



This discussion guide is intended to serve as a jumping-off point for our upcoming conversation. Please remember that the discussion is not a test of facts, but rather an informal dialogue about your perspectives on the issues.

LOCAL HEALTHCARE PERSPECTIVES

For over 40 years, WBGU-PBS has been committed to giving voice to diverse viewpoints and reaching out to local communities on topics of import. Through *By the People's* Deliberation Week 2005 WBGU-PBS and the Center for Regional Development at Bowling Green State University will focus on local, regional, and national perspectives on health care issues and follow-up on a regional leadership summit WBGU-PBS facilitated this past spring on health issues facing area youth. We are taping five citizen summits in key regional areas of our 19-county coverage area to ascertain and discuss the major health issues affecting those areas.

According to the Ohio Dept. of Health, these 19 counties report greater numbers of residents who smoke, lack physical activity and are overweight, leading to greater incidents of death by coronary heart disease and stroke, and greater risk for pulmonary disease and diabetes.

These counties also face shortages of primary health care professionals, as compared to metropolitan and state averages. These citizen summits offer a microcosm of urban and small-town/rural viewpoints that range from communities successfully growing their local economy, to some that are recovering from massive dislocations of business and industry and several in between.

WHY ALL THE CONCERN ABOUT HEALTH POLICY?

The Health Policy Institute of Ohio believes that people are concerned about health policy because health matters as an investment, not just a liability; and that health costs are rising faster than employers, individuals and government can sustain, and because the health care delivery system is broken.¹ Additionally, health care is a major expense at the state and federal level – especially Medicaid and Medicare.²

The importance of health becomes clear when we are mindful that health is an investment in economic development, worker performance, school performance, family stability, social costs, government health program costs, personal income, and poverty reduction.³

In 1998 and 2004, the status of healthcare in Ohio was investigated through an effort called the Ohio Family Health Survey. The purpose of the survey was to “investigate health care status and health insurance coverage among the entire Ohio population,” and it was intended to provide “better data on health issues in Ohio than had been available from other, national surveys, such as the Census Bureau’s Current Population Survey.”⁴

¹ *An Overview of Health Policy Trends and Issues for Ohio*, William D. Hayes, Ph.D., Health Policy Institute of Ohio, August 10, 2005

² Ibid.

³ Ibid

⁴ Ohio Job & Family Services, Ohio Health Plans, Family Health Survey (<http://jfs.ohio.gov/ohp/>)

Three reports have been completed to report the findings of the 2004 Family Health Survey, conducted by Ohio's Job and Family Services department. They include:

- Health Insurance Coverage in Ohio, 2004: The Roles of Public and Private Programs in Assuring Access to Health Care
- Medicaid and Its Relationship to the Low-Income Population: Does Medicaid Serve Everyone Policymakers Intend?
- Employer-Based Health Coverage in Ohio

Highlights of the key findings of those three reports are briefly presented below,⁵ followed by a summary of what those reports tell us about the state of healthcare in Ohio and some approaches to addressing the problems that are uncovered.

- Obtaining prescription medications and dental care are the two areas of greatest unmet need reported by respondents.
- Ohio and other states have used Medicaid to expand coverage to many of the uninsured.
- Due to recent efforts to extend health coverage to all children in Ohio, there is a fairly small remaining gap of uninsured children.
- Most of the uninsured in Ohio are adults. The proportion of Ohioans without health insurance in 1998 was 11.2%; that number fell to 10.7% by 2004.
- Low income adults are most likely to be uninsured. One-third of uninsured adults have incomes below the poverty line. Even those holding full-time jobs are at substantial risk of being uninsured.
- The extension of Medicaid coverage to parents has contributed to reducing the numbers of uninsured. However, expansion of Medicaid to many more adults is restricted by the criteria for parenthood, income limits, or disability requirements, under the rules for Federal financial participation.
- The chances of being uninsured are higher among adults with lower incomes, less education, younger age groups, minorities, and those living in Appalachian counties.
- In 2004, 64 percent of Ohio children and 63 percent of adults in Ohio received healthcare coverage through a present or former employer, or through a relation with job-based coverage.
- Most people in Ohio and the United States obtain their health insurance through their jobs; the percentage of employers offering healthcare coverage appears to be falling, according to these reports.
- People employed full time, and people who are more highly educated, are considerably more likely to have employer health insurance coverage.

WHAT DOES THIS MEAN?

The survey shows more Ohioans living in or headed toward poverty, and thus the need for Medicaid will continue to increase. Some say the State of Ohio cannot afford the strategy of reducing the number of uninsured by continuing to expand Medicaid. Indeed the reality of the financial condition of the state may require that Medicaid coverage be reduced, not expanded, and thus other means of assuring healthcare coverage will be required.⁶

Conclusions from the Family Health Survey point toward other options, such as expanding employment-based coverage by enacting policies to lower the costs of insurance and encourage more employers to offer coverage. An underlying approach of "fostering economic growth and increasing the availability of higher paid jobs that

⁵ Ibid

⁶ Ibid

are more likely to offer insurance coverage may also reduce the numbers of uninsured adults,” is also put forth in the report.⁷

To control healthcare costs, some maintain that we should change the kinds of services covered by insurance and adjust how much the individual pays for their own coverage. These kinds of changes require tradeoffs, however, in terms of the level of protection people will have and how easily people can get the care they need.

STATE AND LOCAL IMPACTS OF THE UNINSURED

The Institute of Medicine points out that the uninsured have poorer health and shortened lives. Uninsured adults, for example have a higher risk of dying before age 65 than insured adults, which they maintain results in approximately 18,000 extra deaths each year. Nationally, the number of uninsured (about 43 million in 2004) is as large as the total populations of 26 states combined.⁸ In Ohio, the number of uninsured adults is 1,068,841.

The local impact on uninsured populations can be significant, especially in times of economic downturns, when state and local governments have diminished ability to finance healthcare for the uninsured, and when people are more likely to need help.⁹

In addition to putting significant financial strain on health care providers and institutions (not to mention the uninsured individuals themselves), the Institute of Medicine holds that communities with persistent numbers of uninsured persons may not have sufficient funds for such core problems as communicable diseases and emergency preparedness, because funding is needed for the uninsured. Thus, many maintain that we cannot afford *not* to cover the uninsured.

SO WHAT IS THE SOLUTION? OR, SHOULD WE FIRST ASK, “WHAT IS THE PROBLEM”?

When addressing any solution one must first ask, “What is the problem that we’re trying to solve?” Without this first step, there can easily be miscommunication and conflict over the offered solutions. So we must ask and discuss, is the problem locally, or in Ohio, the number of uninsured people? Is it the cost of healthcare? Is it the number of healthcare providers in your community? Or is it possibly the lack of preventive healthcare? Perhaps it is the overall way we as individuals take care of our own personal health.

What we have offered above are some of the healthcare issues on the statewide level. You might feel there are other healthcare issues directly affecting you and your community. Other healthcare issues might include, for example, the rising cost of prescription drugs, shortage of healthcare providers, catastrophic medical care, or the need for better health information for consumers and providers.

Each of the approaches presented below may address different aspects of the healthcare dilemma. You may also consider whether there are other local/state solutions that should be considered.

POSSIBLE APPROACHES:

1. Complete overhaul of how people are insured for healthcare. The Institute of Medicine argues that federal involvement is essential and that healthcare coverage should be: universal; continuous; affordable to individuals, families, and our society; and effective in enhancing health and well-being.¹⁰ Four alternatives are offered:¹¹

⁷ Medicaid and Its Relationship to the Low Income Population: Does Medicaid Serve Everyone Policymakers Intend? Results from the Ohio Family Health Survey (<http://jfs.ohio.gov/ohp/>)

⁸ Insuring America’s Health: Principles and Recommendations. Institute of Medicine: Shaping the Future for Health, January 2004

⁹ Ibid

¹⁰ Ibid

¹¹ Ibid

- Major public program expansion and new tax credit
- Employer mandate, premium subsidy, and individual mandate
- Individual mandate and tax credit
- Single payer system

2. Focus on preventative and intervention strategies and incentives for individuals to increase wellness and reduce the demand on the healthcare system:

- Drug, alcohol, tobacco abuse prevention
- Early detection services
- Nutritional and physical fitness

3. Examine and revamp government policies that impact public health as a means of improving public health and reducing health care costs:

- Pollution control for air, water, land
- Working conditions
- Food production/agricultural practices
- Food and drug safety
- Disease prevention / medical research
- Housing standards / indoor environmental standards
- Transportation and fuel alternatives

4. Focus on health care parity, assuring quality accessible healthcare and eliminating disparities:

- Between different races or ethnicities
- Between people with different education or socioeconomic levels
- Between different kinds of health problems (mental, dental, genetic, injury, etc.)
- In “before care,” access to health care, and the health care delivery system itself

We are hopeful that this discussion will bring forth the healthcare issues and concerns you believe to be most important.



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