



Lexington

April 25, 2006



Citizens' Health Care Working Group

HEALTH CARE
THAT WORKS FOR ALL
AMERICANS

OVERVIEW

Ninety eight percent of the Ohio and Kentucky residents who gathered at the recent Lexington Community Meeting agreed that our health care system has major problems.



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."

"Health care is a right, not a privilege of wealth, position or geography. Health care is a public responsibility, not a private, individual concern. Health care is investment in America's future."

Most Lexington meeting participants (94 percent) said that it should be public policy that all Americans have affordable health care coverage. When asked what values they felt should be fundamental to our health care system, affordable health care for all (27 percent) and universal access (18 percent) were participants' first and second choices. Other values that were important were: right to quality health care; prevention of diseases; fairness and equality; personal responsibility; simplicity; and patient-centered care.

Benefits

"Human beings need fair and equal access to health care; to do this, we should provide everyone with a defined level of care."

Almost all Lexington meeting participants (93 percent) agreed there should be a defined level of care for everyone, either by expanding the current system or by creating a new system. Participants expressed a desire for everyone to be covered by the health care system. A few people worked to identify the role of personal responsibility in health care.

Some participants expressed concern that the United States was falling behind the world: "Other countries have developed a system of universal health care and it's working, why can't we do that here?" Participants also indicated though that while they didn't want to "throw the baby out with the bath water," they clearly wanted the system to include more people and broader coverage. "I don't want to take away from those that have coverage but I'd like to expand it to include those that aren't included in the health care system."

Another sentiment voiced by some was the desire for a "single payer." "I'm for a single payer system; the 'pool' should include everyone." Even those who said they were in a health insurance pool felt that it was unreliable, "I'm in a pool with about 200,000 other Kentuckians but they jerk us around anywhere they choose; the current State system isn't working. We're paying really good money but we're not getting care."

Getting Health Care

Participants indicated that the most important issues that needed to be addressed in order to improve their ability to get health care were: overall cost (35 percent); limits on accessing services due to inability to pay or get reimbursed (23 percent); and lack of both personal responsibility and health education (11 percent).

Other barriers to getting health care included: employers who don't offer coverage; inadequate or excessive health care information; lack of coverage for preexisting conditions; prescription information that is too limited or difficult to understand; insurance coverage gaps because of life changing conditions (marriage, death, job changes, etc.); and health care that is too business-centered rather than patient-centered.

Difficulties in Getting Health Care

"A lot of [small businesses of five or ten employees] can't afford to cover their employees. You can't get the same coverage that a large employer can get. And everybody today wants some kind of health insurance if they are going to work for you."

"Employers may require a person to work at least a certain minimum number of hours AND that they work for at least a year before allowing them to be eligible for coverage under the employer's plan."

"I'm working, but I have to be at my job longer before I can get health insurance they offer. I have two children. I can't afford to pay for the health insurance and am not even being offered it even if I had the money to pay for it entirely myself."

Financing

"I do want to see subsidized care for those who can't afford it; but they should still have choice."

Asked to identify the best ways to reduce costs of health care, 22 percent of participants recommended creating a single payer system. Cost savings ideas that also received firm support included: eliminating direct marketing of pharmaceuticals (13 percent); encouraging healthy lifestyles (13 percent); and providing direct access to universal care (12 percent). Other suggestions to slow cost growth were: reducing the cost of medications; sharing technology to reduce duplicate purchases of expensive technology; encouraging hospitals to specialize; encouraging the use of electronic medical records and telemedicine; and giving every person a personal health care ID (like a Social Security Number, and similar to the Veteran's Health Administration system).

A sizeable majority of the participants (80 percent) agreed that everyone should be required to enroll in either a private or a public system. As one individual indicated, "There is a public good; with everyone in, it costs less for everyone. It keeps insurance companies from cherry picking."

Two thirds of participants (63 percent) said that tax rules should continue to encourage employer-based health insurance. However, a number of concerns were expressed, including the observation that "the current employer-based system encourages people to over-utilize health care because employers are paying such a large percentage of the costs." Others pointed out that the current employer-based system "came about *not* because there was a rational examination of what would be

the *best* public policy but *only* as a result of the artificial wage caps during World War II that were then allowed to persist afterwards.”

Tradeoffs

Lexington participants suggested and strongly supported a number of tradeoffs designed to provide more people with high quality health care. More than half (54 percent) supported the idea to “give up current programs such as Medicare and Medicaid and pay a national sales tax for a national health care plan”. Other tradeoffs were to “give up fancy packaging and direct-to-consumer advertising in order to lower pharmaceutical costs” (82 percent agreed); “live healthier lifestyles in order to have more, better coverage” (86 percent agreed); and “eliminate extraordinary, futile health care measures in order to provide funds for universal care” (51 percent agreed).

Participant messages for Congress

“Have a national sales tax and affordable, accessible health care for all Americans.”

“No health care for elected officials until everyone has it.”

“Forget about reelection and do the right thing; be more bipartisan, get done what is good for the country.”

“Get it done!”

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 Lexington Community Meeting was held Tuesday, April 25, 2006 from 5:30-9:00 p.m. at the Radisson Hotel; there were 125 participants in attendance. Chris Wright represented the Working Group at the meeting. Janet Fiero of *AmericaSpeaks* moderated the meeting. Notable spokespersons included Eugene Woods President and CEO of Saint Joseph HealthCare, Andy Henderson CEO of Lexington Clinic, and Beth Llewellyn of the Activate Lexington Coalition.

The participants were mostly white (84 percent); nine percent were African-American; all but one were non-Hispanic; 59 percent were women; half (52 percent) were 45-64 years old and 39 percent were under 45 years old. Most (73 percent) were college graduates and almost all (88 percent) were employed (full/part-time or self-employed). A few of the participants (3 percent) were uninsured while most (81 percent) had coverage through their employers; others had Medicare coverage or purchased coverage directly.

DATA

Are you male or female?

40.6% Male
59.4% Female

How old are you?

4.6% Under 25
34.3% 25 to 44
51.9% 45 to 64
9.3% 65 and better

Are you Hispanic or Latino?

0.9% Yes
99.1% No

Which of these groups best represents your race?

84.1% Caucasian / White
9.3% Black or African American
0.9% Asian
0.9% Native Hawaiian or Pacific Islander
0.0% Native American or Alaska Native
0.9% Multi-racial
0.9% Other racial background
2.8% 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
13.6% Some college
7.3% Associate Degree
25.5% Bachelor's Degree
47.3% Graduate or professional degree
0.0% Decline to answer

What is your primary source of health care coverage?

80.7% Employer-based insurance
8.3% Self-purchased insurance
7.3% Medicare
0.0% Medicaid
0.0% Veterans'
0.9% Other
2.8% None
0.0% Not sure

What is your current employment status?

- 5.5% Self-employed
- 72.7% Full-time employed
- 10.0% Part-time employed
- 3.6% Not employed / currently looking
- 0.0% Homemaker
- 8.2% Other /Retired

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

- 52.3% It is in a major state of crisis
- 45.9% It has major problems
- 1.8% 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?

- 93.6% Yes
- 6.4% No

Which value is most fundamental to our health care system?

- 11.4% Fairness & Equality
- 18.1% Universal Access
- 0.0% More choice
- 7.6% Personal responsibility
- 14.3% Right to quality health care
- 26.7% Affordable health care for everyone
- 14.3% Prevention of diseases
- 4.8% Health care as a fundamental right
- 0.0% Easy to comprehend
- 2.9% Patient centered

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

- 7.2% Providing coverage for particular groups of people
- 92.8% Defined level of services for everyone

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

- 35.0% Overall cost
- 7.8% Lack of coverage through employers
- 10.7% Lack of personal responsibility in health education
- 5.8% Overwhelmed by information or under informed
- 23.3% Access to service limited to ability to pay/be reimbursed
- 1.0% Pre-existing conditions not covered
- 0.0% Medicare Rx program too limited, difficult to understand
- 5.8% Insurance gaps due to life changes
- 1.9% Certain partnerships not covered by insurance
- 8.7% Business centered, not patient centered

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

80.2% Yes
19.8% No

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

63.2% Yes
18.9% No
17.9% Abstain

What can be done to slow the growth of health care costs?

11.8% Universal access to primary care
10.8% Reducing costs of medications
21.6% Creating a single payer system
12.7% Encouraging healthy lifestyles
3.9% Telemedicine & electronic medical records
4.9% Nonprofit hospitals to be community based-good corporate governance
7.8% Focus on all aspects of health, not just medical
7.8% Tax cuts to employers who provide higher level of benefits
5.9% Medical malpractice reform
12.7% Eliminate advertising, marketing, sampling of pharmaceuticals

Please indicate your level of support for this trade-off: Give up current programs (Medicare, Medicaid) and pay a national sales tax for a national health care plan

20.0% Strongly Disagree
15.5% Disagree
10.0% Neutral
38.2% Agree
16.4% Strongly Agree

Please indicate your level of support for this trade-off: Limit re-imbursement for lower quality health care provider

28.7% Strongly Disagree
10.6% Disagree
26.6% Neutral
20.2% Agree
13.8% Strongly Agree

Please indicate your level of support for this trade-off: Give up employer based insurance in exchange for purchasing affordable health care

23.5% Strongly Disagree
20.6% Disagree
20.6% Neutral
22.5% Agree
12.7% Strongly Agree

Please indicate your level of support for this trade-off: Willing to live a healthier lifestyle to have more or better coverage

7.2%	Strongly Disagree
3.1%	Disagree
4.1%	Neutral
23.7%	Agree
61.9%	Strongly Agree

Please indicate your level of support for this trade-off: Pro-bono health promotion for health care license - trade provider licensing fee for community service & health education

25.3%	Strongly Disagree
14.1%	Disagree
20.2%	Neutral
16.2%	Agree
24.2%	Strongly Agree

Please indicate your level of support for this trade-off: Give up NAFTA to keep jobs in America - bigger tax base to pay for health care

23.0%	Strongly Disagree
8.0%	Disagree
27.0%	Neutral
11.0%	Agree
31.0%	Strongly Agree

Please indicate your level of support for this trade-off: Fewer choices for physicians and families so that only cost-effective therapies are provided

31.1%	Strongly Disagree
19.4%	Disagree
20.4%	Neutral
17.5%	Agree
11.7%	Strongly Agree

Please indicate your level of support for this trade-off: Give up fancy packaging and advertising in order to lower pharmaceutical costs

8.7%	Strongly Disagree
1.9%	Disagree
7.7%	Neutral
19.2%	Agree
62.5%	Strongly Agree

Please indicate your level of support for this trade-off: Eliminate extraordinary end-of-life and beginning of life health care measures in exchange for reduced costs

27.1%	Strongly Disagree
14.0%	Disagree
7.5%	Neutral
25.2%	Agree
26.2%	Strongly Agree

Please indicate your level of support for this trade-off: Volunteer days in health care system in order to get coverage for health care

- 20.8% Strongly Disagree
- 17.8% Disagree
- 26.7% Neutral
- 24.8% Agree
- 9.9% 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?

- 5.8% Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 23.3% Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 51.5% Guaranteeing that all Americans have health coverage
- 2.9% Funding the development of computerized health information to improve the quality and efficiency of health care
- 1.9% Funding programs that help eliminate problems in access to or quality of care for minorities
- 1.0% Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 10.7% Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 2.9% 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?

- 11.2% Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 33.6% Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 15.9% Guaranteeing that all Americans have health coverage
- 5.6% Funding the development of computerized health information to improve the quality and efficiency of health care
- 4.7% Funding programs that help eliminate problems in access to or quality of care for minorities
- 6.5% Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 19.6% Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 2.8% 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?

- 12.7% Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 13.7% Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 5.9% Guaranteeing that all Americans have health coverage
- 11.8% Funding the development of computerized health information to improve the quality and efficiency of health care
- 10.8% Funding programs that help eliminate problems in access to or quality of care for minorities
- 15.7% Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 18.6% Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 10.8% 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?

- 11.2% \$0
- 15.3% \$1 - \$99
- 18.4% \$100 - \$299
- 28.6% \$300 - \$999
- 20.4% \$1000 or more
- 6.1% 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?

- 6.3% Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own
- 5.3% 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
- 3.2% Rely on free market competition among doctors, hospitals, other health care providers, and insurance companies rather than having government define benefits and set prices
- 2.1% Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
- 2.1% Expand current tax incentives for employers and their employees to encourage employers to offer insurance to more workers and families
- 8.4% Require businesses to offer health insurance to their employees
- 1.1% Expand neighborhood health clinics
- 54.7% Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance
- 16.8% 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

Did you learn anything new today?

87.3%	Yes
12.7%	No

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

36.5%	Not at all
40.4%	A little bit
20.2%	Some
2.9%	A lot

Overall, how do you rate today's meeting?

0.0%	Very Poor
2.0%	Poor
12.9%	Okay
45.5%	Good
39.6%	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.