

A decorative graphic is present on the page. It features a large, thin, gold-colored arc that starts near the top right and curves down towards the bottom right. A horizontal line and a vertical line intersect at the end of this arc, with a small gold square at the intersection point. Another horizontal line and a vertical line intersect at the end of the arc, with a small gold square at the intersection point. A green rectangular block is in the top left corner, and a small gold square is at its bottom right corner.

# **Prescription Drug Affordability: An AARP Idaho Survey**

January 2005



## **Prescription Drug Affordability: An AARP Idaho Survey**

**Data Collected by ANR, Inc.  
Report Prepared by Jennifer H. Sauer**

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### **Acknowledgements**

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## Background

According to the U.S. Census, an estimated 45 million Americans, or 15.6 percent of the population, were without health insurance in 2003 – an increase of about 1.4 million since 2002.<sup>1</sup> Among these uninsured, about 36 million are between the ages of 18 and 64, most are working either full or part-time, and about one third are adults without children whose household incomes are at or below 200% of the poverty level.<sup>2 3</sup> A decline in employer-sponsored health coverage, a stagnating economy, a waning labor market, and rising health care costs are among the major contributors to this increased number of adults living with little or no health insurance coverage.<sup>4</sup>

Given that health insurance coverage is often coupled with prescription drug coverage the growth of uninsured Americans becomes even more disconcerting. While many Americans are frustrated by the escalating costs of their prescription drugs, undoubtedly lower-income and uninsured persons are among those most adversely affected. In fact, research has shown that the lack of prescription drug coverage and cost of drugs can influence a patient's decision to not fill a prescription or skip doses to make the medication last longer, as well as increase the risk of a decline in health.<sup>5 6</sup> It is not surprising then, that as one of the fastest growing components of health care, prescription drug costs have become a main focus for national and state level legislative consideration.

Currently, Idaho is considering legislation that would make prescription drugs more affordable to uninsured, low-income residents. With eighteen percent of the state's population uninsured (204,100 residents), Idaho has surpassed the rate of uninsured persons nationwide.<sup>7</sup> While most uninsured Idahoans are working full-time or part-time, they have been affected by both employers not offering coverage and unaffordable insurance premiums. In addition, some uninsured in the state simply do not qualify for state insurance programs like Medicaid (FamiliesUSA, see footnote).

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<sup>1</sup> U.S. Census Bureau, Health Insurance Coverage: 2003, Highlights, [www.census.gov/hhes/hlthins/hlthin03](http://www.census.gov/hhes/hlthins/hlthin03).

<sup>2</sup> Employee Benefit Research Institute (EBRI), Notes, *Uninsured Rose in 2003 as Number of Americans with Employment-Based Health Benefits Declined*. October 2004, Vol. 25, No.10.

<sup>3</sup> Kaiser Commission on Medicaid and the Uninsured, *Health Insurance Coverage in America: 2003 Data Update Highlights*, Chartpack and Tables, September 27, 2004.

<sup>4</sup> Kaiser Commission on Medicaid and the Uninsured, *The Economic Downturn and Changes in Health Insurance Coverage, 2000-2003*. Executive Summary by John Holahan and Arunabh Ghosh of the Urban Institute. September, 2004.

<sup>5</sup> Kaiser Family Foundation, Trends and Indicators in the Changing Health Care Marketplace 2004 Update. *Prescription Drug Trends*, October 2004, [www.kff.org](http://www.kff.org).

<sup>6</sup> Heisler, M., et al. *The Health Effects of Restricting Prescription Medication Use Because of Cost*. Medical Care, Volume 42, Number 7, July 2004.

<sup>7</sup> FamiliesUSA, *Who's Uninsured in Idaho and Why?* November 2003. Based on tabulations from March 2001 and 2002 Current Population Surveys.

## **Purpose of Survey**

The purpose of this survey was to gauge the importance of and support for a state prescription drug discount program to help uninsured, low-income Idahoans afford their prescription drugs. This survey was conducted between August 2<sup>nd</sup> and August 15<sup>th</sup>, 2004. The total sample of 800 residents ages 18 and older yields a maximum statistical error of plus or minus 3.5 percent. Significant differences in income and age at either the .01 or .05 level are discussed as are differences with respect to reported health and drug coverage: those who have both health and prescription drug coverage (may be referred to as full coverage or fully covered), those who have health but no drug coverage (may be referred to as lacking drug coverage), and those who report neither health nor drug coverage (no coverage). A full annotated questionnaire showing the findings to all survey questions is included in Appendix B.

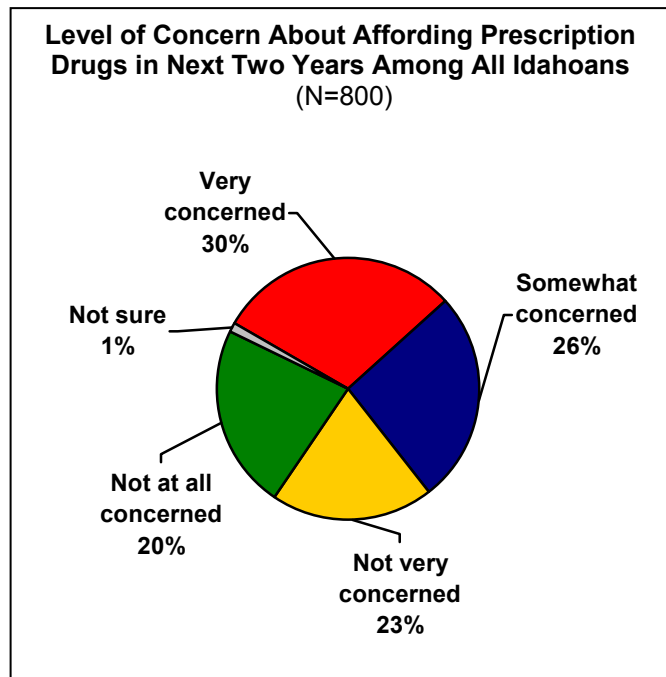
## Highlights

- ◆ Over half of all Idahoans are very (30%) or somewhat (26%) concerned about being able to afford the cost of their prescription drugs in the near future even though most (80%) are covered by some form of health insurance that includes prescription coverage.
- ◆ Over half of those Idahoans who took prescription drugs in the last 12 months indicate their drug costs present a major (21%) or minor (32%) financial problem for them.
- ◆ Among Idahoans who have taken prescription medication in the past year, over one-quarter (27%) report spending at least \$100 per month of their own money on their prescription drugs.
- ◆ Roughly one in five of those who have taken prescription drugs in the past year have either taken less medication, put off filling their prescription, or cut back on necessary items like food, utilities, or gas in order to afford their medications in the last 12 months. About two thirds (65%) have bought a generic brand because it costs less.
- ◆ Idahoans with health but no drug coverage and those with no coverage at all are more likely than those with full coverage to be very concerned about affording their prescription drugs in the near future (full coverage: **26%**; health but no drug coverage: **44%**; no health or drug coverage: **38%**), to say paying for their drugs is a problem (full coverage: **65%**; health but no drug coverage: **71%**; no health or drug coverage: **75%**), to be paying at least \$100 per month out-of-pocket for their drugs (full coverage: **19%**; health but no drug coverage: **47%**; no health or drug coverage: **37%**), and to be engaging in critical cost saving measures to afford their drugs (see full report for these proportions).
- ◆ Of all Idahoans, seven in ten (69%) say it is very important to them that the state implement a prescription drug program to help *all* residents regardless of age or income.
- ◆ Two-thirds (65%) of all Idahoans say it is very important that the state implement a program where *the uninsured* can purchase their medications at lower prices.
- ◆ Most Idahoans indicate they would strongly (53%) or somewhat support (33%) the state offering a prescription drug discount program for lower income, uninsured residents.
- ◆ About two-thirds (64%) of all Idahoans would strongly support, and another quarter would somewhat support (24%), charging a fee for a state prescription drug program.
- ◆ Most Idahoans would strongly (40%) or somewhat support (41%) the state finding other ways to generate revenues for the creation and implementation of a state prescription drug program.

## Findings

**Idahoans are concerned about being able to afford their prescription drugs in the next two years, even though most have health and prescription drug coverage.**

While over half of all Idahoans age 18 and older are very or somewhat concerned about being able to afford the cost of their prescription drugs in the near future, another four in ten are less concerned. Still, it is noteworthy that fifty-six percent of all Idahoan express concern over drug affordability given that most are covered by some form of health insurance (80%), that their plan provides prescription drug coverage (80%), and most are *not* participating or using prescription drug discount programs like those offered by drug companies (72%) or through a local drug store or pharmacy, membership organization or retailer (67%) (see Appendix B, Annotated Questionnaire, Questions 4,5,6, and 7).



### **Differences by coverage, age, and income: Concern about affordability of drugs**

Idahoans with health but no drug coverage or no coverage at all are more likely than residents with full coverage (both health and drug coverage) to be very concerned about the cost of their prescription drugs in the next two years (full coverage: **26%**; health but no drug coverage: **44%**; no health or drug coverage: **38%**). Interestingly, residents with full coverage are more likely than those with health but no drug coverage and residents with no coverage at all to participate in prescription drug discounts like those offered by drug companies that may include a co-pay (full coverage: **27%**; health but no drug coverage: **19%**; no health or drug coverage: **6%**) or those offered through retailers, membership groups, or other companies (full coverage: **39%**; health but no drug coverage: **28%**; no health or drug coverage: **13%**).

Younger and higher income Idahoans are far less likely than their counterparts to say they are very concerned about the cost of their prescription drugs in the next two years. In fact, those ages 35 to 49 are twice as likely, and those ages 50 to 64 are three times more likely, than this youngest group of respondents to say they are very concerned about being able to afford their medications in the near future (18-34: **15%**; 35-49: **31%**; 50-64: **44%**; 65+: **40%**).

With respect to income, those who report incomes of \$50,000 or more are significantly less likely than those with lower incomes to be very concerned about the cost of their prescription drugs in the next few years (<\$25K: **37%**; \$25K-\$49,999: **32%**; \$50K or more: **20%**).

**Among Idahoans who have taken prescription drugs in the last 12 months, most report taking two or more medications on a regular basis.**

Two-thirds (66%) of all Idahoans say they have taken prescription medication in the last 12 months, and most of them (80%) are taking at least one drug on a regular basis.<sup>8</sup> In fact, one quarter (26%) are regularly taking 2 to 3 prescription medications, and another quarter (26%) report taking four or more, with one in ten (12%) of them who regularly take six or more prescription drugs (see Appendix B, Annotated Questionnaire, Question 9).

**Differences by coverage, age, and income: Number of prescription drugs taken regularly**

Idahoans show few differences with respect to coverage and the number of medications taken. However, fully covered residents are significantly *more* likely than those with health but no drug coverage to say they are taking one prescription drug on a regular basis. Those with health but no drug coverage are significantly *more* likely those with no coverage at all to say they are taking 2-3 medications on a regular basis. Finally, residents with no coverage at all are more likely than those with health but no drug coverage to say they are taking no prescription drugs on a regular basis.

Number of Prescription Drugs	Total (n=512)	Full Coverage (n=345)	Health/ No drug (n=81)*	No health/ No drug (n=75)*
1	29%	32%	16%	28%
2-3	26%	26%	36%	24%
4 or more	25%	24%	17%	18%
None	19%	19%	12%	29%

\* Caution should be used when interpreting results where ‘ n’ is very small.

Overall, Idahoans ages 50 and older are more likely than younger residents to report taking a higher number of prescription drugs on a regular basis. This is particularly true of those Idahoans who regularly take four to five drugs (18-34: **3%**; 35-49: **12%**; 50-64: **18%**; 65+: **25%**) and six or more prescription drugs (18-34: **5%**; 35-49: **4%**; 50-64: **17%**; 65+: **23%**). Consequently, taking only one drug on a regular basis is more often reported among those younger than 65 than among those who are older (18-34: **35%**; 35-49: **37%**; 50-64: **23%**; 65+: **18%**), and reports of not taking any medications regularly significantly decreases with age (18-34: **38%**; 35-49: **24%**; 50-64: **11%**; 65+: **3%**).

Idahoans do not differ by income in the number of prescription drugs they take on a regular basis.

<sup>8</sup> See annotated Questionnaire Question 9. By regularly, we indicated to the respondent this meant any medication taken on daily, weekly, or monthly for an extended period of time such as a year or more or even a lifetime.



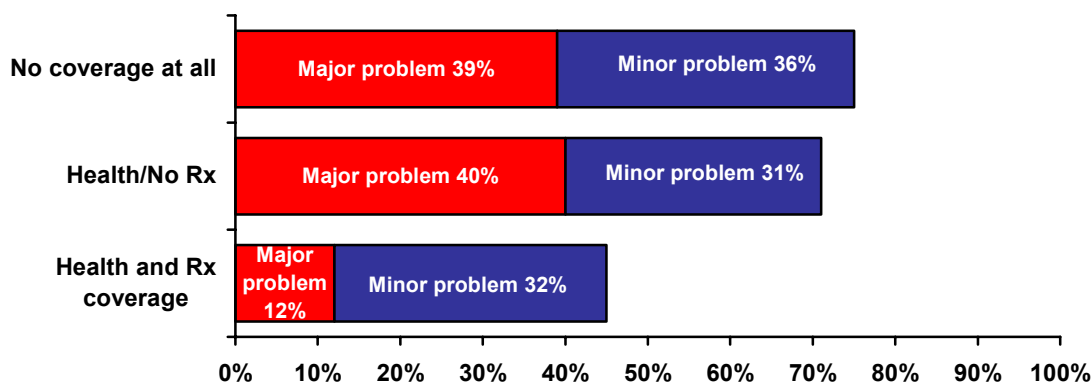
## Paying for prescription drugs is a financial burden for many Idahoans, including those who *have* health and prescription drug coverage.

Among those respondents ages 18 and older who say they have taken prescription medication in the last 12 months, over half report that drug costs present a major (21%) or minor (32%) financial problem for them. *This translates into about 314,473 adult Idahoans.*<sup>9</sup> Less than half indicate that paying for their prescription drugs does not present a financial problem for them.

### Differences by coverage, age, and income: Financial burden of drug costs

Interestingly, forty-five percent of fully covered residents indicate a major or minor financial problem paying for them.<sup>10</sup> However, those residents with no coverage at all and those with health but no drug coverage are more likely than residents with full coverage to say that paying for their prescription drugs presents a *major* financial problem for them. The same is true of those who experience a major *or* minor financial problem paying for their drugs.

**Major or Minor Financial Burden of Paying for Prescription Drugs by Health and Drug Coverage**  
(n=512)



As one would expect then, residents with full coverage are significantly more likely than those with health but no drug coverage or those with no coverage at all to say that paying for their drugs does *not* present a financial problem for them (full coverage: **55%**; health but no drug coverage: **28%**; no health or drug coverage: **26%**).

Younger Idahoans are much *less* likely than those residents ages 35 and older to say that paying for their prescription drugs presents a major financial burden for them (18-34: **9%**; 35-49: **23%**; 50-64: **24%**; 65+: **29%**). This is not surprising given the earlier finding that on average, younger residents take fewer drugs.

Residents with annual incomes less than \$25,000 are more likely than higher income residents to feel a major financial burden in paying for them (<\$25K: **34%**; \$25K-\$49,999: **19%**; \$50K or more: **6%**). Also, middle income residents, between \$25,000 and \$49,000, are more likely than either lower or higher income residents to say their prescription drug costs do present a *minor* financial problem for them (<\$25K: **26%**; \$25K-\$49,999: **44%**; \$50K or more: **26%**).

<sup>9</sup> Source: U.S. Census Bureau, Census 2000 Summary File, Data Set: [Census 2000 Summary File 1 \(SF 1\) 100-Percent Data](#), Geographic Area: **Idaho**.

<sup>10</sup> Due to rounding, Health and Rx Coverage: Major problem, 12.4% and Minor problem, 32.1% = 44.5% or 45%.

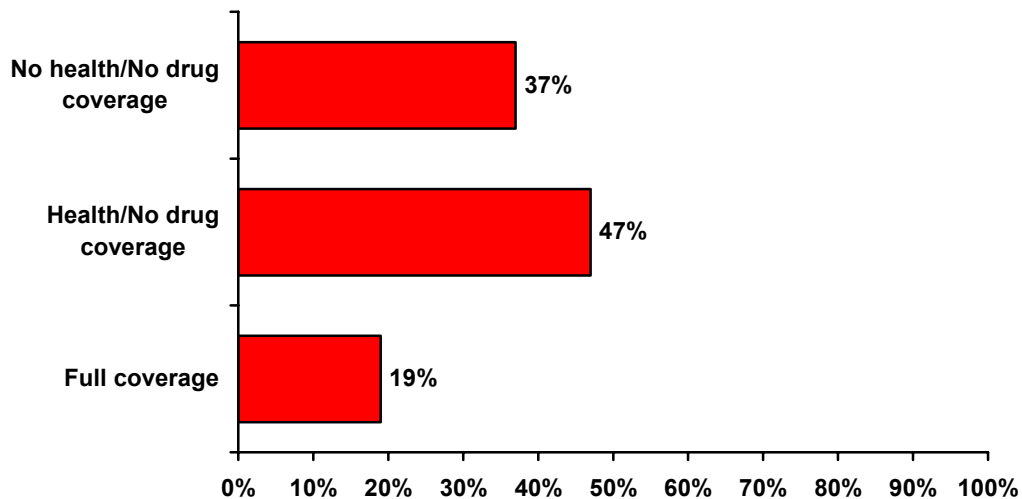
**Among Idahoans who took prescription drugs in the last 12 months, over one-quarter estimate they spent \$100 or more each month out-of-pocket on those medications.**

Among Idahoans who have taken prescription medication in the past year, almost three in ten (27%) indicate spending at least \$100 per month of their own money on their prescription drug purchases with about one in seven (14%) who indicate spending \$200 or more (see Appendix B, Annotated Questionnaire, Question 10).

**Differences by coverage, age, and income: Out-of-pocket cost for prescription drugs**

As expected, out-of-pocket expense increases as coverage becomes less adequate or absent altogether: residents with health but no drug coverage and those with no coverage at all are significantly more likely than those with full coverage to estimate they spend at least \$100 per month out of their own pocket for their prescription drugs.

**Idahoans Who Estimate Spending At Least \$100 Out-Of-Pocket Per Month  
by Health and Drug Coverage  
(n=512)**



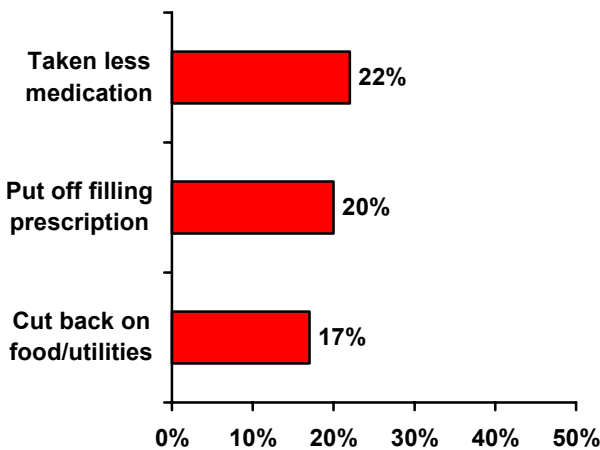
Idahoans with both health and drug coverage are more likely than those with health but no drug coverage or those with no coverage at all to report paying less than \$50 per month out of their pocket for their prescriptions (full coverage: **58%**; health but no drug coverage: **30%**; no health or drug coverage: **44%**).

Only those who report spending up to \$50 per month on their prescription drugs differ by age: Idahoans ages 18 through 49 are more likely than those 50 and older to report spending this much per month in the last 12 months on their prescription drugs (18-34: **65%**; 35-49: **55%**; 50-64: **49%**; 65+: **34%**). Otherwise, there are no statistically significant income differences among residents with respect to their out-of-pocket costs.

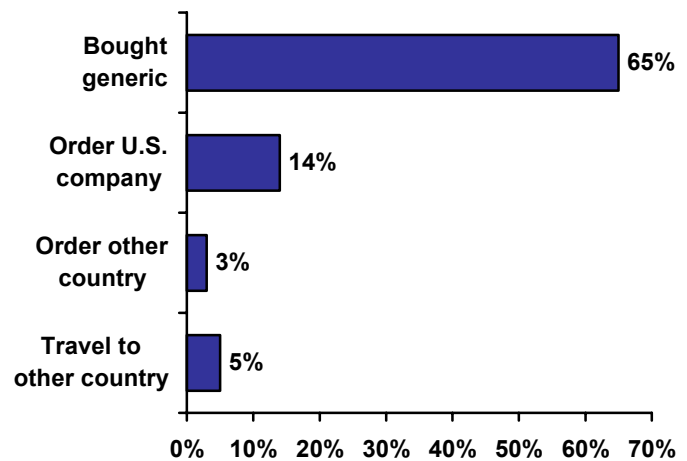
**Of those Idahoans who took prescription drugs in the past 12 months, one-third have engaged in at least one of three critical measures to afford their prescription drugs, and many have purchased generic drugs to cut prescription drug costs.**

Thirty-two percent of Idaho residents who have taken prescription drugs in the past year have done at least one of the three critical measures listed in the survey to afford their medications: either taken less medication, put off filling their prescription, or cut back on necessary items such as food or utilities. Other cost-saving measures taken advantage of by Idahoans include buying a generic brand because it costs less – two thirds have done so in the past 12 months. Over one in ten have ordered their drugs from a United States company through the mail or the internet, and 5 percent or less say they have either traveled to another country to buy their medications or they have ordered them from another country via the mail or the internet.

**Critical Measures Taken by Idahoans To Afford their Prescription Drugs**  
(n=512)



**Other Cost-Saving Measures Taken by Idahoans To Afford their Prescription Drugs**  
(n=512)



**Differences by coverage, age, and income: Measures taken to afford prescriptions**

The need to cut back on necessities, take a smaller dose of medication, or put off getting the prescription filled are measures more commonly taken among residents who either have health but no drug coverage or those who have no health or drug coverage at all. Residents of Idaho do not differ by health and drug coverage with respect to the other cost saving measures like ordering generic equivalents, ordering from U.S. companies or companies abroad, or traveling to other countries to purchase their medications.

Critical Cost Saving Measure Taken by Idahoans	Total (n=512)	Full Coverage (n=345)	Health but no drug (n=81)*	No health/ no drug (n=75)*
Take less medication	22%	17%	27%	42%
Put off filling prescription	20%	14%	20%	51%
Cut back on necessities	17%	11%	23%	38%

\* Caution should be used when interpreting results where ‘ n’ is very small.

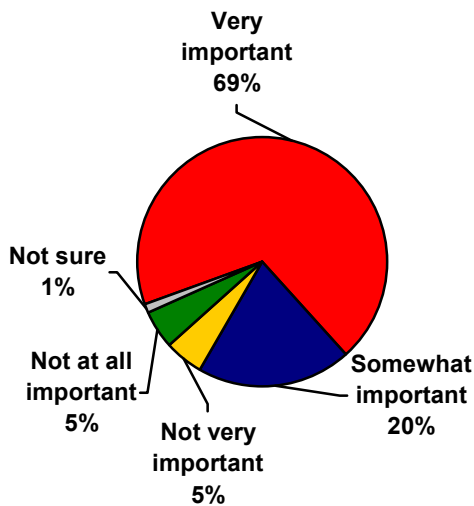
Idahoans younger than age 65 are significantly more likely than those older to say they have put off getting a prescription filled because they didn't have enough money to pay for it (18-34: **26%**; 35-49: **23%**; 50-64: **19%**; 65+: **11%**). Idahoans do not differ by age or income with respect to buying generic drugs, ordering from another country via the mail or internet, or traveling to another country to purchase their drugs. However, residents ages 18 through 49 are more likely than those ages 50 and older to order their prescriptions from a U.S. company via the mail or internet to cut costs (18-34: **7%**; 35-49: **11%**; 50-64: **21%**; 65+: **18%**).

In addition, those who report annual incomes less than \$50,000 are generally more likely than those with higher incomes to engage in each of the three critical cost-reducing measures: cutting back on necessities like food, gas, or utilities (<\$25K: **30%**; \$25K-\$49,999: **18%**; \$50K or more: **3%**), taking less than prescribed, (<\$25K: **35%**; \$25K-\$49,999: **21%**; \$50K or more: **15%**), or putting off filling the prescription to make it last longer (<\$25K: **28%**; \$25K-\$49,999: **27%**; \$50K or more: **8%**). However, those who report incomes less than \$25,000 are particularly more likely to say they take less medication than prescribed to make it last longer.

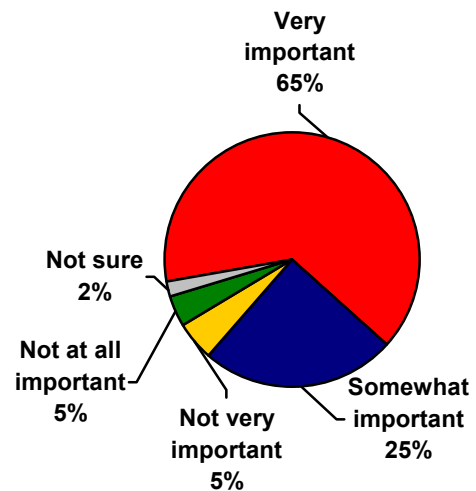
**Most Idahoans say it is very important to them that the state make prescription drugs affordable, particularly to the uninsured.**

While seven in ten of all Idahoans say it is very important that the state implement a prescription drug program to help *all* residents regardless of age or income, a comparable proportion say it is very important to them that the state implement a program where the *uninsured* can purchase their medications at lower prices (see Annotated Questionnaire in Appendix B, Question 19 and 20).

**Level of Importance for State Prescription Drug Program for *all* Idaho Residents (N=800)**



**Level of Importance for State Prescription Drug Program to Benefit *Uninsured* Residents (N=800)**



**Differences by coverage, age, and income: Importance of state prescription drug program**

Though majorities of residents view a state prescription drug program for all or for the uninsured as very important, those with no coverage are significantly more likely than their counterparts with both full coverage to view either type of state prescription drug program as very important (help *all* residents: full coverage: **67%**, no coverage: **76%**; help *uninsured* residents: : full coverage: **62%**, no coverage: **74%** ).

Idahoans across all age groups view a state prescription drug program for *all* residents as very important. However, those with annual incomes less than \$50,000 are more likely than those with higher incomes to say it is very important to them that Idaho create a program to help *all* residents afford their prescription drugs (<\$25K: **78%**; \$25K-\$49,999: **71%**; \$50K or more: **60%**). With respect to a program for the uninsured, viewing such state program as very important is more prevalent among those ages 50 and older (18-34: **61%**; 35-49: **60%**; 50-64: **75%**; 65+: **71%**) and decreases as income increases (<\$25K: **75%**; \$25K-\$49,999: **66%**; \$50K or more: **54%**).

**Over eight in ten Idahoans would strongly or somewhat support a state prescription drug program for uninsured residents.**

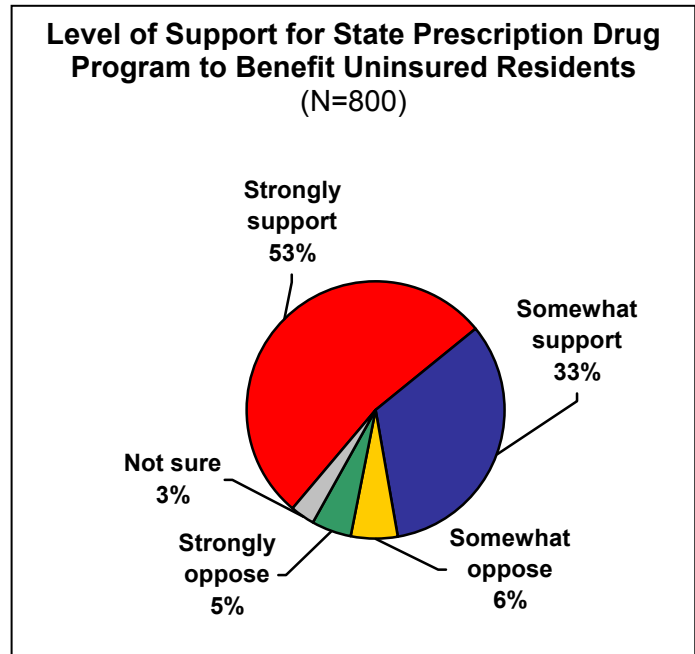
Over half of all residents say they would strongly support and another third would somewhat support, the state offering a prescription drug discount program for lower income and uninsured residents.

Interestingly, among those who say they would support this state initiative, most (95%) would still support it even if they are not eligible to receive its benefits (see Annotated Questionnaire in Appendix B, Question 22).

**Differences by coverage, age, and income: Importance of state prescription drug program**

Though majorities of residents would support a state prescription drug program, those with no health or drug coverage are significantly more likely than their counterparts with both health and drug coverage to strongly support this initiative (full coverage: 50%; no coverage: 61%).

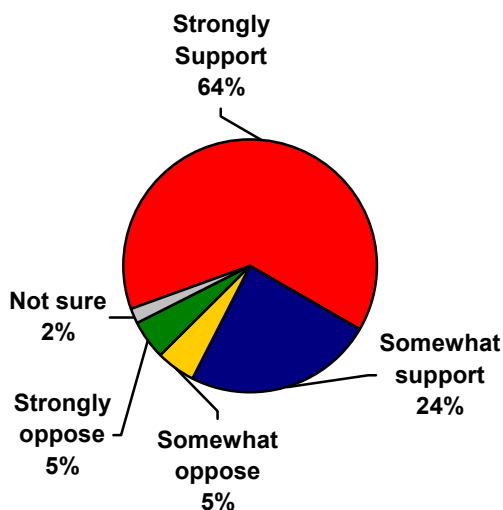
Strong support for the state offering this type of prescription drug discount program is higher among those ages 50 and older (18-34: 52%; 35-49: 46%; 50-64: 61%; 65+: 59%), and those with incomes less than \$50,000 (<\$25K: 69%; \$25K-\$49,999: 51%; \$50K or more: 41%).



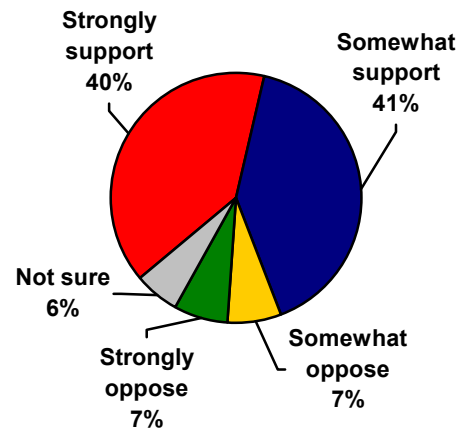
**Nearly two-thirds of all Idaho residents would strongly support the state asking eligible residents to pay a one-time fee of \$3 to join a state prescription drug discount program, and four in ten would strongly support looking at other revenue sources.**

One proposal to help finance a state prescription drug program is to charge a one-time only fee of no more than \$3 to all eligible participants.<sup>11</sup> Just under two-thirds of all Idahoans say they would strongly support this proposal, and another quarter say they would somewhat support it. About one in ten are opposed to charging the fee. However, four in ten say they would strongly support the state finding other ways to generate revenues for the creation and implementation of a state prescription drug program. Finally, two in five Idahoans (41%) say they would vote for a candidate who supported putting this state program into effect, while just under half (47%) say it would not make a difference to them whether or not a candidate supported implementing this program. Only 6 percent say they would be less likely to vote for a candidate who supported this proposal.

**Level of Support for Financing State Prescription Drug Program with \$3 Fee**  
(N=800)



**Level of Support for State Finding Additional Ways to Generate Revenue for State Prescription Drug Program**  
(N=800)



**Differences by coverage, age, and income: Support for state prescription drug program**

Idahoans do not differ by health and drug coverage with respect to strong support for a participant fee or for generating dedicated revenue for the proposed state prescription drug program. Strong support for charging participants to a state prescription drug program a one-time only fee of \$3 or finding additional ways to generate revenues for such a program is constant across all age and income levels.

<sup>11</sup> At the time the survey was drafted and fielded, the proposed fee was \$3. It was not until after the fielding period that the proposed one-time fee for eligible participants changed to \$5.

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## **Conclusions**

The data from this survey clearly indicate that Idahoans view the issue of prescription drug affordability as a significant one – most say it is very important to them that the state implement a prescription drug discount program and most would support a state sponsored prescription drug program for residents in Idaho, particularly to help the low-income, uninsured afford their medications. Just as notable is the finding that while most Idahoans report participation in some sort of health and prescription drug coverage plan, over half of them express extreme concern about being able to afford the cost of their prescription drugs in the next two years. The extent of their support for a state prescription drug program and their concern about the cost of prescription drugs is further highlighted when considering the following: among Idahoans who reported taking prescription drugs over the past 12 months, over half take one to three different medications, over one-quarter spend at least \$100 or more out of their own pocket each month on prescriptions, and over half feel financially burdened by paying for those drugs.

While the reported differences among Idahoans with respect to age and income throughout the report are revealing, the differences with respect to health and prescription drug coverage provide especially useful information. The data from this survey showed that Idahoans with health but no drug coverage or those with no drug coverage at all were generally more likely than fully covered residents to be more concerned about the cost of drugs over the next two years. Among Idahoans who have taken drugs in the past 12 months, either or both of the two less covered groups are also more likely than residents with full coverage to feel a greater financial burden in paying for their drugs, are paying more out of their own pocket for their drugs, and are more likely to engage in critical measures to afford their drugs (i.e. take less medication, put off filling a prescription, and cut back on necessities). Interestingly, those with health but no prescription drug coverage and those with no coverage at all are *less* likely than fully covered residents to say they participate in prescription drug discounts such as those offered by pharmaceutical companies or manufacturers, retailers, or membership organizations. Should Idaho implement a prescription drug discount program, a widespread information and educational outreach plan should be designed and perhaps especially targeted to the lower income and uninsured residents.



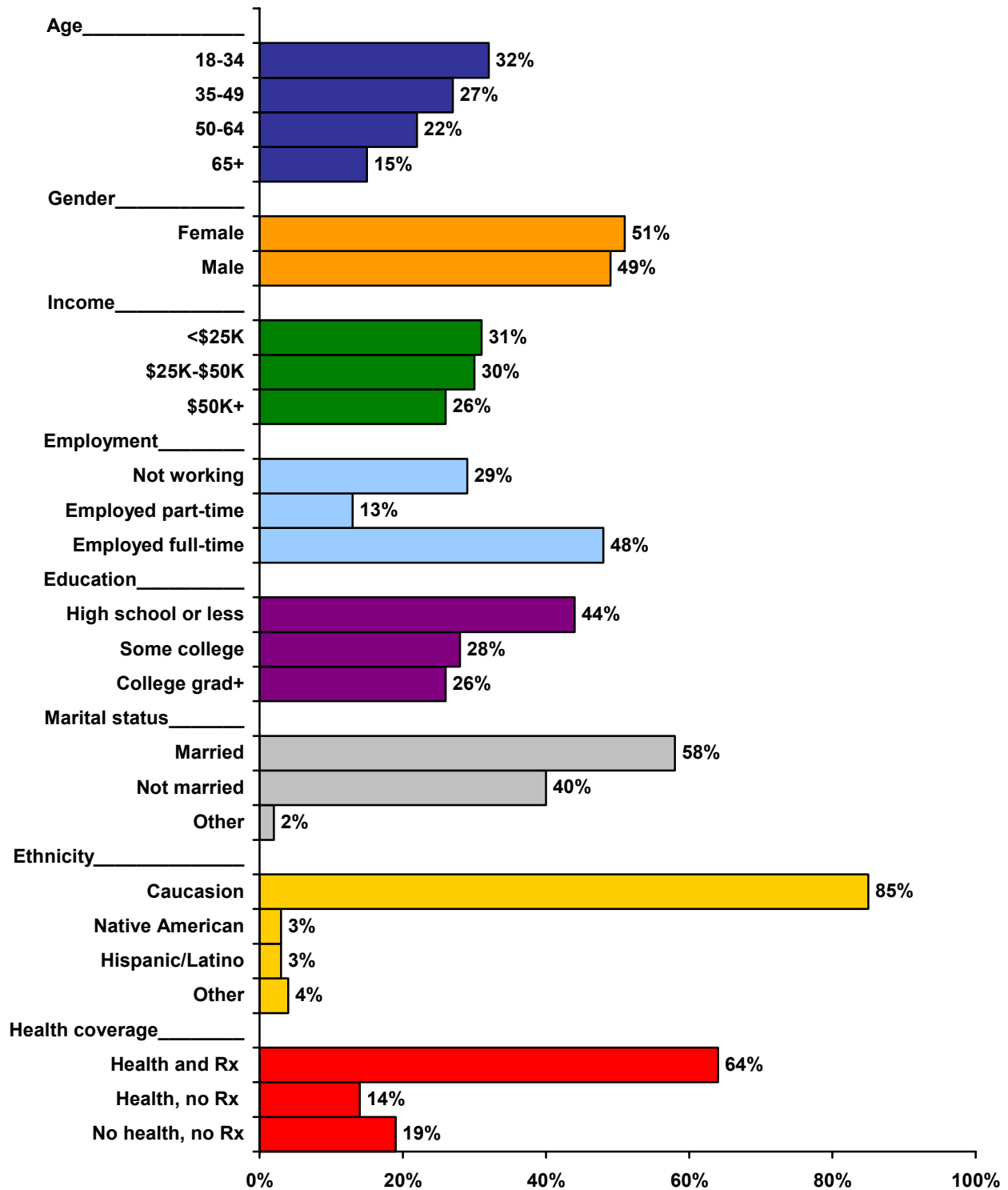
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## **Methodology**

The interviewing for this survey took place between August 2 and August 15<sup>th</sup>, 2004. This survey has a response rate of 19 percent and a cooperation rate of 35 percent. The total sample of 800 respondents yields a maximum statistical error of plus or minus 3.5 percent. This means that in 95 out of 100 samples of this size, the results obtained in the sample would fall in a range of 3.5 percentage points of what would have been obtained if every resident age 18 or older in Idaho had been surveyed. Survey responses were weighted to reflect the distribution of age, gender, and education of residents age 18 or older in Idaho. Weighted responses to all survey questions are in the attached annotated questionnaire.

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## Demographic Characteristics of Respondents

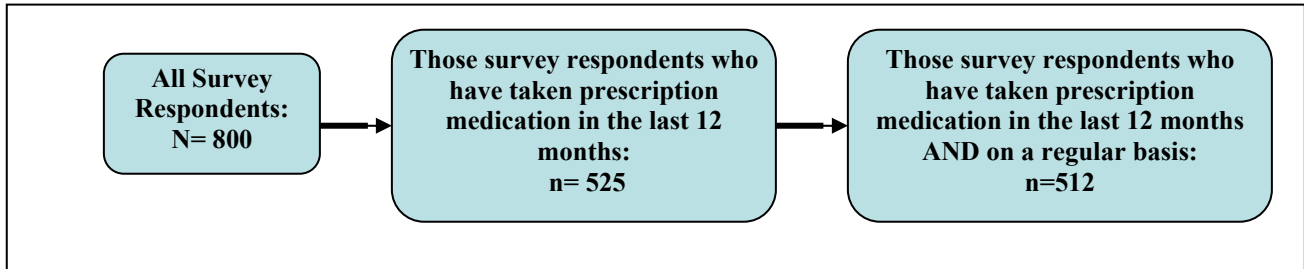


\*Those participants who identified themselves as Black/African American, Asian American, or other are 2 percent or less of survey respondents.

**APPENDIX A**

**CHART OF PRESCRIPTION DRUG USE  
AMONG ALL RESPONDENTS**

**Chart 1: Breakdown of those respondents who say they have taken prescription medication in the last 12 months and then of those, who are also taking medication on a regular basis.**



**APPENDIX B**

**ANNOTATED QUESTIONNAIRE**

FIELD USE ONLY	
Date:	Supervisor:
Interviewer:	Editor:
Start Time:	Completed:
End Time:	Terminated:
# Minutes:	Validated:
Telephone #: ( ) -	

Q#: _____
<b>AARP -- Idaho Prescription Drug Survey July 2004</b>
<b>#123-09 (JCF)</b>
<b>#123-09 (JCF)</b>

QUOTAS	
<b>Non-institutionalized adults, 18 years old and older, living in Idaho</b>	<b>RDD / 800 Completes (at least 40% = 50+)</b>

**INTRODUCTION/SCREENER**

Hello, my name is \_\_\_\_\_. I'm calling on behalf of Alan Newman Research, a national opinion research firm. Tonight we are calling Idaho residents to find out their opinions on proposed state prescription drug programs and legislation. In order to make our study representative of the entire state, I need to speak with the youngest male who is at home right now and is at least 18 years old. Is this person available?

[INTERVIEWERS -- IF NECESSARY USE ANY OF THE FOLLOWING:

My name is \_\_\_\_\_.

I'm calling from Alan Newman Research, a national opinion research firm located in Richmond, Virginia.

Let me assure you, this is NOT a sales call and you will NOT be asked to buy anything either now or later. We are NOT telemarketers.

You will not be asked to buy anything either now or later.

All of your responses are kept entirely confidential.

The survey should only take a few minutes (5 minutes) of your time depending on your answers.

We ask to speak to the youngest male or oldest female to make our survey more representative of the Idaho population. Because of patterns in how people answer the phone, it is important that we randomly pick someone in each household to interview. Asking for the youngest male first is an easy way to pick someone at random.]

- 1) Person on phone is youngest male
- 2) Other person is youngest male and is coming to phone
- 3) Youngest male never available
- 4) Youngest male not available right now
- 5) DON'T KNOW / NOT SURE
- 6) REFUSED

***Respondent Selection***

S1. RECORD GENDER OF PERSON WHO ANSWERED PHONE:

- 1) Male
- 2) Female

S2. [IF INTRODUCTION = 1, SKIP TO S4; IF INTRODUCTION = 2, SKIP TO S3; IF INTRODUCTION = 6, TERMINATE AS REFUSAL] Then may I speak to the oldest female who is at home right now and is at least 18 years old?

- 1) Person on phone is oldest female →[SKIP TO S4]
- 2) Other person is oldest female and is coming to the phone →[SKIP TO S3]
- 3) Oldest female never available →[TERMINATE AS SCREENED OUT]
- 4) Oldest female is not available right now → [ARRANGE CALLBACK]
- 5) DON'T KNOW / NOT SURE →[ARRANGE CALLBACK]
- 6) REFUSED →[TERMINATE AS REFUSAL]

S3. Hello, my name is \_\_\_\_\_. I'm calling on behalf of Alan Newman Research, a national opinion research firm. Tonight we are calling Idaho residents to find out their opinions on proposed state prescription drug programs and legislation. In order to make our study representative of the entire state, I need to speak with the [SELECT APPROPRIATE REFERENCE BASED ON SKIP PATTERN: "youngest male" OR "oldest female"] who is at home right now and is at least 18 years old. Are you [SELECT APPROPRIATE REFERENCE BASED ON SKIP PATTERN: "him" OR "her"]?

[INTERVIEWERS: IF MALE IS ON PHONE AND IS OVER 18 AND IS THE ONLY MALE AT HOME AT THIS VERY MOMENT, EXPLAIN THAT THEY ARE AUTOMATICALLY THE YOUNGEST MALE WHO IS AT HOME RIGHT NOW, REGARDLESS OF THE AGE OF OTHER MALES WHO LIVE IN THE HOUSEHOLD.]

- 1) Person on phone is youngest male/oldest female
- 2) Other person is youngest male/oldest female and is coming to the phone →[SKIP TO S3]
- 3) Youngest male never available → [SKIP TO S2]
- 4) Oldest female never available →[TERMINATE AS SCREENED OUT]
- 5) Youngest male not available right now → [SKIP TO S2]
- 6) Oldest female is not available right now → [ARRANGE CALLBACK]
- 7) DON'T KNOW / NOT SURE →[ARRANGE CALLBACK]
- 8) REFUSED →[TERMINATE AS REFUSAL]

S4. In order to save time and ensure I only ask questions relevant to you could you tell me whether you are aged 50 or older, or are you under 50?

- 1) Age 50 or older
- 2) Under 50
- 3) DON'T KNOW / NOT SURE
- 4) REFUSED

***Main Questionnaire***

To begin, I'd like to ask you a few general questions about your health.

Q1. In general, would you say your health right now is Excellent, Very Good, Good, Fair, or would you say that in general your health right now is Poor?

- 24% Excellent
- 37% Very Good
- 26% Good
- 8% Fair
- 5% Poor
- <1% DON'T KNOW / NOT SURE
- <1% REFUSED

Q2. Compared to one year ago, how would you rate your health in general now? Would you say it is better now than a year ago, worse than it was one year ago, or is it the same?

- 17% Better → [SKIP TO Q2a]
- 74% Same → [SKIP TO Q3]
- 9% Worse → [SKIP TO Q2b]
- 0% DON'T KNOW / NOT SURE → [SKIP TO Q3]
- 0% REFUSED → [SKIP TO Q3]

Q2a. And would you say your health is much better OR somewhat better than one year ago? (n=135)

- 56% Much Better
- 44% Somewhat Better
- 1% DON'T KNOW / NOT SURE
- 0% REFUSED

[SKIP TO Q3]

Q2b. And would you say your health is much worse OR somewhat worse than one year ago? (n=74)

- 16% Much Worse
- 84% Somewhat Worse
- 0% DON'T KNOW / NOT SURE
- 0% REFUSED

[PROGRAMMERS: COMBINE Q2 WITH Q2a OR Q2b INTO NEW COLUMNS WITH 8 RESPONSES: (1) Much Better, Somewhat Better, DK/Refused (Better), About the Same, Somewhat Worse, Much Worse, DK/Refused (Worse), (8) DK/Refused.

Q3. How concerned are you about being able to afford the cost of your prescription drugs over the next two years? Would you say you are very concerned, somewhat concerned, not very concerned, or not concerned at all?

- 30% Very Concerned
- 26% Somewhat Concerned,
- 20% Not Very Concerned
- 23% Not At All Concerned
- 1% DON'T KNOW / NOT SURE
- 0% REFUSED



Q4. Are you, yourself, now covered by any form of health insurance? This would include any private or employee health insurance plan and government programs like Medicare or Medicaid or coverage through your spouse or partner's plans?

- 80% Yes
- 19% No → [SKIP TO Q7]
- 1% DON'T KNOW / NOT SURE → [SKIP TO Q7]
- 0% REFUSED → [SKIP TO Q7]

Q5. Does this health care plan provide you with coverage for prescription drugs? (n=643)

- 80% Yes
- 17% No
- 3% DON'T KNOW / NOT SURE
- <1% REFUSED

Q6. Some drug companies offer a program where people who are eligible may receive their drugs for a small co-pay and in some cases for free. Are you currently participating in a program like this offered by a drug company? (n=643)

- 25% Yes
- 73% No
- 2% DON'T KNOW / NOT SURE
- 0% REFUSED
- 0% NEVER HEARD OF THIS TYPE OF DRUG COMPANY OFFER [VOLUNTEERED]

Q7. Do you currently use a prescription drug discount or program offered by a drug manufacturer, insurance company, pharmacy, store, or membership organization?

- 32% Yes
- 67% No
- 1% DON'T KNOW / NOT SURE
- 0% REFUSED

Q8. Have you taken any prescription drugs in the last 12 months? (N=800)

- 66% Yes
- 34% No → [SKIP TO Q19]
- <1% DON'T KNOW / NOT SURE → [SKIP TO Q19]
- <1% REFUSED → [SKIP TO Q19]

Q9. Approximately how many different prescription drugs do you take on a regular basis? By "regular" I mean on a daily, weekly, monthly, or some other recurring basis. [INTERVIEWERS: RECORD ACTUAL NUMBER OF PRESCRIPTIONS TAKEN "REGULARLY"] \_\_\_\_\_

- 98 = "DON'T KNOW / NOT SURE"
- 99 = "REFUSED" (n=525)

- 19% None
- 29% one
- 26% 2-3
- 14% 4-5
- 12% 6 or more
- 2% DK/Not sure

Q9a. [ASK ONLY IF Q9 = 0, 98, OR 99] Just to be sure I understand, you have taken prescription drugs in the past year, but not on a regular or recurring basis. Is this correct? (n=105)

86% Yes

0% No, I have taken prescription drugs on a regular basis → [SKIP TO Q9]

14% No, I have NOT taken any prescription drugs in the past 12 months → [SKIP TO Q19]

0% DON'T KNOW / NOT SURE → [SKIP TO Q19]

0% REFUSED → [SKIP TO Q19]

Q10. Thinking about all of the prescriptions you had filled in the last 12 months, or since last August, about how much have you spent each month out of your own pocket for your prescriptions – that is money you did not get reimbursed for? Was it.... [READ ALL RESPONSES] (n=512)

51% Less than \$50 per month in the last 12 months,

19% At least \$50 but less than \$100 in the last 12 months,

9% At least \$100 but less than \$150 in the last 12 months,

4% At least \$150 but less than \$200 in the last 12 months,

5% At least \$200 but less than \$300 in the last 12 months,

9% or have you spent \$300 or more in the last 12 months out of your own pocket for your prescriptions?

3% DON'T KNOW / NOT SURE

0% REFUSED

Q11. Would you say that paying for these prescription drugs is a major financial problem, a minor financial problem, or not a financial problem for you? (n=512)

21% Major

32% Minor

47% Not a Problem

1% DON'T KNOW / NOT SURE

0% REFUSED

Q12. In the past 12 months, have you cut back on other necessary items such as food, utilities, or gas for your car to be able to afford a prescription drug? (n=512)

17% Yes

83% No

<1% DON'T KNOW / NOT SURE

0% REFUSED

Q13. In the past 12 months, have you taken less medication than prescribed to make it last longer? (n=512)

22% Yes

77% No

<1% DON'T KNOW / NOT SURE

0% REFUSED

Q14. In the past 12 months, have you put off getting a prescription filled because you didn't have enough money to pay for it? (n=512)

20% Yes

80% No

0% DON'T KNOW / NOT SURE

0% REFUSED

Q15. In the past 12 months, did you buy the generic brand of your prescription drug because it costs less?  
(n=512)

- 65% Yes
- 32% No
- 2% DON'T KNOW / NOT SURE
- 0% REFUSED
- 1% GENERIC NOT AVAILABLE [VOLUNTEERED]

Q16. In the past 12 months, have you ordered your prescription drugs by mail or internet from a company within the U.S. because they cost less? (n=512)

- 14% Yes
- 86% No → [SKIP TO Q17]
- <1% DON'T KNOW / NOT SURE → [SKIP TO Q17]
- 0% REFUSED → [SKIP TO Q17]

Q16a. Did you order by mail or the internet, OR did you order by both in the past 12 months?  
(n=72)

- 77% Mail
- 12% Internet
- 11% Both
- 0% DON'T KNOW / NOT SURE
- 0% REFUSED

Q17. In the past 12 months, have you ordered your prescription drugs by mail or internet from a company in another country like Canada or Mexico because they cost less? (n=512)

- 3% Yes
- 97% No → [SKIP TO Q18]
- <1% DON'T KNOW / NOT SURE → [SKIP TO Q18]
- 0% REFUSED → [SKIP TO Q18]

Q17a. Did you order by mail or the internet, OR did you order by both in the past 12 months?  
(n=16)

- 43% Mail
- 38% Internet
- 14% Both
- 5% DON'T KNOW / NOT SURE
- 0% REFUSED

Q18. In the past 12 months have you traveled to Canada or any other country to buy prescription drugs because they cost less? (n=512)

- 5% Yes
- 95% No
- 0% DON'T KNOW / NOT SURE
- 0% REFUSED

Q19. How important is it to you that the state of Idaho implement a program to help all residents afford their prescription drugs, regardless of their age or income? Would you say it is very important, somewhat important, not very important, or not at all important?

- 69% Very Important
- 20% Somewhat Important,
- 5% Not Very Important
- 5% Not At All Important
- 1% DON'T KNOW / NOT SURE
- <1% REFUSED

Q20. How important is it to you that the state of Idaho implements a program where uninsured, residents could purchase their prescription drugs at lower prices? Would you say it is very important, somewhat important, not very important, or not at all important?

- 65% Very Important
- 25% Somewhat Important,
- 5% Not Very Important
- 4% Not At All Important
- 2% DON'T KNOW / NOT SURE
- <1% REFUSED

Q21. The state of Idaho is considering a number of legislative proposals to help make prescription drugs more affordable, particularly to uninsured residents. One proposal is to create a statewide prescription drug discount program where the state would use their purchasing power to negotiate with pharmaceutical manufacturers to lower the drug prices for participating residents. Enrollment in this program would be voluntary, and single Idaho residents without health insurance who earn \$18,620 or less per year or couples who earn \$24,980 or less per year, regardless of their age, would be eligible to participate.

How strongly would you support or oppose Idaho offering this type of state prescription drug discount program? Would you say you strongly support, somewhat support, somewhat oppose, or strongly oppose offering this type of program?

- 53% Strongly Support
- 33% Somewhat Support
- 6% Somewhat Oppose → [SKIP TO Q23]
- 5% Strongly Oppose → [SKIP TO Q23]
- 3% DON'T KNOW / NOT SURE → [SKIP TO Q23]
- <1% REFUSED → [SKIP TO Q23]

Q22. Would you still support the state offering this state prescription drug program even if you were not eligible for its benefits? (n=682)

- 95% Yes
- 3% No → [SKIP TO Q23]
- 2% DON'T KNOW / NOT SURE → [SKIP TO Q23]
- 0% REFUSED → [SKIP TO Q23]

Q22a. And would you say you strongly support or only somewhat support the state offering this state prescription drug program even if you were not eligible for its benefits? (n=648)

- 65% Strongly Support
- 35% Somewhat Support
- <1% DON'T KNOW / NOT SURE
- 0% REFUSED

Q23. In order to help finance the program, the state may ask eligible residents to pay a one-time only fee of \$3 to join. How strongly do you support or oppose the state asking eligible residents to pay this fee in order to participate in this proposed state prescription drug discount program?

Would you say you strongly support, somewhat support, somewhat oppose, or strongly oppose this?

- 64% Strongly Support
- 24% Somewhat Support
- 5% Somewhat Oppose
- 5% Strongly Oppose
- 2% DON'T KNOW / NOT SURE
- <1% REFUSED

Q24. How strongly do you support or oppose Idaho finding additional ways to generate revenues if the money generated were dedicated to create and implement this state prescription drug discount program?

Would you say you strongly support, somewhat support, somewhat oppose, or strongly oppose this?

- 40% Strongly Support
- 41% Somewhat Support
- 7% Somewhat Oppose
- 7% Strongly Oppose
- 6% DON'T KNOW / NOT SURE
- 1% REFUSED

Q25. Would you be more or less likely to vote for a candidate who supported putting this program into effect or would it not make a difference?

- 41% More Likely
- 6% Less Likely
- 47% Would Not Make a Difference
- 6% DON'T KNOW / NOT SURE
- 1% REFUSED

***Demographics***

D1. My last few questions are for classification purposes only! What is your current marital status? Are you currently.....

- 58% Married,
- 11% Divorced,
- 1% Separated,
- 7% Widowed,
- 20% Or have you never been married?
- <1% Living with partner [VOLUNTEERED]
- <1% DON'T KNOW / NOT SURE
- 2% REFUSED

D2. What is your age as of your last birthday? [RECORD IN YEARS]

---

D3. [ASK ONLY IF (D2 > 49 AND S4 = 2) OR (D2 < 50 AND S4 = 1)] Earlier in the survey I recorded that you were [INSERT ANSWER FROM S4] and now I have your age as being [INSERT ANSWER FROM D2]. Am I correct that you said you are currently [INSERT ANSWER FROM D2] years old?

- 100% Yes
- 0% No → [SKIP TO D2]
- 0% DON'T KNOW / NOT SURE
- 0% REFUSED

D4. [ASK ONLY IF D2 >49] Are you or your spouse a member of A-A-R-P? [IF NOT "MARRIED" ASK, "Are you a member of..."] [IF NECESSARY: "This organization was formerly known as the American Association of Retired Persons."] (n=300)

- 44% Yes
- 55% No
- 1% DON'T KNOW / NOT SURE
- 1% REFUSED

D5. Which of the following best describes your current employment status? (READ LIST)

- 48% Employed or self-employed full-time
- 13% Employed or self-employed part-time
- 18% Retired and not working
- 5% Unemployed and looking for work
- 7% Homemaker
- 3% Disabled
- 4% Student
- 1% Something Else (specify)
- 1% DON'T KNOW / NOT SURE
- 2% REFUSED

D6. What is the highest level of education you have completed? (READ LIST)

- 6% Less than high school
- 39% High school graduate or equivalent
- 28% Some college or technical training beyond high school
- 16% College graduate
- 10% or, Post-graduate or professional degree?
- 0% DON'T KNOW / NOT SURE
- 2% REFUSED

D7. Now, for statistical purposes only, which of the following best represents your total household income in 2003 before taxes? Was it... (READ LIST)

- 11% Less than \$10,000
- 10% \$10,000 but less than \$19,000
- 10% \$19,000 but less than \$25,000
- 15% \$25,000 but less than \$35,000
- 15% \$35,000 but less than \$50,000
- 15% \$50,000 but less than \$75,000
- 11% or was your income \$75,000 or more?
- 4% DON'T KNOW
- 9% REFUSED

D8. What is your race or ethnicity?

- 85% White or Caucasian
- 1% Black or African American
- 1% Asian American
- 3% Native American
- 3% Hispanic/Latino/Spanish
- 1% Some Other Race or Ethnicity [Specify: \_\_\_\_\_]
- 1% DON'T KNOW / NOT SURE
- 5% REFUSED

D9. Thinking about your state elections for Idaho Governor and Legislators in the last ten years, which of the following best describes your voting behavior? Would you say you always vote, sometimes miss one, rarely vote, or never vote?

- 46% Always vote
- 26% Sometimes miss one
- 9% Rarely vote
- 14% Never vote
- 1% DON'T KNOW / NOT SURE
- 3% REFUSED

D10. Generally speaking, do you usually think of yourself as a Republican, a Democrat, or an Independent?

- 39% Republican
- 19% Democrat
- 29% Independent
- 1% Other [Specify: \_\_\_\_\_] [VOLUNTEERED]
- 8% DON'T KNOW / NOT SURE
- 5% REFUSED

D11. And also generally speaking, would you characterize your political views as being Conservative, Moderate, or Liberal?

- 38% Conservative
- 37% Moderate
- 12% Liberal
- <1% Other [Specify: \_\_\_\_\_] [VOLUNTEERED]
- 8% DON'T KNOW / NOT SURE
- 4% REFUSED

D12. What is your 5-digit zipcode? \_\_\_\_\_

D13. In what county do you live? [DO NOT READ] [INTERVIEWERS: ASK RESPONDENT TO SPELL IF NECESSARY]

- 18% Ada
- <1% Adams
- 5% Bannock
- <1% Bear Lake
- 1% Benewah
- 3% Bingham
- 1% Blaine
- 1% Boise
- 4% Bonner
- 5% Bonneville
- 1% Boundary
- <1% Butte
- 0% Camas
- 10% Canyon
- <1% Caribou
- <1% Cassia
- <1% Clark
- 1% Clearwater
- <1% Custer
- 1% Elmore
- 1% Franklin
- 1% Fremont
- 2% Gem
- 1% Gooding
- 2% Idaho
- 1% Jefferson
- 1% Jerome
- 8% Kootenai
- 4% Latah
- 1% Lemhi
- 1% Lewis
- 1% Lincoln
- 2% Madison
- 1% Minidoka
- 5% Nez Perce



- <1% Oneida
- 1% Owyhee
- 1% Payette
- 1% Power
- 1% Shoshone
- 1% Teton
- 5% Twin Falls
- 1% Valley
- 1% Washington
- 1% OTHER [PLEASE SPECIFY: \_\_\_\_\_]
- 1% DON'T KNOW / NOT SURE
- 4% REFUSED

D13. And, finally, may I verify that I reached you at: (\_\_\_\_\_)\_\_\_\_\_

***That was our last question. Thank you for taking the time to help us out with this study. Have a great night!***

RECORD GENDER OF RESPONDENT:

- 49% Male
- 51% Female

RECORD DATE AND TIME OF INTERVIEW COMPLETION

Interviewer name: \_\_\_\_\_  
Interviewer gender: \_\_\_\_\_  
Interviewer race: \_\_\_\_\_  
Interviewer ID #: \_\_\_\_\_

**AARP**

**Knowledge Management**

**For more information contact Jennifer H. Sauer (202) 434-6207**