

Las Vegas

April 11, 2006

Citizens' Health Care Working Group Meeting



Citizens' Health Care Working Group

HEALTH CARE
THAT WORKS FOR ALL
AMERICANS

OVERVIEW

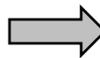
Participants at the Las Vegas community meeting expressed their desire to “establish a culture of prevention in health care to replace the current reactive system.” Citing the Las Vegas culture as a contributor to many complex health problems, participants at this meeting emphasized the importance of personal responsibility. Discussion of incentives for healthy behaviors and penalties for unhealthy behaviors occurred frequently.



Individuals expressed a desire for accessible care in which every patient receives the same high quality treatment, regardless of whether or not they have health insurance. Participants at the Las Vegas meeting wanted a “fair” system, where people who work hard can afford to pay for their care. The group said they wanted everyone to pay something, and that no one should get something for nothing.

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

"We don't think people should have to choose between health care and other necessities - like food."

The majority of meeting participants (95 percent) agreed that the health care system in the United States is in a state of crisis or has major problems. They also agreed (87 percent) that it should be public policy that all Americans have affordable health care coverage.

Participants said that the most important values that should be a part our health care system are affordability, access and quality in health care. Other values that were important to the group were: "universal health care"; health care as a right; timeliness in care; equal insurance coverage for mental health services; better choice in specialty practitioners; and "compassion and human values" in care.

Benefits

"In this state in particular, you'll find people that say they can't afford health care but can afford to smoke like a chimney, drink like a fish, and spend 4 hours a day at slot machines. I don't know why everyone has to pay the burden for someone like that. If a guy doesn't want to do anything to help himself, why should it be our burden?"

When asked about the best way to provide health care coverage, the majority (78 percent) of individuals at the Las Vegas meeting wanted a health care system that covered everyone, rather than a system that covers categories of people.

Getting Health Care

"It is so complex, you wake up one day and your contract has been renegotiated, your numbers have changed, and your providers have changed. There are too many rules and too much bureaucracy to go through."

Participants listed cost as their primary barrier to getting health care. They expressed frustration with the complexity of the current system, as well as the lack of access to health care providers and specialists, particularly in rural areas. One participant said, "Virtually every kind of doctor that we need in this state is in short supply." Participants at this meeting wanted consistency in the quality of care, regardless of whether a person had health insurance.

Difficulties in Getting Health Care

When asked to select the most important barrier to getting health care:

- 27.1% chose "Affordability even if employed"
- 15.3% chose "Too complicated"
- 14.1% chose "Lack of access – including lack of access in rural areas"
- 10.6% chose "Insufficient number of health care workers"

Financing

"Moms and dads have a responsibility to work hard to provide things to their families and if the (health) care is affordable, it should be accessible to them. But working hard no longer means that people can afford health care."

Participants of the Las Vegas meeting disagreed about whether or not everyone should be required to enroll in some form of health insurance, either public or private. Those opposed to required enrollment questioned how required enrollment would work and how that requirement would be enforced. Individuals who supported required enrollment questioned how practical it would be to have a health care system that would not include everyone, suggesting it would end up like the current situation, where those with coverage end up paying for those who lack coverage.

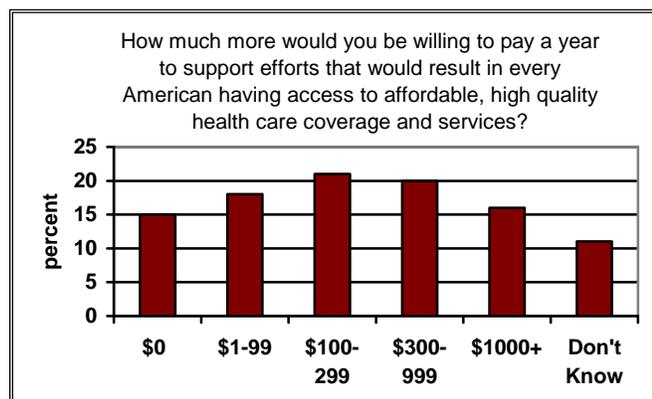
There was greater agreement on the question of whether public policy should continue to support employer sponsored health insurance, with 75 percent of participants supporting that idea. But participants did not want that vote to be taken as an approval of the current system, and they quickly emphasized their preference for a system that was not employer based. An individual said, " I think we shouldn't base it on the employer...looking at it from an economic point of view, corporations are having difficulty competing globally- what if GM wants to compete with a company overseas that doesn't have to provide health insurance?"

Participants said that to control health care costs in any system, "everyone should pay something." They also suggested that costs could be reduced by using a "sliding scale" of taxes, co-payments, as well as the use of "sin taxes and unhealthy taxes" for cigarettes, alcohol, and fast food. The group suggested that there should be incentives for people who live "healthy lifestyles" and do not overuse health care. Another suggestion for controlling health care costs was to use health savings accounts and other methods that "allow you to keep the money you don't spend for health care."

Tradeoffs

"But if there was a national system, if you are terminally ill, do you get treatment? Who's going to be the judge that decides if my wife gets a heart transplant?"

When asked what tradeoffs they would be willing to make in order to achieve health care that works for all Americans, participants had suggestions for both policy makers and individuals. Participants suggested that individuals should focus on healthy lifestyle choices and limiting risky behaviors. The group said they wanted the government to focus on domestic issues such as health care and re-evaluating social priorities. Additional suggestions included "sweeping medical malpractice reform" and finding ways to encourage a "culture of prevention." They also suggested the implementation of a "universal health information system" as a cost saving strategy.



Participants said their highest priority for public spending was guaranteed health care access for all Americans, followed by investment in public health programs, strengthening of the health care safety net, and the preservation of existing programs such as Medicare and Medicaid. Around half of the participants said the best proposal to ensure access to affordable, high quality health care and services for all Americans was to create a national health care system funded by taxpayers.

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

On Tuesday, April 11, 2006, over 100 individuals from the Las Vegas area gathered at the Nevada Partners Center from 5:30- 8:30pm, to talk about health care. Chris Wright represented the Working Group and welcomed the participants to this meeting.

A coalition of local organizations served as the hosts for the meeting: Clark County; Great Basin Primary Care Association; Hotel Employees and Restaurant Employees International Union Welfare Fund; UNLV Department of Health Care Administration & Policy; and University Medical Center of Southern Nevada. Daniel Stone of *AmericaSpeaks*, moderated the meeting.

Please note that the photos on the cover of this report are from a compilation of Citizens' Health Care Working Group meetings.

Local media was in attendance at the Las Vegas meeting. To view an article about the meeting, please visit:

http://www.reviewjournal.com/lvrj_home/2006/Apr-15-Sat-2006/news/6842065.html

DATA

Are you male or female?

34.1%	Male
65.9%	Female

How old are you?

2.2%	Under 25
35.6%	25 to 44
52.2%	45 to 64
10%	Over 65

Are you Hispanic or Latino?

14.4%	Yes
85.6%	No

Which of these groups best represents your race?

70.9%	White
15.1%	Black or African American
4.7%	Asian
0.0%	Native Hawaiian or Pacific Islander
2.3%	Native American or Alaska Native
2.3%	Multi-racial
1.2%	Other racial background
3.5%	Decline to answer

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

0.0%	Elementary (grades 1 to 8)
1.1%	Some high school
3.3%	High school graduate or GED
22.2%	Some college
11.1%	Associate Degree
13.3%	Bachelor's Degree
48.9%	Graduate or professional degree
0.0%	Decline to answer

What is your primary source of health care coverage?

78.3%	Employer-based insurance
2.2%	Self-purchased insurance
1.1%	Veterans'
9.8%	Medicare
0.0%	Medicaid
0.0%	Other
7.6%	None
1.1%	Not sure

What is your employment status?

- 6.5% Self-employed
- 71.7% Full-time employed
- 7.6% Part-time employed
- 1.1% Not employed / currently looking
- 2.2% Homemaker
- 10.9% Other /Retired

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

- 53.8% It is in a major state of crisis
- 40.7% It has major problems
- 4.4% It has minor problems
- 1.1% It does not have any problems
- 0.0% No opinion

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

- 87.4% Yes
- 12.6% No

Which value is most fundamental to our health care system?

- 19.8% Access to healthcare
- 20.9% Affordability
- 7.0% Prevention
- 14.0% Healthcare is a right
- 22.1% Universal healthcare
- 1.2% Better option – subspecialties in pediatrics
- 7.0% Timely access to services
- 2.3% Patient empowerment
- 2.3% Mental health parity – Equal coverage for needs
- 3.5% Compassion and human values

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

- 22.5% Providing coverage for particular groups of people
- 77.5% Defined level of services for everyone

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

- 27.1% Affordability even if employed
- 15.3% Too complicated
- 10.6% Insufficient number of healthcare workers
- 3.5% Lack of cultural competence by providers
- 5.9% Lack of services where lifestyle can be a factor – smoking, drinking
- 7.1% Severe shortage of specialties across the board
- 5.9% Lack of healthcare coordination
- 14.1% Lack of access – including lack of availability in rural areas
- 5.9% Lack of coverage for pre-existing conditions
- 4.7% Timeliness – wait time

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

56.3% Yes
43.8% No

Discussion Allowed for Participants to Abstain by not Voting

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

24.7% Yes
75.3% No

Please indicate your level of support for this trade-off: Government should focus on domestic issues

5.1% Strongly Disagree
10.1% Disagree
20.3% Neutral
22.8% Agree
41.8% Strongly Agree

Please indicate your level of support for this trade-off: Get rid of insurance companies for a government based model

24.6% Strongly Disagree
6.2% Disagree
13.8% Neutral
10.8% Agree
44.6% Strongly Agree

Please indicate your level of support for this trade-off: Spend less on defense and more on health care

16.5% Strongly Disagree
12.7% Disagree
15.2% Neutral
8.9% Agree
46.8% Strongly Agree

Please indicate your level of support for this trade-off: Transfer risk back to individuals for lifestyle related illnesses for universal coverage

33.3% Strongly Disagree
10.3% Disagree
17.9% Neutral
20.5% Agree
17.9% Strongly Agree

Please indicate your level of support for this trade-off:

1. Model military - incentives for healthy living – hour off
27.6% Strongly Disagree
13.2% Disagree
18.4% Neutral
19.7% Agree
21.1% Strongly Agree

Please indicate your level of support for this trade-off: Reduce lawsuits for malpractice

- 17.8% Strongly Disagree
- 9.6% Disagree
- 21.9% Neutral
- 16.4% Agree
- 34.2% Strongly Agree

Please indicate your level of support for this trade-off: Establish a culture of prevention vs. the reactive system

- 6.5% Strongly Disagree
- 0.0% Disagree
- 6.5% Neutral
- 20.8% Agree
- 66.2% Strongly Agree

Please indicate your level of support for this trade-off: Universal health care – willing to pay more to get it

- 32.4% Strongly Disagree
- 12.2% Disagree
- 14.9% Neutral
- 18.9% Agree
- 21.6% Strongly Agree

Considering the rising costs of healthcare, what should be the most important priority for public spending in order to reach the goal of “health care that works for all Americans? Which is your first priority?

- 9.7% Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 20.8% Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 37.5% Guaranteeing that all Americans have health coverage
- 2.8% Funding the development of computerized health information to improve the quality and efficiency of health care
- 6.9% Funding programs that help eliminate problems in access to or quality of care for minorities
- 2.8% Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 12.5% Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 6.9% Preserving Medicare and Medicaid

Considering the rising costs of healthcare, what should be the most important priority for public spending in order to reach the goal of “health care that works for all Americans? Which is your second priority?

- 11.5% Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 25.6% Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 14.1% Guaranteeing that all Americans have health coverage
- 6.4% Funding the development of computerized health information to improve the quality and efficiency of health care
- 7.7% Funding programs that help eliminate problems in access to or quality of care for minorities
- 6.4% Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 17.9% Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 10.3% Preserving Medicare and Medicaid

Considering the rising costs of healthcare, what should be the most important priority for public spending in order to reach the goal of “health care that works for all Americans? Which is your third priority?

- 14.7% Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 18.7% Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 9.3% Guaranteeing that all Americans have health coverage
- 8.0% Funding the development of computerized health information to improve the quality and efficiency of health care
- 5.3% Funding programs that help eliminate problems in access to or quality of care for minorities
- 9.3% Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 18.7% Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 16.0% Preserving Medicare and Medicaid

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

- 14.5% \$0
- 18.4% \$1 - \$99
- 21.1% \$100 - \$299
- 19.7% \$300 - \$999
- 15.8% \$1000 or more
- 10.5% Don't know

If you believe it is important to ensure access to affordable, high quality health care and services to all Americans, which of these proposals would you suggest for doing this?

- 5.8% Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own
- 7.2% 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
- 8.7% Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
- 1.4% Expand current tax incentives for employers and their employees to encourage employers to offer insurance to more workers and families
- 2.9% Require businesses to offer health insurance to their employees
- 2.9% Expand neighborhood health clinics
- 44.9% Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance
- 20.3% Require that all Americans enroll in basic health care coverage, either private or public
- 5.8% 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 today?

- 77.4% Yes
- 22.6% No

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

- 50.8% Not at all
- 31.7% A little bit
- 15.9% Some
- 1.6% A lot

Overall, how do you rate today's meeting?

- 3.0% Very Poor
- 4.5% Poor
- 23.9% Okay
- 41.8% Good
- 26.9% 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.