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Release #2020-10: Support for a Single-Payer Health Care System to Address Disasters & Pandemics

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<https://escholarship.org/uc/item/1n25x39s>

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Publication Date

2020-06-05



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Release #2020-10

Friday, June 5, 2020

Support for a Single-Payer Health Care System to Address Disasters & Pandemics

The latest *Berkeley IGS Poll* finds that over half of all Californians agree that a “single-payer system, such as Medicare-for-all in which all Americans would get their insurance from a single government plan, would improve the nation’s ability to respond to disasters and pandemics such as COVID-19.”

Between April 16 and 20, 2020 the Institute of Governmental Studies (IGS) and California Institute of Health Equity & Access (Cal-IHEA), polled 8,785 registered voters about COVID-19 and their degree of support for a single-payer health care system. While most Californians, about 55%, somewhat or strongly agree that a single-payer health care system would improve the nation’s response to disasters and pandemics such as COVID-19, the level of support varied by party, region, race, age, ability to access medical care during the pandemic, and the perceived financial threat of the coronavirus pandemic.

Partisan Differences in Support for a Single-Payer Health Care System

When it comes to partisanship, almost 7 out of 10 Republicans somewhat or strongly disagree that a single-payer health care system “would improve the nation’s ability to respond to disasters and pandemics such as COVID-19.” Conversely, three-quarters (76%) of Democrats somewhat or strongly agree that a single-payer health care system “would improve the nation’s ability to respond to disasters and pandemics such as COVID-19,” compared to only 16% of Republicans.

Table 1: Single-Payer Health Care System Support and Partisanship

| | Generally speaking, in politics do you think of yourself as a... | | | | |
|----------------------------|--|----------|------------|-------------|----------------|
| | Total | Democrat | Republican | Independent | Something Else |
| | N = 8767* | n= 3796 | n= 1726 | n = 2496 | n= 749 |
| Strongly Agree | 35.6 | 51.6 | 7.7 | 29.8 | 38.6 |
| Somewhat Agree | 19.5 | 24.8 | 8.4 | 19.9 | 17.1 |
| Neither agree nor disagree | 17.0 | 17.1 | 14.5 | 18.2 | 17.9 |
| Somewhat Disagree | 6.6 | 4.0 | 10.1 | 8.9 | 3.8 |
| Strongly Disagree | 21.2 | 2.5 | 59.3 | 23.0 | 22.6 |

* Total sample in this cross-tabulation may not equal N = 8,785 due to respondents not identifying their partisanship.

Californians with Difficulty Seeking Medical Care During COVID-19

Individuals with difficulty seeking medical care during COVID-19 are more likely to agree that a single-payer health care system would “improve the nation’s ability to respond to disasters and pandemics” than those who have no difficulty accessing medical care as a result of COVID-19. Almost 70% of those who are facing or expect to face a “very serious problem” in obtaining medical care somewhat or strongly agree that a single-payer health care system would “improve the nation’s ability to respond to disasters and pandemics,” compared to 41% of those who are facing or expect to face “no problem at all.” At the same time, only 15% of those facing a “very serious problem” somewhat or strongly disagree with a single-payer health care system, compared to 41% of those facing “no problem at all.”

Table 2: Single-Payer Health Care System Support and Difficulty Experienced Accessing Health Care Due to COVID-19

| | Total | Indicate the degree to which not being able to get medical care is a problem that you expect to face - or are already facing - as a result of COVID-19. | | | | |
|----------------------------|----------|---|------------------|-----------------------|-------------------|----------|
| | | Very serious problem | Somewhat serious | Not much of a problem | No problem at all | Not Sure |
| | N= 8723* | n= 2146 | n = 1973 | n = 2309 | n = 2023 | n = 272 |
| Strongly Agree | 35.6 | 49.4 | 37.9 | 31.1 | 24.7 | 31.3 |
| Somewhat Agree | 19.5 | 19.4 | 22.0 | 20.1 | 16.3 | 21.7 |
| Neither agree nor disagree | 17.0 | 16.2 | 17.3 | 16.1 | 17.7 | 23.8 |
| Somewhat Disagree | 6.6 | 5.2 | 5.4 | 8.5 | 7.3 | 4.6 |
| Strongly Disagree | 21.2 | 9.8 | 17.5 | 24.2 | 34.0 | 18.6 |

* Total sample in this cross-tabulation may not equal N = 8,785 due to respondents not indicating how much of a problem getting medical care is as a result of COVID-19

Age Differences

Considering age, those who are older are more likely to disagree that a single-payer health care system would “improve the nation’s ability to respond to disasters and pandemics such as COVID-19.” Approximately 39% of individuals 66 and older somewhat or strongly disagree, compared to 14% of individuals in the younger age category (18-25). The younger age categories are more likely to somewhat or strongly agree that a single-payer health care system would improve the country's ability to respond to a pandemic with 65% and 63% of those in the 18-25 and 26-35 age categories, respectively.

Table 3: Single-Payer Health Care System Support Across Age Groups

| | Age | | | | | | |
|----------------------------|---------|----------|----------|----------|----------|----------|---------|
| | Total | 18-25 | 26-35 | 36-45 | 46-55 | 56-65 | 66+ |
| | N= 8785 | n = 1119 | n = 1605 | n = 1375 | n = 1380 | n = 1475 | n= 1831 |
| Strongly Agree | 35.6 | 38.5 | 43.9 | 38.5 | 34.4 | 32.9 | 27.6 |
| Somewhat Agree | 19.5 | 26.5 | 19.4 | 22.3 | 16.0 | 17.1 | 17.8 |
| Neither agree nor disagree | 17.0 | 20.8 | 17.7 | 15.5 | 15.8 | 17.5 | 15.6 |
| Somewhat Disagree | 6.6 | 6.7 | 5.5 | 5.3 | 6.0 | 6.6 | 8.6 |
| Strongly Disagree | 21.2 | 7.3 | 13.5 | 18.3 | 27.6 | 25.9 | 30.2 |

Californians Under Financial Strain due to COVID-19

Those who consider COVID-19 to be a major threat to their personal/family financial situation are more likely to agree that a single-payer health care system would “improve the nation’s ability to respond to disasters and pandemics” than those who see COVID-19 as “no threat” to their financial situation. Of those who consider COVID-19 to be “a major threat” to their personal or family financial situation, roughly 61% somewhat or strongly agree with a single-payer health care system compared to 44% of those who consider COVID-19 to be “no threat.”

Table 4: Single-Payer Health Care System Support and Financial Threats Caused by COVID-19

| | To what extent is COVID-19 a threat to your personal/ family financial situation? | | | | |
|----------------------------|---|----------------|----------------|-----------|----------|
| | Total | A major threat | A minor threat | No threat | Not sure |
| | N = 8719 | n = 3851 | n = 3411 | n = 1238 | n = 219 |
| Strongly Agree | 35.6 | 41.5 | 32 | 27 | 37.8 |
| Somewhat Agree | 19.5 | 19.2 | 20.8 | 16.8 | 21 |
| Neither agree nor disagree | 17.0 | 17 | 16.6 | 16.5 | 24.4 |
| Somewhat Disagree | 6.6 | 5.4 | 8 | 6.5 | 6.1 |
| Strongly Disagree | 21.2 | 16.9 | 22.7 | 33.1 | 10.7 |

* Total sample in this cross-tabulation may not equal N = 8,785 due to respondents not indicating to what extent COVID-19 is a threat to their personal/family financial situation.

When explaining this finding, Alein Y. Haro, MPH, who is a doctoral student in Health Policy and Population Sciences at UC Berkeley and one of the researchers who helped produce the survey, states, “The economic consequences of the pandemic have led to a record level job loss resulting in 31 million people filing for unemployment insurance between March and May 2020.¹ In the U.S., job loss is tied to the loss of health insurance for workers who receive coverage through their employer. With neither a steady income nor health insurance, people may have difficulties accessing care, thereby leading to greater support for a single-player health care system.”

Racial Differences

Considering race, those who identify as Native American, White, or Other are more likely to disagree that a single-payer health care system would improve the nation’s ability to respond to disasters and pandemics compared to those who identify as Asian, Black, or Latino. Approximately 34% of those who identify as White somewhat or strongly disagree, compared to roughly 17% of those who identify as Latino and Asian. On the other hand, over 60% of Blacks, Asians, and Latinos somewhat or strongly agree with the idea of a single-payer health care system.

¹ <https://www.kff.org/coronavirus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss/>

Table 5: Single-Payer Health Care System Support Across Racial Groups

| | Race | | | | | | |
|----------------------------|----------|---------|---------|---------|--------|--------|----------|
| | Total | Asian | Black | Latino | Nat Am | Other | White |
| | N = 8715 | n= 1100 | n = 486 | n= 1880 | n = 70 | n =330 | n = 4849 |
| Strongly Agree | 35.6 | 35.3 | 38.9 | 42.1 | 28.6 | 31.2 | 33.3 |
| Somewhat Agree | 19.5 | 27.4 | 23.6 | 21.3 | 13.7 | 15.5 | 17.1 |
| Neither agree nor disagree | 17.0 | 19.7 | 18.4 | 19.5 | 9.6 | 13.4 | 15.6 |
| Somewhat Disagree | 6.6 | 6.2 | 8.2 | 5.2 | 1.4 | 4.6 | 7.2 |
| Strongly Disagree | 21.2 | 11.3 | 11 | 11.8 | 46.7 | 35.3 | 26.6 |

* Total sample in this cross-tabulation may not equal N = 8,785 due to respondents not indicating their race

Regional Differences and Decreased Support in State’s Heartland

Support for a single-payer health care system as a response to the COVID-19 pandemic is higher in the Bay Area and Los Angeles regions in comparison to the Central Valley, Inland Empire, Orange County, and other regions within California. Specifically, 62% of voters in the Bay Area and Los Angeles somewhat or strongly agree with a single-payer health care system, compared to roughly 46-54% in other regions of California.

Table 6: Regional Variation for Single-Payer Health Care System Support

| | Region | | | | | | | |
|----------------------------|--------|----------|----------------|---------------|-------------|-------------|-------------|-------------------|
| | Total | Bay Area | Central Valley | Inland Empire | Los Angeles | Other North | Other South | San Diego/ Orange |
| | N=8785 | n = 1793 | n = 1504 | n=908 | n= 2355 | n = 351 | n = 402 | n = 1472 |
| Strongly Agree | 35.6 | 40.0 | 28.5 | 30.6 | 42.2 | 34.5 | 31.3 | 31.6 |
| Somewhat Agree | 19.5 | 21.8 | 17.6 | 19.8 | 19.8 | 17.6 | 22.7 | 17.5 |
| Neither agree nor disagree | 17.0 | 17.7 | 17.3 | 15.1 | 16.9 | 16.1 | 17.5 | 17.1 |
| Somewhat Disagree | 6.6 | 6.0 | 6.3 | 6.5 | 6.1 | 7.5 | 4.9 | 8.4 |
| Strongly Disagree | 21.2 | 14.5 | 30.3 | 27.9 | 14.8 | 23.4 | 23.6 | 25.4 |

About the Survey

The findings in this report are based on a Berkeley Poll completed by the Institute of Governmental Studies (IGS) at the University of California, Berkeley in conjunction with the California Initiative for Health Equity & Action (Cal-IHEA). The poll was administered online in English and Spanish between April 16 and 20 among 8,785 registered voters statewide.

The survey was administered by distributing email invitations to stratified random samples of the state's registered voters. Once the questionnaire and email invitations had been finalized, they were translated into the Spanish and reviewed for cultural appropriateness. Each email included an invitation for invited voters to participate in a nonpartisan survey and provided a link to the IGS website where the survey was housed. Reminder emails were distributed to non-responding voters and an opt out link was provided for voters not wishing to participate and not wanting to receive future emails from IGS about the survey.

Samples of registered voters with email addresses were provided to IGS by Political Data, Inc., a leading supplier of registered voter lists in California. The email addresses of voters were derived from information contained on the state's official voter registration rolls. The overall sample of registered voters with email addresses was stratified in an attempt to obtain a proper balance of survey respondents across major segments of the registered voter population.

To protect the anonymity of survey respondents, voters' email addresses and all other personally identifiable information were purged from the data file and replaced with a unique and anonymous identification number during data processing. At the conclusion of the data processing phase, post stratification weights were applied to align the sample to population characteristics of the state's overall registered voter population. The sampling error associated with the results from the survey are difficult to calculate precisely due to the effects of sample stratification and the post- stratification weighting. Nevertheless, it is likely that the results are subject to a sampling error of approximately +/-3 percentage points at the 95% confidence level. Results based on subgroups of this population would be subject to larger margins of sampling error.