

Cover Letter

Impact of an Explicit Health Benefit Plan on support for Universal Health Care

We are conducting a research study about support for Universal Health Care. The purpose of this research is to examine what elements in a health benefits package affect support for UHC. To test this, we will ask you to imagine a hypothetical situation. If you decide to participate we will ask you to complete a brief survey about yourself.

This study should take no more than 30 minutes. All your responses will be anonymous; we have taken your name simply to grant you credit. We will not collect any identifiable information within the survey itself.

Participation in this study is voluntary. You can receive 1 credit (1 for a half hour) towards your research participation requirements. Your PSYCH 1000 instructor will provide you with alternate assignments if you do not wish to participate in this study.

**If you have any questions, comments, or concerns, please contact the principal investigator, Sean Duan, at sxdff5@mail.missouri.edu or the faculty advisor, Dr. Victoria Shaffer, at shafferv@health.missouri.edu.

***For questions, comments, or concerns about your rights as a participant, please contact the University of Missouri- Columbia Institutional Review Board (IRB) at 573-882-3181 or irb@missouri.edu

For the items below, please rate them according to how strongly you agree (or disagree with them)

'I support the 2013 Affordable Care Act'



'Our government needs health reform because the underprivileged are not getting their basic needs met'



'Universal health care is just designed to make the hard-working people of America pay for the health care of the lazy people of America'



'Access to medical care and insurance is a basic, inherent right of man'



'Universal Health Care provides fair and equitable care to all US citizens, regardless of employment status'



C

'Universal Health Care is straightforward'



'Universal Health Care is easy to understand'



Intervention Condition - Hands On

[Designing a Health Benefits Package for Universal Health Care]

A Health Benefit Package is a list of medical services that is guaranteed under Universal Health Care.

In this exercise, you will create a Health Benefits Package for yourself. However, the budget for Universal Health Care is limited. You can't have all the medical care you would like.

You have a total of 47 points to spend on your health benefit package. This represents the total amount of money spent on healthcare per month for Americans on average. Please choose the options that you think are the most important. There are no wrong answers.

Make one choice for how much coverage you want in each category (none/basic/medium/high). More complete coverage costs more points. Some categories of medical care will cost more points than others. Not every category of care will have medium/high coverage available. The cost in points reflects how much each option would cost to implement. The web exercise will show your total expended points in the upper left hand corner in green if you are at or below the maximum points, or in red if you have exceeded your points budget.

Please click the link below to begin the exercise, the exercise will open in a new window. A legend providing information on each of the choices is provided further below.

Health Benefits Exercise

When you have completed the exercise by creating a Health Benefits Package that is acceptable, indicated by green instead of red text on the web exercise, please return to Qualtrics to complete the final portion of the survey.

Type	Description	Basic	Medium	High
Complementary	Pays for “alternative” treatments	Covers “alternative” services including acupuncture (for pain), chiropractic (for back, neck or bone problems), and therapeutic massage.		
Dental	Pays for care of your teeth	You get regular cleanings and x-rays every 6 months. You have cavities filled and bad teeth extracted. You get minimal dental care.	You get regular cleanings and x-rays every 6 months. You have cavities filled and bad teeth extracted. You get complete dental care including repairs and crowns.	
Home Health	Pays for in-home care if you are chronically ill or too disabled to care for yourself	Your insurance pays in full for up to: 2 weekly visits from a nurse OR 2, 1/2 hr daily care from a nurse's aide.	Your insurance pays in full for up to: 4 weekly visits from a nurse OR 5 hr daily care from a nurse's aide.	
Hospitalization	Pays for hospital bills - Note: except in an emergency, you need your insurance plan's approval before the hospital will admit you.	You pay \$50 per day for your first 5 days in the hospital. You have little choice about your hospital (i.e., it could be far from your home). There is pressure on your doctor to discharge you as soon as possible.	You pay nothing per day. You have a large selection of hospitals. There is probably one near your home. You have many special facilities to choose from. There is pressure on your doctor to discharge you as soon as possible.	You pay nothing per day. You have a large selection of hospitals. There's probably one near your home. You have many special facilities to choose from. Your doctor can keep you in the hospital as long as he/she wants.

Infertility	Pays for tests and special procedures for someone having trouble getting pregnant	Infertility services are in the plan. However, expensive tests or procedures may require the insurance company's approval.		
Last chance	Pays for special treatment in life-threatening situations like organ failure or extreme illness	Organ transplants are paid for by your plan.	Organ transplants are paid for by your plan. If you don't get better with current treatments, your insurance will pay for you to take part in research. You may get new treatments that are being tested.	
Long-Term	Pays for your care over a long period of time in a residential or nursing home	Half your cost is paid for room and board in an average nursing home.	All your cost is paid for room and board in an average nursing home.	
Mental health and substance abuse	Pays for counseling and therapy, treatment of mental illness, and alcohol and drug abuse	Your plan pays for up to 30 visits per year to a therapist. You pay \$10 per visit. Your plan pays for up to 30 days per year in a hospital for mental illness or drug abuse. You pay \$50 for each day in the hospital.	Your plan pays for an unlimited number of visits to a therapist or counselor. You pay nothing per visit. Your visits are free. Your plan pays for an unlimited number of days in a hospital for mental illness or drug abuse. You pay nothing for each day in the hospital.	
Other medical	Pays for services and equipment like physical therapy, occupational therapy, ambulance service, wheel chair, hospital beds, and artificial limbs	Your health insurance company reviews your need first. Then it decides if it will pay for all, some, or none of the services or equipment requested.	There is no review process. Your health plan pays in full for all services and equipment	
	Pays for medicines your doctor prescribes	Your health plan only pays for medicines on its approved list (formulary). If your are prescribed a medicine not on this list, either your doctor has to change it or you pay for it. Your pharmacist must give you a generic medicine if he/she has it.	Your health plan only pays for medicines on its formulary. If you are prescribed a medicine not on this list, either your doctor has to change it or you pay for it. Your pharmacist may use either generic or brand name medicines for your prescriptions. You pay \$5 per prescription.	Your health plan is not limited by the formulary. Your pharmacist may use either generic or brand name medicines for your prescriptions. You pay \$5 per prescription.

Pharmacy		You pay \$10 per prescription.	for generic drugs or \$10 for brand name drugs.	
Primary	Pays for regular care from your primary or "family" doctor and staff. Your primary doctor can refer you to other doctors, order special services, and coordinate your care	You pay \$10 per visit. You wait about 4 weeks for a routine appointment and about 48 hours for an urgent problem. You pay \$25 per emergency room visit. There are few doctors from which to choose. It may be difficult to see the doctor you have now, or to pick a female or a minority doctor, or a doctor who speaks your language. You may sometimes see a nurse or physician's assistant instead of a doctor.	You pay \$10 per visit. You wait about 2 weeks for a routine appointment. You wait about 24 hours for an urgent problem. You pay nothing for emergency room visits. You have more doctors to choose from. You have a better chance of seeing the doctor you have now, or to pick a female or a minority doctor, or a doctor who speaks your language. You'll usually see a doctor rather than a nurse or physician's assistant.	Your plan has all the medium levels plus wellness and prevention benefits such as stop smoking programs, diet programs, automatic cancer screening, and stress management.
Specialty	Pays for special problems your primary doctor and staff don't handle	You need your primary doctor's referral to see a specialist in your plan. You wait about 45 days for an appointment. There are few specialists available. You have little choice of which doctor you see. You pay \$10 a visit. If you visit a specialist outside of your plan or go without a referral, you pay for it.	You may see a specialist in your plan without a referral from your primary doctor. You wait about 25 days for an appointment. There are more specialists available. You have more choice of which doctor you see. You pay \$10 a visit. If you visit a specialist outside of your plan or go without a referral, you pay half.	You may see a specialist without a referral from your primary doctor. You wait only a few days for an appointment. There are many specialties available. You may go to almost any specialist in your area. You pay \$10 per visit.
Tests	Pays for blood work, x-rays, or other tests you need	Your doctor needs to get expensive tests approved before ordering them. You might need the test done at a lab far away from your doctor's office.	Your doctor can order any tests for you without getting approval. You can have the tests done at or near your doctor's office.	
Vision	Pays for eye exams, glasses, and contact lenses	You get an eye exam every 2 years.	You get an eye exam every 2 years. You pay \$5 per visit. You receive \$75 for lenses and frames if needed every 2 years.	

For the items below, please rate them according to how strongly you agree (or disagree with them)

'I support the 2013 Affordable Care Act'



'Our government needs health reform because the underprivileged are not getting their basic needs met'



'Universal health care is just designed to make the hard-working people of America pay for the health care of the lazy people of America'



'Access to medical care and insurance is a basic, inherent right of man'



'Universal Health Care provides fair and equitable care to all US citizens, regardless of employment status'





'Universal Health Care is straightforward'



'Our government needs health reform because the underprivileged are not getting their basic needs met'



'I would be willing to accept and use this Health Benefits Plan'



Now that you have completed the exercise, we would like to ask you some follow-up questions. Please complete the following items

Do you pay for your own health insurance?

- Yes
- No

Have you ever been uninsured?

Yes No

What are your thoughts about the exercise you just completed?

Lastly, please answer the following demographic questions. You are free to skip any of these questions.

What is your age?

To which gender identity do you most identify?

 Male Female Gender Variant/Non-conforming

How would you best characterize your race/ethnicity? (check all that apply)

- Caucasian/White
- African-American/Black
- Asian/Pacific Islander
- American Indian/Alaska Native
- Hispanic/Latino(a)
- Other

What is your year in school?

 Freshman Sophomore

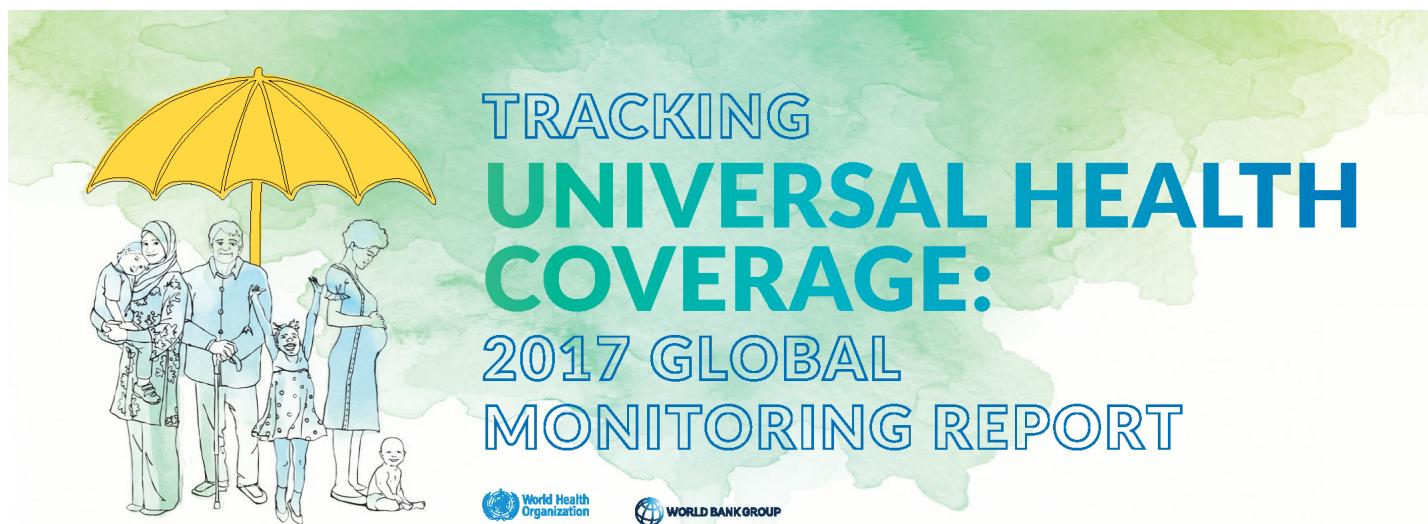
- Junior
- Senior
- Other

Control Condition - Passive

[Examining the Benefits of Universal Health Care]

Medical care is important to all of us. Paying for health care out of pocket is expensive, thus an attractive alternative is Universal Health Care. In this exercise you will participate in today, you will read factual information on Universal Health Care. Please think about what you read, and how UHC would affect your life.

Afterwards, we will have you return and complete the final portion of the survey.



Universal Health Coverage (UHC)
means that **ALL PEOPLE** can obtain the quality health services they need without suffering financial hardship.

DESPISE SOME PROGRESS, THERE IS STILL A LONG WAY TO GO TO ACHIEVING UHC BY 2030

AT LEAST **HALF THE WORLD'S POPULATION** STILL LACKS ACCESS TO ESSENTIAL HEALTH SERVICES.

—OUR COMMON GLOBAL COMMITMENT UNDER
THE SUSTAINABLE DEVELOPMENT GOALS (SDGS).

HOW DO GAPS IN HEALTH SERVICES AFFECT PEOPLE?

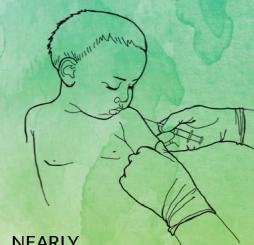


MORE THAN
**1 BILLION
PEOPLE**
live with uncontrolled hypertension;



MORE THAN
**200 MILLION
WOMEN**

lack adequate access to family planning services;



NEARLY
**20 MILLION
INFANTS**

don't receive three essential immunizations.



ABOUT
**100 MILLION
PEOPLE** FALL INTO
EXTREME POVERTY

(LIVING ON
**\$1.90
OR LESS A DAY**)



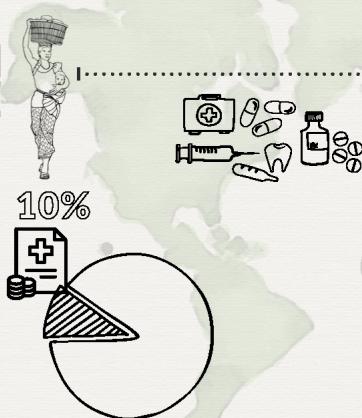
BECAUSE OF
OUT-OF-POCKET
HEALTH EXPENSES.

HEALTH EXPENSES

ARE AN IMPORTANT REASON
FAMILIES AROUND THE WORLD ARE
PUSHED INTO POVERTY.

OVER
**800 MILLION
PEOPLE**

SPENT AT LEAST
10 PERCENT
OF THEIR
HOUSEHOLD
BUDGETS PAYING
FOR HEALTH CARE.
THIS NUMBER HAS
GROWN BY OVER
3 PERCENT ↑
PER YEAR
GLOBALLY.



AMONG
THEM,
ALMOST
**180 MILLION
PEOPLE**

SPEND A
QUARTER
OR MORE OF
THEIR HOUSEHOLD
BUDGETS ON
HEALTH EXPENSES
—AND THEIR
NUMBERS
HAVE INCREASED
↑5 PERCENT
PER YEAR GLOBALLY.



IF WE DON'T ENSURE
**QUALITY,
AFFORDABLE
HEALTH**

Let's collectively
commit to better



HEALTH SERVICES,

IT WILL BE HARD TO ATTAIN **SDG 1**
-the common global goal
of ending poverty.

health and a world
free of poverty.

**LET'S INVEST
IN UHC.**



#HealthforAll



www.who.int/universal_health_coverage/en



www.worldbank.org/health

PRIMARY HEALTH CARE IS THE PATHWAY TO UNIVERSAL HEALTH COVERAGE



To promote prosperity and eradicate poverty, countries must ensure that all citizens have access to quality, affordable health services. In many parts of the world, lack of access continues to be a major concern.

AT LEAST
400

people are lacking at least one of
seven essential services such as family

BARRIERS TO HEALTH ACCESS INCLUDE:

1 Basic lack of **QUALITY** health services



2 **DISTANCE** to the nearest health facility



3 **OVERCROWDING** or **RESTRICTED HOURS** at facilities that impose long waiting times



4 **COST** of the health services may deter use



5 **LACK OF INFORMATION** on available services



6 **LACK OF CONFIDENCE** in facilities and staff



7 **SOCIOCULTURAL BARRIERS** including constraints related to gender or age, beliefs and cultural preference



In order to achieve universal health coverage, Goal 3.8 outlined in the UN's 2030 Agenda for Sustainable Development, a strong primary health care system needs to be in place.

90%
of a community's **HEALTH NEEDS** can be met by a well-functioning **PRIMARY HEALTH CARE SYSTEM**.

Strong primary health care systems ensure a focus on **EQUITY, ACCESS** and **QUALITY**

of services by:



IMPROVING HEALTH over the course of life, **FROM BIRTH TO OLD AGE**



Serving as an early **WARNING MECHANISM** to detect and **STOP DISEASE OUTBREAKS**



EMPOWERING INDIVIDUALS, FAMILIES, and COMMUNITIES to be active decision-makers about their health



Supporting a more **EQUITABLE DISTRIBUTION OF HEALTH**



Leading to **HIGH-QUALITY** and **COST-EFFECTIVE CARE** for people and communities



A HEALTHY and PROSPEROUS FUTURE for all depends on **STRONG PRIMARY HEALTH CARE.**



SOURCES

[1] World Health Organization, World Bank. Tracking universal health coverage: first global monitoring report. Geneva: World Health Organization; 2015.

[2] Doherty J, Govender R. Washington. The cost-effectiveness of primary care services in developing countries: a review of the international literature. World Bank, World Health Organization, Fogarty International Centre of the U.S. National Institutes of Health; 2004.

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AND IMPACT**
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twitter.com/popact

Universal Health Coverage (UHC)



All people have access to quality, affordable health services

Financing UHC drives inclusive economic growth

The health sector is about



Health is a key investment in human capital – ensuring people thrive at school and at work



UHC promotes labor market mobility

UHC reduces extreme poverty and inequality

In many developing countries, financing for health is **INSUFFICIENT, INEFFICIENT and INEQUITABLE**

INSUFFICIENT

INEFFICIENT

INEQUITABLE

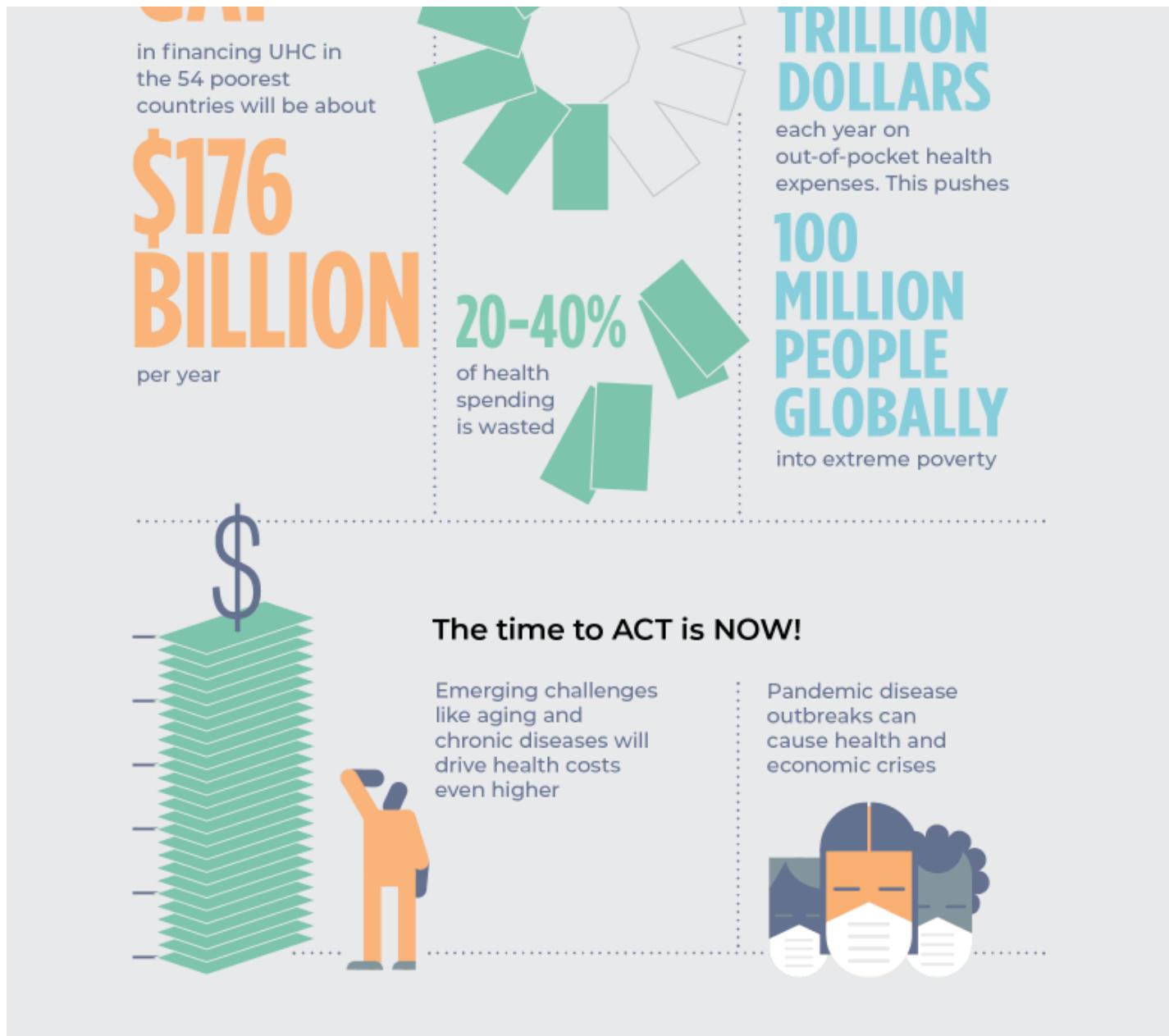
By 2030, the

GAP



People in developing countries spend

HALF A



**It's time to think BOLDLY
and STRENGTHEN financing for UHC**



and prioritize primary healthcare services for the most vulnerable

Tax tobacco, alcohol and sugary drinks — a win-win for more revenue and better health

Engage all sectors across the government to rise to the health financing challenge

DEVELOPMENT PARTNERS

INCREASE DEVELOPMENT ASSISTANCE FOR HEALTH



Ensure that investments are aligned with country priorities

Increase investments in country health systems capacity



Even in the best case scenario, countries and development partners will only be able to close a part of the projected **\$176 billion** health financing gap by 2030

**A bold innovation agenda to finance health is imperative
Because 'business as usual' is no longer enough**



WORLD BANK GROUP

#HealthForAll
#InvestInPeople

@WBG_Health

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'Universal Health Care is straightforward'



'Universal Health Care is easy to understand'



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- Yes
- No

Have you ever been uninsured?

- Yes
- No

What are your thoughts about the exercise you just completed?

Lastly, please answer the following demographic questions. You are free to skip any of these questions.

What is your age?

To which gender identity do you most identify?

- Male

- Female
- Gender Variant/Non-conforming

How would you best characterize your race/ethnicity? (check all that apply)

- Caucasian/White
- African-American/Black
- Asian/Pacific Islander
- American Indian/Alaska Native
- Hispanic/Latino(a)
- Other

What is your year in school?

- Freshman
- Sophomore
- Junior
- Senior
- Other

Subjective Numeracy Block

For each of the following questions, please choose the value that best reflects **how good you are at doing the following things**

How good are you at working with fractions?



How good are you at working with percentages?

Not at all good **Extremely good**

1 2 3 4 5 6

How good are you at calculating a 15% tip?

Not at all good **Extremely good**

1 2 3 4 5 6

How good are you at figuring how much a shirt will cost if it is 25% off?

Not at all good **Extremely good**

1 2 3 4 5 6

For each of the following questions, please choose the value that **best reflects your answer**

When reading the newspaper, how **helpful** do you find tables and graphs that are parts of a story?

Not at all helpful **Extremely helpful**

1 2 3 4 5 6

When people tell you the chance of something happening, do you prefer that they use **words** ("it rarely happens") or **numbers** ("there's a 1% chance")?

Always Prefer Words

Always Prefer Numbers

1 2 3 4 5 6

When you hear a weather forecast, do you prefer predictions using **percentages** (e.g., "there will be a 20% chance of rain today") or predictions using only **words** (e.g., "there is a small chance of rain today")?



How **often** do you find numerical information to be useful?



Rasch Numeracy Block

For each of the following questions, please use your reasoning and give your **best possible answer**

If it takes five machines 5 minutes to make five widgets, how long would it take 100 machines to make 100 widgets?

A bat and a ball cost \$1.10 in total. The bat costs \$1.00 more than the ball. How much does the ball cost?

In the ACME PUBLISHING SWEEPSTAKES, the chance of winning a car is 1 in 1000. What percent of tickets of ACME PUBLISHING SWEEPSTAKES win a car?

In the BIG BUCKS LOTTERY, the chances of winning a \$10.00 prize are 1%. What is your best guess about how many people would win a \$10.00 prize if 1000 people each buy a single ticket from BIG BUCKS?

Imagine that we roll a fair, six-sided die 1000 times. Out of 1000 rolls, how many times do you think the die would come up as an even number?

If the chance of getting a disease is 20 out of 100, this would be the same as having a _____% chance of getting the disease

If the chance of getting a disease is 10%, how many people would be expected to get the disease out of 1000?

Suppose you have a close friend who has a lump in her breast and must have a mammogram. Of 100 women like her, 10 of them actually have a malignant tumor and 90 of them do not.

Of the 10 women who actually have a tumor, the mammogram indicates correctly that 9 of them have a tumor and indicates incorrectly that 1 of them does not.

Of the 90 women who do not have a tumor, the mammogram indicates correctly that 81 of them do not have a tumor and indicates incorrectly that 9 of them do have a tumor.

The following table summarizes the information provided. Imagine that your friend tests positive (as if she has a tumor). What is the likelihood that she actually has a tumor?

	Has tumor	Does not have tumor
Tests positive	9	9
Tests negative	1	81

Debrief

Impact of an Explicit Health Benefit Plan on support for Universal Health Care

- Debrief

This concludes the experiment. Thank you for participating in this study. I would like to take a few additional moments to tell you a little bit more about the research and why it is being conducted.

This research investigates people's support for Universal Health Care in the context of constructing an explicit Health Benefits Plan (HBP). Universal Health Care is to many, a nebulous concept. Realistically, not all care can be offered for everyone at all levels of intensity. We designed this experiment to examine if support for UHC is affected by clearly demonstrating what care could be offered, as well as the trade-offs inherent in constructing any healthcare plan.

To illustrate what is realistic to offer, we presented a very simplified depiction of what could actually happen when designing the health benefits for a universal care plan. The points portrayed in the study each represent roughly 1/47th the cost of average monthly insurance. The cost of all items in points was adjusted to match the 'real life' cost of such interventions as well.

Furthermore, we wanted to examine if support for an explicitly defined universal care plan was impacted by being 'hands on' with the plan itself. We asked you to create the HBP yourself following strict constraints, or look at 'traditional' information on UHC from the World Health

Organization. By comparing the level of support each condition garners for Universal Health Care, we may be able to get a better sense of how people evaluate benefit.

We hypothesize that support for UHC will be increased when presented with an explicit HBP. We also believe that this support will be further increased if the participant actively is involved in developing an explicit HBP, as compared to passively taking in information.

We would like you to know that we really appreciate your time in helping with this research and are always happy to answer any questions that you might have about it. We think that one way to understand medical decisions is by learning more about what was investigated today.

If you have any additional questions about the study, you can reach me by email at sxdff5@health.missouri.edu. Thank you again for your participation.

- Sean Duan

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