

# Jackson, Hattiesburg and Greenville, MISSISSIPPI

August 22-24, 2006

*Comments on the Interim Recommendations  
Of the Citizens' Health Care Working Group*

**Citizens' Health Care Working Group**

HEALTH CARE  
THAT WORKS FOR ALL  
AMERICANS

## OVERVIEW

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The 50 participants at three Community Meetings in Jackson, Hattiesburg, and Greenville, Mississippi were interested and concerned about health care issues and came with the clear intent to address the Interim Recommendations issued in June, 2006, by the Citizens' Health Care Working Group. The meeting participants endorsed the general approaches reflected in the Interim Recommendations and provided extensive discussion, commentary, and ratings regarding additional steps that should be taken to achieve a better health care system.



The mix of individuals attending the three meetings provided a range of opinion that reflected views expressed previously in Mississippi but that were also consistent with the message expressed at numerous community meetings across the country.

### Citizens' Health Care Working Group Community Meetings – Interim Recommendations



Oklahoma City, Oklahoma  
Milwaukee, Wisconsin  
Jackson, Mississippi  
Hattiesburg, Mississippi  
Greenville, Mississippi

Regarding the Interim Recommendations overall, participants considered the most important to be: assuring quality affordable health care for all and establishing a core set of services that would be guaranteed to everyone.

As at the community meetings that were held prior to the release of the Interim Recommendations, all the participants expressed the opinion that the health care system in the United States is either in a state of crisis (60 percent) or has major problems (40 percent). A clear majority of the participants considered action on the recommendations by the Congress extremely important.

## SESSION FINDINGS

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### Selected Highlights

Discussions at the three meetings in Mississippi, during August, 2006, focused on the six recommendations of the Citizens' Health Care Working Group; specifically, what

concerns did participants have about how the recommendations could be made to work. The major comments provided by the participants are indicated below.

**Interim Recommendation 1: Guarantee financial protection against very high health costs.**

An overwhelming majority (88 percent) of participants agreed that this recommendation was a good first step toward achieving health care that works for all Americans.

Participants stressed that the recommendation should advise Congress and the President to:

- Define “affordable” and “high-cost” in an objective manner and take into account take-home pay and individual circumstances;
- Make the program equitable;
- Address unjustified differences in care costs across the country;
- Have the program be Federally operated, not dependent on state budgets/policy;
- Avoid fragmentation; and
- Incorporate education, prevention, and wellness.

By wide margins, participants supported both individual mandates and subsidies for low income individuals.

Participants also predominantly wanted a public-private mix in the design of the catastrophic program; at one site, participants strongly endorsed the need to reduce the for-profit motive in health care. They articulated the principle that the competitive market place was fine for specific products related to health care but should not play a significant role in the provision of health care services.

**Interim Recommendation 2: Support integrated community health networks.**

A substantial majority of participants (77 percent) agreed with this recommendation.

Participants stressed that the recommendation should advise Congress and the President to:

- Design the program so as to address the issues of “availability, affordability, accessibility, and acceptability;”
- Make sure that each individual has a “health care home;” and
- Use rationale, science-based, cost-effective, prevention and care alternatives.

**Interim Recommendation 3: Promote efforts to improve quality of care and efficiency.**

A substantial majority of participants (79 percent) agreed with this recommendation.

Participants stressed that the recommendation should advise Congress and the President to:

- Encourage patients to take personal responsibility for their life styles and behaviors;
- Emphasize health education, promotion, and behavior changes;
- Emphasize that all patients should receive equal quality of care at equal cost by all providers; and
- Require provider participation in these efforts.

**Interim Recommendation 4: Fundamentally restructure the way that palliative care, hospice care, and other end-of-life services are financed and provided, so that people living with advanced incurable conditions have increased access to these services in the environment they choose.**

A substantial majority of participants (79 percent) agreed with this recommendation.

Participants stressed that the recommendation should advise Congress and the President to:

- Seek alternatives to housing the elderly in nursing homes, e.g., “set the captives free;”
- Offer more home and community based care options;
- Develop creative solutions for end-of-life care, such as “Medicaid dollars follow the patient;” and
- Address peoples’ needs for coverage for the gap between Medicaid and private insurance.

**Interim Recommendation 5: It should be public policy that all Americans have affordable health care.**

Two-thirds of the participants (65 percent) agreed with this recommendation.

Participants stressed that the recommendation should advise Congress and the President to:

- Pattern the system after one or more effective systems in other countries;
- Include preventive care and healthy behavior education;
- Assure health care cost equity by using a formula that spreads cost fairly;
- Fully fund the recommendations;
- Provide aggressive consumer education before and during implementation of changes in the system; and
- Provide financial incentives for individuals to get and stay healthy;

**Interim Recommendation 6: Define a “core” benefit package for all Americans.**

Two-thirds of the participants (65 percent) also agreed with this recommendation.

Participants stressed that the recommendation should advise Congress and the President to:

- Assemble the independent body from a diverse racial, cultural, geographic, socio-economic, health condition, and health status cross-section of the population;
- Include consumers on the independent body;

- Include, in the benefit selection criteria, services consumers want/choose;
- Include education/preventive components; and
- Include evidence-based results in the health care services selection criteria.

### Determining Priorities

Asked whether the package of recommendations, in total, would improve our health care system, a substantial number of the participants (80 percent) agreed it would; a majority (69 percent) strongly agreed that it would. A high number of the participants, (70 percent) also agreed that it was important (15 percent) or extremely important (56 percent) that, given the competing challenges the Nation faces, it was either extremely important (56 percent) or very important (15 percent) for Congress to act on this package of recommendations.

## **METHODOLOGY**

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The meeting format utilized was a combination of table-level discussions and plenary discussions. Attendees at these meetings participated in table-level discussions, assisted by table facilitators and reported their findings to the entire audience. During the full group discussions, key points raised by individuals and tables were compiled and displayed on the screens. Following these moderated discussions, the participants would express their opinions or preferences for the choices they had generated by recording their opinions regarding survey questions manually, on individual paper forms that were collected at the end of the meetings.

## **PARTICIPATION**

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During three hot late summer days, during the middle of the week, 50 individuals gathered at in several locations across Mississippi – from a central medical mall in Jackson, to a remote Department of Agriculture Extension Service facility outside Hattiesburg, to a community health facility along a shopping strip in Greenville during August 22, 23, and 24, to discuss the Interim Recommendations of the Citizens' Health Care Working Group. The sponsors of the meetings were the Mississippi State University Extension Service, the Mississippi Rural Health Association, the Mississippi Department of Health's State Office of Rural Health, and the Mississippi Area Health Education Center. Dr. Aaron Shirley represented the Working Group in Jackson; Andy Rock, staff to the Working Group, represented the Working Group in Hattiesburg and Greenville. Andy Rock and Alan Barefield moderated the three meetings.

Similar to most community meetings held, the majority of attendees to the three meetings were female (76 percent). A majority were middle aged (60 percent aged 45 to 64). Half the participants were black or African American; half were white. The participants were well educated; a very large number had graduate or professional degrees (83 percent). Three-quarters of the participants were employed full time; the remainder was either self-employed or retired. Three-quarters of the participants had employer-based insurance; others purchased insurance themselves, or had coverage under the Veterans Administration or Medicare. Two individuals had no insurance.