

AMERICANS' VIEWS ON HEALTH INEQUALITY IN THE UNITED STATES: RESULTS FROM A GENERAL POPULATION SURVEY

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INTRODUCTION

- In recent years, COVID-19 and the social justice movement have brought attention to health inequities that exist in the United States.
- Few studies have captured Americans' contemporary views on health inequalities, in terms of the distribution of healthcare resources.

STUDY OBJECTIVE

- To survey of a Census-balanced sample of the United States (US) population about health beliefs, equity, and distribution of healthcare resources.
- To provide context on views on health equity in the United States and compare our results to surveys fielded before COVID-19 and the social justice movement.

METHODS

- English-speaking adults were recruited from a Qualtrics panel of the US general public from June – December 2023.
- Survey questions included items adapted from prior US surveys, such as the 2018 National Survey of Health Attitudes (NHSA)¹, and standard demographic questions. Survey themes included health inequalities and access to care.
- Questions were framed around US population groups using descriptions of 'Better Off' or 'Worse Off' groups of the US population in terms of length/quality of life and factors influencing geographic social vulnerability and social determinants of health (Figure 1). Respondents were asked to self-report being in one of these groups, or 'somewhere in the middle'.
- Survey responses were summarized using descriptive statistics and compared across groups.

ACKNOWLEDGEMENTS

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REFERENCES

1. Carman KG, Chandra A, Weiland S, Miller C, and Tait M. 2018 National Survey of Health Attitudes: Description and Top-Line Summary Data. Santa Monica, CA: RAND Corporation, 2019. https://www.rand.org/pubs/research_reports/RR2876.html.

2. Kowal S, Ng CD, Schuldts R, Sheinson D, Jinnett K, Basu A. Estimating the US Baseline Distribution of Health Inequalities Across Race, Ethnicity, and Geography for Equity-Informative Cost-Effectiveness Analysis. Value in Health. 2023;26(10):1485-1493. doi:10.1016/j.jval.2023.06.015

Figure 1: Contextual Framing for Participant Self-Report and Survey Questions

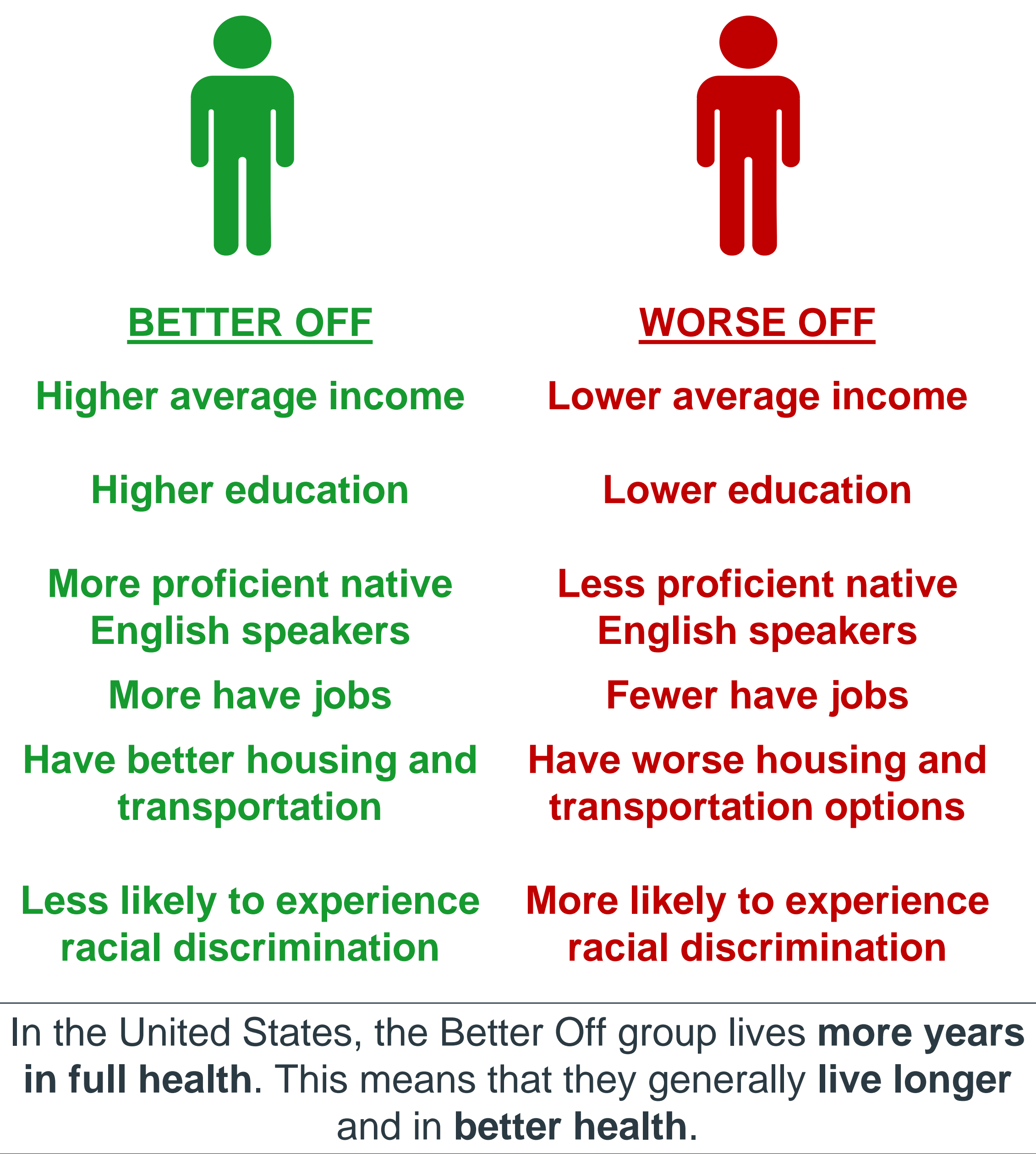
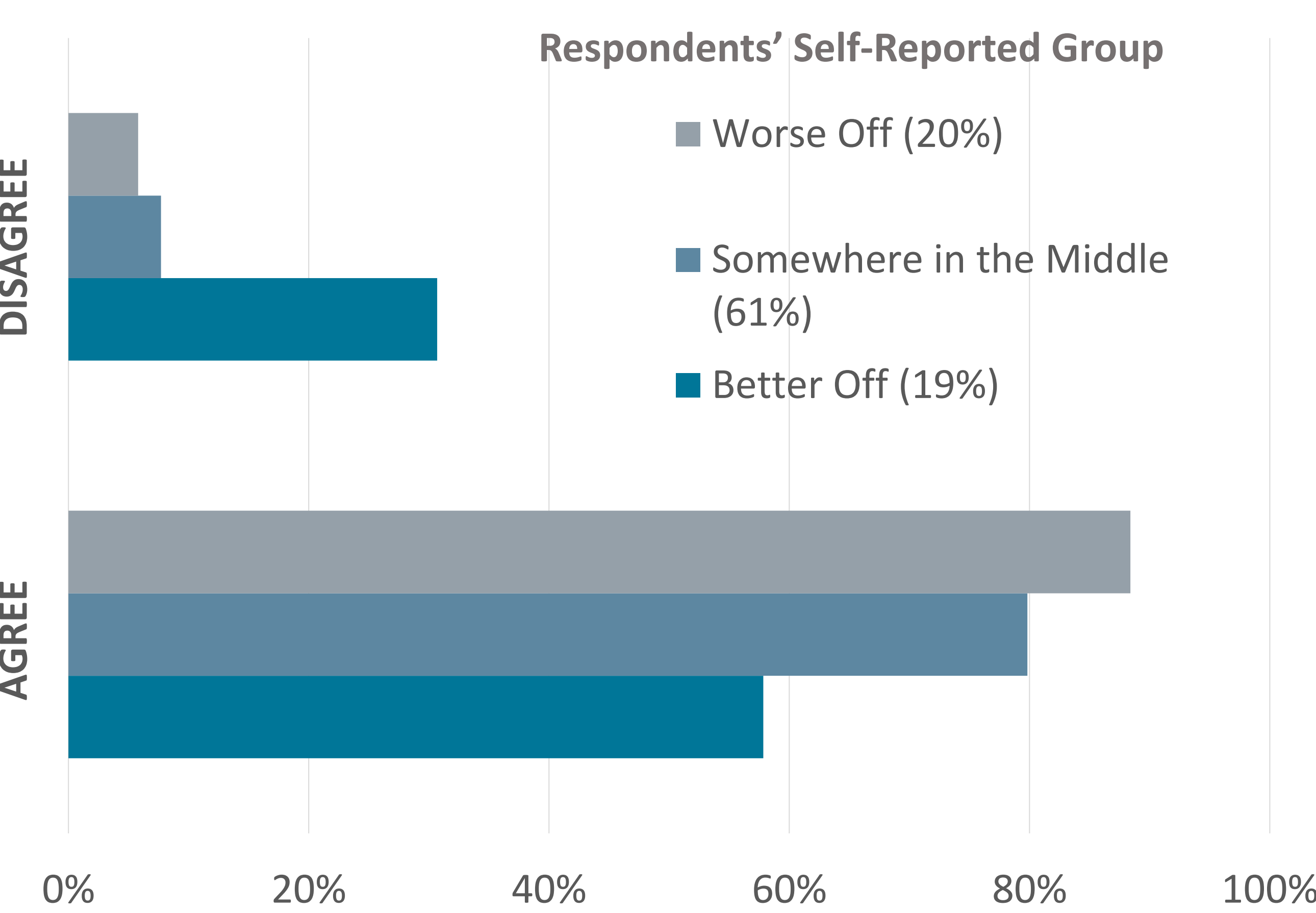


Figure 2: Respondents Support Reducing Health Inequality Between Better Off and Worse Off Americans



RESULTS

- 1864 respondents completed the survey between June and December 2023,.
- The sample demographics approximated US census in regard to gender, race/ethnicity and income. Our participants tended to be older and with at least high school education, as compared to the US census.
- 82% of all of respondents stated that it was harder for worse-off Americans to access healthcare versus better-off Americans.

Figure 3. Respondents Willingness to Close the Life Expectancy Gap



Table 1. Top reasons why participants believe worse-off Americans live shorter lives than better-off Americans, current results vs. published study results.

NSHA Study, 2018 ¹	Current Study, 2023
Access to health care	Access to health care
Personal choices and behavior	Economic resources/how much money they have
Economic resources/how much money they have	Access to health insurance
Access to health insurance	Personal choices and behavior

CONCLUSIONS

- The proportion of respondents who reported being in the 'Better Off' or 'Worse Off' groups (~20%) were reflective of the distribution of the US population.²
- Respondents' willingness to engage in activities to support closing the life expectancy gap varied; all groups were least willing to pay more taxes and most willing to vote for a candidate with these priorities.
- Our data suggest increased awareness of health equity, as well as a change in attitude among the American public in recognizing system versus individual level drivers of health inequalities. There is evidence that Americans are averse to health inequality and that these views are perhaps intensified among socially vulnerable Americans.