



Des Moines

April 8, 2006



Citizens' Health Care Working Group

HEALTH CARE
THAT WORKS FOR ALL
AMERICANS

OVERVIEW

The participants that gathered at the Citizens' Health Care Working Group Des Moines community meeting on Saturday, April 8 2006, were optimistic about finding solutions to the nation's health care problems that would promote universal access.

Participants valued existing systems, such as Medicaid and Medicare, but felt that coverage should be expanded to include everyone. There was additional emphasis on access to health care services for those Americans in rural areas. Attendees voiced concern that the complexities of the current system were making health care inaccessible to some. They felt the system should be made simpler to navigate, and provide more education on coverage, choices and results.

Attendees provided a number of reasons why they thought health care should not be tied to employment. There was broad agreement that public policy should no longer use tax rules to encourage an employer based system. One participant suggested there are Americans who are working jobs they do not enjoy solely because they cannot risk losing their health care coverage if they switch positions.

Des Moines participants also placed emphasis on the importance of prevention, screenings and health education. Attendees also conveyed a desire to be active participants in the decisions about their coverage and care. A comprehensible health care system would aid Americans in making wise decisions, practicing healthy lifestyles and contributing to decisions about their care, including financially.



**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
Des Moines, Iowa
Phoenix, Arizona
Daytona Beach, Florida
Upper Valley, New Hampshire
Hartford, Connecticut
Philadelphia, Pennsylvania
Las Vegas, Nevada
Eugene, Oregon
Sacramento, California
Billings, Montana
San Antonio, Texas
Fargo, North Dakota
New York, New York
Lexington, Kentucky
Little Rock, Arkansas
Cincinnati, Ohio
Sioux Falls, South Dakota
Salt Lake City, Utah



SESSION FINDINGS

Values

When I think of health care right now, and what we value in it, I think of the money part of it- the bottom line. But what we should value is health- that should be the primary thing, and if it costs more, we should pay for it because in the long run, that's better.

Participants at the Des Moines meeting listed the “right to health care” as their top priority, saying that “access to quality comprehensive health care is a basic human right.” They also prioritized a system characterized by “inclusiveness” and “collaboration between individuals.” The overwhelming majority (92 percent) agreed that it should be public policy that all Americans have affordable health care coverage.

As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental?

Top 5 responses below

- Universal coverage (national in scope)
- Access to health care as a basic right
- Access to affordable health insurance
- Equal access to prevention and early detection
- Fair and equitable

Benefits

It's important to leave the individual in control of their own care and not having someone mandating it. I want to be able to choose the kinds of care and therapies that will be most beneficial to me and my family - and what provider to use.

In the discussion of benefits, the audience expressed their desire to be an active participant in the decisions influencing their health care. Individuals stressed a strong preference for access to preventive care, screenings and health education. The participants were almost unanimous in their support for universal coverage, rather than categorical coverage and valued the role that consumers play in determining their care.

Getting Health Care

It's often more stressful to deal with the insurance company than it is to deal with the disease.

Participants emphasized the value of time spent with a health care provider, requesting “more human time” in the process. They recognized the responsibility of the individual, but cautioned that “patients need to be able to sit down and tell the provider what is wrong and ask educated questions. But we need to help them have the tools to do that.” There was a desire to create a more simplistic, user-friendly health care system that would “end the adversarial relationships that occur in the health care system between insurance companies, patients and providers.” Participants spoke about the existence of “anxiety and fear” inherent in our current system. They are anxious about their jobs because they could lose their benefits and fearful of their inability to pay for high health care costs.

Financing

The current system was a byproduct of World War II, where employers began offering health insurance as an incentive to attract employees because wages had been frozen. It is outdated and the money saved from not having an employer based system could go towards higher salaries and/or taxes to create a new system.

Over half of the participants (55 percent) agreed that everyone should be required to enroll in basic health care coverage, either public or private, but expressed concern for individuals who may not be able to afford to purchase that coverage. They questioned how such a policy would be enforced and implemented saying, "Who will be the health care police?" and "How do you provide health care to everyone without requiring everyone to participate as part of their civic duty?" Concerns were raised about requiring this participation in a "democracy and a free society." Two-thirds of participants felt that some individuals should contribute more than others in a health care system with half of those thinking the determination should be based on income. The majority of participants (76 percent) felt that public policy should continue to use tax rules to support an employer based system, but there was a strong sentiment to move away from this model of providing health care coverage. "There are only three sources of money to finance health care: individuals, employers and the public sector. And the employer based system isn't working. So let's think about how we can use those dollars to get to where we want to be."

What responsibilities of individuals and families in the health care system would you support most?

Top 5 answers listed below

- Be educated about own health care coverage, choices, and results (system has to be comprehensible)
- Bear consequences of risky choices and incentivize healthy lifestyles
- Be willing to pay into the system based on income
- Know/practice rules of healthy living; parents should teach to children as well
- Have realistic expectations of system

Tradeoffs and Options

Part of the problem is that we've let someone else take care of our problems. Our individual health is our problem. I think health insurance should not be tied to the employer. It should be in your lap- that way it's portable and I can decide what I want and what I want to pay. Right now employers control that, and I think we need to take back individual control and take back an active role in making our health care choices.

In the discussion on trade-offs, participants emphasized individual responsibility. They felt the public should be educated about health care coverage and their choices. There was a desire for people to bear the consequences of their individual behaviors regarding "risky choices" and a request for putting incentives in place for healthy lifestyles. People were willing to pay into a health care system, but cautioned that individuals should be "watchdogs for waste, fraud and abuse." Attendees suggested that "parents should teach their children the rules of healthy living," again, emphasizing the value of education. To that point, one participant remarked that "We aren't too far removed from a society that thought a fat baby was a healthy baby and now we have people that think they are making a healthy decision by choosing diet pop."

This group expressed the sentiment that when it comes to health care, “we don’t have a free market, and we aren’t going to get there.” They favored increasing taxes if it would provide care for everyone, limiting certain costly end of life care and allowing a stronger role for the government in defining benefits and setting prices. Participants’ priorities included guaranteeing that everyone has access to health insurance, strengthening public health programs and ensuring sufficient providers. This group emphasized that they valued Medicare and Medicaid as a priority in health care spending. They considered the creation of a national health insurance program financed by taxpayers a feasible and desirable solution, but also listed opening up enrollment in federal programs, supporting neighborhood health clinics, and requiring all individuals to enroll in health care coverage as alternatives.

Some believe that fixing the health care system will require tradeoffs from everyone. What tradeoffs are you willing to support?

(listed in order from highest support to lowest)

- Limiting coverage for certain end-of-life care of questionable value in order to provide more at-home and comfort care for the dying.
- Paying more in taxes to have health care coverage for all. This could mean limiting coverage to high deductible/catastrophic care or, if you were willing to pay more, a more comprehensive package.
- Having government define benefits and set prices versus relying on free-market competition by doctors, hospitals, other health care providers, and insurance companies.

METHODOLOGY

The meeting format was a combination of table-level and full audience involvement. Attendees to this meeting participated in table-level discussions (8 participants per table), assisted by a table facilitator, and reported their findings to the entire audience. The attendees also participated in moderated discussions involving the larger group and expressed their opinions electronically through keypads during survey questions. During the full group discussions, main points raised by individuals and tables were compiled and displayed on the screens. Participants then used their key pads to answer questions and the results were displayed as received. Findings from these instant polls formed the basis for additional full group discussion. Complete polling data from this meeting is available at www.citizenshealthcare.gov/register by selecting “Des Moines.”

PARTICIPATION

On Saturday, April 8, 2006, around 120 participants gathered at the Des Moines Botanical Center to talk about health care. Senator Chuck Grassley sent a letter thanking individuals for participating in this process and expressed his interest in seeing the resulting recommendations. Senator Harkin addressed the crowd, saying, “Your participation will prove ... not all good ideas are dreamed up in Washington.” Congressman Leonard Boswell echoed those comments, saying, “What’s the most important thing in your life? It’s your kids...but after that, the second thing would be health care.” Governor Ray’s attendance was recognized. Young adults with disabilities and parents of children with disabilities were well represented at this meeting.

DATA

Are you male or female?

50.00%	1	Male
50.00%	2	Female

How old are you?

6.50%	1	Under 25
32.30%	2	25 to 44
51.60%	3	45 to 64
9.70%	4	Over 65

Are you Hispanic or Latino?

0.00%	1	Yes
100.00%	2	No
0.00%	3	No Response

Which of these groups best represents your race?

94.90%	1	White
1.00%	2	Black or African American
2.00%	3	Asian
0.00%	4	Native Hawaiian or Pacific Islander
0.00%	5	American Indian or Alaska Native
1.00%	6	Other
1.00%	7	Decline to answer

What is the highest grade or year of school you completed?

0.00%	1	Elementary (grades 1 to 8)
0.00%	2	Some high school
10.50%	3	High school graduate or GED
12.60%	4	Some college
5.30%	5	Associate Degree
23.20%	6	Bachelor's Degree
47.40%	7	Graduate or professional degree
1.10%	8	Decline to answer

What is your primary source of health care coverage?

65.30%	1	Employer-based insurance
10.20%	2	Self-purchased insurance
0.00%	3	Veterans'
10.20%	4	Medicare
7.10%	5	Medicaid
0.00%	6	Other
6.10%	7	None
1.00%	8	Not sure

What is your employment status?

- | | | |
|--------|---|---|
| 12.20% | 1 | Self-employed |
| 60.20% | 2 | Employed - working full time |
| 7.10% | 3 | Employed - working part-time |
| 5.10% | 4 | Not employed / currently looking for work |
| 1.00% | 5 | Homemaker |
| 14.30% | 6 | Other |

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

- | | | |
|--------|---|-------------------------------|
| 52.70% | 1 | It is in a state of crisis |
| 44.10% | 2 | It has major problems |
| 2.20% | 3 | It has minor problems |
| 0.00% | 4 | It does not have any problems |
| 1.10% | 5 | No opinion |

Which one of the following do you think is the MOST important reason to have health insurance?

- | | | |
|--------|---|---------------------------------------|
| 26.90% | 1 | To pay for everyday medical expenses |
| 71.00% | 2 | To protect against high medical costs |
| 2.20% | 3 | No opinion |

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?

- | | | |
|--------|----|---|
| 29.20% | 1 | Universal coverage (national in scope) |
| 7.90% | 2 | Equal access to prevention and early detection |
| 25.80% | 3 | Access to health care as a basic right |
| 7.90% | 4 | Fair and equitable |
| 3.40% | 5 | Rational and something you can navigate (simple to understand) |
| 2.20% | 6 | Choice and personal responsibility |
| 9.00% | 7 | All kinds of care, all settings, all environments |
| 11.20% | 8 | Access to affordable health insurance |
| 3.40% | 9 | We all have equal worth (implies collaboration); inclusiveness and democratic |
| 0.00% | 10 | Quality |

Should it be public policy that all Americans have affordable health care coverage? [By public policy we mean that the stated public goal is set out in federal or state law.]

- | | | |
|--------|---|-----|
| 92.50% | 1 | Yes |
| 7.50% | 2 | No |

Which of the following statements most accurately represents your views?

- | | | |
|--------|---|--|
| 7.40% | 1 | Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case now |
| 92.60% | 2 | Providing a defined level of services for everyone (either by expanding the current system or creating a new system) |

It would be difficult to define a level of services for everyone. A health plan that many people view as “typical” now covers these types of benefits, many of which are subject to co-payments and deductibles:

Preventive Care? screenings, routine physicals, influenza and pneumonia immunizations, well child care, limited dental care
Physicians? Care? inpatient services, outpatient surgery, related tests, home and office visits, medical emergency care
Chiropractic Care
Maternity Care
Prescription Drugs
Hospital/Facility Care? inpatient and outpatient services
Physical, Occupational, and Speech Therapy
Mental Health and Substance Abuse? inpatient and outpatient facility and professional care

**How would a basic package compare to this “typical” plan?
Of the most frequent answers the group gave, what would you add?**

- 1 Add all health care providers, not just physicians
- 2 Prenatal care
- 3 Preventive lifestyle changes (smoking, etc)
- 4 Education and wellness
- 5 Hearing aids
- 6 Eyeglasses
- 7 Alternative care
- 8 Early detection screenings
- 9 Assistive technology
- 10 Nothing
- 11 Access to clinical trials
- 12 Long-term care
- 13 Comprehensive mental health appointments/therapies
- 14 Hospice care
- 15 Basic visual and hearing screenings

Of the most frequent answers the group gave, what would you take out?

- 1 Substance abuse
- 2 Nothing

On a scale of 1 (no input) to 10 (exclusive input), how much input should each of the following have in deciding what is in a basic benefit package?

- | | |
|-----|-------------------------------|
| 3rd | Federal government |
| 4th | State and/or local government |
| 2nd | Medical professionals |
| 6th | Insurance companies |
| 5th | Employers |
| 1st | Consumers |

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?

- | | | |
|--------|----|--|
| 21.30% | 1 | Getting insurance companies to pay benefits |
| 23.80% | 2 | Access in rural areas (shortage of health care providers) |
| 6.30% | 3 | Access to complimentary care (lack of insurance) |
| 10.00% | 4 | Limited number of providers willing to accept those from public programs |
| 16.30% | 5 | Cost of care, particularly in rural areas (both premium and copay) |
| 1.30% | 6 | Limited hours of access |
| 6.30% | 7 | Language and cultural barriers (for non-English speakers, disabilities, etc) |
| 8.80% | 8 | Limited availability of specialty care |
| 5.00% | 9 | Lack of health literacy to participate in decisions with my doctor |
| 1.30% | 10 | Gatekeepers causing confusion among consumers |

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

- | | | |
|--------|----|--|
| 15.40% | 1 | Getting insurance companies to pay benefits |
| 19.20% | 2 | Access in rural areas (shortage of health care providers) |
| 6.40% | 3 | Access to complimentary care (lack of insurance) |
| 15.40% | 4 | Limited number of providers willing to accept those from public programs |
| 11.50% | 5 | Cost of care, particularly in rural areas (both premium and co-pay) |
| 2.60% | 6 | Limited hours of access |
| 3.80% | 7 | Language and cultural barriers (for non-English speakers, disabilities, etc) |
| 7.70% | 8 | Limited availability of specialty care |
| 10.30% | 9 | Lack of health literacy to participate in decisions with my doctor |
| 7.70% | 10 | Gatekeepers causing confusion among consumers |

In getting health care, what is most important to you?

- 1 Equal access to all information (esp. for the vision-impaired)
- 2 Individuals being able to choose the kinds of therapies/cares, and providers
- 3 More time with provider (enough for quality exams)
- 4 Access to care, regardless of employment status or other fears/anxieties
- 5 More transparency of cost of procedures
- 6 Being treated with respect, questions welcomed, privacy respected (regardless of insurance)
- 7 Quality
- 8 Informed refusal accepted (ex: vaccines)
- 9 Understanding benefits of healthy lifestyles
- 10 Privacy of medical information and personal control of information
- 11 No more exclusions based on pre-existing conditions
- 12 Separate the business of medicine from the practice
- 13 Well-regulated with accountability for poor quality
- 14 More human time in the care delivery process
- 15 Patient responsibility, with education
- 16 Ending adversarial relationships between providers and insurance companies (user-friendly)

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

- | | | |
|--------|---|-----|
| 54.80% | 1 | Yes |
| 45.20% | 2 | No |

Should some people be responsible for paying more than others?

- 73.40% 1 Yes
- 26.60% 2 No

What criteria should be used for making some people pay more?

- 16.90% 1 None - everyone should pay the same
- 4.20% 2 Family size
- 15.50% 3 Health behaviors
- 60.60% 4 Income
- 2.80% 5 Other

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

- 23.90% 1 Yes
- 76.10% 2 No

What responsibilities of individuals and families in the health care system would you support most?

- 17.20% 1 Know/practice rules of healthy living; parents should teach to children as well
- 3.40% 2 Be accountable for own choices
Be educated about own health care coverage, choices, and results (system has to be comprehensible)
- 25.90% 3
- 24.10% 4 Bear consequences of risky choices and incentivize healthy lifestyles
- 5.20% 5 Have realistic expectations of system
- 20.70% 6 Be willing to pay into the system based on income
- 3.40% 7 Be a watchdog for abuse and fraud
- 0.00% 8 Be less litigious

Which of these steps is the most important to take in order to slow the growth of health care costs in America?

- n/a A - Physicians should know cost of procedures they perform/order
- n/a B - Make wiser decisions about end-of-life
- n/a C - Looking further and medical malpractice issues (reduce defensive medicine)
- n/a D - Stop mass-marketing of pharmaceuticals and tests
- n/a E - Demand comprehensive health care reform from elected officials
- n/a F - Identify and reduce profit (of low cost-benefit ratio) within system
- n/a G - Eliminate waste (e.g. paperwork, duplication, administrative costs)
- n/a H - Create national medical database and implement electronic medical records
- n/a I - Eliminate or reduce Medicare Part D expenses (profit for pharmaceuticals)
- n/a J - Invest in preventive care and wellness initiatives
- n/a K - Establish state plans and rationalize delivery
- n/a L - Move closer to home care
- n/a M - Increase use of alternative care
- n/a N - More widespread use of public policy to change patterns of behavior (ex: smoking)
- n/a O - Move to outcome-based system (focus on trying to be healthy)

How much more would you personally be willing to pay in a year (in premiums, taxes, or through other means) to support efforts that would result in every American having access to affordable, high quality health care coverage and services?

13.60%	1	\$0
11.90%	2	\$1 - \$100
15.30%	3	\$100 - \$299
30.50%	4	\$300 - \$999
20.30%	5	\$1,000 or more
8.50%	6	Don't know

On a scale from 1 (low) to 10 (high), please rate each of the following public spending priorities to reach the goal of health care that works for all Americans.

3rd	Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas
2nd	Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
1st	Guaranteeing that all Americans have health insurance
6th	Funding the development of computerized health information to improve the quality & efficiency of health care
5th	Funding programs that help eliminate problems in access to or quality of care for minorities
4th	Funding biomedical & technological research that can lead to advancements in the treatment & prevention of disease
7th	Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they can not afford it)."
8th	Preserving Medicare & Medicaid

If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this? Please rate your support for each of the following proposals on a scale from 1 (low) to 10 (high).

4th	A - Accepting a significant wait time for non-critical care to obtain a 10% reduction in health care costs
5th	B - Paying a higher deductible in your insurance for more choices of physicians and hospitals (or paying a lower deductible with less choice).
2nd	C - Paying more in taxes to have health care coverage for all. This could mean limiting coverage to high deductible/catastrophic care or, if you were willing to pay more, a more comprehensive package
6th	D - Expanding federal programs to cover more people, but providing fewer services to those currently covered in those programs.
1st	E - Limiting coverage for certain end-of-life care of questionable value in order to provide more at-home and comfort care for the dying.
3rd	F - Having government define benefits and set prices versus relying on free-market competition by doctors, hospitals, other health care providers, and insurance companies.

If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this? Please rate each of the following proposals on a scale from 1 (low) to 10 (high).

- | | |
|------|---|
| 7th | Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase of private health insurance on their own. |
| 6th | Expand state government programs for low-income people (eg. Medicaid & S-CHIP) to provide coverage for more people without health insurance. |
| 10th | Rely on free-market competition among doctors, hospitals, other health care providers and insurance companies rather than having government define benefits and set prices. |
| 2nd | Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program |
| 8th | Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families |
| 9th | Require businesses to offer health insurance to their employees |
| 3rd | Expand neighborhood health clinics |
| 1st | Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance |
| 4th | Require that all Americans enroll in basic health care coverage, either private or public |
| 5th | Increase flexibility afforded states in how they use federal funds for state programs (such as Medicaid and S-CHIP) to maximize coverage |

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.