

2024 NATIONAL CONSUMER SURVEY SERIES: PE & POST-ACUTE CARE

# A Playbook for Partnering and a PE Impact Report

Public perception of private equity and post-acute care models suggest different stakeholders and sectors can join forces, working collaboratively to improve healthcare, lower costs, address the scrutiny facing PE and providers, and demonstrate community impact.

# Focus on: Care models and private equity

Over the past decade, alternative sites of care and post-acute models of delivery have grown to the point that they are no longer “alternative” but mainstream and integral to the U.S. healthcare continuum.

Part of that growth has come from private equity’s expanded involvement in healthcare, accelerating advances in post-acute care through the injection of resources and expertise.

Even so, the traditional acute care hospital remains the iconic healthcare image.

We wanted to know how consumers today view the web of different care delivery models and facilities, from urgent care clinics to behavioral health. What does public perception of different sectors tell us about opportunities to partner and collaborate? What role do lawmakers and health officials play in the public’s mind?

These questions come at a moment when healthcare is in need of fiscal and operational efficiency, and PE is under increasing scrutiny from the [media](#) and the [FTC](#).

Here, we look at U.S. adults’ views on specific post-acute sectors and their general perspective on the role of private equity in healthcare.



## Insights include:

- » The public’s level of trust in different stakeholders to improve healthcare
- » The public’s stated understanding of PE in healthcare, and views on investors’ roles and motivations
- » Overall perception of post-acute sectors

## Spoiler:

**The findings show that the public is skeptical of investors’ financial motivations and has inconsistent views on how the industry operates.**

# Key takeaways



## People are skeptical of PE's motives, but...

Nearly half say they are aware of private equity and how it works. A strong majority views PE's involvement in care delivery as financially motivated rather than patient-centric – but they don't mind as long as the quality of care is good.



## Hospitals are most trusted when it comes to improving healthcare

More than two thirds trust **hospitals** to improve quality and drive innovation. About one third trust **investors** to improve the quality of care, while over four in 10 trust investors to drive innovation. Both have room to improve on lowering costs: Just half trust hospitals and a third trust investors to accomplish that.



## Nursing homes have a branding problem

Overall perception of post-acute delivery models and facilities varies, with urgent care and outpatient specialty clinics faring best. Nursing homes are viewed most skeptically, with only about a quarter expressing positive views and saying they're well staffed and affordable.



## The public is split on regulation vs autonomy

Six in 10 say nursing homes need more regulation in general, while half say government should dictate staffing levels. Four in 10 think post-acute rehab facilities need more regulation, with nearly six in 10 saying they should be allowed to determine their own staffing needs.

# The opportunity

## Private equity-backed healthcare needs an impact report.

Non-profit providers are required to produce community benefit reports. PE should do the same, not for legal or tax purposes, but to showcase how this sector contributes to healthcare.

Every provider organization, regardless of business model or ownership status or sector, needs to be showing – and telling the story of – how they improve the cost and quality of care. What they do for the community. How they serve patients, increase access, improve outcomes, advance DEI.

Because today, there's a strong sense that healthcare providers are out for themselves, not their patients.

The opportunity to demonstrate value and the care you provide is huge. And the ROI on that – even bigger.

When you're seen as a contributor and partner, not an opponent, the urge to fight against you, to regulate, to contain you – morphs into a desire to work with you.

**Provide the experience, demonstrate the benefit and the trust and support will follow.**



# Demographics & Healthcare Utilization

# Demographics

**Gender** 

Female	52%
Male	48%

**Health Coverage** 

Private Health Ins.	60%
Medicare	17%
Medicaid	9%
Obamacare	2%
Veterans Health (VA)	2%
Tricare	1%
No health insurance	10%

**Ethnicity** 

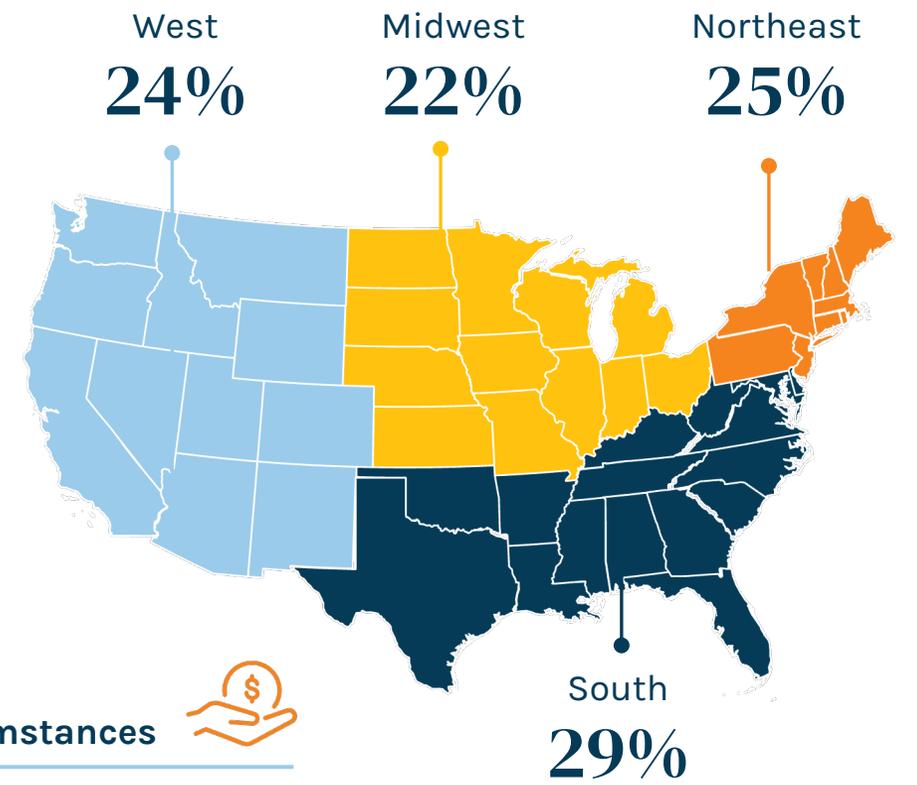
Caucasian or White	63%
Hispanic or Latino	16%
African American or Black	13%
Asian or Pacific American	6%
American Indian or Alaska Native	1%
Other	1%

**Age** 

18-34	24%
35-44	16%
45-54	21%
55-64	19%
65+	20%

**Economic Circumstances** 

Poor	13%
Working Class	31%
Middle Class	42%
Upper Middle Class	11%
Well-To-Do	3%



**Have a PCP** 

Yes	78%
No	19%
Unsure	3%

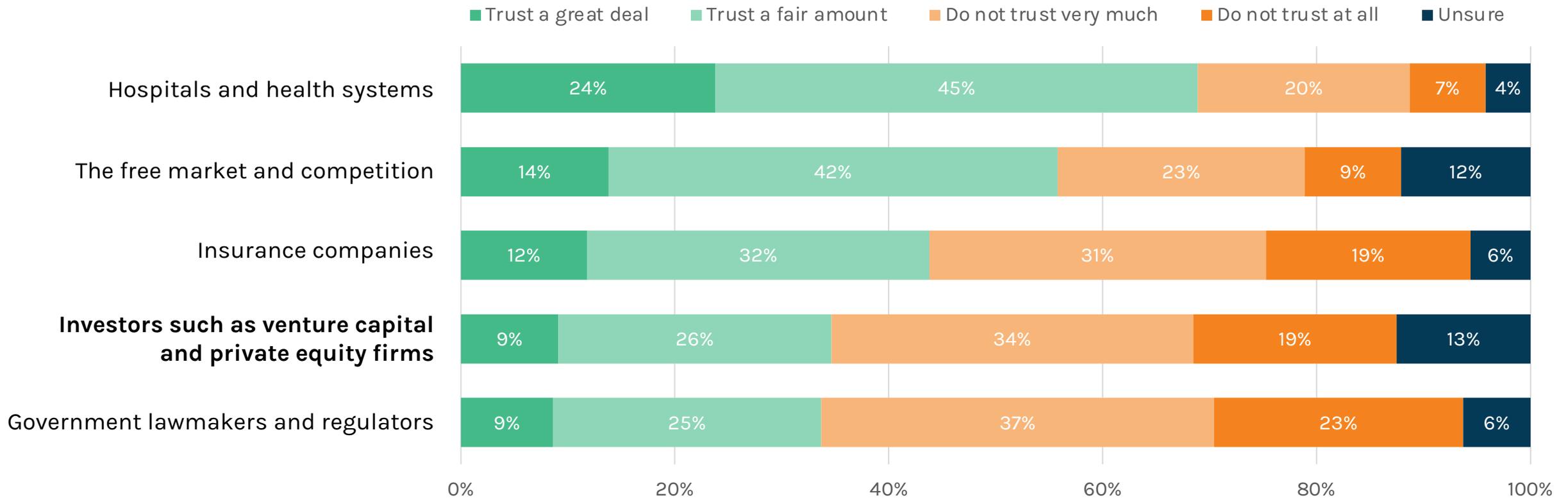


# Who is Trusted to Solve Healthcare's Problems?

While hospitals and the free market are trusted to improve healthcare, investors are seen in a less favorable light.

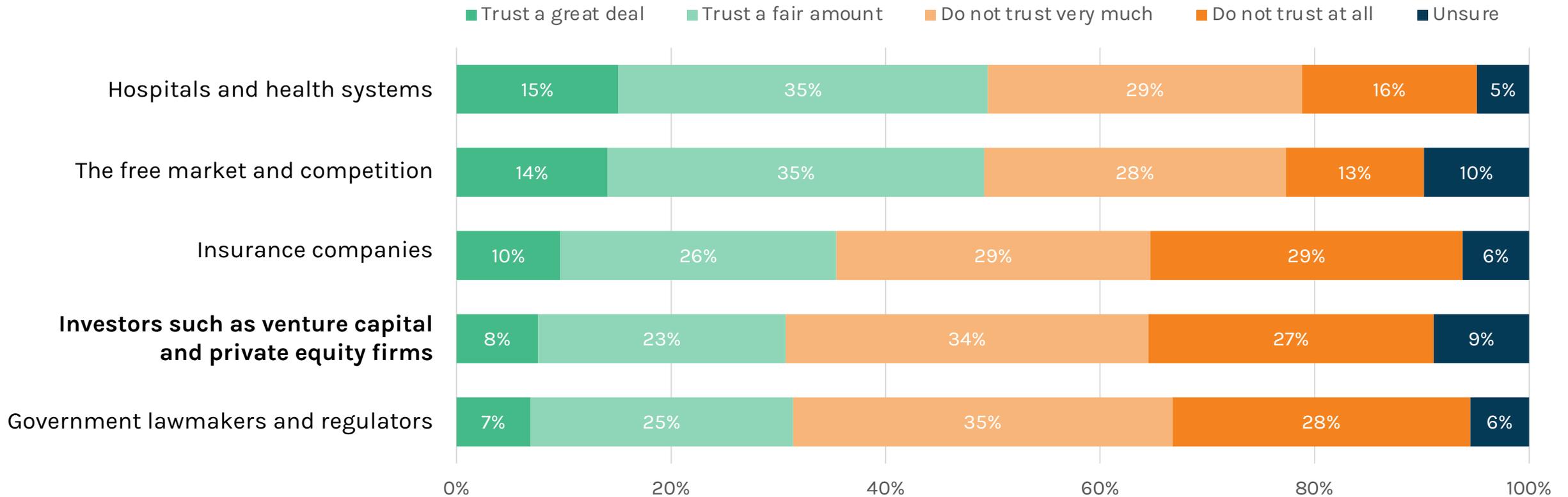
# Only about a third trust investors to improve healthcare

How much do you trust each of the following to improve the quality of healthcare, such as the medical care offered by hospitals, clinics and pharmacies?



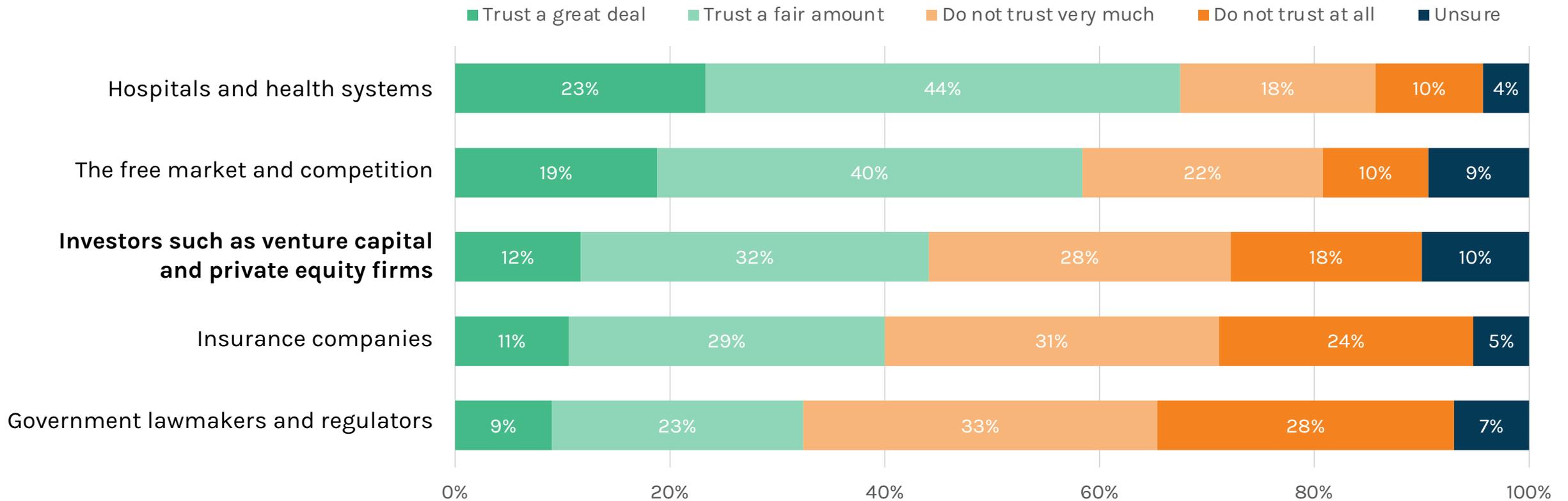
# Only a third trust investors to lower the cost of healthcare

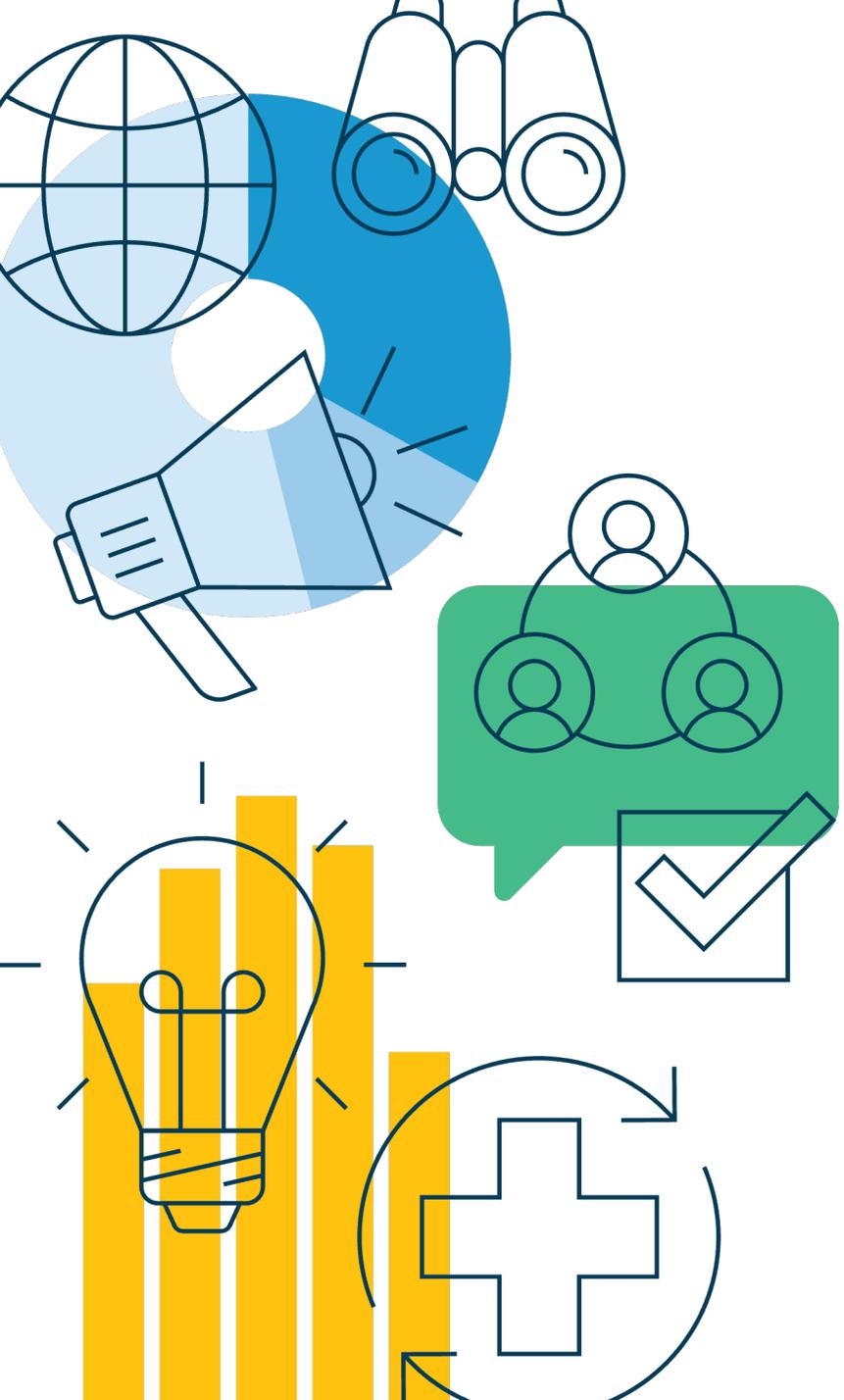
How much do you trust each of the following to lower the cost of healthcare?



# When it comes to who the public trusts to drive innovation, investors are in the middle of the pack

How much do you trust each of the following to bring innovation to healthcare?





# Awareness and Perception of PE

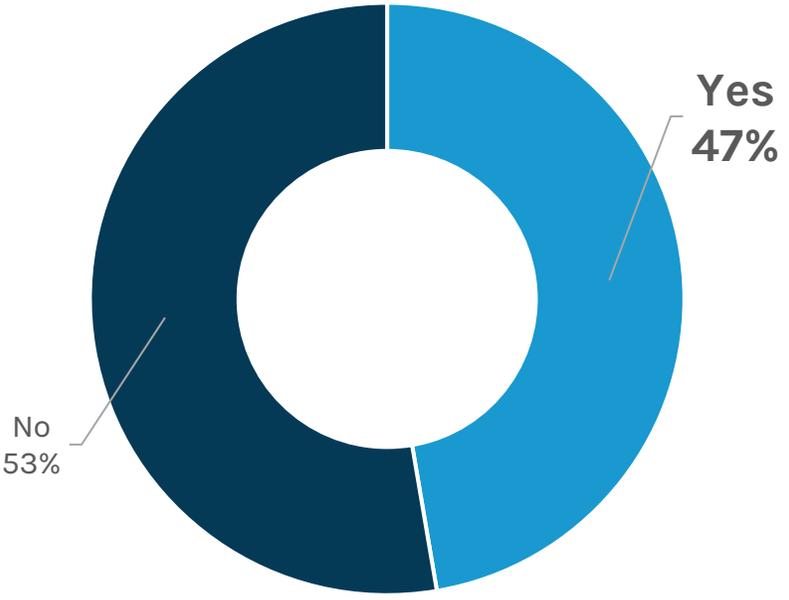
A surprising number of people claim to be aware of PE and to have seen stories about investors' involvement in healthcare.

# Defining private equity

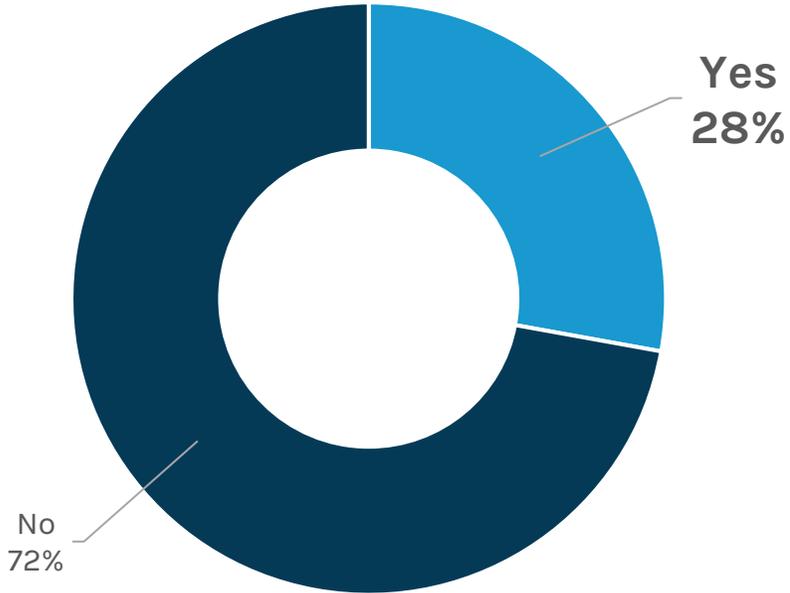
“Private equity” (PE) is a form of investing where a firm combines investments from organizations or people with large sums of money and uses it to purchase ownership of existing companies.

# A significant portion of the public claims to have knowledge of and exposure to PE in healthcare

Are you aware of private equity and how it works?



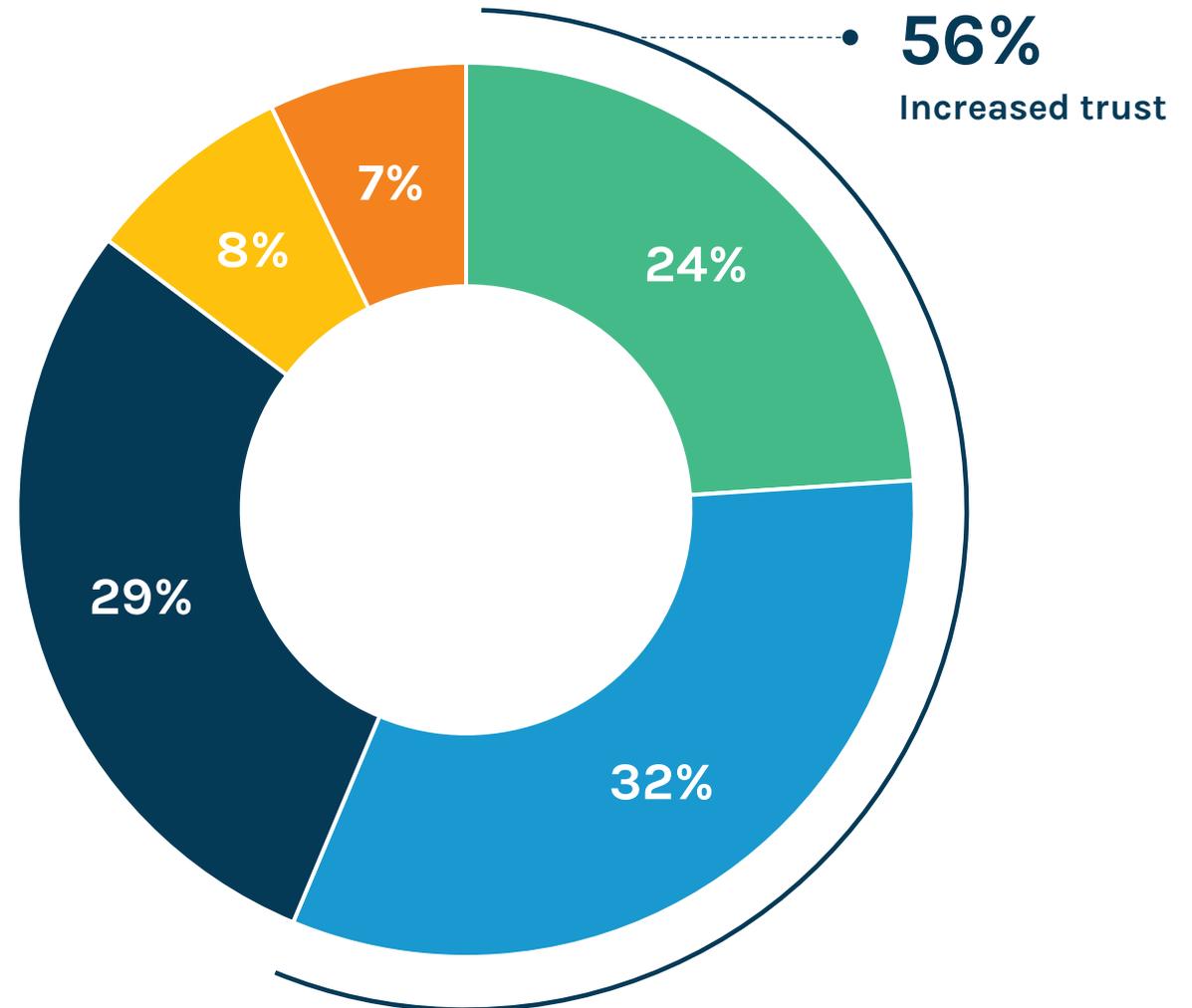
In the last year or so, have you seen, read or heard news or other messages about private equity's role in healthcare?



# Seeing news about PE has a net positive effect on trust in healthcare providers

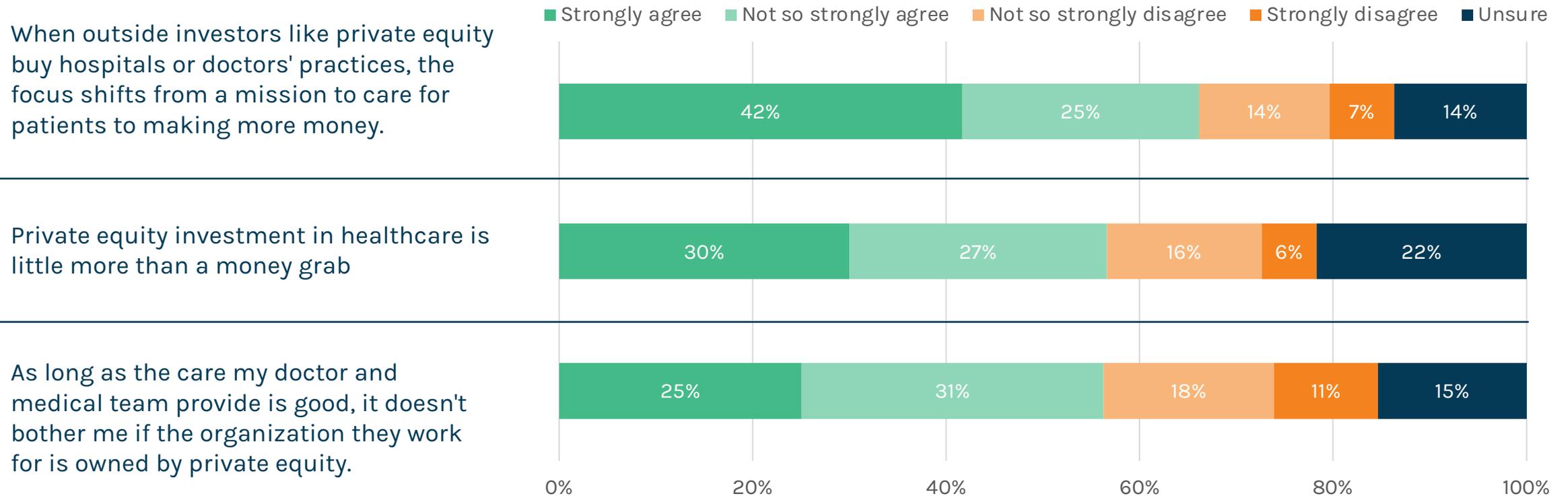
Please indicate whether what you have seen, read or heard about private equity in healthcare changed your trust in healthcare organizations that take care of patients.

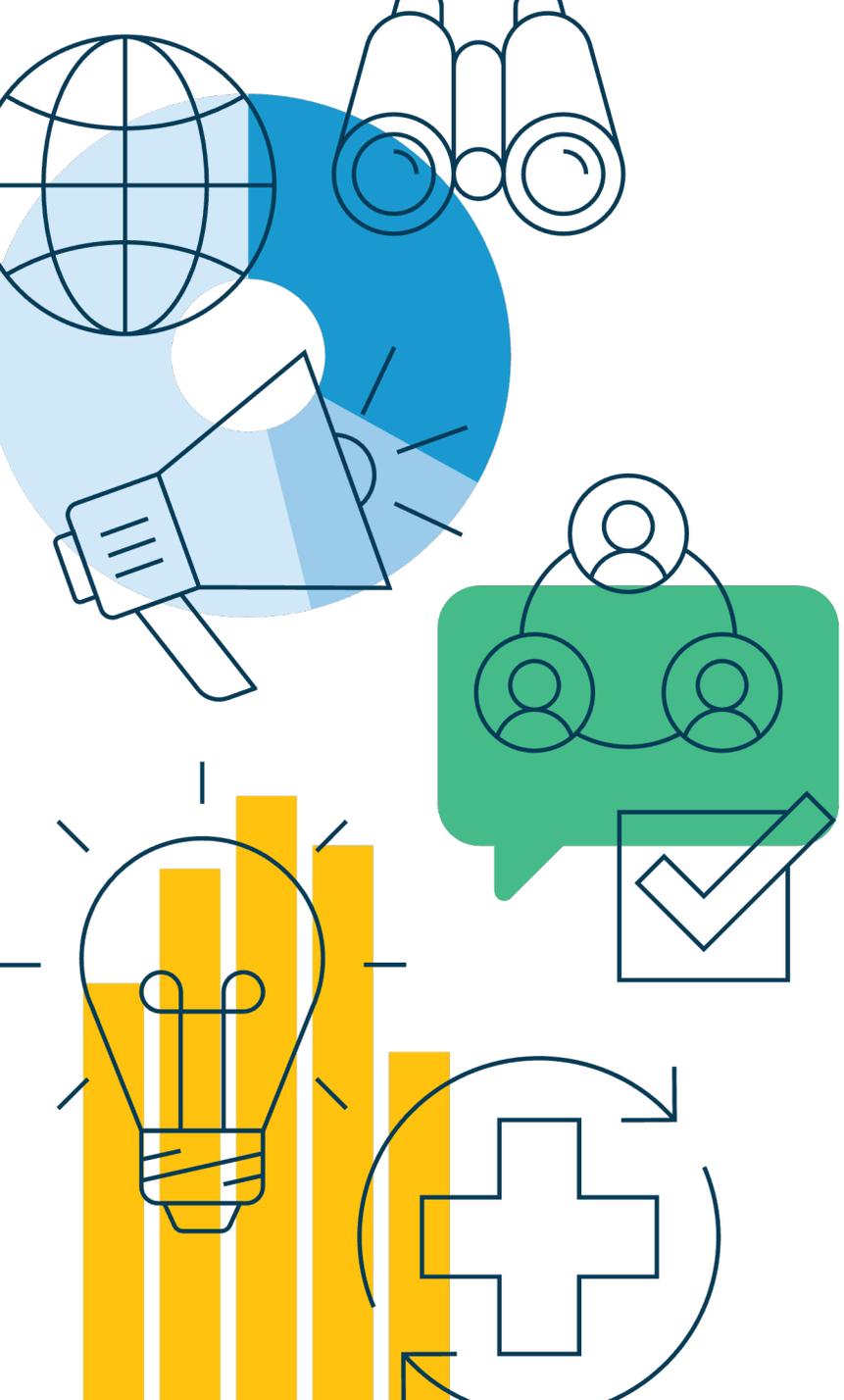
- Greatly increased my trust
- Somewhat increased my trust
- Did not change my trust
- Somewhat decreased my trust
- Greatly decreased my trust



# People are broadly skeptical of PE, but prioritize their care over provider business model

Please indicate if you agree or disagree with the following statements about private equity's role in the U.S. healthcare system



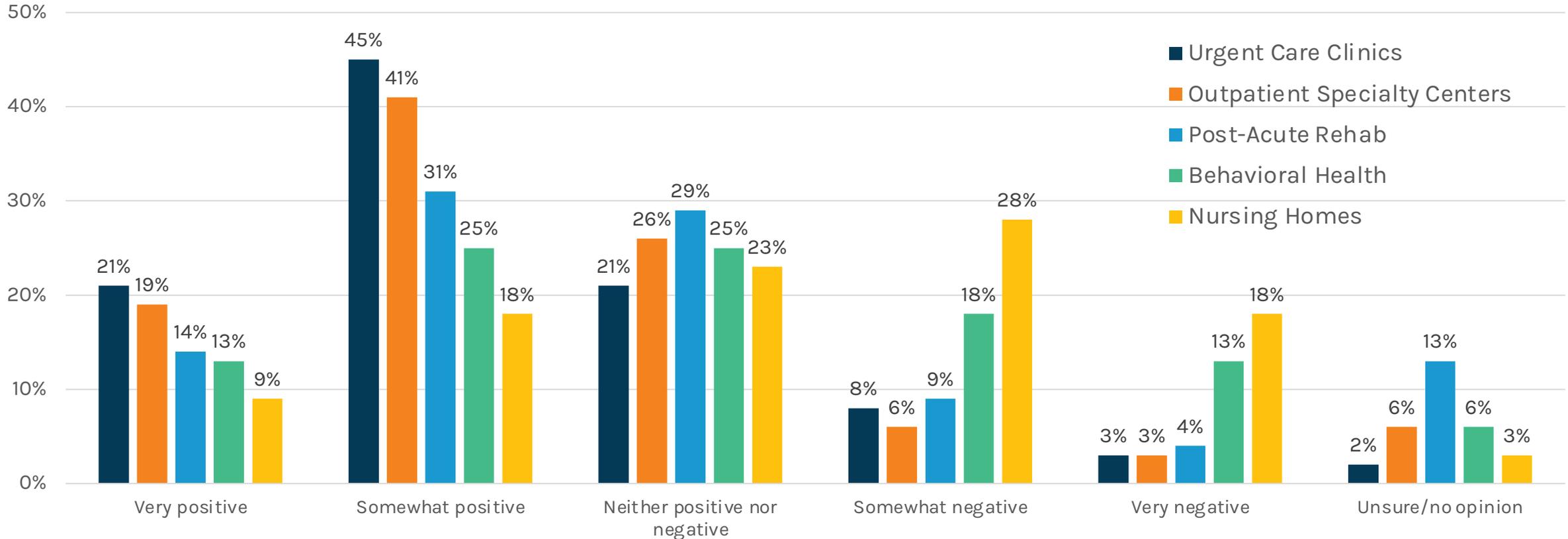


# Perception of Post-Acute Models

Urgent care and outpatient clinics tend to be perceived favorably, while nursing homes and behavioral health are viewed more skeptically.

# Nursing homes and behavioral health have the lowest favorability ratings among the U.S. public

What is your overall perception of [care model] in the U.S.?





# Urgent Care Clinics

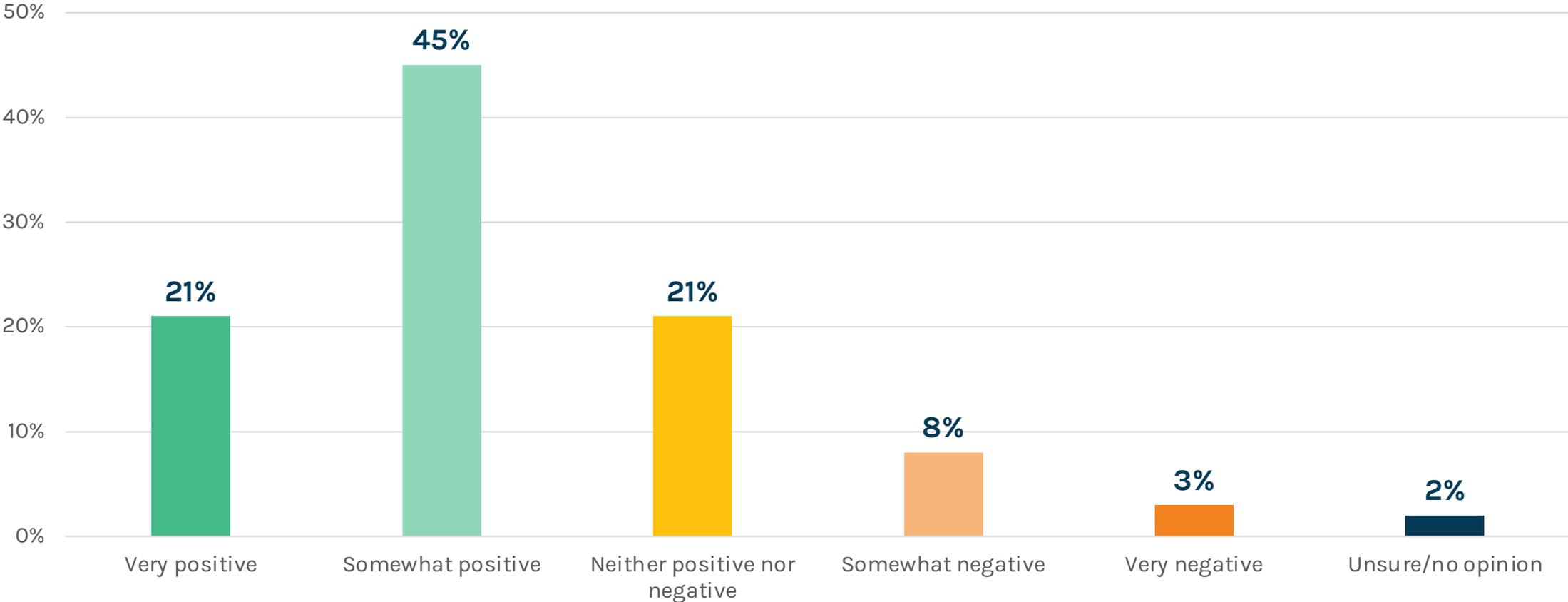
Viewed most favorably of all post-acute segments tested, urgent care clinics score well on quality, cost and convenience.

# Defining urgent care

In this context, urgent care clinics are defined as facilities where patients can receive medical care for basic needs such as vaccinations, stitches, coughs, colds and sprains or broken bones. These facilities may be “standalone” or be located within a pharmacy, grocery store or big box store.

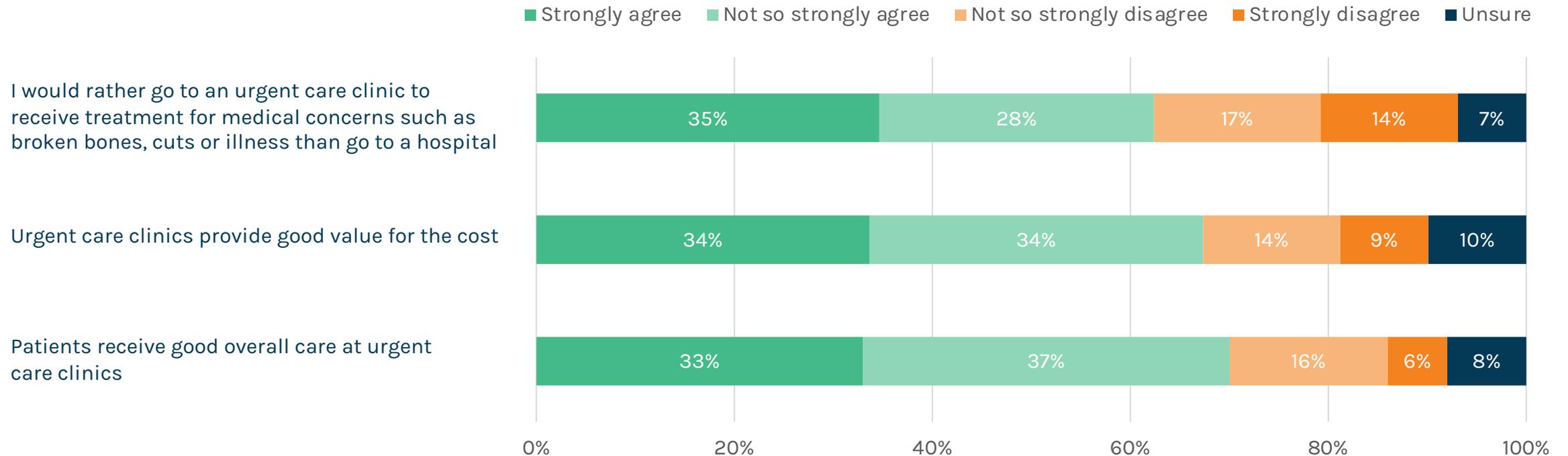
# Two thirds have a favorable view of urgent care

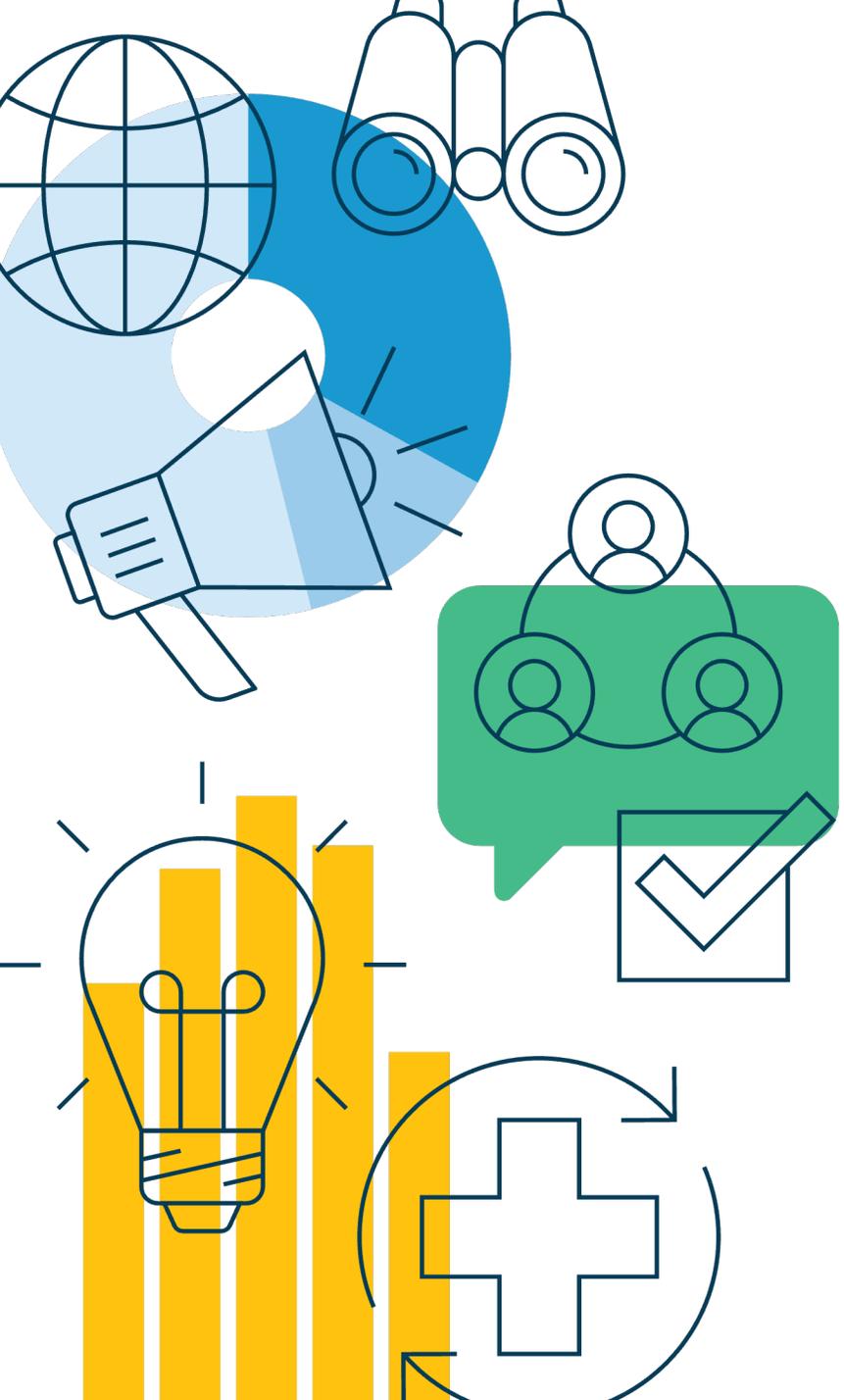
What is your overall perception of **urgent care clinics** in the U.S.?



# Strong majorities view urgent care clinics favorably on quality, convenience and cost

Please indicate if you agree or disagree with each of the following statements about urgent care clinics in the U.S.





# Outpatient Specialty Care

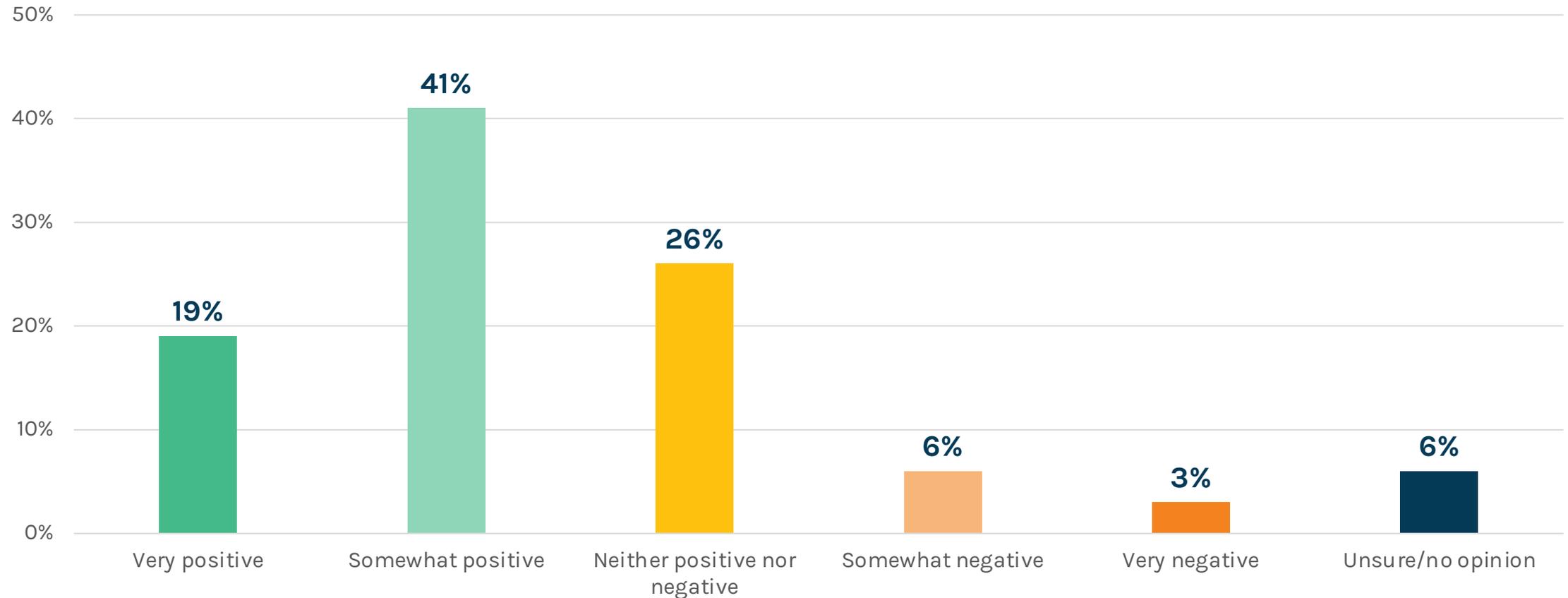
While people are split on whether outpatient or hospital settings provide better care, a majority would prefer receiving outpatient care.

# Defining outpatient specialty centers

In this context, outpatient specialty centers are defined as facilities where patients can receive care for more complex medical needs, such as diagnostic imaging (x-rays, MRIs), cardiac procedures and even some surgeries.

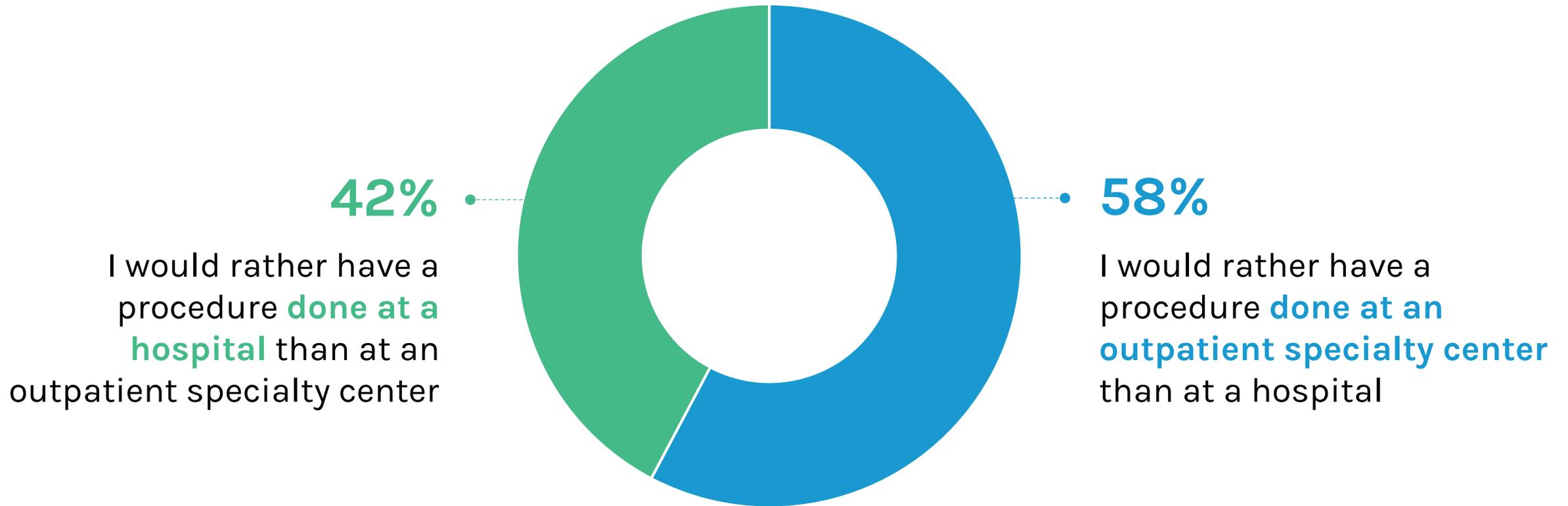
# Six in 10 have a favorable view of outpatient specialty care

What is your overall perception of **outpatient specialty centers** in the U.S.?



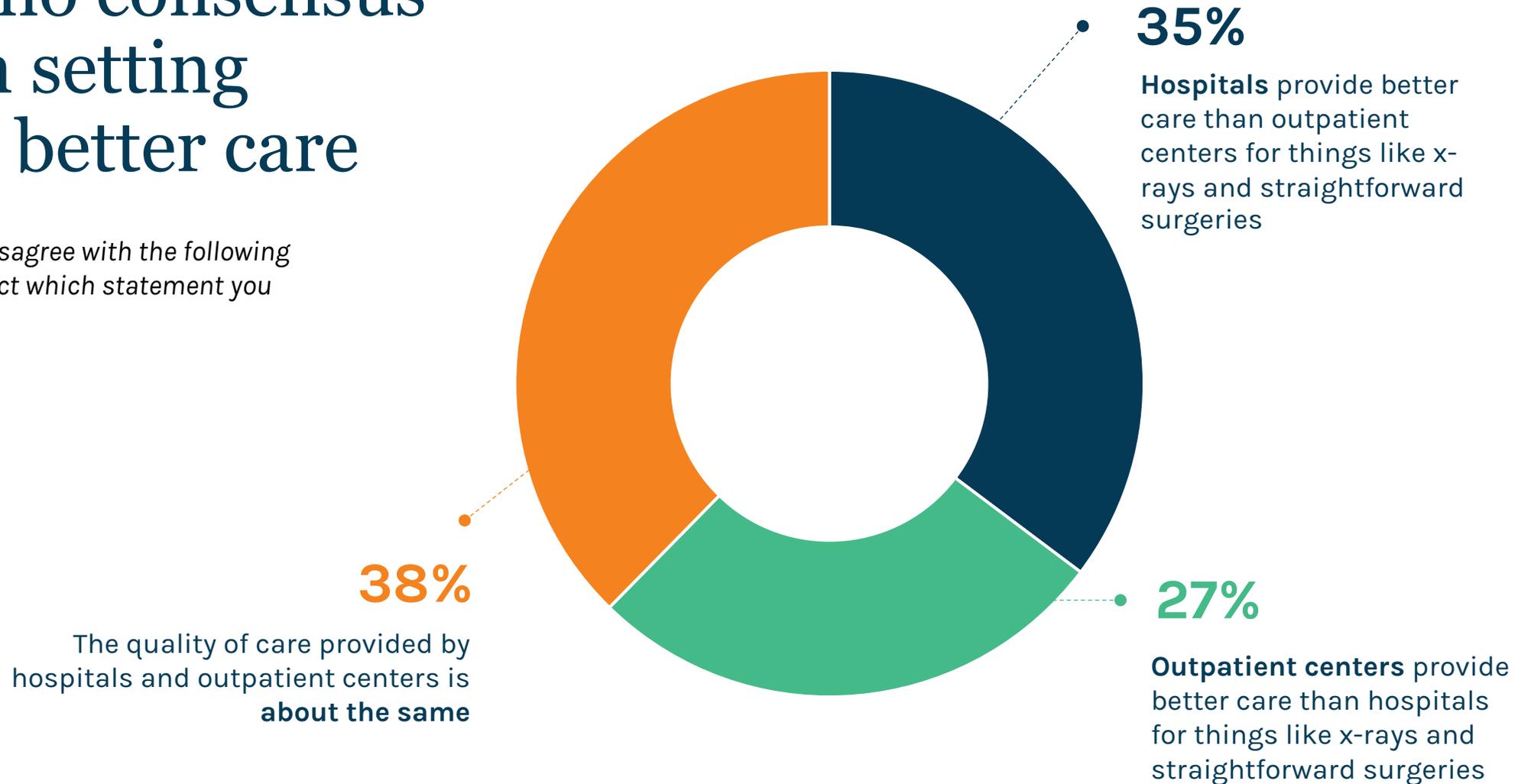
# A strong majority prefer outpatient settings

Whether you agree or disagree with the following statements, please select which statement you agree with most



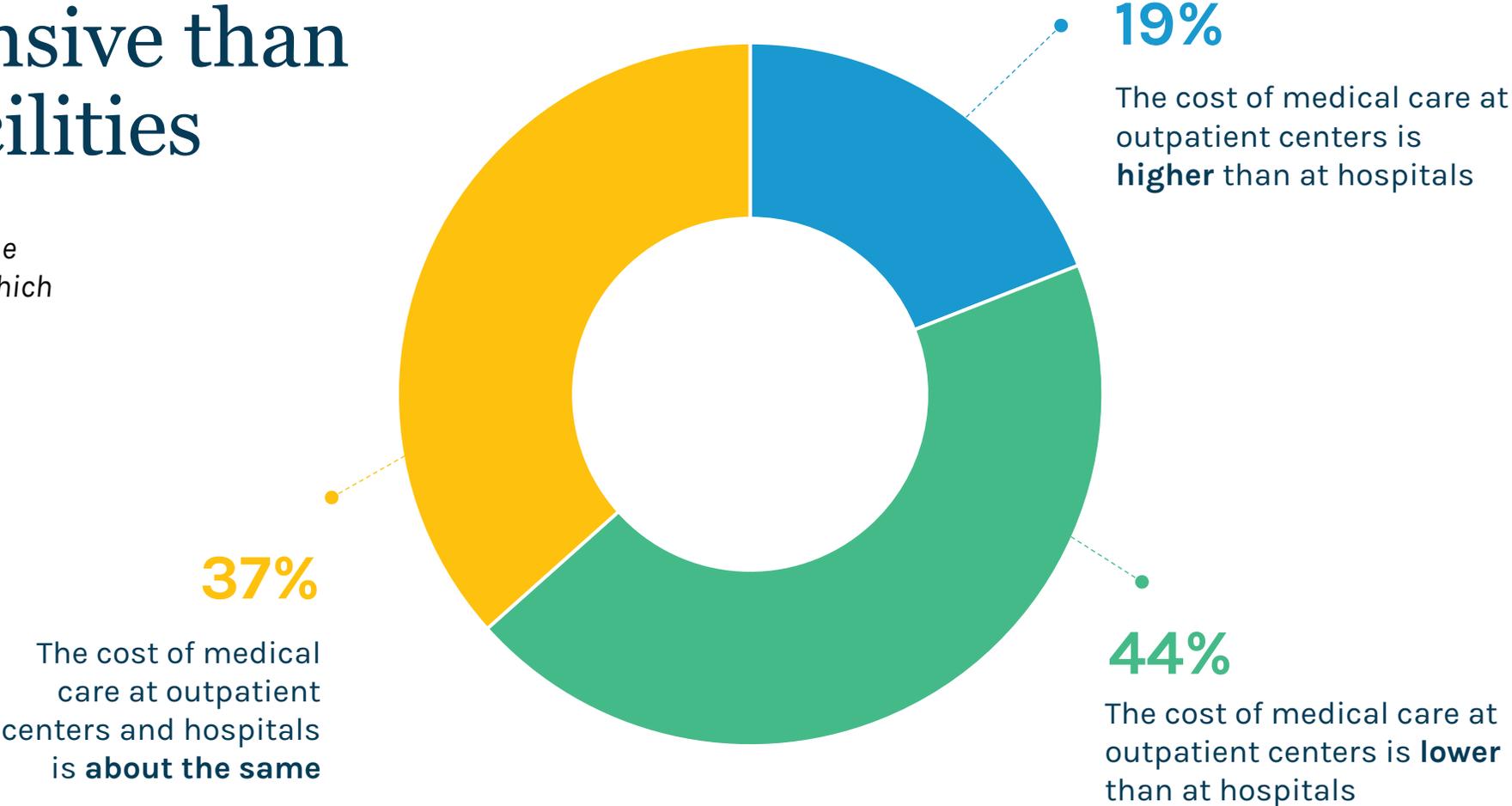
# There is no consensus on which setting provides better care

Whether you agree or disagree with the following statements, please select which statement you agree with most



# A plurality view hospitals as more expensive than outpatient facilities

Whether you agree or disagree with the following statements, please select which statement you agree with most





# Nursing Homes

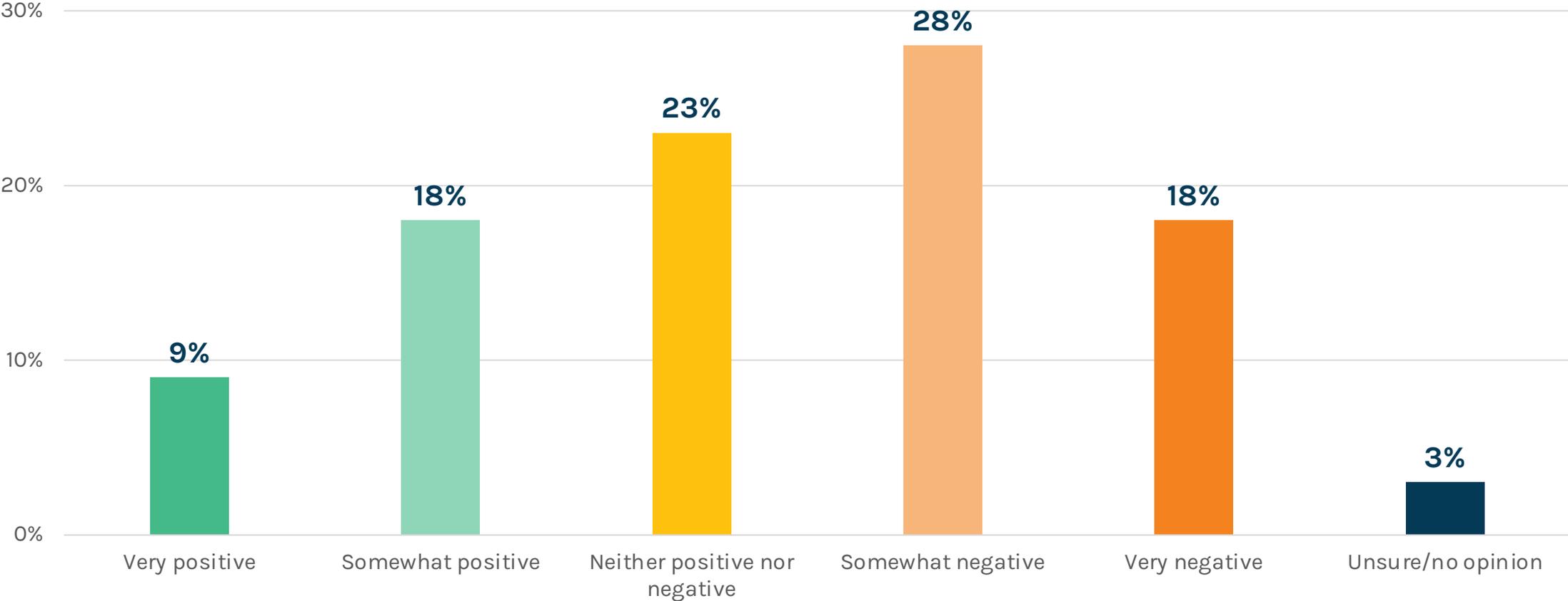
Few hold a favorable view of nursing homes, strong majorities say they are understaffed and expensive, and only half say staff care about their patients.

# Defining nursing homes

In this context, nursing homes are defined as facilities focused on elder care, where residents stay for an extended period of time and may receive assistance for day-to-day living needs and basic medical care.

# A quarter have a positive view of nursing homes

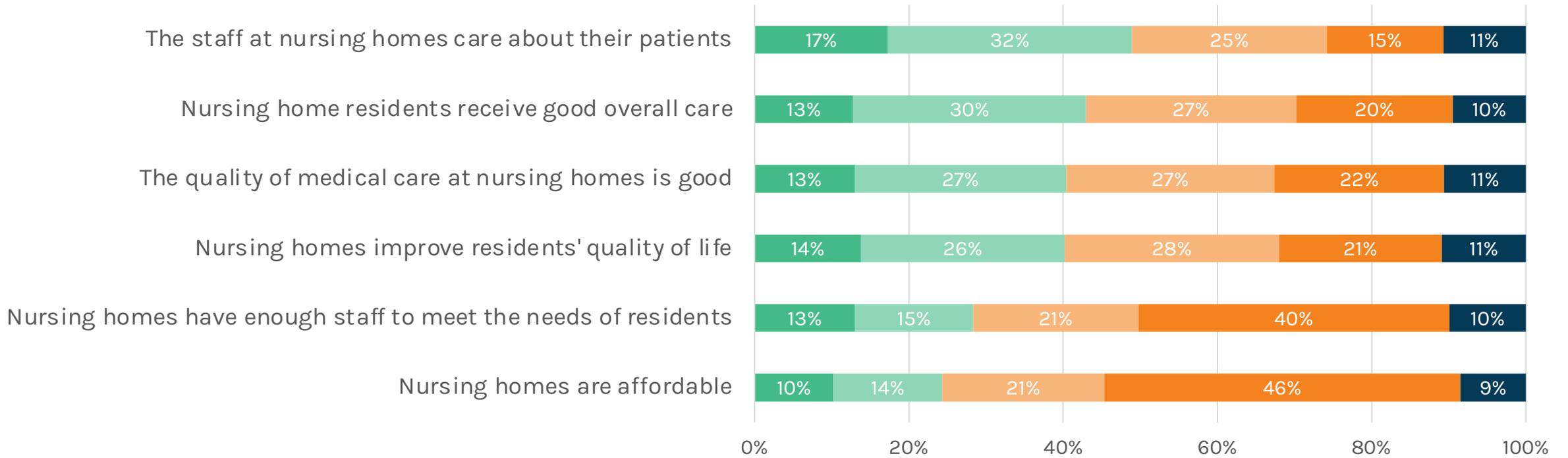
What is your overall perception of **nursing homes** in the U.S.?



# Neutral perception of nursing home staff are offset by negative perceptions of staffing levels and cost

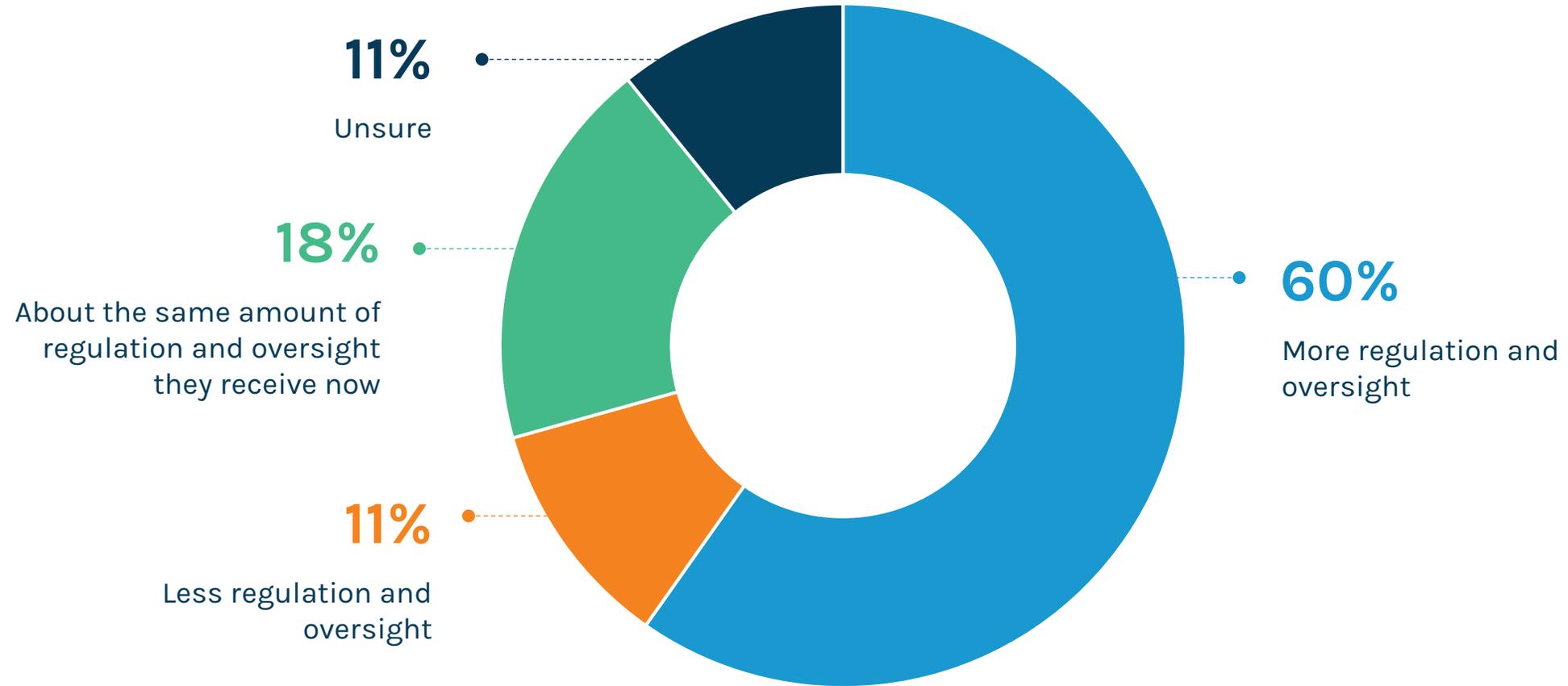
Please indicate if you agree or disagree with each of the following statements about **nursing homes** in the U.S.

■ Strongly agree   
 ■ Not so strongly agree   
 ■ Not so strongly disagree   
 ■ Strongly disagree   
 ■ Unsure



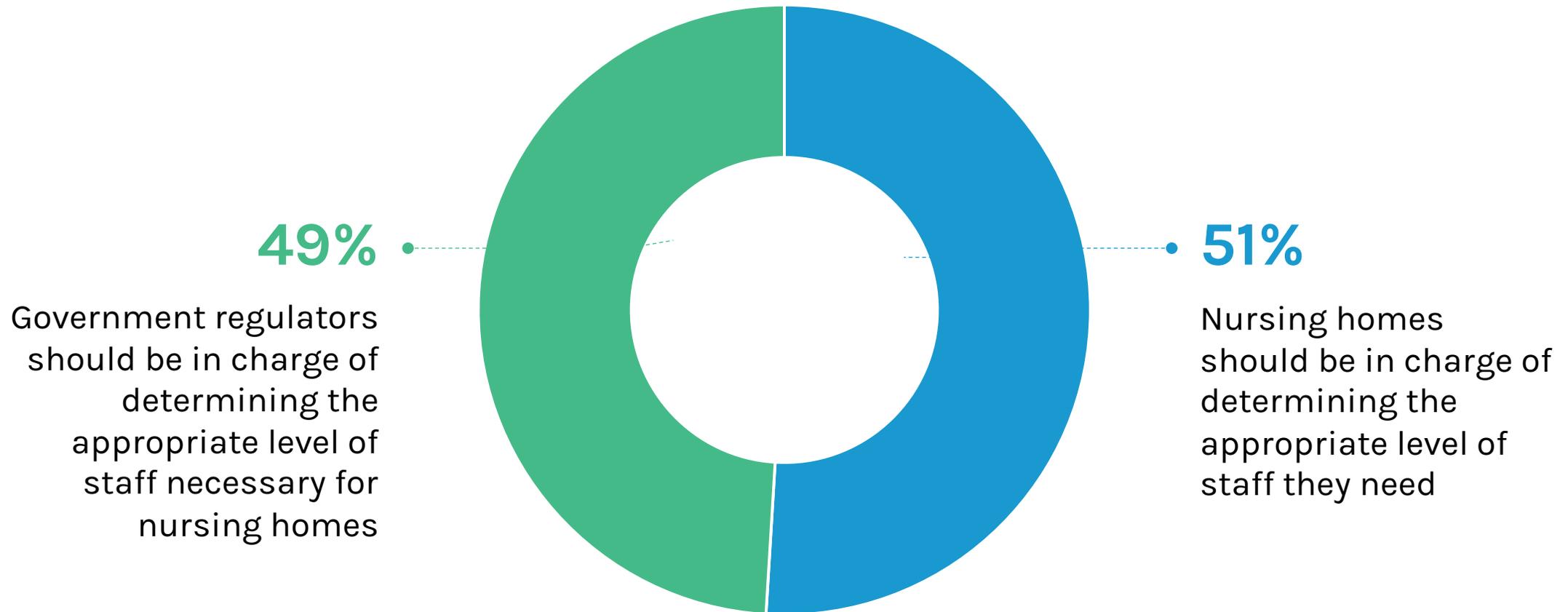
# Six in 10 say nursing homes need more regulation...

Federal and state health officials currently regulate nursing homes to ensure they provide quality care and follow health and safety rules. Do you think nursing homes need more oversight and regulation from health officials, less oversight and regulation, or about the same amount that they receive now?



# ...But people are split on who should determine staffing levels

Whether you agree or disagree with the following statements, please select which statement you agree with most





# Post-Acute Rehab & Skilled Nursing

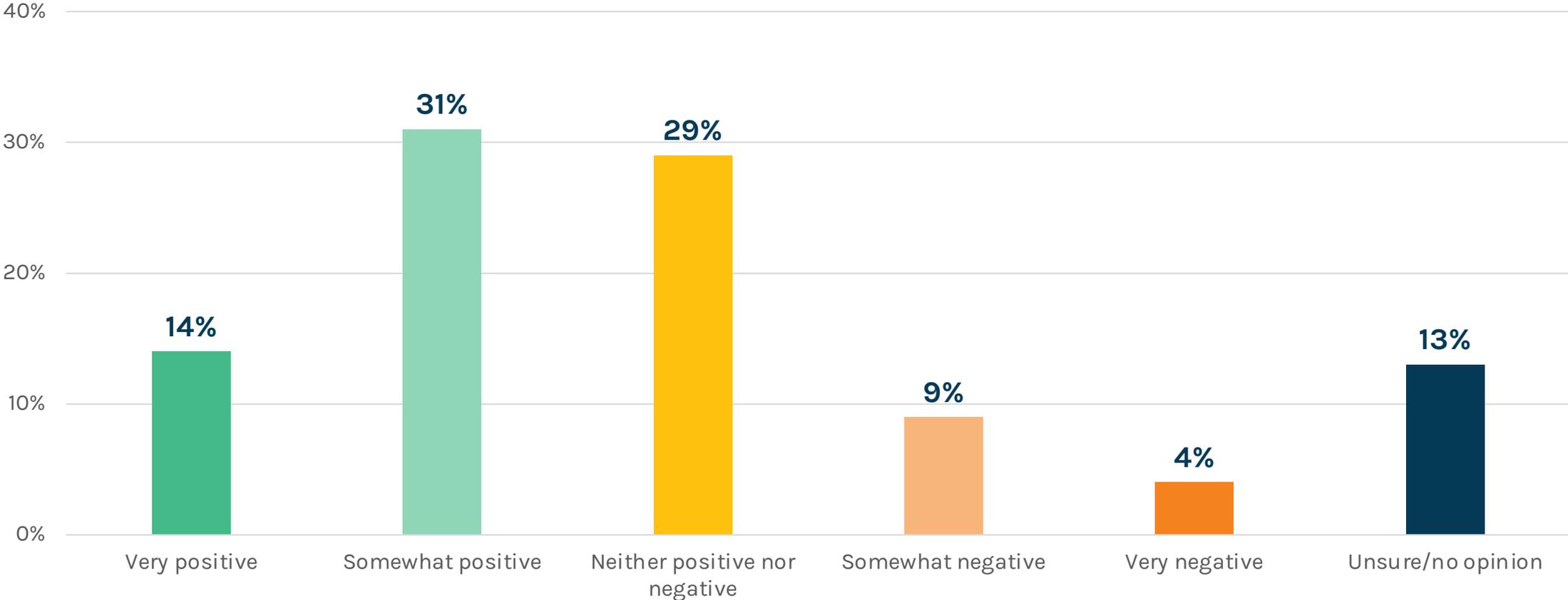
Post-acute rehabilitation facilities get high marks on having caring staff and good quality care. Perception of whether they provide good value for the cost, however, is more mixed.

## Defining post-acute rehabilitation centers and skilled nursing, collectively referred to here as “post-acute rehab.”

These are healthcare services people of any age may need to help them recover after a hospital stay for a serious illness or injury (i.e., car accident or stroke) and offer care including physical therapy, occupational therapy, speech therapy, wound care and basic medical needs.

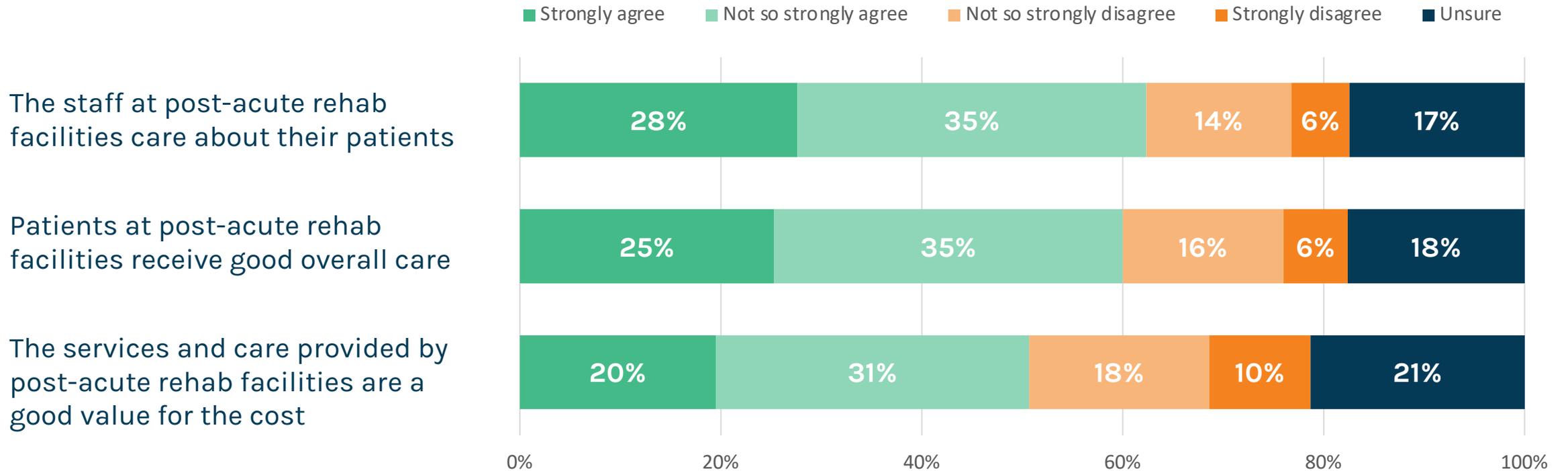
# The public is uncertain about post-acute rehab

What is your overall perception of **post-acute rehab** in the U.S.?



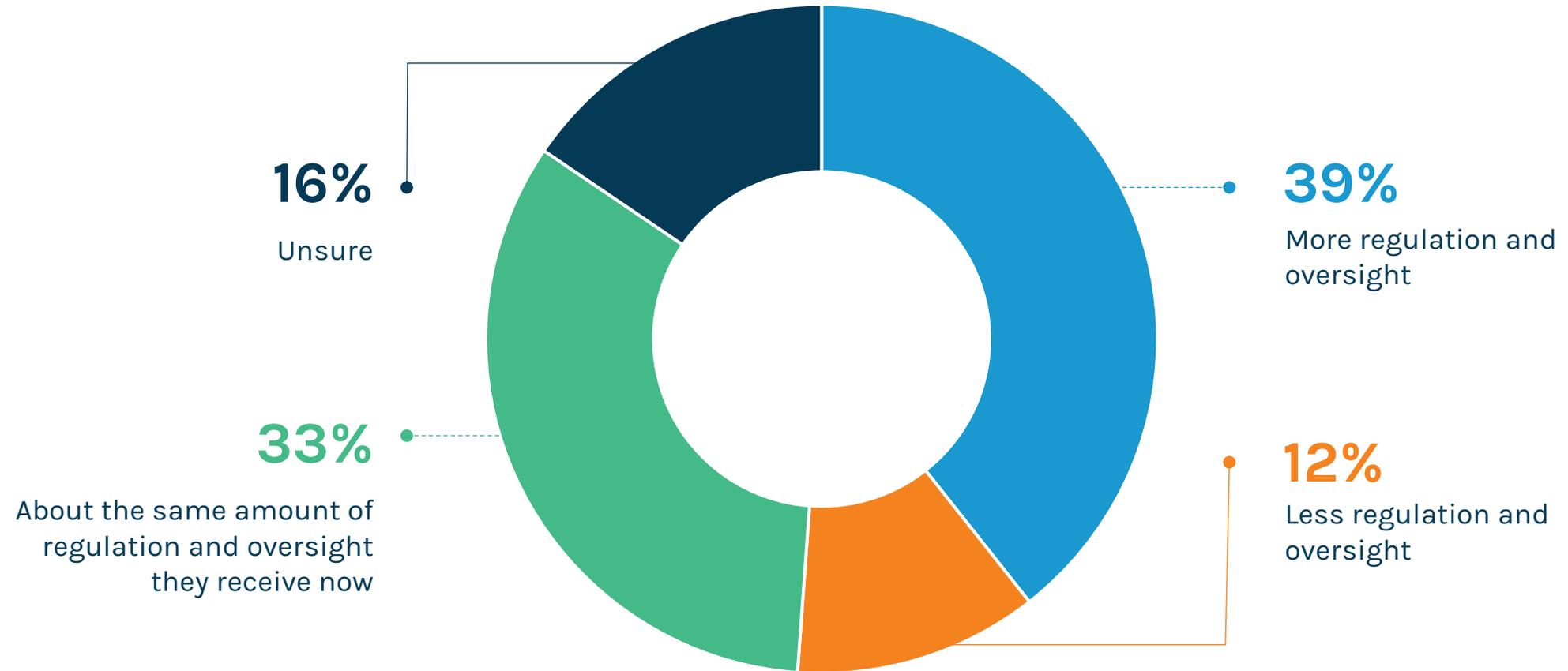
# Quality of care at post-acute facilities is viewed favorably, though people are less certain about its value for the cost

Please indicate if you agree or disagree with each of the following statements about **post-acute rehabilitation centers** in the U.S.



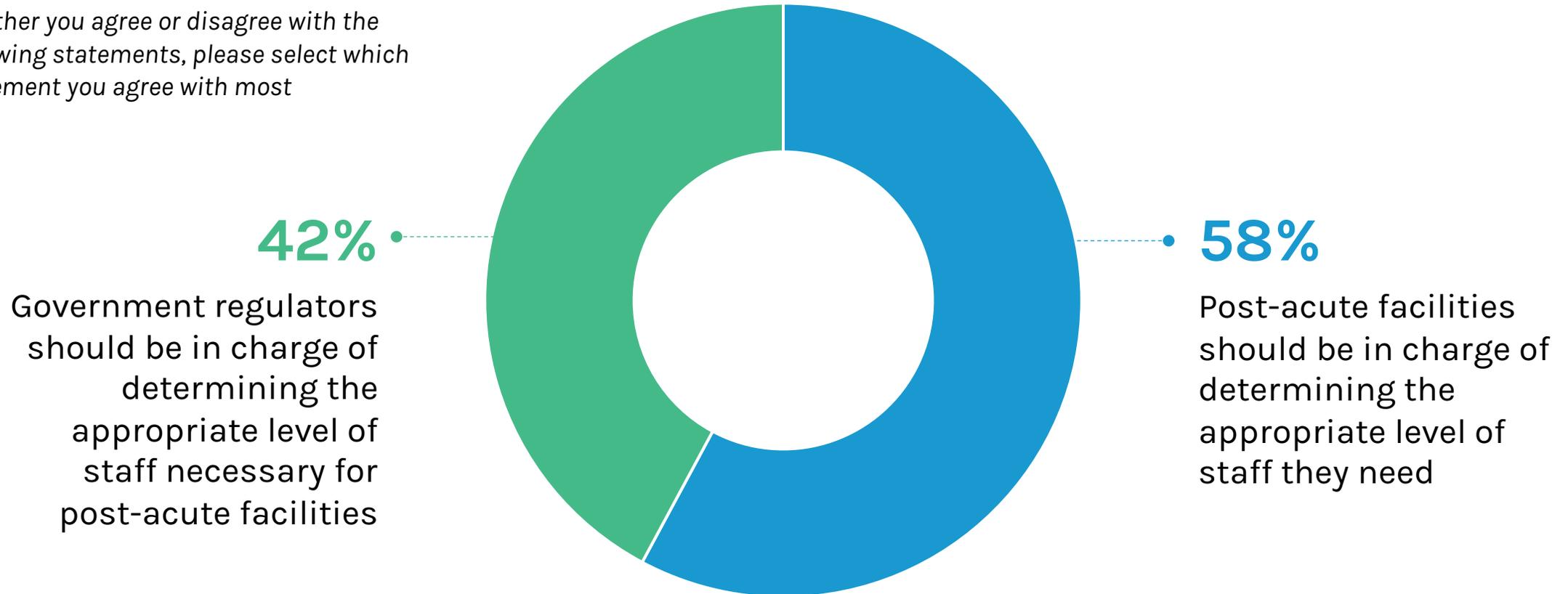
# Only four in 10 say post-acute rehab needs more regulation

Federal and state health officials currently regulate post-acute rehab facilities to ensure they provide quality care and follow health and safety rules. Do you think post-acute rehab facilities need more oversight and regulation from health officials, less oversight and regulation, or about the same amount that they receive now?



# A majority say post-acute rehab facilities should determine their own staffing needs

Whether you agree or disagree with the following statements, please select which statement you agree with most





# Behavioral Health

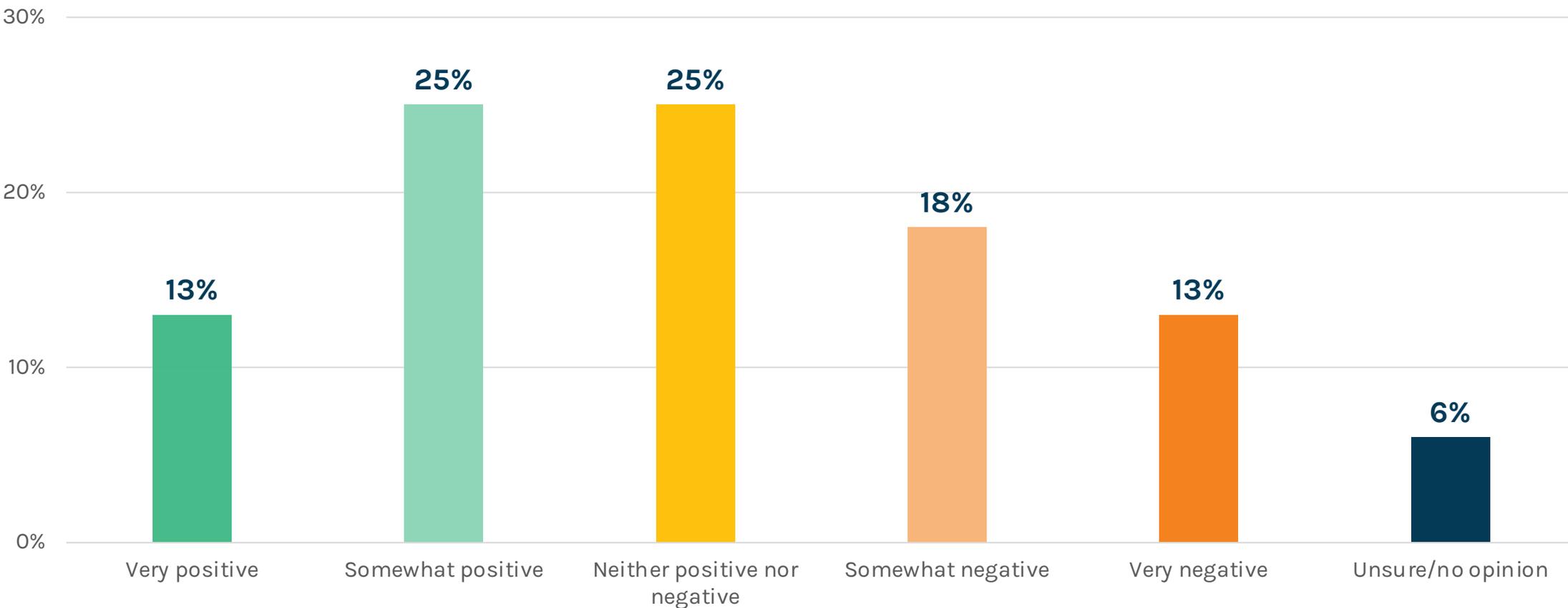
While majorities view clinicians as caring and their services enriching, they take a more negative view of the accessibility and value of the care.

# Defining behavioral health

These are healthcare services people may need to help them through mental health and substance use disorders (e.g., alcohol or drugs), life stressors and crises, and stress-related physical symptoms. Behavioral healthcare can include the prevention, diagnosis and treatment of these conditions.

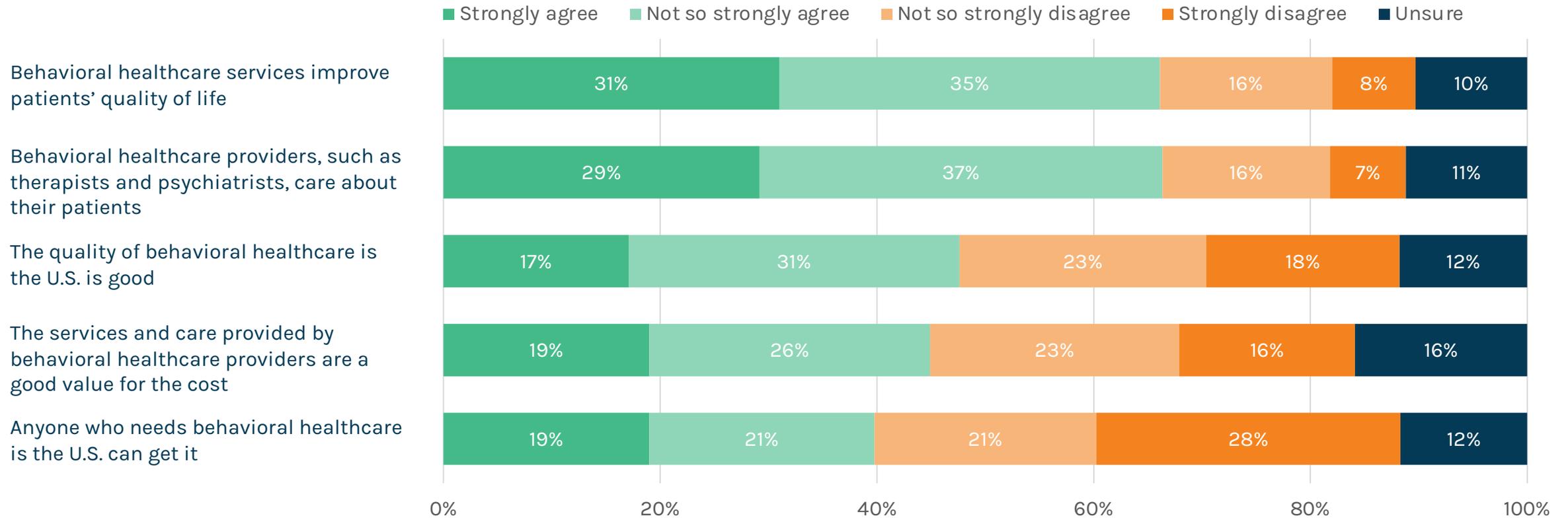
# The public holds mixed views on behavioral healthcare

What is your overall perception of **behavioral healthcare** in the U.S.?



# People are skeptical about access to and the quality and value of behavioral healthcare services

Please indicate if you agree or disagree with each of the following statements about **behavioral healthcare** in the U.S.





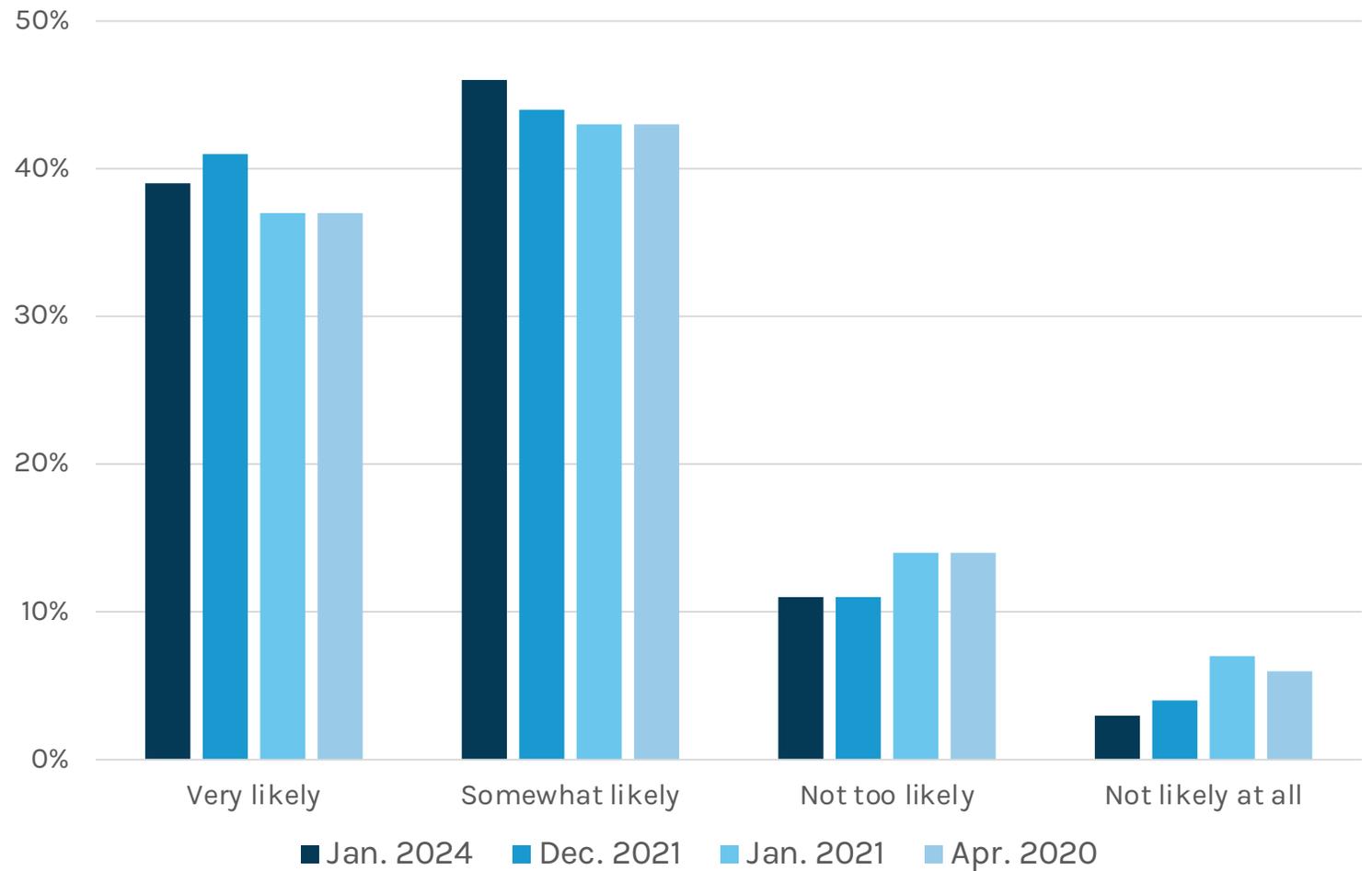
# Hospital at Home

Little has changed in the public's overall interest in home-based care since the pandemic.

# Interest in hospital-at-home has remained steady

There is a relatively new form of medical care called “home recovery care” or “hospital at home,” where doctors and other medical providers provide hospital-level care in your home for a lot of medical conditions, like Congestive Heart Failure, COPD, pneumonia, and more. This means that you do not have to be admitted to the hospital to be treated for certain conditions but can recover in the comfort of home with nurses and doctors either visiting you in person or through a virtual visit.

Now, thinking about yourself, if this kind of care was covered by your insurance, how likely would you be to use it?



# Insights for post-acute leaders and investors

**The public's mixed views on who they trust to improve healthcare and their appetite for regulation indicates there is both room and need for collaboration across the industry.**

People see the value of post-acute care delivery. At the same time, they are less certain about investors' ability to drive innovation, improve quality and reduce costs. Thoughtful partnering can allow each industry stakeholder to play to their strengths while leveraging the trust carried by others.

Doing so should include...

- 1 Clarity about services and sector.** In essence, careful branding. Particularly for nursing homes, where the term has become a catch-all and the public has broadly negative associations. Providers in the space, including long-term care, SNFs, post-acute rehab and others, should purposefully talk about who they are, what services they provide and who makes up the team providing it.
- 2 A willingness to talk about the cost of care.** The public has little trust in anyone to lower costs, which means there is trust out there for someone to earn. Providers can do this by emphasizing any initiative to drive innovation or improvement and coupling it with a discussion about how it will affect the cost of care. A drumbeat of this message will link in the public's mind your brand with an openness to discussing the difficult things.

# Insights for post-acute leaders and investors

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People see the value of post-acute care delivery. At the same time, they are less certain about investors' ability to drive innovation, improve quality and reduce costs. Thoughtful partnering can allow each industry stakeholder to play to their strengths while leveraging the trust carried by others.

Doing so should include...

- 3 Seeking attention.** A majority of those who have seen news about PE in healthcare say that exposure has improved their perception of it. PE-backed companies should sharpen their narrative and build relationships with reporters, serving as sources and educators while telling their own story.
- 4 Engaging in diligent government relations.** Providers must be building relationships and holding conversations with those making binding decisions: elected officials and policymakers, including - especially - those at the state and local level.
- 5 Leveraging each party's strengths and trust during a deal.** Investors and leaders want any exit, partnership or acquisition to be well-received. That may mean allowing the more trusted partner - often the hospital or system - to be the messenger and to stand in the spotlight.

# A call for PE's impact report

## Above all, be willing to engage in the conversation.

PE cannot remain in the background, injecting resources and expertise but not telling the story of what that activity means. The result of opacity is skepticism and mistrust, which layers on top of negative stories people hear or, worse, bad experiences they had. The urgent care segment is instructive: It provides clear consumer value proposition free of industry jargon and built on convenience and access. That structure, coupled with good patient experiences, has created a positive perception of these facilities.

Explain the benefit provided to the community in terms that resonate with that community. Put aside technical and financial definitions and open the consumer's dictionary. Show and tell how your work is advancing care and improving the communities you serve. These steps will go a long way in building the trust needed to inoculate PE firms and portfolio companies against scrutiny and attacks, making it that much easier to find partners, do deals and improve care for patients.



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communicate your value?

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# About us

**Our mission is to make healthcare better through our work.**

With offices in the healthcare hubs of Nashville and Chicago, Jarrard Inc. is a specialized healthcare consulting firm devoted to helping leaders during high-stakes moments of change, challenge and opportunity. We use the power of communications, marketing and political strategy to help our clients achieve their most important goals.

Founded in 2006, the firm has worked with more than 1,000 clients in 45+ states and served as a communications adviser on more than \$75 billion in announced M&A and partnership transaction communications. The firm focuses on change management, issues and advocacy and strategic positioning. Jarrard Inc. is a division of Chartis, one of the nation's leading healthcare advisory firms.

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Field Dates: Feb. 23-Feb 29, 2024

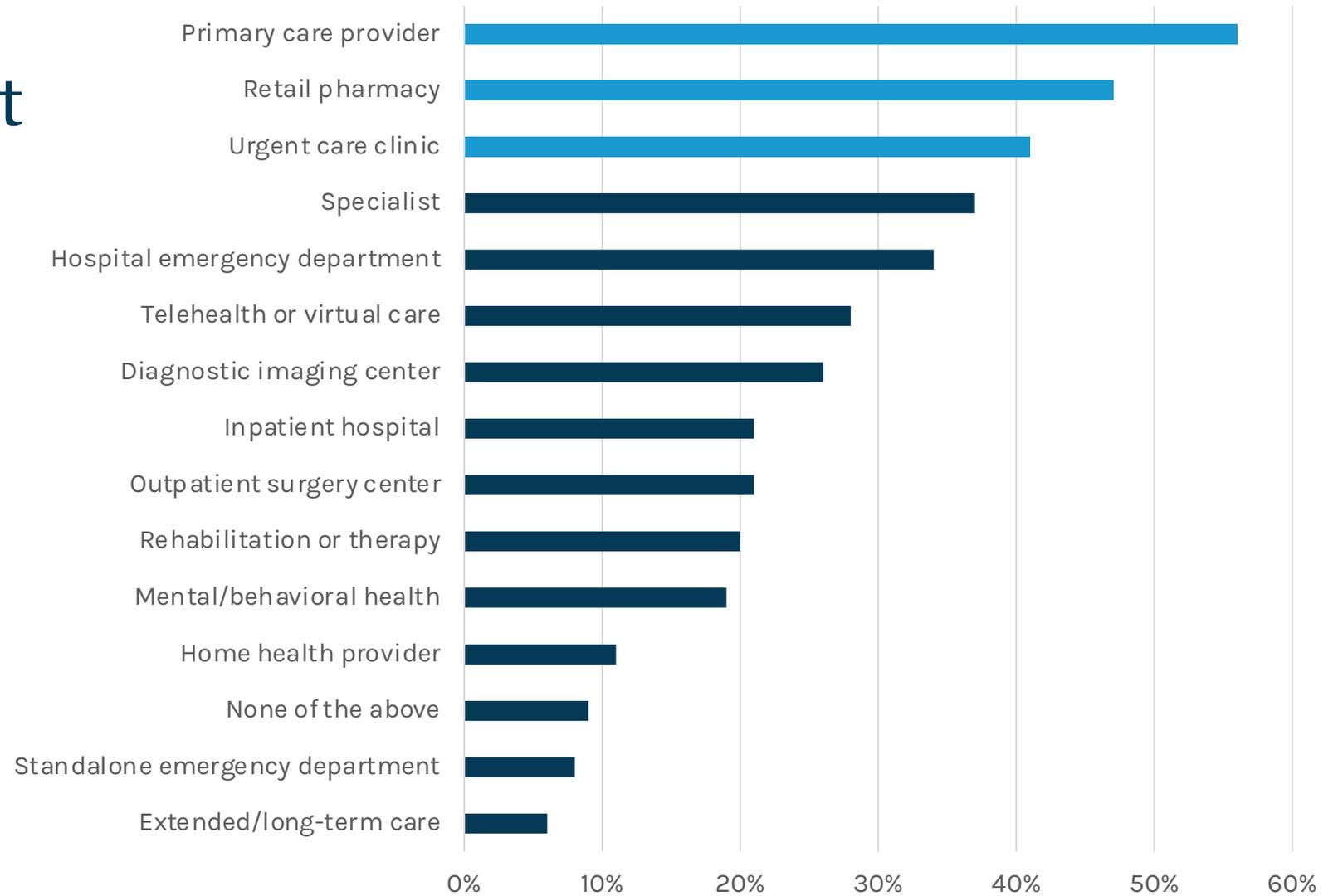
N = 1046 U.S. Adults 18+

Margin of error:  $\pm 3\%$

# Supplement & Crosstabs

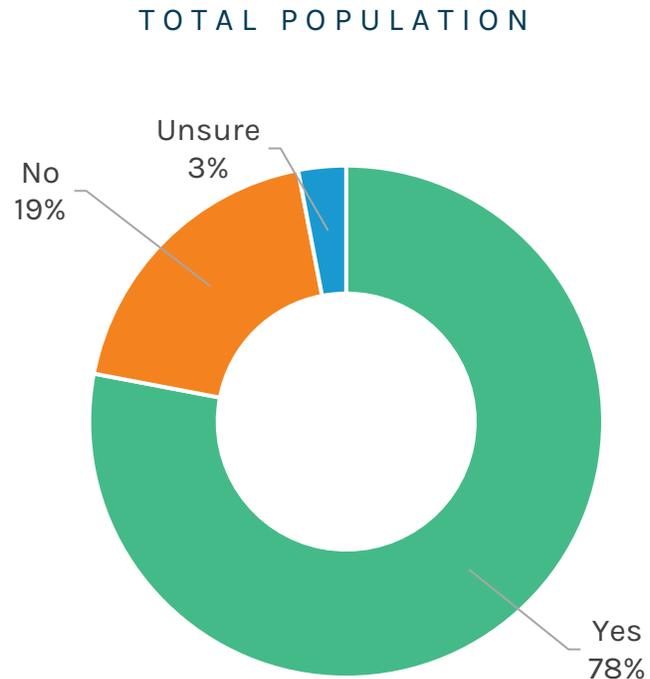
# Post-pandemic utilization is highest for primary, pharmacy and urgent care

*In the past three years, have you or anyone in your household received care from or interacted with any of the following forms of care?*



# PCP by gender, race, socioeconomic status and insurance

Do you have an established primary care provider?  
That is, a doctor, nurse practitioner or physician assistant that you see for checkups and routine care?

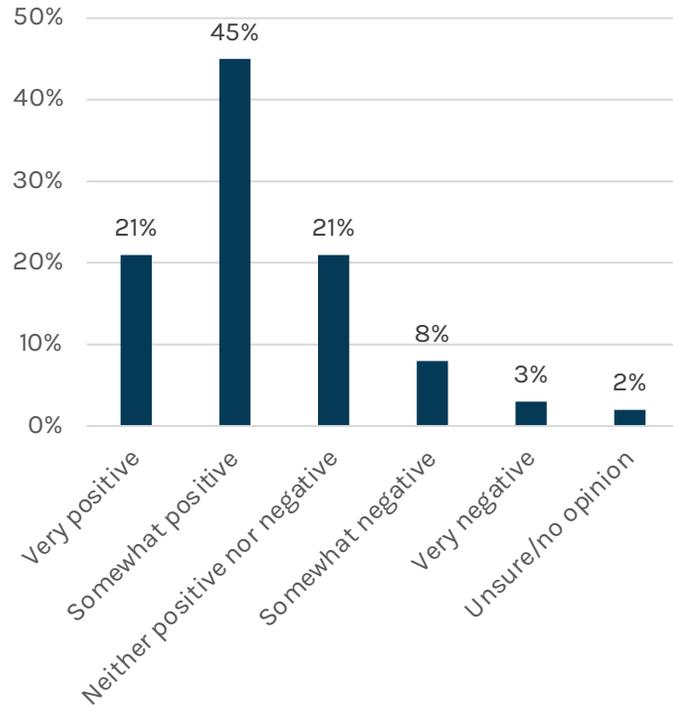


		Yes	No	Unsure	Sample size
Gender	Female	82%	15%	3%	543
	Male	74%	22%	3%	503
Race/Ethnicity	Caucasian or White	81%	16%	3%	657
	Hispanic or Latino	72%	25%	2%	166
	African American or Black	77%	19%	4%	137
	Asian or Pacific American	71%	24%	5%	58
	American Indian or Alaska Native	73%	20%	7%	15
	Other	69%	31%	0%	13
Socioeconomic Status	Poor	65%	28%	6%	141
	Working Class	76%	23%	2%	320
	Middle Class	83%	14%	3%	438
	Upper Middle Class	84%	12%	4%	116
	Well-to-do	77%	13%	10%	31
Insurance	Private Insurance	84%	14%	2%	620
	Medicare	86%	12%	3%	180
	Medicaid	78%	16%	5%	93
	Other	87%	11%	2%	53
	No Insurance	25%	66%	9%	100

# Urgent Care

What is your overall perception of urgent care clinics in the U.S.?

## TOTAL POPULATION

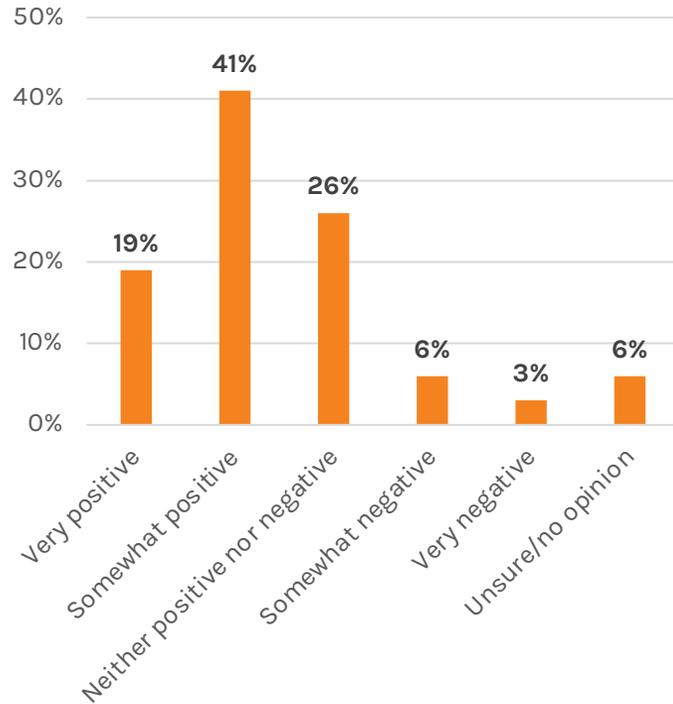


		Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	No opinion / unsure	Sample size
Utilization	Used urgent care in past 3 years	21%	51%	15%	10%	3%	0%	430
	Have not used urgent care	21%	41%	25%	8%	3%	3%	616
Gender	Female	16%	49%	22%	9%	3%	2%	543
	Male	26%	41%	21%	8%	3%	2%	503
Race/Ethnicity	Caucasian or White	18%	47%	21%	9%	3%	2%	657
	Hispanic or Latino	22%	46%	18%	8%	5%	1%	166
	African American or Black	34%	38%	22%	2%	1%	3%	137
	Asian or Pacific American	22%	36%	27%	9%	1%	4%	58
	American Indian or Alaska Native	40%	13%	20%	20%	0%	7%	15
	Other	23%	38%	8%	15%	8%	8%	13
Socioeconomic Status	Poor	18%	38%	26%	10%	4%	4%	141
	Working Class	22%	43%	21%	10%	3%	2%	320
	Middle Class	19%	50%	21%	6%	3%	1%	438
	Upper Middle Class	22%	46%	20%	9%	2%	2%	116
	Well-to-do	42%	29%	13%	10%	0%	6%	31
Insurance	Private Insurance	20%	47%	19%	9%	3%	1%	620
	Medicare	19%	49%	22%	9%	1%	0%	180
	Medicaid	29%	34%	23%	8%	2%	4%	93
	Other	19%	47%	23%	8%	2%	2%	53
	No Insurance	17%	32%	31%	4%	8%	8%	100

# Outpatient Specialty Care

What is your overall perception of **outpatient specialty centers** in the U.S.?

## TOTAL POPULATION

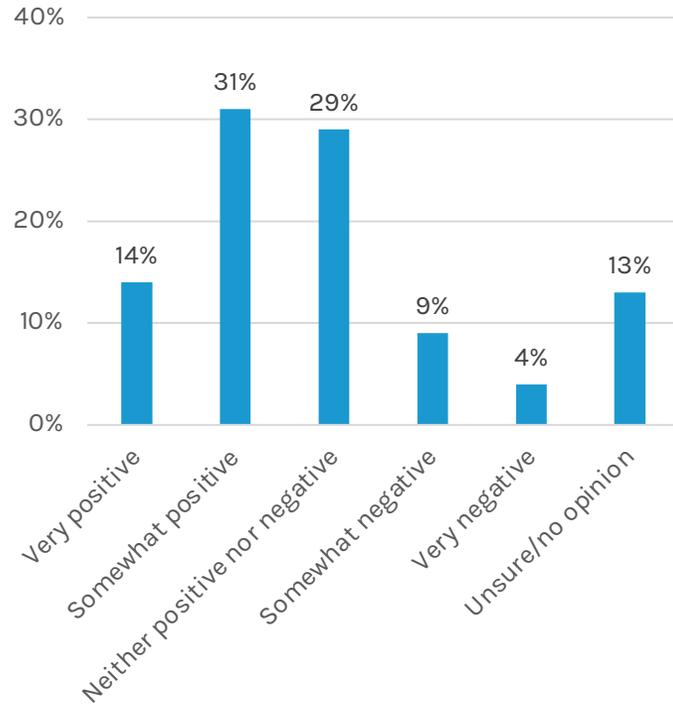


		Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	No opinion / unsure	Sample size
Gender	Female	17%	45%	24%	7%	2%	5%	543
	Male	22%	37%	27%	5%	3%	7%	503
Race/Ethnicity	Caucasian or White	18%	45%	23%	6%	2%	6%	657
	Hispanic or Latino	17%	36%	31%	7%	4%	5%	166
	African American or Black	26%	35%	28%	2%	4%	4%	137
	Asian or Pacific American	17%	31%	36%	5%	0%	10%	58
	American Indian or Alaska Native	40%	33%	20%	7%	0%	0%	15
	Other	23%	15%	38%	0%	8%	15%	13
Socioeconomic	Poor	13%	33%	33%	6%	5%	10%	141
	Working Class	21%	40%	25%	5%	3%	6%	320
	Middle Class	19%	44%	25%	5%	2%	4%	438
	Upper Middle Class	17%	41%	26%	8%	2%	6%	116
	Well-to-do	42%	35%	10%	6%	3%	3%	31
Insurance	Private Insurance	20%	43%	23%	5%	6%	3%	620
	Medicare	19%	44%	25%	4%	7%	1%	180
	Medicaid	23%	43%	19%	5%	4%	5%	93
	Other	17%	32%	32%	9%	8%	2%	53
	No Insurance	18%	24%	42%	11%	1%	4%	100

# Post-Acute Rehab

What is your overall perception of **post-acute rehab** in the U.S.?

## TOTAL POPULATION

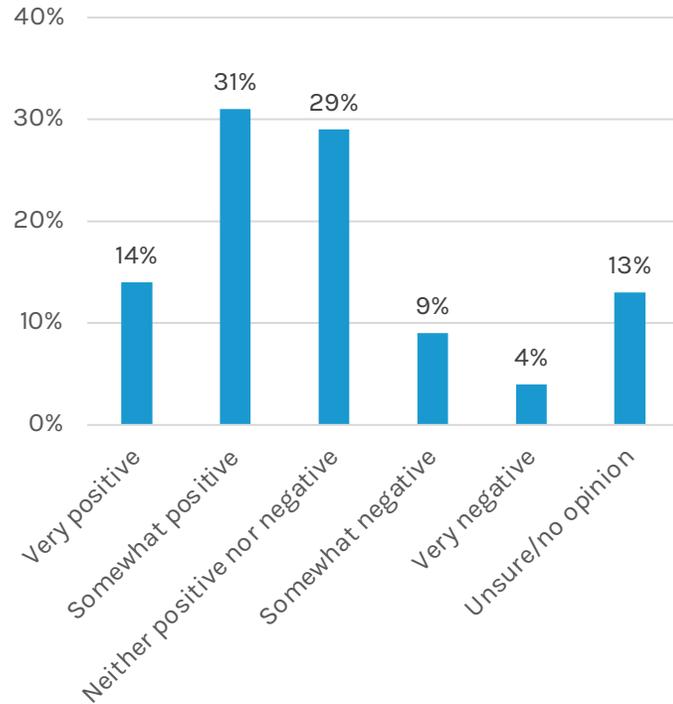


		Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	No opinion / unsure	Sample size
Gender	Female	11%	29%	31%	10%	5%	13%	543
	Male	17%	33%	26%	7%	4%	13%	503
Race/Ethnicity	Caucasian or White	14%	32%	28%	10%	4%	12%	657
	Hispanic or Latino	13%	33%	25%	8%	7%	14%	166
	African American or Black	20%	29%	34%	7%	2%	7%	137
	Asian or Pacific American	5%	29%	34%	7%	2%	22%	58
	American Indian or Alaska Native	20%	27%	40%	7%	0%	7%	15
	Other	15%	15%	15%	15%	8%	31%	13
Socioeconomic	Poor	12%	23%	35%	6%	6%	18%	141
	Working Class	15%	33%	25%	8%	6%	13%	320
	Middle Class	13%	31%	30%	10%	4%	11%	438
	Upper Middle Class	12%	34%	30%	10%	1%	13%	116
	Well-to-do	29%	39%	16%	10%	3%	3%	31
Insurance	Private Insurance	14%	31%	30%	12%	9%	4%	620
	Medicare	13%	33%	26%	14%	11%	3%	180
	Medicaid	16%	30%	29%	10%	9%	6%	93
	Other	11%	43%	26%	9%	8%	2%	53
	No Insurance	14%	21%	28%	21%	9%	7%	100

# Post-Acute Rehab

What is your overall perception of **post-acute rehab** in the U.S.?

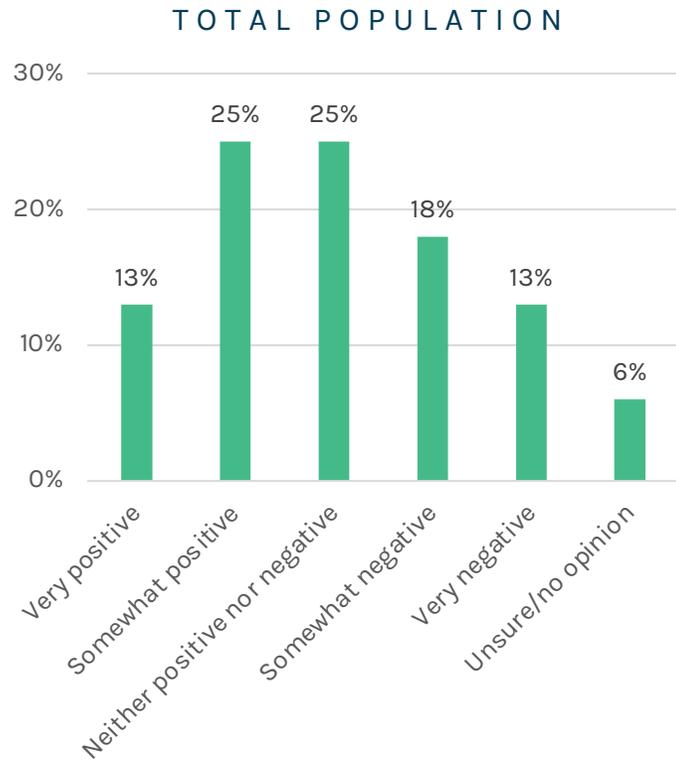
## TOTAL POPULATION



		Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	No opinion / unsure	Sample size
regulation of post-acute	More	17%	30%	25%	13%	6%	9%	412
	Same	15%	40%	29%	5%	3%	8%	349
	Less	16%	37%	27%	11%	7%	2%	123
	Unsure	3%	12%	40%	4%	1%	40%	162
Presidential Preference	Biden	8%	12%	29%	29%	19%	3%	400
	Trump	8%	10%	28%	36%	13%	4%	406
	Other	11%	19%	30%	25%	8%	6%	240

# Behavioral Healthcare

What is your overall perception of behavioral healthcare in the U.S.?

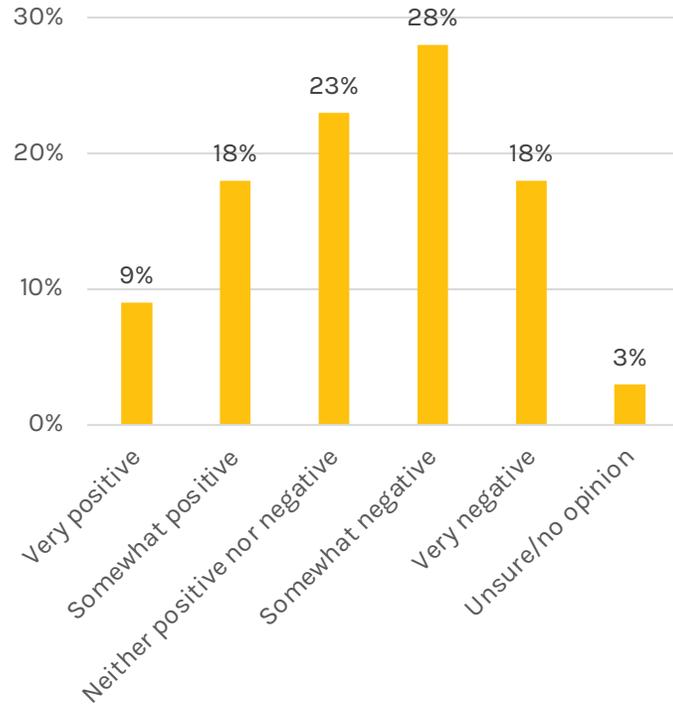


		Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	No opinion / unsure	Sample size
Utilization	Used behavioral services in past 3 years	15%	29%	17%	20%	18%	2%	203
	Have not used behavioral services	12%	24%	28%	18%	12%	7%	843
Gender	Female	9%	24%	25%	20%	15%	7%	543
	Male	16%	25%	26%	17%	11%	5%	503
Race/Ethnicity	Caucasian or White	10%	23%	25%	22%	14%	6%	657
	Hispanic or Latino	14%	27%	26%	13%	15%	5%	166
	African American or Black	2%	28%	35%	26%	4%	4%	137
	Asian or Pacific American	5%	28%	31%	10%	12%	14%	58
	American Indian or Alaska Native	33%	20%	20%	7%	20%	0%	15
	Other	15%	38%	8%	23%	8%	8%	13
Socioeconomic	Poor	13%	20%	29%	18%	10%	10%	141
	Working Class	11%	24%	28%	18%	14%	6%	320
	Middle Class	11%	28%	24%	18%	14%	6%	438
	Upper Middle Class	16%	22%	23%	24%	12%	3%	116
	Well-to-do	32%	19%	23%	10%	13%	3%	31
Insurance	Private Insurance	18%	24%	25%	14%	14%	5%	620
	Medicare	16%	27%	31%	9%	7%	9%	180
	Medicaid	24%	26%	19%	14%	14%	3%	93
	Other	26%	21%	26%	13%	9%	4%	53
	No Insurance	17%	33%	16%	11%	11%	12%	100

# Nursing Homes

What is your overall perception of nursing homes in the U.S.?

## TOTAL POPULATION

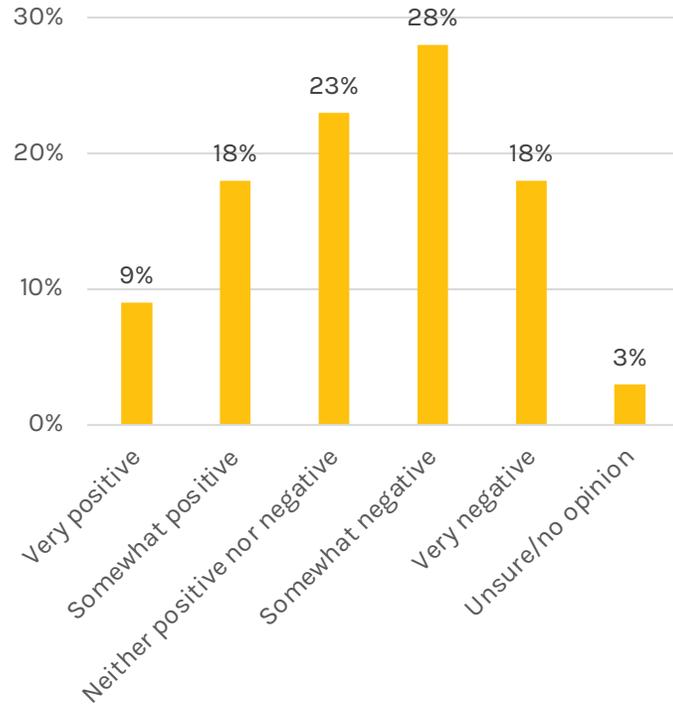


		Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	No opinion / unsure	Sample size
Gender	Female	5%	16%	24%	31%	21%	3%	543
	Male	14%	20%	22%	24%	16%	4%	503
Race/Ethnicity	Caucasian or White	8%	16%	21%	32%	21%	3%	657
	Hispanic or Latino	7%	22%	25%	25%	17%	4%	166
	African American or Black	20%	20%	31%	17%	11%	1%	137
	Asian or Pacific American	7%	29%	24%	17%	16%	7%	58
	American Indian or Alaska Native	20%	13%	33%	20%	13%	0%	15
	Other	15%	8%	38%	8%	23%	8%	13
Socioeconomic	Poor	9%	11%	26%	27%	20%	7%	141
	Working Class	8%	19%	21%	31%	17%	3%	320
	Middle Class	8%	19%	24%	26%	20%	3%	438
	Upper Middle Class	12%	16%	22%	30%	17%	3%	116
	Well-to-do	29%	23%	26%	13%	3%	6%	31
Insurance	Private Insurance	19%	28%	22%	19%	10%	2%	620
	Medicare	14%	28%	29%	19%	8%	2%	180
	Medicaid	18%	29%	25%	16%	9%	3%	93
	Other	23%	38%	13%	13%	6%	8%	53
	No Insurance	22%	18%	28%	14%	8%	10%	100

# Nursing Homes

What is your overall perception of nursing homes in the U.S.?

## TOTAL POPULATION



		Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	No opinion / unsure	Sample size
Regulation of nursing homes	More	11%	13%	19%	33%	22%	1%	625
	Same	10%	31%	30%	20%	7%	2%	194
	Less	7%	30%	23%	22%	18%	1%	114
	Unsure	1%	8%	36%	20%	15%	19%	113
Presidential Preference	Biden	14%	19%	23%	27%	15%	2%	400
	Trump	9%	19%	23%	27%	20%	3%	406
	Other	3%	15%	24%	30%	21%	7%	240