

THE COMMONWEALTH FUND HEALTH CARE OPINION LEADERS SURVEY

October 2005

INTRODUCTION

The latest Commonwealth Fund Health Care Opinion Leaders Survey was conducted by Harris Interactive on behalf of The Commonwealth Fund, with a broad group of 252 opinion leaders in health policy and innovators in health care delivery and finance. This was the fifth in a series of six bimonthly surveys designed to highlight leaders' perspectives on the most important and timely health policy issues facing the nation. This survey focused on Medicaid and its future.

Medicaid, and the growing burden its costs are placing on government budgets, especially at the state level, has been the subject of extensive public debate in recent months. We asked respondents from our leaders' panel to rate the success of both the Medicaid and SCHIP programs and the importance of the Medicaid program in achieving a number of goals that the program was designed to achieve, such as providing access to health care for vulnerable populations and offering financial stability for health care providers who serve these populations. Panelists also were given a list of suggested program changes and asked to indicate if they would favor or oppose each proposal.

Potential respondents for this series of surveys were identified through a two-step process involving 1) a "nomination" survey with a core group of experts in multiple fields to nominate additional leaders both within and outside their areas of expertise and 2) a review of published lists and directories of recognized health experts. Detailed methodology is provided in the Appendix.

EXECUTIVE SUMMARY

Have Medicaid and SCHIP Been Successful in Meeting Their Goals?

Slightly more than half of panelists representing academia, health care delivery, business/insurance/other health care industry, and government/labor/consumer advocacy felt that Medicaid and the State Children's Health Insurance Plan (SCHIP) have been successful in meeting their overall goals (58% and 62% respectively). Leaders from the business sector were the least positive respondents, with fewer than two in five believing that the program has been successful (39%).

However, when panelists were asked about specific accomplishments of the Medicaid program, majorities across all sectors expressed a very positive view about each Medicaid objective that they were asked to evaluate, especially those related to serving the health care needs of low-income adults and children, and the elderly, disabled, and other vulnerable populations. At least nine in 10 opinion leaders said the Medicaid program has been successful in improving access to health care for the low-income population (92%), improving accessibility to nursing home and home care for the elderly and disabled (91%), and insuring high risk populations, special needs children, or disabled adults for whom private insurance is unavailable or missing key benefits (90%). More than three in four also said that the program meets its goal of increasing the financial stability of health care providers serving the poor and uninsured (77%). Fewer panelists, but still a majority, said Medicaid fulfills its objective to help finance high-cost community hospital resources (66%).

Medicaid's Future

When asked about a number of policy changes for Medicaid, respondents showed clear preferences. Simplifying eligibility and re-enrollment rules to improve continuity of coverage emerged as the leading option, with nearly all (95%) respondents favoring this change. The vast majority (85%) of respondents also endorsed federal funding to expand coverage to all uninsured below 150 percent of the federal poverty level. About three in four were in favor of having the federal government assume responsibility for paying Medicare premiums and cost-sharing for low-income elderly and disabled with incomes below 135 percent of the poverty level who qualify for Medicaid (77%) and moving Medicaid/SCHIP toward pay-for-performance payment incentives (77%). About the same number of opinion leaders liked the idea of requiring employers that do not offer health benefits to pay into a pool to help support Medicaid/SCHIP expansion to low-income workers and assist in enrolling low-wage workers, and letting anyone buy coverage through Medicaid or SCHIP by paying a sliding scale premium (73%). Fewer, but still a majority of respondents, favored permitting benefit designs for beneficiaries with incomes above 100 percent of the poverty level that include some premium or cost-sharing not to exceed 5 percent of income (61%).

A substantial majority of respondents, regardless of sector, rejected capping the total federal funds per covered beneficiary and allowing states greater flexibility on benefit design. Two in three opinion leaders opposed this proposed policy change, with more than one in three strongly opposing this change (37%).

Although the level of support for some of the proposed policy changes varied somewhat depending on the sector, overall it appeared that only one option – allowing anyone to buy coverage through Medicaid or SCHIP by paying a sliding scale premium – was far less favored by respondents from the business/insurance/other health care industry than by panelists from academia, health care delivery, or government/labor/consumer advocacy (55% vs. 74%–80%).

KEY FINDINGS

Success of Medicaid and SCHIP Program in Meeting Their Goals (Table 1 and 2)

Respondents were first asked to evaluate how they felt about the success of the Medicaid program and the State Children's Health Insurance Plan in meeting their goals.

Note: All percentages in Tables 1 and 2 reflect combined net ratings of extremely successful, very successful, and successful. These combined net ratings are referred to as “successful.”

- *Success of Medicaid program in meeting its goals.* Overall, a slight majority of respondents (58%) feel the Medicaid program has been successful in meeting its goals; fewer than one in 10 (7%) of those respondents consider it extremely successful. Majorities of leaders in the fields of academia, health care delivery, and government/labor/consumer advocacy feel similarly. However, fewer than two in five respondents from the business/insurance/other health industry find that the program has been successful in meeting its goals.
 - ◇ Academic/Research Institution: 65%
 - ◇ Health Care Delivery: 55%

- ◇ Business/Insurance/Other Health Care Industry: 39%
- ◇ Government/Labor/Consumer Advocacy: 68%
- *Success of state SCHIP in meeting its goals.* Sixty-two percent of opinion leaders consider the SCHIP program a success, reflecting a consensus among majorities of the different sectors.
 - ◇ Academic/Research Institution: 61%
 - ◇ Health Care Delivery: 54%
 - ◇ Business/Insurance/Other Health Care Industry: 55%
 - ◇ Government/Labor/Consumer Advocacy: 63%

Success of Specific Accomplishments of Medicaid (Table 3)

Respondents were asked to indicate how important they think Medicaid has been in achieving specific accomplishments

- The vast majority of respondents from all sectors agreed that Medicaid is important in 1) improving access to health care for the low-income population (92%, with 44% rating it extremely important), 2) improving accessibility to nursing home and home care for the elderly and disabled (91%, with 45% saying extremely important) and 3) insuring high-risk populations such as those with HIV/AIDS, special-needs children, or disabled adults for whom private insurance is unavailable or who are missing key benefits (90%, 44% saying extremely important).

Improving access to health care for the low-income population

- ◇ Academic/Research Institution: 92%
- ◇ Health Care Delivery: 91%
- ◇ Business/Insurance/Other Health Care Industry: 96%
- ◇ Government/Labor/Consumer Advocacy: 93%

Improving accessibility to nursing home and home care for the elderly and disabled

- ◇ Academic/Research Institution: 93%
- ◇ Health Care Delivery: 89%
- ◇ Business/Insurance/Other Health Care Industry: 89%
- ◇ Government/Labor/Consumer Advocacy: 93%

Insuring high-risk populations such as those with HIV/AIDS, special-needs children, or disabled adults for whom private insurance is unavailable or who are missing key benefits

- ◇ Academic/Research Institution: 92%
- ◇ Health Care Delivery: 91%
- ◇ Business/Insurance/Other Health Care Industry: 87%
- ◇ Government/Labor/Consumer Advocacy: 93%

- More than three panelists in four (77%) said they believe that increasing the financial stability of health care providers serving the poor and uninsured is an important aspect of Medicaid; of those, 23% said it is extremely important. Respondents from the academic sector and government/labor/consumer advocacy were more likely than opinion leaders from health care delivery or business/insurance/other health industry to acknowledge Medicaid’s economic importance to physicians serving the poor and uninsured.
 - ◇ Academic/Research Institution: 80%
 - ◇ Health Care Delivery: 68%
 - ◇ Business/Insurance/Other Health Care Industry: 73%
 - ◇ Government/Labor/Consumer Advocacy: 85%

- Helping to finance high-cost community hospital resources such as trauma, burn care, and emergency care is considered a successful feature of Medicaid by two in three respondents overall (66%), reflecting a consensus among the sectors. Twelve percent of those panelists rated it extremely important.
 - ◇ Academic/Research Institution: 67%
 - ◇ Health Care Delivery: 61%
 - ◇ Business/Insurance/Other Health Care Industry: 65%
 - ◇ Government/Labor/Consumer Advocacy: 75%

The Future of Medicaid (Table 4)

Respondents were asked to consider a number of changes to the Medicaid program and were asked which ones they favor and which ones they oppose.

Note: All percentages in Table 4 reflect combined net ratings of strongly favor and favor. These combined net ratings are referred to as “favor.”

- When asked about what policy changes they would favor or oppose, simplifying eligibility and re-enrollment rules to improve continuity of coverage was the top pick of nearly all respondents (95%), as well as respondents across all five sectors.
 - ◇ Academic/Research Institution: 96%
 - ◇ Health Care Delivery: 100%
 - ◇ Business/Insurance/Other Health Care Industry: 92%
 - ◇ Government/Labor/Consumer Advocacy: 95%

- The vast majority of panelists also looked favorably upon using federal funding to expand coverage to all uninsured below 150 percent of the poverty level. Even though this change was popular with respondents across all sectors, those in academia, leaders in the health care delivery and respondents from government/labor/consumer advocacy were more likely than those from the business/insurance/other health care industry to feel this way.
 - ◇ Academic/Research Institution: 89%
 - ◇ Health Care Delivery: 88%
 - ◇ Business/Insurance/Other Health Care Industry: 73%
 - ◇ Government/Labor/Consumer Advocacy: 95%

- Four proposed changes virtually tied in popularity among panelists. About three in four respondents approved of having the federal government assume responsibility for paying Medicare premiums and cost-sharing for low-income elderly and disabled (77%); moving Medicaid/SCHIP toward pay-for performance payment incentives (77%); requiring employers who do not offer health benefits to pay into a pool to help support Medicaid/SCHIP expansion to low-income workers (73%); and letting anyone buy coverage through Medicaid or SCHIP by paying a sliding scale premium (70%).

Even though these proposed changes had similar levels of support from panelists overall, there were significant differences among the sectors. Having the federal government assume responsibility for paying Medicare premiums and cost-sharing for low-income elderly and disabled populations with incomes below 135percent of the poverty level who qualify for Medicaid was much more highly favored by opinion leaders coming from government/labor/consumer advocacy than those from health care delivery or the business/insurance/other health care industry.

- ◇ Academic/Research Institution: 79%
- ◇ Health Care Delivery: 73%
- ◇ Business/Insurance/Other Health Care Industry: 72%
- ◇ Government/Labor/Consumer Advocacy: 90%

Respondents from business/insurance/other health industry or government/labor/consumer advocacy were more likely than those from academia to favor moving Medicaid/SCHIP toward pay-for-performance payment incentives—rewarding providers and plans for delivering appropriate, high-quality care.

- ◇ Academic/Research Institution: 71%
- ◇ Health Care Delivery: 77%
- ◇ Business/Insurance/Other Health Care Industry: 83%
- ◇ Government/Labor/Consumer Advocacy: 85%

Requiring employers who do not offer health benefits to pay into a pool to help support Medicaid/SCHIP expansion to low-income workers and assist in enrolling low-wage workers appealed to majorities in all sectors, but respondents from government/labor/consumer advocacy were more likely to favor this expansion than academics and respondents from the business/insurance/ other health industry.

- ◇ Academic/Research Institution: 72%
- ◇ Health Care Delivery: 79%
- ◇ Business/Insurance/Other Health Care Industry: 68%
- ◇ Government/Labor/Consumer Advocacy: 90%

Leaders also favored letting anyone buy coverage through Medicaid or SCHIP by paying a sliding scale premium, e.g., up to 5 percent of income below twice the poverty level, and up to 10 percent of income above that. Although there was agreement among respondents from academia, health care delivery and government/labor/consumer

advocacy, panelists from the business/insurance/other health industry were less likely than their peers from the other sectors to favor this change.

- ◇ Academic/Research Institution: 74%
- ◇ Health Care Delivery: 80%
- ◇ Business/Insurance/Other Health Care Industry: 55%
- ◇ Government/Labor/Consumer Advocacy: 78%

Respondents from business/insurance/other health industry (69%) were more likely than academics to favor permitting benefit designs for beneficiaries with incomes above 100 percent of the poverty level that include some premium or cost-sharing not to exceed 5 percent of income. A small majority of respondents overall supported such a change (61%).

- ◇ Academic/Research Institution: 56%
 - ◇ Health Care Delivery: 63%
 - ◇ Business/Insurance/Other Health Care Industry: 69%
 - ◇ Government/Labor/Consumer Advocacy: 65%
- The least favored change overall, and for respondents regardless of sector, was capping federal funds per covered beneficiary and allowing states greater flexibility regarding benefit design. Two-thirds (66%) of all panelists opposed this approach. However, leaders within the business/insurance/other health care industry were less likely than those from the other three sectors to oppose spending caps.
 - ◇ Academic/Research Institution: 71% oppose (25% favor)
 - ◇ Health Care Delivery: 68% oppose (23% favor)
 - ◇ Business/Insurance/Other Health Care Industry: 46% oppose (37% favor)
 - ◇ Government/Labor/Consumer Advocacy: 78% oppose (13% favor)

About the Respondents (Tables 5, 6, 7)

Respondents come from a broad range of employment positions and settings. For analytical purposes we combined respondents into four sectors (for a more detailed description of respondents' place of employment please refer to Table 5):

- *Academic/Research Institutions* (53%)*
- *Health Care Delivery* (22%)*, including medical societies or professional associations, allied health societies or professional associations or organizations, hospital or related professional associations or organizations, hospitals, nursing homes/long-term care facilities, clinics, and physician or other clinical practices.
- *Business/Insurance/Other Health Care Industry* (28%)*, including health insurance, pharmaceutical, other industries/business, financial industry, and health care improvement organizations.

- *Government/Labor/Consumer Advocacy* (16%)*, including government, labor, and consumer advocacy.

Respondents mentioned most often that they are teachers, researchers, or professors (34%) followed by policy analysts (28%), CEOs and presidents (22%), and physicians (17%). Others work in administration/management (12%) or are consultants (12%). The vast majority of respondents agreed to be named by The Commonwealth Fund as one of the survey participants (85%).

* percentages total more than 100 as respondents were able to give more than one answer.

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**TABLE 1
Overall Success of Medicaid**

“Overall, how successful do you think Medicaid has been in meeting its goals?”

Base: 252 Respondents

	Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	%	%	%	%	%
Extremely/very successful/successful	58	65	55	39	68
Extremely successful	7	8	2	4	8
Very successful	25	28	14	20	28
Successful	26	29	39	15	33
Somewhat/not at all successful	40	34	43	55	33
Somewhat successful	38	32	41	52	33
Not at all successful	2	2	2	3	—
Not sure/No answer	2	1	2	4	—

**TABLE 2
Overall Success of the State Children’s Health Insurance Plan**

“Overall, how successful do you think the State Children’s
Health Insurance Plan (SCHIP) has been in meeting its goals?”

Base: 252 Respondents

	Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	%	%	%	%	%
Extremely/very successful/successful	62	61	54	55	63
Extremely successful	9	11	2	7	13
Very successful	25	29	18	21	23
Successful	27	22	34	27	28
Somewhat/not at all successful	34	35	43	38	30
Somewhat successful	32	32	41	37	30
Not at all successful	2	3	2	1	—
Not sure/No answer	5	4	4	7	8

TABLE 3
Specific Accomplishments of Medicaid
 “How important has Medicaid been in accomplishing each of the following?”

Base: 252 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Improving access to health care for the low-income population	Extremely/ very important/ important	92	92	91	96	93
	Extremely important	44	46	34	37	48
	Very important	32	32	39	35	35
	Important	16	14	18	24	10
	Somewhat/ not at all important	7	8	9	3	5
	Somewhat important	6	6	7	3	5
	Not at all important	1	2	2	—	—
	Not sure/No answer	1	1	—	1	3
Improving accessibility to nursing home and home care for the elderly and disabled	Extremely/ very important/ important	91	93	89	89	93
	Extremely important	45	50	46	35	48
	Very important	30	29	25	31	30
	Important	16	14	18	23	15
	Somewhat/ not at all important	6	5	9	6	8
	Somewhat important	6	5	7	6	5
	Not at all important	1	—	2	—	3
	Not sure/No answer	2	2	2	6	—
Insuring high-risk populations such as those with HIV/AIDS, special-needs children, or disabled adults for whom private insurance is unavailable or who are missing key benefits	Extremely/ very important/ important	90	92	91	87	93
	Extremely important	44	51	39	35	45
	Very important	30	27	34	31	33
	Important	16	14	18	21	15
	Somewhat/ not at all important	7	5	7	7	8
	Somewhat important	6	4	7	7	8
	Not at all important	1	2	—	—	—
	Not sure/No answer	3	2	2	6	—

TABLE 3
Specific Accomplishments of Medicaid (continued)

Base: 252 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Increasing financial stability of health care providers serving the poor and uninsured	Extremely/very important/important	77	80	68	73	85
	Extremely important	23	26	27	13	18
	Very important	27	26	13	34	33
	Important	27	28	29	27	35
	Somewhat/not at all important	21	19	32	23	15
	Somewhat important	16	17	18	18	15
	Not at all important	5	2	14	4	—
Not sure/No answer	2	2	—	4	—	
Helping finance high-cost community hospital resources such as trauma, burn care, and emergency care	Extremely/very important/important	66	67	61	65	75
	Extremely important	12	14	11	10	8
	Very important	19	20	14	13	23
	Important	35	34	36	42	45
	Somewhat/not at all important	22	22	29	24	20
	Somewhat important	16	17	20	17	18
	Not at all important	6	5	9	7	3
Not sure/No answer	12	11	11	11	5	

TABLE 4
The Future of Medicaid

“Health policy experts have suggested various changes to the Medicaid program.
Do you favor or oppose changing Medicaid in the following ways?”

Base: 252 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Simplify eligibility and re-enrollment rules to improve continuity of coverage	Favor (net)	95	96	100	92	95
	Strongly favor	67	73	64	61	75
	Favor	27	23	36	31	20
	Oppose (net)	2	2	—	1	3
	Oppose	2	2	—	1	3
	Strongly oppose	—	—	—	—	—
	Not sure/No answer	3	2	—	7	3
Federal funding to expand coverage to all uninsured below 150% of the poverty level	Favor (net)	85	89	88	73	95
	Strongly favor	49	52	54	30	73
	Favor	35	37	34	44	23
	Oppose (net)	10	8	7	17	5
	Oppose	9	7	5	17	3
	Strongly oppose	2	2	2	—	3
	Not sure/No answer	5	3	5	10	—
Have the federal government assume responsibility for paying Medicare premiums and cost-sharing for low-income elderly and disabled with incomes below 135% of the poverty level who qualify for Medicaid	Favor (net)	77	79	73	72	90
	Strongly favor	35	35	27	30	63
	Favor	42	44	46	42	28
	Oppose (net)	9	10	11	8	3
	Oppose	7	9	9	6	—
	Strongly oppose	2	1	2	3	3
	Not sure/No answer	14	11	16	20	8
Move Medicaid/SCHIP toward pay-for-performance payment incentives—rewarding providers and plans for delivering appropriated, high-quality care	Favor (net)	77	71	77	83	85
	Strongly favor	31	24	29	44	40
	Favor	46	47	48	39	45
	Oppose (net)	11	14	14	10	3
	Oppose	10	13	9	8	3
	Strongly oppose	2	2	5	1	—
	Not sure/No answer	12	14	9	7	13
Require employers that do not offer health benefits to pay into a pool to help support Medicaid/SCHIP expansion to low-income workers and assist in enrolling low-wage workers	Favor (net)	73	72	79	68	90
	Strongly favor	33	30	43	30	48
	Favor	40	42	36	38	43
	Oppose (net)	20	19	16	25	8
	Oppose	14	14	13	15	8
	Strongly oppose	6	5	4	10	—
	Not sure/No answer	8	9	5	7	3
Let anyone buy coverage through Medicaid or SCHIP by paying a sliding scale premium, e.g., up to 5% of income below twice the poverty level, and up to 10% of income above that	Favor (net)	70	74	80	55	78
	Strongly favor	20	24	20	15	20
	Favor	50	50	61	39	58
	Oppose (net)	16	13	14	24	13
	Oppose	12	10	9	18	13
	Strongly oppose	4	3	5	6	—
	Not sure/No answer	14	13	5	21	10

TABLE 4
The Future of Medicaid (continued)

Base: 252 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Permit benefit designs for beneficiaries with incomes above 100% of the poverty level that include some premium or cost-sharing not to exceed 5% of income	Favor (net)	61	56	63	69	65
	Strongly favor	19	17	9	23	33
	Favor	42	40	54	46	33
	Oppose (net)	28	35	25	20	20
	Oppose	24	29	21	18	18
	Strongly oppose	4	6	4	1	3
	Not sure/No answer	11	8	13	11	15
Cap total federal funds per covered beneficiary and allow states greater flexibility regarding benefit design	Favor (net)	26	25	23	37	13
	Strongly favor	8	8	4	10	8
	Favor	17	17	20	27	5
	Oppose (net)	66	71	68	46	78
	Oppose	30	32	38	23	25
	Strongly oppose	37	39	30	24	53
	Not sure/No answer	8	4	9	17	10

TABLE 5
Place of Employment

“Which of the following best describes the type of place or institution for which you work?”

Base: 252 Respondents

	%
Academic and Research Institutions	
Medical, public health, nursing, or other health professional school	24
Think Tank/Health Care Institute/Policy Research Institution	17
University setting not in a medical, public health, nursing, or other health professional school	8
Foundation	10
Medical Publisher	1
Health Care Delivery and Professional, Trade, or Consumer Organizations	
Medical society or professional association or organization	8
Hospital	8
Physician practice/Other clinical practice (patient care)	4
Clinic	4
Hospital or related professional association or organization	4
Nursing home/Long-term care facility	1
Allied health society or professional association or organization	1
Other Industry/Business Settings	
Health care consulting firm	10
CEO, CFO, Benefits manager	3
Accrediting body and organization (non-governmental)	2
Polling organization	1
Financial service industry	—
Other	1
Labor Consumer Advocacy Groups and Health Care Improvement Organizations	
Labor/Consumer/Seniors' advocacy group	6
Health care improvement organization	4
Health Insurance and Professional Organization	
Health insurance/managed care industry	4
Health insurance and business association or organization	4
Government	
Non-elected federal executive branch official	3
Staff for a federal elected official or federal legislative committee	2
Non-elected state executive branch official	2
Staff for a state elected official or state legislative committee	2
Staff for non-elected federal executive branch official	1
Staff for non-elected state executive branch official	*
Pharmaceutical Industry and Professional Organization	
Drug manufacturer	3
Pharmaceutical/Medical device trade association organization	1
Biotech company	1
Device company	—

TABLE 6
Type of Employment

“How would you describe your current employment position?”

Base: 252 Respondents

	%
Teacher, Researcher, Professor	34
Policy Analyst	28
CEO/President	22
Physician	17
Administration/Management	12
Consultant	12
Foundation officer	8
Department head/Dean	6
Consumer advocate	6
Health care purchaser	5
Policymaker or policy staff (federal)	4
Policymaker or policy staff (state)	4
Lobbyist	3
Other health care provider (not physician)	3
Other	2
Retired	3

TABLE 7
Permission to Be Named as a Survey Participant

Base: 252 Respondents

	%
Yes	85
No	15
No answer	—

APPENDIX

METHODOLOGY

The online survey was conducted by Harris Interactive with 252 opinion leaders in health policy and innovators in health care delivery and finance between August 8th, 2005, and August 29th, 2005.

The sample for this survey was developed by using a two-step process. Initially, The Commonwealth Fund and Harris Interactive jointly identified a number of experts across different industries and professional sectors with a range of perspectives, based on their affiliations and involvement in various organizations and institutions. Harris Interactive then conducted an online survey with these experts asking them to nominate others within and outside their own fields whom they consider to be leaders and innovators in health care. Based on the result of the survey and after careful review by Harris Interactive, The Commonwealth Fund, and a selected group of health care experts, the sample for this poll was created. The final list included 1,281 people.

Harris Interactive sent out individual e-mail invitations containing a password-protected link to the entire sample. Of the 1,281 e-mail invitations, 43 were returned as undeliverable. Harris Interactive determined that the undeliverable e-mail addresses appeared to be randomly distributed among the different sectors and affiliations. Data collection took place between August 8th, 2005, and August 29th, 2005. A total of three reminders were sent to anyone who had not responded. The response rate was 20 percent. Typically, samples of this size are associated with a sampling error of +/- 6 percent.