



# 2022 HEALTHCARE IN AMERICA REPORT

America's Report Card on the U.S.  
Healthcare System



## **COPYRIGHT STANDARDS**

This document contains proprietary research, copyrighted and trademarked materials of Gallup, Inc. Accordingly, international and domestic laws and penalties guaranteeing patent, copyright, trademark and trade secret protection safeguard the ideas, concepts and recommendations related within this document.

The materials contained in this document and/or the document itself may be downloaded and/or copied provided that all copies retain the copyright, trademark and any other proprietary notices contained on the materials and/or document. No changes may be made to this document without the express written permission of Gallup, Inc.

Any reference whatsoever to this document, in whole or in part, on any web page must provide a link back to the original document in its entirety. Except as expressly provided herein, the transmission of this material shall not be construed to grant a license of any type under any patents, copyright or trademarks owned or controlled by Gallup, Inc.

Gallup® is a trademark of Gallup, Inc. All rights reserved. All other trademarks and copyrights are property of their respective owners.

# Table of Contents

I.	<b>Overview</b>	<b>1</b>
	West Health-Gallup Healthcare in America Report Card	2
	Key Findings: Drivers of Americans' Poor Ratings of U.S. Healthcare	3
II.	<b>America's Report Card</b>	<b>4</b>
	The U.S. Healthcare System	4
	Healthcare Cost	5
	Healthcare Equity	6
	Healthcare Access	7
	Healthcare Quality	8
III.	<b>What's Driving America's Grades of the U.S. Healthcare System?</b>	<b>9</b>
	New West Health-Gallup Healthcare Affordability and Healthcare Value Indices	11
	Healthcare Affordability Index	11
	Healthcare Value Index	13
IV.	<b>Americans Are Deeply Concerned About the Future of Medicare and Social Security</b>	<b>19</b>
V.	<b>The Older American Experience With the U.S. Healthcare System</b>	<b>25</b>
	Healthcare Affordability Index for Older Americans	26
VI.	<b>Barriers and Policy Solutions to Reducing Healthcare Costs</b>	<b>30</b>
VII.	<b>Implications and Conclusions</b>	<b>32</b>
VIII.	<b>Final Words From West Health</b>	<b>33</b>
IX.	<b>Methodology</b>	<b>34</b>

# Overview

## 44% of American adults give the U.S. healthcare system a poor or failing grade.

Since 2018, West Health and Gallup have been tracking perceptions of the U.S. healthcare system to identify what's working and what's not for the American people. The West Health-Gallup studies continue to show a large and growing number of Americans across the political and socioeconomic spectrum reporting that healthcare is simply unaffordable. For many Americans, the high cost of care leads them to skip or ration treatments, choose between food or medicine, or borrow money to pay medical bills. Millions more worry they won't be able to afford healthcare in the future and the majority of Americans are worried Medicare and Social Security won't exist by the time they are eligible to receive benefits.

The *West Health-Gallup 2022 Healthcare in America Report* takes a close look at how Americans deal with the high cost of healthcare. In this new study, a nationally representative sample of more than 5,500 Americans was asked to grade the U.S. healthcare system overall, and then grade it specifically on its affordability, equity, accessibility and quality.

The grades are in, but high marks are in short supply. Forty-four percent of Americans give the U.S. healthcare system an overall grade of D (poor) or F (failing), while half that number (22%) give it an A (excellent) or B (good). The system's cost, however, appears to rate at the bottom of the class. Three-quarters of respondents – projecting to over 190 million Americans – give healthcare affordability a D or F. And more than half of Americans (56%) report poor or failing grades on health equity as well.

## 75% of Americans grade U.S. healthcare affordability a D or F. One in three give it an outright F – a failing grade.

The *West Health-Gallup 2022 Healthcare in America Report* reveals what may be driving these negative perceptions, with new findings on the share of Americans skipping or rationing treatment and medication due to cost, disparities in care access and quality, and growing worry about Americans' ability to pay for healthcare as they age.

This report provides much needed information about the shortfalls of America's healthcare system, which persist despite recent progress made at the federal level. On Aug. 16, 2022, President Joe Biden signed the [Inflation Reduction Act of 2022](#) into law. This landmark legislation contains several provisions to lower healthcare costs for people with Medicare, such as allowing the government to negotiate prescription drug costs and caps on the cost people pay for insulin. [Medicare only covers about a quarter of the adult population, however, and provisions to aid non-Medicare patients were removed from the bill.](#) As [West Health-Gallup studies](#) repeatedly demonstrate, the healthcare cost crisis is far from over. It's critical to continue documenting Americans' struggle to afford needed care to inform policies that will improve the public's experience with the U.S. healthcare system.

### Grades are assigned as follows:

<b>A</b>	Excellent
<b>B</b>	Good
<b>C</b>	Satisfactory
<b>D</b>	Poor
<b>F</b>	Fail

# West Health-Gallup Healthcare in America Report Card

**Name:** U.S. Healthcare System **Year:** 2022

**Surveyed:** The American Public **Survey Period:** June 21-30, 2022

**Survey Question:** What grade would you give the U.S. healthcare system?

	A Excellent	B Good	C Satisfactory	D Poor	F Fail	D+F Combined	Average Grade
U.S. healthcare system overall	4%	17%	34%	30%	14%	44%	C-
 Cost of care	1%	6%	19%	41%	33%	75%	D-
 Equitable care	8%	14%	23%	29%	27%	56%	D+
 Access to care	9%	22%	31%	26%	12%	38%	C
 Quality of care	12%	35%	36%	12%	5%	17%	C+

Note: Percentages indicate the number of Americans who assigned that letter grade. Full details on the calculation of overall letter grades can be found in the Methodology section on [page 34](#).

## Comments:

“When members of my family have needed surgeries or medications [they] have to really consider how much medical debt they’re willing to go into. Our healthcare system forces us to try and make calculations between financial security and health just because of how expensive things are, and that’s even with health insurance, so I can’t imagine if you didn’t have health insurance how fraught that would be.”

— Stef Schloo, age 28, female, Pennsylvania

# Key Findings: Drivers of Americans' Poor Ratings of U.S. Healthcare

## 1 **Affordability: Many Americans struggle to afford quality care.**

- More than one-quarter of adults (27%) — representing about 70 million Americans — report that if they needed access to quality care today they would not be able to afford it.
- Thirteen percent report there was a time in the past three months when they could not afford needed medicine.

## 2 **Minimal Improvement: Affordability and value of care are inconsistent for most Americans.**

- One in 14 adults — approximately 18 million Americans — are classified as Cost Desperate, meaning they avoid treatment, forgo medication and cannot afford needed healthcare due to cost.
- Today, nearly two in five Americans are considered either Cost Desperate or Cost Insecure, unchanged from a year ago despite an overall improvement in the country's economic outlook.
- Only 7% of American adults indicate that the U.S. healthcare system is high value.

## 3 **Consequences: Women and Black and Hispanic Americans fare worse than other demographic groups.**

- Nearly one in five Americans report they or a member of their household have had a health problem worsen after being unable to pay for needed care. More women and Black and Hispanic adults report this has happened to them.
- Women, Black and Hispanic adults, and younger Americans were most likely to forego dental, primary and preventive care due to high cost.

## 4 **Safety Nets: Americans are worried about the future.**

- Two in three Americans under 65 are worried Medicare will not exist when they reach the age of eligibility, and three in four aged 62 or younger say the same about Social Security.
- Half of all American adults — an estimated 129 million people — have low confidence that they will be able to afford healthcare as they age.
- Majorities of Americans not yet eligible for Medicare or Social Security say they will depend on these programs (60% and 56% respectively), even though they are unsure the programs will be available to them.
- Seventy-one percent of women and 75% of Hispanic adults are worried Medicare will not be there for them when they reach eligibility.

## 5 **Older Americans: Many worry about accessing needed healthcare and prescriptions.**

- One in three Americans over age 50 have forgone basic necessities such as food and over-the-counter drugs to pay for healthcare.
- One in seven — including 17% of those aged 50 to 64 — consider healthcare costs a major burden for their household.
- Nearly one in three Americans aged 50 to 64 and 20% of those aged 65 and older are concerned about being able to afford needed medicine in the coming months.

See the full report on older Americans on [page 25](#).

# America's Report Card

## The U.S. Healthcare System



**Only 1 in 5** Americans rate the U.S. healthcare system as excellent (A) or good (B).

Nearly half of adults report healthcare in the U.S. is poor or failing. Out of four specific aspects of the healthcare system, cost of care fared the worst by far: Three in four Americans grade affordability a D or an F, a sentiment shared across nearly all demographic groups. More than half (56%) give D or F grades to the system in terms of equity, and 38% report the same for access to care. Quality of care is the only metric rated more positive than negative, but less than half (47%) assign it an A or B grade.

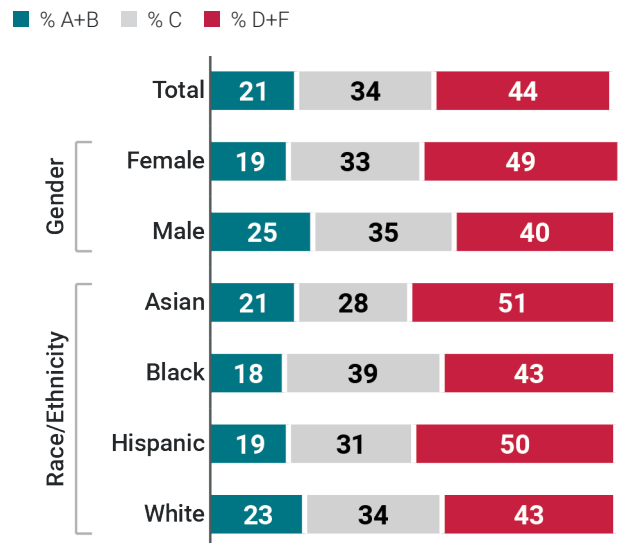
### Americans are most negative about the cost of healthcare.

What grade would you give the U.S. healthcare system for each of the following?

	A+B	C	D+F
Healthcare system overall	22%	34%	44%
Cost of care	6%	19%	75%
Equitable care	22%	23%	56%
Access to care	31%	31%	38%
Quality of care	47%	36%	17%

### Women and Hispanic and Asian Americans are more negative than other population segments about the healthcare system overall, with about half of each group assigning a D or F grade.

What grade would you give the U.S. healthcare system?



West Health/Gallup

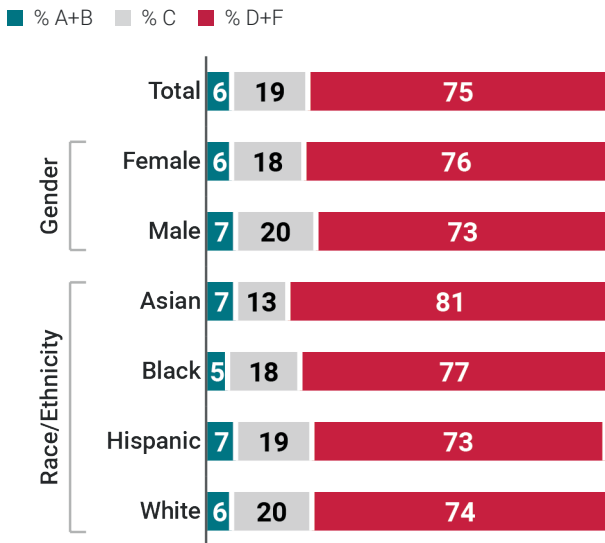
# Healthcare Cost

## Poor grades on affordability are consistent for all Americans.

There are very few differences across Americans of different gender or racial identities when it comes to rating affordability of care in the U.S. as poor or failing. And concerns about cost of care transcend income: Americans in the lowest and highest income brackets give similarly negative ratings on cost (74% vs. 73% rate it a D or F, respectively). This is a striking result considering that the highest-income earners give better marks than the lowest-income earners on the dimensions of access and quality. Americans' distress over the burdensome cost of healthcare is ubiquitous.

### Large majorities across gender, racial and ethnic groups rate cost poorly.

What grade would you give the U.S. healthcare system for each of the following? Cost of care (or affordability)



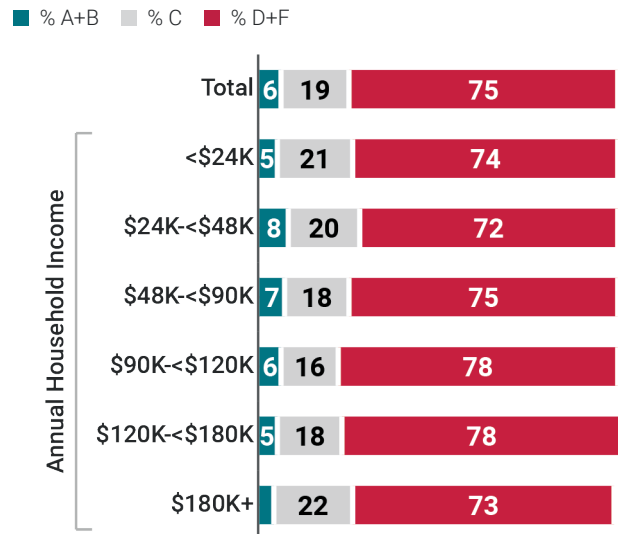
West Health/Gallup

“ I am single and so all of that falls down on me. And the only thing that would concern me is if I really developed a major health situation or, God forbid, if I was in a major accident or had to have long-term care, that's a great concern to me.

– Patricia Slough, age 67, female, Massachusetts

### Healthcare costs are failing Americans no matter the size of their checkbooks.

What grade would you give the U.S. healthcare system for each of the following? Cost of care (or affordability)



Percentages below 5% not shown.

West Health/Gallup



# Healthcare Equity

56% of Americans give equity a poor or failing grade.

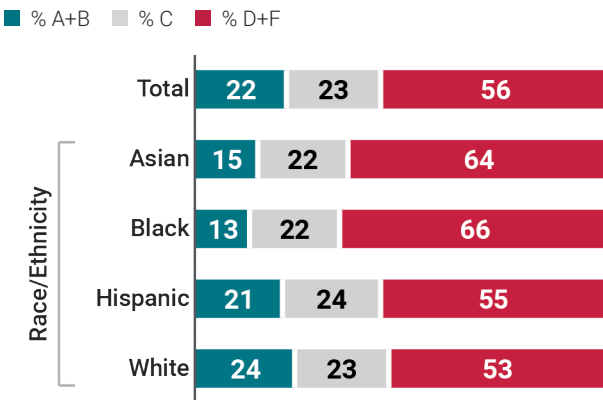
Americans were also asked to grade the U.S. healthcare system in terms of equity, defined in the survey as “the ability of every person to get quality care when they need it regardless of personal characteristics such as gender, race, geographic location, or socioeconomic status.” Half or more respondents, across demographic groups, report that healthcare in the U.S. is not equitable. Black and Asian Americans report poor or failing grades by nine to 13 percentage points more than Hispanic and White Americans. Women are more likely than men to assign poor or failing grades on this dimension (61% vs. 50%).

“ For the richest country on earth I think we have the most deplorable healthcare system...due to its inequity, mainly due to the way it all depends on how much money somebody has whether they get good healthcare or not.

– Anne Courtney Davis, age 71, female, Ohio

## Black and Asian Americans are most likely to give a D or F grade on equity.

What grade would you give the U.S. healthcare system for each of the following? **Equitable care** (the ability of every person to get quality care when they need it regardless of personal characteristics such as gender, race, geographic location, or socioeconomic status)



West Health/Gallup



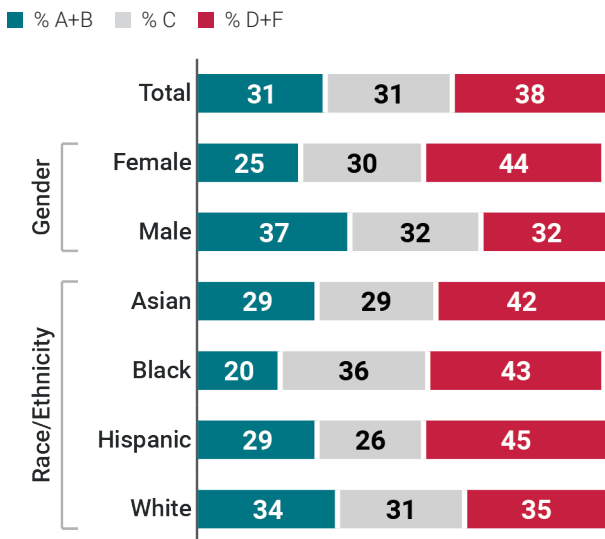
# Healthcare Access

Nearly four in 10 assign access a poor or failing grade, with key differences by gender, race and ethnicity.

When asked to grade the healthcare system in terms of access — or the ability to obtain care where needed — Americans are more negative than positive.

**Women and people of color are more likely than men, White adults to give access a negative grade.**

What grade would you give the U.S. healthcare system for each of the following? Access to care



“ A friend of mine, her husband just recently died... During his later days before his death...she couldn't even get the doctor on the phone or to return her calls... That was due to accessibility...

– Deni Hagains Goss, age 70, female, Pennsylvania

West Health/Gallup

# Healthcare Quality

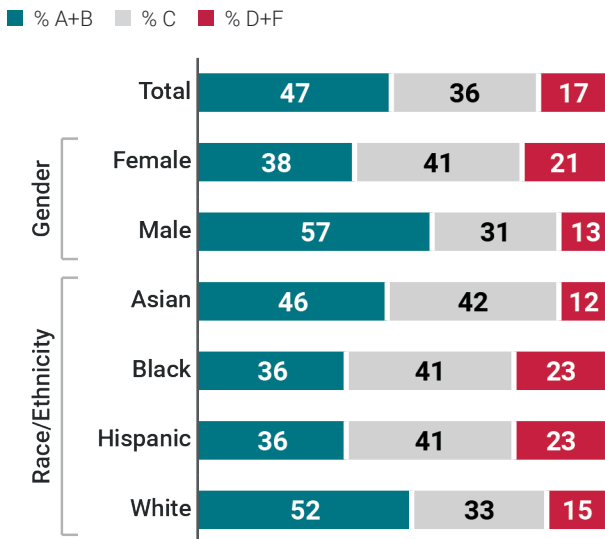
Americans give quality the most positive marks, but inequities are clear.

When it comes to grading the quality of healthcare in the U.S., Americans are less negative than in their grading of cost, equity and access, though fewer than half (47%) assign it an excellent (A) or good (B) rating. Women, however, are much less positive in rating quality of care than men, by **19 percentage points**.

There are also clear differences by race and ethnicity. While most White Americans (52%) rate quality as an A or B, this rating drops to 36% among both Black and Hispanic Americans.

## Far fewer women than men assign quality of care an A or B grade.

What grade would you give the U.S. healthcare system for each of the following? Quality of care



“ You can have some of the best doctors in the world practicing here. I’m not saying that other countries don’t have great doctors, but I think our healthcare professionals can be second to none depending on where you go in America.

– Andrew Kerner, age 30, male, North Carolina

# What's Driving America's Grades of the U.S. Healthcare System?

Painful realities of Americans' experiences with healthcare in America are likely driving poor grades: **One in six** cut back on healthcare just to pay for household goods.



Recent West Health-Gallup research shows that rising healthcare costs forced nearly **four in 10 Americans** in the past six months to delay or skip healthcare treatments, cut basic household expenses, or borrow money to pay medical bills. And according to the current research, one out of every six report cutting back on care they needed in the past year to pay for other essential needs like food and rent. But no one has been affected more than women and Black and Hispanic Americans, who are much more likely than other groups to report negative experiences with the healthcare system due to cost. Three in 10 women (30%), for example, report having cut back on care, compared to 22% of men.

## Quality care is out of reach for many Americans: More than one in four – roughly 70 million people – report they could not afford quality care if they needed it today.

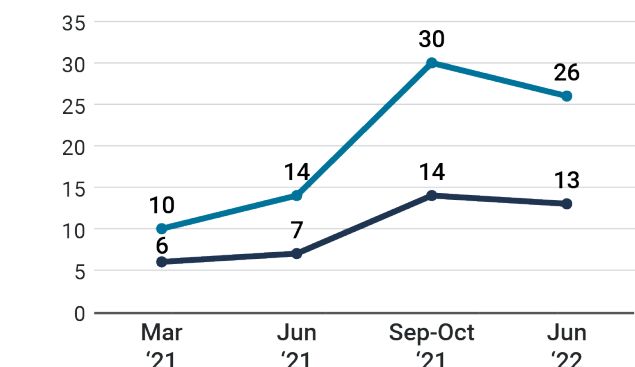
More than one-quarter of adults (27%) report that if they needed access to quality care today, it would be unaffordable. Similarly, 13% report that in just the last three months, there was a time when they didn't have the money for needed medicine, statistically unchanged from what was measured in 2021 and double what was measured over a year ago. And 26% of Americans skipped needed care due to cost in the prior three months, a much higher rate than in the first half of 2021 but improved since October of last year. The inability to afford care, resulting in skipped treatments, could have a lasting impact on Americans' health – a growing concern as rising inflation continues to force Americans to tighten their expenses.

### More than one in four Americans did not seek treatment due to cost just in the last three months.

Has there been a time in the last three months when you or a member of your household:

- Had a health problem, but you did not seek treatment due to the cost of care?
- Has been unable to pay for medicine or drugs that a doctor had prescribed for you because you did not have enough money to pay for them?

— % Did not seek needed treatment  
 — % Unable to pay for needed medicine

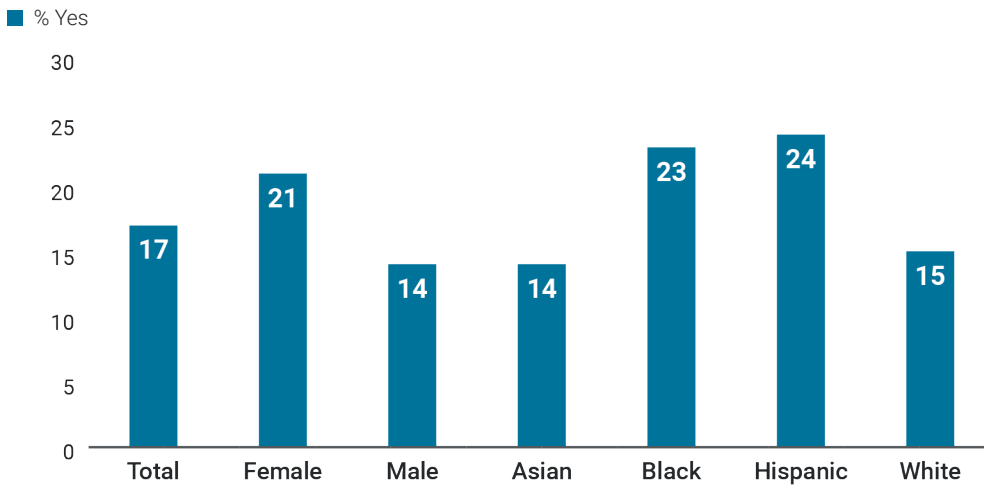


## Americans face tradeoffs to pay for healthcare.

One out of six Americans report cutting back on healthcare in the last year to pay for household expenses, with women and Hispanic and Black adults doing so at disproportionately high rates. The study also reveals age disparities when it comes to cutting back on healthcare. Americans aged 65 and older (8%) are significantly less likely than those under 50 (21%) and those between 50 and 64 (19%) to have cut back on healthcare services to pay for other household expenses in the last year, likely reflecting a combination of Medicare eligibility and fewer household expenses compared to younger age groups. This age gap is particularly high among Black respondents, where these reductions were reported by 30% of those under 50.

### Women and Hispanic and Black adults are most likely to cut back on healthcare.

In the last 12 months, have you had to cut back on healthcare services or medicine in order to pay for other household expenses?

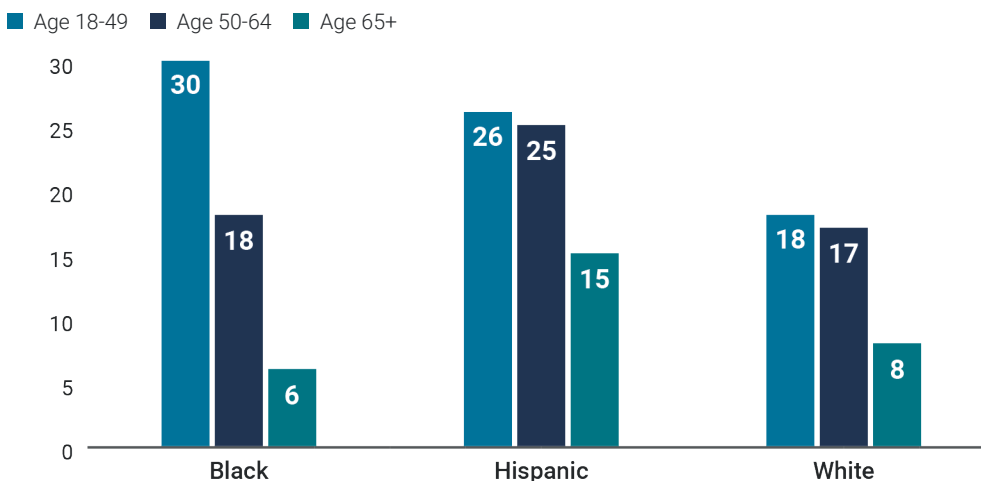


West Health/Gallup

### Nearly one in five Black adults aged 50 to 64 have cut back on healthcare in the last year.

In the last 12 months, have you had to cut back on healthcare services or medicine in order to pay for other household expenses?

% Yes



West Health/Gallup

# New West Health-Gallup Healthcare Affordability and Healthcare Value Indices

Slight improvements in affordability of care highlight inequities in the U.S. healthcare system.

In 2021, West Health and Gallup developed two indices to characterize the U.S. healthcare cost crisis and identify those most at risk: The West Health-Gallup Healthcare Affordability Index and Healthcare Value Index. These indices track the affordability of, value of and access to healthcare, including prescription drugs.

The Affordability Index answers the question: Can Americans afford the quality healthcare they need today? The Value Index assesses: Do Americans think the care they received was worth the cost? The indices categorize individuals based on their experiences with the U.S. healthcare system and identify those who are suffering the most. In 2022, White and male Americans disproportionately report slight improvement in the cost of care, while other segments of the population report very little has changed in the past year.

More detail on methodology and findings can be found in the [West Health-Gallup Healthcare Indices Report](#).

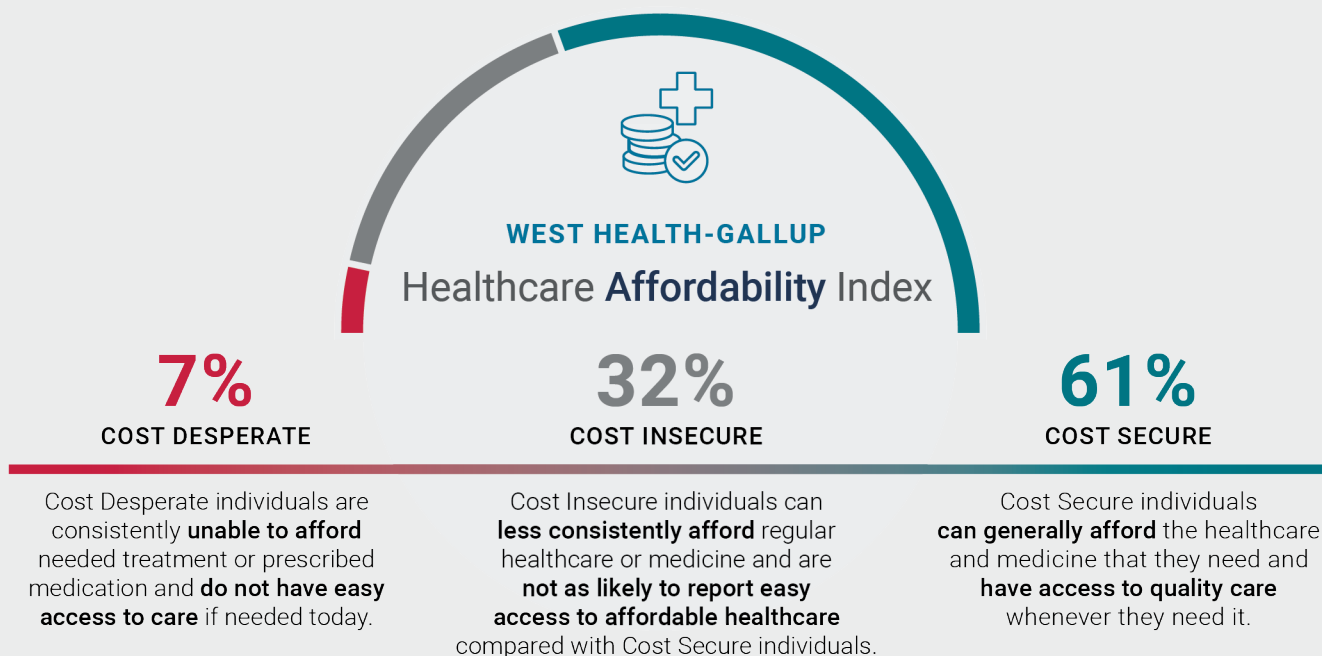
## Healthcare Affordability Index

Nearly four in 10 Americans aren't secure in their ability to pay for the care they need.

The Healthcare Affordability Index evaluates three key factors that represent the consequences of Americans' inability to afford healthcare:

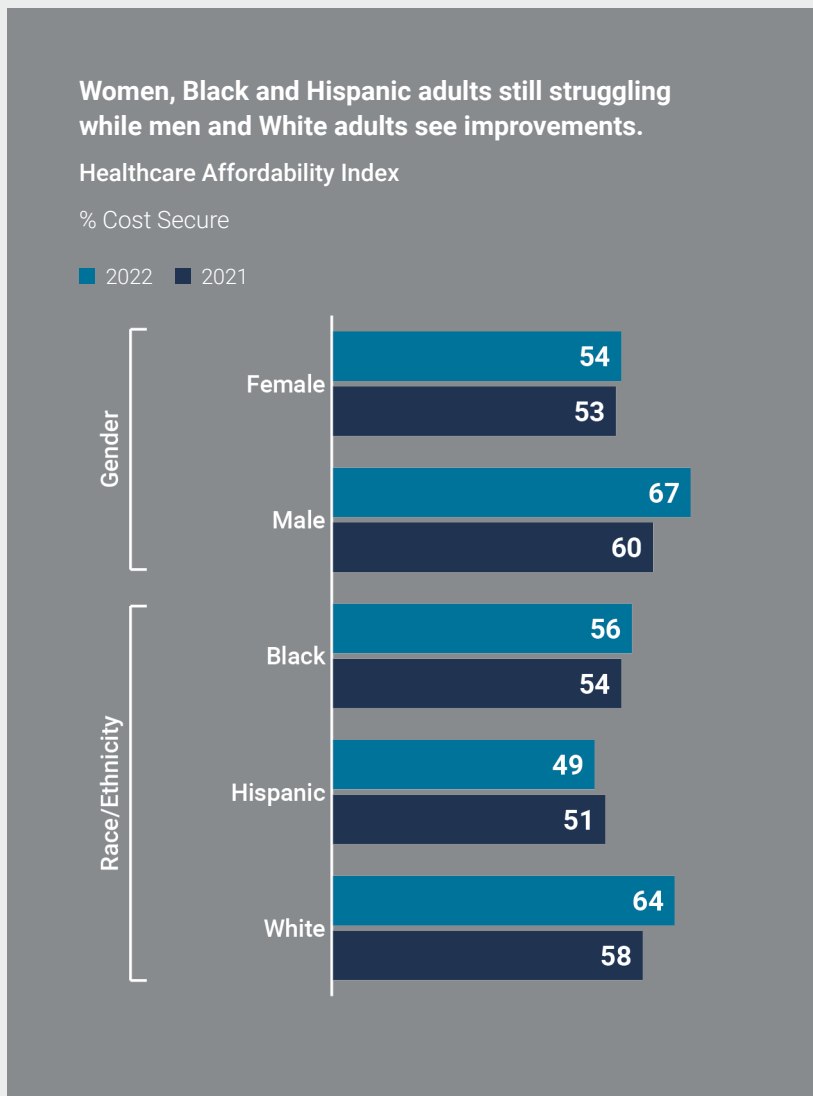
1. avoiding treatment due to cost
2. forgoing prescribed medication or drugs due to cost
3. immediate access to affordable quality healthcare

Using these metrics, individuals can be classified into three groups:



Over the past year, trends in the Healthcare Affordability Index show that the slight improvement in affordability of care is not evenly distributed throughout the U.S. population. The percentage of Americans classified as Cost Secure in 2022 is 61%, up from 56% in 2021. This slight improvement appears to be driven almost entirely by men (up seven points to 67%) and White adults (up six points to 64%). Most other groups showed no improvement in Cost Secure status. Women (54%), Black adults (56%) and Hispanic adults (49%) all remained statistically unchanged.

Thirty-nine percent of Americans are struggling with healthcare costs in 2022.<sup>1</sup> This percentage is down slightly from the 44% of Americans who were either Cost Desperate or Cost Insecure in 2021. Looking more narrowly, however, the 7% of adults classified as Cost Desperate in 2022 is essentially unchanged from the 8% who were Cost Desperate in 2021. And any gains in affordability of care over the past year appear to have occurred only for a particular subset of Americans, with very little positive impact on those who need improvement the most.



<sup>1</sup> Thirty-nine percent represents the sum of Cost Desperate (7%) and Cost Insecure (32%) Americans in 2022.



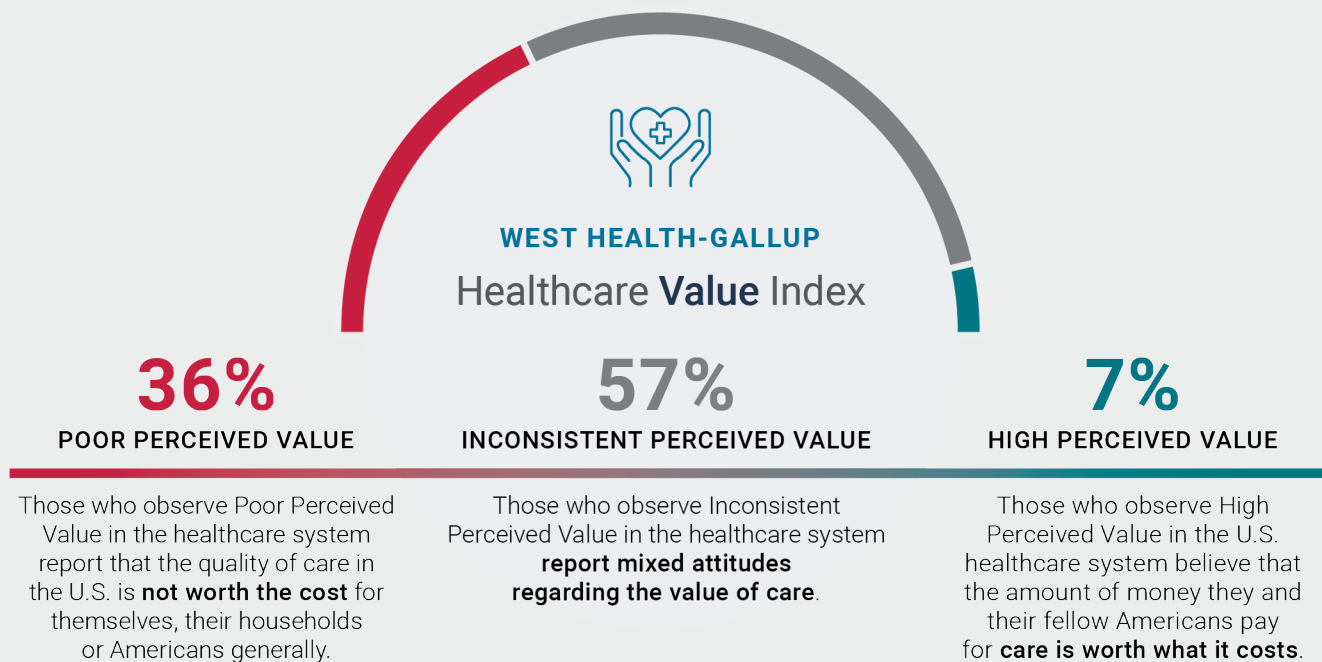
# Healthcare Value Index

Only 7% of Americans perceive U.S. healthcare as high value.

The Healthcare Value Index is comprised of three key perceptions that determine the system's value:

1. evaluation of system-wide quality of care relative to cost
2. evaluation of individual quality of care relative to cost
3. evaluation of value of most recent interaction with the healthcare system

Based on these metrics, individuals fall into the following three groups:



Overall, a little more than a third (36%) of U.S. adults are categorized as perceiving the U.S. healthcare system's value as poor. This is a nine-percentage-point drop from the 45% Poor Perceived Value in 2021. The percentage of Americans in 2022 who are classified as seeing the healthcare system's value as inconsistent grew by seven points to 57%, up from 50% in 2021.

While the decrease in the share of Americans who perceive healthcare in the U.S. as an outright poor value is encouraging, this change is almost entirely concentrated in a shift toward the Inconsistent Perceived Value category. Hardly any improvement was gained in the past year in Americans perceiving their healthcare as high value (a two-percentage-point increase from 2021 to 2022). **As it stands, a mere 7% of Americans report healthcare in the U.S. — often heralded as one of the best systems in the world in terms of quality and innovation of care — is actually worth the cost for themselves and for Americans generally.**

“ Good policy requires an understanding of what Americans are experiencing in their everyday lives. Our ongoing research makes that clear and should be a guide for policymakers today, and in the future.

— Tim Lash, President, West Health



## Americans are cutting back on dental care, doctor visits and preventive care most in order to pay for other household expenses.

When Americans have to cut back on needed care – as well as preventive care – to pay for other household expenses, their health is at risk. The results show that certain segments of the American public are making these tradeoffs at higher rates than others. Overall, women are about 50% more likely to cut back on various healthcare services than men.

Americans under 65 are three times as likely as those 65 and older to report delaying preventive care (14% vs. 4%), avoiding going to the doctor (15% vs. 5%), and rationing or not filling prescriptions (9% vs. 3%) because of the cost of household goods such as food or utilities. The younger age group is also twice as likely to delay dental care (16% vs. 7%) and avoid treatment for a disease or condition (9% vs. 4%). This could lead to more negative health outcomes as they age.

### Women are more likely than men to cut back on each healthcare service to pay for household needs.

Please indicate which of the following, if any, healthcare services that your household cut back on in the last 12 months in order to pay for other household services.

% Yes

	Total	Female	Male
Delay or avoid dental care	14%	16%	10%
Avoid going to the doctor	13%	16%	10%
Delay or avoid preventive care or screenings	11%	13%	9%
Delay or avoid treatment for a disease or condition	8%	9%	6%
Not fill or ration a prescription medication	8%	10%	6%



1 in 5

Americans with chronic conditions skipped care to pay for other household goods, compared to about one in eight of those without chronic conditions.

## Cost may trump following a doctor's advice.

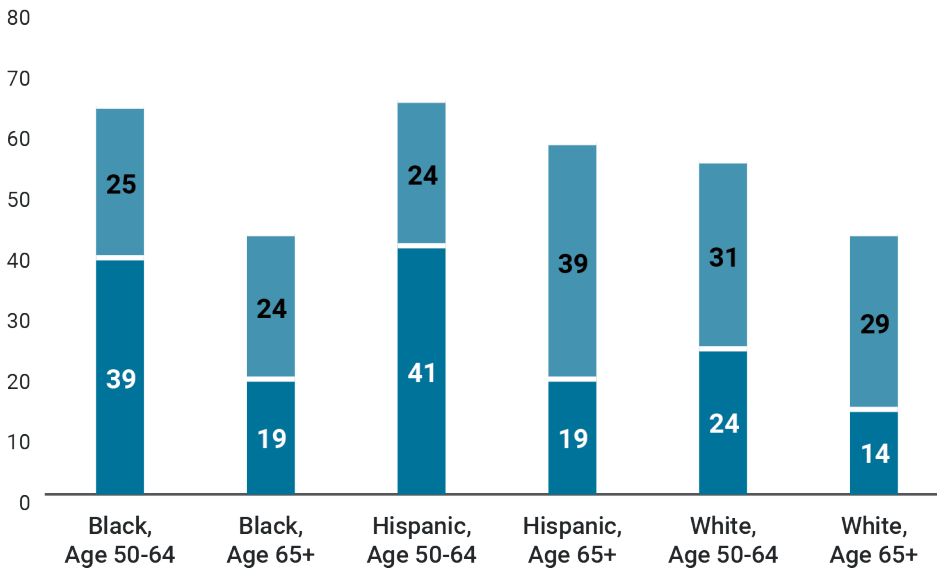
**Six in 10 Americans** report that cost is an extremely important (28%) or important (33%) factor in whether they consider a procedure or medicine recommended by their doctor. Sixty-six percent of women report this is an extremely important or important factor, compared to 55% of men.

When looking at the levels of importance among adults 50 and older specifically, those aged 50 to 64 are nearly twice as likely to report that cost is extremely important as those over the age of 65 (29% vs. 16%). The gap between those who are eligible for Medicare and those who are (mostly) not yet eligible is greatest for older Black and Hispanic Americans.

### Black and Hispanic adults aged 50 to 64 are most likely to consider cost important in whether they follow health recommendations.

When considering a recommended procedure or medicine from your doctor, how important is the cost in determining if you follow that recommendation? Extremely important, important, somewhat important or not at all important

■ % Extremely important ■ % Important



West Health/Gallup

**In the last year, nearly one in five adults, an estimated 47 million Americans, experienced worsening health problems due to an inability to pay for treatment.**

There are real, tangible consequences of Americans skipping much needed care. The data reveals that the high cost of healthcare in America is not merely a financial issue – but potentially a public health issue as well. Eighteen percent of adults report that they or someone in their household had a condition worsen due to an inability to pay for a drug or medical service. Women are significantly more likely than men (23% vs. 13%) to say they had this experience. And again, Hispanic Americans appear to be particularly suffering, with nearly one in four reporting a worsening health problem because treatment was not affordable.

**Nearly one in five Americans report they have had a health problem worsen after being unable to pay for needed care – and the problem is worse among women and Hispanic adults.**

Has there been a time in the last 12 months when you or a member of your household had a health problem worsen after postponing care due to an inability to pay for it?

	Total	Female	Male	Asian	Black	Hispanic	White
% Yes	18%	23%	13%	11%	19%	24%	17%

**Forgoing care due to cost can be deadly.**

Five percent of U.S. adults – an estimated 14 million people – report they had a friend or family member die because of an inability to pay for needed healthcare. Black and Hispanic Americans are almost twice as likely as Americans overall to have someone close to them die because they couldn't afford care.



## An estimated 90 million Americans are concerned about paying for healthcare in the immediate future.

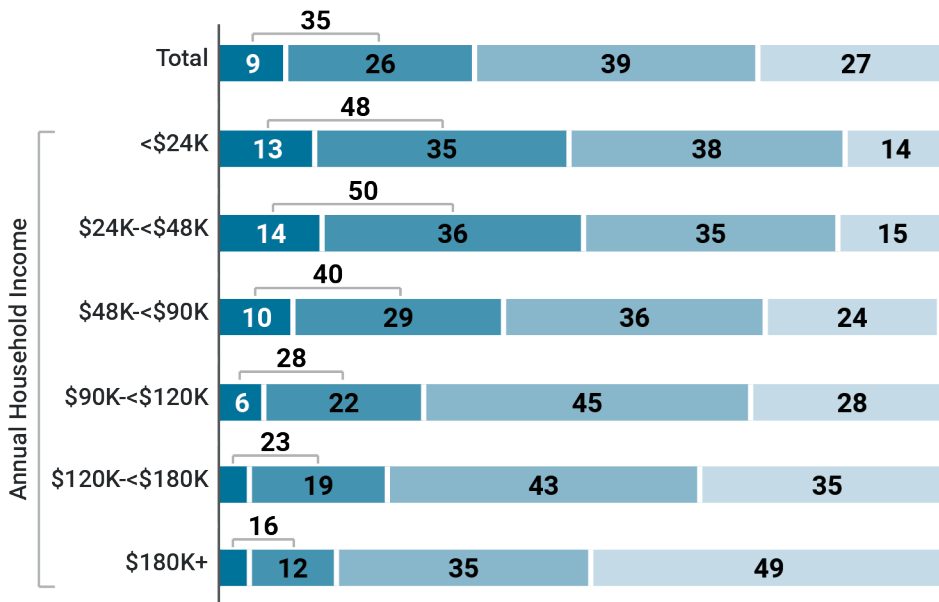
More than one in three adults (35%) are concerned they will be unable to pay for needed healthcare in the next 12 months; an additional one in four are concerned about paying for needed prescription drugs as well. Rates of concern run higher for women than men (38% vs. 31%) and for Hispanic (43%) and Black (39%) Americans compared to Asian (34%) and White (32%) Americans when it comes to affording future healthcare. Worry about the ability to pay for needed prescriptions in the next 12 months follows the same patterns of inequity.

“ I’m looking to enter into a program that goes over the course of several weeks. My total cost that I would end up paying out of pocket would be around \$4,000 and maybe that doesn’t sound like a lot...but I don’t have \$4,000 extra lying around for medical procedures. Finding the means to pay for that has been a great source of stress for me.

– Brandon Shaw, age 37, male, Minnesota

### How concerned are you that your household will be unable to pay for needed healthcare services in the next 12 months?

■ % Extremely concerned ■ % Concerned ■ % Not very concerned ■ % Not at all concerned



Percentages below 5% not shown.

West Health/Gallup

“Every time public options is promised... that promise has always been reversed. It hasn’t been followed through. I see that as being a continuing pattern because the healthcare lobby in the United States is so strong and so entrenched. I really don’t see Congress on either side of the aisle doing anything about it.”

– GERALD OLLISON, AGE 60, MALE, OREGON

“The government. Nobody can agree on anything. Each party has to be right. Nobody can look at the average citizen.”

– ROBIN VANDERSPOOL, AGE 53, FEMALE, ILLINOIS

“I have to say in the circle of ten of my friends — I could tell you that more than half of them do not go to the doctor and stuff because of the cost. And I do it too.”

– DENI HAGAINS GOSS, AGE 70, FEMALE, PENNSYLVANIA

## AMERICA SPEAKS



“If one of the kids got sick and needed healthcare, that had to come out of the grocery budget.”

– DANIEL JAQUES, AGE 66, MALE, CALIFORNIA

“...It takes months sometimes to get an appointment, and there’s just not enough healthcare professionals overall... Number two is the affordability issue. Prices have gone very, very high to see a doctor, especially if you need to see a specialist.”

– DIANA RAEL, AGE 66, FEMALE, NEW MEXICO

“For somebody who does not have health insurance, disease and sickness is literally a death sentence... I think prices definitely have to be looked at. There is a lot of bloat and inflated costs that are charged to people.”

– DARVIN RAMROOP, AGE 36, MALE, FLORIDA

“I think that there’s a lot of factors that go against certain groups being able to access affordable healthcare. And then the fact that it is tied to your work makes it really challenging... So that equity piece I think is really challenging.”

– ISABEL ZACHARCZUK, AGE 28, FEMALE, CALIFORNIA

“...Seeing a regular doctor is not a big cost problem, it’s being referred to all these specialists which are going to charge you way more. And you’re trying to figure out how you’re going to pay for all this. Especially on a disability income with a little part-time job on the side.”

– NATHAN YOUNG, AGE 36, MALE, ALABAMA



# Americans Are Deeply Concerned About the Future of Medicare and Social Security



Many of the difficulties Americans face in paying for healthcare could be compounded in the future if social safety net programs Medicare and Social Security are unavailable. Most Americans are unsure if they can afford healthcare as they age and are planning to rely on Medicare and Social Security. Yet, there's very little optimism that these programs will survive long enough for Americans to secure their health when the time comes.

## Half of American adults – an estimated 129 million people – aren't confident they can afford to pay for healthcare as they age.

The growing uncertainty about access to affordable care as Americans age reverberates across society. The data shows that even among the highest income earners, a third of respondents report a lack of confidence in their ability to pay for care in the future. Still, some groups are more vulnerable than others, particularly people under 65 who are not yet eligible for Medicare, women, Hispanic Americans and those with chronic conditions.

“ Every day on the news you hear about how the cost of everything is rising. I try to be hopeful and...if I take care of myself while I'm younger and take preventative actions, then I won't have to worry about it too much. [It's] definitely always a concern in the back of my head...if insurance keeps getting higher, if medical procedures go higher, if prescription drugs go higher, sooner or later...everyone's going to need some type of medical attention.

– Priscilla Acosta, age 35, female, Nevada

## Women are less confident than men that they can pay for healthcare as they age.

How confident are you that you and your family will have the financial resources needed to pay for healthcare as you age? Extremely confident, confident, not very confident or not at all confident

% Not very + Not at all confident



## Medicare and Social Security are essential to Americans' future health planning, but most are profoundly worried it won't be available when they need it.

Two-thirds of Americans report depending on Medicare, and nearly six in 10 report depending on Social Security, to pay for healthcare as they age. Majorities across all demographic groups depend on each of these programs. Fewer adults overall intend to resort to savings (55%), a pension (33%), or family (13%), and one in 10 do not know how they will pay for healthcare as they age.

### Most Americans are depending on Medicare and Social Security to pay for healthcare as they age.

What financial sources are you depending on to pay for healthcare as you age?

	Total	Female	Male	Asian	Black	Hispanic	White
Medicare	67%	65%	68%	64%	61%	58%	71%
Social Security	59%	56%	62%	58%	57%	54%	61%
Savings	55%	50%	59%	73%	45%	46%	57%
Pension	33%	31%	36%	29%	38%	30%	34%
Family	13%	13%	13%	21%	11%	18%	12%
Don't know	11%	13%	8%	6%	15%	15%	9%

**2 in 3**

Americans under the age of 65 are worried Medicare will not be there for them when they are eligible.

Women and Hispanic Americans report the highest levels of worry about Medicare not being available when they reach eligibility. Those who have a longer time until they reach the eligibility age of 65 are more worried than those who are closer: Seven in 10 adults aged 18 to 49 are worried, compared to six in 10 of those aged 50 to 64.

### Three in four Americans under the age of 62 are worried Social Security will not be available to them when they are eligible.

Americans aged 62 and under are even more concerned about the future availability of Social Security, with women significantly more likely than men to express this sentiment (79% vs. 72%). Eight in 10 Hispanic Americans express worry, as do three in four White and Asian Americans and two in three Black Americans. Much like with Medicare, adults who are further away from Social Security eligibility age express greater levels of worry than those who are closer, with 77% of adults aged 18 to 49 saying they are worried, compared to 72% of those aged 50 to 62. Overall, 40% report they are extremely worried, underscoring the sense of urgency among the American public.

**Worry about Medicare and Social Security is high across demographic groups, but Hispanic Americans and women stand out as most worried.**

How worried are you that Medicare will not be available when you become eligible? Extremely worried, worried, not very worried or not at all worried (Asked among adults under age 65)

How worried are you that Social Security will not be available when you become eligible? Extremely worried, worried, not very worried or not at all worried (Asked among adults under age 62)

	Total	Female	Male	Asian	Black	Hispanic	White
<b>Medicare</b>							
Extremely worried + Worried	67%	71%	63%	64%	60%	75%	66%
<b>Social Security</b>							
Extremely worried + Worried	75%	79%	72%	76%	66%	80%	76%

**Worry about Medicare and Social Security spans income groups.**

Fifty-eight percent of the highest-income earners are worried about the viability of Medicare. And at least seven in 10 higher-, middle- and lower-income earners alike express worry about the availability of Social Security in the future.





## Worry about the future of Medicare and Social Security crosses political parties.

Americans across political parties indicate they are worried about whether Medicare and Social Security will be available when they are eligible. For Medicare, 71% of Democrats, 66% of independents and 62% of Republicans are worried or extremely worried. When it comes to Social Security, the parties are even closer – 77% of Democrats, 75% of independents and 73% of Republicans express worry.

“ When I witness these individuals say that Medicare should be renewed every five years, it kind of makes me nervous [it's] not going to be there for individuals when we get older... That's startling to me because you should want to take care of those who are older than you because eventually...you're going to be at that age.

– Nick Lembo, age 27, male, Indiana

### Majorities across political parties worry about the future of Medicare and Social Security.

How worried are you that Medicare will not be available when you become eligible? Extremely worried, worried, not very worried or not at all worried (Asked among adults under age 65)

How worried are you that Social Security will not be available when you become eligible? Extremely worried, worried, not very worried or not at all worried (Asked among adults under age 62)

	Total	Democrat	Independent	Republican
<b>Medicare</b>				
Extremely worried + Worried	67%	71%	66%	62%
<b>Social Security</b>				
Extremely worried + Worried	75%	77%	75%	73%



## Will Medicare and Social Security be available in the next 10 years? Three in 10 Americans say no.

Though Medicare and Social Security are pillars of society's safety net, about three in 10 adults think it's unlikely these programs will be available even in the next 10 years. Hispanic Americans are the most skeptical about the availability of Medicare and Social Security, with more than four in 10 saying it is not too likely or not likely at all that these programs will be available.

“ I think there's a lot of questions about my generation, like 'is Social Security going to be available? Is Medicare going to be available?' I hope it is. I think with Social Security a lot of people my age are trying to supplement other retirement streams because we have no idea what Social Security will be like. I hope that's not the case with Medicare.

– Isabel Zacharczuk, age 28,  
female, California



## Looking Ahead: Most Americans are not confident in elected officials to keep Medicare and Social Security viable.

The survey probed the extent to which Americans had confidence in leadership to ensure Medicare and Social Security will be available when they reach the age of eligibility. Across all leaders and institutions listed, fewer than four in 10 adults express confidence that any leader will ensure these policies are available in the future. Two-thirds lack confidence in the Democratic Party, seven in 10 have little to no confidence in President Biden, and about eight in 10 lack confidence in the Republican Party or Congress.

# 4 in 10

Across all leaders and institutions listed, **about four in 10 adults** express confidence that any leader will ensure these policies are available in the future.

### Americans lack confidence in leaders to act on Medicare and Social Security.

How much confidence do you have in each of the following to ensure Medicare and Social Security are available for you when you reach the age of eligibility? A lot of confidence, some confidence, only a little confidence or no confidence at all

% Little confidence + no confidence at all

	Total	Democrat	Independent	Republican
Democratic Party	66%	41%	75%	92%
Republican Party	79%	92%	83%	48%
Congress	80%	74%	84%	81%

# The Older American Experience With the U.S. Healthcare System



*The Older American Experience With the U.S. Healthcare System* report offers a snapshot of how older Americans in particular perceive the U.S. healthcare system. A majority of adults aged 50 and older **give poor or failing grades to healthcare costs** in the U.S., but the situation is worse for those who have not yet reached Medicare eligibility.

Most adults aged 65 and older (56%) indicate that healthcare costs are a financial burden, but this figure rises to 65% for Americans aged 50 to 64. West Health-Gallup research consistently shows that sizable proportions of adults aged 50 and older have forgone basic necessities to pay for healthcare.

The problem is more substantial for those not yet eligible for Medicare. Critically, older Americans are also sacrificing healthcare services due to cost — especially those aged 50 to 64. In this special report, West Health and Gallup show how older Americans fare in terms of the burden of the cost of care, the ability to pay for needed healthcare and prescription drugs, implications of the cost of healthcare, and stress about healthcare costs.

Medicare beneficiaries are **not immune to high out-of-pocket costs**, and those not yet eligible for the program have even greater concerns. Older women and people of color face a higher burden of costs than those in other demographic groups.

## West Health-Gallup Healthcare in America Report Card: The Older American Experience





**Name:** U.S. Healthcare System

**Year:** 2022

**Surveyed:** The American Public Aged 50+

**Survey Period:** June 21-30, 2022

**Survey Question:** What grade would you give the U.S. healthcare system?

	A Excellent	B Good	C Satisfactory	D Poor	F Fail	D+F Combined	Average Grade
U.S. healthcare system overall	6%	24%	36%	27%	7%	34%	C
 Cost of care	1%	9%	26%	45%	20%	65%	D
 Equitable care	9%	18%	26%	30%	18%	48%	C-
 Access to care	10%	28%	32%	23%	7%	30%	C
 Quality of care	12%	40%	34%	11%	3%	14%	B-

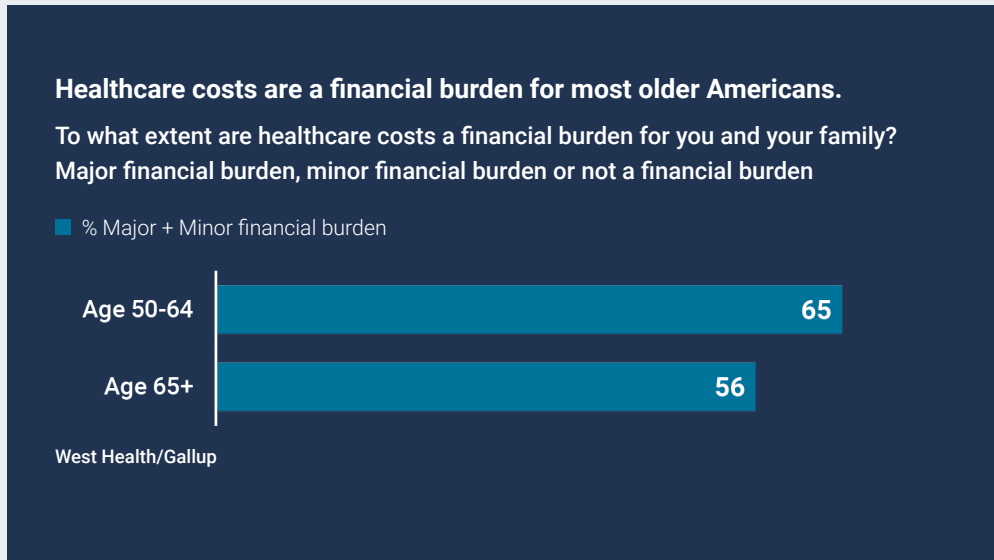
Note: Percentages indicate the number of Americans aged 50+ who assigned that letter grade. Full details on the calculation of overall letter grades can be found in the Methodology section on [page 34](#).

# Healthcare Affordability Index for Older Americans

**Over one-third (37%) of Americans** aged 50 to 64 are classified as either Cost Insecure or Cost Desperate. This rate is better for those aged 65 and older but is still found in one out of every five (21%).

	Age	
	50-64	65+
Cost Secure	63%	79%
Cost Insecure	31%	18%
Cost Desperate	7%	3%

The burden of paying for care is real and significant for millions of older Americans. Even among those aged 65 and over, nearly all of whom will qualify for Medicare, a majority (56%) report that healthcare costs are either a major (9%) or minor (48%) financial burden for them and their family. Among Americans aged 50 to 64, nearly two in three report that healthcare costs are a financial burden. This age group calls healthcare costs a major financial burden at a rate nearly double that of those aged 65 and older, at 17%. Nearly one in four Hispanic adults aged 50 to 64 also report healthcare costs as a major financial burden.



## Adults aged 50 to 64 have a harder time affording quality healthcare than those over 65.

Among those aged 65 and older, 15% report that they would not have access to affordable quality care if they needed it today, but the percentage climbs to 26% among those aged 50 to 64. A gender gap is also evident, with women significantly more likely to report lack of access to affordable quality care than men.

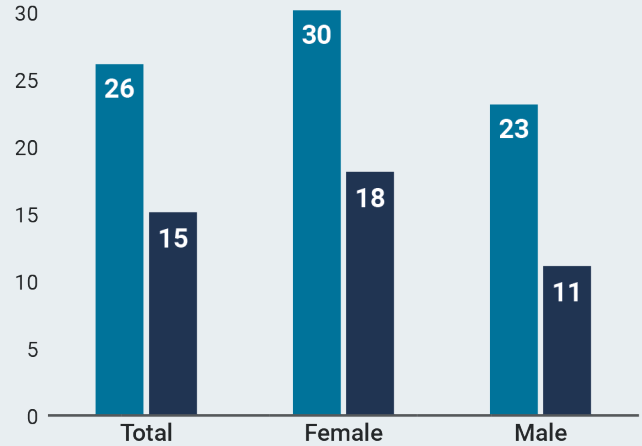
### Older Americans report substantial concerns about accessing needed healthcare and prescription drugs.

Concern among older Americans about being unable to pay for needed healthcare and prescription drugs is high. Thirty-nine percent of adults aged 50 to 64 and 24% of those aged 65 and older express concern about paying for needed healthcare in the next year. When it comes to prescription drugs, 31% of those aged 50 to 64 and 20% of those aged 65 and over report concern about being able to afford needed medicine in the coming months. In both cases, Hispanic respondents aged 50 to 64 express concerns at the highest rates, climbing above 40% for both healthcare and prescription drugs.

If you needed access to quality healthcare today, would you be able to afford it?

% No

■ Age 50-64 ■ Age 65+



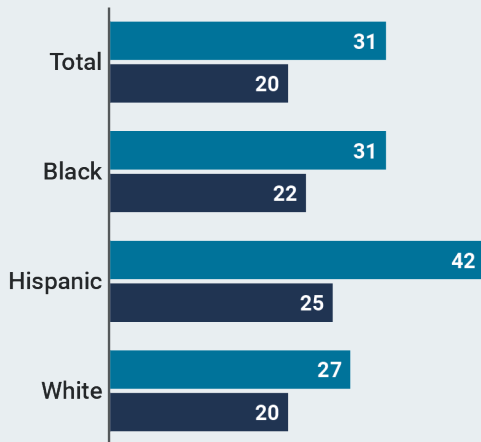
West Health/Gallup

### More than four in 10 older Hispanic adults report concerns about affording prescription drugs and healthcare.

How concerned are you that your household will be unable to pay for needed prescription drugs in the next 12 months? Extremely concerned, concerned, not very concerned, or not at all concerned?

% Extremely concerned + Concerned

■ Age 50-64 ■ Age 65+

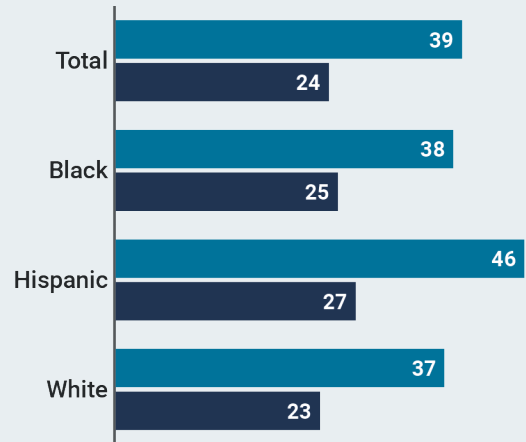


West Health/Gallup

How concerned are you that your household will be unable to pay for needed healthcare services in the next 12 months? Extremely concerned, concerned, not very concerned, or not at all concerned?

% Extremely concerned + Concerned

■ Age 50-64 ■ Age 65+



West Health/Gallup



## High healthcare costs for older Americans have consequences.

The lack of access to affordable care has real-life implications for older Americans. One in 12 adults aged 65 and older have had to cut back on healthcare services to pay for other household goods in the last year. That figure more than doubles to nearly one in five for adults aged 50 to 64. And there are consequences to skipping care: 17% of adults aged 50 to 64 and 7% of those 65 and older report that they or a member of their household had a health problem worsen in the prior 12 months after postponing care due to their inability to pay for it. Across both age groups, women are more likely than men to experience a worsening health problem due to the inability to afford care.

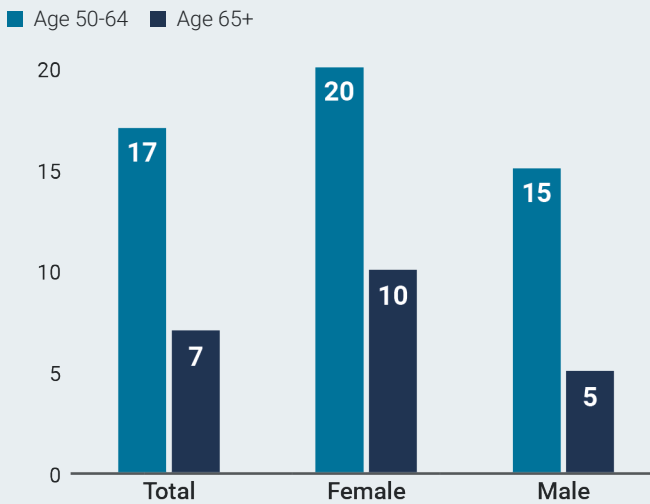
“ I was diagnosed with [Type 2 diabetes] and the doctor recommended I go on a medicine...but it was very expensive and I could not afford it, so I had to scale down to use [another medication] instead. It worked to some degree. That [first] medication would have been better, but it's out of my affordability range.

– David Jung, age 56, male, Indiana

### Older women are more likely than older men to experience worsening health problems due to postponement of care.

Has there been a time in the last 12 months when you or a member of your household had a health problem worsen after postponing care due to their inability to pay for it?

% Yes



West Health/Gallup

# Uncertain About the Future

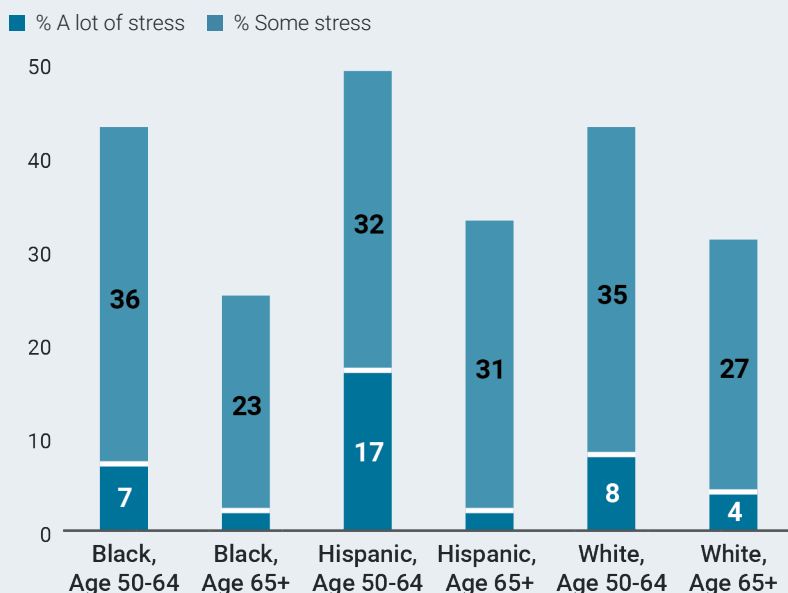
## Healthcare costs are stressful for older Americans.

The burden of healthcare costs in America stretches well beyond people's bank accounts. Debilitating costs, especially those that prevent people from accessing the care they need, are a major source of stress and take a significant toll on mental health.

The share of Americans experiencing daily ongoing stress due to the cost of care decreases significantly in those aged 65 or over, when nearly all Americans become eligible for Medicare, and this holds true across all major racial and ethnic groups. Thirty percent of adults aged 65 and older and 43% of adults aged 50 to 64 report that healthcare costs are a source of some or a lot of stress in their daily lives. Hispanic Americans report the greatest decrease in stress after reaching Medicare qualifying age — 17% of those aged 50 to 64 say the cost of care contributes a lot of stress to their daily lives, compared to just 2% of those aged 65 or older.

### Nearly half of Hispanic adults aged 50 to 64 are stressed about the cost of healthcare.

How much stress does the cost of healthcare for you and your family contribute to your daily life? A lot of stress, some stress, very little stress or no stress at all



Percentages below 4% not shown.

West Health/Gallup

Pessimism regarding Medicare's solvency weighs heavily on the minds of most Americans. More than six in 10 adults aged 50 to 64 are worried (39%) or extremely worried (22%) Medicare will not be available when they become eligible — a stark finding given that this group is nearing the age of 65. (See pages 19-24.) While most across this group are worried about Medicare viability, concern is highest among women (66%) and Hispanic adults (66%).

Policymakers must grapple with how to improve efficiency and reduce costs of healthcare and prescription drugs in the U.S. so that Americans do not need to sacrifice basic needs to pay for healthcare or medicine — or avoid care entirely because it is too expensive. For older Americans, the considerable share who know someone whose condition worsened after being unable to pay for needed care dovetails with the substantial percentages who consider the cost of care a major financial burden. That these experiences result in such high levels of stress over the cost of care, and concern about its future affordability, underscores the urgency for elected officials to continue to pursue common sense policy that will mitigate these effects.



# Barriers and Policy Solutions to Reducing Healthcare Costs



Americans foresee major political barriers to finding solutions on the issue of high healthcare costs in the U.S. Even with the recent passage of the Inflation Reduction Act, this study suggests healthcare concerns still loom large.

While many Americans foresee major political barriers, including partisan politics and lobbying, hindering legislation, there are several policy options on which a majority of Americans align. Most U.S. adults, regardless of their political affiliation, support the federal government negotiating with pharmaceutical companies to lower drug costs for all Americans. The recent Inflation Reduction Act is a step forward, but is limited to the Medicare program, meaning many Americans will not get relief. Two items on which Democrats and Republicans diverge are in regulating healthcare costs and having for-profit health providers.

“ I think the biggest barrier is probably partisan bickering. Polarization...creates deadlock and prevents meaningful action from being taken... And that ultimately hurts the American people. I have very strongly held views and I don't like the idea of compromising either but if the alternative is to not get anything done, I think that is harmful to everyone.

– Brandon Shaw, age 37, male, Minnesota

**Across party lines, most Americans believe healthcare lobbying and partisan politics are major barriers to action.**

Are each of the following a major barrier, minor barrier, or not a barrier at all to reducing healthcare costs in the United States?

% Major barrier

	Total	Democrat	Independent	Republican
Lobbying by the healthcare industry in Washington	79%	85%	80%	69%
Partisan politics	79%	87%	77%	70%
Lack of regulation of healthcare costs	70%	85%	66%	51%
Most healthcare providers being for-profit organizations	65%	80%	61%	47%
Health of the population	39%	38%	41%	39%
Cost of research and development for new treatments	34%	30%	35%	40%

## What Can Be Done?

### Most Americans agree on key policy solutions to lowering the cost of care.

Majorities continue to support the federal government acting to curtail costs, including 84% who strongly or somewhat support the government negotiating with drug companies over the cost of pharmaceuticals, including 95% of Democrats, 80% of independents and 74% of Republicans. Although most widely supported by Democrats, Americans across party lines also back limits to how much pharmaceutical companies (80%), health insurers (79%), hospitals (76%) and medical specialists (72%) can charge people.

### Americans across political parties support limits on how much people can be charged for healthcare.

Please indicate your level of agreement or disagreement with each of the following statements.

**Strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree**

% Strongly + Somewhat agree

	Total	Democrat	Independent	Republican
The federal government should negotiate with pharmaceutical companies to lower the cost of drugs for all Americans.	84%	95%	80%	74%
The federal government should place limits on how much hospitals can charge people.	76%	91%	71%	59%
The federal government should place limits on how much medical specialists can charge people.	72%	88%	67%	54%
The federal government should place limits on how much pharmaceutical companies can charge people.	80%	94%	76%	65%
The federal government should place limits on how much health insurers can charge people.	79%	93%	76%	62%

### Nearly four in 10 Americans are willing to select a candidate from a political party they don't usually vote for if healthcare costs are the candidate's top priority.

Americans express deep frustration with leadership's ability to lower healthcare costs and preserve social safety nets for the future. Heading into midterm elections in fall of 2022, 39% of Americans say they are either very (10%) or somewhat (29%) likely to vote for a candidate from a political party they don't typically support if that person's top priority were reducing the cost of healthcare. Women (42%) are more likely than men (36%) to say they are very or somewhat likely to vote for a candidate from another party. A majority of Black Americans (56%) say they likely would vote for a candidate from another party, followed by 49% of Asian Americans, 45% of Hispanic Americans and 34% of White Americans.

This issue of healthcare costs could prove key for voters in November. By political affiliation, half of independents say they would vote for a candidate from a party they don't typically support, as do 40% of Democrats. Fewer Republicans (23%), however, would consider voting for a candidate from another party.

## Implications and Conclusions

West Health and Gallup surveys suggest a future where millions will continue to struggle to afford basic healthcare. An estimated **98 million Americans** cut spending on things like food and rent, or borrowed money, to cover healthcare costs in recent months. And 26% of U.S. adults either delayed care or avoided purchasing prescribed medicine because they could not afford it.

Americans currently face a trifecta of crises: prohibitively expensive healthcare, a once-in-a-century pandemic and one of the worst inflationary environments in the last 40 years. The data suggests that this tumultuous environment has led to real threats to Americans' health, as one in five report they or a household member had a health problem worsen in the past 12 months due to not being able to afford needed care.

It's no surprise, then, that the U.S. healthcare system overall receives such poor grades from the public — for every one American who rates the system an A or a B, two others give it a poor (D) or failing (F) grade. But Americans are particularly disturbed by the cost of care. A sobering three in four grade this as poor or failing — a full third simply give it an F. Over half (56%) of Americans also give poor or failing grades for equity, and nearly four in ten (38%) say access to care deserves a D or F. An estimated 70 million say they would not have access to quality affordable care if they needed it today.

**The Inflation Reduction Act of 2022**, which was signed into law by President Biden on Aug. 16, 2022, may provide some relief. Among other provisions, the law expands Medicare benefits to cap insulin prices at \$35 a month and limits out-of-pocket costs for prescription drugs for beneficiaries. Also, beginning in 2026, Medicare, for the first time, will be empowered to negotiate lower drug prices directly with manufacturers. These provisions are expected to ease some of the financial burden created by high healthcare costs, but a great deal more work needs to be done before we see grades improve for the U.S. health system and better outcomes for the American people.

## Final Thoughts From West Health

“ The pessimist sees difficulty in every opportunity. The optimist sees opportunity in every difficulty.

– Winston Churchill

Americans are deeply dissatisfied with their healthcare system as evidenced by a report card few could take pride in. But a report card riddled with grades of mostly Ds and Fs can be turned into one filled with As and Bs if smart public policy targets affordability, equity, access and quality of care – inextricably linked components of the U.S. healthcare system that have been on a troubling trajectory for many years.

The recently signed Inflation Reduction Act of 2022 is likely a step in the right direction toward greater affordability, but many of its healthcare provisions are limited to Medicare beneficiaries and will take time to be fully enacted. It does, however, for the first time empower Medicare to negotiate lower drug prices directly with manufacturers – something against which the pharmaceutical industry has long fought. It will likely have a significant impact in helping millions of older Americans afford their prescribed medications.

Nonetheless, there is still much more work to do so that lower prices are available to all Americans, not just Medicare beneficiaries. It can be done, but the future is fraught with challenges from those who strongly want to preserve the status quo. The drug industry, for one, is pledging to fight reform, even those already passed in the Inflation Reduction Act. The CEO of the Pharmaceutical Research and Manufacturers of America (PhRMA), which represents America's leading drug companies, released a statement asserting that, “We will explore every opportunity to mitigate the harmful impacts from the unprecedented government price setting system being put in place by this law.”

Take him seriously. The drug industry has been successful in preventing meaningful pricing reforms for decades, and they're not going away anytime soon. But neither is the American public who is loudly beating the drum for more affordable and equitable healthcare. The question is, are government representatives listening to them or the lobbyists? High healthcare prices are a policy choice. It's time to enact different policies. If we do, the healthcare system may find itself at the top of the class. If our elected leaders don't prioritize change, we will know whose side they are on, and voters may hand them a failing grade at the ballot box.

## Methodology

Results are based on surveys conducted June 21-30, 2022, with n=5,584 adults, aged 18 and older, living in all 50 U.S. states and the District of Columbia as a part of the Gallup Panel. For results based on these samples of national adults, the margin of sampling error at the 95% confidence level is +1.6 percentage points for response percentages around 50% and +1.0 percentage points for response percentages around 10% or 90%, design effect included. For reported subgroups, the margin of error will be larger, typically ranging from  $\pm 2$  to  $\pm 5$  percentage points. The sample includes an oversample of Black, Hispanic and Asian adults. The total sample is weighted so that major racial and ethnic subgroups are reflected in their proper proportion in the U.S. adult population.

Sample sizes for commonly reported subgroups include men (n=2,731), women (n=2,844), White (n=2,629), Black (n=1,230), Hispanic (n=1,351), and Asian adults (n=339). Sample sizes by annual household income subgroups are: <\$24,000 (n=441), \$24,000-<\$48,000 (n=806), \$48,000-<\$90,000 (n=1,470), \$90,000-<\$120,000 (n=770), \$120,000-<\$180,000 (n=901), and \$180,000 or more (n=791).

For older American reporting, sample sizes are as follows: All adults aged 50-64 (n=1,816), all adults aged 65 or older (n=1,449), White adults aged 50-64 (n=870), White adults aged 65 or older (n=596), Black adults aged 50-64 (n=436), Black adults aged 65 or older (n=412), Hispanic adults aged 50-64 (n=404), and Hispanic adults aged 65 or older (n=361).

All demographic group comparisons in the report are significant at  $p < .05$  unless otherwise noted.

Prior Gallup Panel surveys were administered by web Sept. 27-30 and Oct. 18-21, 2021 (n=6,663), March 15-21, 2021 (n=3,905), and June 14-20, 2021 (n=4,843). The June 2022 and September-October 2021 results were obtained on a West Health survey solely asking about healthcare issues, whereas the March and June 2021 measurements were asked toward the end of Gallup's ongoing COVID-19 pandemic tracking survey.

Methodological note on overall grades of U.S. healthcare system calculation: For the overall grades, respondents were asked to report a letter grade – A (excellent), B (good), C (satisfactory), D (poor) or F (fail) – for the healthcare system overall and for the four specific aspects used to evaluate it. To determine the overall grade for each metric, its mean score was applied to a scale with four equidistant cutoff points along the 1.00 to 5.00 continuum of possible mean scores: 1.00 to 1.80 = F, 1.81 to 2.60 = D, 2.61 to 3.40 = C, 3.41 to 4.20 = B, 4.21 to 5.00 = A. Interior to each of the grades for A through D, the range was divided still further into three equal parts to determine the “plus,” “minus” or standard grade status.

## About West Health

Solely funded by philanthropists Gary and Mary West, West Health is a family of nonprofit and nonpartisan organizations including the Gary and Mary West Foundation and Gary and Mary West Health Institute in San Diego, and the Gary and Mary West Health Policy Center in Washington, D.C. West Health is dedicated to lowering healthcare costs to enable seniors to successfully age in places with access to high-quality, affordable health and support services that preserve and protect their dignity, quality of life and independence.

Learn more at [westhealth.org](https://westhealth.org) and follow [@WestHealth](https://twitter.com/WestHealth).

## About Gallup

Gallup delivers analytics and advice to help leaders and organizations solve their most pressing problems. Combining more than 80 years of experience with its global reach, Gallup knows more about the attitudes and behaviors of employees, customers, students and citizens than any other organization in the world.



GALLUP®