



# **Report on Community Forum on Colorado Health Care Reform**

**Meeting held on September 29, 2007  
in the Lory Student Center  
Colorado State University Campus  
Fort Collins, Colorado State University**

**Report originally released on October 22, 2007**

**Report completed by:**

**Martín Carcasson, Ph.D.  
Assistant Professor, Department of Speech Communication  
Director, Center for Public Deliberation**

**Full report available on-line at [www.cpd.colostate.edu](http://www.cpd.colostate.edu)**

## **Report on Community Forum on Colorado Health Care Reform**

Meeting held on September 29, 2007  
in the Lory Student Center  
Colorado State University Campus  
Fort Collins, Colorado State University

This document reports on the community forum on Colorado Health Care Reform held on Saturday, September 29<sup>th</sup> at the Lory Student Center on Colorado State University campus. The forum was sponsored by the Larimer County League of Women Voters and the CSU Center for Public Deliberation. Both spoken comments and written comments are included. This report was compiled by Martín Carcasson, Ph.D., assistant professor in the Department of Speech Communication at Colorado State University and director of the CPD. Feel free to email questions to [mcarcas@colostate.edu](mailto:mcarcas@colostate.edu).

### **Table of Contents**

#### Report Summary

|   |    |
|---|----|
| Section A. Explanation of the Process .....                     | 2  |
| Section B. Who attended? .....                                  | 4  |
| Section C. What data was produced? .....                        | 4  |
| Section D. What were the results? .....                         | 5  |
| Key themes and findings.....                                    | 5  |
| Placement of dots.....  | 6  |
| Comments from easel paper supported by dots.....                | 7  |
| Key points from participant surveys.....                        | 9  |
| Pre-meeting responses to “most is the most important criteria”. | 10 |

#### Appendixes:

- Appendix A: Full Information from Forum
- Appendix B: Results from participant survey
- Appendix C: Backgrounder provided to all participants
- Appendix D: Participant survey (blank)
- Appendix E: Handouts made available to participants during forum
  - Information on the Blue Ribbon Commission for Health Care Reform
  - Key Design Elements of Proposals
  - Comparison of 208 Proposals (Eligibility for Subsidized Coverage)
  - Colorado Residents by Source of Coverage
  - Glossary of Health Care Reform terms
- Appendix F: Flyer used for event

## **A. Explanation of the Process:**

The CSU Center for Public Deliberation (CPD) and the Larimer County League Women Voters (LWV) partnered together to host a public forum on Colorado health care reform that was held in the Lory Student Center on September 29<sup>th</sup>, 2007. The LWV primarily served the convening role, sending out notices and press releases for the meeting, and inviting particular stakeholder groups. CPD director Martín Carcasson designed the meeting, prepared the background material, and provided the facilitators to run the meeting. LWV volunteers also helped with the sign in table and notetaking during the meeting. The meeting was well publicized, including three different notices in the *Fort Collins Coloradoan*, an article in the *Loveland ReporterHerald*, and discussions on local community radio.

The meeting began at 9am. Dr. Carcasson began the meeting by explaining the process and providing some background information on the 208 Commission (the Blue Ribbon Commission on Health Care Reform). Dr. Carcasson also explained the rationale for using this sort of process rather than a traditional public information meeting in which the officials would answer questions from the large audience. In such meetings, only one public participant can speak at a time, the district officials are primarily talking (answering questions), and those with different perspectives often simply talk past each other. Participants do get answers to a limited set of questions, but the decision-makers only receive limited information regarding the overall concerns of the public.

By using breakout groups, and developing a process in which the participants primarily talk to each other, multiple goals can be pursued. Five goals for the event were specifically outlined during the introduction:

- Help Colorado residents understand some key issues within the health care reform debate by discussing a few of the primary distinctions between proposals
- Develop shared learning in a respectful environment between individuals with various perspectives
- Provide some basic information on the 208 Commission proposals, and identify what questions participants have about the process and the proposals
- Undercover points of common ground as well as key tensions in the debate that call for further discussion (and could potentially improve future events similar to this morning's forum)
- Capture your preferences and concerns about health care reform, and provide the 208 commission and Colorado legislators with that information

Rather than simply identify the surface opinion, we hoped to query that opinion after the participants had a chance to hear from each other concerning the advantages and disadvantages of the different options, as well as the inherent tradeoffs between the options, and thus develop a more nuanced judgment. Hearing fellow residents discuss their views concerning those

advantages and disadvantages, highlighting what was important to them, would hopefully help accomplish that goal.

The schedule for the meeting was as follows:

|                  |  |
|------------------|--|
| 9:00-9:30 a.m.   | Introduction                             |
| 9:30-10:00 a.m.  | Initial Breakout: Core values/criteria   |
| 10:00-10:20 a.m. | Discussion of employer responsibility    |
| 10:20-10:50 a.m. | Discussion of individual responsibility  |
| 10:50-11:20 a.m. | Discussion of government responsibility  |
| 11:20-11:50 a.m. | Final discussion questions & reflections |
| 11:50-12:00 p.m. | Closing comments and dot placement       |

Professor Carcasson also established some basic ground rules for the event, which were:

- Listen to understand
- Speak honestly and respectfully
- Its okay to disagree, but do so with curiosity, not hostility
- Be brief and allow others to participate, no one should dominate
- No personal attacks

Student and faculty facilitators from the CPD were used in order to provide additional legitimacy to the process due to their neutrality toward the issue. The students were focused on the process, not the result of the deliberation. They had no particular preference concerning the options discussed.

The process involved splitting the participants into breakout groups consisting of roughly 15 participants each. Facilitators from the CPD, consisting of a moderator and two notetakers, ran each breakout group. The CPD notetakers took notes on easel paper in clear view of the group. An additional notetaker from the League of Women Voters sat in on each group and took individual notes as well. All these notes are provided in the Appendix A of this report.

Each breakout group began with introductions of the participants. They were also asked what was most important to them when considering health care reform. After this initial question, each group spent dedicated time on the each of the options, focusing first on advantages or “appreciations” and then on disadvantages or “concerns.” Each participant was provided with a six page “backgrounder” on the issue which served as their discussion guide for the process (that backgrounder is also included in Appendix C). The backgrounder was prepared by Dr. Carcasson as an impartial guide to help participants consider the various views within each approach.

During these discussions, notes were captured on paper, organized by option and advantages and disadvantages, and then those large pieces of paper were taped up around the room. The notes were written on large easels, so all participants could see what was being written, and participants were encouraged to help their notetakers and suggest corrections as needed to capture the discussion. At the end of the forum, participants were provided a strip of 5 dot stickers, and each participant was instructed to place the dots next to statements they most agreed with on the notes. The dot exercise helps provide a sense of the priorities of each breakout group.

During the forum, participants also had the opportunity to write comments on index cards, and then turn those comments into the notetakers. These comments are also in Appendix A.

Also included in the appendix is the data from individual surveys completed by the participants (partly before the forum and partly after the forum).

### **B. Who attended?**

Forty-five participants attended the meeting, along with twelve facilitators and notetakers. Also in attendance were Colorado State Senator Bob Bacon (D) and Colorado State Representative Don Marostica (R).

As evidenced by the participant surveys, the participants were diverse in some ways, and, unfortunately, not as diverse in others. Participants had a range of experiences with health care, with a plurality being insured through their employers, but others were insured through the individual market, Medicare, Cover Colorado, or a cost sharing co-op, or were uninsured. We also had eight health service professionals, and four small business owners.

A broad range of occupations were represented (19 different occupations were identified), and participants hailed from 10 different zip codes. A nice range of incomes were also represented, ranging from under \$20,000 to over \$74,000, as well as a nice range of familiarity with the 208 commission proposals (10 replied “Very,” 15 replied “Somewhat,” and 8 replied “Unfamiliar”).

In other factors, however, the group lacked diversity. Of the 27 that answered the question, all marked Caucasian for their ethnicity. 19 self-identified as Democrats, 3 as Independents, and only one as a Republican (we also had one “Green party” and one “Radical”). Twenty-four of the 28 respondents to the question concerning age were 45 or above.

While these numbers are disappointing in terms of diversity, they are likely a bit skewed based on the fact that some participants chose not to complete the survey. Again, forty-five participants attended, but only 37 surveys were returned. During the group discussions, there seemed to be a broader representation of different views, but perhaps those individuals did not complete the survey. Nonetheless, it is clear that the information provided in this report will be particularly slanted toward the Democratic perspective, and thus may not represent the broader views of the Northern Colorado community. That being said, this does represent the views of the individuals in the community that feel passionate about health care and were able and willing to attend a forum that was publicized widely.

### **C. What data was produced?**

This report provides a number of different forms of data for those interested in public thoughts and concerns on health care reform. The appendixes includes all the raw data, including:

1. The notes taken by CPD facilitators on easel paper during the discussions. The easel paper notes also include the placement of “dots” that participants placed on the notes to express their priorities. (Appendix A)
2. The notes taken by LWV notetakers during the discussions, (Appendix A)
3. The written comments turned in on index cards by participants. (Appendix A)
4. The results of the participant survey (Appendix B)

## **D. What were the results?**

**Overall, the data shows that a majority of the participants, both before and after the meeting, were particularly supportive of an increased government role in health care in general, and in the single-payer plan in particular.**

### **1. Key themes and findings:**

Note: These key themes and findings represent the themes observed from a majority of participants, not the group as a whole.

- Participants appreciated that plans that increase employer responsibility would increase the employer's sense of responsibility for the health of their employees, and that an employer mandate would expand coverage to those working for businesses that do not or cannot provide coverage. Overall, however, participants opposed focusing on increasing employer responsibility for a variety of reasons, including that it did not include cost controls, built on an inefficient system, and would cause inequalities between large and small businesses.
- Participants supported the idea that individuals must take more responsibility for their own health. They also appreciated the fact that increasing individual responsibility would likely lead to more informed and educated individuals regarding their health care. However, participants were concerned with plans that expected individuals to increase their responsibility for making health care choices, primarily due to the complexity of those decisions, the lack of transparency on health information and costs, and the inequity of increasing responsibilities for those with low income. For these reasons, participants were wary of plans that included an "individual mandate."
- Participants strongly supported the need for increased focused on health, wellness, and prevention to be a critical part of any health care reform.
- Participants supported an increase in government responsibility in general for health care, citing the notion that health care was a moral issue and American value, and should be considered a right. Many participants particularly supported the single payer plan, and pointed to the information that shows the single payer plan would reduce costs while increasing coverage. Participants were aware of negative concerns by many about increasing government control—and agreed with some of them and felt others were exaggerated—but nonetheless felt increased government responsibility was the best solution.
- Many participants clearly were knowledgeable concerning the "single payer" plan before the meeting, and offered support for the plan during the meeting. In particular, participants sought to explain that the single payer plan was not "socialized medicine," but rather focused primarily on the financing of health care, not the delivery.
- Participants also expressed concern through the discussion and survey questions the "for-profit" status of much of the current health care system. Participants disagreed that the "free

market” improves health care, and felt that health care’s status as a right and moral issue did not fit within a for-profit system with its particular incentives.

- Participants overwhelmingly enjoyed the process and were satisfied with the quality of the conversations (on the survey, 100% of the those completing the survey responded that they were very satisfied or satisfied with the conversations).

**2. Placement of dots:**

The chart below shows where participants placed their “dots” at the end of the meeting in order to identify their priorities. Dots were placed next to individual statements that participants agreed with, but this chart simply shows overall where the dots were placed based on whether the comments were supportive or unsupportive for that approach

| <b>Table 1: Overall Placement of Dots</b>  |          |                   |
|--|----------|-------------------|
| <b>Section</b>   | <b>#</b> | <b>% of total</b> |
| Appreciations for Approach 1<br>Increasing Employer Responsibility for Health Care     | 1        | 1%                |
| Concerns for Approach 1<br>Increasing Employer Responsibility for Health Care          | 23       | 17%               |
| Appreciations for Approach 2<br>Increasing Individual Responsibility for Health Care   | 3        | 2%                |
| Concerns for Approach 2<br>Increasing Individual Responsibility for Health Care        | 18       | 13%               |
| Appreciations for Approach 3<br>Increasing Governmental Responsibility for Health Care | 71       | 53%               |
| Concerns for Approach 3<br>Increasing Governmental Responsibility for Health Care      | 17       | 13%               |

Table 2 (on the following page) lists all the individual comments captured by notetakers on the easel paper that were supported by at least one dot, and is sorted by which approach and by total number of dots

**Table 2: Comments from Easel Paper Supported by Dots and Sorted by Number of Dots**

|  | <b>Appreciations</b>   | <b>Concerns</b>  |
|--|--|--|
| <b>Approach 1<br/>Increasing<br/>Employer<br/>Responsibility<br/>for Health<br/>Care</b>   | <ul style="list-style-type: none"> <li>• Create group for people not covered to be covered (1)</li> </ul>  | <ul style="list-style-type: none"> <li>• No cost control (5)</li> <li>• No point in building on a system that doesn't work now (4)</li> <li>• International inequity (3)</li> <li>• Becomes a burden for employer, cost to employer (2)</li> <li>• Affects large and small business (2)</li> <li>• Increase employer costs and thus cost shifting (1)</li> <li>• Decreases competitive ability (1)</li> <li>• Prejudicial (1)</li> <li>• Rural areas → difficult to get services, equipment needed (1)</li> <li>• Costs in advertising, gathering data trying to find people in good health to insure, etc. (1)</li> <li>• Everyone looking out for themselves, all in competition (1)</li> <li>• What options are actually available for the employer? Limited (1)</li> </ul> |
| <b>Approach 2<br/>Increasing<br/>Individual<br/>Responsibility<br/>for Health<br/>Care</b> | <ul style="list-style-type: none"> <li>• Increased efficiency (1)</li> <li>• Forces accountability on both the insurance company and individuals (1)</li> <li>• Higher levels of awareness (regarding costs) lead to informed/responsible decisions (1)</li> </ul> | <ul style="list-style-type: none"> <li>• Just a paycheck for insurance companies (8)</li> <li>• Poor will not get health care, if poor are sick, we're all sick (5)</li> <li>• Doesn't address "doctor problem" (medicine as business for profit) (1)</li> <li>• Not everyone has luxury of even accessing a doctor; Becomes a matter of food or health care (1)</li> <li>• No cost control – patient must be aware of hyper-inflation (1)</li> <li>• Too much focus on PRICE of what it will take to make you better (1)</li> <li>• Competition having negative effects (1)</li> </ul>  |

|   |   |  |
|---|---|--|
| <p><b>Approach 3<br/>Increasing<br/>Governmental<br/>Responsibility<br/>for Health<br/>Care</b></p> | <ul style="list-style-type: none"> <li>• Universal coverage is a moral issue, must be addressed (10)</li> <li>• Health care can be seen as a right (9)</li> <li>• Good HC is required for true equal opportunity, an American value (8)</li> <li>• Lessened administrative costs would lower the overall financial burden (5)</li> <li>• Single payer only plan with net decrease (5)</li> <li>• Guidance/regulation, helps reduce other costs (4)</li> <li>• Good use of tax money (4)</li> <li>• Family and individuals going from poverty to working, less gray areas, stay covered (3)</li> <li>• Removes inequity, gives more choice (3)</li> <li>• Tax increase would reduce/eliminate premiums and deductibles (3)</li> <li>• Government role is to step in when free market fails (2)</li> <li>• Increase education on health (2)</li> <li>• No real interference of government, just finance decision (2)</li> <li>• Paying less overall (prisons) (2)</li> <li>• Equal access (2)</li> <li>• Gives access to more specialists (1)</li> <li>• Level of overall good health would rise (1)</li> <li>• Reduces personal bankruptcy (1)</li> <li>• Reduced number of bankruptcies (1)</li> <li>• Yes, increase government involvement (1)</li> <li>• Other countries do it (1)</li> </ul> | <ul style="list-style-type: none"> <li>• Really idealistic, interest groups interfere with objectivity (2)</li> <li>• Red tape/ bureaucracy needs accountability, improve the way government works (2)</li> <li>• Moral issue, everyone should be covered at some level (2)</li> <li>• Need to look at total cost (being taxed by the stupidity of a program) (2)</li> <li>• Way in which these plans are articulated (2)</li> <li>• Small town doctors going out of business (2)</li> <li>• People with good insurance plans already will be hard to sell this approach to (2)</li> <li>• Level of good health would decrease (1)</li> <li>• Who pays? There are winners and losers for each group (1)</li> <li>• Will the doctors feel like they will be paid less? (1)</li> </ul> |
|---|---|--|

### 3. Key Points from Participant Surveys

(for all the information from the surveys, see appendix B):

#### Pre-Meeting Responses to Key Issues:

|   | Strongly Agree |     | Agree |     | Not sure/depends |     | Disagree |     | Strongly Disagree |     |
|---|----------------|-----|-------|-----|------------------|-----|----------|-----|-------------------|-----|
|   | #              | %   | #     | %   | #                | %   | #        | %   | #                 | %   |
| We should require individuals to purchase health insurance.                                       | 1              | 3%  | 3     | 8%  | 11               | 31% | 9        | 25% | 12                | 33% |
| We should require employers to provide health care benefits.                                      | 0              | 0%  | 4     | 11% | 11               | 31% | 10       | 29% | 10                | 29% |
| We must significantly increase the responsibilities of the government for everyone's health care. | 21             | 60% | 8     | 23% | 3                | 9%  | 1        | 3%  | 2                 | 6%  |
| I would be willing to pay higher taxes to provide more access to health care to others            | 21             | 58% | 11    | 31% | 3                | 8%  | 1        | 3%  | 0                 | 0%  |
| We must focus more on health, wellness, and prevention rather than just treating the sick.        | 27             | 73% | 9     | 24% | 1                | 3%  | 0        | 0%  | 0                 | 0%  |
| I believe health care is a right, not a privilege.  | 22             | 61% | 10    | 28% | 2                | 6%  | 1        | 3%  | 1                 | 3%  |
| Increasing the role of government in health care would increase costs and/or reduce quality.      | 1              | 3%  | 2     | 5%  | 3                | 8%  | 11       | 30% | 20                | 54% |
| We must focus on controlling costs before increasing access.                                      | 3              | 9%  | 4     | 11% | 12               | 34% | 11       | 31% | 5                 | 14% |
| The free market improves the quality of health care.  | 0              | 0%  | 3     | 8%  | 4                | 11% | 12       | 33% | 17                | 47% |
| We should increase taxes on junk food.  | 5              | 14% | 17    | 49% | 5                | 14% | 5        | 14% | 3                 | 9%  |
| We should increase taxes on cigarettes and alcohol  | 9              | 25% | 16    | 44% | 7                | 19% | 3        | 8%  | 1                 | 3%  |
| We must have significant health care reform soon  | 32             | 89% | 1     | 3%  | 2                | 6%  | 0        | 0%  | 1                 | 3%  |

#### Key findings:

97% of respondents either “strongly agreed” or “agreed” that “We must focus more on health, wellness, and prevention rather than just treating the sick.”

89% of respondents “strongly agreed” that “We must have significant health care reform soon.”

89% of respondents either “strongly agreed” or “agreed” that health care was a right, not a privilege.

Overall findings were rather skewed to one side or the other. Respondents were most split on whether to “increase taxes on junk food,” with 63% strongly agreeing or agreeing, 14% unsure, and 23% disagreeing or strongly disagreeing; and “We must focus on controlling costs before increasing access,” with 34% of the respondents answering “unsure/depends.”

**4. Pre-meeting written responses to “What is the most important criteria to judge health care proposals” (open ended question):**

- Cost, comprehensive coverage, universal, sustainable
- How will it be funded and future consequences
- Adequacy, accessibility, affordability
- Net reduction of cost (single payer system)
- Inclusiveness and user friendliness for those most vulnerable in our society (disabled, elderly, low-income)
- Moral issue of equal access
- Access
- Comprehensive access and affordability
- Universal coverage
- Coverage for all individuals
- Access and coverage
- Coverage for all – comprehensive plan, not rationing
- Universal availability to US citizens, equitably and efficiently from a basis of user/consumer being educated well about system
- How universally available it is to people
- Addressing the issue for those in need without reducing significantly freedom of choice for all
- Covers all
- Does it make people healthy?

**5. For More Information**

For more information on this forum or this report, contact Martín Carcasson at (970) 491-5628, or [mcarcas@colostate.edu](mailto:mcarcas@colostate.edu).

For more information on the CSU Center for Public Deliberation, visit our website at [www.cpd.colostate.edu](http://www.cpd.colostate.edu).

For more information on the League of Women Voters of Larimer County, visit <http://www.lwv-larimercounty.org/>