

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

**Rural Listening Sessions Summary Report  
Verona, MS  
March 27, 2006**

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**Citizens' Health Care Working Group**

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RURAL LISTENING SESSIONS SUMMARY REPORT  
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**Introduction**

One listening session was held in Verona, MS, on March 27, 2006. Verona is a rural community just south of Tupelo, one of the state's larger cities, and home to the world's largest rural hospital, North Mississippi Medical Center. While the group was small (only seven attending), the diversity of the group provided for good input during the discussions. The group was evenly divided with four females and three males. One person was under age 25, one was between 25-44 years of age, four were between 45 and 64, and one was over 65. Seventy-one percent of the participants were white and 29% were African American, mirroring closely the demographics of the county with 74% white and 25% African American.

All of the participants held college degrees with 43% holding bachelor's degrees and 57% holding graduate or professional degrees. Within the county as a whole, only 18% have earned college degrees and 75% of those over age 25 have a high school diploma. Seventy-one percent of the participants had employer-based insurance as their primary source of health care coverage, while 14% had self-purchased coverage, 14% had Medicare, and 14% had some other type of coverage not listed.

Verona sits in Lee County in the center of the northeast Mississippi hills. Data from the U.S. Census Bureau indicates that the population of the county is evenly divided between males and females. The percentage of people living below the poverty line in the county is 13.4%, lower than the state percentage of 19.9%.

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

**Values:**

The initial response from the group to "health care that works for all Americans" was "Is it realistic?" and "Can we afford it?" From the discussion that followed, two values surfaced as equally important to the Verona participants. The first dealt with having a seamless and coordinated health care system. The related discussion centered on health record accessibility and coordinated services when a person needs to use multiple health care providers. The other top value surfacing in this region involved the need for accessible, affordable prescription drugs. Since Mississippi tends to rank among the nation's highest for a number of chronic illnesses rates, this concern is not surprising. Closely following these two values was access to health care in general. Concern was voiced about the differences in rural versus urban settings, with the participants feeling that health policies tended to favor urban areas. Particular concerns impacting the problem, from the participants' perspective, was the perception that doctors in urban areas charged higher fees than doctors in rural settings, and that transportation to and from health care services was more difficult in a rural setting.

While the majority of the group (71%) felt that public policy should require all Americans to have affordable health care coverage, they were less cohesive on the belief that a basic set of coverage for all was better than the current system of categorical eligibility. Just over half (57%)

thought the basic coverage for all was preferred over the current system. The group found agreement in saying that both approaches had good and bad points. For instance, the current system needed expansion to allow others, such as small businesses, a better chance of participating. Regarding the basic coverage for all concept, the group favored having a “level playing field” for all.

### **Benefits:**

Participants recommended that four services be added to the Working Group’s sample basic benefits package. The highest ranking of these was durable medical equipment (walkers, wheelchairs, diabetic testing equipment, etc.) The remaining three clustered around seriously or terminally ill patients: providing sitters/caregivers, providing affordable medical insurance coverage if the patient has to quit his/her job, and providing for hospice services. The only benefit the group would remove from the suggested package was chiropractic care, though most of the group admitted having little or no knowledge or experience in this area.

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 9.43 on a 10 point scale), closely followed by medical professionals (8.71) and employers (8.14). Support for the involvement of insurance companies (6.71) and government (5.29) fell quite a bit lower.

### **Getting Health Care**

Mirroring what was stated earlier, a major barrier to accessing health care services identified by the participants was the lack of transportation. In rural settings, few, if any, public transportation avenues are available. This leaves those who do not drive or do not own a vehicle at the mercy of a friend or family member to provide transportation to needed appointments. Additional difficulties focused on the complexity of navigating the health care system, particularly for the elderly that may not be as technologically advanced as their younger counterparts. For someone who is unaccustomed to newer technology, computers and automated telephone answering systems are frustrating. Adding the privacy issues, even providing assistance to someone having difficulties can be a real challenge. Other difficulties in navigation involved “red tape,” filling out complex forms, and understanding what is covered, why claims were denied, and other such issues.

### **Financing:**

A majority of the participants (83%) felt that everyone who can afford to do so should be required to enroll in basic health care coverage. Those in agreement with the concept likened it to the requirement to have car insurance if you have a car. An equal proportion (83%) thought, that if such a system was developed to require all to participate, some people should be responsible for paying more than others. Most thought that healthy behaviors, income, or a combination of the two should be considered in developing participant costs. The primary supporting thought underlying higher payments for poor health choices involved the concept that if you do not take care of yourself, your care will cost more. For income, the group felt that higher incomes could pay more, but also recognized that there would be some who attempt to circumvent the system by asking to be paid in cash to avoid income records. The option of considering payment based on family size was dismissed because of the difficulty in defining true family size (step-children, grandparents raising grandchildren, caregivers for elderly parents, etc.)

All of the participants felt that tax rules should continue to favor employers who offer employees health insurance. The group felt that current tax rules provided a good incentive and that if these rules were not present, some businesses would likely stop offering health insurance to employees. However, participants did feel that businesses needed more support for offering insurance, but also needed barriers in place to prevent large companies from cutting hours so they do not have to offer benefits. Participants thought benefits should extend to part-time employees also. The vote to support continued government support for current programs that cover some people who can't afford it was also unanimous. The majority of the group felt that the need to protect those without adequate resources was evident. 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, half of the participants indicated a willingness to pay between \$300 - \$999. The remaining half all indicated under \$100 or that they did not know.

### **Trade-Offs: Priorities and Options**

From the presented list of options, "guaranteeing that all Americans have health insurance" was the only "perfect 10" meaning that all participants rated it as a "10" on a 10-point scale. Closely following was "guaranteeing that all Americans get health care when they need it, through public 'safety net' programs (if they can not afford it)" (9.5). Strong support was also voiced for guaranteeing that there are enough health care providers in rural areas (8.67) and investing in public programs to promote healthy lifestyles (8.67). Upon reflecting on the entire list, one participant stated, "Everything on the list is important." The only item not reflecting this strong support in the rating was "funding biomedical and technological research." One participant stated that pharmaceutical companies should have that responsibility.

The range of ratings given the spending proposal was much broader than that of the priorities, indicating a wider range of importance the group placed on the options. Receiving the most support was expanding current tax incentives available to employers and their employees to encourage employers to offer insurance to more workers and families (9.33 out of 10). Second was requiring all Americans to enroll in basic health care coverage (9.17). Other proposals receiving solid support were expanding neighborhood health clinics (8.67), requiring businesses to offer health insurance (8.17), and expanding state government programs for low-income people to provide coverage for more people without health insurance (8.0). The group particularly favored efforts to encourage large employers to take more responsibility.

### **Closing Comments and Other Ideas:**

A number of thoughts were shared as the session came to a close that are worth noting:

- Recruiting and accessing health care providers in rural settings is a major concern
- Much of the discussion has centered around "Americans." With the growing number of immigrants, consideration must be given to how to handle their health care needs
- Hospitals and health care providers could take lower reimbursement if red tape was reduced. Physicians with "cash only" offices reduce cost because of lower red tape.
- Income deductions for individuals may not work because there is no guarantee that people would use the money on health care.
- Eliminating pharmaceutical marketing may lower costs. Reduce advertising, encourage generic use vs. brand name

- Creating a climate in support of prevention and wellness was echoed throughout the session.