

Citizens Health Care Working Group

Newton, Mississippi Listening Session

April 20, 2006

Final Report

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Introduction

One listening session was held in Newton, MS, on April 20, 2006. Newton sits in Newton County, positioned in the east central portion of the state. The county is very rural, yet through some diligent community efforts, just opened the doors of a new rural county hospital. While the participating group was small, there was a good mix of community members and community service representatives, allowing for a broad range of views and powerful discussion. The group was composed of five females and three males. About half of the group was between ages 25-44, about half between 45 and 64, and one person over 65. Six of the participants were white and two were African American.

The educational experience of the group was diverse, with one having a high school diploma, two having some college experience, two holding associate's degrees, one with a bachelor's degree, three holding graduate or professional degrees, and one unknown. Based on county demographics for the county, the group exceeded the county's percentage of participants with a high school diploma (73% for county, 100% of participants) and percentage with a bachelor's degree or above (12% county, 29% participants). Nearly three-fourths (71%) of the participants had employer-based insurance as their primary source of health care coverage, with 29% having other coverage not listed, and 14% on Medicare.

Newton County is a very rural region with only 38 persons per square mile compared to the state 61 and the national 80. Data from the U.S. Census Bureau indicates that the population of the county is evenly divided between males and females, but that white persons comprise 65% of the population and black or African American persons comprise 30% of the population, with the remainder being made up of other ethnic groups. The percentage of people living below the poverty line in Newton County (20%) matches that of the state, while the national percentage is 12%.

State of the U.S. Health Care System

In a discussion centering on the state of the U.S. health care system, all of the participants believed the health care system to have major problems. A larger percentage of the group felt the most important reason to have health insurance was to guard against high medical costs (71%) rather than to pay for everyday medical expenses (29%).

Summary of Key Points Raised by Discussion Groups and Related Polling Data

Values:

Key values at Newton were much like those in other sessions held throughout the state. For instance, affordability was the top ranking value for this session, as it was for several others (9.3 rating on a 10-point scale.) Second was providing the treatment that the patient needs (9.2). One person stated, "We have gotten away from doctoring the individual and are worrying more about who and how things get paid." Another stated, "The system should cover what my doctors say I need." This statement was reflective of the general feeling expressed in the group that the system needed to be driven by patient needs, not by insurance contract provisions. Access was

the third ranking value (9.0) followed by cost-effectiveness (8.2). Other values included accessibility of medical records between providers (7.9), being able to choose the provider (7.3) and standardized quality or evidence-based medicine (7.2).

A majority of the participants (86%) agreed that it should be public policy that all Americans have affordable health care coverage. One person stated, “We mandate education for all; health care is as important.” However, some had concern for how you “mandate affordable insurance.” All of the participants favored having a defined level of services for everyone over the current system of coverage based on who you are.

Benefits:

A total of nine potential additions to the Working Group’s hypothetical basic benefits package were suggested, although some had limited support in the voting results. Of those receiving a higher level of support (over 7 on a ten point scale), the highest ranking was prescription coverage, including birth control (8.8). Mammography (8.2) and hospice care (7.8) received the next highest support. The remaining top choices were home health (7.7), specialists’ care (7.7), and comprehensive dental care (7.3). The participants listed chiropractic care and unlimited substance abuse care as potentially removable benefits. However, in the rating, removing substance abuse care was not supported.

When asked who should decide what is in a basic package, the participants indicated that they thought consumers should have the strongest voice (average rating 8.5 on a 10 point scale), followed by medical professionals (8.2). The remaining three potential stakeholders were rated much lower indicating the group thought a much lower level of input was appropriate: employers (6.8), insurance companies (5.5) and government (4.8).

Getting Health Care

In response to what kind of difficulties people in the region face in getting health care, the responses reflected both broad-based barriers as well as those more unique to rural environments. Affordability, including finding appropriate insurance coverage, and locating a provider that accepts your type of coverage and payment status are issues common across the nation. Likewise, process issues involving limitations in gaining appropriate access to medical records and battling through confusing paperwork were discussed. Turning to issues of greater concern to rural communities, the participants noted two significant barriers: transportation for rural residents and the lack of physicians serving in rural areas. Frustration was voiced over the lack of wellness or health education opportunities; as one participant stated, “They don’t want to see you till you are sick.”

Financing:

All of the participants indicated that everyone who can afford to do so should be required to enroll in basic health care coverage. However, one participant commented, “Affordable is relative – it’s a general term out there to get someone interested through advertising.” A majority (86%) of the participants thought that should such a system be developed to require all to participate, that some participants should pay more than others. For those who favored some paying more than others, the greatest support came for using health behaviors as a criterion. “If someone is engaging in abusive or risky behaviors, they should have to pay more.” The concept

of using family size and income as criteria also received some support. This discussion also elicited some of the greatest debate in the group. Comments ranged from “I don’t think someone should be penalized because they have been successful – and that is what our government likes to do. It is not right that people making more than \$50,000 have to pay more for others” to “Society in general needs some redistribution of income to support it’s needs as a whole or else consequences are greater.” A compromising participant offered the possibility of having “people at the lower end pay in something to minimize the impact at higher income levels.”

The group was divided in half over whether or not tax rules should continue to favor employers who offer employees health insurance. However, the group strongly favored continuation of government support for current programs that cover some people who can’t afford it (86%). However, the group felt that the government should “require people to pay something in rather than go to the public trough.” When asked how much more each would be willing to pay in a year to support efforts to provide access to coverage for all Americans, about half of the group said \$100 – \$299, with the other half indicating \$300-\$999.

Trade-Off Priorities & Options

While all of the presented spending options received support (a rating of 7 or above on a 10-point scale), “Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas” received the greatest support (9.2). Closely following were two priorities: (a) “guaranteeing that all Americans get health care when they need it, through public ‘safety net’ programs” and (b) “investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters” both receiving an average rating of 8.8. The range on the trade-off proposals was much greater indicating very different levels for support for the suggestions (8.2 to 2.2). The trade-off most supported was “requiring that all Americans enroll in basic health care coverage, either private or public (8.2). Support was also indicated for “expanding neighborhood health clinics” (7.2) and “creating a national health insurance program, financed by taxpayers, in which Americans would get their insurance” (7.0).

Closing Comments and Other Ideas:

A number of other thoughts were shared throughout the sessions that are worth noting:

- Reduce bureaucracy and complexity of the health care system. Every insurance company has a different way of doing business.
- Profit control is needed in the pharmaceutical industry.
- Physical education and health education need to be returned to the school systems.
- Nurses spend more time documenting than treating
- Tort reform is needed
- Health care premiums should be mandatory payments/withholdings, like social security. Employers offer insurance, but employees may not pick it up.
- Families/individuals need to prioritize health care over luxuries.