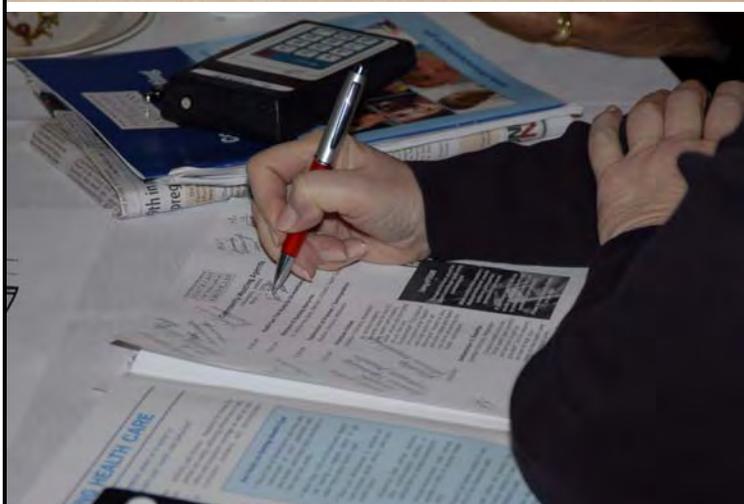




Orlando

January 24, 2006



Citizens' Health Care Working Group

HEALTH CARE
 THAT WORKS FOR ALL
 AMERICANS

OVERVIEW

The second Citizens' Health Care Working Group Community Meeting was sponsored locally by the Winter Park Health Foundation and held at the Harry P. Leu Gardens in Orlando, Florida, Tuesday, January 24, 2006 from 8:30 a.m. to 12:30 p.m. The participants in Orlando were energized, represented a diversity of opinion, had strong views that they expressed forcefully and were clearly interested in seeking change in the health care system.

A strong emphasis on universality and equal access permeated the five topics of the community meeting. Participants were eager to discuss ways in which the health care system could be made available and affordable for all Americans. When given the opportunity to allocate funds to various programs, participants in Orlando overwhelmingly chose to establish a national system, financed by taxpayers, through which all Americans would receive their health insurance. However, attendees were split when the distinction was made between health insurance and health care.

General responses after the meeting from the participants seemed to indicate that they had found the substance and process of the meeting fruitful and meaningful. However, some participants indicated that they felt that an endorsement of the current health care system seemed implied by the content of the meeting agenda; others felt that the moderator constrained them from articulating bold new ideas about how to change the health care system; and, finally, there were some complaints regarding the neutrality of one or another of the volunteer table facilitators. The animated discussion near the end of the meeting, regarding the role of insurance, appeared to reflect some ambivalence among the participants regarding the local private health insurance market.



**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
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

In an introductory question to the meeting participants, regarding how to best describe the U.S. health care system today, almost all participants voting (96 percent) indicated they believed the American health care system has major problems or is in a state of crisis. Two-thirds (68 percent) indicated that the most important reason to have health insurance is to protect against high medical costs; one-third (30 percent) indicated that the most important reason was in order to pay for everyday medical expenses.

A majority of the meeting participants (56 percent) felt that one of three related areas – equal access to basic services, universal coverage, and viewing health care as a right – was the most important value/principle related to health care (in a shorter, secondary poll, participants also identified access as the most important consideration). This quite diverse audience voted overwhelmingly (90 percent) 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 answers below)

- Affordable for all.
- Universal coverage.
- Equal access to basic services.
- Health care is a right.
- Fundamental fairness.

Benefits

Participants were asked whether they preferred a system of health care, such as the existing one, that is based on “who you are” (e.g., being a member of one or another category of individuals) or a system that would define a specific level of services for everyone. A few, (5 percent) supported the current categorical eligibility system; however, most (81 percent) preferred a health care system providing a basic benefit package for all. A participant who disagreed with the majority suggested one could have a system of coverage that combined both approaches, using, for instance, employers, to broaden coverage to include everyone. Another participant expressed concern that individuals might be discouraged, under a system where everyone was provided a basic level of care from contributing what they were able to their own coverage. It was also pointed out that the current health care system has both approaches, to a degree: “we have categorical eligibility; however, if one goes to a hospital, law requires that care be provided.”

Participants were offered a sample health care package (including preventive care; routine physicals; immunizations; well child care; limited dental care; physicians’ care; chiropractic; maternity; prescription drugs; in/out patient hospital care; and physical, occupational, and speech therapy) and asked (1) what additional services participants thought should be added and (2) what services should be taken away from this basic plan. Three services that the participants believed should be added to the basic plan included: vision and hearing (22 percent); wellness education and disease management (16 percent); and access to more innovative options of delivering care (13 percent).

Participants thought chiropractic services (38 percent), anything not proven to be effective (14 percent) and substance abuse services (13 percent) could be dropped from a basic services package. A significant number (28 percent) disagreed with removing any of the services included in the sample basic benefits plan. One participant asked that, since a driver of rising costs is new health care technology, “would there be a way that payments for new technologies could be restricted until they were proven to be effective?” Another wondered whether pharmaceutical costs are rising primarily as a result of community standards, good research and demonstrated drug effectiveness or the pharmaceutical companies themselves (especially in the area of mental illness; to the point where the drugs are too costly to be affordable).

Participants were asked who (government, medical professionals, insurance companies, employers, or other entity/individual) should decide what would be in a basic benefits package. A third (31 percent) indicated that medical professionals should make such decisions; however, the greatest number (43 percent) indicated “other.” When asked to explain this result, a participant elicited a laugh of general agreement and scattered applause from the audience when he expressed the view that he did not trust the first four institutional entities. He indicated that “some new entity or process needs to be created that includes all the relevant stakeholders, the foremost of which would be the consumer.” Another individual amplified on this idea by suggesting that “one way to organize this would be to create an entity very much like the Federal Reserve Board with appointed individuals who are professions in their field and whose activities are generally public so it has to come under the Federal government but wouldn’t be the government as we generally think of it.” Another individual expressed the opinion that the options presented in the question “negates this group because I’m not an ‘other’ I’m a person,” and indicated the need for a “quasi-governmental entity representing all groups, including us, the people.”

Participants requested taking the poll again. The moderator revised the “other” option to make it “All + Consumers” and changed “other” to “Consumers Only.” When they re-voted, a lopsided majority of the participants (76 percent) selected “All + Consumers” as their choice for who/what should decide what would be part of a basic benefits package. The moderator indicated that the category “All + Consumers” was to include the “quasi-government” entity that the participants had been suggesting in the previous discussion.

Getting Health Care

The participants identified 17 difficulties in getting access to health services that they had experienced or of which they were aware. They then voted on these (in two separate groups of 10 and 7) to see which they considered the most important. In the first group, the top two difficulties were “navigating the health care system and getting past gatekeepers” (24 percent) and “absence of a strong enough community-based health care system” (15 percent). In the second group, the clear choice for source of greatest difficulty was “cost” (47 percent) with “no incentives to get off public programs” (15 percent) second. These four items, ranked as causing the most difficulty were then combined and voted on; “cost” was the overwhelming choice (67 percent) as the source of greatest difficulty with the other three items polling only 10 or 11 percent each.

Concerns Policy Makers Are Asked To Keep In Mind

Participants were asked “supposing we make changes to the system and, for instance, there was a basic package that might be financed differently, what’s most important to you about getting health care; what do you consider especially important that you don’t want (the framers of such system changes) to forget? What do we need to not take away from you if we modify the system?” Individual participants had a number of clear responses to this question:

- Access to choice of care
- Provisions for catastrophic illness
- Maintain quality of care
- Don’t make decisions based solely on age at either end of the spectrum
- Access to specialists
- Don’t make decisions solely on cost
- Timely access to health care
- Equality and parity of care across different providers
- Understandable language
- Health care should be a right and not a privilege (just like voting, no one should be prevented from getting insurance because they can’t afford it)
- Less bureaucracy in order to help assure affordable health care
- Don’t destroy the physician-patient relationship
- Don’t take away respect for the patient
- Provide health insurance security in a system paid for by everyone; constancy of access for everyone as in a real insurance program; constancy of coverage, reduce year-to-year uncertainty
- More active efforts to address health disparities
- Access to one’s own comprehensible medical records
- Design a patient-centric system rather than having patients serve the system.

Financing

Participants discussed the mechanisms for paying for health care. Prior to discussion, participants split 74 percent answering “yes” and 26 percent “no” to the question: “should everyone who can afford to do so be required to obtain health insurance?”

Reasons given by participants why people should not be required included: this is America, we should be free to choose; some individuals, such as Christian Scientists shouldn’t be required to enroll in something they wouldn’t use. A physician commented, to some applause, that the question assumed the continuation of the private insurance market and indicated that others at his table had expressed concern about such an approach. He felt that a better solution would be a universal health care system that could be more equitably financed rather than individual or employer mandates. Another participant felt that maximum freedom rather than government mandates was desirable.

One problem pointed out was that there are many individuals who are uninsurable. Additionally, it was observed that no one should be allowed to opt out. Making everyone a part of the system would be the best thing for society as a whole because we all pay for care for one ourselves and another whether individuals have coverage or not.

One table facilitator indicated that his table was split on the question, and would be more willing to agree with broad coverage if it was achieved by “incentivizing” insurance—obtaining voluntary behavior by individuals rather than through outright requirements. The analogy with mandatory car insurance was mentioned. One specific solution offered was a system of taxing 3-5% of everyone’s income above a certain level to provide for universal health care coverage.

Another individual worried about the need for a system of penalties to deal with a non-compliant individual who, in spite of requirements, ends up at the hospital without coverage; otherwise, the provider ends up paying the costs. One table suggested a developing a system analogous to social security that would become effective at birth and into which everyone would pay when they began working.

Two-thirds of the participants (64 percent) said yes to the question should some people pay more for health insurance than others. One participant indicated that how much people pay should be on a sliding scale, based on their income. Almost as many, (60 percent) thought that public policy should continue to encourage through tax breaks, employer-based health insurance.

Although participants generally supported the tax breaks, many people were concerned that a way to move away from this policy was needed and that the current system should not be entrenched. It was also observed that the tax policy did not adequately address the issues of small businesses. One participant observed that if the employer doesn’t take advantage of the tax break that the benefit ought to be offered directly to the employees. A business owner indicated that the current system is failing even with the current tax breaks. Both the business and the employees are footing ever larger and unsustainable expenditures, because health care costs continue to rise rapidly. She indicated that “the current system isn’t working for my businesses; if we’re really going to provide health care for all people, we need a whole new paradigm.” Others indicated an interest in a non-employer based system but one in which the employers are still involved. Some employers are also circumventing the current tax system by hiring only part time employees, to whom they are not required to offer full benefits. Another participant indicated that “health is too important to be left to the business community.”

A plurality (41 percent) thought that income should be used as the criteria for making some people pay more. A fifth (21 percent) thought that everyone should pay more. Several of the participants indicated frustration about the way the questions were being posed, indicating that they couldn’t express their opinions and needed to be able to address the Congressional mandate to identify major new options directly. “If you keep doing what you’ve always done, you’ll get what you’ve always got. We need something new. It’s a crime that it’s 2006 and that we’re still rehashing the same old arguments,” one participant indicated, to some applause.

An overwhelming majority (90 percent) believed that government resources should continue to subsidize health insurance for people who can’t otherwise afford it.

Responding to their urging, the moderator set aside some of the designated agenda time and invited the meeting participants to list what they felt were bold new ideas that needed to be conveyed to Congress and the President; these included:

- We want everybody in this country to have health care (participants took a show of hands and most agreed)
- There are too many third-parties; there should only be providers and payers and a uniform system; overhead makes the system too expensive
- Build on nucleus of Medicare as a delivery mechanism (public finance and private delivery); expand a program like that to everyone (people choose their own doctors, hospitals, etc.)(this program is much more efficient, 3-5% administrative overhead compared to 20% for insurance companies)
- Improve provider (DRG) reimbursement rates for Medicaid and Medicare
- Create a common pool for financing under the federal government, coupled with much greater emphasis on prevention and wellness; provide greater accessibility to family planning (and thereby save some of the excess 17% overhead costs in the private system)
- Control greed of all those involved in the health care system and call upon government for leadership
- Provide more funding for public and community health departments
- Stop knee-jerk reaction to health care (such as Part D); find real solutions
- Increase availability of technology and electronic medical records
- Reduce regulatory burdens and administrative costs

What can be done to slow the growth of health care costs in America? Participants were then asked about what were the big cost drivers that they would recommend be addressed first. Participants recommended:

- Address regulations that impact health care delivery
- Reduce: duplication of services, fragmentation between health plans, the lack of an information highway, and unnecessary laboratory services
- Address costs related to end of life circumstances
- Extract excess profit-taking
- Address the absence of contributions for the uninsured
- Vet clinical effectiveness before allowing procedures to be used generally
- Reduce the exclusive patent rights of pharmaceutical companies (e.g., from 18 to 10 years) in order to make cheaper competitive generic drugs available more quickly
- Limit catastrophic malpractice law suit fees for non-economic loss
- Readdress awareness at the national level of the need for patient compliance, proper treatment of chronic disease management; increase ethical behavior in health care practice
- Expect pharmaceutical companies to be wise stewards of their resources
- Encourage better prenatal and postnatal care, birth center care and breastfeeding

Tradeoffs and Options

Participants were asked how much more they would be willing to pay to support efforts to get access to care for every American. A participant raised the question about what we are already paying and whether individuals would want to reallocate other government expenditures (such as money to the Defense Department).

There was a wide range of willingness to pay more in individual 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. A high proportion (63 percent) expressed a willingness to pay more and half of those willing to pay more (31 percent of the total) were willing to pay \$300 or more a year for this purpose.

While considering the rising cost of health care, a significant proportion of the participants (64 percent) indicated that the most important public spending priority was guaranteeing that all Americans either have health insurance or get the health care when they need it. The next most frequently selected (17 percent) priority to achieve health care that works for all Americans was investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters.

Closing Question on Trade Offs

The closing discussion and polling of participants' opinions revolved around a series of 9 alternative trade offs and the corresponding relative costs of each (2 items were valued at \$\$\$, 4 items at \$\$, and three items at \$; with each \$ sign representing a rough estimate of cost). The participants were told that they each had three dollar signs worth of money and could "purchase" trade-off options that added up to three dollar signs.

The participants engaged in an energetic exchange regarding the significance of the term "insurance." Several participants indicated that they understood the word to apply primarily to the private (and, by implication for-profit) insurance market place. The main focus of the discussion then revolved around how to understand the first choice offered:

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- A. Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance.
- B. Require that all Americans obtain coverage, either through employers, government programs or insurance they purchase on their own.

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- C. Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own.
- D. 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.
- E. Expand current tax breaks available to employers and their employees to encourage employers to offer insurance to more workers and families.
- F. Require businesses to offer health insurance to their employees.

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- G. Increase flexibility afforded states in how they use federal funds for state programs – such as Medicaid and S-CHIP – to maximize coverage.
- H. Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program.
- I. Expand neighborhood health clinics.

Several individuals indicated their concern with and opposition to Option A because they believed that it implied solely a system of private insurance. One observed that insurance was a financing mechanism and sought to distinguish between “a plan, a system of coverage, or insurance.” Another participant indicated that she thought the uncertainty around how to understand the terms useful, “because Congress asked us to let them know what’s important to the American public and what we’re saying is that the distinction between health insurance and health care is important.”

Participants expressed the opinion that the language of health care issues was complex and that greater clarity of communication and agreement regarding the meanings of words used, was desirable.

To further clarify the earlier discussion, another participant indicated that, “Insurance just means that everybody pays in and only some people will need to use the funds; insurance could be private or public. We usually distinguish between the financing, of which insurance is one possible way to go – instead of having everyone buy health care out-of-pocket when they need it – and then there’s the provision of health care services (how the care is provided). Britain’s national health insurance system combines both insurance financing and health care provision into a single system; France has a health financing-insurance system that people pay into but then there are thousands of both public and private, for-profit and not-for-profit providers, independent doctors.

One participant spokesperson indicated that: “I favor a national tax-funded, health care system, with private providers and consumer choice. I will vote for Option A because although it doesn’t say that, it comes closest, and everything else (on the list) is basically a rehashing and a tweaking of what we’ve already tried that doesn’t work.”

At the conclusion of this discussion, the audience was polled to see which of the 9 trade-off options they preferred. Consistent with the foregoing discussion and the interpretation of Option A, just indicated, a strong majority (60 percent) expressed support for Option A; other alternatives received less support (6 percent or less for each option).

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 keypads 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 in the Data section of this report and online at www.citizenshealthcare.gov

PARTICIPATION

Montye Conlan, representing the Working Group, provided a brief overview regarding the purpose of the community meetings; she expressed the Working Group's appreciation for the role of the Winter Park Health Foundation and especially for the assistance of Lisa Portelli and Kristi Curran in making arrangements for and assisting in the public outreach for the meeting. Jonathan Ortmans, President of the Public Forum Institute, moderated the meeting. Dr. Jay Hughes, MD, Trustee of the Winter Park Health Foundation and Chairman of the Access to Healthcare Workgroup at the Winter Park Health Foundation welcomed the participants. The Winter Park Health Foundation focuses on improving the health care and health of the children, youth, older adults and the uninsured; the Foundation's vision is to help Orlando and central Florida become the healthiest community in the United States.

Over 140 people attended this meeting, reflecting a diverse mix of individuals. Volunteer facilitators were seated at each table of 7-10 participants. Somewhat more than half of the participants (59 percent) were women. Almost half were under 45 years old (including 11 percent who were younger than 25); in addition, one in ten was over age 65. Hispanics and Latinos participated (4 percent) as did African-Americans (19 percent) with the balance (74 percent) white. While there were a significant percent with graduate degrees (46 percent), almost as many had associate degrees or less schooling (41 percent). Most participants, (98 percent) had either health insurance or some other form of health care coverage. Most (89 percent) were employed full or part-time or were self-employed; a few (7 percent) indicated that they were unemployed. A few of the participants also had medical/physical disabilities. One of the meeting sponsors indicated that "this was the most diversely representative group we've ever had together to discuss these issues."

In keeping with the rich diversity of the participants themselves, there was also a wide and interesting array of organizations represented at the meeting. In addition to participants from the public health, physician and hospital communities, there was also ample representation from non-profit charitable organizations, unions, business, advocacy, government, academic and volunteer organizations. Notably, several individuals currently receiving welfare support participated as did over a dozen youthful Ameri-Corps volunteers from the community.

DATA

Are you male or female?

41.00%	1	Male
59.00%	2	Female

How old are you?

11.50%	1	Under 25
34.40%	2	25 to 44
44.30%	3	45 to 64
9.80%	4	Over 65

Are you Hispanic or Latino?

4.20%	1	Yes
92.50%	2	No
3.30%	3	No Response

Which of these groups best represents your race?

73.90%	1	White
19.30%	2	Black or African American
0.80%	3	Asian
0.00%	4	Native Hawaiian or Pacific Islander
0.00%	5	American Indian or Alaska Native
3.40%	6	Other
2.50%	7	Decline to answer

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

0.00%	1	Elementary (grades 1 to 8)
0.90%	2	Some high school
7.80%	3	High school graduate or GED
17.20%	4	Some college
6.00%	5	Associate Degree
22.40%	6	Bachelor's Degree
45.70%	7	Graduate or professional degree
0.00%	8	Decline to answer

Do you have any kind of health care coverage including health insurance or government plans such as Medicare or Medicaid?

97.50%	1	Yes
1.60%	2	No
0.80%	3	Not sure

What is your employment status?

8.40%	1	Self-employed
68.10%	2	Employed - working full time
12.60%	3	Employed - working part-time
6.70%	4	Not employed / currently looking for work
0.80%	5	Homemaker
3.40%	6	Other

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

- | | | |
|--------|---|-------------------------------|
| 52.80% | 1 | It is in a state of crisis |
| 43.10% | 2 | It has major problems |
| 3.30% | 3 | It has minor problems |
| 0.00% | 4 | It does not have any problems |
| 0.80% | 5 | No opinion |

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

- | | | |
|--------|---|---------------------------------------|
| 30.10% | 1 | To pay for everyday medical expenses |
| 68.30% | 2 | To protect against high medical costs |
| 1.60% | 3 | No opinion |

And 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?

- | | | |
|--------|----|--|
| 26.10% | 1 | Affordable for all |
| 20.20% | 2 | Equal access to basic services |
| 5.90% | 3 | Fundamental fairness |
| 11.80% | 4 | Health care is a right |
| 5.00% | 5 | Personal responsibility / active participation |
| 0.80% | 6 | Ever-improving quality |
| 23.50% | 7 | Universal coverage |
| 0.80% | 8 | Mental and emotional health |
| 1.70% | 9 | Comprehensive and understandable |
| 4.20% | 10 | Reinforce healthy lifestyles and choices |

Of the most frequent answers the group gave, which of the values/principles are most important to you?

- | | | |
|--------|---|---|
| 21.10% | 1 | Empowered and educated consumers |
| 48.60% | 2 | Access to primary, mental and physical care |
| 6.40% | 3 | Measurable outcomes |
| 23.90% | 4 | Prevention |

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.]

- | | | |
|--------|---|-----|
| 90.40% | 1 | Yes |
| 9.60% | 2 | No |

Which of the following statements most accurately represents your views?

- | | | |
|--------|---|--|
| 4.90% | 1 | 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 |
| 81.10% | 2 | Defining a level of services for everyone, regardless of their status, but with coverage assured only for that defined set of services |
| 13.90% | 3 | Unsure |

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

- | | | |
|--------|---|--|
| 12.80% | 1 | Access to more innovative options of delivering care |
| 14.50% | 2 | Expansion of prevention options |
| 22.20% | 3 | Vision and hearing (including prescription glasses) |

16.20%	4	Wellness education, and disease management
5.10%	5	Interventive care, e.g. massage / alternative
8.50%	6	Measurable effectiveness
11.10%	7	More dental care, e.g. sealants and TMJ
1.70%	8	Adult day care
6.00%	9	Hospice or palliative care
1.70%	10	Nutritional counseling

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

- 1 Long-term care services
- 2 Assisted living with skilled nursing care

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

38.30%	1	Chiropractic
13.30%	2	Substance abuse
1.60%	3	Physical, occupational and speech therapy
4.70%	4	Prescription drugs (deny access to name-brand)
14.10%	5	Anything not proven to be effective
28.10%	6	None

Who ought to decide what is in a basic benefits package?

3.30%	1	Government
9.80%	2	Medical providers
0.00%	3	Insurance companies
2.40%	4	Employers
76.40%	5	All of the above plus consumers
8.10%	6	Consumers only

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?

23.90%	1	Navigating the health care system and getting past the gatekeepers
11.10%	2	Hard finding health insurance due to pre-existing conditions for self-employed
9.40%	3	Continuity of care from state-to-state or job-to-job
8.50%	4	Hours of availability of services
9.40%	5	Access to specialty care, e.g. GI, neuro
6.80%	6	Transportation
14.50%	7	Not strong enough community-based system
4.30%	8	Maintaining the same providers
7.70%	9	Language education and cultural barriers
4.30%	10	No covered facility available in city (location)

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?

2.70%	1	Access for immigrants
15.30%	2	No incentives to get off public programs (transition from public to private)
9.90%	3	Fragmented care (physician-patient relationship)
11.70%	4	Lack of alternatives to emergency room care
1.80%	5	Insurance companies not covering new tests
11.70%	6	Lack of education of consumer
46.80%	7	Cost

Which of these kinds of difficulties is the most important to address?

- 10.50% 1 Navigating the health care system and getting past the gatekeepers
- 11.30% 2 Not strong enough community-based system
- 11.30% 3 No incentives to get off public programs (transition from public to private)
- 66.90% 4 Cost

Should everyone who can afford to do so be required to enroll in basic health insurance?

- 74.00% 1 Yes
- 26.00% 2 No

Should some people be responsible for paying more than others?

- 63.90% 1 Yes
- 36.10% 2 No

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

- 20.90% 1 Everyone should pay the same
- 6.20% 2 Family size
- 14.70% 3 Health behaviors
- 41.10% 4 Income
- 17.10% 5 Other

Should public policy continue to encourage though tax breaks employer-based health insurance?

- 60.20% 1 Yes
- 39.80% 2 No

Do you think government resources should continue to subsidize health insurance for people who can't otherwise afford it?

- 89.60% 1 Yes
- 10.40% 2 No

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?

- 17.50% 1 \$0
- 10.70% 2 \$1 - \$100
- 20.40% 3 \$100 - \$299
- 14.60% 4 \$300 - \$999
- 16.50% 5 \$1000 or more
- 20.40% 6 Don't know

Considering the rising cost of health care, which of the following should be the MOST important priority for public spending to reach the goal of health care that works for all Americans?

- 3.00% 1 Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 17.00% 2 Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 33.00% 3 Guaranteeing that all Americans have health insurance
- 3.00% 4 Funding the development of computerized health information to improve the quality and efficiency of health care
- 2.00% 5 Funding programs that help eliminate problems in access to or quality of care

		for minorities
0.00%	6	Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
31.00%	7	Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they can not afford it)."
11.00%	8	Preserving Medicare and Medicaid

If you believe it is important to assure access to affordable, high-quality health care coverage and services for all Americans, which of the following proposals, or combination of proposals, would you support most? (see explanation below)

63.20%	1 (AD)	A (\$\$\$)
6.30%	2 (AD)	B (\$\$\$)
4.20%	3 (AD)	C (\$\$) and G (\$)
3.20%	4 (AD)	C (\$\$) and H (\$)
3.20%	5 (AD)	C (\$\$) and I (\$)
3.20%	6 (AD)	D (\$\$) and G (\$)
4.20%	7 (AD)	D (\$\$) and H (\$)
4.20%	8 (AD)	D (\$\$) and I (\$)
1.10%	1 (AE)	E (\$\$) and G (\$)
1.10%	2 (AE)	E (\$\$) and H (\$)
0.00%	3 (AE)	E (\$\$) and I (\$)
0.00%	4 (AE)	F (\$\$) and G (\$)
1.10%	5 (AE)	F (\$\$) and H (\$)
0.00%	6 (AE)	F (\$\$) and I (\$)
5.30%	7 (AE)	G (\$), H (\$), and I (\$)

The cost of any proposals will be borne by individuals, government, or business. The amount will depend on how many individuals participate, what benefits are covered, and other factors. However as a very general approximation, each proposal has \$, \$\$, or \$\$\$ next to it to represent how expensive it could be. Each of you has \$\$\$ to vote for proposals. Vote for the proposals you would support with your limited dollars. If you vote for a proposal with \$\$\$, then you can only vote once. If you vote for a proposal with \$\$, then you can vote another time for a proposal with \$. You could also vote for three proposals if each is only \$.

\$\$\$	A	Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance.
	B	Require that all Americans obtain coverage, either through employers, government programs or insurance they purchase on their own
\$\$	C	Offer uninsured Americans income tax deductions, credits, or other financial assistance to help the purchase private health insurance on their own. 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.
	D	Expand current tax breaks available to employers and their employees to encourage employers to offer insurance to more workers and families.
	E	Require businesses to offer health insurance to their employees.
\$	G	Increase flexibility afforded states in how they use federal funds for state programs -- such as Medicaid and S-CHIP -- to maximize coverage.
	H	Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program.
	I	Expand neighborhood health clinics.

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@ahrg.hhs.gov.