



Hartford

April 6, 2006



Citizens' Health Care Working Group

HEALTH CARE
THAT WORKS FOR ALL
AMERICANS

OVERVIEW

Participants at the Community Meeting in Hartford at the St. Thomas Seminary were clearly energized about health care issues. They strongly believed in the value of and need for moving aggressively toward a system of universal health care. A new health care system, they said, must address the needs of all members of society in an inclusive manner.

A majority of participants objected to questions that used the words “insurance” and “coverage.” Participants clearly stated their view that insurance and coverage are not properly provided under the current health care system. The group felt that the existing health care industry is too rooted in private gain, resulting in individuals who can not access or obtain health care services. Participants expressed a desire for a health “care” system, not merely a health “insurance” system.

At several points during the meeting, participants broke into spontaneous applause whenever support was affirmed for a patient-centered, needs-based, service-driven, or altruistic-focused care system.

Members of the local faith community were well represented at this meeting.

The participants of the Harford meeting felt constrained by the questions asked. Participants came to the meeting with a strong belief in *what* was needed: a universal health care system. Many were disappointed that the purpose of the meeting was not to design *how* to achieve health care for all. Overall, most written comments received from participants about the value of the meeting were positive.



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

“Health care is not a commodity but a human right; it should be universal, equal, comprehensive, totally accessible and not for profit.”

Hartford meeting participants unanimously agreed that the health care system had major problems (or worse). They broke into spontaneous applause when they found that everyone in the room agreed that it should be policy that all Americans have health care coverage. More than half the participants (56 percent) agreed that: “universal, comprehensive, quality health care should be a fundamental democratic right.” The next most popular value (19 percent) was that “there should be equal access to quality care.”

Participants clearly stated that health care expenses should primarily be for care, rather than for administrative or overhead costs. Other values expressed at the meeting were that: every person is a member of the community regardless of their circumstances; mutual support and care for one another is important; health care should benefit people, not corporations; health care should be patient-centered and sensitive to the patient’s experience; and, quality is an essential aspect of health care. Participants expressed the belief that having a high quality of health care service delivery would support a better quality of life overall, while also offering more patient choice for services and providers.

Participants resisted choosing one value as more important than others. As one individual said, “all the values identified are important, not just one or another.” This reluctance at having to select the “best” or the “most” of a list was expressed at several times during the meeting. Participants believed that the right solutions would be inclusive rather than exclusive. They also held the belief that this policy discussion should result in more health care provided to more people, no matter what. The word “universal” was used often by participants. Some participants expressed the opinion that the way to achieve universal care was through a single payer.

Benefits

“Care should be prenatal to the grave.”

“All services need to be available that have been shown to have a positive quality of life value.”

Almost all the participants (97 percent) agreed that everyone should be covered at some basic level of service, rather than continuing the current system of categorical coverage. Written comments indicated that participants wanted a basic care package that is comprehensive, including: preventive care, prescriptions, emphasis on primary care, mental health care, and vision and dental care.

Some written comments reflected a strong belief that everyone should be enrolled in a public program of sufficient basic coverage instead of a private program. Mandatory participation should be a moot issue, participants said, since health care should be a birth right and not something that requires registration.

Getting Health Care

"Health care should be continuous; it shouldn't be necessary to change plans when changing jobs, or when losing a job, or upon reaching age 65."

Participants were very vocal about the various difficulties they had experienced or heard about from other people seeking health care. They expressed concerns about: denial of coverage because of preexisting conditions; irrational and arbitrary care limits; and, fragmented care. Another barrier to adequate care that was mentioned is insurance agents who are medically untrained and, in the words of one participant, whose "primary incentive is to deny care."

The group especially stressed problems that result from linking benefits and coverage to employment, including difficulties faced by part-time employees. Participants also spoke about the difficulties that spouses who must rely on their marriage partners for insurance coverage as vulnerable to changing circumstances.

Participants expressed concern about inconsistencies in the quality of care for different groups of individuals. Other barriers included providers who refuse to take Medicare and Medicaid patients; lack of access to adequate specialty care; language and cultural factors; inadequate or unavailable public transportation; too many documentation requirements; lack of provider/doctor time; and, the high cost of medications.

Financing

"There should be progressive rates for health care, based on ability to pay, through income taxes, as part of a single payer system."

"Individuals pay taxes; they need to have access to fair, comprehensive health care — just like public education."

Participants stressed that health care is a right and the system should be paid for out of general taxes and revenues, like Medicare. Most participants felt that payment should be determined on a sliding scale, based on ability to pay, all the way down to no charge if an individual can not afford to pay. To limit excess usage of health care services, participants thought that co-payments should be retained, except for people below prescribed poverty levels. However, the group recommended limiting co-payments and deductibles so as not to discourage individuals from seeking appropriate care.

Participants emphasized the need for a well-managed system in which health care funds are protected from being "raided" for other purposes or expenditures of government.

When asked if everyone should be required to enroll in basic health care coverage, either private or public, participants voiced objections. They rejected the term "coverage" and they felt that requiring enrollment in either a private or a public system was at odds with their expressed desire for a single, inclusive, universal system of care that was funded through taxes and that would be in the public domain.

Participants were concerned that by expressing opinions on a question framed in the terms of insurance or coverage, they would be agreeing with an underlying idea that

conflicted with their values. As one participant said, “you can’t answer the question if you believe in universal health care. Congress won’t pay attention to the small print; this is like a set up.” Some participants felt that requiring everyone to enroll in basic health care coverage would allow the wealthy to pay for private care but would leave the poor in a second rate public system.

When asked who wanted to abstain from voting on the question of requiring everyone to enroll in health care, most of the participants raised their hands and then applauded their own show of near unanimity. Of the eleven individuals who ultimately voted, most agreed that everyone should be required to enroll in health care. Other concerns about required enrollment were: privacy in a system that stores information in databases; risks illegal aliens would confront in such a system; and, a potential for coercive treatment of people.

When asked if tax laws should continue to encourage employer-based health insurance, only a dozen participants wanted to maintain the policy. The rest of the group either voted against the policy’s continuation or voted to abstain. Written comments about this question reflected a strong preference for universal health care funded directly through individual taxes. Employer tax contributions would be appropriate, some said, but the entitlement to health care should not be dependent on employment status.

Tradeoffs

A number of tradeoffs were recommended by participants, although some participants did not find this to be a simple task. Participants suggested that individuals should practice healthy lifestyle habits that will lead to less health care interventions, thereby freeing up resources to increase prevention, primary care, and improve quality of care. “We should take responsibility for our own health habits,” agreed a majority of participants.

Participants wanted corporations to pay their fair share for universal coverage and give up corporate tax incentives. Another suggestion was for government to limit profits and provide price controls for pharmaceuticals.

Most participants expressed a willingness to pay more money for a more equitable distribution of health care; half the group was willing to pay over \$300 more a year to assure that everyone would have health care.

There were some areas where meeting participants were unwilling to compromise: there should be “no tradeoffs in health care access and quality for all residents.”

Specific Tradeoffs

“Eliminate medical middlemen (insurance companies) and direct-to-consumer advertising by pharmaceutical companies.”

“Eliminate administrative waste; give up the insurance industry and insurance jobs—in exchange for other jobs.”

“Give up excessive corporate profits; eliminate redundancy of services and equipment—in exchange for a universal health care system.”

“Take a hard look at heroic measures in end of life care; determine which do are not in the patient’s interest; reduce unnecessary services—to enable creation of a universal health care system.”

An overwhelming majority (80 percent) said the focus for public health care spending should be to guarantee quality health care for all Americans. When asked how to ensure access to affordable, high quality health care and services to all Americans, participants said their first priority was to create a national health insurance program financed by taxes in which all Americans would get their insurance. Secondary priorities were expanding neighborhood health clinics and opening up federal programs to all.

METHODOLOGY

Participants at the meeting sat at tables of eight to ten people, each with a volunteer facilitator. The meeting format was a mix of table-level discussion, reporting table findings to the full group, quick surveys using electronic keypads and full group discussion sessions. Main points from the table discussions were called-out to the full group and displayed on a screen. Participants answered questions and ranked choices using key pads after which the results were displayed. Findings from these polls formed the basis for full group discussion. Complete polling data from this meeting is available online at www.citizenshealthcare.gov/reports

PARTICIPATION

The Citizens' Health Care Working Group Hartford Community Meeting was held April 6, 2006 from 5:30-9:00 p.m. at the St. Thomas Seminary. Over 100 people attended.

Dorothy A. Bazos, Ph.D. represented the Working Group at the meeting. The host for the meeting was the Greater Hartford Interfaith Coalition for Equity and Justice (ICEJ). Co-hosts included the Universal Health Care Foundation of Connecticut, East Hartford Community Healthcare, St. Thomas Seminary and Diocesan Center, and St. Francis Hospital. The Chairman of the ICEJ, Rev. Jesse White, began the meeting with a prayer; Ted Steege, of ICEJ, gave welcoming remarks as did John Rossi, speaking on behalf of U.S. Representative John Larson. Juanita Boyd Hardy, with *AmericaSpeaks*, moderated the meeting.

A unique feature distinguishing participants at this meeting from other meetings held thus far was that just over half indicated they were employed full time. Two-thirds of the participants were women; two-thirds were between the ages of 45 and 64 (with 20 percent of people above and 20 percent below this age range); two-thirds had graduate or professional degrees; and two-thirds were white. African-Americans made up 17 percent of the group and Hispanics/Latinos were 3 percent of attendees. As well, there were 2-3 recent immigrants among the participants.

DATA

What is your gender?

35.2%	Male
64.8%	Female

What is your age?

1.1%	Under 25
18.9%	25 to 44
62.1%	45 to 64
17.9%	Over 65

Are you Hispanic or Latino?

3.3%	Yes
96.7%	No

What is your racial background?

67.0%	White
17.0%	Black or African American
5.3%	Asian
0.0%	American Indian or Alaska Native
0.0%	Native Hawaiian or Pacific Islander
1.1%	Other racial background
5.3%	Decline to answer

What is your educational background?

0.0%	Elementary (grades 1 to 8)
0.0%	Some high school
6.4%	High school graduate or GED
8.5%	Some college
4.3%	Associate Degree
16.0%	Bachelor's Degree
62.8%	Graduate or professional degree
2.1%	Decline to answer

What is your current employment status?

7.5%	Self-employed
54.8%	Employed - working full time
6.5%	Employed - working part-time
2.2%	Not employed / currently looking for work
3.2%	Homemaker
25.8%	Other / Retired

What is your primary source of health care coverage?

69.9%	Employer-based insurance
2.2%	Self-purchased insurance
16.1%	Medicare
2.2%	Medicaid
0.0%	Veterans'
4.3%	Other
4.3%	None
1.1%	Not sure

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

76.1%	It is in a major state of crisis
23.9%	It has major problems
0.0%	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?

100.0%	Yes
0.0%	No

Which value is most fundamental to our health care system?

55.8%	Universal comprehensive quality health care is a fundamental democratic right
18.6%	Equality - Equal access to quality care
1.2%	Health care expense should be for care rather than overhead and admin
3.5%	Just health care is human dignity / right
4.7%	We are all part of community and need to care for each other
3.5%	For the benefit of people not corporations
5.8%	Patient centered with respect for diverse culture and sensitivity to the patients experience
5.8%	Quality health care for maximum quality of life
1.2%	Choice
0.0%	Health care is not a commodity

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

3.2%	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
96.8%	Defining a level of services for everyone, regardless of their status, but with coverage assured only for that defined set of services

What difficulties have you and people you know had in getting health care?

- Denied coverage for pre-existing conditions
- Irrational/arbitrary limits and fragmented care
- Free/Open choice to pick physician
- Benefits and coverage tied to employment and other variables i.e. marriage
- Medically untrained people with incentives to deny care
- Lack of expediency and quality of health care for different people at different times
- Cost as a limiting factor to health care access including Rx drugs
- Providers refuse Medicare/Medicaid patients – inadequate reimbursement
- Lack of access (specialty care, language culture, transportation barriers)
- Process precludes quality care (too much documentation, doctor's time, unaffordable medication)

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

What should the responsibility of individuals and families be in financing health care?

- Progressive rates through income taxes in a single payer system
- Based on the ability to pay, Sliding scale even down to zero
- Individuals and families pay taxes, and with that they should get health care. Health care is a right and should be paid with out of tax revenue, with no co-pays
- Co-pay to limit excessive use except for those below poverty level
- A well managed system where funds go where they are supposed to go
- Co-pays deter care
- There is no responsibility it is a right
- Some family percentage of income flat rate

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?

90.9% Yes
9.1% No

Discussion allowed for participants to abstain by not voting

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

14.9% Yes
43.7% No
41.4% Abstain

What tradeoffs should be considered and by whom?

- Improved health habits to free up money to increase meaningful investment in preventive and primary care – thus reducing costs especially emergency room visits etc.
- Take responsibility for our health – don't smoke, don't take drugs, lifestyles etc.
- Willingness to pay more money to have more fair and equitable distribution of health care
- As individuals giving up unnecessary end of life care, as corporations giving up excessive profit margins, redundancy of services equipment, and DTC advertising for affordable health care system. Individuals give up excessive malpractice suits like in Canada
- Give up heroic measures in end of life care for universal coverage
- No trade offs in health care access and quality for all residents. Pharmaceuticals have government limited profits and price controls. Eliminate health care middlemen, pharmaceutical and health care advertising waste and graft, etc. Give up free time to bring about these changes.
- Let corporations pay their fair share to pay for universal coverage give up their tax incentives for equitable health care rather than insurance
- We'll cut defense spending in order to have health care spending
- Give up jobs in order to eliminate the health insurance industry especially the CEOs

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

Which is your first priority?

1.5%	Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
1.5%	Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
7.7%	Guaranteeing that all Americans have health coverage
0.0%	Funding the development of computerized health information to improve the quality and efficiency of health care
0.0%	Funding programs that help eliminate problems in access to or quality of care for minorities
0.0%	Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
7.7%	Guaranteeing that all Americans get health care when they need it, through public "safety net" programs (if they can not afford it)
1.5%	Preserving Medicare and Medicaid
80.0%	Guaranteeing that all Americans have quality health care

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?

20.0%	\$0
10.0%	\$1 – \$99
13.3%	\$100 – \$299
26.7%	\$300 – \$999
21.7%	\$1,000 or more
8.3%	Don't Know

Which is most important to you?

- 0.0% Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own.
- 3.7% 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.
- 0.0% 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.
- 3.7% Expand current tax incentives available to employers and their employees to encourage employers to offer insurance to more workers and families.
- 3.7% Require businesses to offer health insurance to their employees.
- 5.6% Expand neighborhood health clinics.
- 74.1% Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance.
- 5.6% Require that all Americans enroll in basic health care coverage, either private or public.
- 0.0% Increase flexibility afforded states in how they use federal funds for state programs -- such as Medicaid and S-CHIP -- to maximize coverage.

Which is next most important to you?

- 0.0% Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own.
- 12.3% 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.
- 3.5% Rely on free market competition among doctors, hospitals, other health care providers, and insurance companies rather than having government define benefits and set prices.
- 26.3% Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program.
- 3.5% Expand current tax incentives available to employers and their employees to encourage employers to offer insurance to more workers and families.
- 8.8% Require businesses to offer health insurance to their employees.
- 28.1% Expand neighborhood health clinics.
- 8.8% Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance.
- 8.8% Require that all Americans enroll in basic health care coverage, either private or public.
- 0.0% Increase flexibility afforded states in how they use federal funds for state programs -- such as Medicaid and S-CHIP -- to maximize coverage.

Which is third most important to you?

- 7.4% Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own.
- 16.7% 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.
- 3.7% Rely on free market competition among doctors, hospitals, other health care providers, and insurance companies rather than having government define benefits and set prices.
- 27.8% Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program.
- 5.6% Expand current tax incentives available to employers and their employees to encourage employers to offer insurance to more workers and families.
- 7.4% Require businesses to offer health insurance to their employees.
- 14.8% Expand neighborhood health clinics.
- 7.4% Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance.
- 5.6% Require that all Americans enroll in basic health care coverage, either private or public.
- 3.7% Increase flexibility afforded states in how they use federal funds for state programs -- such as Medicaid and S-CHIP -- to maximize coverage.

Did you learn anything new?

- 91.2% Yes
- 8.8% No

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

- 44.9% Not at all
- 29.0% A little bit
- 20.3% Some
- 5.8% A lot

Overall, how do you rate today's meeting?

- 0.0% Very poor
- 3.2% Poor
- 25.4% Okay
- 55.6% Good
- 15.9% 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.citizenshealthcare.gov
- 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.citizenshealthcare.gov
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.
www.citizenshealthcare.gov
- 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.