors and hospitals, and with the time and explanations provided by doctors<sup>4</sup>.

The high levels of support leave little doubt but that people are genuinely content about their personal care. The consistency of public responses is exceptional. Surveys over the course of a ten year period report a stable 84% to 88% of respondents expressing satisfaction with the quality of care received from doctors.

These perceptions do not, of course, encompass the full range of personal experiences with the health system. The data in Figure 2 reflect the public's repeated expressions of concern about paying for health care. About half of respondents report difficulty in paying for medical care or insurance.

### Tampering with Satisfied Customers: Chipping Away at the Myth

Even with their uneasiness toward cost, Americans are pleased with their personal treatment. The implication seems clear: health reform cannot succeed if it collides with the public's positive individual experiences. Americans' evaluation of proposed health changes, it is often assumed, will be guided by their narrow

personal and family interests. And it will not be easy to find reforms that achieve high benefits for individuals with low costs. Serious reform is likely to impose limits on health-care expenditures and begin to change the way we receive medical care.

This portrayal of self-interested Americans, however, reflects only one dimension of public opinion. While most people are satisfied with the medical care they receive, nine out of ten favor basic change of the health system (Table 1). The proportion feeling that the health system needs to be completely rebuilt

**Jacobs and Shapiro:**  
*Surveys over the course of a ten-year period report a stable 84% to 88% of respondents expressing satisfaction with the quality of care received from doctors....Why are individuals who are basically happy with their personal treatment collectively reaching such radical conclusions about the need for change?*

more than doubled from 1987 to 1991. Why are individuals who are basically happy with their personal treatment collectively reaching such radical conclusions about the need for change?

### The Public's Collective Concerns

Part of the reason is undoubtedly connected to personal concern over health costs. We would argue, though, that an important (and generally overlooked) reason for Americans' reformist attitude is their concern with what they perceive as the experiences of others. The sample of data in Table 2 suggest that when people look beyond their own experiences they are disturbed about the quality and accessibility of care. Although majorities felt that their own doctor explained things well and spent enough time with them, only a third agreed that other patients

enjoyed such high quality treatment.<sup>5</sup> In addition, 70% feel that other people's faith in physicians has been shaken and that the poor and elderly are generally unable to get needed medical care. Sixty-three percent believe that other people's doctors are too interested in making money; this level of suspicion is three times higher than when respondents commented on their own doctors' conduct.<sup>6</sup>

Thus, we think, competing considerations will guide Americans' evaluation of health reform. While the impact of reform on them personally is a prime concern, Americans also react on the basis of perceived needs of society as a whole. The conventional wisdom that portrays Americans as narrow individualists is myopic. The public's reactions to health reform are also guided by their sense of the national good.

This concern with the national good is not a phenomenon limited to health reform. Studies of public opinion toward many issues repeatedly confirm that Americans are concerned with the country's collective interest and not simply their own personal interest. Concern with the national good explains why Social Security enjoys broad support among all age groups, not just the retired. In similar fashion, political scientists' analyses of elections suggest that economic considerations are decisive influences on voters. But, they also show that voters' decisions are not simply driven by their own pocketbooks; personal economic situation is only weakly correlated with vote choice. Rather, voters' choice is also based on their assessment of national economic conditions of society as a whole.<sup>7</sup>

### The Politics of Persuasion

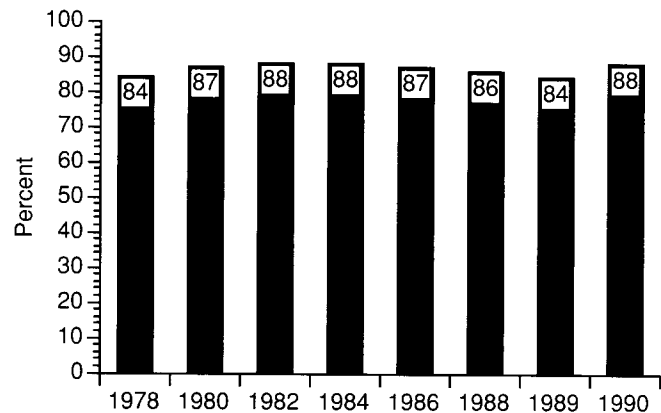
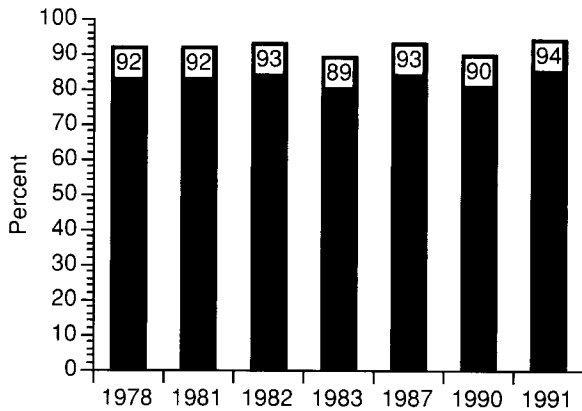
The big question regarding health reform is whether Americans' concern for the national interest will lead them to accept the needed change in their personal lives. Health reform will undoubtedly interfere with the personal habits of many Americans by placing new restrictions on—among other things—the availability and use of expensive high-technology

**Figure 1**  
**Personal Satisfaction with Health Care**

**Question:** Thinking about your most recent visit to a medical doctor, would you say you were very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied with...the way the doctor's staff treated you?

**Question:** Please tell me whether you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with these aspects of your health care and health insurance...the quality of care you (and your family) receive from doctors.

(those responding with any degree of satisfaction)



**Note:** Varying degrees of satisfaction have been collapsed into one "satisfaction" category. For 1990, the question wording was..."somewhat dissatisfied, or very dissatisfied with."

**Note:** Varying degrees of satisfaction have been collapsed into one "satisfaction" category.

**Source:** Surveys by the Gallup Organization, latest that of January 1991.

**Source:** Surveys by the Roper Organization for the Health Insurance Association of America, latest that of 1990.

**Figure 2**  
**Personal Economic Experience and Concerns Over Health Care**

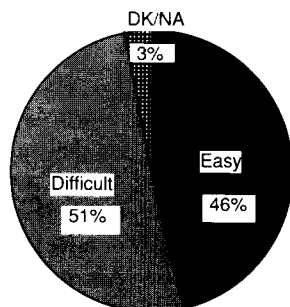
**Question:** Please tell me whether you are worried or not worried about each of the following happening in the next 12 months...that you will not be able to pay medical or health costs.



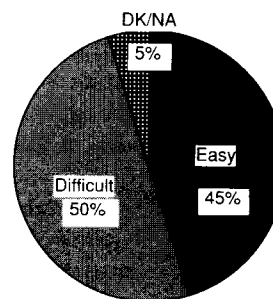
**Source:** Survey by the Gallup Organization, January 1992.

**Question:** How easy is it for you and your family to afford health care...health insurance...?

health care



health insurance



**Note:** Categories of "very easy" and "easy," as well as "difficult" and "very difficult," have been collapsed into one category.  
**Source:** Survey by the Gallup Organization, August 1992.

**Table 1**  
**Public Support for Reform**

**Question:** Which of the following comes closest to expressing your overall view of the health-care system in this country?

|   | 1982 | 1983 | 1984 | 1987 | 1988 | 1990 | 1991 |
|---|------|------|------|------|------|------|------|
| On the whole, the health-care system works pretty well and only minor changes are necessary to make it work (better). | 19%  | 21%  | 26%  | 29%  | 10%  | 16%  | 6%   |
| There are some good things in our health-care system, but fundamental changes are needed to make it better.           | 47   | 50   | 49   | 47   | 60   | 59   | 50   |
| Our health-care system has so much wrong with it that we need to completely rebuild it.                               | 28   | 25   | 21   | 19   | 29   | 24   | 42   |

**Source:** Surveys by Louis Harris and Associates, latest that of November 1991.

**Table 2**  
**Public Concern With Health-Care Experiences of Others**

Please tell me if you agree or disagree with each of the following statements:

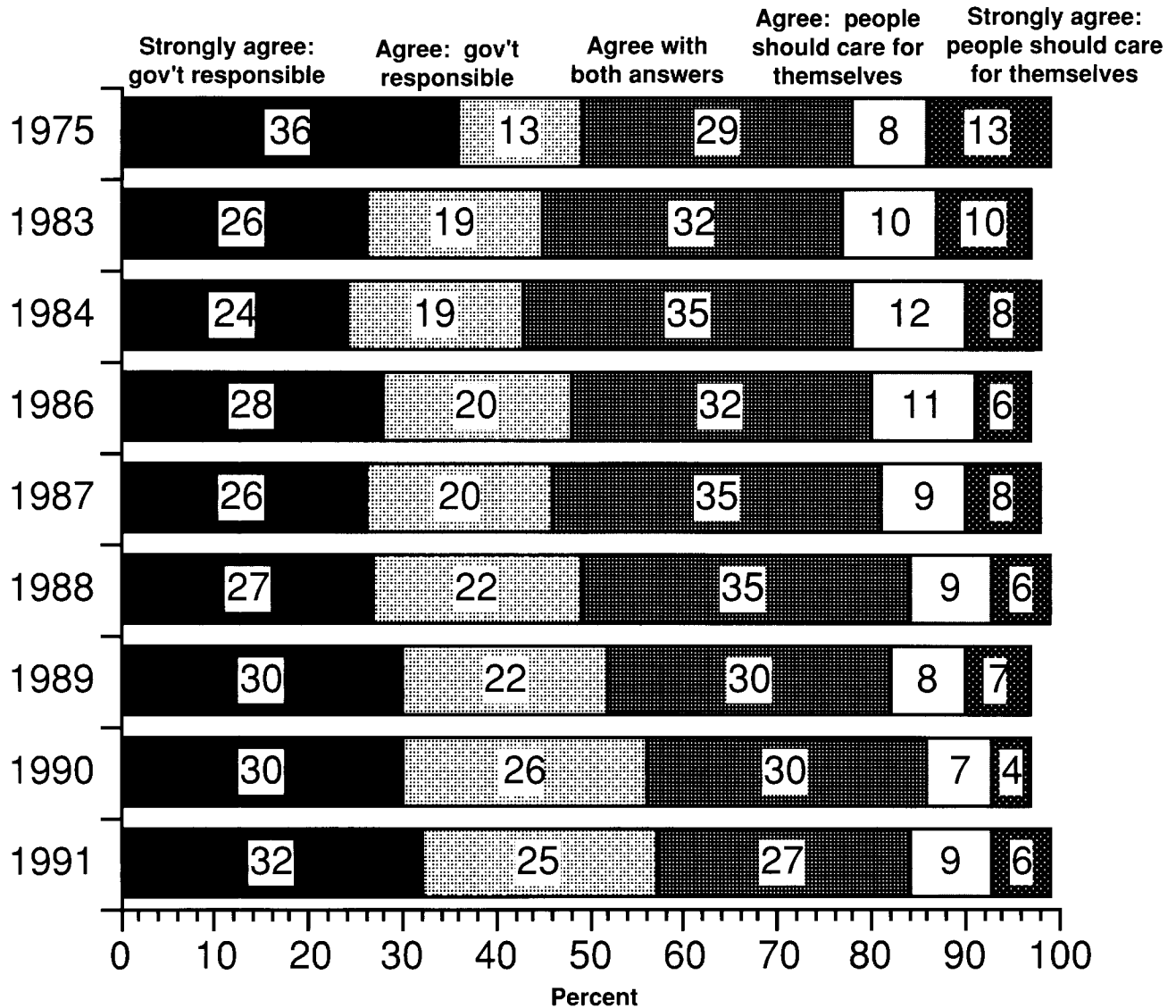
|  | Percent agree |      |      |      |      |      |      |      |      |      |      |
|--|---------------|------|------|------|------|------|------|------|------|------|------|
|  | 1982          | 1983 | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 |
| People are beginning to lose faith in doctors.   | 62%           | 66%  | 68%  | 64%  | 64%  | —    | —    | —    | —    | 69%  | —    |
| Doctors are too interested in making money.      | 60            | 66   | 67   | 62   | —    | 56%  | —    | 67%  | —    | 63   | —    |
| The elderly are able to get needed medical care. | 52            | 50   | 45   | 52   | —    | —    | 42%  | 30   | 35%  | 34   | 34%  |
| Poor people are able to get needed medical care. | 48            | 41   | 43   | 44   | —    | —    | 34   | —    | 34   | 25   | 26   |

**Note:** For 1991, the introduction wording varies slightly from the other years.

**Source:** Surveys done by the Gallup Organization for the American Medical Association, latest that of February 1992.

**Figure 3**  
**Public Support for Government Intervention**  
**to Address National Problems**

**Question:** In general, some people think that it is the responsibility of the government in Washington to see to it that people have help in paying for doctors and hospital bills. Others think that these matters are not the responsibility of the federal government and that people should take care of these things themselves. Where would you put yourself on this scale or haven't you made up your mind on this?



**Source:** Surveys by the National Opinion Research Center, University of Chicago, General Social Survey (NORC-GSS), latest that of March 1991.

equipment. Will individuals be willing to accept these personal disruptions as the cost of guaranteeing essential care for all, making the average care available to Americans more uniform, and controlling national expenditures? Presumably, the opponents of reform will emphasize Americans' personal satisfaction with their present care.

It will be necessary for advocates of reform to articulate the linkages between personal and national conditions. When personal medical experiences are aggregated, the result is a ballooning budget deficit and a significant drag on the country's economic competitiveness. These national conditions, in turn, contribute on the individual level to Americans' stagnating incomes and their growing fear about affording the costs of serious illness.

Promoting the national good and serving the individual's personal interests need not always clash; in important areas, indeed they overlap. For instance, proposals to control costs respond to Americans' self-interested fears of not meeting their personal medical costs as well as their concern that skyrocketing costs threaten national interests. Similarly, universal coverage not only addresses such national problems as unpaid bills for the uninsured but also speaks to personal apprehension over being denied insurance because of a pre-existing condition, or losing insurance when changing jobs.

If reformers are able to frame the health debate to incorporate national con-

siderations, they can count on public support—as data such as those in Figure 3 indicate. In 1991, 57% agreed that helping people meet their health bill is a government responsibility while only 15% viewed this role as a narrow individual problem. The 14% increase from 1984 to 1991 (43% to 57%) suggests that growing numbers of Americans are accepting government responsibility instead of the possibility of people fully taking care of

**Jacobs and Shapiro:**  
*...when people look beyond their own experiences they are disturbed about the quality and accessibility of care.... While the impact of reform on them personally is a prime concern, Americans also react on the basis of perceived needs of society as a whole.*

themselves. These results are different from those in other policy areas. As extensive surveys on welfare policy suggest, Americans are more reluctant to back government responsibility in that policy area than they are in the case of medical care.<sup>8</sup>

Public opinion polls are useful in sorting out the public's misgivings and uncertainties about health care reform. Resolution of Americans' ambivalence lies, though, not in polls but in sustained debate. Sparking this kind of national dialogue may be the greatest contribution

of the Clinton administration's health package. Americans are likely to follow the debate and evaluate it in terms of both their rational self-interest and their concern for the long-term well being of all Americans.

#### Endnotes:

<sup>1</sup>Angus Campbell, Philip Converse, Warren Miller, and Donald Stokes, *The American Voter* (New York: John Wiley, 1960); Benjamin Page and Robert Shapiro, *The Rational Public: Fifty Years of Trends in Americans' Policy Preferences* (Chicago: University of Chicago Press, 1992); and Steven Finkel, "Reexamining the 'Minimal Effects' Model in Recent Presidential Campaigns," *Journal of Politics*, February 1993, pp. 1-21.

<sup>2</sup>Lawrence R. Jacobs, *The Health of Nations and the Making of Health Policy in the U.S. and Britain* (Ithaca, Cornell University Press, 1993).

<sup>3</sup>Lawrence Jacobs, Robert Shapiro, and Eli Schulman, "Poll Trends: Medical Care in the United States—An Update," *Public Opinion Quarterly*, (forthcoming).

<sup>4</sup>Surveys by the Roper Organization for the Health Insurance Association of America, various years 1978-1990 and the Gallup Organization for the American Medical Association, 1983 and 1991.

<sup>5</sup>Surveys by the Gallup Organization for the American Medical Association, 1991 and Louis Harris and Associates, 1991.

<sup>6</sup>Survey by the Gallup Organization for the American Medical Association, 1991.

<sup>7</sup>Jack Citrin and Donald Green, "The Self-Interest Motive in American Public Opinion" in *Research in Micropolitics: A Research Annual* Samuel Long, ed., (Greenwich, CT: JAI Press, 1990), pp. 1-27; and Donald Kinder and D. Roderick Kiewiet, "Economic Discontent and Political Behavior," *American Journal of Political Science*, August 1979, pp. 495-527.

<sup>8</sup>Page and Shapiro, *The Rational Public*.

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