

Percent A

Are you male or female?

35.8%	1 Male
64.2%	2 Female

Percent B

How old are you?

4.0%	1 Under 25
24.5%	2 25 to 44
61.0%	3 45 to 64
10.4%	4 Over 65

Percent C

Are you Hispanic or Latino?

8.3%	1 Yes
87.1%	2 No
4.6%	3 No Response

Percent D

Which of these groups best represents your race?

85.4%	1 White
3.9%	2 Black or African American
2.1%	3 Asian
0.0%	4 Native Hawaiian or Pacific Islander
1.3%	5 American Indian or Alaska Native
3.0%	6 Other
4.3%	7 Decline to answer

Percent E

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

0.4%	1 Elementary (grades 1 to 8)
2.6%	2 Some high school
5.5%	3 High school graduate or GED
11.1%	4 Some college
4.7%	5 Associate Degree
27.7%	6 Bachelor's Degree

- 47.7% 7 Graduate or professional degree
- 0.4% 8 Decline to answer

Percent F

What is your primary source of health care coverage?

- 66.2% 1 Employer-based insurance
- 9.5% 2 Self-purchased insurance
- 1.7% 3 Veterans'
- 10.8% 4 Medicare
- 1.7% 5 Medicaid
- 5.2% 6 Other
- 4.8% 7 None
- 0.0% 8 Not sure

Percent G

What is your employment status?

- 19.0% 1 Self-employed
- 44.3% 2 Employed - working full time
- 11.4% 3 Employed - working part-time
- 2.5% 4 Not employed / currently looking for work
- 1.7% 5 Homemaker
- 21.1% 6 Other

Percent H

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

- 69.1% 1 It is in a state of crisis
- 27.9% 2 It has major problems
- 1.7% 3 It has minor problems
- 0.9% 4 It does not have any problems
- 0.4% 5 No opinion

Percent I

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

- 28.0% 1 To pay for everyday medical expenses
- 71.1% 2 To protect against high medical costs
- 0.9% 3 No opinion

Percent J

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?

- | | |
|-------|---|
| 4.3% | 1 Accountability |
| 12.2% | 2 Affordability |
| 17.0% | 3 Equal access |
| 1.3% | 4 Treating patients with dignity |
| 6.1% | 5 Cradle to grave |
| 27.0% | 6 Universal |
| 15.7% | 7 Wellness-based |
| 7.8% | 8 Access to minimum levels for all |
| 3.5% | 9 Simplicity |
| 5.2% | 10 Blend of individual and public responsibility |

Percent K

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.]

- | | |
|-------|--------------|
| 92.9% | 1 Yes |
| 7.1% | 2 No |

Percent L

Which of the following statements most accurately represents your views?

- | | |
|-------|---|
| | Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case |
| 5.0% | 1 now |
| | Providing a defined level of services for everyone (either by expanding the current system or creating a new |
| 95.0% | 2 system) |

Intro M-x

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 copayments 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?

Percent M-1

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

- 1 Comprehensive dental care
- 2 Long-term care
- 3 Hospice/palliative care
- 4 Eye care
- 5 Accupuncture
- 6 Hearing aids
- 7 Home care and equipment
- 8 Education and nutrition
- 9 Alternative modalities to preventive
- 10 Assisted suicide

Percent M-2

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

- 1 Speciality care (e.g. cardiologists)
- 2 Measurement of functional health outcomes
- 3 Chronic care management
- 4 Case management (team management approach w/ physician)
- 5 Audiological management
- 6 Choice of licensed provider
- 7 Comprehensive wellness/prevention
- 8 Supervised clinical exercise
- 9 Cognitive therapy
- 10 Electronic medical records

Percent M-3

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

- 1 Chiropractic
- 2 Alter physician care
- 3 Limit prevention aspects
- 4 Prescription drugs

Rank N

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

Percent O-1

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 Affordability (e.g. prescription drugs)
- 2 Self-employed cannot afford
- 3 Coverage limitations PPO and Medicare
- 4 Difficulties in case management
- 5 Lack of providers in rural areas
- 6 Too few specialists (esp. mental health and abortion)
- 7 Network inadequacy
- 8 Lack of information or understanding
- 9 Delay in getting insured
- 10 Lack of continuity of care

Percent O-2

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 Parents make too much for CHIP, but not enough for care for children
- 2 Pre-existing conditions
- 3 Providers not taking certain groups (drives up ER usage)
- 4 Symptom management over disease diagnosis
- 5 Lack of payment for tele-health
- 6 Lack of insurance (and too complex)
- 7 Lack of culturally appropriate care
- 8 Language barriers
- 9 Difficulties with Medicare routing

-- 10 Difficulties with care for elderly

Percent O-3

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

- 1 Access to care
- 2 Timeliness
- 3 Choice
- 4 Privacy of health information
- 5 Quality (evidence-based decisions included)
- 6 No limitations based on cost
- 7 Medical home w/primary care and advisors (no limitations on choice)
- 8 Coordinated care
- 9 Information on providers
- 10 Simplicity

Percent O-4

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

- 1 System works for kids as well as adults
- 2 Provider competence
- 3 Equality and fairness in provider reimbursement
- 4 Cradle-to-grave access
- 5 Reliable source of education and information
- 6 Transparency of system (with ability to appeal decisions)
- 7 Decisions driven by patients' health, not other factors (eg cost)
- 8 Same level of care as elected officials
- 9 Incentives for quality in outcomes (e.g. pay for performance)
- 10 Care as a whole, not piecemeal

Percent P

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

- 75.0% 1 Yes
- 25.0% 2 No

Percent Q

Should some people be responsible for paying more than others?

- 66.0% 1 Yes
- 34.0% 2 No

Percent R

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

- 15.6% 1 None - everyone should pay the same
- 4.4% 2 Family size
- 15.6% 3 Health behaviors
- 56.6% 4 Income
- 7.8% 5 Other

Percent S

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

- 38.5% 1 Yes
- 61.5% 2 No

Rank T-x

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

- 5th T-1 Everyone participates in the system to the level they can
- 6th T-2 Make informed choices
- 10th T-3 Be responsible for your own health care decisions (be willing to pay more for irresponsible decisions)
- 8th T-4 Be involved in decision on how much is being paid for care
- 4th T-5 Partnership with providers
- 3rd T-6 Good health practices
- 7th T-7 Wise use of medical system
- 9th T-8 Every pays something, everybody gets something
- 12th T-9 Pay more out-of-pocket expenses for controllable diseases (e.g. alcoholism)
- 11th T-10 Be more willing to accept the inevitable (end-of-life costs)
- 1st T-11 Provide more feedback to guide reform/change
- 2nd T-12 Assure personal responsibility with follow-through of treatment regimen

Percent U

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?

- 11.9% 1 \$0
- 15.7% 2 \$1 - \$100
- 16.7% 3 \$100 - \$299
- 24.3% 4 \$300 - \$999

25.2% 5 \$1,000 or more
 6.2% 6 Don't know

Percent V-x

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.

- 6th V-1 Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas
 Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the
- 4th V-2 event of epidemics or disasters
- 1st V-3 Guaranteeing that all Americans have health insurance

- 8th V-4 Funding the development of computerized health information to improve the quality & efficiency of health care
- 5th V-5 Funding programs that help eliminate problems in access to or quality of care for minorities
 Funding biomedical & technological research that can lead to advancements in the treatment & prevention of
- 7th V-6 disease
 Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they
- 2nd V-7 can not afford it)."
- 3rd V-8 Preserving Medicare & Medicaid

Percent Y

Some believe that fixing the health care system will require tradeoffs from everyone – e.g. hospitals, employers, insurers, consumers, government agencies. What could be done -- and by whom? And which of these trade-offs do you support the most?

- 1 Abandon state health insurance in favor of more federal
- 2 Limit liability (in medical malpractice) in exchange for lower cost
- 3 Give up physician care for midwifery
- 4 Less end-of-life care in exchange for lower cost
- 5 Trade off insurance company involvement for more self-management
- 6 Quantity for quality

Rank Z-x

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 Z-1 Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase
 of private health insurance on their own.

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