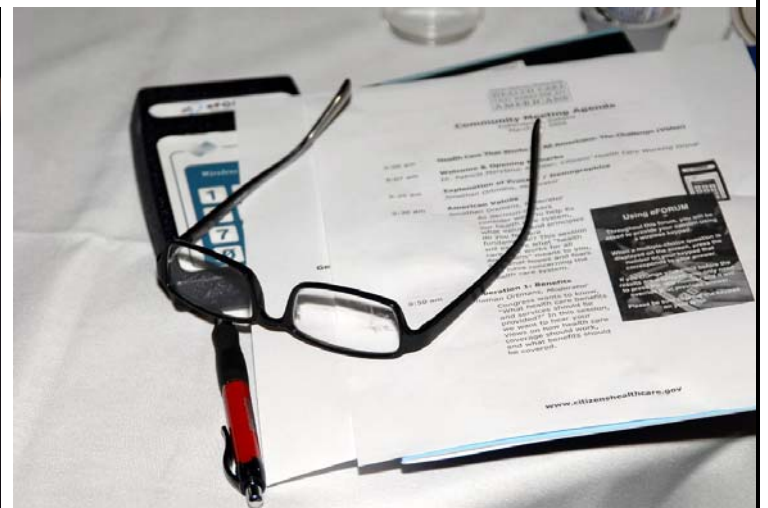
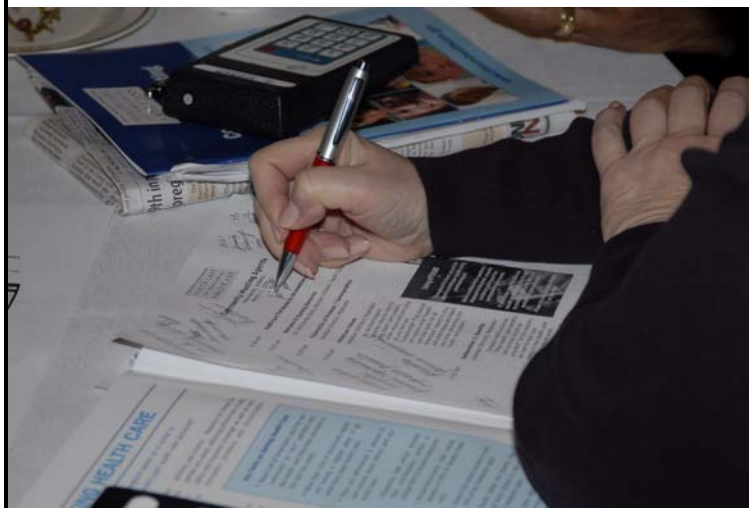




Jackson

February 22, 2006



Citizens' Health Care Working Group

HEALTH CARE
 THAT WORKS FOR ALL
 AMERICANS

OVERVIEW

The Citizens' Health Care Working Group collaborated with the Mississippi State University Extension Service and the leadership of the Jackson Medical Mall to conduct a community meeting on the health care system in America.

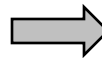
The diverse and energetically involved participants strongly endorsed the idea that there should be a system that assures that everyone has health insurance coverage. However, the audience also wanted to find ways to split the difference where choices were concerned, wanting everyone to have guaranteed access but not wanting a governmentally-prescribed mandate. Individual choice, whether in selecting physicians, plans, opting out of a basic plan, or engaging in health investments, remained an expressed preference.

Participants wanted both the benefits that a welfare state might provide as well as the ability to retain the consumer choice associated with a free market. The strong voice of the audience was that the health care system needed more, not less. The audience readily agreed on a number of benefits needed to enhance a suggested typical basic benefits plan; however, they balked at removing items from the initial list.

Despite the urging by the moderator to consider trade-offs primarily within the context of the health care system, the majority advocated trade-offs involving reductions to non-health care spending (war, reduced taxes on the rich, and space exploration) rather than moderating health care spending. Insightful recommendations emerged during the closing discussions.



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

Seventy percent of the participants indicated that the three most important priorities regarding health care were: access for everybody (29 percent), early prevention intervention (21 percent) and universal health care with no disparities (19 percent).

However, there was a murmur of agreement from the audience when an individual added that “health care should perform based on price.” Reflecting an area where health care can not be assumed to be available or accessible to everyone, 91 percent of the audience agreed that it should be public policy that all Americans have affordable health care coverage, although, one individual asked “what do you mean by ‘affordable,’ you obviously don’t mean free.”

As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental?

Top 5 responses listed below

- Access for everybody.
- Early preventive intervention.
- Universal with no disparity.
- Healthcare is a right rather than a privilege.
- Holistic

Most (92 percent) participants agreed that adopting a health care system assuring at least a basic set of services and coverage was preferable to the current system of categorical eligibility. The discussion revealed a variety of perspectives and concerns. Some participants favored supplementing the existing system or creating a “blended package of care for all.” Others, expressing skepticism or realism, were concerned about what limits would be placed on a basic level of services and whether these might be too restrictive. Participants realized that there would need to be further work on details of a new system.

Benefits

Three services participants felt should be added to the Working Group’s hypothetical basic benefits package were: expanding reproductive health care including STD testing and fertility treatments (19 percent), health education and medical/nutritional therapy (18 percent), and vision care (18 percent). On the question of what services could be removed from the basic benefits package, the group gave a loud resounding “None!” (49 percent) although a sizable portion conceded that chiropractic care could be dropped (39 percent) of the list.

Regarding who should decide on the basic benefits package, the strongest response was a general murmur of disbelief (“are you kidding”) at the mention of insurance companies. Participants were split on the other choices, ranking consumers the highest, followed by medical professionals.

Getting Health Care

Regarding difficulties faced in obtaining care, this community meeting audience identified a longer list, and did so more rapidly, than at any of the previous five community meetings. They identified 19 such difficulties including: rural availability of care, transportation, language barriers and cultural sensitivities, fear that making claims may result in loss of coverage, timeliness, ER overcrowding, refusal of care, and, of course, paying for care. Although no voting was done on this long list, "money" was called out several times as the central concern. After reviewing the list, a participant spoke up and said that another difficulty that pervades many of the difficulties and may be the cause is race, to which there was a general murmur of assent and heads nodding. It was also observed by several participants that race would trump money as the issue that most impeded obtaining needed health care.

Financing

Three-quarters of the participants (74 percent) felt that everyone who could afford to do so should be required to enroll in basic health care coverage, either private or public. Those agreeing with this indicated that it would encourage greater responsibility and equalize the costs for all; making health insurance more like car insurance, which everyone who drives must have. The participants had a number of insightful qualifications that they wanted to see made part of this policy proposal, especially ensuring that guaranteed eligibility and access were included. Others thought a system that automatically enrolled individuals to ensure coverage was desirable.

The participants expressed several, sometimes contradictory, points of view regarding an "opt out" option to mandatory enrollment. Some said that individuals with other coverage shouldn't have to participate in a mandatory basic health plan. Others pointed out that by allowing individuals to opt out it could result in some of the same problems that currently exist whereby an individual without coverage needing catastrophic health care must be provided for by the community or the health care system. This scenario undermines the principle of cost sharing across all individuals. Participants at another table engaged in a heated and inconclusive debate regarding whether and how to address the health care needs of undocumented aliens.

A solid majority (60 percent) felt that some individuals should be required to pay more than others for health care coverage or services. Those in favor seemed to agree with the adage "from each according to his ability, to each according to his need." Those who disagreed with the proposition about some paying more felt that "it pits people against one another." They indicated that "It's going to cost the same regardless; we need to let everyone have an equal chance to make more money; we should not ask them to pay more simply because they were more privileged." When asked what criteria should be used to decide who should pay more, "income" was the most frequently cited. However, a third of the participants didn't express an opinion

What should the responsibilities of individuals and families be in paying for health care?

Top 5 supported answers are listed below

- Need to understand what benefits are covered.
- Take responsibility for our children's health.
- Patient needs to understand their role in delivery of health care services.
- When you get sick, see a doctor.
- Greater personal responsibility for health behaviors.

about this question, underscoring the disagreement of some with the idea that some individuals should pay more.

In response to a Yes/No polling question, a sizeable majority (72 percent) indicated they agreed that the current employer-based health insurance system should be kept. Although, participants indicated they might have voted differently had they been offered other choices, because they didn't feel the employer-based system was entirely reliable. A business person also indicated that the question was misleading because what looked like benefits to the business were really costs or pass-through benefits to the employees.

Another reflection of the strongly pro-public sentiments of the audience - despite comments of individual dissent - was the overwhelming agreement (96 percent) with the proposition that "government resources should be used to cover health care for those who can't afford it." Fifty percent of the audience indicated that they would be willing to spend up to \$100 more per year to help pay for people who couldn't afford care; 15 percent would be willing to spend up to \$300 more; and 13 percent would be willing to spend over that. These numbers are roughly equivalent to the results from other community meetings.

Tradeoffs and Options

The most dramatic resistance to the general range of questions presented to the audience came over the question of trade offs. As noted in the Overview, most participants wanted the trade-offs to come from outside the health care arena. Although, there were one or two lone voices alluding to administrative overhead costs, inefficiencies and greed as factors in the health care arena that needed to be addressed. When asked for a show of hands of those who thought the additional funds for health care should come from elsewhere, almost all the participants raised their hands.

Which public spending priority do you support for reaching the goal of health care that works for all Americans?

(listed in order from highest support to lowest)

- Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they can not afford it).
- Guaranteeing that all Americans have health insurance.
- Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas.
- Funding programs that help eliminate problems in access to or quality of care for minorities.
- Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters.

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

The 8:30am-12:30pm, Wednesday, February 22, 2006, meeting in Jackson was the kick-off event for what will be a series of meetings to be held throughout Mississippi. There are eight rural sites chosen for additional meetings; registration for these meetings is available on the Working Group's web site. Dr. Alan Barefield and Rachel Welborn, of the University Extension Service are organizing the rural meetings; they teamed up with Dr. Aaron Shirley and Mr. Primus Wheeler, Executive Director of the Jackson Medical Mall, to promote the initial meeting at the Mall. This combined urban-rural mix of meetings will provide the Working Group with an opportunity to carry out the statutory injunction to consider the rural issues of health care.

A hundred people attended the meeting, approximately half of the participants were African-American and half were Caucasian, reflecting the racial ethnic dimensions of the community. Volunteer facilitators at each of 14 tables of 6-8 participants led table discussions; individuals called out responses to questions posed by the moderator, participants used wireless key-pad units to express opinions and preferences on numerous questions. Audience responses were immediately flashed on an overhead screen, summary statistics generated and displayed, and opportunities for individuals and table facilitators to explain their responses were provided.

DATA

Are you male or female?

24.00%	1	Male
76.00%	2	Female

How old are you?

4.20%	1	Under 25
45.80%	2	25 to 44
36.10%	3	45 to 64
13.90%	4	Over 65

Are you Hispanic or Latino?

2.90%	1	Yes
95.70%	2	No
1.40%	3	No Response

Which of these groups best represents your race?

33.30%	1	White
58.30%	2	Black or African American
1.40%	3	Asian
0.00%	4	Native Hawaiian or Pacific Islander
0.00%	5	American Indian or Alaska Native
4.20%	6	Other
2.80%	7	Decline to answer

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

1.30%	1	Elementary (grades 1 to 8)
2.50%	2	Some high school
1.30%	3	High school graduate or GED
10.10%	4	Some college
5.10%	5	Associate Degree
22.80%	6	Bachelor's Degree
57.00%	7	Graduate or professional degree
0.00%	8	Decline to answer

What is your primary source of health care coverage?

67.10%	1	Employer-based insurance
6.60%	2	Self-purchased insurance
2.60%	3	Veterans'
10.50%	4	Medicare
0.00%	5	Medicaid
6.60%	6	Other
6.60%	7	None
0.00%	8	Not sure

What is your employment status?

- | | | |
|--------|---|---|
| 7.50% | 1 | Self-employed |
| 62.50% | 2 | Employed - working full time |
| 7.50% | 3 | Employed - working part-time |
| 3.80% | 4 | Not employed / currently looking for work |
| 1.30% | 5 | Homemaker |
| 17.50% | 6 | Other |

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

- | | | |
|--------|---|-------------------------------|
| 50.60% | 1 | It is in a state of crisis |
| 44.30% | 2 | It has major problems |
| 5.10% | 3 | It has minor problems |
| 0.00% | 4 | It does not have any problems |
| 0.00% | 5 | No opinion |

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

- | | | |
|--------|---|---------------------------------------|
| 42.10% | 1 | To pay for everyday medical expenses |
| 57.90% | 2 | To protect against high medical costs |
| 0.00% | 3 | No opinion |

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?

- | | | |
|--------|----|---|
| 21.30% | 1 | Early preventive intervention |
| 6.70% | 2 | Holistic |
| 29.30% | 3 | Access for everybody |
| 12.00% | 4 | Healthcare is a right rather than a privilege |
| 18.70% | 5 | Universal with no disparity |
| 1.30% | 6 | Easier to understand |
| 2.70% | 7 | Culturally sensitive |
| 5.30% | 8 | Public awareness and education |
| 0.00% | 9 | More community health care workers |
| 2.70% | 10 | Focus on a healthy America |

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.]

- | | | |
|--------|---|-----|
| 91.40% | 1 | Yes |
| 8.60% | 2 | No |

Which of the following statements most accurately represents your views?

- | | | |
|--------|---|--|
| | | Providing coverage based on who you are (for example, people who have coverage through their employers or people who qualify for public programs |
| 8.30% | 1 | because of age or because they are poor) as is the case currently |
| | | Defining a level of services for everyone, regardless of their status, but with |
| 91.70% | 2 | coverage assured only for that defined set of services |

It would be difficult to define a level of services for everyone. A health plan that many people view as “typical” now covers these types of benefits, many of which are subject to co-payments and deductibles:

- Preventive Care—screenings, routine physicals, influenza and pneumonia immunizations, well child care, limited dental care
- Physicians’ Care—inpatient services, outpatient surgery, related tests, home and office visits, medical emergency care
- Chiropractic Care
- Maternity Care
- Prescription Drugs
- Hospital/Facility Care—inpatient and outpatient services
- Physical, Occupational, and Speech Therapy
- Mental Health and Substance Abuse—inpatient and outpatient facility and professional care

How would a basic package compare to this “typical” plan?

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

- | | | |
|--------|----|--|
| 17.60% | 1 | Health education and medical nutrition/therapy |
| 5.40% | 2 | Culturally-specific disease care |
| 17.60% | 3 | Vision care |
| 9.50% | 4 | Hospice care |
| 9.50% | 5 | More comprehensive dental care |
| 9.50% | 6 | Health/wellness promotion |
| 1.40% | 7 | Enhance reproductive services to include things like infertility |
| 18.90% | 8 | Specialty consultations |
| 10.80% | 9 | Holistic and alternative care |
| 0.00% | 10 | Hearing |

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

- | | | |
|--------|---|-------------------|
| 49.40% | 1 | Nothing |
| 39.00% | 2 | Chiropractic care |
| 11.70% | 3 | Substance abuse |

On a scale of 1 (no input) to 10 (exclusive input), how much input should each of the following have in deciding what is in a basic benefit package?

- | | |
|-----|-------------------------------|
| 3rd | Federal government |
| 5th | State and/or local government |
| 2nd | Medical professionals |
| 6th | Insurance companies |
| 4th | Employers |
| 1st | Consumers |

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?

- 1 Money
- 2 Availability of all types of care in rural areas
- 3 Availability of personnel
- 4 Transportation
- 5 Knowledge of availability of resources
- 6 Cultural sensitivity and language barriers
- 7 Gaps in coverage for certain services
- 8 Fear of finding out
- 9 Loss of service because of change of policy
- 10 Fear of using the system for a loss of benefits

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?

- 1 Emergency room overcrowding
- 2 Timeliness
- 3 Continuity of care
- 4 Confusion about policy coverage for those who have insurance
- 5 Physician/pharmacist refusal to provide care/medicine
- 6 Socio-economic status
- 7 Simplified, automatic eligibility
- 8 Religious beliefs
- 9 Race

In getting health care, what is most important to you?

- 1 Quality of care
- 2 Availability of care
- 3 Accessing the appropriate provider
- 4 Customer service regardless of payer
- 5 Trust in the physician
- 6 Timeliness and accessibility
- 7 Compassion, respect, and understanding
- 8 Affordability
- 9 Transportation
- 10 Provider and patient communication

In getting health care, what is most important to you?

- 1 Caring and competent providers
- 2 Health care package that includes care for all illnesses
- 3 Less rules to qualify and lower deductibles
- 4 Innovation (regarding delivery of care, e.g. technology)
- 5 Clear explanation of benefits
- 6 Consolidation of bills
- 7 Use of updated equipment, materials and care (use up-to-date technology)
- 8 Coordination of various services

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

- | | |
|--------|-------|
| 73.80% | 1 Yes |
| 26.20% | 2 No |

Should some people be responsible for paying more than others?

60.30% 1 Yes
39.70% 2 No

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

25.50% 1 Everyone should pay the same
4.30% 2 Family size
19.10% 3 Health behaviors
38.30% 4 Income
12.80% 5 Other

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

72.10% 1 Yes
27.90% 2 No

Do you think government resources should be used to continue current programs that cover some people who can't otherwise afford it?

95.80% 1 Yes
4.20% 2 No

On a scale from 1 (strongly disagree) to 4 (strongly agree), please rate your agreement with the following responsibilities of individuals and families in paying for health care.

7th Be better stewards of our bodies
8th File yearly income tax
6th Take advantage of prevention and preventive programs
5th Greater personal responsibility for health behaviors
9th Paying for deductible or copay
2nd Take responsibility for our children's health
10th Individuals develop their own investment funds
4th When you get sick, see a doctor
3rd Patient needs to understand their role in delivery of health care services
1st Need to understand what benefits are covered

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?

33.90% 1 \$0
16.10% 2 \$1 - \$100
14.50% 3 \$100 - \$299
12.90% 4 \$300 - \$999
4.80% 5 \$1000 or more
17.70% 6 Don't know

On a scale from 1 (low) to 10 (high), please rate each of the following public spending priorities to reach the goal of health care that works for all Americans.

- 3rd Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas
- 5th Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 2nd Guaranteeing that all Americans have health insurance
- 8th Funding the development of computerized health information to improve the quality & efficiency of health care
- 4th Funding programs that help eliminate problems in access to or quality of care for minorities
- 7th Funding biomedical & technological research that can lead to advancements in the treatment & prevention of disease
- 1st Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they can not afford it)."
- 6th Preserving Medicare & Medicaid

If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this? Please rate each of the following proposals on a scale from 1 (low) to 10 (high).

- 9th Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase of private health insurance on their own.
- 7th Expand state government programs for low-income people (eg. Medicaid & S-CHIP) to provide coverage for more people without health insurance.
- 10th Rely on free-market competition among doctors, hospitals, other health care providers and insurance companies rather than having government define benefits and set prices.
- 3rd Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
- 4th Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families
- 6th Require businesses to offer health insurance to their employees
- 2nd Expand neighborhood health clinics
- 1st Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance
- 5th Require that all Americans enroll in basic health care coverage, either private or public
- 8th Increase flexibility afforded states in how they use federal funds for state programs (such as Medicaid and S-CHIP) to maximize coverage

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.