



**PUBLIC OPINION
STRATEGIES**

Turning Questions Into Answers

**KEY FINDINGS FROM A NATIONAL SURVEY CONDUCTED AMONG
ADULTS WHO HAVE HEALTH CARE COVERAGE
ON BEHALF OF THE ROBERT WOOD JOHNSON FOUNDATION
ON THE ISSUE OF DISPARITIES IN HEALTH CARE**

METHODOLOGY/INTRODUCTION:

Public Opinion Strategies conducted a national survey among 1190 adults who have health care coverage from September 7-22, 2003. In addition, 250 interviews each were conducted among the following minority populations: African American; Latino; and Asian adults who have health care coverage. The Latino and Asian interviewing was conducted in the language of preference of each respondent.

The margin of error for the national sample of 1190 is $\pm 2.84\%$. The margin of error for each minority sample of 250 is $\pm 6.20\%$.

The sample was drawn proportional to the adult population in each state. The samples drawn for the African American, Latino and Asian over sample interviews were proportional to the number of African American, Latino and Asian adults in each state. Sample for these three minority populations was pulled by census tract, focusing on those communities with at least 50% density of African Americans, Latinos and Asians.

KEY FINDINGS:

1. A majority of respondents (54%) favor legislation allowing collection of data on racial or ethnic origin in health care when told of the benefits.

An explanation about the importance of gathering the data is key to gaining support for the measure.

- We asked respondents whether they would “favor or oppose congressional legislation which would allow health insurers, health providers, and employers to ask you to voluntarily provide information about your racial or ethnic origin?” Three hundred and ninety (390) respondents were asked this question without any other information provided and 800 respondents were asked this question with the following information provided as part of the question: “Hundreds of medical studies show African Americans, Latinos and Asians tend to get worse medical care for a variety of healthcare conditions. Doctors and other healthcare experts want to encourage the collecting of information about racial or ethnic origin to be used only for medical research purposes to make sure all Americans receive the same, high quality health care.”

	<i>Support for Congressional Legislation</i>	
	<u>Without Explanation</u>	<u>With Explanation</u>
Favor	34%	54%
Oppose	58%	36%

2. Although some of our previous research, on issues related to medical privacy, would suggest well-educated, more upscale respondents would be less supportive of this legislation, this is not the case. Opinion elites more strongly support this legislation, with 65% saying they would favor and 30% saying they would oppose the legislation. (Opinion elites are defined as respondents between the ages 25-55, with a college degree or higher, with a household income above \$40K and who are on the Internet.)

3. People are clear about why they favor or oppose this legislation. Issues raised for and against the legislation were the same regardless of a respondent’s ethnic origin.

- Respondents say they would favor the legislation because:
 - Providing the information would be voluntary;
 - Race/ethnic origin information could be helpful in curing some diseases that tend to be more prevalent among certain racial or ethnic groups, such as sickle cell anemia and high blood pressure in African Americans; and
 - The information could be used to police health care providers so that Americans of all races and ethnic backgrounds could be assured of receiving equal access to health care.

- Respondents say they would oppose the legislation because:
 - A person’s race should not matter in health care, everyone is the same regardless of race;
 - The information could be misused by insurance companies; and
 - The information may result in patients being treated differently.

4. Respondents find arguments provided both for and against the legislation compelling; however there was a difference by ethnicity.

We tested one argument in support of the legislation and two arguments against the legislation. We asked respondents how convincing they found each argument as a reason to support or oppose the legislation. Please see the table below, which shows each argument tested by the different sample populations.

% Convincing

<u>Arguments</u>	<u>Core National</u>	<u>African Americans</u>	<u>Latinos</u>	<u>Asians</u>
We SHOULD allow the collection of data about a person’s racial or ethnic origin because this would be totally voluntary. NO ONE would be forced or ever required to provide this information if they did not want to do so voluntarily. But, providing this information is vital so the medical profession can tailor health education and disease management programs to the specific needs of minorities.	70%	63%	66%	63%
We SHOULD NOT allow the collection of data about a person’s racial or ethnic origin because if millions of Americans began to supply information about their racial or ethnic origin, sooner or later, health insurers would begin to use this data to learn more about who to REFUSE to cover. This new database would allow them to know which groups are most likely to get seriously ill and be expensive to insure and will end up meaning people who need coverage, will instead be REFUSED coverage.	61%	70%	50%	49%
We SHOULD NOT allow the collection of data about a person’s racial or ethnic origin because banning the use of this data will lead the country closer to the goal of a color blind society.	37%	53%	55%	56%

5. One quarter of respondents changed their opinion after hearing arguments in support and against the legislation.

However, there was equal movement in each direction; resulting in no change in overall support.

- After respondents heard arguments on both sides, they were asked whether after hearing this additional information they would now favor or oppose the legislation.

CORE NATIONAL SAMPLE

	<u>Initial</u>	<u>Post</u>	<u>Movement</u>
FAVOR	54%	55%	12%
OPPOSE	36%	37%	12%

6. There was a significant change of opinion among the three minority populations. Latinos and Asians became more supportive of the legislation, while African Americans moved to be more opposed.

LATINO SAMPLE

	<u>Initial</u>	<u>Post</u>	<u>Movement</u>
FAVOR	44%	58%	24%
OPPOSE	39%	28%	9%

ASIAN SAMPLE

	<u>Initial</u>	<u>Post</u>	<u>Movement</u>
FAVOR	47%	57%	26%
OPPOSE	32%	23%	12%

AFRICAN AMERICAN SAMPLE

	<u>Initial</u>	<u>Post</u>	<u>Movement</u>
FAVOR	47%	40%	12%
OPPOSE	42%	49%	19%

7. We asked respondents who shifted their opinion about the legislation an open-ended question as to why they changed their mind about the legislation.

Many of the same reasons respondents’ initially gave for favoring or opposing the legislation were mentioned as reasons for respondents’ shifting their opinion.

- Respondents who shifted to now support the legislation said it was because:
 - The information would help doctors diagnose diseases easier and faster;
 - The information would be provided voluntarily;
 - It would allow different racial or ethnic groups to make sure they have the proper health coverage for different diseases;
 - It would allow tracking of diseases by race and maybe lead to cures; and
 - It would allow different racial or ethnic groups to receive better care.

- Respondents who shifted to now oppose the legislation said it was because:
 - The information would be misused;
 - It would cause bias in health care and health insurance coverage for different racial or ethnic groups;
 - It would be a violation of a person’s privacy; and
 - There is no difference in disease susceptibility by race.

8. A majority of respondents believe hospitals, HMOs and insurance companies already collect information about a person’s racial or ethnic origin when providing health care or health benefits. However, respondents are not sure or don’t believe that Medicare, Medicaid, employers, physicians, emergency departments or clinics/community health centers already currently collect this information.

- Prior to asking respondents about the legislation, we asked them “from what you may have seen, read or heard or from your own experience, please answer yes if you believe each of the following groups or organizations currently collects information about a person’s racial or ethnic origin when providing health care or health benefits?”

<u>Group/Organization</u>	<u>%Yes</u>
Hospitals – Admittance/Tests/Procedures/Surgery	52%
HMOs/Insurance Companies	51%
Medicaid	47%
Clinics/Community Health Centers	47%
Hospitals – Emergency Departments	45%
Physicians	43%
Medicare	41%
Your Employer	36%

- An hypothesis prior to conducting this survey was that people believe this racial/ethnic data collection is already taking place and if this were the case that respondents who thought the practice was already taking place would be more supportive of the legislation. Neither is the case. There is no relationship between a respondent’s support of the legislation and whether or not they believe this information gathering is already taking place.
- However, there is a big difference by socioeconomic status with downscale respondents less likely to believe racial/ethnic data collection is already happening and opinion elites are more likely to say it is happening.

**% Yes – Believe these groups or organizations are already currently collecting racial/ethnic origin information
By Socioeconomic Factors**

Group/Organization	HS or Less	HH Income Under \$40K	Opinion Elites
Hospitals – Admittance/Tests/Procedures/Surgery	47%	51%	61%
HMOs/Insurance Companies	43%	45%	66%
Medicaid	40%	47%	60%
Clinics/Community Health Centers	42%	47%	61%
Hospitals – Emergency Departments	40%	44%	56%
Physicians	39%	42%	50%
Medicare	38%	43%	47%
Your Employer	34%	36%	42%

9. Respondents find it more acceptable for some health care groups and organizations to collect this information.

There is a big difference between respondents believing the practice is already being done versus whether they think it is acceptable for these groups and organizations to actually do it. The level of acceptability of collecting this information can be divided into three segments: Acceptable; Moderately Acceptable; and Not At All Acceptable. See the table below, which shows the different groups or organizations separated into these segments.

% Saying Acceptable/Not Acceptable for These Groups/Organizations to Collect Racial/Ethnic Origin Information

Acceptable	%Acceptable	% Not Acceptable
Physicians	48%	39%
Hospital – Admittance	46%	40%
A Clinic/Community Health Center	44%	40%

Moderately Acceptable

Medicare	40%	46%
Medicaid	40%	44%

Not At All Acceptable

HMO/Health Insurance Company	34%	50%
Your Employer	33%	51%

10. **After hearing the arguments for and against the legislation, we once again asked respondents who earlier had said it was not acceptable for organizations to collect racial or ethnic origin information, if they thought it would now be acceptable after hearing more information about it.**

There was only a modest amount of movement in the percentage of respondents now saying it was acceptable for these organizations to collect the information.

<u>Groups/Organizations</u>	<u>Initial - % Acceptable</u>	<u>Post - % Acceptable</u>	<u>Net Difference</u>
Physicians	48%	64%	+16%
HMOs/Health Insurance Company	34%	43%	+9%
Your Employer	33%	43%	+10%

11. **Throughout the data, African Americans, specifically those with lower levels of education and income, are less supportive of the legislation and less likely to see the benefits of collecting this data than Latinos or Asians. Additional community outreach work may be required with African Americans on this issue.**