

**Washington Health Choices:**  
*Taking the Pulse of the Community*

**Final Report**  
**2004**

**HumanLinks Foundation**  
**Health Improvement Initiative**

*A collaboration of the HumanLinks Foundation and its Community Partners*

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### *East King County Pilot Project Community Partners:*

Evergreen Healthcare  
Overlake Hospital Medical Center  
Public Health, Seattle and King County

### *Policy Partners:*

American Association of Retired Persons (AARP)  
Governor's Executive Policy Office, Washington State Planning Grant  
League of Women Voters  
Regence BlueShield Insurance  
Small Business Administration  
Washington Academy of Family Practice Physicians  
Washington Health Foundation  
Washington State Board of Health  
Washington State Department of Health  
Washington State Office of the Insurance Commissioner  
University of Washington Health Policy Analysis Program

### *Statewide Community Partners:*

<b>County</b>	<b>Partner</b>
Adams	Health Improvement Partnership
Asotin	Health Improvement Partnership
Benton	Benton-Franklin Community Health Alliance
Chelan	Chelan-Douglas Health Department
Clallam	Clallam County Health and Human Services
Clark	Health Access Program
Douglas	Chelan-Douglas Health Department
Ferry	Health Improvement Partnership
Franklin	Benton-Franklin Community Health Alliance
Garfield	Health Improvement Partnership
Grant	Grant County Health District and the Health Improvement Partnership
Grays Harbor	Choice Regional Health Network
Jefferson	Jefferson County Health and Human Services
Kitsap	Health Care Forum for Kitsap County and the Kitsap County Health Department
Klickitat	Klickitat County Health Department
Lewis	Choice Regional Health Network
Mason	Choice Regional Health Network
Okanogan	Family Health Centers

***Statewide Community Partners (continued):***

<b>County</b>	<b>Partner</b>
Pacific	Choice Regional Health Network
Pend Oreille	Health Improvement Partnership
Skagit	Skagit County Health Department
Skamania	Health Access Program
Snohomish	Snohomish Parent Groups
Spokane	Health Improvement Partnership
Stevens	Health Improvement Partnership
Thurston	Choice Regional Health Network
Whatcom	Whatcom Alliance for Health Care Access
Whitman	Health Improvement Partnership
Yakima	Yakima County Health Care Coalition

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## PROJECT SUMMARY

### INTRODUCTION:

After pilot testing a community meeting process in East King County in the Spring of 2002, the HumanLinks Foundation, in conjunction with its partners, committed to host a series of five community meetings in each of the State's 39 counties. These meetings were designed to gather citizens' current attitudes about health care and to serve as an educational vehicle for the meeting participants. It was agreed that local community leaders would facilitate their county's participation in the project. (For a full description of the pilot project, visit [Humanlinksfoundation.org](http://Humanlinksfoundation.org).)

The goal of this healthcare initiative was:

*“To engage the community in a dialogue about health care priorities and to utilize the findings of these community conversations to spark strategies and partnerships to improve healthcare access.”*

### IMPLEMENTATION:

Implementation involved:

- Developing collaborative relationships with local health care, government, business, community and education leaders, and with health access entities statewide to enlist their support and participation in this project.
- Identifying lead community individuals or organizations to facilitate community meetings in 35 counties. (See Appendix A.)
- Creating and utilizing a standard meeting format with an introductory video, guidelines for group discussion and written survey.
- Supporting and funding local communities as they conducted 125 community meetings in 29 counties with 1,592 individuals from 159 different cities. (See Appendix B and C.)
- Compiling and sharing the information gathered at the local level with statewide policy makers.

*“Who should lead the charge to change the system? Not politicians; local communities can affect change.”*

*- Community Participant  
Clallam County*

*“I can see us making huge gains in the future in health care. I know we cannot do it without people being involved.”*

*-Bob Crittenden  
Physician  
Harborview  
Medical Center*

*“People should not lose their homes in order to get the health care they need.”*

*-Paul Murakami  
Regional Health Officer  
Public Health  
Seattle and King County*

*“We would all give money to help cover health insurance for everyone if we had the money to give.”*

*-Community Participant  
Yakima County*

## **MEETING DISCUSSIONS:**

Participants in the community meetings shared their concerns, beliefs and their struggles in accessing needed health care services. (See Appendix D for a complete list of participant’s comments.) The comments we heard consistently were:

- **You’re covered; you get care. You’re not; there’s no guarantee!**  
If you have health insurance or can pay, you can get the health care you need. For those living in rural areas, getting needed health care may involve traveling to other areas of the state. If you are not insured and don’t have money, your chances of getting health care depend on the availability of free or low cost care in your community and your ability to access these services.
- **Health care or rent? Which to pay? The choices aren’t easy.**  
Health care costs are rising. Some of us have to choose between getting health care for our whole family, part of our family or going without coverage. Health care is just too expensive even when you have some insurance coverage.
- **Hop on the bus! We are going to Canada for our drugs.**  
We can’t afford the high cost of prescriptions. We don’t think we should have to go to Canada to fill our prescriptions, but drugs are cheaper there.
- **BHP – where did you go?**  
We like the Basic Health Plan. We want more low cost insurance options.
- **It’s not healthy to be old or poor.**  
Physicians are closing their practices to patients on Medicaid and Medicare. It’s hard to find a doctor when this is your only source of insurance coverage.
- **Where did all the doctors go?**  
Communities need more health care providers, but instead more practices are closing and leaving town. Malpractice is too costly and provider reimbursements are too low.
- **We need a system of health care that covers everyone.**  
There are many ways we can change the health care system – single payer system, increased provider reimbursement, expand Medicaid, offer affordable insurance options, offer sliding fee

*“It is not fair that we work all of our life and can’t afford health care.”*

*-Community Participant  
Clark County*

*“Prevention is the key to sustaining balance between cost and need.”*

*-Community Participant  
Okanogan County*

scale payment for care, etc. We want to be sure that when we make a change, we provide affordable health care to everyone.

- **What about my teeth, my eyes and my mental health?**  
Most insurance plans don’t cover these services, nor do they cover alternative care and preventative care. These are important services and with no coverage, we cannot afford them.
- **Can we simplify the insurance paperwork?**  
The insurance paperwork and referral process can be overwhelming, enough to make you want to give up.

### **WRITTEN SURVEY RESPONSES:**

In addition to participating in community discussions, meeting participants were given the opportunity to complete a 14-question written survey. The questions on the survey were the same for every community and included such issues as personal responsibility, health care coverage for low income and funding.

Examination of the responses by demographic variables did not reveal substantial differences. Surveys were completed by people attending community meetings, rather than those selected as part of a sample controlled for statistical purposes. However, overall the responses held true for people of different ages, races, marital status, geographic locations, household incomes, household sizes, insurance coverage and health status.

With regard to personal responsibility, the majority of respondents felt they were responsible for practicing healthy behaviors, seeking preventive health care measures and asking their health care providers if less costly treatment or medication was available for their medical problems.

The majority noted that, while cost of care is an important part of their decision in seeking health care, the most important part of choice in selecting health insurance, was the ability to choose their own health care provider.

***“How can we even say that a child doesn’t have the right to health care?”***

***-Leo Greenawalt  
President  
Washington State  
Hospital Assoc.***

***“When you have a system where 2/3’s of the people get health care through their employment system and that system is in chaos, it doesn’t work very well for something as important as health care.”***

***-Cindy Watts  
Health Economist  
Professor,  
University of  
Washington***

Generally, respondents did not feel that residents of their community were getting the health care they needed. Most indicated that every person, regardless of their ability to pay, should be able to get basic medical care and, to a lesser extent, high-tech or expensive life-saving procedures. A majority said they would be willing to pay up to \$10 per month more in taxes so that low income and uninsured people in their community could get health care.

There was also agreement that programs and services that prevent disease should have funding priority over programs and services that provide high-tech care to prolong life. The majority of respondents noted that in times of scarce resources, programs and services for children should have funding priority over programs that serve adults.

When asked specifically about a choice between purchasing comprehensive coverage at \$280 a month or catastrophic health insurance at \$150 a month, the majority of respondents indicated they were willing to pay the extra \$130 a month to purchase comprehensive coverage.

Statewide, 1,592 individuals completed the written survey. Their responses have been compiled by question and are presented in the tables listed on the next page. See Appendix E for survey data by individual county.

**STATEWIDE SURVEY DATA:**

<b>Questions 1 through 4</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>No Answer</b>
I believe that people in my community are getting the health care they need.	4%	16%	28%	35%	15%	2%
I believe it my responsibility to practice healthy behaviors (e.g., exercise, eat right).	59%	36%	2%	1%	1%	1%
I believe it is my responsibility to seek preventive health care measures (e.g., vaccinations, mammograms).	56%	36%	4%	2%	1%	1%
I believe it is my responsibility to ask my health care provider if less costly treatment or medication is available for my medical problems.	31%	45%	11%	10%	2%	1%

<b>Question 5</b>	<b>Always</b>	<b>Sometimes</b>	<b>Seldom</b>	<b>Never</b>	<b>Don't know</b>	<b>No Answer</b>
When I make a decision to seek health care services, the cost of care is an important part of my decision.	38%	37%	15%	7%	2%	1%

<b>Questions 6 through 9</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>No Answer</b>
I believe that I should forego expensive health care if the chance of my recovery is very small.	11%	29%	30%	21%	8%	2%
The most important thing for me in choosing a health insurance plan is to be able to choose my health care provider.	39%	39%	11%	9%	1%	1%
If I am paying the full cost of my health insurance, I would rather purchase comprehensive coverage for \$280/month than catastrophic coverage for \$150/month. (Comprehensive coverage would pay for almost all health care expenses while catastrophic would cover expenses after I pay \$5,000 out of my own pocket.)	20%	36%	22%	11%	5%	6%
Every person, regardless of their ability to pay, should be able to get basic health care. Basic health care includes, at a minimum, access to a family physician and to preventative health care services.	56%	34%	5%	2%	1%	2%

<b>Questions 10 through 13</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>No Answer</b>
Every person, regardless of their ability to pay, should be able to get high tech or expensive life-saving procedures (e.g., organ transplants or open heart surgery).	29%	33%	22%	10%	3%	2%
Programs and services that prevent disease should have funding priority over programs and services that provide high technology medical care to prolong life.	27%	40%	23%	6%	2%	3%
In times of scarce resources, programs and services for children should have funding priority over programs that serve adults.	18%	39%	22%	15%	2%	4%
I am willing to pay more taxes so that those who are low-income and have no health insurance can get health care.	13%	36%	23%	17%	7%	3%

<b>Question 14</b>	<b>None</b>	<b>Less than \$5</b>	<b>\$5 to \$10</b>	<b>More than \$10</b>	<b>Not Sure</b>	<b>No Answer</b>
I am willing to pay the following additional amount per month in taxes so that those who are low income and have no health insurance can get health care.	14%	17%	32%	15%	17%	5%

### STATEWIDE SURVEY DEMOGRAPHICS:

<b>Age</b>		<b>Gender</b>		<b>Marital Status</b>		<b>Ethnicity</b>		<b>Household Size</b>	
1%	18 and under	61%	Female	32%	Single	76%	Caucasian	50%	1-2 people
67%	19 to 64	34%	Male	61%	Married	1%	African American	27%	3-4 people
27%	65 and older	4%	No answer	7%	No answer	1%	Asian/Pacific Isl.	10%	5+ people
4%	No answer					11%	Hispanic		
						4%	Other		
7%	No answer	14%	No answer						
<b>HH Income</b>		<b>Employed</b>		<b>Health Insurance</b>		<b>Employer Paid Insurance</b>		<b>Health Status</b>	
11%	Under \$10,000	53%	Yes	84%	Yes	49%	Yes	16%	Excellent
19%	\$10,000 to \$24,999	43%	No	11%	No	44%	No	31%	Very good
27%	\$25,000 to \$44,999	4%	No answer	5%	No answer	7%	No answer	31%	Good
26%	\$45,000 to \$99,999							15%	Fair
6%	\$100,000 & above							3%	Poor
11%	No answer							4%	No answer

*“Will our suggestions really be noticed by policymakers and acted on?”*

*-Community Participant  
Clark County*

## **PROCESS CRITIQUE:**

In addition to gathering community input, we learned some important lessons about how to be successful in involving communities in health care discussions.

- People living in a community are often best equipped to facilitate and arrange their own meetings.
- Videos work well to jump-start community discussion. When holding meetings with non-English speaking groups, videos need to be in the language spoken by the participants.
- The survey instrument also worked well. However, the survey needs to be available in multiple languages and in large font for easy reading by seniors.
- Holding the discussions about health care with established meeting groups (e.g., Kiwanis, Rotary) is a better way to reach people than trying to convene a specific community meeting about health care. The drawback to this model is that information from individuals that do not participate in these established groups is not included.
- Flexibility and improvisation are critical when meeting with community groups. Room configurations, acoustics, available equipment, time on the agenda, and the group’s knowledge and interest level vary.

*“Citizens have given insurance companies the power to make insurance expensive. People need to be empowered to change the system.”*

*-Community Participant  
Clallam County*

## NEXT STEPS

HumanLinks proposes to continue to support local communities in their endeavors to improve health access. The following activities have been planned in 2004:

- Creation of a web-based communications vehicle for the community partners. This web-based communications vehicle may include:
  - An interactive forum for posting ideas, requests for information, and exchange of strategies.
  - A location for posting policy and position papers prepared by community partners.
  - A resource navigator who will respond to requests related to best practice research, funding research, sample state health policies, and other topics related to improving community access to health care.
  - Notices of upcoming quarterly educational events and meetings of interest to participants.
- Sponsoring or convening quarterly educational events for community partners, to be located around the state.
- Outreach to communities of diversity to support efforts to include communities of diversity in discussions of health care values and priorities.
- Support for a demonstration project in conjunction with Spokane Health Improvement Partnership that will provide outreach to improve the health status of a target population currently without a primary care provider or any payer mechanism such as Medicaid or the Basic Health Plan. The approach will be a focused message of wellness and self care.

## **APPENDICES**

APPENDIX A: Community Partners by County

APPENDIX B: Residence of Community Participants

APPENDIX C: Organizations/Groups Involved in Community Meetings

APPENDIX D: Meeting Records

APPENDIX E: County Survey Data