

NATIONAL CONSUMER SURVEY

# Money matters: The rising standard for healthcare

Public perception of finances and healthcare  
in the U.S., and what it means for the  
vulnerability of provider organizations

# What we asked...and why

In early 2020, as COVID-19 accelerated and confusion reigned, we saw an urgent need to understand how Americans viewed healthcare provider organizations and healthcare workers. Whom did they trust on critical healthcare issues? What concerns did they have about the industry's capabilities? How would those perceptions affect their pursuit of care?

At Jarrard Inc., we've continued measuring healthcare consumers' perceptions and behavior. In this, our fifth National Consumer Survey, we assess how the public views hospitals, health systems and other provider organizations in today's post-pandemic equilibrium that's marked by financial uncertainty. Our survey is less about trust this year (for deep insight on that, see [The Beryl Institute's November 2022 Ipsos PX Pulse survey on Consumer Perspectives on Patient Experience in the U.S.](#))

Instead, we focus on the public's perception of provider organizations and how that perception is affecting consumer behavior. Does the public think provider organizations fulfill their mission? That hospitals put patients over profits? Are attacks by critics on the overall healthcare industry resonating and damaging reputations of consumers' preferred healthcare organizations? And what factors actually feed consumers' decisions to pursue care with one provider versus another?

Our findings are divided in two tracks: one with applications for the hospital industry as a whole and another for how leaders can advance their organization specifically. Each includes data, our thinking and actionable advice to take as a healthcare leader.

**Spoiler: It all starts with money.**

# Demographics

## Gender



Male	48%
Female	52%
Other	< 1%

## Health Coverage



Private Health Ins.	40%
Medicare	31%
Medicaid	19%
Obamacare	6%
Veterans Health (VA)	3%
Tricare	2%
No health insurance	11%

## Ethnicity



Caucasian or White	67%
African American or Black	14%
Hispanic or Latino	14%
Asian or Pacific American	3%
Other	2%

## Age



18-34	28%
35-44	18%
45-54	16%
55-64	16%
65+	22%

## Education

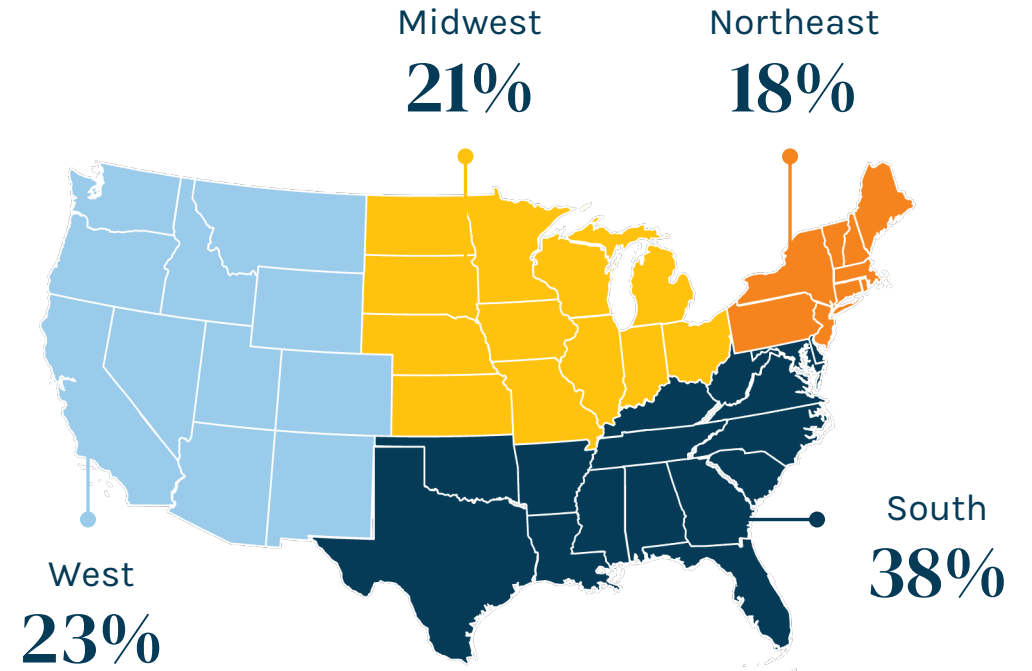


High school or less	28%
Some college	28%
College graduate	33%
Postgraduate	11%

## Environment



Urban	32%
Suburban	50%
Rural	18%



# The big picture

**Money – how provider organizations talk about it, where and how they spend it, how much they charge and the value they deliver to patients and the community – is shaping every healthcare conversation today.**

Our fifth National Consumer Healthcare Survey puts a spotlight on the need for provider organizations to go on offense when it comes to matters of money and what it means for the delivery of care.

The survey indicates public concern about the “business” of healthcare is laying a negative base for perceptions and expectations about provider organizations. A majority think U.S. healthcare is inequitable and doesn’t provide good value for the cost. Most disconcerting: Respondents are more likely to agree that hospitals and provider organizations focus more on making money than helping patients.

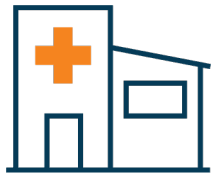
**Provider organizations must be able to talk about money and hard choices to be made.**

That means addressing cost of care, reimbursement pressures, allocation of their charity care dollars and how they’re investing to improve the patient experience. Essentially, provider organizations need to tell the story of how the critical actions they take today will establish a foundation for the future.

Still, people feel somewhat better about their own care than they do about healthcare in general, a finding that underscores the importance of one-on-one relationships between patients and providers. This positive note should encourage provider organizations to continue the critical work of building trust and confidence from a generally skeptical public – developing strong patient experiences and personal marketing to engage consumers.

# Key findings: Money matters

Financial concerns are weighing on people's minds and are the lens through which people are viewing the world, provider organizations and their own healthcare. Here, we use this lens to consider the communications and marketing imperatives for healthcare leaders today.



## Industry: Provider reputations are vulnerable

Skepticism of healthcare providers is prevalent, especially among younger adults and those with less means. Despite extraordinary pandemic performance, the public is dubious about how well health systems fulfill their mission to put patient care first.

**Risks:** Payer negotiations, regulatory oversight, labor and media scrutiny.



## Consumers: The price is right

Getting the right care is paramount, and insurance coverage is right behind. Beyond that, providers must create a comprehensive experience built on trust, convenience, quality and cost. But differentiation is in the details. Following the crowd on marketing won't work.

**Risks:** Price transparency, disruptive competitors, market share challenges.



# Industry: Provider Reputations are Vulnerable

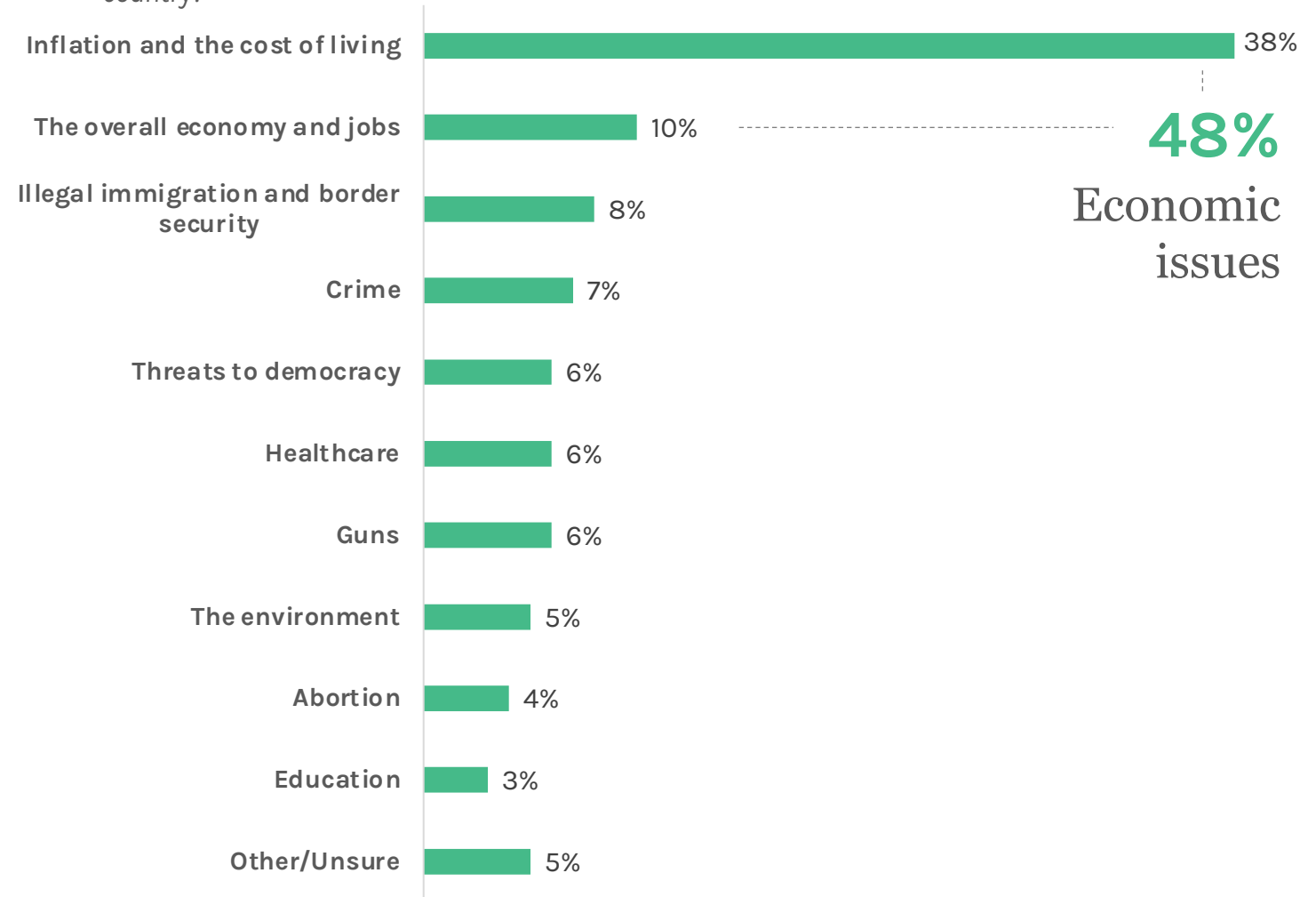
Financial concerns are weighing on people's minds and leading a meaningful number to delay seeking care. At the same time, there is a lack of understanding about the financial realities facing healthcare providers.

# Matters of money are the most important issue facing the country



Nearly **six in 10** adults describe their personal financial situation as fair or poor.

Which one of the following do you consider to be the most important issue facing the country?

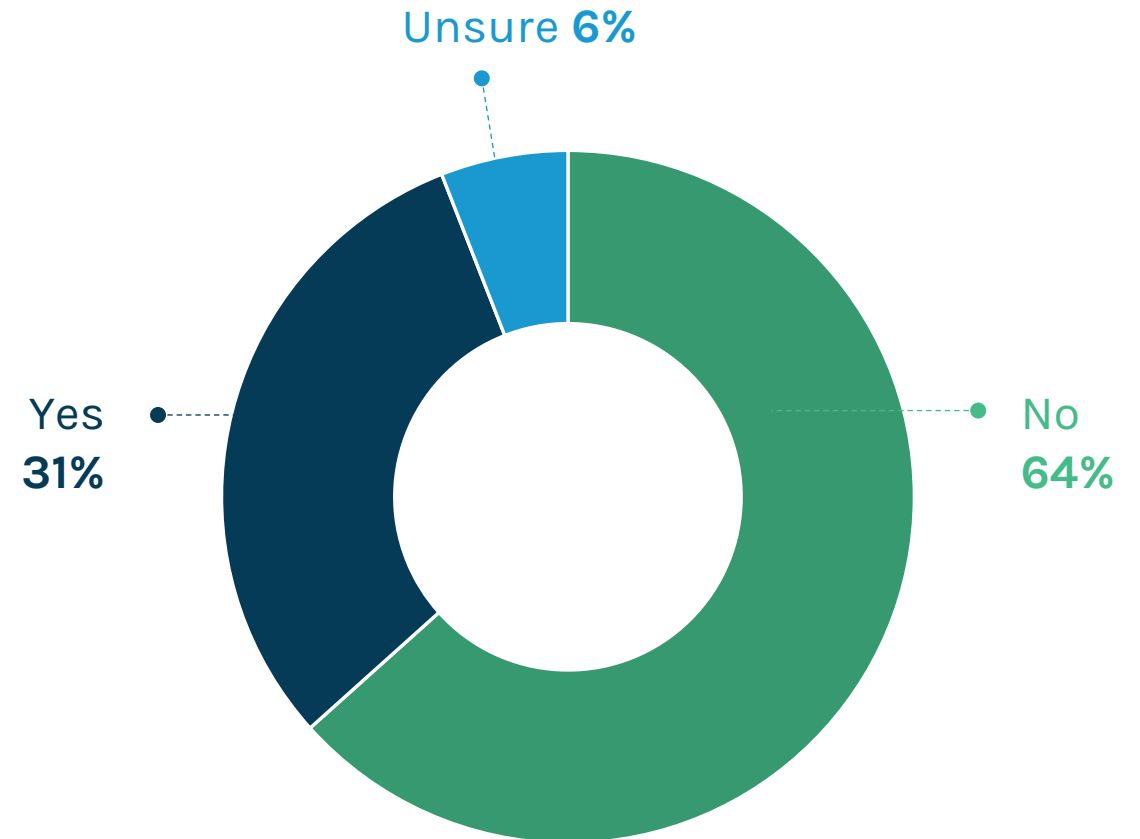


# Nearly one third delayed seeking care due to financial considerations

## 52%

of adults who describe themselves as “poor” report a delay in seeking care. More than four in 10 adults 26-54 say the same.

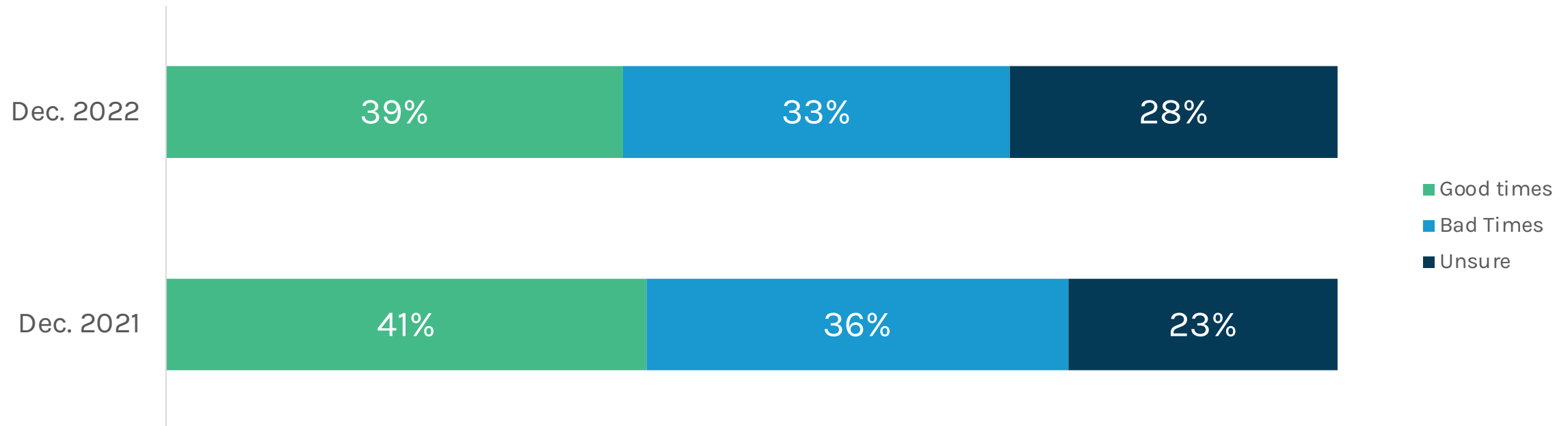
Thinking about inflation...have you or someone in your household delayed seeking medical care because of rising costs?





# Despite the reality of losses and razor thin margins, only a third think hospitals are struggling financially

In general, would you say that most hospitals are experiencing fairly good times or fairly bad times financially?



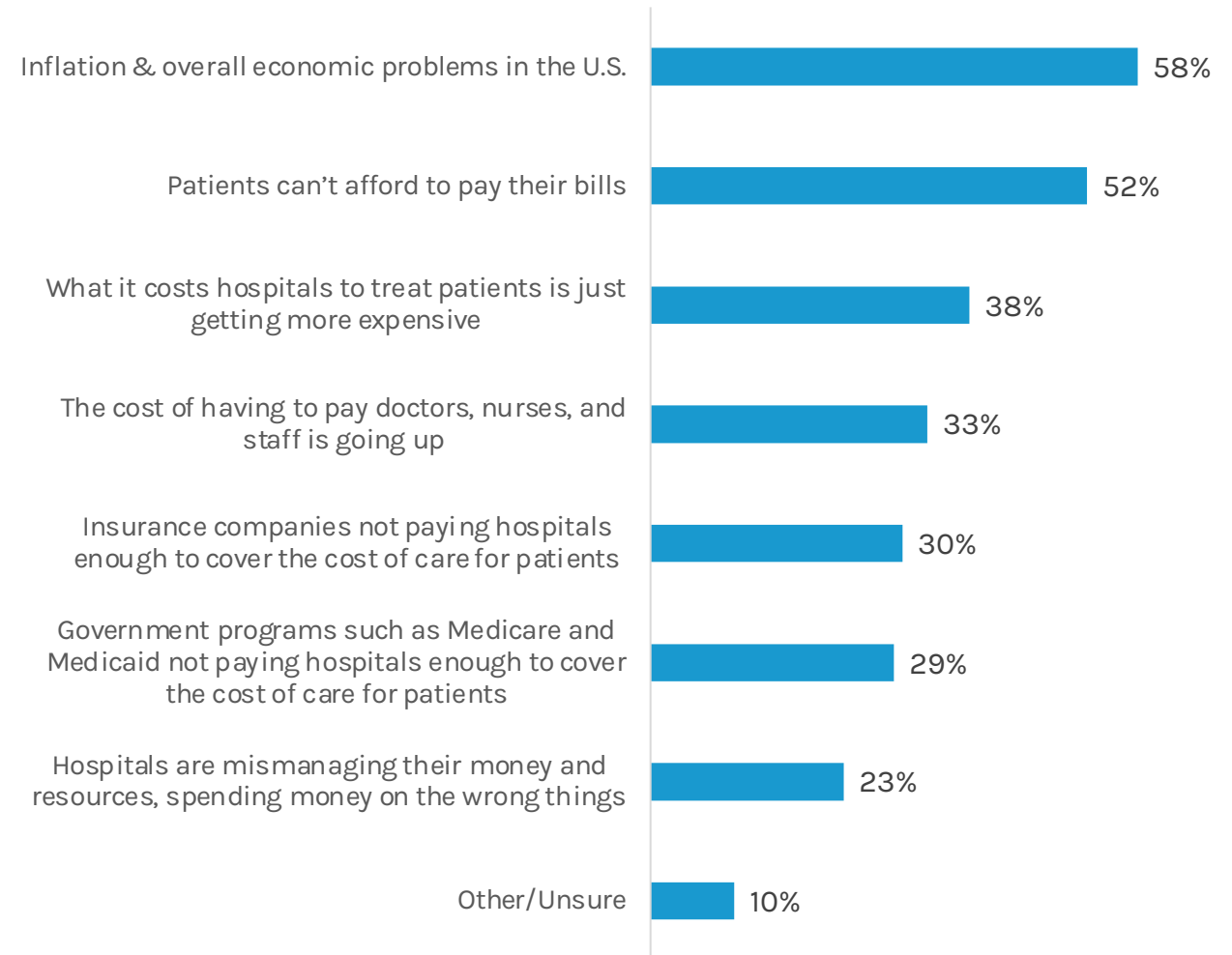
# Of the 33 percent who believe hospitals are experiencing bad times, less than one third attribute it to a key issue: Low reimbursement

More than half of those who say hospitals are experiencing bad times point to patients' financial difficulties and/or out of pocket costs being too high, with 52 percent say patients can't afford to pay their bills.

The focus on broad economic issues indicates a lack of understanding about how care is paid for and the failure of reimbursement to keep up.

**The good news?** Few think hospitals' trouble is due to mismanaging resources.

Which of the following would you say is doing the most to cause financial problems for hospitals [Select the top 3]?

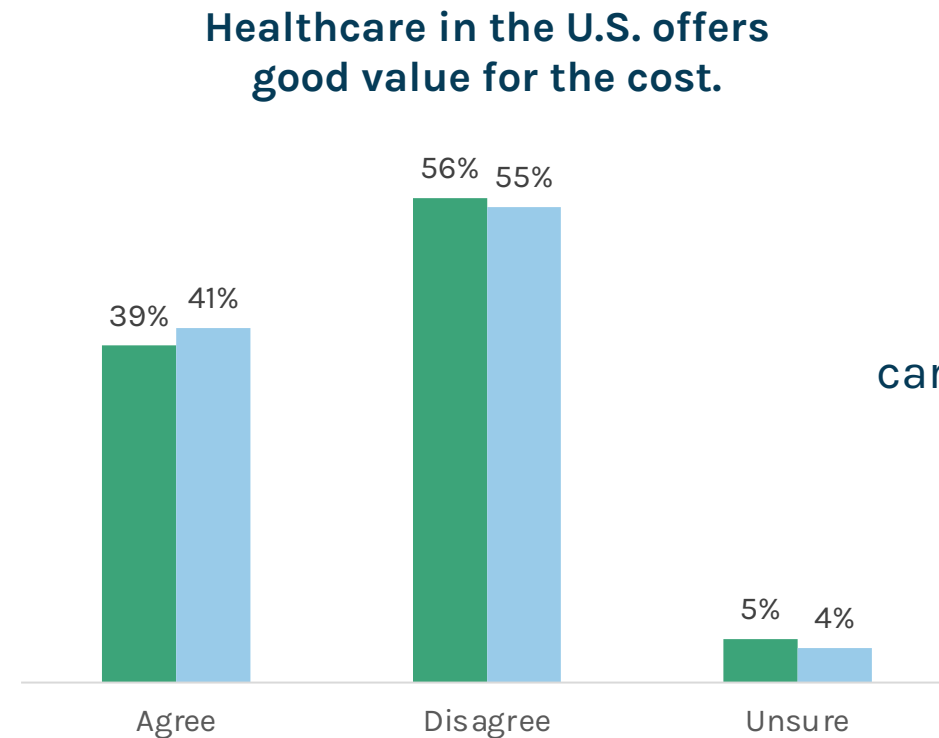
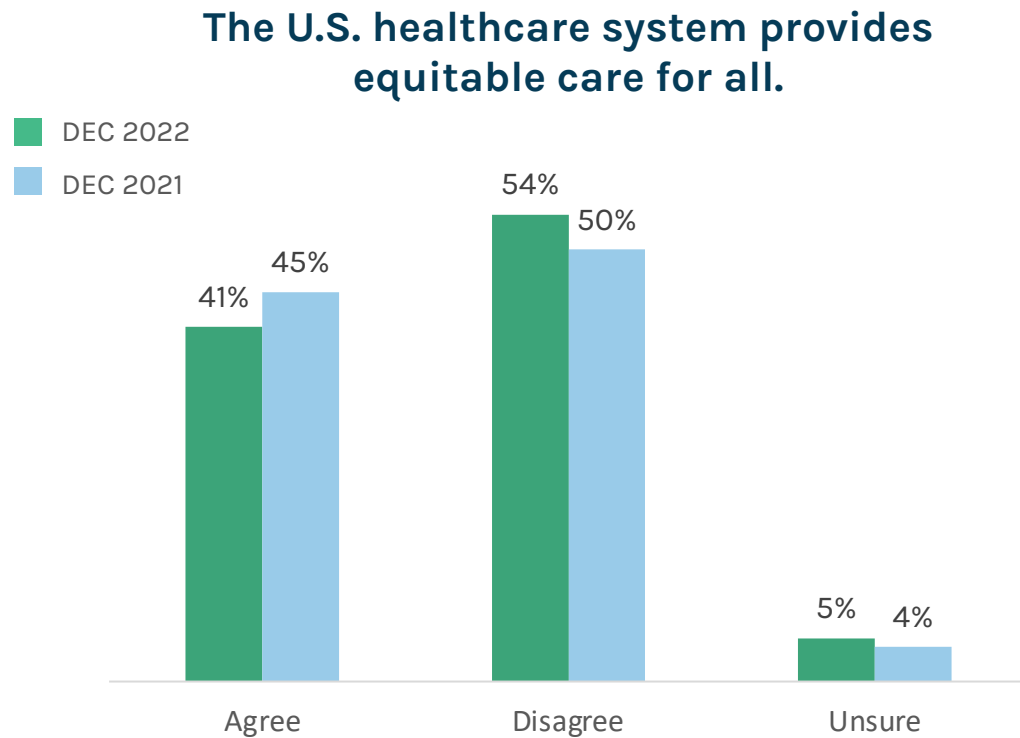


SKEPTICISM IS REAL AND U.S. HOSPITALS ARE VULNERABLE

Provider organizations in general are viewed negatively on mission and money-related issues.

# A majority continue to think that U.S. healthcare is neither equitable nor provides good value

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

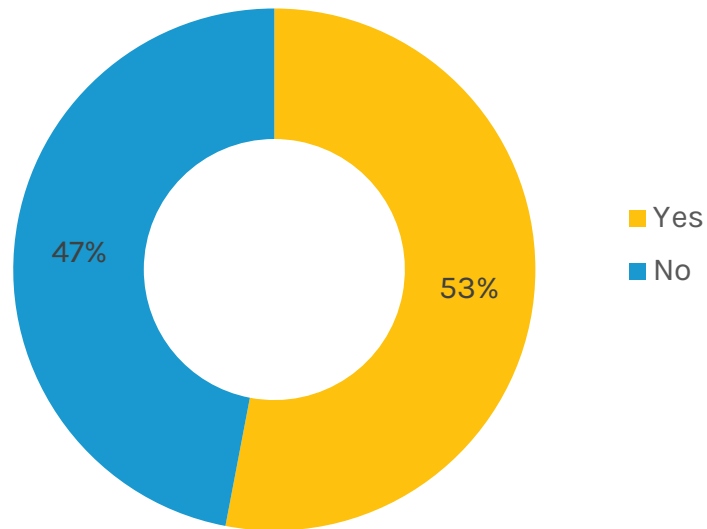


**51%**  
of men think  
care is equitable.  
Only 32% of  
women do.

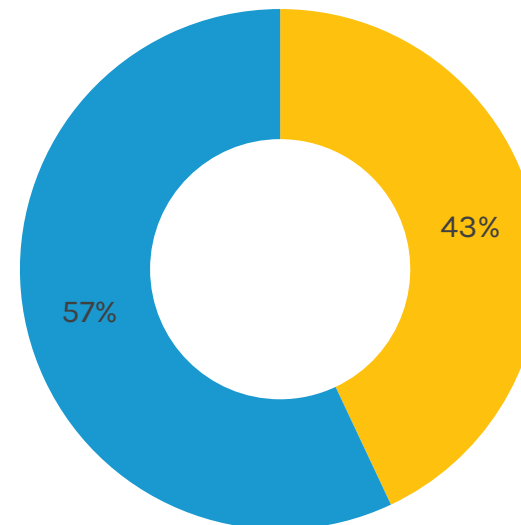
# Barely a majority believe healthcare providers are meeting the needs of most Americans

Generally speaking, do you believe...?

**Hospitals, health systems, and other organizations** that provide medical care are meeting the needs of most Americans



**Health insurance companies** are meeting the needs of most Americans

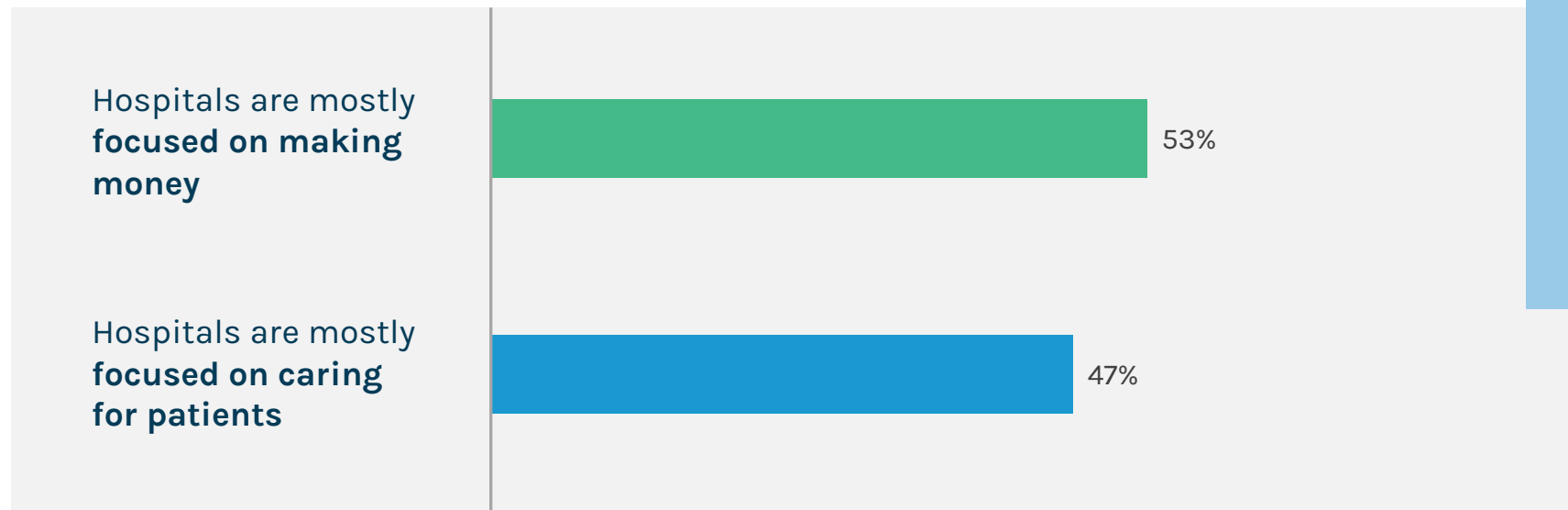


## OF NOTE

**Insurance companies fare much worse than provider organizations.** Less than a third of adults ages 18-25 think health insurance companies are meeting the needs of most Americans. Only 36 percent of those 26-34 do.

# More than half of people perceive that hospitals put profits over patients

Whether you agree or disagree with each of the following statements, please select which one you agree with the most.

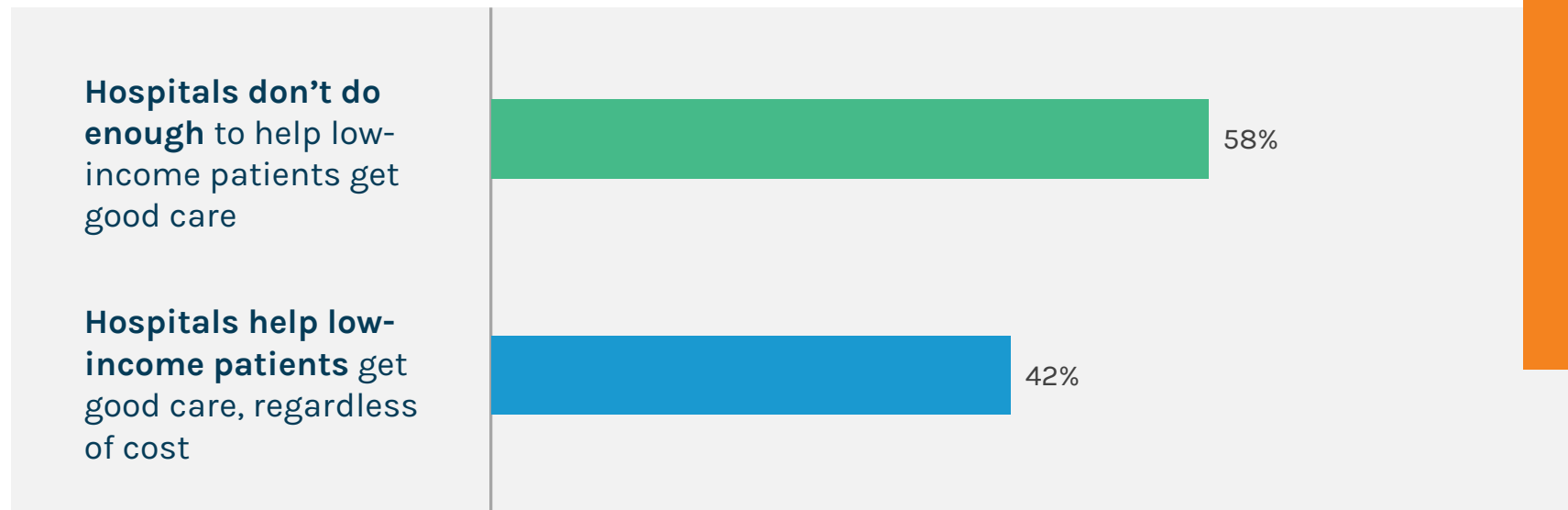


## OF NOTE

Only three in 10 adults think that health insurance companies are mostly focused on helping people get the care they need, compared to seven in 10 who agree more that payers are focused on making money.

# The hospital industry is missing the mark on questions of equity

Whether you agree or disagree with each of the following statements, please select which one you agree with the most.

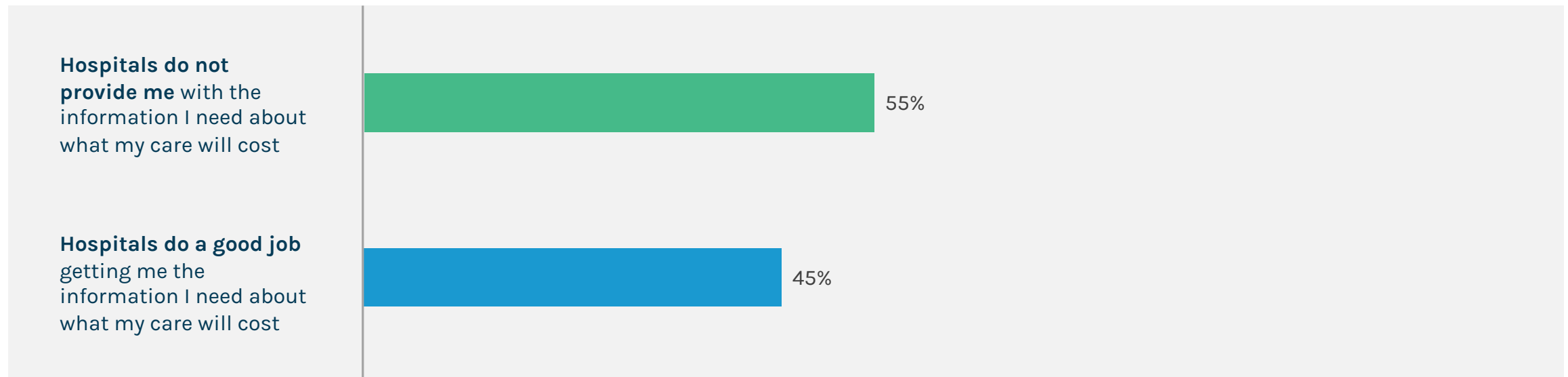


## OF NOTE

Only 27 percent of the self-described “poor” and 30 percent of those without health insurance agree more with the statement that hospitals help low-income patients get care, regardless of cost. Those who do have a preferred hospital are 11 points more likely to agree than those who don't.

# A majority don't think hospitals do well on issues of price transparency

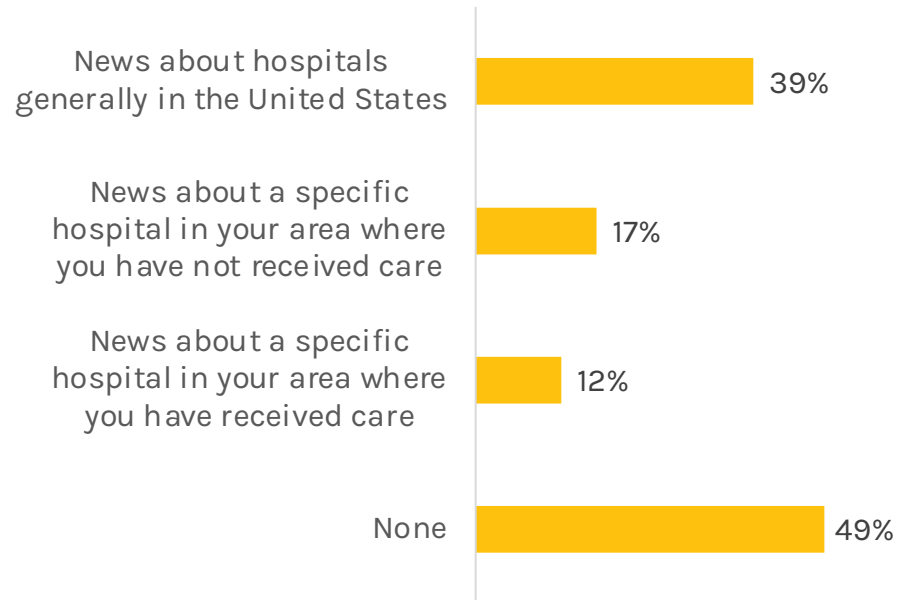
Whether you agree or disagree with each of the following statements, please select which one you agree with the most.



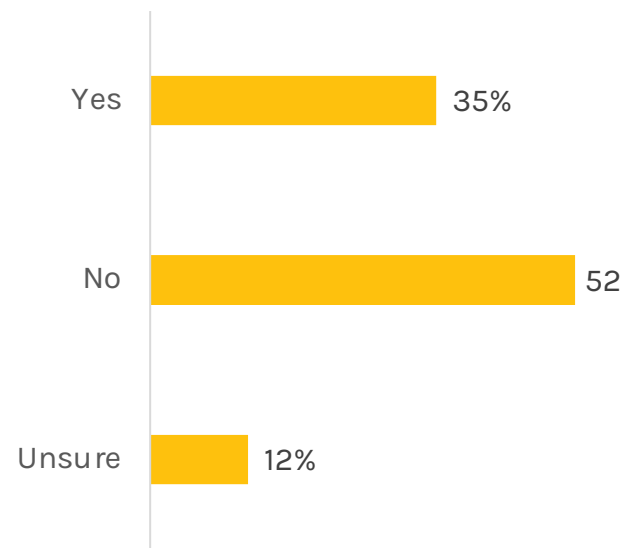


# Seeing hospital news causes one third to lose trust

Over the last few months, have you seen, read, or heard news about any of following...? (select all that apply)



Have any of the stories you saw in the news caused you to lose trust in the hospitals in your area?



Sample: Have seen hospital news, N=511

## OF NOTE

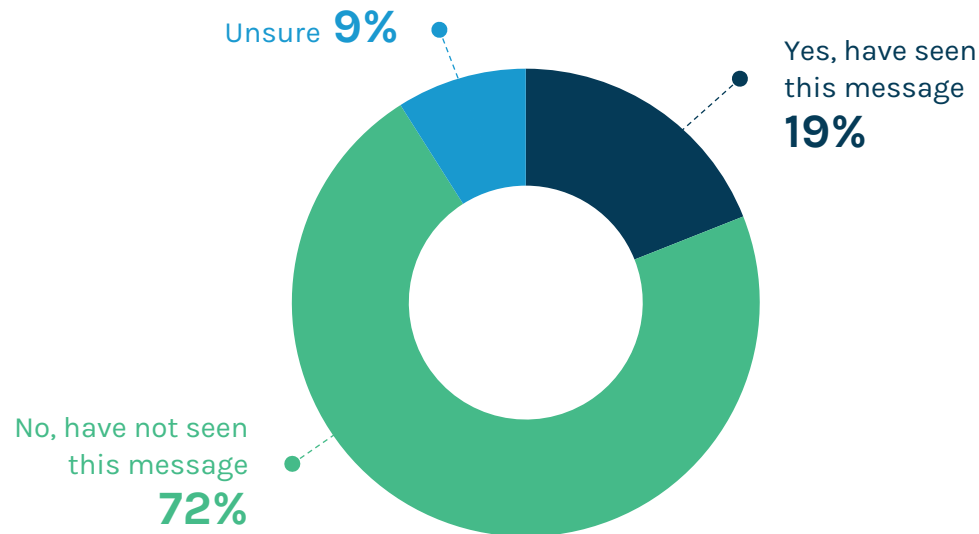


Even some who report having seen more positive news about local hospitals are losing trust in those organizations. But those who report having seen positive news about a hospital where they received care are 22 points less likely to report a loss in trust.

# Nearly one in five have seen stories alleging not-for-profit hospitals fail to provide enough free care in exchange for tax breaks

Below is a message that some people have reported hearing in the news. Please select whether you have heard this message or something similar through the news, social media, or in conversations with other people.

“Many hospitals across the country don’t have to pay taxes in exchange for providing free care to patients who can’t pay, but some hospitals are being accused of taking the tax breaks while not providing enough free care.”



	% Yes
<b>Overall</b>	<b>19%</b>
65+	8%
55-64	10%
No HC treatment last two years	12%
Female	16%
Male	21%
Hospital treatment last two years	22%
35-54	22%
26-34	27%
18-25	28%
Healthcare worker household	51%

## OF NOTE

As with general news, young adults are far more likely to see stories about hospitals' tax-exempt status and charity care activity than older Americans.



# Nearly two thirds of all respondents are inclined to believe charity care allegations

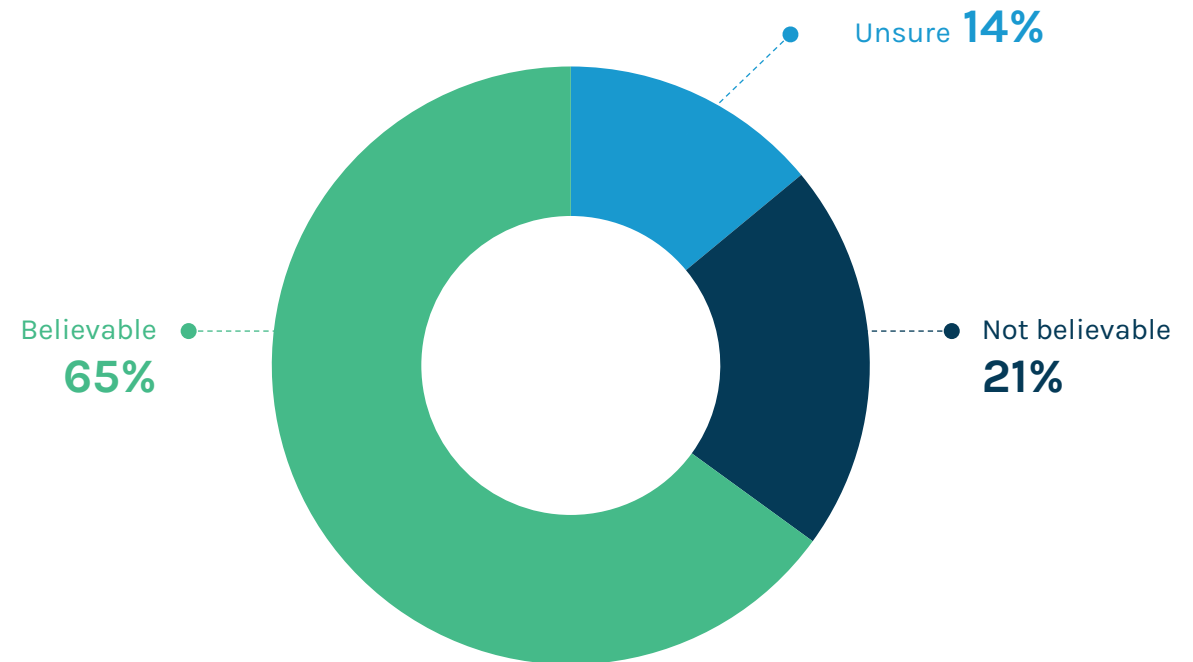
Adults who have interacted with healthcare recently are more likely than those who have not to find this message believable. Healthcare households are the most likely group to find it believable. Adults 65+ are the least likely.

## 73%

of healthcare households find this statement believable

Whether or not you have seen this message, how believable do you find the message?

**“Many hospitals across the country don’t have to pay taxes in exchange for providing free care to patients who can’t pay, but some hospitals are taking the tax breaks while not providing enough free care.”**



HOW PEOPLE FEEL ABOUT THEIR OWN HEALTHCARE

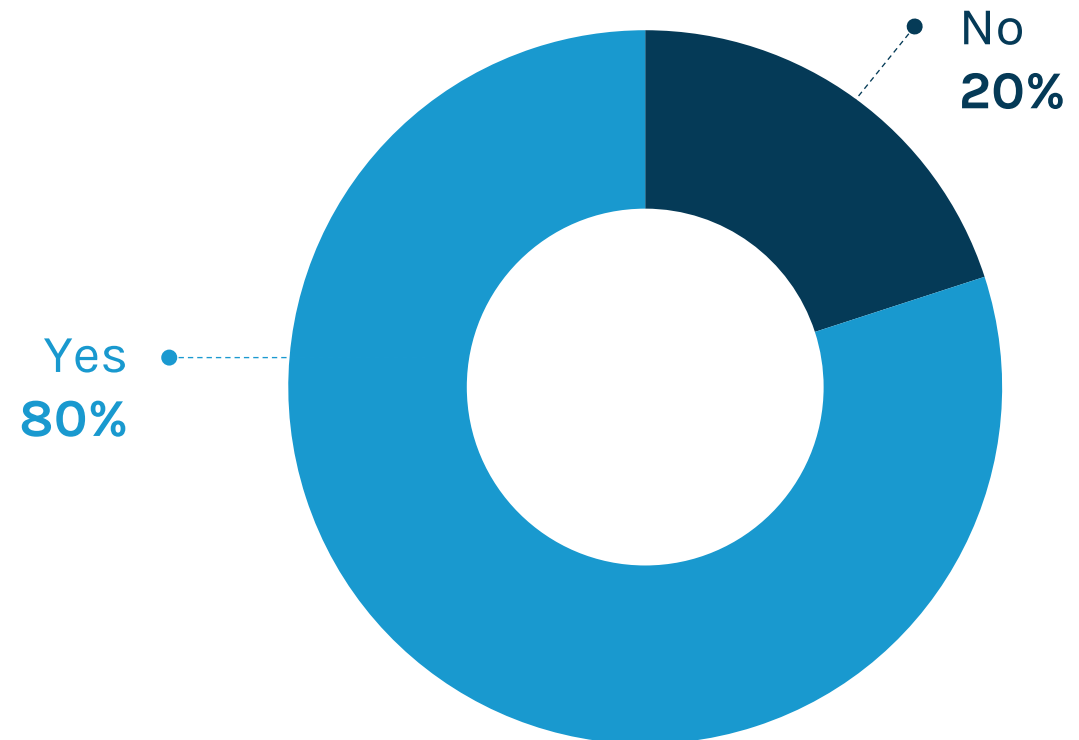
People are somewhat more positive about their preferred hospital than they are about hospitals in general

# Eight in 10 adults report having a preferred hospital

## 75%

of adults 18-34 have a preferred hospital, compared to **81%** of those middle-aged and **84%** of those 65+

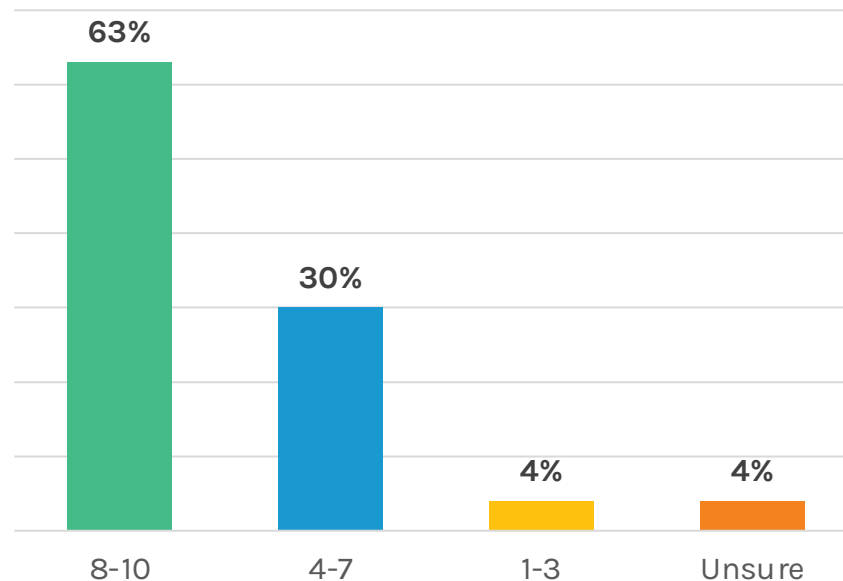
Is there a hospital in the area where you live that you would consider your hospital, or the hospital you would prefer to go to in an emergency or for other treatment?



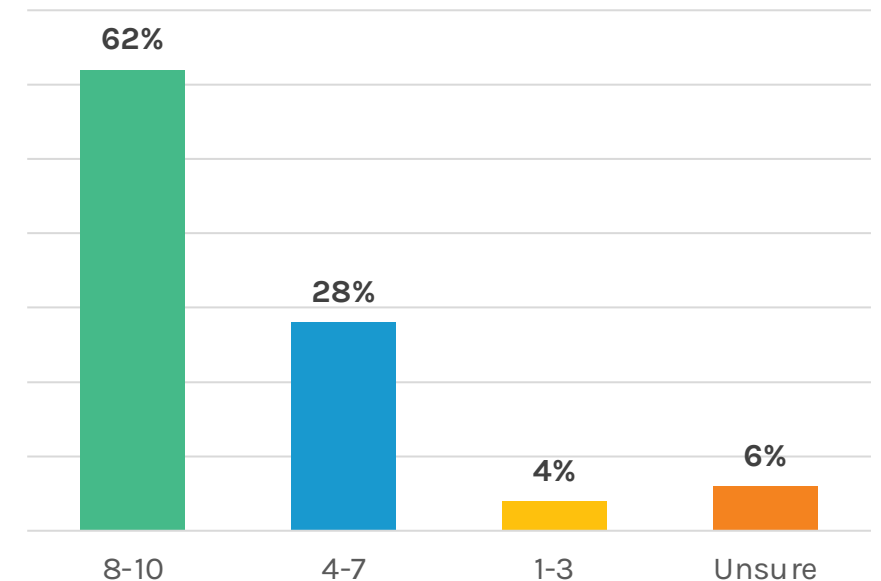
# Only about six in 10 feel strongly that *their* hospital fulfills its mission and provides equitable care

**My preferred hospital fulfills its mission as a healthcare provider to care for patients.**

Please indicate if you agree or disagree with each of the following statements using a scale from 1-10 where 1 means that you STRONGLY DISAGREE and 10 means you STRONGLY AGREE.



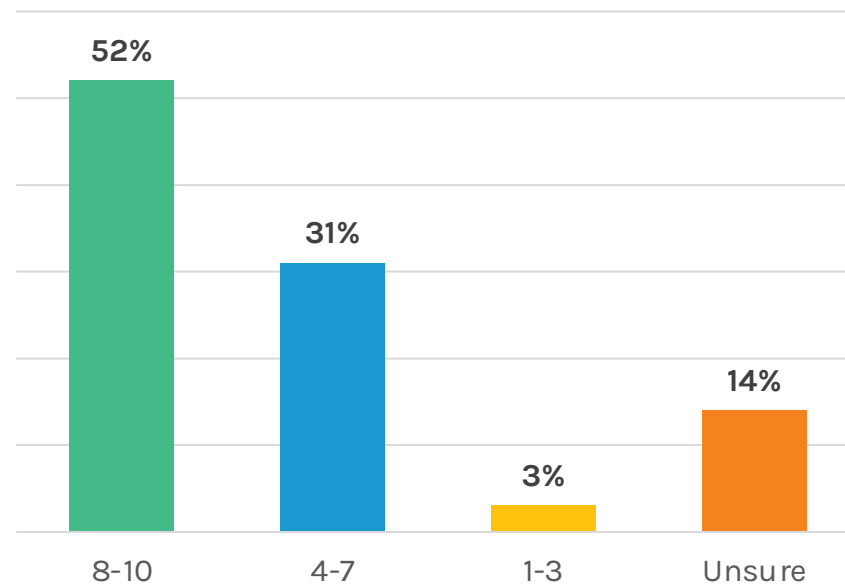
**People can get the care they need at my preferred hospital, regardless of race, ethnicity or socioeconomic status.**



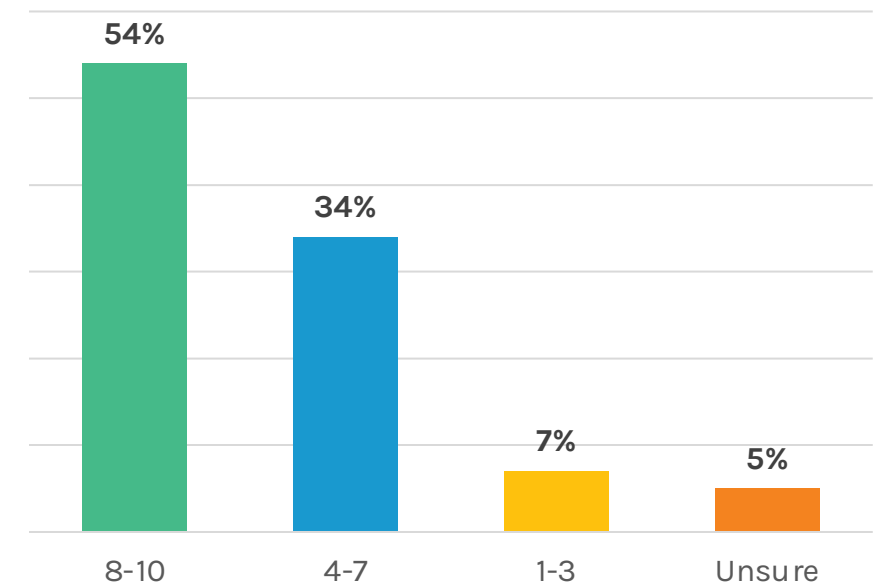
# Barely half feel strongly that *their* hospital is a good community partner and puts patients above profits

**My preferred hospital is a good community partner providing charity care and working well with others in the community.**

Please indicate if you agree or disagree with each of the following statements using a scale from 1-10 where 1 means that you STRONGLY DISAGREE and 10 means you STRONGLY AGREE.



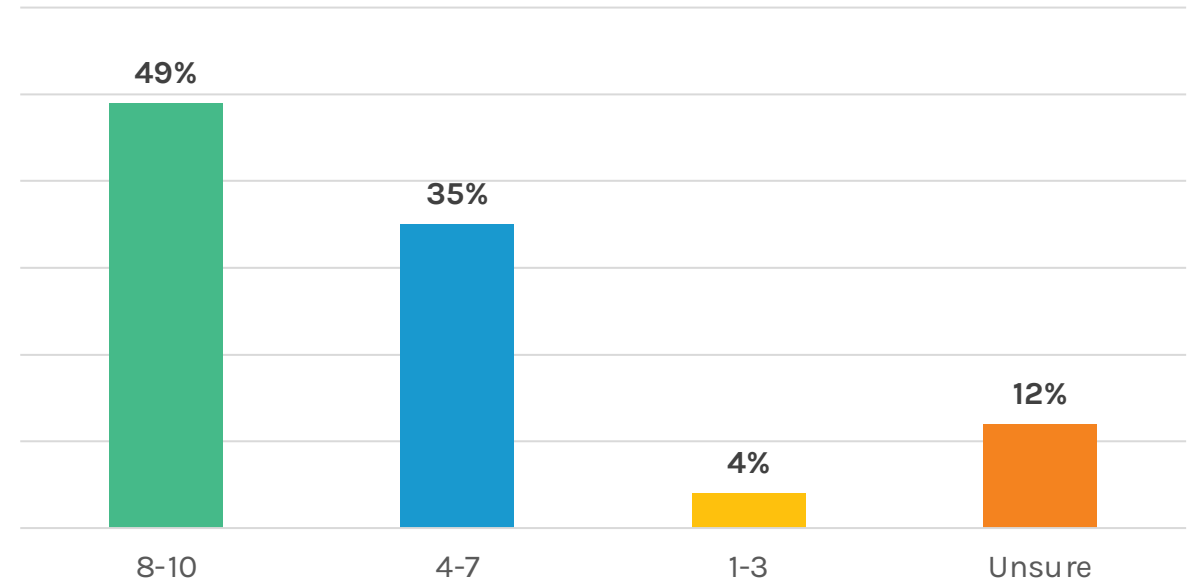
**I trust that my preferred hospital will put the needs of patient care ahead of the pressure to make money.**



# Half of adults give their preferred hospital high marks on financial issues

Please indicate if you agree or disagree with each of the following statements using a scale from 1-10 where 1 means that you STRONGLY DISAGREE and 10 means you STRONGLY AGREE.

**My preferred hospital handles financial issues like the cost of care, billing and financial assistance well.**





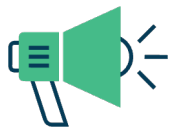
# Five communications imperatives

The public's focus on financial matters and skepticism of institutions in general and providers specifically has important implications, especially given the broader challenges the healthcare industry is facing today.



**Talk about money. Make it human. Educate critical stakeholders.  
Pursue meaningful transparency.**

Financial education and money discussions can be difficult – even awkward. Both are needed to help the public better understand the realities facing hospitals and how it affects them as patients. Nail down your facts and train your team to have clear-eyed conversations about money, charity care, tax status and how care is paid for today.



**Sharpen your mission message and elevate its delivery.**

Develop highly targeted messages for specific segments of the populations you serve showing how your organization listens, cares, meets the needs of the community and fulfills its mission. Ensure your board, elected officials and business/community leaders understand your work and are equipped to advocate for you.

# Five communications imperatives (continued)



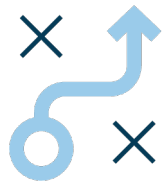
## Make a clear case for necessary changes and engage your people in the journey ahead.

Virtually every organization will be undertaking change in 2023, much of it likely to be difficult. Many people are already viewing provider organizations in a negative light. Healthcare leaders must consider where stakeholders are and how they view the world to successfully communicate and move through change. Moreover, DEI and broader equity issues are now business imperatives as part of new ranking and credentialing standards. Ensure your organization's actions match its words helping underserved populations get the care they need, and then share how you're addressing these important issues.



## Push hard on relationships with payers.

It's more important than ever that you are in network and reimbursed fairly. Knowing that their care is covered by insurance is the most important factor associated with where consumers decide to seek care (more on that below). Providers still come out ahead of payers on questions of patients over profits. Know your strength and use it.



## Bolster your issue and crisis communications readiness.

A mishandled issue or crisis can be particularly damaging in the current environment. Are you ready? Are your leaders prepared to answer the tough questions? Have a plan and have trained communicators ready to execute it.



# Consumers: The Price is Right

Cost and quality considerations are paramount for those seeking care. But differentiation is in the details. Following the crowd on marketing won't work. Segmentation is crucial.

# A note on methodology: Max differential analysis

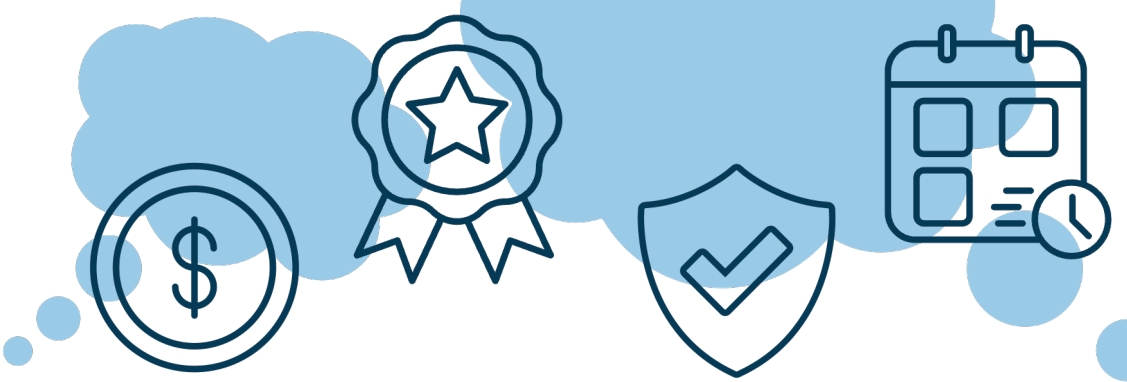
**MaxDiff is a statistical method where survey respondents choose the best and worst options of a given set of factors.**

In this survey, respondents were provided with 20 factors they might consider when choosing a healthcare provider. They were asked to consider five factors at a time, selecting the most important and least important factor in choosing a provider.

The exercise was repeated 12 times using different groups of five factors each time. Respondents were asked their importance for minor care and then again for major care, using the same factors.

The objective was to determine the importance of individual factors in decision-making for each type of care.

# Considerations for selecting where to receive care



The 20 factors tested by MaxDiff were grouped into four categories. The factors were tested for minor care and for major care.

## COST

- Provides clear information about how much the care will cost

---

- The overall out-of-pocket cost to me

---

- The care will be covered by my insurance

---

- Has easy bill payment options

---

- Has helpful and easy to understand financial assistance options

---

## QUALITY

- I will get the right care for my needs

---

- Has good patient reviews

---

- Has a good reputation

---

- Is ranked highly by independent organizations

---

- Uses the latest medical technology

---

## TRUST

- Listens to my concerns and explains things clearly

---

- Cares about me as a person

---

- Puts my interests ahead of their own

---

- Treats their employees well

---

- Contributes to the community

---

## CONVENIENCE

- The provider is located close to where I live or work

---

- Makes visiting easy with things like good parking and clear signs

---

- I can get an appointment within the timeframe I expect and need

---

- Offers easy-to-use scheduling and digital tools such as a user-friendly website

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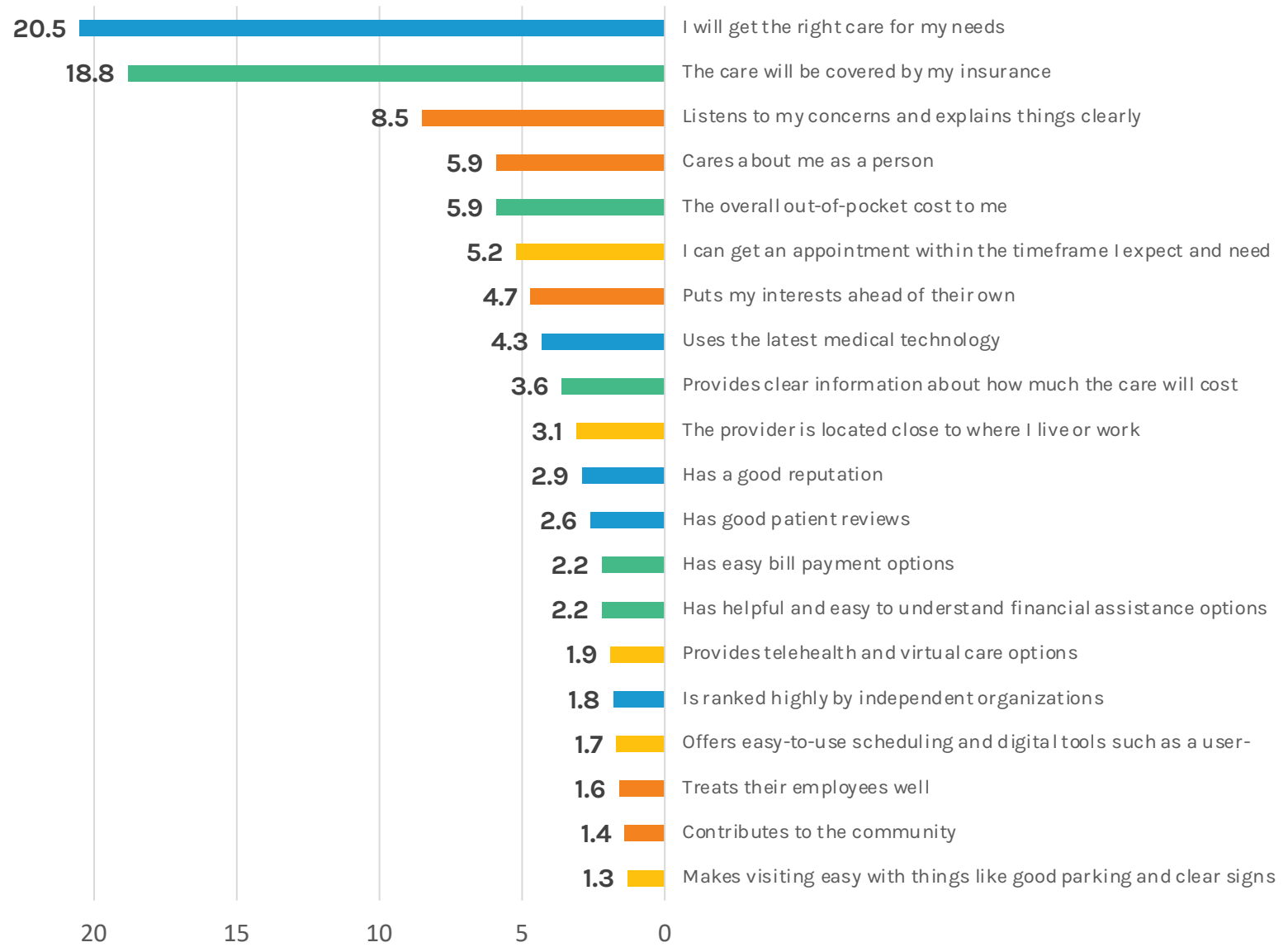
- Provides telehealth and virtual care options

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# Cost and quality matter most for minor care

Thinking about where to go for minor issues such as routine care, wellness visits, screenings, or a minor injury...Which of the five factors listed below would be the most important to you when choosing a healthcare provider for a minor issue or routine care? Which one would be least important?

- COST
- QUALITY
- TRUST
- CONVENIENCE



# Cost and quality matter most for **minor** care

The top six considerations across all categories are highlighted

## COST

- **The care will be covered by my insurance (18.8)**
- **The overall out-of-pocket cost to me (5.9)**
- Provides clear information about how much the care will cost (3.6)
- Has easy bill payment options (2.2)
- Has helpful and easy to understand financial assistance options (2.2)

TOTAL SCORE: **32.6**

## QUALITY

- **I will get the right care for my needs (20.5)**
- Uses the latest medical technology (4.3)
- Has a good reputation (2.9)
- Has good patient reviews (2.6)
- Is ranked highly by independent organizations (1.8)

TOTAL SCORE: **32.2**

## TRUST

- **Listens to my concerns and explains things clearly (8.5)**
- **Cares about me as a person (5.9)**
- Puts my interests ahead of their own (4.7)
- Treats their employees well (1.6)
- Contributes to the community (1.4)

TOTAL SCORE: **22.0**

## CONVENIENCE

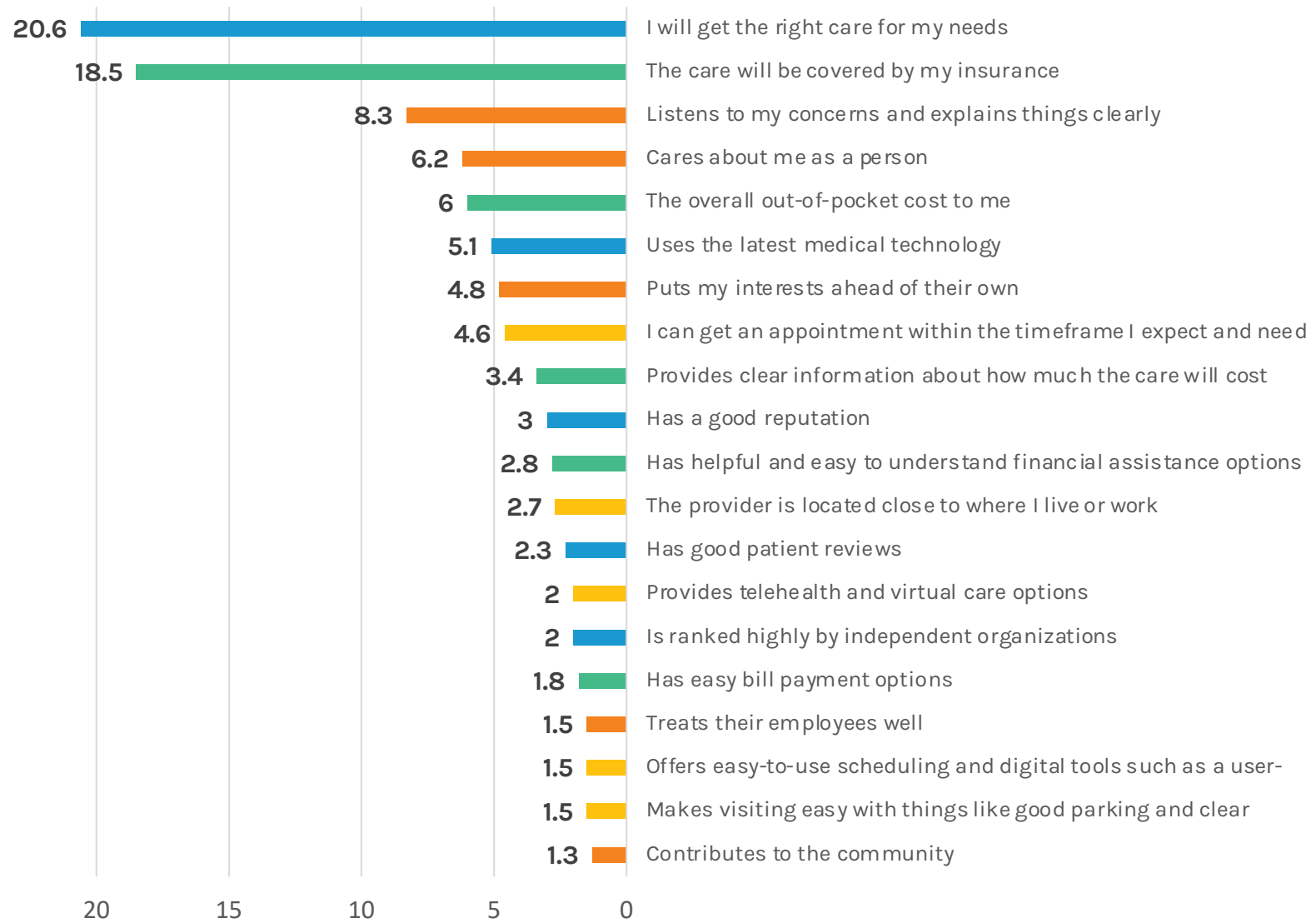
- **I can get an appointment within the timeframe I expect and need (5.2)**
- The provider is located close to where I live or work (3.1)
- Provides telehealth and virtual care options (1.9)
- Offers easy-to-use scheduling and digital tools such as a user-friendly website (1.7)
- Makes visiting easy with things like good parking and clear signs (1.3)

TOTAL SCORE: **13.2**

# Cost and quality matter most for major care

Thinking about where to go for major issues such as surgery, management of a chronic disease like diabetes, or a significant emergency... Which of the five factors listed below would be the most important to you when choosing a healthcare provider for a major issue? Which one would be least important?

- COST
- QUALITY
- TRUST
- CONVENIENCE





# Cost and quality matter most for major care

The top six considerations across all categories are highlighted

## COST

- The care will be covered by my insurance (18.5)
- The overall out-of-pocket cost to me (6.0)
- Provides clear information about how much the care will cost (3.4)
- Has helpful and easy to understand financial assistance options (2.8)
- Has easy bill payment options (1.8)

TOTAL SCORE: 32.5

## QUALITY

- I will get the right care for my needs (20.6)
- Uses the latest medical technology (5.1)
- Has a good reputation (3.0)
- Has good patient reviews (2.3)
- Is ranked highly by independent organizations (2.0)

TOTAL SCORE: 33.0

## TRUST

- Listens to my concerns and explains things clearly (8.3)
- Cares about me as a person (6.2)
- Puts my interests ahead of their own (4.8)
- Treats their employees well (1.5)
- Contributes to the community (1.3)

TOTAL SCORE: 22.1

## CONVENIENCE

- I can get an appointment within the timeframe I expect and need (4.6)
- The provider is located close to where I live or work (2.7)
- Provides telehealth and virtual care options (2.0)
- Offers easy-to-use scheduling and digital tools such as a user-friendly website (1.5)
- Makes visiting easy with things like good parking and clear signs (1.5)

TOTAL SCORE: 12.4

# Beyond table stakes: Unpacking “the right care for my needs”



CATEGORY	FACTOR	MEAN FOR MINOR CARE	MEAN FOR MAJOR CARE
TRUST	Listens to my concerns and explains things clearly	8.5%	8.3%
TRUST	Cares about me as a person	5.9%	6.2%
COST	The overall out-of-pocket cost to me	5.9%	6.0%
CONVENIENCE	I can get an appointment within the timeframe I expect and need	5.2%	4.6%
TRUST	Puts my interests ahead of their own	4.7%	4.8%
QUALITY	Uses the latest medical technology	4.3%	5.1%

**OF NOTE**

Put yourself in the consumer’s shoes: “I can’t get the right care for my needs if you don’t listen, if you don’t care about me, if I can’t get an appointment, if you put your interest ahead of mine and if you don’t use the latest technology.” This perspective will help provider organizations decide where to focus their resources.

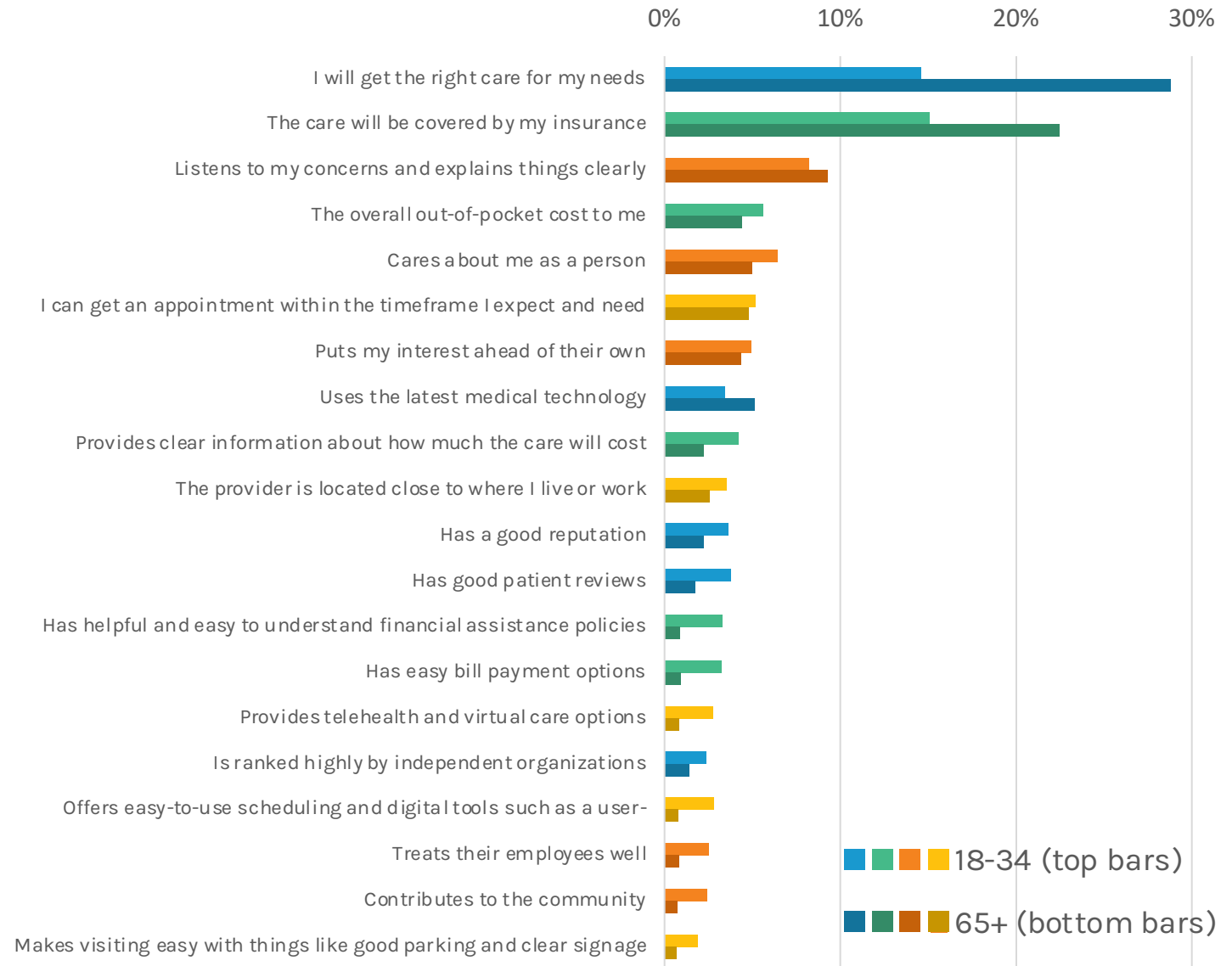
There's a wide range of factors that go into how younger adults decide where to receive care. It's more straightforward for older adults.

OF NOTE

**Cost:** Knowing what care will cost is nearly 2x more important to young adults than to those 65+

**Convenience:** Providing virtual care is 3.5X more important

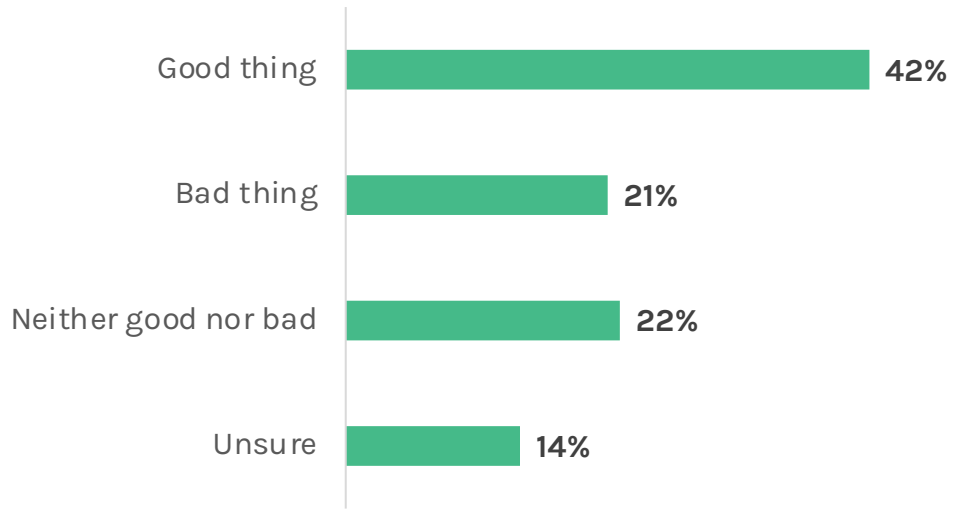
**Trust:** Treating employees well is 3.4X more important



Traditional healthcare providers and health services companies still have a leg up on Amazon. At least today.

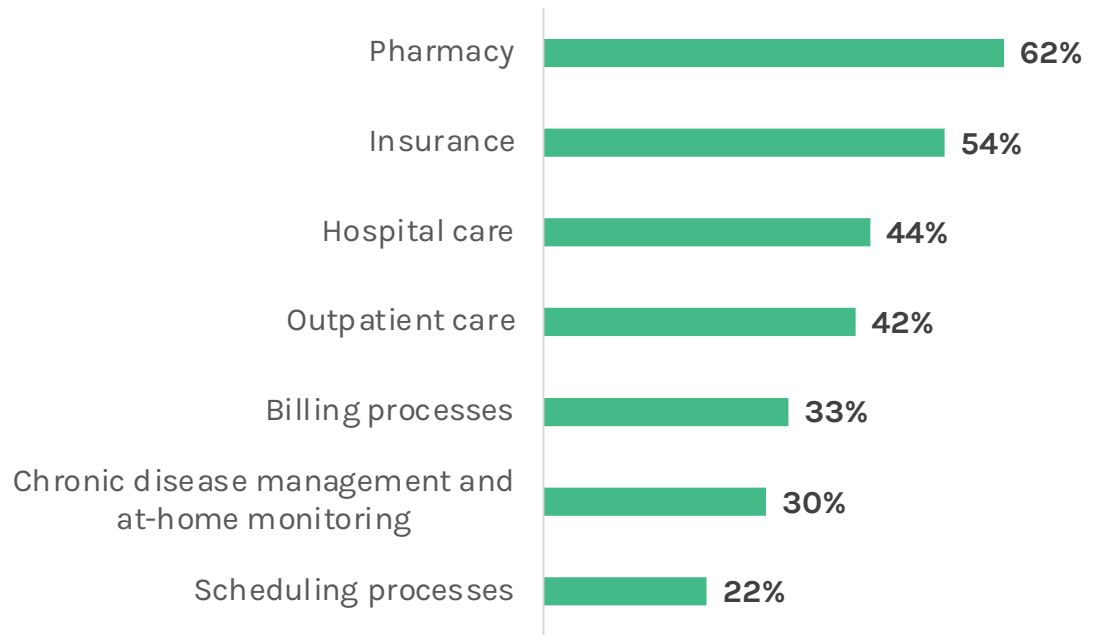
# Adults lean toward a positive view of Amazon and its ilk entering healthcare. But for patient care, it's a mixed bag.

As you may know, Amazon has announced that they will begin offering healthcare services. Do you think it is a good thing or bad thing for companies like Amazon, which have not traditionally provided healthcare, to now start providing healthcare services?



From the list below, which aspects of the healthcare industry do you believe could benefit most from these companies

[Select the top 3]? (Among those saying it is a good thing, N=420)



# Six marketing imperatives



## Think, and talk, like your consumers.

Patients don't understand or even have good access to quality data. Though online reviews and rankings matter, individuals draw a direct line between their experience and how they're treated as people and the quality of their care. Build an experience that takes this into account, enhancing the details along the entire patient experience continuum so they feel cared for. Then, sell that experience in your external marketing, and bolster communications training for your team to help patients feel listened to, valued, cared for as human beings and prioritized over the organization.



## Pursue patient acquisition and build trust through one-on-one relationships.

To bring people through your doors and then keep them as happy consumers, develop and deliver segmented messages showing how the care you offer is thoughtfully designed around what matters most to specific audiences.



## Don't define your marketing strategy based on what your competitors are doing.

Find a credible and accessible differentiator. Develop your own brand position and stick to it. Be willing to zag when others are zigging. There's a lot of noise in a crowded market, don't get lost in the noise by doing the same thing. Then, lean into that unique position throughout your marketing and communications.

# Six marketing imperatives (continued)



## Clearly identify your differentiators by audience segment.

While older adults care deeply about the “big things,” skeptical young adults are looking for the details in the whole package. Easy bill pay options, telehealth and treating employees may not be patients’ top priorities. But, if you’re doing well in those areas, showcase them to create an individualistic touch point that demonstrates an overall culture of care. Then, review what people are saying about your organization, pick a couple of factors to improve and work towards doing so over the next year – creating a steady, measurable cycle of operational improvement and targeted marketing.



## Find partners.

Ask, “how can we complement each other?” rather than “where do we compete?” Look to other types of provider organizations that can help you address weaknesses and where you can do the same for them. Trying to be all things to all people only waters down and distracts from your areas of strength, so leverage opportunities to bring others in to collaborate.



## Build trust by doing less – carefully.

To do all of the above and satisfy consumer expectations, you have to know who they are. The best way to do that? Collect data. While collecting data about consumers and potential patients online (we’re not talking personal health information here) is a powerful and productive, it carries risk of misuse and broken trust with those whose data is collected. When developing audience segmentation and marketing plans, only collect and use the data you need. And be transparent about the how and why.

# The urgency to act

If you're not on offense, you're on defense. When times are tough, it's easy to bunker down. For provider organizations to successfully move through today's headwinds, it's critical to proactively deliver a clear, sharp message about who they are and how they serve.

**Based on this survey's findings, the risks for healthcare leaders who take a defensive posture are manifold:**

- » **Loss of reputation:** Without a strong message in your community, you're exposed and vulnerable to a wider negative narrative taking place among a skeptical public, the media and aggressive policymakers or elected officials.
- » **Continued workforce challenges:** Your strength comes from within. So does your weakness. If you fail to engage your staff and show them how they're part of fulfilling your mission of care, then ongoing staffing shortfalls, labor activity and a discontented workforce telling their stories online will only continue.
- » **Payer crises:** Insurance companies have actively taken hold of the narrative in recent years, painting hospitals as the bad guy. Go on offense or face being kicked out of network or ongoing downward reimbursement spirals.
- » **More difficult partnerships:** Scrutiny from regulators is a given. You don't want to have an angry, vocal public and aggressive policymakers also pushing back on necessary partnerships.
- » **Lower patient volume:** Squishy, unclear marketing and generic messages will place your organization squarely in the noise. You won't stand out.
- » **Competition on more fronts:** People aren't entirely sold on Amazon delivering patient care. But if you don't offer an experience in line with consumer expectations, they will eventually look elsewhere. That might be the hospital down the street. It might also be a giant tech company.



# We can help.

Whether you're looking to build a powerful change management communications campaign, prepare for your next payer negotiation, prepare for or respond to a crisis or advance your strategic position through comprehensive marketing, Jarrard Inc. can help you reach the stakeholders that matter to you.

Find out how we can come alongside you through hard choices, big change and exciting opportunity here:

**JARRARDINC.COM 888.844.6274**

## ABOUT THE FIRMS



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. Our mission is to make healthcare better through our work. Founded in 2006, the firm has worked with more than 1,000 clients in 45+ states and served as a communications advisor 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. For more information, visit [jarrardinc.com](http://jarrardinc.com) or follow us @JarrardInc.



Arc Insights is a full-service consulting and research firm that provides opinion insights to clients including companies, non-profits, issue campaigns, and candidates for office. Arc is led by Nicholas Thompson, whose background includes serving as a senior vice president with The Tarrance Group, a political research firm, a member of the White House staff under President George W. Bush, and as an in-house research director for Stand Together, a major non-profit. He has more than a decade of experience studying attitudes on critical issues like healthcare, and his research has been used by lawmakers in drafting healthcare policy and healthcare leaders in understanding their customers.

Arc is a sister company of Capitol Resources, a government affairs firm with nine offices across the south, and BullsEye, an award-winning public affairs firm.



# Appendix

Additional data and expanded results

# When it comes to equity, hospitals fare worse among young adults and the self-described "poor"

**\*75%**

of adults 18-34 have a preferred hospital.

84% of those 65+ do.

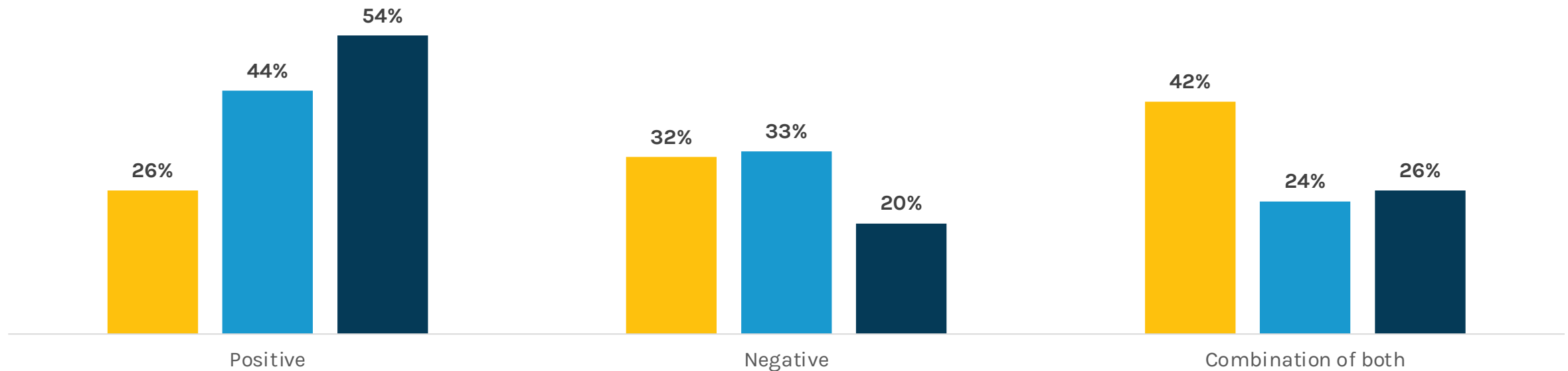
% Selected "Hospitals don't do enough to help low-income patients get good care"

Overall	58%
Upper Class	46%
65+	47%
55-64	52%
Healthcare worker household	53%
Have a preferred hospital*	56%
Middle Class	57%
Working Class	60%
35-54	63%
18-25*	65%
26-34*	66%
No preferred hospital*	67%
No health insurance	70%
Poor	73%

# The broader conversation and news about hospitals appears to be weighing on perception of local hospitals in the minds of American adults.

For each one, were the stories you saw positive, negative, or a combination of both?

- News about hospitals generally in the United States
- News about a specific hospital in your area where you have not received care
- News about a specific hospital in your area where you have received care



# Younger adults are more likely to have seen news about hospitals, and far more likely to lose trust as a result

	Seen news about hospitals generally	Stories have caused to lose trust in local hospitals
<b>Overall</b>	<b>39%</b>	<b>35%</b>
65+	32%	14%
55-64	35%	22%
Have a preferred hospital	42%	34%
26-34	43%	40%
No preferred hospital	28%	41%
35-54	41%	41%
18-25	46%	55%
Healthcare worker household	57%	60%

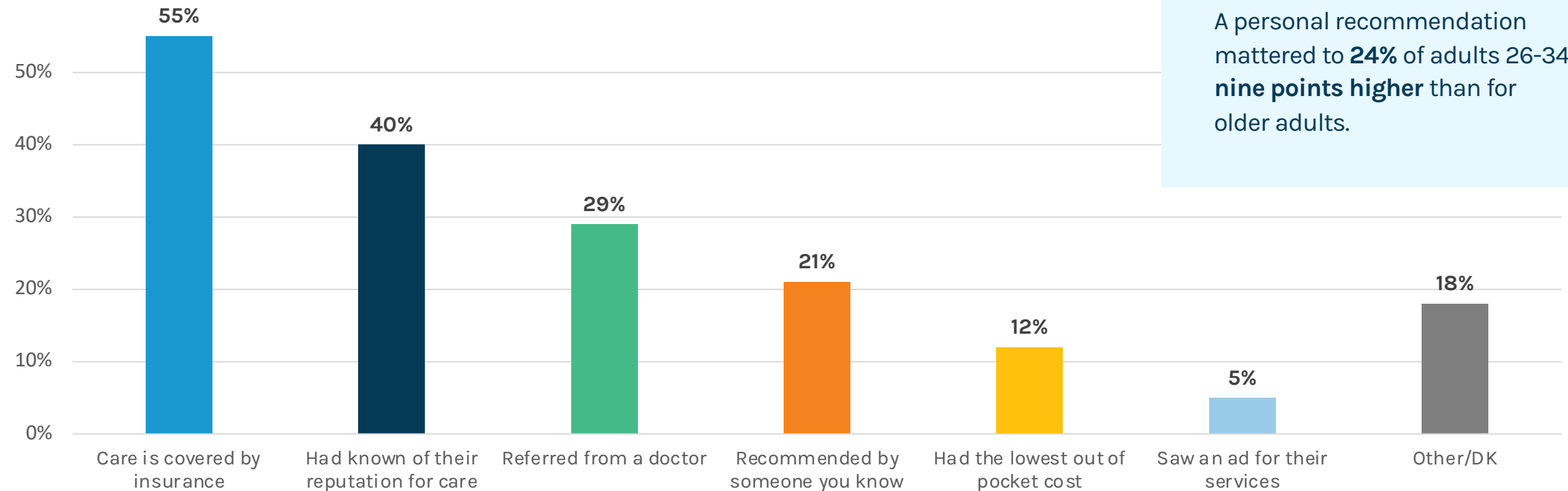


## OF NOTE

Just under half of adults 18-25 years old have seen stories about hospitals, and **more than half of those have lost trust as a result**. The more people see news about hospitals, the more they express a decline in trust. Having a preferred hospital helps mitigate the impact of seeing news.

# Insurance coverage was the top factor for choosing a preferred hospital

What made you choose this hospital as your preferred place to go for treatment?



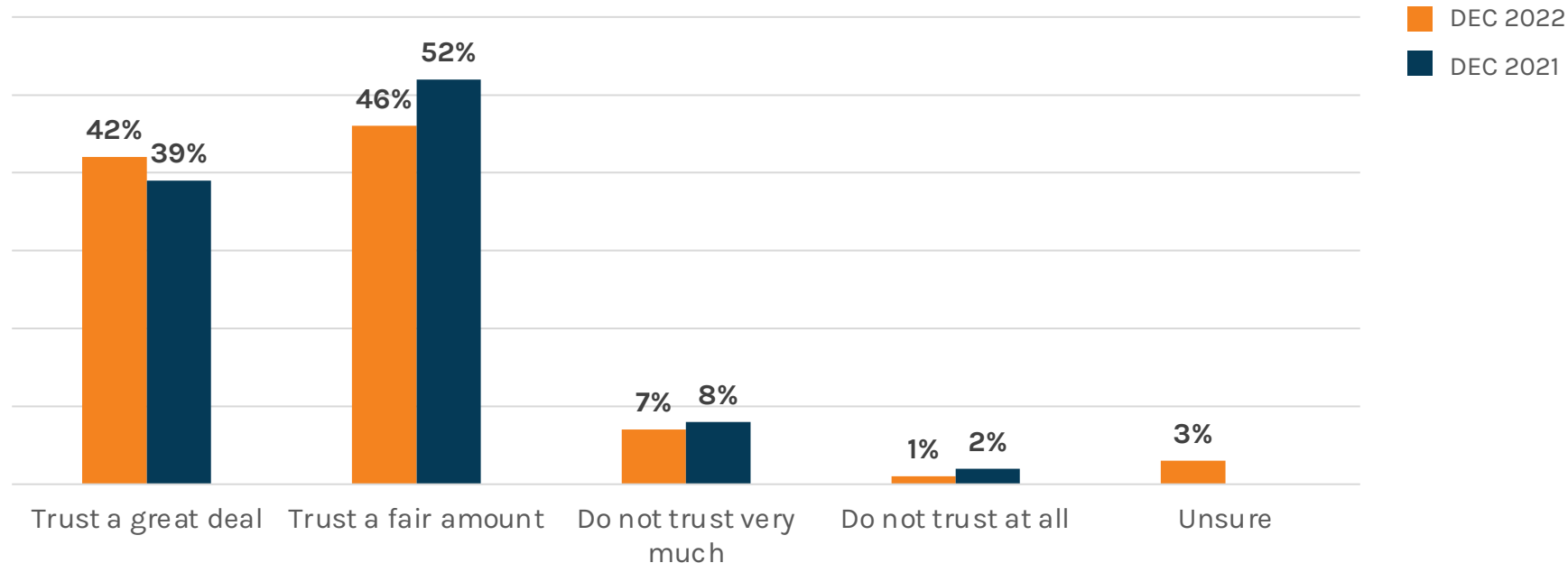
## OF NOTE

A personal recommendation mattered to **24%** of adults 26-34, **nine points higher** than for older adults.



# When it comes to providing critical health information, people's trust in their preferred hospital is holding steady

When it comes to providing information about critical health issues, how much do you trust this hospital?



DEC 2022  
DEC 2021



## OF NOTE

Only 22% of adults 18-25 have a great deal of trust in their preferred hospital, compared to more than four in 10 adults aged 35-64 and a majority of 65+.