

Oregon Health Decisions
General Public Health Care
Values Survey
May 2000

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Background

Objectives

The purpose of this study was to investigate Oregonians' values regarding health care to assist in directing health policy decisions. A key component of this research was to identify changes that have occurred since an earlier study was conducted in 1996.

The research objectives were:

- Identify public's biggest concerns regarding health care in Oregon
- Determine Oregonians' values related to health care in terms of quality, choice, dignity, ease of use, affordability, access, responsibility and citizen involvement
- Evaluate Oregon's performance on key health care issues
- Profile public's impressions regarding the fairness and funding of health care in Oregon
- Identify Oregonians' perceptions of how to address the working uninsured
- Identify changes in the public's health care values and perceptions since 1996

Methodology

Randomly selected adult Oregonians were interviewed by telephone in the following regions of the state:

- Portland metropolitan area
- Willamette Valley
- Southern Oregon
- Coastal Oregon
- Eastern Oregon

Quotas were established for county, age and gender to provide a representative sample.

Interviewing was conducted by Bardsley & Neidhart personnel using CATI (Computer Assisted Telephone Interviewing). Interviews were conducted between April 15 and May 10, 2000.

Summary and Conclusions

Oregonians' perceptions of health care are little changed since 1996.

Top-of-Mind Issues

- The leading top-of mind problem with health care in Oregon is cost/affordability (52% mentioning), a significant increase
 - It was also the most mentioned problem in 1996, but only 40% cited it then
- Access to health care, the second most mentioned item in both surveys, is mentioned slightly more often this year
- Coverage for the elderly receives significantly more mention than in 1996, although it was at fairly low levels in both years
- Coverage for the poor remains third but is mentioned by slightly more Oregonians than in 1996
- There are significantly more complaints about HMOs this year, although the level is still fairly low

Comparative Importance

- Technical competence and trust in their providers are Oregonians' two most important aspects of health care when respondents were asked to rate specific issues
- The ability of health care providers to answer questions, the patient's feeling comfortable in discussing or questioning the provider, and personalized care are also quite important
- The number of providers and having a system that is easy to use are also rated important
- While affordability was the most mentioned problem in an open end question, it is not rated as one of the most important health care issues
- Few Oregonians are concerned with being taught how to use their health plan, seeing the results of provider quality studies, being involved in improvements to the health care system, not needing prior approval for brand name drugs, and having their insurance pay for alternative practitioners

Performance Ratings

- With little exception, the items deemed most important are also those for which satisfaction is the highest
- Where the exceptions do occur, the attributes receive good performance ratings but are not considered important

Priorities

- Oregonians would give first priority to infants and young children, followed by pregnant women
- The elderly would have third priority, followed by children above six
- Working age adults would have the last priority

Fairness

- About two-thirds of Oregonians strongly agree that all should be guaranteed basic health care, and over half feel this way about all health care
- There is modest agreement that health care services should be based on cost effectiveness
- Oregonians feel that health care should be funded by individuals and employers, not by taxes or higher payments among those who can afford more
- Oregonians feel that public plans should pay part of the cost for the working uninsured
- Almost as many feel that employers should pay for part of the cost for their uninsured workers
- If money is limited, most Oregonians feel the Oregon Health Plan should reduce the services and keep as many people as possible on the plan
- It is also felt that life-threatening conditions should be paid for first
- There is only moderate agreement that the sickest should be helped before those who are less ill and that the plan should pay for experimental treatments
- Relatively few agree that, if money were limited, the level of service should be maintained and that fewer people should be served

Detailed Findings

Number One Health Problem in Oregon

- Oregonians' perceptions of the number one health problem facing the state is affordability, with over half mentioning this
 - This was the most important problem in 1996 (40%), and, with a statistically significant increase, even more Oregonians feel this way today (52%)
 - The level of mention for prescription costs increased significantly and now approaches 20%
 - Other cost/affordability problems are the cost of health care and being able to afford health insurance, each mentioned about equally with prescription costs
 - Cost concerns are mentioned less frequently in Portland and the Willamette Valley than elsewhere in the state
- Affordability is followed by perceived problems in gaining access to health care, mentioned by one-fourth of Oregonians
 - This is occasionally expressed as a difficulty in finding health care in rural areas or in getting to specialists (although these are not mentioned by many Oregonians, regardless of where they live)
- Two coverage issues are mentioned by 12% to 22% percent of Oregonians: coverage for the elderly and coverage for the poor, respectively
- Coverage for the working uninsured and the elderly showed significant increases from 1996; although they are still not among the most cited problems, they should be watched
- There were a few mentions of health-related issues that have been in the news, but, even in aggregate, they are mentioned by only 2%
 - Health effects of environmental problems
 - The federal government contesting the assisted suicide law
 - Issues regarding the Oregon Health Plan
- There has been a significant increase in problems related to health insurance companies and HMOs, and, while not yet among the most frequently mentioned problems, they warrant attention and monitoring

The table on the next page profiles Oregonians' perceptions of the number one health problem and compares 1996 data to that of 2000.

Oregon's Number One Health Care Problem

Number One Problem	1996	2000
Cost/Affordability	40%	52%
Cost of health care	20	18
Affordable insurance/lower rates	17	17
Cost of prescriptions	4	17
Taking personal responsibility for health care costs	3	**
Access to Health Care	21	25
Access for all Oregonians	14	13
Referral to specialists	3	6
Limited rural access	2	2
Access to doctors	2	1
Hassle to get health care	1	3
Coverage for the Poor	15	22
Medical care/insurance/Medicaid	10	11
Coverage for working uninsured	6	11
Coverage for the Elderly	7	12
Medical care/insurance/Medicare	6	12
Long-term care	1	**
Quality of Care	6	7
Decreased quality of care	1	5
Doctor's payments affect care	2	1
Impersonal care	2	1
Shortened hospital stays	1	**
Negative Insurance Company	3	7
Health care dictated by insurance company	1	6
Hassle with insurance company	1	2
Unfair payment of claims	1	**
Choice of Doctors	4	5
Medical Care/Insurance for Children	2	3
Items That Have Been in the News	**	2
Environmental problems affecting health	**	**
Oregon Health Plan problems	**	**
Federal government tampering with assisted suicide	**	**
Other Problems	16	28
Negative HMO comments/experiences	1	10
Limited benefits	5	5
Medical research/health problems	5	2
Preventive care	2	1
Need information on plans to make informed decision	1	1
Home health care	**	1
Alternative medical care	**	1
Difficulty getting insurance with pre-existing conditions	**	1
Miscellaneous	3	6

Totals add to over 100% due to multiple responses. Shading denotes significant difference.
 ** less than ½%

Importance of Health Care Attributes

Oregonians rated the importance of health care along nineteen attributes in five areas: quality of care, choice in health care, dignity for the patient, ease of use, and a combination of affordability, access, taking personal responsibility and citizen involvement.

Interestingly, affordability, mentioned by most as the number one problem, was rated only average in importance. It could be concluded that the more important attributes are not problem areas.

Seven of the nineteen measured attributes, which were rarely mentioned as the number one problem in the top-of-mind question, are rated very important, with an average rating of at least 9.0 on a 10-point scale:

- Having technically competent health care providers
- Patients trusting their health care providers
- Ability of health care providers to answer questions or explain things in a way you can understand
- Being comfortable to discuss, question or refuse medical treatment
- Personalized care, that is, patients being treated like a person with individual needs
- Having an adequate number of health care providers
- Having a health care system that is easy to use

Eight attributes, rated between 8.0 and 8.8, are of more moderate importance. These attributes include affordability and access issues. Although they were the most frequently mentioned in the top-of-mind question as the number one health care problem in Oregon, they are not the most highly rated for importance.

- Having more affordable health care for you and your family
- Patients feeling they have enough time during visits with their health care provider
- Being able to choose your own health care plan
- Being able to choose your health care providers for routine care
- Having your insurance allow you to see a specialist whenever you want to
- The availability of routine health care services without having to travel outside of your local community
- Patients taking personal responsibility for their own health care
- Patients being taught and helped to use the health care system

Four attributes, rated between 7.1 and 7.9, are considered to be of less importance. These are:

- Having results of patient care surveys about quality of care available to the general public to help in selecting or changing providers
- Ability for people like you to be involved in changing and improving the health care system
- Having my insurance not require approval in advance for most brand name drugs
- Being able to have your insurance pay for alternative practitioners, such as naturopaths and chiropractors

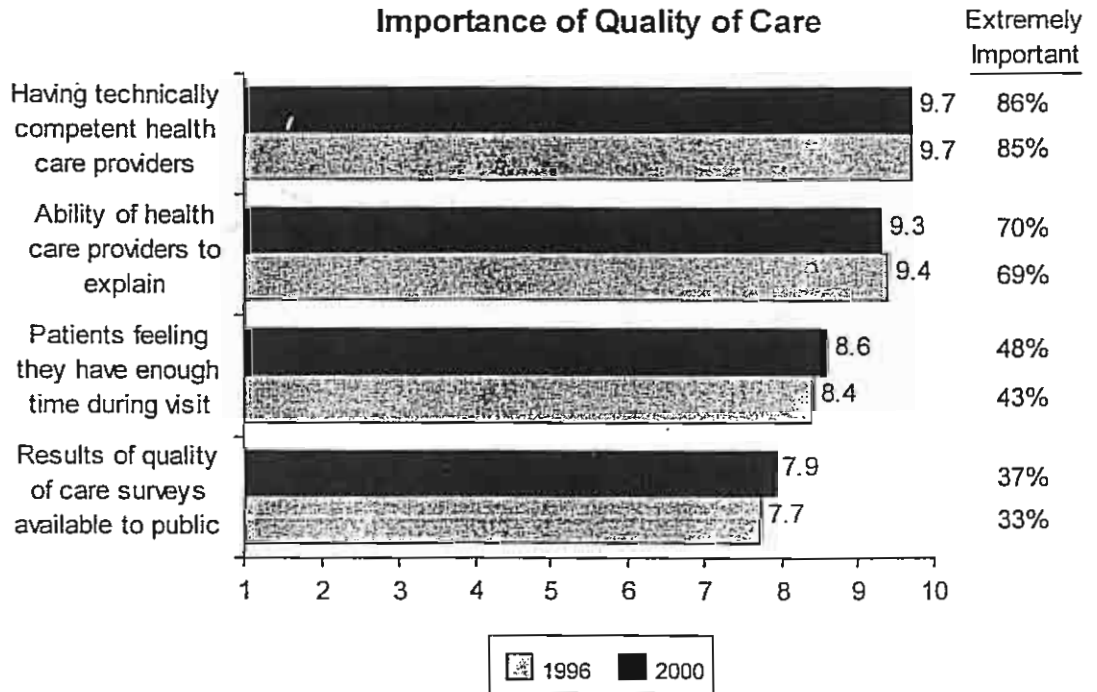
Importance of Quality of Care

The four quality attributes are rated very similarly to 1996, and two are very important:

- Having technically competent health care providers
- Ability of health care providers to answer questions or explain things in a way you can understand

Only one of these attributes, *Having results of patient surveys about quality of care available to the general public to help in selecting or changing providers*, was rated differently by various groups.

- Those with lower incomes or less education considered this attribute more important, rating it in the 8.0 to 8.9 range

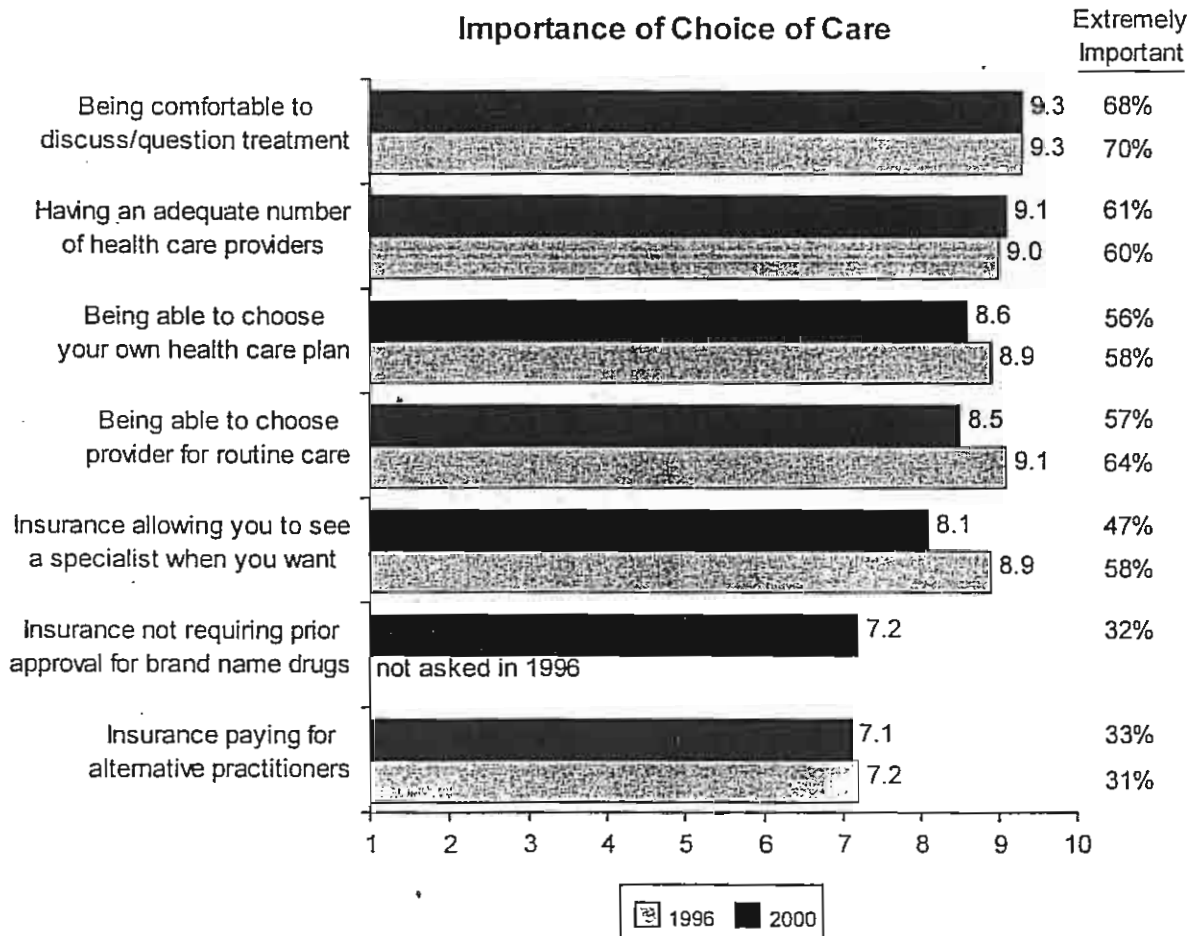


Importance of Choice in Health Care

Choice seems to be an important issue among Oregonians. Two of the seven attributes appear to be very important, and another three are moderately so.

- Feeling comfortable in discussing and questioning treatment and having an adequate number of health care providers are both quite important
- Being able to choose your own health care plan and your provider for routine care are of moderate importance, as is one's insurance allowing them to see a specialist whenever they want
 - These attributes, especially the latter two, are considered somewhat less important this year than they were in 1996
 - The attribute regarding seeing a specialist, which has the greatest change, was rephrased from "Being able to see a specialist when you want to" to "Having your insurance allow you to see a specialist whenever you want to..."

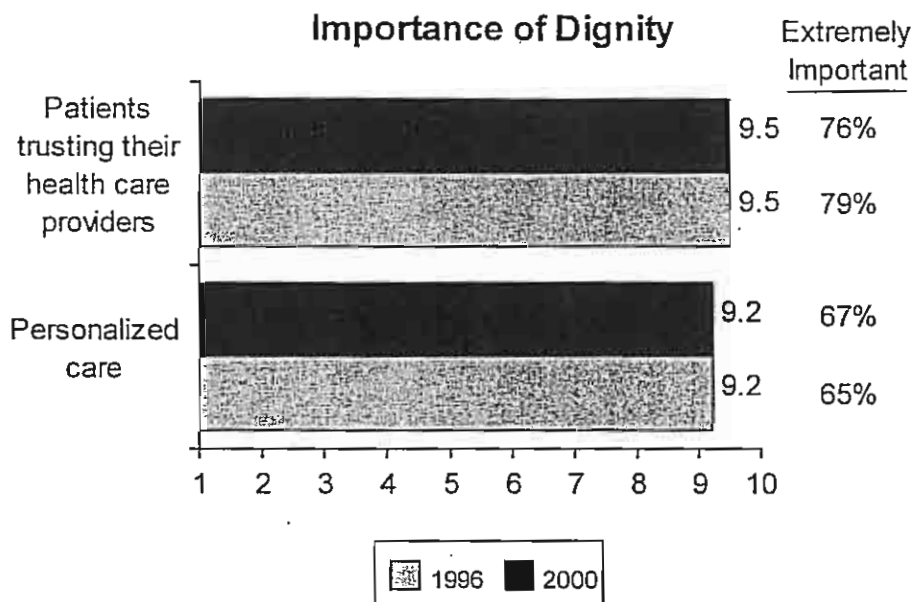
Only two choice attributes, having insurance not require prior approval for brand name drugs and paying for alternative practitioners, do not appear to be of great value, and this feeling is universal among all Oregonians.



Importance of Dignity in Health Care

The two dignity attributes remain very important.

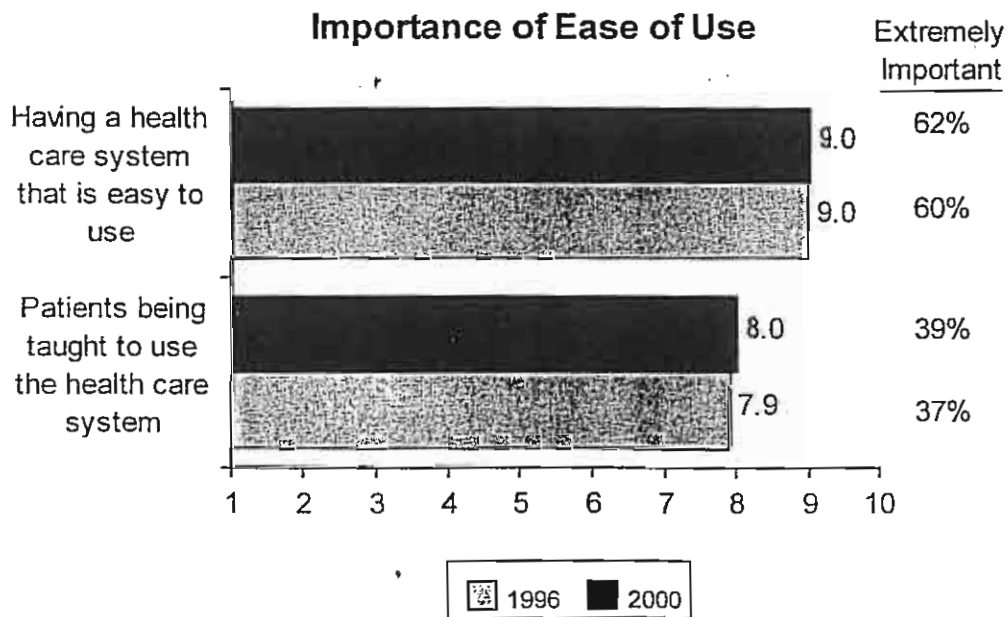
- Oregonians want to trust their providers and to be treated as individuals.



Importance of Ease of Use of the Health Care System

Oregonians continue to want a health care system that is easy to use. They remain somewhat less interested in being taught how to use the system.

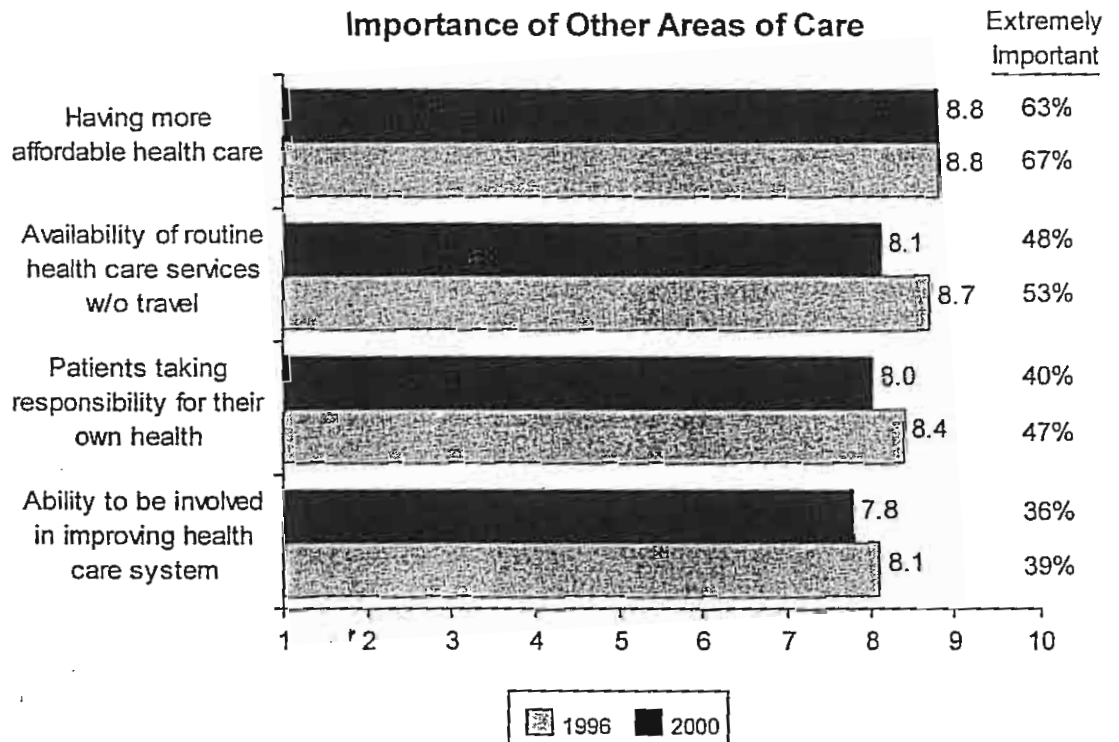
- The lower interest in being taught to use the system might indicate they want a system easy enough to use that they do not need to be educated in how to use it



Importance of Access, Availability, Responsibility and Civic Involvement in Health Care

In general, these attributes are of moderate importance.

- More affordable health care retains its importance among Oregonians, although it was found to be less important than competence, trust and bedside manner
- Availability of care without traveling outside one's area is considered less important this year than in 1996
 - There is no difference in respondents' region between the 1996 and 2000 surveys; if there had been a difference it could have explained this change
- There remains only moderate importance placed on patients taking the responsibility for their own health care and slightly less for being involved in improving the health care system



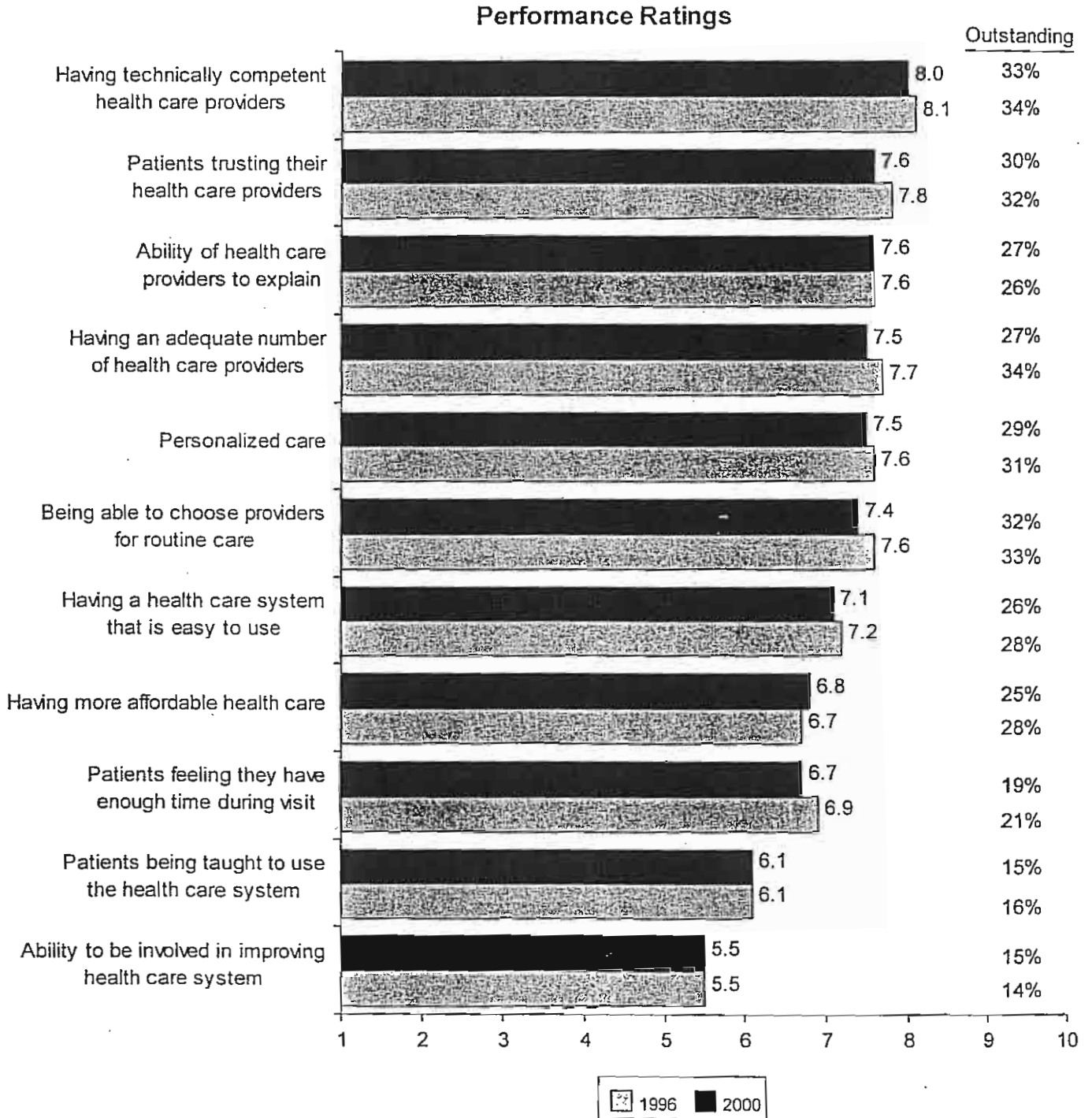
Performance of Oregon's Health Care System

There are virtually no changes in how Oregonians rate the performance of their health care system. Performance on most attributes is quite good but not excellent. (Oregonians' perception of performance on each measured attribute is charted on the next page.)

- Competence, which is the most important attribute, also received the highest performance rating
- Trust in their provider, the ability of health care providers to answer questions or explain things, having an adequate number of providers, and personalized care (which were all deemed very important) received good performance ratings but not as high as those for competence
- The two attributes receiving low performance ratings, being taught how to use the system and the ability to be involved with improving the system, were also low in importance
- There are two regional differences in performance ratings
 - Those who live on the Coast give lower performance ratings to having an adequate number of providers
 - Southern Oregonians give higher performance scores to feeling they have enough time in their visits with their providers
- There are also some differences between those above and below poverty level
 - Those below poverty level give lower ratings to having an adequate number of providers and their providers' ability to explain things in a way they can understand
 - Those below poverty level give slightly higher ratings to having affordable care, ability to be involved in changing/improving the health care system, and being able to choose their provider for routine care
- Those without health insurance give much lower ratings to all performance attributes except that they are only slightly lower for trusting their providers and barely lower for feeling they can be involved in changing or improving the health care system
- Those who are 65 and older and/or have Medicare, Medicaid or the Oregon Health Plan rate all attributes higher

Perceived Performance

The chart below shows there is very little difference in performance ratings between 1996 and 2000.



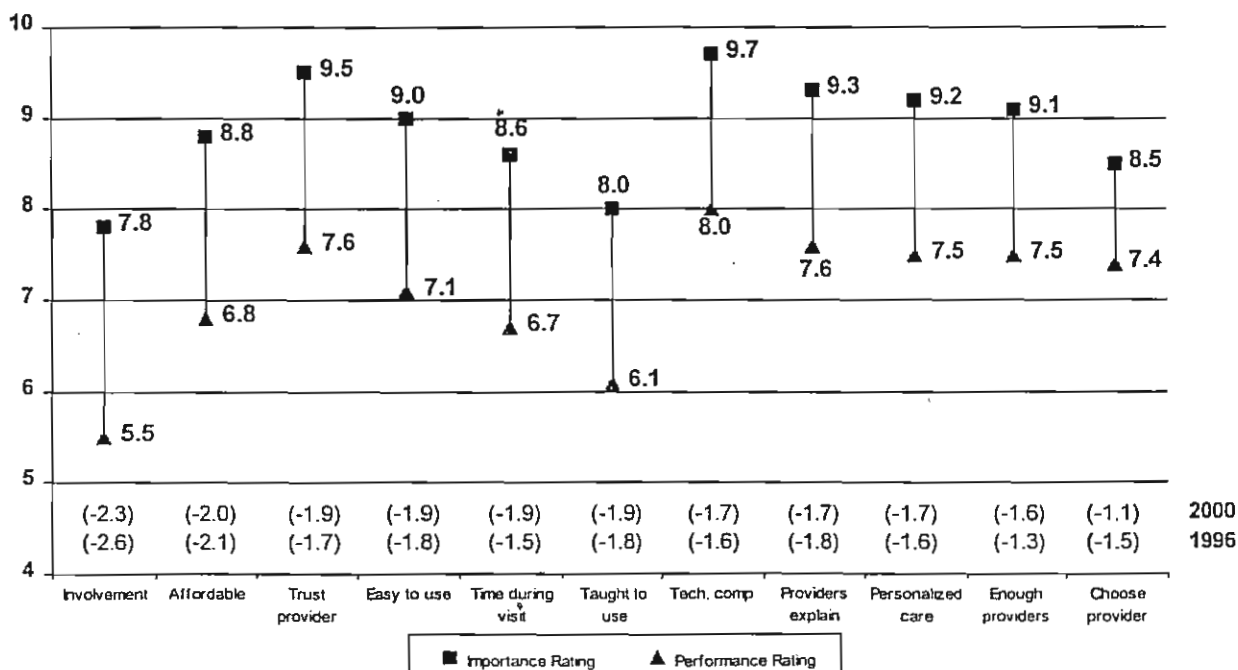
Gaps Between Desired and Actual Performance

“Gap analysis” is a means of illustrating the difference between importance ratings, which can reflect expectations, and performance ratings, which can indicate satisfaction. The difference is indicative of the degree to which expectations or desires are being met. A negative number means that performance falls short of desired results. A positive value indicates that performance is in excess of necessity. As a generalization, a gap exceeding -1.0 is considered high when 10-point scales are being used.

Even though the attributes rated higher in importance are generally rated higher in performance, the differences between the two ratings remain fairly large.

- No gap is less than -1.0, although the ability to choose one’s provider for routine care is close at -1.1
 - This is also the gap that improved the most (got smaller)
- The only other gap that showed meaningful improvement is for being able to be involved in improving the health care system (the other gains were only 0.1)
- The largest gap (-2.3) is for one of the least important attributes, having the ability to be involved in improving the health care system
- Two gaps showing modest to large increases (now having poorer performance relative to importance) are Oregonians’ perceptions that they had enough time during the visit and having enough providers in their area

Gap Analysis



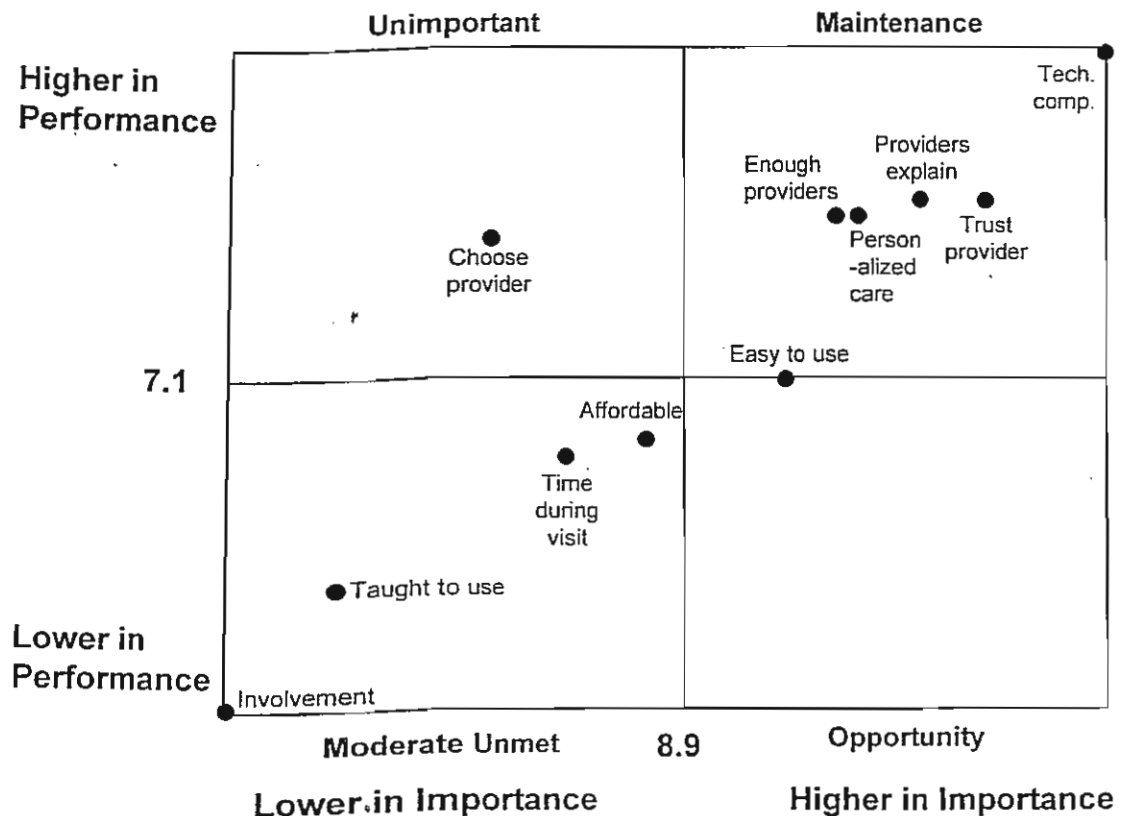
Opportunities for Improvement

The chart below is used to identify attributes where a gain in performance could make the most overall improvement. The horizontal and vertical axes respectively denote the average levels of performance and importance among the attributes measured in this survey. Attributes rated highest in importance are toward the right side of the grid, and those rated highest in performance are located closer to the top.

The chart illustrates the point made earlier that, in almost all cases, as importance grows, performance improves. (If one were to imagine a diagonal line from the lower left to the upper right, most attributes fall near it.)

- The only exception to this pattern is the ability to choose one's provider for routine care, which is of below average importance (located in the left side of the grid but above average performance (located in the top half of the grid)
- The three attributes that, if performance were improved, would appear do the most to improve general performance perceptions are ease of using the system, affordability of health care, and having enough time during the visit

Opportunity Map



Fairness in Health Care

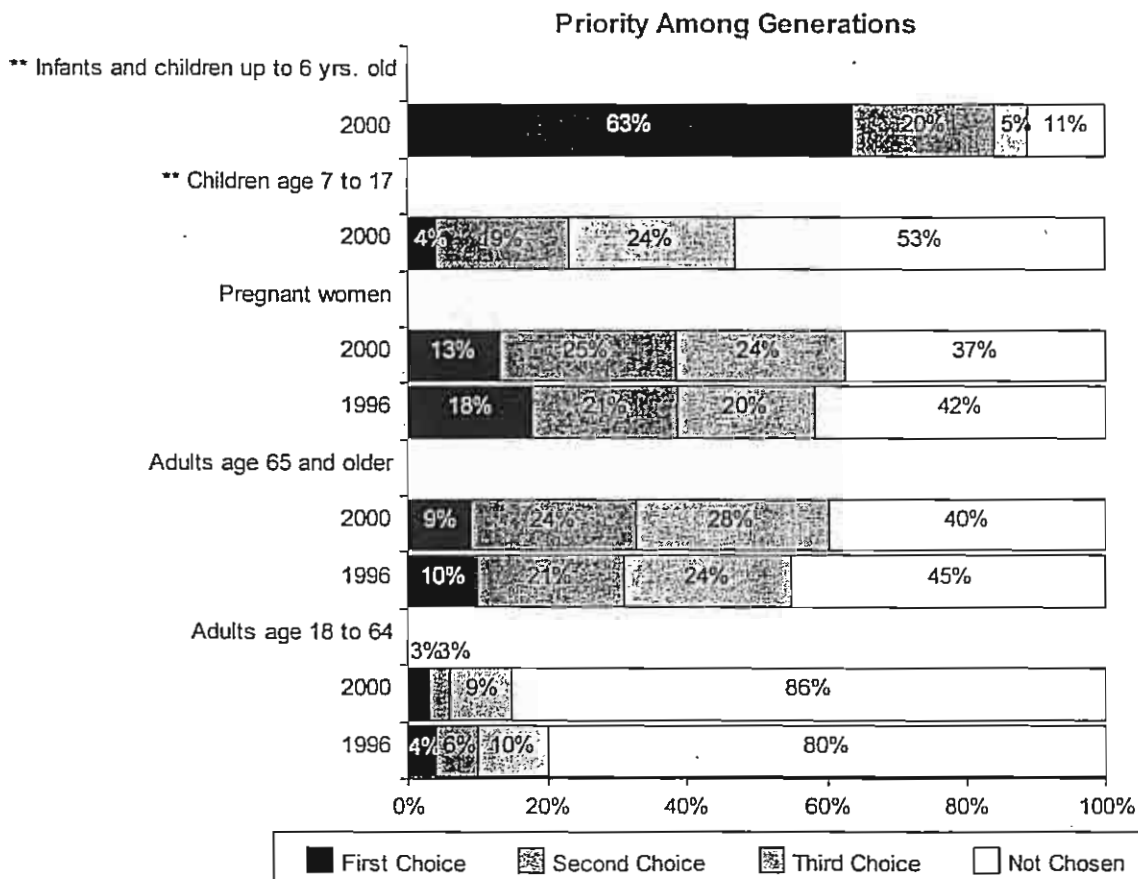
Oregonians' perceptions of fairness in health care was measured in four ways

- Who should receive priority
- The degree to which health care should be guaranteed
- How health care should be funded
- How health care should be made available to the working poor

Health Care Priorities

This question was changed, and it is not possible to make direct comparisons with 1996. But, we see in this year's study that:

- Oregonians feel that infants and young children should receive the highest priority in obtaining health care
- This is followed, at a very distant second, by pregnant women
- Relatively few Oregonians feel that the highest priority should be given to those over 65, children ages 7 to 17 or adults aged 18 to 64



** Age groups in these brackets are different from 1996, so comparisons cannot be made.

The reasons for deciding a group should have priority are varied.

- They cannot take care of themselves, mentioned most frequently for young children and infants and for seniors
- They have a greater financial need, mentioned most for seniors
- Prevention reduces longer term health costs, mentioned mostly for pregnant women but also for infants and young children
- Needing a healthy start, also mentioned for pregnant women and young children
- They are deserving because they have been neglected, mentioned for adults 18 through 64 and for infants and young children
- The fact that there are two lives and a feeling that pregnant women need special care was not mentioned that often in total, but those who felt pregnant women should have priority cited them quite heavily

Why Group Should Be Top Priority

Reasons For Priority	Group Chosen As Top Priority					Total
	Infants and Children up to 6 yrs.	Pregnant Women	Seniors 65 and older	Children 7 to 17	Adults 18 to 64	
Percent Choosing	63%	13%	9%	4%	3%	100%
Cannot take care of themselves	32	2	5	10	**	23
They have more health problems	20	10	35	60	21	22
Their financial need is greater	16	13	66	10	13	20
Prevention reduces health costs	18	37	**	7	4	18
Need a healthy start	18	20	**	7	**	15
They deserve to be taken care of/ have been neglected	17	9	13	7	21	15
They are our future	16	7	**	10	4	12
They need immunizations	11	**	**	**	**	7
There are two lives	**	18	**	**	**	3
Pregnant women need medical care	**	13	**	**	**	2
They have contributed more	**	**	16	**	8	2
To learn good health habits	2	3	**	7	**	2
They are our work force	**	**	**	3	29	1
I'm part of this group	**	**	1	3	8	**
Miscellaneous reasons	2	3	1	3	8	2

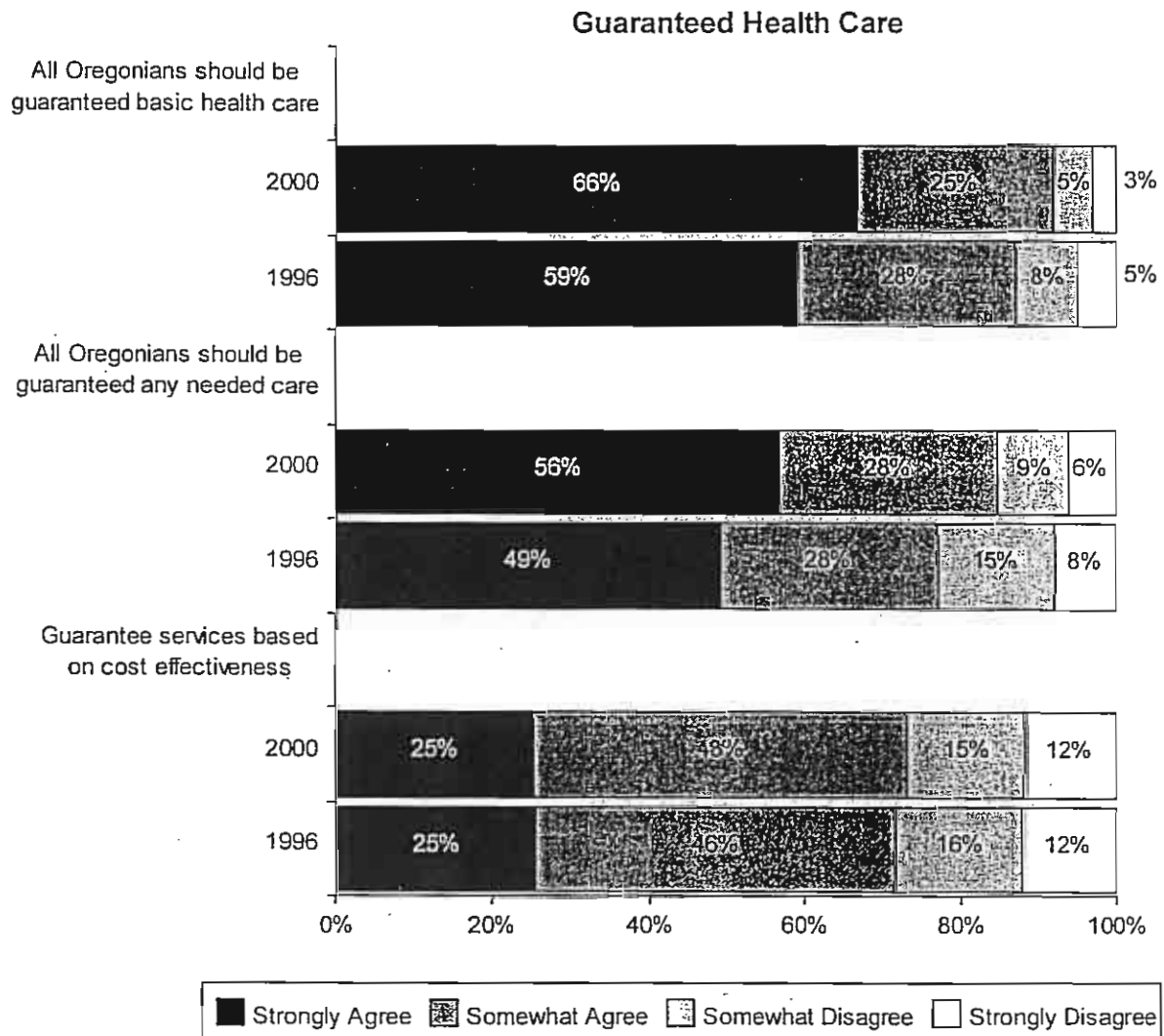
Note: Totals may not add to 100% due to rounding and multiple responses.

*** less than ½%*

Guaranteed Health Care

Oregonians are somewhat stronger in their feeling that health care, especially basic care, should be guaranteed.

- Almost two-thirds now “strongly agree” that basic health care should be guaranteed
- Over 50% now feel that any needed care should be guaranteed
- While there is agreement that services should be based on cost effectiveness, it is moderate rather than strong

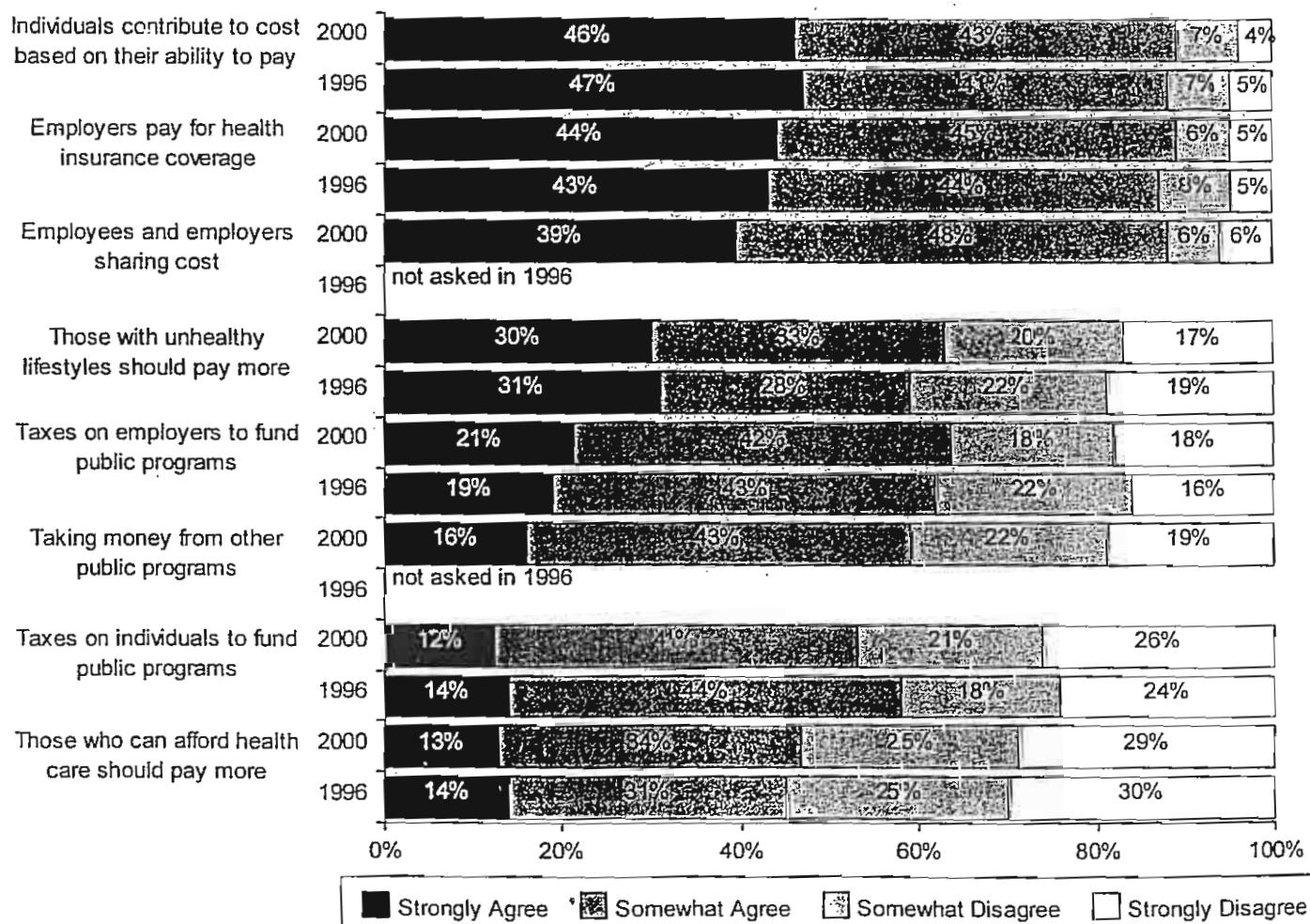


Funding of Health Care

Oregonians seem to feel fairly strong agreement in how they think health care should be funded. This agreement is implied in that the data shows fairly strong preferences for certain types of funding over others.

- Oregonians feel most strongly that individuals should contribute to their health care costs based on their ability to pay
- They are also strong in the belief that employers should pay for health insurance coverage
- They are almost as strong in their opinion that both employers and employees should contribute to the cost
- Fewer believe that those with unhealthy lifestyles should pay more, and still less that funding should be through taxes or moving public funds from other areas
- There is not too much agreement that those who can afford it should pay more for health care

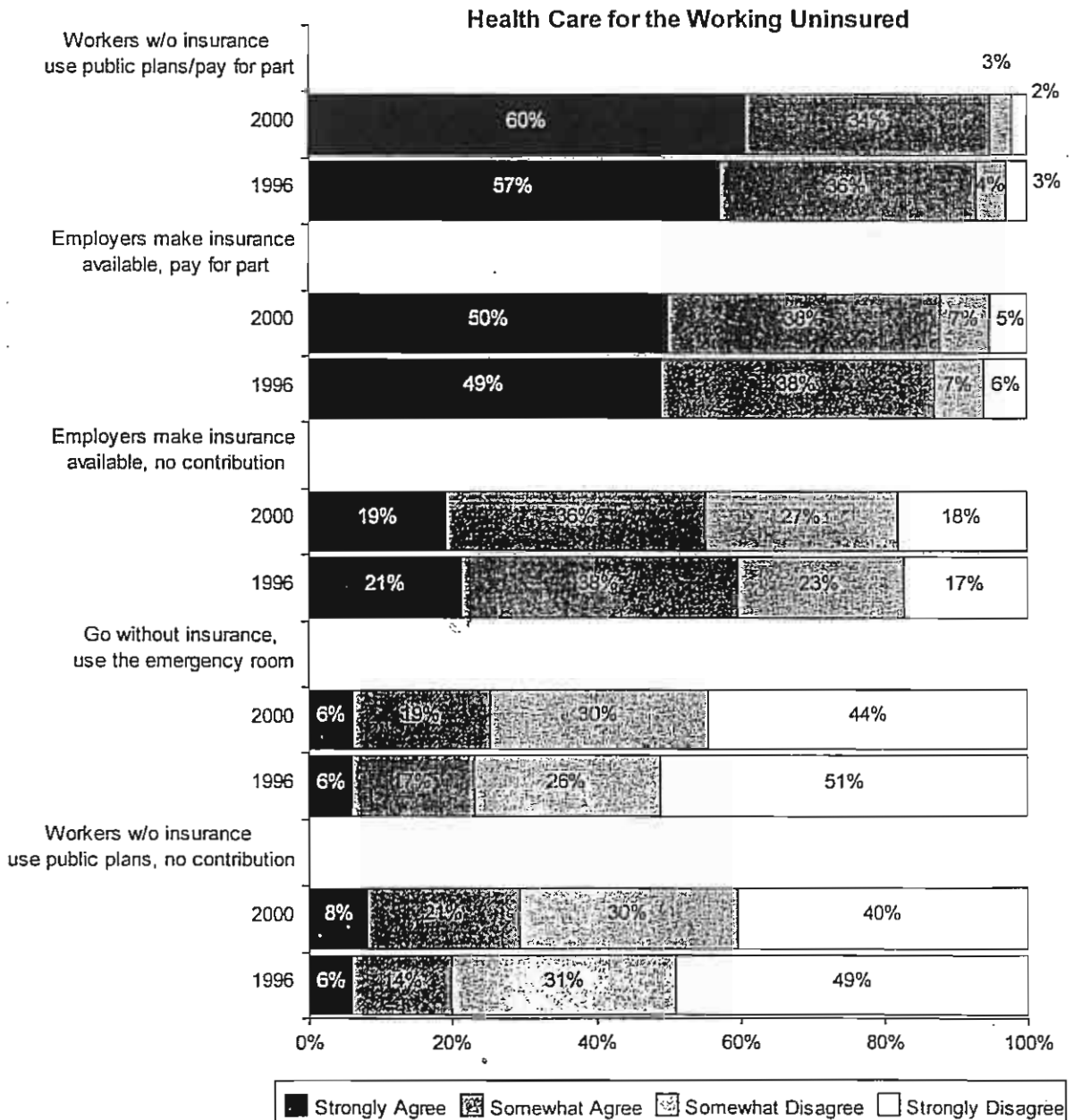
Funding of Health Care



Health Care for Working Uninsured

Two approaches for providing health care to the working uninsured are agreed upon by Oregonians, and the other three find only moderate or very low agreement.

- The most agreement is in using public plans to pay for part of this care, but there is almost as much agreement for having both the employer and employee pay a portion
- There is only a little agreement that employers should make insurance available to the working uninsured but not contribute to the cost
- There is very little agreement that the working poor should forego insurance and use emergency rooms or be provided with public plans to which they would not contribute

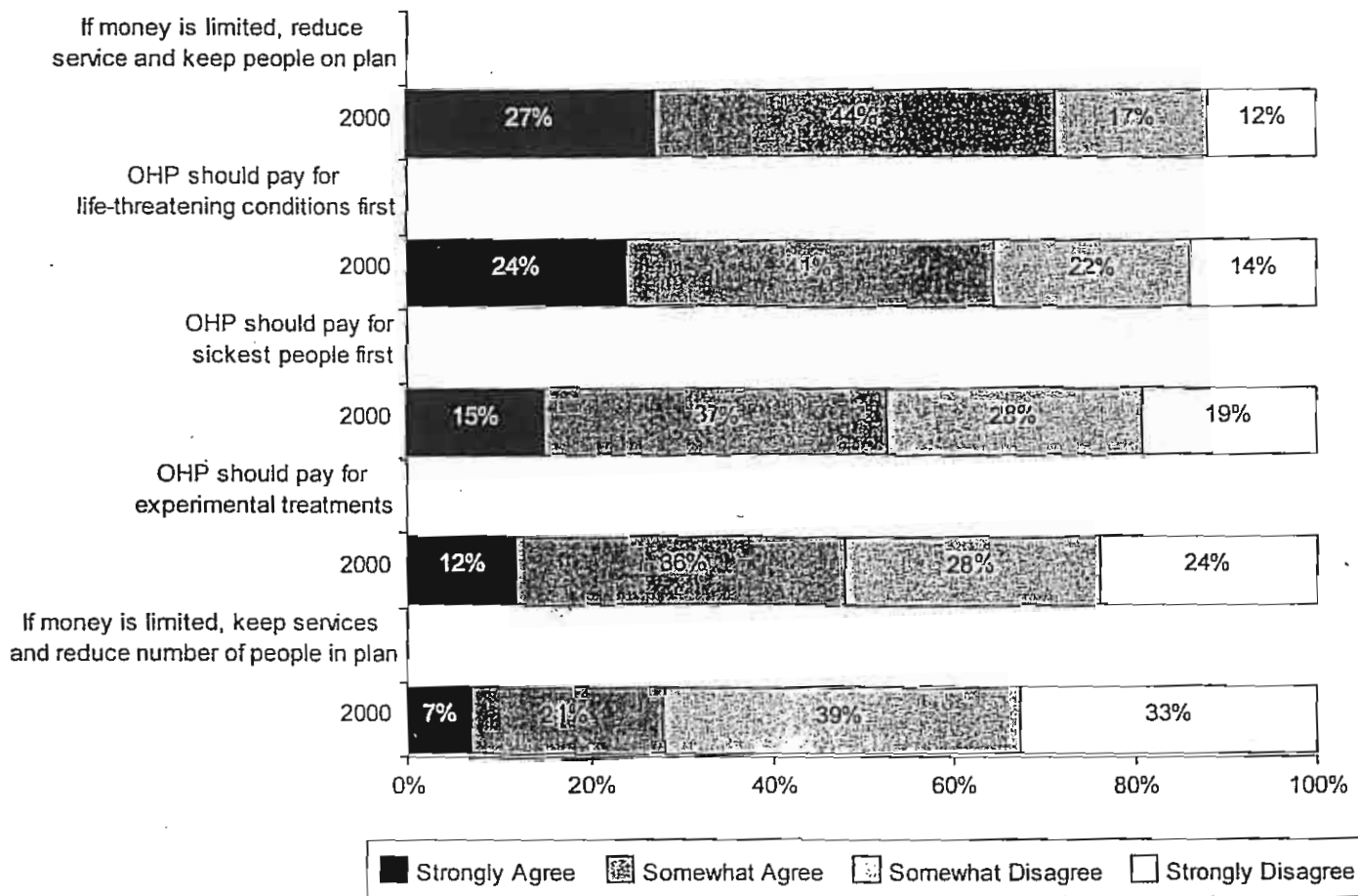


Oregon Health Plan Options

There is less agreement about how the Oregon Health Plan should provide its services. (This area of inquiry was new in 2000, and no comparative data is available.)

- The two options with the most support are to reduce services and keep as many people as possible on the plan if money is limited and that the plan should pay for life-threatening conditions first
- There is slightly less agreement that the plan should pay for the sickest people first and that it should pay for experimental treatments
- There is very little agreement that the Oregon Health Plan should, if money were limited, keep the full services but make them available to fewer people

Oregon Health Plan Options



Appendix

This section of the report reviews the study methodology, delineates how the 1996 and 2000 questionnaires differed, discusses the statistical precision and illustrates the strong similarities between the 1996 and 2000 samples. Included also is a copy of the questionnaire.

Methodology

The interviewing methods were essentially identical in the 1996 and 2000 surveys.

Study Designs

	1996 Study	2000 Study
Sample Size	802 Oregonians	908 Oregonians
Interviewing Dates	December 11 – 21 1996	April 15 – May 10 2000
Interviewing Times	Weekdays: 5:00 p.m. to 9:00 p.m. Saturdays: 10:00 a.m. to 4:00 p.m. Sundays: Noon to 6:00 p.m.	Weekdays: 4:00 p.m. to 9:00 p.m. Saturdays: 11:00 a.m. to 6:00 p.m. Sundays: Noon to 6:00 p.m.
Interviewing Method	CATI (Computer Assisted Telephone Interviewing)	CATI (Computer Assisted Telephone Interviewing)

Comparison of 1996 and 2000 Surveys

The questionnaires were mostly identical, with a few revisions and additions:

Rephrased Rating Scales (Both in Question 3b)

1996 Study	2000 Study
Being able to see a specialist when you want to	Having your insurance allow you to see a specialist whenever you want to
Being able to use alternative practitioners, such as naturopaths and chiropractors	Being able to have your insurance pay for alternative practitioners, such as naturopaths and chiropractors

Additional Rating Scales (In Questions 3b, 8b and 9)

	Added to 2000 Study
Q 3b	Having my insurance not require approval in advance for most brand name drugs
Q 8b	<p>The Oregon Health Plan should pay for experimental treatments that seem promising even though they have not been proven to be effective</p> <p>When money is limited for the Oregon Health Plan, leaders should reduce services but keep as many people as possible in the program</p> <p>When money is limited for the Oregon Health Plan, leaders should keep the full set of services and reduce the number of people in the program</p> <p>The Oregon Health Plan should pay for services provided to the sickest individuals first. Those with mild forms of treatable conditions may not have treatments paid for</p> <p>The Oregon Health Plan should pay for treatments for health problems that are likely to progress to a serious and potentially life-threatening condition first. Effective treatments for conditions that are not likely to become serious or life-threatening may not be paid for</p>
Q 9	<p>Employees and employers sharing the cost of health insurance coverage through employer sponsored programs</p> <p>Government leaders taking money from other public programs to pay for expanded health care programs</p>

In addition, this year the importance of some rating scales was asked against a background of being important enough “that you would be willing to pay more to have them.” In 1996 importance was rated without the cost consideration. This did not appear to make a difference in that results in 1996 and 2000 were very similar.

Scales which were rated against this “willing to pay more to have them” scenario are:

- The availability of routine health care services without having to travel outside of your local community
- Being able to choose your health care providers for routine care
- Being able to choose your own health care plan
- Having your insurance allow you to see a specialist whenever you want to
- Being able to have your insurance pay for alternative practitioners, such as naturopaths and chiropractors
- Having my insurance not require approval in advance for most brand name drugs

In the above list, the first two scales are identical to those rated in 1996, the next two are rephrased, and the last is an added item.

Another area of difference is the question asking who should receive priority in health care availability. *Here the difference is great enough that study-to-study comparisons should not be made.*

- The differences lie in the age grouping of children
 - Infants and children up to 12 months of age were considered the top priority in 1996, and expanding this important group up to six years old could reallocate all of the priority decisions

1996 Study	2000 Study
Pregnant women	Pregnant women
Infants up to twelve months	Infants and small children up to 6 years old
Children age 1 to 13	Children age 7 to 17
Teens/young adults age 14 to 17	Adults age 18 to 64
Adults age 18 to 64	Adults age 65 and older
Adults age 65 and older	

Sample Variability

Every sample for a survey is subject to ranges of variability, which refer to the chance variation that can occur when a sample is used instead of surveying the entire population. This variability is known as "standard error" and is the difference between the sample findings and those that could be expected from a 100% enumeration of the population using the same questionnaire and research procedures.

Ranges of sampling variability are presented below for samples of 802 and 908, the samples for the 1996 and 2000 surveys, respectively.

The variability is computed at 95% confidence for an infinite universe. These numbers shown below are maximum ranges. Most survey findings are well within this range rather than at its extremes. As shown in the table below, a sample of 908 ensures a maximum standard error of $\pm 3.3\%$ with a confidence level of 95%.

Sampling Variability at 95% Confidence		
Results Close to:	1996 Survey Sample = 802	2000 Survey Sample = 908
5% or 95%	$\pm 1.5\%$	$\pm 1.4\%$
15% or 85%	$\pm 2.5\%$	$\pm 2.3\%$
25% or 75%	$\pm 3.0\%$	$\pm 2.8\%$
35% or 65%	$\pm 3.3\%$	$\pm 3.1\%$
45% or 55%	$\pm 3.4\%$	$\pm 3.2\%$
50%	$\pm 3.5\%$	$\pm 3.3\%$

Example: Seventeen percent of the total sample say "affordable insurance" is the number one health problem that needs to be solved. Based on a sample size of 908, chances are 19 out of 20 (95%) that this finding (17%) is within plus or minus 2.3% (or a range from 15% to 19%) of the result that would occur from a complete enumeration of the population.

Data Tables

Data was processed using SPSS for Windows. A complete set of data tables has been included under separate cover. A table is included for each question asked in the study, with data presented for both the total sample and subsets of the data (i.e. age, gender, income, etc.). Each column of data includes results as a percentage, as well as the actual number of responses.

Sample Characteristics

The 1996 and 2000 samples are similar, except that incomes are somewhat higher and fewer are below the poverty level. Rather than reflect a real difference in respondents, these differences reflect the strong economy and low unemployment rates.

Profile of Survey Respondents

	1996	2000		1996	2000
Region			Household size		
Portland Metro	42%	42%	One person	20%	20%
Willamette Valley	27	27	Two people	33	36
Southern	13	12	Three people	19	17
Eastern	11	11	Four people	17	16
Coastal	7	7	Five or more people	12	11
			<i>Median</i>	1.9	1.8
			<i>Average</i>	2.7	2.7
Age			Number of Children at Home		
18 - 24 years of age	8%	10%	None	50%	53%
25 - 34	19	18	One child	21	17
35 - 44	22	21	Two children	18	18
45 - 54	20	22	Three or more children	11	12
55 - 64	13	13	<i>Median (of those w/children)</i>	1.2	1.3
65 and over	17	17	<i>Average (of those w/children)</i>	1.9	2.1
<i>Median age</i>	45 yrs.	45 yrs.			
Income			Households Below Poverty Level		
< \$10,000 household income	9%	7%	100% of poverty level	14%	10%
\$10,000 - \$19,999	16	13	150 % of poverty level	25	18
\$20,000 - \$29,999	19	16	200% of poverty level	37	28
\$30,000 - \$44,999	22	21			
\$45,000 - \$74,999	25	26	Have Health Care Coverage		
\$75 and more	9	17	Have coverage	88%	84%
<i>Median</i>	\$33,600	\$38,850	No coverage	12	16
Education			Source of Coverage		
High school or less	40%	37%	Own employer	50%	51%
Some college	30	30	Family member's employer	19	15
College graduate/post grad.	29	33	Purchase own insurance	17	14
			Medicaid/OHP	2	4
Marital Status			Medicare/OHP	7	9
Single	18%	20%	Other coverage	5	6
Married	59	55			
Separated/divorced/widowed	23	24	Gender		
			Male	50%	49%
			Female	50	51

Note: Totals may not add to 100% due to rounding.

Oregon Health Decisions Values Survey –2000

Hi, this is ____ with B&N Research. We're conducting a brief survey for Oregon Health Decisions and I'd like to ask you a few questions. I promise I'm not selling anything and that all of your responses are strictly confidential.

1. First, in which county do you live? **(MUST MATCH SAMPLE)**

001 Baker	025 Harney	049 Morrow
003 Benton	027 Hood River	051 Multnomah
005 Clackamas	029 Jackson	053 Polk
007 Clatsop	031 Jefferson	055 Sherman
009 Columbia	033 Josephine	057 Tillamook
011 Coos	035 Klamath	059 Umatilla
013 Crook	037 Lake	061 Union
015 Curry	039 Lane	063 Wallowa
017 Deschutes	041 Lincoln	065 Wasco
019 Douglas	043 Linn	067 Washington
021 Gilliam	045 Malheur	069 Wheeler
023 Grant	047 Marion	071 Yamhill

2. In general, when you think about health care in Oregon, what do you think is the number one problem that needs to be solved? **(CLARIFY FIRST RESPONSE. TAKE/CLARIFY ADDITIONAL RESPONSES, IF VOLUNTEERED).**

Oregon Health Decisions Values Survey --2000

3a. Now, I'm going to read you a list of things about health care that may or may not be important to you. After I read each one, please rate it on a ten point scale, where one is not at all important, all the way up to ten, which is extremely important. Let's start with ...
(READ LIST -- START WITH RED-CHECK)

Not at all Important		Extremely Important	
01 02 03 04 05 06 07 08		09 10	Having more affordable health care for you and your family
01 02 03 04 05 06 07 08		09 10	Having a health care system that is easy to use
01 02 03 04 05 06 07 08		09 10	Patients being taught and helped to use the health care system
01 02 03 04 05 06 07 08		09 10	Patients taking personal responsibility for their own health care
01 02 03 04 05 06 07 08		09 10	Ability for people like you to be involved in changing and improving the health care system

3b. Now, I'm going to read you a list of things about health care that may or may not be important enough to you that you would be willing to pay more to have them. After I read each one, please rate it on a ten point scale, where one is not worth paying for, all the way up to ten, which is well worth paying for. Let's start with ...
(READ LIST -- START WITH RED-CHECK)

Not at all Important		Extremely Important	
01 02 03 04 05 06 07 08		09 10	The availability of routine health care services without having to travel outside of your local community
01 02 03 04 05 06 07 08		09 10	Being able to choose your health care providers for routine care
01 02 03 04 05 06 07 08		09 10	Having your insurance allow you to see a specialist whenever you want to.
01 02 03 04 05 06 07 08		09 10	Being able to choose your own health care plan
01 02 03 04 05 06 07 08		09 10	Being able to have your insurance pay for alternative practitioners, such as naturopaths and chiropractors
01 02 03 04 05 06 07 08		09 10	Having my insurance not require approval in advance for most brand name drugs

4. If health care dollars are limited and it is impossible for all Oregonians to have coverage, we'd like to know which types of people should be at the front of the line when it comes to dividing up health care dollars. I'm going to read you a list of *five* different groups of people. **(READ ENTIRE LIST.)** If we can't afford to provide health care coverage to everyone, please tell me which group you think should be first priority? Second? And, which group should be third?

1st Choice*	2nd Choice	3rd Choice	
11	11	11	Infants and small children up to 6 years old
12	12	12	Children age 7 to 17
4	4	4	Adults age 18 to 64
5	5	5	Adults age 65 and older
6	6	6	Pregnant women

Oregon Health Decisions Values Survey --2000

5. And, why do you think **(INSERT GROUP SELECTED AS 1ST CHOICE IN Q4)** should be the first in line if health care dollars are limited? **(PROBE & CLARIFY)**

6. When we talk about health care providers, we mean any doctors, nurses or physician assistants that provide health care services. Now, thinking about when someone receives health care services, and using the same ten point scale where one is not at all important and ten is extremely important, I'd like to know how important each of the following is to you. The first one is ...
(READ LIST -- START WITH RED-CHECK)

Not at all Important		Extremely Important								
01	02	03	04	05	06	07	08	09	10	
										Personalized care, that is, patients being treated like a person with individual needs
										Patients trusting their health care providers
										Being comfortable to discuss, question or refuse medical treatment
										Having technically competent health care providers
										Having an adequate number of health care providers
										Patients feeling they have enough time during visits with their health care provider
										Ability of health care providers to answer questions or explain things in a way you can understand
										Having results of patient surveys about quality of care available to the general public to help in selecting or changing providers

Oregon Health Decisions Values Survey --2000

7. Now, based upon you and your family's experience, we'd like to know how well the health care system in Oregon is doing in the following areas. This time we'll use a scale of one to ten where one is doing a terrible job and ten means outstanding. The first one is ...
(START WITH RED-CHECK)

Terrible										Outstanding										
01	02	03	04	05	06	07	08	09	10	01	02	03	04	05	06	07	08	09	10	
																				Having more affordable health care for you and your family
																				Having a health care system that is easy to use
																				Personalized care, that is, patients being treated like a person with individual needs
																				Having technically competent health care providers
																				Having an adequate number of health care providers
																				Patients being taught and helped to use the health care system
																				Ability for people like you to be involved in changing and improving the health care system
																				Patients feeling they have enough time during visits with their health care provider
																				Ability of health care providers to answer questions or explain things in a way you can understand
																				Being able to choose your health care providers for routine care
																				Patients trusting their health care providers

8a. Now I'd like to read some statements and find out whether you agree or disagree with each one. Let's start with ... **(START WITH RED-CHECK)** do you strongly disagree, somewhat disagree, somewhat agree or strongly agree?

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	
1	2	3	4	
				Those who can afford health care should pay more to help off-set the cost of those who cannot afford to pay
				All Oregonians should be guaranteed basic and routine health care services
				Those with unhealthy lifestyles should pay more for health care coverage
				The decision about what health care services to guarantee should be based on cost and effectiveness of the treatment
				All Oregonians should be guaranteed any needed health care services

Oregon Health Decisions Values Survey --2000

8b. Now I'd like to read some statements that concern the "Oregon Health Plan." This is the government program for persons whose income falls below the Federal Poverty level, or slightly above it. I want to find out whether you agree or disagree with each one. Let's start with ... **(START WITH RED-CHECK)** do you strongly disagree, somewhat disagree, somewhat agree or strongly agree?

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	
1	2	3	4	
				<i>The Oregon Health Plan should pay for experimental treatments that seem promising even though they have not been proven to be effective</i>
				<i>When money is limited for the Oregon Health Plan, leaders should reduce services but keep as many people as possible in the program</i>
				<i>When money is limited for the Oregon Health Plan, leaders should keep the full set of services and reduce the number of people in the program</i>
				<i>The Oregon Health Plan should pay for services provided to the sickest individuals first. Those with mild forms of treatable conditions may not have treatments paid for</i>
				<i>The Oregon Health Plan should pay for treatments for health problems that are likely to progress to a serious and potentially life-threatening condition first. Effective treatments for conditions that are not likely to become serious or life-threatening may not be paid for</i>

9. Given that many Oregonians are unable to pay for health care coverage, I'd like to know how you think coverage for these individuals should be paid for. I'm going to read you a list of six options, and I'd like to find out again whether you agree or disagree with each one, starting with ... **(READ LIST. START WITH RED CHECK)**. Do you strongly disagree, somewhat disagree, somewhat agree or strongly agree?

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	
1	2	3	4	
				Employers paying for health insurance coverage through employer sponsored programs
				<i>Employees and employers sharing the cost of health insurance coverage through employer sponsored programs</i>
				Taxes on individuals to fund public programs, such as Medicare and the Oregon Health Plan
				Taxes on employers to fund public programs, such as Medicare and the Oregon Health Plan
				Individuals contributing to cost based on their ability to pay
				<i>Government leaders taking money from other public programs to pay for expanded health care programs</i>

Oregon Health Decisions Values Survey --2000

10. As you might know, some working Oregonians do not have health insurance available to them through work and are unable to afford getting insurance on their own. Of the following five choices, which do you feel is the best way to provide health care for these individuals and their families. Let's start with ... **(START WITH RED CHECK)** ... do you strongly disagree, somewhat disagree, somewhat agree or strongly agree with this option?

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
1	2	3	4

Have these people go without health insurance. They would probably use the emergency room for health care with the cost offset by those who can afford to pay for health care

1	2	3	4
---	---	---	---

Require employers to make health insurance available to their employees, but do not require employers to pay for the coverage

1	2	3	4
---	---	---	---

Require employers to make health insurance available to their employees and require employers to pay for at least a portion of the coverage

1	2	3	4
---	---	---	---

Allow working Oregonians without health insurance to use public health care plans, such as Medicare or the Oregon Health Plan, but require them to pay for part of the cost, based upon their income

1	2	3	4
---	---	---	---

Allow working Oregonians without health insurance to use public health care plans, such as Medicare or the Oregon Health Plan without any personal contribution to the cost

I just have a few more questions so that we can tabulate results by different groups of people. Please remember that all information is strictly confidential.

11. Do you happen to be covered by some type of health care plan or government health care program?

1 Yes
2 No **(SKIP TO Q13)**

12. Which of the following best describes your own health care coverage?
(READ LIST. CIRCLE ONLY ONE)

- 1 You receive coverage through your employer's sponsored insurance plan, and an employer pays all, a portion of, or none of the cost
- 2 You receive coverage through a family members' employer sponsored insurance plan, and the employer pays all, a portion of, or none of the cost
- 3 You purchase your own health insurance separately - NOT through an employer
- 4 You receive coverage through Medicaid or the Oregon Health Plan only
- 5 You receive coverage through Medicare or the Oregon Health Plan only
- 8 Other **(SPECIFY)** _____