
APPENDICES

A. Analysis Team

This project was led by Jennifer Cannistra, an analyst on the Presidential Transition Team and subsequently in the newly created Office of Health Reform. Jeanne M. Lambrew, former Deputy Director of the Office of Health Reform, also guided the project. Advice and assistance on analysis of the survey questions were provided by the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill, under the leadership of Thomas Ricketts, Ph.D. Two preeminent qualitative researchers, Kelly Devers and her team at Virginia Commonwealth University and Shoshanna Sofaer at Baruch College School of Public Affairs, provided guidance on this project.

Sarah B. Fenn: Sarah served as the state legal Voter Protection Director for the Obama campaign in Indiana, Kentucky, and New Hampshire and as campaign field staff in Iowa, Idaho, Texas, and Florida. She holds a J.D. from the University of California, Davis School of Law and a B.A. from the University of California, Los Angeles (UCLA) and is admitted to the California Bar.

Tim Granholm: Tim is a recent graduate of Indiana University and an Obama campaign veteran. Since completing his volunteer position with the Presidential Transition Team, he has joined the U.S. Department of Health and Human Services.

Aida Dargahi: Aida was the Field Organizer at the University of Nevada, Las Vegas during the 2008 presidential election; she interned with Obama for America during the presidential primaries. Before joining the Obama campaign, Aida was completing her bachelor's degree in Political Science.

Jason F. Cunningham: Jason holds a B.A. from Union College and a J.D. from Suffolk University Law School. Jason served in the Obama campaign as the Deputy Political Director in New Hampshire and is admitted to the Massachusetts Bar.

Randy P. Silang: Randy was a field organizer for the Obama campaign in Jacksonville, Florida. He has a background in industrial engineering and management consulting and plans to pursue a Masters in

Public Policy degree at George Washington University in the fall.

Doug Taylor: Doug has over ten years of experience working in the technology and finance sectors, where he has developed and honed both his analytical and managerial skills. He is originally from California and holds a degree in Mathematical Economics from Pomona College.

Juliana Herman: Juliana is a graduate of the University of Pennsylvania with a double major in Political Science and American History. Most recently, she served as the Voterfile Manager for the Pennsylvania Campaign for Change, handling the voter targeting and database management for the Obama Campaign in Pennsylvania.

Matthew Lackey: Matthew Lackey is the Senior Political Strategist for the AFL-CIO. He has spent over six years using mathematical analysis and programming to optimize systems and programs for the private sector, international competitions, and progressive causes.

Kelly J. Devers, Ph.D.: Dr. Devers is an Associate Professor at Virginia Commonwealth University, Departments of Health Administration and Family Medicine. She is an expert in qualitative and mixed methods research and their use in health services and policy research.

Minha F. Husaini: Minha served as the National Muslim American Outreach Coordinator for the Research and Religious Affairs Departments at Obama for America in Chicago. She holds a Masters degree from the University of Southern California School of Policy, Planning, and Development.

Chrissi Johnson: Chrissi began her involvement with the campaign as a volunteer while attending graduate school at the University of Iowa; she then served as a member of the Missouri Research Team for the Obama campaign beginning in June 2008. She holds a Masters in Counseling and Rehabilitation in Higher Education from the University of Iowa, Iowa City and B.A.s in Journalism and Spanish from the University of St. Thomas, St. Paul, Minnesota.

Thomas Ricketts, Ph.D.: Dr. Ricketts is a Professor of Health Policy at the University of North Carolina at Chapel Hill Gillings School of Global Public Health and Managing Director of the American Academy

of Surgeons Health Policy Research Institute. His work has focused on access to health care and the supply of health care professionals.

Jennifer King: Jennifer is a Ph.D. student in the Department of Health Policy and Management at the University of North Carolina at Chapel Hill and a researcher at the Cecil G. Sheps Center for Health Services Research. She conducts research on access to care and insurance coverage and previously worked in the Health Policy Center at the Urban Institute in Washington, D.C.

Shoshanna Sofaer, Ph.D.: Dr. Sofaer is the Robert P. Luciano Professor of Health Care Policy at the School of Public Affairs, Baruch College. Dr. Sofaer is an expert on the use of qualitative and mixed research methods in health policy and health services research who frequently provides consultation and training to other researchers on this topic.

Eben A. Weitzman, Ph.D.: Dr. Weitzman is an Associate Professor in the Graduate Programs in Dispute Resolution, and in the Public Policy Ph.D. Program, both at the University of Massachusetts, Boston; he received his Ph.D. in social and organizational psychology from Columbia University. In 1995, he co-authored one of the first texts on computer assisted qualitative data analysis with the late Mathew Miles, and continues to write and teach about qualitative research methods for use in a wide range of areas including health care services and public policy development.

Karen W. Frazier: Karen is a Research Associate with the American Institutes of Research. She has extensive experience with qualitative data collection and analysis, project management, and related training activities in health services and policy research. She has a Bachelor's degree from the University of North Carolina at Chapel Hill and a Master's degree from the University of Virginia.

Kate Albright-Hanna: After graduating from Georgetown's School of Foreign Service, Kate worked at NBC News and then at CNN as a documentary producer. She joined the Obama campaign as director of video in the new media department, and then continued as the content lead during the Presidential Transition.

Andrew Sigle: Andrew's professional background is as an executive in the telecommunications industry in both the United States and Europe. He has undergraduate degrees in engineering and economics from the University of Illinois at Urbana and an M.B.A. from the University of Chicago's Graduate School of Business.

Anna Perng: Prior to joining the Obama Campaign for Change and the Presidential Transition Team, Anna was Development Officer for Community Legal Services of Philadelphia. She received her B.A. from Swarthmore College in 2003.

Kacy Rohn: Kacy graduated from Dickinson College in 2008 with a B.A. in Political Science. After graduating, she was selected as an Obama Organizing Fellow and then worked as a Field Organizer in Cumberland County, Pennsylvania for the general election.

Betsy Dexter: Betsy is originally from Owensboro, Kentucky and graduated from the University of Kentucky in 2002 with a B.S. in Communications.

Emeline Davis: Emeline is a Producer of Reality Television for such shows as Hell's Kitchen, Paradise Hotel, and Hit Me Baby One More Time. She holds an M.B.A. from Columbia University and a B.A. from Lawrence University.

Meredith Rahn-Oakes: Meredith is a recent high school graduate taking a year off before beginning at Georgetown University in the fall. She worked on the Obama campaign in Philadelphia, as a member of the Women's Vote Team.

Travis Moore: Travis manages the advocacy efforts of the Better World Campaign and UN Foundation, supporting the work of the UN and UN programs. He has also worked for Senator Tom Daschle and Representative Henry Waxman and holds an M.A. in contemporary European Politics from the University of Bath (UK).

Robin T. Kelley, Ph.D.: Dr. Kelley is an adjunct at Georgetown University in the Edmund A. Walsh School of Foreign Service. In addition to working on the report, she conducted a local Health Care Community Discussion in Washington, D.C. among resource limited residents. She graduated from

University of Maryland with her Ph.D. in Public and Community Health in 2002 and from Columbia University with her M.S.S.W. and Vassar College with her B.A. in English.

Ramy Eid: Ramy is an attorney primarily in government, former Deputy Attorney General for the State of New Jersey, and Assistant Corporation Counsel for the City of Newark, New Jersey. He holds a B.A. from the University of Massachusetts at Amherst and a J.D. from Seton Hall University School of Law.

B. Methodology

The Health Policy Transition Team’s review of Health Care Community Discussion reports consisted of three parts: an analysis of group reports submitted by hosts to Change.gov; an analysis of individual Participant Surveys submitted by hosts to Change.gov; and an analysis of the host sign-ups and participants. The Transition Team received approximately 4,100 Health Care Community Discussion group reports through the reporting Web site on Change.gov, either from uploaded documents or comments in a text box. These submissions were screened by Health Policy Transition Team members and volunteers to determine if they were a group report from a Health Care Community Discussion. The review team determined that approximately 825 documents were not group reports.²⁰ As such, the Health Policy Transition Team and the trained volunteers read through and analyzed 3,276 Health Care Community Discussion group reports submitted to Change.gov.

With guidance from qualitative research experts, trained volunteers systematically labeled or “coded” sections of text in each of the group submissions using Atlas.ti, a computer software program designed to analyze written documents. These codes provided an organized and comprehensive list of the topics participants discussed and the nature of those comments, which helped to identify major themes or distinct and recurring ideas expressed across all of the reports. The Health Policy Transition Team and qualitative research experts developed 95 manual codes to apply to various words and ideas in the group submissions.²¹ These codes, the critical ingredient in qualitative analysis, were generated by reviewing the topics in the Participant Guide and by reviewing a large sample of the group summaries to identify responses to those topics as well as other comments, ideas, and solutions. These codes were organized into six categories:

1. Biggest problem (including costs, access, quality, and problems with the overall system);
2. Other major problems or major concerns (such as unhealthy behaviors, shortages of key providers, and lack of information);
3. Impact of problems on various groups (such as state government, small businesses, providers, patients, families, the uninsured, and hospitals);
4. Hopes and visions for a reformed health system (such as less complex/simpler, comprehensive coverage, emphasis on wellness/prevention, and patient-centered);
5. Roles and responsibilities of various groups moving ahead (such as consumers, patients, employers, doctors, churches, businesses, hospitals, insurers, government, and schools); and
6. Specific suggestions or recommendations (such as Health IT, wellness education, public health improvement, and building (or not building) on the experiences of other states or countries).

After entering these codes and all of the Health Care Community Discussion group reports into Atlas.ti, the Health Policy Transition Team and trained volunteers read through thousands of Health Care Community Discussion group submissions on computers and applied codes to relevant sentences or paragraphs by highlighting the relevant text and selecting the applicable code. For example, a paragraph that discussed the shortages of hospitals and doctors in rural areas would be coded with “Access To: Hospitals, Doctors, Rural Concerns, Shortages.” In addition, group reports were coded to identify whether the majority of a meeting’s participants were everyday Americans, providers, or members of an advocacy group.

In addition to manually coding each document, the reviewing team also used the “autocode” feature of Atlas.ti, which searches for words, variations of words, or phrases and then applies the relevant autocode. The Health Policy Transition Team and a team of volunteer qualitative researchers helped develop “autocodes” to systematically capture themes. The autocodes covered a single-payer system, veterans, women’s health, mental health, and malpractice. For example, several group submissions

discussed veteran's care. An Atlas.ti autocode searched for the word "veteran" and then placed the appropriate code on the sentence or paragraph where the words appeared.

After the thousands of group reports were read, analyzed, and coded, the reviewing team ran searches by codes and code combinations in the Atlas.ti database to view the written text from the group reports associated with a particular comment or idea in order to identify the major themes. The software also has the ability to conduct simple counts, cross-tabulations, and export data to Excel or other software like SAS to conduct basic descriptive statistics (e.g., correlations) to better understand the major themes discussed by group participants and the range of views expressed. For example, the coding system gives a count of the number of times Health Care Community Discussion group reports highlighted that the biggest problem of our current health care system is cost, access, quality, or the nature of the overall system. The coding system also allowed the team to assess whether there were systemic differences in perspective or opinion based on group characteristics or where the Health Care Community Discussions took place.

The code information was then exported from Atlas.ti and analyzed by the volunteer team, including volunteer qualitative research experts. The volunteers compared the coding results by region, population type, per capita income, and unemployment and looked for trends and differences between the percentages of responses of each code for each of the above categories.²² For example, the group compared the percent of reports from the Northeast that mentioned "Suggestion_Education" to the percent of reports from the South, West and Midwest that said "Suggestion_Education." They also compared the percentages within a code by region, population type, income, and unemployment. For example, within the Southern Region, the researchers looked at what code had the highest percentage of documents coded with that response and whether that was the same code for each region, population type, income bracket, and unemployment bracket. The researchers also looked for correlations between codes to identify trends and interactions. For instance, the researchers analyzed the values and solution categories to determine if there was a correlation between the "Values_Prevention" code and the "Suggestion_Education" code. The researchers asked: Was a report more likely to mention education as a solution if they mentioned prevention as a key value for the health care system?

The Health Policy Transition Team also received Participant Survey responses uploaded by hosts through the reporting Web site on Change.gov. After eliminating outlier responses, 30,603 responses were used in the analysis.²³ Following the same procedure as the code analysis, the researchers analyzed the participant responses by region, population type, income, and unemployment. The results of the Participant Survey analysis were then compared to the results of the code analysis. The team looked for similarities and differences between the two analyses because the code analysis was conducted on the reports from open-ended, group discussions and allowed for multiple codes in a single category, and the Participant Survey responses were limited to one response per participant per question.

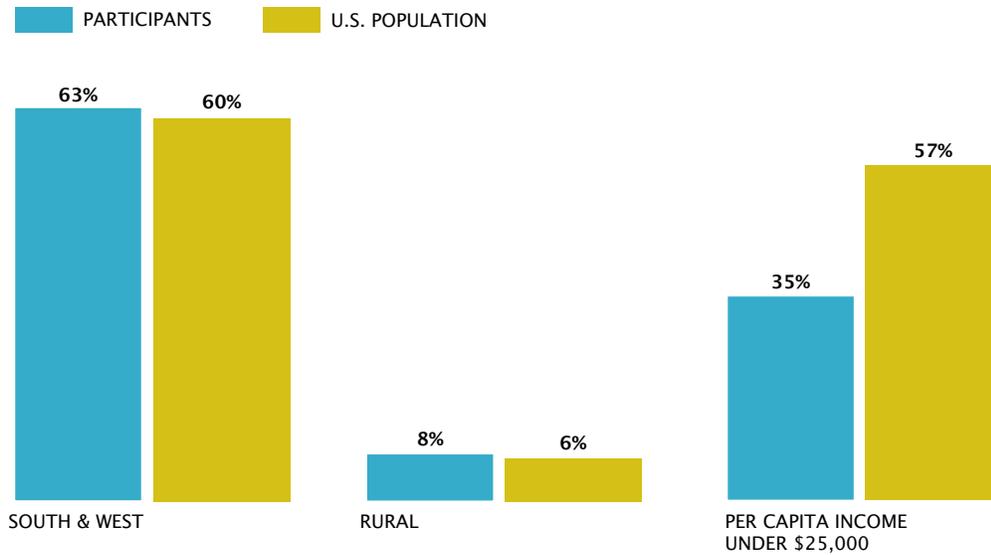
The Participant Survey and Health Care Community Discussion reports are distinct but complementary sources of information about the views of the public who chose to participate in this forum. The individual survey permits each participant who responded to express his or her opinions. The group reports capture the results of a dialogue among individuals and permit the expression of more complex points of views and differences of opinion on issues. For example, the Participant Survey addressed the issue of the “biggest problem” and permitted respondents to pick one item. In contrast, the “biggest problem” discussion in the groups generated responses on multiple problems and included responses not in the Survey response categories (e.g., underlying system structure or values) and responses on the interactions among those problems (e.g., because there is no real system or a system that prioritizes sickness instead of wellness or prevention, health care is costly and the system impersonal and hard to navigate). The other Participant Survey questions focused on other important topics related to the process of moving forward on health care reform, including how people would like to participate and what kinds of information would help them participate. Health Care Community Discussion reports also provided complementary information on these subjects.

The Health Policy Transition Team and qualitative research experts also analyzed the diversity of the people who signed up to be hosts and the participants who submitted Participant Surveys. Using the same categories as the code and Participant Survey response analysis, the researchers looked at the regional distribution, population type distribution, per capita income distribution, and unemployment rate distribution of the hosts and participants.

The quotes used in the report were edited to correct spelling, grammatical mistakes and for format; brackets were used to add language for clarity.

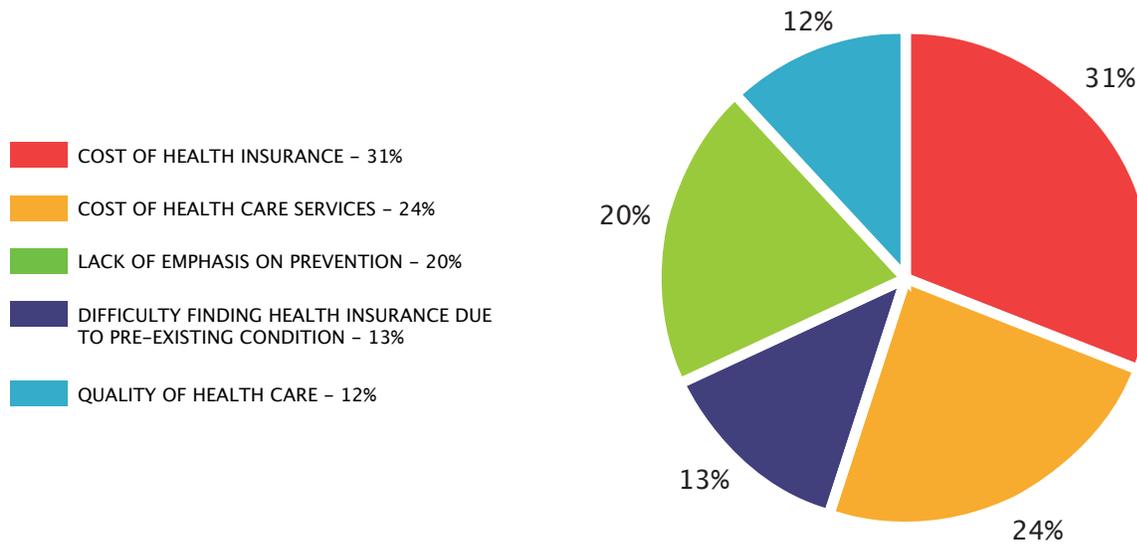
C. Figures, Tables, and Maps

FIGURE 1: PROFILE OF HEALTH CARE COMMUNITY DISCUSSION PARTICIPANTS



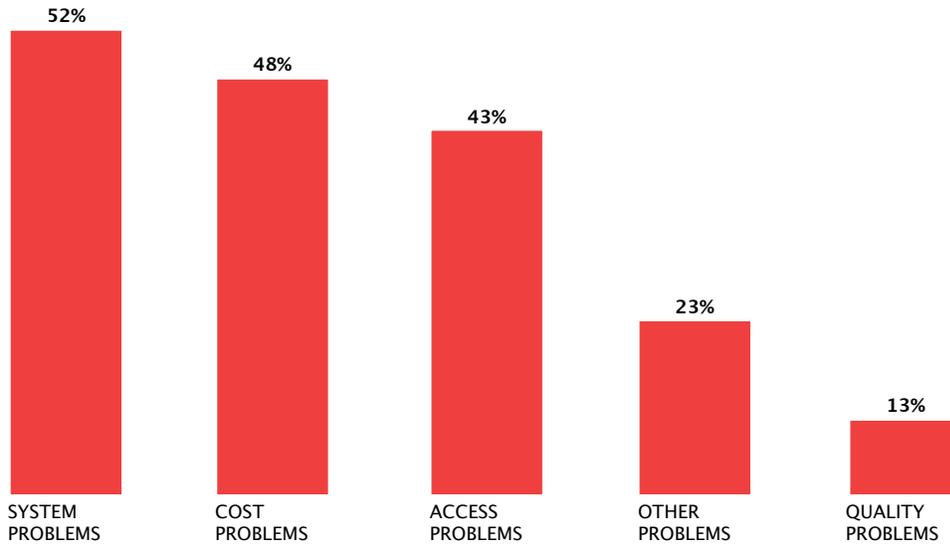
Source: Presidential Transition Team Health Care Community Discussions, December 2008, 30,603 survey respondents.

FIGURE 2: TOP CONCERNS OF HEALTH CARE COMMUNITY DISCUSSION PARTICIPANTS



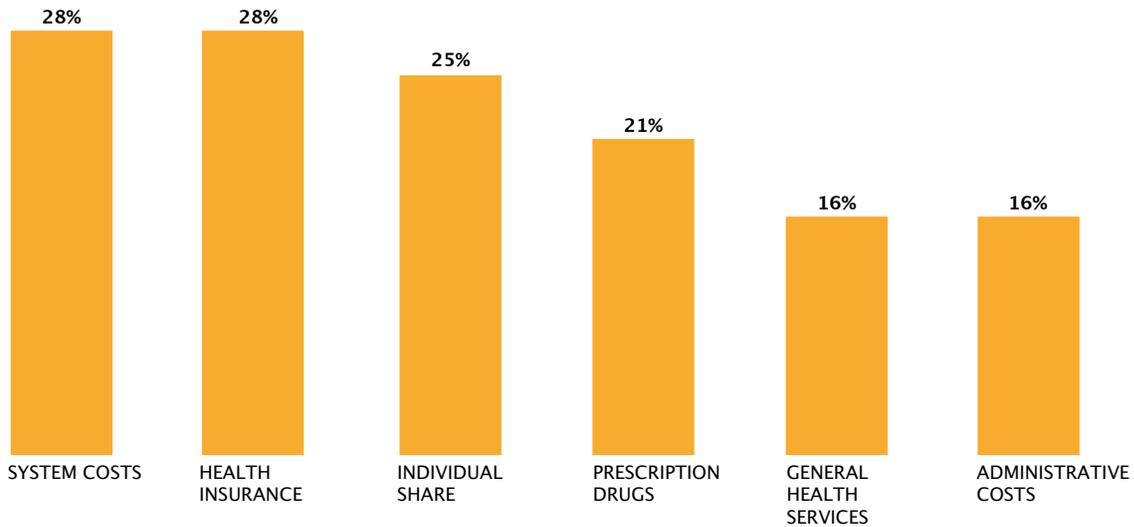
Source: Presidential Transition Team Health Care Community Discussions, December 2008, 30,603 survey respondents.

FIGURE 3: OVERALL CONCERNS OF HEALTH CARE COMMUNITY DISCUSSION GROUPS



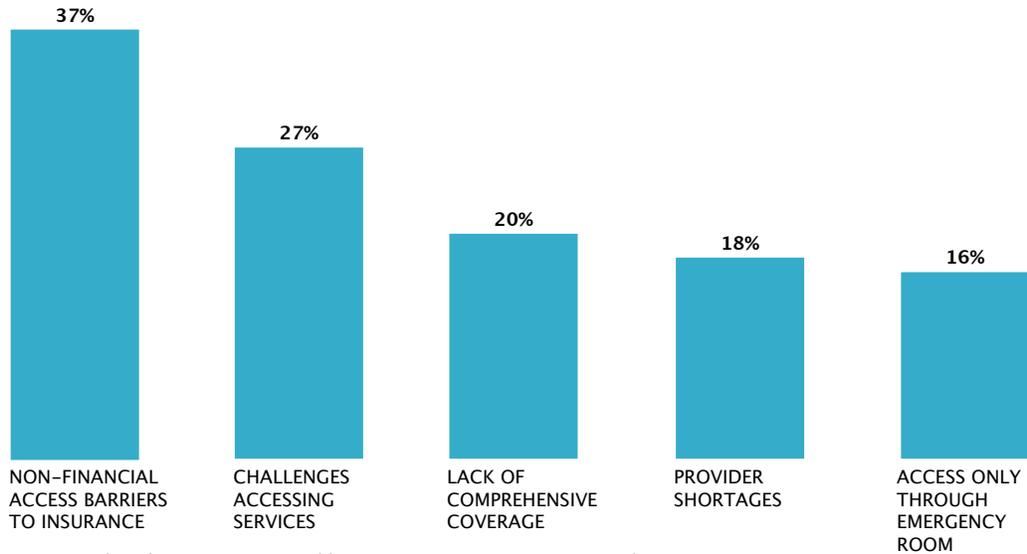
Source: Presidential Transit on Team Health Care Community Discussions, December 2008, 3,276 group reports.
 Note: The sum of each topic exceeds 100 percent because some groups discussed more than one topic.

FIGURE 4: TYPES OF COST CONCERNS OF HEALTH CARE COMMUNITY DISCUSSION GROUPS



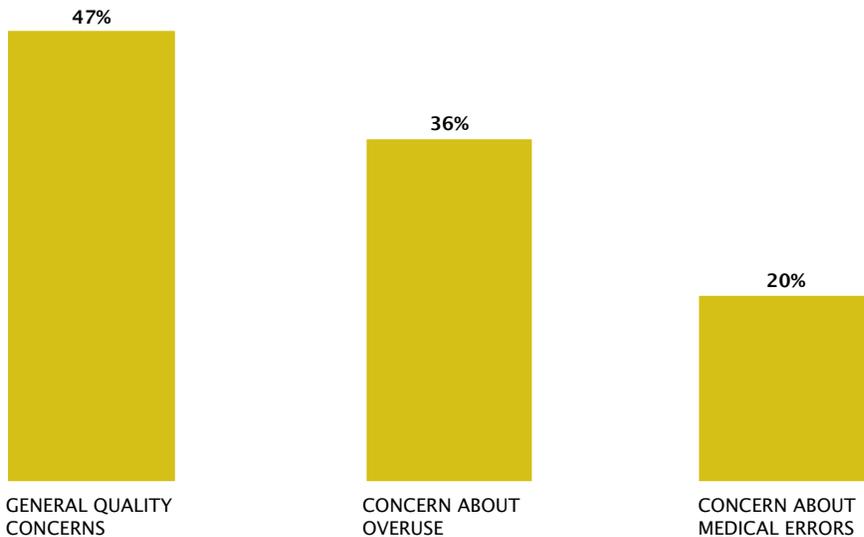
Source: Presidential Transit on Team Health Care Community Discussions, December 2008, 3,276 group reports.
 Percent of groups that discussed each topic among all groups that discussed cost problems.
 Note: The sum of each topic exceeds 100 percent because some groups discussed more than one topic.

FIGURE 5: TYPES OF ACCESS CONCERNS OF HEALTH CARE COMMUNITY DISCUSSION GROUPS



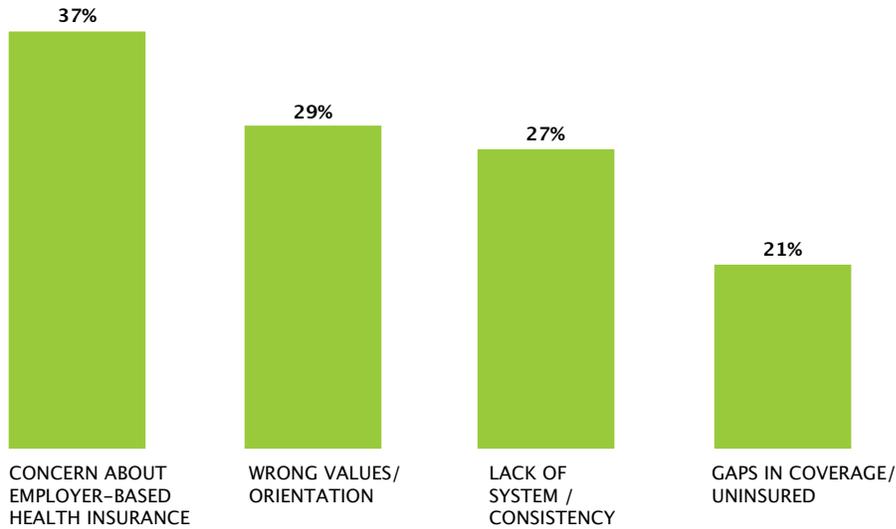
Source: Presidential Transition Team Health Care Community Discussions, December 2008, 3,276 group reports. Percent of groups that discussed each topic among all groups that discussed access problems.
 Note: The sum of each topic exceeds 100 percent because some groups discussed more than one topic.

FIGURE 6: TYPES OF QUALITY CONCERNS OF HEALTH CARE COMMUNITY DISCUSSION GROUPS



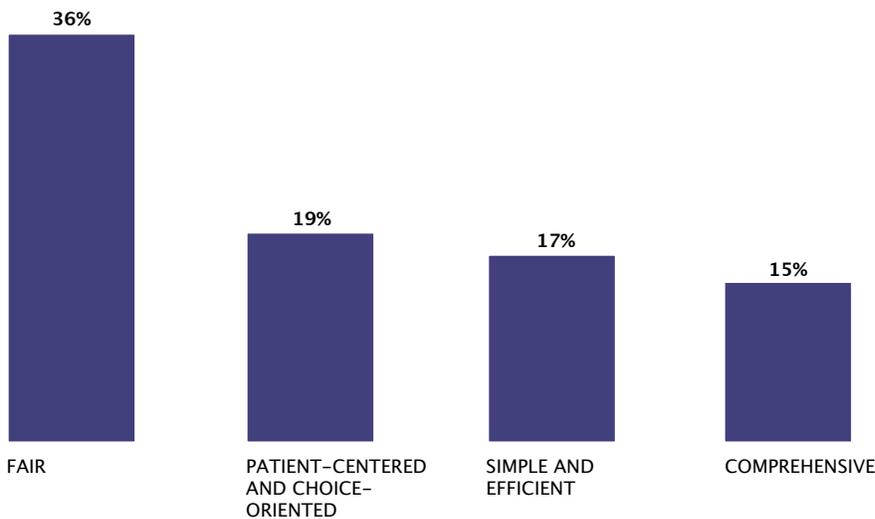
Source: Presidential Transition Team Health Care Community Discussions, December 2008, 3,276 group reports. Percent of groups that discussed each topic among all groups that discussed quality problems.
 Note: The sum of each topic exceeds 100 percent because some groups discussed more than one topic.

FIGURE 7: TYPES OF SYSTEM CONCERNS OF HEALTH CARE COMMUNITY DISCUSSION GROUPS



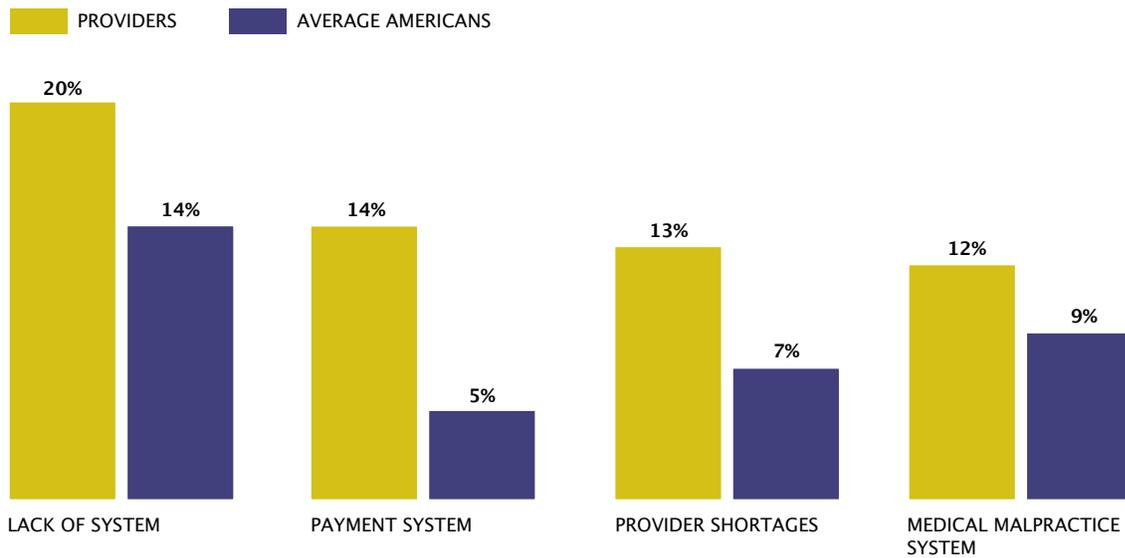
Source: Presidential Transition Team Health Care Community Discussions, December 2008, 3,276 group reports. Percent of groups that discussed each topic among all groups that discussed system problems.
 Note: The sum of each topic exceeds 100 percent because some groups discussed more than one topic.

FIGURE 8: VALUES FOR THE SYSTEM FROM HEALTH CARE COMMUNITY DISCUSSION GROUPS



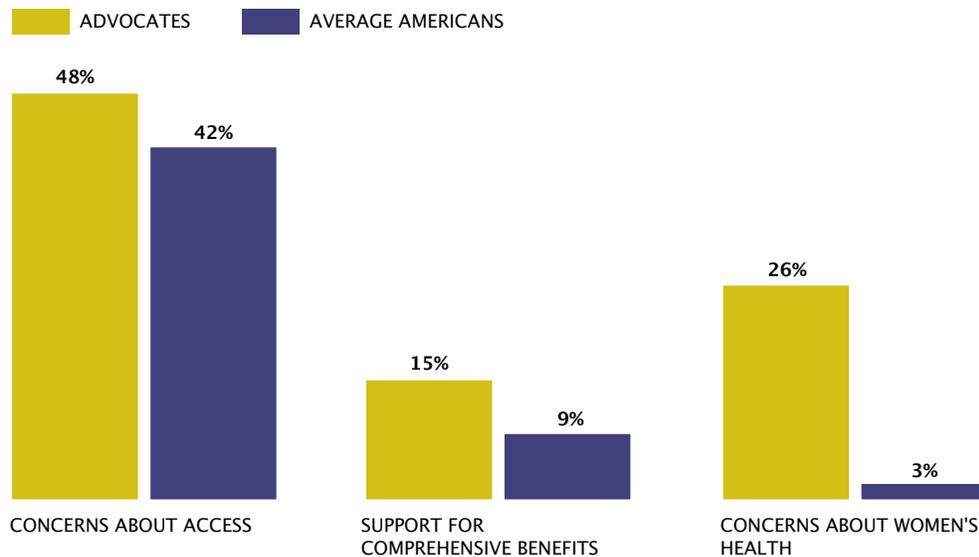
Source: Presidential Transition Team Health Care Community Discussions, December 2008, 3,276 group reports. Percent of groups that discussed each topic among all groups that discussed solutions.

FIGURE 9: CONCERNS OF PROVIDERS COMPARED TO AVERAGE AMERICANS



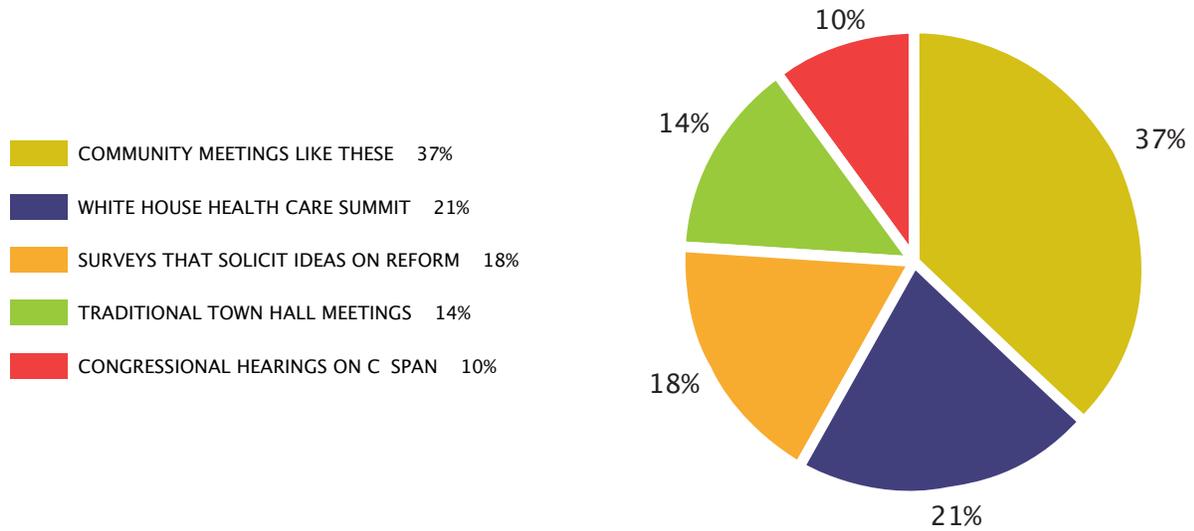
Source: Presidential Transition Team Health Care Community Discussions, December 2008, 3,276 group reports. Based on 2,448 (72%) reports where a majority of participants were from an advocacy group (8%), provider group (16%), or citizen group (76%).

FIGURE 10: CONCERNS OF ADVOCATES COMPARED TO AVERAGE AMERICANS



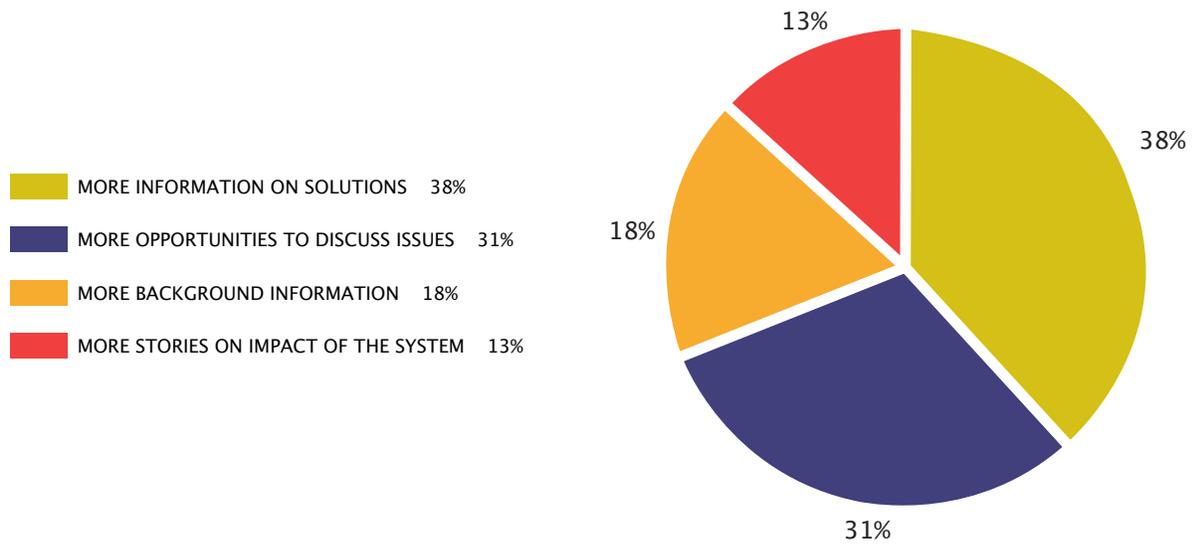
Source: Presidential Transition Team Health Care Community Discussions, December 2008, 3,276 group reports. Based on 2,448 (72%) reports where a majority of participants were from an advocacy group (8%), provider group (16%), or citizen group (76%).

FIGURE 11: HOW POLICY MAKERS SHOULD GET PUBLIC INPUT ON HEALTH REFORM



Source: Presidential Transition on Team Health Care Community Discussions, December 2008, 30,603 survey respondents.

FIGURE 12: HOW PEOPLE WANT TO STAY ENGAGED IN HEALTH REFORM



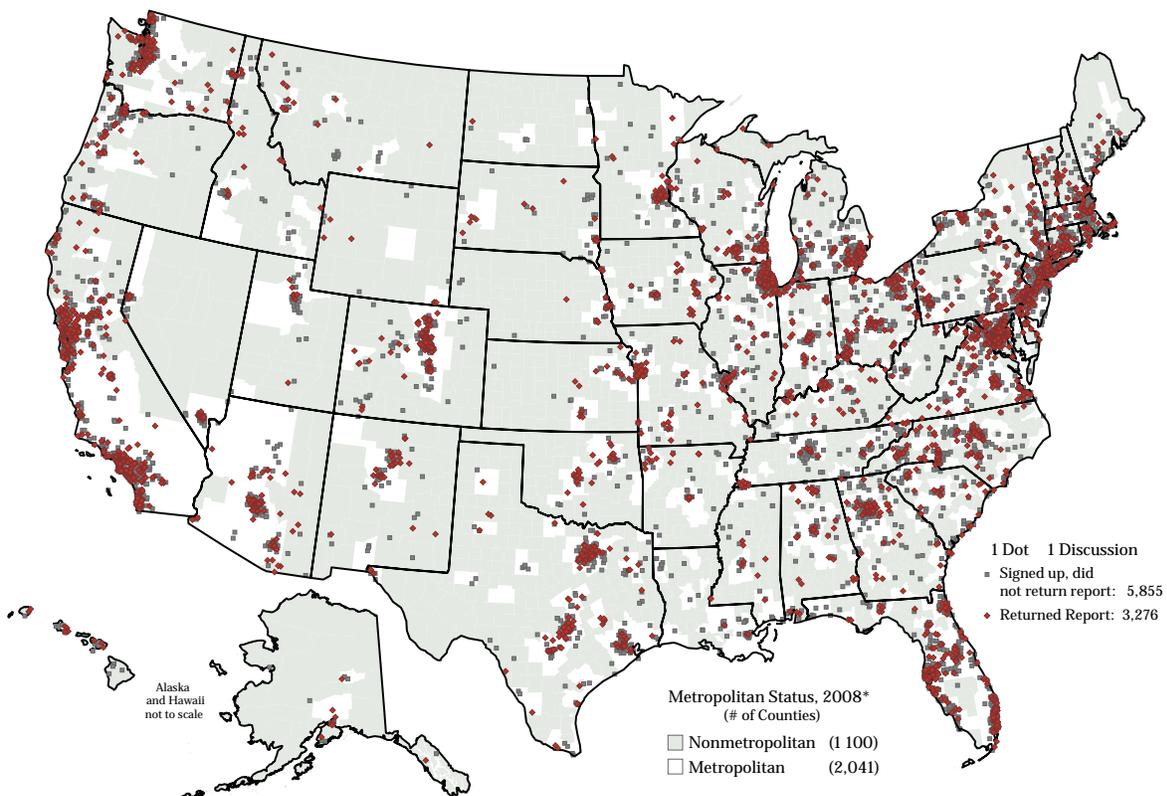
Source: Presidential Transition on Team Health Care Community Discussions, December 2008, 30,603 survey respondents.

TABLE 1: DETAILS FROM HEALTH CARE COMMUNITY DISCUSSION PARTICIPANT SURVEY

		COST OF HEALTH INSURANCE	COST OF HEALTH CARE SERVICES	DIFFICULTY FINDING HEALTH INSURANCE DUE TO PRE-EXISTING CONDITION	LACK OF EMPHASIS ON PREVENTION	QUALITY OF HEALTH CARE	COMMUNITY MEETINGS LIKE THESE	TRADITIONAL TOWN HALL MEETINGS	SURVEYS THAT SOLICIT IDEAS ON REFORM	A WHITE HOUSE HEALTH CARE SUMMIT	CONGRESSIONAL HEARINGS ON C-SPAN	MORE BACKGROUND INFORMATION ON PROBLEMS IN THE HEALTH SYSTEM	MORE INFORMATION ON SOLUTIONS ON HEALTH REFORM	MORE STORIES ON HOW THE SYSTEM AFFECTS REAL PEOPLE	MORE OPPORTUNITIES TO DISCUSS THE ISSUES
REGION	TOTALS														
MIDWEST	5,728	1972	1462	719	1222	634	2,184	780	957	1268	493	908	2162	636	1788
		33%	24%	12%	20%	11%	39%	14%	17%	22%	9%	17%	39%	12%	33%
NORTHEAST	5,465	1,849	1,399	621	1,075	741	1,983	798	1,094	950	611	1,027	1,928	654	1,664
		33%	25%	11%	19%	13%	36%	15%	20%	17%	11%	19.48%	37%	12%	32%
SOUTH	9,359	2,982	2,438	1,325	1,882	1,357	3,487	1,299	1,577	1,894	916	1,723	3,221	1,308	2,662
		30%	24%	13%	19%	14%	38%	14%	17%	21%	10%	19.33%	36%	14.67%	30%
WEST	10,051	3,260	2,591	1,647	2,196	1,306	3,598	1,477	1,761	2,150	975	1,433	3,687	1,146	2,927
		30%	24%	15%	20%	12%	36%	15%	18%	22%	10%	16%	40%	12.47%	32%
TOTALS	30,603	10,083	7,890	4,312	6,375	4,038	11,252	4,354	5,389	6,262	2,995	5,091	10,998	3,744	9,041
		31%	24%	13%	20%	12%	37%	14%	18%	21%	10%	18%	38%	13%	31%
POPULATION TYPE	TOTALS														
METRO	25,986	8,595	6,636	3,579	5,373	3,482	9,614	3,667	4,505	5,409	2,479	4,412	9,328	3,238	7,642
		31%	24%	13%	19%	13%	37%	14.28%	18%	21%	10%	18%	38%	13%	31%
MICRO	2,256	678	636	316	485	258	881	351	394	446	251	355	774	265	679
		29%	27%	13%	20%	11%	38%	15.11%	17%	19%	11%	17%	37%	13%	33%
RURAL	2,360	790	618	417	517	302	757	336	490	407	265	324	896	241	720
		30%	23%	16%	20%	11%	34%	14.90%	22%	18%	12%	15%	41%	11%	33%
TOTALS	30,603	10,063	7,890	4,312	6,375	4,042	11,252	4,354	5,389	6,262	2,995	5,091	10,998	3,744	9,041
		31%	24%	13%	20%	12%	37%	14%	18%	21%	10%	18%	38%	13%	31%
PER CAPITA INCOME	TOTALS														
UNDER 25K	10,592	3,550	2,677	1,309	2,181	1,428	4,038	1,526	1,960	2,089	1,119	1,776	3,594	1,274	3,255
		32%	24%	12%	20%	13%	38%	14%	18%	19%	10%	18%	36%	13%	33%
25 - 44K	15,138	4,800	4,004	2,307	3,219	2,015	5,394	2,193	2,624	3,132	1,457	2,475	5,483	1,972	4,340
		29%	24%	14%	20%	12%	36%	15%	18%	21%	10%	17%	38%	14%	30%
45K +	4,872	1,713	1,209	696	975	599	1,820	635	805	1,041	419	840	1,921	498	1,446
		33%	23%	13%	19%	12%	39%	13%	17%	22%	9%	18%	41%	11%	31%
TOTALS	30,603	10,063	7,890	4,312	6,375	4,042	11,252	4,354	5,389	6,262	2,995	5,091	10,998	3,744	9,041
		31%	24%	13%	20%	12%	37%	14%	18%	21%	10%	18%	38%	13%	31%

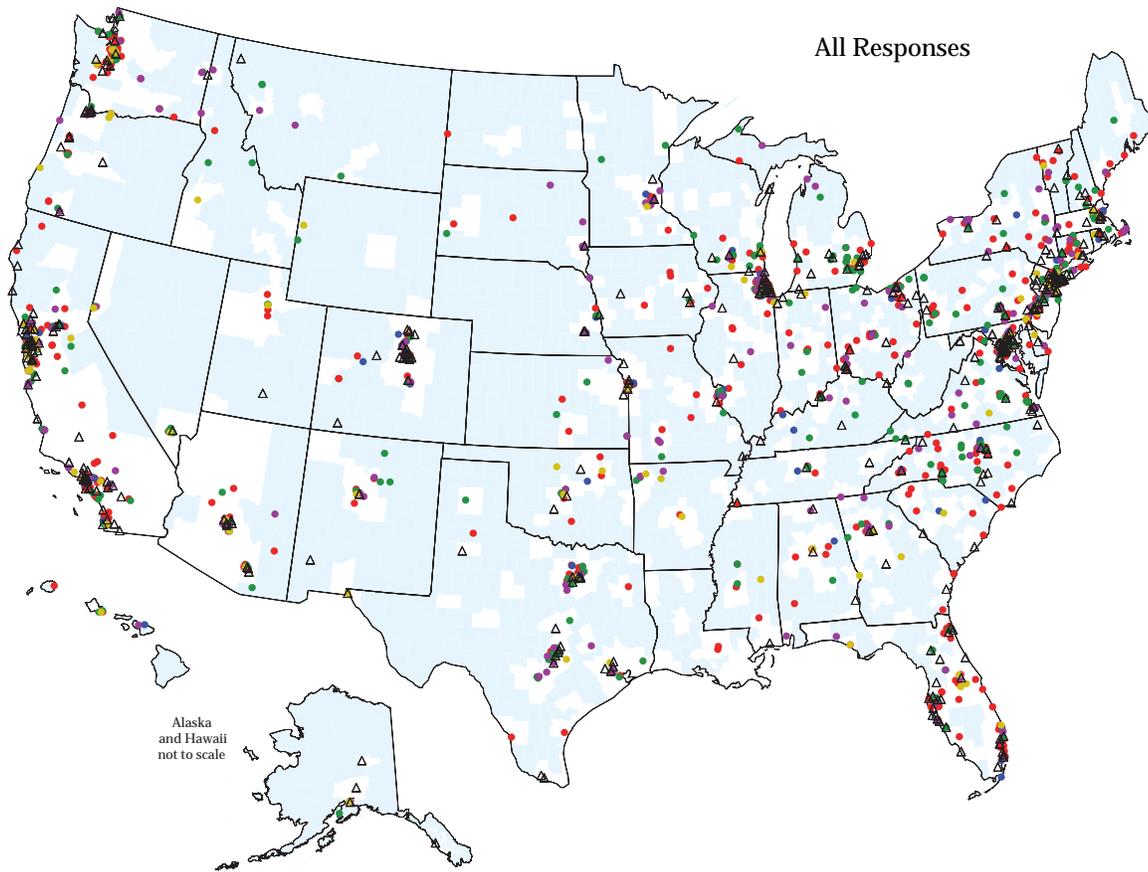
Source: Presidential Transition Team Health Care Community Discussions, December 2008, 30,603 survey respondents.

**MAP 1: HEALTH CARE COMMUNITY DISCUSSION SIGN-UPS AND REPORTS,
Location and Metropolitan Status, December 2008**



Produced By: The Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.
 Sources: ZIP Code Boundaries: Nielsen Claritas PopFacts data set, 2008. Dots are randomly placed within ZIP Code Boundaries;
 *Core Based Statistical Areas: US Census Bureau, 2008. Nonmetropolitan counties include micropolitan and counties outside of CBSAs.

MAP 2: BIGGEST PROBLEM IN THE HEALTH SYSTEM BY RURAL / URBAN AREA,
Results of Health Care Community Discussion Participant Surveys, December 2008



WHAT DO YOU PERCEIVE IS THE BIGGEST PROBLEM IN THE HEALTH SYSTEM? (# OF SITES)

- COST OF HEALTH INSURANCE (610)
- COST OF HEALTH CARE SERVICES (298)
- DIFFICULTY FINDING HEALTH INSURANCE DUE TO A PRE EXISTING CONDITION (62)
- LACK OF EMPHASIS ON PREVENTION (207)
- QUALITY OF HEALTH CARE (94)
- △ TWO OR MORE OF THE ABOVE (389)

METROPOLITAN STATUS 2008* (# OF COUNTIES)

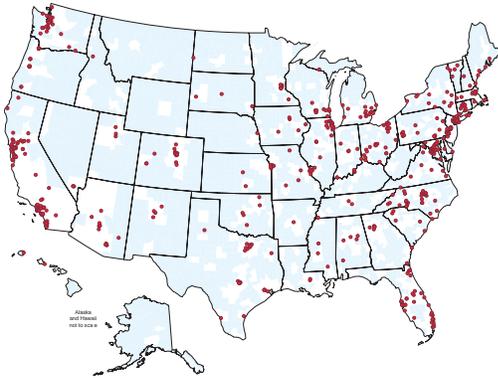
- Metropolitan (1,100)
- Nonmetropolitan (2,041)



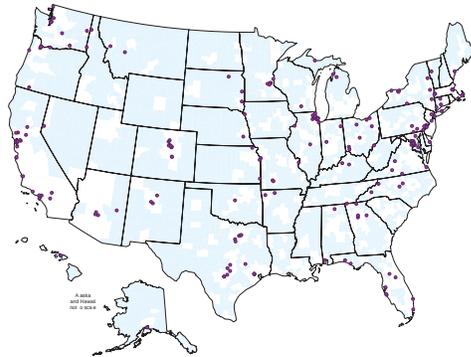
Produced By: The Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.
 *Core Based Statistical Areas Source: US Census Bureau, 2008. Nonmetropolitan counties include micropolitan and counties outside of CBSAs.

MAP 2: (continued) BIGGEST PROBLEM IN THE HEALTH SYSTEM BY RURAL / URBAN AREA, Results of Health Care Community Discussion Participant Surveys, December 2008

Cost of Health Insurance



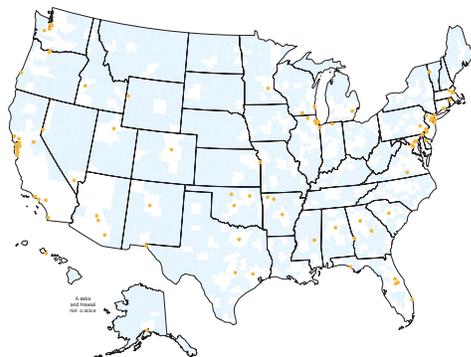
Lack of Emphasis on Prevention



Cost of Health Care Services



Quality of Health Care



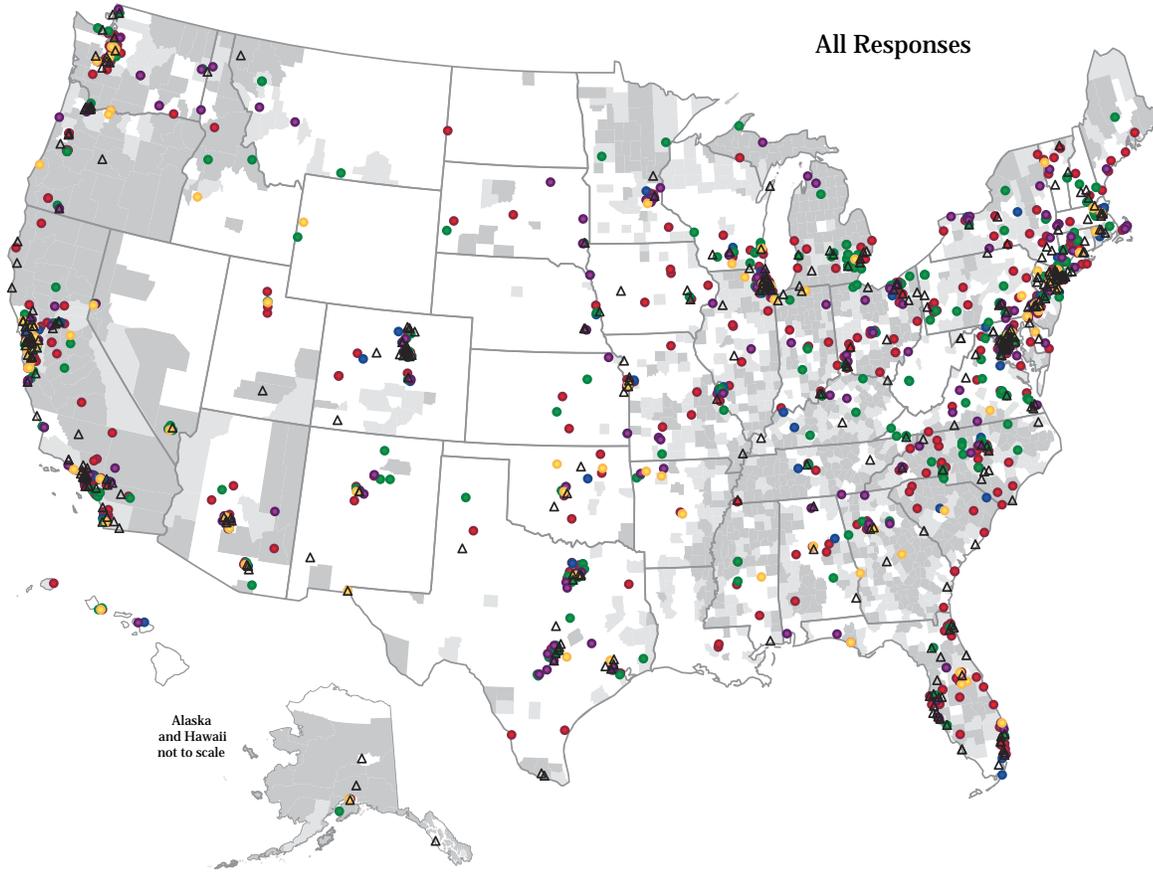
Difficulty Finding Health Insurance Due to a Pre Existing Condition



Two or More Most Common Answers



MAP 3: BIGGEST PROBLEM IN THE HEALTH SYSTEM BY UNEMPLOYMENT RATE,
Results of Health Care Community Discussion Participant Surveys, December 2008



WHAT DO YOU PERCEIVE IS THE BIGGEST PROBLEM IN THE HEALTH SYSTEM? (# OF SITES)

- COST OF HEALTH INSURANCE (610)
- COST OF HEALTH CARE SERVICES (298)
- DIFFICULTY FINDING HEALTH INSURANCE DUE TO A PRE EXISTING CONDITION (62)
- LACK OF EMPHASIS ON PREVENTION (207)
- QUALITY OF HEALTH CARE (94)
- △ TWO OR MORE OF THE ABOVE (389)
- △ TIED WITH ONE OR MORE ANSWERS (300)
- △ TIED WITH ONE OR MORE ANSWERS (274)
- △ TIED WITH ONE OR MORE ANSWERS (111)
- △ TIED WITH ONE OR MORE ANSWERS (200)
- △ TIED WITH ONE OR MORE ANSWERS (112)

UNEMPLOYMENT RATE, DECEMBER 2008* (# OF COUNTIES)

- 8.7% to 24.6% (816)
- 7.2% to 8.6% (603)
- LOWER THAN 7.2% (1,722) (NATIONAL AVERAGE)

Solid circles indicate that the majority of respondents at the site perceived this as the biggest problem in the health system. Open triangles indicate a tie between one or more problems (no plurality).



Produced By: The Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, [ftp://ftp.bls.gov/pub/time.series/la/la.txt](http://ftp.bls.gov/pub/time.series/la/la.txt), accessed 2/18/09.

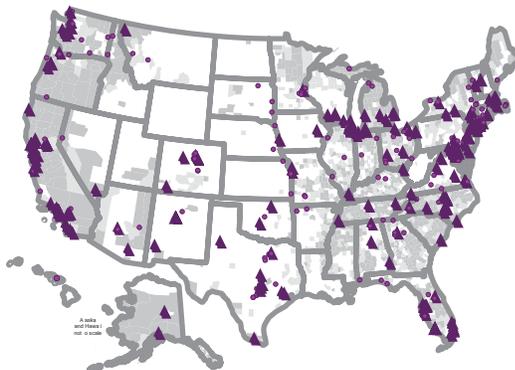
*Note: Data are preliminary unadjusted county unemployment rates from December 2008 for 50 US states and District of Columbia. Mean county unemployment rate was 7.15% (N=3,140).

MAP 3: (continued) BIGGEST PROBLEM IN THE HEALTH SYSTEM BY UNEMPLOYMENT RATE,
Results of Health Care Community Discussion Participant Surveys, December 2008

Cost of Health Insurance



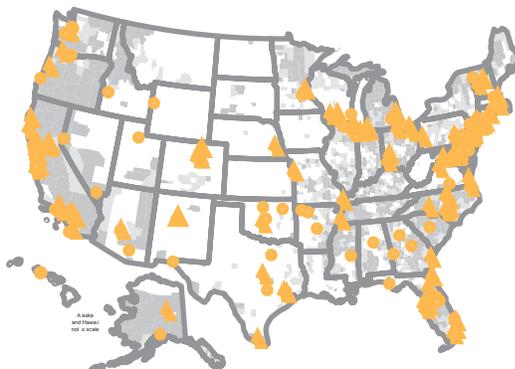
Lack of Emphasis on Prevention



Cost of Health Care Services



Quality of Health Care



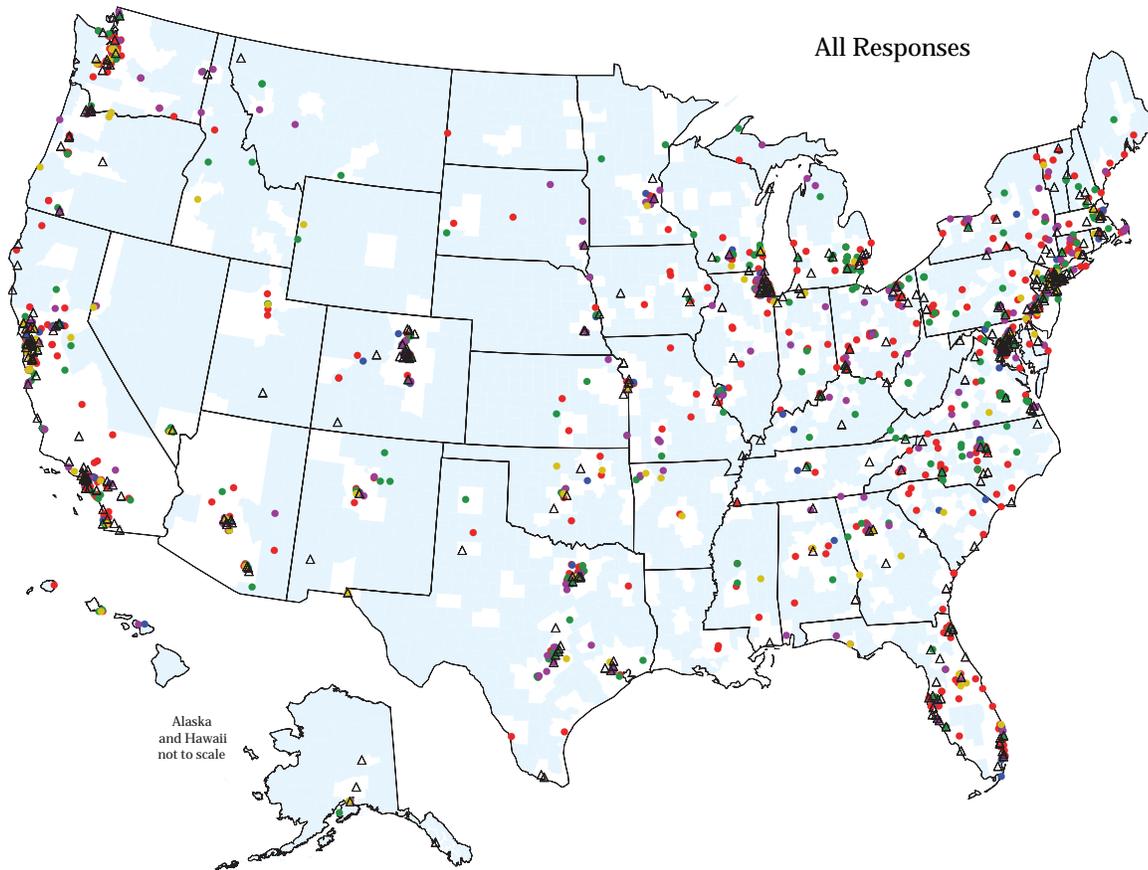
Difficulty Finding Health Insurance Due to a Pre Existing Condition



Two or More Most Common Answers



MAP 4: HOW POLICY MAKERS SHOULD GET POLICY / INPUT ON HEALTH REFORM,
Results of Health Care Community Discussion Participant Surveys, December 2008



WHAT DO YOU THINK IS THE BEST WAY FOR POLICY MAKERS TO DEVELOP A PLAN TO ADDRESS THE HEALTH SYSTEM PROBLEMS? (# OF SITES)

- COMMUNITY MEETINGS LIKE THESE (895)
- TRADITIONAL TOWN HALL MEETINGS (50)
- SURVEYS THAT SOLICIT IDEAS ON REFORM (134)
- A WHITE HOUSE HEALTH CARE SUMMIT (196)
- CONGRESSIONAL HEARINGS ON C SPAN (84)
- △ TWO OR MORE OF THE ABOVE (301)

METROPOLITAN STATUS 2008* (# OF COUNTIES)

- Metropolitan (1,100)
- Nonmetropolitan (2,041)

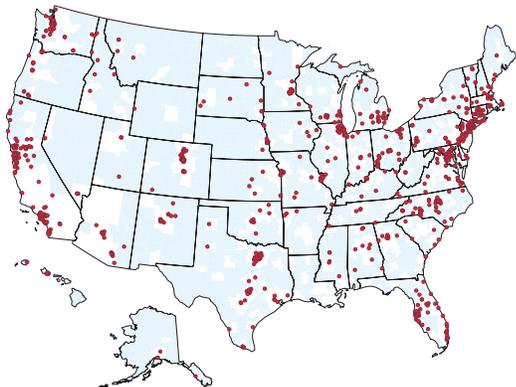


Produced By: The Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

*Core Based Statistical Areas Source: US Census Bureau, 2008. Nonmetropolitan counties include micropolitan and counties outside of CBSAs.

MAP 4: (continued) HOW POLICY MAKERS SHOULD GET POLICY / INPUT ON HEALTH REFORM,
Results of Health Care Community Discussion Participant Surveys, December 2008

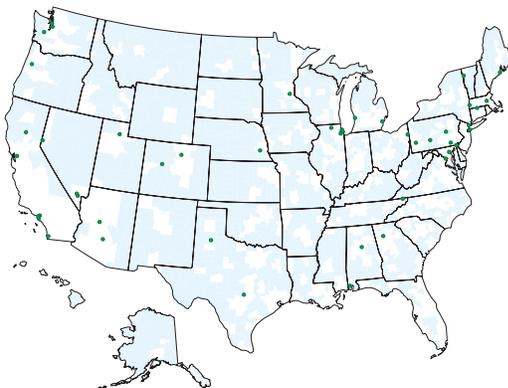
Community Meetings Like These



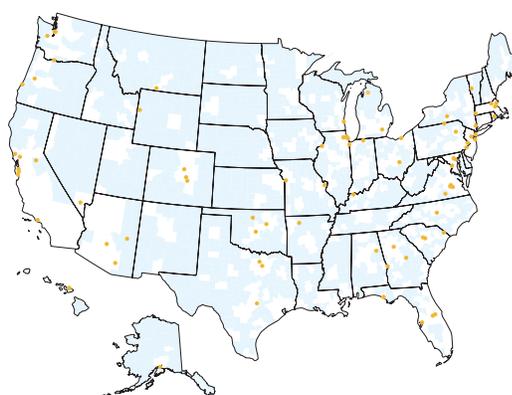
A White House Health Care Summit



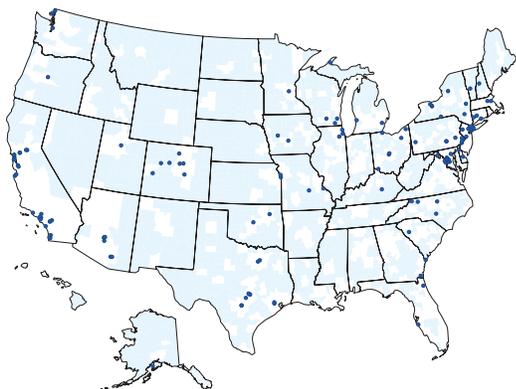
Traditional Town Hall Meetings



Congressional Hearings on C-SPAN



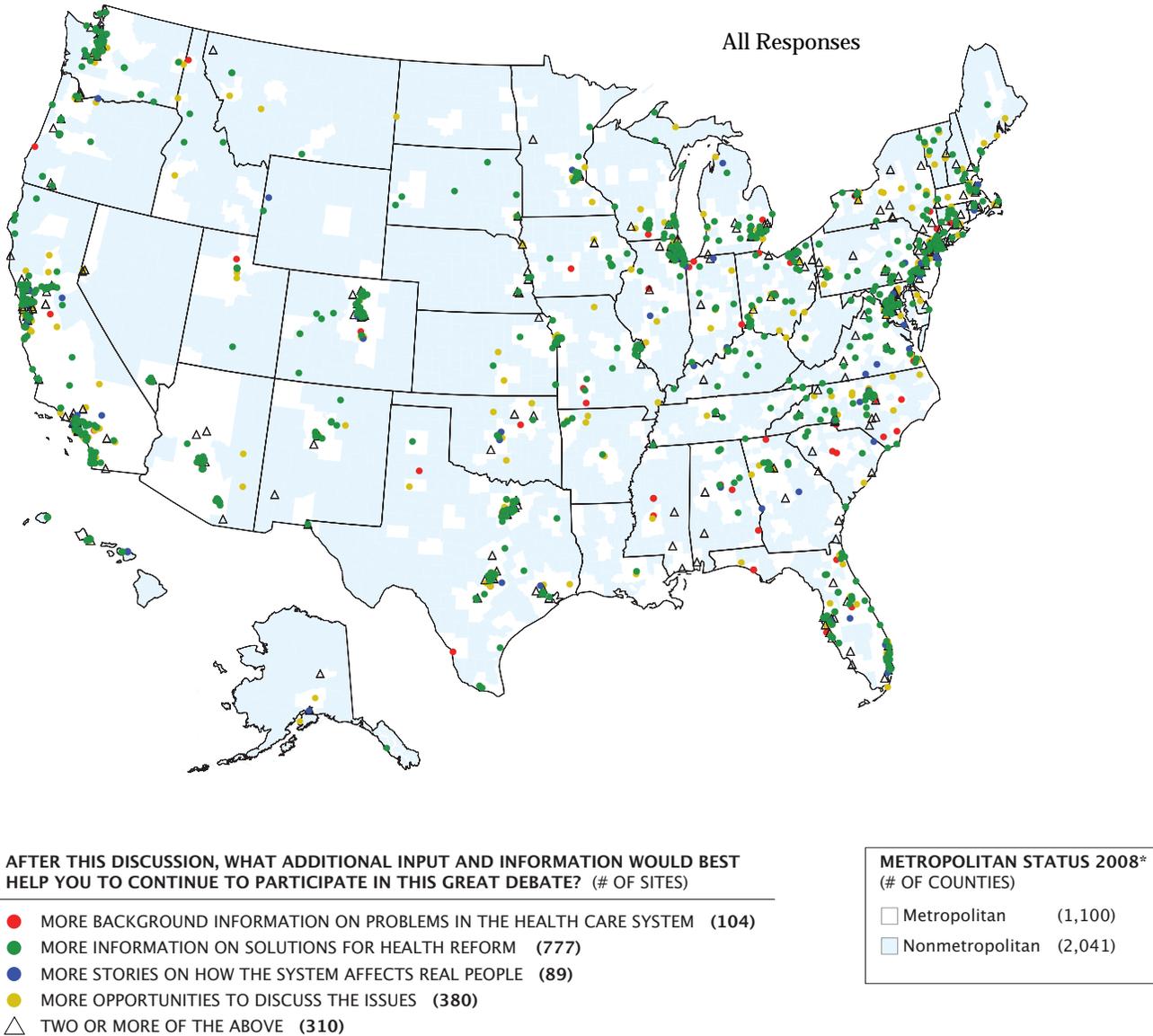
Surveys that Solicit Ideas on Reform



Two or More Most Common Answers



MAP 5: HOW PEOPLE WANT TO STAY ENGAGED IN HEALTH REFORM,
Results of Health Care Community Discussion Participant Surveys, December 2008



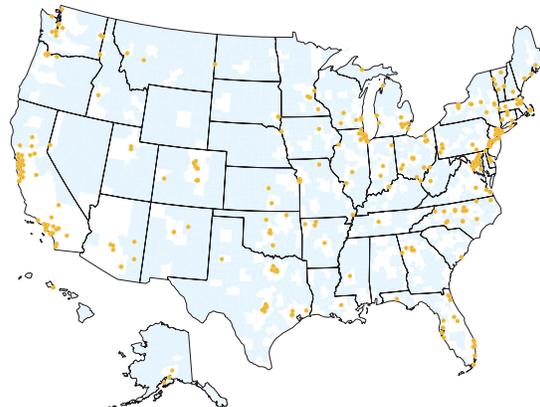
Produced By: The Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.
 Sources: ZIP Code Boundaries: Nielsen Claritas PopFacts data set, 2008. Dots are randomly placed within ZIP Code Boundaries;
 *Core Based Statistical Areas: US Census Bureau, 2008. Nonmetropolitan counties include micropolitan and counties outside of CBSAs.

MAP 5: (continued) HOW PEOPLE WANT TO STAY ENGAGED IN HEALTH REFORM,
Results of Health Care Community Discussion Participant Surveys, December 2008

More Background Information on Problems in the Health System



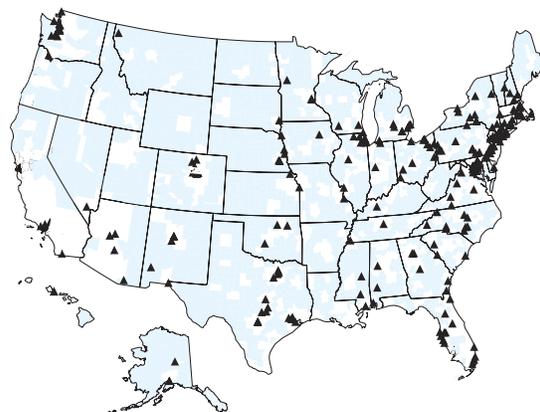
More Opportunities to Discuss the Issues



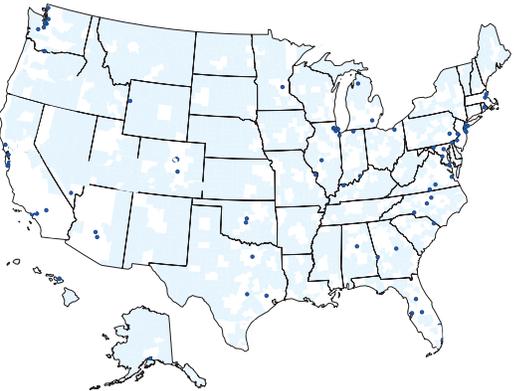
More Information on Solutions for Health Reform



Two or More Most Common Answers



More Stories on How the System Affects Real People



NOTES

- 1 The Moderator Guide is available at the HHS Web site hosting this report, <http://www.HealthReform.gov>.
- 2 The Participant Guide is available at the HHS Web site hosting this report, <http://www.HealthReform.gov>.
- 3 The questions included: 1) Briefly, from your own experience, what do you perceive is the biggest problem in the health system? 2) How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers? 3) Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem? 4) In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare? 5) Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system? 6) Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help? 7) How can public policy promote healthier lifestyles?
- 4 The Presidential Transition Team sent an e-mail to individuals who had signed up to host a Health Care Community Discussion informing them of the January 4, 2009 deadline.
- 5 All of the Health Care Community Discussion group reports are available on the HHS Web site hosting this report, <http://www.HealthReform.gov>.
- 6 A full list of these codes is available on the HHS Web site hosting this report, <http://www.HealthReform.gov>.
- 7 See "Obama Transition Team Holds Health Care Meeting At UCF: President-Elect Wants Citizens' Opinions On Health Care Reform," *WESH Channel 2 NBC News* (December 21, 2008), available at <http://www.wesh.com/news/18331750/detail.html?rss=orl&psp=news>; Luis Zaragoza, "UCF to host forum aimed at getting public comment on health care problems, solutions," *Orlando Sentinel* (December 19, 2008), available at http://blogs.orlandosentinel.com/news_education_edblog/2008/12/ucf-to-host-hea.html; and Zenaida Gonzalez Kotala, "Residents Share Health Care Nightmares at Obama-Inspired UCF Health Care Meeting," *UCF Newsroom* (December 22, 2008), available at http://news.ucf.edu/UCFnews/index?page=article&id=0024004102082b6ee011e4c7dabcc007c12&subject_id=0024004102975ad83011b2b83251c0c35.
- 8 The group reports for all four Health Care Community Discussion spotlights are available at the HHS Web site hosting this report, <http://www.HealthReform.gov>.
- 9 See, e.g., Gadi Schwartz and Joshua Panas, "Group Wants Input on Healthcare for Obama," *KOB.com NBC 4* (December 29, 2008), available at <http://kob.com/article/stories/S722177.shtml?cat=516>; "Health Care Listening Session on Tuesday," *Kennebec Journal* (December 28, 2008), available at <http://kennebecjournal.mainetoday.com/news/local/5755698.html>; "Obama Asks for Kansans Input," *KSNW NBC 3* (December 29, 2008), available at <http://www.ksn.com/news/local/36851034.html>.

10 “Obama Asks for Kansans Input,” *KSNW NBC 3* (December 29, 2008), available at <http://www.ksn.com/news/local/36851034.html>.

11 Jason Morton, “Community, professionals voice concerns over health care,” *Tuscaloosa News* (December 31, 2008), available at http://www.tuscaloosaneews.com/article/20081231/NEWS/812300237/1005/LIVING?Title=Community_professionals_voice_concerns_over_health_care.

12 Margaret Bauman, “Residents Say Biggest Health Care Problem is System,” *Alaska Journal of Commerce* (January 16, 2009), available at http://www.alaskajournal.com/stories/011609/hea_20090116028.shtml.

13 Patrice St. Germain, “Reform of nation’s health care discussed,” *The Southern Utah Spectrum* (December 24, 2008), available at <http://www.thespectrum.com/article/20081224/NEWS01/812240334>.

14 Nanci Bompey, “Community Gets Involved in Health Care Reform,” *Asheville Citizen-Times* (January 5, 2009), available at <http://www.citizen-times.com/apps/pbcs.dll/article?AID=2009901050316>.

15 Frank X. Mullen, Jr., “Northern Nevadans Weigh In on National Health Care Reform,” *Reno Gazette-Journal* (January 4, 2009), available at <http://www.rgj.com/article/20090104/NEWS/901040336/1321>.

16 Kate S. Alexander, “Group Eyes Big Changes in Health Care,” *The Herald-Mail* (December 29, 2008), available at http://www.herald-mail.com/?cmd=displaystory&story_id=213289&format=html.

17 Jim Adams, “An Invitation to Fix Health Care System Gets Crowds,” *Star Tribune* (January 11, 2009), available at <http://www.startribune.com/local/north/37395759.html>.

18 United States Department of Labor, “FAQs About COBRA Continuation Health Coverage,” http://www.dol.gov/ebsa/faqs/faq_consumer_cobra.HTML.

19 The American Recovery and Reinvestment Act included a time-limited tax credit equal to 65 percent of the premium for COBRA coverage for people who recently lost their job and insurance.

20 The team developed “exclusion categories” to eliminate submissions that either did not pertain to the goals of the project or were not compatible with the analytical software. The “exclusion categories” were:

- (1) **Individual Comment:** The submission contained an individual’s personal comments on health care (“I think that...”) and was not a group report from a Health Care Community Discussion.
- (2) **Off Topic:** The submission contained comments unrelated to health care or to a Health Care Community Discussion. This category included submissions with statements such as “did not have event” or “the event was cancelled.”
- (3) **Policy Paper Not Associated With a Health Care Community Discussion:** The submission was a policy white paper, a

group's Legislative agenda, or a policy paper not associated with the occurrence of a Health Care Community Discussion.

(4) Corrupt or Duplicative File: The submission was a corrupt file, unreadable, or was a second submission with a photo or survey results.

(5) Unconvertible PDF Files: PDF documents that were unable to be converted to text documents and thus unable to be analyzed by the software.

21 A full list of the 95 codes is available on the HHS Web site hosting this report, <http://www.HealthReform.gov>.

22 The analysis by region, population type, per capita income, and unemployment was done based on whether a document had a code or did not have a code. The number of times a code appeared in a single document was not taken into account, as the goal of the analysis was to compare unique documents to each other.

23 Three "exclusion" categories were used to eliminate survey outliers: (1) large differences in the total number of responses for each of the three questions from the same host; (2) single responses that indicated a group of 300 or more; and (3) the same repeated response for all questions. Tens of thousands of survey responses were eliminated as a result.