



Preliminary Report (Updated 5/10/06)

Citizens' Health Care Working Group

Cincinnati Community Meeting

Saturday, April 29, 2006

About 500 people from Cincinnati and the surrounding communities gathered on April 29th at Cinergy Center to weigh in on the future of health care in America. Over the course of the five hour forum participants worked in small groups to discuss their experiences with health care and share their ideas and suggestions for improving the nation's health care system.

The Cincinnati Community Meeting was convened by the Citizens' Health Care Working Group. Working Group members and staff as well as local decision makers, including Cincinnati Vice Mayor James Tarbell, attended the meeting. The suggestions from this meeting and other community meetings will be used to formulate recommendations to improve health care that will be presented to the President and Congress this fall.



The Citizens' Health Care Working Group is a non-partisan, independent body authorized by the 2003 Medicare Modernization Act. The Working Group consists of 15 members—14 citizen members and the Secretary of the Department of Health and Human Services. The Working Group is charged with listening to the views of the American people and developing recommendations to provide "Health Care that Works for All Americans."

Who Attended the Cincinnati Health Care Community Meeting?

The Citizens' Health Care Working Group sought to represent the diversity of the Cincinnati Community. Participants' demographics are compared below to the make up of the eight county Cincinnati region, according to 2004 Census data estimates.

| | April 29 | Actual | | April 29 | Actual |
|------------------------------------|----------|---------|---|----------|---------|
| Gender | | | Geography | | |
| Female | 68% | 51.5% | Hamilton County, OH | 78% | No Data |
| Male | 32% | 48.5% | Butler County, OH | 6% | No Data |
| Age | | | Warren County, OH | 3% | No Data |
| 15-24 | 3% | 17.9% | Clinton/Clermont/Highland/Brown or Adams Counties, OH | 2% | No Data |
| 25-44 | 16% | 9.3% | Any other OH county | 6% | No Data |
| 45-64 | 59% | 27.8% | Dearborn/Ohio/Switzerland/Ripley or Franklin Counties, IN | 1% | No Data |
| 65 and better | 21% | 15.0% | Any other Indiana county | 0% | No Data |
| Race & Ethnicity | | | Boone/Kenton/Campbell County, KY | 6% | No Data |
| Hispanic or Latino of any race | 1% | 1.2% | Gallatin/Grant/Pendleton or Bracken Counties, KY | 0% | No Data |
| African-American | 46% | 12.2% | Any other KY county | 0% | No Data |
| Asian | 2% | 1.3% | Highest Year of School Completed | | |
| Caucasian | 47% | 84.7% | Grade 1-8 | 2% | 4.9% |
| Native American & Alaska Native | 1% | .2% | Some high school | 3% | 12.2% |
| Native Hawaiian & Pacific Islander | 0% | .03% | High school graduate/GED | 13% | 31.1% |
| Multi Racial | 2% | 1.1% | Some college | 25% | 20% |
| Other Racial Background | 1% | .5% | Associate degree | 8% | 6.2% |
| Employment Status | | | Bachelors degree | 22% | 16.8% |
| Employed full-time | 47% | 95.7%* | Graduate or professional degree | 27% | 9.0% |
| Employed part-time | 9% | 95.7%* | Decline to answer | 2% | No Data |
| Self-Employed | 8% | 5.0% | Source of Healthcare Coverage | | |
| Not Employed/Currently Looking | 8% | 4.2% | Employer Based Insurance | 58% | No Data |
| Homemaker | 6% | No Data | Self-purchased Insurance | 6% | No Data |
| Other (retired and other) | 23% | No Data | Veteran's | 1% | No Data |
| | | | Medicare | 15% | No Data |
| | | | Medicaid | 6% | No Data |
| | | | Other | 5% | No Data |
| | | | None | 9% | No Data |
| | | | Not Sure | 1% | No Data |

* Percentage of total employed people (includes both full-time and part-time employment)

How Did the Meeting Work?

Participants at the Cincinnati Community Meeting were divided into small groups of 8-10. Each group had its own table facilitator to ensure that every participant had the opportunity to voice their opinion. Throughout the day, the meeting's lead moderator presented discussion questions to the groups; the discussions fell into four health care issue areas:

1. Benefits and services
2. Getting health care
3. Financing health care
4. Tradeoffs

The ideas from each discussion were collected using the networked computers found at every table. The "theme team" reviewed the comments from all of the tables simultaneously and reported the common ideas back to the group within minutes. Then using keypad polling devices, the participants reviewed and prioritized these ideas in order to develop a clear plan for action. The results from the polls were reported instantly to the group via large screens.

Participants learned more about the health care issues under discussion by reviewing the Discussion Guide, which served as a comprehensive guide to the issues.

Health Care Values

At the start of the day, participants were asked to reflect on the values or principles they view as fundamental to our health care system.

Participants voted and selected the following values as the most fundamental to the health care system:

- 44% Health Care is a Right: "Universal Coverage"
- 19% Affordability

Other values were identified, but received less than 10% of votes.

Benefits and Services

Citizens were asked to discuss three questions which focused on health care benefits and services.

The first discussion asked participants *to consider the pros and cons of two different models of providing health care coverage: 1) providing coverage for particular groups of people; or 2) providing a defined level of services for everyone?* The following were some of the themes that emerged from this discussion:

Providing Coverage for Particular Groups of People

Pros:

- Choice—"allows tailoring to specific needs"
- More likely to control costs
- Less change required—similar to current system
- Employers are responsible for providing coverage

Cons:

- Some people just don't get covered
- Unfairness in costs and coverage
- Too complex
- Coverage is temporary—people change groups over time

Providing a Defined Level of Benefits for Everyone

Pros:

- Provides universal access—level playing field for all
- Spreads risk and responsibility across society
- Less expensive: more people in the plan reduces cost

Cons:

- Reduction of level of service for some
- Lack of choice
- Who says what the coverage is?

When coverage models were put to a vote:

- 10% of participants selected the first option (providing coverage for particular groups)
- 90% selected the second option (providing a defined level of benefits for everyone)

Participants were next asked to think about *what should be included in a basic benefits package?* Tables reviewed the services that many consider a "typical" health plan and selected the following services as those that are most important to add to this basic package:

- 25% Prescriptions
- 20% Dental
- 19% Education/Prevention

Participants selected these services as those that might be removed from the basic benefit package presented:

- Chiropractic services
- Nothing
- Substance abuse services

For the last question related to benefits and services, participants were asked: *who should be the primary decision makers about what is in a basic health care package?*

- 4% of participants selected the government
- 8% of participants selected medical professionals
- 1% of participants selected insurance companies
- 1% of participants selected employers
- 26% of participants selected consumers
- 61% of participants selected a combination of decision makers

Getting Health Care

Participants were asked *what kind of difficulties have you and people you know had in getting health care?*

Citizens responded by naming the following difficulties as the most important to address:

- 36% All Americans deserve equal care regardless of insurability or amount of money they have
- 20% Money is a major barrier to getting health care
- 13% Lose job, lose health care, lose your life

Financing

The discussion on financing health care centered around four specific questions:

First, participants were asked to consider questions about responsibility – that of the government and individuals: *should public policy continue to use tax rules to encourage employer-based health insurance?*

- 50% of participants selected yes
- 50% of participants selected no

We next turned to *what should be the responsibilities of individuals and families in paying for health care?* Responses were then prioritized in order of importance– they are listed below in order of priority:

- 44% Healthy lifestyles, prevention and education must be a priority
- 19% Individuals willing to join with corporations to pay for a single payer system
- 16% Appropriate use of the health care system

Should everyone be required to enroll in basic health care coverage?

- 86% of participants selected yes
- 14% of participants selected no

What can be done to slow the growth of health care costs in America? Participants prioritized cost reduction strategies and selected the following as the most important steps to take to reduce costs:

- 30% Limit profits: doctors, insurance and drug companies
- 17% Standardize health care practices and costs
- 15% Take responsibility for lifestyle choices: provide incentives

Other strategies received support from less than 10% of the participants

Tradeoffs

Participants weighed in on four questions about tradeoffs they are willing to make to ensure access to affordable, high quality health care coverage and services.

First, participants developed and voted on their own list of *specific tradeoffs they would be willing to make to support the goal of making healthcare work for all Americans.*

1. Give up pay increase for employee insurance for same benefits coverage.

| | |
|-------------------|-----|
| Strongly disagree | 26% |
| Disagree | 18% |
| Neutral | 26% |
| Agree | 18% |
| Strongly agree | 12% |

2. Congress and government support comprehensive legislation for guaranteed health care before nation building elsewhere.

| | |
|-------------------|-----|
| Strongly disagree | 7% |
| Disagree | 3% |
| Neutral | 5% |
| Agree | 20% |
| Strongly agree | 65% |

3. Give up the quick fix to give preventive care and holistic therapy to give time to treat those same symptoms.

| | |
|-------------------|-----|
| Strongly disagree | 30% |
| Disagree | 22% |
| Neutral | 19% |
| Agree | 16% |
| Strongly agree | 13% |

4. Use of physician extenders and other health professionals to get greater access.

| | |
|-------------------|-----|
| Strongly disagree | 10% |
| Disagree | 14% |
| Neutral | 13% |
| Agree | 35% |
| Strongly agree | 28% |

5. To get universal health care we would be willing to pay higher income tax on a sliding scale.

| | |
|-------------------|-----|
| Strongly disagree | 16% |
| Disagree | 10% |
| Neutral | 12% |
| Agree | 30% |
| Strongly agree | 32% |

Tradeoffs (continued)

6. Shift the paradigm from a cost based one to a needs based paradigm.

| | |
|-------------------|-----|
| Strongly disagree | 9% |
| Disagree | 10% |
| Neutral | 37% |
| Agree | 28% |
| Strongly agree | 16% |

7. Individual tradeoffs are totally unnecessary; health care can be financed with current resources if we redirect those to a nonprofit, single-payer system.

| | |
|-------------------|-----|
| Strongly disagree | 8% |
| Disagree | 5% |
| Neutral | 11% |
| Agree | 21% |
| Strongly agree | 55% |

8. Get Congress to do away with their health care plan and put each member of Congress on the Medicare plan.

| | |
|-------------------|-----|
| Strongly disagree | 3% |
| Disagree | 0% |
| Neutral | 5% |
| Agree | 7% |
| Strongly agree | 86% |

9. Tradeoff the war in Iraq and possible war in Iran and put those monies into health care.

| | |
|-------------------|-----|
| Strongly disagree | 8% |
| Disagree | 4% |
| Neutral | 4% |
| Agree | 14% |
| Strongly agree | 70% |

10. More money available for health care if less was spent on strategic defense initiative, prisons, war on drugs and no bid defense contractors.

| | |
|-------------------|-----|
| Strongly disagree | 7% |
| Disagree | 5% |
| Neutral | 11% |
| Agree | 20% |
| Strongly agree | 57% |

Participants were asked, *considering the rising cost of health care, what should be the most important priority for public spending in order to reach the goal of "health care that works for all Americans?"*

Participants selected these as the highest priority options from a list drafted by the Working Group:

1. Guaranteeing that all Americans have health coverage (71%)
2. Investing in public health programs to prevent disease, promote healthy lifestyles and protect the public (51%)
3. Guaranteeing that all Americans get health care when they need it through public "safety net" programs (42%)

When asked, *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?* The response was:

- 24% selected \$0
- 19% selected \$1-\$99
- 15% selected \$100-\$299
- 10% selected \$300-\$999
- 12% selected \$1000 or more
- 19% selected Don't Know

Finally, *if you believe it is important to ensure access to affordable, high quality health care and services to all Americans, how would you suggest this is done?*

Participants selected these proposals as highest priority from a list drafted by the Working Group:

- Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance (40%)
- Require that all Americans enroll in basic health care coverage, either private or public (17%)
- Expand state government programs for low-income people, such as Medicaid and SCHIP, to provide coverage for more people without health insurance (12%)

Next Steps & Staying Involved

The results from today's forum, along with citizen input gathered from other sources, will be used by the Working Group to develop recommendations on ways to improve our health care system.

During the summer of 2006, citizens will be invited to comment on the Working Group's draft recommendations. In September 2006, the Working Group will submit its final recommendations to the President and Congress.

In the meantime there is much you can do to stay involved! Please encourage your friends, family and neighbors to get involved by sharing their ideas on-line through the web poll or forum or hosting their own meeting. Visit the Working Group on the web at www.citizenshealthcare.gov regularly for additional opportunities to make your voices heard.