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## **I. OVERVIEW OF HEALTH CARE COMMUNITY DISCUSSIONS**

### **A. Introduction**

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This past December, thousands of Americans in all 50 states and the District of Columbia answered a call from the Presidential Transition Team to host and attend Health Care Community Discussions. The Transition Team’s motivation for these grassroots discussions was to engage Americans and hear directly about their health care experiences and ideas. An overwhelming response of over 9,000 Americans signed up on the Presidential Transition Team’s Web site, [www.change.gov](http://www.change.gov) (“Change.gov”), to host Health Care Community Discussions and thousands more participated in these gatherings. All over the country, friends, family, neighbors, and co-workers, representing views of both health care recipients and providers, came together for conversations in homes, offices, coffee shops, fire houses, universities, and community centers with a common purpose: to discuss reforming our health care system to provide quality, affordable health care for all Americans.

After each Health Care Community Discussion, hosts were asked to fill out a Participant Survey and submit a group report to the Health Policy Transition Team summarizing the group’s main concerns and suggestions. Committed to bringing all Americans to the table, the Health Policy Transition Team, a team of dedicated volunteers, and some employees of the U.S. Department of Health and Human Services spent thousands of hours reading and analyzing, line-by-line, the 3,276 group reports submitted to Change.gov. This report summarizes these Health Care Community Discussion participants’ views on the health care problems Americans face and the solutions they propose.

### **B. Motivation**

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This Administration has made clear that health reform is a top priority – and recognizes that few challenges we face are as complex and consequential as fixing our health care system. The potential of health care to extend and improve the lives of Americans is enormous and ever expanding: once life-threatening diseases are now curable, and conditions that once were devastating are now treatable. But to seize this potential, we must reform our flawed system that fails to deliver affordable, accessible, and

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high-quality health care to all Americans. The system suffers from a number of problems: health care costs are skyrocketing; over forty-five million Americans have no health insurance; many Americans who have insurance lack quality and affordable care; and our investment in prevention and public health is inadequate and fails to prevent or manage the rapid spread of chronic diseases. In the current economic crisis, health reform is even more essential in order to get the economy back on track. President Obama has commented that “in order to fix our economic crisis, and rebuild our middle class, we need to fix our health care system too...it’s clear that the time has come – right now – to solve this problem: to cut health care costs for families and businesses, and provide affordable, accessible health insurance for every American.”

But to successfully reform our health care system, the President believes we must first fix the process itself. Health reform cannot be achieved through closed-door meetings and ideas from Washington players alone. Instead, the Administration is committed to an open and inclusive process that allows everyday Americans to have a voice and direct involvement in our country’s health care reform efforts. The rationale is that, through their own experiences, Americans know what works, what does not, and what can be done to help all Americans have access to affordable, quality health care and to live longer, healthier lives.

In December 2008, the Presidential Transition Team sought to tap into this knowledge by encouraging all Americans to participate in Health Care Community Discussions. Explained by then President-elect Obama, “Providing quality affordable health care for all Americans is one of my top priorities for this country because our long-term fiscal prospects will have a hard time improving as long as sky-rocketing health care costs are holding us all down. Yet in order for us to reform our health care system, we must first begin reforming how government communicates with the American people. These Health Care Community Discussions are a great way for the American people to have a direct say in our health care reform efforts, and I encourage Americans to take part if they are able. I am looking forward to hearing back from you.” The Transition Team asked hosts of the Health Care Community Discussion to submit the compiled results from a Participant Survey and submit a group report summarizing their stories, their discussion, and their ideas.

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These Health Care Community Discussions, therefore, represent two related Administration commitments: to an open, inclusive style of governance that engages Americans in the policy process and to health reform that is directly responsive to the problems Americans face, the stories they share, and the solutions they offer. This new approach may break the old barriers to forging a health system that is affordable, available, and high-quality for all Americans.

### C. Logistics

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The Health Care Community Discussions were designed as a grassroots-driven effort to engage Americans on health reform. After Senator Tom Daschle announced these Health Care Community Discussions at a Colorado Health Summit and encouraged all Americans to “share their ideas about what’s broken and how to fix it,” the Health Policy Transition Team launched a sign-up page on Change.gov where anyone interested in hosting an event could sign up. The Change.gov sign-up page highlighted then President-elect Obama’s commitment to “health care reform that comes from the ground up” and noted “that’s why this holiday season, we’re asking you to give us the gift of your ideas and input.” The Obama-Biden Transition Project Co-Chair John Podesta sent an e-mail to registered users of Change.gov encouraging them to help shape health reform by signing up to lead a Health Care Community Discussion. The homepage of Change.gov encouraged Americans to sign up as well. Numerous newspapers, news shows, and radio programs reported on the opportunity to host these community gatherings.

Beginning on December 13, 2008, the Transition Team e-mailed a Moderator Guide to people who signed up at Change.gov to moderate a Health Care Community Discussion.<sup>1</sup> The Guide offered suggestions for the planning of their event. This Guide outlined three possible goals for hosts:

1. “Engage in discussions with your friends and neighbors about health care reform and draft a group submission with your findings and conclusions. This will help the Transition Health Policy Team flesh out key issues around health care and give the Team fresh ideas about the best ways to promote the President-elect and Vice President-elect’s vision of quality, affordable health care for all Americans;

2. Develop your group submission to the Transition Health Policy Team through a process that respects, empowers, and engages all attendees; and
3. Identify particularly poignant stories about health care from participants that can be used to help emphasize the need for health care reform in our country.”

The Moderator Guide was only a reference for hosts, who ultimately decided how to structure their gatherings. The Transition Team welcomed different discussion formats – whether held at home as an informal gathering, at work with more structured break out sessions, or even online through blogs or chatrooms.

The Transition Team also e-mailed hosts a suggested Participant Guide to distribute to attendees at their Health Care Community Discussions.<sup>2</sup> The Guide summarized major problems with our current health care system and provided background information on the President’s health care agenda to provide every American high-quality and affordable health care. The Participant Guide also included several discussion questions that could be used to facilitate the conversations.<sup>3</sup>

At the end of each Health Care Community Discussion, the Transition Team asked hosts to have attendees fill out a multiple-choice Participant Survey in the Participant Guide, which asked about the biggest problem in the health system, the best way for policy makers to develop a plan to address the health system’s problems, and what additional input and information would best help people to continue to participate in the health reform effort.

The Transition Team encouraged Health Care Community Discussion hosts to report back on their Discussions by uploading a group report at the Change.gov reporting Web site. In addition to requesting a group report and Participant Survey responses, the Health Policy Transition Team encouraged hosts to upload a photo and/or video of their Health Care Community Discussion. The Transition Team encouraged Health Care Community Discussions to occur between December 15 and December 31, 2008, although reports submitted through January 4, 2009, were accepted and included in the analysis.<sup>4</sup>

## D. Analysis

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The response to the request to participate in this project was enormous. Roughly 9,131 Americans from every state signed up to host a Health Care Community Discussion. Of these sign-ups, 3,276 groups submitted Health Care Community Discussion reports through the reporting Web site on Change.gov, either by uploading documents or writing comments in a text box, that were used in this analysis.<sup>5</sup> In addition, Participant Survey data for about 30,603 attendees submitted by group hosts was logged and analyzed. This extensive and intense engagement of the public in policy development by the Federal government is unprecedented and historic.

The Health Policy Transition Team, volunteers and, after January 20, a small number of U.S. Department of Health and Human Services employees committed not just to read every response but also to assess, synthesize, and summarize the responses and present them to the President. This information is crucial to the President's commitment to engage all Americans in reforming our health care system to provide affordable, accessible, and high-quality health care for all Americans. To thoroughly and accurately synthesize the responses, beginning in December 2008, the Health Policy Transition Team consulted with the nation's leading health services researchers to develop an analytic strategy (see Appendix A).

Under the guidance of the experts, the trained volunteers read and "coded" each report using a software program designed for qualitative analysis. These codes, which were developed by the Health Policy Transition Team and qualitative research experts, provided an organized and comprehensive list of the topics participants discussed and the nature of those comments.<sup>6</sup> The codes also helped to identify the major themes or distinct, recurring ideas expressed across all of the reports. The results below describe the number of reports that contained the codes, as well as quotes and examples that illustrate the themes that emerged from the reports. Generally, the analysis focused on topics of discussion mentioned in more than one in ten group reports; numerous additional concerns and solutions were proposed and can be viewed in the reports that are posted at [www.HealthReform.gov](http://www.HealthReform.gov) (see Appendix B for a description of the methodology).

These Health Care Community Discussions were not designed to be a scientific research study, with a pre-determined sampling strategy and structured focus groups (e.g., professional moderator,

set questions, and probes) or other structured components (e.g., specific methods used to force participants to make tradeoffs about possible solutions). Nor were these Health Care Community Discussions intended to produce a catalogue of existing and new ideas for reform: this report neither filters out solutions that may already be in the mix nor links solutions to the Administration's policy or existing programs. Instead, this grassroots undertaking gave anyone the chance to exchange ideas with family, friends, neighbors, or acquaintances in the way they considered best. As such, it resulted in discussion and debate on a wide range of topics of greatest interest to them.



Philadelphia, Pennsylvania



Lincoln, Nebraska



Golden, Colorado



Charles Town, West Virginia