Educating Californians about the ACA: A Report on CaliforniaSpeaks’ Seven Community Dialogue Sessions

April 13, 2011
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Introduction

AmericaSpeaks, under its affiliate California name CaliforniaSpeaks, has conducted seven community dialogue sessions with over 220 participants across California to determine how the general public responds to the core elements of the Patient Protection and Affordable Care Act (ACA). These small forums, supported by a grant from Blue Shield of California Foundation, were convened in San Diego, San Leandro, Riverside, San Luis Obispo, Fresno, Pasadena, and Sacramento. Each session combined demographic polling, pre and post test questions regarding the ACA, and small group dialogues. These discussions provided qualitative input regarding the ways in which participants responded to overall presentations and materials, including the specific subjects they wanted to know more about in the future.

Executive Summary

The California dialogue sessions produced important findings about how the Patient Protection and Affordable Care Act (ACA) can be explained clearly for the general public. The project was a unique and multifaceted effort that explored in detail how the public responds to the ACA and its key provisions in the mixed-medium context of focused dialogue, individual reflection, group presentations, multimedia visuals, and polling. The outcomes from the project shed important light on how ordinary Californians learn about the law. In the final section of this report we provide a list of 10 items that should be considered in the design of future dialogue sessions about the ACA. Several of the most significant findings and recommendations of the work include the following:

- **Facts promote better understanding:** Solid, unbiased information is a powerful tool for consumers to understand the ACA. While the public is skeptical about the law and the origination of the numbers used to justify it, when data is presented in a clear and simplified format, there is a strong shift to both increased knowledge and support.

- **Another key element of understanding is context:** The ACA in and of itself is controversial. However, public understanding of the ACA increases when the law’s changes are presented in the context of the overall problems and challenges facing the U.S. health care system.

- **Linking issues helps people understand how and why the law was written:** In order to understand some of the more controversial aspects of the ACA, such as the individual mandate, there needs to be a clear linkage between the components. The individual mandate is better understood in light of insurance market reforms and the need for broad participation in the insurance pool. The financing for the ACA is better understood
in the context of the challenge of slowing the growth of healthcare costs and the need
to find savings in healthcare programs. When the rationale is provided, the public is
much more favorably disposed to the individual requirement to purchase insurance and
to the use of new revenues and savings to fund coverage expansions in the ACA.

- **Focusing on provisions that affect consumers gets people more deeply engaged:** Each
element of the ACA generates more questions. The more attention that is paid to the
variety of circumstances and scenarios consumers find themselves in, the more deeply
participants engaged in the material and asked increasingly sophisticated questions. A
good example is affordability. This is an area that affects people personally and many
people do not have a clear picture of the current cost of their health care. Despite these
gaps, they need and desire a process to understand how the ACA will affect them now
and in 2014. It is likely that by designing clear, simple, and interesting ways to fill those
information gaps, consumers will better understand the elements of the ACA. The more
that consumers understand the ACA, the more likely it is that implementation of the Act
will be efficient and effective.

- **Develop a variety of ways to inform the public:** Because the ACA will have a major
impact on consumers, there needs to be a variety of ways to inform individuals and
families regarding the current and future changes. Among the entities consumers trust
most to provide this information are non-profit health care foundations, community
organizations, and doctors. As consumers look to get information from television and
the Internet, a variety of methods including multi-media presentations can help fill the
void in trustworthy knowledge. An important paradox that must be addressed is the fact
that, on their own, most of the trusted sources identified by participants are unable
and/or ill equipped to commit the meaningful time required to become educated about
the ACA.

- **2014 is right around the corner:** There are a wide variety of approaches to build a
greater understanding of the ACA and the work necessary for full implementation of the
law. Multi-faceted opportunities to educate the public must be leveraged among the
organizations, providers, and opinion leaders who are part of the implementation and
provision of health care. The next two years will be very important in the lead up to the
implementation in 2014 of the exchanges and the individual and employer mandates.
People need reliable information about the ways in which the law can affect themselves
and their families.
Methods

The focus of the sessions was on the understanding of the general public about the key provisions of the ACA. The dialogues did not examine multiple alternative approaches to changing the way healthcare is delivered and financed, but focused on the specific elements of the ACA, what members of the public could learn from different educational materials, and what parts of the law people wanted to know more about. Our objective was to carefully examine the reactions of the participants to fact-based presentations and then to develop recommendations about how to modify the presentation format and improve the overall learning experience for participants. Additional, specific objectives of the project included:

- Find out how much consumers know about the new health care law;
- Determine concerns and questions about the ACA; and
- Develop recommendations about how to improve education regarding the provisions of the Act.

The sessions included substantive presentations on central topics, followed by facilitated dialogue and individual key pad polling. During the four-hour sessions, participants were able to spend time listening to presentations, reviewing materials, discussing focused topics in small groups, and then sharing their opinions at key moments. Participants were asked to answer questions with their electronic keypads at the beginning of the morning and then at three other points during the day. Before any educational presentations began, they were asked how much they knew about the ACA and their views of our health care system. At the midpoint of the day they were polled again to see if their views had changed and then they were asked two questions about specific aspects of the ACA.

The recruitment process was structured to screen for participants who: 1) had little or no knowledge of the ACA; 2) had little or no opinion in support of or opposed to the Act; and 3) represented a cross section of Californians. The purpose of this project was exploratory in nature and therefore no experimental control methods were used. The sample size does not provide adequate statistical reliability; however, the findings do give important guidance for future educational efforts.

Dialogue design: Community dialogue sessions were designed to educate participants about the most important elements of the ACA. Educational presentations were developed based on interviews with key leaders in the health policy and education arena, and a review of different approaches to providing information about the law in order to increase
understanding of its key provisions. The agenda for the sessions is provided in the Appendix B. Educational materials presented included a video produced by the Kaiser Family Foundation, “Health Reform Hits Main Street”; a two-page publication from the California HealthCare Foundation, “The Affordable Care Act: What Californians Should Know”; and additional presentation materials developed for the sessions. The final session design included the following elements:

- **Overview of problems and challenges**: To put the law in context, presenters provided an overview of the problems and challenges facing the U.S. health care system including rising costs, growing numbers of people with no or inadequate health coverage, and inconsistent health quality outcomes.

- **Linkage of key issues**: Presenters provided a systems view of the law that identifies the interconnectedness of issues in the ACA, including the linkage of the individual mandate to insurance reform; the linkage of cost containment to new incentives for preventive care and wellness; and the relationship of the financing of the ACA’s coverage expansions to the cost of healthcare to consumers.

- **Opportunity for dialogue**: The dialogue design enabled groups to discuss the information presented, hear other people’s reactions to the law, and ask questions to increase learning and understanding.

- **Personalization of issues**: Participants were given the opportunity to understand how the ACA might affect them personally and ask questions.

- **Clear and objective informational materials**: Videos and written materials were used that were clear and able to speak to a diverse audience with a variety of literacy levels. The materials and presentations were objective and fact based.

- **Real-time answers to questions from an issue expert**: A highly regarded health policy expert attended every forum and was available to elaborate on the presentation of materials, as well as to answer specific questions from individuals or groups during the forum.

After the first session in San Diego, a few shifts were made in content when it was clear what participants wanted to know more about. For example, we decided not to continue to use the discussion regarding the government’s role in the ACA but instead to provide more information about finding health care coverage and the health benefits exchange. After this revision, the majority of content and the sequence of presentations remained consistent throughout the seven sessions.
**Dialogue documentation process:** The documentation process used in the education sessions included a combination of methods intended to capture the responses of participants. These included polling, qualitative input of responses at each table with a networked computer, and theming of those responses into a set of categorical themes and findings.

Keypad polling at each session allowed for the tracking and evaluation of data both at the beginning and end of each session. This provided a quantitative analysis of shifts in knowledge during the session. In addition, since each participant keyed in their own data, the cumulative responses from each person could be tracked to enable the dissection of responses across key demographic groups, individual sessions, and across all sessions.

Qualitative data was gathered at a series of table discussions when each of the topics presented. Trained facilitators recorded the responses from each participant and the data was sent to a central server and then themed. A team of trained themers reviewed the data submitted from each table discussion and developed a set of themes that represented clear, recurring points of view.

A debrief was conducted with facilitators after every session to evaluate how the session went, troubleshoot responses to participant concerns and questions, surface process and content issues and strategize about the fine tuning of future presentations. In general, facilitators were impressed by how participants were able to stay engaged with tasks at a sustained level of interest. Other common debrief themes from facilitators included: references to the ways in which the flow of the session was provided a mix of presentation styles, discussion, and polling; and how a *sense of community* was established at most tables as people shared stories regarding personal issues and health care topics.

**Dialogue participant recruitment:** Our recruitment strategy was based on bringing in a diverse group of individuals that reflected two major priorities. The first priority was that they *had little to no knowledge of the ACA*. The second priority was that they *had no opinion of the law or only were somewhat supportive or opposed to the law*. Potential participants filled out an application on demographics and the answers to these questions were used as the primary screening criteria. Only those that met our recruitment priorities were invited to attend. For the most part, our recruitment priorities were met with the occasional exception of an individual who participated in the dialogue and who had a strong opinion on the law that did not reflect their original response on the questionnaire. Nearly 70% of participants had no or very little knowledge about the ACA; 46% had no opinion on the law, 25% somewhat supported it and 11% somewhat opposed the law.
The recruitment target was an average of about 30-40 per meeting for each of the seven education sessions. An outreach process was initiated to identify at least twice as many people who were eligible to attend and who expressed an interest in participating, at least 500-600 potential attendees across the seven sites. All applicants were required to fill out a questionnaire that included demographic data and responses to the two questions about how much they knew about the ACA and their opinion about the law. The information from these questionnaires was used to determine who would be invited to the meetings. The names of prospective participants were generated in two basic ways:

High-potential contacts identified by the Field Poll - On November 2nd the Field Poll sent us a list of 108 eligible participants who had expressed interest in attending one of our dialogue groups. All of these people were contacted and 31 ended up attending one of the sessions. 

Local outreach efforts - Part time staff were hired to identify potential participants in each of the seven cities. The goal for our outreach staff was to get at least 150 people to apply and then to be able to identify at least 60-80 people who were eligible and interested in attending the ACA educational sessions in their county. Outreach efforts included: getting groups and organizations to recruit from their memberships, canvassing in public places such as malls, federal buildings, health care clinics and universities, and advertising through social media and Craigslist.

The use of financial incentives was also an important part of the overall outreach strategy. We offered a stipend to each person who attended a forum and participated in its entirety. Stipends were $150 in San Diego and Los Angeles County and $100-$125 in the other five locations. The stipend allowed us to attract people who were affected by the issue but, prior to the session, had not been interested enough in it to learn about the law. It also guaranteed that participants would remain for the entire session and provide input on all discussions and polls.

The mix of participants was highly diverse by gender, age, race/ethnicity, and education. Across the seven forums there was:

A. **More females than males:** 60% of participants were female and 40% were male.

B. **Good age distribution except Over 65:** There was strong representation of younger Californians: participants 18 – 25 were 18% of the total; ages 26-35, 27%; ages 36-50, 30%; ages 51-64, 20%; and age 65 and over, 5%. 

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C. Significant diversity, although not representative of the entire state population:
   White/Caucasian, 47%; Latino/Hispanic, 20%; African-American/Black, 18%; Asian-American/Pacific Islander, 9%; More than one race, 5%.

D. Relatively high levels of education: Many participants had some college (47%); a large group had a bachelor’s degree (29%) or an advanced degree (11%). Thirteen percent of participants had a high school degree or less education.

Results

Quantitative Analysis from Polling

Our participants had very little initial knowledge and no strong position on the health care law:

A. Knowledge of the Health Care Law: To make sure that we had been successful in our recruitment strategy, we asked participants about their level of knowledge of the ACA. The results showed that our recruitment strategy was successful as nearly 71% had no to little knowledge of the health care law with only 17% registering “some knowledge”.

B. Position on the Health Care Law: Similarly, 46% of attendees had no opinion about the health care law with 29% somewhat supportive and 11% somewhat opposed to the law.

Those attending represented a broad range of health status and expressed mixed satisfaction with the health care system:

A. Health Coverage Status: 36% were insured and satisfied; 31% were insured and not satisfied with coverage; 31% of the participants were uninsured, higher than the 20% overall in California.

B. Satisfaction with Health Care System: Overall, 56% were a combined very satisfied or somewhat satisfied with their health care as opposed to 36% who were somewhat or very dissatisfied with their health care.

People’s Views Shifted Positively at Mid Point in Session: After receiving information on the problems and challenges facing the healthcare system that provided the impetus for the ACA, the primary goals of the ACA, and a fact sheet on how the law affects Californians (including specific cost information by income levels), participants were asked about how their views changed as a result of the information presented. For 66% of the people, their view of the law
became more favorable; 19% did not change their views, and 10% of participants changed to have a more unfavorable view of the law.

A. **Support was expressed for the way the ACA Uses Both Savings and Revenues:** At the end of the costs and financing section, participants were asked about their level of agreement with the way in which the law uses both savings and new revenues to pay for the expanded coverage and other changes made in the law. 60% agreed strongly or somewhat strongly with the approach, while 19% neither agreed nor disagreed, and 16% disagreed somewhat or strongly against it.

B. **Most believe the Individual Mandate is Worth the Trade-Off:** Participants were given a presentation about the individual requirement to purchase insurance and how insurance markets depend on an adequate pool of insured members. After hearing about the linkage between individual mandate, affordability, and insurance markets reforms and benefits, 74% indicated support for the individual mandate. Of this number 34% believed the mandate is worth the trade off while 40% said they supported the tradeoff but wanted to know more about the conditions that are still being developed in the implementation process. The conditions and concerns that emerged from the discussions included further questions about affordability, availability, provisions regarding penalties. Only 19% said they don’t like people being required to have insurance or support the trade-off. There is stronger support among the insured for the mandate then among the uninsured: twice as many of those insured and satisfied with their insurance support the trade-off then those who are uninsured.

**End of the Day Polling:** Two types of subjects were polled at the end of the session: questions about how the participants learn about health care issues and questions about their views on the ACA. A few of the questions about the ACA repeated questions from the morning so that post-test comparisons would be possible.

**How Participants Learn About Health Care:**

A. **Useful Materials and Presentations include a Mix of Media:** The Kaiser Family Foundation video was by far the most useful educational material, followed by general information about the key components of the ACA; the 2 page fact sheet from the California HealthCare Foundation; and PowerPoint presentations on costs and financing and challenges to the health care system.

B. **Further Topics to Know More About Relate to Finding Affordable Coverage:** After a full day of presentations, participants still wanted further information about
affordability (premiums and cost sharing subsidies), the health insurance exchange and expansion of coverage and public programs.

C. Sources to get Further Information on the ACA focused on the Internet and TV: The Internet continues to be the primary source for future information followed by TV, newspapers, and the radio.

D. Trusted Sources of Information on the Health Care Law include Foundations, Doctors, and Community Organizations: Participants ranked non-profit healthcare foundations as the most trusted source of information, followed by “other,” community organizations, doctors, and the federal government. The “other” category was populated by verbal examples from participants that ranged from “trusted colleagues and mentors” to “community leaders.”

Views of the ACA:

A. Knowledge of the Health Care Law Increased Significantly During Session:

*How would you rate your knowledge of the new health care law?*

<table>
<thead>
<tr>
<th>Start of Session Responses</th>
<th>(percent)</th>
<th>(count)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No knowledge</td>
<td>34%</td>
<td>63</td>
</tr>
<tr>
<td>Very little knowledge</td>
<td>47%</td>
<td>85</td>
</tr>
<tr>
<td>Some knowledge</td>
<td>17%</td>
<td>30</td>
</tr>
<tr>
<td>Quite a bit of knowledge</td>
<td>3%</td>
<td>5</td>
</tr>
<tr>
<td>Great deal of knowledge</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>100%</strong></td>
<td><strong>183</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>End of Session Responses</th>
<th>(percent)</th>
<th>(count)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No knowledge</td>
<td>1%</td>
<td>2</td>
</tr>
<tr>
<td>Very little knowledge</td>
<td>3%</td>
<td>6</td>
</tr>
<tr>
<td>Some knowledge</td>
<td>44%</td>
<td>83</td>
</tr>
<tr>
<td>Quite a bit</td>
<td>46%</td>
<td>85</td>
</tr>
<tr>
<td>Great deal</td>
<td>7%</td>
<td>13</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>100%</strong></td>
<td><strong>189</strong></td>
</tr>
</tbody>
</table>
B. ACA Addressing Future Long-Term Challenges of Health Care System only

Somewhat Well:

How well do you think that the health care reform bill will address the long-term challenges in our health care system?

<table>
<thead>
<tr>
<th>End of Session Responses</th>
<th>(percent)</th>
<th>(count)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td>7%</td>
<td>15</td>
</tr>
<tr>
<td>Somewhat well</td>
<td>70%</td>
<td>157</td>
</tr>
<tr>
<td>No change</td>
<td>10%</td>
<td>21</td>
</tr>
<tr>
<td>Not at all</td>
<td>7%</td>
<td>18</td>
</tr>
<tr>
<td>No Opinion</td>
<td>6%</td>
<td>15</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>100%</strong></td>
<td><strong>226</strong></td>
</tr>
</tbody>
</table>

C. Participants’ Views of the ACA as a Result of 4 hour Session Became More Positive:

To what degree have your views about the ACA changed today as a result of the information presented?

<table>
<thead>
<tr>
<th>Start of Session Responses</th>
<th>(percent)</th>
<th>(count)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot more positive</td>
<td>14%</td>
<td>32</td>
</tr>
<tr>
<td>A little more positive</td>
<td>52%</td>
<td>111</td>
</tr>
<tr>
<td>Did not change my views</td>
<td>19%</td>
<td>40</td>
</tr>
<tr>
<td>A little more negative</td>
<td>9%</td>
<td>19</td>
</tr>
<tr>
<td>A lot more negative</td>
<td>1%</td>
<td>2</td>
</tr>
<tr>
<td>No Opinion</td>
<td>5%</td>
<td>12</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>100%</strong></td>
<td><strong>216</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>End of Session Responses</th>
<th>(percent)</th>
<th>(count)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot more positive</td>
<td>26%</td>
<td>59</td>
</tr>
<tr>
<td>A little more positive</td>
<td>53%</td>
<td>121</td>
</tr>
<tr>
<td>Did not change my views</td>
<td>12%</td>
<td>28</td>
</tr>
<tr>
<td>A little more negative</td>
<td>5%</td>
<td>13</td>
</tr>
<tr>
<td>A lot more negative</td>
<td>3%</td>
<td>7</td>
</tr>
<tr>
<td>No Opinion</td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>100%</strong></td>
<td><strong>229</strong></td>
</tr>
</tbody>
</table>
D. The ACA was Not Perfect but a Necessary Compromise:

*Opinion about the ACA:*

<table>
<thead>
<tr>
<th>ACA was not a perfect, but it was a necessary compromise to address the nation’s health care problems.</th>
<th>End of Session Responses (percent) (count)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA goes too far by requiring American’s to have health care and spending too much of our government’s money to get there.</td>
<td>50% 111</td>
</tr>
<tr>
<td>ACA does not go far enough to ensure costs are controlled and that people have affordable health care.</td>
<td>15% 35</td>
</tr>
<tr>
<td>Do not have an opinion</td>
<td>32% 72</td>
</tr>
<tr>
<td></td>
<td>3% 6</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>100% 224</strong></td>
</tr>
</tbody>
</table>

E. Overall Position on the ACA Moved More Supportive Throughout Day:

*Overall, would you say that you support or oppose the nation’s new health care law?*

<table>
<thead>
<tr>
<th>Start of Session Responses</th>
<th>End of Session Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(percent)</td>
</tr>
<tr>
<td>Strongly Oppose</td>
<td>4%</td>
</tr>
<tr>
<td>Somewhat Oppose</td>
<td>11%</td>
</tr>
<tr>
<td>Somewhat Support</td>
<td>29%</td>
</tr>
<tr>
<td>Strongly Support</td>
<td>9%</td>
</tr>
<tr>
<td>No Opinion</td>
<td>46%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>100% 227</strong></td>
</tr>
</tbody>
</table>
F. **Women more supportive about the ACA:** At the end of the day poll on support for the ACA, more women than men became strongly and somewhat supportive of the Act:
   - 44% of women *became more supportive of the ACA*
   - 33% of the men *became more supportive of the ACA*

**Qualitative Analysis of Table Discussions and Participant Evaluations**

Each presentation was followed by a focused table discussion. A critical component of the CaliforniaSpeaks’ process is to accurately record all of the participant responses at the table discussions. Participants are asked about their reactions to the materials, what aspects stood out for them, how it would affect them personally, and what they wanted to know more about.

The following summarizes the major themes that emerged from the discussions throughout each session. (We have used a combination of themes as synthesized statements and used quotation marks to directly quote participants when it emphasizes an underlying theme):

**Overall Problems and Challenges of U.S. Health Care System and Goals of ACA:**

- The U.S. needs to improve its health outcomes. “We want better health care, not better health insurance.”
- Concerns about the increasing costs to the U.S. and how it will affect personal budgets.
- “Numbers are shocking and stay with people, especially the cost compared to other countries, the number of uninsured, and the total cost of the bill.”
- Surprising to learn how broken the current system is and the fact that companies could deny many people coverage.
- Even with the ACA, health care will still be expensive. “How are low-income and unemployed families going to pay for insurance?”

**How ACA affects Californians and You Personally:**

- Individuals and families on the borderline will not be able to afford insurance.
- Employers may change how they cover their workers: Out of pocket costs increase, however, emphasis on prevention will be positive if both employers and individuals use it.
• Good there are benefits for families and grandparents – no lifetime limits and exclusions are comforting.

• Concern for young adults being required to buy insurance. Young people don't like the fact that they should be forced to buy traditional medical care. Being able to stay on a parents plan until 26 is very good.

• Changing insurance through lay-offs will be easier and people can hopefully find more affordable insurance through the Exchange.

• Medicare costs can be severe – the small amount of a $250 rebate seems like nothing.

Financing and Costs of the ACA:

• Needs to be more education about how the ACA specifically affects you in your situation—education is important for all, especially for people with children.

• Still an issue of how individuals/families are going to be able to afford it.

• “It's hard to imagine we will save so much money over time with everything it's going to cost.”

• Costs to individuals and families are still too high and it feels like there is still a cost shift to cover others.

• Still unclear how we're paying for it...is it going to reduce the deficit? Hard to predict that over 10 years, especially given current economy.

• “Health care starts in the food chain and so we should look to more food/product taxes -soda, fast-food, etc.”

• “The hospitals, feds, doctors, and private practices are not communicating well here; there is too much paperwork and wasting time.”

• Breakdown on costs and financing was clear on paper but want to know more about how it progresses and who is accountable for monitoring it.

Individual Mandate and Insurance Reform

• Best that everybody participates; everyone eventually gets ill so it is better than having so many depend on the emergency room.

• There is worry that even with the subsidies there will be a lot of people who can't afford to pay premiums, deductibles, and co-pays.
• Penalties seem small - not graduated based on income. People didn’t realize the penalty is so low, even after a couple years.
• Mandate stood out because it raises questions of individual liberties. It is an infringement - but we need it.
• Good to compare it to insurance for cars or “buying insurance for your home when it is already on fire– These examples get the point across.”
• What about part-time employees? Are they covered under the mandate?
• Will levels be varied according to cost of living around the country?
• The average citizen needs to know how to get educated about this process.

Finding Health Care Coverage

• Concerned about the supply and quality of care available with so many more people covered
• Concerned that the program is too complicated – will be difficult to understand, implement and manage
• How might this affect what insurance benefits my employers does or does not currently offer?
• How will the exchanges be managed and monitored?
• Want more info about the precious metal plans and options.
• How will the public be helped to understand these complicated programs?

Containing Costs and Medicare

• Liked the prevention and wellness-this needs to be emphasized and all need to know about it and which type of providers are covered (yoga, acupuncture, herbalist, etc).
• Since half of all our health care costs are based on five diseases; “a lot can be dealt with through eating habits and lifestyle.”
• Paying doctors less money on Medicare is a concern...what will doctors do about that?
• Who is going to regulate the regulators?
• What exactly defines "quality" in care - what does that mean?
• Why are prescription drugs so expensive?
• How does this work from the inside of the medical establishment? Will there be more nurses and doctors/hospitals? Will they be importing jobs from outside the US or creating jobs at home?

What changed how you view the ACA; what made the greatest impact?

• Have a clearer understanding of the bill. Helped me gain more positive view of the act, I feel more informed and I support it more. Safety nets are something I really support. Confident in my ability to tell more people about the act.

• The video was helpful simplifying the details of the reform. It brought some clarity. The video got a 10! I'll show the video to my roommates! Now I can educate my co-workers.

• The handout and graphs were helpful and easy to read.

• Concern that employer-based coverage may go away -- How will the plan affect this? Will there be insurance through employers in the future?

• Insurance for all -- Change in the number of people who can afford quality health care ... sheer numbers alone are powerful.

• Insurance companies can’t exclude due to preexisting conditions. Includes dependent children up to 26 years of age and those with pre-existing conditions – hope for lower income people. Wellness/preventative care is covered.

• Discussion about cost containment. Seeing the specifics statistics about who it will help and how the costs can be lower.

• Hope that insurance will be affordable. Some are still unsure of where the funding will come from. There is potential for real competition for healthcare services and insurance. Access to exchange - also skeptical about the exchange and ability to get quality of health care.

Overall Findings

Setting the context about the U.S. health care challenges shapes the understanding of ACA:
Providing a context for the ACA was a useful approach to setting the context for the Act and explaining its key components. Understanding that the system was “already broken” and needed reform helped shape discussions. Participants shared that the facts about how much the U.S. spends on health care compared to other countries and our relatively poor health outcomes were new pieces of information that sparked “Ah Ha” moments and led them to believe that something has to be done.
**Education produces significant shifts in knowledge and support for the ACA.** Examples of shifts to more positive knowledge and support of the ACA included: Prevention made a strong impact and many people made the connection about how investing in prevention would help save money long-term in more expensive treatments; providing more options for affordable insurance through the exchange; and, stopping the precondition exclusion and ending lifetime limits to reduce bankruptcies. Shifts to more positive data included:

**Examples of shifting opinions and support:** During the day, we sampled the degree to which the materials provided shifted participants opinions positively or negatively and opinion of the ACA at the beginning and end of the day. The shift to more positive increased throughout the session with additional specific ACA topics covered. The support for the ACA increased substantially from the start of the session to the end of the session.

<table>
<thead>
<tr>
<th>Measurement Time</th>
<th>Measurement Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-point positive shift</td>
<td>Shift to little more and a lot more positive support 66%</td>
</tr>
<tr>
<td>End of day positive shift</td>
<td>Shift to little more and lot more positive support 79%</td>
</tr>
<tr>
<td>Start of day support</td>
<td>46% no opinion; 29% somewhat support; 9% strongly support</td>
</tr>
<tr>
<td>End of day support</td>
<td>4% no opinion; 54% somewhat support; 25% strongly support</td>
</tr>
</tbody>
</table>

It should be note that “becoming more positive” does not necessarily correlate with supporting the law. In fact, one of the interesting findings is that a higher percentage of people said that they became more positive about the law as a result of the session than said that they supported the law. This suggests that the session “softened” the opposition to the law because people became more positive but did not necessarily become fully supportive of the law.

**The individual mandate received strong support when a context was provided about the linkage to insurance market reforms.** We focused our presentation for this section on the linkage between the individual mandate and the insurance industry’s new responsibility for guaranteed issue and market reforms. The discussion included the rationale and concerns were for including an individual mandate. The polling question after the discussion asked about how the guaranteed issue requirement affected their view of the individual mandate. Across the sessions, participants responded:
Participants want to know more about affordability, coverage, cost sharing, and use of health benefits exchange. In general, people were hopeful about the ability to see more options through the exchange. There was concern about whether employers meet minimum benefit standards and what happens when they reduce coverage and whether or not there ways to reduce premium costs for people who improve their health. The following items were the top four areas that participants wanted to know more about:

1. Affordability, Premium and Cost Sharing
2. Expansion of Coverage
3. Health Insurance Exchange
4. Prevention and Wellness

Overall support for ACA as a compromise bill is strong, but there was concern that it doesn’t go far enough to control costs and expand affordable care.

- Not a perfect but necessary compromise: 50%
- Goes too far by requiring insurance: 15%
- Doesn’t go far enough to control costs and offer coverage: 32%
- No Opinion: 3%

Certain materials and presentations were more helpful in understanding the ACA; Information from Internet and TV; and, trust in certain providers of education materials.

A. Helpful Education Materials
   1. Kaiser Family Foundation video
   2. Overviews of the ACA health care goals
3. CHCF fact sheet
4. Presentation on Costs and Financing
5. Problems and challenges in health care system

B. Trusted Sources of Information
   1. Non-profit health care foundation
   2. Community organization
   3. Doctor – health providers

C. Information Access
   1. Internet
   2. TV

Recommended Elements for ACA Educational Efforts

The process of conducting dialogue sessions in seven different locations with a broad spectrum of the general public gives us confidence to recommend core elements for ACA educational efforts. CaliforniaSpeaks’ seven educational sessions provided a unique opportunity to explore how the public responds to objective, detailed descriptions of the law, including what they learned, what they wanted to know more about, and how the overall law translated to affect them in their personal situations. The selected methodology provided an opportunity to discuss and process the material, including the specific mechanisms that facilitated deeper learning. The sessions yielded broader and more nuanced data on participant views than traditional polling and this in turn provides a more holistic view about effective ways of educating people. The results of the forums were actual shifts in support, and, even among those who oppose the law, it appears to have softened the opposition.

Considering the cumulative evaluation of outcomes from this project, recommended elements for ACA educational efforts include:

1. Provide a contextual understanding for the problems and challenges that face the U.S. health care system: Education about the ACA needs to be set in the context of the core challenges for the overall U.S. health care system and why the ACA was needed. These should include challenges of cost, access, and health outcomes.

2. Develop the linkage between the ACA and its ability to address the long-term goals of cost containment, coverage, affordability, quality, and outcomes: As the public learns
about the overall challenges to the health care system, they then want to know how the ACA will address those challenges. We outlined the goals of the ACA and then explained how the ACA specifically addresses the challenges.

3. **Connect the rationale between key provisions of the ACA:** In order to understand some of the more controversial aspects of the ACA, including the individual mandate and costs, there needs to be a clear linkage between the components. The individual mandate needs to be understood in light of insurance market reforms and the need for a balanced participation pool. The financing for the ACA needs to be understood within the challenges of cost containment and the effort needed to produce savings.

4. **Break down the ACA into understandable parts:** Because the legislation is so complicated, it needs to be broken down into understandable parts. We used four goals of the ACA as an organizing framework, including to: (1) Expand health care coverage; (2) Improve health care coverage and insurance markets; (3) Improve access and health care quality; and, (4) Contain costs. We then used topics for presentations that corresponded to these goals including: Costs to Consumers and Financing for the Nation, Finding Health Care Coverage, Individual Mandate and Insurance Reform; and Containing Costs and Fixing Medicare. These provided an excellent overview of the ACA and they set the stage for developing more focused, personalized education materials.

5. **Address the personal implications for individuals so that they can understand how the ACA affects them:** Since the ACA affects individuals and families differently, the opportunity to explore how it affects them personally within the overall context of reform is essential. Time needs to be spent understanding the personal implications of the ACA. Stories can be used to assist in personalizing the law, but the more direct route is to allow the general public time to understand it themselves.

6. **Emphasize the facts about the basic benefits and provisions:** The law has direct benefits and the more that the public understands them, the more interested they become. There is an inherent skepticism that the public brings for any facts and figures – and some participants came in with preconceptions and rumors. The use of objective, fact-based information – combined with the use of experts to answer questions provides a beneficial environment to increase knowledge about the ACA.

7. **Understand that the ACA is a work in progress and that it is important to prepare for implementing its provisions:** There was a greater appreciation that the ACA is in the process of being implemented. There are options as to how it will be implemented and how coverage will be provided. The interim period leading up to 2014 is an important
time to engage the general public in questions about how it will affect them and how they can take advantage of its provisions.

8. **Use dialogue and discussion to understand and compare how the ACA will work both personally and for the nation.** In and of itself, information about the ACA is hard to absorb. It is complicated and requires an education process. An opportunity to ask questions and explore the materials through an interactive process is a key component of increasing understanding of the ACA.

9. **Examine the issue of affordability and cost containment:** Some of the more difficult and complex issues are about affordability, cost containment, and the use of the health insurance exchanges. Even with 10-15 minute presentations, these issues are difficult to understand. At the same time, it is important to provide a way to examine the issues carefully and from a variety of individual and family positions.

10. **Emphasize prevention and wellness as a topic that crosses a wide variety of shared interests:** Across all CaliforniaSpeaks sessions, prevention and wellness is a topic that repeatedly surfaces and that the general public has an interest and investment in. It provides an important avenue into both the personal and national needs to address the costs and responsibilities for health care reform. As a topic, it is an area where dialogue and discussion can promote a greater understanding of how chronic disease and cost containment go hand-in-hand.
Appendix A: Attached Excel Spreadsheet on all polling data:
Appendix B: General Agenda for Each Session:

10:00 pm   Overview and Introductions at the Tables
10:20 pm   Polling on Basic Questions
10:40 pm   Basics on the new health care reform law
11:30 pm   Health Care Topics: Affordability, Financing, Individual Mandate-Insurance Reform, Cost Containment, Medicare
12:00 pm   Short Break
1:40 pm    Final Polling and Evaluation
2:00 pm    Close
Appendix C: Regional Summaries and Highlights

San Diego
The San Diego meeting was the first in our series and was used to test the design, table discussion questions, and overall content included in the presentations. Our initial list of topics focused on three areas, including the more controversial role of government in the ACA and some of the myths that surround the ACA. We also included a review of what people learned and what they want to know more about in each session.

The group in San Diego proved to be younger and more educated on average. They were focused on the details of the ACA and reported learning about some of the key ACA provisions: “it is more flexible with opt-out options; greater access through the exchange; and, the timing of implementation spreads over 5 years – allows time to make adjustments.”

Areas to know more about: We also polled at the end of the day what areas they wanted to know more about generated from a list themed after the opening presentations. The group listed the exchange, coverage requirements for individuals, how to take advantage of the new health care system, the changing role of employers, and the impact on undocumented workers paying taxes without access to coverage.

As a result of the interest in the coverage requirements and use of health benefits exchange – we expanded our topics in subsequent sections to focus on these topics and dropped the topic on the role of government in the ACA. The end of the day support for the ACA in San Diego was the strongest found in any of the sessions – 93% were somewhat or strongly supporting the ACA. While it is difficult to pin down why this happened, it may be the result of a format that addressed some of the controversial issues and myths that have been raised about the ACA.

San Leandro
This meeting, just outside of Oakland, had a larger percentage of women and African-American’s and few Asian Americans and Hispanics.

This group identified specific learning’s within the ACA including the levels of uninsured; cost projections, reform of insurance companies, and that the ACA is still a work in progress. At the end of the day, they had a strong interest in learning more about prevention and community-based health care efforts, how the ACA will be implemented across the state and testing of new
models, more about the pro’s and con’s of the ACA including who will benefit from reform, coverage options and available subsidies, and specifics about penalties and high risk pool.

**Areas to know more about:** The interest to know more about the specifics on the ACA is a significant challenge since even after a 4 hour education session – there are more questions and details that need to be addressed. The ACA is extremely complex and personal and will require a careful and focused campaign effort if the public will be able to weave their way through the various insurance and coverage options.

The group recorded the highest percentage (53%) of all the sessions that believed that the ACA does not go far enough to control costs and ensure that people have affordable coverage.

**Riverside**

The composition of this group had the most Latino/Hispanic (31%) and the lowest White/Caucasian (31%) and yet it had only 19% uninsured. There were a high percentage of females (76%). It had no participants 65 or older and also fairly high satisfaction rates with the existing system (76% were very or somewhat satisfied with their health care).

Specific learnings about the ACA included how the current system is broken and will take time to fix, benefits will increase, you don’t have to get insurance (you can pay the penalty) and certain costs will go down.

**Areas to know more about:** The areas that Riverside participants wanted to know more about included how to contain the rising costs, how the ACA will be monitored, relationships among insurance companies, and whether we’ll still have the some of the best health care after the ACA is implemented.

This group had a fairly strong swing in support of the individual mandate; 85% of participants said it is worth the trade-off or would support it with conditions.

**San Luis Obispo**

The composition of this group had a significant percentage of Latino’s (29%) and had the fewest percentage of African-Americans. It also was a fairly well educated group, had the least amount of uninsured, and a significant amount of satisfaction with their current coverage.

The specific learnings about the ACA include points on increase access to care; that 84% of the uninsured are working people and that 50% of insurance costs come at the end of life.
**Areas to know more about:** Participants wanted to know more about included how ACA will affect the overall costs of premiums, how children will be affected if parents opt out and pay a penalty, how insurance companies respond to the ACA, and more details on prevention and community-based health care programs.

This group had the largest swing in favor of the individual mandate: 89% of participants thought it was worth the trade off and somewhat supported it.

**Fresno**

The Fresno session had an equal distribution of males and females. It also had a diverse group of participants with 46% White/Caucasian and all of the groups represented by 12-15% of the overall participants. It had a high uninsured rate with 50% having no health care insurance. Participants had very little knowledge of the ACA with 60% reporting no knowledge at all and 72% had no opinion of the ACA.

Perhaps as a result, the session had the highest swing in its overall position on the ACA with 85% supporting it at the end of the day polling. 90% had their views change positively during the day.

Fresno participants mentioned learning that the ACA ensures that children with pre-existing conditions are eligible now, that the major date for implementation is 2014 and is a phased approach, the ACA has an important focus on prevention and that the Exchange will be phased in to create a competitive marketplace for insurance for individual coverage.

**Areas to know more about:** Areas that they wanted to know more about is what is covered in the benefit packages, how the ACA compare to other systems and outcomes, and what will it cost individuals and families.

**Pasadena**

Participants had the highest uninsured rate (53%) of any session. There was a fairly good balance between Hispanic/Latinos (28%), African-American (22%) and Caucasian (46%). And, they had a strong very dissatisfied opinion of their health care (25%).

Participants focused their specific learnings on how complicated the whole ACA is, how many will still be uninsured, that the ACA will be phased in over time and that you don’t have to get insurance and can pay a penalty. They remembered a list of benefits in the ACA including pre-
existing conditions can’t be denied, caps are eliminated, help for small businesses, and can stay on parent’s plan until age 26.

**Areas to know more about:** They had a long list of areas to know more about including a strong interest in how will the ACA be implemented and monitored, could you trust the numbers and projected cost, what are the limits of the ACA – not only who is being excluded but also what benefits. In addition they wanted to know about the range of prevention measures, issues on deductibles, and long-term care insurance.

They had a very strong agreement (80%) that the funding of the ACA should come from both savings and new revenues. And, their support of the individual mandate was similarly strong with (84%) of those supporting the trade-off with conditions. They also believed that the ACA would address the long-term health problems positively (84%).

**Sacramento**

In contrast to the other six forums, Sacramento had the most men of any session (51%) and some strongly opinionated persons (23% opposed the law). While this was a useful dynamic to test ACA education within a pocket of opposition, created moderate tension in the table groups where there was strong and outspoken opposition. (In a direct comparison of survey responses among the individuals who expressed their opposition, there was a clear discrepancy in their initial statements of both knowledge and support on the screening questionnaire.) There was also a strong dissatisfaction rate with the overall health care system (42%) and 39% person uninsured. It also had a fairly high education demographic with (44%) having a bachelors or advanced degree. The combination of these factors influenced results throughout the day.

Specific learnings about the ACA included the high costs of health care, needed corrective measures to streamline the system, implementation will still take time, and the important new benefits that have started but will be phased in.

**Areas to know more about:** Areas that they wanted to know more about included how will the quality of care be improved, what range of preventative measures will be implemented, and what are the true costs of the ACA – who will still “fall through the cracks”, and what will the impact be on existing coverage and employer sponsored premiums?

The group was equally split about whether the ACA was a necessary compromise (34%), it went too far (31%) or didn’t go far enough (34%). It had the strongest opposition at the end of the day of (33%) somewhat or strongly opposed the law. Even their views during the day tended to
change more negatively (22%). They also didn’t believe that the ACA would do much to change
the U.S. health care system (22%) said “Not at all.”