

Health Values Survey 2004



*Oregon
Health
Decisions*

Survey FAQs

- What type of survey?
 - Computer-assisted telephone interview (randomly dialed)
- How many people?
 - 531
- Is that enough people?
 - Representative sample of the entire state
 - Maximum standard error: $\pm 2.17\%$ ($1.96 * SE = \pm 4.25\%$)
 - Maximum pooled SE for 2000 and 2004: $\pm 2.73\%$ ($1.96 * SE = \pm 5.35\%$)

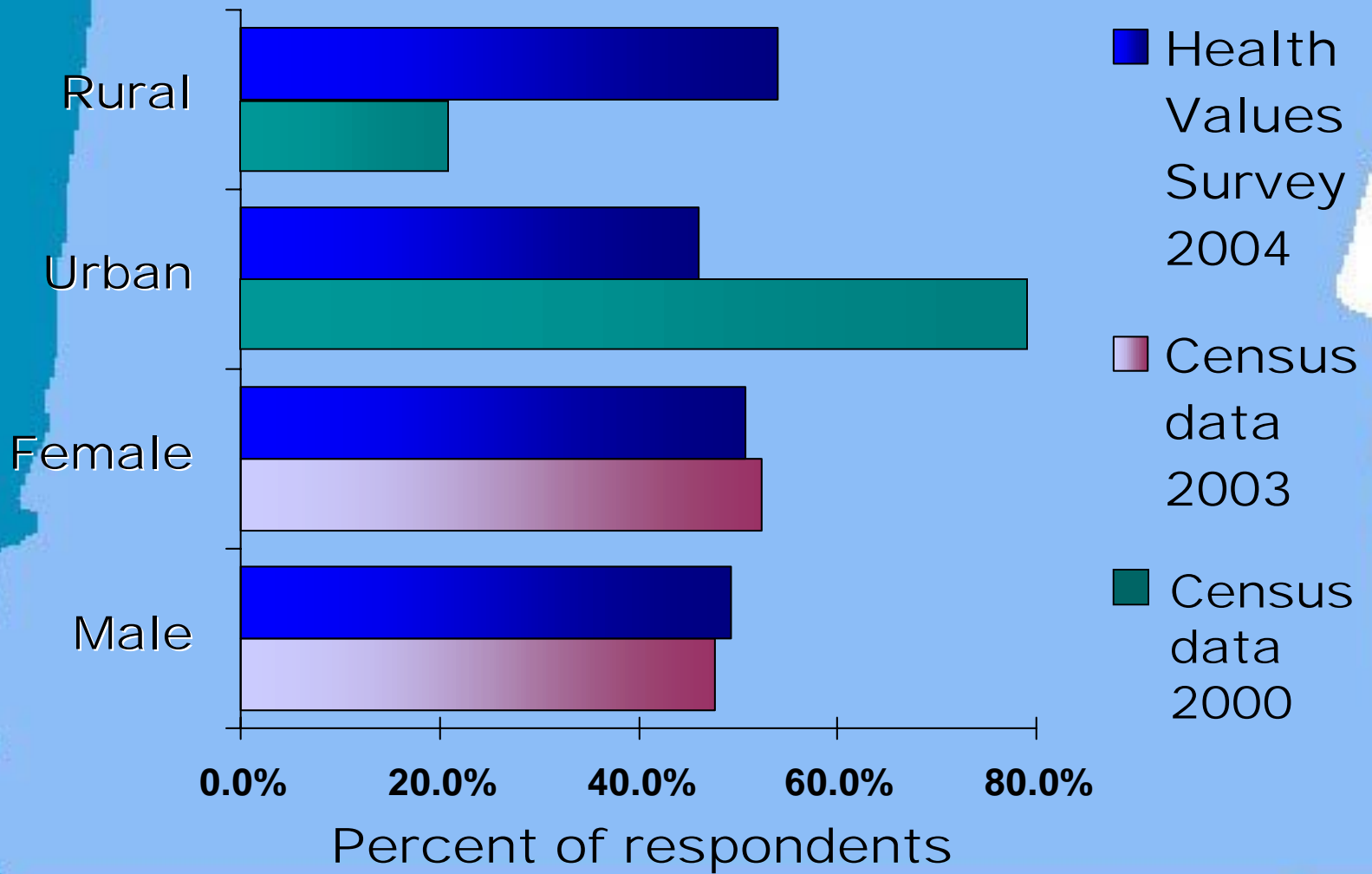


Data analysis

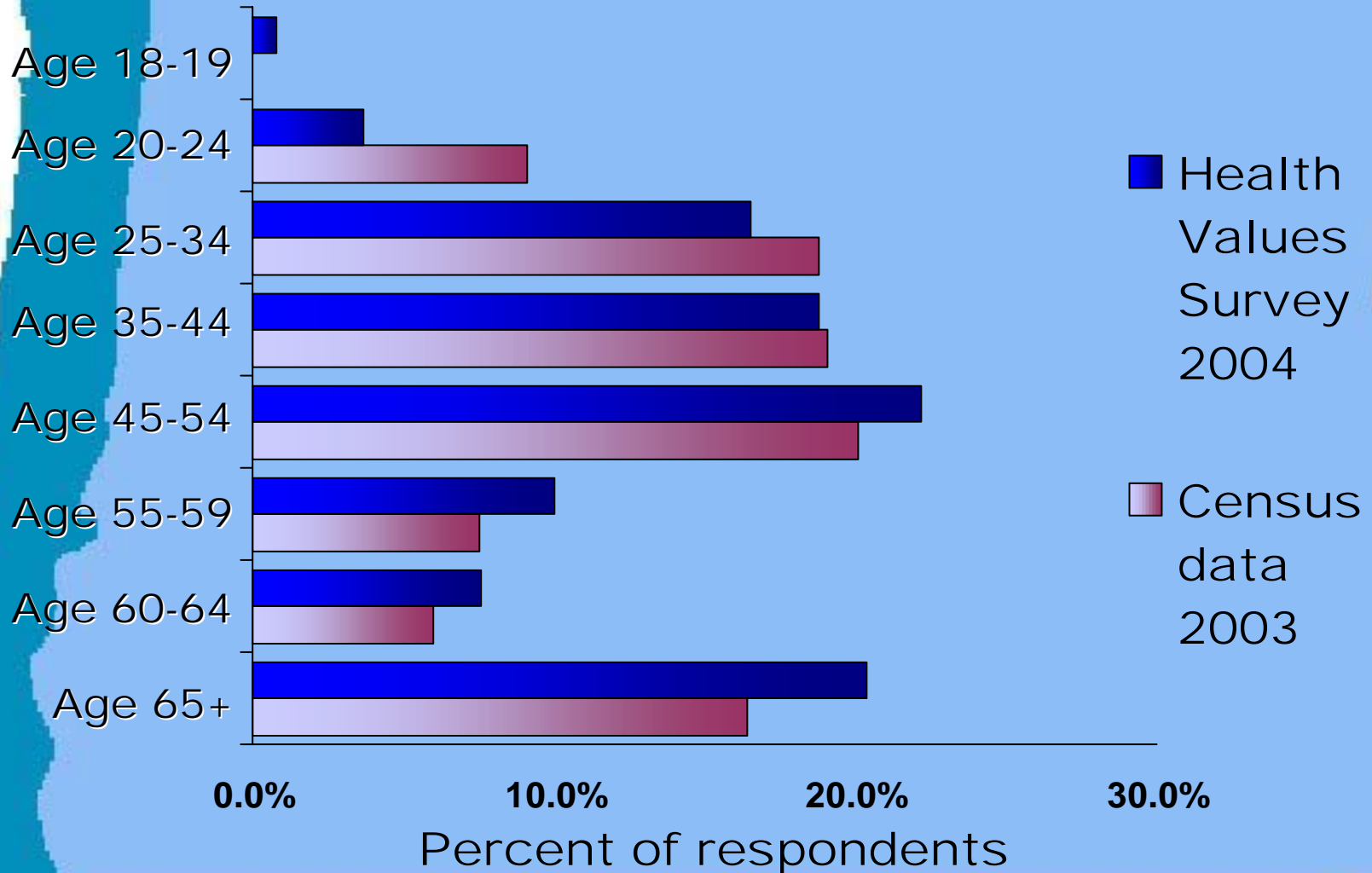
- SAS 9.1
 - Survey Frequencies procedure (aka "proc surveyfreq")
 - Incorporates 9 strata (region)
 - Applies survey weights
 - Calculates chi-square statistics
 - SE is weighted by stratum
 - Does not calculate exact tests
- SPSS 12.0.0
 - Non-parametric tests
 - P-values may be slightly higher
 - Not enough to alter conclusions



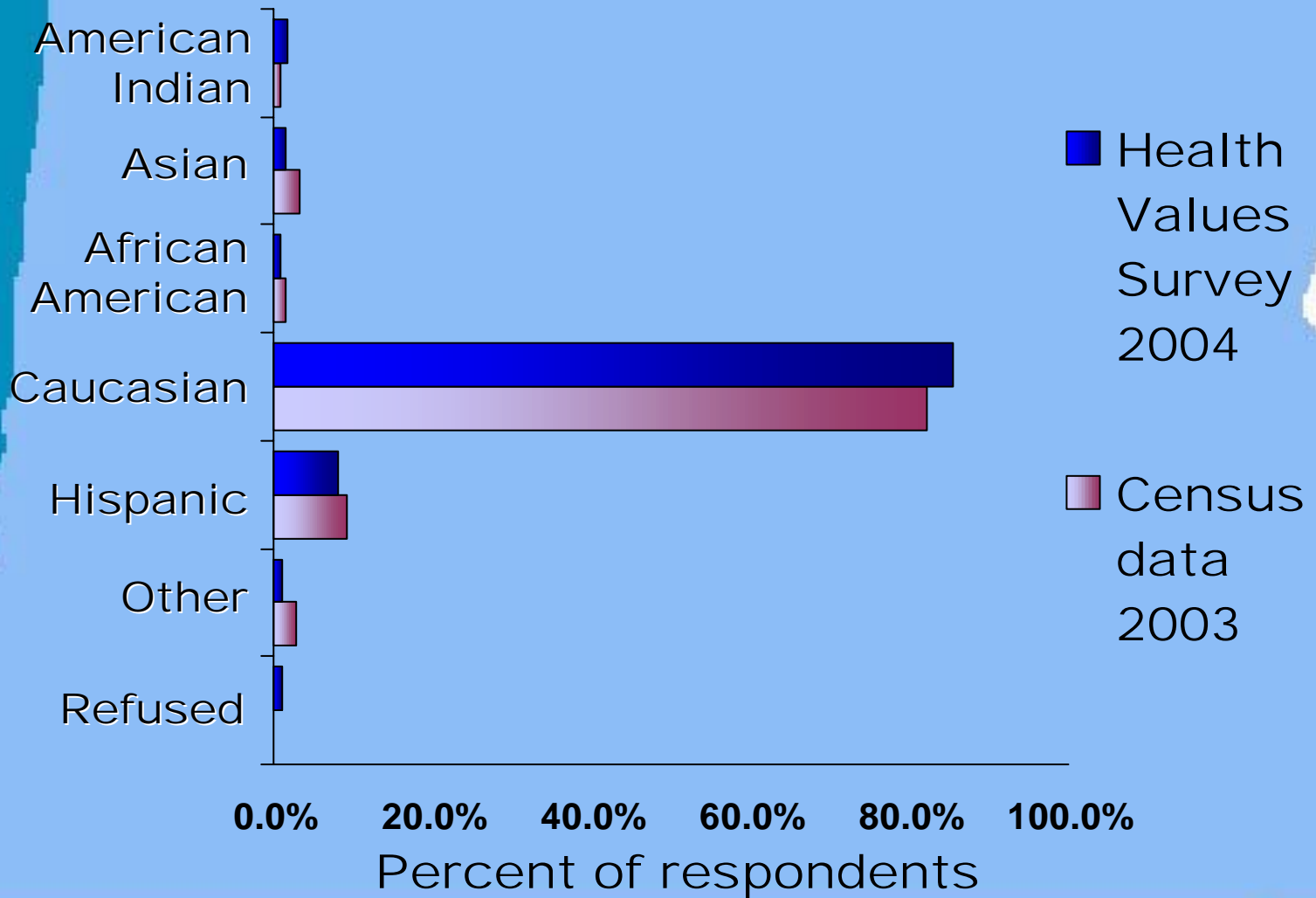
Demographics



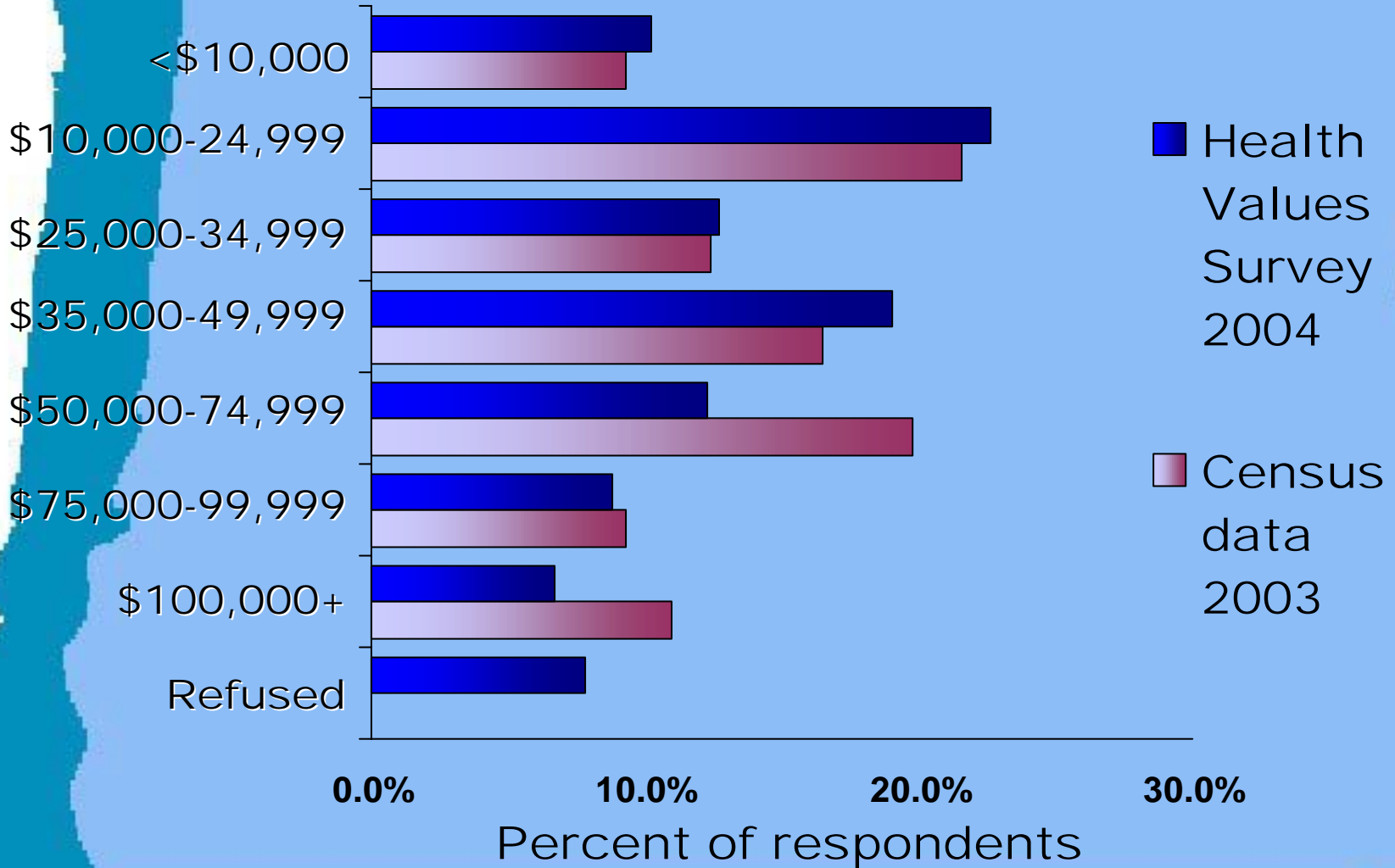
Age group



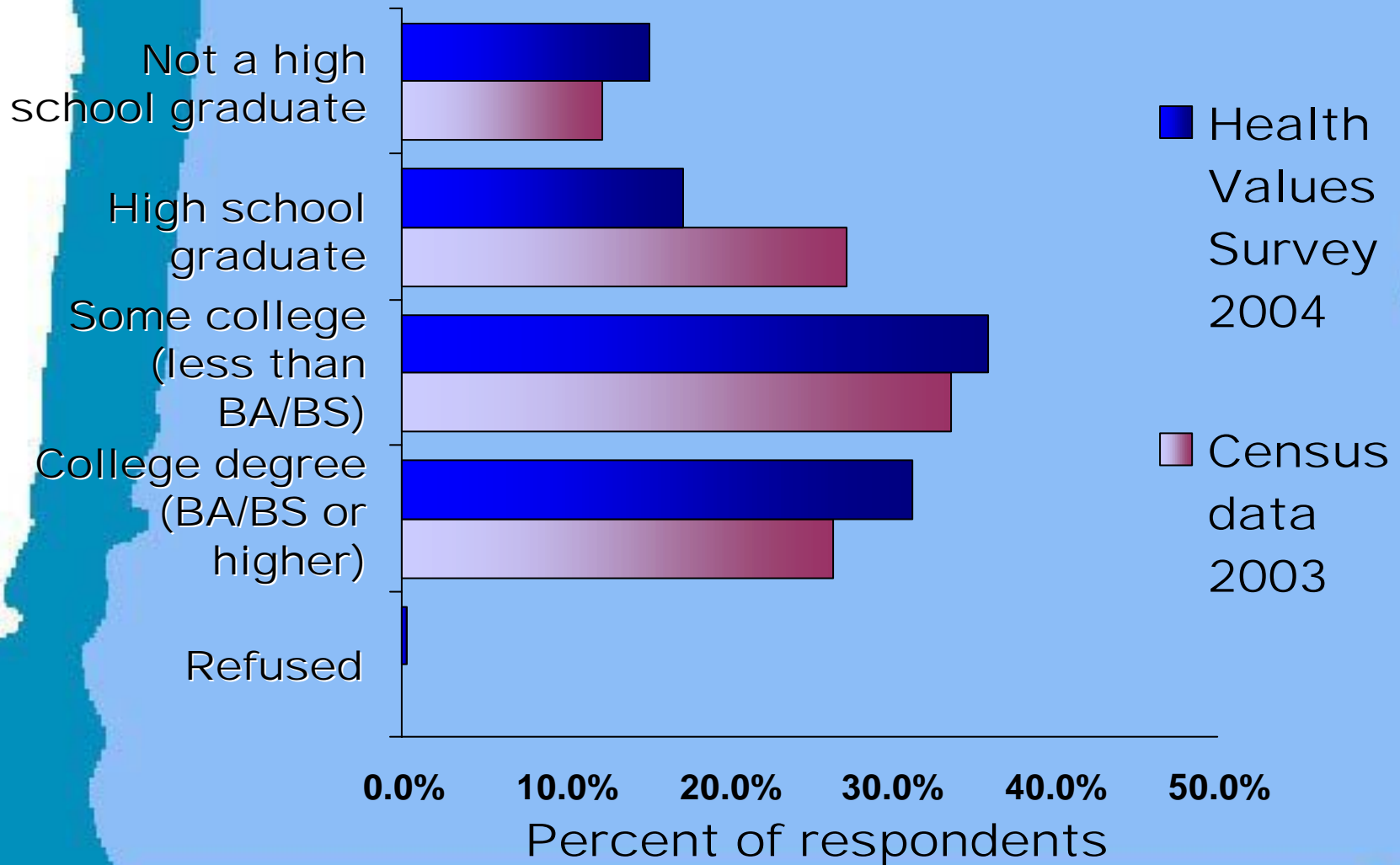
Ethnicity



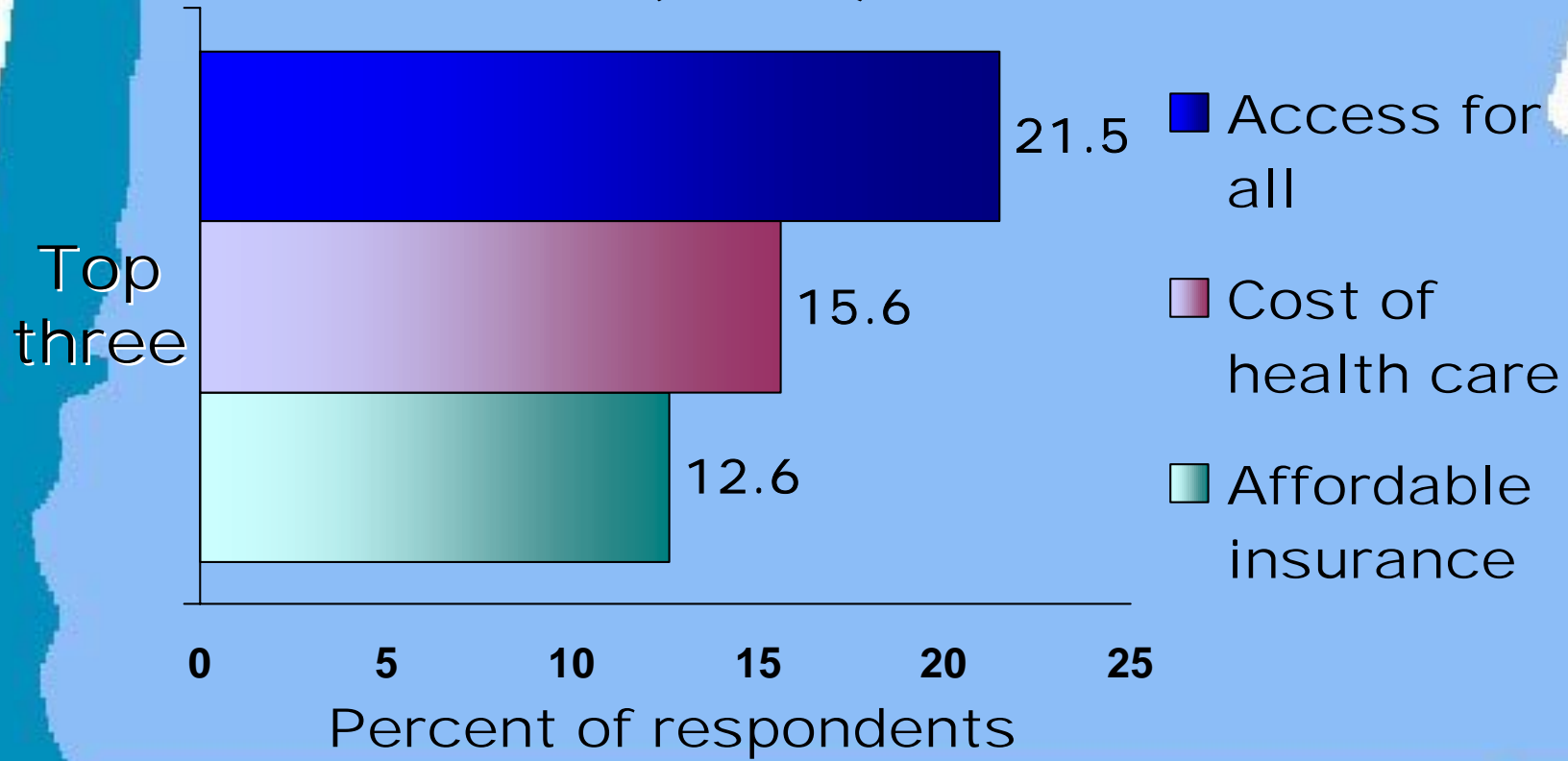
Household income



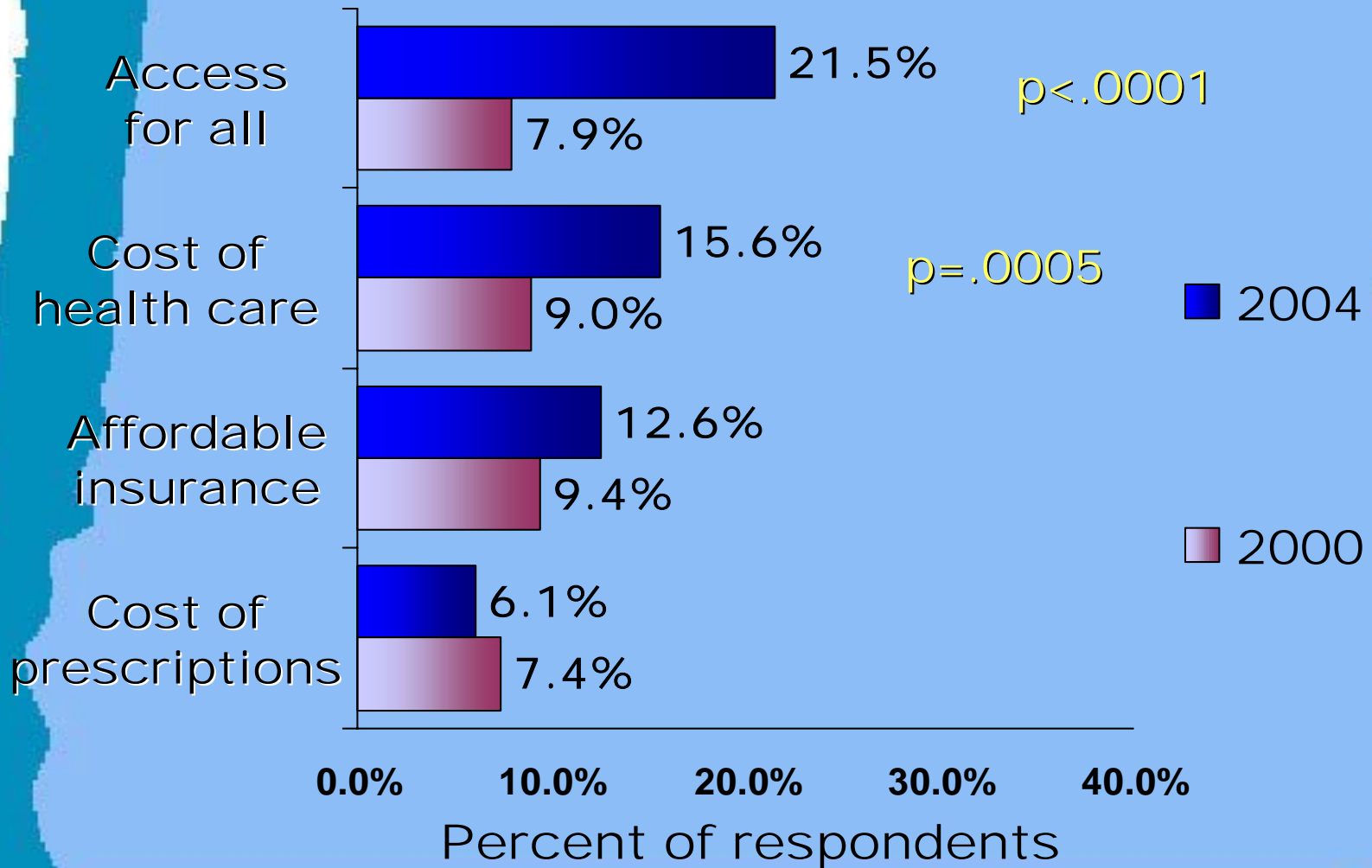
Education



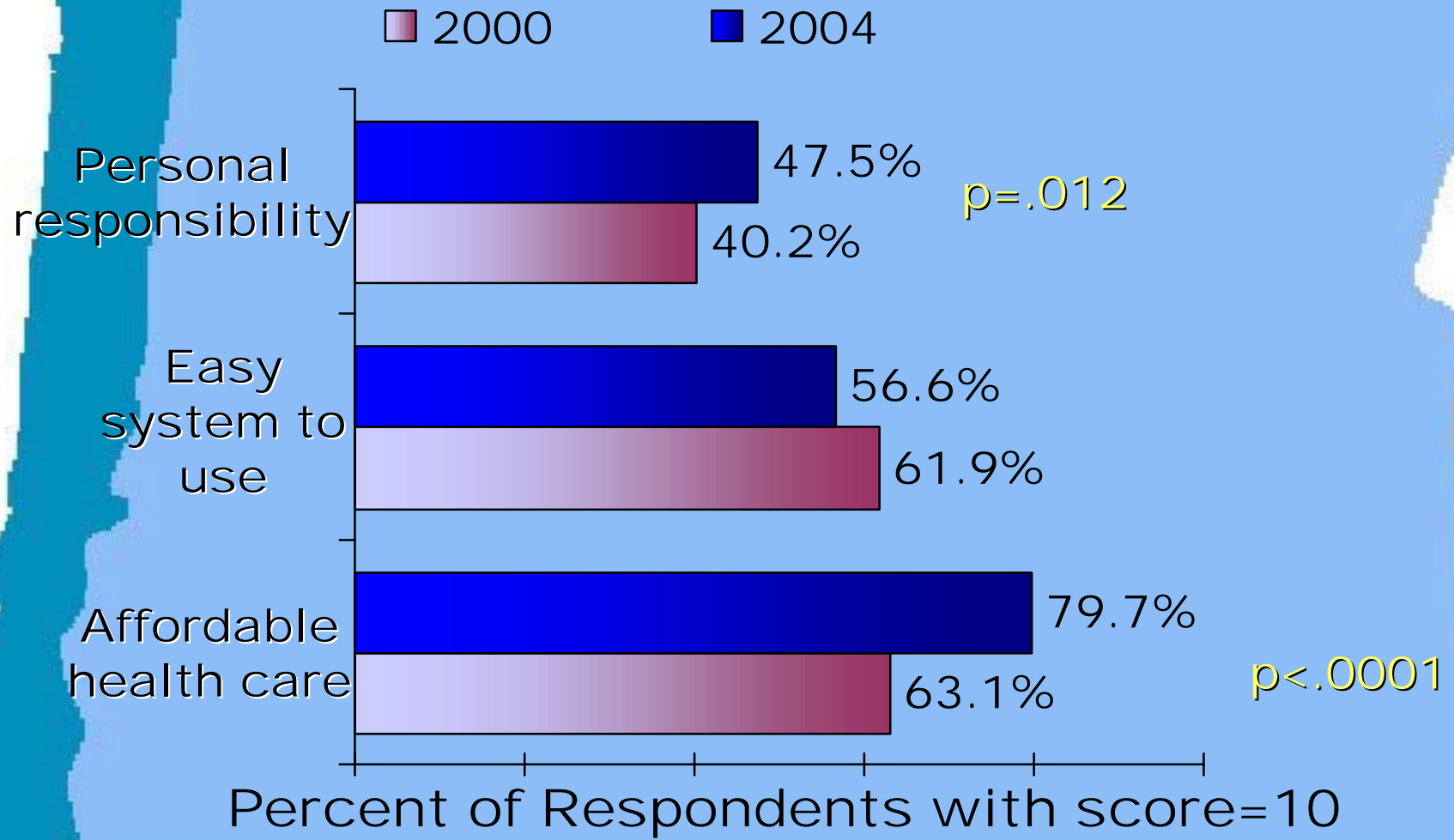
In general, when you think about health care in Oregon, what is the number one problem that needs to be solved? (2004)



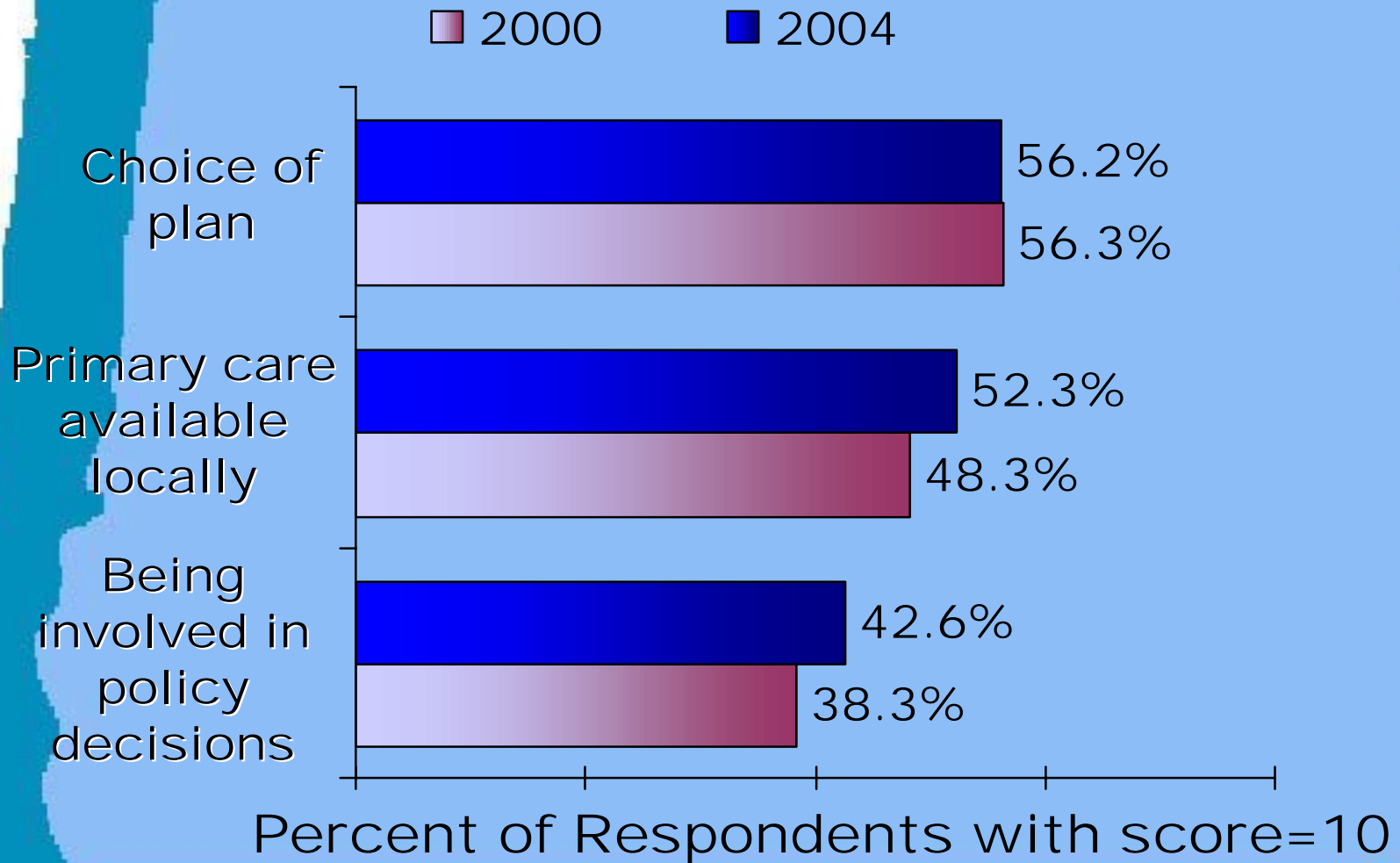
2000 vs. 2004



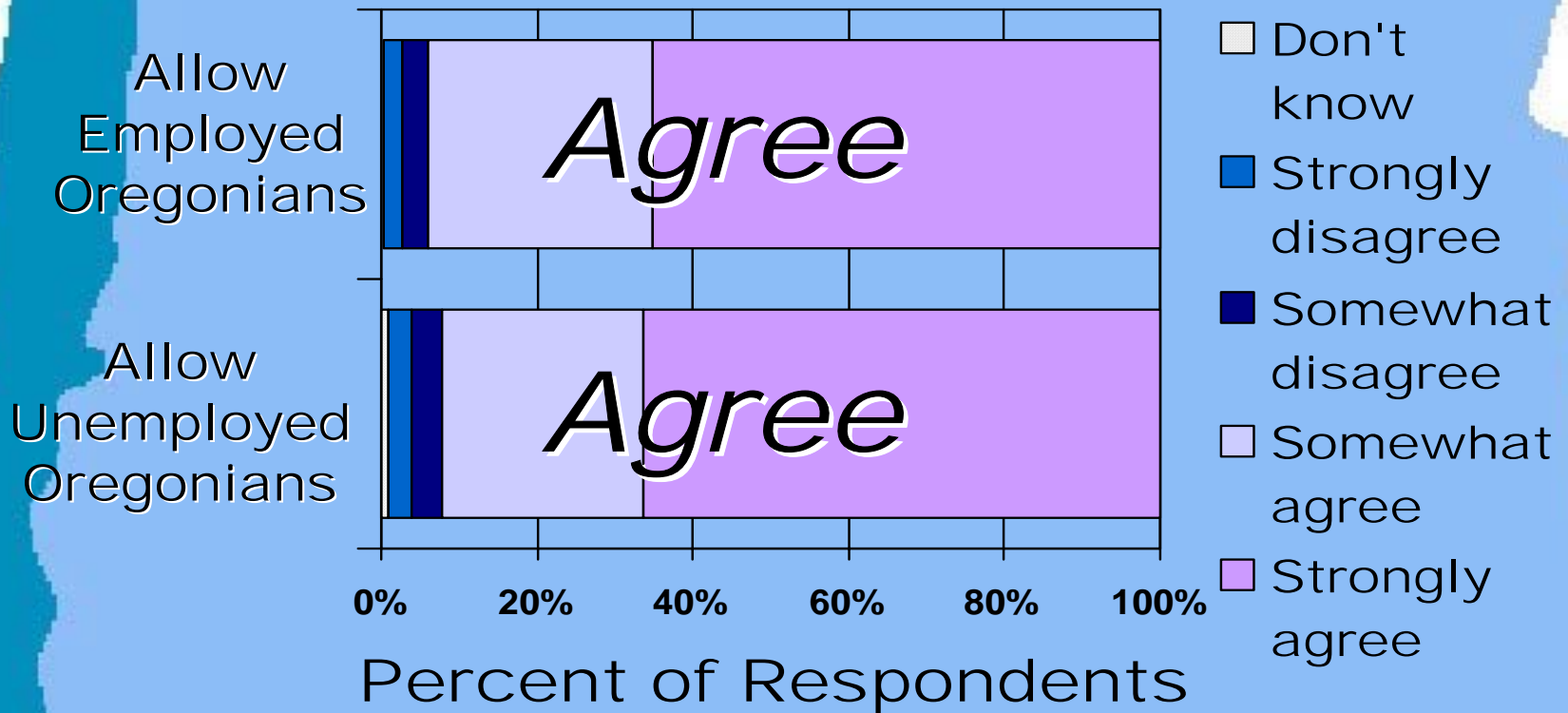
Importance (10 pt scale)



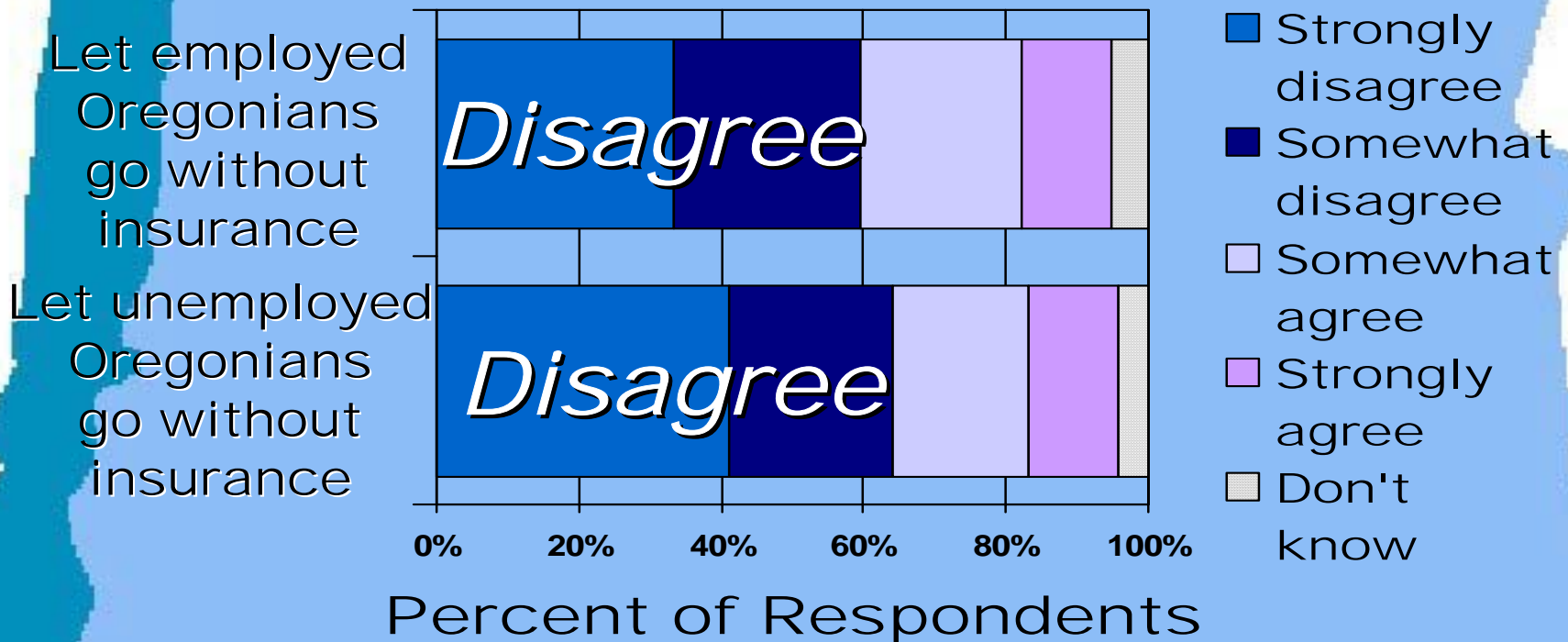
Importance (10 pt scale)



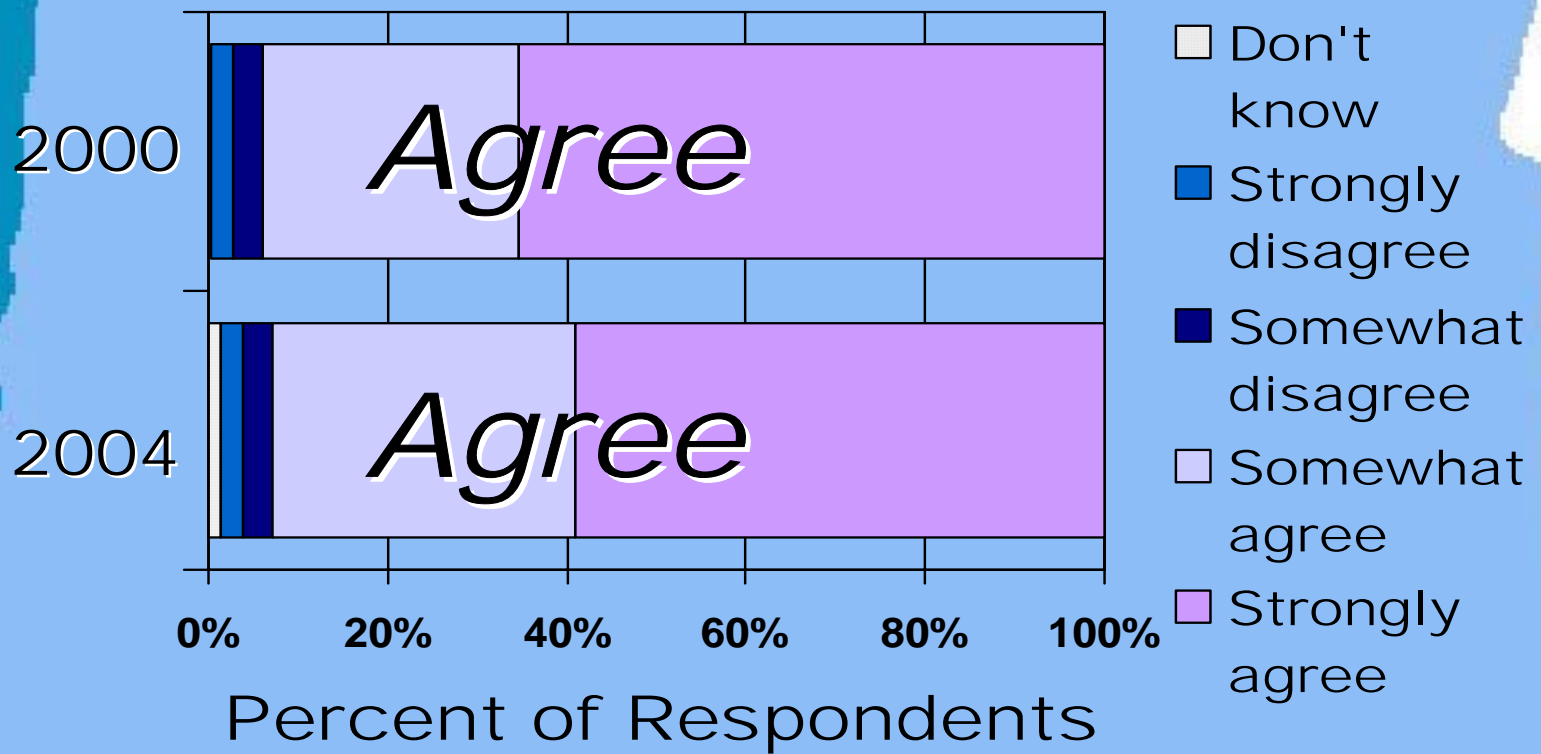
Let uninsured Oregonians use public health care plans with sliding scale payment (2004)



Let uninsured Oregonians go without health insurance-- use ER if needed (2004)



Let employed Oregonians use public health care plans with sliding scale payment

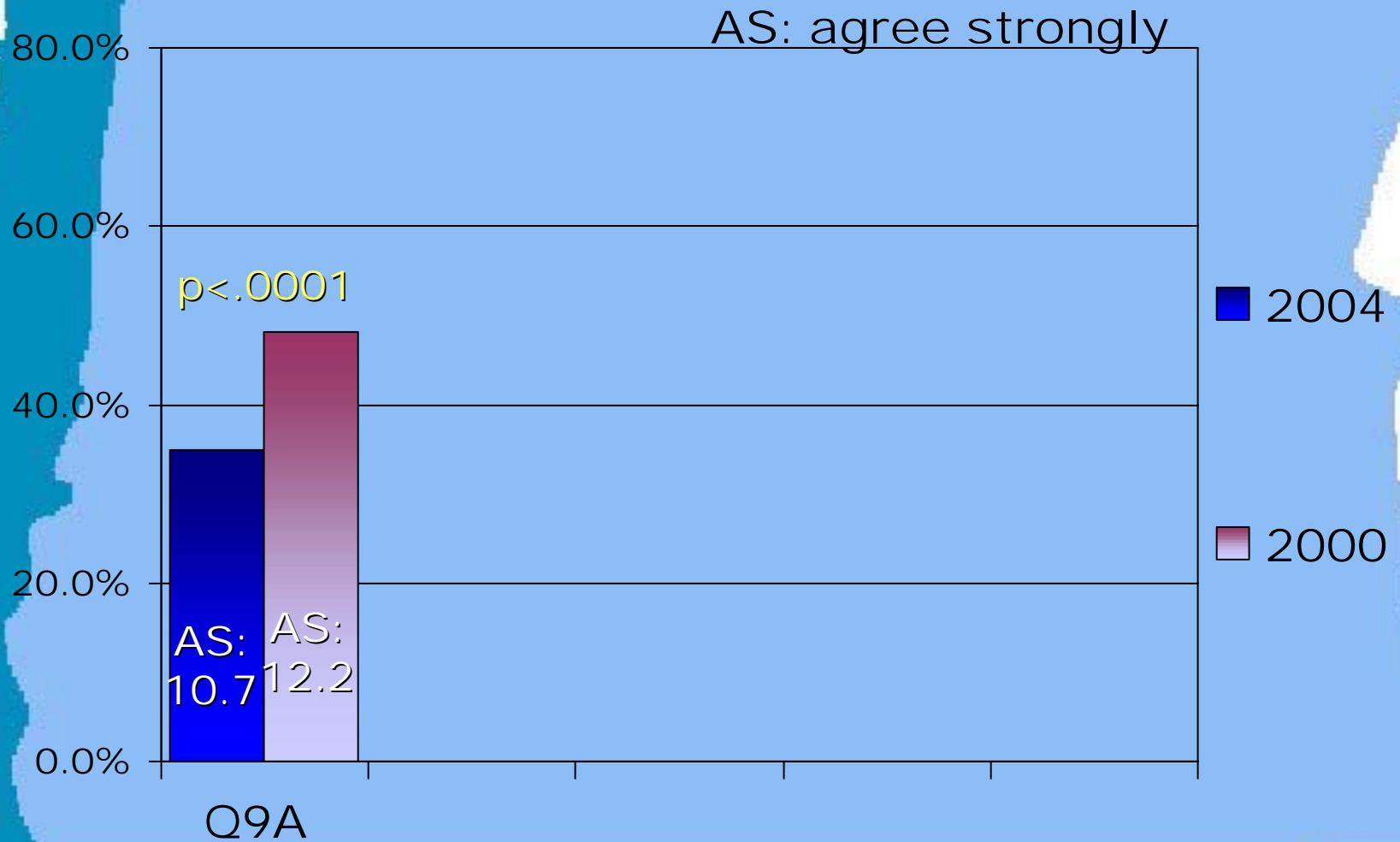


2000 vs. 2004

Q9A: The Oregon Health Plan should pay for experimental treatments that seem promising even though they have not been proven to be effective.



2000 vs. 2004

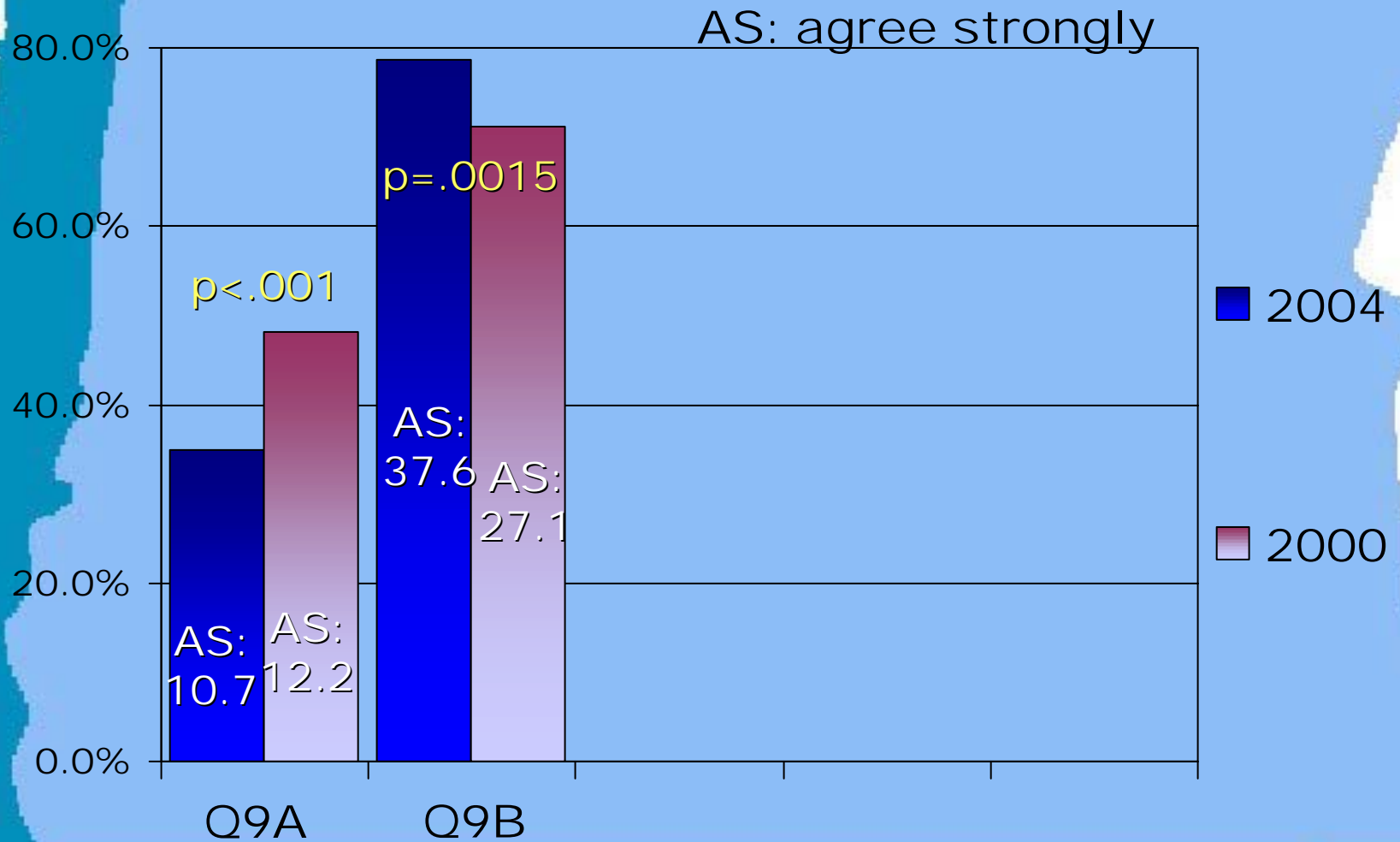


2000 vs. 2004

Q9B: When money is limited for the Oregon Health Plan, leaders should reduce services but keep as many people as possible in the program.



2000 vs. 2004

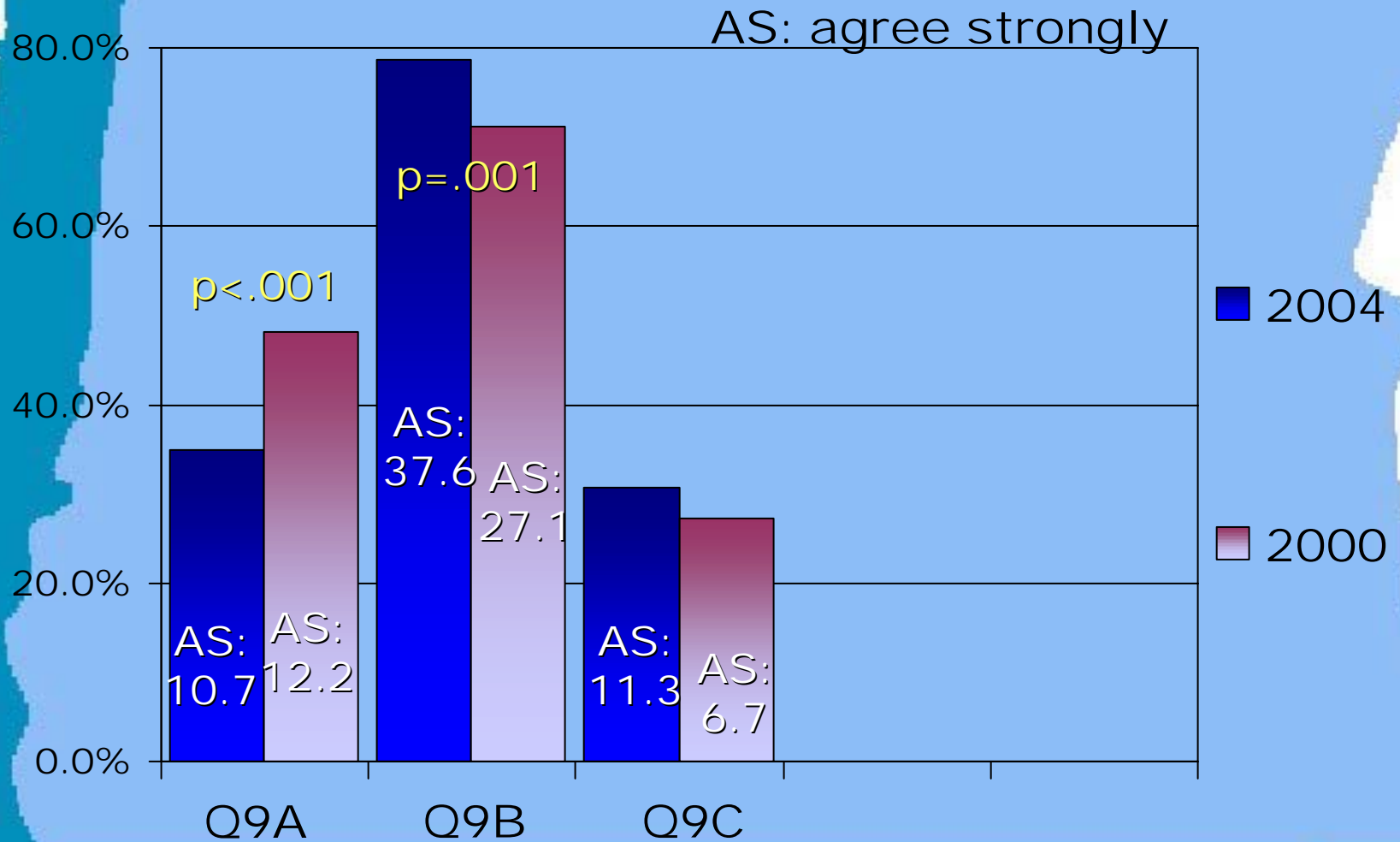


2000 vs. 2004

Q9C: When money is limited for the Oregon Health Plan, leaders should keep the full set of services and reduce the number of people in the program.



2000 vs. 2004

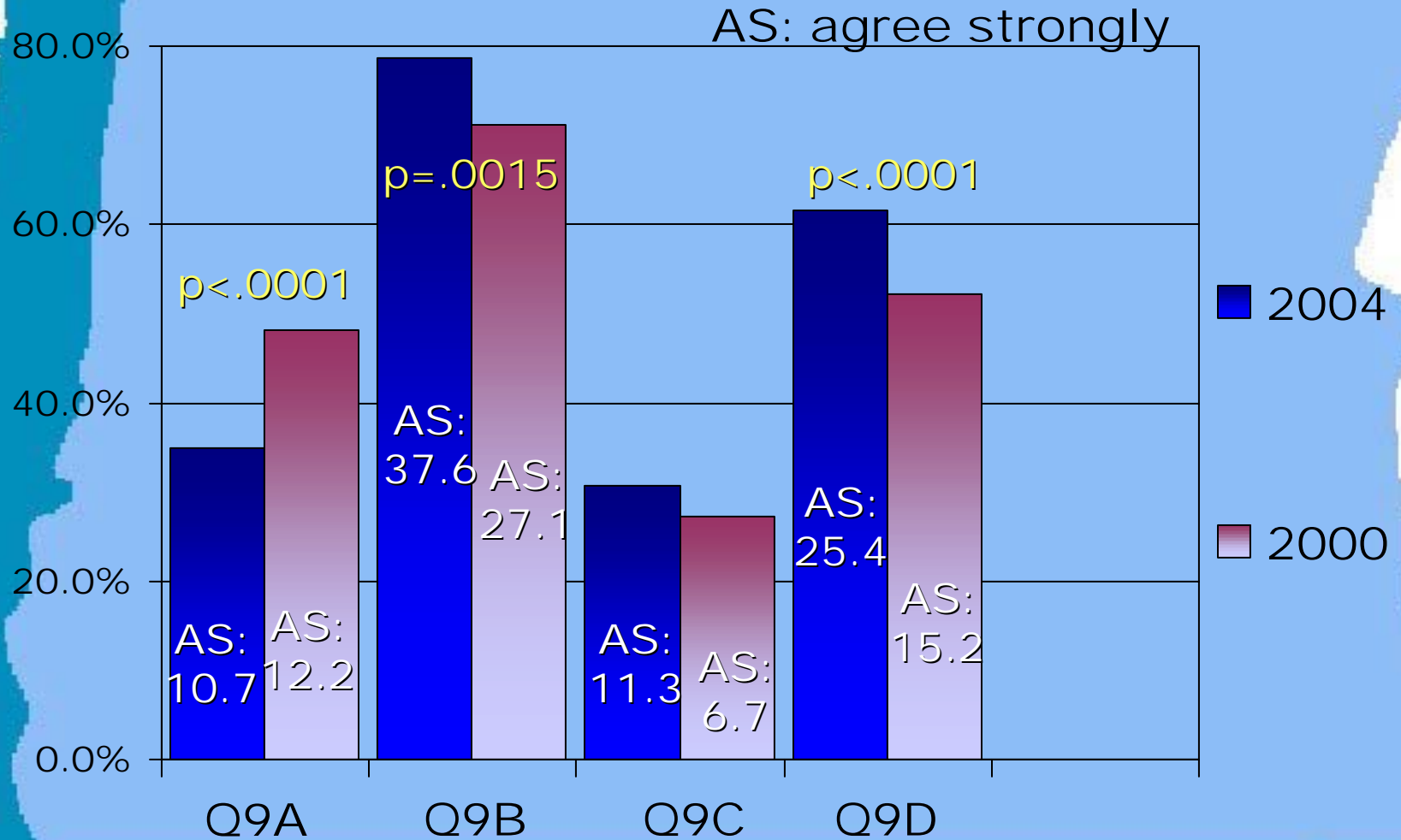


2000 vs. 2004

Q9D: The Oregon Health Plan should pay for services provided to the sickest individuals first. Those with mild forms of treatable conditions may not have treatments paid for.



2000 vs. 2004

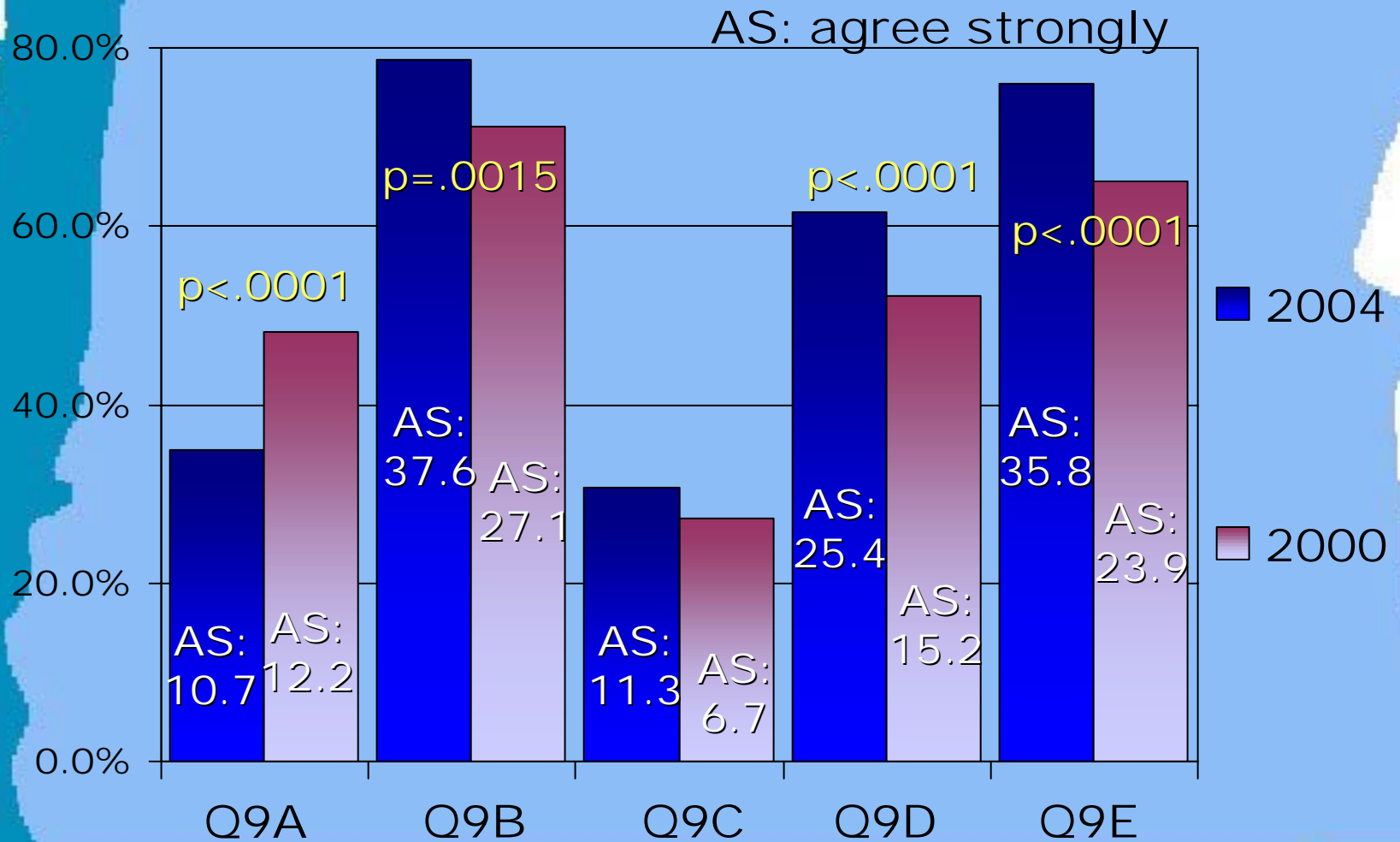


2000 vs. 2004

Q9E: The Oregon Health Plan should pay for treatments for health problems that are likely to progress to a serious and potentially life-threatening condition first. Effective treatments for conditions that are not likely to become serious or life-threatening may not be paid for.



2000 vs. 2004

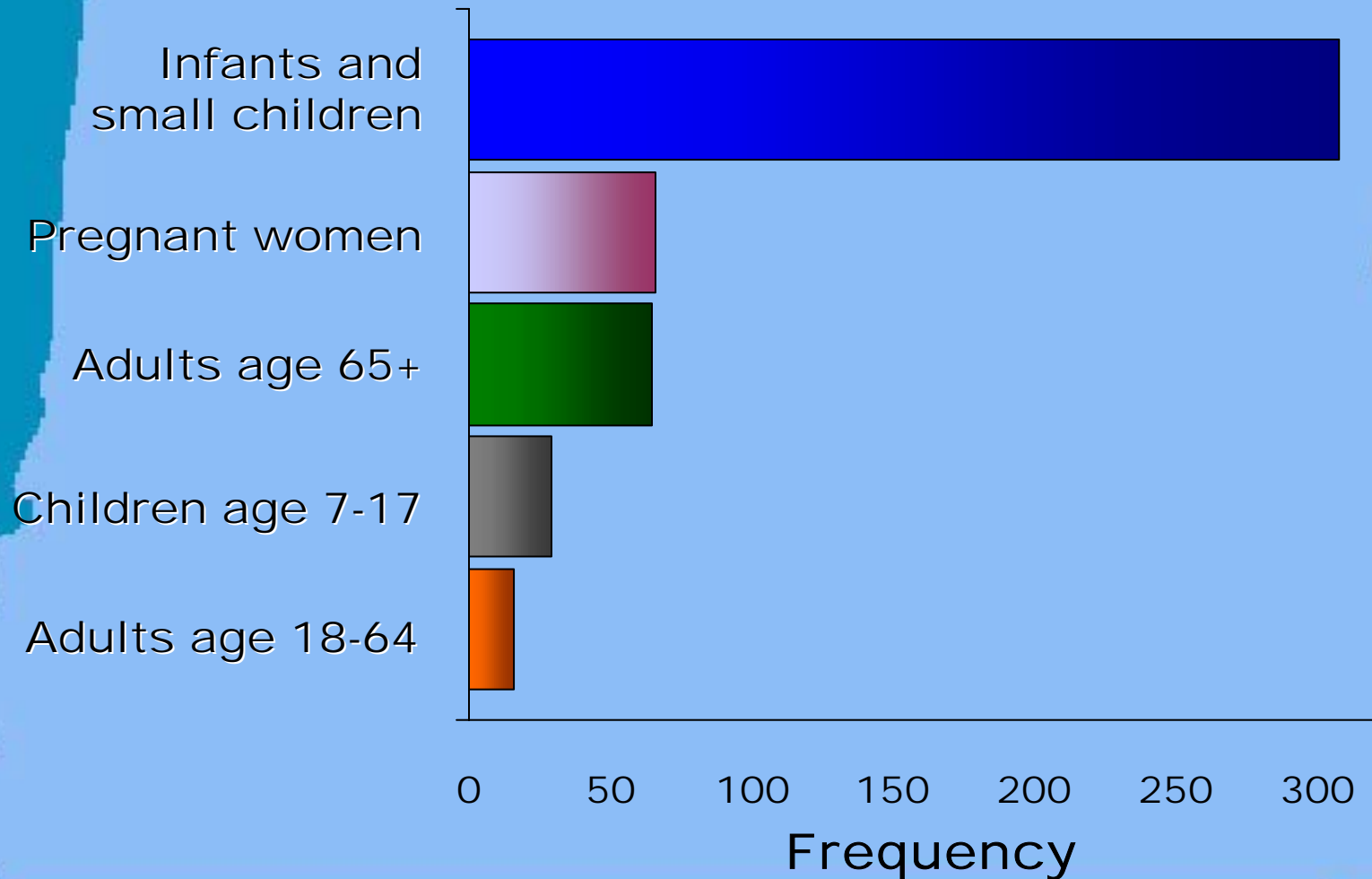


Priority among groups

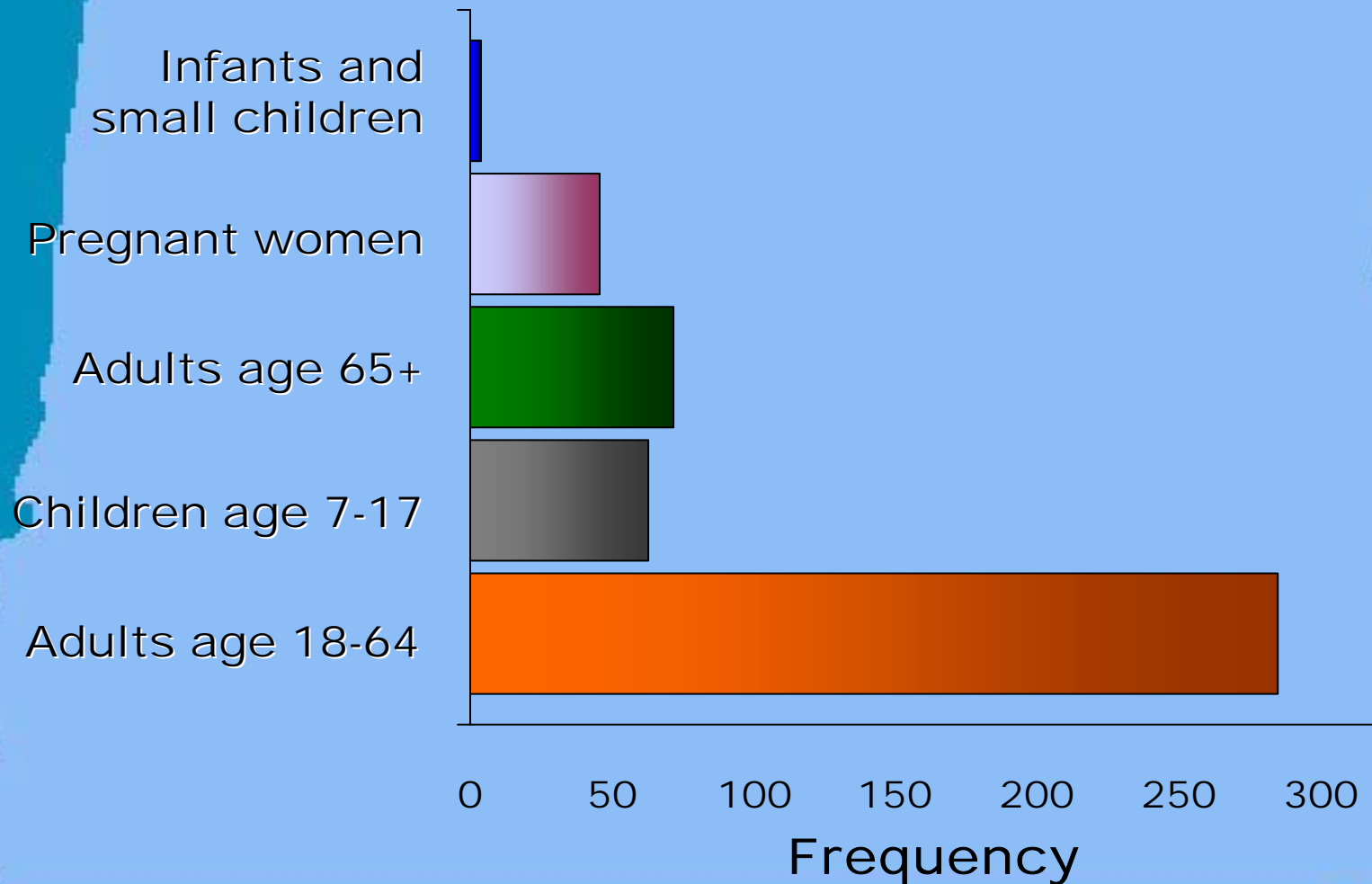
- New in the 2004 survey
- Five questions
 - Name top priority in Q1, second priority in Q2, etc.
 - Groups:
 - Infants and small children
 - Children age 7-17
 - Adults age 18-64
 - Adults age 65+
 - Pregnant women



Priority 1 (2004)



Priority 5 (2004)

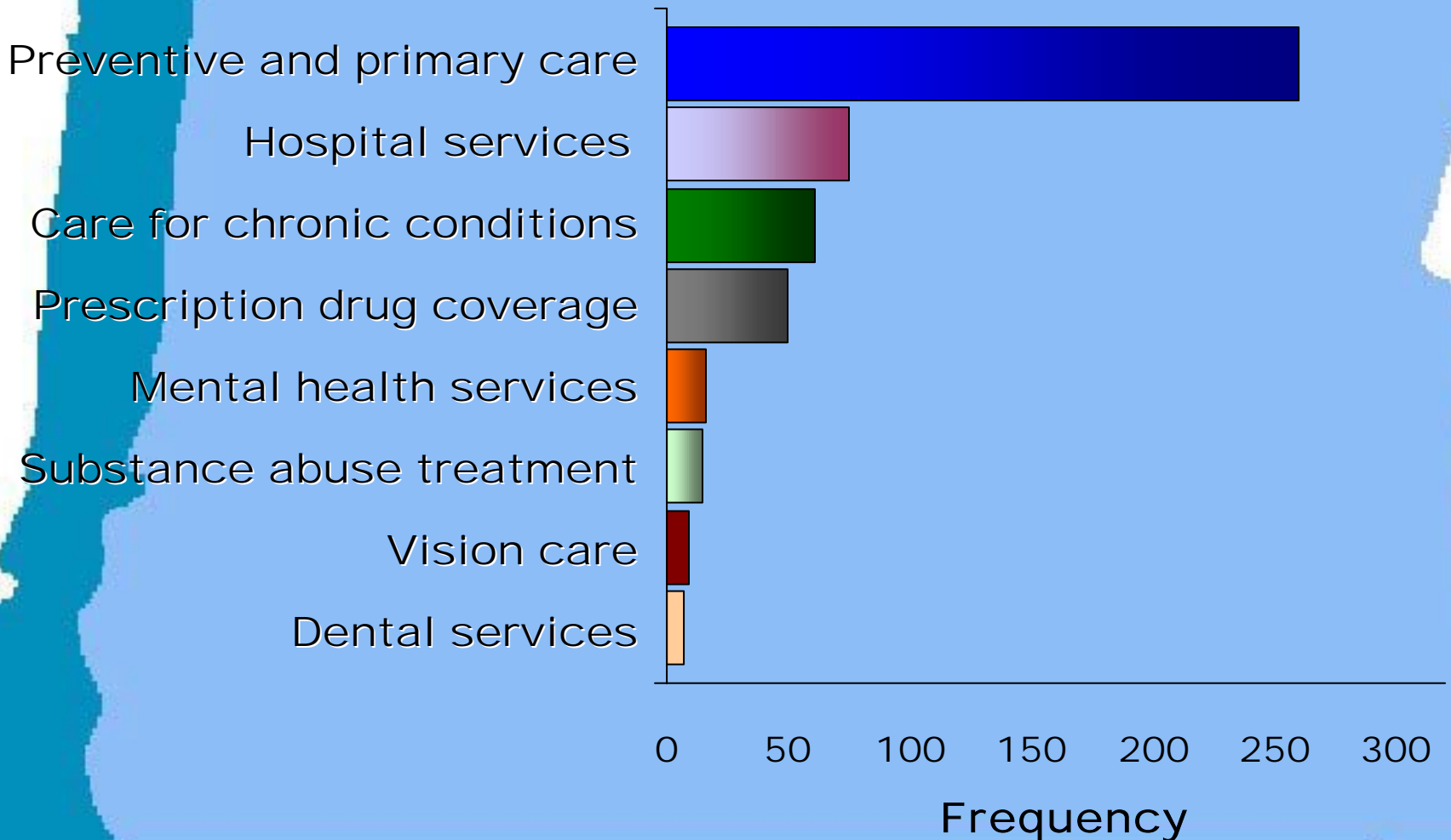


Priority among services

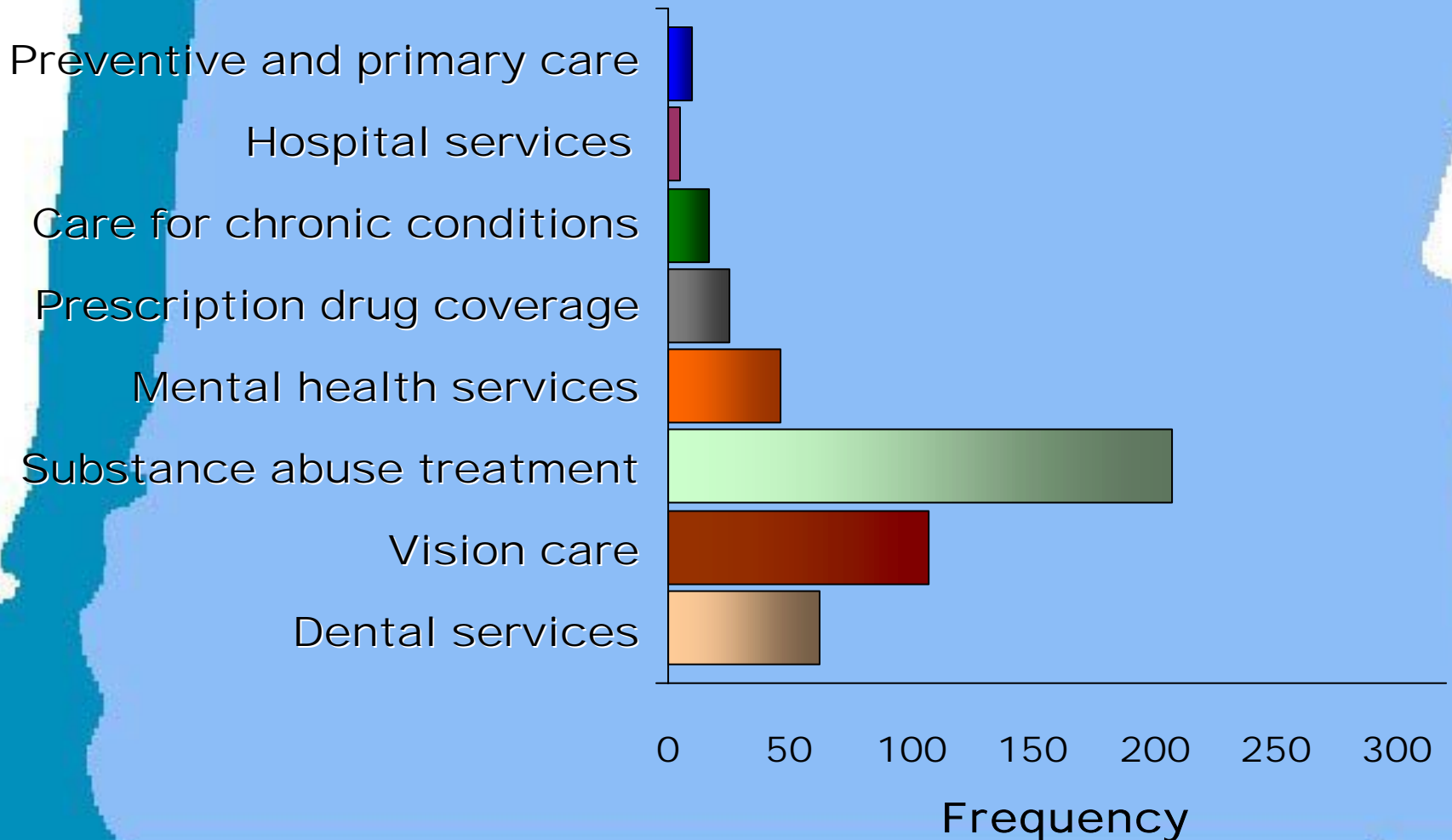
- Eight questions, new in 2004
 - Same format
 - Services
 - Primary and preventive care
 - Hospital services
 - Care for chronic conditions
 - Dental services
 - Prescription drug coverage
 - Vision services
 - Mental health services
 - Substance abuse treatment



Priority 1 (2004)



Priority 8 (2004)



Public health humor

