Public Impacts:

Evaluating the outcomes of the CaliforniaSpeaks statewide conversation on health care reform

Based on three independent evaluations of California*Speaks* by:

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Harder + Company Community Research

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californiaspeaks

Working Together for Better Health Care

"Your involvement can make (health care reform) happen. That's why we need to hear your voices, opinions and experiences so we can create the best health care for everyone."

— California Governor Arnold Schwarzenegger addressing California*Speaks* participants 8/11/07

"I walked out of [California*Speaks*] with a real sense of mission, that I had an obligation and a responsibility to work my heart out to try to deliver to the people."

— Former California Assembly Speaker Fabian Núñez

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

The California Wellness Foundation

blue shield of california foundation
An Independent Licensee of the Blue Shield Association

The California Endowment

"What we learned from California*Speaks* is that the public is really concerned about this issue… Watching the people come in and seeing the level of commitment and engagement…for that amount of time they were there, that was really powerful to me."

— Crystal Hayling, Blue Shield Foundation

"Through doing California*Speaks* we helped connect both the public to policymakers, and policymakers to the public…and in so doing it helped inform policymakers' understanding of what is important to average Californians."

—Kim Belshé, Director of California Health and Human Services

Table of Contents

I. Executive Summary ..... **Page 2**

II. The Statewide Conversation ..... **Page 4**

III. Public Impacts ..... **Page 8**

IV. Impact on Participants ..... **Page 9**

V. Impact on Policymakers ..... **Page 12**

VI. Impact on Policy Outcomes ..... **Page 15**

VII. Evaluators and Methodologies ..... **Page 19**

I. Executive Summary

3,500 Californians from across the state came together on August 11, 2007 to evaluate health care reform proposals being considered by state leaders and to send a clear message to negotiators in Sacramento about the conditions under which the public would support the proposals. The statewide discussion, called California*Speaks*, was convened by the nonprofit organization America*Speaks* with funding from a group of California-based health care foundations that hoped to insert the public's voice into the policy process.

The diverse group of Californians came together across eight cities simultaneously, linked together by satellite. The priorities generated in this statewide conversation were reported to state leaders, many of whom participated in the process – including Governor Schwarzenegger, Assembly Speaker Núñez, President Pro Tem Perata and Republican Leader Villines. After a prolonged negotiation that stretched through the Fall and a special session of the legislature, an agreement was reached between the Republican Governor and the Democratic leadership. However, while the negotiated health care reform passed the State Assembly, it failed in committee in the State Senate.

THE IMPACTS

How should we evaluate a statewide conversation of the public? We need to think about and understand the impacts in terms of individual participants, the policymaking process and policy outcomes. In order to do so, three independent evaluations were conducted.

Impact on Participants

Evaluation conducted by Archon Fung, Harvard University & Taeku Lee, University of California, Berkeley

During the course of the day, participants discussed a range of policy options and the conditions under which they would support them. About half of participants changed their views on specific health care options, although opinions did not change in a uniform direction. While 66% of participants felt that health care reform was urgent before the event, 71% did so after California*Speaks*.

> "After the event, over 40% of California*Speaks* participants contacted a public official about health care reform."
>
> — Harvard/U. C. Berkeley Evaluation

In general, participants were very positive about the California*Speaks* experience, with 93% saying they would participate in a similar event. Many attendees ended the day with more favorable attitudes about state government and their ability to be heard and make a difference. The most marked impact on those who attended was the increase in taking a political action relating to health care – such as contacting elected officials – compared to those who did not attend.

Impact on Policymakers

Evaluation conducted by Harder + Company Community Research

California*Speaks* was hailed by policymakers as a successful event that brought in fresh perspectives from people not normally heard from. It generated a sense of urgency and momentum for bi-partisan change. These policy leaders especially liked the size of the convening and diversity of the participants, the way the technology allowed for multiple locations and immediate results, and how the day was structured for "direct" participation on the part of the public.

Some were concerned that the event came too late in the process to meaningfully modify legislation. Others found it a very helpful "validation" on a large scale of the direction they were heading. The key suggestion for future events was to conduct it much earlier in the process and allow for more open-ended exploration of options before specific legislation is fully developed.

> "California*Speaks*, in a short period, generated lots of momentum."
>
> — State policymaker interviewed by Harder + Company

Impact on Policy Outcomes

Evaluation conducted by Harbage Consulting

The California*Speaks* process produced priority values to guide health care reform as well as specific conditions for public support of policy reforms. There were several different competing policy proposals originally introduced at the end of 2006 and the beginning of 2007 that coalesced into a compromise package introduced November 8, 2007 in special session. An evaluation of how well public priorities were reflected in the outcomes of the health care negotiation process found that the legislative proposals moved closer to the public's priorities on most of the policy options that the public expressed preferences towards at California*Speaks*. However, no direct correlation can be made.

For example, on the topics of individual mandate and expanding public subsidies within the current system, there was movement toward every one of the public's conditions. On insurer changes (such as guaranteed issue) and cost controls, almost all of the public's priorities were met with increased support (and those few that did not had constant levels of support). The only aspect of the policy proposals that uniformly did not move closer to the public's priorities was on the issue of creating a single-payer health care system.

> "Reform legislation moved closer to California*Speaks* priorities on 3/4 of the proposals in the mainstream debate."
>
> — Harbage Consulting

On all three overarching measures, CaliforniaSpeaks appears to have succeeded in its main objectives. All of the evaluations also acknowledge the groundbreaking nature of the event. The policymakers were clear that more public forums like this would be welcome in California.

Visit www.CaliforniaSpeaks.org to read the full evaluations and the final report.

II. The Statewide Conversation

2007 was declared the "year of health care reform" by Governor Arnold Schwarzenegger. Multiple proposals, from the administration, legislative leadership and other legislators were under consideration throughout the year. The reforms addressed a range of issues within the overall question of how to increase the number of Californians with health care coverage in a sustainable way.

California*Speaks* was initiated to identify the health care values and priorities of the general public, a perspective that was distinct from the many special interests that were approaching policymakers on this issue. Working on a tight timeframe, California-based healthcare foundations invited America*Speaks* to coordinate a statewide conversation for August 11, 2007 to allow for public input before a key legislative session that was going to include consideration of comprehensive health care reform. The statewide conversation was planned in partnership with the administration and legislative leaders. All of these parties played a role in determining the agenda for the day and what briefing materials would be provided to participants.

"For me, bar none, hands down, the best moment was watching the expressions on the faces of my Vietnamese table attendees who recognized that they were able to enter their vote on a keypad and then sit back and watch the numbers be tabulated on this huge screen and knowing that the information was being gathered from 8 satellite cities simultaneously and that their participation was a piece of that number."

— Cathy Emerson, Facilitator

For those in the field of public consultation and deliberation, there were several features that made this project noteworthy:

- This large scale deliberation reached 3,500 participants in eight locations throughout the state.
- There was a direct link between the convenors and the policymaking process – i.e., the Governor and legislative leadership spoke and listened to the public at the event and had their staff intimately involved in the design of the day and preparation of the briefing materials.
- Random sample recruitment was undertaken on such a large scale.
- Satellite technology enabled eight simultaneous convenings linked together so that each location could interact with one another and develop and collect priorities.

WHO ATTENDED

This unprecedented event included thousands of people who represented the views of ordinary Californians rather than well organized interests or the "usual suspects." 71% of attendees were recruited through an opinion research firm (including guests invited by those who had been randomly selected) and the balance through targeted grassroots outreach. The goal had been to reach 4,000 attendees across the eight locations; 3,500 attended. Care was taken in the outreach to work with groups that did not represent any particular health care policy option.

California*Speaks* was an unparalleled experiment in recruiting an extra large-scale representative group without paying attendees a stipend. Participants were offered a $25 gift card, food, childcare and help with transportation.

The people who chose to attend the day-long session skewed more female, middle-aged and Caucasian than the state's population as a whole. They were also more likely to identify as Democrats. Income levels of the attendees were generally representative of the population. Participants stating they did not have health insurance were 13% of the total, about in line with the statewide level. If considered as a test of voluntary turnout (with the high bar of a full day commitment), the attendees were somewhat more diverse than likely voters.

Despite oversampling and targeted outreach to Latinos through groups who had not taken a position on health care, turnout from this audience was less than desired. A key challenge was the high number of people who registered and indicated they would attend but did not actually show up. America*Speaks* conducted a separate assessment of what lessons were learned for Hispanic outreach with seven highlights noted on the next page.

	Aug. 11, 2007 Attendees	Likely Voters	California Population
Gender			
Female	63%	50%	50%
Male	37%	50%	50%
Age			
18-24	7%	6%	14%
25-44	19%	30%	44%
45-64	58%	43%	28%
65+	16%	21%	15%
Race/Ethnicity			
African American	8%	6%	6%
Asian/ Pacific Islander	9%	6%	11%
Caucasian	60%	70%	47%
Latino/Hispanic	12%	15%	32%
Multi-ethnic/other	12%	3%	4%
Household Income			
Less than $20k	17%	9%	20%
$20 – 39k	17%	15%	23%
$40 – 59k	19%	17%	18%
$60 – 74k	14%	16%*	11%
$75k or more	34%	43%*	29%

Sources: California*Speaks* keypad polling, Public Policy Institute of California, U.S. Census. * PPIC data is based on $60-79k and $80k+

Lessons Learned for Future Latino Outreach Efforts

1. Reach out to Latino organizations and leaders early in the process and include them in planning
2. Make greater use of prominent Latinos for publicity and recruitment
3. Develop separate recruitment strategies for new immigrants versus those who are more acculturated
4. Make more effective use of Spanish language materials
5. Use people who are known and trusted for outreach and to make follow up calls to registrants
6. Choose a location that feels familiar and advertise amenities that will make the meeting feel more culturally friendly
7. Work more with service providers who are trusted as well as churches and religious organizations

– drawn from an evaluation conducted by AmericaSpeaks

WHAT THEY DID

Attendees were greeted by Governor Arnold Schwarzenegger and legislative leadership and provided with a video and Powerpoint briefing about major health care reform proposals. State lawmakers participating in the meeting included Senate President Pro Tem Don Perata, Assembly Speaker Fabian Núñez, and Assembly Republican Leader Mike Villines. Participants were seated at tables of 8-12, with each table supported by a trained facilitator. During the day, they discussed and then voted on six key health care reform topics:

- Employer Mandate
- Expansion of Public Subsidies and Programs
- Changes to Insurers (guaranteed issue and cap on profits)
- Individual Mandate
- Government-Based System (a.k.a. single payer)
- Cost Controls

> "I think that was the most important thing for me to hear clearly where people were going that I hadn't even thought about or that I hadn't acknowledged – it prompted me to think bigger about the issues themselves."
>
> — David Moragne, Participant

To help orient participants, discussion guides with background on these policy areas were provided as a starting point. (The guides were made available in Spanish and Chinese, plus facilitation in those languages was provided.) The table discussions reviewed each proposal with questions about what people liked about that policy direction, what concerns they had and what they thought might be missing. Notes from each table's dialogue were entered in a laptop that was linked to a central team that scanned all of the comments for common themes. These themes were used to generate conditions for each of the policy areas so the content of the day's votes were driven by the participants' deliberations.

The active role of the participants in determining what would be voted on was exemplified by the inclusion of a discussion and vote on a government-based system (a.k.a. single-payer). In the original program for the event, the single-payer reform proposal (like several other proposals that had been introduced into the state legislature) was not focused on because the Governor and legislative leadership had consistently indicated they were not going to take up the bill. Because many of the

attendees – especially in Oakland and Humboldt County – felt strongly that the conversation would not be complete without considering this option, the agenda was expanded to include it.

On the six specific policy options listed above, at least 50% of the participants indicated a willingness to support each of these reforms as long as some conditions were placed on them. For example:

- 63% would support expanding eligibility for Medi-Cal and Healthy Families and providing income subsidies to low- and middle-income Californians to help pay for the cost of insurance *if* provisions for wellness and prevention were included.
- 59% would support "guaranteed issue" requiring insurers to provide coverage to people in the individual market *if* there is sufficient accountability and oversight to make sure that all are actually covered.
- 55% would support an "individual mandate" requiring all Californians to have health insurance *if* there is an adequate standard for quality care.

None of the reforms received significant support without conditions. This indicates that the public's ability to refine what they were being presented with enhanced their support and demonstrates that the statewide conversation generated a very different kind of result than a standard poll.

A closing topic area addressed controlling costs, with fully 96% of participants agreeing that it was important to control costs. This issue was indicated to be *critically* important to two-thirds of participants.

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

—California*Speaks* keypad polling

AT THE END OF THE DAY

80% of the participants told independent evaluators that they were satisfied with the outcomes of the statewide conversation. 12% of the participants were neutral about the outcomes and the 9% that were dissatisfied tended to represent the enthusiasts for the single-payer option.

During the course of the day, participants developed relationships with their tablemates. Over 300 participants volunteered to continue their engagement by serving as "communicators" for the rest of their table, keeping them up to date on developments. In the packet of information each received, participants were also given contact information for state policymakers, post cards to send to their legislators and tips for contacting local media.

III. Public Impacts

Three independent evaluations of California*Speaks* were conducted on these complementary topics:

- The participants' views on health care and attitudes toward government, before, during and after the event plus their engagement and action on health care issues – Archon Fung, Harvard University & Taeku Lee, University of California, Berkeley
- Policy leaders' impressions of the event and its impact on the policymaking process – Harder + Company Community Research
- How the state policy outcomes aligned with the public's priorities – Peter Harbage, Harbage Consulting

In addition to these focused analyses, California*Speaks* also has scores of observer reports, assessment of the media coverage, a detailed analysis of the outreach process, data for the participants' votes taken during the day, thousands of pages sent to the theme team, etc. This has been one of the most studied large-scale deliberations and its organizers at America*Speaks* continue to invite additional observations on what was learned.

> "I was able to go to many of the discussion tables and I was really impressed with the depth of folks' understanding about the system…[the] good questions they had, different ways they were looking at it. I think a lot of times we often sell the public short.
>
> It was a very hopeful thing in my mind that folks were really willing to talk about this in a way that could really move us ahead."
>
> — Paul Hernandez, The California Endowment

IV. Impact on Participants

Professors Archon Fung and Taeku Lee worked with a team of 10 California graduate students that conducted surveys with over 70% of the California*Speaks* participants (i.e. over 2,400) before the event – either the morning of 8/11/07 or earlier – and immediately after that same day. In this way they were able to assess attitudes before and after the event.

In addition, a follow up phone survey to measure any lasting impacts of the California*Speaks* experience was conducted five months later (1/23–2/18/08). This survey compared responses from attendees to those who were recruited but decided not to attend.

> "I think California*Speaks* was valuable to the discussion that was occurring in the state at the time because it brought real people into a setting where they could understand the discussion, understand some of the options, and understand some of the tradeoffs, and come to a equitable conclusion as far as what makes sense to do."
>
> — Bill Hauck, California Business Roundtable

Views on the Policies

After the full day of dialogue, an already high sense of urgency on the need for health care reform increased. Post-event, 71% thought the system was in need of major change, up from 66% before the day's work began.

Pre and post, respondents were asked their level of agreement with five major directions for health care reform. About half of the participants changed their views on these five major policy areas. However, that movement did not show up in the aggregate results because opinions did not change in a uniform direction.

Fung and Lee conducted a multivariate statistical analysis about both the magnitude and direction of these changes by type of participant. They saw no consistent pattern as to who changed their views across these five approaches.

OPINIONS ON POLICY APPROACHES (How strongly agree/disagree on a 5 point scale)	Pre-Event	Post-Event	% Who Changed Pre to Post
Cover low-income and unemployed	3.46	3.33	57.4%
Health care voucher or tax credit	3.14	3.13	56.8%
Expand coverage through employers	2.42	2.20	53.5%
State-administered system	2.24	2.00	53.5%
Require affordable insurance plans	1.89	1.80	45.6%

Attitudes about the Political Process

Before the event, participants were asked about their level of agreement with a series of statements about their attitudes toward government and their capacity to have a say in what happens. After the event, participants were more likely to report higher levels of political trust and political self-efficacy.

Over 90% of participants had favorable views of the event. And those with a positive sense of the event were more likely to express a positive shift in their attitudes toward government and their role in it. Women and those who identified as Democrats were also more likely to have positive shifts in political trust and efficacy than men, Republicans or Independents.

ATTITUDES ABOUT POLITICAL PROCESS (How strongly agree/disagree on a 5 point scale. 5=strongly agree)	Pre-Event	Post-Event	% Who Changed Pre to Post
Decreased support for negative statements:			
Elected officials don't care what people like me think	1.99	1.84	52.2%
People like me don't have any say in state government	1.83	1.62	51.5%
California politics & government are so complicated that I can't really understand what's going on	2.03	1.87	51.0%
Increased support for positive statements:			
We can trust our state's government to do what is right	1.43	1.70	55.5%
State and local governments are more responsive than federal	2.58	2.67	50.1%

> "The California*Speaks* model is a really important model…moving people from really raw, uninformed opinions, to more informed judgment and I think that provides a stronger basis for helping inform policymakers about these different issues and the tradeoffs."
>
> — Kim Belshé, Director of California Health and Human Services

Participants Taking Action

Not surprisingly, people who participated in California*Speaks* were much more likely to report paying attention to and discussing health care than those who did not attend. The day's experience gave them an increased interest in and capacity for information on the topic.

What is noteworthy is how much more likely participants were to engage in a range of political actions on health care compared to those who were recruited for the event but did not attend. For example, 40 percent of participants reported contacting a political leader compared to 12 percent of those from the control group. Eight percent of participants contacted the media compared to less than 3 percent from the control group. One significant contributing factor to the difference in contacting political leaders is communications from third parties about taking action, which were made by California*Speaks* to town meeting participants. However, contact by third parties did not seem to impact other types of actions, like contacting the media.

Evaluating the Event

Participant evaluations about the California*Speaks* process were extremely positive on most measures. There were high levels of agreement (between 92% and 97%) with a range of attributes about the experience such as becoming more informed,

respecting each other's views, having the opportunity to speak, being understood and seeing others as reasonable (even if the participant disagreed with the point being made).

While 63% reported personally agreeing with the results of the voting, a much higher 89% said that leaders should incorporate the results of the day into their policy plans. This suggests that there was a respect for the collective view of the group even if it did not match one's own views exactly. And 88% of participants agreed that "politics should be more fun, like this."

ACTIONS TAKEN (Survey conducted five months after California*Speaks* event)	8/11/07 Attendees	Recruited but did not attend
Discussed California health care with friends, family, co-workers	95.0%	77.3%
Following health care "closely" or "very closely"	85.4%	71.2%
People like me don't have any say in state government	58.6%	18.6%
Over the past five months, have you engaged in any of the following kinds of activity on the issue of health care?		
Contacted state representative or politician or public official	40.4%	12.1%
Signed or circulated a petition	12.6%	13.0%
Attended a town hall meeting	11.29%	7.4%
Worked or volunteered for a political organization	9.3%	4.3%
Contributed money to an organization or politician	9.2%	9.4%
Contacted the media	8.3%	2.6%
Engaged in some other kind of activity	20.1%	11.6%

Interestingly, only 36% agreed that they had changed their views as a result of the experience. This does not match with the finding already noted that roughly 50 percent indicated a shift on some of the five policy approaches included in the survey. It is possible that these types of shifts in perspective are not experienced by participants as "changing their views."

The one area of dissatisfaction for some participants was the extent to which they believed the proceedings were fair and unbiased. While 65.3% agreed that the meeting was "fair and unbiased", 24.3% of participants disagreed (and 10.4% were neutral). Analyzing responses by location, Fung and Lee were able to identify Oakland and to a lesser extent Humboldt County as having a marked difference on this measure. Those participants that were advocates for single-payer, which made themselves known especially in the Oakland and Humboldt County locations, were not satisfied with the convernors' explanations about why single-payer did not appear to be included as a discussion item from the start. Even though it was part of the afternoon's dialogue, the perception of its initial exclusion led some (e.g., 50% of Oakland participants) to view the event as biased and unfair.

This concern not withstanding, fully 93% of the attendees surveyed said they would participate in an event like this again if invited. There were high levels of agreement to this statement across all eight locations.

V. Impact on Policymakers

Harder + Company Community Research conducted interviews with 30 individuals involved in the health care reform debate, including legislators and staff, representatives from the Governor's office, state agency officials and representatives of special interest groups. The interviews covered context about how public input is used by these leaders as well as specific questions about their perceptions of the California*Speaks* event and its impact on the policymaking process.

All of those interviewed acknowledged that the health care reforms under debate were complex and that the process had been dominated by special interests, albeit a broader range of interest groups than usual. Many spoke about the need to get a clearer sense of the public's views, but with a deeper understanding than just polls. As one government official said: "[Polls are] useful for showing the broad framework…but polls can't get into the debate of which trade-offs to make."

These leaders typically get their public input from calls, e-mails and a few rare office visits from unaffiliated public members (in comparison to frequent office visits from lobbyists and well-organized groups). Some of these policymakers had been convening town halls on the topic of health care. Many talked about how the public needed more information or education about health care. They wanted not just more public involvement, but "intelligent involvement." A representative from the Governor's office talked about the need for "an information loop going in both directions" between policymakers and the public.

> "It came at an important time and validates what we've been talking about – that health care reform was important and nonpartisan."
>
> — Interview with administration representative

Characteristics of Public Forums Important to Policymakers

In the interviews, three primary criteria emerged as the factors that made a public forum something that a policy leader would pay serious attention to and include in their thinking:

- **The diversity of who participates** – especially "people you don't hear from." As one assembly staffer put it: "I try to make an assessment of how many 'normal' people there are versus those already in the industry like nurses and insurance companies. The more I see a cross-section of people who don't have a financial stake in an issue, the more interested I am in it."
- **The neutrality of the convening organization** – is the issue framed in a way to invite all perspectives; are the briefing materials balanced?
- **The type of follow up the forum generates** – e.g., do they hear from the participants afterwards?

Policymakers' Impressions of California*Speaks* Event

Although the interviews took place five months after the event, all were familiar with California*Speaks*. This included interviewees who had not attended a briefing or the statewide discussion in addition to the many who had observed the event at one of the eight locations. The predominant responses were that the event was successful and met its objectives. Typical of the favorable responses: "cool, innovative", "getting input from general citizens and it was inspiring to get so many people engaged and involved on a 'dry' policy topic."

The key positive aspects of the event volunteered by the policy leaders:

- Its size
- The diversity of who participated
- New voices
- In addition to general satisfaction with the "comprehensive" cross section of the community, the high level of politicians participating was seen as a significant positive by most. (One was concerned that it may have limited the range of policies being considered.)

Other aspects they spoke to:

- The technology linking all of the locations and the "immediate results"
- That people could "participate in a direct way" through the discussion and keypads
- "Incredibly well-structured" format
- For most, that the process was "fair and open", "not rigged"

"I thought it was fantastic. I couldn't believe the diversity, and size, and the dedication of the participants."

— Interview with policymaker who attended L.A. location

A few noted that Latinos were underrepresented. Some had concerns with how the day was organized. One thought the event could have been more open-ended instead of asking for responses to such specific policy options. A few others spoke to the issue of whether the single-payer policy option should have been included at the beginning of the day – or, at a minimum, California*Speaks* could have provided a clearer explanation of why some options were included and others not.

Most talked about seeing media coverage of the event. Some of the interviewees said they observed a marked increase in public interest on this issue after California*Speaks*. (For the others, public interest seemed to stay about the same). It appeared to those interviewed that the increased interest in health care was related to the media coverage of California*Speaks*.

Impacts on the Policymaking Process

The event was described by many as having two primary effects:

1. Providing a way to listen to the viewpoints of the average Californian: "just getting a sense of how regular constituents think about health care."
2. Creating a sense of urgency and momentum: "it was successful in showing lawmakers and decision-makers that something needs to be done." Another: "It came at an important time and validates that health care reform was important and nonpartisan."

Some respondents were of the mind that most politicians had already formed their views on health care by August 11, 2007. There were only two weeks between the event and a late August legislative session – not enough time to process the event results and develop new policy options. Especially given the high stakes and extra special interest-oriented activity on health care reform in the state, a few said the public's input would need to come much earlier in the process.

> "[California*Speaks*] showed that in these times there are ways to process issues accurately and quickly that can be a real boon to policymakers."
>
> — Interview with Legislative participant

One interviewee wondered if the general themes generated during the day were too general to refine legislation that was already well along in its development. Others said that it served a helpful role of validating the directions they were going in.

The three most prevalent suggestions for any future public forums of this kind were were:

1. Begin much earlier in the process, possibly with iterative sessions (and starting earlier would "open up" the agenda to include more options)
2. Have a mechanism for continuing the conversation after the event
3. Provide politicians with information that is "easy to digest"

VI. Impact on Policy Outcomes

Harbage Consulting compared the public input generated by California*Speaks* with how health care reform legislation evolved after the event. While it is impossible to assess the direct impact of California*Speaks* on legislative action, the evaluation examines how different elements of the final legislation aligned with the public's priorities.

The analysis used three "first wave" key policy options as its baseline:

- Senate President Pro Tem Perata proposal announced 12 /12/06
- Assembly Speaker Núñez proposal announced 12/21/06
- Governor's proposal announced 1/8/07 (based on the work of a bi-partisan panel in late 2006 and hence the most developed at the time)

Following negotiations and compromises developed in September, October and November of 2007, these versions of "Second Wave" proposals were used by Harbage as the "policy outcomes":

- AB 8 (Núñez) – passed on September 10, 2007
- ABx1 2 – Governor's Revised Plan, introduced on November 8, 2007
- ABx1 1 (Núñez /Perata), final compromise legislation introduced in special session

The analysis also included other reform plans considered in 2007 including a Senate Republican proposal introduced in October 2007, an Assembly Republican version of ABx1 8 on Nov. 8, 2008 and SB 840 (Kuehl), the single-payer proposal.

The discussion and votes taken during the statewide conversation covered both overarching values for health care reform and then reactions to six specific policy areas, with participant-generated conditions for each reform option.

On all of the reform values and most aspects of the reform options, the policies under discussion by state lawmakers moved closer to the priorities generated by California*Speaks*. Looking at the reforms in the mainstream debate, the final plan moved closer on three out of four California*Speaks* priorities.

How the Public's Values Were Reflected in the Legislation

Four key values emerged from the table discussions and theme team analysis:

- 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 health care system – Put *"people before profit"*
- Make wellness and prevention a priority

The Harbage analysis provided these examples of how these values were reflected in the "second wave" legislation:

Affordability: The inclusion of sliding scale of subsidies for families based on income and a sliding fee scale for employers based on the size of their business.

Accessibility: The initial version of AB 8 would have covered about two-thirds of the state's uninsured; the final compromise bill, ABx1 1 with an individual mandate, would have covered nearly all of the uninsured.

Keep Greed Out of the Health Care System: The final compromise bill included a medical loss ratio of 85%, in line with the 15% cap on insurer's profits supported by California*Speaks* participants.

Make Wellness and Prevention a Priority: The final compromise bill included a well-developed focus on wellness and prevention that had part of the Governor's original proposal but had not been in previous plans from the Democratic leadership.

How the Public's Policy Priorities Were Reflected in the Legislation

Harbage analyzed all six of the policy discussion topics and found movement in the legislation toward the public's priorities as defined by California*Speaks* on five of these broad reforms. The one area not addressed was the California*Speaks* support of a government-based system since that was not part of the mainstream health care debate.

Cost Control

A majority of California*Speaks* participants identified two cost containment approaches as "most important to be implemented now": prevention and wellness (62%) and streamline administrative procedures (51%). The final compromise bill had a much stronger focus on prevention and wellness language than any of the prior Democratic proposals, such as requiring all health plans to offer "Healthy Action Incentive/Rewards Programs."

Regarding streamlining administration, the final bill included a wider array of provisions in this area than any of the initial proposals such as adding e-prescribing to standardized billing practices and the use of electronic health records. A third priority about chronic disease management (a priority among 40% of participants) received constant support.

Employer Mandate

California*Speaks* participants were more likely to support an employer mandate if it included conditions addressing part-time employees (supported by 53% of participants), assurances that employers would not have incentives to reduce coverage (49%) and if there was some type of cost cap (48%). The final legislation did include provisions not present earlier that would have prevented employers from referring employees to the state insurance pool or otherwise encouraging employees to drop coverage. And while not including a hard cost cap, the ultimate reform plan had a sliding scale of contributions based on size of payroll.

Expansion of Public Subsidies and Public Programs

When asked if they wanted to expand public programs for the lowest income families and premium subsidies for low- to moderate-income families, California*Speaks* participants were more likely to agree if there were provisions for wellness and prevention (63% of participants) and if medical providers were fully paid (53%). They also wanted some way to control costs and the taxes that would pay for this. In addition to the wellness and prevention measures noted above, ABx1 1 included Medi-Cal rate increases for providers. The intent to control costs was embedded throughout the reform proposals and the final reform bill also included a "trigger" provision intended to control taxes by curtailing program growth if it exceeded expectations.

Insurance Industry Changes

A "guaranteed issue" provision requiring insurers to provide coverage to people in the individual market independent of their medical conditions received support from 59% of the participants with the condition that all would actually be covered and sufficient accountability and oversight would be provided. 58% of participants wanted a cap on insurer profits. All of the plans, including the final one, had provisions for transparency and oversight. The cap on insurer profits had originally only been in the Governor's proposal but was embraced by legislative leadership as well in the compromise bill.

Health Reform Debate Moved Closer to California*Speaks* Priorities

	POLICY MOVEMENT RELATIVE TO PUBLIC PRIORITIES		
	Closer	Further	Other
REFORM VALUES			
Affordability	✓		
Accessibility	✓		
Keep Greed Out of System	✓		
Make Wellness and Prevention a Priority	✓		
REFORM OPTIONS			
Cost Control	✓		
a) Includes wellness and prevention	✓		
b) Streamline administrative procedures	✓		
c) Chronic disease management			Constant Support
Employer Mandate			Mixed
a) Addressed part-time, seasonal employees			Mixed
b) Employers could not reduce existing coverage	✓		
c) Contains a cost cap			Mixed
d) Provides protections for small business			Constant Support
Expansion of Public Subsidies & Public Programs	✓		
a) Includes wellness and prevention	✓		
b) Fully pays medical providers	✓		
c) Provides care through a government-run program; no insurance companies			Not in mainstream debate
d) Taxes and costs are controlled	✓		
Insurance Industry Changes	✓		
a) Ensures everyone is covered; there is oversight and accountability	✓		
b) There is a cap on insurer profit	✓		
c) Healthcare professionals decide intervention			Constant Support
d) Premiums are affordable	✓		
Individual Mandate	✓		
a) There are adequate standards for quality care	✓		
b) Coverage includes prevention and wellness	✓		
c) Caps on insurance premiums and profits	✓		
d) Coverage is affordable to middle-income Californians	✓		
Government-Based System			Not in mainstream debate
a) Controls costs and minimizes bureaucracy			Mixed
b) Maintains choice of doctors and coverage levels; ensures additional coverage can be purchased			Mixed
c) Ensures quality of care for all			Included
d) Doctors are paid for performance and allowed to make medical decisions			Included

Individual Mandate

California*Speaks* participants placed the following conditions on their support for an individual mandate to secure health care coverage: adequate standards for quality care (55%), coverage includes prevention and wellness programs (53%), insurance premiums and insurer profits are capped (52%) and it is affordable for middle income families (49%). All of the "second wave" plans included a commission to help monitor costs as well as the prevention and wellness provisions previously noted. In addition to the cap on insurer profits mentioned above, the final plan included a new compromise to cap total premium costs at 5% of family income for those purchasing coverage through the pool.

Government-Based System

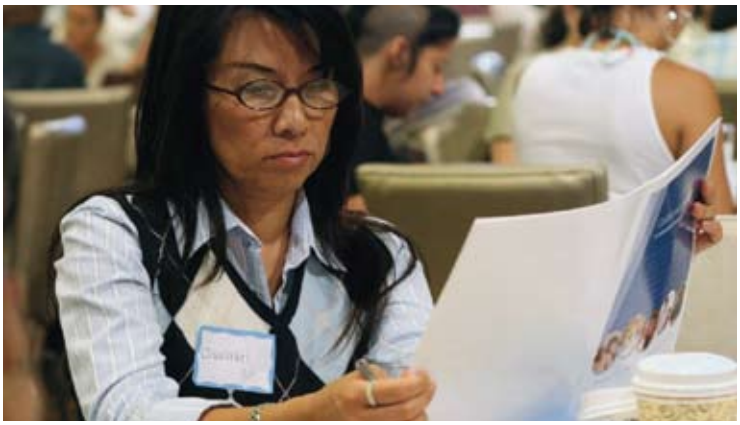
California*Speaks* participants discussed a heath care system where the government becomes the "single-payer" and provider of health insurance. They were more likely to support this approach with these conditions: control costs and minimize bureaucracy (55%), maintain choice of doctors and coverage levels, with additional coverage available for purchase (53%), ensure quality of care for all, regardless of geography or income (51%) and pay doctors for their performance, allowing them to make their own medical decisions (50 percent). Single-payer was not part of the mainstream health care debate in Fall 2007 but was proposed in SB 840 (Kuehl). SB 840 incorporates most the California*Speaks* participants' conditions such as cost controls, choice of providers and performance-based pay. On the request to be able to supply additional coverage, it is unclear under SB 840 if there would still be insurance companies and thus whether supplemental plans would be available for purchase.

"I thought it was a fabulous way of incorporating and including anybody and everybody who wanted to be heard."

— Cathy Emerson, Facilitator

VII. Evaluators and Methodologies

Three independent evaluations of California*Speaks* were conducted to understand the impact on individual participants, the policymaking process and policy outcomes.



"[It] put the spotlight on an issue that people already knew was important, but it also helped drive the agenda towards a solution, and I think it was incredibly effective. The forum had a direct impact on the policy."

— Former California Assembly Speaker Fabian Núñez

Evaluating Impact on the Participants

The Difference Deliberation Makes: A Report on the California*Speaks* Statewide Conversation on Health Care Reform

Archon Fung, Harvard University & Taeku Lee, University of California, Berkeley

Pre and post surveys of participants were conducted to assess attitudes immediately before and after the August 11, 2007 event. Follow up surveys were fielded about five months later with participants as well as with those who had agreed to attend the event but did not.

Survey	Date	Population Sampled	Sample Size	Response Rate
Pre-event	8/11/2007 or before	Event participants	2417	71%
Post-event	8/11/2007	Event participants	2442	72%
Follow-up A	1/23–2/18/2008	Event participants	1292	66%
Follow-up B	1/23-2/18/2008	Individuals who agreed to attend but who did not come	838	22%

Fung and Lee used multivariate analysis to look at these survey responses by various demographic characteristics. Their report also indicates plans to conduct additional analysis using the individual keypad and table level laptop data.

Evaluating Impact on Policymakers

An Assessment of the Impact of California*Speaks* on Health Care Reform in California

In January 2008, Harder + Company Community Research surveyed 30 individuals who played a role in the policy negotiations about health care reform in California. They included legislators and staff from the State Senate and Assembly, representatives from Governor Schwarzenegger's office, officials from state health agencies and representatives of special interest groups involved in the health care reform debate. 25 of the interviews were conducted by phone and five via online survey. The sample intentionally included legislative staff that attended a California*Speaks* briefing or the 8/11/07 statewide event and those that did not. Respondents represented seven of the eight California*Speaks* locations and both Democrats and Republicans were involved in the interviews.

Evaluating Impact on Policy Outcomes

California*Speaks* and the Evolution of the California Health Reform Debate, Harbage Consulting

Harbage Consulting compared 4 Reform Values and 29 Reform Options generated by the California*Speaks* participants with the nine different health care policy proposals under consideration in 2007. Looking at the "first wave" and "second wave" proposals from the Governor and legislative leadership, the report analyzes how the final compromise bill that passed in the Assembly (ABx1 1) shifted to more closely reflect the California*Speaks* priorities on each of the Reform Values and Reform Options.

Links to the complete version of all three of these reports can be found at www.CaliforniaSpeaks.org.

> California*Speaks* was very validating and came at that seminal moment where it helped give some wind behind the whole drive to universal coverage.
>
> — Herb Schultz, Governor's Office

AMERICA*SPEAKS* America*Speaks* (**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. America*Speaks* has engaged more than 140,000 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, America*Speaks* convened thousands of New Orleanians to create their city's recovery plan.

Acknowledgments

California*Speaks* 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.

www.californiaspeaks.org