In America, Health and Wealth Go Together

Of 27 Countries, the U.S. Is the Only One Where Cost of Accessing Treatment Ranks as Healthcare System's #1 Problem

Washington, DC, September 13, 2018 – While Americans consistently rank healthcare as the nation's top concern, they are more likely than people from any of the other 26 countries surveyed by Ipsos to look at the cost of accessing treatment as the biggest problem facing their healthcare system. The United States also shows strikingly high levels of income-based disparity relative to other advanced economies when it comes to public health and access to medical and dental care. These findings are based on a global study conducted by Ipsos between April and June 2018.

Nowhere Is the Cost of Healthcare as Big a Problem as It Is in the United States

Two thirds of Americans (64%) designate the cost of accessing treatment among the biggest problems facing the healthcare system. That is far more than for any other problem: bureaucracy (36%), access to treatment/long waiting lines (22%), lack of investment in preventative health, (16%) poor quality treatment (16%), an ageing population (16%), lack of staff (14%), and lack of choice (14%). At a time of great polarization, concern about the cost of healthcare unites Americans across all demographic groups. In the U.S., the cost of accessing treatment is seen as a key systemic issue by majorities of both men and women, the young and the old, the rich and the poor, and those with and without a college education.

Russia is the only country other than the U.S. where a majority singles out cost as their healthcare system's key problem. At the other end of the spectrum, Britain (8%) and Canada (10%) are two countries surveyed where cost is least commonly mentioned as a major problem.

Globally, the cost of accessing treatment (32%) ranks only in third place, behind access to treatment/long waiting lines (selected by 41% of all respondents across 27 countries) and insufficient staffing (36%).

The only two issues other than cost of access that are viewed more widely as problems in the U.S. versus globally are also related to health coverage: bureaucracy (33% in the U.S. vs. 26% across the world) and lack of choice (14% vs. 8%).

Furthermore, three-quarters (75%) of Americans agree that many people in their country cannot afford good healthcare, compared to an average of 59% of men and women globally. This view is shared by nearly identical proportions of Americans across age cohorts, income groups, and education levels.

Nearly One Quarter of Low-Income Americans Never See a Primary Care Provider

Given the level of concern about the cost of healthcare in the U.S., it is no surprise that the poorest Americans report using the healthcare system less often than do more their more affluent fellow citizens. Nearly one quarter (23%) of U.S. adults with a household

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income of less than $25,000 report never seeing a primary care provider vs. 8% of those in households earning between $25,000 and $74,999 and 6% of those in households earning $75,000 or more. Globally, 16% of low-income respondents, 11% of medium-income respondents, and 8% of high-income respondents report never seeing a primary care provider. In other words, low-income Americans are almost 50% more likely to report that they never see a primary care provider than their low-income counterparts across all other countries surveyed.

The pattern for dental visits is similar: Those who report never seeing a dentist make up 30% in the U.S. vs. 18% globally among low-income adults, 14% in the U.S. vs. 11% globally among medium-income adults, and 7% both in the U.S. and globally among high-income adults.

Overall, Americans Are Relatively Content with Their Health and Ability to Access Care…

Compared to the global average, Americans are more likely to report being in good health, have a healthy diet, and to get the medical or dental care they need:

- 64% of U.S. adults strongly or somewhat agree that they are in good health, eight points higher than among all adults across all the countries where the question was asked (56%).
- 57% of Americans agree that they eat a healthy diet, 9 points above the global average (48%).
- 63% of Americans agree that they can get all the medical care they need, 14 points above the global average (49%).
- 57% of Americans agree that they can get all the dental care they need, 11 points above the global average (46%).

… But the U.S.' Edge Only Applies among High-Income Earners

However, upon closer scrutiny, the relative strength of the U.S. on these metrics is entirely due to exceptionally high scores among high-income Americans. Americans with a household income of $75,000 or higher have much more positive views of their health status, diet, medical and dental care than do equally affluent people across the world. However, middle-income and low-income Americans' views on these matters are very much in line with those of middle-income and low-income people globally.

- 76% of Americans with a household income of $75,000 or more report being in good health, 13 points above the global average among high-income people (63%). In contrast, 57% of Americans with a household income of $25,000 to $74,999 report the same (just two points above the global average among medium-income people of 55%) as do 49% of Americans with a household income of less than $25,000 (just one point above the global average among low-income people of 48%).
- The disparities also exist among those who report eating a healthy diet. The percentage of high-income Americans saying they eat a healthy diet is 12 points higher than the global average for high-income people (66% vs. 54%). However, the U.S. score is higher than the global average by only four points among the middle-income people (51% vs. 47%) and six points among low-income people (46% vs. 40%).
- Differences by income levels are larger when it comes to getting all the medical and dental care one needs. High-income earners in the US report that they can get all the medical care they need at a 77% rate and dental care at 75% rate, respectively 24 points and 23 points above the global average among high-income people (53% for medical care and 52% for dental care). In contrast, the gap between the U.S. score and the global average among middle-income people is only seven points for medical care (56% vs. 49%) and two points for dental care (48% vs. 46%). Among low-income earners, the U.S. score is five points above the global average for medical care (48% vs. 43%) and it is three points *lower* for dental care (34% vs. 37%).

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Low-Income Americans Are Much More Likely to Report Having a Long-Term Health Condition

The study also points to another American paradox: while overall, Americans tend to have a relatively positive perception of their health, the U.S. comes in as an average nation in terms of self-reported long-standing conditions. Furthermore, income-related differences when it comes to the prevalence of self-reported conditions are significantly greater in the U.S. than they are at a global level:

- 36% of Americans say they have a long-standing condition, two points more than the global average of 34%.
- Among higher-income people, Americans are slightly less likely than the global average to report having a long-standing condition (31% vs. 33%).
- Among middle-income people, Americans are exactly as likely as the global average to report a long-standing condition (34%).
- However, among low-income people, 56% of Americans surveyed report having a long-standing condition vs. a global average of 36% -- a whopping 20 points more.

The gap of 25 points relative to the incidence of self-reported long-term conditions between lower and higher-income groups in the U.S. is particularly high. Only three other countries surveyed show similar differences: Australia (29 points), Sweden (24 points), and Canada (22 points).

About the Study

The findings come from a study consisting of two surveys conducted in 2018 on the Ipsos Global Advisor platform, using the Ipsos Online Panel system.

- The first of two surveys was conducted between April 20 and May 4, 2018 with 20,767 adults across 27 countries: Argentina, Australia, Belgium, Brazil, Canada, Chile, China, France, Great Britain, Germany, Hungary, India, Italy, Japan, Malaysia, Mexico, Peru, Poland, Russia, Saudi Arabia, Serbia, South Africa, South Korea, Spain, Sweden, Turkey and the United States.
- The second survey was conducted between May 25 and June 8, 2018 with 23,249 adults across 28 countries (the same as above plus Colombia).
- The sample size per country in each survey is approximately N=1,000 for Australia, Brazil, Canada, China, France, Italy, Japan, Malaysia, Spain, Germany, Great Britain, and the U.S., and approximately N=500 for Argentina, Belgium, Colombia, Chile, Hungary, India, Mexico, Peru, Poland, Russia, Saudi Arabia, Serbia, South Africa, South Korea, Sweden, and Turkey More specifically, the size of the U.S. sample is 1,005 for the first survey and 1,103 for the second one.
- All survey respondents are aged 18-64 in Canada and the U.S. and 16-64 in all other countries.
- Weighting has been employed to balance demographics and ensure that the sample's composition reflects that of the adult population according to the most recent country census data.
- In 17 of the countries surveyed, internet penetration is sufficiently high to think of the samples as representative of the national population within the age ranges covered: Argentina, Australia, Belgium, Canada, France, Germany, Hungary, Italy, Japan, Poland, Serbia, South Korea, Spain, Sweden, Great Britain, and U.S.

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- Brazil, Chile, China, Colombia, India, Malaysia, Mexico, Russia, Peru, Saudi Arabia, South Africa, and Turkey have lower levels of internet penetration. Samples from those countries should not be considered to be fully nationally representative, but instead to represent a more affluent, connected population, representing an important and emerging middle class.
- Statistical margins of error are not applicable to online nonprobability sampling polls. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error and measurement error. Where figures do not sum to 100, this is due to the effects of rounding. The precision of Ipsos online polls is measured using a credibility interval. In this case, the surveys have a credibility interval of approximately 3.5 percentage points for all respondents from each country with a sample size of approximately 1,000 (e.g., the U.S.) and approximately 5 points for all respondents from each country with a sample size of approximately 500.

For more information about conducting research intended for public release or Ipsos' online polling methodology, please visit our Public Opinion Polling and Communication page where you can download our brochure, see our public release protocol, or contact us.

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