

# Reimagining Healthcare: Survey Findings

**July 2025** 





#### **Lake Research Partners**

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# Methodology

- Lake Research Partners designed and administered this survey, which was conducted by live telephone and text-to-online interview, in consultation with Alignco, HIT Strategies, and BSP Research.
- The survey reached 1000 adults in the U.S. nationwide with additional samples of 275 Black adults, 250 Latino/a adults, 350 Asian American and Pacific Islander adults, 100 Indigenous adults, and 100 dropoff voters.
- The survey was conducted July 8-17, 2025.
- The sample was stratified by gender, age, region, and race to reflect the demographic composition of U.S. adults. Where there were slight differences between our survey sample and the adult population, data were weighted accordingly.
- The margin of error for the full sample is +/-3.1%. It is greater for subgroups and split-sampled questions.



# **Demographics of Adults Nationwide**

#### Partisanship is evenly split.

#### **GENDER**

# **51%** 49%

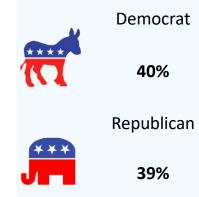
#### **AGE**

Under 30	 21%
30-39	 17%
40-49	 16%
50-64	 25%
65+	 18%

#### **EDUCATION**

High School or Less	 12%	
Post-H.S. / Some College	 52%	
College Graduate	 22%	36%
Post-Graduate	 14%	College Grad or Post Grad

#### **PARTY IDENTIFCATION**





Independent

12%

#### RACE

White	 63%
Black	 13%
Latinx	 16%
Asian/PI	 6%
Indigenous	 3%

#### **REGION**



#### **REGISTERED TO VOTE**

Yes	 96%
No	 3%



# **Demographics of Adults Nationwide**



#### **PARENT**

Yes	 25%
No	 74%



#### **INSURED**

Yes	 92%
No	 6%



#### **ACCESS TO DOCTOR**

Yes	 94%
No	 4%



#### **CAREGIVER\***

Yes	 17%
No	 82%



Yes

No	 58%

40%

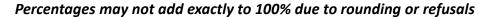
#### **INSURANCE TYPE**

Employer	 60%
Marketplace	 6%
Medicare	 23%
Medicaid	 5%
VA	 3%
Other	 2%



#### **EMPLOYMENT**

Employed full time	 56%
Employed part time	 8%
Unemployed	 3%
Homemaker	 4%
Student	 2%
Retired	 25%



<sup>\*</sup>Are you the primary caregiver for an elderly family member, a disabled family member, or another family member with major health needs?



# **Big Picture**

- Americans broadly agree on what's wrong with healthcare in the U.S.: a corporate-driven system that puts
  profits over health. They believe everyone should have access to the care they need and that our class and zip
  code should not dictate our health.
- This is a moment for real change people believe big changes are needed in the healthcare system and feel the need for change is urgent. Compared to a decade ago, urgency has shifted from coverage of the uninsured to costs for everyone. At the same time, people also support smaller steps along the way to make healthcare more affordable such as cracking down on price gouging and ending surprise billing.
- People believe they need to raise their voices on healthcare and have a role to play in change. However, they are
  wary of the power of money and lobbyists in the political system to maintain the status quo.
- While there are some partisan differences in their priorities, particularly on the role of government, **Americans do not view healthcare as a partisan issue.** They see it as a struggle between the people and the entrenched corporate interests who benefit from the current system. They are in fact cynical about either party doing what it takes to make healthcare better.
- People of color, especially Black Americans, more clearly recognize racism in the system that disadvantages their communities, but they are unified with most white voters on the need for systemic change that makes health care affordable and accessible to all.
- Cynicism, not opposition, is the biggest barrier to change. People worry that politicians are too influenced by lobbyists and donors to make meaningful change.
- Making healthcare more affordable by holding corporations accountable for overcharging and taking advantage
  of people is the most effective messaging frame, more so than simply advocating for affordability.



# How urgent is the problem?

**Urgent.** Americans agree – healthcare in this country is unaffordable and it is extremely important to make it more affordable so we all get health care when we need it.

# Who is at fault?

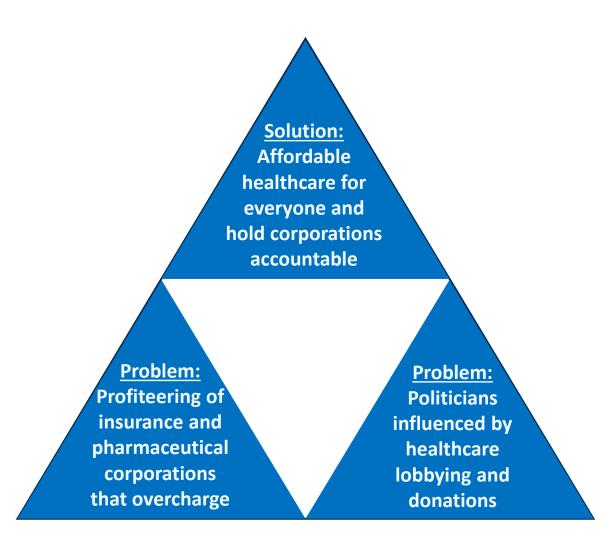
Insurance corporations, big pharma, and politicians. Corporate profiteering is the underlying cause, and people have a strong sense that their high costs are the direct result of corporations overcharging and lobbyist-influenced politicians failing to take action.

# What type of change?

**Major change** or completely rebuilding the healthcare system. Including universal coverage, free or lower-cost healthcare, holding insurance corporations and providers accountable, and eliminating surprise billing.



# **Communications Triangle**



**Corporate Profiteering** 

Crack down on corporate greed in healthcare.
Prioritize people's health over corporate profits.
It is not fair how much healthcare corporations insurance, pharmaceutical, and hospitals - charge people for healthcare.

We can't afford to continue letting corporations profit by keeping us sick instead of providing care to keep

us healthy.

Regulate insurance companies as well as hospitals to reduce excessive charges.

#### **Politicians**

Politicians are failing to take action due to healthcare lobbyists and political donors. By coming together to make our voices heard, we can demand that policymakers make healthcare work for us.

# **Affordable Healthcare for Everyone** and Accountability

Make healthcare affordable so we can all get the health care we need when we need it.

Hold insurance companies and healthcare providers, accountable for overcharging.

Hold corporations accountable for taking advantage of sick people.



# **Healthcare Change – Optimism and Cynicism**

79% think it is possible for elected officials to take action to lower costs and make healthcare more affordable and accessible for everyone.

#### BUT...

71% think the reason we haven't seen changes to our healthcare system is because our politicians are failing to take action due to healthcare lobbyists and political donors.\*

By coming together to make our voices heard, we can demand that policymakers rein in corporate greed and make healthcare work for us.



# Recommendations

DO:	Instead of:
Emphasize the need for major changes in the healthcare system to make healthcare affordable for everyone.	Advocating for only minor changes as the goal – people want major change in the system and also urgent action which could include smaller steps.
Maintain a collective frame – healthcare is unaffordable in this country and we need to take care of those in need to ensure we can all thrive.	Only focusing on individual impacts – people are aware of the broader need for change even when they don't feel it directly themselves.
Assert that healthcare is a right, not a luxury.	"Healthcare is a right, not a privilege" – while both versions work, opposing "luxury" is stronger.
<b>Hold corporations accountable</b> for overcharging and for taking advantage of sick people.	Getting into the complexities of cost and coverage. "Accountability" is also stronger than "transparency."
Blame corporations for setting unfair prices and gaming the system to enrich their shareholders and CEOs.	Not making it clear that corporations are the ones setting prices and making healthcare unaffordable for us in order to enrich themselves.
Advocate for <b>regulating insurance companies, drug companies, and corporate health systems</b> to reduce excessive charges.	Solely focusing on regulating hospitals or providers.
Demand our leaders stop caving to the healthcare industry and instead rein in corporate profiteering.	Focusing only on profiteering or politics. Tying leaders to corporate profiteering resonates more than focusing on one or the other alone.
Advocate for <b>demanding our leaders hold corporations accountable</b> in order to reform the healthcare system.	Giving up on elections as a way to influence change. People believe voting can create change IF our leaders truly address corporate greed.
Talk about how everyone should have a fair and just opportunity to reach their best health, <b>no matter their race</b> , <b>zip code or class</b> .	Avoiding discussions of inequality in healthcare or pretending it doesn't matter.

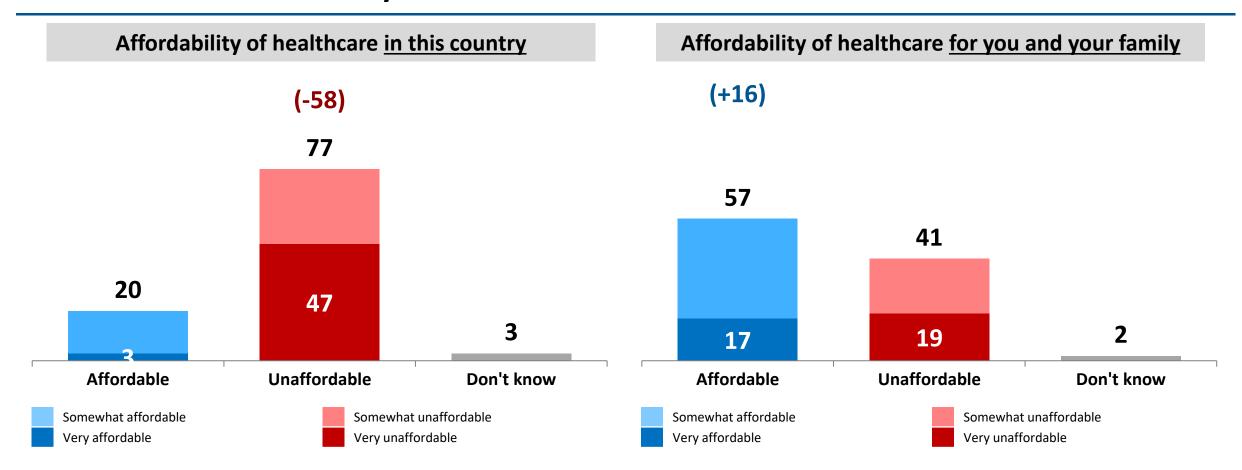






### **Healthcare Affordability**

A strong majority of adults say healthcare in this country is not affordable, with nearly half who say it is very unaffordable. On the other hand, most people say healthcare for themselves and their family *is* somewhat affordable.





# **Healthcare Affordability by Demographics**

Over three-quarters of adults across demographics say healthcare in this country is unaffordable. People under 50, moms, and those who are uninsured are most likely to say healthcare overall is unaffordable.

Moms and uninsured adults are also most likely to say their own healthcare is unaffordable. Older people are more likely than those under 50 to say their healthcare is personally affordable. Nonparents also find healthcare more affordable than parents. Those who do not have a disability or chronic illness are more likely to say their healthcare is affordable, as do those who are not caregivers.

# Affordability of healthcare in this country

	Affordable	Unaffordable
Total	20	77
Male	19	77
Female	20	78
< 50	15	83
50+	26	70
White	18	79
Black	26	72
Latino	24	73
AAPI	25	73
Native	13	80
Non-College	22	75
College	15	82
Dads	18	80
Moms	10	88
Non-parents	22	75
Disability HH	16	82
Non-disability HH	23	74
Caregiver	20	77
Non-caregiver	19	78
Private insurance	17	81
Medicare/Medicaid/VA	24	72
Uninsured	14	86

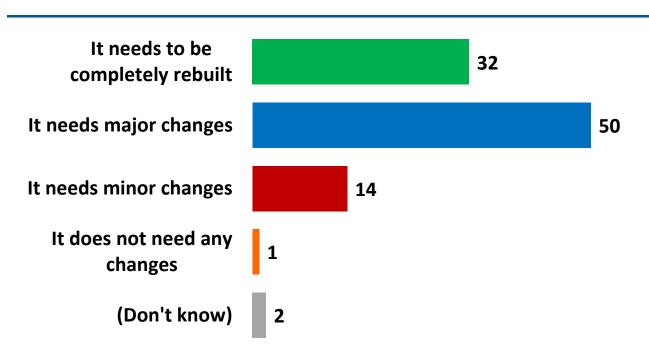
# Affordability of healthcare <u>for you</u> and your family

Affordable	Unaffordable
57	41
56	43
58	40
52	46
64	35
57	42
58	40
59	38
63	34
58	35
56	42
58	41
52	47
44	53
60	39
55	44
60	40
51	46
58	40
58	41
60	37
23	75
•	12



#### **Healthcare System Changes**

People see a need for big changes in the healthcare system. Nearly a third say the system needs to be completely rebuilt, and another half say it needs major changes. College-educated women, parents, and uninsured people are most likely to say the healthcare system needs to be completely rebuilt. Asian Americans are slightly less likely to want to dismantle the current system, but they still want major changes.

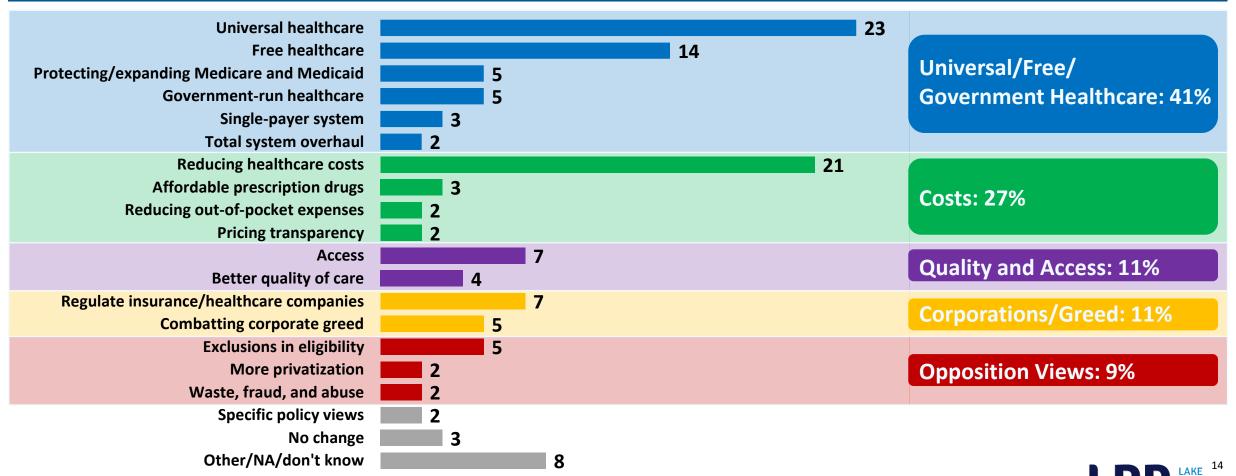


	Rebuilt	Major Changes	Minor/No Changes
Total	32	50	15
Male	34	49	15
Female	31	51	15
< 50	36	51	10
50+	28	49	20
White	34	49	15
Black	29	55	14
Latino	32	47	18
AAPI	22	60	14
Native	30	59	8
Non-college men	35	48	15
Non-college women	26	55	16
College men	32	52	14
College women	43	42	13
Democratic ID	34	54	9
Indep /DK	35	46	13
Republican ID	27	49	22
Dropoff voter	35	49	14
Parents	40	46	12
Non-parents	30	51	16
Private insurance	34	52	13
Medicare/Medicaid/VA	26	51	19
Uninsured	53	33	14



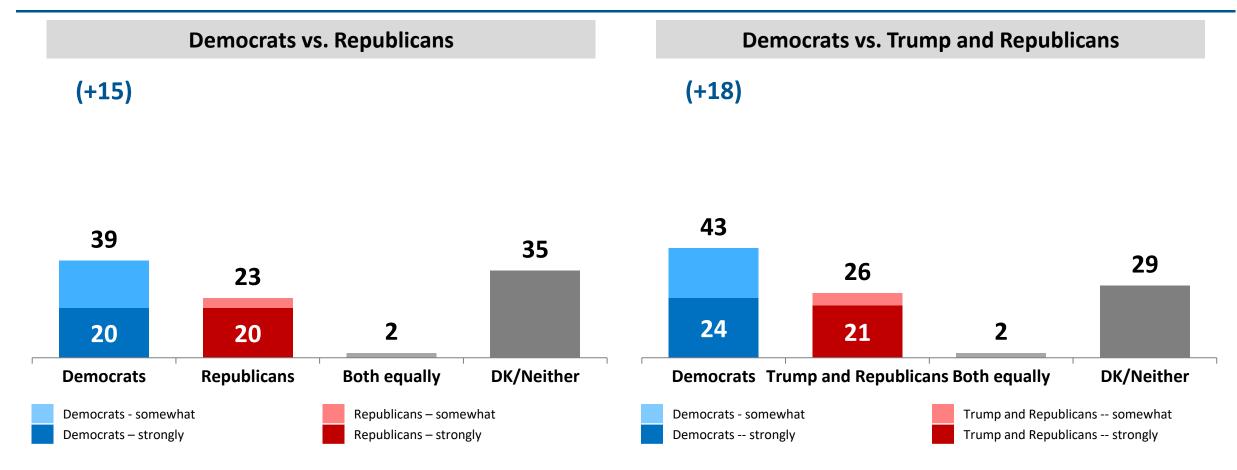
### **Healthcare Changes (Open-Ended)**

When asked what one change they would make to healthcare, over four in ten describe changing to a system that would provide universal or free healthcare. The next most popular theme is lowering costs.



#### **Party Trust on Healthcare**

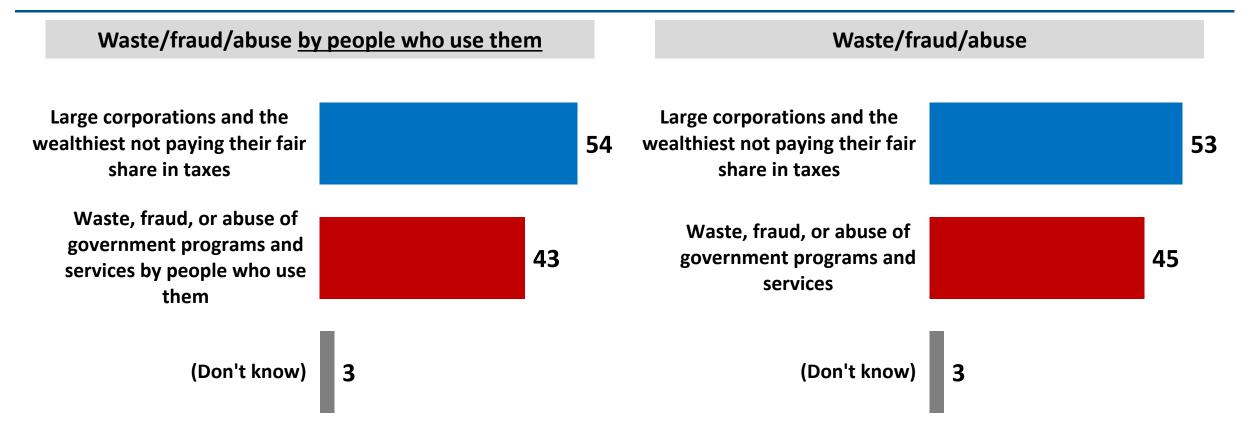
While Americans trust Democrats more than Republicans when it comes to healthcare, over a third trust neither party or are not sure. Democrats have a slightly greater advantage when Republicans are tied to Trump, though many still don't trust either party.





# **Concern – Corporations vs. Waste/Fraud/Abuse**

Americans are more concerned with large corporations and the wealthiest not paying their fair share in taxes than they are about waste, fraud, and abuse of government programs. This is true whether or not we specify waste, fraud, and abuse "by the people who use them." As we see throughout the rest of the survey, corporations are people's main concern, more so than the wealthy.



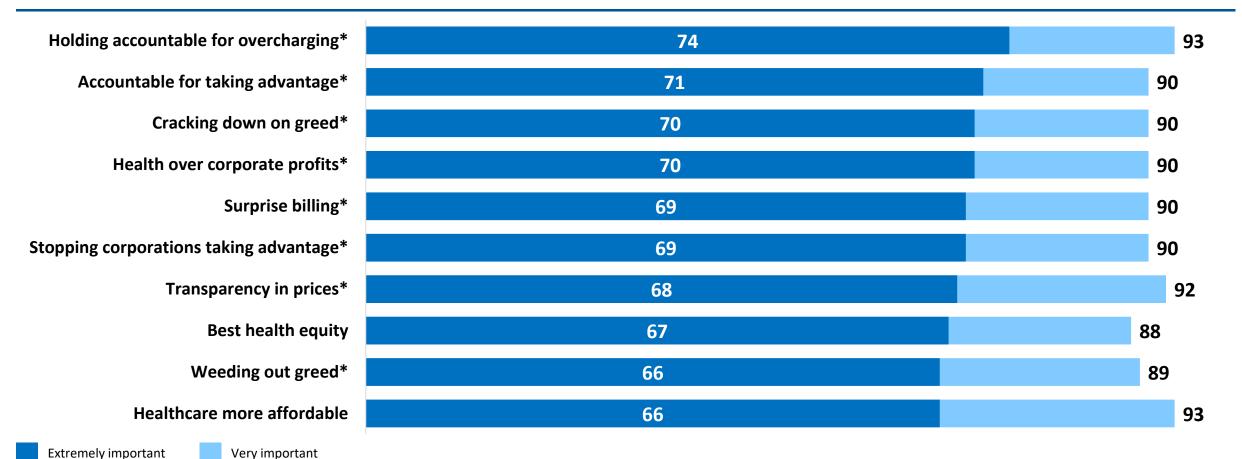






#### **Healthcare Priorities – Top Tier Priorities**

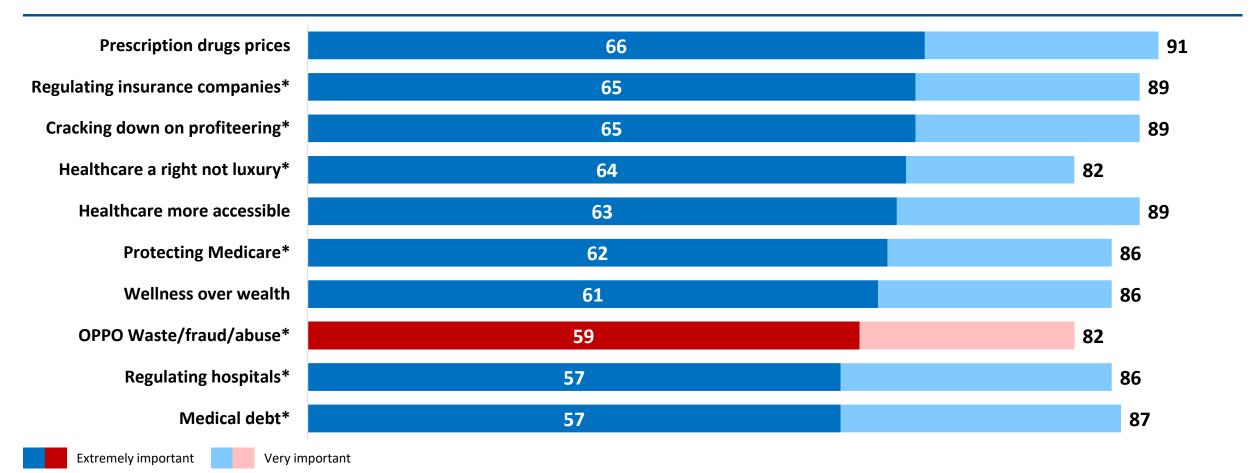
Americans strongly prioritize a range of healthcare changes, particularly those that address corporate greed. The top priorities that are rated extremely important include holding corporations accountable for overcharging, holding corporations accountable for taking advantage of sick people, cracking down on corporate greed, and prioritizing health over corporate profits.





#### **Healthcare Priorities – Middle Tier Priorities**

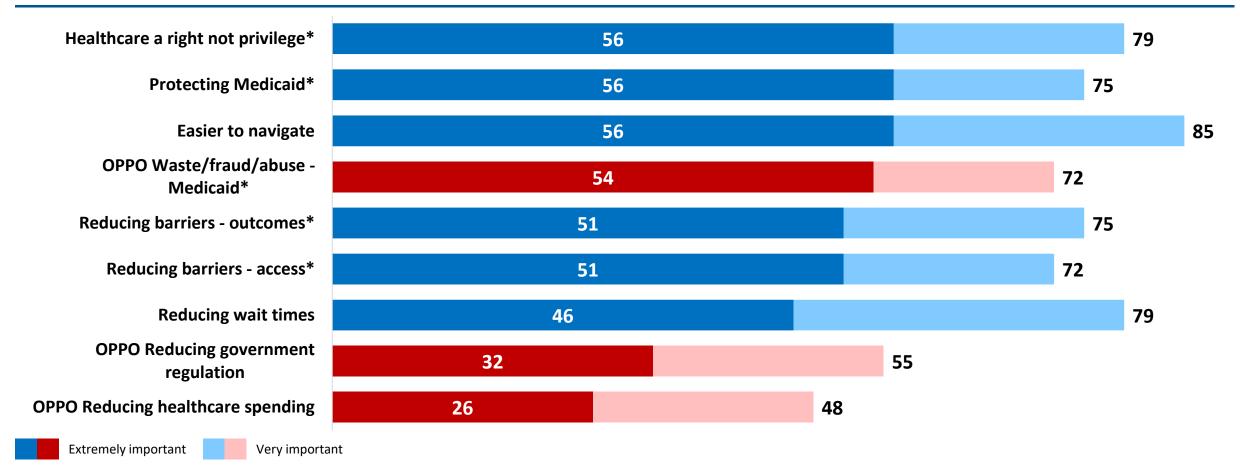
Americans have a second tier of priorities they also see as widely important. Lowering prescription drug prices, regulating insurance companies, and cracking down on profiteering are all important to people. The highest-rated opposition change is addressing waste, fraud, and abuse.





#### **Healthcare Priorities – Lower Tier Priorities**

Remaining opposition priorities fall to the bottom in terms of importance – particularly reducing healthcare spending and reducing government regulations. Reducing barriers to people of color and reducing wait times are also less of a priority, though still important to more adults than opposition policies.





#### **Healthcare Priorities – Top Tier Priorities by Demographics**

The top health care priorities are extremely popular across the board. More women and people under 50 find these priorities extremely important compared to men and older people. Black adults are most supportive of holding corporations accountable for overcharging and for taking advantage of sick people, ensuring everyone has a fair opportunity for health no matter their race or ethnicity, and making healthcare more affordable. Cracking down on greed and stopping corporations from taking advantage of people stand out among Native Americans.

Fortuna de l'acceptant	Takal	Gei	Gender Age Race			Party ID							
Extremely important	Total	Male	Female	< 50	50+	White	Black	Latino	AAPI	Native	Dem	Ind/DK	Rep
Holding accountable for overcharging*	74	71	78	78	71	74	79	74	70	67	77	77	72
Accountable for taking advantage*	71	70	73	77	64	71	79	71	68	69	80	71	62
Cracking down on greed*	70	69	71	75	64	69	74	73	58	80	80	71	59
Health over corporate profits*	70	69	70	74	65	69	72	73	65	72	83	68	57
Surprise billing*	69	68	69	71	64	67	76	70	64	74	74	61	65
Stopping corporations taking advantage*	69	65	71	72	63	66	77	73	66	81	79	68	56
Transparency in prices*	68	67	70	69	67	67	73	71	61	69	71	68	64
Best health equity	67	62	71	69	64	64	80	69	64	75	81	70	50
Weeding out greed*	66	62	70	68	65	67	71	60	58	75	67	65	65
Healthcare more affordable	66	64	67	70	60	62	79	73	67	74	79	67	51

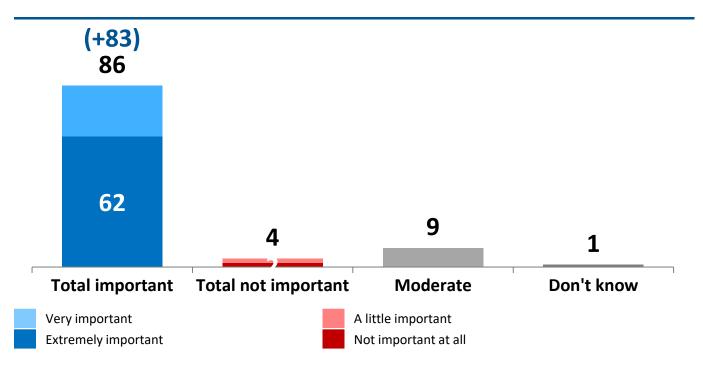






#### **Healthcare Change Importanc**

A strong majority think it is extremely or very important for the U.S. to make healthcare more affordable and easier to access. Intensity of importance is highest among younger women, people of color, moms, people without health insurance, and those who say their own healthcare is unaffordable.



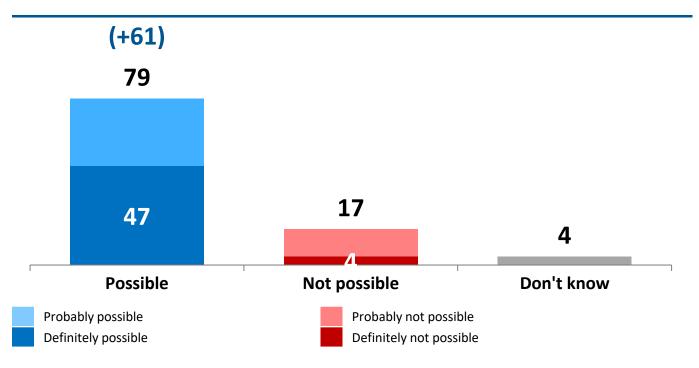
	Extremely important	Total important
Total	62	86
Men < 50	63	85
Women < 50	72	90
Men 50+	50	86
Women 50+	60	83
White	58	83
Black	76	95
Latino	68	89
AAPI	65	94
Native	69	91
Democratic ID	79	97
Indep /DK	57	85
Republican ID	46	76
Dropoff voter	62	88
Dads	56	86
Moms	74	89
Non-parents	61	86
Private insurance	64	87
Medicare/Medicaid/VA	58	83
Uninsured	70	98
HC personally affordable	55	83
HC personally unaffordable	72	92



#### **Possibility for Elected Officials to Take Action**

People are optimistic that elected officials could take action to make healthcare more affordable and accessible for everyone. Younger women, Black, Asian, and Native Americans, Democrats, dropoff voters, moms, and those who shift toward thinking it's extremely important to reform healthcare are most likely to believe it is possible.

Those who prefer to completely rebuild the healthcare system or make major changes are notably more optimistic than those who only want minor changes.

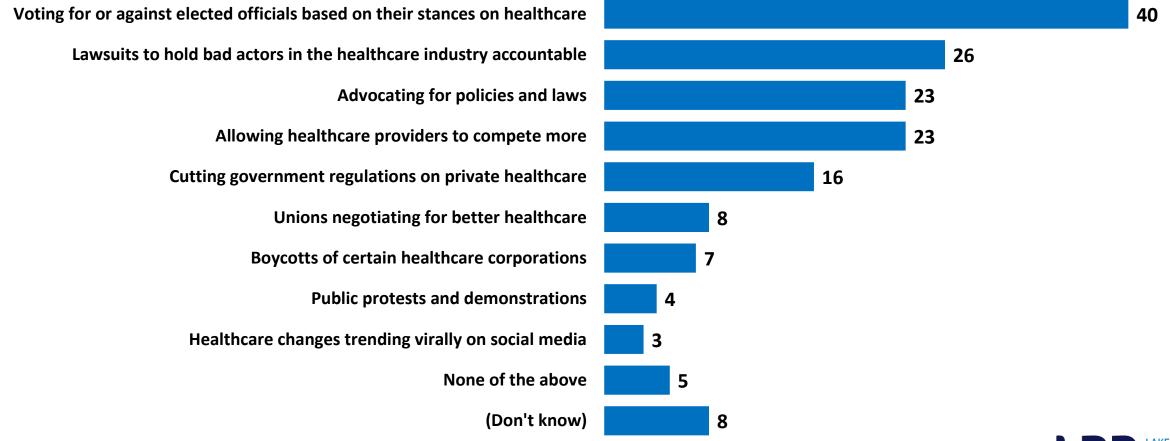


	Possible	Not possible
Total	79	17
Men < 50	77	20
Women < 50	84	12
Men 50+	72	25
Women 50+	80	14
White	76	20
Black	88	8
Latino	81	15
AAPI	86	12
Native	83	13
Democratic ID	87	10
Indep /DK	76	17
Republican ID	71	25
Dropoff voter	84	14
Dads	72	26
Moms	85	10
Non-parents	79	17
Shift toward extr. imp.	87	12
Completely rebuilt	82	15
Major changes	81	16
Minor changes	69	27



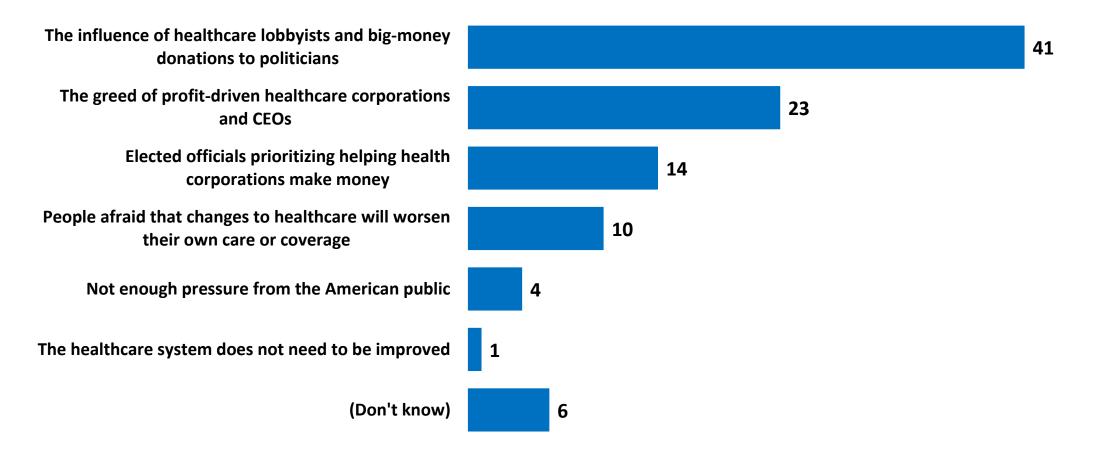
#### **What Could Influence Change in Healthcare**

The top action people think could influence change in healthcare is voting. Lawsuits to hold bad actors accountable, advocating for policies and laws, and allowing healthcare providers to compete are second tier.



#### **Barriers to Improving Healthcare**

By a wide margin, the biggest barrier Americans see to improving healthcare access and affordability is the influence of healthcare lobbyists and donations to politicians. Corporate greed and elected officials prioritizing the profits of health corporations are also barriers, but combining politicians and greed and spelling out how they are connected is most effective for identifying a barrier to overcome.



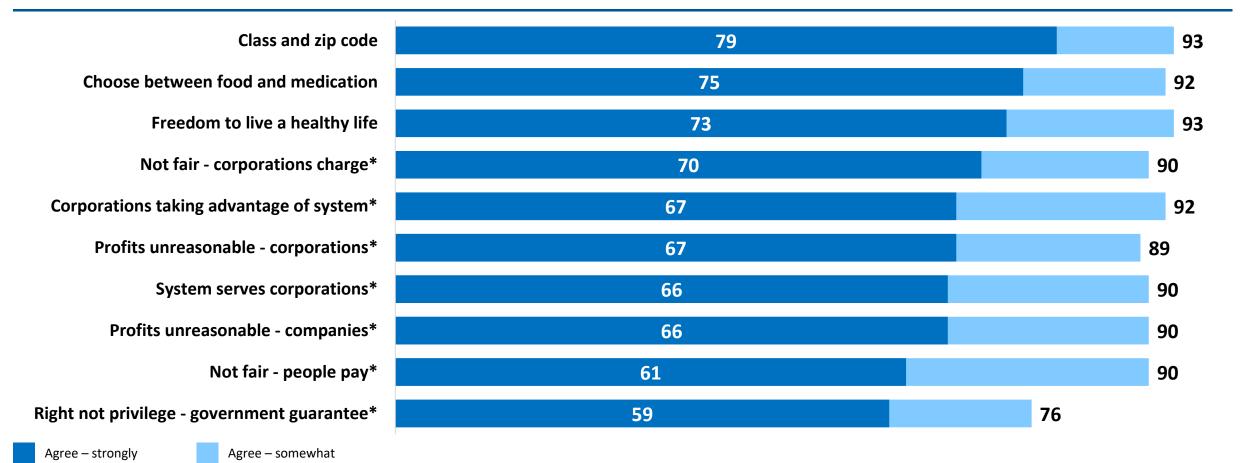






#### **Healthcare Framing Statements – Top Tier Statements**

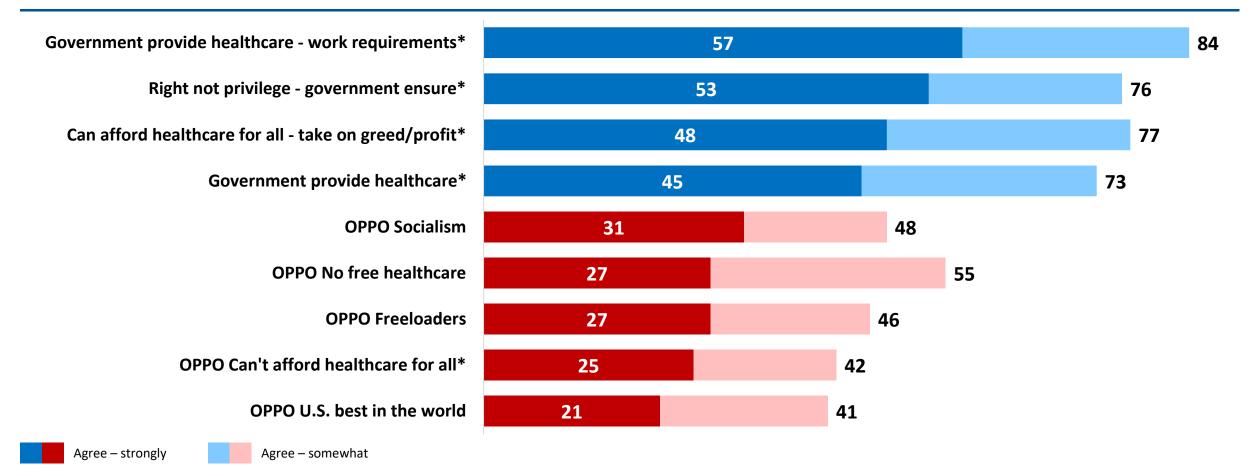
Our statements generate widespread agreement. The top statement in terms of intensity is that our class and zip code should not determine our health, followed by no one should have to choose between putting food on the table and affording medications, and that everyone deserves the freedom to live a healthy life without the fear of bankruptcy or being denied care.





#### **Healthcare Framing Statements – Lower Tier Statements**

Lower-tier but still strong statements include that government should provide healthcare, that healthcare is a right the government should ensure, and that we can afford to provide healthcare for everyone if we take on corporate greed. Opposition statements have the least agreement, especially that the U.S. has the best healthcare in the world so we shouldn't get government involved and that we can't afford to provide healthcare for everyone.





### **Healthcare Framing Statements – Top Tier Statements by Demographics**

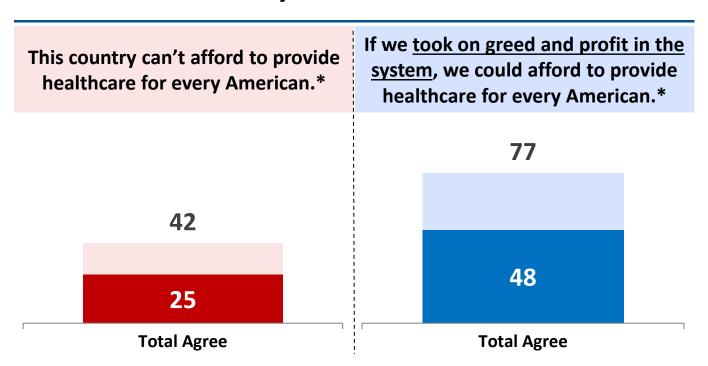
Our class and zip code equity statement generates high agreement across race and party and is especially strong among Black and Democratic adults. Latino and AAPI adults also agree strongly with the freedom to live a healthy life statement, and Native Americans agree most that it's not fair what people have to pay for healthcare.

				Race				Party ID		
Agree - Strongly	Total	White	Black	Latino	AAPI	Native	Dem	Ind/DK	Rep	voter
Class and zip code	79	78	84	79	74	80	89	72	70	75
Choose between food and medication	75	73	87	78	73	75	90	72	59	78
Freedom to live a healthy life	73	70	82	78	76	79	88	75	56	71
Not fair - corporations charge*	70	68	71	78	67	73	79	55	66	66
Corporations taking advantage of system*	67	65	67	74	64	78	72	70	59	72
Profits unreasonable - corporations*	67	64	71	75	65	74	82	50	57	62
System serves corporations*	66	65	65	71	65	74	75	58	57	62
Profits unreasonable - companies*	66	63	73	72	59	74	74	62	55	69
Not fair - people pay*	61	55	73	66	66	82	72	62	46	62
Right not privilege - government guarantee*	59	51	81	68	66	70	84	57	32	59



# Framing Statements - Can't vs. Could Afford to Provide Healthcare for Everyone

Americans reject the idea that this country can't afford to provide healthcare for everyone. With the exception of Republicans, they are nearly twice as likely to agree that if we took on greed and profit in the system, we could provide healthcare for every American.



% Agree - Strongly	Can't afford	Could afford
Total	25	48
Male	25	45
Female	26	51
< 50	24	54
50+	25	40
White	26	42
Black	19	59
Latino	24	57
AAPI	28	53
Native	26	61
Democratic ID	12	61
Indep /DK	19	39
Republican ID	43	36
Dropoff voter	22	47
Disability HH	24	51
Non-disability HH	26	46
Caregiver	23	51
Non-caregiver	26	47
Private insurance	26	52
Medicare/Medicaid/VA	24	39
Uninsured	29	57



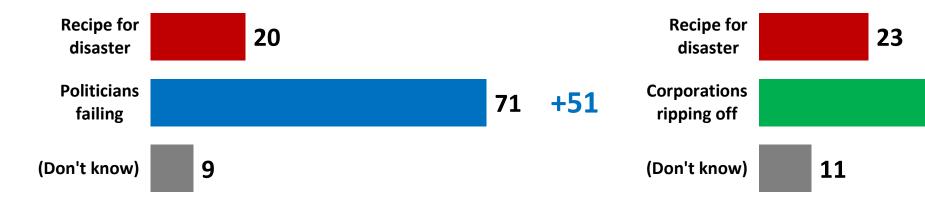
#### **Anti-Government Healthcare vs. Need for Change**

People overwhelmingly believe in the need for change more than they believe that the government rebuilding our healthcare system would be a disaster. Both a message about how politicians have failed to take action due to lobbyists and donors and one about corporations ripping us off are effective, though the message that connects a lack of action from politicians to corporate greed is slightly stronger.

Some people say that having the government step in to completely rebuild our healthcare system would be a recipe for disaster. When the government is in charge, we get slower services, longer wait times, and less efficiency. We can't afford to disrupt and radically change our healthcare system that way.

Other people say the reason we haven't seen changes to our healthcare system is because our politicians are failing to take action due to healthcare lobbyists and political donors. By coming together to make our voices heard, we can demand that policymakers rein in corporate greed and make healthcare work for us.\*

Other people say our healthcare system was designed to serve corporations, not people. Corporations are ripping us off at every turn, price gouging and preventing us from getting the care we need. We need to crack down on corporate greed and build a healthcare system that serves to keep people healthy, not create profits.\*





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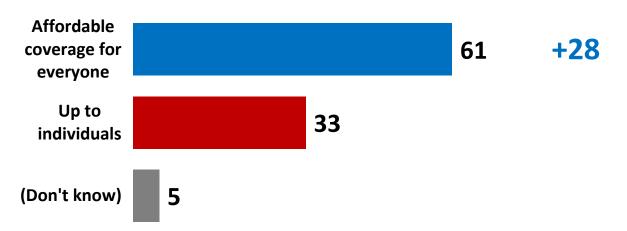
### Individual Responsibility vs. Affordable Coverage for Everyone

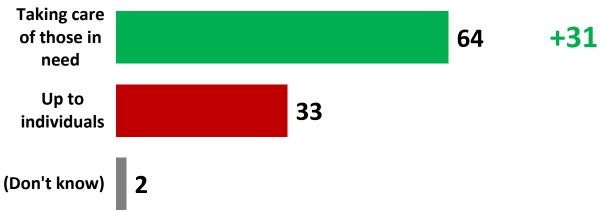
By nearly two to one, Americans agree more that everyone should have healthcare than that health is up to the individual. Both versions of taking care of everyone are strong - that we should take care of those in need because we all thrive when everyone gets the care they need and one about all of us being one illness or accident away from disaster.

I do my best to take care of my health, and I expect others to do the same. While healthcare costs should be affordable, and the government should help those truly in need, for our healthcare system to work, it is up to individuals to keep themselves healthy.

In a system where costs are unreasonable, coverage can be denied, and millions don't have health insurance, any of us could be one illness or accident away from disaster. We need affordable healthcare coverage for everyone so that all of us can get the care we need, when we need it.\*

All of us need healthcare, whether we are old or young, healthy or not, rich or poor. When it comes to health, taking care of those in need means taking care of us all, because our communities thrive when all of us can access the care we need, when we need it.\*







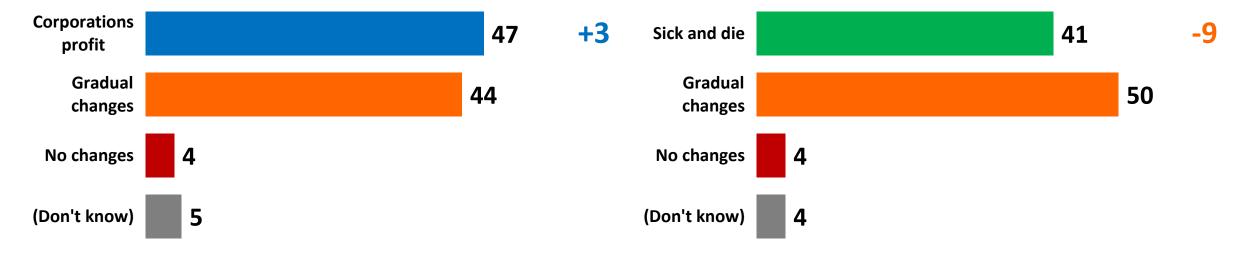
### **Gradual Changes vs. Major Changes as Soon as Possible**

The idea of making gradual changes if big change is not realistic is appealing to many. Still, we are able to push back with a message that we can't afford to keep letting corporations profit by keeping us sick.

In a perfect world, I would want to see a big change to healthcare right now, but I know that this is probably not possible, so I would be happy to see changes made gradually.

The only way to fix our broken healthcare system is to make major changes as soon as possible. We can't afford to continue letting corporations profit by keeping us sick instead of providing care to keep us healthy.\*

The only way to fix our broken healthcare system is to make major changes as soon as possible. We can't afford to continue letting people get sick and die because they can't afford care.\*



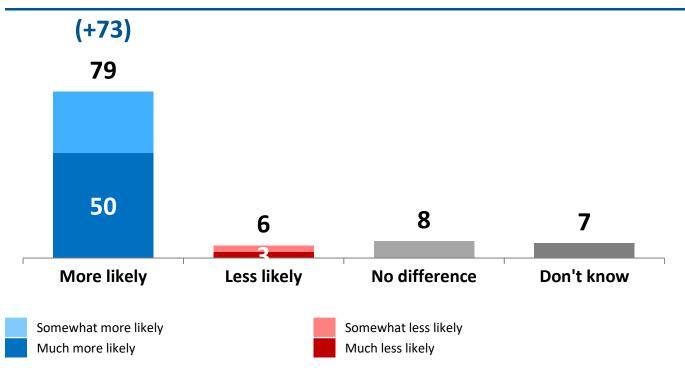






#### **Likelihood of Supporting Healthcare-Focused Candidate**

A strong majority, including majorities across partisan lines, would be more likely to vote for a candidate if they made implementing major healthcare changes a key focus of their campaign. Black adults, Latinos, college-educated women, people in urban areas, and moms are most intensely likely to support a healthcare candidate.



	Much more likely	More likely
Total	50	79
< 50	54	81
50+	45	76
White	46	75
Black	65	89
Latino	55	81
AAPI	50	89
Native	53	81
Non-college men	47	79
Non-college women	50	79
College men	47	76
College women	59	84
Democratic ID	70	93
Indep /DK	42	72
Republican ID	30	66
Dropoff voter	51	79
Urban	57	85
Suburban	45	77
Rural	42	70
Dads	39	66
Moms	57	79
Non-parents	51	81





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