



public thinking

*about*

# Coping with the Cost of Health Care:

How Do We Pay for What We Need?



Outcomes of the 2008 National Issues Forums



A Public Agenda Report

By John Doble, Jared Bosk, and Samantha DuPont

Prepared for the Kettering Foundation

June 2009



The Kettering Foundation is a nonprofit operating foundation, chartered in 1927, that does not make grants but welcomes partnerships with other institutions (or groups of institutions) and individuals who are actively working on problems of communities, politics, and education. The interpretations and conclusions contained in this publication, unless expressly stated to the contrary, represent the views of the author or authors and not necessarily those of the foundation, its directors, or its officers.

**[www.kettering.org](http://www.kettering.org)**

Copyright © 2009 by the Kettering Foundation



# contents

Executive Summary: What Mattered Most	1
A Framework for Public Deliberation	6
Health-Care Costs and the Economy	8
Finger-Pointing . . . and Some Nuanced Thinking	11
Health as a Public Good	17
Areas of Common Ground	24
Questions and Answers about the Forums	27
Appendices:	
A. Postforum Questionnaire Results and Demographics	31
B. Methodology	35
C. Issue Map	38
About National Issues Forums	40
About Public Agenda and the Report's Authors	41
About the Kettering Foundation	42

---





## executive summary: what mattered most

Over the course of 2008, in National Issues Forums in 40 states and the District of Columbia, thousands of Americans came together to deliberate about how to cope with the rising cost of health care. The outcomes from these forums suggest that participants see few other problems with greater personal urgency.

In forum after forum, people described their frustrations about the past and their fears about the future, with huge numbers saying the nation's health-care system is near the breaking point or is already broken and can no longer be sustained. Forum participants in Weatherford, Oklahoma, may have put it best when they wondered, "Who is driving the bus? It seems like the bus is driving itself."

### Heal a "Sick System"

As a Las Vegas woman put it, "I think we have a sick system that needs fixing. . . . I don't really want to make anybody participate in a sick system; that's just perpetuating more sickness."

As forum participants deliberated, their comments illustrated why Americans think so much is wrong with our health-care system and point to the basic outlines of what the public would support in terms of changes and reform. At the same time, the forum results show how conflicted public thinking can be and suggest how much "working through"

Americans need to do before reaching a stable, logically consistent public judgment about what a new health-care system would involve.

Importantly, while forum participants complained about the costs of health care, they generally felt that, for those who can afford it, the *quality* of this country's health care is the best in the world. Many participants also felt that the quality of their own care was very good or excellent. The country's health-care crisis, people said, involves cost and coverage but not quality, except insofar as people cannot meet the cost and get the coverage. Poll results show participants hold positions similar to the public at large.

### A Gravely Personal Issue

Participants expressed grave personal concern about the issue, with many saying that rising costs take more out of their pockets than ever before. Participants everywhere worried about the specter of financial ruin caused by a catastrophic illness. Many, because their health care is linked to their employment, worried that, especially in a time of soaring unemployment rates, losing their job would mean losing their insurance coverage. Finally, many participants confessed that they are uninsured, while others were dismayed that in a nation as affluent as this one, nearly 50 million Americans live without the benefit of any health insurance



coverage at all, and that costs associated with health care are the principal cause of personal bankruptcy in this country.

## Plenty of Blame to Go Around

Yet while they recognized the urgency of the situation, participants often found it confusing to work through the issue. Thus, for example, instead of focusing on factors that experts tend to cite as driving up health-care costs today in America—such as an aging population—participants tended to lay the blame primarily on insurance and drug companies, whom they see as putting profits and executive compensation ahead of service. Participants observed that insurers refuse to provide coverage for those with preexisting conditions, or sometimes even to reimburse patients for necessary doctor-recommended procedures and tests. They similarly directed anger at pharmaceutical companies, saying they spend too much on advertising and developing “lifestyle” drugs rather than on needed medications. Finally, they blamed both industries for exerting undue political influence and using lobbyists and campaign contributions to block long overdue health-care reforms.

From the start, then, it appeared difficult to relate participants’ sense of personal, human, and family stress on the one hand to conditions that may affect our expenditure, as a nation, on the provision of health care to its citizens on the other. In this sense, the complexity of the health-care system affected participants’ ability to work through the issues.

Some forum participants noted that the more they learned about the issue, the more confused they felt. Few seemed to have knowledge of national health-care systems

in other countries, but many had trouble understanding their own insurance and care systems and called for better explanations of the costs listed on their bills.

## Some Nuanced Thinking

In spite of their uncertainty and their tendency to lay blame at the feet of the insurance and drug companies, people at the forums did convey a nuanced thinking around other important aspects of the issue. For example, many bemoaned the overuse of emergency rooms, noting that people who have no health insurance often can only get medical care in an emergency room, where they receive expensive treatment, the cost of which is often passed on to paying patients. And, numbers of participants also suggested that a combination of frivolous lawsuits and exorbitant jury awards have led to an explosion in malpractice insurance, which drives up the costs for insurers, physicians, and, ultimately, patients.

Yet although participants said malpractice awards are excessive, they did not reflexively favor capping them at arbitrary levels; instead they called for flexibility. A few participants blamed doctors for high costs, but many more observed that any restriction on doctors’ salaries could prevent the profession from continuing to recruit the best and brightest.

## Care as a Public Good

Certainly, participants could not be said to have agreed, in any formal “programmatic” way, about how to deal with rising health-care costs. A very large number favored some kind of national health-care system, arguing that the nation

has a moral responsibility to provide at least minimal care to everyone, and there is no doubting a general public sense in these forums that insuring everyone would lead to a healthier population as well as a significant reduction of health-care costs, overall.

Participants who claimed positive experiences with the national health care in foreign countries said the United States can learn valuable lessons from what other nations do. To a fair number, however, any type of national health-care system could lead to a huge bureaucracy, reduce choice and the quality of care, increase costs and taxes, and choke off innovation—although this seemed to remain a matter of conviction rather than becoming a subject of deliberation.

There were others in these forums who, though they stopped short of endorsing a national system, called for

increased regulation of both insurance and drug companies. Large numbers in particular called quite specifically for capping executive compensation in those industries and allowing for the importation of less expensive prescription drugs.

Importantly, participants held mixed or uncertain views about requiring all businesses to provide health insurance to their employees. Many worried about the impact on small businesses particularly, saying a mandate could reduce salaries, increase prices, or lead to layoffs (and citizens who had abandoned their own small business spoke in many of these groups). Forum participants were more likely to believe that large employers could abide by a requirement, yet some still feared that large employers would evade such a mandate by hiring more part-time workers or arranging to outsource more work.

---

As forum participants deliberated, their comments illustrated why Americans think so much is wrong with our health-care system and point to the basic outlines of what the public would support in terms of changes and reform. At the same time, the forum results show how conflicted public thinking can be and suggest how much “working through” Americans need to do before reaching a stable, logically consistent public judgment about what a new health-care system would involve.

---

## Areas of Common Ground

Despite the complexity of the issue, participants in a great many forums did find areas of common ground.

- People agreed that the issue of cost—the cost of providing both health care and health insurance—poses the greatest threat to the system.
- They favored providing at least minimal insurance to all Americans, especially children.
- Many strongly endorsed increasing wellness and prevention programs, particularly in schools, saying these could help decrease health-care costs in the long run. Participants also favored educating the public about making good personal health decisions, and providing incentives for better behavior.
- Most important—and despite the fact that they did not reach consensus on every aspect of the issue—participants agreed that the nation’s health-care system is in dire need of a complete overhaul and that increased public deliberation and dialogue is crucial to moving forward and reaching that goal.

## Cautionary Notes

On their face, then, the public deliberations of these past months would seem to corroborate what the polls have been telling us for some time. In September 2008, for example, when this most recent annual round of forums began, a survey by CBS News and the *New York Times* revealed that 85 percent of those questioned were calling for fundamental changes in our health-care system. (The number was up to 87 percent as we began this report in April 2009, and just 1

in 10 said that “on the whole the health-care system works pretty well and only minor changes are necessary to make it work better.”)

Policymakers and others thinking seriously about reforming the nation’s health-care system should, however, be mindful of a number of cautionary notes that emerged from this year’s forums. Even after deliberating about the issue for up to two hours in locations throughout the country, participants did not work through all the trade-offs or reach a considered judgment about a number of key issues that must be resolved in order for the nation to move forward. While not formally a part of this report on the public’s deliberations, we are persuaded that these reservations, may be useful in any analysis of the implications of public thinking at the present time.

*1. Forum participants did not fully explore the reasons why health-care costs are rising, although many said that because of the nation’s economic crisis, they feel especially vulnerable.*

Experts note that health-care expenditures are rising for three principal reasons: an aging population; the use of expensive technology, which is often linked to the malpractice laws; and the tremendous amounts spent on caring for people in the final few weeks of life. Participants, of course, are themselves seeking longer and better lives through the use of such technology, yet they did not deliberate about these factors. Instead, most of them saw the principal cause of rising health-care costs as profiteering and administrative extravagance by the insurance and drug companies. While many experts would agree that such thinking is justified they would also say that “finger-pointing” is not adequate to



grapple seriously with the underlying reasons for rising costs and the trade-offs required to rein them in. Moreover, people did not seriously engage with the trade-offs that might be involved in regulating the drug and insurance industries.

*2. Although people did not engage with how much various kinds of national health-care systems might cost, large numbers favored some kind of national health system.*

Many participants compared health care to education, saying it should be “a right” in just the sense that all children are able to attend a public school. But participants did not seriously engage with the possibility that providing health care for all citizens might entail tremendous expense and require significant tax increases or spending cuts. Many did note, however, that we already spend more than other countries, so we need to reallocate existing spending. Large numbers in fact called for a single-payer system that might, for example, extend Medicare to everyone; indeed, many said they’d pay higher taxes if the country adopted such a system. But most participants did not engage with the idea that as the population ages, the Medicare program may need to be significantly reformed or scaled back.

*3. People did not work through what national health care would involve.*

While large numbers openly favored a “national health program,” it was not at all clear what that meant. Some wanted a single-payer system; others wanted to build on the existing system. Participants did not seriously deliberate about the differences between a national program of health care and nationwide insurance coverage. Nor, if the latter, about what kind of insurance would be provided to

everyone—gold-plated coverage or some kind of scaled back, more basic version (which many favored). And we should note that many individuals vigorously opposed the idea, saying it would be too costly, create a huge, intrusive bureaucracy, and provide less incentive for people to take care of themselves.

*4. The level of the public’s support for wellness cannot be taken altogether at face value.*

In the forums, there was overwhelming support for more emphasis on prevention and wellness, with people railing in particular against junk food. But when they were asked whether fast food should be taxed to discourage its use, most were strongly opposed, on the grounds that people often need to eat inexpensively and conveniently.

*5. The more people deliberate, the more they appear to realize how complex the issue is.*

With many NIF issues, people’s thinking tends to crystallize by the end of the forums. While they may not always reach common ground, most participants do tend to leave the forums with a clearer, more coherent sense of how they themselves feel and what they want to do. But from these forums on health-care costs, apart from an unmistakably firm sense that health care must be made available to all, it sometimes seemed that people left feeling more confused than they had been when the forums began. They said the issue is even more complex than they’d thought and felt an acute need for a clear sense of what the options and trade-offs are and for more opportunity to deliberate about the issue.





# a framework for public deliberation

This report examines public thinking about the rising cost of health care—the values, thoughts, insights, and struggles voiced by a diverse collection of thousands of Americans in deliberative forums in 40 states and the District of Columbia from July 2008 to January 2009. Forum participants gathered in educational and faith-based institutions, clubs and community centers, and libraries to deliberate about an issue that is currently of central importance to this nation—the challenges associated with the rising cost of health care.

## Framework for Deliberation

In each forum, participants across the country used an identical framework and considered the same three broad approaches to tackling the problems facing the nation that are associated with the cost of health care. Each approach was presented with explanations of its appeal and the common values in which it is rooted, along with trade-offs it might entail and drawbacks. People considered that each approach will almost necessarily involve risks, uncertainties, sacrifices, and consequences, and therefore their preferences were associated with an awareness of the costs.

Using an issue book and a starter video, participants considered these three broad perspectives on the issue:

- **Reduce the Threat of Financial Ruin.** The costs of health care make people feel vulnerable, with no control over their future. They therefore worry that they may be wiped out by medical expenses. We should require that all Americans have health insurance that covers major medical expenses and ensure that it is available to everyone.
- **Restrain Out-of-Control Costs.** Prices for health insurance, medical services, and prescription drugs seem out of control. They should be reduced directly through price controls and other means.
- **Provide Coverage as a Right.** High costs mean that some Americans have to choose between eating and taking their medicine. In the wealthiest nation on Earth, this is morally wrong and financially wasteful, so our government should guarantee that all its citizens have access to good health care.

During the deliberations, people considered each of the suggested approaches. Before the close of the forums, moderators and recorders asked the groups to consider what

Inherent in the process of deliberation is the progression from a fragmentary initial understanding to a deeper, more holistic sense of the issue and the relationship of one aspect to another.

they had agreed on and what common ground for action, if any, they might have identified.

### Analysis of Public Thinking

When people meet in an NIF forum, they usually deliberate for two hours with a trained, impartial moderator. The deliberations center on a framework crafted to present an array of approaches or broad strategies for dealing with the issue, each of which reflects distinctive fundamental values. National Issues Forums are designed to help people see that even the most complex issues can be approached, understood, deliberated upon, and addressed by ordinary citizens who have no background in matters of public policy, or in technical aspects of the problem at issue.

Although the people who attend the National Issues Forums comprise a geographically and demographically diverse group of Americans from varying backgrounds, they do not constitute what pollsters seek—a random (or national probability) sample.<sup>1</sup> Consequently, the outcomes

of forums and of polls fundamentally differ. Forum outcomes are not better than poll results; they are *different* from poll results. Rather than providing a statistically precise snapshot of public opinion *as it exists*, forum outcomes offer a chance to understand what public opinion *might be* if people began working through their feelings about the issue.

Forum results highlight people's thinking—the movement from one idea, consideration, and approach to the next, indicating why people hold the views they do, and the types of actions they could support and sacrifices they would be willing to make to move forward. Inherent in the process of deliberation is the progression from a fragmentary initial understanding to a deeper, more holistic sense of the issue and the relationship of one aspect to another. Forum results suggest what Daniel Yankelovich calls “the boundaries of political permission,” the kinds of actions people might take or support after deliberating about an issue as complex and multifaceted as Coping with the Cost of Health Care.

---

<sup>1</sup>See Appendices A and B at the end of this report for a description of the 1,095 who completed postforum questionnaires, among the many who attended one of these forums. For purposes of comparison, we also conducted a series of research forums or focus groups in six cities.



## health-care costs and the economy

The United States is mired in the worst economic crisis since the Great Depression, with soaring unemployment, bankruptcies, bailouts, and home foreclosures at all time highs.<sup>2</sup> The nation faces a \$1.2 trillion deficit and record-breaking national debt. But for a number of reasons many participants in National Issues Forums said that the nation's economic crisis could not be separated from its health-care crisis.

First, they said, rising health-care costs take more and more money out of people's pockets. In recent years, Americans have seen a sharp increase in every aspect of the cost of health care. Some participants, including employers, complained that their health insurance premiums routinely increase far beyond the rate of inflation. A participant in a Panama City, Florida, forum said his premium had increased 46 percent that year. A small-business owner in Lewes, Delaware, said he had to pay \$1,600 a month to provide insurance coverage for himself and his family. As a result, he said, he can no longer afford to provide insurance for his employees.

Others talked about the impact of rising out-of-pocket costs, including deductibles and co-pays. Participants at a

forum at the Franklin Roosevelt Presidential Library in Hyde Park, New York, worried that because of ever-increasing deductibles people do not see a doctor when they need to. In the postforum survey, an overwhelming 84 percent of the forum participants agreed that "insurance policies with high deductibles discourage people from getting regular check-ups and routine screening tests," and nearly half (47 percent) "strongly agreed" with this statement.

Participants in Peterborough, New Hampshire, talked about how rising deductibles often actually accompany higher insurance premiums and out-of-pocket costs, leaving people under ever greater financial stress. A Salt Lake City woman described how her costs have risen over the past decade and a half:

Ten to 15 years ago . . . health care was more affordable. I remember my . . . first three children. I paid \$10 the first initial co-payment to go in and get a pregnancy test, and it was covered 100 percent. I got to my fourth child, and that's a different story. We had . . . our own coverage. Actually, it was a \$5,000 deductible, and [my fourth child] was a total of \$5,600. . . . I don't know what went wrong to get us to this point.

Seniors are particularly worried about the costs of prescription drugs. In Peterborough, older participants talked about having to purchase supplemental insurance because

---

<sup>2</sup> *USA Today*, "Record Foreclosures Won't Ease Soon," 6/6/08, [http://www.usatoday.com/money/economy/housing/2008-06-05-foreclosures\\_N.htm](http://www.usatoday.com/money/economy/housing/2008-06-05-foreclosures_N.htm), accessed 1/7/09.

Medicare does not provide adequate coverage. In Hyde Park, some seniors described an additional burden: helping their adult children and grandchildren cover *their* health-care costs.

## Worried Workers

A second reason why participants felt that health-care costs are linked to the economy is that most people receive health insurance coverage through their employers. Some said that since health insurance costs far more than they can afford, they are only a pink slip away from being uninsured. People in Ann Arbor, Michigan, shared anecdotes of friends and family who have been laid off and lack insurance for the first time in their lives. And being uninsured can leave people lost and confused. A woman in Portland, Oregon, said, “My husband lost his job a couple years ago and so we had to pay COBRA, and, oh my gosh, it was outrageous! I think my husband’s like, ‘Well, can’t we just go without it for a few months?’ But the fear of anything happening was too great, and it’s like, no, we just have to suck it up.”

The fact that losing their jobs would mean losing their health insurance presents a financial “double whammy” that, some said, locks people into a job they’d like to leave or, worse, in a constant state of anxiety. A participant in Rapid City, South Dakota, noted that her father had not been able to change jobs because he feared losing his insurance.

People in Athens, Georgia, wondered what to do when offered a desirable job that does not provide health benefits: take it or hold out for something with health insurance? A man in Stamford, Connecticut, recalled how much value health care had, saying “I have a friend now that just left their job because . . . they would not cover their kid. She left her job . . . took a \$5,000 cut in pay a year, but she has insurance now.” Meanwhile, people in Hyde Park noted that fewer companies offer benefits these days.

## Fear of Disaster

The cost of dealing with a catastrophic illness can stretch into the tens or even hundreds of thousands of dollars and participants said that even those with insurance are not free from the threat of financial ruin caused by an extended hospital stay. People at the George H.W. Bush Presidential Library forum in College Station, Texas, agreed that while they can deal with the cost of routine care, many eventually hit a breaking point. Some participants in Hyde Park agreed, saying they are always one step away from bankruptcy. In forums in Sumter and Saluda, South Carolina, people said they live in fear that a catastrophic illness will destroy their ability to remain in the middle class.

While many said they do what they can to stay well, people cannot control every risk, whether caused by a heart attack, accident, or another catastrophe. As a result, partici-

---

The cost of dealing with a catastrophic illness can stretch into the tens or even hundreds of thousands of dollars and participants said that even those with insurance are not free from the threat of financial ruin caused by an extended hospital stay.

pants said, Americans sometimes see bankruptcy as the only way to pay their medical bills. A man in Portland recalled, “I had a child born back in ‘85 who went to the hospital at least twice a year for the next five years with lung problems and other things. It did just about bankrupt us. Even after insurance . . . intensive care cost a lot. . . Yeah, we paid our bills for 10 years, and probably could have filed for bankruptcy, but we finally paid it off. It’s a scary thing.”

Others were not so lucky. One woman in Houston said her brother, who, because of a worsening knee problem, had to stop working and lost his insurance. His medical bills became so large that he ended up losing his house. She noted that her brother “is one of the statistics of financial ruin.” A man in Charlotte, North Carolina, said his girlfriend’s father was in a car accident. “Just from one incident, he says he’s got over \$200,000 of debt. That’s a lifetime of debt.” With stories like this, it is not surprising that 86 percent of forum participants agreed that “the greatest health-insurance threat that most Americans face is being wiped out by the expense of paying for a catastrophic illness,” with 55 percent “strongly” agreeing.

## Cost of the Uninsured

Participants found another link between health care and the economy in the millions of Americans who go without health insurance. Many participants, especially those under 30, confessed to being uninsured. Younger people in Weatherford said they are putting off buying insurance because they are young and healthy. But others—older participants in particular—recognized the danger. As a woman in Charlotte noted, “We got these young people here . . .

even though they’re young, they still can get in an accident, get sick, or anything and have to go to the hospital.”

Indeed, large numbers voiced concern about the millions of Americans who lack insurance coverage. Participants at the Litchfield, South Carolina, forum talked about people “falling through the cracks” because they have no insurance coverage. People in Ann Arbor framed much of their discussion around their concern for those who are uninsured or underinsured. A woman in Salt Lake City remarked, “I’ve got many friends that basically have no insurance, and they don’t go to the doctor due to the fact that they can’t afford to go.”

Some defined the issue in moral terms, saying a nation as wealthy as this one has an obligation to ensure care for everyone. People in Sumter and Saluda noted that a health-care system that leaves out so many people would make sense in a developing nation, but not in a country as wealthy as the United States. A man in Las Vegas exclaimed, “As a citizen of this country, I think it’s a disgrace.”

Others viewed the issue pragmatically, citing the negative effects on public health and productivity. A man in Tifton, Georgia, said an investment in everyone’s health will pay dividends in the future:

If you can keep your whole community healthier from childhood through your adult ages and through your elderly, your total health-care costs are going to be down. So you need to spend the money upfront before they’re sick in their last years. . . . The 47 million people that are underinsured [means] . . . we have a sicker population. That’s costing us a lot of money.





# finger-pointing . . . and some nuanced thinking

People in these National Issues Forums were deeply concerned about the rising costs of health care. But as they deliberated, they were not concerned about the fundamental truth that the nation's health-care costs are rising because an aging population drives up the cost of Medicare and Medicaid and the use of expensive, new technology increases steadily, as do the vast sums spent on end-of-life care.

Participants in the forums most often blamed rising health costs on three factors: greed and exorbitant profits, especially by the insurance and pharmaceutical industries; waste, inefficiency, and duplication throughout the medical system, especially in the nation's hospitals; and malpractice awards, which drive up doctor's insurance premiums and thereby exacerbate costs.

## Complaints about Insurance

First and foremost, participants implicated the nation's health insurance companies, angrily citing what they saw as insurance companies' excessive profits, as reflected in executive compensation. Atlanta participants said the level of executive compensation makes little sense in the context of what they saw as a "broken" health-care system. Participants in Yorba Linda, California, were angry about reports of a lavish retreat for local insurance executives. A Portland man complained, "The CEO of a health insurance company got a

\$1.3 billion paycheck this last year. What did he really do to deserve that kind of money?"

Moreover, some people, like participants in College Station said that insurance companies do whatever they can to avoid reimbursing patients for medically necessary treatment. At the Peterborough forum some said that, even with a doctor's recommendation for treatment, they have difficulty getting reimbursement. In Yorba Linda, people said that insurance companies devote enormous amounts of time and resources to avoid paying for procedures and limiting their liability. Others felt that insurance companies act only as middlemen who drive up the costs without adding much to the system.

Another common complaint centered on patients who appear to have their care dictated by insurance companies rather than by their physicians. Participants in Abilene and El Dorado, Kansas, and Grand Rapids, Michigan, objected to insurance companies making what they called "diagnostic decisions." They talked about insurance companies that don't reimburse for certain procedures or doctor's visits. A man in Charlotte noted that his insurance company would not pay for some procedures doctors had prescribed for his son. "Some [one's] . . . sitting there saying 'he doesn't need that.' Obviously, he does need it, or else they wouldn't prescribe it." People everywhere protested that an insurance

company cannot possibly know what treatment is best for patients, and in Boston, participants discussed how insurance companies limit the length of their visits, preventing patients from forming trusting relationships with their physicians. As a result, many participants said, patient care suffers.

## Angry with Drug Companies

Participants also spoke about their frustration with the nation's pharmaceutical companies. While recognizing that drug companies have developed many new lifesaving and pain-relieving drugs, people said far too much is spent on advertising to persuade people to contact their physician to prescribe particular drugs. In Abilene and El Dorado, participants discussed two major problems with pharmaceutical advertising: first, they said their prevalence shows that pharmaceutical companies put significant resources, which could be used for research and development, into advertising; second, they said that by encouraging people to request particular drugs, physicians are sometimes led to prescribe more drugs—and more expensive drugs—than are necessary, thereby driving up health-care costs and pharmaceutical company profits. People in Des Moines, Iowa, who said they cannot turn on TV without seeing pharmaceutical ads, feared that physicians may give patients whatever they request, without seeking out less expensive, generic alternatives. A Memphis man said:

I was borderline diabetic for a while and taking a very mild pill. I've read some research about it, and it's the oldest one. But all the doctors . . . want these newer [medications] . . . that are . . . twice

as expensive. Yet [the medical literature has] come out time and time again and said what I was taking at the time was the best drug possible.

Indeed, some participants in that forum wanted to ban pharmaceutical advertising altogether. At the Jackson, Mississippi, forum, a physician lamented that it's easier for him to write a prescription than argue with a patient about why a drug is not medically necessary.

As with the health insurance industry, many said drug company executives, too, are overpaid, and profits are too high. As a participant in Little Rock put it, "Prescription drug companies are making a lot of money, and they are making it off the backs of the people who need the drugs." Others remarked they wouldn't mind paying high prices if they felt it truly helped fund research, but instead, they said it goes into the pockets of executives. Some emphasized that pharmaceutical companies are not serving the people they proclaim they are helping. A man in Boston noted, "The drug companies' main mission now is to take care of the shareholders." In Weatherford, a nursing home administrator described how painful it is to watch residents struggle to afford their prescription drugs, while seeing a drug company representative drive up in a Mercedes.

Such sentiments reflected the general sense that pharmaceutical companies price medication high to fund advertising and executive compensation. Even participants, like those in Litchfield who were inclined to believe that drug companies have genuine research and development costs, agreed that no one has any clear idea how much





Large numbers objected to what is recognized as the powerful political influence of both the insurance and pharmaceutical industries, saying that because of campaign contributions and an army of lobbyists, these companies have done everything they can to stymie efforts at health-care reform.

of a pharmaceutical company's budget actually goes for R&D. So, many participants wanted to regulate drug prices and limit pharmaceutical advertising. Participants in Grand Rapids, while acknowledging that it would be hard to decide on where caps should be set, nonetheless favored the government setting prices and then reassessing them annually.

Large numbers of forum participants recognized that other countries often have lower pharmaceutical prices and so favored allowing Americans to purchase drugs from other countries. A Las Vegas woman said, "If they give us permission to buy drugs from outside our country, at least maybe those producing [them] inside our country would have some healthy competition that would maybe say, 'Wait a minute. We've got to do something different because everyone's going somewhere else to buy your stuff.'" Participants in Grand Rapids wondered why drugs are an exception in what is otherwise regarded as a global marketplace. People at a Little Rock forum agreed that we should import drugs from Canada and other countries subject to the recognized FDA kind of regulation. In the postforum questionnaires, 79 percent of participants favored allowing Americans to "buy lower-cost prescription drugs imported from Canada and other countries," with a further 46 percent "strongly in favor."

## Too Much Political Influence

Finally, large numbers objected to what is recognized as the powerful political influence of both the insurance and pharmaceutical industries, saying that because of campaign contributions and an army of lobbyists, these companies have done everything they can to stymie efforts at health-care reform. A man in Portland said:

I still see the big problem as being [that] the insurance and the pharmaceutical lobbies in Washington are like two of the top five lobbies in Washington right now. Until we can try to rope them in, anything [that] could happen with [health-care reform] happens statewide or city-wide or countywide.

One woman in Houston described the challenge by saying, "We have to fight a dragon with two heads. One is [the] insurance company, the other's are pharmaceuticals who are paying millions and millions to lobby to keep their status quo—and keep us at the bottom."

Given these views, it is perhaps not surprising that 90 percent of the participants agreed on the postforum questionnaires that "large profits earned by health insurance and drug companies are a major cause of skyrocketing health-care costs," with 54 percent "strongly agreeing."

## Inefficiencies and Waste in the System

Participants cited rampant inefficiencies, duplication, and waste throughout the medical system as another cause of rising costs. Recalling “excessive” hospital charges for various things, like Tylenol, participants said much health-care spending is often excessive, especially in the hospital system. A participant at the Little Rock forum remarked, “Certain things just shouldn’t be in America. The medical profession should be in the business of helping and serving people, not necessarily in the business of making money off people.” In Little Rock, a participant wondered whether an investigative agency should not hold hospital administrators accountable for exorbitant costs. In Stamford, participants thought hospitals should have to provide a greater explanation for costs.

Participants also called for greater transparency with medical billing and said that a lack of itemization and explanation of costs from hospitals, doctors, and insurance companies is especially frustrating. People at the Yorba Linda forum had no conception of where money spent on health-care services goes, while those at the Rapid City forum were confused about how the marketplace set prices. A woman in Stamford talked about how her lack of understanding was frustrating and, ultimately, costly:

[When] my daughter was hospitalized last year . . . I never realized my insurance benefits went down. I had to pay more of the hospital bill than I originally had even thought. They sent me the bill and I thought, “I don’t have to pay this. I have insurance.” Then when I called the insurance they said, “Oh, yeah. That changed last year.”

Many participants also talked about overuse of the emergency room, pointing out that people without insurance often have no choice but to use the ER for routine care, and that, as a result, hospitals have no choice but to pass the costs of treating such patients to those with insurance. A man in Charlotte noted that when uninsured or inadequately insured patients enter the emergency room, “they won’t let you die there. Who pays for that? *We* have to pay for it.” Emergency room care is especially expensive, and Houston participants emphasized that hospitals have no choice but to care for the uninsured, regardless of cost. People in Grand Rapids did not blame patients or hospitals for ER overuse; the fault, they said, is a broken system in which too many Americans are uninsured or underinsured.

Others said that beyond the overuse of the ER, the high quality of hospital care drives up costs. A man in Stamford

Many participants talked about overuse of the emergency room, pointing out that people without insurance often have no choice but to use the ER for routine care, and that, as a result, hospitals have no choice but to pass the costs of treating such patients to those with insurance.



pointed out that “most people here expect the standard of care to be the best possible when you go to a hospital . . . that’s part of the reason why the cost [is so high]. . . . It’s because you are covering all the equipment, all the staff that’s taking care of you.”

Many participants bemoaned hospitals’ lack of a centralized, streamlined medical record system. In Sumter and Saluda as well as Weatherford participants remembered having tests done multiple times because no system exists to share information among medical practitioners and between doctors and institutions. Many felt that the duplication of paperwork and test results unnecessarily drives up medical costs. A Charlotte man described the problem: “Every doctor you go to, you fill out yet another piece of paperwork, another form. There isn’t one national database, yet we live in supposedly the most innovative country” in the world.

## Blame for Lawsuits

Finally, many talked about malpractice laws, calling some jury awards way out of line. Participants in the El Dorado and Abilene forums noted that there are too many frivolous lawsuits that result in unjustifiably high awards. In Grand Rapids, many people believed that care has become far too specialized because of the fear of lawsuits. A Las Vegas man said, “Most people are going to go along with capping malpractice, because it seems to be out of control. That doesn’t mean that there aren’t health disasters, but \$130 million award to one family, that’s kind of crazy. You know who’s making the money off that isn’t the family; it’s the lawyers.”

Others added that insurers have no choice but to pass along these costs to physicians in the form of higher pre-

miums. This, in turn, forces doctors to pass along the cost of their premiums to their patients and compels them to order questionable or unnecessary tests in order to avoid lawsuits. A Salt Lake City man noted, “I know that my kid has gone through many tests that he doesn’t need just because the doctor doesn’t want to have to face a lawsuit, so he orders a lot of tests. He’ll even say it. ‘You know, he probably doesn’t need this, but we better do it anyway just in case.’” Participants in Boston believed pressure also comes from patients requesting tests, adding that because of malpractice laws doctors order requested tests because they fear legal action if anything went wrong.

People at the forums were disturbed by the effects this has on a doctor’s ability to stay in practice. A Charlotte man recounted, “My brother-in-law’s retired. [He’s] still a great GP physician, but he had to retire. He wants to work part-time to help people, but he can’t. He can’t afford the malpractice premiums. He just has to do something else.” In Saluda and Sumter, participants discussed how they understood the need for some kind of malpractice award but did not want to see doctors put out of business as they have been. Given these sentiments, it is not surprising that 78 percent of forum participants favor putting a “limit on the amount that can be awarded in medical malpractice lawsuits.”

Yet they also questioned how to quantify the value of a medically induced injury to ensure that those who have been wronged are adequately compensated. A physician in College Station recalled paying high malpractice insurance but admitted that, “the truth is that some malpractice suits are legitimate.” Many participants struggled with exactly

where to set a cap including people at the Abilene and El Dorado forums who agreed that defining “pain and suffering” remains ambiguous.

## Siding with Health Professionals

For the most part, participants did not blame health-care professionals for rising costs. In fact, people often lumped the struggles of their doctors in with their own fight against what they saw as the system’s inequities. A Charlotte man echoed this: “My brother-in-law’s a doctor. He’s two steps above poverty . . . [MDs] are I think . . . victims of the system as much as the consumer is.” In Yorba Linda people talked about how doctors are squeezed by insurance companies, just like patients. Others, such as participants in Wayne, Nebraska, Little Rock, and Saluda and Sumter, exonerated doctors and dismissed the idea that their fees have much bearing on rising costs.

Saying they want the best and brightest to enter the health-care profession, participants also worried that a lowering of doctor’s fees might impact the quality of care. In Hyde Park, New York, some worried that people would be deterred from entering the medical profession because they would earn less money, adding that any cap on fees could lead to a decrease in the quality of care. As a forum participant in College Station put it, “If you don’t provide that kind of income and lifestyle as a reward for being in the medical profession, you’re not going to recruit the best and brightest to be in the field.” A pre-med student in the Yorba Linda forum said that while he wasn’t going into medicine for the money, he did expect a certain lifestyle, adding that his expectation definitely influenced his decision.

Still, participants felt strongly that medical professionals should be motivated by altruistic considerations. As a Las Vegas woman put it, “I understand these doctors need to be compensated. They went to school. They learned things that I could never learn. But let’s be fair and reasonable too. Let’s not be greedy. . . . God blessed you with a talent. He gave you that so you could help people.”

## Ideas to Fix the System

Importantly, some called for an expanded role for nurses and other lower-cost providers, especially for routine diagnoses. Participants in Boston discussed how nurse practitioners could see patients initially and then refer them to doctors for more extensive care or diagnosis. Participants in Wayne had very positive experiences with physician assistants and nurse practitioners and felt confident that the quality of care would not be compromised if doctors were sometimes supplemented with such health-care professionals. Others said that alternative medicines and treatments could both increase health and reduce costs.

Finally, participants agreed that cutting-edge technology, though expensive, is vital and must be continually improved and developed. Innovation, they said, keeps us all healthier in the long run. In College Station, participants said the cost of using high-tech medicine also covers the cost of research and development. A physician there noted that before this technology came about “people would just die.”





## health as a public good

Large numbers of participants clearly wanted the federal government to provide health care for all Americans through a “single-payer” type of system, perhaps patterned after the Medicare system. In fact, participants had a positive view of Medicare as shown in the postforum questionnaires, with 66 percent favoring expanding Medicare to “cover all Americans, not just those 65 and older.” While few wanted to “socialize” medicine in precisely a British or Scandinavian sense, large numbers firmly insisted that the country has a moral obligation to provide health care to all citizens.

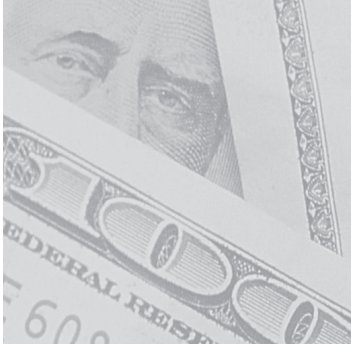
Participants in Little Rock saw health care as an “inalienable right.” In Atlanta, people considered it wrong that so many lack health insurance and spoke about providing health care as “the humane thing to do.” Participants in Athens discussed how “people will always get sick” and that to safeguard against people being uninsured “we have to accept that the government will play a role in our lives.” In the postforum questionnaires, 88 percent of participants agreed that “quality, affordable health care is a basic right that should be guaranteed to all Americans,” with 63 percent “strongly agreeing.”

In numerous forums, people discussed how little difference there is between health and other public services. For example, participants in Boston and El Dorado and Abilene compared health care to public education. Participants in

Lewes compared health care to police and fire protection—guarantees the government provides for the general welfare. A man in Tifton compared health care to other public goods supported by taxation:

I’ve often wondered what happened to the health department and the idea of public health. As it came along, people always fussed because we used to just throw our garbage and our sewage out in the street. So they decided that we needed public health and for the public good we started doing things and people still fuss about it. But it’s for the public good. . . . It doesn’t bother me now that we spend tax money on sewers. So why don’t we use our tax money on health care. I see that as the same concept.

Beyond moral considerations, however, proponents argued that a national health insurance system would be practical, with many suggesting that the government often runs large programs as efficiently as the private sector, and sometimes more so. In Weatherford and Yorba Linda participants pointed to Medicare as a program with low administrative costs. Some older people talked about Medicare as a godsend. Similarly, participants in Hyde Park and Houston talked about the success of Social Security, with a Houston man saying that those who opposed Social Security when it was created had been thoroughly discredited.



Others defended the government from charges of being too bureaucratic, like a man from Kansas City: “There’s going to be a bureaucracy no matter what kind of system you have. Whether it’s a government bureaucracy or a private bureaucracy, it doesn’t really matter that much. It’s still a bureaucratic system.”

## Look to Other Countries

A number of participants in different forums cited the experience of Canada and European countries where they said the government successfully and efficiently provides health care to all citizens, while maintaining a standard of living comparable to ours. Those with personal experiences in such systems often spoke glowingly about them. In Atlanta, a woman talked about visiting an emergency room in Italy, after breaking her finger. She expected the worst, but was treated within an hour and charged only \$65. A woman in Grand Rapids said that after her American grandfather had a heart attack while in Denmark, he received top quality care at no cost to him. She contrasted that with his current plight as he struggles to get his insurance company to pay for prostate cancer treatment.

Others, who had lived abroad, shared similar stories. A Portland man recounted, “Having lived in Japan for eight years . . . [government health care] was great. . . . Everyone was covered. Everyone got the same thing.” In Lewes, a woman of Canadian descent defended that country’s system, saying that it was a misconception that people do not get timely care in Canada. An Israeli man at a forum in Portland said, “I have Israeli citizenship as well [as U.S. citizen-

ship], and I know if anything bad happens to me, I would get on the plane and fly to Israel, because there is socialized health care. I know that I will not be bankrupt and I will be covered.” Others added that countries with far less resources provide universal coverage. A Boston man said, “I come from a third world country and we have had universal health care for the past 30 years. . . . If we can do it, why can’t the United States?”

Many participants also pointed out that according to a variety of indicators the quality of public health in the United States is lower than in many countries with government-run health-care systems. A Tifton man noted, “We spend more than twice the amount for the same diagnosis and get the worst outcome.” In College Station, participants pointed out that the United States is near the bottom in key health indicators, such as infant mortality and life expectancy, with one man saying, “We ought to be taking a clue from [other countries].”

## Calls for Significant Change

Others, in spite of some skepticism about government involvement, felt that the current health-care system is such a failure that significant change must be made. A Las Vegas man said the current health-care system has “really screwed us, so we might as well give the other one a shot and see if we can fix it.” In El Dorado and Abilene people straightforwardly called private insurance a failure.

Some participants felt that a national health system would improve public health by enabling more people to get preventive care. A Memphis man, who favored requiring

people to get regular checkups, said, “I had high cholesterol and didn’t know it. I just happened to go get a physical when my work insurance kicked in, and my cholesterol was 398. So had I not known that, I probably wouldn’t be sitting here right now.”

Some thought that a national system would pay for itself. People in Hyde Park suggested that if everyone paid in taxes what they currently pay into the private insurance system we could easily cover everyone when they needed medical attention. Some in Weatherford noted that we are already paying for health care, whether through our premiums or out-of-pocket costs, and that any tax increase required to provide universal coverage would not mean spending more, but rather shifting how and to whom we pay for care.

Some participants talked about the benefits of freeing business of the burden of insuring their employees, thereby enabling them to be more competitive. A Las Vegas man noted, “If you do take the health-care costs away from the employers and the corporations it will not only be good for big corporations but the small businessman will finally get a break.”

Others who favored a greater federal role stopped short of supporting national health insurance but instead called for greater regulation of the insurance and pharmaceutical industries. In fact, some participants compared insurance and drug companies to utilities. A participant at College Station asked, “If you regulate things like the utility industry and cable TV, why in the world would you not get involved in health care?” Others favored regulation to combat what they saw as profiteering. Many were confident that greater regulation would reduce costs. As a Stamford man stated, “If the government would have that capacity to regulate pricing, I think that . . . across the board, it would drop the cost of health care at every level.”

In terms of specifics, some wanted to require insurance companies to take all patients, regardless of preexisting conditions, while capping premiums and executive compensation. In this context, a Salt Lake City man talked poignantly about his son: “What worries me is my son. . . . He’s had one-sixth of his brain removed and he will never be able to be insured by himself . . . through no fault of his own. . . . What level of health care will he be able to receive?”

While it appears that most favored some form of national health insurance, some people argued that such coverage should be “minimal,” providing only for basic care.

## Ideas for a National System

Many felt that a national system would not be more costly for average Americans, but others expressed their willingness to pay higher taxes if that should be required. A number of participants, including people in Weatherford, suspected that while some would find themselves paying more, others would pay less, depending on how much they use the system, as well as their level of taxable income. Cost sharing in a universal system would offer a fairer way of handling health-care costs, nationally, they said. Grand Rapids participants discussed how people might “pay more” insofar as they did not need health care, but “pay less” if they should encounter a catastrophic injury or illness, saying that ultimately this would be a major improvement over the current system, in which, just by chance, some individuals seem to suffer disproportionately.

Others offered that the peace-of-mind provided by having guaranteed health care, no matter what happened, was worth higher taxes. In Little Rock, one man commented that he wouldn’t mind paying higher taxes if he had health care to fall back on, adding that people would feel that they were getting something for their money. A person in Athens stated, “If it means that we need to raise taxes in order to pay for everyone, and I have to pay a little more in taxes to get what I need, so be it.”

Importantly, while it appears that most favored some form of national health insurance, some people argued that such coverage should be “minimal,” providing only for basic care. Forum participants did not press towards a consensus about exactly what such “minimal” coverage should involve.

## Some Strong Reservations

It should be noted, too, that not all participants favored an expanded federal role, or a national health-care program. Some feared that a universal system would lead to abuse because some people would go to the doctor for the most minor ailments. A Stamford man said, “If the government would give everybody health insurance for nothing, people would take advantage of it, like anything else. You’d go to the doctor every time you got a sniffle.”

Skeptical participants at the Yorba Linda forum argued that taxpayers would, in effect, end up rewarding those who engage in risky behaviors, such as smoking, excessive drinking, and drug abuse. Others wondered whether people would work as hard or be willing to work at all if they no longer needed employer-based health insurance. A Stamford man echoed this concern, saying, “I think you got to have a system where there are incentives—incentives to stay healthy, incentives to go to work and get a job and try to find an employer with insurance. If the government provided it, what would be your benefit to do that?”

While some participants favored seeking universal health care within the existing employer-based and private insurance systems, they clearly had mixed feelings about requiring employers to provide such coverage, principally because of concerns about burdening small-business owners. In the postforum questionnaires, 60 percent favored requiring employers to “provide health insurance coverage to all their employees,” but 72 percent also agreed that, “requiring employers to provide health insurance for their workers would impose an unfair burden on many small businesses.”



It should be noted, too, that not all participants favored an expanded federal role, or a national health-care program. Some feared that a universal system would lead to abuse because some people would go to the doctor for the most minor ailments.

Some small companies simply cannot afford to provide coverage to all employees, many participants said, some of them speaking from personal experience. A small-business owner in Atlanta said he stopped providing insurance to his employees because the costs had grown beyond what he could afford. Small-business owners in Little Rock discussed how companies like theirs have already been adversely affected by recent increases in energy costs, saying that adding mandated health care as an expense could “really break the bank.” A number of participants said that any requirement for employers to provide insurance might force small businesses to lay off workers, relocate, or even go out of business. A forum participant in Houston said that small-business owners are “faced with a question: can I have health insurance or do I have to cut my people?” Participants at the

Ann Arbor forum expressed concern that state-mandated insurance might result in companies relocating.

Participants in Des Moines simply pointed out that if required to insure their employees, companies would increase their prices, thereby passing on the costs to consumers. A Portland woman expressed a similar sentiment, saying, “I know if you require employers to have insurance for their employees, I can tell you that the cost gets passed onto the consumer, because they have to pay for it somehow.” Others said that such a mandate would lead businesses to cut salaries, leaving employees no better off than before. People at the Atlanta forum agreed that any increase in benefits would come straight out of employees’ paychecks; and a Salt Lake City man noted that, to justify a pay cut, they’ll say, “Now we’re paying for your insurance.”

A number of participants felt that requiring large companies to provide insurance was another matter, because they were in a better position to handle health-care costs. A Portland man noted, “The big companies . . . it’s not a big deal because they employ so many people that they’re able to get a really good rate from the insurance company in the first place.”

We should note, however, that even here some remained dubious, with a number of participants saying large employers would hire more part-time workers to exempt themselves from such a requirement, use more subcontractors, or look to outsource work offshore.

Many participants also voiced practical concerns, arguing that mandates do not work or could not be enforced. A Salt Lake City man questioned, “If you have a mandated program, how would you govern it? Who’s going to see that everyone has insurance?” Some questioned the entire idea on a philosophical level. A Charlotte man disliked “the expectation that somebody’s going to go police people who are supposed to have insurance but don’t. . . . All of a sudden, there’s going to be insurance police running around.”

Forum participants had various worries about a greater government role. Some simply feared the costs would be prohibitive and lead to a huge tax increase. A Salt Lake City man framed this caution: “Not only does the government not run things well, but if the government has their finger in it, it’s going to cost more money. They can tell you that it’s going to cost \$100 and it will cost \$1,000 when it comes right down to the cost.”

Some others feared that increased federal involvement is bound to involve waste and inefficiency. A Rapid City participant said, “I don’t trust the government to do anything well.” Others cited specific examples of programs they saw as bloated and poorly run. A Salt Lake City participant said, “Other than the military, I’d start wondering what government program does the government run well.” In Atlanta, some questioned the efficiency of the military, citing problems with cost controls.

Others worried that a government-run bureaucracy would restrict choice. Participants in Sumter and Saluda worried that the government would fail to understand an individual’s needs or grasp the local resources available for certain problems. People in Simi Valley, California, were concerned that the government would intrude on their personal health decisions and start making treatment choices for them.

Even some participants who claimed knowledge of health-care systems in other countries doubted the merits of a national system, asserting that there are long waiting lists for certain procedures, less choice of doctors and hospitals, generally inferior care, and substandard technology. A Memphis man cited his father’s experience with government health care:

Here’s what happens in Spain with the social health-care system. My father needs surgery. He goes to his government doctor, and the doctor says, “Well, you’re going to have to put your name on a waiting list and it’s going to take three

months.”“Well, really? Don’t you have a clinic of your own in the afternoon?”“Yes, I do, and if you come to my clinic, it’s going to cost you blah, blah, blah, blah, blah.” Well, what did my father do? He went ahead and he paid for his own surgery, because he could’ve been dead in three months.

A Charlotte man also had negative experiences abroad, saying, “I lived out of the country for a number of years, and . . . the health-care system was terrible, terrible—condemned to mediocrity because of government regulation. It’s Utopian to think that you’re going to have the perfect government that’s going to do things correctly.” Participants in Wayne said that citizens from Canada and France come to the United States for complex surgeries and procedures because they must wait so long for treatment in their own countries. An Atlanta participant cited the National Health Service in Great Britain as a system that denies treatment because it’s too expensive or deemed too risky.

Others worried that a national health-care system would invariably lead to lower standards. In College Station, participants said government health care might resemble government housing where the product becomes standard for everyone. Others feared that access to care would be more limited and many patients would find themselves receiving lower quality care. In Athens, some wondered whether appointment times would be longer and emergency rooms would become even more crowded.

Others feared that a national system could mean reducing the use of expensive, new technology. Participants in

Little Rock wondered whether a government system would reduce innovation in terms of new medications and medical treatments. Some participants in both Sumter and Saluda expressed the belief that our system, while imperfect, provides—for those who can afford it—a higher quality of medical care than in any other country.

## Final Note on Concerns

Some of these reservations have the tone of reasonable doubt—or innocence; some suggest an ideological pre-determination; others reflect experience in a world that is less than perfect. What is significant in reporting on these forums is that they emerged as individual responses rather than substantive movements in the deliberation process, and they were scarcely considered in relation to the continuing dialogue about the cost, availability, or quality of the nation’s medical care.

In the midst of what seems to be a powerful and insistent movement toward the ideal of an equitable, universal health-care program, there are still concerns that individual citizens will have to come to grips with.





## areas of common ground

While a clearly accepted sense of direction, that might suggest policy, often emerges from deliberative public gatherings, it is less common to find such broad affirmations of starting principles, without a clear sense of what might be involved in shaping policies related to them. Such uncertainties notwithstanding, there were a number of areas of common ground that people reached in many of the forums.

First and foremost, participants agreed that the rising cost of health care is the most important health-related issue facing the country. They advanced this view for two main reasons: first, they said that health-care costs burden individuals, employers, and the government, and as costs continue to spiral, these burdens will only become more oppressive; second, participants said that unless costs are brought under control, it will be impossible to deal with the other urgent health-care needs facing the country, including whether to provide universal health care to people in this country and how to address the threat of catastrophic illness.

Participants observed that high costs must be addressed first because even people with insurance must cope with them. A Las Vegas woman noted, “Even if you are insured, you have to have a big savings account to cover that.” In the postforum questionnaires, 78 percent of forum participants

agreed that, “Americans pay far too much for health care and get far too little for it,” with 44 percent “strongly agreeing.”

Another key area of consensus involved universal care, with significant numbers of people in many forums saying health care should be a right for all Americans. On the postforum questionnaires, about two-thirds (65 percent) of forum participants favored guaranteeing health care “for every American EVEN IF this won’t do much to control health-care costs.” There was not always consensus about what such coverage would entail, or how it should be provided or paid for, but many participants agreed that basic coverage should ensure, at a minimum, necessary surgery, hospital stays, and medication for life-threatening conditions.

Certainly forum participants wanted to provide universal health care for children, regardless of family income. Even some who opposed the idea of an expanded federal role said that every child must be insured, for practical reasons, if for no other. As participants in Boston and Panama City pointed out, covering children would decrease future health problems, enabling children to remain healthier, decreasing long-term costs, and reducing the financial strain on parents. Most often, however, people spoke in broadly humanitar-

ian terms—like the Memphis man who said, children “don’t have a voice. They’re just kids. You got to have something for those kids.”

## Need to Improve Health

A third area of common ground suggested a greater emphasis nationally on wellness, prevention, and healthy lifestyles. Participants favored greatly expanded public education efforts and providing incentives that might encourage people to exercise, eat healthier foods, and avoid destructive behaviors, especially smoking. A man in Tifton stated, “We’ve got to change the eating habits of the people in this nation because we’re killing ourselves [in] more ways than one.” In Sumter, a minister discussed thinking of wellness as a way of life. “Right now,” he commented, “we only think of health care when we have an emergency.” People at the Grand Rapids forum emphasized all of the common-sense things we could do to improve health—taking vitamins, exercising, quitting smoking, and cutting back on fast foods. Many were optimistic that public education would prove successful, pointing to the success of anti-smoking campaigns and other public initiatives.

Participants also called for a greater emphasis on preventive care, including vaccinations and regular checkups. A Memphis man noted, “I go to the doctor to keep from getting sick.” Participants in Des Moines brought up the importance of flu shots. People at the Litchfield forum worried that insurance companies do not cover enough preventive care, and therefore doctors underemphasize it. Again and again people expressed a sense that we need to look at prevention as an investment, because early diagnosis decreases the need for expensive treatments and long hospital stays.

Participants emphasized the need for starting wellness education at an early age. Many wanted to reduce or eliminate junk foods in schools, as well as add health classes and physical education as part of the curriculum. A man in Tifton reflected, “We have to have real health education in the school systems so that when these kids get a little bit older . . . they’ve heard these words before. They understand health care. They understand good eating. They understand hypertension.” A teenager in Saluda talked about how young people don’t think about health issues because they don’t hear about them in schools and said schools should provide

Certainly forum participants wanted to provide universal health care for children, regardless of family income. Even some who opposed the idea of an expanded federal role said that every child must be insured, for practical reasons, if for no other.

more education about healthy living as well as about health care and insurance issues.

Incentives and penalties also had a place at the table. Some wanted insurers to increase premiums for those who lead unhealthy lifestyles. Participants in Jackson wanted smokers, obese people, and others with unhealthy habits to pay more for health insurance. Others pointed out that this sometimes occurs. A Las Vegas man noted, “There [are] a lot of plans now that take [unhealthy habits] into consideration. If you’re overweight, this insurance is going to cost you more. If you smoke, this insurance is going to cost you more.” Many wanted to increase cigarette taxes and some even advocated taxing unhealthy foods.

At the same time, some cautioned that genetics can play a role in serious health conditions, and that we should not penalize people who live a healthy lifestyle but have high cholesterol, hypertension, or heart disease because of their genetic makeup. In addition, participants in Weatherford emphasized that we should not punish addicts working to break their addiction. Some participants noted that we should take into account the pressures facing those with low incomes. A woman in Memphis said, “Eating healthier, the vegetables, everything when you buy things individually, cost a hell of a lot more . . . when you have limited income and you’ve got a kid that needs to eat.” Ultimately, the “common ground” that characterized these forums was this driv-

ing sense of sympathy and fairness in a context where, quite apparently everyone felt himself or herself at risk.

## Calls for Complete Overhaul

It was very much in this same context that participants overwhelmingly agreed on the need for additional regulation. Many favored capping executive compensation at insurance and pharmaceutical companies, as well as for hospital associations. Large numbers strongly favored allowing Americans to purchase FDA-approved drugs from countries, such as Canada, where the prices for name-brand and generic drugs are lower, and insisted that insurance companies should not be able to deny coverage to people with previous health conditions or deny reimbursement for necessary and lifesaving treatments.

Finally, even though the citizens at the health-care forums did not have all the solutions, and certainly had not worked through plans or policies, they overwhelmingly agreed that the existing health-care system needs a complete overhaul. As a woman in Yorba Linda put it, “I realize how much of a crisis this really is and how many people it is affecting.” For an issue as complex as health care, more deliberation and dialogue may be necessary before citizens will be able to reach detailed judgments. As a woman in Dayton, Ohio, urged, “Get involved! People know there’s something wrong and unfair about this topic. But they don’t necessarily know how to go about expressing their own voice.”





# questions and answers about the forums

## 1. Does the public connect to the issue as conventional wisdom suggests?

**Not exactly.**

In recent years, the national health-care debate has focused on Americans' health insurance coverage, health savings accounts, tax credits for families to purchase their own health insurance, and on reining in the long-term costs of Medicare and Medicaid. But none of these issues was the principal concern of participants in these National Issues Forums. Instead, the issue participants were most alarmed about was the rising cost of health care, especially in light of the country's economic crisis.

Participants tended to say that costs burden people like themselves, as well as their employers and the government; many added that they are only a pink slip away from having to pay for their own health care, which they felt would be difficult, if not impossible. People talked about rising co-pays and deductibles, the costs of prescription drugs, and the expense of hospital stays and health insurance premiums. All are rising at what participants saw as alarming, unsustainable rates.

This being the case, many see the threat of a catastrophic illness as ruinous, and participants who were uninsured

saw themselves as especially vulnerable. Others already face what are sometimes staggering medical bills; and even those whose care is covered by insurance were often shocked by the enormity of the expense involved.

The cost of health care was usually seen as being the root of this problem and doing something about it as the highest health-care priority.

## 2. How does the public approach the issue?

**In deeply personal terms.**

The cost of health care is something people are deeply and personally concerned about. Unlike other pressing national issues, such as terrorism, energy, or immigration, it is an issue they worry about on a daily basis. The threat of being wiped out by a catastrophic illness hangs over people's heads like Damocles' sword. Nearly one in six Americans, including a fair number of forum participants, are uninsured, making even a comparatively minor medical emergency for them an urgent concern, both in terms of getting the care they need and of paying for it afterward. Ailing participants often faced huge medical expenses; others, including seniors, said they find it hard to cope with the cost of paying for their necessary prescription medications. Many who are insured said that with the economy as it is, they are



in jeopardy of losing their jobs and facing the prospect of purchasing prohibitively expensive health insurance, while others, with insurance, worried about escalating co-pays, deductibles, and other out-of-pocket expenses.

Forum participants felt that the health-care system is hopelessly broken, a Rube Goldberg contraption in need of a complete transformational overhaul.

Participants also said that the economy makes the issue of rising health-care costs even more important to address than it would be in better economic times. With so many Americans out of work or facing the prospect of losing their jobs, and so many others facing hard times as they see their savings dwindle and the value of their homes and other investments shrink, the specter of dealing with a costly medical emergency, or of losing their insurance coverage altogether, causes many Americans to lie awake at night, worrying about their futures. Others who are ill and face huge medical bills wonder how they'll be able to pay. The millions who are uninsured, along with family members and close friends of those without insurance, may worry more than anyone.

### **3. Are there other dimensions of the issue that people in the forums see?**

**Yes.**

Participants said the nation places far too little emphasis on health and wellness, with large numbers calling for more physical education and the removal of junk food in the public schools. Many stressed the importance of regular checkups and called for insurers to cover their cost.

Additionally, participants wanted the government to provide more information about wellness so that citizens, especially parents, are better able to take care of themselves.

The issue of children's health was discussed at length in many forums. Large numbers, including many who opposed an expanded federal role, wanted to make sure that all children have the health care they need. Many participants saw the issue in both moral and practical terms, saying prevention, and early diagnosis and treatment, would enable children to lead healthy, productive lives and head off more expensive health-care problems in the future.

### **4. How do the public's assumptions about this issue compare to assumptions held by leadership?**

Many experts cite the immediate underlying causes of rising health-care costs as an aging population, the use of expensive new technology, and the tremendous amounts of money the country spends on end-of-life care. "Causality," in this sense, was not at issue for these forum participants. They tended to point fingers, blaming the insurance and pharmaceutical industries and citing profiteering, excessive executive compensation, and undue political influence as blocking long overdue and urgently needed reforms.

People do understand some of the complexities and factors driving up health-care costs, including the inevitable overuse of the ER by the uninsured, and many agree with those who believe that capping malpractice lawsuits could slow health-care costs by reducing both physicians' insur-



The more people deliberated about rising health-care costs, the more they concluded that the issue is complex and that more information and deliberation is called for. . . . Participants became increasingly less certain about how to deal with rising health-care costs, even as their goals, including universal coverage and the need for additional regulation, did not change.

ance premiums (the cost of which are passed on to patients) and possibly unnecessary medical procedures now ordered to reduce the threat of lawsuits. But as more immediately actionable, participants tended to lay blame at the feet of insurers and drug companies while underemphasizing or ignoring other factors.

## 5. What values were at play in the discussion?

### Equality/Fairness.

In general, participants saw health care as a right and wanted to make sure that all Americans receive the care they need. Even though they did not deliberate about how to accomplish this objective, large numbers agreed that this goal can and should be reached in the near future.

### Education/Knowledge.

Forum participants felt that citizens, and especially patients, need more information and education about wellness and about their medical expenses. Saying they often do not understand their medical bills, participants called for more information about just what they are paying for.

### Effectiveness/Quality.

Participants said the American health-care system is bloated and inefficient, that we pay far too much and receive far too little. Many cited national health-care statistics showing that even though the country's health-care expenditures lead the world, the United States lags behind, and sometimes far behind, other countries, in terms of a host of health-related indicators, including longevity and infant mortality.

## 6. What mattered to people as they deliberated?

The more people deliberated about rising health-care costs, the more they concluded that the issue is complex and that more information and deliberation is called for. Compared to other issues, where people's thinking often crystallizes as they deliberate, participants became increasingly less certain about how to deal with rising health-care costs, even as their goals, including universal coverage and the need for additional regulation, did not change.

## 7. Was any common ground for action revealed?

Yes.

Participants called for a complete overhaul of the health-care system, saying it is near or at the breaking point and can no longer be sustained. While generally praising the high quality of health care in this country, they felt that costs are the number one issue because until they are brought under control, the country cannot deal with its other health priorities, primarily that of providing health care for all of the nation's citizens and reducing the threat of financial ruin from catastrophic illness.

Meanwhile, participants called for more regulation of the insurance and drug industries, saying excesses should be reined in, insurers should not screen out those with preexisting conditions, and Americans should be able to purchase government-inspected drugs from other countries.

Large numbers also called for far more emphasis on wellness and prevention, saying junk food should be reduced or eliminated from schools, schools should require physical education, children and adults should be taught more about healthy lifestyles, and insurers should cover the cost of physicals and other preventive procedures.

## 8. Has the public's thinking evolved?

Yes.

As people deliberated in these forums, it became clear that compared to a decade or two ago, public opinion has evolved, with large numbers calling for some form of national health program that would ensure appropriate

medical care for all citizens. But that there was uncertainty about exactly how to proceed—with some favoring a single-payer system, others calling for regulation and universal coverage to be built into the existing system, and still others skeptical of increased federal action—suggests that the public has not quite reached a worked through, considered public judgment about what direction to take. By the end of these forums some people said explicitly that they, and the American people as a whole, have more to deliberate about before they can reach a fully shared understanding.

## 9. What needs to happen next in the national dialogue?

If these forums are any indication of the public's mood, as we believe they are, it was clear as the deliberations came to an end that the American people need two things in order to move the national dialogue forward: a clear set of policy choices with the trade-offs and pros and cons spelled out (including more information about health care in other countries); and the opportunity to deliberate about them. This is clearly an issue they desperately want to address to define the common ground for decisive national and state-wide actions that can deal with the rising cost of health care.



# appendix a:

## postforum questionnaire results and demographics

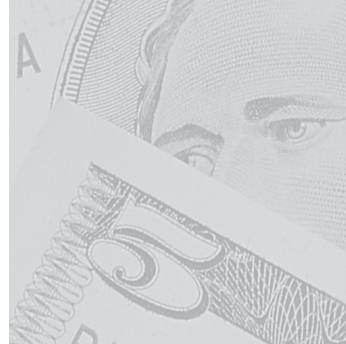


After a forum, participants were asked to fill out a questionnaire that frames the issue and identifies key trade-offs for different choices. Public Agenda analyzed a total of 1,095 postforum questionnaires.\*

**Table 1**

Do you agree or disagree with the statements below?	Agree percent	Disagree percent	Not Sure/No Answer percent
Large profits earned by health insurance and drug companies are a major cause of skyrocketing health-care costs.	90	7	3
Quality, affordable health care is a basic right that should be guaranteed to all Americans.	88	10	3
Insurance policies with high deductibles discourage people from getting regular checkups and routine screening tests.	84	12	3
Americans pay far too much for health care and get far too little.	78	18	4
Requiring employers to provide health insurance for their workers would impose an unfair burden on many small businesses.	72	24	4
The greatest health insurance threat most Americans face is being wiped out by the expense of paying for a catastrophic illness.	86	10	4

\*Percentages may not add up due to rounding.



**Table 2**

Do you favor or oppose the following actions?	Favor percent	Oppose percent	Not Sure/No Answer percent
Require employers to provide health insurance coverage to all their employees.	60	33	7
Expand Medicare to cover all Americans, not just those 65 and older.	66	24	9
Require all Americans to have at least minimum insurance coverage for major medical expenses.	73	22	6
Put a limit on the amount that can be awarded in medical malpractice suits.	78	17	5
Use the buying power of the government to get reduced prices on prescription drugs.	86	10	5
Allow Americans to buy lower-cost prescription drugs imported from Canada and other countries.	79	15	6

**Table 3**

Do you favor or oppose the statements listed below?	Favor percent	Oppose percent	Not Sure/No Answer percent
We should require all Americans to have at least major medical insurance, EVEN IF that means raising taxes to cover the costs for those who cannot afford it on their own.	66	26	8
We should regulate the price of health-related services, such as drugs and hospital costs, EVEN IF this means drug companies may cut back on research and hospitals may not purchase expensive new technologies that can save lives.	56	34	10
We should guarantee health care for every American, EVEN IF this won't do much to control health-care costs.	65	25	10

**Table 4**

	Yes percent	No percent	No Answer percent
Are you thinking differently about this issue now that you have participated in the forum?	41	50	9

**Table 5**

	Yes percent	No percent	No Answer percent
In your forum, did you talk about aspects of the issue you hadn't considered before?	52	38	10

**Table 6**

Not including this forum, how many NIF forums have you attended?	Percent
0	63
1-3	22
4-6	4
7 or more	4
Not sure/No answer	8

**Table 7**

Are you male or female?	Percent
Male	38
Female	58
No answer	5

**Table 8**

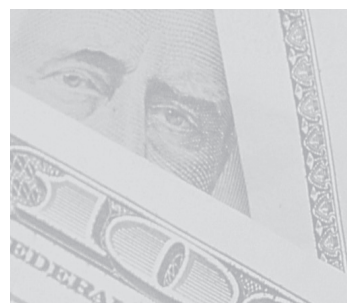
How old are you?	Percent
17 or younger	3
18-30	25
31-45	16
46-64	33
65 or older	19
No answer	4

**Table 9**

Are you:	Percent
African American	13
Asian American	3
Hispanic or Latino	6
American Indian or Native American	2
White Caucasian	69
Other	2
No answer	5

**Table 10**

Where do you live?	Percent
Rural	11
Small Town	34
Large City	26
Suburb	22
No answer	7



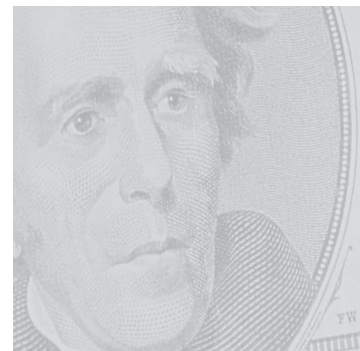


In preparing this analysis of people's thinking about Coping with the Cost of Health Care: How Do We Pay for What We Need? Public Agenda used four research methods:

### **Moderator Interviews**

Public Agenda conducted telephone interviews with moderators who led forums in 25 locations. We asked them to describe participants' main concerns, their starting points on the issue, the costs and consequences people took into consideration, and the shared understanding that emerged. The forums were held at:

1. Monadnock Community Hospital, Peterborough, New Hampshire (07/22/2008)
2. Wayne Country Club, Wayne, Nebraska (09/11/2008)
3. University of Missouri Kansas City Health Sciences Center, Kansas City, Missouri (09/11/2008)
4. Des Moines Central Public Library, Des Moines, Iowa (09/13/2008)
5. Gerald R. Ford Presidential Library, Ann Arbor, Michigan (09/16/2008)
6. Jimmy Carter Presidential Library, Atlanta, Georgia (09/17/2008)
7. William J. Clinton Presidential Library, Little Rock, Arkansas (09/22/2008)
8. George H.W. Bush Presidential Library, College Station, Texas (09/23/2008)
9. Russell Library Auditorium, University of Georgia, Athens, Georgia (09/25/2008)
10. John F. Kennedy Presidential Library, Boston, Massachusetts (09/25/2008)
11. Wakama Education Center at Coastal Carolina University, Litchfield, South Carolina (09/26/2008)
12. Franklin D. Roosevelt Presidential Library, Hyde Park, New York (09/27/2008)
13. Gerald R. Ford Presidential Museum, Grand Rapids, Michigan (10/02/2008)
14. Mount Pisgah AME Church, Sumter, South Carolina (10/11/2008)
15. Communities in Schools of Saluda County, Saluda, South Carolina (10/13/2008)
16. Mississippi Library Commission Building, Jackson, Mississippi (10/15/2008)
17. Butler County Community College, El Dorado, Kansas (10/16/2008)
18. Richard M. Nixon Presidential Library, Yorba Linda, California (10/16/2008)
19. Lewes Public Library, Lewes, Delaware (10/20/2008)
20. Dwight D. Eisenhower Presidential Library, Abilene, Kansas (10/21/2008)
21. Dahl Art Center, Rapid City, South Dakota (10/21/2008)
22. Leroy Rogers Senior Citizen Center, Tifton, Georgia (10/22/2008)
23. Ronald Reagan Presidential Library, Simi Valley, California (10/24/2008)
24. Whitney Senior Center, St. Cloud, Minnesota (10/30/2008)
25. Southwestern Oklahoma State University Student Center, Weatherford, Oklahoma (11/11/2008)





Special thanks to the convenors and moderators who shared their forum reflections with us: Joni Doherty, Chuck Parker, Charles St. Clair, Catherine Blando, Ann Hinsdale-Knisel, Jill Severn, Margaret Holt, Matt Brandenburgh, Malcolm Glover, Merna Jacobsen, Kelly Ann Frizzell, Mary Jean Shultz, Jennifer Shinaberger, Sarah Briggs, Michael D’Innocenzo, Yvonne Sims, Barbara Brown, Lydia Quarles, Erika Imbody, Joyce Hanna, Bill McGowan, Jeanmarie Heriba, David Dillon, Reena Shetty, Jim Burke, Renee Daugherty, Lorraine Della Porta, Terry Jack, Virginia York, and Windy Lawrence.

### **Forum Observations**

Public Agenda observed three NIF forums, listening to initial concerns and learning how deliberation influenced people’s thinking. In addition, we interviewed participants and the moderator after each forum. These forums were held at:

1. University of Massachusetts, Boston, Massachusetts (11/18/2008)
2. Gulf Coast Community College, Panama City, Florida (12/04/2008)
3. Central Houston Public Library, Houston, Texas (12/04/2008)

### **Postforum Questionnaire Results**

Public Agenda analyzed a total of 1,095 postforum questionnaires filled out by forum participants.

### **Research Forums**

Public Agenda conducted six research forums-focus groups, each with a demographically representative cross-section of up to a dozen people. The sessions paralleled NIF forums in that participants viewed the starter video, deliberated together about the three choices for three hours and filled out the postforum questionnaires. Findings were similar to those in the NIF forums. The research forums were held in:

1. Salt Lake City, Utah (09/02/2008)
2. Portland, Oregon (09/03/2008)
3. Las Vegas, Nevada (09/04/2008)
4. Memphis, Tennessee (11/19/2008)
5. Charlotte, North Carolina (11/20/2008)
6. Stamford, Connecticut (12/09/2008)

# appendix c: issue map

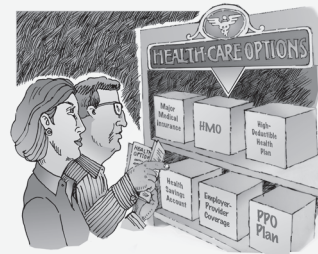


## APPROACH ONE

### >> Reduce the Threat of Financial Ruin

The costs of health care make people feel vulnerable, with no control over their futures. They worry that they may be wiped out by medical expenses.

We should require that everyone has health insurance that covers at least major medical expenses and ensure that it is available to everyone.



#### What Should Be Done?

- Require all Americans to have some form of health-care coverage.
- Require employers to provide health insurance coverage to their employees or to pay into a fund that subsidizes individual coverage.
- Create new insurance plans with higher deductibles.
- Help people ineligible for current plans to buy health insurance.

#### Arguments in Favor

- The main problem is that too many people are financially vulnerable when it comes to health care.
- A number of states, such as Massachusetts, already have workable plans that include a requirement for major medical insurance and subsidies for getting more coverage to more people.
- People should be offered more choices about how to handle medical expenses.

#### Trade-Offs

- This approach depends in part on increasing subsidies for people who don't have health insurance. This money may have to come from increased taxes.
- Some people will still underinsure themselves.

#### Opposing Voices

- Health insurance plans that have high deductibles will discourage people from getting early diagnosis and treatment.
- This will cost more than proponents say it will.
- This is an unsupportable expense, especially for small businesses.
- This approach will do nothing to contain ballooning prices.

## APPROACH TWO

### >> Restrain Out-of-Control Costs

When faced with the bills for health insurance, medical services, and prescription drugs, people say they are being ripped off. Prices are out of control. They should be reduced directly through price controls and other means.



#### What Should Be Done?

- Use the regulatory power of the government to set prices on medical services and prescription drugs.
- Limit the increased premiums that insurers can charge for people with health problems.
- Allow individuals to purchase medicine from other countries where they are not as expensive, if they meet safety criteria.
- Place limits on the compensation levels of health insurance executives, doctors, and others.

#### Arguments in Favor

- Health-care prices are skyrocketing, way beyond what is reasonable.
- Too many are taking advantage of rising costs to unfairly enrich themselves.
- Direct price controls are necessary to bring the system under control.

#### Trade-Offs

- Lower insurance rates may lead to overcrowded facilities as providers try to cut costs.
- Caps on fees can lead to a decline in the availability of services.

#### Opposing Voices

- Cost controls may result in reluctance on the part of health-care providers to use expensive, but lifesaving, medical technologies.
- Government price controls distort the market. Competition is the best way to keep prices low.
- This will stifle innovation and advances in medical technology and pharmaceuticals.
- Medical providers are not paid too much. They charge what it costs them to provide needed services.

## APPROACH THREE

### >> Provide Coverage as a Right

High costs mean that some Americans have to choose between eating and taking their medicine. In the wealthiest nation on Earth this is morally wrong and financially wasteful. The government should guarantee that all its citizens have access to good health care.



#### What Should Be Done?

- Provide health-care coverage to all as a public benefit.
- Budget what the nation will spend on health care each year.
- Use the negotiating power of the government to get reduced prices on prescription drugs and other medical materials.
- Ensure that all citizens have access to their choice of doctors and hospitals.

#### Arguments in Favor

- It's unconscionable that only those wealthy enough to afford it can have adequate health insurance.
- The current fragmented system is inefficient and wasteful.
- Most other nations provide health insurance for their citizens.

#### Trade-Offs

- This approach will result in more explicit rationing of health care. People with less serious conditions will need to wait while more urgent cases are handled.
- This approach will result in higher taxes to pay for health-care coverage.

#### Opposing Voices

- This calls for the federal government to take over the health insurance industry for all Americans and that will send taxes through the roof.
- The government will create penalties for "bad" health-related behavior.
- This will lead to yet more bureaucracy.
- Public confidence in the federal government is extremely low.

# about National Issues Forums

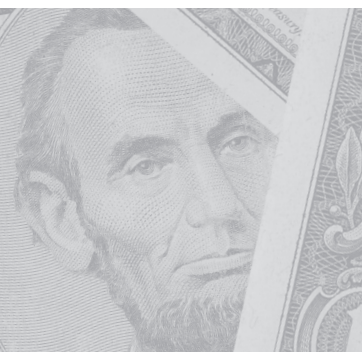


National Issues Forums is a nonpartisan, nationwide network of locally sponsored public forums for the consideration of public policy issues. It is rooted in the simple notion that people need to come together to reason and talk—to deliberate about common problems. Indeed, democracy requires an ongoing deliberative public dialogue.

These forums, organized by a variety of organizations, groups, and individuals, bring people together to talk about public issues. They range from small- or large-group gatherings similar to town hall meetings, to study circles held in public places or in people's homes on an ongoing basis.

Forums focus on an issue like health care, immigration, American democracy, Social Security, or ethnic and racial tensions. The forums provide a way for people with diverse views and experiences to seek a shared understanding of the problem and to search for common ground for action. Forums are led by trained, neutral moderators, and use a discussion guide that frames the issue by presenting the overall problem and then three or four broad approaches to the problem. Forum participants work through the issue by considering each approach, examining what appeals to them or concerns them, and what the costs, consequences, and trade-offs may be that would be incurred in following that approach.

More information is available at [www.nifi.org](http://www.nifi.org).



# about Public Agenda and the report's authors



Founded in 1975 by social scientist and author Daniel Yankelovich and former U.S. Secretary of State Cyrus Vance, Public Agenda works to help the nation's leaders better understand the public's point of view and to help average citizens better understand critical policy issues. Our in-depth research on how citizens think about policy has won praise for its credibility and fairness from elected political parties and from experts and decision makers across the political spectrum. Our citizen education materials and award-winning Web site, **publicagenda.org**, offer unbiased information about the challenges the country faces. Twice nominated for the prestigious Webby award for best political site, Public Agenda Online provides comprehensive information on a wide range of policy issues.

---

## About the Authors

JOHN DOBLE is a senior research fellow at Public Agenda. Doble graduated cum laude and with a master's degree from the University of Delaware. His articles about public opinion have appeared in *Judicature*, *Technology Review*, *Public Understanding of Science*, *Public Opinion Quarterly*, and *Foreign Affairs* (coauthored with Daniel Yankelovich), among many other publications. He has presented results to professional audiences at the White House, on Capitol Hill, at the National Press Club, and to numerous national and international associations, including the American Association of Public Opinion Research, the American Association for the Advancement of Science, and The Institute of American Studies in Beijing, China.

JARED BOSK is a research associate at Public Agenda. His research at Public Agenda has included qualitative and quantitative approaches to issues like foreign policy, education, and urban policy. Before coming to Public Agenda, Bosk served as a researcher at Harris Interactive, primarily focusing on health-care issues including a biweekly health-care poll published in the *Wall Street Journal*. His research has also appeared in journal articles and national press campaigns. Bosk graduated from Wesleyan University with a degree from the College of Social Studies, an integrated program of political science, economics, history, and social theory. He authored an undergraduate thesis on American drug policy, for which he received honors.

SAMANTHA DUPONT is a research assistant at Public Agenda. She contributes to qualitative research on health and education issues. Prior to coming to Public Agenda, DuPont worked as a lead litigation paralegal for Weitz & Luxenberg, P.C. in New York City. She graduated from Wesleyan University in 2006 with a degree in Science in Society, an interdisciplinary program with a focus on biology, philosophy, and the sociology of science.

# about the Kettering Foundation



The Kettering Foundation is an operating foundation rooted in the American tradition of cooperative research. The foundation's primary research question today is, what does it take to make democracy work as it should?

Kettering collaborates with community groups, government agencies, scholars, and activists around the world. Some of the foundation's work centers on public deliberation—the work of weighing the costs and benefits of various approaches for action against the things people hold most dear.

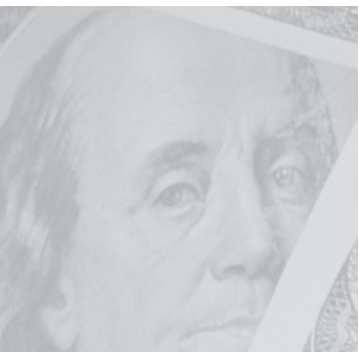
Public deliberation can serve as an important part of the political system. By “political system,” Kettering means more than just governments. It refers to all the ways people go about solving common problems: citizens cooperating with each other, as well as interacting with public institutions both inside and outside government. As a research organization, Kettering focuses on the least understood aspect of the political process—the actions of a democratic public.

Guiding Kettering's research are three hypotheses. Democracy requires:

- citizens who accept their public responsibility and are able to make sound judgments about public issues,
- healthy communities that encourage citizens to act together, and
- institutions that bring officials and communities together to transform their collective public judgment into action.

Chartered in 1927 as an operating foundation, Kettering does not make grants. It is a nonprofit 501(c)(3) corporation headquartered in Dayton, Ohio, with offices in Washington, D.C., and New York City.

For more information and a list of studies and reports, visit [www.kettering.org](http://www.kettering.org) or call 800-221-3657.







# *Kettering Foundation*

[www.kettering.org](http://www.kettering.org)

200 Commons Road, Dayton, Ohio 45459-2799 (937) 434-7300; (800) 221-3657

444 North Capitol Street, N. W., Washington, D.C. 20001 (202) 393-4478

6 East 39th Street, New York, New York 10016 (212) 686-7016