

A PUBLIC  
VOICE  
2016

AN INTERIM REPORT

# CITIZENS AT WORK

WHAT HAPPENS WHEN AMERICANS WRESTLE WITH TOUGH CHOICES  
ON HEALTH CARE AND ECONOMIC SECURITY AND WHAT THAT SAYS  
ABOUT HOW THEY COME TO GRIPS WITH DIFFICULT DECISIONS

*Kettering*  
Foundation



# A PUBLIC VOICE 2016: AN INTRODUCTION

For more than 30 years, the Kettering Foundation has reported to policymakers and government officials about the characteristics of public thinking on key policy questions. In 2016, the foundation is reporting on citizen deliberations on two separate but important questions:

- **How can we reduce costs and still get the health care we need?**
- **How should we spread prosperity and improve opportunity?**

The 2016 citizen deliberations have taken place in public forums around the country, using two issue guides prepared by the Kettering Foundation for the National Issues Forums (NIF): *Health Care: How Can We Reduce Costs and Still Get the Care We Need?* and *Making Ends Meet: How Should We Spread Prosperity and Improve Opportunity?*

About 2,800 people from across the country have participated in more than 250 forums on either health care or making ends meet. About 210 of the forums have been in face-to-face meetings. The remainder have taken place online, using a platform called Common Ground for Action, which is designed to reflect what happens in in-person deliberative forums. This platform was developed by Kettering using the same principles used in preparing issue guides.

At the conclusion of both the face-to-face and online forums, participants were invited to fill out questionnaires in which they were asked to indicate their views on a number of questions related to the problem, including what citizens could do to help solve it. They also were asked to reflect on how the forum had affected their thinking, and to provide some basic personal

and demographic information. In addition, researchers from Kettering and Public Agenda also observed face-to-face forums in nine states.

Information from these observations and questionnaires was gathered and analyzed by researchers from Kettering and Public Agenda. This report is drawn from their analyses.

The reports on both issues are still preliminary. Throughout 2016, local groups affiliated with NIF will be conducting forums at which citizens will deliberate on each of these questions. Kettering will make a final report after these deliberations are concluded.

Even in their preliminary form, each of these interim reports offers some useful information to policymakers about public thinking on these important questions. Looked at together, these reports offer policymakers key insights about how citizens come to terms with the trade-offs involved in any complex policy issue. They show why it would be beneficial for policymakers to engage the public in more intensive and deliberative ways.

These insights stem from the nature of the issues—and from the Kettering Foundation’s experience observing and reporting on public deliberations concerning these issues.

Economic insecurity and the rising cost of health care are difficult, complex, and controversial issues. While the issues are distinct, there are intersections between them because, for example, the expense of health care disproportionately affects low-income people. There are also broad areas of philosophical, policy, and practical considerations that do not overlap. The participants in both sets of forums were nonetheless able to grapple with the trade-offs, sacrifices, and limitations of the different policy options they considered. There was shared agreement on some possible solutions, but it is clear from the conversations that citizens did not believe in “magic bullets” for either issue.

# WHO COMES TO THE FORUMS?

The forums are attracting individuals of all ages from around the country and giving them the chance to weigh different options for reducing health-care costs and improving economic opportunity and to exchange views on alternative ideas for addressing these challenges. As might be expected, most people who opt to come to the forums have an expressed interest in health care or the economy—either as students, educators, health-care professionals, small business owners, or simply adults whose personal experiences in their jobs or with the health-care system played a central role in shaping their lives. The reflections captured here should not be read as a formal poll or systematic survey of public opinion.

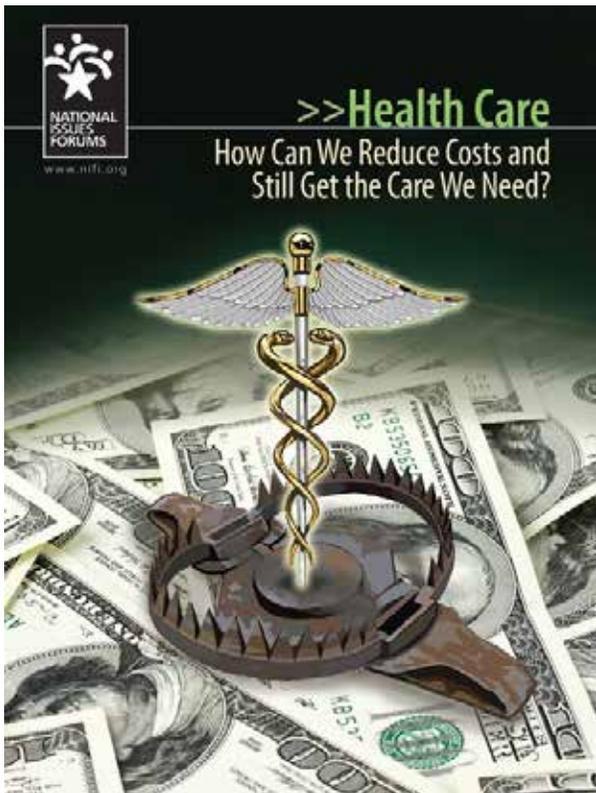
However, the NIF forums do provide another kind of insight, one that does not emerge from polling data. The students, educators, health-care professionals, small business owners, community organizers, retirees, and others who are coming to the forums are especially attentive to health-care and economic issues. Moreover, they have typically spent 90 minutes or more in the forums talking with colleagues, classmates, and neighbors about challenges in the health-care system and the economy and weighing alternative visions for the future. As such, their thinking offers guidance as to the concerns, questions, and ideals that will emerge among a broader swath of the public as policymakers try to move forward on these issues. This public thinking—the concerns that emerge over time as people wrestle together with difficult issues that are important to them—defines the limits of public permission within which policymakers can work effectively.



# HEALTH CARE

Kettering has studied public deliberations on health-care quality, cost, and access for many years. In 1984, and on five other occasions since then, Kettering has produced issue guides related to health care that were used in NIF forums. While those guides framed the issue in various ways, and the national health-care policy discussion has taken many forms over time, in all cases the forums revealed that citizens had trouble wrestling with the choices and trade-offs that come with health-care policy decisions. Again and again over the years, citizens in the forums had difficulty accepting the trade-offs inherent in proposals that would control costs but lead to lower-quality care, or decreased access to care.

Not surprisingly, that same difficulty emerges in the forums held in 2016. But the forums so far also suggest a greater willingness to entertain and discuss such trade-offs.



As might be expected, citizens are still learning about and wrestling with many aspects of the issue. But a review of the forums makes it clear that citizens in these forums appear to have begun moving past three decades of partisan and polarized debates. They show a readiness to confront the difficult choices that, in the past, have brought forum participants up short. Compared with citizens in earlier forums, 2016 forum participants are farther along in working through a set of difficult choices. Many of them have moved beyond partisan framings and divisive rhetoric to consider what trade-offs they might be willing to live with. Considering that rhetoric and partisanship have become prominent even in health-care policy debates, deliberative public engagement has become a more compelling alternative for making progress on this issue.

**On health care**, participants focused consistently on six areas:

- 1. EXCESSIVE AND OPAQUE COSTS UNRELATED TO THE QUALITY OF CARE**
- 2. TRANSPARENCY AS A KEY TO BETTER DECISIONS AND LOWER COSTS**
- 3. THE NEED FOR MORE ATTENTION TO END-OF-LIFE DECISIONS AND CARE**
- 4. WELLNESS, PREVENTION, AND PERSONAL RESPONSIBILITY**
- 5. MEDICARE AGE REQUIREMENTS**
- 6. HEALTH CARE AS A SYSTEM THAT IS DISTANT AND UNRESPONSIVE**

The greater clarity that people expressed on health care in the latest forums stems, at least in part, from health care's status as a major issue in national politics over the past 20 years and over the past decade in particular. But this progress suggests that there now may be an opening for officials seeking to resolve some of the long-standing deadlocks on this subject.

# MAKING ENDS MEET

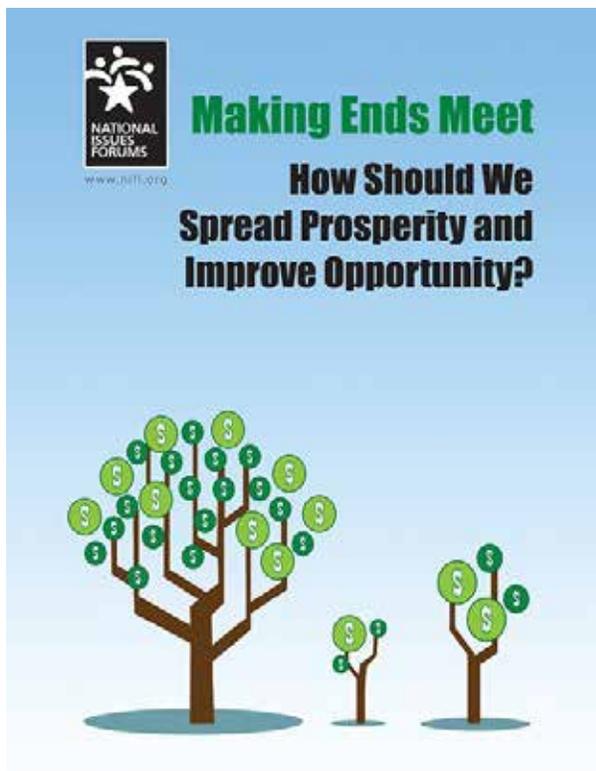
While citizens in the most recent forums have advanced in working through difficult choices related to health-care policy, the same sort of progress is not apparent in the forums in which people considered questions related to prosperity and economic opportunity. They are at an earlier stage in their thinking when it comes to this issue.

Kettering is no stranger to questions related to economic security. On eight occasions since 1982, groups have used NIF issue guides, prepared by Kettering, in public forums related to economic security. But, so far, the 2016 deliberations show that many of the citizens in the most recent forums have not progressed very far in wrestling with the trade-offs that arise from any approach to increasing economic security and prosperity.

This should not be surprising. The Great Recession of 2007-2009 was a landmark event that is only now beginning to be fully understood. Its effects on the nation and on the concerns of citizens are still unfolding, especially in the parts of the country—and the workforce—that have not shared fully in the recovery of the past seven years. The public is only beginning to make sense of what this major global event meant.

*Making Ends Meet forums* showed that citizens are deeply concerned about those who are struggling financially, but they are unsure how best to spread prosperity and increase opportunity. In these forums, participants focused on the benefits and trade-offs of six areas of concern:

1. **DEFINING THE PROBLEM**
2. **SUPPORTING SMALL BUSINESS**
3. **RAISING THE MINIMUM WAGE**
4. **STRENGTHENING THE SAFETY NET**
5. **MANAGING COSTS OF EDUCATION AND TRAINING**
6. **STRENGTHENING NETWORKS TO HELP PEOPLE SUCCEED**



# TWO ISSUES, ONE PATH TO JUDGMENT

Comparing the deliberations that took place in the two sets of forums underlines an important point about the way people come to judgment on complex and contentious issues. As Daniel Yankelovich said in a *Kettering Review* interview in 1985, “Public judgment reflects the public’s viewpoint once people have had an opportunity to confront an issue seriously and over an extended period of time. . . . Typically, this process of converting mass opinion into public judgment takes months, if not years, and often involves strenuous debate and perhaps several distinct changes in outlook.”

A public voice is neither static nor quick to form. It is different from the voice that emerges from polls or focus groups. It reflects seasoned judgment, not off-the-cuff opinions. It reflects a knowledge based on the interaction of citizens, not the desires of individuals. It emerges as a result of people working through issues together and over time, changing as their understanding of the issues and their priorities change.

And because of these characteristics, a public voice offers policymakers a different kind of guidance than the measures of public opinion that are so commonly available. Giving citizens a chance to develop this public voice, and incorporating their recommendations into public policy, is beneficial to officeholders, citizens, and democracy.

When offered the chance to work through difficult problems in structured, informed discussions, people will do so eagerly. The extent to which they are able to do so productively depends in large part on the nature and maturity of the issue at hand.

While the resulting exchanges rarely if ever lead to quick consensus, they often lead to remarkably practical and open-minded conversations that range far beyond disagreements about policy choices or governmental action. Typically, they center on what citizens can do, what business, health-care providers, and other institutions might do, and what government changes might be warranted to support these actions.

Public deliberation is not “coming to consensus.” It is deciding together what ought to be done and what we can live with. Many seem eager to get down to work, thinking carefully about what changes might be best and what kinds of trade-offs we should anticipate and consider.

Citizens express frustration that our governmental and private systems for making decisions and delivering services are not transparent, participatory, or effective. They complain that these systems do not reflect many of the things that people hold to be most valuable. But at the same time, these exchanges often are less polarized, more reasonable, and more realistic than the national debates on these issues. If it is not yet fully clear what people are willing to do, it is apparent that they are more than ready to try to figure that out together.

Given the chance to weigh different proposals—ranging from more wellness programs to a higher minimum wage to more help with college costs—people in forums repeatedly asked tough, sensible questions about how each of them might work out in real life and how much they would do to solve the most critical problems. People in the forums continually delved into the nuances, weighing different ideas based on their experiences and what they see in their communities.

This is the public voice that emerges from deliberative forums, a voice that is distinct and valuable, even if its dimensions and conclusions are still being determined.

# FORUMS SHOW AMERICANS READY TO WORK ON TWO CONTENTIOUS ISSUES

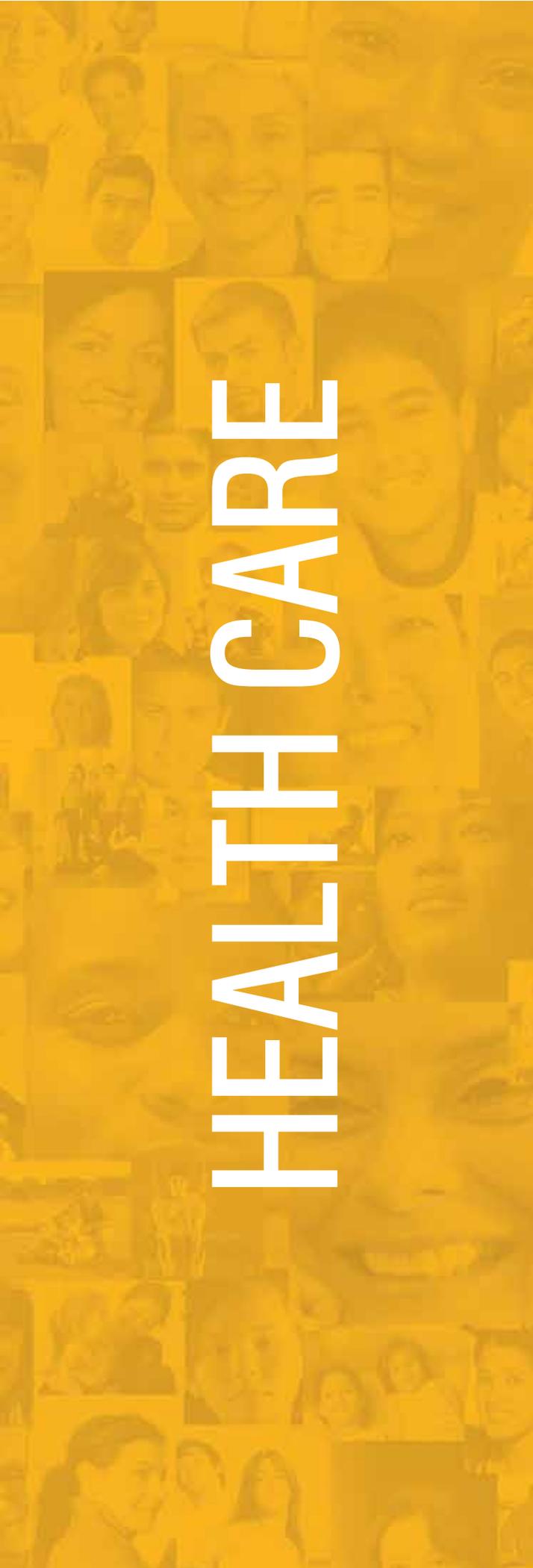
The *Health Care* and *Making Ends Meet* forums have brought together a wide range of citizens to deliberate about rising health-care costs and economic insecurity. In these forums, participants shared how the issues affect their lives, learned more about problems and potential solutions, considered a set of policy choices, and wrestled with the trade-offs and questions related to each choice.

A common theme in both sets of deliberations was a broad distrust of institutions, often voiced as frustration with the way “the system” works. In health care, “the system” was defined as encompassing the health-care and pharmaceutical industries and the current set of government laws, policies, and services on health; for many forum participants, the economic security “system” was less clearly defined. People talked about the impact of large and small businesses, government, and educational institutions at the local, state, and national levels. Citizens voiced considerable dissatisfaction with both “systems,” questioning whether they really served the needs and interests of people like

themselves. Forum participants often focused on solutions that would put more power, knowledge, and choice in the hands of individuals and give them more ways to control their own experiences and futures.

Although forums on both issues will continue through 2016 and beyond, they have already yielded important results. The forums so far reveal a potentially troublesome gap between the way deliberating citizens think and talk about these issues and the way that government officials, policy experts, political candidates, and other leaders address them. Perhaps the most important lesson to be drawn from these deliberations is the need to change the nature of the national discourse. The responses of people who participated in these forums indicate that citizens want more opportunities to weigh the advantages and disadvantages of different approaches and to hear from others in settings that encourage thoughtfulness about difficult issues that are important to them.

**THE GREATER CLARITY THAT PEOPLE EXPRESSED ON HEALTH CARE IN THE LATEST FORUMS STEMS AT LEAST IN PART FROM HEALTH-CARE’S STATUS AS A MAJOR ISSUE IN NATIONAL POLITICS OVER THE PAST 20 YEARS AND OVER THE PAST DECADE IN PARTICULAR. BUT THIS PROGRESS SUGGESTS THAT THERE NOW MAY BE AN OPENING FOR POLICYMAKERS SEEKING TO RESOLVE SOME OF THE LONGSTANDING DEADLOCKS ON HEALTH CARE.**



# HEALTH CARE

## HEALTH CARE: HOW CAN WE REDUCE COSTS AND STILL GET THE CARE WE NEED?

What follows is a preliminary analysis based on several sources, including more than 375 questionnaires completed by citizens who participated in local or online forums. Researchers from the Kettering Foundation and Public Agenda also observed and reviewed transcripts of forums taking place in different areas of the country and looked at reports submitted by moderators.

Perhaps the most striking conclusion to emerge so far from the health-care forums is that the citizens who took part were relatively optimistic that costs could be reduced while maintaining the overall quality of care. Many people were aware of the data showing how the United States compares to other countries in terms of the cost of our care and the quality we receive. “The problem is that we’re paying Cadillac prices for health care and we’re getting sub-compact return for it,” said a participant in a Texas forum.

This does not mean that the participants felt that any of the solutions available are easy, painless, or singlehandedly sufficient. In fact, citizens identified and acknowledged trade-offs and limitations for each solution. There were six areas that attracted the most discussion:

## 1. EXCESSIVE AND OPAQUE COSTS UNRELATED TO THE QUALITY OF CARE

There was broad agreement that costs for health care are often excessive, sometimes beyond all reason, and the system of pricing and billing incomprehensible, perhaps even intentionally so. An Arizona woman gave this example:

People like to point fingers at the government, but the system is being led by whom—by the insurance companies? . . . I had to do a little emergency thing and I was in California. I went to—I can't think of the hospital right now—the bill for 48 hours was \$35,000. We weren't going to pay that. I do have insurance—my husband is a corporate person so we have the corporate system—but then the forms come through [saying] the insurance will pay \$750. . . . That's what they accept—the system of waste with all of this paperwork—who's in charge?

"I broke my ankle," an online participant recalled, "I was billed \$30,000 to my insurance, and they settled for \$10,000. If \$20,000 can be written off, why was it charged in the first place?"

"I feel like the hospital—the system—is out to get my money," said a California participant. "Individual doctors and nurses care about me, but not the system."

There was also concern about the practice of pharmaceutical companies providing gifts and trips to doctors in exchange for prescribing certain drugs, and many believed it should be curtailed. "Don't let the doctor benefit from the prescription that you need," summed up one Arkansas participant. There were many comments questioning the motivations of doctors and whether they always put the patients'

interests first. Some people felt that simply exposing what one participant called "kickback" practices would be enough to discourage them, while others felt that legal changes are necessary.

However, some citizens also felt that the high cost of medical school may force some doctors to consider profit motives: "One of the reasons I think doctors go from wanting to care for patients to going for the dollar is that they end up with these incredibly high bills after med school, and if we could somehow make med school a more affordable thing [that would be helpful]," said an Arkansas participant.

The questionnaires confirm this picture. Most believed that doctors order unnecessary tests and procedures, and most say the system has far too many specialists and not enough primary care professionals. Forum participants again and again rejected the proposition that it was impossible to control health-care costs without reducing quality, with many rejecting the idea strongly.

## 2. TRANSPARENCY AS A KEY TO BETTER DECISIONS AND LOWER COSTS

Throughout the forums there were repeated calls for giving more information to patients and consumers. Said an Arizona participant: "We need accurate labeling of food; accurate labeling of medications, including contents of generics; and accurate labeling and pricing of treatments of all health-care costs and alternative options."

One area that particularly interested many forum participants was how prescription drugs are priced by pharmaceutical companies. "We don't see their actuarial tables," pointed out a

Wisconsin participant. “We don’t really see how much it costs to bring the drug to market. Maybe that’s all on the up and up, but we don’t see it. It’s not transparent and accountable.”

In the questionnaires, a strong majority supported the idea of requiring hospitals and doctors to post their prices so people could “shop” for health care; half of those who returned questionnaires supported this recommendation strongly. At the same time, there seemed to be some worry that making patients too cost-conscious could lead people to jeopardize their health. Most rejected the idea of employee insurance using higher deductibles and co-payments to spur patients to save money by taking more responsibility for their own health care. In Wisconsin, one doctor worried that higher deductibles had led many of his obese patients to avoid gastric bypass surgery:

It made me think about the . . . option . . . of taking ownership for one’s own health. The hope would be, with higher deductibles, people would be more invested in their care and be more interested in following up on things that would make a difference. However, unfortunately, I think all too often, as the deductibles went up, people were less inclined to have the surgery.

While transparency was held up by forum participants as a generally positive policy choice, the way people talked about it also illustrates their sense of themselves as “outsiders” to public and private systems that operate in ways that are intentionally opaque—that these systems are, in fact, intentionally hiding things and providing information that can’t be trusted.

Interestingly, calls for more transparency weren’t limited to pricing. Many participants referred to the mixed messages and public relations information coming out of the health-care system in other areas. An Arizona man said:

There is a diet one day and then six months later they change the whole thing. They say that’s not right, but this is right. Who knows? It’s all marketing. It’s all marketing and it’s all PR firms who put out this information making us think it’s unbiased information, but it’s not unbiased information. I think the American people—and I don’t mean just the uneducated people—have lost confidence in what the information is.

Some admitted that while transparency may be necessary, taken alone it won’t necessarily lead to changes in health-care costs. An Arizona participant argued that, “As nice as transparency would be, what can we really do about it? I’m not sure you’re going to bring your own \$7 gauze. It doesn’t matter how much they charge. It’s either you get the stitches or you walk out with a hole in your arm, you know?”

### **3. THE NEED FOR MORE ATTENTION TO END-OF-LIFE DECISIONS AND CARE**

Participants were aware of the high costs of care delivered to patients in the final months and days of life and seemed broadly supportive of making options like hospice care better known and better supported. One Texas participant said,

Sometimes the family doesn’t know [the cost of] end-of-life [care]. It can be very costly. They’re thinking more about if granddad can just stay one more week, then so-and-so can come from Washington. Let’s keep him alive as long as we can even if he’s not conscious, without realizing it’s going to be \$100,000 for that week. Maybe if the families were more aware of the financial costs they might make different decisions.

## HOW THE KETTERING FOUNDATION DEVELOPED THE ISSUE GUIDE USED IN THE *HEALTH CARE FORUMS*

The Kettering Foundation began development of *Health Care: How Can We Reduce Costs and Still Get the Care We Need?* based on feedback from forum organizers in the National Issues Forums network. That feedback made it clear that participants in previous forums on health care were still interested in wrestling with unresolved issues of cost and quality.

In response, Kettering Foundation researchers interviewed a broad range of health policy experts in Washington in early 2015. The Kettering researchers also reviewed recent public opinion data related to health care, as well as previous Kettering reports on NIF forums related to the topic.

Kettering then brought a number of these same policy experts together on a roundtable panel at A Public Voice 2015, where they were asked for their insights about what issues citizens needed to wrestle with related to health-care costs and quality. Those insights were then incorporated into the issue guide, along with other research.

At the conclusion of A Public Voice 2015, Kettering Foundation president David Mathews told the roundtable that the foundation would report on the results of the forums that used the framing that they had helped to develop. This interim report is the first step in doing so.

But it's important to note that concerns about heroic care at the end of life didn't always revolve solely around the costs involved. A number of participants raised their own personal dilemmas in deciding when such care was actually beneficial to the patient. In Arkansas, one participant told this story:

A friend of mine's mother had very serious Alzheimer's and then came down with cancer. The doctors were wanting to do chemo and radiation and put her through all kinds of misery. He said to me, "I don't think we should be doing that." I said, "No, you should not be doing that." I mean, obviously, why subject this poor woman to stuff when she's clearly demented? It's just going to be a punishment to her. Why was this being recommended? Somebody was going to make a lot of money.

Another participant responded:

On that personal example, it would have been very nice if the doctor would have said, "Look, these things can be done and if you want them done for your mother, we can do them, but I personally would recommend, given her condition with Alzheimer's, that we don't do that," but he didn't do that. He was pushing for it.

In Wisconsin, a participant pointed to her own experience as a health-care worker:

Perhaps we have not done the best job in educating people that you need to make these decisions in advance. You need to have something in place . . . I worked at an Alzheimer's unit. . . . I saw someone where they're talking about extraordinary measures taken for people that unfortunately were not going to make it very long. I came to wonder, as a health-care person, are you torturing them on their way to the grave? What are we doing here?

Others pointed to the tension about this issue even within families. In Wisconsin, a woman said:

I've seen this in our family—that the person that's ill is ready [to go], but the family won't let them go, and the person that's ill has such guilt on that, that they allow themselves to be treated and treated, like with a terminal cancer, or there's another ray of hope out there. Let's get into another trial that's going to cost who knows how much, and there's virtually no hope, but the kids are clamoring, "Yes, you have to try. We have to have hope." Their dad is like, "I don't want to go through this, but I can't let my kids down." Now, there has to be a better way to solve that problem.

For one Arizona participant, end-of-life costs and care was an issue that people could take particularly important actions on in their personal lives:

We can just start talking about it. We've got to do something. We're not going to be very good with our aged parents, relatives, and loved ones if we don't have this conversation and make the conversation known to our children, heirs, and people younger than us. Let's just be brave and go out and say something to somebody this week about where the line is.

And here again, the questionnaires confirm this overall picture—large numbers of participants agreed that "too much health-care money is spent on trying to keep people alive for a few more weeks or months at the end of their lives." Results were more divided on whether insurance companies should "stop paying" for these costly, but almost certainly futile, efforts.

What many seemed to want most was more candid conversations within families and among doctors, patients, and families. This, for many, was the essential first step.

## OPTIONS FOR HEALTH-CARE COSTS

*Health Care: How Can We Reduce Costs and Still Get the Care We Need* highlights three alternative options for health-care costs.

- 1) emphasizing that we need to live within our means and make hard choices between paying for health care and paying for other things that we hold valuable;
- 2) making the health-care system more transparent, efficient, and accountable;
- 3) taking responsibility for lowering health care costs by focusing on wellness.

## 4. WELLNESS, PREVENTION, AND PERSONAL RESPONSIBILITY

There was broad awareness in the groups of the impact that smoking, obesity, exercise, and other wellness- or prevention-related aspects of health have on health-care costs. Participants understood the many dynamics of these issues and acknowledged their own personal responsibility and the difficulties they have in meeting their own good intentions. A Wisconsin participant described the tensions this way:

I'm a smoker who has friends that smoke and they say, "I smoke. It's my body. It's what I'm doing." Well, we know somebody who got lung cancer, lost a lung, and now he's on disability. I am paying for it. It is my problem.

While participants were relatively adamant that smoking should be discouraged through ad campaigns and higher insurance premiums, they were less sure about applying the same mechanism to obesity. They named the lack of access to healthy food in usually low-income areas known as “food deserts” for their lack of large grocery stores, the fact that many schools have cut their physical education programs, the fact that the government subsidizes the growth of corn (the source of high-fructose corn syrup), and other factors. Some also differentiated between different causes of obesity. “Weight is tricky because a lot of people can control it, some cannot, and some choose to just ‘let themselves go.’ It would be very difficult to put all overweight people in the same category because their situations are very diverse,” typed in one online participant.

When pressed about the role of government in wellness and prevention, many participants seemed to echo the sentiment of one Arizona participant, who said government should be “giving us better information about what our human body needs to stay healthy—nutritional requirements, things to not do, things to do, and so forth. The medical profession is not equipped to do that. They simply are not.”

Questionnaires returned by many participants after the forums confirmed this picture. Majorities agreed that “the unhealthy choices made by many Americans” are a “chief cause of skyrocketing health-care costs.” Many supported the idea of taxing sugary sodas and similar measures to discourage unhealthy lifestyles. The vast majority liked the idea of increasing physical education in schools, but most seemed to back away from the idea of insurers charging more to overweight customers.

## 5. MEDICARE AGE REQUIREMENTS

Raising the age at which Medicare should kick in was an idea that forum participants seemed willing to consider, although there was still broad skepticism about the trade-offs involved. Citizens participating in one online forum favored the idea that “there might be a minimum provided to everyone, and then more help for those who could not afford it, but a requirement for those who can afford it to pay.” This kind of solution seemed to address concerns like the one expressed by one Wisconsin participant, who said, “I think a lot of blue collar people who have worked very hard physically—to think that they have to wait until age 67 to be on Medicare is a cruel thought.”

This kind of back-and-forth was evident in another online forum, in which participants typed:

**Participant 1:** As it is now people are living . . . longer . . . than they had been before, this is why I believe we should raise the age.

**Participant 2:** This would delay the mass . . . of baby boomers coming in but eventually when they reach 69 we would be right back at the original problem. But I believe we should still raise the age.

**Participant 3:** I don’t think we should do this because it is important that seniors have health care.

**Participant 4:** I agree. It would make sense to raise the age due to the increase in life expectancy but I would worry about those who need it sooner.

The questionnaires suggest that many participants are concerned about what would happen to seniors if the age for Medicare eligibility were raised. More than half said they opposed this solution, with more than a third saying they oppose it strongly.

## 6. HEALTH CARE AS A SYSTEM THAT IS DISTANT AND UNRESPONSIVE

Underlying many of comments about health-care costs was a generalized distrust of many institutions—often expressed as a frustration with “the system.” Some citizens clearly had the health-care industry in mind when they spoke negatively about systems. “I feel like the hospital—the system—is out to get my money,” said a California participant. “Individual doctors and nurses care about me, but not the system.” Others singled out government as the unresponsive system. “The government is not using our money for what they say they’re using it for,” said another Californian. An online participant typed in that “Government can’t be trusted to run all our health-care options.”

This distrust of government can be seen in the way participants responded to the idea of a government-run, single-payer health-care system. While there was considerable support in many forums for the idea, overall the level of enthusiasm for government as the sole provider of health insurance did not show this as one of the most favored approaches.

No matter whether they thought of it as government, business, or a combination, participants repeatedly characterized the health-care system as distant and unresponsive. “Some of the things that we need to solve have to come from the medical profession,” said a Texas participant. “But when you have that kind of mentality where they’re sort of forming the wagons around protecting the system, it’s a little difficult to get into it with them.” One Arkansas participant who identified herself as a researcher said she felt that experts like her are hampered

because “we don’t have the infrastructure to communicate effectively to the masses.”

A number of comments made in the forums illustrate another side of citizens’ thinking about systems: that if they had the opportunity, people could actually contribute a great deal to improving health care and reducing health-care costs.

But the broad criticism and even cynicism about the system did not manifest itself as a refusal to engage with efforts to improve health care or lower costs. Many of those in the forums believed that individuals as patients, family members, and citizens need to be more involved.

One Arizona participant summed it up succinctly by saying that “everybody needs to participate in their health care.” And at a deliberation in California, one participant used the forum itself as an example of how citizen engagement in health-care decision making should look:

**Participant** (with emotion): I can’t believe we didn’t have this conversation before we enacted Obamacare.

**Moderator:** Which conversation?

**Participant:** (pointing to the whole room): This conversation, about the health-care system.

# ECONOMIC SECURITY

## MAKING ENDS MEET: HOW SHOULD WE SPREAD PROSPERITY AND IMPROVE OPPORTUNITY?

What follows is a preliminary analysis based on several sources, including more than 700 questionnaires completed by citizens who participated in local or online forums. Researchers from the Kettering Foundation and Public Agenda also observed forums and reviewed transcripts of forums taking place in different areas of the country and looked at reports submitted by forum moderators.

Participants in both online and face-to-face forums were not unified about the exact nature of the problem and were tenuous in their judgments about various solutions. In fact, forum participants often spent a considerable portion of their deliberations defining the problem itself and elaborating on its impact in their communities, families, and the country. When participants were weighing particular solutions, there is evidence that they were also considering the trade-offs and limitations inherent in those solutions. Some of the deliberations suggest a real concern with the systems and dynamics that govern our economy, and a sense that citizens stand outside those systems in a relatively powerless position. And yet, people in the forums often searched for solutions that would give individuals more options and opportunities for helping themselves, rather than expecting government or society to do it for them.

So far, six themes have emerged from the *Making Ends Meet* forums:

## 1. DEFINING THE PROBLEM

Overall, forum participants were deeply concerned about people who are not doing well financially, and many expressed the view that just keeping people out of poverty is not a high enough goal. A Georgia participant reacted to the title of the issue guide, *Making Ends Meet*, by saying: “I feel like people should want to do more than just make ends meet. If you’re just making ends meet, to me, that means living paycheck to paycheck. That’s not necessarily what people want to do in life.”

There was a similar reaction in Seattle:

**Female Participant:** Sounds very much like doing the bare minimum. Making ends meet just says get by, not necessarily saving or getting anything luxurious.

**Female Participant:** I agree that it [doesn’t] sound like being comfortable economically—making ends meet, like just getting by.

**Male Participant:** You live paycheck to paycheck.

Many also described first-hand experiences with economic insecurity—as is the case with Americans across the country—and participants typically cited a broad range of possible causes, including lack of a sound education and appropriate training, lack of support for people who lose their jobs, and the challenges facing small businesses. Questionnaires returned by participants show that a solid majority named “the growing gap between the very rich and everyone else” as one of the most important problems in our economy.

People in the forums tended to define the problem as multifaceted and one that spans typical political analyses. At the same time, the deliberations also suggest a readiness and hunger among citizens to move beyond describing the problem, to focus on a broader diagnosis of what’s gone wrong in the economy—especially what’s gone wrong in their own local economies.

## 2. SUPPORTING SMALL BUSINESSES

In the forums, participants often talked about the economic changes they had seen in their own communities—companies that had closed, people who had lost jobs, young people struggling to get on a promising economic footing. Some of that concern about local economies focused on the environment for small businesses. Many participants voiced strong interest in, and admiration for, small businesses, often focusing on the challenges of running a successful one. “I wish small businesses would have better support,” said a Maryland participant.

“I think it is important to support small businesses,” agreed a Washington State participant. “They’re going to directly impact the local economy.” Another argued that “small businesses impact the environment less because they tend to use local products.” Others claimed they care more about employees. “I work for [a small business] and I’ve worked there for seven years. That’s pretty much the whole reason I’m going through college is because my boss is helping me pay. Go small businesses!” said a Washington State participant.

There was more confusion, however, about exactly how to support small businesses and whether those measures will actually work.

Maryland participants who were, or had been, small business owners themselves expressed doubt about any program that works by having small businesses contribute to a fund for common supports or services. A Washington State participant said that helping small businesses really requires greater regulation of large businesses:

Another frustrating part about small businesses is that we have these huge companies that can have these really low prices, so a consumer will immediately go to the large company with low prices rather than small businesses. I think it's really harder to get small businesses started from that perspective as well, so if you want to make small businesses work you have to start from the top down, changing that.

Forum participants frequently delved into discussions about the best way to support small businesses and what kinds of risks and trade-offs might be involved. In Seattle, participants wrestled with the advantages and possible drawbacks of providing more loans for small business. The idea was appealing to many, but others mentioned downsides: "If you have more small businesses you'll have [a higher] percentage of them that will fail, and then you'll have to deal with that in society, especially if they get bank loans that then go into default," one woman worried. Another said, "Isn't that how the housing market collapsed? There were a lot of different loans taken out and then all of that collapsed."

Proposals to provide tax breaks for small businesses came under similar scrutiny: "The problem with . . . giving them tax breaks is the city or the county or whoever loses revenue, which impacts everything else that the city does."

Strong majorities of participants completing post-forum questionnaires backed the idea that "small businesses are, and always have been, the main engine driving the economy." And in the end, most were drawn to the idea of making more loans available to small business despite the risks involved.

### **3. RAISING THE MINIMUM WAGE**

Many participants saw the idea of raising the minimum wage as a concrete and compassionate way to help people who work hard but don't earn very much. Participants often talked about the issue as it emerged from and affected their communities. But once people began to deliberate, the conversation often turned to more specific questions of "when" and "how."

In Seattle, which had already seen a minimum wage increase, one man explained his concerns: "You raise minimum wage. . . . it was \$9.40 before the increase to \$15 . . . that's almost double [a] person's pay. [Businesses are] going to have to spend almost double the cost to keep all of their staff." In South Carolina—which has not raised its minimum wage—similar concerns were voiced: "The trade-off [is that a] significantly higher minimum wage could force some small businesses to close or lay off workers. Another trade-off is the businesses will simply go up on the prices and pass the increased cost off to us."

One participant felt that the minimum wage was itself demeaning, and that the message it gives negatively impacts workers and lowers their economic aspirations:

## EARLIER GUIDES ON TOPICS RELATED TO ECONOMIC SECURITY

- 1982: *JOBS AND PRODUCTIVITY (THE FIRST KETTERING/NIF ISSUE GUIDE)*
- 1984: *JOBS AND THE JOBLESS IN A CHANGING WORKPLACE*
- 1992: *PRESCRIPTION FOR PROSPERITY*
- 1996: *POCKETBOOK PRESSURE*
- 1998: *JOBS*
- 2005: *MAKING ENDS MEET*
- 2010: *ECONOMIC SECURITY*
- 2014: *THE FUTURE OF WORK*

My thought about minimum wage, I would never accept it. I would never go to a company and do that, because an employer is going to pay me minimum wage, they would pay me less if they could. That's telling me what they really think of me. . . . I'm going to give you the least I can, because that's what I really think of you. As soon as I can, if you want to get a raise, I'm going to sweep you aside and replace you.

Post-forum questionnaires suggest that many participants are still weighing the idea of raising the minimum wage and considering how it could be sensibly addressed without harming small businesses.

### 4. STRENGTHENING THE SAFETY NET

Proposals to strengthen the safety net by extending unemployment insurance, food stamps, or other supports to needy families drew a mixed response on questionnaires. While many participants supported strengthening the safety net, some government programs drew criticism from forum participants, including several who said they had themselves benefited from safety net programs.

A South Carolina participant, talking about safety net programs, said,

[It's like] you have a baby bird that sits there with his mouth open and somebody comes and deposits something; every time you turn around there's something deposited. They never had to go anywhere. Eventually what happens? They get kicked out of the nest and they have to learn to survive. Our system keeps letting them be the baby bird. It just keeps depositing and depositing and depositing. It builds a mentality of entitlement.

“Personally, I’m on Social Security disability myself, so I can vouch for this a little bit,” said a Maryland man. “But I really want to say that people on food stamps and Social Security and other governmental things should be alcohol and/or drug tested. A lot of people don’t even spend it on the right things.”

But others seemed to look for ways to make safety net programs more effective so they help people advance rather than just tiding them over. Post-forum questionnaires show fairly broad concern among the forum-goers that there’s not enough help for people who “suffer job losses, serious health problems, or other unforeseen financial disasters.” The question is what kind of help would truly help people move forward.

## 5. MANAGING COSTS OF EDUCATION AND TRAINING

Participants repeatedly talked about education and training as key to helping people build secure, prosperous futures. Some of the discussion focused on K-12 schools, especially those serving poor and minority students. In Seattle, participants described the problems they saw:

**Female Participant:** I feel like a high school education isn’t as effective as it could be or it isn’t as intense as it could be. I feel like we underestimate the capacity for high schoolers to learn or comprehend the world around them. . . .

**Female Participant:** It’s also the school districts underestimating their students. I was in Northshore School District for a while and it’s mainly just white people. I’m Hispanic so they thought I was so cool because I wasn’t white, but I was like it’s just who I am. At the same time, Seattle schools—because I went to high school at Ingraham in Seattle, a really terrible school—they kind of expect less because

they’re mainly Latino students, African American students, Asian students.

But much of the conversation also centered on the costs of college, access to college, and student debt. And here, participants often widened the discussion beyond the political debates over reducing student loans and making public colleges free. Participants in a Seattle forum, most of them college students themselves, probed the issues in a number of ways:

**Female participant:** Me personally, with my loans it really stresses me out because I’m doing stuff in class, and it’s like am I wasting my time? Am I actually going towards a job path here?

**Female participant:** There have been a lot of arguments saying that there are a lot of unnecessary things being built or funded [in higher education], like making universities more luxurious and universities are becoming businesses instead of focusing on education. Instead of focusing on quality of professors, they’re focusing on getting bigger class sizes or bigger buildings to do this and do that for here and here and here [for the] right degree. I think it just depends where the tuition is actually directly going towards.

**Female Participant:** It would be nice to have no tuition, but I just don’t think it’s possible.

**Female Participant:** I feel like even if it is free it doesn’t mean everyone is going to take advantage of it, and it doesn’t mean that everyone will pass either. You know what I mean?

**Female Participant:** Even if we did that [offer free tuition] there’s still inequalities. There’s still people who are a little bit racist. . . . I was looking at this chart [about] people in grad school. It’s still the two-thirds kind of thing:

white male makes \$100,000, for instance, and then a black male only makes like \$60,000. It's like no matter what education there's still that two-thirds, so even if you try to do that it's a bigger problem than just income.

**Male Participant:** [Is the] free tuition for state students or everybody?

**Female Participant:** If you're going to pay me for free to go to Hawaii, I would. (Laughter)

## 6. STRENGTHENING NETWORKS TO HELP PEOPLE SUCCEED

A number of participants also made comments that underscore the importance of community networks for helping people succeed economically. They described social networks among friends, family members, neighbors, or fellow churchgoers, and also networks that connect citizens with people working inside nonprofit organizations, businesses, and public institutions. A Maryland participant said that “there should be people that are willing to facilitate connections between employers who need a certain kind of worker and people who are willing to do a certain kind of work.”

Other participants mentioned the lack of these networks, or the fact that they are weak, as a major barrier to making ends meet. A South Carolina participant described this as “not knowing the system”:

I think a lot of times the information is just not out there. I think also in the black community that we fail to discuss these things with one another and we fail to discuss it with our families. . . . It's the family not discussing different things that we find out. I've seen that a lot. It's like you hold on to information, or we as African Americans come and talk to someone about the information and then it's like we don't know what we're talking about.

Discussions of community-based systems stood in contrast to other ways in which people used the word *system*. Again, participants were largely negative about the governmental and corporate systems that they felt governed the economy. And again, some participants zeroed in on business while others blamed the public sector.

A South Carolina participant made a similar statement, saying that “I just know with the existing and prevailing political situation that [strengthening the safety net] is not something that our elected leaders seem as though that they would buy into. Just some reality-based thinking.”

## OPTIONS FOR MAKING ENDS MEET

*Making Ends Meet: How Should We Spread Prosperity and Improve Opportunity?*

highlights three alternative options for improving economic opportunity:

- 1) making it easier for people to start new enterprises;
- 2) strengthening the safety net so that changes in the economy do not push people into poverty;
- 3) reducing inequality by shrinking the income gap.

# SOME PRELIMINARY INDICATIONS ON PUBLIC THINKING FROM *MAKING ENDS MEET* FORUMS

As noted earlier, this is a preliminary report on deliberations using Making Ends Meet. Groups affiliated with the National Issues Forums will continue to hold forums on this topic through 2016 and into 2017. Moreover, the participants in forums, to date, have tended to be disproportionately younger and more female than the population at large. Given these factors, it would be inappropriate to draw conclusions at this point from the forums that have already taken place. Even so, some early trends are obvious:

- Forum participants seem most interested in approaches that enable more people to take charge of their own economic security—more education, access to better information, and policies that make it easier to start small businesses.
- Participants' approaches to issues such as a higher minimum wage do not fall along predictable partisan lines. On the minimum wage issue, participants' views were notably nuanced, with many people both voicing support for the idea and expressing concern about its impact on small businesses.
- On matters of economic security and opportunity, as on deliberations about health-care costs, participants see a need not just for policy changes but also for a different kind of conversation—one that places the concerns of ordinary people on an equal footing with the views of experts and insiders.

Kettering Foundation researchers will be monitoring the progress of forums using the *Making Ends Meet* issue guide to see whether these trends continue and what new trends may emerge.



## ABOUT THE KETTERING FOUNDATION

The Kettering Foundation is a nonpartisan, nonprofit operating foundation rooted in the American tradition of cooperative research. Kettering's primary research question is: what does it take to make democracy work as it should? Kettering's research is distinctive because it is conducted from the perspective of citizens and focuses on what people can do collectively to address problems affecting their lives, their communities, and their nation.

The foundation seeks to identify and address the challenges to making democracy work as it should through interrelated program areas that focus on citizens, communities, and institutions. Guiding Kettering's research are three hypotheses. Kettering's research suggests that democracy requires:

- **Responsible citizens who are civically engaged and can make sound choices about their future;**
- **Communities of citizens acting together to address common problems; and**
- **Institutions with public legitimacy that contribute to strengthening society.**

The foundation's small staff and extensive network of associates collaborate with community organizations, government agencies, researchers, scholars, and citizens around the world. Those working on related problems share what they are learning through ongoing research exchanges.

As the foundation's learning progresses, Kettering shares its research findings through books, research reports, occasional papers, videos, and on its website. The foundation also disseminates its research in three periodicals: *Connections*, the *Higher Education Exchange*, and the *Kettering Review*.

In addition, Kettering produces materials, including issue guides and starter videos, for the National Issues Forums (NIF). The foundation collaborates with NIF as a way of furthering its research agenda.

Established in 1927 by inventor Charles F. Kettering, the foundation is a 501(c)(3) organization that does not make grants but engages in joint research with others. It is an operating research foundation headquartered in Dayton, Ohio, with offices in Washington, DC, and New York City. For more information, call 800-221-3657 or visit the foundation's website at [www.kettering.org](http://www.kettering.org).

## ABOUT THE NATIONAL ISSUES FORUMS

The National Issues Forums (NIF) is a network of organizations that bring together citizens around the nation to talk about pressing social and political issues of the day. Thousands of community organizations, including schools, libraries, churches, civic groups, and others have sponsored forums designed to give people a public voice in the affairs of their communities and their nation.

Forum participants engage in deliberation, which is simply weighing options for action against things held commonly valuable. This calls upon them to listen respectfully to others, sort out their views in terms of what they most value, consider courses of action and their disadvantages, and seek to identify common ground for action.

Issue guides are designed to frame and support these deliberations. They present varying perspectives on the issues at hand, suggest actions to address identified problems, and note the trade-offs of taking those actions to remind participants that all solutions have costs as well as benefits.

In this way, forum participants move from holding individual opinions to making collective choices as members of a community—the kinds of choices from which public policy may be forged or public action may be taken, on community as well as national levels.

For more information, visit the National Issues Forums Institute website at [www.nifi.org](http://www.nifi.org).

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