Public Voices for Health Care in Mississippi
Topline Findings

In March and April 2008 Viewpoint Learning, working in conjunction with the Mississippi Health Advocacy Program, conducted three day-long ChoiceDialogues on health care reform in Mississippi. These dialogues, supported by the W.K. Kellogg Foundation, were part of a project being conducted in several states designed to explore public views on health care reform and the tradeoffs the public is (and is not) willing to make to achieve a better system. The sessions were conducted in Tupelo, Biloxi and Greenville, each with 30-35 randomly recruited Mississippi residents. The total sample (n = 96) is demographically representative of the state population.

As a starting point for their discussion, participants were asked to consider different approaches to health care reform in light of three key questions: 1) how people should get their insurance, 2) how to make people healthier, and 3) who pays and how.

Where they started: Participants entered the room deeply troubled about the state of Mississippi's health care system – and many were acutely and personally affected by it. Top concerns included:

- ***The large number of uninsured***. Almost one in 5 participants in Mississippi was uninsured (18%, compared with 13% in the national sample). Many others were underinsured – unable to visit the doctor or fill prescriptions because of limits on care or high out-of pocket costs.[1]
- ***Low quality care***, especially for those who lacked insurance and had to rely on the emergency room. 46% of Mississippians rated the quality of health care in their community as "not so good" or "poor," compared to 36% nationwide.
- ***A shortage of doctors***. This was felt especially intensely in poorer areas, where some people simply couldn't find a provider when they got sick, and so had to do without.
- ***High – and rising – costs for coverage, care, and prescription drugs***. 71% of participants said they were "very concerned" about health care costs they were facing now or in the future (more than the national average of 63%).
- ***Anger at excess profits*** being reaped by insurance companies, drug companies and hospitals, and at insurers' willingness to turn away people in need.

Many people – insured and uninsured alike – felt frustrated and powerless in the face of a system that was costing more and more and delivering less and less. And they strongly agreed that something has to change.

Over the course of the day, each group worked through a consistent series of steps as they worked to come up with a system that would solve these problems and result in better care for all Mississippians.

We need to cover everybody. Participants agreed that it was not right for people to be denied coverage or care because of a pre-existing condition, or to be dropped from coverage when they get sick. 68% said

[1] Those with insurance were less satisfied with their coverage than participants in other states: 40% of Mississippi participants were "extremely" or "very" satisfied with their current coverage, compared to 50% nationwide.

that it was "absolutely essential" that any new health care system provides coverage that cannot be taken away. In addition, as they learned more about how the system works they began to realize a high uninsurance rate drives up costs for everyone. By the end of the day, an overwhelming **91% agreed that covering everyone in the state was 'absolutely essential' or 'very important.'** However, the term "universal coverage" was a roadblock at first – while participants wanted everyone to be covered, many initially took "universal coverage" to mean "socialized medicine" and wanted nothing to do with it.

The employer-based system is a thing of the past. How to cover everyone? Very few participants believed that the current employer-based system was still up to the job. Not only do many people fall through the cracks (part time workers, the self-employed), fewer and fewer Mississippi employers are able to offer insurance at all.

Coming to grips with the role of the state. Participants then wondered whether a state run system might be preferable. They agreed quickly that the state could address some of the problems facing the current system. In particular they supported:

- *State incentives to increase the number of providers* – including both hiring incentives as well as scholarships to attract more students into the pipeline.
- *Stronger regulation of insurers*. They also supported a stronger state role in regulating insurers – capping profits and requiring insurers to cover all applicants regardless of pre-existing conditions or emerging health problems. 82% of participants supported capping insurer profits, and more than half (56%) supported it strongly.

Growing support for a state-run health care system. Going beyond this, most participants began to see some advantages to a state-run health care system – it would cover everyone regardless of circumstance, and it would not be driven by profit. But there were significant obstacles.

Unlike other states, the primary obstacle in Mississippi was NOT worry about restrictions on consumer choice. Instead, people were concerned about encouraging a culture of dependency – many felt people who work hard and pay their taxes should not have to pay for people who don't (or won't). Mississippians were more concerned than people in other states that giving people a "free ride" would encourage abuse: 43% felt that if people don't pay for health care they will overuse the system (only 34% of people in the national sample agreed).

But as they exchanged stories, participants realized that many of the uninsured *are* working, paying taxes and playing by the rules. And as they learned more about how health care works on a system-wide level, they realized that everyone in the state was already paying dearly to care for the uninsured. Participants wrestled with this tradeoff: they did not want to encourage "freeloaders" but they also wanted to keep everyone's costs low – and that meant making sure that everyone has insurance. Ultimately, practicality won out: keeping costs lower by covering everyone through a public system was more important than penalizing the shiftless.

At the end of the day, **81% of Mississippi participants supported switching to a publicly run health insurance program paid for by taxes**; only 16% supported staying with an employer-based system.

A two-tier system. Even as they moved towards supporting a public health system, participants wanted to encourage people to take more responsibility and to keep employers in the game. They expressed strong interest in a two-tier health insurance system in which the state would provide basic coverage to everyone, while employers could offer supplemental coverage to employees (or individuals could purchase it themselves). Proponents said that such a system would reward hard work, and it would allow employers to compete for employees.

Making people healthier. Most participants were generally aware that Mississippians are less healthy than Americans in other states, but they were troubled to learn about the state's rock-bottom ranking on health outcomes. As they connected the dots about how people's behaviors affect health outcomes as well as the cost/availability of health care, they concluded that making state residents healthier would be essential for the success of a public system. They saw three key ways to accomplish this: improving access to care, improving delivery of care and enhancing personal responsibility.

1. Improve prevention and access to care. Participants agreed that the first step to making Mississippi healthier was to make sure that people can go to the doctor when they need to. Specifically:

- *All children must receive comprehensive coverage*, even if the state-provided baseline is something less. 71% rated this as "absolutely essential."
- *Improve preventive care* like screenings, vaccinations, and disease management. 97% of participants supported putting more resources into preventive care, and 73% supported it strongly.
- *Cover cost of prescription drugs.* Seeing a doctor doesn't do you much good if you can't afford the treatment she prescribes. 58% said that covering prescription drugs was "absolutely essential."

2. Improve delivery of care.

- *Medical ID cards.* Participants strongly supported medical ID cards that give providers access to a patient's medical history (an especially attractive idea to participants whose medical records were lost in the aftermath of Katrina). Participants agreed that the cards would improve quality and continuity of care, and many also noted that they would help cut down on fraud and abuse. Mississippians were less worried than people in other states that medical ID cards would violate privacy. In part, this was because of the premium they placed on reducing fraud and abuse (a high-profile issue in Mississippi state politics). 72% of Mississippi participants strongly supported using medical IDs to coordinate care (compared to 66% nationwide).
- *Use other health care providers* like nurse practitioners to handle routine care. 76% of participants felt that these professionals could handle minor complaints as well as an MD.

3. Create wellness through cultural change and individual responsibility. As they worked it through, participants came to feel that improving access to and efficiency of the health care system by itself would not do enough to bring about the kind of positive changes in Mississippians' health that they wanted to see.

- *Better health education.* This was an easy first step – participants wanted to make sure that both children and adults have the tools and knowledge they need to make healthier choices.
- *Address systemic obstacles.* However, they quickly realized that education alone would not be enough. Most of them already knew what healthy choices were, but structural and societal obstacles made it more difficult to act on those choices: the high cost of fresh fruits and vegetables; lack of safe places to walk or bicycle; the widespread availability and low cost of cigarettes. These more systemic obstacles would have to be addressed as well.
- *Incentives for healthy behavior.* 68% of participants strongly supported rewarding healthy behaviors like quitting smoking, exercising, and getting screenings. This was a higher priority for Mississippi participants than those in other regions: 42% said it was essential that the system reward people who adopt healthy lifestyles with lower costs (like lower premiums), compared to 34% nationwide. However, participants were only willing to discuss this in terms of incentives for 'good' behavior – they rejected the idea of penalizing people for 'bad.'
- *Get employers into the game.* Participants suggested requiring employers to give employees time off for medical checkups, as well as incentives for employers to provide wellness programs or subsidize gym memberships for their workers.

- *Sin taxes to discourage unhealthy behaviors* like smoking, drinking and gambling. In particular, many said that Mississippi's tobacco tax should be raised. Not only would this bring in revenue, it would also lower the smoking rate.

Everyone pays. Participants then turned to the question of who should pay for a better health care system, and how. They recognized that they ultimately pay no matter what – through taxes, wages, the cost of goods and services, insurance premiums, the cost of care and so forth – and that they were *already* paying for a system that did not meet their needs.

While some were convinced that a public system would cost less overall because of economies of scale and a healthier population, others doubted that they personally would end up paying less. Most agreed that some additional revenue would probably be needed – and that everyone in the state must have a stake in paying for a better system.

- *Employers.* Participants supported a tax on corporate profits; they also hoped employers would offer supplemental coverage to employees.
- *Co-pays scaled to income.* Participants agreed that individuals have to bear some of the cost of their own care through co-pays and user fees, as long as these are scaled to income so that care is not out of reach of the poor.
- *Taxes.* Participants supported a combination of income taxes and sales taxes (with necessities like food and medicine exempted) so that the wealthy pay their fair share, but the poor pay something. Participants also suggested a role for "sin taxes" on tobacco, alcohol and gambling. **80% of participants said they would be willing to pay higher taxes so that everyone can have health insurance.**

The effect of dialogue. Participants were engaged and energized by the dialogue experience. Many expressed surprise at the civility of the conversation and the amount of common ground across age, race, income and gender. They were also extremely grateful for the opportunity to be heard – as one put it, "no one ever asked me what I thought before." This sense that their voices matter was a powerful antidote to the hopelessness and frustration we saw at the beginning of the day. The energy and hope generated by the dialogue is something leaders can tap into to build public support and momentum for real change and a healthier Mississippi.

MISSISSIPPI HEALTH ADVOCACY PROGRAM
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