

EXECUTIVE SUMMARY

Guam Department of Public Health and Social Services (DPHSS) submitted an application for federal assistance on June 11, 2004 for a State Planning Grant Program to conduct a study of the uninsured population and to design a strategic, comprehensive, and affordable health coverage plan that will benefit all Guam citizens and the health Insurance Organization. Guam sought the professional services of the University of Guam – Cooperative Extension Service (UOG-CES), which at the time was assisting in the coordination of the 2005 Guam Household Income and Expenditure Survey (HIES), a federally endorsed and mandated survey. Because the HIES' objective was consistent with the SPGP, and UOG-CES was already in the process of kicking off the HIES project, GDPHSS requested UOG-CES to conduct a population-based survey of the uninsured population of Guam hand-in-hand with the HIES, to increase the level of understanding concerning the uninsured population; to identify and evaluate possible barriers and financial issues to health coverage; and, to prioritize options providing affordable and accessible health insurance coverage. UOG-CES accepted the project and as a result, a Memorandum Of Understanding was executed. In June 2005, GDPHSS requested for a no cost extension of an additional 12 months time to complete the SPGP. GDPHSS' no-cost extension request was approved.

The HIES survey kicked off in February 2005. UOG-CES started out with 80 recruited enumerators, but suffered a high loss of 55 enumerators by June 2005, and as of August 31, 2005, only 13 enumerators remained with the project. The surveys continued however, and to date a total of 1027 households were surveyed for the uninsured section of the project. UOG-CES is currently working on the development and coordination of the focus group set up. Weekly project team meetings with the lead researcher continue as they work towards finalizing the program environment for the different focus groups. The focus groups questionnaire are still being developed and should be available for the DPHSS SPGP core members' review and approval.

SECTION 1. SUMMARY OF FINDINGS: UNINSURED INDIVIDUALS AND FAMILIES

PROFILE OF THE UNINSURED ON GUAM Preliminary Data from the 2005 Health Survey Supplement

1. What is the overall level of uninsurance in your State?

The proportion of the population who have no insurance is 22.6%.

2. What are the characteristics of the uninsured?

Nearly 51% of the uninsured heads of households were employed and worked in the last week. Over 29 percent of the employed uninsured had worked in the week prior to the survey for wages. Of uninsured wage earners, nearly 46% earned between \$10,000 to \$24,999 per year; 30% earned \$1 to \$9,999 per year, 18% earned \$25,000 to \$49,999 per year, 3% earned \$50,000 to \$99,999, and less than 1% earned over \$100,000 per year.

The uninsured were primarily Native Hawaiian and other Pacific Islanders (47.8%), Asians (34.5%), and those who refused to give their ethnicity or race (10.8%). There were no Blacks who were uninsured, and only 6.9% of the uninsured were White. No persons in the survey gave Hispanic as an ethnicity or race. Of all those surveyed, 51% were Native Hawaiians and Other Pacific Islanders, 33.6% were Asian, 4.9% were White, less than a half percent were Black, and 9.9% refused to give an ethnicity. Asians made up a greater proportion of those uninsured than they did of the survey population, and Native Hawaiians and Other Pacific Islanders made up a smaller proportion of the uninsured.

When examining the Native Hawaiian and Other Pacific Islander group by individual ethnicities, we found that Chamorros, the indigenous population of Guam, were 41.7% of those surveyed, but only 36.2% of the uninsured. The peoples of the Federated States of Micronesia, who are non-citizens allowed to enter Guam to go to school and work by virtue of a Compact of Free Association with the United States, were 6.3% of those surveyed but 8.6% of the uninsured.

Males made up 48.4% of those surveyed, and 49.9% of uninsured, while females were 51.6% of those surveyed and 50.1% of uninsured.

Over 42% of the uninsured were under the age of 19, and 4.9% were 65 years and over. Working aged adults (20 to 64) were 52.5% of the uninsured.

Non-US citizens made up 17.6% of those surveyed, but 26% of the uninsured.

The uninsured were less likely to report having diabetes (14.2%) than the insured (18.2%), and also less likely to report being hypertensive (23.3% of the uninsured and 32.7% of the insured). The uninsured were less likely to have ever had a cholesterol test (16.4% vs 26.1% of the insured), but those who had tests were also less likely to report having been told their cholesterol was high: 65.8% of uninsured had high cholesterol while 68.8% of insured did.

The uninsured reported higher rates of having ever had asthma (10.8%) than the insured (8.9%), but lower rates of current asthma (56% of those who ever had asthma) than the insured (71%). They also reported lower rates of ever having had a heart attack (3.4% vs. 5.7%), angina (2.6% vs. 4.9%), or stroke (3.4% vs. 3.7%) than the insured.

Those uninsured at the time of the survey had the following reasons for not having coverage: Couldn't afford the premium (26.9%), lost or changed job (6.8%), no employer coverage (6.0%), spouse or parent lost job or died (3.2%), problems with eligibility (3.2%), and other, uncategorized reasons (21.3%). Those who were currently insured but had been uninsured at some point during the past 12 months reported similar reasons for not having coverage.

Not too surprisingly, the uninsured were less likely (52.2%) than the insured (75.7%) to report having a clinic or doctor that they usually go to for health care, but more likely to have not gone to the doctor at least once in the past year because of the cost (32.8% of uninsured vs. 11.9% of insured).

SECTION 2. EMPLOYER-BASED COVERAGE

Activity for this section is in coordination and development.

SECTION 3. HEALTH CARE MARKETPLACE

Activity for this section is in coordination and development.

SECTION 4. OPTIONS FOR EXPANDING COVERAGE

Activity for this section is in coordination and development.

SECTION 5. CONSENSUS BUILDING STRATEGIES

Activity for this section is in coordination and development.

SECTION 6. LESSONS LEARNED AND RECOMMENDATIONS TO STATES

Activity for this section is in coordination and development.

SECTION 7. RECOMMENDATIONS TO THE FEDERAL GOVERNMENT

Activity for this section is in coordination and development.