

Ad Astra Institute of Kansas

HEALTH INSURANCE SURVEY

SUMMARY ANALYSIS

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Final Report

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This report was prepared by Ad Astra Institute researchers based on polling done by Jayhawk Consulting, using a questionnaire designed by the researchers. Any opinions expressed herein are those of the survey participants or the researchers and do not necessarily reflect the views of Ad Astra Institute, Kansas Health Consumer Coalition (project manager) or United Methodist Health Ministry Fund (funder).

1. INTRODUCTION

The Ad Astra Institute of Kansas was retained by the Kansas Health Care Consumer Coalition with funding from United Methodist Health Ministry Fund to design and implement a survey of the attitudes of likely Kansas voters toward health insurance issues. The study focused on universal health care coverage in general, on the specific type of universal health coverage referred to as “single payer,” and on attitudes toward the health insurance industry. “Likely voters” were defined as those who had voted in the two prior statewide general elections. A telephone survey conducted during May of 2008 resulted in a representative sample of 504 responses, balanced by Congressional District. The questionnaire included eight attitudinal items, one item providing a forced choice between five possible health coverage systems, and four demographic questions. The questionnaire was constructed by Ad Astra Institute and the telephoning was conducted by Jayhawk Consulting of Topeka KS.

Attitude measures

The questionnaire included four items that were primarily intended to measure attitudes towards universal health care coverage, with the last two items focusing specifically on single payer systems. (The technical term “single payer” was not used in the items because previous research suggests that that term is unfamiliar to most Kansas voters.)¹ Of those two items, the final item (item 5) was intended to show by comparison with item 4 the extent to which attitudes toward single payer are affected by concerns about quality of medical care and freedom of choice among medical providers. The items are numbered by the order that they appeared on the questionnaire. The four items were:

1. Item 1 — Everyone should be provided with health insurance coverage.
2. Item 2 — Making sure that all Americans have health insurance is a good use of tax money.
3. Item 4 — I would support a tax-funded health insurance program run by a public trust for all Americans, without private insurance

¹ See Dimbert *et al.* (2008).

company involvement.

4. Item 5 — I would support a tax funded health insurance program run by a public trust fund that covered all Americans, if it supported high quality of medical care and allowed everyone free choice among competing doctors.

The next four items were intended to measure attitudes towards the health insurance industry. (But note also that items 4 and 5 described above are concerned in part with attitudes towards the health insurance industry.)

1. Item 3 — If taxes fund health insurance for all Americans, the insurance industry should run the program.
2. Item 6 — Health insurance companies provide good service.
3. Item 7 — Health insurance companies charge a fair price.
4. Item 8 — Health insurance companies spend too much money fighting claims.

Each attitudinal item on the survey (items one through eight) was accompanied by five response categories. Respondents could select “strongly disagree,” “disagree,” “uncertain,” “agree,” and “strongly agree.”

Preference Measure

Item nine listed five types of insurance systems, from which respondents could select one that they “would most prefer.” They could select one of the following five:

- (1) the current health insurance system;
- (2) publicly funded health care coverage like Medicare, but for everyone;
- (3) affordable private health insurance subsidized by the government that everyone is free to buy;

(4) affordable private health insurance subsidized by the government that everyone is required to buy; and

(5) tax deductions for putting money in a “medical savings account,” which can be used for medical expenses.

Demographic Measures

Items 10, 11, and 12 measured “current insurance status,” “age,” and “income” respectively. Respondents’ gender (item 13), party affiliation (item 14), and Congressional District were not included in telephone questions, but were available through the list used for sample selection, which was based on statewide voter registration rolls.

Analysis

Findings for all items are given in the next section, shown both statewide and broken out by Congressional District. Section 3 shows how selected attitudes may differ when broken out by current insurance status, age, income, gender, or party affiliation. Section 4 gives technical background on the methodology and survey development. Section 5 suggests further research. The appendix gives the complete survey instrument.

2. STATEWIDE AND CONGRESSIONAL DISTRICT RESULTS

Summary of attitude scale item responses

Table 1 (below) displays the responses to each of the eight attitude items, broken out by attitude scale categories both statewide and by Congressional District. Kansas Congressional Districts are shown in **Figure 1**. As is conventional, for comparison purposes those who agree and strongly agree are summed together, as are those who disagree and strongly disagree. Such a sum is referred to as a “majority” if it exceeds 50%, and a “plurality” if it is less than 50% but exceeds the percent who were uncertain and also exceeds the percent who had the opposite opinion.

Statewide, for each the four items suggesting support for universal coverage:

- More respondents agreed or strongly agreed than disagreed or strongly disagreed.
- Those who agreed and strongly agreed with items 1 and 5 constituted majorities. Those who agreed and strongly agreed with items 2 and 4 constituted pluralities, with the number of uncertain respondents in each case exceeding the number who disagreed and strongly disagreed.

Statewide, for the four attitude items related directly to insurance companies:

- For three of the four items, a plurality but not a majority responded unfavorably or strongly unfavorable towards insurance companies. In particular, they agreed or strongly agreed with items 7 and 8 (suggesting criticisms of insurance companies) and disagreed or strongly disagreed with item 3 (suggesting an endorsement of insurance companies.) In each case, the number who were uncertain exceeded the number who responded favorably and strongly favorably towards insurance companies.
- For item 6 (“Health insurance companies provide good service”), a majority agreed or strongly agreed with an attitude favorable to insurance companies.

Patterns within the four individual Congressional Districts followed the statewide patterns more often than not, with the following exceptions:

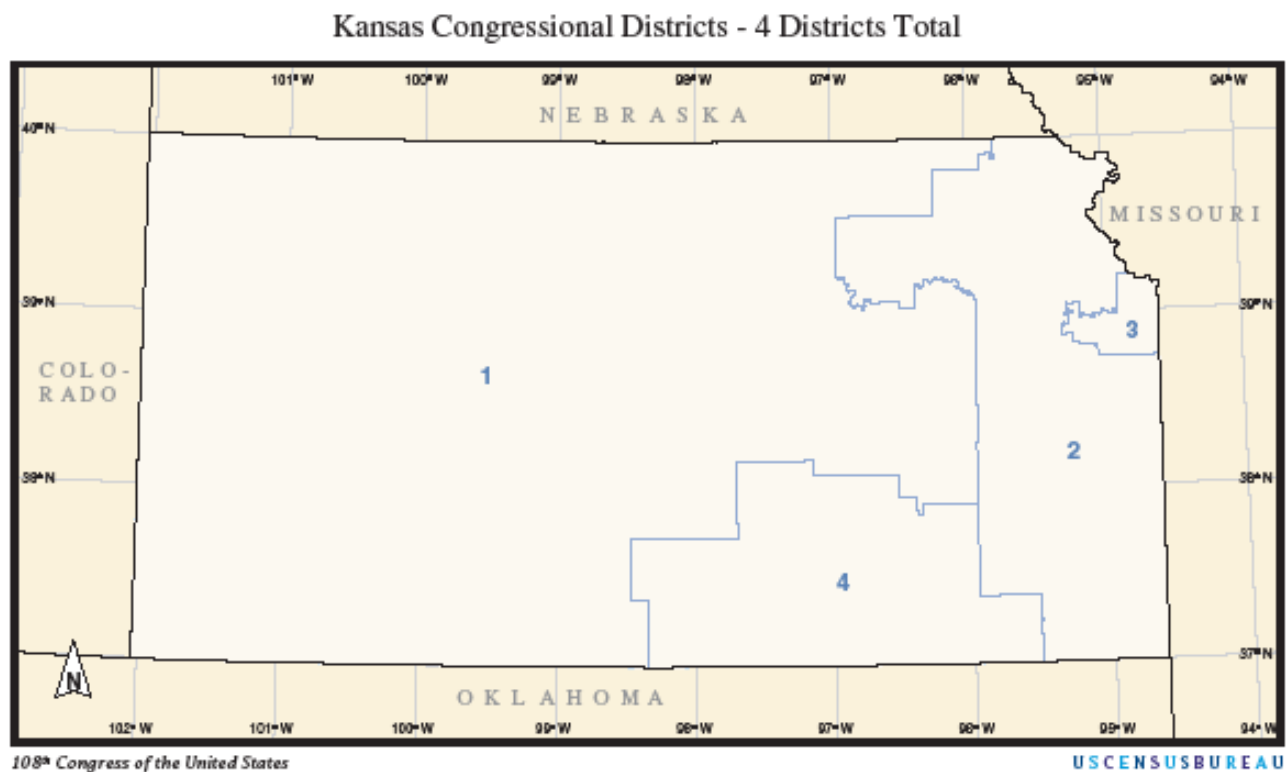
- Item 2 (“Making sure that all Americans have health insurance is a good use of tax money”), which received plurality support statewide, received majority support in the first district; while in the third district, a plurality disagreed or strongly disagreed.
- Item 3 (“If taxes fund health insurance for all Americans, the insurance industry should run the program”) received plurality support statewide, with the number who were uncertain exceeding those who disagreed and strongly disagreed. However, in the second district, those who were uncertain exceeded those who agreed and strongly agreed. Moreover, in the third district, a plurality disagreed or strongly disagreed.
- Item 4 (“I would support a tax-funded health insurance program run by a public trust for all Americans, without private insurance company involvement”) received plurality support statewide, with the number who were uncertain exceeding those who disagreed and strongly disagreed. However in the second district, a majority were uncertain. In both the third and fourth districts, while a plurality agreed or strongly agreed, the number who disagreed and strongly disagreed exceeded the number who were uncertain.
- Item 6 (“Health insurance companies provide good service”) received majority support statewide, but only plurality support in the fourth district.
- Item 7 (“Health insurance companies charge a fair price”) received plurality opposition statewide, but majority opposition in the fourth district.
- Item 8 (“Health insurance companies spend too much money fighting claims”) received plurality support statewide. However it received majority support in the first and fourth districts, while in the second and third districts a majority were uncertain.

**Table 1:
Item category percentages for Kansas likely voter health insurance attitudes**

	State- Wide	Cong Dist 1	Cong Dist 2	Cong Dist 3	Cong Dist 4
Item	Percent				
Item 1: Everyone should be provided with health insurance coverage					
SD	3.0	3.3		2.1	7.4
D	13.9	18.0	6.9	14.0	17.6
U	16.1	5.7	18.3	25.2	13.0
A	51.6	66.4	58.0	44.8	36.1
SA	15.5	6.6	16.8	14.0	25.9
Item 2: Making sure that all Americans have health insurance is a good use of tax money					
SD	6	2.5		11.9	9.3
D	19.8	25.4	3.8	28.0	22.2
U	30.2	17.2	50.4	30.1	20.4
A	36.5	47.5	45.0	23.1	31.5
SA	7.5	7.4	.8	7.0	16.7
Item 3: If taxes fund health insurance for all Americans, the insurance industry should run the program					
SD	5.6	.8	1.5	9.8	10.2
D	35.3	38.5	29.8	41.3	30.6
U	35.9	31.1	42.0	35.7	34.3
A	21.0	28.7	25.2	9.8	22.2
SA	2.0	.8	.8	3.5	2.8
Item 4: I would support a tax-funded health insurance program run by a public trust fund for all Americans, without private insurance company involvement					
SD	5.0	2.5		4.2	14.8
D	18.7	23.8	4.6	23.1	24.1
U	36.3	30.3	63.4	26.6	23.1
A	36.3	42.6	29.8	41.3	30.6
SA	3.6	0.0	2.3	4.9	7.4
Item 5: I would support a tax-funded health insurance program run by a public trust fund that covered all Americans, if it supported a high quality of medical care and allowed everyone free choice among competing doctors					
SD	2.4	2.5		3.5	3.7
D	12.9	19.7	4.6	14.0	13.9
U	21.6	8.2	39.7	16.1	22.2
A	50.6	63.9	54.2	53.8	26.9
SA	12.1	4.9	.8	12.6	33.3
Item 6: Health insurance companies provide good service					
SD	1.4	0.0		2.8	2.8
D	18.3	19.7	6.1	21.0	27.8
U	27.8	18.9	35.9	23.1	34.3
A	50.8	60.7	56.5	53.1	29.6
SA	1.6	0.0	1.5		5.6
Item 7: Health Insurance companies charge a fair price					

	SD	9.5	1.6	2.3	9.1	27.8
	D	40.1	38.5	40.5	34.3	49.1
	U	27.8	18.9	41.2	35.0	12.0
	A	22.0	40.2	15.3	21.7	10.2
	SA	.2	0.0			.9
Item 8: Health insurance companies spend too much money fighting claims						
	SD	.4	0.0		.7	.9
	D	9.1	17.2	1.5	7.0	12.0
	U	44.8	28.7	80.9	53.8	7.4
	A	33.5	51.6	16.0	28.7	40.7
	SA	11.9	1.6	1.5	9.8	38.9
SOURCE: Ad Astra Institute, 2008						

Figure 1: Kansas Congressional Districts

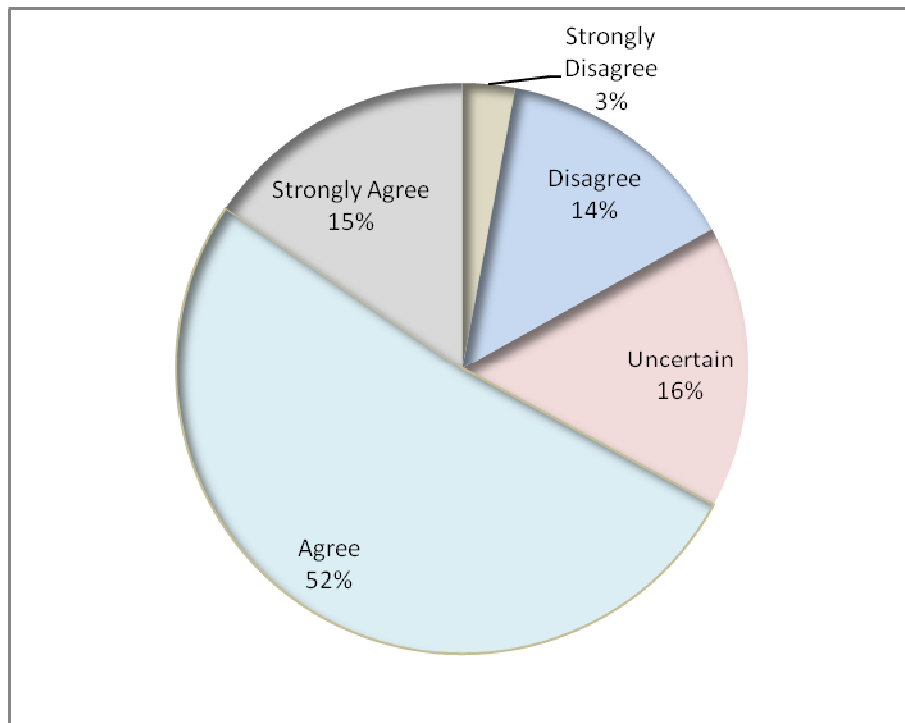


Detailed attitude scale responses

The following highlights and graphics characterize the responses for each attitude item.

Item 1: Everyone should be provided with health insurance coverage.

- **67%** of respondents **agreed or strongly agreed** that everyone should be provided with health insurance.
- **15%** responded to the **uncertain** category.
- **17%** of respondents **disagreed or strongly disagreed** with the idea that “everyone should be provided with health insurance.”²
- Item 1 was the most strongly endorsed item among items concerned with universal coverage (items 1, 2, 4, and 5).

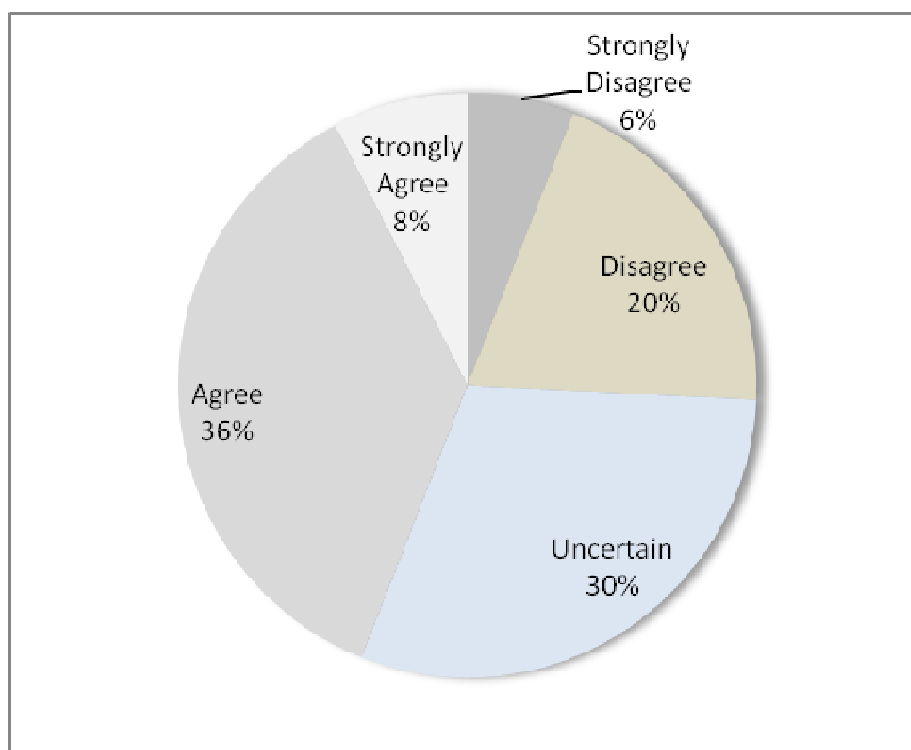


**Item 1 —
Everyone should be provided with health insurance coverage.**

² Totals may not add to 100% because of rounding.

Item 2: Making sure that all Americans have health insurance is a good use of tax money.

- **44%** **agreed or strongly agreed** that making sure all Americans have health insurance is a good use of tax money.
- **30%** were **uncertain** about this issue.
- **26%** either **disagreed** or **strongly disagreed** with using tax money for universal health coverage.

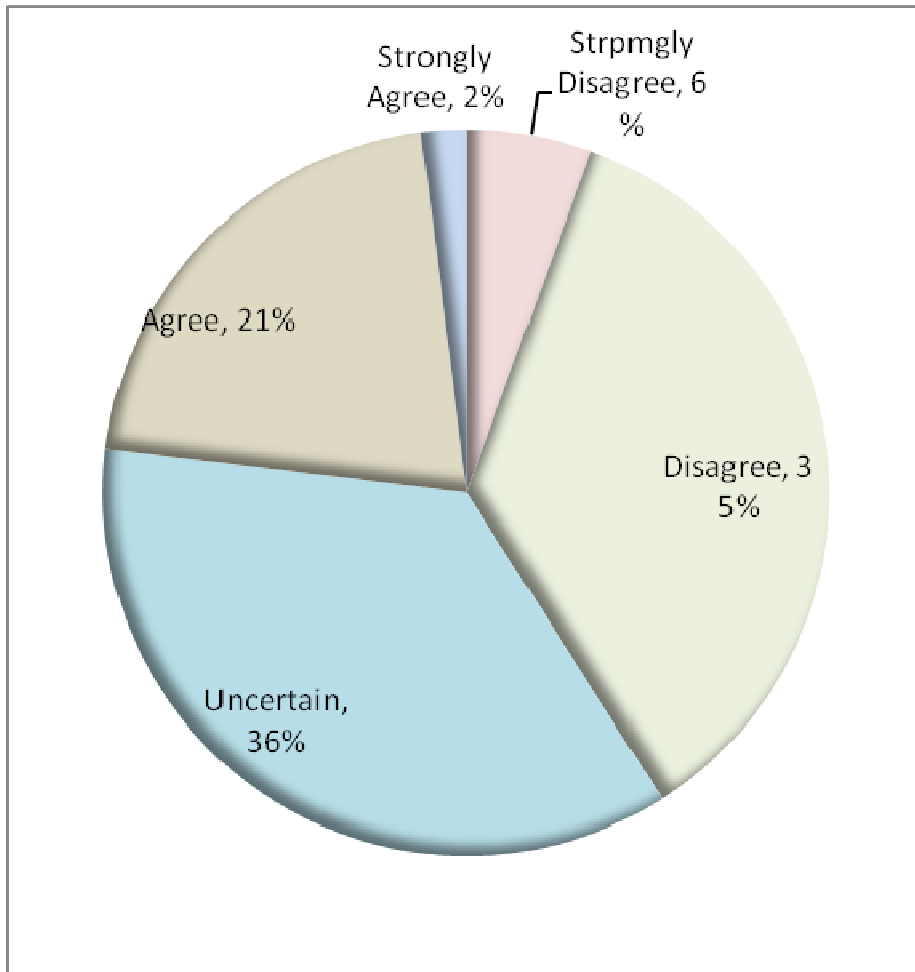


Item 2 —

Making sure that all Americans have health insurance is a good use of tax money.

Item 3: If taxes fund health insurance for all Americans, the insurance industry should run the program.

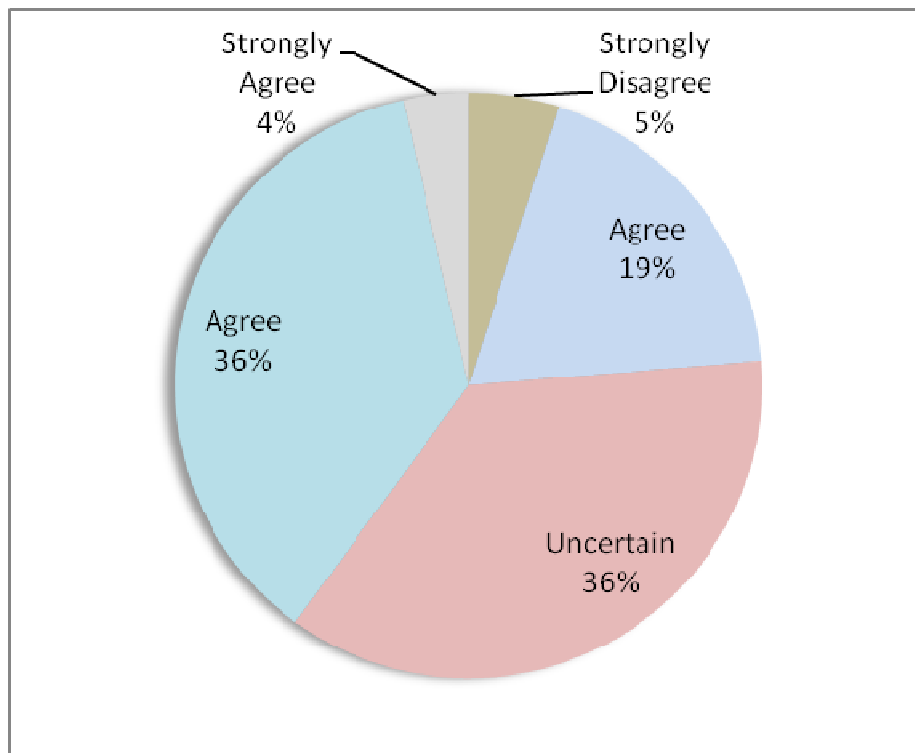
- **23% of respondents** agreed or strongly agreed **that the insurance industry should run any tax-funded, universal health care program.**
- **36%** of respondents were **uncertain.**
- **41%** of respondents **disagreed or strongly disagreed** that the insurance industry should run any tax-funded, universal health care program.



**Item 3 —
If taxes fund health insurance for all Americans, the insurance industry should run the program.**

Item 4: I would support a tax-funded health insurance program run by a public trust fund for all Americans, without private insurance company involvement.

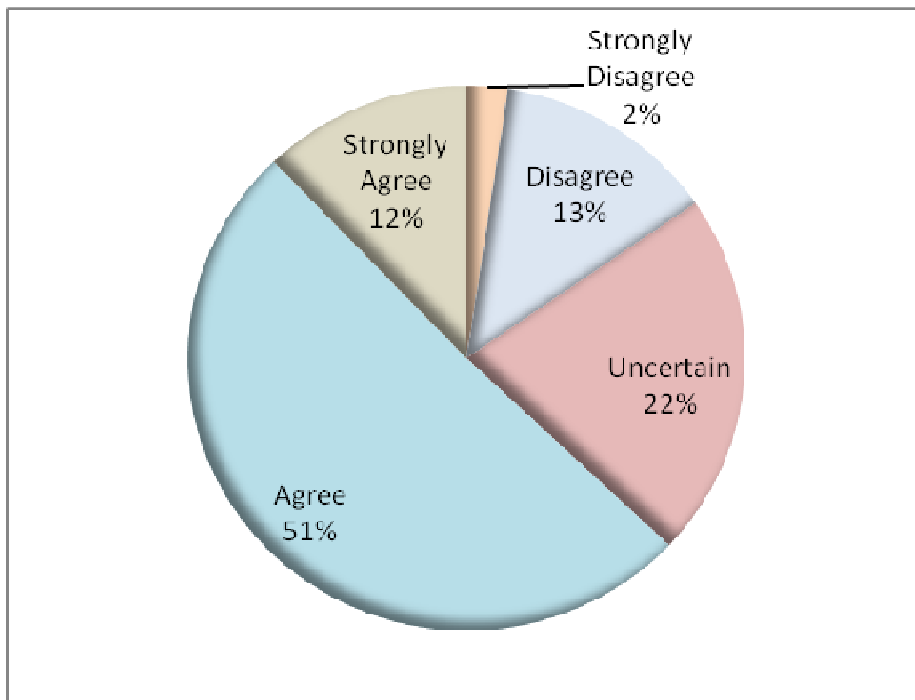
- **40%** of the respondents **agreed or strongly agreed** with support for a tax funded health insurance program run by a public trust fund for all Americans without insurance company involvement.
- **36%** were **uncertain**.
- **24%** **disagreed or strongly disagreed** with support for a tax funded health insurance program run by a public trust fund for all Americans without insurance company involvement.



**Item 4 —
I would support a tax-funded health insurance program run by a public trust fund for all Americans, without private insurance company involvement.**

Item 5: I would support a tax-funded health insurance program run by a public trust fund that covered all Americans, if it supported a high quality of medical care and allowed everyone free choice among competing doctors.

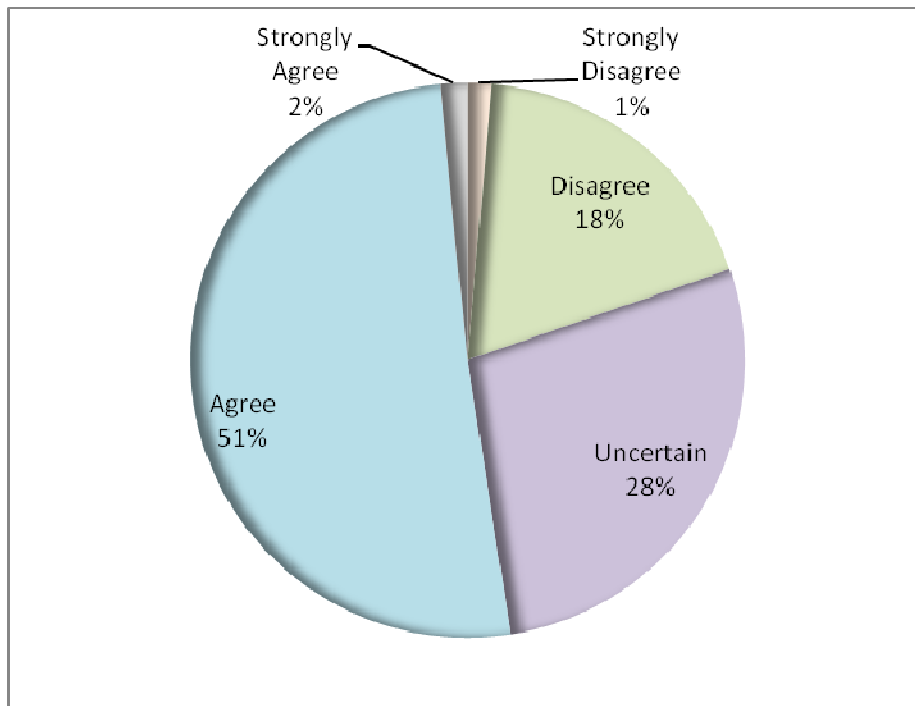
- **63%** either **agreed or strongly agreed** with item 5.
- **22%** were **uncertain**.
- **15%** **disagreed or strongly disagreed** with item 5.
- **23%** of respondents **agreed or strongly agreed** with item 5 after failing to agree with item 4. Item 5 differs from item 4 by the additional words “if it supported a high quality of medical care and allowed everyone free choice among competing doctors.”



Item 5 —
I would support a tax-funded health insurance program run by a public trust fund that covered all Americans, if it supported high quality of medical care and allowed everyone free choice among competing doctors.

Item 6: Health insurance companies provide good service.

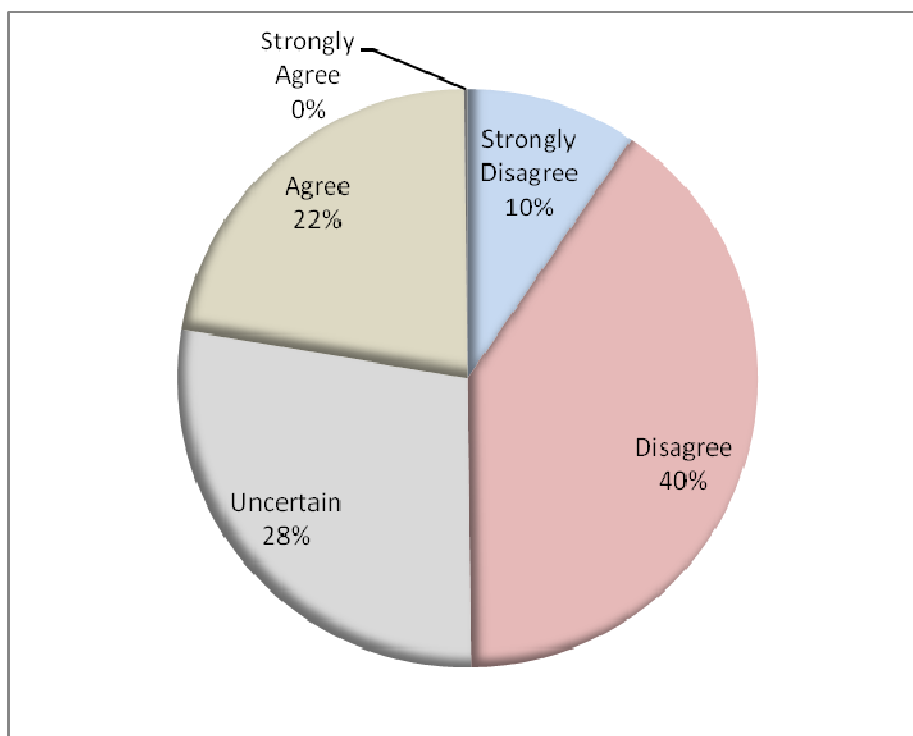
- **52%** of respondents **agreed or strongly agreed** that insurance companies provide good service.
- **29%** were **uncertain**.
- **19%** **disagreed or strongly disagreed** with Item 6.



**Item 6 —
Health insurance companies provide good service.**

Item 7: Health Insurance Companies Charge a Fair Price.

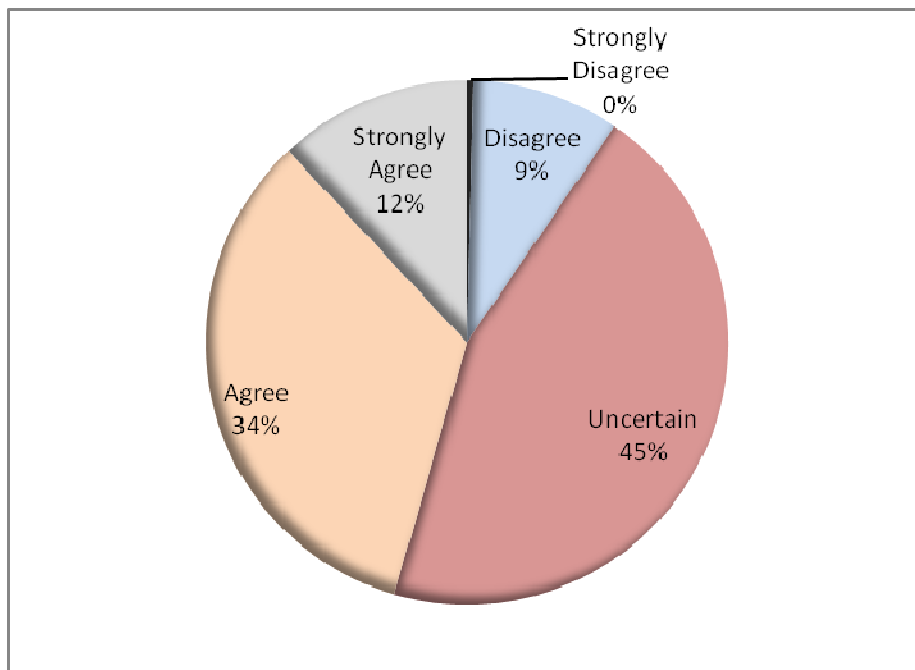
- **22% agreed or strongly agreed** that health insurance companies charge a fair price.
- **28%** were **uncertain**.
- **50%** either **disagreed or strongly disagreed** that health insurance companies charge a fair price.



**Item 7 —
Health insurance companies charge a fair price.**

Item 8: Health Insurance Companies Spend Too Much Money Fighting Claims.

- **46%** of respondents either **agreed or strongly agreed** that health insurance companies spend too much money fighting claims.
- **45%** were **uncertain**.
- **9%** **disagreed or strongly disagreed** with item 8.



**Item 8 —
Health insurance companies spend too much money fighting
claims.**

Preference measurement

Item 9 asked respondents which of several listed health insurance systems they most preferred. The results are given in Table 2.

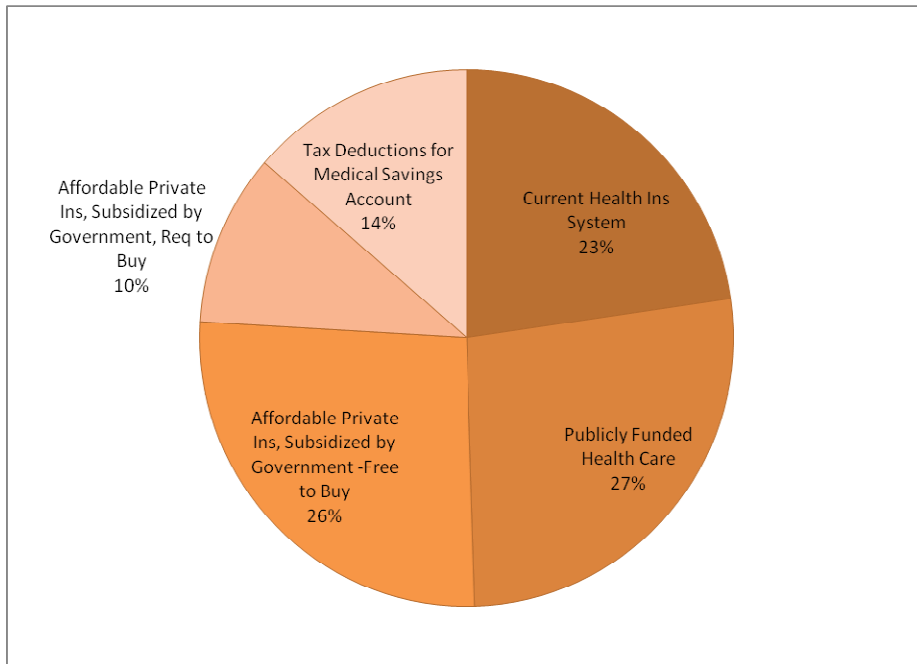
Table 2:
Category percentages for Item 9 (“Please indicate which of the following health insurance systems you most prefer”)

	State- Wide	Cong Dist 1	Cong Dist 2	Cong Dist 3	Cong Dist 4
Preferred choice	Percent				
The current health insurance system	22.9	22.8	32.4	16.3	18.8
Publicly-funded health care coverage like Medicare	27.1	25.9	30.5	22.7	25.0
Affordable subsidized private ins. everyone is free to buy	26.7	22.1	24.5	36.7	20.9
Affordable subsidized private ins. everyone is required to buy	10.5	19.1	10.9	4.7	7.6
Tax deductions for “medical savings accounts”	13.8	10.0	1.7	19.6	26.8
SOURCE: Ad Astra Institute, 2008					

Item 9: Please indicate which of the following health insurance systems you would most prefer:

- **The current health insurance system**
- **Publicly-funded health care coverage like Medicare, but for everyone**
- **Affordable private insurance, subsidized by the government, that everyone is free to buy**
- **Affordable private insurance, subsidized by the government, that everyone is required to buy**
- **Tax deductions for putting money in a “medical savings account,” which can be used for medical expenses.**

- 27% preferred publicly-funded health care coverage like Medicare.
- 26% preferred subsidized private insurance that everyone is free to buy.
- 23% preferred the current health insurance system.
- 14% supported subsidized medical savings accounts.
- 10% supported subsidized private insurance that everyone is required to buy.



**Item 9 —
Please indicate which of the following health insurance systems
you would most prefer.**

Demographic measurements

The distributions of demographic variables for likely Kansas voters are shown in Table 3.

Table 3:
Item category percentages for Kansas likely voter demographic variables

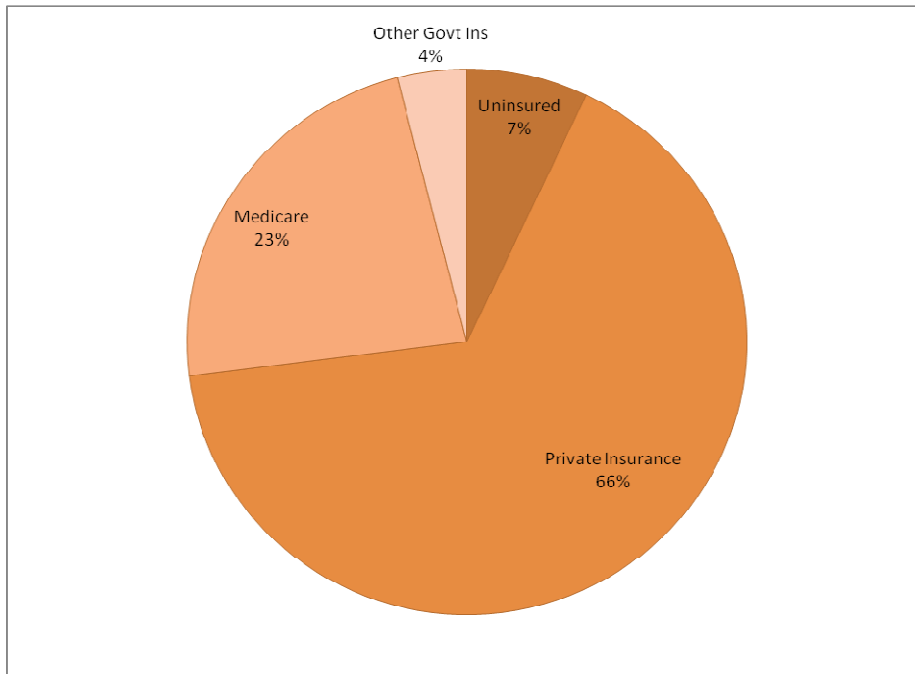
	State- Wide	Cong Dist 1	Cong Dist 2	Cong Dist 3	Cong Dist 4
	Percent				
Item 10: Current Health Insurance Situation:					
Uninsured	6.8%	4.3%	5.4%	6.4%	11.9%
Private Insurance	65.9%	53.0%	74.4%	70.0%	64.4%
Medicare	23.0%	32.5%	18.6%	20.0%	21.8%
Other Government Funded Insurance	4.3%	10.3%	1.6%	3.6%	2.0%
Item 11: Age					
Under 30	5.1%	1.7%	4.3%	6.5%	8.0%
31 to 50	34.8%	20.0%	31.2%	51.4%	34.0%
Over 50	32.8%	40.9%	36.9%	19.6%	36.0%
Refused	27.2%	37.4%	27.6%	22.4%	22.0%
Item 12: Income					
Under \$25,000	11.9%	14.7%	8.6%	8.6%	18.0%
\$25,000 to \$75,000	52.0%	50.0%	55.7%	54.3%	46.0%
Over \$75,000	24.8%	15.5%	28.6%	24.3%	31.0%
Refused	11.3%	19.8%	7.1%	12.9%	5.0%
Item 13: Gender					
Male	45.6%	44.4%	47.4%	36.9%	57.0%
Female	54.4%	55.6%	52.6%	63.1%	43.0%
Item 14: Political Affiliation					
Republican	45.7%	57.6%	34.3%	44.7%	49.0%
Democrat	26.7%	22.0%	19.3%	28.4%	40.0%
Unaffiliated	27.7%	20.3%	46.4%	27.0%	11.0%
SOURCE: Ad Astra Institute, 2008					

Item 10: What is your current health insurance situation?

- A. I am currently without health insurance.**
- B. I have coverage in a private insurance program such as Blue Cross/Blue Shield.**
- C. I am covered by Medicare.**
- D. I have some other government-provided insurance such as Medicaid or the Veterans Administration.**

- **7%** were **uninsured**.
- **66%** had **private insurance**.
- **23%** had **Medicare**.
- **4%** had **other government insurance**.

Respondents, as likely voters, are a population expected to be more attached to the economy on average than is the population at large, leading to a higher probability of being covered by private health insurance or Medicaid. Only 7% of likely voters were uninsured, while other studies have found around 11% uninsured among all Kansans.³



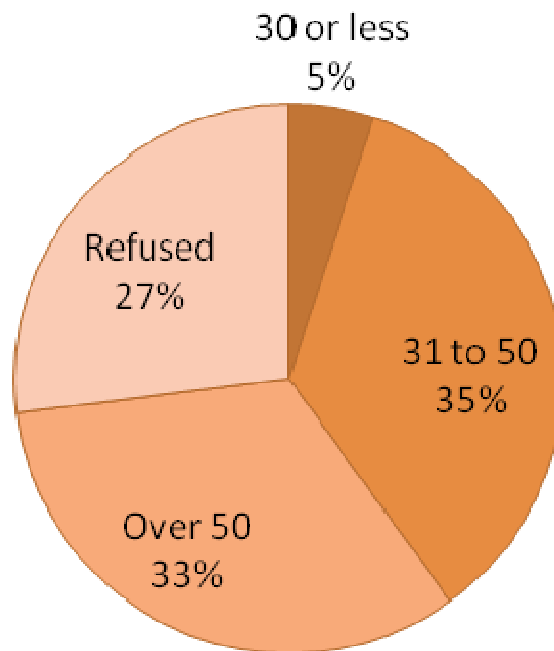
**Item 10 —
What is your current health insurance situation?**

³ Source: U.S. Department of Commerce, Bureau of the Census, Current Population Survey, March 2006, March 2007; analyzed by Kansas Health Institute.

Item 11: Is your age: A - under 30; B - 31 to 50; C - over 50?

- **5%** of respondents indicated an age of 30 or less.
- **35%** indicated “31 to 50.”
- **33%** indicated “over 50.”
- **27%** refused to give their age.

By comparison, 20% of the Kansas population over 20 is between 20 and 30 years of age. 38% is between 30 and 50, and 42% is over 50.⁴ However, according to national data, older people are disproportionately likely to register and vote.

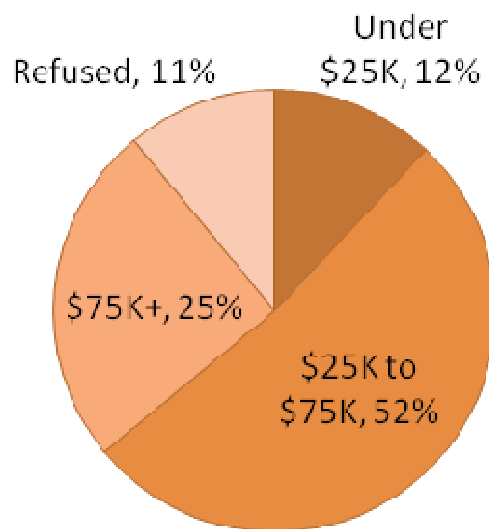


**Item 11 —
Is your age: A - under 30; B - 31 to 50; C - over 50?**

⁴ SOURCE: 2006 Census estimates.

Item 12: What is your approximate family income? A. Under \$25,000; B. \$25,000 to 75,000; or C. over \$75,000.

- **12%** reported annual income under \$25,000.
- **52%** reported income between \$25,000 and \$75,000.
- **25%** reported income over \$75,000.
- **11%** refused to provide their income.

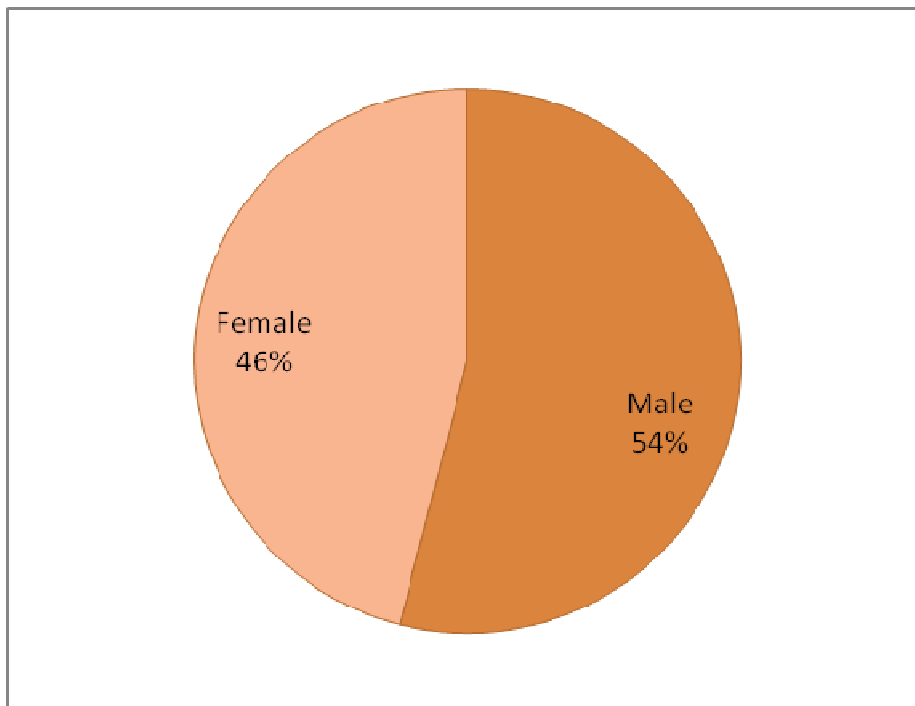


**Item 12 —
What is your approximate family income?**

Item 13: Gender. (Gender was inferred by the surveyor.)

- **54%** of respondents were female.
- **46%** were male.

These percentages are not surprising. There are two reasons to expect more female than male voters: first, females somewhat outweigh males in the Kansas adult population as a whole by about 51.3% to 48.7%.⁵ Second, women typically vote at higher rates than men—for the US in 2004, about 60.1% versus 56.3%.⁶



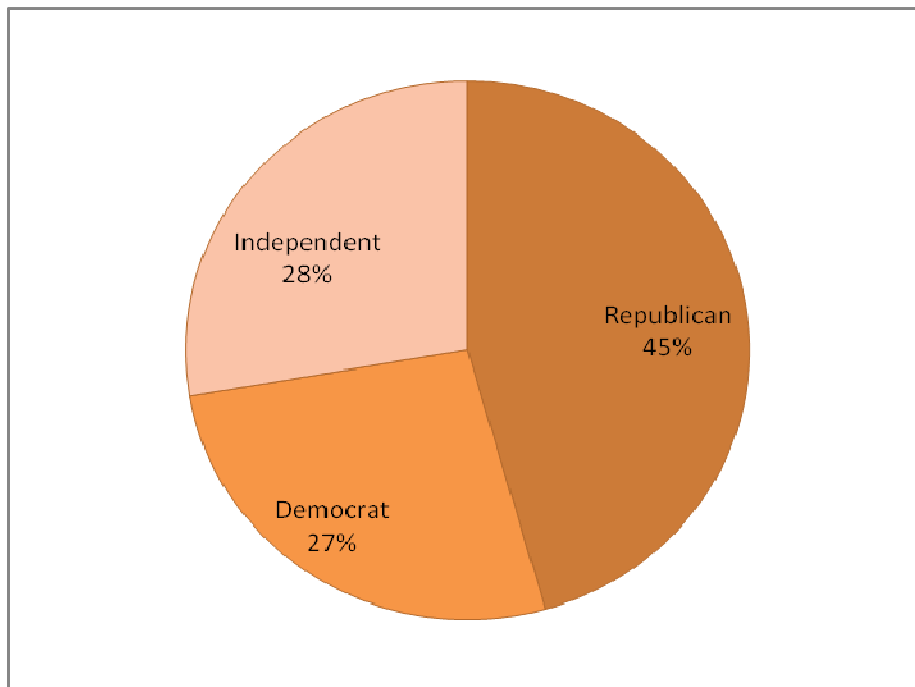
**Item 13 —
Gender of Respondent.**

⁵ SOURCE: Calculated from 2000 Census data.

⁶ SOURCE: U.S. Department of Commerce, Bureau of the Census, Current Population Reports, 2004. Percent of the voting-age population who reported they voted.

Item 14: Party Affiliation. (Party affiliation was taken from voter registration information.)

- **46%** of respondents were registered as **Republicans**.⁷
- **27%** were registered as **Democrats**.
- **28%** were registered as **Unaffiliated**.



**Item 14 —
Party Affiliation of Respondent.**

⁷ Totals may not add up to 100% because of rounding.

3. EFFECTS OF DEMOGRAPHIC GROUPS ON SELECTED ATTITUDES

This section shows how attitudes towards universal health coverage and towards insurance companies are typically influenced by the demographics of the respondent. For this purpose, Item 2 (“Making Sure That All Americans Have Health Insurance Is a Good Use of Tax Money”) was used as an indicator of attitudes toward universal health coverage, and Item 6 (“Health Insurance Companies Provide Good Service”) was used as an indicator of attitudes toward insurance companies. Note that using different items from items 2 and 6 would shift the observed distribution of attitudes to be more favorable or less favorable to universal coverage and insurance companies (depending on the chosen item), but would not substantially change the relative positions of different demographic groups.

Impact of current health insurance situation on attitudes

Table 4 shows the impact of health insurance status on the selected attitude variables. The use of tax money to make sure Americans have health insurance was supported or strongly supported by:

- A 71% majority of the uninsured.
- Pluralities of 41% and 45% among those with private health insurance and Medicaid.
- 38% of those with other government insurance, with 43% undecided.

The opinion that health insurance companies provide good service was supported or strongly supported by:

- 29% of the uninsured, with 41% plurality disagreeing or strongly disagreeing.
- Majorities of 55%; 50%; and 70%, respectively, among those with private health insurance; Medicaid; and other government insurance.

**Table 4:
Effect of insurance situation on selected attitudes**

Item 10 — Current Health Insurance Situation	ITEM 2 — Making Sure That All Americans Have Health Insurance Is a Good Use of Tax Money				
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Uninsured	2.9%	2.9%	23.5%	50.0%	20.6%
Private Health Insurance	8.7%	20.9%	29.3%	35.5%	5.6%
Medicare	0.0%	23.2%	32.1%	38.4%	6.3%
Other Government Health Insurance	0.0%	19.0%	42.9%	28.6%	9.5%
Item 10 — Current Health Insurance Situation	ITEM 6 — Health Insurance Companies Provide Good Service				
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Uninsured	2.9%	38.2%	29.4%	23.5%	5.9%
Private Health Insurance	1.9%	16.3%	27.2%	53.4%	1.3%
Medicare	0.0%	18.9%	30.6%	49.5%	.9%
Other Government Health Insurance	0.0%	10.0%	20.0%	70.0%	0.0%
SOURCE: Ad Astra Institute, 2008					

Impact of age on attitudes

Table 5 shows the impact of age on attitude variables. The use of tax money to make sure Americans have health insurance was supported or strongly supported by:

- A 52% majority of those under 30.
- Pluralities of 45%; 49%; and 44% among those aged 31 to 50; aged over 50; and who refused to give an age.

The opinion that health insurance companies provide good service was supported or strongly supported by:

- Majorities of 52%; 56%; 60%; and 55% among those aged under 30; aged 31 to 50; aged over 50; and who refused to give an age.

**Table 5:
Effect of age on selected attitudes**

Item 11— Age	ITEM 2 — Making Sure That All Americans Have Health Insurance Is a Good Use of Tax Money				
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Under 30	8.0%	16.0%	24.0%	40.0%	12.0%
31 to 50	10.5%	20.5%	33.9%	30.4%	4.7%
Over 50	5.0%	20.5%	24.8%	40.4%	9.3%
Refused	0.0%	22.2%	33.3%	44.4%	0.0%
Item 11— Age	ITEM 6 — Health Insurance Companies Provide Good Service				
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Under 30	4.0%	24.0%	20.0%	48.0%	4.0%
31 to 50	2.3%	15.8%	26.3%	52.6%	2.9%
Over 50	1.3%	18.8%	30.0%	58.8%	1.3%
Refused	0.0%	18.3%	27.0%	54.8%	0.0%
SOURCE: Ad Astra Institute, 2008					

Impact of income on attitudes

Table 6 shows the impact of income on attitude variables. The use of tax money to make sure Americans have health insurance was supported or strongly supported by:

- A 64% majority among those with income under \$25,000.
- Pluralities of 43%; 33%; and 42%, respectively, among those with incomes between \$25,000 and \$75,000; those with over \$75,000; and those who refused to give their income.

The opinion that health insurance companies provide good service was supported or strongly supported by:

- A 46% plurality among those with income under \$25,000.
- Majorities of 52%; 55%; and 62% among those with incomes between \$25,000 and \$75,000; over \$75,000; and those who refused to give their income.

**Table 6:
Effect of household income on selected attitudes**

Item 12 — Income	ITEM 2 — Making Sure That All Americans Have Health Insurance Is a Good Use of Tax Money				
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Under \$25,000	0.0%	13.8%	22.4%	48.3%	15.5%
\$25,000 to \$75,00	7.8%	17.8%	31.0%	36.4%	7.0%
Over \$75,000	4.1%	24.4%	37.4%	29.3%	4.9%
Refused	7.0%	22.8%	28.1%	42.1%	0.0%
Item 12 — Income	ITEM 6 — Health Insurance Companies Provide Good Service				
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Under \$25,000	0.0%	35.6%	18.6%	44.1%	1.7%
\$25,000 to \$75,00	2.3%	14.4%	31.5%	49.8%	1.9%
Over \$75,000	0.0%	18.7%	26.0%	53.7%	1.6%
Refused	1.8%	12.5%	23.2%	62.5%	0.0%
SOURCE: Ad Astra Institute, 2008					

Impact of gender on attitudes

Table 7 shows the impact of gender on attitude variables. The use of tax money to make sure Americans have health insurance was supported or strongly supported by:

- A 41% plurality of males.
- A 46% plurality of females.

The opinion that health insurance companies provide good service was supported or strongly supported by:

- A 53% majority of males.
- A 54% majority of females.

**Table 7:
Effect of gender on selected attitudes**

Item 13 — Gender	ITEM 2 — Making Sure That All Americans Have Health Insurance Is a Good Use of Tax Money				
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Male	4.5%	26.3%	28.6%	35.7%	4.9%
Female	7.1%	14.2%	32.8%	37.3%	8.6%
Item 13— Gender	ITEM 6 — Health Insurance Companies Provide Good Service				
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Male	1.8%	15.1%	30.7%	50.7%	1.8%
Female	.7%	20.2%	25.5%	52.1%	1.5%
SOURCE: Ad Astra Institute, 2008					

Impact of income on attitudes

Table 8 shows the impact of political affiliation on attitude variables. The use of tax money to make sure Americans have health insurance was supported or strongly supported by:

- 32% of Republicans, with a 42% plurality disagreeing or strongly disagreeing
- a 58% majority of Democrats.
- a 48% plurality of Unaffiliated voters.

The opinion that health insurance companies provide good service was supported or strongly supported by:

- Majorities of 63% and 54% among Republicans and Unaffiliated voters.
- 35% of Democrats, with a 36% plurality uncertain.

**Table 8:
Effect of political affiliation on selected attitudes**

Item 14 — Political Affiliation	ITEM 2 — Making Sure That All Americans Have Health Insurance Is a Good Use of Tax Money				
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Republican	11.4%	30.3%	25.9%	28.9%	3.5%
Democrat	0.0%	9.8%	31.8%	41.7%	16.7%
Unaffiliated	2.2%	10.9%	39.1%	45.7%	2.2%
Item 14 — Political Affiliation	ITEM 6 — Health Insurance Companies Provide Good Service				
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Republican	0.0%	15.7%	21.4%	60.3%	2.6%
Democrat	3.8%	24.8%	36.1%	34.6%	.8%
Unaffiliated	.7%	14.1%	31.1%	53.3%	.7%
SOURCE: Ad Astra Institute, 2008					

4. METHODS

Sampling issues

Respondents were contacted from a randomized list of “likely voters.” “Likely voter” was defined as a registered voter who had voted in the past two general elections.

The sample was selected as a proportionate sample, stratified by Congressional District. In other words, the chance of being selected for the sample did not depend on Congressional District; and moreover sample sizes were adjusted so that selection probabilities were, as far as could be measured, exactly rather than approximately equal across Congressional Districts.

The sample size was 503, but the number of valid responses to a given questionnaire item was somewhat lower, depending on the item. (See below on treatment of missing data.)

The results of this study can be generalized to likely Kansas voters. The proportionally stratified sample and sample size suggest that statistics derived from responses should closely estimate population parameters.

In particular, a traditionally calculated 95% confidence interval for the reported percentages would be ± 4.4 percentage points or smaller (and much smaller in the case of very small or very large reported percentages.) This calculation is based on random sampling errors alone, i.e. on the typical differences that might show up between two different probability surveys that used identical methods. Stratification by Congressional District would tend to further reduce the confidence interval. However, a more important question is the possibility of systematic bias in the underlying methods. For that reason, some major polling firms such as Harris no longer report their estimated sampling errors.

As in any telephone poll, in this survey there may be systematic biases due to differences in response rates between individuals with and without telephones, or with varying numbers of telephones per household, or with cell phone versus land lines. These biases were controlled to the extent possible by adjustments in the sample based on telephone records.

It is also the case that the underlying sampling frame may induce certain biases. The sampling frame was based on official voter registration records obtained from the Kansas Secretary of State. It is known however that these records include a large number of individuals who have died or moved out of the voting district or have changed addresses and have not had their records purged. Restricting the sampling frame to voters known to have voted in the last two general elections removed many but not all of these misleading cases. These misleading individuals

cannot appear in the sample because valid telephone numbers do not exist for them, but their presence in the registration records introduces some uncertainty into the population counts used for stratifying the sample.

However, the procedures used in this sample were identical to those that have been used repeatedly in Kansas electoral polling. When used close to an election, those procedures have been found to produce moderately successful forecasts of election outcomes. This suggests that the various sources of bias are not unreasonably large in aggregate.

Questionnaire construction

Attitudinal Measures

Items one, two, three, six, seven, and eight were selected from an item pool (47 items) generated from analysis of focus group transcripts⁸ and from other research. The items were intended to support three general constructs: attitudes toward universal health care coverage in general, attitudes toward single payer mechanisms in particular, and attitudes towards insurance companies. A field test for the item pool was completed by a convenience sample of over 80 respondents, selected to include a broad range of ideological positions. Factor analysis was used to test item validity and item distinctness. Two main factors were identified; they were interpreted as representing positive attitudes towards universal health insurance (which encompassed positive attitudes toward single payer), and positive attitudes toward insurance companies. Items were then selected for inclusion in the questionnaire based on two criteria: having high loadings on (i.e. high correlations with) one of the two factors, and providing a wide or differentiated range of responses. Items 4 and 5 were not included in the field test, but were constructed from elements used in the field test with the goal of providing a wider range of responses and providing a consistent sequence of wordings. Analysis of survey results verified that items 4 and 5 expanded the range of responses and had high factor loadings.

For validity and reliability purposes, it was viewed as important that the items in the two constructs be technically amenable to summation into two composite scores. By computing composite scores, overall measures of the two constructs can be made available for each subject. These composite scores are more precise measures of the factors or constructs than any single items and will be used in further research. However, for reasons of accessibility to lay readers, the demographic analysis in Section 3 of this report is based on single questions rather than on the composite measures.

⁸ See Jonathan Dimbert *et al.* 2008. Ad Astra Institute Health Insurance Language Development —Focus Group Research—Final Report, Ad Astra Institute.

Preference Measurement

Item nine listed five types of insurance systems, from which respondents could select one that they most preferred. The types were intended to typify proposals that have recently been under active national discussion. This item drew on focus group results and has a number of complex elements. Because of resource limitations, the individual elements were not otherwise field tested and hence should be viewed as experimental.

Demographic variables

The demographic questions are relatively standard. They were placed last on the survey because it was expected that significant numbers of respondents would find some questions, especially age and income, to be sensitive (which was verified by survey results). For the same reason the age and income questions were limited to only three categories. The particular category cuts are relatively arbitrary—the purpose is to show attitude responses to changes in age and income, not to single out particular age or income groups.

The income categories were intended to split the population roughly into quarters, with the two central quarters combined. The bottom quarter represent the poor and near poor, and the top quarter represents those who are comfortably well off to very well off.

The age categories were based on a perception that 30 and 50 represent psychological life-cycle milestones: people under 30 tend to focus on their immediate needs, people in their 30s and 40s focus on their responsibilities, and people in their 50s begin serious planning for retirement. It would have desirable to have an additional cut at age 65, the typical age of retirement, but we thought it better to have only three age categories. In the event, 27% refused to choose between three categories; adding additional categories would be expected to increase the number of refusals.

Party registration and Congressional District were available from voter registration data and were not asked in the survey. Gender was determined by the surveyor based on the name and vocal clues.

Treatment of missing data

The population percentages reported in Sections 2 and 3 are calculated by omitting all missing or nonresponsive replies. Table 9 shows the percentage of missing data for each item and the effect on responses.

The table displays the frequency of responses to each category included in the item, the percent responding or not responding to the item. In addition to the percent responding or not responding, a “valid percent” is displayed. This column is the percentage of all responses for each category (with missing values excluded). Hence, the difference between the percent and valid percent will indicate the impact of missing responses.

If “missing system” is not included before “Total” at the bottom of the tables, the item has no missing responses. The absence of missing responses will also be indicated by any difference between “percent” and “valid percent” columns.

These percentages of missing data were judged likely to be too small to introduce significant bias.

**Table 9:
Missing response percentages for all items**

ITEM1 EVERYONE SHOULD BE PROVIDED WITH HEALTH INSURANCE COVERAGE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 STRONGLY DISAGREE	15	3.0	3.0	3.0
	2 DISAGREE	68	13.7	13.7	16.7
	3 UNCERTAIN	84	16.8	16.8	33.4
	4 AGREE	262	52.2	52.2	85.6
	5 STRONGLY AGREE	72	14.4	14.4	100.0
	Total	501	100.0	100.0	

ITEM2 MAKING SURE THAT ALL AMERICANS HAVE HEALTH INSURANCE IS A GOOD USE OF TAX MONEY

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 STRONGLY DISAGREE	29	5.8	5.8	5.8
	2 DISAGREE	97	19.4	19.4	25.3
	3 UNCERTAIN	155	30.9	30.9	56.2
	4 AGREE	186	37.1	37.1	93.3
	5 STRONGLY AGREE	34	6.7	6.7	100.0
	Total	501	100.0	100.0	

ITEM3 IF TAXES FUND HEALTH INSURANCE FOR ALL AMERICANS, THE INSURANCE INDUSTRY SHOULD RUN THE PROGRAM

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 STRONGLY DISAGREE	27	5.4	5.4	5.4
	2 DISAGREE	174	34.8	34.8	40.2
	3 UNCERTAIN	180	36.0	36.1	76.3
	4 AGREE	109	21.7	21.8	98.0
	5 STRONGLY AGREE	10	1.9	2.0	100.0
	Total	500	99.8	100.0	
Missing	System	1	.2		
Total		501	100.0		

ITEM4 I WOULD SUPPORT A TAX FUNDED HI PROGRAM RUN BY A PUBLIC TRUST FUND FOR ALL AMERICANS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 STRONGLY DISAGREE	23	4.7	4.7	4.7
	2 DISAGREE	91	18.1	18.1	22.8
	3 UNCERTAIN	186	37.0	37.1	59.9
	4 AGREE	184	36.8	36.9	96.8
	5 STRONGLY AGREE	16	3.2	3.2	100.0
	Total	500	99.8	100.0	
Missing	System	1	.2		
Total		501	100.0		

ITEM5 I WOULD SUPPORT A TAX FUNDED HI PROGRAM FOR ALL AM W HQ CARE & FREE CHOICE DOCS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 STRONGLY DISAGREE	11	2.3	2.3	2.3
	2 DISAGREE	63	12.5	12.6	14.9
	3 UNCERTAIN	111	22.1	22.2	37.1
	4 AGREE	257	51.3	51.5	88.6
	5 STRONGLY AGREE	57	11.4	11.4	100.0
	Total	499	99.6	100.0	
Missing	System	2	.4		
Total		501	100.0		

ITEM6 HEALTH INSURANCE COMPANIES PROVIDE GOOD SERVICE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 STRONGLY DISAGREE	6	1.3	1.3	1.3
	2 DISAGREE	88	17.6	17.7	19.0
	3 UNCERTAIN	139	27.7	27.8	46.7
	4 AGREE	258	51.6	51.7	98.4
	5 STRONGLY AGREE	8	1.6	1.6	100.0
	Total	500	99.7	100.0	
Missing	System	1	.3		
Total		501	100.0		

ITEM7 HEALTH INSURANCE COMPANIES CHARGE A FAIR PRICE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 STRONGLY DISAGREE	45	9.0	9.1	9.1
	2 DISAGREE	199	39.7	39.9	48.9
	3 UNCERTAIN	143	28.5	28.6	77.6
	4 AGREE	111	22.1	22.2	99.8
	5 STRONGLY AGREE	1	.2	.2	100.0
	Total	499	99.5	100.0	
Missing	System	2	.5		
Total		501	100.0		

ITEM8 HEALTH INSURANCE COMPANIES SPEND TOO MUCH MONEY FIGHTING CLAIMS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 STRONGLY DISAGREE	2	.4	.4	.4
	2 DISAGREE	44	8.8	8.9	9.2
	3 UNCERTAIN	236	47.1	47.2	56.4
	4 AGREE	162	32.4	32.5	88.9
	5 STRONGLY AGREE	56	11.1	11.1	100.0
	Total	500	99.7	100.0	
Missing	System	1	.3		
Total		501	100.0		

ITEM9 ALTERNATIVE PROGRAMS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 CURRENT SYSTEM	113	22.5	22.9	22.9
	2 PUBLIC FUNDED LIKE MEDICARE FOR EVERYONE	129	25.7	26.1	49.0
	3 AFFORDABLE INSURANCE SUBSIDIZED VOLUNTARY	132	26.3	26.7	75.7
	4 AFFORDABLE SUBSIDIZED MANDATED	52	10.3	10.5	86.2
	5 MEDICAL ACCOUNTS	68	13.6	13.8	100.0
	Total	493	98.4	100.0	
Missing	System	8	1.6		
Total		501	100.0		

ITEM10 CURRENT HEALTH INSURANCE SITUATION

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 UNINSURED	34	6.7	6.9	6.9
	2 PRIVATE INSURANCE	320	64.0	65.9	72.8
	3 MEDICARE	112	22.3	22.9	95.8
	4 OTHER GOVT	21	4.1	4.2	100.0
	Total	486	97.0	100.0	
Missing	System	15	3.0		
Total		501	100.0		

ITEM11 AGE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 UNDER 30	25	5.0	5.1	5.1
	2 31 TO 50	172	34.2	34.8	40.0
	3 OVER 50	161	32.2	32.8	72.7
	4 REFUSED	134	26.8	27.3	100.0
	Total	492	98.3	100.0	
Missing	System	9	1.7		
Total		501	100.0		

ITEM12 INCOME

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 UNDER \$25,000	58	11.7	11.8	11.8
	2 \$25,000 TO \$75,000	258	51.6	52.1	63.9
	3 OVER \$75,000	123	24.5	24.7	88.6
	4 REFUSED	56	11.2	11.4	100.0
	Total	496	99.0	100.0	
Missing	System	5	1.0		
Total		501	100.0		

ITEM13 GENDER

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 MALE	225	44.8	45.6	45.6
	2 FEMALE	268	53.5	54.4	100.0
	Total	493	98.3	100.0	
Missing	System	8	1.7		
Total		501	100.0		

ITEM14 POLITICAL AFFILIATION

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 REPUBLICAN	228	45.6	45.8	45.8
	2 DEMOCRAT	133	26.5	26.6	72.4
	3 UNAFFILIATED	138	27.5	27.6	100.0
	Total	499	99.6	100.0	
Missing	System	2	.4		
Total		501	100.0		

SOURCE: Ad Astra Institute, 2008

5. RECOMMENDATIONS FOR FURTHER RESEARCH

Although the results of this survey establish a baseline measure of likely voters' attitudes toward single payer, universal healthcare coverage, and the health insurance industry, understanding of those attitudes can be clarified and refined through further research.

Additional Analyses: The analyses presented in this report have been selected for their perceived importance to the research questions posed by the researchers. There are many options for further analyses. For example:

- The estimates of impact of demographic groups on attitudes could be repeated for additional attitude variables, or by using composite scores for attitudes on universal health coverage and on insurance companies.
- It may be possible to analyze the attitude items into a single categorical preference measure ordered by the preferred degree of government intervention in insurance markets. Options might range for example from no interference in insurance markets, through moderate government subsidization, then universal coverage achieved using private insurance, and finally universal coverage without private insurance.
- Interactions of demographic variables could be examined. For example, prior research suggests that gender has a different impact on health care attitudes of Democrats than of Republicans.
- The analyses could be repeated at the Congressional District level.
- The Medicaid option for Question 10 provides an indicator of age over 64. This could be used to extend the age demographic variable into four categories, removing some of the refusals to answer, and allowing a more extensive analysis of impact of age on attitudes.

Further focus group and survey research: The experimental forced choice preference question (Item 9: "Please indicate which of the following health insurance systems you would most prefer") included five options with complex language elements. It would be useful to examine attitudes towards each of these elements in more detail.

APPENDIX: The survey questionnaire

Ad Astra Institute
Health insurance survey

May 1, 2008

(If respondent asks, you may mention Ad Astra Institute of Kansas and say that the results will be published in the newspaper.)

(Key:

SD = Strongly Disagree
D = Disagree
U = Uncertain
A = Agree
SA = Strongly Agree)

For each of the following questions, please select one of the five terms that is most likely to reflect your attitude:

Strongly Disagree, Disagree, Uncertain, Agree, Strongly Agree.

1. Everyone should be provided with health insurance coverage.

SD D U A SA

2. Making sure that all Americans have health insurance is a good use of tax money.

SD D U A SA

3. If taxes fund health insurance for all Americans, the insurance industry should run the program.

SD D U A SA

4. I would support a tax-funded health insurance program run by a public trust fund for all Americans, without private insurance company involvement.

SD D U A SA

5. I would support a tax-funded health insurance program run by a public trust fund that covered all Americans, if it supported a high quality of medical care and allowed everyone free choice among competing doctors.

SD D U A SA

6. Health insurance companies provide good service.

SD D U A SA

7. Health insurance companies charge a fair price.

SD D U A SA

8. Health insurance companies spend too much money fighting claims.

SD D U A SA

For the next two questions, I'm going to read you a set of alternatives and ask you to choose the best one.

9. Please indicate which of the following health insurance systems you would most prefer (select only one - A, B, C, D, E or leave blank if they can't make a choice):

A. The current health insurance system.

B. Publicly funded health care coverage like Medicare, but for everyone.

C. Affordable private health insurance subsidized by the government that everyone is free to buy.

D. Affordable private health insurance subsidized by the government that everyone is required to buy.

E. Tax deductions for putting money in a "medical savings account," which can be used for medical expenses.

10. What is your current health insurance situation: (Again - A, B, C, D or blank)

- A. I am currently without health insurance.**
- B. I have coverage in a private insurance program such as Blue Cross/Blue Shield.**
- C. I am covered by Medicare.**
- D. I have some other government-provided insurance such as Medicaid or the Veterans Administration.**

The last two questions are for comparison purposes only -

11. Is your age: A - under 30; B - 31 to 50; C - over 50; (R if refuse to answer)

12. What is your approximate family income?

- A. Under \$25,000**
- B. \$25,000 to 75,000**
- C. over \$75,000**
- (R if refuse)**

Thank you for your help.