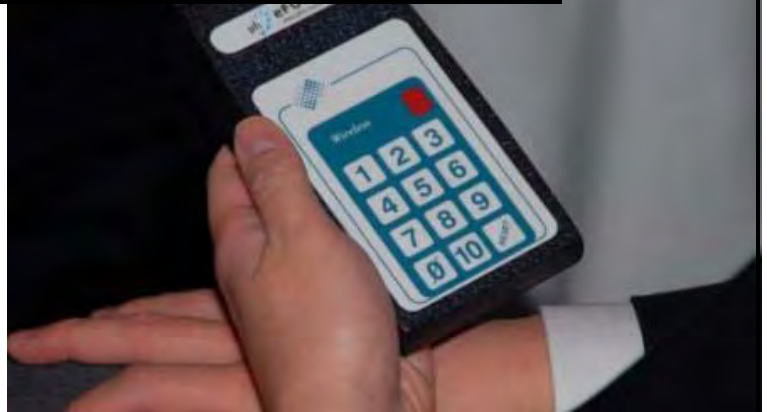




Albuquerque

March 20, 2006



Citizens' Health Care Working Group

HEALTH CARE
 THAT WORKS FOR ALL
 AMERICANS

OVERVIEW

“Health Care for All” was the key message from the Citizens’ Health Care Working Group Albuquerque Community Meeting. Close to half the attendees expressed the view that the most important value that should underpin the nation’s health care system is that health care is a right.

The general theme of the meeting, echoed by one of the state officials in attendance, was that the time had come for major change. Participants strongly supported a national health plan.

Almost everyone who attended this meeting believed that the American health care system was either in a state of crisis or had serious problems. Almost as many believed that it should be public policy that all Americans have affordable health care coverage. Some attendees thought the term “affordable” was ambiguous.

Over one third of people at the Albuquerque meeting were Hispanics. Participants asked how “health care that works for all Americans” should be interpreted; did it mean health care for all American citizens? Or, health care for everyone located in the United States? This wording is open to interpretation. Members of the Working Group have discussed this question but have not taken an official position on this difficult topic.

This was a spirited meeting of about 150 participants. A unique touch at this meeting was a table of school children who had accompanied their parents and spent the meeting catching up with their homework.



Citizens’ Health Care Working Group Community Meetings

Kansas City, Missouri
Orlando, Florida
Baton Rouge, Louisiana
Memphis, Tennessee
Charlotte, North Carolina
Jackson, Mississippi
Seattle, Washington
Denver, Colorado
Los Angeles, California
Providence, Rhode Island
Miami, Florida
Indianapolis, Indiana
Detroit, Michigan
Albuquerque, New Mexico
Phoenix, Arizona
Daytona Beach, Florida
Upper Valley, New Hampshire
Hartford, Connecticut
Des Moines, Iowa
Philadelphia, Pennsylvania
Las Vegas, Nevada
Sacramento, California
San Antonio, Texas
Fargo, North Dakota
New York, New York
Lexington, Kentucky
Little Rock, Arkansas
Cincinnati, Ohio
Sioux Falls, South Dakota



SESSION FINDINGS

Values

When asked about the underlying values characterizing a health care system that worked for all Americans, the two most important values to participants were that health care is a right (45 percent), followed by the value that the health care system should be inclusive and accessible (21 percent). Other important values to the group were that the system should be not-for-profit and that it should be characterized by quality.

Benefits

Participants were asked whether insurance coverage should be based on being a member of a particular group, as is currently the case; or whether there should be a defined level of services for everyone “with coverage assured only for that defined set of services”. The group had a hard time with this question. Roughly half the participants declined to answer the question, although there was strong support (82 percent) for the second option among those who did vote.

When the second option was rephrased as “a defined level for services for everyone,” 89 percent of participants supported the second option. One Native American attendee from the Four Corners area noted that the question was inappropriate for Native American audiences because it did not take into account the nation-to-nation treaty relationships that characterize the provision of health services to this population.

Getting Health Care

“Some employers are missing in action.”

Participants identified a range of difficulties in getting health care. The most significant problems they noted were general access and accessibility issues (26 percent), cost of getting health care (22 percent), the lack of access to specific providers such as specialists or dentists (18 percent), and issues related to one’s racial, ethnic, gender or economic status (12 percent). The failure of some employees to provide coverage was also noted.

Financing

Education, prevention and speaking up for their own needs were what participants identified as the top responsibilities of families and individuals in financing health care. They said that individuals and families should:

- Become educated on the true costs of health care
- Educate oneself and one’s family on healthy behaviors and risks to avoid
- Become responsible for paying for preventive care
- Refuse to accept sub-quality care from providers and lack of attention to this issue from politicians

Some attendees offered suggestions that were beyond the scope of individual action, including:

- A sliding scale premium based on income
- Exploring the possibility of a progressive health care tax
- Reducing indirect health care costs
- Wise administration of the health care system

More than half the attendees (62 percent) believed that everyone should be required to enroll in some form of health care coverage either public or private. A similar percent of people believed that tax subsidies to employers should not be continued.

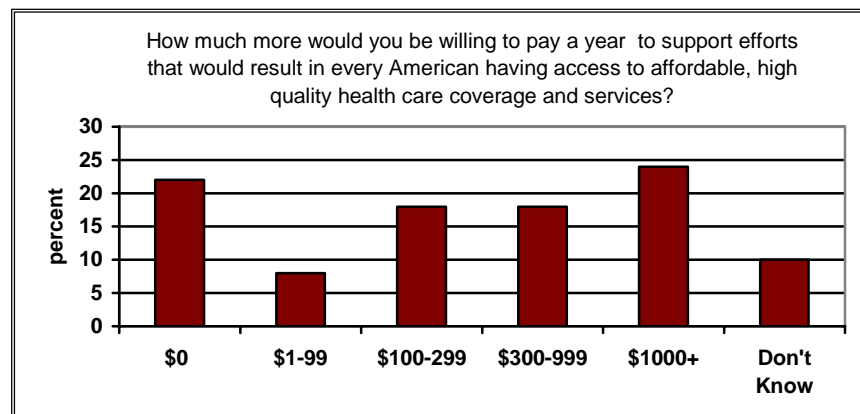
Tradeoffs

“All Americans should receive the same benefits as members of Congress.”

Meeting participants identified many tradeoffs. Roughly three quarters of the group strongly supported cuts in the defense budget in exchange for universal care. Two thirds of participants strongly supported trading the current system for a new one. Other tradeoffs with significant support were: reducing investment in specialty care in order to get more primary care coverage; giving up the right to sue in exchange for better oversight of providers; and, giving up profit in the health care system in exchange for universal coverage.

When asked about priorities for Federal spending, the group’s first priority was making sure all had Americans had health coverage. Participants’ second priority was putting money into public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters. Their third priority for Federal spending was making sure there are enough health care providers, especially in inner city or rural areas.

More than two thirds of the group said they would be willing to pay more to support efforts to assure health care that works for all Americans. About a quarter of participants would pay \$1,000 or more a year.



Creating a national health insurance program that is financed by taxes, in which all Americans would get coverage, was voted the most important action to take. This action had the most support by a margin of five to one, compared to the next most popular item, which was using tax deductions and credits to help expand access to insurance (11 percent).

METHODOLOGY

Participants sat at tables of eight to ten people, each with a volunteer table facilitator. The meeting format was a mix of table discussion, table reports to the full group, quick surveys of the full group, as well as interactions amongst the full group. Key points shared with the full group were captured and displayed on a screen. Participants answered questions using key pads that allowed the results to be immediately displayed. Key findings from these instant polls formed the basis for full group discussion. Spanish translation was available but not needed.

Complete polling data from this meeting is available at www.citizenshealthcare.gov/reports.

PARTICIPATION

The Albuquerque Community meeting took place Monday, March 20, 2006, from 5:30 through 8:30 p.m. at the Albuquerque Convention Center. Chris Wright represented the Citizens' Health Care Working Group at the meeting. Carolyn Lukensmeyer, President of *AmericaSpeaks*, moderated the meeting.

About one hundred and fifty people attended this meeting. Thirty-four percent of participants identified themselves as Hispanic and seven percent were Native Americans. Participants were predominantly female (66 percent) with the majority between the ages of 45 and 64.

About two-thirds of attendees had health insurance from their employer; another nine percent purchase their own insurance. Seven percent of participants were uninsured. Overall, the group was well-educated and a majority had an advanced degree.

The meeting received support from the National Association of Community Health Centers and the New Mexico Primary Care Association. In addition, this meeting had strong support from state government, including policy advisors from the offices of Governor Richardson and Lieutenant Governor Denish; a State Senator; four Cabinet Secretaries, one Deputy Secretary, and the Executive Director of the New Mexico Health Policy Commission.

Michelle Welby, Governor Richardson's health advisor, noted New Mexico's 22 percent uninsured rate, and acknowledged a broad consensus that it was time for dramatic change in the health care system. Clare Dudley, from the Lieutenant Governor's Office, made note of the state's efforts to make insurance coverage available to people who work multiple part-time jobs and those under 25 who are not in school.

The media were represented by reporters from the New Mexico Business Weekly, the Albuquerque Journal and radio station KUNM 89.9 FM.

DATA

What is your gender?

| | |
|-------|--------|
| 34.1% | Male |
| 65.9% | Female |

What is your age?

| | |
|-------|---------------|
| 2.3% | Under 25 |
| 24.2% | 25 to 44 |
| 60.6% | 45 to 64 |
| 12.9% | 65 and better |

Are you Hispanic or Latino?

| | |
|-------|-----|
| 34.4% | Yes |
| 65.6% | No |

What is your racial background?

| | |
|-------|------------------------------------|
| 73.6% | Caucasian / White |
| 0.8% | African American / Black |
| 0.0% | Asian |
| 7.0% | Native American / Alaska Native |
| 0.0% | Native Hawaiian / Pacific Islander |
| 8.5% | Multi-racial |
| 7.0% | Other racial background |
| 3.1% | Decline to answer |

What is your educational background?

| | |
|-------|---------------------------------|
| 0.0% | Elementary (grades 1 to 8) |
| 0.7% | Some high school |
| 3.7% | High school graduate or GED |
| 13.4% | Some college |
| 4.5% | Associate Degree |
| 25.4% | Bachelor's Degree |
| 52.2% | Graduate or professional degree |
| 0.0% | Decline to answer |

What is your current employment status?

| | |
|-------|----------------------------------|
| 16.7% | Self-employed |
| 63.6% | Full-time employed |
| 7.6% | Part-time employed |
| 7.6% | Not employed / Currently looking |
| 0.8% | Homemaker |
| 3.8% | Other |

What is your primary source of health care coverage?

| | |
|-------|--------------------------|
| 67.2% | Employer-based insurance |
| 9.2% | Self-purchased insurance |
| 7.6% | Medicare |
| 0.8% | Medicaid |
| 0.8% | Veteran's |
| 7.6% | Other |
| 6.9% | None |
| 0.0% | Not sure |

Which one of these statements do you think best describes the U.S. health care system today?

| | |
|-------|-------------------------------|
| 73.7% | It is in a state of crisis |
| 23.3% | It has major problems |
| 3.0% | It has minor problems |
| 0.0% | It does not have any problems |
| 0.0% | No opinion |

Should it be public policy that all Americans have affordable health care coverage?

| | |
|-------|-----|
| 90.4% | Yes |
| 9.6% | No |

As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental? And which of the following values/principles is most important to you?

| | |
|-------|-------------------------------------|
| 21.4% | Inclusive & accessible |
| 3.2% | Choice |
| 45.2% | Health care is a right |
| 0.0% | Community-based healthcare |
| 2.4% | Comprehensive benefits |
| 5.6% | Wellness education |
| 7.1% | Quality |
| 8.7% | Non-profit (not for profit) |
| 2.4% | Strong public health infrastructure |
| 4.0% | Sustainability |

Which of these models would be the better way to provide coverage?

| | |
|-------|--|
| | Providing coverage based on who you are (for example, people who have coverage through their employers or people who qualify for public programs because of age or because they are poor) as is the case currently |
| 17.8% | Defining a level of services for everyone, regardless of their status, but with coverage assured only for that defined set of services |

Some participants abstained

Which of these models would be the better way to provide coverage?

(Second polling with full vote)

| | |
|-------|--|
| 11.0% | Particular groups of people |
| 89.0% | Defined level of services for everyone |

What kinds of difficulties have you had in getting access to health care services? And which of these kinds of difficulties is the most important to address?

| | |
|-------|---|
| 12.5% | Discrepancy btw racial, ethnic, gender, econ status |
| 22.5% | Cost |
| 25.8% | Accessibility – ability to get services |
| 0.8% | Lack of advocates to connect patients to resources |
| 7.5% | Supply-demand issues, need for more non-physician practitioners |
| 4.2% | Second-class citizenship no insurance card |
| 17.5% | Lack of access to the right provider type/specialty (primary, ER) |
| 7.5% | Missing in action employers-not providing insurance |
| 0.8% | Transportation |
| 0.8% | Erosion of doctor-patient relationship |

What should the responsibilities of individuals and families be in paying for health care?

- Tax payers already pay way too much of indirect health care cost
- Sliding scale premium based on income
- Explore a progressive health care tax
- People need to educate themselves and avoid risky health behaviors
- Educated about real cost of health care
- Come out of taxes we are already paying – need money to be administered wisely, less waste, improve administration
- Incentives or rebates for healthy lifestyles
- Take responsibility for paying for our own preventative care
- Families need to stop accepting this kind of care from providers and politicians
- Health care should not be a commodity and premiums for insurance should express a different value
- Families and children have already paid a great deal because not being able to health care and damage to environment

The above ideas were identified by participants. They did not vote to prioritize the list

Should everyone be required to enroll in basic health care coverage - either private or public?

| | |
|-------|-----|
| 61.6% | Yes |
| 38.4% | No |

Should public policy continue to use tax rules to encourage employer-based health insurance?

| | |
|-------|-----|
| 39.3% | Yes |
| 60.7% | No |

Please indicate your level of support for this trade-off: Give up the right to sue for malpractice in exchange for better oversight of doctors and a compensation fund for the ill/injured.

| | |
|-------|-------------------|
| 7.9% | Strongly Disagree |
| 11.9% | Disagree |
| 17.5% | Neutral |
| 38.1% | Agree |
| 24.6% | Strongly Agree |

Please indicate your level of support for this trade-off: Limit the coverage of some people so that all can have coverage.

| | |
|-------|-------------------|
| 7.9% | Strongly Disagree |
| 11.9% | Disagree |
| 17.5% | Neutral |
| 38.1% | Agree |
| 24.6% | Strongly Agree |

Please indicate your level of support for this trade-off: Give up profit in medicine in order to get universal coverage.

| | |
|-------|-------------------|
| 8.8% | Strongly Disagree |
| 6.2% | Disagree |
| 16.8% | Neutral |
| 19.5% | Agree |
| 48.7% | Strongly Agree |

Please indicate your level of support for this trade-off: Give up profit in medicine in exchange for less investment in research and development.

| | |
|-------|-------------------|
| 23.9% | Strongly Disagree |
| 26.5% | Disagree |
| 22.1% | Neutral |
| 11.5% | Agree |
| 15.9% | Strongly Agree |

Please indicate your level of support for this trade-off: Trade off access to high-level expertise in exchange for more investment in primary/preventive care.

| | |
|-------|-------------------|
| 8.3% | Strongly Disagree |
| 7.4% | Disagree |
| 13.2% | Neutral |
| 33.1% | Agree |
| 38.0% | Strongly Agree |

Please indicate your level of support for this trade-off: Limit extreme life-extending procedures and invest it in middle of life care.

| | |
|-------|-------------------|
| 20.5% | Strongly Disagree |
| 7.7% | Disagree |
| 19.7% | Neutral |
| 25.6% | Agree |
| 26.5% | Strongly Agree |

Which is your first priority?

- 8.4% Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 12.2% Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 58.8% Guaranteeing that all Americans have health coverage
- 1.5% Funding the development of computerized health information to improve the quality and efficiency of health care
- 1.5% Funding programs that help eliminate problems in access to or quality of care for minorities
- 0.8% Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 12.2% Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 4.6% Preserving Medicare and Medicaid

Which is your second priority?

- 14.3% Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 38.1% Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 9.5% Guaranteeing that all Americans have health coverage
- 3.2% Funding the development of computerized health information to improve the quality and efficiency of health care
- 8.7% Funding programs that help eliminate problems in access to or quality of care for minorities
- 3.2% Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 13.5% Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 9.5% Preserving Medicare and Medicaid

Which is your third priority?

- 28.8% Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 22.4% Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 12.0% Guaranteeing that all Americans have health coverage
- 7.2% Funding the development of computerized health information to improve the quality and efficiency of health care
- 8.0% Funding programs that help eliminate problems in access to or quality of care for minorities
- 5.6% Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 9.6% Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 6.4% Preserving Medicare and Medicaid

How much more would you be willing to pay a year to support efforts that would result in every American having access to affordable, high quality health care coverage and services?

| | |
|-------|-----------------|
| 21.7% | \$0 |
| 7.5% | \$1 – \$99 |
| 18.3% | \$100 – \$299 |
| 18.3% | \$300 – \$999 |
| 24.2% | \$1,000 or more |
| 10.0% | Don't Know |

Which is most important to you?

| | |
|-------|---|
| 11.1% | Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own. |
| 2.5% | Expand state government programs for low-income people, such as Medicaid and the State Children's Health Insurance Program, to provide coverage for more people without health insurance. |
| 2.5% | Rely on free market competition among doctors, hospitals, other health care providers, and insurance companies rather than having government define benefits and set prices. |
| 3.7% | Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program. |
| 2.5% | Expand current tax incentives available to employers and their employees to encourage employers to offer insurance to more workers and families. |
| 8.6% | Require businesses to offer health insurance to their employees. |
| 4.9% | Expand neighborhood health clinics. |
| 56.8% | Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance. |
| 6.2% | Require that all Americans enroll in basic health care coverage, either private or public. |
| 1.2% | Increase flexibility afforded to states in how they use federal funds for state programs -- such as Medicaid and S-CHIP -- to maximize coverage. |

Did you learn anything new?

| | |
|-------|-----|
| 65.1% | Yes |
| 34.9% | No |

Have your opinions changed at all since you walked in this room?

| | |
|-------|--------------|
| 42.3% | Not at all |
| 38.7% | A little bit |
| 18.0% | Some |
| 0.9% | A lot |

Overall, how do you rate today's meeting?

| | |
|-------|-----------|
| 0.9% | Very poor |
| 8.3% | Poor |
| 26.9% | Okay |
| 45.4% | Good |
| 18.5% | Excellent |

STAYING INVOLVED

Through the Citizens' Health Care Working Group website, we have made it possible for you to stay involved in the discussion – and to encourage others to get involved as well. Visit the website at www.citizenshealthcare.gov and:

- Download a **Community Meeting Kit** to plan a meeting for your family, friends, neighbors and co-workers.
www.citizenshealthcare.gov/community/mtg_kit.php
- Find a list of other cities hosting meetings and spread the word to friends and family in those cities to **Register for a Community Meeting** near them.
www.citizenshealthcare.gov/register
- Add your opinions to three different polls in the **Public Comment Center**
www.citizenshealthcare.gov/speak_out/comment.php
- Read what members of the Working Group and other Americans have to say by following the link on the homepage to the **Citizens' Blogs**.
www.americansdiscushealth.org
- Share your opinions on the future of health care by creating your own blog by following the link on the homepage to the **Citizens' Blogs**.
www.americansdiscushealth.org
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.
www.americansdiscushealth.org
- Read **Community Meeting Reports** from other cities to see how opinions are shaping up across the country.
www.citizenshealthcare.gov/community/mtng_files/complete.php
- Stay tuned to the homepage for the Citizens' Health Care Working Group **Preliminary Recommendations** (available in early June) and get involved in the 90-day public comment period.
www.citizenshealthcare.gov
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.
www.citizenshealthcare.gov

If you have additional ideas on how to get others involved, we would love to hear them. Please contact Jessica Federer at 301-443-1521 or jessica.federer@ahrq.hhs.gov.