

OCTOBER 2026



UNITED
STATES *of*
CARE

THE

2026

PEOPLE'S HEALTH CARE SURVEY

Capturing people's experiences and challenges in the health care system

unitedstatesofcare.org

EXECUTIVE SUMMARY

The People's Health Care Survey is United States of Care's annual, nationally representative survey of registered voters that captures people's experiences and challenges in the health care system. The survey tracks emerging trends like affordability, access to care, and trust, providing the data needed to drive people-centered policy change. USofCare partnered with ZS Associates, a research and consulting firm, to design and conduct the survey, which reached 2,732 people across the country this summer and was followed by in-depth conversations with 41 people in their own words. This first year sets a baseline we will build on in 2027 and 2028, so we can see what is getting better, what is getting worse, and for whom.

Health care is not working for most people in this country, and people know exactly why: it costs too much. Affordability sits at the center of nearly every frustration people expressed, from the bills they didn't expect to the jobs they feel they can't leave. **Three in four people (76%) say health care will be one of the top three issues deciding their vote, and nearly three in four (73%) say they feel frustrated, overwhelmed, or helpless when they think about what they pay for care.**

The frustration looks different from person to person, but across respondents:



People are split on how much change the system needs, but not on what they want from it. Just under half (48%) want major or radical change – 51% of these being among those with employer coverage, and just over half (52%) want targeted improvements. Both groups describe the same end goal: care that is affordable, coverage they can count on, and a system that is simpler to use that meets their needs.



People trust the clinicians they know, not the institutions around them. A majority trust their own primary care provider, while roughly one in ten fully trust insurers, drug companies, elected officials, or AI health tools.



The goals people set for their health care have held steady. People want care that is affordable, coverage that is dependable, care that is personalized to them, and a system that is easy to understand and navigate. These are the same goals people named when we first asked years ago.



People want government to step in. People name insurers, hospitals, and drug companies as the biggest drivers of high costs, but they don't believe those industries will fix the problem on their own. They look to the President and Congress to make care affordable.

INTRODUCTION

United States of Care (USofCare) is a nonpartisan nonprofit working to ensure that everyone has access to quality, affordable health care, regardless of who they are, where they live, or how much money they make. We believe the people who use the health care system should shape its future, so our work starts with listening. We have talked with more than 38,000 people across all 50 states about how they experience health care in their daily lives, and we use what we learn to develop and advance policy solutions at the state and federal level.

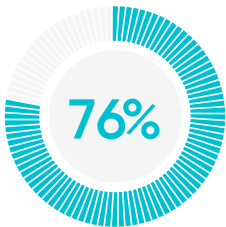
The **People's Health Care Survey** measures how people feel about the health care system overall, how they experience affordability, coverage, and access to care, whom they trust, and what they want to see change. Throughout this report, we pair the survey numbers with what people told us in their own words.



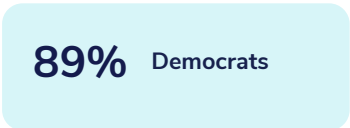
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People broadly agree across parties, incomes, geographies, and insurance types that the health care system is failing a majority of people in this country, and the number one reason is **affordability**. Insurers, hospitals, and government have not meaningfully addressed the cost of care, and people are left carrying that burden on their own – directly impacting their access to care, trust in health care institutions, and ultimately their desire for change.

Health care is personal, and it is also political. More than three in four people (76%) say health care will be one of the top three issues that decides their vote in the next election, including 89% of Democrats, 74% of Independents, and 64% of Republicans. When people think about their health care costs, nearly three in four (73%) say they feel frustrated, overwhelmed, or helpless. Only 17% feel hopeful.



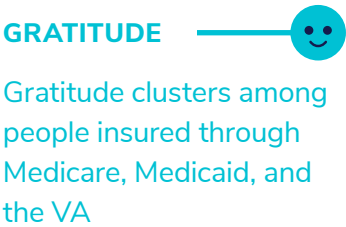
Over three quarters of people (76%) say health care will be a top-3 issue determining their vote.



A majority of people (73%) feel frustrated, overwhelmed, or helpless about health care costs compared to 17% who feel hopeful — the mirror image of that frustration.



How people feel depends a great deal on how they are covered. Frustration peaks among people with commercial coverage through their employer (54%), Marketplace coverage (54%), or no coverage at all (49%). Among people insured through Medicare, Medicaid, and the VA, frustration drops to just over a third, and they are the most likely to say they feel grateful.



Satisfaction with insurance follows the same pattern. **Two in three people on Medicare (66%) and six in ten veterans covered through the VA (60%) are satisfied with their insurance, compared with 42% of people with employer coverage and 40% of people with Marketplace coverage.** The concept of satisfaction should be read carefully. [In earlier listening work](#), we found that many people define affordable care by the lowest possible bar: that people with insurance shouldn't have to go into debt to get care. From our [previous listening](#) satisfaction works much the same way: when people say they are satisfied, they often mean they got the care or medication they needed without a fight, or a feeling that they have it better than others with worse insurance.



56% of people say that **health care is unaffordable**

49% of people say it feels **more expensive** than it did a year ago

ONLY 1 IN 5 paid for care without any difficulty

1 IN 3 people say having insurance through their job **affects their decision to stay in or leave it**

16% skipped care altogether

Affordability is the heart of the problem. More than half of people (56%) say health care is unaffordable for them, and nearly half (49%) say it feels more expensive than it did a year ago. **Only one in five (21%) paid for their care in the past year without any difficulty.** Everyone else paid a price. In the past year, nearly one in four people (23%) paid for care but worried about the cost, 16% delayed care until they could afford it, 16% skipped care altogether, 12% cut back on food, housing, or utilities, and 11% took on debt to pay for care. The fear of what care might cost also shapes what people do next: 16% say they avoid scheduling appointments because they're afraid of the bill, and 11% say they have started mentally preparing for medical bankruptcy.

The cost of coverage also shapes people's working lives. **One in three people (36%) say having insurance through their job affects their decision to stay in or leave it a lot or completely.** Among people with employer coverage, about seven in ten (71%) say it plays at least some role in their job decisions. Health coverage still determines whether people feel free to change jobs, start a business, or take a risk on something new.

"It stinks. It keeps people in jobs that they don't like."



DISTRUSTFUL NAVIGATOR

on having health coverage tied to a job

Percentages tell us how many people feel a certain way, but not much about who they are or why. To humanize the stats, we grouped people whose answers followed similar patterns about the health care system, their experiences getting and paying for care, their unmet needs, and their desire for change. **Five personas emerged.**

A persona describes a shared outlook and set of experiences. It is not a demographic label or a political category, and it is not permanent. Each persona leans toward certain ages, types of coverage, or incomes, but people of every background show up in every group, and people can move between personas as their lives and coverage change. The personas help explain the different reasons people are struggling, so that solutions can meet people where they are.

Mostly positive: about four in ten people (39%)

"I'm always grateful when my needs are met."

— SATISFIED SUPPORTER



SATISFIED SUPPORTERS

65+, Medicare-heavy

"Protect what's working for me."

24%

Satisfied Supporters are content and the least eager for change. They skew 65 and older and are most often on Medicare. Nearly three in four (73%) are satisfied with their insurance, and two in three (67%) want only small or targeted improvements, the most of any persona. Many still say the system falls short for others and want care to be more affordable for lower-income and working people.

"I've had a pretty good policy with fairly reasonable deductibles, so I'm kind of one of the fortunate ones."

— HOPEFUL STRIVER



HOPEFUL STRIVERS

18–34, Medicaid-heavy

"Give me the tools, I'll do the rest."

15%

Hopeful Strivers are young, stretched thin, but still hopeful that the system can improve. They skew 18 to 34, are the most racially and ethnically diverse persona, and are more likely to be on Medicaid. Nine in ten (90%) say health care will help decide their vote, and 86% have used AI as a workaround in their care, both the highest of any group.

Mostly negative: about six in ten people (62%)

"I think the health care system is broken, so I think it needs a major overhaul. There are other countries that you hear of that are doing it better. Why are we struggling to do it better?"

— DISTRUSTFUL NAVIGATOR

"I got laid off, so I couldn't afford to pay the premium... I just pretty much went without and suffered with several ailments."

— OVERWHELMED STRUGGLER

"It needs to be big changes. It has to start with the premiums. It has to start with what the hospitals and the doctors are charging. It has to be the insurance companies and the medical care. They all have to work together to stop the high costs and the lack of affordability for everyone."

— DISILLUSIONED SKEPTIC



DISTRUSTFUL NAVIGATORS

55+, employer/Medicare-insured

"Prove you deserve my trust."

32%

Distrustful Navigators are the largest persona. They have stable jobs and incomes, but they don't trust the system. They skew 55 and older, have employer or Medicare coverage, and have comfortable incomes. Only about a third (34%) paid for care without any difficulty, 44% feel locked into their job because of their insurance, and just 2% fully trust insurers, elected officials, or AI health tools. They blame insurance companies for high costs more than any other group (43%). Many still trust their own doctors, but they verify what they hear through other web resources.



OVERWHELMED STRUGGLERS

Elevated disability, employer-insured

"Make it easy to get the care I need."

15%

Overwhelmed Strugglers have insurance but are still paying the highest price. They are more likely to live with a disability, are mostly covered through an employer, and face the biggest out-of-pocket shocks. Nearly two in three (65%) have delayed or skipped care because of cost, and six in ten (60%) want big changes or a full rebuild of the system, the strongest desire for major change of any group.



DISILLUSIONED SKEPTICS

Highest recent uninsured rate

"I've stopped expecting anything."

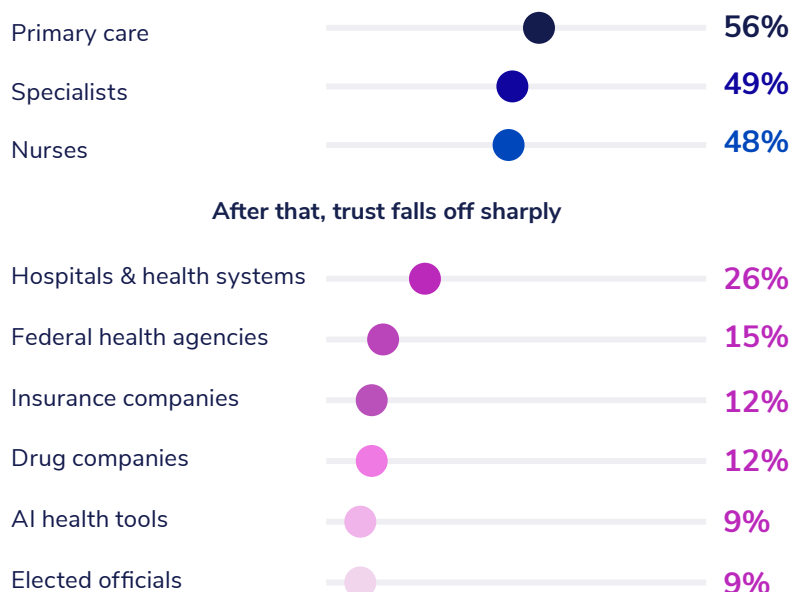
15%

Disillusioned Skeptics are distrustful of everything, including their own doctor. They have the highest recent rate of being uninsured and are the least engaged overall. Only 10% fully trust their own doctor, the only group where that relationship has broken down. More than half (54%) want big change, yet they are the most likely to identify as politically independent and less likely to vote than other personas, a sign that their disengagement goes beyond health care.

¹ Numbers may not add up to 100% due to rounding.

People trust the doctors, specialists, and nurses who care for them far more than any institution in the health care system. More than half of people (56%) fully trust their own primary care provider, and nearly half say the same about specialists (49%) and nurses (48%). After that, trust falls off sharply: about one in four fully trust hospitals and health systems (26%), 15% fully trust federal health agencies, roughly one in ten fully trust insurance companies (12%), drug companies (12%), AI health tools (9%), or elected officials (9%).

WHO PEOPLE TRUST



Older people report more trust than younger people, and is a snapshot of today's age groups rather than evidence that people grow more trusting as they age. Trust in a primary care provider ranges from 45% among people 18 to 34 today to 74% among people 65 and older today, though even the youngest people trust their doctors and nurses more than any organization. Trust also tracks with coverage stability: people on Medicare and in the VA, who are the most insulated from changes in the market, report the highest trust and satisfaction.

When trust breaks down, people change how they use the system. In the past year, more than **a third of people (37%) checked a recommendation against an outside source because they didn't trust someone in the system, and about one in four skipped recommended care (24%) or avoided care altogether (22%).**

"The private companies that provide health insurance in this country are shareholder-driven, not patient-driven."



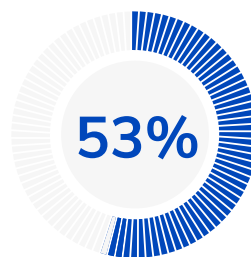
DISTRUSTFUL NAVIGATOR

"Hospital systems oftentimes have excess fees for some of the things that they do... They're trying to go for a much higher profit rather than serving the public."



SATISFIED SUPPORTER

People also don't trust private industry to put their health ahead of its profits. Our April 2026 [National Poll on Affordability](#) found that more than half of people (53%) don't trust private health care companies to regulate costs on their own. In this survey, people pointed to the profit motive again and again as to why the system is broken, and why Congress should step in.



of people don't trust private health care companies to regulate costs on their own

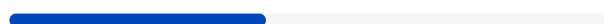
People were clear about what would earn their trust. The top answers were hospitals that put patient outcomes over profit (43%), insurers that don't deny or delay needed care (43%), transparent pricing so people know what care costs before they get it (35%), and a system that treats all patients equally regardless of race, income, or insurance (32%). Close behind were consistent coverage that doesn't change unexpectedly (29%) and providers who take the time to listen and explain (26%).

WHAT A SYSTEM THAT EARNS TRUST LOOKS LIKE

People were clear about what would earn their trust

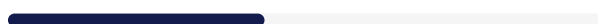
Outcomes over profit

43%



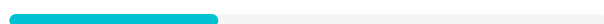
Insurers that don't deny or delay needed care

43%



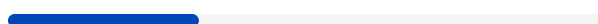
Transparent pricing

35%



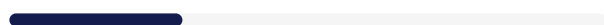
Treating all patients equally

32%



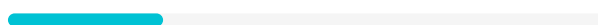
Consistent coverage

29%



Providers who take time to listen and explain

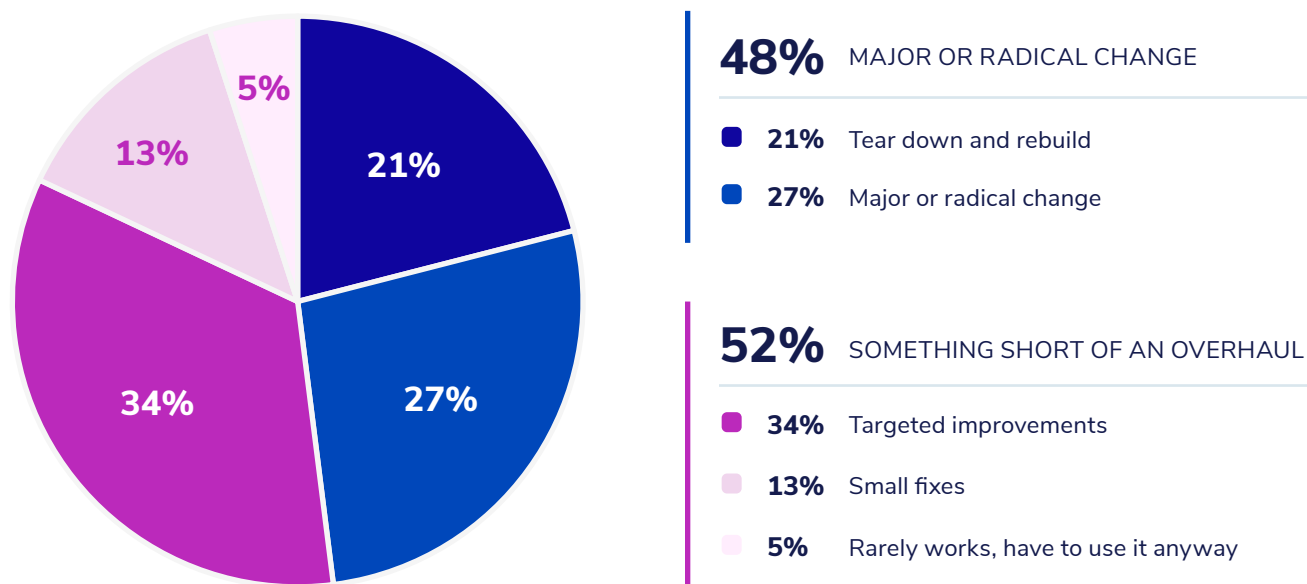
26%



People agree the system isn't working, but they are divided on how much it needs drastic change. Just under half (48%) want major or radical change, including one in five (21%) who would vote tomorrow for the whole system to be torn down and rebuilt. Just over half (52%) want something short of an overhaul: most say the system needs targeted improvements (34% of all people), while smaller shares say it needs small fixes but is mostly okay (13%) or that it rarely works for them but they have to use it anyway (5%). Very few people want to keep things exactly as they are. The real divide is between people who want to rebuild the system and people who want to repair it.

HOW MUCH CHANGE DOES THE SYSTEM NEED?

People agree it isn't working, but they are divided on how much to change it.



"It needs to be big changes. It has to start with the premiums. It has to start with what the hospitals and the doctors are charging... They all have to work together to stop the high costs and the lack of affordability for everyone."



DISILLUSIONED SKEPTIC

OPINION ON CHANGE BY PERSONA

TARGETED CHANGES



Satisfied
Supporters

67%



BIG CHANGE



Overwhelmed
Strugglers

60%



Disillusioned
Skeptics

54%



GOVERNMENT-LED OVERHAUL



Distrustful
Navigators

Appetite for major change is strongest among younger people, people of color, uninsured people, and people with employer coverage or Medicaid. Two in three uninsured people (67%) want major change, and half of people with employer coverage (51%), often assumed to have the best coverage, feel the same. The strongest support for targeted fixes comes from people 65 and older on Medicare, regardless of race, ethnicity, or gender: about two in three people on Medicare (68%) prefer targeted improvements. People who say care is unaffordable are the most likely to call for major reform or a complete rebuild.

By persona, Satisfied Supporters are the most likely to want only targeted changes (67%), while Overwhelmed Strugglers (60%) and Disillusioned Skeptics (54%) are the most likely to want big change. In our interviews, many Distrustful Navigators described wanting a government-led overhaul.

"The only two things that I really don't like: Number one would be where you have to get like pre-approval for certain things to be done. And the other thing it would have to do with referral system... Is that a small fix? Absolutely."



HOPEFUL
STRIVER

Even with these differences, people land in the same place. During the interviews when asked what they would change about the health care system, **across all five personas, people asked for:**

1. Access to care at a reasonable cost,
2. Lower premiums, deductibles, and drug prices,
3. A simpler system with fewer denials and surprise bills.

People want a **trustworthy** health care system that is affordable, provides coverage they can rely on, provides care that meets their unique needs, and is easy to understand and navigate. These goals are not new. When USofCare first tested them in our [national listening research](#) in late 2021, 90% of people agreed they captured their own goals for the health care system. Almost five years later, people are telling us the same thing.

1 AFFORDABLE

For most people, affordable health care means not having to choose between care and the other things they need. **People most often defined affordability as out-of-pocket costs that are manageable for their income (47%), getting care without worrying about cost (46%), and insurance that fully covers their expenses (45%).** Close behind were getting care without going into debt (41%) and not having to choose between health care and basic needs like food, rent, and utilities (40%). These definitions look almost identical across Democrats, Republicans, and Independents. People with lower incomes focus most on not giving up necessities, while people with higher incomes focus on predictable costs.

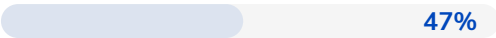
"Affordable health care means that you don't have to make the decision between keeping a roof over your head, being able to pay your utilities, and having food, and still be able to afford to go to the doctor and buy the medication that you need."



DISILLUSIONED
SKEPTIC

HOW PEOPLE DEFINE AFFORDABILITY

Manageable out-of-pocket costs



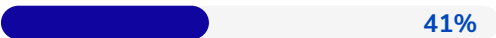
Care without worrying about cost



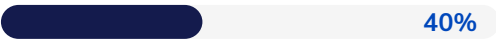
Insurance fully covers expenses



Care without going into debt



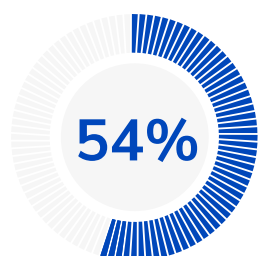
No tradeoff with basic needs



When we asked how much of their income it would be reasonable to spend on health care, most people didn't name a number. They said it depends on income and circumstances. **Those who did name a number mostly landed between 5% and 20% of household income, often closer to 5%.** Some told us health care already takes 20-30% of their monthly budget, on top of what goes to housing, utilities, and food. Because incomes vary so widely, what people describe is a standard that scales with what a household earns, so no one is priced out of care.

2 DEPENDABLE COVERAGE

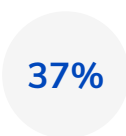
Having insurance is not the same as being able to count on it. **One in two people (54%) had an unexpected cost or coverage problem in the past year, such as paying more out of pocket than expected, getting a bill for something they thought was covered, or being denied care they needed.** About half of those people simply paid the bill, while fewer contacted their insurer (37%) or appealed (24%), and some went without care (14%) or took on medical debt (12%).



54%
of people had an
unexpected cost or
coverage problem in
the past year



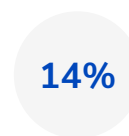
simply paid the bill



CONTACTED
INSURER



APEALED



WENT
WITHOUT
CARE



TOOK ON
MEDICAL DEBT

For many, the fear of losing coverage is constant. Half of people on Medicaid (50%) and more than a third of people with Marketplace coverage (35%) are concerned they could lose their coverage in the next year, most often because of rising costs or changes to their benefits. Coverage tied to a job creates its own insecurity: seven in ten people with employer coverage (71%) say it shapes their job decisions, and only about a third (32%) would be comfortable moving to coverage outside of work.



7 in 10 people with employer coverage say it shapes their job decisions and only a third would be comfortable moving to coverage outside of work

"If I'd had to go out to the free market, I probably wouldn't be able to afford it."



DISTRUSTFUL NAVIGATOR

3 PERSONALIZED CARE

About three in four people (73%) describe the care they want as tailored or individualized, meaning care that meets their specific needs rather than a one-size-fits-all approach. Rating the quality of their care separate from the cost, most people are satisfied with their primary care providers (65%) and specialists (61%), while emergency care (46%) and mental health care (45%) show the most room for improvement. And not everyone is treated with the same respect: one in seven people (15%) say they were treated unfairly or judged while getting care in the past year, most often because of their weight, age, race, or ethnicity.

SATISFACTION WITH CARE QUALITY



4 UNDERSTANDABLE AND EASY TO NAVIGATE

One in five people (20%) find the health care system very hard to navigate, and nearly half more (47%) find it somewhat hard. The biggest friction points are knowing where to get help when a bill is wrong (22%), finding in-network providers taking new patients (20%), and understanding what insurance covers (20%).

When the system is expensive, hard to navigate, and poorly trusted, people fill the gap themselves. Three in four people (74%) used at least one approach outside the traditional medical system in the past year, such as wearables, their own online research, or AI. The risk is a more fragmented solo-journey health care experience, where people are left to interpret symptoms, test results, and treatment decisions on their own rather than with a trusted provider who knows their full health history. Across every persona, people said compared to AI, the doctor should have the final say.



1 in 5 people find the system very hard to navigate; billing, finding in-network providers, and understanding plans top the list of friction points

"I'm always really skeptical about what I'm reading online... I'm looking at the Mayo Clinic and the WebMD to kind of corroborate, to see if they are saying the same thing or pretty close."



DISTRUSTFUL NAVIGATOR

People want a health care system that works, and they are asking the government to make that happen.

WHO PEOPLE HOLD RESPONSIBLE

When asked whose responsibility it is to make care more affordable



Republicans

are more likely to hold insurers responsible

Democrats and Independents

look to Congress and the President

People place most of the blame for high costs on the industries that run the system. **Two in three people (68%) rank insurance companies among the top three drivers of high costs, followed by hospitals (48%) and drug companies (46%).** When asked whose responsibility it is to make care more affordable, people most often put the President and Congress (53%), ahead of insurance companies (19%). Republicans are more likely to hold insurers responsible, while Democrats and Independents look more to Congress and the President. When people were asked about their view on the government's role in health care, a majority (54%) say the government should play a large role in making health care affordable and available for everyone, including 66% of Democrats, 53% of Independents, and 39% of Republicans.

That call for change comes with deep skepticism. People across every persona doubt that elected officials will follow through, pointing to polarization, broken promises, and the influence of health care companies. Building a system worthy of people's trust will require leaders to show they can deliver real progress on affordability and on coverage people can count on. This is the needle policymakers have to thread.

Reforms must be practical enough to protect the care people already rely on, and bold enough to change what isn't working.

"Congress or the federal government is the only entity that can fix this. I'm going to be voting for people that are motivated to do so."

— DEMOCRAT

"Congress makes the laws, and they should be able to regulate the insurance companies, who should be able to regulate the pharmaceutical companies."



DISTRUSTFUL NAVIGATOR
REPUBLICAN

CONCLUSION

LOOKING AHEAD

Over the next two years, we will be watching whether costs keep outpacing what people can manage, whether more people move from frustration to giving up, how changes to Medicaid and the Marketplace affect people's sense of security, and whether they will shift in their perspectives in response to these trends.

People across parties already agree on what they want: care they can **afford**, coverage they can **count on**, care that **meets their needs**, and a system they can **understand**.

Leaders who deliver on those goals have a chance to earn back the trust the health care system has lost.

METHODOLOGY

USofCare partnered with ZS Associates to conduct the People's Health Care Survey. The survey is designed to establish a baseline understanding of people's health care perceptions, experiences, and unmet needs, to inform USofCare's advocacy and policy work, and to track trends over time for specific groups of people. It covered seven areas: overall perceptions of the health care system, personalized care, navigating and accessing care, affordability, dependable coverage, trust, and emerging trends.

Quantitative survey

ZS Associates fielded a 20-minute online survey from June 12 to July 21, 2026, among 2,732 adults ages 18 and older who live in the United States and are registered to vote. The sample was designed to be nationally representative and to allow analysis by age, gender, insurance type, race and ethnicity, geography, disability status, and household income. Responses were weighted to match the U.S. population based on the most recent Census data, so every major group falls within about one percentage point of its share of the population. The weighting efficiency is 76.7%, meaning the 2,732 interviews carry the statistical power of roughly 2,095 perfectly balanced interviews. Above 70% is considered good practice. The margin of error for the full sample is +/- 2.1 percentage points at the 95% confidence level.

Qualitative research

ZS Associates conducted follow-up qualitative research from August 20 to September 17, 2026. Individual interviews lasting 15-20 minutes were conducted with 41 participants across all five personas. Quotes in this report come from these conversations.