

Findings from Focus Groups: Select Populations in Dane County

Wisconsin is one of 20 states that received a grant in 2000-01 from the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, to explore new approaches to increasing access to health insurance for state residents. Research under Wisconsin's State Planning Grant has focused on several topics, including an understanding of various barriers to accessing health insurance coverage.

This briefing paper provides detailed information from five focus groups conducted in partnership with the Dane County Health Council. The focus groups were designed to study health insurance coverage where access to health insurance may be restricted due to language or other cultural barriers. Participants in the focus groups were recruited from the Latino, Hmong and African American communities in Dane County. In addition to questions about access to health insurance, focus group participants responded to various questions about access to health care.

The results discussed in this briefing paper represent the views of focus group participants only and should not be construed as representing the views of all Dane County communities.

Uninsured Rates in Wisconsin and Dane County

An estimated 7% of the Wisconsin population was uninsured in 1999, based on Wisconsin Family Health Survey questions regarding health insurance coverage at the time of the survey interview (point-in-time). However, the data show some disparity in uninsured rates based on race and ethnicity, with 6% of the white, non-Hispanic population estimated to be uninsured compared to 11% for black, non-Hispanic residents and 17% for persons of Hispanic or Latino origin.¹

Based on the Wisconsin Family Health Survey, the estimated point-in-time uninsured rate in Dane County is the same as that for the state as a whole - 7%. Based on combined 1996-1999 Wisconsin Family Health Survey data, in Dane County, there is also a large difference in the uninsured rate of white residents as compared to non-white residents, with the uninsured rate for non-whites being as much as four times that of the white population.²

Race and Ethnicity in Wisconsin and Dane County

Wisconsin

Wisconsin is home to nearly 5.4 million people. Based on the 2000 Census, non-white persons

make up 11.1% of the state's total population, an increase of 3.3% compared to 1990. Table 1 shows Wisconsin's population by race and ethnicity. The Census Bureau uses racial categories for all but the Hispanic category, which is considered an ethnicity.³

Wisconsin's African American population is the second largest racial group in the state, representing 5.7% of the state's population. The African American population increased 24.5% from 1990 to 2000.⁴

Table 1. Wisconsin Population by Race and Ethnicity, 2000.⁵

	Number	Percent
Wisconsin Total	5,363,700	100%
White	4,769,900	88.9%
African American	304,500	5.7%
Asian	88,800	1.7%
American Indian and Alaska Native	47,200	0.9%
Other Race	84,800	1.6%
Two or More Races	66,900	1.2%
Hispanic or Latino³ (of all races)	192,900	3.6%

Source: U.S. Census Bureau, Census 2000, Summary File 1.

Asians are the third largest racial group in the state, representing 1.7% of the overall population. Nearly 40% of the Asian population in the state is Hmong.⁶

The Hispanic or Latino population in Wisconsin increased by 107% from 1990 to 2000, the largest increase of any racial or ethnic group. As a percentage of the total population, the Hispanic or Latino population is 3.6% in 2000 compared to 1.9% in 1990.⁷

Dane County

About 426,500 people reside in Dane County, representing approximately 8% of Wisconsin's total population. Dane County includes the city of Madison, the second most populous city in Wisconsin.

Table 2 shows the Dane County population by race and ethnicity for the year 2000. Dane County is similar to the state population in terms of its overall diversity, with approximately 11% of the population being non-white. The Hispanic or Latino population accounts for a similar share of the state and the county population. However, this population grew faster in Dane county than in the state, increasing 150% from 1990 to 2000.⁸ Dane County has a lower percentage of African-American residents compared to the state, and a higher percentage of Asian residents.

Table 2. Dane County Population by Race and Ethnicity, 2000.

	Number	Percent
Dane County Total	426,500	100%
White	379,400	89.0%
African American	17,100	4.0%
Asian	14,700	3.5%
American Indian and Alaska Native	1,400	0.3%
Other Race	6,100	1.4%
Multiracial	7,600	1.8%
Hispanic (all races)	14,400	3.4%

Source: U.S. Census Bureau, Census 2000, Summary File 1.

Dane County is one of only 11 counties in the state that have populations that are less than 90% white. It is one of only four counties in the state that has more than 10,000 Latino residents. The county has the third largest African American

population in Wisconsin, and the second largest Asian population.⁹ Over 15% of the Asian population in the county are Hmong.¹⁰

Focus Group Participants

Dane County is similar to the state population as a whole in terms of overall uninsured rates and in disparities in insurance rates between the white and non-white populations. Given its diversity, the county provides a good location to begin to understand more fully health insurance coverage among the non-white population. Focus groups with Hmong, Latino and African American residents in the county were conducted in May 2001. The participants in these focus groups provided information about their barriers to accessing health insurance.

Five focus groups were conducted.¹¹ Three focus groups were with Latino residents: two with persons who did not have health insurance and one with individuals who had health insurance. One focus group was conducted with African American residents who did not have health insurance. Finally, one focus group was conducted with Hmong residents who had health insurance. Having insurance was defined as having third-party coverage (private or public) for primary health care services.

The recruitment process was not random. Most focus group participants knew their recruiter, as it was determined that participation would be higher if participants trusted the recruiter. All focus groups were conducted at locations accessible and familiar to participants. In addition, all focus groups were conducted in each population's native language, with moderators that were well known and trusted members of the respective communities, and in some cases were interpreters and other staff of providers.

In total there were 41 participants.¹² Twenty-five people participated in the focus groups of Latino residents who were uninsured; five people participated in the groups of Latino residents who had health insurance; six people participated in the African American focus group; and five people participated in the Hmong focus group.

Participants were not screened for gender, marital status or other demographic criteria apart from race or ethnicity. Over 75% of the Latino participants were female. Most Latino participants were married. Nearly all of the Latino participants

were between the ages of 18 and 36, and the majority had lived in Dane County for more than one year. About half of the Latino participants reported that they were not currently employed, one reported having more than one job, three reported working part-time, and three reported working full-time.

The majority of the African American participants also were female. Most were not married, and all African American participants were between the ages of 36 and 55. The majority had lived in Dane County for more than one year. Only one African American participant reported being unemployed, three participants had more than one job, and the majority of the participants worked full-time.

Nearly 80% of the Hmong participants were female, and all were married. The Hmong participants were all age 45 or younger and the majority had lived in Dane County for more than two years. Although none of the Hmong participants reported numbers of hours worked in a week, three of the five participants reported having employment, two reported being unemployed and one reported having more than one job.¹³

Health Insurance: The Perspective of the Uninsured

Three focus groups were completed with people who did not have health insurance. Two of these were conducted with Latino residents, and one with African American residents. These focus group participants shared their experiences with, and their thoughts about, accessing insurance coverage.¹⁴

Latino Participants

Language is a significant barrier to obtaining health insurance for the Latino participants. Participants identified a lack of information about health insurance. Little information is provided in Spanish, and when it is provided it is very difficult to understand.

In general, participants experienced some confusion about how the health insurance system works in the United States. For example, some participants were not sure whether employers were required to offer health insurance and what they were required to provide. Others indicated that it was difficult to understand the benefits under different insurance policies. Still others

experienced difficulty understanding billing systems.

Despite these barriers, participants expressed a desire to learn about health insurance. Most participants felt that interpreters provided an invaluable service. In addition, some suggested the need for workshops where health insurance representatives could come and talk about insurance options. Others suggested that a telephone hotline staffed with Spanish-speaking individuals who could answer questions about health care and health insurance would be useful.

In addition to language barriers, and a lack of information, some participants indicated that their immigration status prohibited them from obtaining health insurance. Participants expressed fear of being fired from their jobs and concern that if they signed up for health insurance, they would be reported as undocumented.

Although no participant had been denied medical care because they were uninsured, all participants expressed a belief that there is value in having health insurance because it provides some security in case of an accident or serious illness. Participants believed that lack of insurance was the biggest barrier preventing them from seeking care through a doctor or clinic. Most participants expressed a preference for care provided by a doctor or in a clinic instead of going to the emergency room as many of them do now.

All participants indicated they would be willing to pay for health insurance. In general, participants did not expect health care or insurance to be free. As one participant said when discussing the cost of care, "Not free because we are all aware that things cost money and the doctors need to have their income in order to survive."

However, many expressed the opinion that there was little value in having insurance that does not cover all or most of the costs of care. For example, one woman indicated that her husband's insurance covered only \$30 of a \$210 bill for x-rays. She felt that it was not worth having to pay a premium each month if she still would have to pay for a large portion of the cost of her care.

A few participants had been offered insurance through an employer but turned down the insurance because the coverage appeared to be minimal relative to their premium costs. In referring to her husband's employer-sponsored insurance, one woman summed up her feelings,

"He was going to have a deduction [from salary] of \$60, and then I have to pay \$20 for each appointment and on top of that extra expenses. Then what's the benefit of having insurance?"

African American Participants

The six African American participants in the focus group did not indicate that either race or culture was a barrier to accessing health care or health insurance. Although the majority of them were employed and working full-time, they stated that cost was the primary barrier to obtaining health insurance. All participants indicated that they wanted insurance for themselves and their children. As one African American woman stated, "You would have a safety net. It's peace of mind." However, participants indicated that insurance was either not available or too expensive.

Lacking access to employer-sponsored insurance, some participants sought insurance through the individual market, these attempts generally were unsuccessful. For example, one participant said that initial price quotes were low, and when it came time to purchase the insurance, premiums were much higher than the initial quotes.

African American participants did not seem to feel that a special phone line or additional workshops were needed because they did not have difficulty knowing where to seek health insurance. All felt that people in general were aware of health insurance, but simply could not afford it.

Compared to the uninsured Latino participants, African American focus group participants were more likely to seek medical treatment from the emergency room. The Latino focus group participants on the other hand, indicated a preference for going to community clinics to obtain care. The African American participants indicated that the emergency room was preferential because of its "promptness, efficiency, and quick service." Attempts to seek care in a clinic setting were frustrating due to difficulties in scheduling appointments.

Health Insurance: The Perspective of the Insured

One focus group was conducted with Latino residents who had health insurance, and another group was conducted with Hmong residents who had health insurance. These participants shared their thoughts about health insurance coverage.¹⁴

Latino Participants

The Latino participants felt that it is very important to have health insurance in the United States. Like the uninsured participants, insured Latino residents value the security of health insurance. Although difficult to assess, it appears that Latino residents who have insurance may have been in situations where they received more information from their employers and elsewhere as compared to residents who are uninsured. One person explained, "When you apply for a job, and if you are accepted, they explain all your benefits, and also medical insurance."

One insured participant expressed that her health is a high priority – "... for me, my health is first" - something not expressed by uninsured participants. Further, most insured participants indicated that they receive regular annual check-ups, mammograms, and other preventive health care services. When asked, none of the participants in the focus group with uninsured Latino residents indicated that they receive these services regularly, if at all.

None of the insured participants expressed concerns about immigration status. It is not known if any of them are undocumented.

However, similar to the uninsured Latino participants, some insured participants expressed confusion about the health insurance system in the United States. For example, one person wondered if it was a requirement that all people have health insurance.

Further, insurance coverage did not guarantee access for this group as insured participants indicated some level of difficulty in accessing health services and using their insurance. Language also appears to be a barrier for this group in terms of understanding what is covered under their insurance policies, how to use the policy and where to go for services covered under the policy. Many use interpreters for assistance.

Lack of information can have a high cost. For example, one person went to a clinic for services only to find that the clinic was not covered under that person's health plan and ended up paying out-of-pocket for services that otherwise would have been covered under their insurance plan.

Similar to uninsured focus group participants, insured participants used interpreters, which helped to alleviate some confusion. They

suggested that a phone line for Spanish-speaking individuals could help provide information about health insurance. The group generated other ideas about community-based support, such as workshops.

Hmong Participants

Like all of the other focus group participants, both insured and uninsured, the five Hmong focus group participants like the security that insurance affords them. Most participants learned of health insurance through their job or from the state for coverage under the Medicaid and BadgerCare programs.

Unlike participants in other groups, some Hmong participants indicated that they would not want to work for an employer that did not offer insurance, even if the employer paid a higher wage. This was made clear as they were the only participants that indicated that they prefer to pay for insurance through payroll deduction. Without it, they stated that they would likely spend the money on something other than health insurance coverage.

None of the Hmong participants talked about receiving annual checkups or preventive care services, although they were all insured. Participants expressed some confusion about having a regular doctor, indicated they had difficulty making appointments, and appeared to wait until they were very sick to go to the doctor.

Cultural and language barriers impact Hmong participants. These participants were the only

focus group participants that expressed some concerns about discrimination. When discussing promptness of care in the emergency room, one woman stated, "I feel that maybe, like myself, I feel I am different people so they don't acknowledge and work with me."

Participants generally agreed that the biggest problem they faced was the language barrier. They indicated that even documents translated into Hmong were of little use, especially for their parents. According to the Office of Refugee Services in Wisconsin¹⁵, the Hmong culture traditionally placed a heavy emphasis on oral communication as opposed to written language. Thus, language barriers are often compounded by low literacy levels. Although the Office of Refugee Services indicates that this appears to be changing for the Hmong community, focus group participants still expressed concerns for older generations.

As a result, Hmong participants have experienced difficulties in completing insurance forms and understanding billing procedures. Further, as with Latino residents, language issues have resulted in misunderstandings about covered services. Focus group participants expressed confusion about why health insurance does not cover all services and medicine, and why there are co-payments and deductibles. Hmong participants expressed the need for more interpreters and other services to help alleviate these problems.

Summary

Five focus groups conducted in Dane County were intended to gather information about barriers to accessing health insurance, with a particular focus on language or cultural barriers.

In general, Latino and Hmong focus group participants, both insured and uninsured, indicated that language is a barrier to accessing insurance and understanding coverage options and billing procedures. The Latino residents who were uninsured also identified immigration status as a concern. Secondarily, the cost of insurance was identified as a barrier.

By contrast, uninsured African American participants indicated that cost was the main barrier to accessing care and insurance, coupled with the fact that their employers do not offer

insurance. Cultural issues were not of major concern to these participants.

Insured participants were more likely to report having a regular doctor and receiving preventive care services such as regular tests and check-ups. Hmong and Latino insured participants were also more likely to have received information about health insurance through an employer or some other source as compared to the uninsured Latino participants. Although African American residents generally did not express that lack of information as a concern, Hmong and Latino residents indicated a need for more information about health insurance.

Confusion about health insurance coverage and the health care system is not unique to non-

English speaking residents, or to new immigrants. However, the ability to ask questions, to be understood, and to understand what is being communicated can alleviate confusion. Many focus group participants indicated that interpreters were useful in communicating with doctors and in understanding insurance papers. Further, most indicated a willingness to attend workshops about health care and health insurance.

Comments from focus group participants suggest that the cost of health insurance coverage remains problematic for most people who are uninsured, regardless of race or ethnicity. Many are employed, as the African American participants, but insurance coverage is not offered through their employer. Furthermore, focus group participants who sought coverage through the individual market often found the insurance options unaffordable.

Notes

1. Wisconsin Health Insurance Coverage 1999. Bureau of Health Information, Division of Health Care Financing, Wisconsin Department of Health and Family Services. September 2000.
2. 1996-1999 Wisconsin Family Health Survey Data. Prepared by Innovative Resource Group, (a contractor on State Planning Grant activities), Madison, Wisconsin. May 2001.
3. As noted, in data from the U.S. Census Bureau, Hispanic is an ethnic, not a racial, category. The Hispanic persons represented in the data can be of any race. Further, the Census Bureau uses the term Hispanic. The term Latino is used interchangeably with the term Hispanic in this report.
4. Wisconsin's Racial and Ethnic Diversity: Census 2000 Population and Percentages. University of Wisconsin Extension and Applied Population Laboratory. June 24-26, 2001.
5. In 1990, the Asian category included Native Hawaiian and Other Pacific Islander. In the 2000 Census, Native Hawaiian and Other Pacific Islander is a separate category. This category is not shown in the table as less than 0.04% of the population was reported in this category.
6. U.S. Census Bureau. Census 2000, Summary File 1 (SF-1). August 2001
7. Wisconsin's Hispanic or Latino Population: Census 2000 Population and Trends. University of Wisconsin Extension and Applied Population Laboratory, Madison, Wisconsin. March 29, 2001.
8. Wisconsin's Hispanic or Latino Population: Census 2000 Population and Trends. University of Wisconsin Extension and Applied Population Laboratory, Madison, Wisconsin. March 29, 2001.
9. Wisconsin's Racial and Ethnic Diversity: Census 2000 Population and Percentages. University of Wisconsin Extension and Applied Population Laboratory. June 24-26, 2001.
10. U.S. Census Bureau. Census 2000, Summary File 1 (SF-1). August 2001.
11. Originally, seven focus groups were planned. However, one African American group consisting of people who had health insurance, and one Hmong group consisting of people who were uninsured were not conducted due to a lack of participants.
12. Two groups with uninsured African American participants were conducted. The original focus group consisted of thirteen participants. However, due to recording equipment failure, a second session was conducted. Six of the original thirteen participants agreed to return for the second session. Based on data availability, the participant profile is based on the original thirteen participants: however, the description of the results is based on the points of view of the six participants who returned for the second group.
13. The participant profile is taken from a summation report prepared by Jan Wilson, Independent Researcher and Analyst. July 5, 2001.
14. The results from the focus groups are primarily based on written transcripts. Secondly, results are based on a summation report prepared by Jan Wilson, Independent Researcher and Analyst. July 5, 2001.
15. Levy, Susan, Director. Office of Refugee Services, Wisconsin Department of Workforce Development. Personal Communication. August 2001.

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