

CaliforniaSpeaks

The Public Weighs in on Current
Health Care Reform Proposals



HIGHLIGHTS OF
August 11, 2007
Statewide Conversation



californiaspeaks

Working Together for Better Health Care

CaliforniaSpeaks is a nonpartisan project created and led by AmericaSpeaks with grants from Blue Shield of California Foundation, The California Endowment, and The California Wellness Foundation. Additional funding for CaliforniaSpeaks has been provided by Alliance Healthcare Foundation, The Sierra Health Foundation, and The San Francisco Foundation.



The California Wellness Foundation

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foundation
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The California Endowment

AMERICASPEAKS AmericaSpeaks (www.americaspeaks.org) is a nonpartisan, non-profit organization with the mission of providing Americans with a greater voice in the most important decisions that affect their lives. AmericaSpeaks has engaged more than 130,000 citizens across the country on such topics as health care reform in Maine, shaping municipal budget priorities in Washington, D.C. and developing rebuilding plans for the World Trade Center site in New York City. Most recently, AmericaSpeaks convened thousands of New Orleanians to create their city's recovery plan.



Acknowledgments

CaliforniaSpeaks would like to express our sincere gratitude to the thousands of Californians who participated in our statewide conversation on health care reform. We would also like to thank Governor Arnold Schwarzenegger, leaders of the California State Legislature, and their staffs for their participation in and support of this groundbreaking civic engagement effort. We would like to express our deep appreciation to the countless staff and volunteers who made this project possible.



OVERVIEW OF CALIFORNIA SPEAKS

Nearly 3,500 Californians came together at a daylong non-partisan conversation on health care reform on August 11 to weigh in on critical policy options being considered by state leaders.

Participants from every walk of life joined simultaneous conversations in Humboldt County, Sacramento, Oakland, Fresno, San Luis Obispo, Los Angeles, Riverside and San Diego, all linked together by satellite.

State lawmakers joined participants at the meeting, including Governor Arnold Schwarzenegger, Senate President Pro Tem Don Perata, Assembly Speaker Fabian Núñez, and Assembly Republican Leader Mike Villines. Each confirmed their belief that health care reform is an urgent priority for the state and their commitment to legislative action this year (see Appendix).



A PUBLIC MANDATE FOR CHANGE

Participants indicated a desire and readiness for change in California's health care system, along with a clear willingness to help pay for it if needed:

- **82%** say the system requires major change
- **86%** say it's essential or important for reform to pass this year
- **84%** say they are at least somewhat willing to share responsibility for paying for reform



The Need for Major Change

Across all locations, 82% of participants said that the state's health care system requires major changes. 14% said that minor changes were needed. Less than one percent (0.8%) said the system was fine the way it is, with 3% responding "don't know."

Near the end of the discussion, participants' sense of urgency remained high, with 86% believing it is essential or important for health care reform to pass this year. Only 2% thought it was not important and 5% thought it would be better to wait until another year.

What Was Discussed?

The CaliforniaSpeaks discussion topics were chosen with an eye towards ensuring that the public could weigh in on actual decisions being made in the upcoming legislative session from August 20 to September 20, 2007. Six proposed changes to the existing health care system were presented and discussed throughout the day. Participants identified the conditions, if any, under which they would support each of these changes:

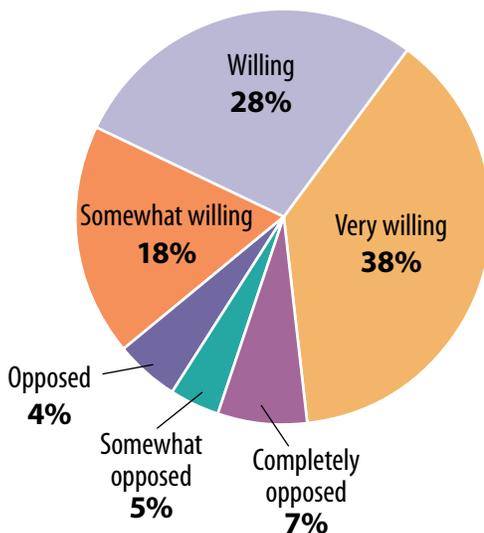
- Employer requirement to contribute to employee health care
- Expansion of government programs for vulnerable populations
- Guaranteed issue requirement for insurers
- Cap on insurer administrative costs and profits
- Individual mandate to have insurance
- Government-based health care system

The level of participant support for any of the proposed changes varied, depending on the various conditions that were generated by the group discussion. There was at least one condition under which a majority of participants would be supportive of enactment for each proposed change.

The statewide conversation concluded with a discussion on cost control approaches and an assessment of the public's readiness for change and willingness to support it.



WILLINGNESS TO HELP PAY FOR REFORM



Willingness to Help Pay for Change

At the end of the daylong session, participants were asked: *"How willing would you be to share in the responsibility of paying for health care reform that covers all Californians?"*

Fully two-thirds of participants showed a clear commitment of being "willing" or "very willing" to help pay for health care reform, reaching 84% when "somewhat willing" was included. Levels of those who were willing and very willing were highest in Humboldt County (78%) and Oakland (76%), but represented at least a majority of participants in all eight locations.



CORE VALUES

The statewide conversation began with a conversation about the values that should guide health care reform.

As they would in each subsequent topic during the day, participants discussed their values in small groups of eight to ten people supported by skilled facilitators. Highlights of the group discussions were entered into laptop computers at each table and were submitted to a team of analysts, called a “theme team.” After reading ideas from the tables, the theme team reported back to participants on the strongest themes that emerged from the discussions.

Participants then used keypad polling to vote on the values generated through their discussions in order to identify their strongest priorities.

FOUR KEY VALUES

Early in the day, participants were asked: “What are the one or two values that you believe should guide us and our leaders as we reform our health care system?” Eight overarching values were generated from the table discussions and theme team analysis, with four emerging as most important to participants across all locations:

- **Health care should be affordable to all** – “Quality of care shouldn’t depend on the money they have available”
- **Everyone should have access** – “All life is precious and important; consider people regardless of circumstances” (e.g. vulnerable populations)
- **Keep greed out of the healthcare system** – Put “people before profit”
- **Make wellness and prevention a priority**

Four additional values were identified from the small group discussions:

- Government leaders need to demonstrate integrity and honesty – “*working together with no concern about getting elected*”
- People need to take individual responsibility for their health
- Be responsible and realistic – “*it won’t be possible to be all things to all people*”
- All should share responsibility for making the system work





EMPLOYER RESPONSIBILITY

PROPOSED CHANGES

Employers would be required to spend a minimum amount on employee health care either by offering health care coverage or paying a fee to the state for an insurance pool.

- The amount of the fee would be calculated based on the employer's payroll. The specific amount is not set but initially could be between 4.0% and 7.5%. In return for the fee, the state would provide subsidies for insurance premiums of low-income employees.
- State tax law would be changed to line up with federal law so that employers and employees could set aside pre-tax income to help pay for health care expenses.
- Some businesses might be excluded, such as those with fewer than ten workers, those with payrolls less than \$100,000 and start-up firms, as well as people who are self employed.

Statewide themes of what participants **LIKED** about this proposal

- More *"low wage workers will now have access to previously unaffordable care"*
- This would level the playing field between small and big business
- It builds upon the current system
- Pre-tax income goes to health care
- This increases the size of the insurance pool which can lower costs for everyone
- It gives employers a choice about how to best to provide health care coverage

Statewide themes of the **CONCERNS** participants had about this proposal

- Would make California less competitive: might drive employers out of state or discourage new business
- May cause businesses to hire part-time staff or reduce salaries or other benefits
- No cap: *"Does nothing to affect spiraling out-of-control costs"*
- Does not address unemployed, independent contractors, part-time employees, seasonal and other non-traditional workers
- Hard on small businesses: *"owners would struggle even if they are providing good wages"*
- Too vague, doesn't get to root cause: *"Seems like a band-aid"*
- Does not address quality: *"No assurance that the quality and the level of coverage will be monitored"*

Statewide themes of what participants thought was **MISSING** from this proposal for employers

- Offer tax incentives to businesses to offer health care, rather than make it mandatory
- A state-sponsored single-payer program should be on the table
- Have the cost to employers use a sliding scale based on size of business
- Encourage employers to offer prevention and wellness programs for employees

PUBLIC SUPPORT

for an EMPLOYER REQUIREMENT depends on these conditions:

- If it addressed part-time, seasonal and other non-traditional employees (53%)
- If there was an assurance that employers would not be encouraged to reduce existing coverage or benefits (49%)
- If there was some type of cost cap to prevent costs from skyrocketing out of control (48%)
- If protection was provided for small businesses, such as a sliding scale based on size (45%)
- If it still provided a choice of providers for employees (44%)

A slightly smaller number (37%) also wanted to have tax breaks in place. These conditions were generated through the table discussions and participants were asked to vote for the conditions that were necessary for them to support the proposal.

5% of participants would support the employer requirement under any conditions

19% of participants would *not* support it under any conditions

OTHER FINDINGS

- The locations most interested in the assurance that seasonal and non-traditional workers would be covered were Fresno, Riverside and San Luis Obispo (all over 60%).
- Two-thirds (67%) of the participants in Riverside wanted to be sure that employers would not reduce or eliminate current health care benefits as a result of the fee option.
- The locations most interested in the cost cap were Fresno (60%), Riverside (58%) and Sacramento (57%).





GOVERNMENT RESPONSIBILITY

PROPOSED CHANGES

Expand eligibility for the Medi-Cal and Healthy Families programs. Medi-Cal could be offered to individuals without children with incomes at 100% of the federal poverty level. Healthy Families could be expanded for children up to 300% of the federal poverty level, regardless of their citizenship status.

Provide subsidies to low and moderate income people (e.g. up to 250% or 300% of the poverty level) to help pay for the cost of health insurance, based on a new large state purchasing pool to make premiums more affordable. People would contribute based on their income, with a cap of no more than 5% or 6% of income for premiums (e.g. \$2,500 to \$3,000 for a family making \$50,000).

Provide increased compensation for Medi-Cal providers, hospitals and health plans. They would receive “fair” market rate compensation for services.

Statewide themes of what participants **LIKED** about this proposal

- Acknowledges that government should take responsibility for expanding coverage: The *“state is stepping up and being a leader.”*
- Expands coverage to low and moderate income individuals and single adults
- *“All children should be covered, no matter what.”*
- Pooled purchasing power of the state reduces costs
- Fairer compensation to providers is very important, especially in rural areas to *“attract a sufficient number of MDs”*
- More coverage will create a healthier, more productive society

Statewide themes of the **CONCERNS** participants had about this proposal

- General distrust of government – *“I really don’t trust the government to run anything more complicated than a lemonade stand.”*
- *“Where is the money going to come from?”, “What will be sacrificed?”*
- Encourages welfare lifestyle – *“What is the incentive to work if healthcare is provided to the unemployed?”*
- This could inadequately compensate doctors
- *“Medi-Cal is broken, why expand it?”; “It’s like changing seats on the Titanic”;* it’s complicated and inadequate
- Undocumented people could overwhelm the system; *“Government should not pay for undocumented people.”*
- Does not provide universal coverage (e.g. for undocumented adults, middle income)
- Federal poverty level is too low a benchmark for California because of the high cost of living

Statewide themes of what participants thought was **MISSING** from this proposal for government programs

- Single payer plan should be part of the discussion
- Need to get the federal government to also take responsibility
- Want clarity about undocumented adults – Will they be covered or not?
- The plan needs cost containment, e.g. for prescription drugs, and regulation of health insurers
- Need to have approaches to prevent waste and fraud

PUBLIC SUPPORT

for EXPANDED GOVERNMENT PROGRAMS depends on these conditions:

- If it includes provisions for wellness and for prevention (63%)
- If medical providers were paid fully (53%)
- If it were a government-run program (a.k.a. a single-payer program) and insurance companies were kept out of it (51%)
- If taxes and costs were controlled (50%)

Additionally, some participants said they would support these programs only if undocumented workers were not included (34%), while others said they would only support it if undocumented workers were covered (23%). These conditions were generated through the table discussions and participants were asked to vote for the conditions that were necessary for them to support the proposal.

5% of participants would support the government program expansion under any conditions

6% of participants would *not* support these changes under any conditions

OTHER FINDINGS

- The locations with the greatest emphasis on incorporating prevention and wellness into government programs were Riverside (73%), Los Angeles (72%) and San Diego (66%).
- Humboldt County (70%) and Oakland (61%) expressed the highest levels of interest in eliminating insurance companies via a single-payer system.





INSURER RESPONSIBILITY

PROPOSED CHANGE #1

Require insurers to provide coverage to people in the individual market independent of their medical condition (known as “guaranteed issue”).

Statewide themes of what participants **LIKED** about this proposal

- Enables everyone to potentially get insurance
- Prevents discrimination based upon pre-existing condition; *“eliminates cherry-picking”; “those born with a disease should not be penalized”*
- Expands the insurance pool and can help reduce costs
- Covering all conditions now will save money in the long run
- Good proposal when combined with others being discussed (e.g. individual responsibility proposal)

Statewide themes of the **CONCERNS** participants had about this proposal

- Private companies shouldn’t be told by government who to cover; they may be bankrupted or *“leave the state”*
- Companies will raise premiums, making insurance unaffordable for everyone
- This may unfairly burden healthy people: *“The healthy shouldn’t have to pay the same as the sick.”*
- It *“doesn’t work unless everyone has insurance”*; people will buy insurance just when they are sick.
- Insurance companies shouldn’t be involved in health care (prefer single-payer system)
- Need an enforcement mechanism to make sure insurers comply

Statewide themes of what participants thought was **MISSING** from the proposal for “Guaranteed Issue” by insurers

- Make sure that insurance companies can’t discriminate based on age or any other factor
- Place cap on premiums to make them affordable
- Need more information about how rates would vary based on pre-existing condition
- Should have *“incentives for people who engage in healthy lifestyles”*
- Insurers should get incentives to offer prevention programs



PUBLIC SUPPORT

for “Guaranteed Issue” depends on these conditions:

- If it ensures that all are actually covered; requires sufficient accountability and oversight (59%)
- If caps are placed on profits (58%)
- If health professionals determine the need for medical intervention (49%)
- If there are affordable premiums; some want cost caps (47%)

In addition to these top conditions, a little over a third of participants (35%) wanted an individual mandate paired with guaranteed issue. These conditions were generated through the table discussions and participants were asked to vote for the conditions that were necessary for them to support the proposal.

8% of participants would support the insurance requirement under any conditions

14% of participants would *not* support it under any conditions

PROPOSED CHANGE #2

Require insurers to spend at least 85% of premiums collected on reimbursements for medical care and no more than 15% for administration and profit.

Participants were asked to indicate their **LEVEL OF SUPPORT** for this change:

- Strongly Support: 32%
- Support: 22%
- Somewhat Support: 20%
- Somewhat Oppose: 7%
- Oppose: 8%
- Strongly Oppose: 12%





INDIVIDUAL RESPONSIBILITY

PROPOSED CHANGES

All Californians would be required to have health insurance for themselves and their children.

- No-cost and low-cost comprehensive coverage would be available through public programs for the state's lowest income citizens.
- Low and moderate income Californians would get subsidies to help pay for premiums.
- For people above the subsidy cut-off, the minimum required insurance level is a plan designed to cover major medical events with a \$5,000 deductible, with an out of pocket spending cap per year of \$7,500 for individual or \$10,000 for families. Preventative services would be covered without needing to get to the deductible level.

Statewide themes of what participants **LIKED** about this proposal

- Equity: everyone is covered
- Protects against financial ruin
- With everyone paying, it spreads the cost, increasing affordability
- Prevention and wellness will help keep costs down
- Individual responsibility: *"With this proposal, you are protecting yourself so others don't have to."*
- It can change how we think: *"When everyone participates, everyone benefits."*
- Support including a range of benefits, including dental, vision, mental health, prevention and wellness

Statewide themes of the **CONCERNS** participants had about this proposal

- The deductible is too high; too expensive for families
- *"How do we enforce it?"*
- It places too much burden on middle income people
- This still relies on a for-profit health care industry
- Could create an incentive for employers to reduce coverage now offered
- This violates personal liberty and civil rights
- What about those outside the system (e.g. homeless and mentally ill)?
"How are they covered?"



Statewide themes of what participants thought was **MISSING** from this proposal for an individual insurance requirement

- Incentives to participate in prevention and wellness programs
- Caps and controls on costs
- Lower premiums for those with healthy lifestyles
- Still interested in single payer program
- A way to opt out (choose not to participate)

PUBLIC SUPPORT

for an **INDIVIDUAL INSURANCE REQUIREMENT** depends on these conditions:

- If there is an adequate standard for quality care (55%)
- If it covers prevention and wellness programs (53%)
- If there is a cap on premiums and profits (52%)
- If it is affordable for middle income families (49%)

There was additional interest in these conditions:

- If it rewards people for healthy behavior (43%)
- If there is a sliding scale for payment (42%)
- If it is paired with “guaranteed issue”(41%)
- If there was strong enforcement to ensure full participation (40%)

These conditions were generated through the table discussions and participants were asked to vote for the conditions that were necessary for them to support the proposal.

7% of participants would support the individual requirement under any conditions

17% of participants would *not* support it under any conditions

OTHER FINDINGS

- The two locations that indicated the greatest interest in a “single-payer” type system had the highest levels of not supporting the individual mandate under any condition: Humboldt (31% would not support) and Oakland (25% would not support).
- The interest in establishing an adequate standard for quality of care had strong majority support (56-60%) in the other six locations.
- Three sites were most interested in affordability for middle-income families: Riverside (58%), Los Angeles (56%) and Fresno (56%).





GOVERNMENT-BASED SYSTEM

PROPOSED CHANGES

Participants discussed a government-based health care system in which the government becomes the payer of all health insurance, replacing the current network of insurance companies. Under such a system, the state would reimburse doctors and hospitals for delivering care.

Statewide themes of what participants **LIKED** about this proposal

- Equitable; *"Everyone gets covered."*
- Simplifies the health care system; less confusing for consumers
- Cuts administrative costs and bureaucracy; *"Eliminates billions of 'middle man' expenses."*
- Takes the profit out of health care; eliminates the "greed" factor
- Proven system that works in other countries
- It fulfills *"a moral obligation to take care of each other"*
- Creates a larger purchasing pool, which saves money
- Doctors can concentrate on care rather than administration

Statewide themes of the **CONCERNS** participants had about this proposal

- Mistrust of government system: *"Government does big tasks poorly."*
- Quality of care and level of competency will go down
- Long waits, lack of availability of doctors
- Lose choice of doctors; state making medical decisions
- Implementation: transition needs clarity on what is covered, not enough data
- Need for government-funded health care is not clear enough
- Governor will veto
- Not willing to give up current health plans, which we like now



PUBLIC SUPPORT

for a GOVERNMENT-BASED SYSTEM depends on these conditions:

- If costs are controlled & bureaucracy is minimized (55%)
- If people can maintain choice for doctors and coverage levels, and buy additional coverage (53%)
- If quality of care for all is ensured, regardless of geography or income (51%)
- If doctors are paid for performance and are allowed to make their own medical decisions (50%)
- If there are incentives for healthy behavior (44%)
- If there is a system for citizen oversight and accountability (43%)

These conditions were generated through the table discussions and participants were asked to vote for the conditions that were necessary for them to support the proposal.

16% of participants would support a government-based system under any conditions

13% of participants would *not* support it under any conditions

OTHER FINDINGS

- Consistent with prior votes, Humboldt County (27%) and Oakland (23%) were most in support of a government based “single payer” system under any conditions.
- The locations indicating the highest level of opposition to this approach under any condition were Fresno (24%) and Sacramento (18%).
- The locations most concerned about maintaining choice of providers were Los Angeles (63%), San Luis Obispo (58%) and Sacramento (55%).





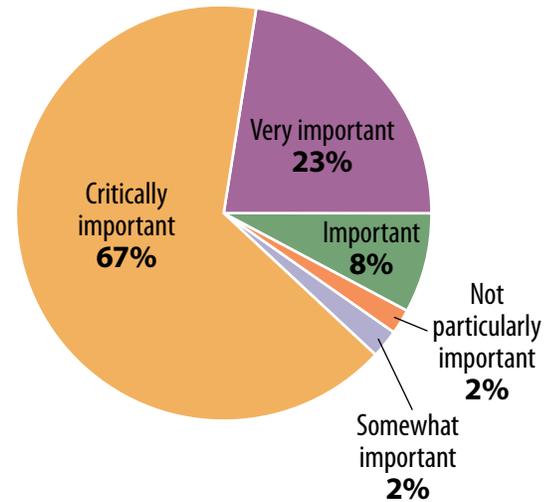
COST CONTROL

Across all locations, fully 96% of participants thought it was important to control costs. This issue was indicated to be *critically* important to two-thirds of participants.

Participants were invited to prioritize these cost control approaches, selecting the three they felt “were most important to be implemented now”:

- 62% PREVENTION AND WELLNESS**
Establish incentives and programs for wellness and fitness, for example targeting obesity and tobacco use reduction.
- 51% STREAMLINE ADMINISTRATIVE PROCEDURES**
Simplifying billing, eligibility process, electronic medical records, and other aspects of program administration.
- 40% CHRONIC DISEASE MANAGEMENT**
Using “evidence-based care standards” to better coordinate care and create lower costs for patients with better outcomes.
- 34% GROUP PURCHASING**
Provide group purchasing especially for individuals, small and mid-sized employers to allow for more leverage when bargaining with health plans and providers.
- 28% BETTER DATA FOR CONSUMERS**
Improved availability of data about cost, quality and effectiveness would allow for more informed selection of best providers and treatments.
- 28% PERFORMANCE-BASED COMPENSATION**
“Pay for performance” for plans and providers to offer incentives for better quality, efficiency, and costs of care.
- 25% REDUCED REGULATIONS**
Reduce regulatory requirements and barriers to allow less costly providers and plans to provide services, promoting new point of service models and clinics.

IMPORTANCE OF COST CONTROL



Participants in Fresno expressed the greatest interest in Prevention and Wellness (71%), and those in Humboldt County emphasized administrative procedures (61%). Riverside was particularly interested in managing chronic diseases (49%).



PARTICIPANT EVALUATION

Participants indicated a high level of satisfaction with the outcomes of the CaliforniaSpeaks statewide conversation and a strong sense of urgency in seeing health care reform legislation pass this year.

How satisfied are you with the outcomes of our conversation today?

Very satisfied:	38%
Satisfied:	42%
Neutral:	11%
Dissatisfied:	6%
Very dissatisfied:	3%

HOW URGENT IS IT TO PASS HEALTH CARE REFORM THIS YEAR/THIS LEGISLATIVE SEASON?

Essential	63%
Important	23%
Somewhat important	7%
Not important	2%
Better to wait until later	5%



Next Steps for Participants

During the course of the day, participants developed relationships with their tablemates. Each table was invited to have a volunteer who would serve as a “communicator” for others at the table. The communicator will help to keep colleagues informed about developments on the state’s health care policy deliberations.

In the packet of information each received, participants were given contact information for state policymakers, postcards to send to their legislators and tips for contacting local media.



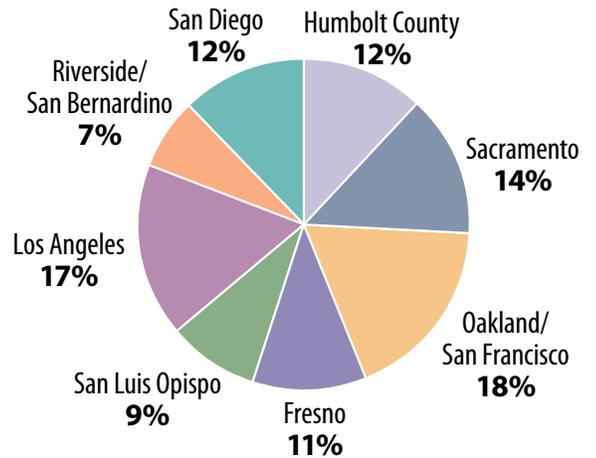
WHO PARTICIPATED

To ensure that the diversity of the state was represented and the outcomes of the discussion were fair and credible, CaliforniaSpeaks invited a random sample of thousands of Californians to participate in the discussion. Over 120,000 Californians across the state were identified and contacted by phone and mail. The random invitations were selected by non-partisan experts in statistical sampling from listed phone numbers.

Based on past experiences with random recruitment outreach, sampling experts have found that it tends to be significantly more difficult to ensure that certain demographic groups are well represented. In order to help make sure that these voices were adequately reflected in the discussion, CaliforniaSpeaks oversampled outreach to these demographics through its random recruitment and extended additional invitations through a grassroots outreach strategy to organizations that had not taken a position on the topic.

Participants were generally reflective of the state’s demography in the areas of income and health status. Those who chose to participate in the event skewed more female, Caucasian and middle-aged than the state’s population. Participants stating they did not have health insurance were 13% of the total, about in line with the statewide level (i.e., 4.5 million out of 37 million Californians in the 2005 California Health Interview Survey).

PARTICIPANTS BY LOCATION



GENDER	AUGUST 11	CALIFORNIA ACTUAL
Female	63%	50%
Male	37%	50%

RACE/ETHNICITY	AUGUST 11	CALIFORNIA ACTUAL
African American	8%	6%
Asian/Pacific Islander	9%	11%
Caucasian	60%	47%
Hispanic/Latino	12%	32%
Native American	2%	1%
Multi-Ethnic	6%	3%
Other	4%	<1%

HOUSEHOLD INCOME	AUGUST 11	CALIFORNIA ACTUAL
Less than \$20k	17%	20%
\$20k – \$39k	17%	23%
\$40k – \$59k	19%	18%
\$60k – \$74k	14%	11%
More than \$75k	34%	29%

AGE	AUGUST 11	CALIFORNIA ACTUAL
18–24	7%	14%
25–44	19%	44%
45–64	58%	28%
+65	16%	15%



APPENDIX



REMARKS FROM STATE LEADERSHIP

The Governor and legislative leaders attended the CaliforniaSpeaks statewide conversation on August 11, 2007. They each addressed the participants at the beginning of the daylong conversation and stayed to listen to the discussion. These are excerpts from their opening remarks:



Governor Arnold Schwarzenegger

"This is an extremely important discussion. This is why during my state of the state address I talked about how important it is that this year we reform our broken health care system. We really have a health care system that is horrible...there is no reason to have the system and hold on to the status quo. It is time that we change.

We have people who are insured that are worried that if they get sick they will lose their health care coverage. Everyone is worried...this is a system that just doesn't work.

It is important that we all get together. We now have to work together...this is not a political issue. What is best for the people is that we all have health insurance. What is best for the people is that no one can ever decline or turn you away if you want to get insurance due to age or medical history. We have to cover everyone...that is what California deserves.

Let your legislators know how you really feel about health care reform...how much we need it. Let us get our voice to Sacramento...that we want to make those changes."



Senate President Pro Tem Don Perata

"After today, we must conclude the debate. We have had many years of discussion... many people citing the problems with health care. We've done everything but...solve the problem. After today, what we must have is legislative action.

We must act. Inaction is not acceptable. It is the legislature's responsibility to act. If we do not act, we will once again witness an expensive initiative shootout among different interest groups in this state who will take it upon themselves to do what the legislature should do.

If the legislator wants to be relevant...if we are going to provide leadership on the issues of today in this state...we must act between now and the end of the legislative session to bring health care to a solution - to put a bill on the Governor's desk...to make next year far better than this year for those in California in dire need."



Assembly Speaker Fabian Núñez

"I think we can all agree that no issue comes as close to health care when we look at the needs of Californians.

In the absence of real action on the part of our federal government and Congress...the fact that Congress has been silent on the issue of health care reform...we in California are going to stand firm and are totally committed to delivering health care and reforming health care for each and every Californian in this state.

Let me commit to you – with every assurance that I can – before the end of this legislative session, the California State Legislature and the Governor will agree to a health care package that we will deliver...because Californians deserve nothing less than doing the right thing where health care is concerned."



Assembly Republican Leader Mike Villines

"This year it is going to happen. There is a way to do it. I believe we can do it in a way that California always does – by leading. Leads where other states don't, and frankly, where other countries can't. We can lead...let's do something in this state that no one else has done. Let's get people insurance. Let's create a system that all of us can say that we are doing something better...there is affordable insurance for people...there is access for people...and we are bringing the costs down...because we have worked together – two parties and a Governor saying that we are going to make ends meet.

Let's remember this debate is about us – it is about our neighbors...it is about our communities. When we are strong together, we are a strong state."





CALIFORNIA SPEAKS BY THE NUMBERS

CaliforniaSpeaks is one of the largest town meetings ever convened in the United States. This is CaliforniaSpeaks by the numbers:

1 STATEWIDE CONVERSATION

CaliforniaSpeaks convened thousands of Californians in a statewide conversation to make choices about health care reform.

3 TECHNOLOGIES

- 1) Electronic keypads were used to capture participants' votes throughout the day
- 2) Networked-laptop computers were used at each table to capture ideas generated through small group discussions
- 3) A satellite system linked the eight meetings sites

8 MEETING SITES

The statewide conversation took place simultaneously across eight meeting sites in San Diego, Riverside, Los Angeles, San Luis Obispo, Fresno, Oakland, Sacramento and Humboldt County.

400 TRAINED FACILITATORS

Participant discussions were supported by more than 400 skilled facilitators who volunteered their time to support the small-group dialogue.

3,500 CALIFORNIANS

The statewide conversation took place with about 3,500 Californians across the eight meeting sites.

120,000 PEOPLE CONTACTED

In order to ensure that a diverse group of Californians participated in the discussion, CaliforniaSpeaks randomly identified and contacted 120,000 people across the state by phone and mail.

300,000 LETTERS SENT

To encourage participants to attend, CaliforniaSpeaks mailed more than 300,000 letters to Californians, including letters from the Governor, Senate President Pro Tem and Speaker of the Assembly.

+2,000,000 PHONE CALLS

To encourage participants to attend, CaliforniaSpeaks made well over 2,000,000 phone calls to Californians across the state.

6 NONPROFIT FOUNDATIONS

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