

2018 Minnesota General Population Survey of Attitudes and Outlook Regarding Healthcare Services and Costs

Minnesota Governor's Council on Developmental Disabilities

Qualitative and Quantitative Research Study Report #2395

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RESEARCH OVERVIEW



BACKGROUND

In 2004 MarketResponse conducted a survey of Minnesotans regarding a wide range of healthcare issues. This survey was conducted in cooperation with former U.S. Senator David Durenberger's Minnesota Citizens Forum on Healthcare Costs.

MarketResponse International was commissioned by The Minnesota Governor's Council on Developmental Disabilities (GCDD) to repeat and update the Minnesota Healthcare Attitudes Study in 2018.

OBJECTIVES

- Identify current healthcare insurance coverage, and related attitudes and satisfaction
- Uncover future outlook and concerns regarding healthcare
- Measure attitudes and values that are relevant and related to today's healthcare
 - Identify attitudinal segments, groups of like-minded people, based on consistency of answers across a range of attitudes towards healthcare
- Gauge perceptions regarding the healthcare system in the U.S. as a whole, and Minnesota
- Measure opinions regarding role of government in:
 - Ensuring coverage for all
 - Drug pricing and public programs
 - MA/Medicaid funding

Phase 1: Qualitative Exploration:

- a) MarketResponse interviewed healthcare policy experts (including former U.S. Senator David Durenberger), to ensure that all relevant and timely issues and policy considerations are covered in the survey.
- b) On-line qualitative interviews were conducted among Minnesota citizens from across the state, to reveal current attitudes, concerns and outlook related to healthcare:
 - The interviews were conducted using an on-line Bulletin Board method, enabling the moderator to have an interactive dialog with dozens of individuals from across the state, via the internet.
 - We included a total of n=37 participants, divided into 2 (n=18 and n=19), 3-day sessions.
 - Some volunteer respondent names and contact information were provided to MarketResponse by the GCDD to assure that people with developmental disabilities and/or their advocates were included and their perspectives represented in the qualitative research.

Insights gained from the qualitative Bulletin Board discussions were used to guide the necessary changes and additions to the Phase 2, Quantitative Attitudinal Survey.

Phase 2: Quantitative Attitudinal Survey:

Methodology: An on-line survey was conducted, with demographic quotas as needed, to achieve a representative sample of the Minnesota general population.

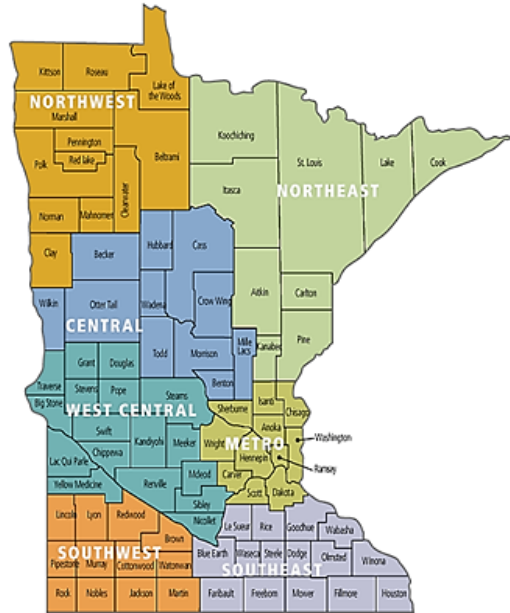
Sampling Plan: A total sample of n= 1,009 was achieved, representing the adult population of the state of Minnesota. The sample closely matches geographic dispersion and other demographics of the state's population (age, income, ethnicity/race). Efforts were made to ensure representation from American Indian, African American, and Hispanic communities.

Questionnaire: MarketResponse updated and refined the survey instrument for the 2018 study by:

- Reviewing the previous attitudinal survey conducted in 2004 and determining the extent to which the previous survey questions were still relevant for the 2018 survey.
- Developing additional questions as needed to measure attitudes related to new issues and experiences that have emerged over the past 15 years (i.e., Affordable Care Act, efforts to repeal and replace, etc.)
- The final instrument is a 20 minute structured questionnaire.

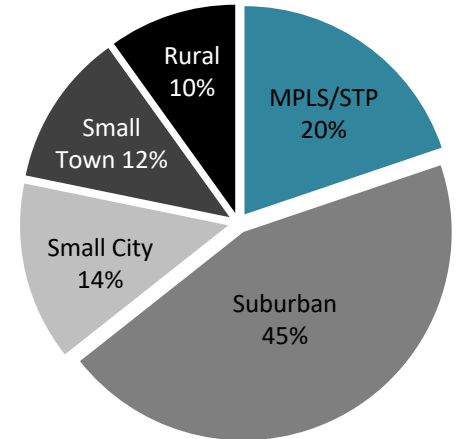
The geographic dispersion of respondents of the survey closely matched that of the general population of Minnesota.

Which region of the state do you currently live in? (QA)



| | Total sample: (n=1,009) | 2018 Census Parameters |
|--------------|----------------------------|---------------------------|
| Northeast | 8% | 7% |
| Northwest | 4% | 4% |
| Central | 6% | 6% |
| West Central | 7% | 8% |
| Metro | 65% | 61% |
| Southwest | 3% | 3% |
| Southeast | 8% | 11% |

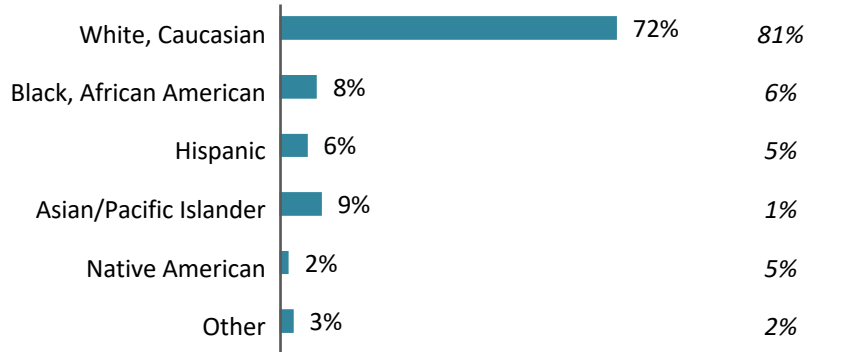
Type of geographic location



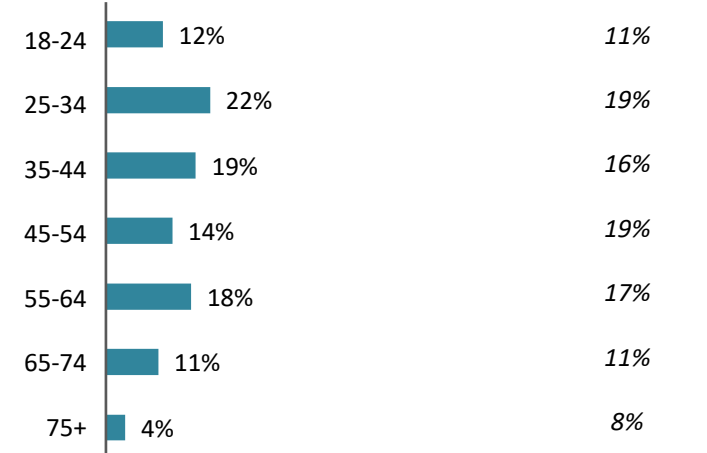
2018 study among the general population of Minnesotans (n=1,009)

Great efforts were taken while implementing the survey to ensure that the final sample of n=1,009 respondents closely matched the age, gender and race/ethnic diversity of the Minnesota adult population, as much as possible.

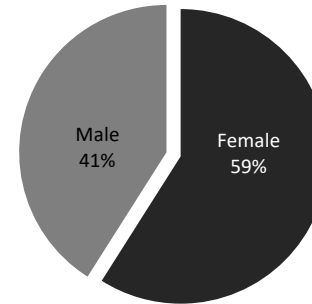
Race/Ethnicity



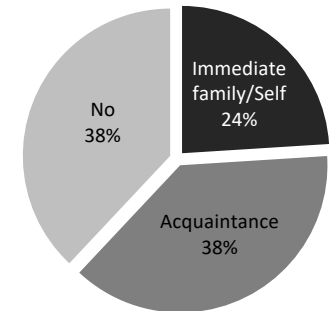
Age



Gender



Know someone with a developmental disability



EXECUTIVE SUMMARY





92% of the survey respondents report having some kind of health insurance or healthcare coverage:

- 56% have private health insurance through their employer; 8% purchased through the Exchange.
- 40% have some kind of government-provided healthcare coverage:
 - 21% Medicare
 - 19% MA/Medicaid

One third of Minnesotans (32%) rate their overall health coverage and care as *good*:

- 28% provided *better than good* ratings
- 39% provided *less than good* ratings

These experiences had the most impact on overall healthcare quality ratings:

The whole process of pricing, billing and reimbursement for medical services provided to me and/or my family

The total amount I pay for health insurance

The process and ease of finding the insurance plan that best meet my (or my family's) needs

My ability to see medical specialists if I ever need one

My ability to choose the doctors and other healthcare providers I want

The amount I have to pay for prescription drugs

On average Minnesotans with government provided healthcare coverage (Medicare or MA/Medicaid) had more positive perceptions of their overall health coverage and care, as compared to Minnesotans with private insurance.

- Medicare recipients are generally more satisfied than those with private health insurance on all aspects of healthcare experiences.

27% of Minnesotans believe they will be worse off in 3 years regarding access to good quality, affordable healthcare:

Top three concerns were all related to rising costs:

Rising costs of healthcare premiums

Rising cost of insurance deductible and co-pay fees for medical services

Rising cost of drugs and other medical services, as our country's medical system is strained by an aging population

Households with a person with a developmental disability are more likely to have a pessimistic near future outlook regarding healthcare quality and affordability, as compared to all other households.

- They are more likely to be *very concerned* about federal cuts to MA/Medicaid, and access to healthcare in general.



Although 4 distinct attitudinal segments emerged from this analysis, the majority of Minnesotans generally agree on several fundamental healthcare issues, including:

- Healthcare should be available to all citizens regardless of their income or employment status.
- People should not be turned away from necessary medical treatment, even if they are uninsured and cannot afford the treatment.
- Everyone should pay something for their health care, with people paying varying amounts depending on what they can afford.
- People, such as the elderly and people with disabilities, who need more services than others, should get them without paying more.

A majority of Minnesotans (58%) believe Congress should deal with healthcare reform on a gradual basis, as opposed to a comprehensive, repeal and replace approach to the Affordable Care Act.

Differences of opinion emerge when attention turns to how –and the extent to which– government should be involved in health coverage and care:

- Minnesotans as a whole are evenly split in terms of preference for a government-run healthcare system versus a system based mostly on private health insurance.

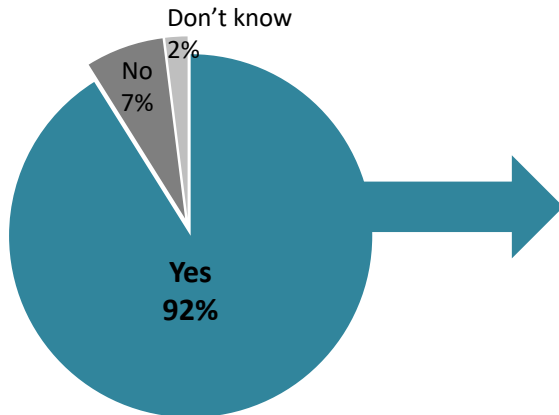
DETAILED FINDINGS

I. Healthcare Satisfaction, Outlook and Concerns

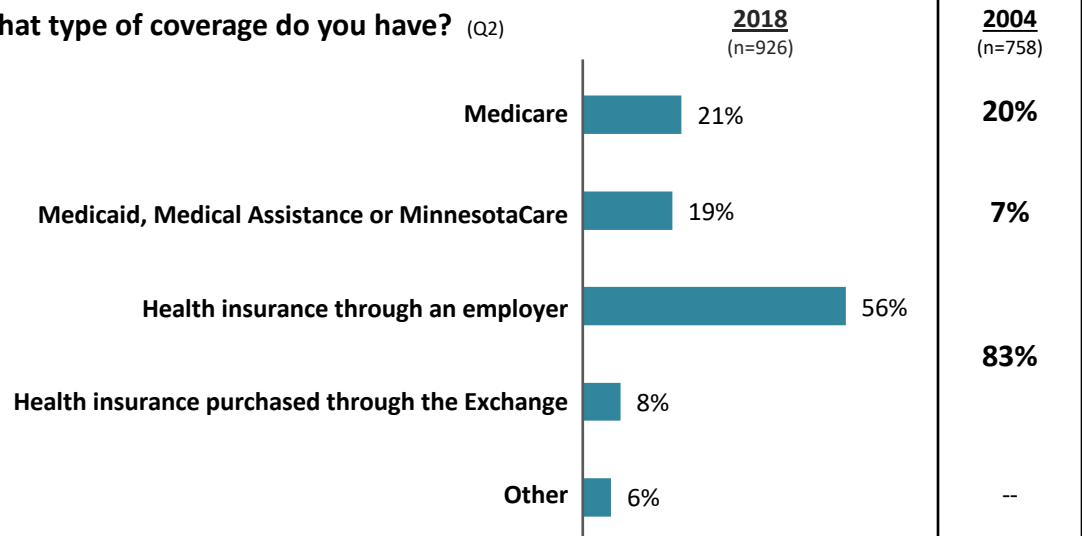
- **Personal Health Insurance and Attitudes**

Ninety-two percent of the survey respondents report having some kind of health insurance coverage; just over half (56%) have private health insurance through their employer, and another 8% purchased insurance through the Exchange. Forty percent (40%) have some kind of government provided healthcare coverage (21% Medicare, 19% MA/Medicaid). MA/Medicaid insurance has grown from 7% in 2004 to 19% in 2018.

Do you have some form of health insurance or healthcare coverage? (Q1) (n=1,009)



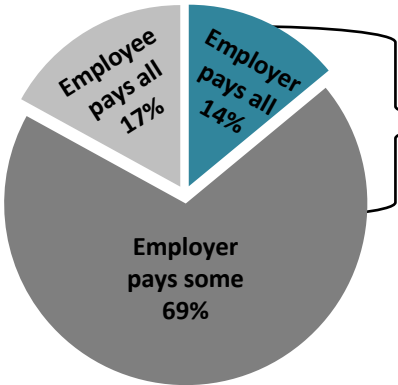
What type of coverage do you have? (Q2)



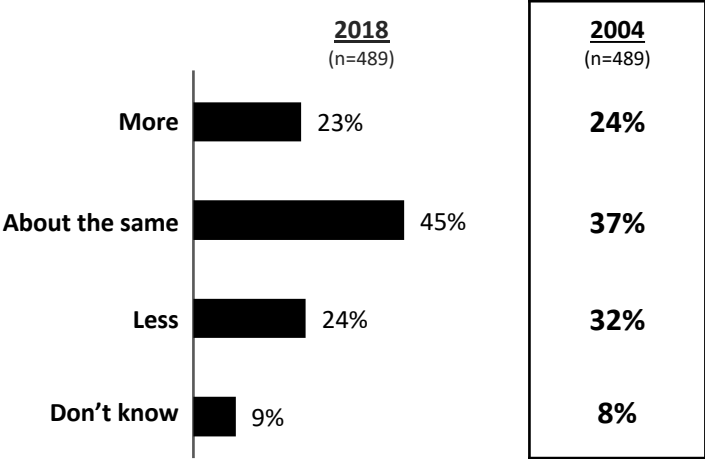


Among the 64% of Minnesotans who have private insurance, 14% of them have an employer that covers all their insurance costs; for 69% of them their employer pays some of the costs.

Among those privately insured: (Q3) (n=587)



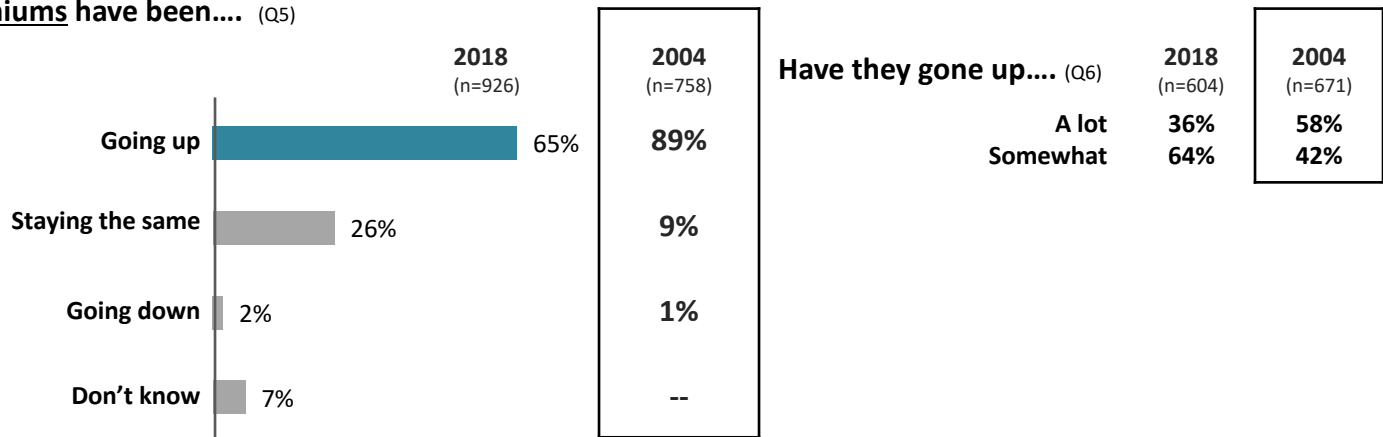
Thinking about the last few years, do you think your employer is paying.... (Q4)



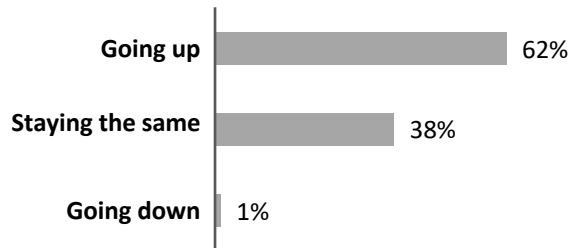


Two-thirds of Minnesotans who have any kind of health insurance coverage believe their cost for premiums and additional costs have been going up over the past couple of years; however, these perceptions of rising costs are not as severe as they were in 2004.

Over the past couple of years, does it seem to you that your costs for health insurance premiums have been.... (Q5)

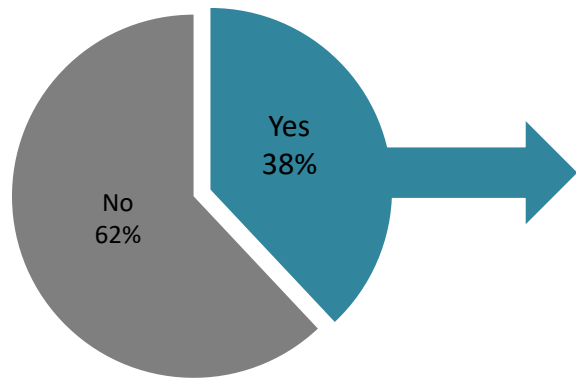


Does it seem to you that your cost for deductibles, co-insurance and co-payments have been... (Q7) (n=926)

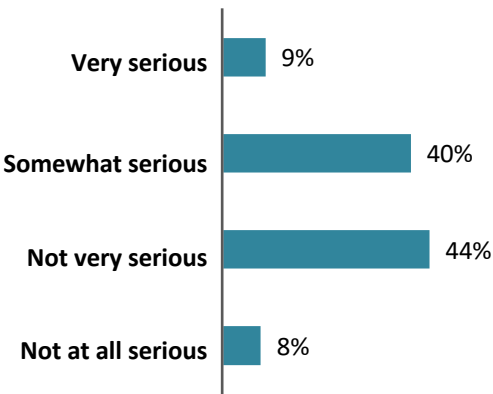


Just over one-third of Minnesotans (38%) have delayed medical treatment because of the cost they would have to pay; of the 38% who have delayed treatment, one-half, or 49%, had a serious or somewhat serious condition or illness.

Within the last 12 months, have you or a member of your family delayed any sort of medical treatment because of the cost you would have to pay? (Q8) (n=1,009)



When this medical treatment was delayed, how serious was the condition or illness? (Q9) (n=384)

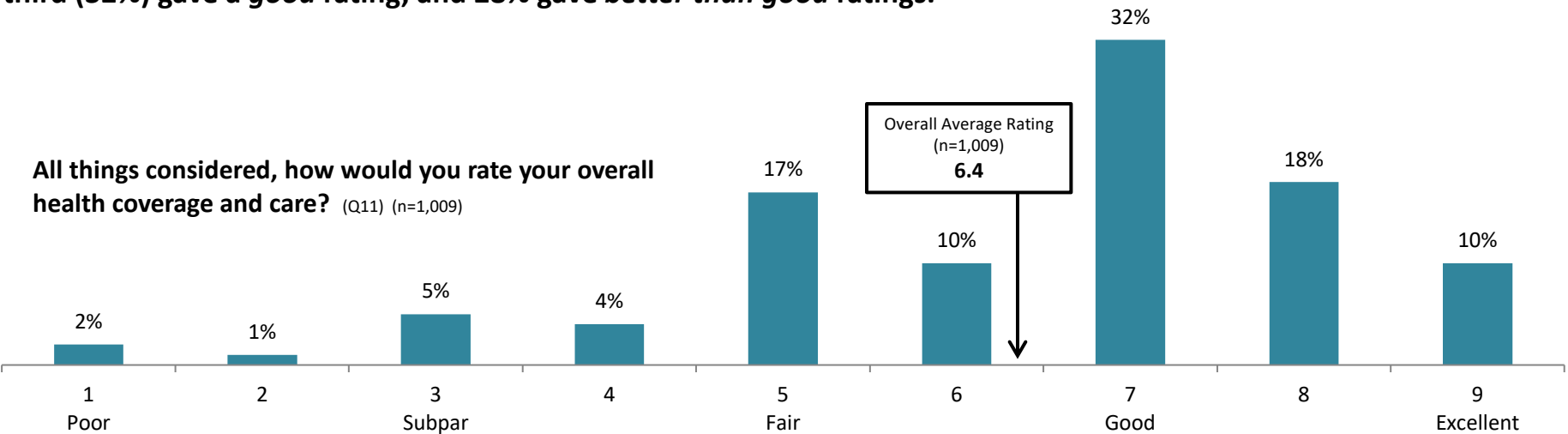


DETAILED FINDINGS

I. Healthcare Satisfaction, Outlook and Concerns

- **Personal Health Insurance and Attitudes**
- **Satisfaction with Current Health Coverage and Care**

Thirty-nine percent (39%) of Minnesotans give their overall health coverage and care a *less than good* rating; one-third (32%) gave a *good* rating, and 28% gave *better than good* ratings.



Negative Experience:

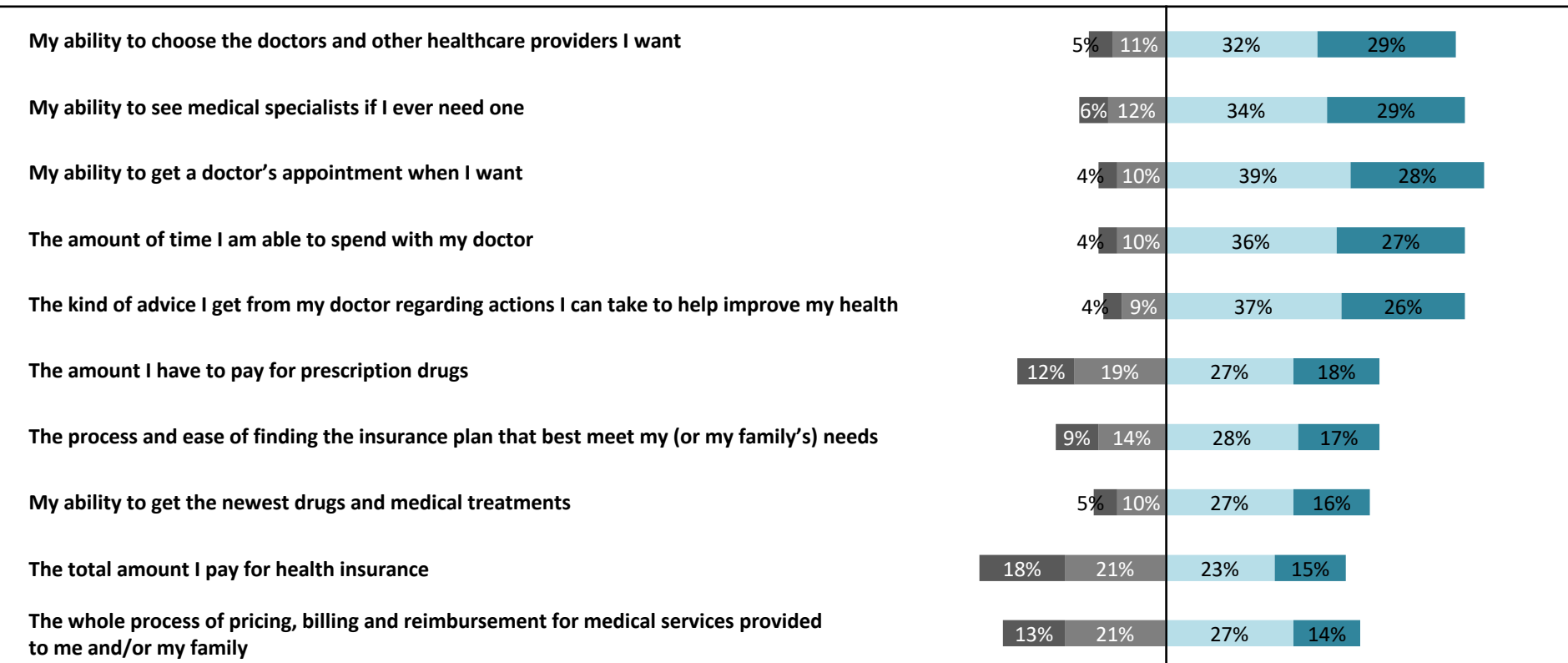
In my personal experience, the quality of healthcare has drastically declined due to the rising cost of premiums and deductibles, along with the downfall of personal care and attention given by doctors’ “treat them & street them” mentality. Few doctors actually have the time or the allowance from insurance companies to actually sit with a patient for an extended period of time to really get to know them and their health situation.

Positive Experience:

Over the last year I’ve developed significant health issues and have seen many doctors and specialists. I’ve never felt like it was a “cattle drive,” I’ve been fortunate enough to have doctors who spend a lot of time listening and working together to come up with a diagnosis and treatment plans.

Minnesotans expressed a range of satisfaction and dissatisfaction with various aspects of their healthcare experiences.

How satisfied are you with each of the following aspects of your healthcare related experiences? (Q10) (n=1,009)



SATISFACTION WITH HEALTHCARE EXPERIENCES...

- My ability to choose the doctors and other healthcare providers I want
- My ability to see medical specialists if I ever need one
- My ability to get a doctor’s appointment when I want
- The amount of time I am able to spend with my doctor
- The kind of advice I get from my doctor regarding actions I can take to help improve my health
- The amount I have to pay for prescription drugs
- The process and ease of finding the insurance plan that best meet my (or my family’s) needs
- My ability to get the newest drugs and medical treatments..
- The total amount I pay for health insurance
- The whole process of pricing, billing and reimbursement for medical services provided to me and/or my family



DETERMINES:



OVERALL HEALTH CARE RATINGS...

All things considered, how would you rate your overall health coverage and care?

| | | | | | | | | |
|------|---|---------------|---|---------|---|------|---|-----------|
| Poor | | Below Average | | Average | | Good | | Excellent |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Statements regarding ‘health coverage’ related subjects (i.e. pricing, ease of choosing an insurance plan, freedom to choose doctors, etc.) were more likely to be *predictors* of overall healthcare quality ratings, as compared to statements more directly related to quality of healthcare.

| Statements with the most impact in predicting health coverage and care ratings: | Relative Impact on Overall Ratings |
|--|------------------------------------|
| The whole process of pricing, billing and reimbursement for medical services provided to me and/or my family | 23% |
| The total amount I pay for health insurance | 23% |
| The process and ease of finding the insurance plan that best meet my (or my family’s) needs | 18% |
| My ability to see medical specialists if I ever need one | 15% |
| My ability to choose the doctors and other healthcare providers I want | 12% |
| The amount I have to pay for prescription drugs | 8% |

Frustration over billing process:

Medical bills are hard to understand. It’s so easy for them to overcharge for things. Not everyone takes the time to review every line item. We have this certain trust that we won’t be taken advantage of, and yet I think healthcare systems thrive on that.

Difficulty finding optimal insurance:

I’m baffled by all the plans out there, what you can and can’t get covered and who can or who can’t have that same coverage. It’s all confusing and rather stupid to me.

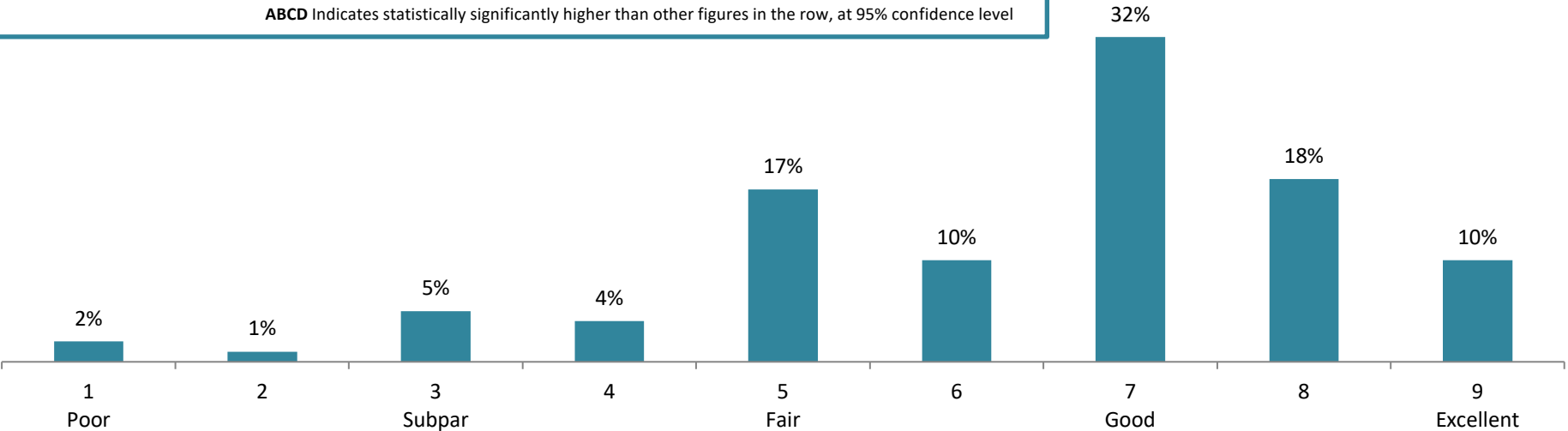
If my husband were to lose his job and we lost our insurance, I wouldn’t know how or where to begin to navigate the options, or how we would pay for it.

On average Minnesotans with government provided healthcare coverage (Medicare or MA/Medicaid) had more positive perceptions of their overall health coverage and care, as compared to Minnesotans with private insurance.

The care a patient receives can be all too easily determined by whether or not they chose the correct insurance plan. This is a nightmare in and of itself, combined with the insurmountable premium costs that are nearly unaffordable to most people having to purchase their insurance privately.

All things considered, how would you rate your overall health coverage and care? (Q11) (n=1,009)

| Average Ratings | Total (n=1,009) | A MEDICARE (n=191) | B MEDICAID (n=176) | C EMPLOYER (n=518) | D EXCHANGE (n=71) |
|--|--------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| | 6.4 | 7.2 BCD | 6.7 CD | 6.4 | 6.0 ABC |
| ABCD Indicates statistically significantly higher than other figures in the row, at 95% confidence level | | | | | |



Medicare recipients are generally more satisfied than those with private health insurance on all aspects of healthcare experiences.

Top 2-Box Satisfaction Ratings (Very or Somewhat Satisfied)

| HEALTHCARE EXPERIENCES, Satisfaction Ratings (Q21) | Total (n=1,009) | MEDICARE (n=191) | MEDICAID (n=176) | EMPLOYER (n=518) | EXCHANGE (n=71) |
|---|----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| The whole process of pricing, billing and reimbursement for medical services provided to me and/or my family | 41% | 56% | 54% | 36% | 29% |
| The total amount I pay for health insurance | 38% | 48% | 53% | 35% | 20% |
| The process and ease of finding the insurance plan that best meet my (or my family's) needs | 45% | 57% | 45% | 46% | 42% |
| My ability to see medical specialists if I ever need one | 61% | 76% | 59% | 62% | 59% |
| My ability to choose the doctors and other healthcare providers I want | 63% | 73% | 55% | 69% | 66% |
| The amount I have to pay for prescription drugs | 45% | 50% | 58% | 45% | 34% |
| My ability to get a doctor's appointment when I want | 67% | 78% | 60% | 68% | 78% |
| The amount of time I am able to spend with my doctor | 63% | 72% | 59% | 65% | 62% |
| My ability to get the newest drugs and medical treatments | 43% | 50% | 56% | 46% | 32% |
| The kind of advice I get from my doctor regarding actions I can take to help improve my health | 63% | 76% | 65% | 62% | 67% |

Differences in proportions of 10% or more are statistically significant (~95% confidence level)

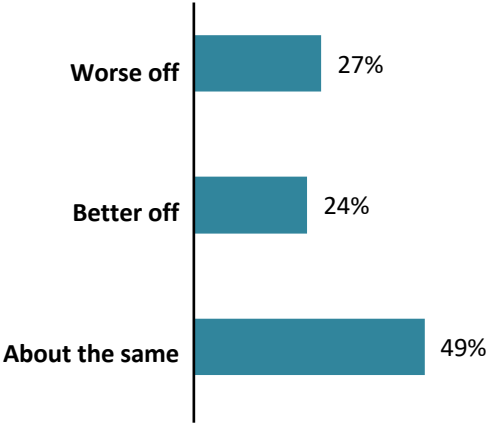
DETAILED FINDINGS

I. Healthcare Satisfaction, Outlook and Concerns

- Personal Health Insurance and Attitudes
- Satisfaction with Current Health Coverage and Care
- Healthcare Outlook and Concerns

One-out-of-four Minnesota adults (27%) believe they will be worse off in 3 years regarding access to good quality, affordable healthcare.

With regards to your access to good quality and affordable healthcare, I believe in 3 years we will be... (Q13) (n=1,009)

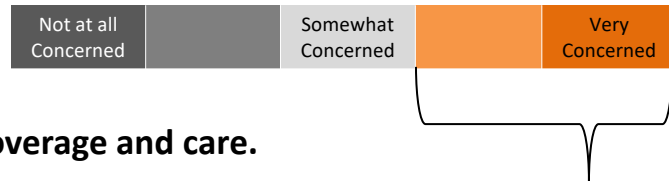


Do you know someone with a developmental disability?

| | Yes Immediate Family/Self (n=143) | Yes Acquaintance (n=433) | No (n=433) |
|----------------|--------------------------------------|-----------------------------|---------------|
| Worse off | 38% [↑] | 27% | 23% |
| Better off | 22% | 23% | 26% |
| About the same | 40% [↓] | 50% | 51% |

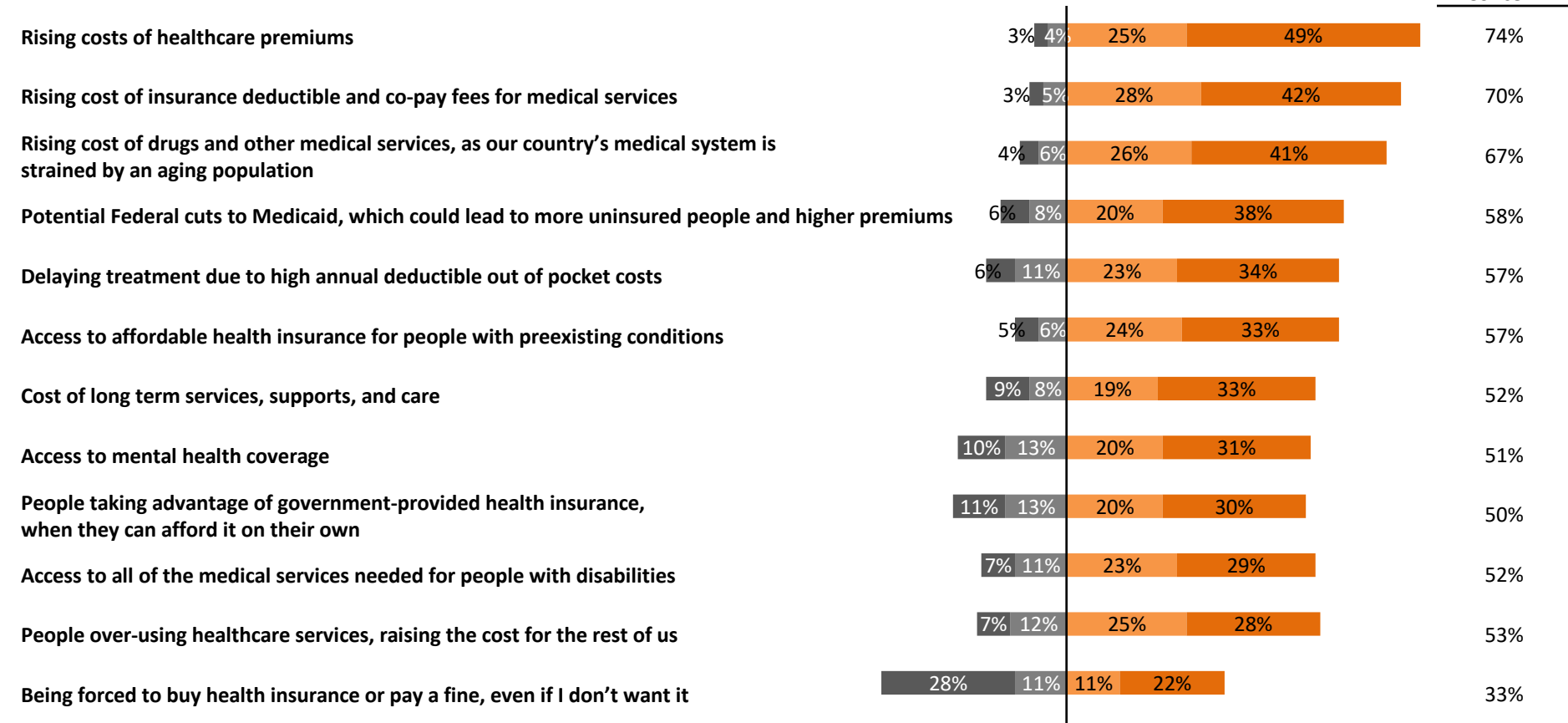
^{↑↓} Indicates statistically significantly higher or lower than other figures in the row, at 95% confidence level

Households with a person with a developmental disability are more likely to have a pessimistic near future outlook regarding healthcare quality and affordability, as compared to all other households.



Minnesotans are most concerned about rising costs related to healthcare coverage and care.

How concerned are you with each of the following statements? (Q14) (n=1,009)





People who have a person in their household with a developmental disability are more likely to be *very concerned* about federal cuts to Medicaid, and access to medical services in general for people with developmental disabilities.

(TOP BOX) *Very concerned:* (Q14)

| | Total (n=1,009) | Do you know someone with a developmental disability? | | |
|---|--------------------|--|---------------------------------|---------------|
| | | Yes, Immediate Family/Self (n=143) | Yes, Acquaintance (n=433) | No (n=433) |
| Rising costs of healthcare premiums | 49% | 46% | 53%↑ | 45%↓ |
| Rising cost of insurance deductible and co-pay fees for medical services | 42% | 41% | 45%↑ | 39%↓ |
| Rising cost of drugs and other medical services, as our country's medical system is strained by an aging population | 41% | 44% | 45% | 36%↓ |
| Potential Federal cuts to Medicaid, which could lead to more uninsured people and higher premiums | 38% | 46%↑ | 40% | 33%↓ |
| Delaying treatment due to high annual deductible out of pocket costs | 34% | 37% | 36% | 32% |
| Access to affordable health insurance for people with preexisting conditions | 33% | 41%↑ | 33% | 30% |
| Cost of long term services, supports, and care | 33% | 41%↑ | 32% | 32% |
| Access to mental health coverage | 31% | 38%↑ | 33% | 27%↓ |
| People taking advantage of government-provided health insurance, when they can afford it on their own | 30% | 29% | 30% | 30% |
| Access to all of the medical services needed for people with disabilities | 29% | 38%↑ | 30% | 25% |
| People over-using healthcare services, raising the cost for the rest of us | 28% | 29% | 27% | 28% |
| Being forced to buy health insurance or pay a fine, even if I don't want it | 22% | 30%↑ | 20% | 23% |



↑↓ Indicates statistically significantly higher than other figures in the row, at 95% confidence level

People who expect to be worse off in 3 years, are more concerned about aspects of healthcare coverage and costs, as compared to those who believe they'll be better off or *about the same*.

| | Looking ahead 3 years to the future do you expect it to be: | | |
|---|---|-----------------------|---------------------------|
| | Worse off (n=269) | Better off (n=244) | About the same (n=496) |
| (TOP BOX) Very concerned: (Q14) | | | |
| Rising costs of healthcare premiums | 64% ↑ | 43% | 44% |
| Rising cost of insurance deductible and co-pay fees for medical services | 54% ↑ | 35% | 38% |
| Rising cost of drugs and other medical services, as our country's medical system is strained by an aging population | 52% ↑ | 31% | 40% |
| Potential Federal cuts to Medicaid, which could lead to more uninsured people and higher premiums | 53% ↑ | 29% | 35% |
| Delaying treatment due to high annual deductible out of pocket costs | 43% ↑ | 33% | 30% |
| Access to affordable health insurance for people with preexisting conditions | 49% ↑ | 27% | 27% |
| Cost of long term services, supports, and care | 45% ↑ | 30% | 29% |
| Access to mental health coverage | 39% ↑ | 29% | 28% |
| People taking advantage of government-provided health insurance, when they can afford it on their own | 29% | 30% | 31% |
| Access to all of the medical services needed for people with disabilities | 38% ↑ | 26% | 26% |
| People over-using healthcare services, raising the cost for the rest of us | 28% | 28% | 28% |
| Being forced to buy health insurance or pay a fine, even if I don't want it | 25% | 25% | 20% |

↑↓ Indicates statistically significantly higher than other figures in the row, at 95% confidence level

DETAILED FINDINGS

II. Healthcare System Beliefs and Opinions

- Attitudes Towards the Healthcare System

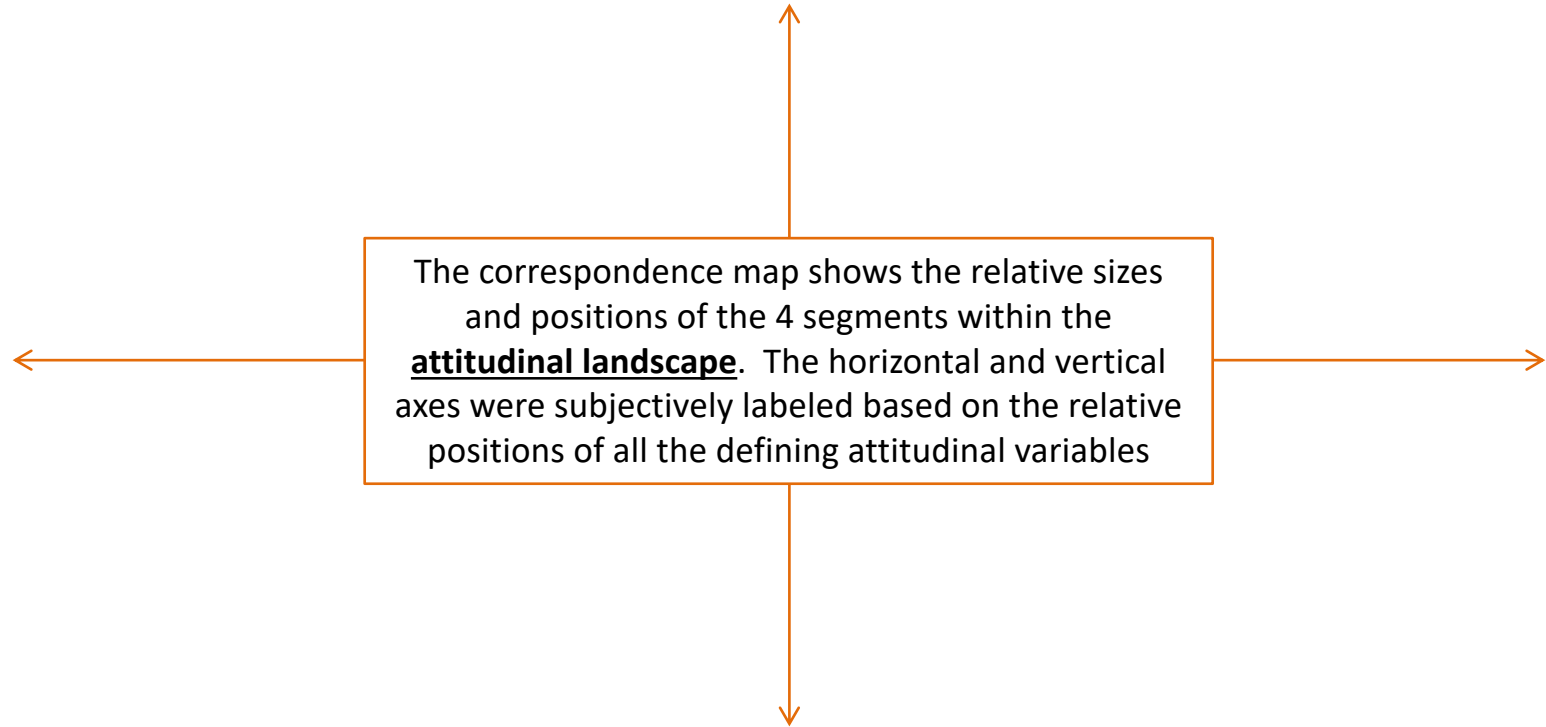
The survey questionnaire included 24 statements reflecting a variety of attitudes related to health care services, costs, access and responsibilities.

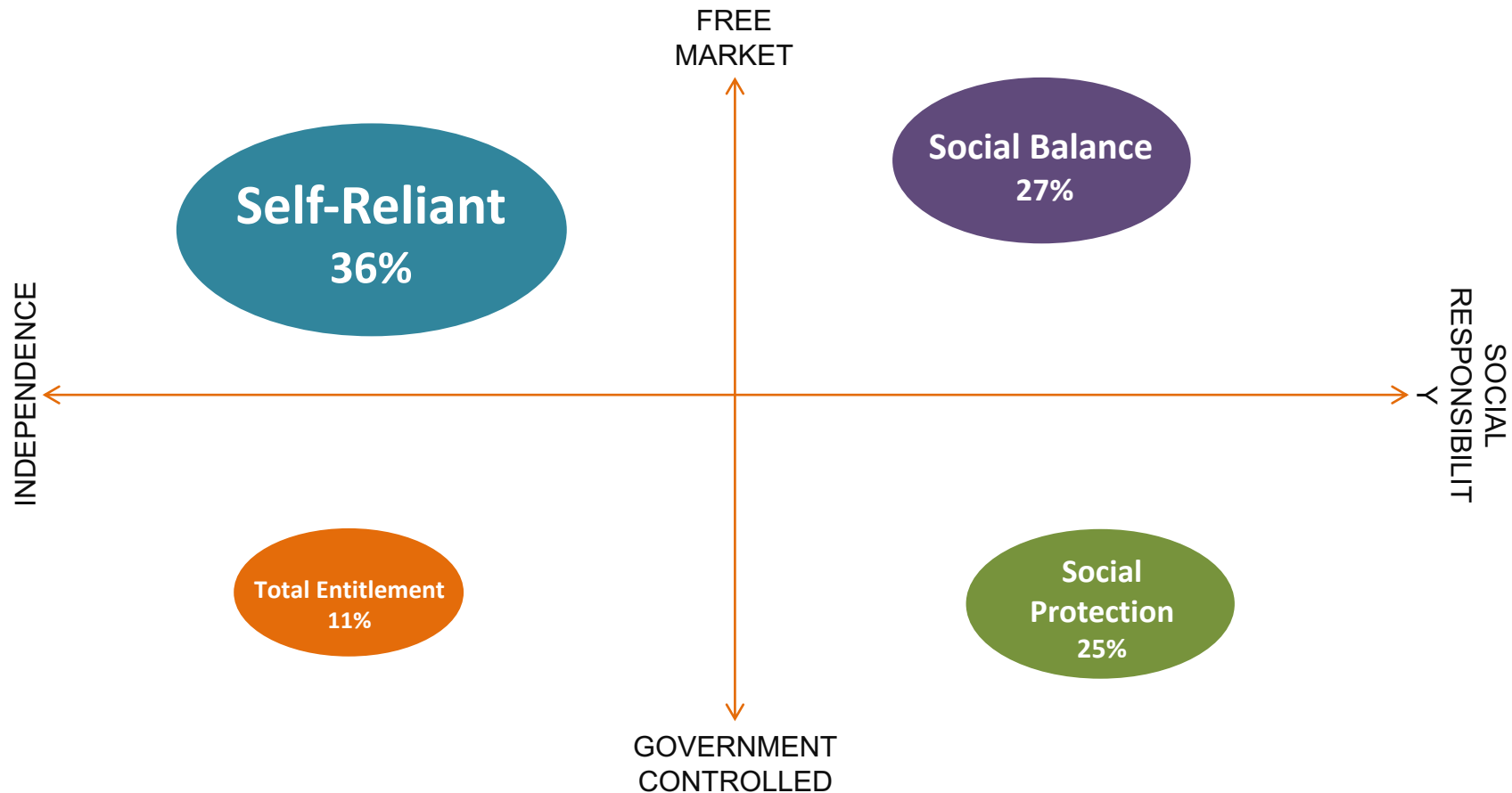
The respondents indicated the degree to which they agreed or disagreed with each statement using this scale:



A multivariate statistical analysis procedure was used to group like-minded people together based on consistency of answers across all 24 statements. Four different attitudinal segments were thus identified:

- 1) Self Reliance
- 2) Social Balance
- 3) Social Protection
- 4) Total Entitlement







The Self-Reliant people are more likely to believe in personal freedom and responsibility over one's own healthcare, where government is less involved and the market plays a role in determining levels of health coverage and care. Suspicions that some people take advantage of the system, and *don't pay their fair share*, appear to reside in the Self-Reliant belief system. That sentiment may best be captured in these quotes from qualitative research:

Quote from qualitative research:

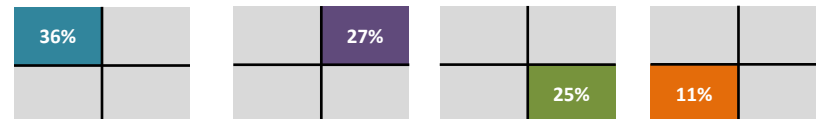
I have a relative (with a disability) who is capable of working, however, he chose to take Medicaid or whatever was available and never saw a medical bill. Those of us who are working are paying premiums, co-pays and hefty deductibles at least.

Healthcare is not a handout. Social security payments to individuals who have NEVER paid premiums IS a handout. Welfare for individuals who are capable of working IS a handout. Money for this does not grow on trees. It comes out of our taxes, insurance premiums, etc.

| | | | | | |
|-------------------------|---------------------|------|--|----------------|----------|
| Gender: | Male | 45% | Employed: | Full/Part time | 70%↑ |
| | Female | 54% | | Retired | 17% |
| Average Age: | | 43 ↓ | Average Income: | | \$70,079 |
| Marital Status: | Single | 28%↑ | Children in Household: | Yes | 40%↑ |
| | Married/living with | 59% | | No | 60% |
| Political party: | Democrat | 32% | Know someone with a developmental disability: | | |
| | Republican | 32% | | Yes | 46% |
| | Independent | 17%↓ | | No/Don't know | 54%↓ |

↑↓ Statistically significant difference, higher or lower, vs. other segments

The Self-Reliant segment is defined and differentiated from other segments by its higher levels of agreement with the first three statements below, and lower levels of agreement with the other four statements.



| PERCENT SAYING <i>AGREE STRONGLY</i> or <i>SOMEWHAT</i> | SELF-RELIANT (n=348) | SOCIAL BALANCE (n=264) | SOCIAL PROTECTION (n=246) | TOTAL ENTITLEMENT (n=109) |
|---|-------------------------|---------------------------|------------------------------|------------------------------|
| If I want to smoke, drink or just not take good care of my health, that's my business; I shouldn't be penalized with higher healthcare costs. | 43% | 6% | 33% | 39% |
| Individuals or families who are likely to use more health care, should be expected to pay higher premiums than others. | 42% | 58% | 15% | 11% |
| People should be denied health care if they make unhealthy lifestyle or behavior choices. | 29% | 30% | 4% | 8% |
| People should pay lower premiums for making healthy choices, such as exercising frequently. | 58% | 84% | 74% | 65% |
| People should not be turned away from necessary medical treatment, even if they are uninsured and cannot afford the treatment. | 59% | 76% | 99% | 100% |
| Healthcare should be available to all citizens regardless of their income or employment status. | 70% | 71% | 97% | 100% |
| Children's healthcare needs should take a priority in healthcare cost decisions. | 60% | 64% | 80% | 80% |

One can be 95% confident that differences in proportions of 8% or more are statistically significant.

The Social Balance segment believes that both personal and social responsibilities need to be taken into account in all healthcare decisions and policies. And it goes both ways: individuals are responsible for not abusing healthcare services; and society should reward individuals who make healthy lifestyle choices with lower insurance premiums.

Quote from qualitative research:

I want everyone to have coverage and I want everyone to be taken care of and have everything they need available to them – but I don't think it should be given to them. We need to set up our society and our future to allow people to afford and be able to care for their care. Let people feel good about being able to contribute to their healthcare – they might take some pride in that and take better care of themselves.

FREE
MARKET

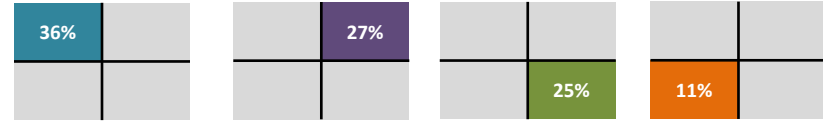
Social Balance
27%

SOCIAL
RESPONSIBILITY

| | | | | |
|------------------|---------------------|------|---|-------------------|
| Gender: | Male | 50%↑ | Employed: Full/Part time | 63% |
| | Female | 50% | | Retired 27% |
| Average Age: | | 51↑ | Average Income: | \$84,574↑ |
| Marital Status: | Single | 17%↓ | Children in Household: | Yes 31% |
| | Married/living with | 70%↑ | | No 69%↑ |
| Political party: | Democrat | 14% | Know someone with a developmental disability: | |
| | Republican | 36%↑ | | Yes 69%↑ |
| | Independent | 31% | | No/Don't know 31% |

Statistically significant difference, higher or lower, vs. other segments

The Social Balance segment believes in the importance of accounting for both personal and societal needs in healthcare decisions and policies.



| PERCENT SAYING <i>AGREE STRONGLY</i> | SELF-RELIANT (n=348) | SOCIAL BALANCE (n=264) | SOCIAL PROTECTION (n=246) | TOTAL ENTITLEMENT (n=109) |
|--|-------------------------|---------------------------|------------------------------|------------------------------|
| We all have a personal responsibility not to use more healthcare services than we need in order to keep healthcare affordable. | 18% | 53% | 34% | 38% |
| Everyone should pay something for their health care, with people paying varying amounts depending on what they can afford. | 16% | 36% | 21% | 24% |
| People should pay lower premiums for making healthy choices, such as exercising frequently. | 23% | 37% | 39% | 19% |
| Our current healthcare system relies too heavily on drugs as opposed to more holistic management of health and wellbeing. | 18% | 35% | 30% | 26% |
| The cost of treatment, along with the chance of success, is a factor that should be considered in decisions regarding treatment. (<i>Agree Strongly or Somewhat</i>) | 46% | 67% | 49% | 40% |
| PERCENT WHO <i>DISAGREE STRONGLY</i> or <i>SOMEWHAT</i> | | | | |
| If I want to smoke, drink or just not take good care of my health, that's my business; I shouldn't be penalized with higher healthcare costs. | 24% | 82% | 44% | 37% |

One can be 95% confident that differences in proportions of 8% or more are statistically significant.

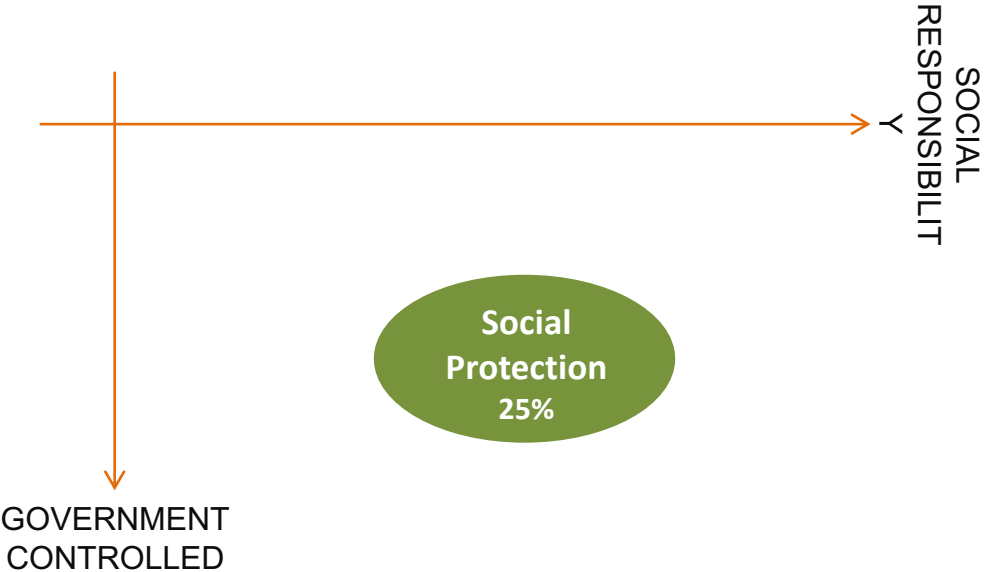
Both of the 2 lower half segments believe strongly that healthcare should be available to all citizens regardless of their income or employment status; and they would prefer a government run healthcare system over a system based on private health insurance. What differentiates the Social Protection segment is a stronger sense of personal responsibility in healthcare decisions, for the good of the whole society, while the Total Entitlement segment believes everyone should get optimal care regardless of their income level or personal healthcare/lifestyle choices.

Quote from qualitative research:

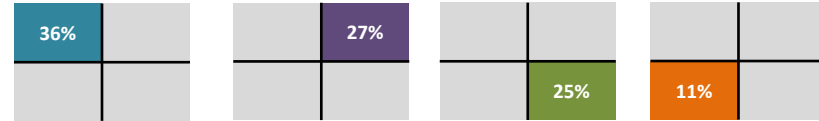
I think we're on track when we have a more universal coverage for all people. Everyone needs to be part of the pie. If everyone is not paying in then it is harder to help those that are sick too. I think the problem would be to find affordability for the young people starting out and the older people who may need more care.

| | | | | | |
|------------------|---------------------|-----|---|---------|------------|
| Gender: | Male | 28% | Employed: Full/Part time | 70% | ↑ |
| | Female | 72% | | Retired | 17% |
| Average Age: | | 44 | Average Income: | | \$65,305 ↓ |
| Marital Status: | Single | 26% | Children in Household: | Yes | 39% |
| | Married/living with | 59% | | No | 61% |
| Political party: | Democrat | 48% | Know someone with a developmental disability: | | |
| | Republican | 13% | | | |
| | Independent | 20% | | | |
| | | | Yes | | 59% |
| | | | No/Don't know | | 41% |

↑ ↓ Statistically significant difference, higher or lower, vs. other segments



The belief that people should be rewarded with lower premiums for making healthy choices is an attitude that most differentiates the lower right Social Protection segment from the lower left Total Entitlement segment.



| PERCENT SAYING <i>AGREE STRONGLY</i> | SELF-RELIANT (n=348) | SOCIAL BALANCE (n=264) | SOCIAL PROTECTION (n=246) | TOTAL ENTITLEMENT (n=109) |
|---|-------------------------|---------------------------|------------------------------|------------------------------|
| Healthcare should be available to all citizens regardless of their income or employment status. | 35% | 32% | 82% | 96% |
| People should not be turned away from necessary medical treatment, even if they are uninsured and cannot afford the treatment. | 24% | 26% | 75% | 96% |
| Employers should give employees a choice of more than one health plan. | 24% | 34% | 52% | 46% |
| Our healthcare system needs to be more focused on prevention and early detection of disease, as opposed to treatment after a patient gets sick. | 20% | 45% | 52% | 59% |
| People should pay lower premiums for making healthy choices, such as exercising frequently. | 23% | 37% | 39% | 18% |
| PERCENT WHO <i>DISAGREE STRONGLY</i> or <i>SOMEWHAT</i> | | | | |
| People should be denied health care if they make unhealthy lifestyle or behavior choices. | 41% | 46% | 84% | 85% |
| Individuals or families who are likely to use more healthcare, should be expected to pay higher premiums than others. | 22% | 19% | 65% | 66% |

One can be 95% confident that differences in proportions of 8% or more are statistically significant.

MR TOTAL ENTITLEMENT SEGMENT:

| | | | | | |
|-------------------------|---------------------|------|--|----------------|----------|
| Gender: | Male | 34% | Employed: | Full/Part time | 59% |
| | Female | 66% | | Retired | 24% |
| Average Age: | | 47 | Average Income: | | \$64,679 |
| Marital Status: | Single | 26% | Children in Household: | Yes | 32% |
| | Married/living with | 58% | | No | 68% |
| Political party: | Democrat | 68%↑ | Know someone with a developmental disability: | Yes | 71%↑ |
| | Republican | 4%↓ | | | |
| | Independent | 11%↓ | | | |
| | | | No/Don't know | | 29% |

↓↑ Statistically significant difference, higher or lower, vs. other segments

INDEPENDENCE

Total Entitlement
11%

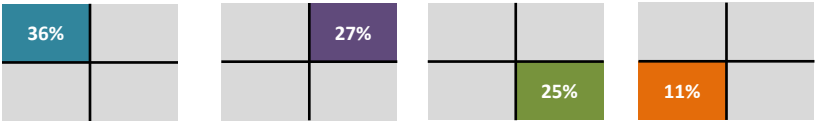
GOVERNMENT
CONTROLLED

The Total Entitlement segment believes most strongly in the importance of government managed healthcare. To ensure that all citizens have access to high quality health coverage and care, regardless of where they live or their ability to pay; and no one should be penalized with higher premiums if they need higher levels of care.

Quote from qualitative research:

In other countries government helps make sure that things necessary, not profitable, still happen. It's for the collective good. Pure capitalism means that life saving medications are super expensive because the demand is high, not because they are expensive. And I think that we (in the U.S.) have different ideas of what "deserves" and "earns" means, when we've grown up in this culture. (We see this in that it's legal to pay certain people with disabilities less than minimum wage.) And taking away programs that ensure people's abilities to work and live independently does not keep them from being lazy, it means that they are forced into poverty and are even more dependent. This is bad for them, and bad for the community as a whole.

The Total Entitlement segment is most differentiated from all other segments by its belief that government should be responsible for ensuring that all citizens have access to all healthcare services they need.



| PERCENT SAYING <i>AGREE STRONGLY</i> | SELF-RELIANT (n=348) | SOCIAL BALANCE (n=264) | SOCIAL PROTECTION (n=246) | TOTAL ENTITLEMENT (n=109) |
|--|-------------------------|---------------------------|------------------------------|------------------------------|
| Individuals whose health has been impacted through no fault of their own should not have to pay higher premiums than others. | 20% | 27% | 49% | 96% |
| The government should insure access to healthcare for people who live in rural areas. | 12% | 13% | 49% | 96% |
| The government should insure access to healthcare for low income populations. | 16% | 10% | 63% | 96% |
| People should not be turned away from necessary medical treatment, even if they are uninsured and cannot afford the treatment. | 24% | 26% | 75% | 96% |
| Healthcare should be available to all citizens regardless of their income or employment status. | 35% | 32% | 82% | 96% |
| People, such as the elderly and people with disabilities, who need more services than others, should get them without paying more. | 26% | 19% | 52% | 87% |
| The government should provide education and incentives to help people make wise choices regarding their health. | 22% | 24% | 46% | 66% |

One can be 95% confident that differences in proportions of 8% or more are statistically significant.

DETAILED FINDINGS

II. Healthcare System Beliefs and Opinions

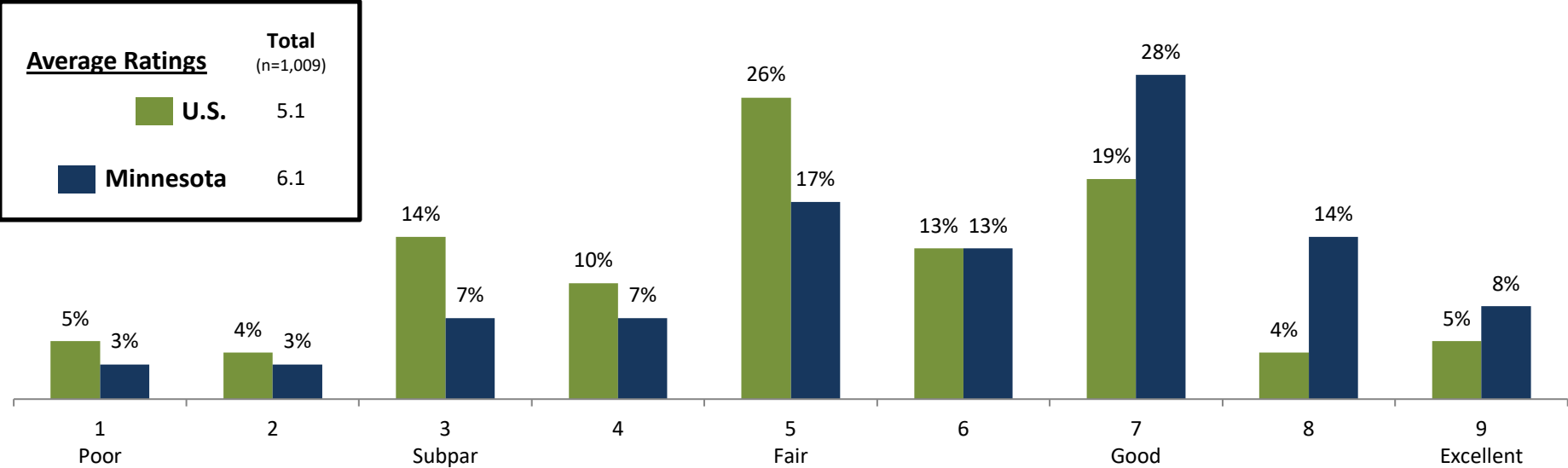
- Attitudes Towards the Healthcare System
- **Opinions Regarding Government Healthcare Policies**

Minnesotans give their state higher ratings for the overall quality of Minnesota’s healthcare system, as compared to the healthcare system for the U.S. as a whole.

The quality of care itself is pretty great to be honest. I know that we continue to lead the world in quality of care, but the problem is getting access to that care. As a result we’re falling behind in health as a nation.

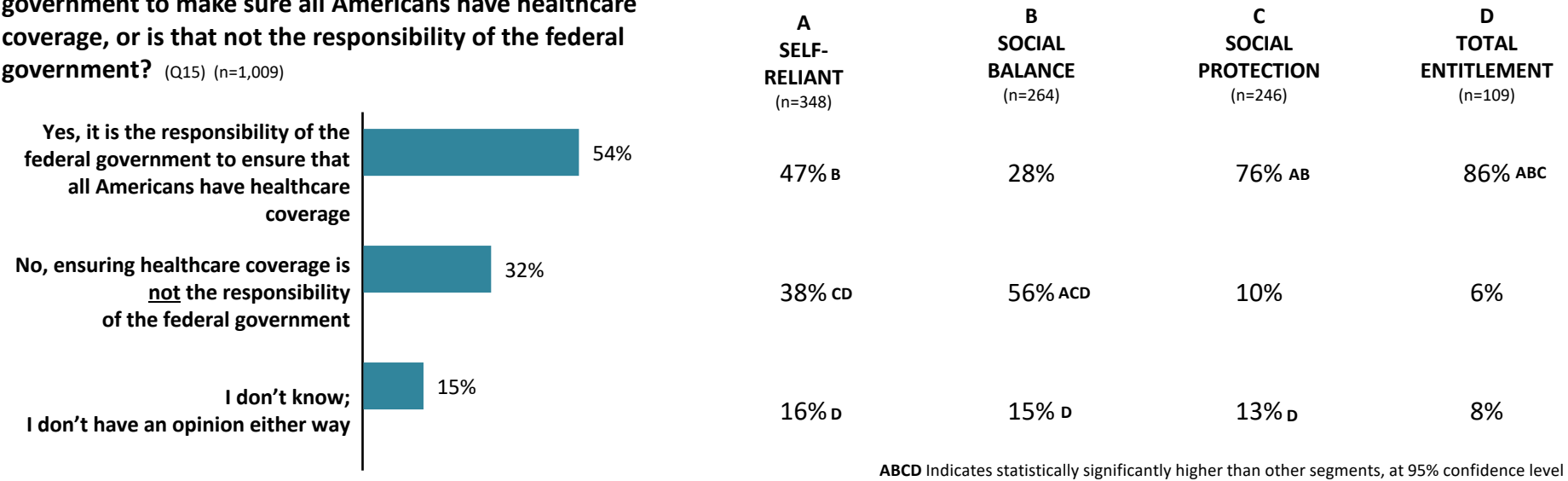
Healthcare for me unfortunately has a negative connotation associated with greed, red tape and massive overcharging, all at the expense of someone’s well being during a time of need. It is a bureaucracy of regulations and agreements between the hospitals, clinics, doctors and the health insurance companies designed to keep money at the highest levels of the system.

All things considered, how would you rate your overall quality healthcare system? (Q19) (n=1,009)



Just over half (54%) of all adults in Minnesota believe the federal government is responsible for ensuring that all Americans have healthcare coverage. The two lower half segments are most aligned with that belief.

Do you think it is the responsibility of the federal government to make sure all Americans have healthcare coverage, or is that not the responsibility of the federal government? (Q15) (n=1,009)

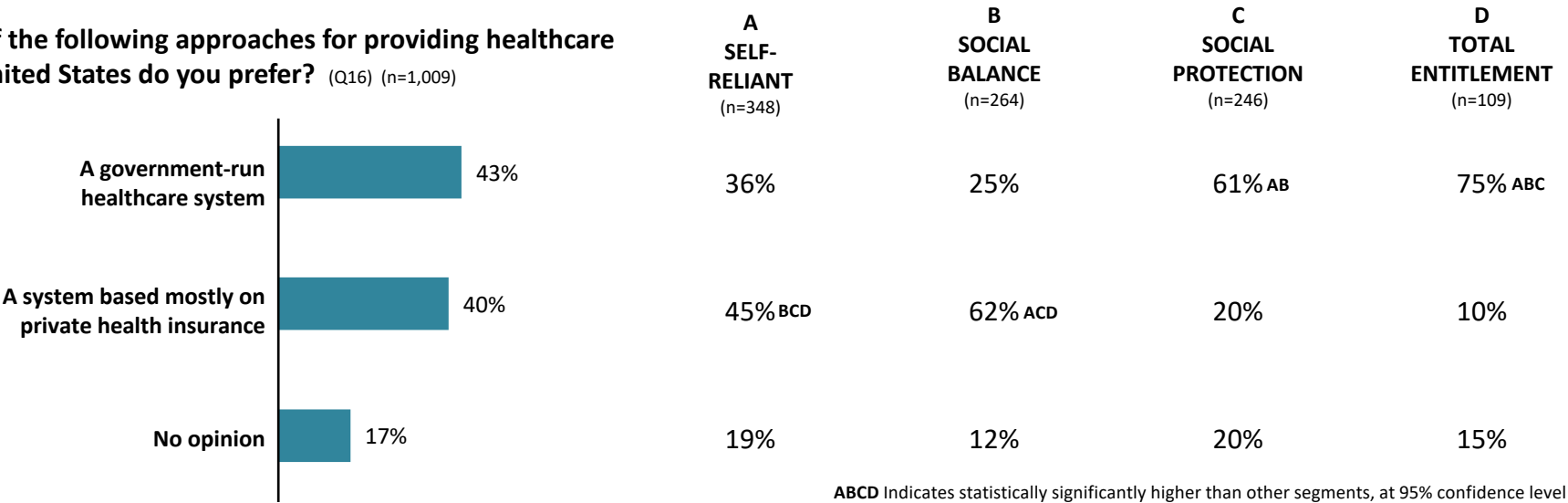


Yes: Healthcare companies, insurance companies and healthcare providers are not properly incentivized to provide care for everyone. It is expensive and logistically hard to provide healthcare to poor and disabled people. The government needs to make sure that everyone, regardless of whether they need high or low levels of care, have continued access at a price that is not going to make them lose their financial freedom.

No: Healthcare you don't pay for is a handout. Social security payments to individuals who have never paid premiums is a handout. Welfare for individuals who are capable of working is a handout. Money for this does not grow on trees. It comes out of our taxes, insurance premiums, etc.

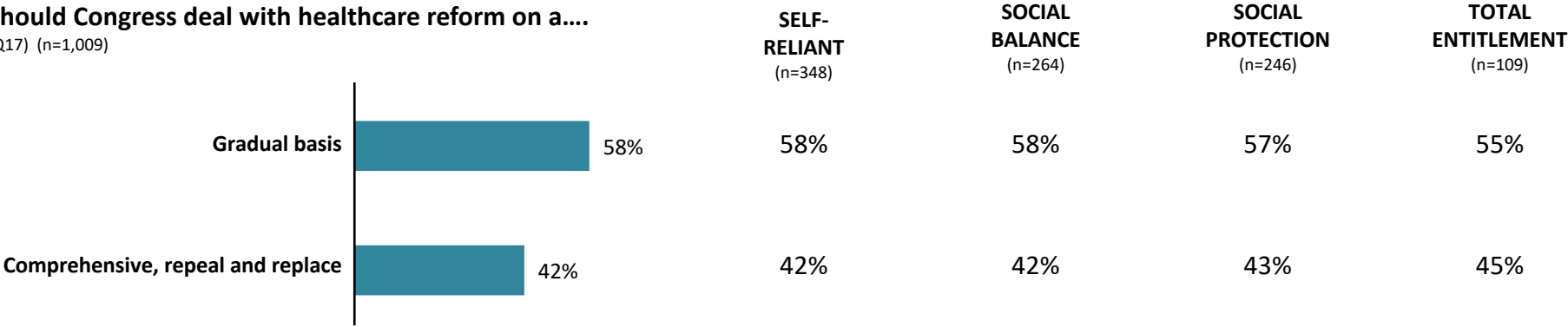
Minnesotans as a whole are evenly split in terms of preference for a government-run healthcare system versus a system based mostly on private health insurance. However, the 2 lower-half segments would prefer a government-run system, whereas the Self-Reliant and Social Balance segments prefer a system based mostly on private insurance.

Which of the following approaches for providing healthcare in the United States do you prefer? (Q16) (n=1,009)



A majority of Minnesotans (58%) believe Congress should deal with healthcare reform on a gradual basis, as opposed to a comprehensive, repeal and replace approach to the Affordable Care Act.

Should Congress deal with healthcare reform on a....
(Q17) (n=1,009)

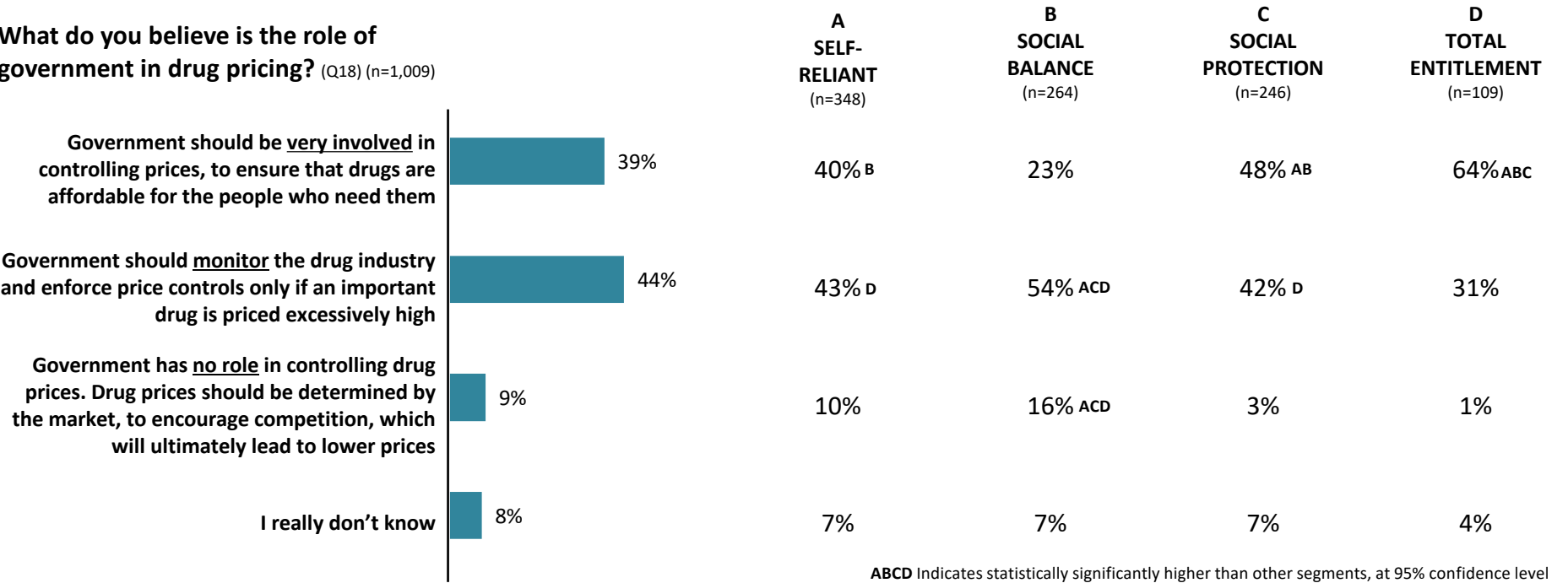


Quotes in support of gradual reform:

They should reform the healthcare system gradually so that they can experiment and see what will work and won't work in the future.

All the answers will not be uncovered immediately and there will be some loopholes that will need to be filled. Problems will arise, they will need time to be addressed. Trial and error until we get it right.

The majority of Minnesotans (83%) believe the government should play a role in drug pricing, with 39% believing the government should be *very involved in controlling prices*.



The survey respondents were asked to read this description of Medicare and Medicaid:

The United States primarily has a third-party payer system of healthcare, which means that a health insurance plan (the third party) reimburses hospitals and doctors for the bulk of the cost of healthcare services provided to patients. The nation uses a mixed system of public and private insurance.

The two major public programs are:

Medicare, for

People 65 years or older

Individuals on disability income or with ALS

Medicaid, for

Low-income people

Individuals with disabilities

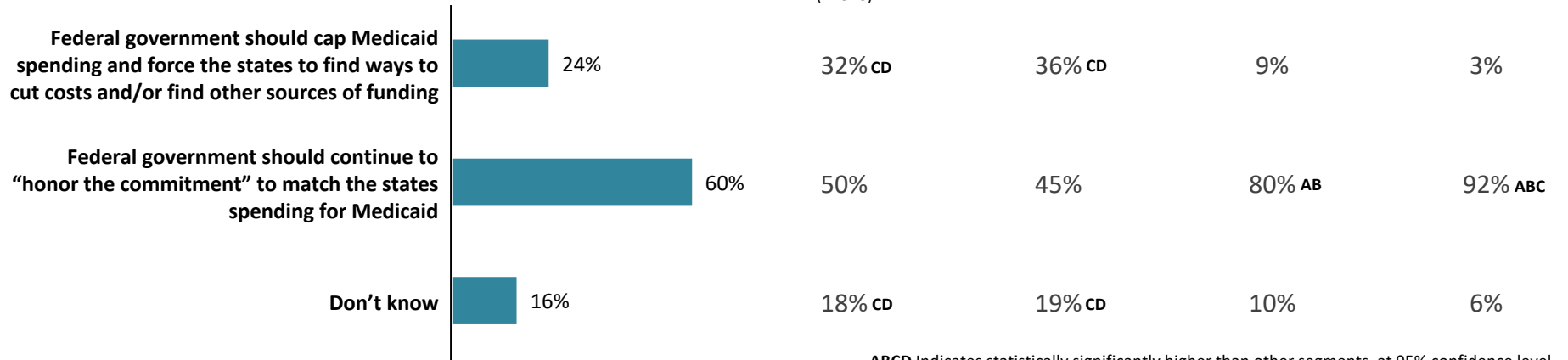
Next, the respondents were shown and asked to read this description of Medicaid funding proposals that are being considered by Congress and the current administration:

Congress and the current administration are proposing to put a cap on the amount of money the federal government pays to states for Medicaid. If this policy is adopted, Minnesota is projected to lose over \$34 billion over 10 years, and the Minnesota state government would need to choose among the following options:

- Reduce rates paid to service providers who are paid with Medicaid dollars
- Draw funds from other state priorities
- Raise state taxes to pay for the growth in Medicaid costs
- Cut services that are currently being offered through Minnesota's Medicaid program
- Cover fewer people

The majority of Minnesotans (60%) believe the federal government should continue to “honor the commitment” to match the states spending for Medicaid, as opposed to putting a limit on federal Medicaid spending.

If you were in a position to advise both state and national government leaders on what should be done regarding Medicaid, what would you recommend? (Q20) (n=1,009)



Minnesotans would prefer to reduce rates paid to service providers, as a way of offsetting federal cuts to Medicaid. Cutting services and covering fewer people were least preferred.



| Respondents' relative preferences for response to possible Medicaid funding cut: (Q21) | Total (n=1,009) | A SELF-RELIANT (n=348) | B SOCIAL BALANCE (n=264) | C SOCIAL PROTECTION (n=246) | D TOTAL ENTITLEMENT (n=109) |
|--|-----------------|------------------------|--------------------------|-----------------------------|-----------------------------|
| Reduce rates paid to service providers who are paid with Medicaid dollars | 33% | 34% | 30% | 37% ^B | 33% |
| Draw funds from other state priorities | 25% | 24% | 21% | 29% | 33% ^{AB} |
| Raise state taxes to pay for the growth in Medicaid costs | 20% | 17% | 15% | 26% ^{AB} | 33% ^{AB} |
| Cut services that are currently being offered through Minnesota's Medicaid program | 18% | 19% | 23% ^{CD} | 14% | 11% |
| Cover fewer people | 16% | 17% | 23% ^{ACD} | 11% | 8% |

ABCD Indicates statistically significantly higher than other segments, at 95% confidence level



To what extent do you disagree or agree with each of the following statements: (Q12) (n=1,009)



The correspondence map below shows the relative sizes and positions of the 4 segments within the attitudinal landscape based on answers across 24 *agree/disagree* statements describing various attitudes towards healthcare.

Higher premiums for those who use more healthcare

Denied healthcare for unhealthy choices

If you can afford it; have a plan that covers more medical services

FREE
MARKET

Treatment cost & success rate should both be considered

If I want to smoke or drink, that's my business
I shouldn't be penalized with higher costs

Everyone should pay something

Current healthcare relies too heavily on drugs

Insurance should pay for any kind of medical treatment, regardless of costs

Self-Reliant
36%

Social Balance
27%

Lower premiums for those making healthy choices

Personal responsibility not to use more services than needed to keep healthcare affordable

Pricing & billing for medical services is too complex

INDEPENDENCE

SOCIAL
RESPONSIBILITY

Healthcare system should spend as much money as necessary to try to save a life

Children's healthcare needs should take priority

I should be able to choose any healthcare provider

Those who need more services than others should get them without paying more

Employers should offer more than one health plan

Should not pay high premiums for those whose health has impacted through no fault of their own

Healthcare available to all

Healthcare system needs to focus on prevention & early detection

Should not be turned away if uninsured or can't afford the treatment

Total Entitlement
11%

Government provides education & incentives to help people make wise health choices

Social Protection
25%

Government assures access to healthcare in rural areas

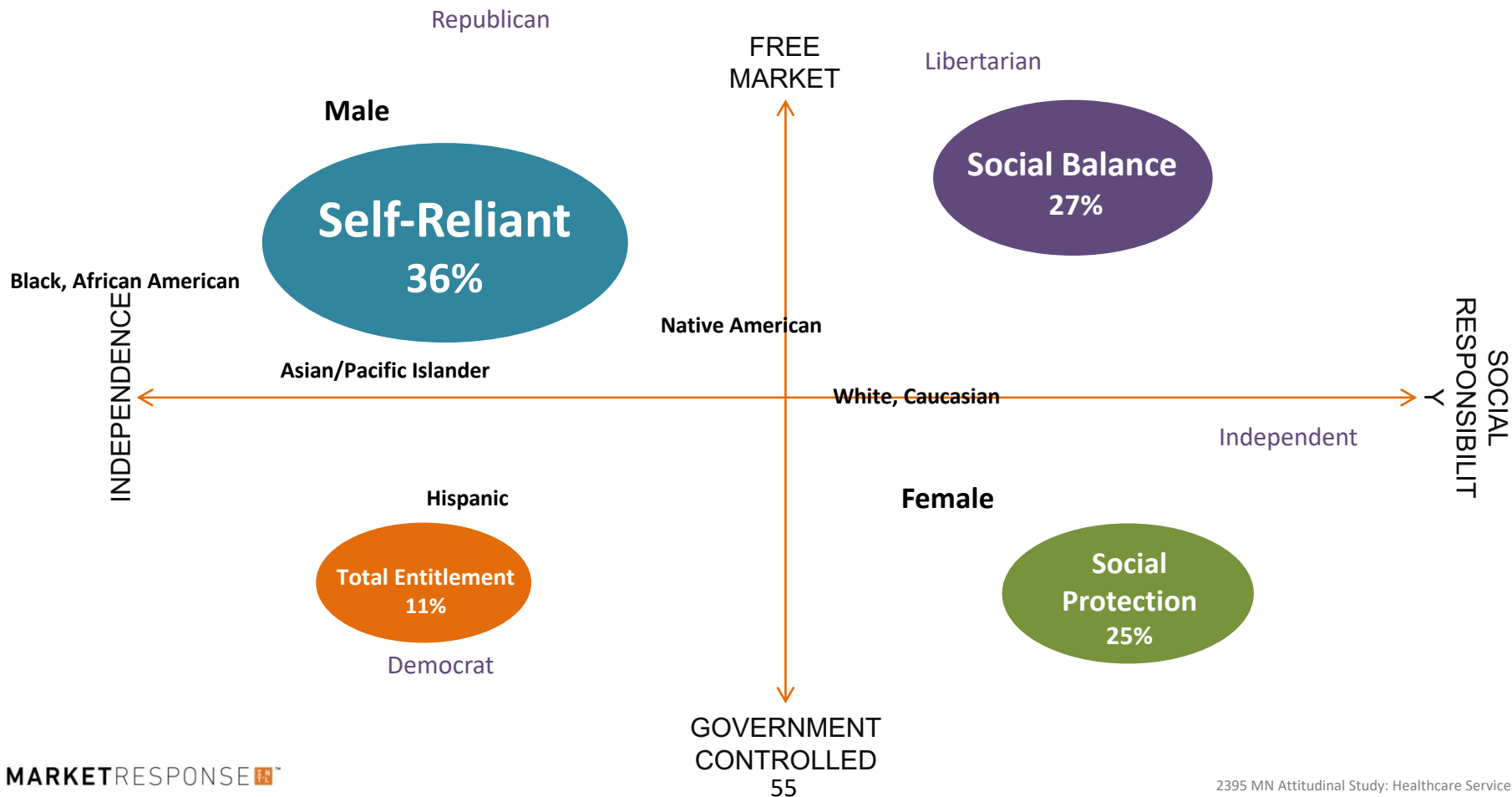
Government is responsible to assure patients receive safe, quality healthcare

GOVERNMENT
CONTROLLED

Government assures access to healthcare for low income populations

MR TWO DIMENSIONAL ATTITUDINAL LANDSCAPE

The positions of groups within the attitudinal landscape are determined by the distribution of their members. For example, a majority of the Black/African American respondents were in the Self-Reliant segment, and very few in Social Balance or Social Protection. The position of the Democratic party in the lower left is primarily due to how few there are in the Social Balance segment.



| Demographic Variables: | | Total (n=1,009) | A SELF-RELIANT (n=348) | B SOCIAL BALANCE (n=264) | C SOCIAL PROTECTION (n=246) | D TOTAL ENTITLEMENT (n=109) |
|--|---------------------|--------------------|------------------------------|--------------------------------|-----------------------------------|-----------------------------------|
| Gender: | Male | 41% | 45% | 50% CD | 28% | 34% |
| | Female | 59% | 54% | 50% | 72% | 66% |
| Average Age: | | 45 | 43 | 51 ACD | 44 | 47 |
| Employed: | Full/Part time | 67% | 70% | 63% AC | 70% | 59% |
| | Retired | 20% | 17% | 27% AC | 17% | 24% |
| Average Income: | | \$71,353 | \$70,079 | \$84,574 ACD | \$65,305 | \$64,679 |
| Marital Status: | Single | 24% | 28% | 17% ACD | 26% | 26% |
| | Married/living with | 61% | 59% | 70% ACD | 59% | 58% |
| Children in HH: | Yes | 36% | 40% | 31% | 39% | 32% |
| | No | 64% | 60% | 69% AC | 61% | 68% |
| Know someone with a developmental dis.: | Yes | 57% | 46% BCD | 69% | 59% ABD | 71% |
| | No/Don't know | 43% | 54% | 31% | 41% | 29% |
| Political party: | Democrat | 34% | 32% | 14% | 48% | 68% |
| | Republican | 25% | 32% | 36% | 13% ABD | 4% ABC |
| | Independent | 21% | 17% | 31% ACD | 20% BD | 11% BC |
| | Libertarian | 3% | 3% | 5% | 1% | 0% |

ABCD Statistically significant difference, higher or lower, vs. other segments

| Demographic Variables: | A White Caucasian (n=729) | B African American (n=79) | C Hispanic (n=62) | D Native American (n=25) | E Asian/Pacific Islander (n=86) | F Other (n=28) |
|----------------------------|---------------------------------|---------------------------------|-------------------------|--------------------------------|---------------------------------------|----------------------|
| Gender: | | | | | | |
| Male | 44% ^{CE} | 41% ^c | 24% | 36% | 29% | 32% |
| Female | 55% | 59% | 74% | 60% | 70% | 64% |
| Average Age: | 48 ^{BCE} | 38 | 37 | 47 ^{BCE} | 36 | 45 |
| Insurance coverage: | | | | | | |
| Medicare | 21% ^{CE} | 24% ^c | 6% | 4% | 7% | 25% ^{CE} |
| MA/Medicaid | 15% ^{CDEF} | 32% ^{AE} | 23% | 24% | 16% | 21% |
| Through employer | 53% ^B | 41% | 39% | 44% | 65% ^{ABCDF} | 36% |
| Exchange | 8% | 1% | 8% | 8% | 3% | 0% |
| No Insurance | 6% | 8% | 13% ^A | 12% | 8% | 4% |
| Average Income: | \$74,883 ^{BCD} | \$54,335 | \$65,403 | \$49,000 | \$68,430 ^{BD} | \$69,554 |

ABCDEF Statistically significantly higher or lower than other segments, at 95% confidence level

Thank you

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