

**CITIZENS HEALTH CARE
WORKING GROUP
HEALTH CARE THAT WORKS
FOR ALL AMERICANS**

**Rural Listening Sessions Summary Report
Starkville, MS
March 21, 2006**

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Citizens' Health Care Working Group

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Introduction

Two listening sessions held in Starkville, MS, on March 21, 2006. The groups were very similar to each other in terms of gender, age, race, and education. For the twenty participants that attended the sessions, 45 percent were male and 55 percent were female and all participants lived in Oktibbeha County (Starkville is the county seat of Oktibbeha County). Five percent were under 25 years of age, 40 percent were between 25 and 44, 35 percent were between 45 and 64, and 20 percent were over 65. The group was predominantly white (90 percent) with the remaining 10 percent being African American. No participant indicated a Hispanic ethnicity.

The participants were highly educated with 10 percent being high school graduates or holding GED certificates, 10 percent having a Bachelor's Degree, and 80 percent holding graduate or professional degrees. The majority of the participants had employer-based insurance as their primary source of health care coverage (70 percent) while 10 percent relied on self-purchased insurance and 15 percent relied on Medicare as their primary insurance source. Ten percent of the participants indicated that they had no health care coverage.

Starkville is the home of Mississippi State University, the state's 1862 land-grant university. 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 59 percent of the population. Black or African American persons comprise 37 percent of the population, with the remainder being made up of other ethnic groups. Eighty percent of the population age 25 years and over are high school graduates while 35 percent has a Bachelor's degree or higher. The population is fairly transitory, with only 56 percent owning a home (compared to a statewide average of 72 percent). While Mississippi State University is the largest employer in the county, many of the jobs that it provides are low-skill, low wage positions. This is true of other employers; median household income is below the state average and 28 percent of the county's residents live below the poverty line (as compared with 20 percent for the state).

State of the U.S. Health Care System

It is fitting that one of the defining quotes from the Starkville sessions was, "We must keep in mind that rural needs are different from urban" since this session was the first targeted for rural Mississippi. In a discussion centering on the state of the U.S. health care system, the participants were fairly evenly split as to whether the system is in a state of crisis (45 percent) or whether the system has major problems (50 percent). One person indicated that they had no opinion on this issue. The same trend was evident regarding the most important reason to have health insurance with 55 percent feeling that the main objective of health insurance was to pay for everyday medical expenses while the other participants felt that the most important reason for health care coverage was to guard against high (in some cases, this was translated to catastrophic) medical costs.

Values

With regard to the values and principles that participants felt were fundamental to a health care system, both Starkville participant groups highly rated issues that centered on access to care, quality, and affordability of care. However, there were disparate views on other fundamentals. While one group rated preventive care quite high, the other group discounted this issue in favor of reducing bureaucracy and litigation in the health care system. However, comments made by members of almost all of the small groups indicated that preventive care was extremely important in the general format of today's health care system.

With regard to the question of whether public policy should mandate that all Americans have affordable health care coverage, 70 percent of the total respondents indicated that this should be a goal of public policy at either the state or federal level. Comments that support this centered around the ethics involved in providing health care coverage to the needy. However, other comments questioned the concept of affordability and how it is defined and the increased role of government (and implied reduction of freedom) that would accompany such a mandate.

With regard to the best method of providing health care coverage, the respondents were almost evenly split between maintaining the status quo providing coverage based on who you are (45 percent) and defining a base level of services for everyone (55 percent).

In discussing the options to add to the sample basic health care package, both groups rated vision coverage and long term/nursing home care quite high. Other top rated additions suggested by the morning group included hospice coverage, home health care coverage, and coverage of treatment provided by non-MD providers such as nurse practitioners. These concerns were understandable since this group contained a number of Medicare recipients and caregivers to elderly parents or other relatives. The evening session participants primarily contained individuals who either relied or had relied on the Mississippi state employee package and felt that this coverage was severely lacking in several areas. This group focused on options such as routine dental care, broad-scope rehabilitation services, and well-defined gynecological care.

While several suggestions were made for services to be dropped from the basic package, the only service that was rated as being dropped by both groups was chiropractic care. However, the rating for dropping this option was marginal at best (6.6 for the two groups combined). Also, a chiropractic practitioner made the comment that the type of process used in the listening session may have inherently biased the process since a respondent may have voted positively for the removal of chiropractic care simply because he/she may not have had any experience with this type of care.

The only other item that received a rating high enough to be dropped from the basic service list was substance abuse. However, the respondents explicitly stated that while they did not want this service completely dropped, they did want conditions regarding the amount of this type of service that would be covered.

The respondents from both sessions rated the input of the five stakeholders to the basic benefit package as follows: Consumers should have the largest amount of input (9.1), followed by

medical professionals (7.3), employers (6.9), the government (4.3), and insurance companies (3.5).

Getting Health Care

Many of the comments regarding the difficulties in obtaining health care were centered on accessibility and availability of services. These difficulties included the lack of available services after normal working hours and on weekends; the lack of available specialist services in the local geographic area (and the travel methods and time associated with accessing non-local specialist care); and the perceived unreasonable length of time it takes to get an appointment with all types of health care providers. The other major area of difficulty centered around the problems inherent in today's system of health insurance coverage including coverage limitations, lack of coverage portability, services denied by physicians because of insurance and HMO provider networks, and a relatively few number of insurance providers operating in the state.

The two groups of participants were remarkably similar as they considered what factors were important in getting health care services. The three top rated factors for both sessions were quality of care, affordability and the choice of providers that is covered by insurance. Other factors that received high ratings included comprehensive coverage, clarity and promptness of services, and accessibility to services.

Financing

A majority of participants (67 percent) felt that everyone who could afford to do so should be required to enroll in health care coverage. However, participants expressed many concerns regarding this proposition. Many of these concerns centered on lifestyle behaviors and the difficulty of the government to make decisions based on individual behaviors.

The majority of participants (75 percent) agreed that some people should be responsible for paying more for health care than others. While the ratings for the three provided criteria were essentially the same, health behaviors ranked as the top criteria with 17 votes, followed by family size (15 votes) and income (12 votes).

Furthermore, the majority of respondents (80 percent) felt that public policy should continue to use tax rules to encourage employers to provide health insurance for their employees. The same majority indicated their belief that government resources should continue current programs to provide health care coverage to some people who could not otherwise afford it.

In addressing the responsibilities of individuals and families in paying for health care, the participants took a very broad view of the concept of payment. The majority of the top rated factors concerned the accountability of persons in adopting health behaviors and lifestyles. However, there were several suggested factors that dealt with the amount that the patient pays for services. These factors include higher premiums for unhealthy behaviors (much like increased life insurance premiums for tobacco users), paying for the level of care desired, requiring a co-payment for each visit or prescription, and that community service should be required if the patient is unable to pay.

While there were several suggestions for slowing the growth of health care costs in America, the majority of the top-rated suggestions centered on the use of preventive care and adoption of healthy lifestyles through promotion by public policy; reforming the legal system to diminish litigious behavior and decrease the level of medical and class action advertising; and decreasing medical costs through providers sharing equipment and only prescribing appropriate tests and treatments.

Trade-Off Priorities and Options

The following table indicates the amount that the respondents felt they would be willing to pay in a year to support efforts that would result in every American having access to affordable, high quality health care coverage and services.

Category	Votes
\$0	10%
\$1-\$100	15%
\$101-\$299	10%
\$300-\$999	35%
\$1,000 or more	20%
Don't know	10%

With one exception, the top rated spending priorities identified by the participants were remarkably similar between the two sessions. The top rated priority for both groups was *investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters* (the average response for this priority was 9.4). Other highly rated priorities included *guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas* (8.2), *preserving Medicare and Medicaid* (8.2), and *guaranteeing that all Americans get health care when they need it, through public "safety net" programs if they cannot afford it* (7.5). Other highly rated spending priorities that arose from individual sessions included *guaranteeing that all Americans have health insurance*(8.4) and *funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease* (8.2).

In examining the list of trade-offs that were provided for consideration, three options made the top list in both groups. The highest rated of these was to *expand current tax incentives available to employers and their families to encourage employers to offer insurance to more workers and families* (the average response for this option was 8.2). The other highly rated options that were common to the two groups was to *expand neighborhood health clinics* (7.7) and to *offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own* (6.7).

Other options that were highly rated by the individual groups included *increasing the flexibility afforded states in how they use federal funds for state programs – such as Medicaid and S-CHIP – to maximize coverage* (8.0); *expanding 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* (8.0); *opening up enrollment in national federal programs like Medicare or the federal employees' health benefit program* (6.7); and *relying on free market*

competition among doctors, hospitals, other health care providers, and insurance companies rather than having government define benefits and set prices (6.3).

Closing Comments and Other Ideas:

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

- The uninsured and the insured should be charged the same rate; it is not right that the uninsured should be billed substantially higher charges.
- In addition to discrepancies between the uninsured and the insured, there was concern about disparities between different health plans. As one participant said, “It’s ok to pay more than others for more services, but not for the same services. I shouldn’t pay more for the same thing.”
- Individuals should be responsible for understanding costs. Hospitals should provide itemized bills and individuals should review and challenge costs if appropriate.
- Consideration should be given to raising the age for qualifying for Medicare since people are living and working longer than when the system was established
- Concern was voiced that much of the discussion centered around what citizens can do and what government should do – we need to address the medical and insurance industries as part of the problem.

Though there certainly was not unanimous agreement on all elements of the problems within our health care system or on the means to fix them, participants could likely all agree on one concluding comment – “\$1,000 in a fixed system would go a lot further than \$1,000 in the broken system we have now.”