



PAN Rapid Poll Advocacy Engagement

Harris on Demand Platform
August 2025

Background and Objectives

The PAN Foundation is a national charitable foundation and healthcare organization committed to accelerating access to affordable, equitable healthcare through financial assistance, advocacy and education. PAN understands the profound impact that financial assistance has on treatment adherence and quality of life for people living with life-threatening, chronic and rare diseases.

PAN regularly commissions research to better understand patient experience as well as challenges faced when accessing care. This research aims to understand adults with any chronic health conditions' level of engagement participating in activities to advocate for policy, legislation, and/or regulation to improve access to healthcare for Americans. For purposes of the poll, advocacy is defined as:

Activities aimed at supporting or promoting policy, legislation, or regulation that improves access to healthcare for Americans. This may include, but is not limited to, visiting with and educating lawmakers, raising public awareness about healthcare issues, engaging in grassroots campaigns, or sharing lived experiences to help shape policy that impacts healthcare access.

Specifically, the research explores the following among those with any chronic health condition:

- Whether they advocated for healthcare access in the past 12 months
- Who they advocated for
- Types of advocacy activities
- Health topics addressed
- Perceived benefits of advocacy
- Reasons for not engaging in advocacy (among non-participants)

Methodology



Audience:

2,066 U.S. adults 18+ including 1,274 who self-report having been diagnosed by a healthcare provider with any chronic condition^



Field Timing:

July 31 – August 4, 2025



Mode:

5-minute online survey via Harris on Demand (HOD) omnibus platform



Weighting:

Data are weighted to ensure results are projectable to the population of U.S. adults age 18+

Method Statement *(to be included in all press materials):*

This survey was conducted online within the United States between July 31 - August 4, 2025, among 2,066 adults (aged 18 and over), including 1,274 who self-report having been diagnosed with any chronic condition, by The Harris Poll on behalf of PAN Foundation via its Harris On Demand omnibus product. Data were weighted where necessary by age, gender, race/ethnicity, region, education, marital status, household size, household income, [employment], and political party affiliation, to bring them in line with their actual proportions in the population. Respondents for this survey were selected from among those who have agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the sample data is accurate to within ± 2.5 percentage points using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest.

All sample surveys and polls, whether or not they use probability sampling, are subject to other multiple sources of error which are most often not possible to quantify or estimate, including, but not limited to coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments.



^defined as those who self report having been diagnosed by a healthcare provider with any of the following: cardiovascular condition, mental health condition, gastrointestinal condition, chronic pain syndrome, chronic respiratory condition, endocrine disorder, musculoskeletal condition, thyroid disorder, cancer, autoimmune disease, chronic sexually transmitted disease/infection, reproductive disease/condition, immunological condition, chronic liver disease, ophthalmologic condition, renal condition, neurological condition, endocrine disease, genetic disorder, infectious disease, hematological condition, metabolic disorder, other rare disease or other chronic health condition [see notes section for full descriptions provided for each condition]

Notation Guide

Please refer to this slide for explanations of the various notation and formatting used throughout this deck:

In Tables and Charts:

- ***Throughout the report, “Adults” refers to data among adults with any chronic health condition[^]***
- Percentages may not add up to 100% due to weighting and/or computer rounding.
- Results based on small samples (n<100) should be interpreted as directional only.
- An asterisk (*) indicates a percentage greater than zero but less than 1%; a “ – ” indicates a value of zero.

Base Notes: ▼

- Each slide includes a base note that displays the full question text as shown to the survey respondents as well as the number of respondents who answered each question, for reference.
- Some response labels on slides are shortened for brevity; see notes section for full description provided.

Executive Summary

Executive Summary

1 in 4 Adults with Chronic Conditions Engage in Healthcare Advocacy, Primarily to Support Others, and Utilizing Social Media and Legislative Outreach

- 1 in 4 (24%) adults with any chronic health condition report having advocated for policy, legislation, and/or regulation to improve access to healthcare over the past 12 months. Most often they advocated to support the needs of others (e.g., people living with a certain chronic condition, disease, cancer, etc.) (61%).
- Types of advocacy engaged in varied among adults: half (50%) engaged on social media to raise awareness of a specific policy, legislation, and/or regulation, and 1 in 3 (34%) visited or contacted their state/local representatives.

Topics of Conversations Focus on Medicare, Medicaid, and Healthcare Costs

- Many adults focused their advocacy efforts on broad health issues including Medicare and Medicaid (44% and 41%, respectively), as well as the high cost of healthcare (33%), Social Security benefits (32%), and mental or behavioral health (32%). Additionally, over 1 in 4 (27%) tackled issues related to improving access to care for cancer patients and those with other chronic condition(s).

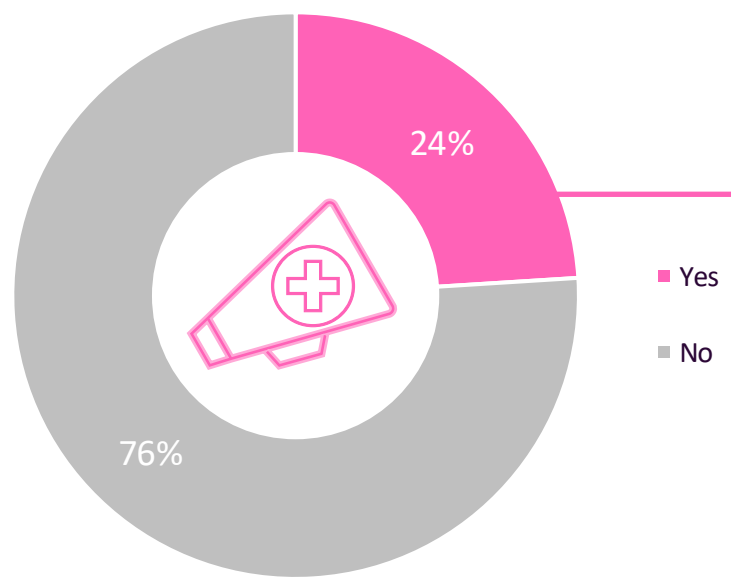
Advocates Highlight Benefits of Increased Awareness; Non-Advocates Point to Lack of Invitation and No Clear Starting Points

- Among adults participating in advocacy over the past 12 months, almost half (48%) reported that a key benefit was raising awareness of particular healthcare issues in their community, followed closely by encouraging others to get involved in advocacy (44%). Conversely, those who did not participate cited reasons such as not being asked (25%), uncertainty about where to start (25%), and lack of clarity on how to get involved (22%).

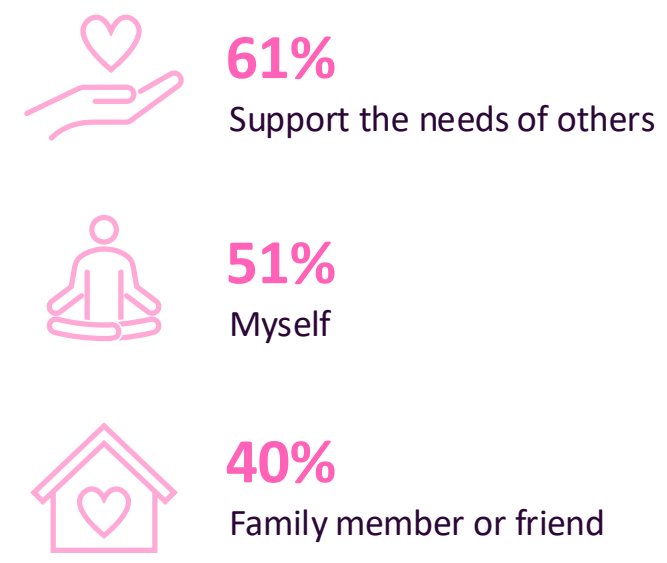
Detailed Findings

Over the past 12 months, 1 in 4 adults have advocated for improved healthcare access, with the majority doing so on behalf of others

Advocated for Policy, Legislation, and/or Regulation to Improve Access to Healthcare Over Past 12 Months
(Among adults with any chronic health condition)

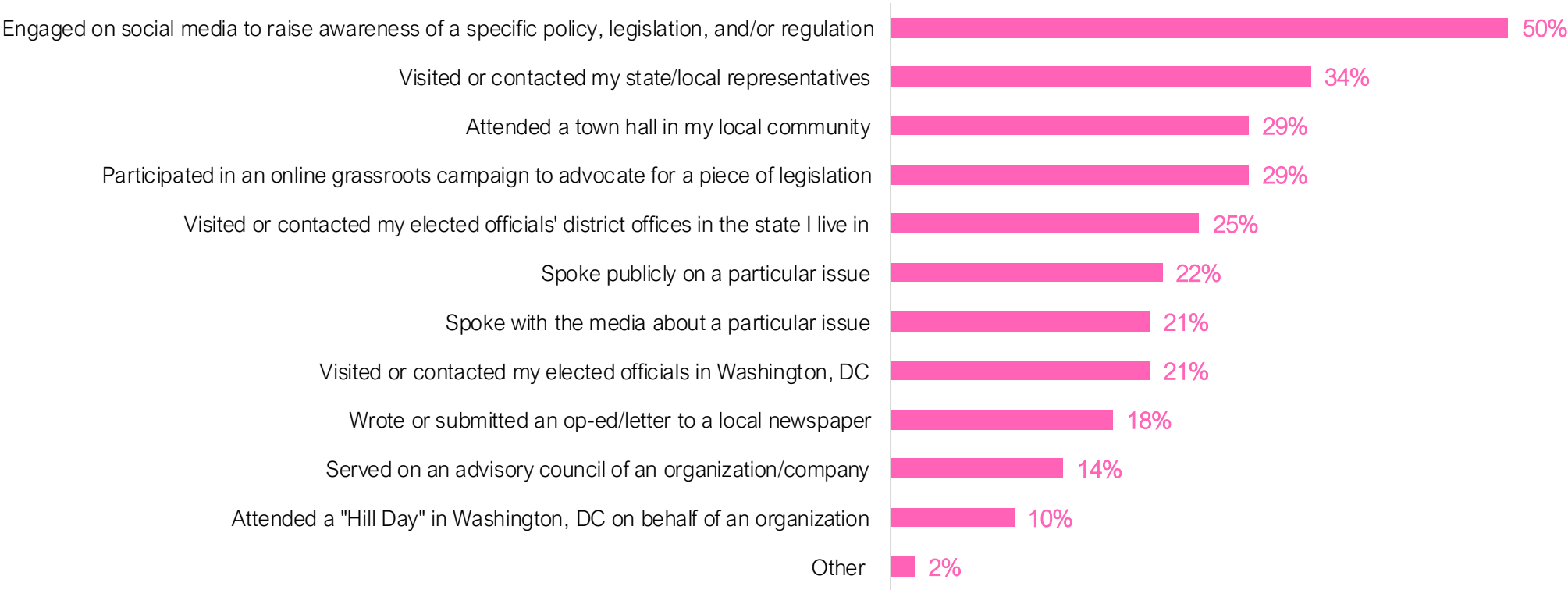


Who They Advocated For
(Among adults who participated in activities to advocate)



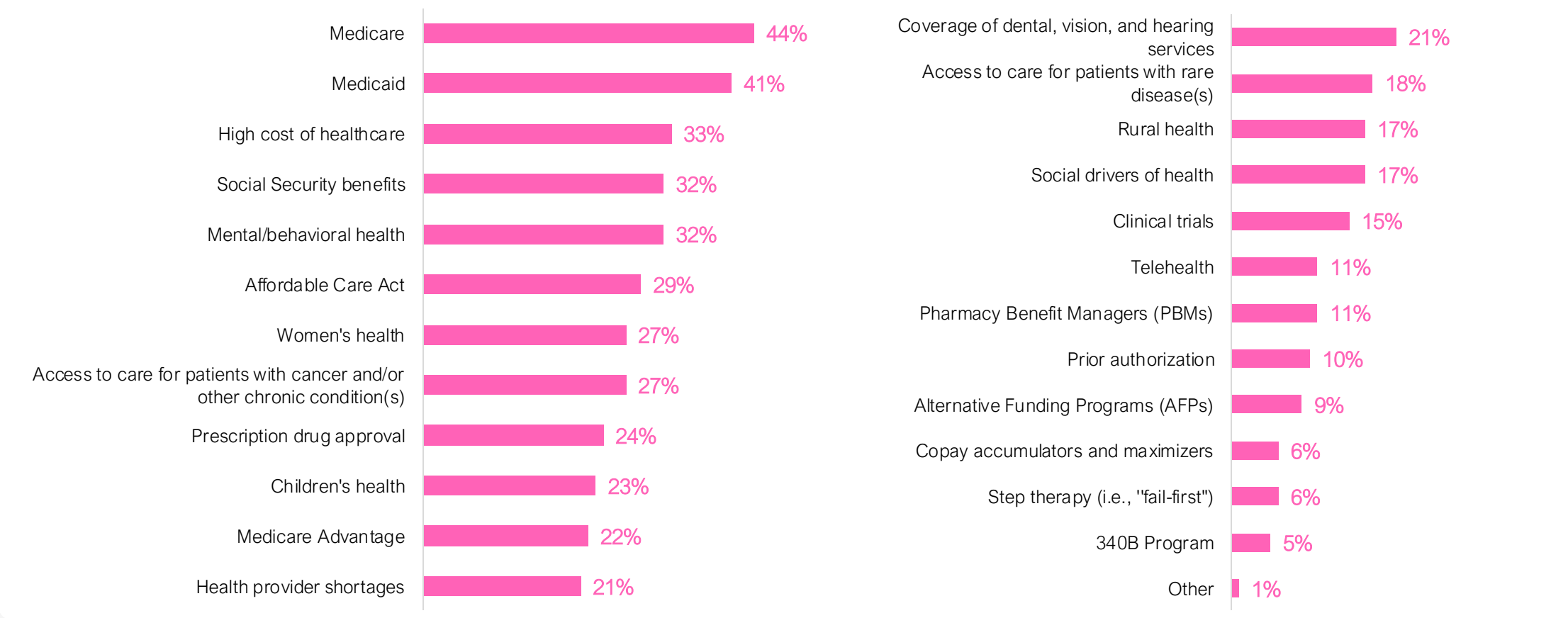
Over the past 12 months, half of adults who advocated used social media to raise awareness, while 1 in 3 visited or contacted their state/local representative

Types of Advocacy Activities Engaged in Over Past 12 Months
(Among adults with any chronic health condition who participated in activities to advocate)



The most commonly addressed general health topics in advocacy efforts include Medicare, Medicaid, and the high cost of healthcare

General Health Topics Address Through Advocacy Work Over Past 12 Months
(Among adults with any chronic health condition who participated in activities to advocate)

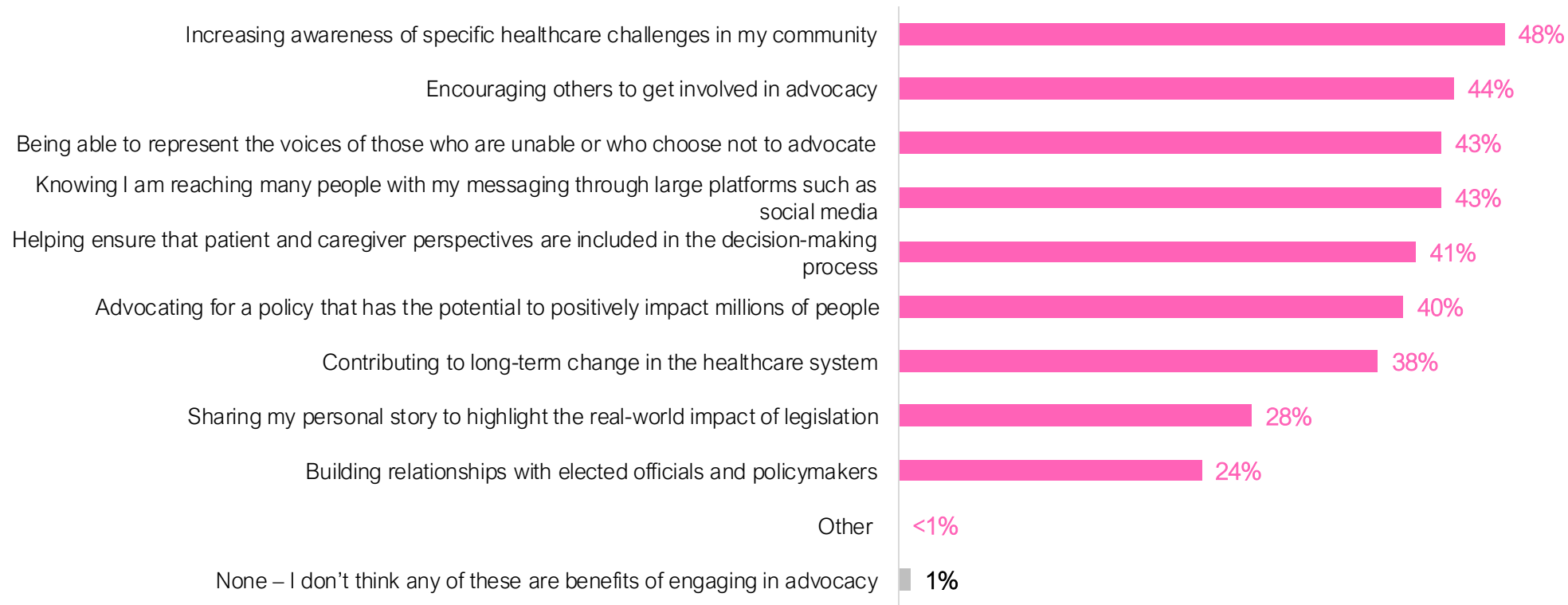


[^]Some response labels shortened for brevity; see notes section for full description provided

Nearly half of advocating adults say one benefit of advocacy is increasing awareness of specific healthcare challenges in their community

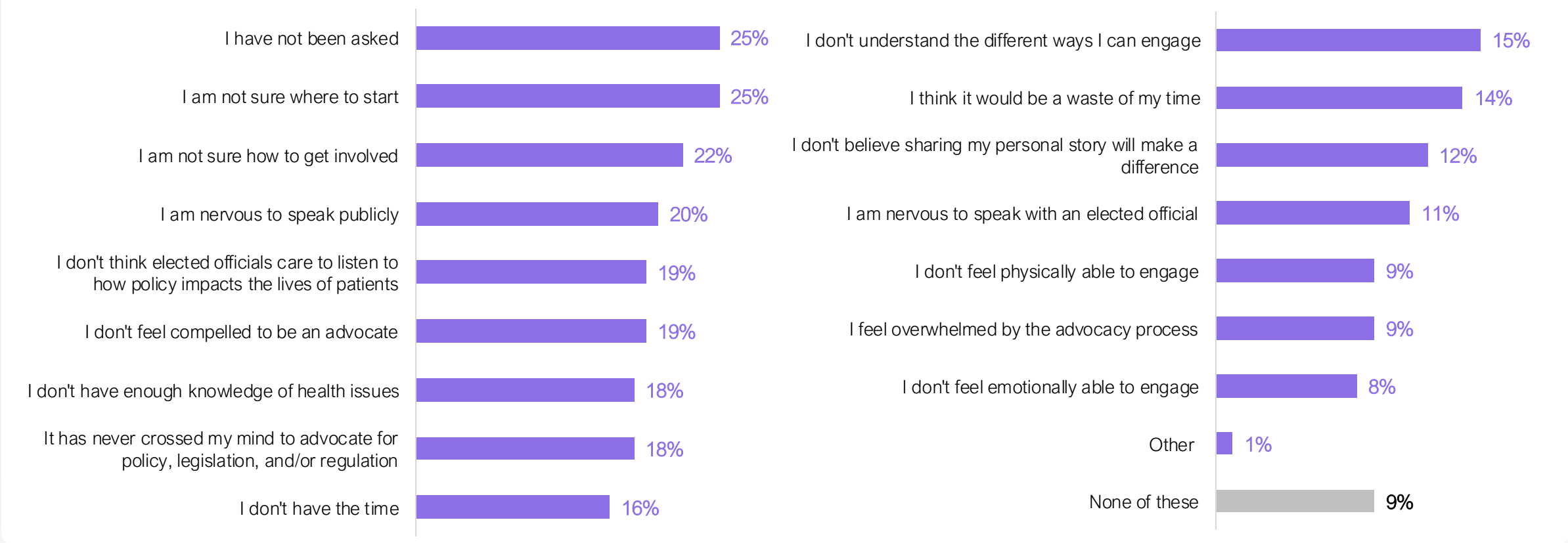
Benefits of Engaging in Advocacy Over Past 12 Months

(Among adults with any chronic health condition who participated in activities to advocate)



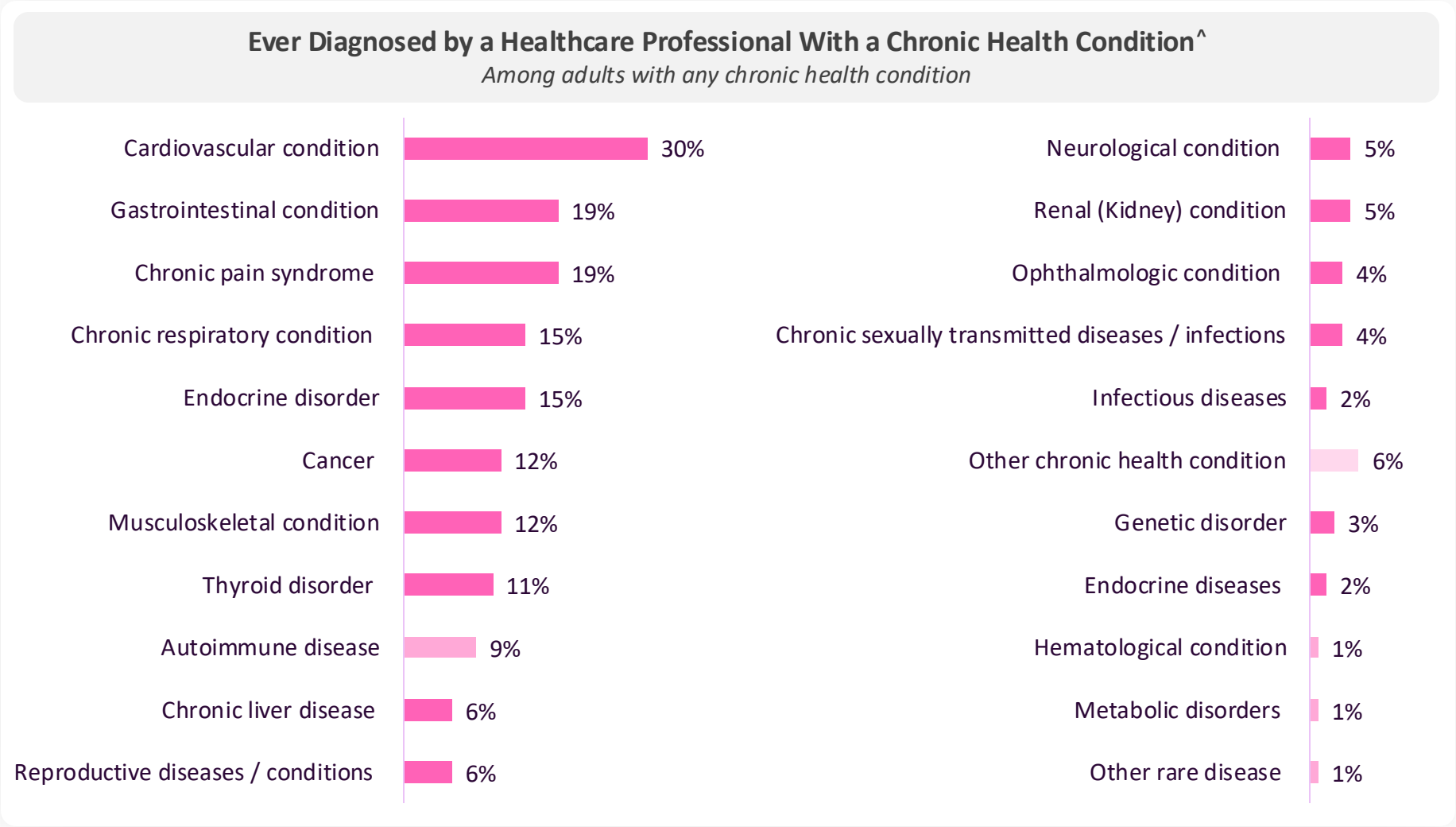
Among adults who did not participate in advocacy activities, 1 in 4 say they haven't because they haven't been asked and/or are unsure where to start

Reasons Why Did Not Participate in Activities to Advocate Over Past 12 Months
(Among adults who did not participate in activities to advocate)



Demographics

Chronic Condition Status



**Chronic
Conditions
(NET): 93%**

**Rare
Conditions
(NET): 11%**

Cancer: 12%

[^]Some response labels shortened for brevity; see notes section for full description provided

Demographics

	Among adults with any chronic condition n=1,274		Among adults with any chronic condition n=1,274		Among adults with any chronic condition n=1,274
Gender		Region		Urbanicity	
Man	46%	Northeast	17%	Urban	31%
Woman	53%	Midwest	21%	Suburban	49%
Other/prefer not to answer	1%	South	39%	Rural	21%
Age		West	23%	Race/Ethnicity	
18-34	24%	Education		White (not Hispanic)	65%
35-44	15%	HS or less	26%	Hispanic	15%
45-54	16%	Some college	38%	Black (not Hispanic)	11%
55-64	17%	College grad+	37%	Asian (not Hispanic)	5%
65+	28%	Employment Status		Other (not Hispanic)	4%
Mean	51	Employed (FT, PT, self)	61%	Primary Residence	
Household income		Not employed	10%	Homeowner	68%
<\$50k	25%	Other	34%	Renter	31%
\$50k - \$74.9k	14%	Marital Status		None of these	1%
\$75k – \$99.9k	12%	Married	48%	Children under 18 in HH	
\$100k+	47%	Not married	52%	Yes	37%
Decline to answer	1%			No	63%