HEALTH COVERAGE FOR LOW INCOME AND PART-TIME WORKERS:
Helping Those Who Help Themselves

FOCUS GROUP FINDINGS

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There's a lot of people, they need to put their selves in our shoes sometimes and see what we going through. If they went through things we went through, they would have a different vision of what's going on in the world, for real.

---Isaac, age 28

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Executive Summary

The Mississippi Division of Medicaid (DOM) applied for and was awarded a State Planning Grant from the Health Resources and Services Administration, effective 6/01/03 through 8/31/04. The purpose of the project is to collect, analyze and synthesize quantitative information from a variety of sources on the uninsured; to develop options and priorities for expanding health insurance coverage and access to care; and to develop, analyze and recommend coverage options to the Governor. The Mississippi Division of Medicaid awarded a number of contracts to assist in the completion of the scope of work.

The Fairman Group, Inc. (TFG), a health care research, development and management consulting firm with offices in Jackson, Mississippi, and Washington, DC, was awarded one such contract to conduct focus groups with part-time and low income workers across the state.

The Fairman Group, Inc. conducted 11 focus groups across the State of Mississippi in November 2003 and February 2004 with low income, uninsured workers. Most participants were recruited from public health care facilities and community action agencies in local communities in all five Medicaid regions. The resulting convenience sample, while tapping into all segments of Mississippi's population of low income uninsured workers, was not statistically representative of this population. However, the sample was more than adequate to gather qualitative information about the issues and concerns facing uninsured low income workers.

In all, 89 men and women participated in the focus groups. Most (89%) were African American, and most (85%) had incomes of $400 or less per week. About half (45%) had children under 18 years of age. A number of low income industries were represented by the focus group participants, including restaurant/food, retail, labor/construction, farming, child care, home health care, and office/clerical. The majority of workers (69%) did not have access to employer-sponsored insurance. Half (50%) had been uninsured for two years or more.

Focus group participants reported having a range of health conditions that required medical attention that they could not afford to access—asthma, diabetes, hypertension, ulcers, depression, heart disease, hepatitis C and others. Several needed additional diagnostic tests to determine whether or not they needed surgery, and several needed surgery for diagnosed conditions, including tumors, hemorrhaging and resetting of bones they had tried to set themselves. A number of participants had already experienced dire

consequences from being uninsured. One 48 year-old man had recently recovered from a stroke which disabled him for a year – because he couldn't afford his hypertension medicine. He was still unable to afford this medication at the time the focus group was held.

Though they were well aware of the importance of regular checkups and health screenings, most participants sought health care only when over-the-counter medications and home remedies failed to alleviate pain and discomfort. A number had been turned away by private physicians and specialists because they hadn't been able to pay for services in advance. However, it was common knowledge among participants that emergency rooms cannot turn patients away. For this reason, a small subset of participants used the emergency room as their usual source of care for minor ailments. Most, however, reserved the emergency room for true emergencies. A small number, wanting to avoid financial ruin, failed to access care even for true emergencies, including broken bones, asthma attacks, acute anemia, and appendicitis.

Prescription drugs also were cost-prohibitive for most participants, many of whom could not afford to fill prescriptions for acute infections and chronic conditions including hypertension, diabetes and ulcers. Many people said that they asked the pharmacist to give them only a few pills, tried to reserved pills for future illnesses, asked relatives for leftover pills, and/or sought over-the-counter alternatives to prescription medications. One man borrowed his brother's asthma inhaler during acute attacks.

The reason participants gave regarding why they lacked coverage was the lack of affordable premiums. About one-third of participants had access to employer-sponsored insurance but couldn't pay for it on their incomes, nor could they afford to access primary or preventive care. The people most likely to access primary care were those living near a publicly funded community health center.

Many participants had their credit ruined, including their chances of owning homes and cars, by unpaid medical bills totaling $50,000 to $70,000 and more. One family of four had declared bankruptcy after the father needed kidney stones removed and one of the children needed ear tubes.

A number of participants pleaded with TFG to help them obtain affordable health coverage using sliding scale premiums and/or partial coverage for prescriptions or emergencies. The source of the coverage—government or private—generally was viewed as inconsequential, given the extent and severity of unmet needs.

It is concluded that, as played out in Mississippi, the nation's health care crisis has devastating consequences, particularly for low-income, uninsured working families, workers in need of life- and limb-saving surgeries, and chronically ill workers. A number of recommendations are forwarded to begin to address this crisis.

INTRODUCTION

Mississippi's Non-elderly Uninsured Residents

According to the Henry J. Kaiser Family Foundation (KFF, 2004), in 2001, about 15% of Mississippi's non-elderly population (419,400) was uninsured—the same proportion as observed nationally. Also consistent with national data, the majority of Mississippi's uninsured (79%) consisted of adults ages 19 to 64, with children ages 0 to 18 accounting for the remaining proportion (21%). Most uninsured individuals (69%) had incomes equal to or less than 200% of the Federal Poverty Level (FPL), while 31% had incomes above 200% of FPL. Blacks were overrepresented in the uninsured population, accounting for more than half of the non-elderly uninsured (55%) but only 38% of all the Mississippi population. Whites, in contrast, were underrepresented, accounting for 45% of the uninsured and 60% of the population.

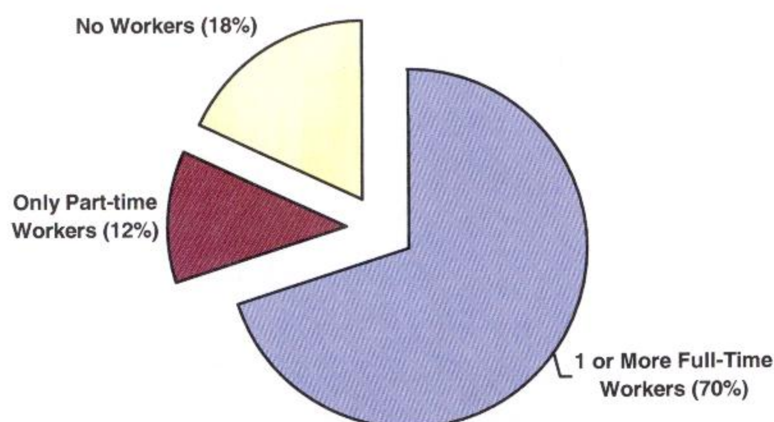
As is the case in the U.S. overall, most of Mississippi's uninsured residents under age 65 (70%) came from families with one or two full-time workers. Another 12% came from families with one or more part-time workers, and the remainder (18%) came from families with no workers (see Figure 1.). Low-income and part-time workers and their families thus accounted for 4 out of every five uninsured non-elderly Mississippi (and U.S.) residents. The rates of uninsurance in Mississippi were slightly higher for adult males than for adult females (22% vs. 19%) and substantially higher for blacks than for whites (23% vs. 13%).

When compared to the U. S. as a whole, Mississippi has lower rates of uninsurance for children age 18 or younger (10% vs. 12% in the U.S.), as well as a considerably higher proportion of children receiving Medicaid (36% vs. 22%). It thus appears that Medicaid has to a great extent compensated for the lesser availability of employer-sponsored insurance in the state: Only half of children ages 18 and younger in Mississippi have access to employer-sponsored insurance through their parents or guardians, compared to six in ten nationally (49% vs. 61%).

Working adults in Mississippi generally fare worse than adults nationally when it comes to health insurance. Fewer Mississippians ages 19 to 64 have employer-sponsored coverage than observed nationally (61% vs. 67% in the U.S). Much of the problem seems to stem from the low proportion of small employers offering health insurance in Mississippi, where only 29% of firms with fewer than 50 employees offer health insurance, compared to 46% nationally. In general, the state suffers from a high rate of poverty and lower living wages. Part-time workers are especially likely to be uninsured in Mississippi (44% vs. 20% in the U.S). About one-fourth of families with no workers are uninsured as well (23% vs. 29% nationally).

According to the 2000 Census, the poverty rate in Mississippi was 16%, compared to 9% nationally (US Census, 2000). Unemployment was 7%, compared to 6% for the nation. The median household income in Mississippi was only $31,330—considerably less than the $41,994 median for the US. A relatively large percent of households--16% vs. 10% nationally--had incomes of less than $10,000.

Figure 1. Nonelderly Uninsured Mississippi Residents by Family Work Status, 2001



Source: *Health Insurance Coverage in America: 2001 Data Update*. The Kaiser Commission on Medicaid and the Uninsured, January 2003. Retrieved from World Wide Web: http://www.kff.org

Following is a brief summary of the 2001 data:

- 82% of Mississippi's uninsured families had at least one member of the family attached to the workforce, and 70% had at least one full-time worker
- 79% of Mississippi's uninsured residents were non-elderly adults age 19 to 64
- 69% of Mississippi's uninsured residents had incomes of 200% of FPL or less
- 55% of the uninsured were Black
- Part-time workers were especially likely to be uninsured (44% vs. 15% of full-time workers)
- Adult men were slightly more likely than women to be uninsured (22% vs. 19%)
- Only 29% of firms employing fewer than 50 employees offered health insurance

It follows that low income and part-time workers--including single adults, low income couples with children, and single parents—have been of great interest to the Mississippi Division of

Medicaid, Office of the Governor. In Mississippi and across the country, non-elderly adults attached to the workforce or seeking work, face significant challenges in accessing health care.

Transportation, child care, linguistic and cultural barriers, mental health issues, the cost of prescriptions and co-payments, and the need to get permission for time off work all discourage the working poor from accessing health care for themselves and their family members. The uninsured receive less preventive care, are diagnosed at more advanced disease stages, and tend to receive less drugs and surgical interventions once diagnosed (Kaiser Family Foundation, 2003). As a result, they are less likely to be in good health, which would help improve their annual earnings and educational attainment.

To address these challenges, the Mississippi Division of Medicaid (DOM) applied for and was awarded a State Planning Grant from the Health Resources and Services Administration, effective 6/01/03 through 8/31/04. The purpose of the project is to collect, analyze and synthesize quantitative and qualitative information from a variety of sources on the uninsured; to develop options and priorities for expanding health insurance coverage and access to care; and to develop, analyze and recommend coverage options to the Governor. The Mississippi Division of Medicaid awarded a number of contracts to assist in the completion of the scope of work. The Fairman Group, Inc. (TFG), a health care research, development and consulting firm headquartered in Jackson, Mississippi, with offices in Washington, DC, was awarded one such contract—to conduct focus groups with part-time and low-income workers across the state. Our methods, findings and conclusions follow.

METHODS

Project Start-Up

TFG initiated the project with a review of the research literature on the working uninsured and focus groups that have been held by The Commonwealth Fund (Perry & Kannell, 2000) and others. Additionally, we contacted the State Health Access Data Assistance Center (SHADAC) to obtain available information on focus group guides and recruitment methods that have been used in other states.

From this research, in September of 2003 we developed the focus group guide shown in Appendix A. The guide was subsequently reviewed by the Technical Working Group (TWG) for the HRSA State Planning Grant and approved with only minor revisions at its meeting of November 12, 2003. The guide includes a telephone screening instrument, participant data sheet, informed consent for participation, assurance of confidentiality, registration form, introduction and welcome, focus group questions for uninsured workers, focus group tips, and a confirmation letter.

On November 13-17, 2003, TFG field-tested various recruitment strategies and the focus group guide materials. Initially, we arranged to hold a focus group meeting at the Hinds County Human Resource Agency on the evening of Thursday, November 13, 2004. We spent the afternoon in advance of this meeting directly recruiting uninsured workers from a local shopping mall and nearby restaurants, and small businesses. Most of those who expressed an interest in attending the group were present that evening for the discussion, which was held from 7:00 PM to 8:30 PM. From this we concluded that direct recruitment was a successful strategy and that people would overcome transportation and child care barriers in order to earn the incentive payment of $25.00. In all, 13 individuals attended our first session.

Because the TWG was especially interested in hearing from uninsured workers who use the emergency room to access care, we spent the morning and afternoon of Saturday, November 15, 2004, recruiting participants from the emergency room waiting area of the University of Mississippi Medical Center. Ten participants attended the focus group held in an empty room adjacent to the waiting area. We spent Monday, November 20 at the Jackson-Hinds Community Health Center engaging in direct recruitment. There were 10 participants in the focus group held at this location. From these experiences we concluded that emergency rooms and community health centers both provided access to substantial numbers of uninsured workers who could serve as convenience samples for the study.

We also learned during our initial groups that, while our line of questioning was somewhat redundant, this redundancy proved useful. Asking the same questions from slightly different perspectives enabled us to obtain slightly different qualitative information from every question. For instance, "Why do you want health insurance?" and "What are the main benefits of having health insurance?" on the surface may sound redundant, but often elicited different responses. Also, some groups took more time to "warm up" to disclosing personal information, so that later iterations of questions similar to those asked earlier often yielded the best information.

Finally, we found that it was impractical and exclusionary to insist that all focus group members have a family income of less than 200% of FPL. A number of seasonal and part-time workers had variable weekly incomes that they had trouble estimating. Further, in our first two focus groups, there were two participants representing two-parent families who stated that they could not afford the premiums for employer-sponsored insurance, and whose input to the group process was valuable. In light of these difficulties, and given the fact that 31% of Mississippi's uninsured residents have income in excess of 200% of FPL (KFF, 2004), we opted to allow workers with family income over 200% of FPL to participate in the focus groups. There were eight such individuals among the 90 participants (excluding those who had trouble estimating the family incomes).

Focus Groups

With a total of 33 focus group participants in the Jackson area, we completed our work in Region 3 in November of 2003 and submitted our initial dataset to the TWG that month. However, outlying regions presented more of a challenge. Our choices were 1) to use telephone recruitment methods, followed with a confirmation letter in the hope that people would remember and be able to attend groups scheduled a week or two in the future, and 2) to work through an existing statewide agency willing to coordinate recruitment on our behalf. In the interest of containing costs and utilizing existing community relationships, we opted for the latter approach. To its credit, the Mississippi Association of Community Action Agencies (MACAA) obtained the permission of its Board of Directors to enlist the assistance of member Community Action Agencies (CAA) across the state in assembling focus groups. MACAA subsequently solicited the assistance of CAA's in Regions 1, 2, 4 and 5. Through the CAA's, TFG scheduled the focus groups to take place from February 13 through February 18, 2004. In all, 11 focus groups were held, as shown in Table I on the following page. As noted, two complete groups were held at Delta Health Center in Mound Bayou (Region 4). Additionally, although Multi-County Service Agency is located in Meridian, which lies in Region 3, it serves Wayne County in Region 2, from which focus group participants were recruited.

All focus group participants signed an informed consent. Most sessions were held in comfortable board rooms, with refreshments provided. One was held in a large community room, one in an auditorium, and one in an empty room in a hospital emergency department. A total of 89 individuals participated in the 10 groups, for an average of eight per group.

Table I. Dates and Locations of Focus Groups with Uninsured Workers

Date	Agency	Location	Region
11/13/03	Hinds County Human Resource Agency	Jackson	3
11/15/03	University of Mississippi Medical Center	Jackson	3
11/17/03	Jackson-Hinds County Community Health Center	Jackson	3
2/13/04	Multi-County Community Service Agency	Meridian (Wayne County)	2
2/13/04	Pearl River Valley Opportunity, Inc.	Columbia	2
2/14/04	Jackson County Civic Action	Moss Point	1
2/14/04	Gulf Coast Community Action Agency	Gulfport	1
2/16/04	Delta Health Center (2 groups)	Mound Bayou	4
2/17/04	Access Family Health Center	Smithville	5
2/18/04	Prairie Opportunity, Inc.	Starkville	5

Convenience Sample

Our recruitment methods yielded a convenience sample with representation from all facets of the uninsured population—two-parent families, single young adults, widows, chronically ill ages 50 to 64, and single mothers. Many of the children whose parents participated were already on Medicaid or the Child Health Insurance Plan (CHIP). However, we discovered several families who had not heard of CHIP and whose children appeared to qualify. These families (most headed by single mothers) were given the 800 number to apply for CHIP.

The charts in Appendix B show the characteristics of the convenience sample. It should be kept in mind in reviewing these charts that, because focus groups are a qualitative research method, the sample was not intended to be scientific. That said, as the charts in Appendix B show, two-thirds of focus group participants (65%) were age 18 to 40, and the remaining third (35%) were 41 to 64. The average age of participants was 36 years, with a range from 18 to 57. Almost two-thirds of participants (63%) were female, and most (60%) were single or divorced.

The great majority of participants (89%) were African American. More than half (57%) worked 30 hours per week or more. Only 11% of participants were self-employed. The largest proportion of participants worked in the restaurant/food industry (21%), followed by office/secretarial (14%), labor/construction (13%), health/health care (9%), and sanitation/ housekeeping (8%). Other occupations (29%) cited by participants included farm work, odd jobs, and logging.

Nearly half of all focus group participants (47%) earned $200 or less per week, and an additional 38% earned from $200 to $400 per week. More than 2/3 (69%) did not have access to health insurance through their employers. About one-third (35%) had been uninsured for more than 5 years, one-third (34%) for 1 to 5 years, and one-third (31%) for less than one year. Slightly less than half of all participants (45%) had children under 18. More than half (58%) had applied for Medicaid. More than half (54%) also lacked a family physician. In spite of this, most had sought the care of a physician for themselves or family members in the past 12 months (87%). Most (67%) also used the emergency room for care, with the largest proportion of respondents (40%) visiting the emergency room from three to five times per year, and nearly one-fifth (17%) visiting the ER six or more times per year.

When compared to the data for the state as a whole, our convenience sample was more likely to be African American (89% of the sample vs. 55% of the state's uninsured) and female (63% of the sample vs. 49% of the states uninsured ages 19 to 64). They were also more likely than the Mississippi population as a whole to be single or divorced (78% vs. 40.7%; US Census 2000).

FINDINGS

Following are the themes that repeatedly surfaced in the 11 focus groups held with uninsured workers held across the State of Mississippi. No significant regional differences were noted in participant responses to the questions. However, people in rural areas were more likely to perform seasonal and farm work. Additionally, in some rural areas, we found a few participants unaware of the possibilities for accessing publicly funded community health centers, services of the Department of Health, and Medicaid benefits for their uninsured children. In these cases we made referrals as appropriate.

Where names are used in the following narrative, they have been changed to protect the identity of focus group participants.

1. Health Insurance is Needed to Access Comprehensive, High Quality Care

Virtually all focus group members considered having health insurance to be "very important" to "extremely important," both as a means to access health care services and to ensure the quality of care.

Participants overwhelmingly agreed that insurance makes a big difference in the way a patient is treated, with the insured receiving better, more comprehensive, and more timely care and the uninsured treated as "second class citizens." Several participants had been turned down for care because they didn't have the money to "pay up front." As one woman put it, "If you ain't got no money, they ain't going to see you." Another woman, age 26, reported that, "About two months ago, I was diagnosed with diabetes and I went to the doctor and he would not see me."

As a result, many participants had come to rely on the emergency room as their usual source of care. Although they understood that the emergency room was meant to be used as a last resort, these participants also lacked the means to access the primary care services to stay healthy and understood that the emergency room could not turn them away. They also accurately understood that, while the emergency room will treat the symptoms, its responsibility ends there. As one young man stated, "When you go to the emergency room, they stick you then give you a pill and tell you to go see your doctor tomorrow...which you don't have."

> ***If you go to the doctor, the first thing they want to know is if you have health insurance. And if you don't they just push you to the side. I won't even go to the doctor because I don't have health insurance. I try not to get sick . . .***
>
> *--John, age 54*

The lack of access to primary care was acutely felt by many participants, a number of whom believed that

they might have undiagnosed conditions. At least one focus group member had given up even trying to access care altogether. "If I go to the doctor and I say I don't have insurance I know I'm not going to get taken (in), so why even bother? They are about money, and if they don't feel they are going to get paid, then why bother?"

2. Health Insurance is Needed for Financial Reasons

The majority of the respondents were aware of the financial pitfalls of being uninsured, with the possibility of being forced into bankruptcy and having their financial futures, including home ownership, threatened by this status. A substantial number of focus group members had already had their credit ruined by medical bills:

- ✔ A young asthmatic man, who had sought emergency treatment several times in the past year, said "Now they are sending me a bill and calling on the phone all the time. I told them there was nothing I could do about it."
- ✔ A young couple had declared bankruptcy after their son underwent two hospitalizations and had surgery to implant ear tubes and the father needed surgery to remove kidney stones, costing more than $50,000. For several years, the couple "religiously" paid $500 per month on medical bills. When three providers decided to sue them anyway, the family declared bankruptcy. "I don't like that, but what can you do?" said the young father of two.
- ✔ A young woman who worked in a urologist's office but couldn't afford the premium for employer-sponsored insurance had accrued $70,000 in medical bills from emergency gallbladder surgery and a miscarriage. She felt that she couldn't marry her fiancée as long as this amount of debt would follow her into the marriage. She was considering bankruptcy as the only potential solution to her dilemma.

> ***I did have surgery January last year. The bill was over $17,000. I still owe it. That was how much my house cost.***
>
> *---Marie, age 53*

Not only hospital care, but outpatient services were considered to be cost-prohibitive. One middle-aged man indicated that he had a bill for over $2,000 from the Community Health Center where he received care for injuries sustained in 30-foot fall. Several participants expressed a fear of having their paychecks garnisheed, and one man had a friend whose net paycheck was $2 per week after his wages had been garnisheed by health providers.

Overall there was a heightened awareness of being 'outside the safety net' when uninsured and great concern about the effects this can have in the event of major illness—not only on one's financial health, but one's physical health. According to one young man, "You never know what's going to happen."

3. Health Insurance is Needed to Stay Healthy

The primary reason that participants wanted to have health insurance was to access routine health care to "go to the doctor and get a check (up) to make sure you're in good health." There was a high level of awareness about the importance of preventive health care. Regular checkups were perceived as very important and most participants were cognizant of the recommended intervals for mammography, Pap smears, colo-rectal exams, and other screenings, but felt they were not able to avail themselves of these due to the costs involved. As one woman noted, "I need to get my regular checkups. A woman needs a Pap smear and a mammogram. I turned 40 on January 12, and we have cancer in my family." Another woman added that, "Within the black community there is the problem of diabetes, and if you get treatment early it can prevent facing dialysis, kidney failure, heart failure and a loss of vision. . . "

> ***With benefits you can go get a checkup once a year. You may catch something wrong with you early. But if you don't have them, you are not going to get the whole treatment.***
>
> *----Dan, age 42*

From these and many similar comments, it appears that health education campaigns stressing the importance of prevention, health screening and primary care for chronic health conditions have succeeded in raising awareness. However, most participants indicated that they postponed or did not participate in primary care due not only to the cost of care, but the time off work this would require. "I don't have sick days, vacation, paid days off, nothing like that," said a 27 year-old file clerk with one child. About half of respondents indicated that they had not been to the doctor in the past year, and a small proportion had not been for five years or more.

In fact, despite the level of understanding of the importance of care, most respondents indicated that, without insurance, they avoid going to the doctor. Speaking for the group, one young man stated, "Most of us, we don't have a family doctor, so that's why we won't be going to them. If we could afford a family doctor, we would have one around." The kinds of symptoms that would drive the uninsured to seek non-emergency care included high fever, elevated glucose, hypertensive symptoms of headache and dizziness, and moderate to severe pain. One man said he would wait until his pain reached 7 on a scale of 10 before going to the doctor. Most agreed that they would self-treat, using over the counter medications and folk remedies, for a period of several days to two weeks or more before going to the doctor.

4. Health Insurance Is Needed to Obtain Diagnostic Services and Chronic Care

> ***I have a lump in my breast and they give you the runaround. . . I got to pay for the biopsy myself . . . it's around $500. If I had insurance, I could have the biopsy and find out what is going on.***
>
> *--Anna, age 50*

A number of participants indicated they had conditions requiring additional diagnostic tests, such as lumps in the breast, numb fingers, nodules in the forearm, chest pain, and heart disease. However, they were unable to pay for these tests. Those who had been diagnosed with various conditions also were unable to afford to go to the doctor for disease management services that might reduce the rate of complications, e.g., of asthma, diabetes, anemia, hepatitis C, and hypertension. Those with diagnosed conditions such as abnormal mammograms and Pap smears also were unable to access needed follow-up care.

Some of the more fortunate participants had relatives who would periodically help them pay for a doctor visit or prescription. However, many were heads of household or single adults with no family able to help them. For instance, a 38 year-old diabetic woman who had been having chest pains and other complications said she had tried to access care but found it too expensive. "I saw (a heart specialist) in Cleveland and he wanted me to come back. I asked, 'How much is the fee' It was over $300 and I said "I won't be coming back here, because I can't afford this . . . "

> ***It's been years since I went to a doctor, 'till last November. I know I was sick. I'm a bad anemic and sometime I would not feel like going to work 'cause I was so sick, and I would pray, "Lord, carry me on." Someone told me about this doctor, and I went and he said, "Did you know you are walking through death?" and I said, "No, I did not know," and he told me then he was going to meet me at the hospital. That's when I had to have six pints of blood. I still owe $6,000.***
>
> *--Garnet, age 43*

Some participants were nervously waiting for their health to deteriorate, following abnormal test findings. Others, such as 50 year-old Eleanor, were unable to access needed surgery. "This month I am supposed to go in the hospital on the 26th in order to stop this blood hemorrhage, she said. " I has been calling places and they told me it was not important, and they could not help me. . ." Another participant needed heart surgery. Still another – a single mother of a young son – needed to have a grapefruit-sized tumor removed from her abdomen. "Every day I'm starting to get more and more pain from this thing," she said. "If it ruptures and I have to go get rushed to the hospital, then they'll help me," she said.

With me getting' up late at night not able to breathe and knowing' I can't pay for it. . . my brother has asthma too, and I go get some of his medicine. I can't pay for that asthma treatment . . .

--Isaac, age 28

Participants recounted many instances in which the ongoing lack of access to care finally resulted in a health emergency. Several focus group members pointed out that emergency care is more expensive than primary care, so that avoiding going to the doctor frequently results not only in more human suffering, but greater expense.

On several occasions, focus group members wept as they told their stories of poor health and a lack of access to care. A number of desperate women and men attended the sessions in the hope that TFG would be able to help them.

5. Health Insurance is Needed to Fill Prescriptions

Many uninsured workers are unable to fill their prescriptions, with potentially devastating consequences. One forty eight year-old man named Daniel, whose sister had cared for him at home for 12 months after a stroke, reported that he'd had the stroke because he couldn't afford his hypertension medication. He feared a second, more deadly stroke, as he still couldn't afford his medication. Several other participants shared Daniel's predicament, including 50 year-old Eileen. "Right now, for my blood pressure, I got a prescriptions costs $128 it is just sitting there. I can't afford to get it."

Frankly, when you run out of pills and you know or feel your blood pressure is up and you can't go to the doctor, you hear every day somebody goes "boom," just like that they are dead of high blood pressure. It's pretty much what scares you the worst.

--Marie, age 53

Other focus group members reported not being able to afford medication for diabetes, asthma, heart disease, ulcers, acid reflux, arthritis, hepatitis C and acute infections. Strategies to help themselves included "holding back" a few pills to have on hand in case they got sick again, using left over pills of friends and family members, getting only a few pills from the pharmacy, trying to get samples from the doctor, and waiting to see if they can recover on their own. A few had learned how to access low-cost prescriptions through indigent drug programs administered by the community health centers and/or local pharmacies, but for the most part, people simply suffered and worried about their health. As a heart patient said to her pharmacist, "Just give me thirty of them (pills) now and I'll try to get the rest later. . . then if you don't have the money when later comes, you just have to suffer."

6. For Some, Health Insurance is Needed to Access Emergency Services

> ***I owe around $70,000 (for emergency services) and am only 20 years old...If I paid (on this amount) every month I could pay until I died and never get it paid...my credit is horrible...'***
>
> *--Luther, age 20*

Overall, participants indicated substantial delays in seeking treatment and then, only for life and death situations. Most respondents indicated they were aware they were attempting to balance their need for health care with financial reality and the consequences of a visit to the ER. Clearly the decision to seek care at an ER was not taken lightly, as most who had done so reporting having difficulty paying the resulting costs, with many being regularly called by collection agencies as a result of earlier ER visits. As one woman, an ulcer patient, put it, "With my stomach, I wait until I have to go, when I can't deal with the pain any more or the over the counter medicine doesn't work any more. Then I go. You get tired of going to the emergency room and charging it . . . you pay between one and two thousand dollars. You get tired of billing it up so you just wait until you can't take the pain any more."

Like the woman in the preceding example, participants generally indicated that they would go to the emergency room only when they had exhausted over-the-counter medications and home remedies, when they could no longer stand the pain of an illness or injury, or when they were having an acute episode of hypertension, chest pain, asthma or another condition. Several participants stated that they visited the ER only if it was a life and death situation. A woman reported that she had suffered with bad stomach pains for a number of days before she "fell out" at the doctor's office. She needed immediate surgery for acute appendicitis.

Young men were especially likely to avoid the ER, preferring to treat themselves even for lacerations and broken bones. "I got scars from being in accidents, and you know, I didn't even go to the doctor, cause I knew right then I can't afford this. I just tape 'em up and keep kicking," said one participant. One man had set a bone in his hand that he had broken; another had set the bones in his own leg after a hit and run accident in which he had been standing in his yard when an errant driver plowed into him. He now needed surgery to correct the misalignment of the bones. Expressing the opinion of many young men, one individual said, "I'd have to be almost dead [before going to the ER] and somebody [will] have to make me go then."

7. Low Income, Uninsured Workers Can't Afford Insurance Premiums

> ***On a single mom's income with two kids, there was no way to get it (health insurance). The cost was way too high. I tried it but had to cancel it. It was $150 every two weeks.***
>
> *--Janice, age 31*

Participants indicated that they needed to pay for food, rent, utilities, transportation, and clothing first, leaving little if anything for health insurance and other expenses.

It was the general consensus that, being in a position of having little or no disposable income and only barely meeting basic living expenses, health insurance premiums were well out of reach for most participants—including those with employer-sponsored insurance. Nearly one-third of focus group participants had refused employer-sponsored insurance because premiums were too high. There was wide variability in the employee premiums mentioned in the groups, which ranged from a low of $18 per week to a high of $75 dollars per week or more.

Other participants cited an inability to work full-time due to health concerns that negatively affected their ability to hold down jobs offering benefits. Asthma, diabetes, sickle cell anemia, heart disease, uncontrolled hypertension, and hepatitis C all were mentioned as reasons that participants were not healthy enough to work full-time. Most of these individuals had applied for but not received Social Security benefits. As one woman noted, "How do you get a job with health insurance unless you're healthy enough to work?" For a number of people the lack of affordability of health insurance thus created a vicious cycle.

> ***My husband, he had insurance but it was so high it was like working for the insurance company, and I told him (to) just drop me, because I believe in the Lord. I said, "Lord, pick me up" . . . Right now I need tests run but I just can't afford it. In my body, there's no telling what is going on.***
>
> *---Anna, age 54*

Respondents were generally aware that, in recent years, employers had become less and less likely to offer health insurance and premiums had risen sharply. As one young man put it, "It's getting harder to get in (to a job) where you can get it (health insurance). Everything is going up but the money." One woman expressed a belief that many companies are using temporary agencies to keep from paying for benefits of any kind.

Several young families who lacked access to employer-sponsored insurance had checked prices on the open market. "The cheapest insurance I could find was $550 a month," one young father reported, "and we can't afford it." Four or five respondents indicated that their employers had been taking health premiums out of their checks, but that an actual insurance card or health plan had failed to materialize.

Interestingly, several respondents bought what insurance they could afford—including life insurance and dental insurance--but had to forego buying health insurance. One young mother indicated that keeping up her life insurance was important to her so that, if she died, her survivors wouldn't be saddled with her burial expenses.

8. Low Income, Uninsured Workers Try to Keep Themselves Healthy

Several participants indicated that generally they were too busy working and taking care of their homes to bother with exercise, and that they often ate fast food. However, most were aware of the importance of diet, exercise and adequate rest, indicating that they attempt to eat properly, to walk places, to get enough rest, and to make healthy choices for their children's diet. Many admitted an over-reliance on fast food due to its easy access and low cost. It appeared that the majority of participants have a sound basic knowledge of nutrition, but find it difficult at times to implement this due to constraints of economics or time. Several took advantage of free flu shots. Many worried about what would happen to their children if their own health was to fail.

9. Low Income, Uninsured Workers Exhaust All Available Remedies Before Seeking Care

Participants used a variety of over-the-counter medications, as well as folk remedies such as tobacco on bee stings, 'pine top' tea with lemon and aspirin, or bourbon and honey for a cold, apple cider vinegar in water for high blood pressure, sweet oil from the bible store for an earache, etc. One woman recalled that, as a child, her mother would warm "Vicks Aid Rub" in the oven and have the children drink it an effective home remedy for colds and flu.

In most of the focus group sessions, this part of the discussion focused on the determination on the part of uninsured workers NOT to seek professional care until all alternatives have been exhausted. There appeared to be a common determination to self medicate with over-the-counter products or folk remedies that, in some cases, delayed treatment of potentially dangerous conditions. One respondent reported, 'I waited **nineteen days** with a migraine, they did a spinal tap and all, but that bill has not come in yet.' It is apparent that, had this person had an illness requiring prompt diagnoses and a specific course of therapy, the outcome after such a long delay might have been tragic.

Speaking for the group, a female restaurant worker in her late 20s said, "That's everybody's first instinct, to heal themselves." One of her co-workers added, "If you can't heal yourself, then you suck it up and go to the ER." She corrected herself by saying, "You go to your grandmamma, and then you go to the ER."

10. Lack of Health Insurance is a Major Life Stressor

> ***My health is declining every minute of every day because I cannot get the medications and treatment that I need just to live and survive.***
>
> *--Adelle, age 43*

With the exception of a few young, healthy males, participants reported that they had grave worries about the potential impact of having no insurance on their health and financial status. Many respondents expressed anger at the lack of affordable health insurance and health services. A number indicated that they feared car crashes, cancer, and any condition for which they would have to be hospitalized, which would wipe them out financially. Some feared the potential results of untreated health conditions, including hypertension, heart disease, diabetes, asthma, tumors, hepatitis C, depression, and ulcers. Others worried that their health problems and expenses would become a burden for family members, or that uninsured family members would die prematurely. A few worried about accessing care for their children, particularly the parents of children who had been turned down by CHIP. Several individuals remarked that chronic worry about one's health could in itself be harmful.

Generally, people in the groups expressed anxiety that they might have undiagnosed health problems. As one woman said, "You might have cancer or something and not know it. Your body might by dying' inside and you might not know it, and you can't do nothing' (about it)."

11. The Community Health Centers and like Healthcare Facilities Provide an Important Source of Care for Many

A number of respondents mentioned the availability of health services in Section 330 community health centers, including Jackson-Hinds Comprehensive Health Center and the Jackson Medical Mall in Jackson, Delta Health Center in Mound Bayou, and Access Family Services in Smithville. These workers complimented the overall quality and availability of service and the sliding scale used to establish affordable costs for visits.

> ***This is the only place I even try. They will work with you.***
>
> *--Lizette, age 30*

One young single woman said that her regular source of care was, "Jackson Hinds Comprehensive (Health Center)—that place on Northside Drive? They're only going to charge you $10. When I first moved down here, ooh, my mouth was 'swole' man, and one of my coworkers told me to go there. I went there that morning, the doctor seen me. I was a waitress then so they charged me $5. He seen me, gave me my prescription for free, and told me to come back, gave me a date, and he pulled my tooth, and then two weeks later he gave me a bridge for my tooth. . . They take that seriously over there. . . . You might have to wait there a long time, but they see you there."

> ***I have been coming to the community health center for my entire life, because I can't see a private doctor without health insurance.***
> *--Dallas, age 30*

Free flu shots, from various sources, were mentioned by several participants as another service of free health care. In addition, the health department was cited in one focus group as a free source of cancer screening. However, the health department was viewed as being concerned primarily with AIDS and sexually transmitted diseases. Anything above here, said one woman, (indicating her waist), "they don't want to fool with." One woman had received an abnormal Pap smear at her local health department and had no means to follow-up with recommended treatment.

12. Few Low Income, Uninsured Workers Have Been Refused or Dropped By a Plan

Only a handful of participants reported having been dropped or refused by a private health plan. A notable exception was a member of a family who had at one time been qualified for Mississippi Medicaid and, at a subsequent point, had been removed from this coverage when his earnings increased.

In one of the groups there was a comment made that the respondent had never been dropped from a health plan "...because nobody ever lets me in...When you go in there to talk to them the first thing they start asking about is your health and the number one question 'Do you smoke...'" This comment reflects the difficulties caused by both preventable behaviors and pre-existing conditions as barriers to obtaining coverage outside of large groups with automatic enrollments.

Loss of prior health coverage was generally associated with the loss of jobs that offered insurance, rather than a specific refusal to continue coverage in an existing plan. Members of several groups had some understanding of COBRA, but were generally unclear as to their rights and the financial responsibilities for continued coverage after termination or layoff. Several, however, indicated that they had been unable to afford COBRA payments.

13. Health Insurance Is Important When Seeking a Job

Most agreed that insurance is an important consideration when searching for a job, particularly if one has a family. One person stated. "That's one of the first things I want to know about." In most discussions on this subject there was a general consensus regarding the importance, when seeking work, of having health insurance available but it was tempered by the perceived reality of the available work and that at times one simply, "needs that dollar." Again the need to

prioritize and cover the basic economic realities of food, shelter and transportation for this low-income group places jobs with health coverage beyond reach of many. "I took the job without health insurance because the bills need to get paid," said 47 year-old Peggy. It's called survival."

One, self-employed woman, a cosmetologist, worried that her age made her both unemployable and uninsurable. "My age is running up," she reported, and I've been trying to get some benefits so that I can have the insurance, but they're slick enough, they know what you're doing." She stated she had worked night and day for minimum wage while raising three kids, had never had insurance and was now, at age 56, unable to secure work with insurance.

> ***When you got no job and somebody offers you one, the health insurance is not important right then, the job is important. . .***
> *---Rose, age 50*

Most agreed that they would take somewhat less money if they could access health insurance **at an affordable cost.** As previously mentioned, several participants had taken jobs that they believed had health insurance, but found that it wasn't forthcoming. Others remarked on the eroding economic condition of the state and the loss of Mississippi service jobs to Third World countries. Just getting and staying employed generally took precedence over finding a job with benefits.

14. For Some, the Emergency Room is the Only Source of Care

A large proportion of participants indicated that they used the emergency room for care as they lacked a regular source of care. In fact, more than half of participants (54%) indicated on their registration questionnaires that they lacked a family doctor. Most (67%) indicated that they used the ER, and the largest proportion (40%) made 3 to 5 visits per year for themselves and family members.

One young man said, "The only way to get around it, if you don't have the money to go to a doctor . . . you got to go to the hospital emergency room. That's five times the amount of going to the doctor. If I had $30-$40 so, I could see the doctor." Because many physicians demand payment before services are rendered, the ER was perceived by many participants as the only available source of care. They seemed reconciled to receiving bills for huge sums that they wouldn't be able to pay, and many were being pursued by collection companies.

One striking example of use of the ER as the usual source of care was seen in a young married woman, a housekeeper married to a truck driver, who had been turned down by CHIP for her three children. On their household budget, this family indicated they couldn't afford routine well-child care. They made numerous visits to the ER each year for colds, flu, bronchitis, earaches, and other common diseases affecting children.

15. Uninsured Low Income Workers Can Only Afford Token Premiums and Small Co-Payments

> ***We need . . some way we can pay . . . a little this and a little that, instead of just having none. I know everybody would be willing to pay something. Just not having it is not going to work.***
>
> *Dan, age 42*

Questions about affordable premiums and co-payments generated some spirited discussion among the participants. There was quite a large range of answers given, but with majority support tending to cluster in the lower dollar range mentioned in any given discussion. Acceptable premiums **for full coverage** ranged from $25 to $100 for single people and $35 to $150 for families, with those proposing the higher numbers very thinly represented in the groups. The majority supported premiums of $40 to $75 per month.

Participants indicated that they could afford to have modest premiums taken out of their checks and juggle other expenses, "robbing Peter to pay Paul" and "finding it somewhere in the budget." Most expressed a willingness to find a way to participate, if at all possible, in paying for affordable medical coverage. One young woman held up a pack of cigarettes and indicated she would sacrifice 'These!' to pay for health coverage.

Acceptable co-payments for physician office visits fell in the range of $5- $20, with the majority in the $10 to $20 range. The concept of a sliding scale for co-payments based on a percentage of cost was also forwarded, with one respondent stating, "If they would pay 80%, I would pay 20%."

Proposed co-payments for prescriptions ranged from $2 to $20 with the majority consensus being in the $5 to $10 area. Interestingly, several responding group members felt that there should be no co-payment requirements for an emergency room visit. These members felt that emergency care should be available without financial barriers of any kind. Most other participants agreed that $25 to $50 would be an appropriate amount for an emergency room co-payment.

Most participants, given health insurance, would save from hundreds to thousands of dollars per year in prescription costs, physician visits, and emergency room care. Patients with chronic conditions stood to save the most. These savings could be devoted to premiums and co-payments.

16. Medicaid and the Child Health Insurance Plan Are Widely Known

Virtually everyone in the focus groups had heard of Mississippi Medicaid. The majority (58%) had actually applied for Medicaid, either for themselves or their children. Additionally, a number were trying to establish disability with the Social Security Administration. Most individuals also had heard of the CHIP; however, there was considerable confusion about the difference between CHIP and regular Medicaid.

> ***The system seems backwards to me, because people who are actually trying, it's harder for them than for somebody who is sitting at home with a lot of kids. That's all they're doing, just getting food stamps and drawing Medicaid. I'm working, I'm trying.***
>
> *--Tamara, age 22*

Women generally understood that they could get Medicaid while pregnant, but that coverage for the mother would expire when the infant reached two months of age. Many people who were unable to work but had not been able to establish permanent disability believed that they should be able to get Medicaid in order to access care for their health conditions. The one exception was a 38 year-old heart patient who said, "I have never applied for food stamps or anything. It's too personal. You want to stand on your own."

Some frustration was expressed about the Division of Medicaid's policies. At one session a young woman who had applied for Medicaid reported that, "They were taking so long they ran out of time. I have to go back and apply again for me and my son . . . he hasn't got it yet." Several respondents also had been turned down for Mississippi Medicaid in the past. The overriding perception of these people was they were caught "between a rock and a hard place"'—with earnings too high to qualify for Medicaid but unable to afford to purchase private coverage at their family income level. There was also a widespread perception that Medicaid rewards people who refuse to work and punish people who work. "I work every day, I go to school, I am trying to do something with myself, and there is stuff I need that I can't get," said one young woman, a single mother.

Further, there appeared to be several misconceptions about Medicaid, e.g., that a single adult has to be able to live on less than $400 a month to get Medicaid, that a woman can only get it when she's pregnant, and that CHIP is better coverage than regular Medicaid. As previously mentioned, TFG did run across several low-income workers who did not know about CHIP or where or how to apply for Medicaid for themselves. However, the majority of participants knew how to apply for Medicaid and CHIP, with only a few exceptions. The existence of the statewide

toll free number and online application forms were mentioned on several occasions. Some participants were not clear on exactly where in the community to apply, but felt it would be easy to call and find out. Overall, parents in the focus groups consistently stated that they would enroll their children if they were eligible.

17. The Source of Coverage Is Not Important

In all sessions, participants concurred that the source of coverage has little importance. They emphasized that the content of the program and completeness of coverage were much more important to them. There were some concerns that a government program could have little choice of provider and additional sentiment that continuity of care is an issue, especially in pediatrics. One mother said that the source of the coverage was not important, but, "I would prefer my (infant) go in to see a private doctor, having the quality care, getting to know one physician instead of going to see a different doctor every time at the clinics." Another agreed that the quality of care was of concern: "On the public program you've got to go to certain doctors, and they might not be as good."

Only one participant directly objected to government coverage. Her feeling was that she wanted to make it on her own without Food Stamps, Medicaid, or any other form of government assistance.

18. How to Help Low Income Uninsured Workers

Focus group participants mentioned a number of special populations who could benefit from health insurance—among them, widows, the chronically ill, single mothers, and seasonal and part-time workers. Most participants felt that people would gratefully accept any assistance that might be given to them to offset health care costs, particularly for prescriptions, physician visits, and emergency services. As one man put it, "Just a little insurance. Just anything. At least for emergencies. We should have insurance that compensates that, you hear what I'm saying? They should at least pay for emergencies if they don't pay for nothing else. . . If you take care of my emergencies, I can take care of my medicine."

One man mentioned the possibility of insurance premiums on a sliding scale. "They need to rethink these premiums," he said. "It (coverage) might be affordable for people who have money, but it's not for people that work for a living. If they'll stop and think about it, it's the little man that keeps the world going."

Additional comments and recommendations of focus group participants are contained in Appendix C.

CONCLUSIONS

The convenience sample of 89 low income, uninsured workers was not statistically representative of all low income uninsured workers in Mississippi. Yet the qualitative information gleaned from focus group participants sheds considerable light on the issues these workers and their families face in accessing care, their use of safety net services, the impact of uninsurance on their health and their finances, their health care needs, and their ability to pay.

First, the need to expand coverage to these struggling individuals and families is unequivocal. There is a pervasive sense of need for coverage for people of all ages, regardless of marital and family status. For many, the lack of access to specialty care and diagnostic services has produced a health crisis that impacts the ability to work.

The reason that coverage is needed is fourfold:

1) To promote health and prevent disease through routine check-ups and health screenings for all low income uninsured workers
2) To cover diagnostic tests when needed
3) To provide prescriptions for people with chronic illnesses
4) To cover needed surgeries and true emergencies

Coverage of these services might be considered to be the "bare bones" health plan for low income, uninsured workers. None of our focus group participants expected a handout, however, and all were willing to pay modest premiums ($40 to $75 per month) as well as co-payments for physician visits ($10 to $20), prescriptions ($5 to $10), and emergency services ($25 to 50). However, having large deductibles would in effect negate the benefits of low cost insurance. One focus group member indicated that he had "done the math," concluding that he was better off taking his chances on staying healthy and trying to pay for his own health care needs rather than spending $200 per month in insurance premiums plus large deductibles

About one-fourth of focus group members—i.e., those who couldn't afford premiums for employer-based coverage—would be most likely to benefit from a subsidy to purchase insurance. The employee's portion of the cost of these plans, as reported by focus group members, ranged from $18 to $80 per week. Tax credits would seem to be a less promising incentive to purchase insurance, given the paycheck-to-paycheck existence of most workers and the low tax bracket in which they find themselves. However, any assistance—be it a subsidy, tax credit, or other incentive—would be welcomed. Only one worker felt that employers should be made to offer insurance. For the great majority of focus group members, as mentioned, the source of coverage was unimportant.

Many of Mississippi's uninsured workers are fortunate in having access to community health centers for primary care. They are also able, in at least one such center (Delta Health Center), to obtain low cost prescription medications. Those in need of expensive diagnostic tests and specialty care, however, are less fortunate, in that they have no means of accessing this care.

The 89 participants in our focus groups expressed a great many unmet medical needs, many of which were life- and/or limb-threatening. Hypertension, diabetes, heart disease, ulcers, tumors, hepatitis, arthritis, and many other conditions were commonly reported in the discussions. Just as common was the inability to fill prescriptions needed to control these conditions.

The high cost of public policy was evident in the anxious faces of the uninsured workers attending our focus groups. With no alternative, many uninsured workers have turned to prayer as a means to ensure their health--God willing. With the numbers of uninsured rising, and the number of people covered by employment-based coverage declining (US Census, 2003), Mississippi residents will be solely dependent on their "prayers" unless this situation is addressed by state policy makers.

RECOMMENDATIONS

There are several policy changes that TFG believes, given the focus group findings, should be considered by the Division of Medicaid. Specifically, Medicaid should consider:

1) Developing a program to subsidize the health insurance premiums of low-income workers who have access to employer-based insurance.
2) Providing incentives to employers who do not currently offer health insurance.
3) Self-employed workers should be able to buy into a health insurance pool providing basic coverage.
4) Developing a program to subsidize access to low- to no-cost specialty care, diagnostic services, prescriptions, non-elective surgeries, and emergency care for uninsured patients receiving primary care in the state's Section 330 Community Health Centers.
5) Expanding CHIP eligibility to include mothers and fathers in low-income, working families.
6) Developing and implementing disease management programs for chronically ill uninsured workers.
7) Developing and implementing a statewide pharmacy assistance program through which uninsured workers can access the indigent drug programs of pharmaceutical companies.
8) Developing a program to facilitate the expansion of Section 330 Community Health Centers in underserved areas of the state.

The initial focus of these recommendations should be low-income workers with incomes at or below 200% of FPL. In the long-term, consideration should also be given to assisting uninsured workers with incomes of 200 to 400% of FPL, who also find health insurance premiums hard to afford.

TFG stands ready to assist in any of these recommended steps.

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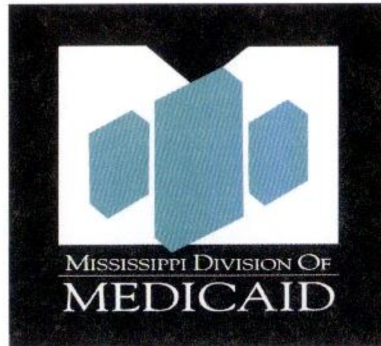

Assessing The Uninsured Population: Focus Group Guide for Uninsured Workers

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APPENDIX A: Focus Group Guide

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APPENDIX A: Focus Group Guide

The Fairman Group
Telephone Screening Instrument
For Uninsured Workers

1. Hello, this is ___________ from The Fairman Group, an opinion research firm based in Jackson. We're recruiting people to take part in a one and one-half hour focus group discussion for which they will be paid $25. May I speak to the head of the household?

If yes or speaking, continue.
If no, ask for best time to call back and note time and date.

2. The State of Mississippi has hired The Fairman Group to find uninsured workers to give their opinions on health insurance. Do you currently have health insurance?

If yes: *Thank you for your time. We need to find people without health insurance.*
If no, continue.

3. Are you currently employed?

If yes, continue.
If no: *Thank you for your time. We need to find employed people.*

4. Are you under 65 years of age?

If yes, continue.
If no: *Thank you for your time. We need to find people under 65 years of age.*

5. How many family members live in your household? ______

6. Is your family income more than ____________ per month? (or ______ per year?)

Note: Family income must not exceed amounts shown in the Table below.

Family Size	Monthly	Annually
1	1497	17960
2	2020	24240
3	2543	30520
4	3067	36800
5	3590	43080
6	4113	49360
7	4637	55640
8	5160	61920
Each Additional Person	523	6280

If yes: *I'm afraid your family income is too high for you to participate in the focus group. Thank you taking time to answer my questions. Goodbye.*
If no, continue.

7. Congratulations! You're qualified to take part in one of our focus groups. We have two groups scheduled in your area. Would (DAY DATE TIME OF GROUP) be a good time for you to attend the meeting?

If yes, continue.
If no, ask about the next meeting.

If neither meeting is convenient, thank the individual for his or her time and hang up.

If one of the meetings is satisfactory, continue.

8. We will send you a notice to confirm your participation. We will also call to remind you about the meeting the day before it is scheduled. Can I please have your name, address and telephone number?

Note name, address and telephone number on the Participant Data Sheet for each group.

9. Thank you for taking your time to help us with this project. We will have your check ready for you at the focus group meeting. We look forward to hearing your views. See you on (DAY TIME DATE)!

The Fairman Group
Participant Data Sheet

DATE: ______________________________

TIME: ______________________________

LOCATION: __________________________

Participant Name	***Address (including zip code)***	***Telephone Number***	***Date of Initial Call***	***Date of Confirmation Letter***	***Date of Reminder Call***	***Present? Yes/No***
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Note: Sign up 12 participants for each group.

APPENDIX A: Focus Group Guide

The Fairman Group
Informed Consent for Participation as a Subject in a Research Study
On Workers Without Health Insurance

Instructions: *Please read this form and ask any questions that you may have before agreeing to this study.*

1. Purpose of the Study
I understand the purpose of the study is to find out about the opinions, feelings, beliefs and experiences of full- and part-time workers who don't have health insurance. This information will be presented by The Fairman Group to the Office of the Governor to help shape state policies on health care.

2. Description of Study Procedures
I understand that, if I agree to be in this study, I will be asked to fill out a registration form that asks personal questions about my family and me. I will also be asked to participate in a discussion with others that will take about one and one-half hours. The discussion will be tape-recorded, and notes will be taken about what is said.

3. Payment
I understand I will receive a one-time payment of $25 for participating in this group discussion.

4. Voluntary Participation
I am voluntarily participating in this discussion. I know I may feel uncomfortable talking about some things about my family, but I also know I don't have to say anything I do not want to. I understand that if I feel too uncomfortable to continue participating, I am free to leave the group at any time, without penalty or loss of the payment.

5. Confidentiality
I understand that anything I say in this discussion, or any information I provide on the registration form, will be kept confidential. My name will not be shared with any person, agency or organization not connected with this project. Only first names will be used in this discussion. I agree to keep private anything anyone else says in this discussion. All records and tapes will be kept in a secure location. The research staff will take all reasonable precautions to keep the information I provide confidential.

6. Questions
Please ask a staff member of this study any questions you may have regarding what you have read or any other questions you may have.

7. Statement of Consent
I have read [or had read to me] this form. I have had the opportunity to ask questions and have had my questions answered. I understand I will receive a copy of this consent form. I give my consent to participate in this group discussion.

Print Name ______________________________

Signature ______________________________ Date ____________________

The Fairman Group
Focus Groups for Uninsured Workers

ASSURANCE OF CONFIDENTIALITY

I, ____ am associated with The Fairman Group Focus Group Project for Workers without Health Insurance and promise to keep the names and any identifying information about participants in this discussion completely confidential. All papers containing names or other identifying information will be kept secure and not shared with any persons, agencies or organizations not associated with this project. Any reporting of the findings of this discussion will be done without names, and no information will be included which would reveal the identity of the participants without the written permission of the participant.

____

Print Name   Signature   Date

APPENDIX A: Focus Group Guide

The Fairman Group
Registration Questionnaire
Focus Group for Uninsured Workers

1. Name:______________________________ First Last	**2. Date of Birth:** ____/____/____ Day/Month/Year
3. Sex: _____M_____F	**4. Marital Status** ____Married ____Single ____Divorced ____Living as Married ____Separated ____Widowed
5. Ethnicity ____White ____Black ____Latino ____Other	
6. Hours Employed Do you work full time [30 hrs/week or more] at your place of employment? ____Y____N	**7. Employer** Are you self-employed? ____Y ____N If no, how many employees work for your employer? (Check one) ____10 or Less ____11-50 ____51-100 ____More than 100
8. Earnings How much do you earn per week? ____Less than $200 ____$200-$400 ____$400-$600 ____Over $600	9. **Type of Employment** ____Office/Secretarial ____Labor/Construction ____Restaurant/Food ____Hospitality ____Education ____Child Care ____Health/Health Care ____Sanitation/Housekeeping ____ Other
10. Employer Health Insurance Does your employer offer health insurance? _____Y_____N	**11. Eligibility to Purchase** Are you considered eligible to purchase coverage through your company? _____Y_____N
12. How long have you been uninsured? ____Less than one year ____One to two years ____Two to five years ____More than five years	**13. Children** Do you have children under 18 living with you? ____Y____N **14. Medicaid** Have you ever applied for Medicaid or [CHIP] _____Y_____N

APPENDIX A: Focus Group Guide

The Fairman Group
Focus Groups for Uninsured Workers

Introduction and Welcome

Good evening and welcome to our session. Thank you for taking the time to join us to talk about your opinions and experience as workers not having health insurance. My name is _____________ and with me tonight is _____________.

We are employees of an independent group that has been asked by an Office of the Governor of the State of Mississippi to get information that will help the State better understand how to improve working people's access to health insurance. We want your honest views and comments and anything you say will not affect our job, which is to write a report expressing your views. We are holding discussion groups like this around the state.

You have been invited because you are employed and without health insurance, so you know first hand what it's like to be an uninsured worker.
There are no wrong answers to the questions we will ask and we encourage everyone to express his point of view and experiences.

Everyone's participation is valuable and it is important we hear from each of you. I may call on you or ask for your views. I may also ask that we move on during the discussion to cover as much as possible.

Please speak one at a time and speak up, as we will be tape recording this session because we do not want to miss any of your comments and we can't write them down fast enough!

We will be on a first name basis here and will not use any names in our reports to assure complete confidentiality. We also ask that anything said here by your fellow group members be kept confidential in the community.

The name cards on the table will help us remember each other's names,
So let us begin by finding out your name and what you do for a living . . .

APPENDIX A: Focus Group Guide

The Fairman Group
Focus Group Questions
For Uninsured Workers

A. Importance of Health Insurance

1. How important is it for you to have health insurance for yourself and your spouse or partner?
2. How important is it for you to have health insurance for your children, if applicable?
3. What financial responsibilities, if any, come ahead of buying health insurance for yourself and your family members?

B. Reasons for Health Insurance

1. What are the main reasons, if any, that you and your family members want to have health insurance?
2. What are the main reasons that you don't have health insurance?
3. What would be the main benefits of having health insurance?
4. What are the main problems you experience as a result of being uninsured?

C. Alternatives

1. How do you and your dependents now obtain health care?
2. What do you do when you or your spouse is sick?
3. What do you do when your child is sick?
4. Have you had a checkup in the last year? In the last two years? In the last five years?
5. What, if any, unmet health care needs do you and your family members have?
6. What kinds of things, if any, do you try at home before you go to the doctor?
7. In what ways, if any, do you try to keep yourself healthy?
8. What is your main worry about not being insured?

D. Options for Insurance

1. How important is health insurance when you are seeking a job?
2. Does your current employer offer health care insurance?

3. If your current job offers insurance, what stopped you from signing up for it?
4. Would you be willing to take a job that offered health insurance, even if it paid less? Why or why not?
5. Did you ever have a job that offered health insurance? Did you like having it?
6. Have you ever been refused by or dropped from a health insurance plan before? What happened?
7. What do you know about the Mississippi Medicaid Program?
8. Have you ever heard of Mississippi Health Benefits (MHB) or the Child Health Insurance Plan?
9. Do you know who is typically eligible for the MHB or CHIP programs?
10. If your child were eligible for health benefits through MHB, CHIP, Medicaid or another public health program, would you enroll? If no, why not?
11. If you wanted to get health benefits through MHB, Medicaid or CHIP would you know how to apply?
12. Have you ever applied for and turned down for a health insurance program? What happened?
13. Would you be interested in signing up for n insurance program for working families that provides low cost health coverage for children? Why or why not?
14. Have you seen or heard any information about a program like this?
15. Under what circumstances would you be able to obtain health insurance?
16. Is the source of coverage (employer, government, purchasing pool, other) important to you? Why or why not?

E. Ability and Willingness to Pay

1. How much would you be willing to pay each month for health insurance?
2. What would you have to sacrifice, if anything, in order to pay this amount?
3. How much would be a fair co-payment for a doctor office visit?
4. How much would you be willing to pay as co-payment for a prescription?
5. How much would you be willing to pay as co-payment for an emergency room visit?
6. How much money, if any, would having health insurance save you?

F. Impact of Not Having Health Insurance

1. How has being uninsured affected your use of health care services?
2. How has being uninsured affected your use of prescription medications?
3. How long do you usually wait to feel better before you go to the doctor?
4. What, if any, health care services have you avoided in order to save money?
5. How, if at all, has being uninsured affected your health?
6. If applicable, how has being uninsured affected your family members' health?
7. What medical conditions, if any, do you or your dependents have that need a doctor's care?
8. What financial challenges, if any, have you had paying medical bills in the past?
9. What would you do if you or one of your dependents needed life-saving surgery?

G. Other

1. Is there anything would like to add to this discussion?

Thank you for your participation! On behalf of the Governor of Mississippi and the Division of Medicaid, I would like to thank you for expressing your opinions and views tonight. Rest assured that your voice will be heard, and have a safe trip home. Good night.

FOCUS GROUP TIPS
For the Moderator and Assistant Moderator

- Keep the people on track. Memorize the unstructured questions in addition to having them in front of you. Return diversions to topic.
- Control any monopolization of the discussion by one or a group of participants.
- Ask shyer group members for their opinions as required to balance participation.
- Be nonjudgmental and maintain a tolerant atmosphere. People with diverse opinions should be comfortable expressing them.
- Remember to probe! [How else did that affect you? What do you think about that? Can you help me understand better what you mean by . . . ?]
- Control the setting. Minimize distractions.
- Prepare at least one dozen questions designed to stimulate group discussion.
- Make sure your questions are open-ended and will lead to answers that encourage the participants to volunteer their views and experiences.

The Fairman Group, Inc.

1315 North Jefferson Street, Suite 116
Jackson, Mississippi 39202
(601) 949-2522

Date

Name
Address
City, State, Zip

RE: Confirmation of Focus Group Participation

Dear (Mr., Ms., Mrs.) ________________:

On behalf of the Mississippi Division of Medicaid and Office of the Governor, I am pleased to send you this notice confirming your participation in The Fairman Group's focus group discussion for Workers Without Health Insurance. The purpose of the group is to find out about the opinions, experiences and beliefs of members of the workforce who are uninsured.

Your focus group will be held from (time of day) to (time of day) on (day of the week and date) at the following location:

Name of Facility
Location
Address
City/State/Zip
Telephone

A map of this location is attached.

We will have a check in the amount of $25.00 ready for you at the time the focus group discussion is held.

If you become unable to attend the discussion, please call and let us know as soon as possible. You may leave a message at (local telephone number).

Again, thank you for offering your assistance in this important project.

Sincerely,

Kirsten Hinsdale
Moderator

APPENDIX – B

CHARACTERISTICS OF FOCUS GROUP PARTICIPANTS

Figure 1. Age of Focus Group Participants

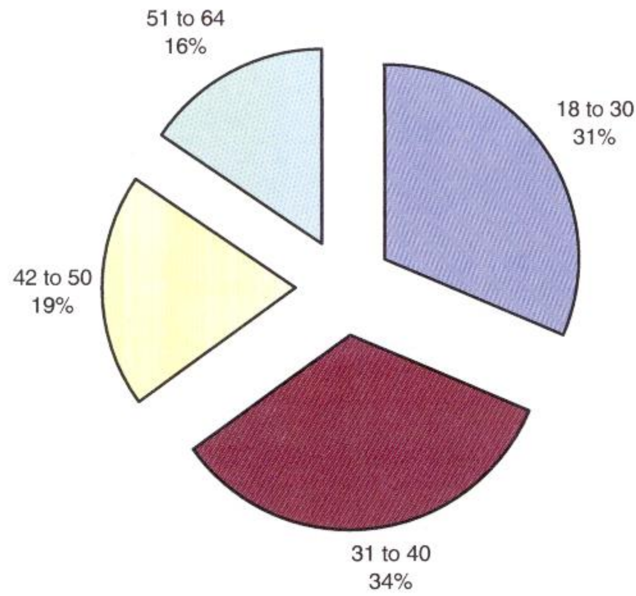


Figure 2. Sex of Focus Group Participants

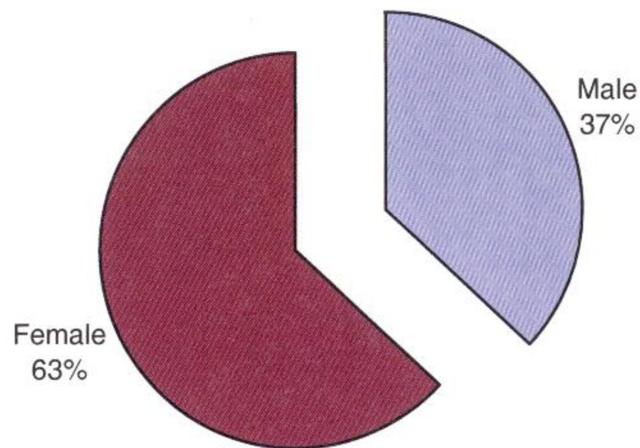


Figure 3. Race/Ethnicity of Focus Group Participants

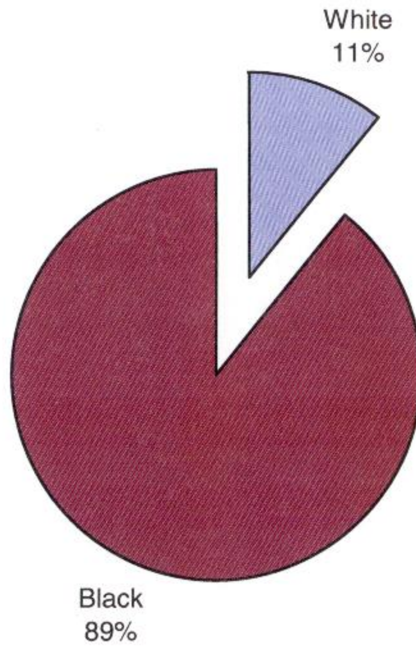


Figure 4. Marital Status of Focus Group Participants

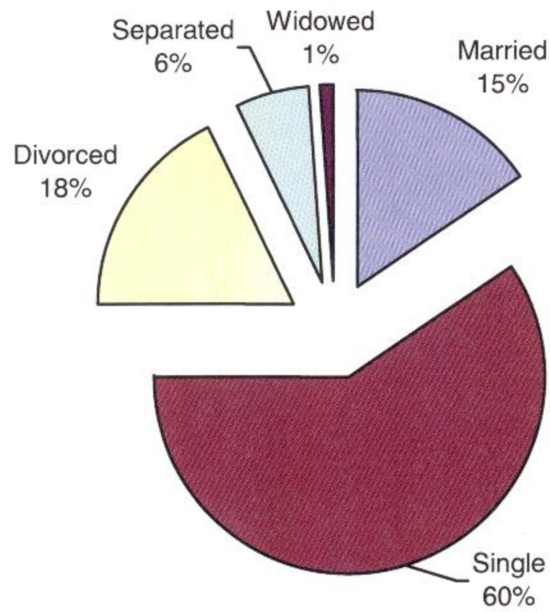


Figure 5. Hours Worked Per Week by Focus Group Participants

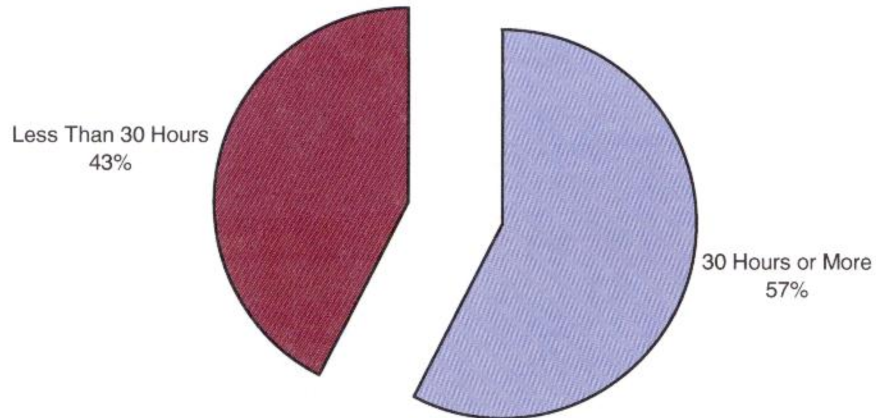


Figure 6. Self-Employed Focus Group Participants

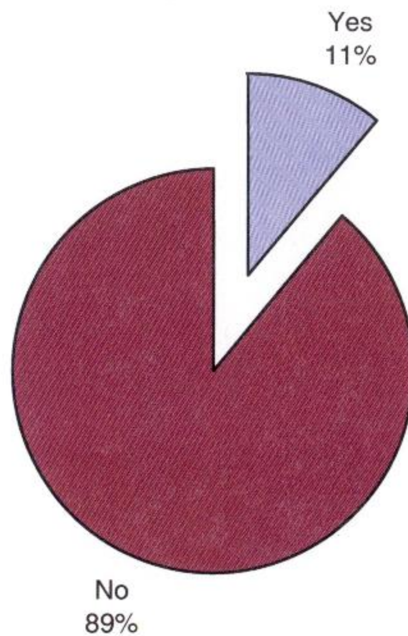


Figure 7. Type of Employment of Focus Group Participants

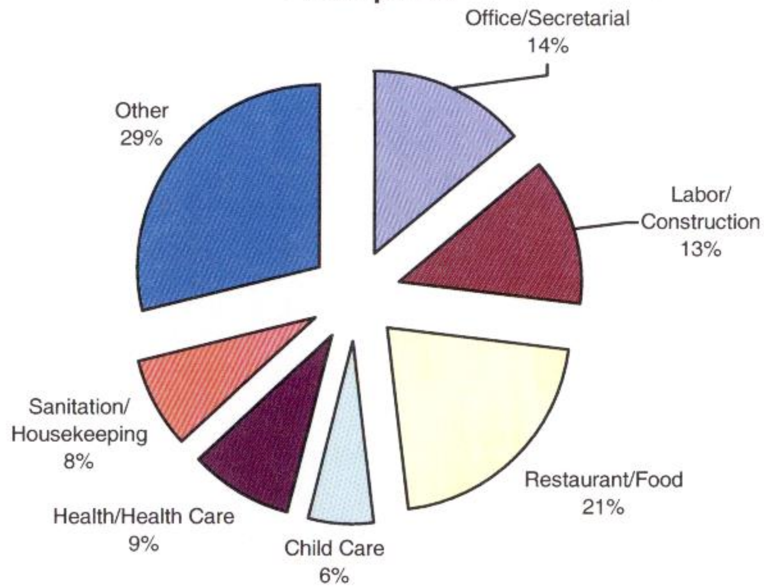


Figure 8. Focus Group Participants with Access to Employer-Sponsored Insurance

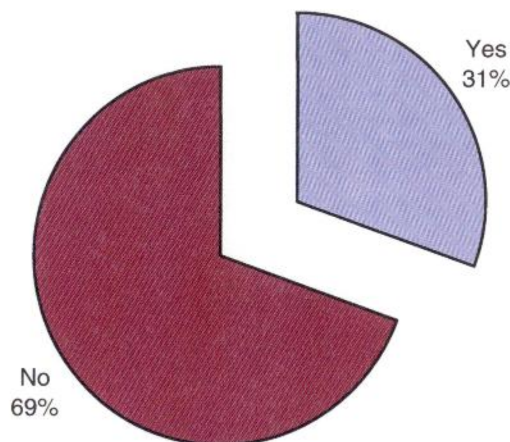


Figure 9. Weekly Earnings of Focus Group Participants

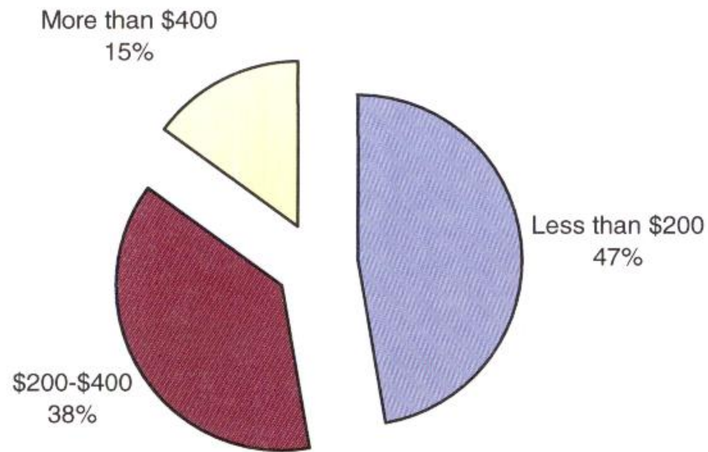


Figure 10. Time Focus Group Participants Have Been Uninsured

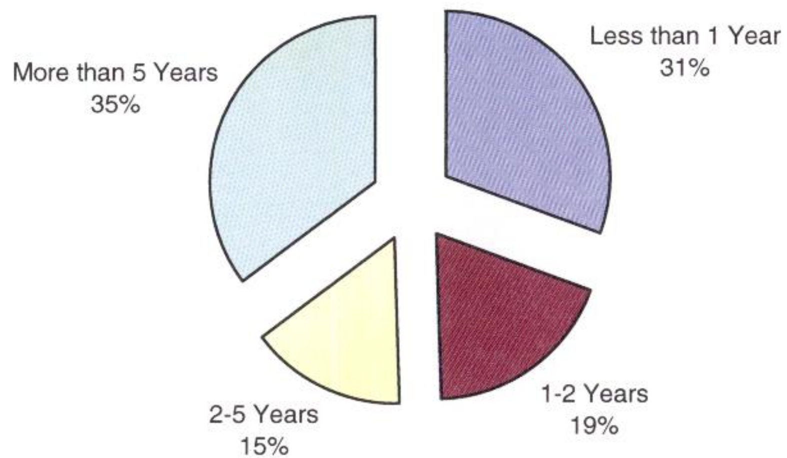


Figure 11. Focus Group Participants with Children under 18

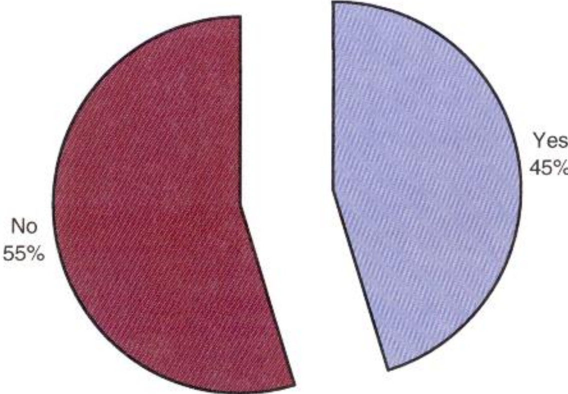


Figure 12. Focus Group Participants Who Have Ever Applied for Medicaid

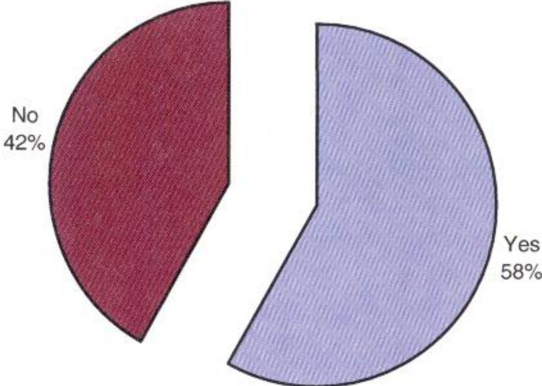


Figure 13. Focus Group Participants Who Have a Family Doctor

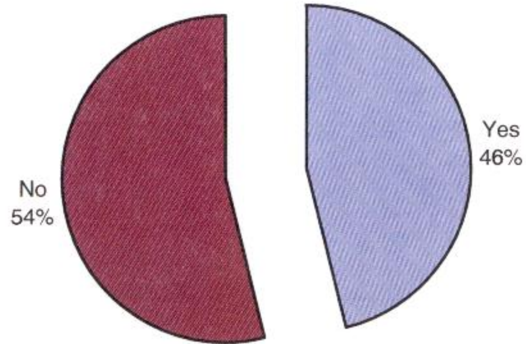


Figure 14. Visits to Doctor in the Past 12 Months of Focus Group Participants and Family Members

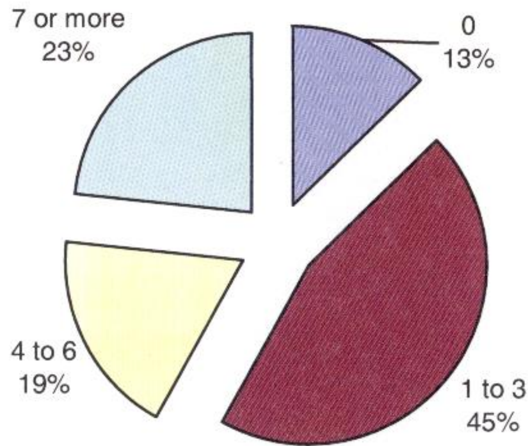


Figure 15. Focus Group Participants Who Use the Emergency Room

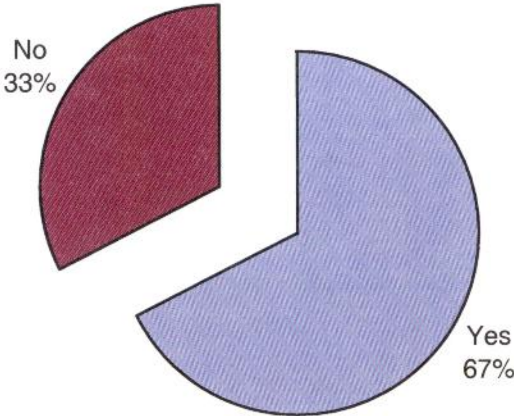
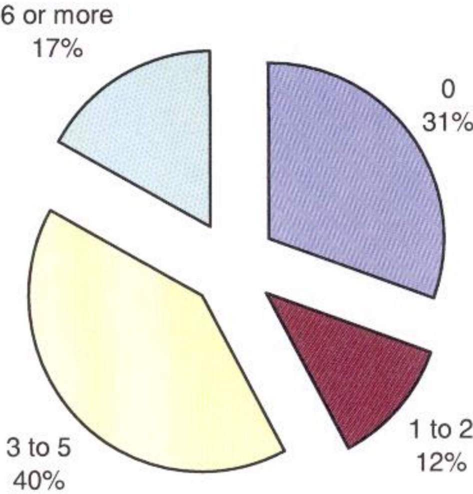


Figure 16. Annual Visits to Emergency Room by Focus Group Participants and Family Members



APPENDIX – C

RECOMMENDATIONS FROM FOCUS GROUP PARTICIPANTS

Appendix C: Recommendations from Low Income Uninsured Workers

Mississippi HRSA State Planning Grant

Focus Groups for Low Income Uninsured Workers

The Fairman Group, Inc.

"I feel like, you know, they should help people that is less fortunate than to be able to have a good job to be able to afford insurance. We have people that basically, we're living paycheck to paycheck trying to keep their home afloat."

"They should make employers offer insurance. Just a little insurance. Just anything. At least for emergencies. We should have insurance that compensates that, you hear what I'm saying? They should at least pay for emergencies if they don't pay for nothing else. . . If you take care of my emergencies, I can take care of my medicine. I would give something up to get my prescriptions.

"There should be a sliding scale fee for premiums."

"You shouldn't have to have to choose between a job with insurance and a job making money. You should be able to have both of them. If you have insurance, you don't have money to live on. If you have money to live on, you don't have any insurance."

"Mental health benefits are needed like for depression. People with mental health problems, they ship' em off to anywhere. . ."

"There ought to be something that we can invest in to help the part-time workers or seasonal workers. It's good when you are full-time and you got all the benefits, but when you are part-time, you are not able to afford the insurance. It takes your whole check."

"We need health benefits, some way we can pay a little this and a little that, instead of just having none. I know everybody would be willing to pay something. Just not having it is not going to work."

"I think that low cost insurance should be available through Medicaid, especially if you are a student because you are preparing yourself to go to the workforce for a better income so that you can provide for yourself and your children. You want to be productive, especially nonconventional students, adults over 21, those that are going back to school or attempting to get a higher education. . . "

"I think they should offer it to students and single parents."

"People should be able to get insurance on a scale based on income."
"They need to make it easier for single moms."

"I think they need to rethink these premiums. It might be affordable for people who have money, but it's not for people that work for a living."