

# Results from the Household Survey and Focus Groups

Nebraska Health Insurance Policy Coalition  
Cornhusker Hotel, Lincoln, NE  
Monday, August 9, 2004



# Brief Review

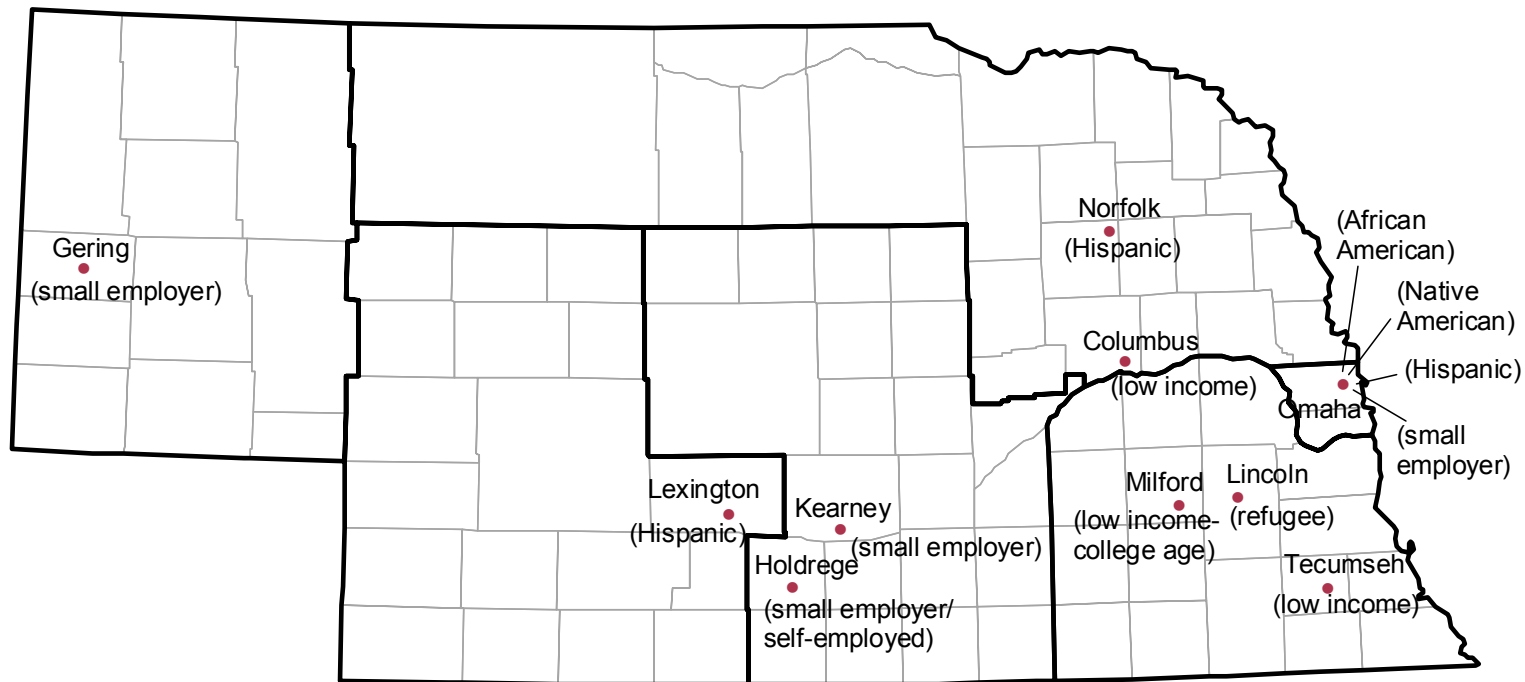
## ■ Project Goals

- Collect and analyze data on the state's uninsured population
- Evaluate policy options and develop policy recommendations for expanding health insurance coverage to all Nebraska citizens

# Brief Review

- Household Survey of 3,750 Nebraskans
- 13 Focus Groups
  - Explored 5 themes to put a human face on uninsurance:
    - attitudes toward health insurance
    - experiences seeking health insurance
    - experiences seeking health care
    - experiences offering health insurance to employees
    - attitudes toward policy options
  - Targeted 8 populations likely to be uninsured:
    - Hispanics
    - African Americans
    - urban Native Americans
    - low-income
    - small employers
    - self-employed
    - low-income college-aged
    - refugees

## Nebraska State Planning Grant Survey Focus Group Locations by Health Planning Region



- Focus group location and target population

Health Planning Regions defined by Nebraska Health and Human Services System, 2001.  
Cartography: UNMC Center for Rural Health Research, 2004.



# Final Product

- Final report to Governor, State Legislature, and Secretary of the U.S. Department of Health and Human Services due September 30, 2004



# Why are we here?

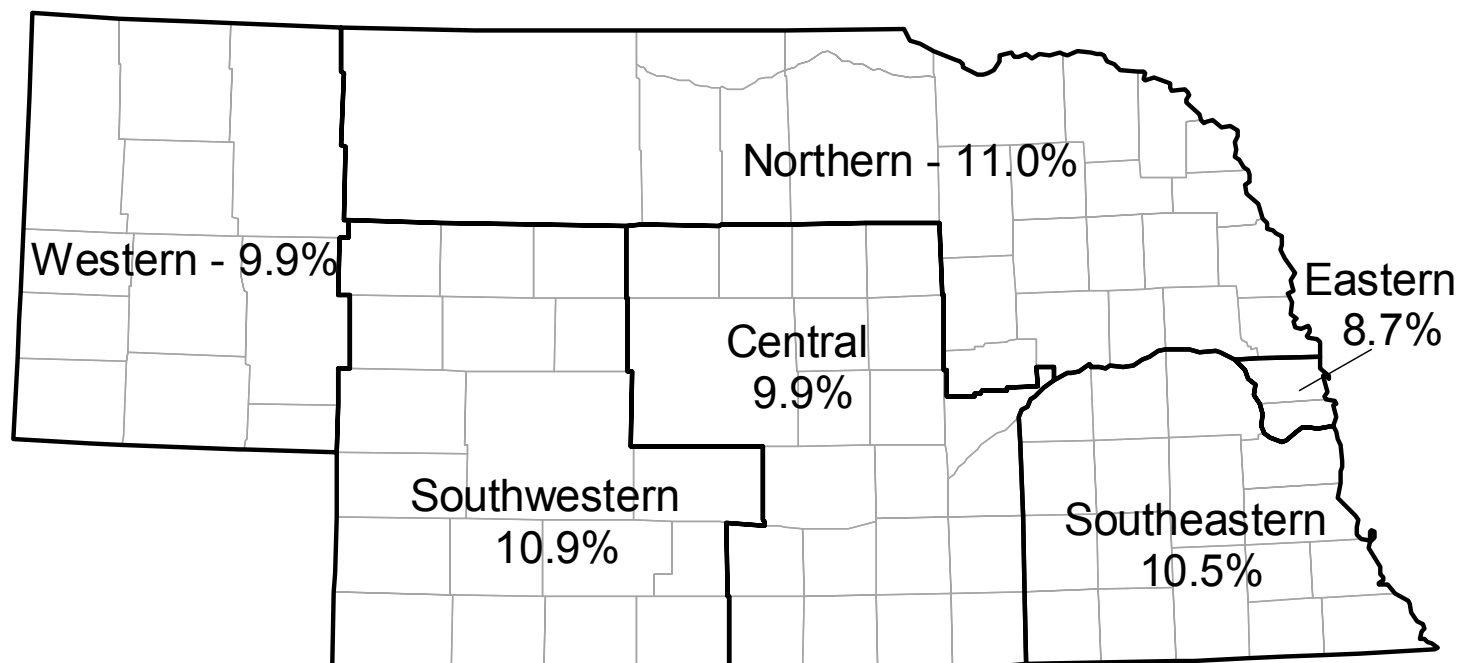
- We want to find a way to expand health insurance coverage to all Nebraska citizens
- Discuss some of the results from the research

# What have we learned?

- 9.9% of non-elderly Nebraskans have no health insurance
- Approximately 145,000 Nebraskans
- Many of the uninsured and the insured worry
  - insurance won't cover care
  - will have to pay more than expected for care

# Geographic Breakdown

## Percent of Uninsured Under Age 65 Within Health Planning Regions - Nebraska 2004



Nebraska Health Planning Regions defined by the Nebraska Health and Human Services System, 2001.  
Cartography: UNMC Center for Rural Health Research, 2004.



# Why do we care about the uninsured?

Because we all want the same thing...



“Having health insurance allows you to fulfill your obligation to your family and maintain a quality life, a healthy life.”

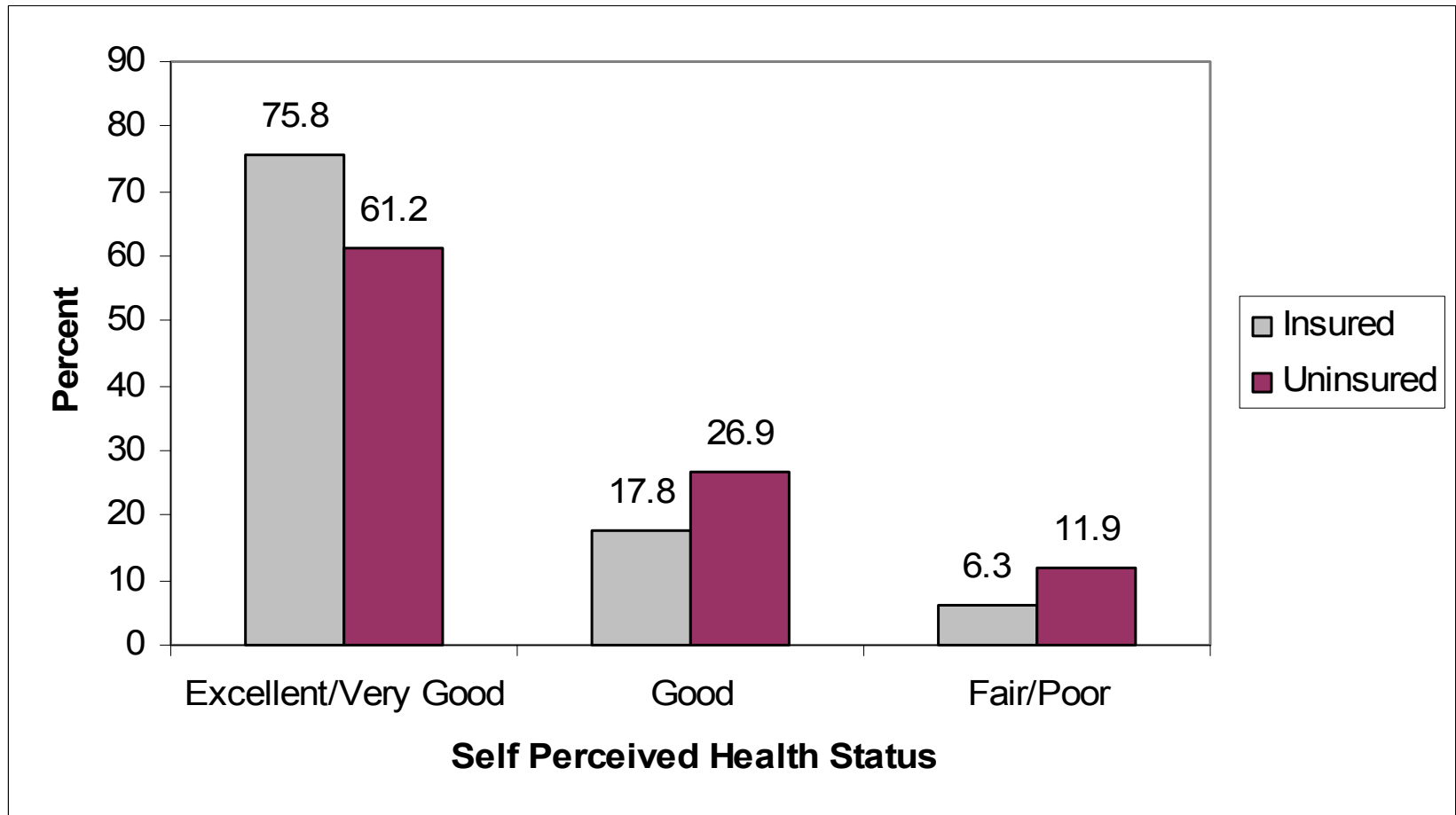
-- Native American female



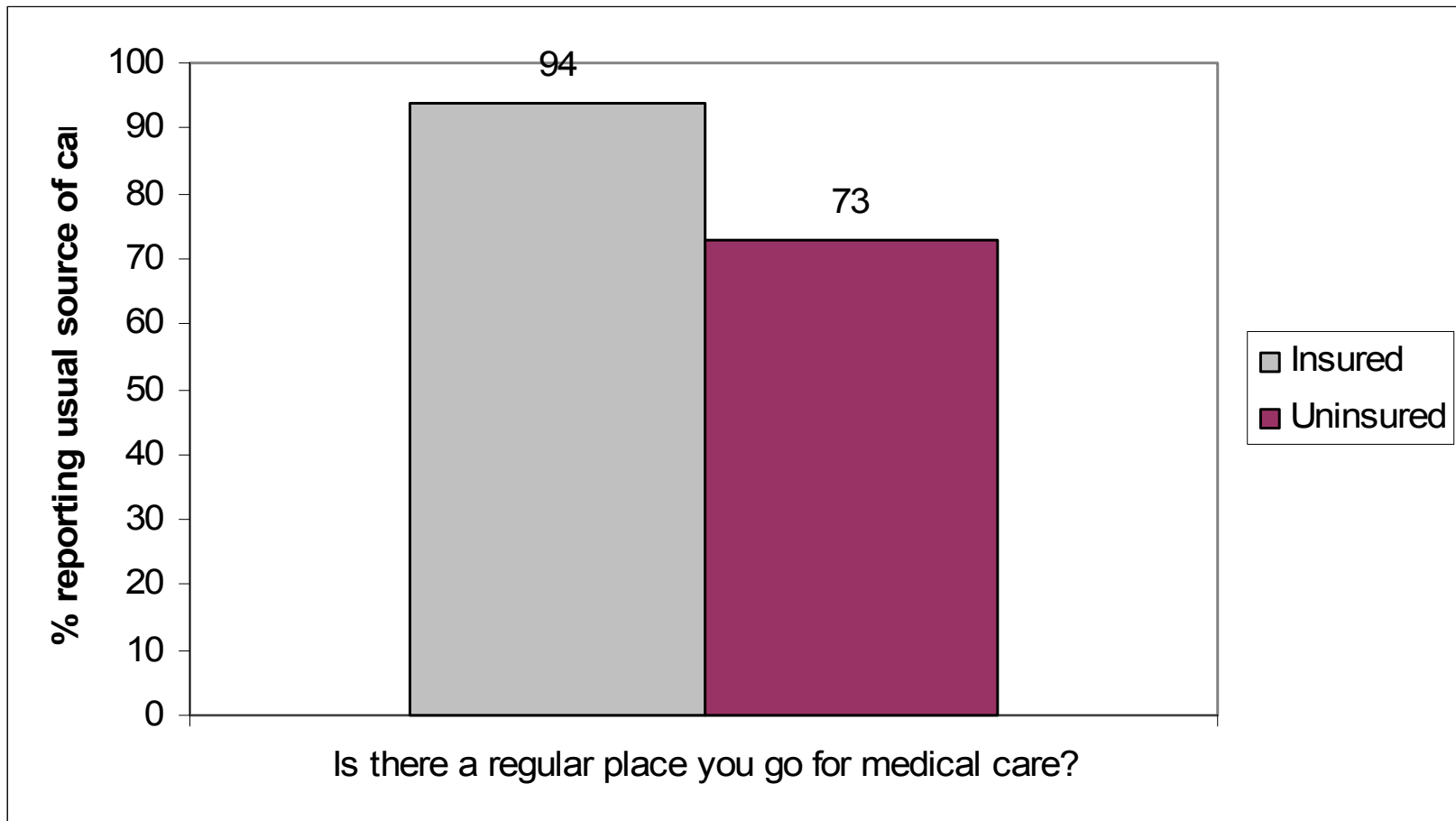
# Attitudes toward health insurance

- Provides access to health care
- Allows us to fulfill moral obligations to family and employees
- Provides security (peace of mind)
  - Prevent debt/bankruptcy
  - Prevent loss of assets
    - Farm
    - Ranch
    - Business

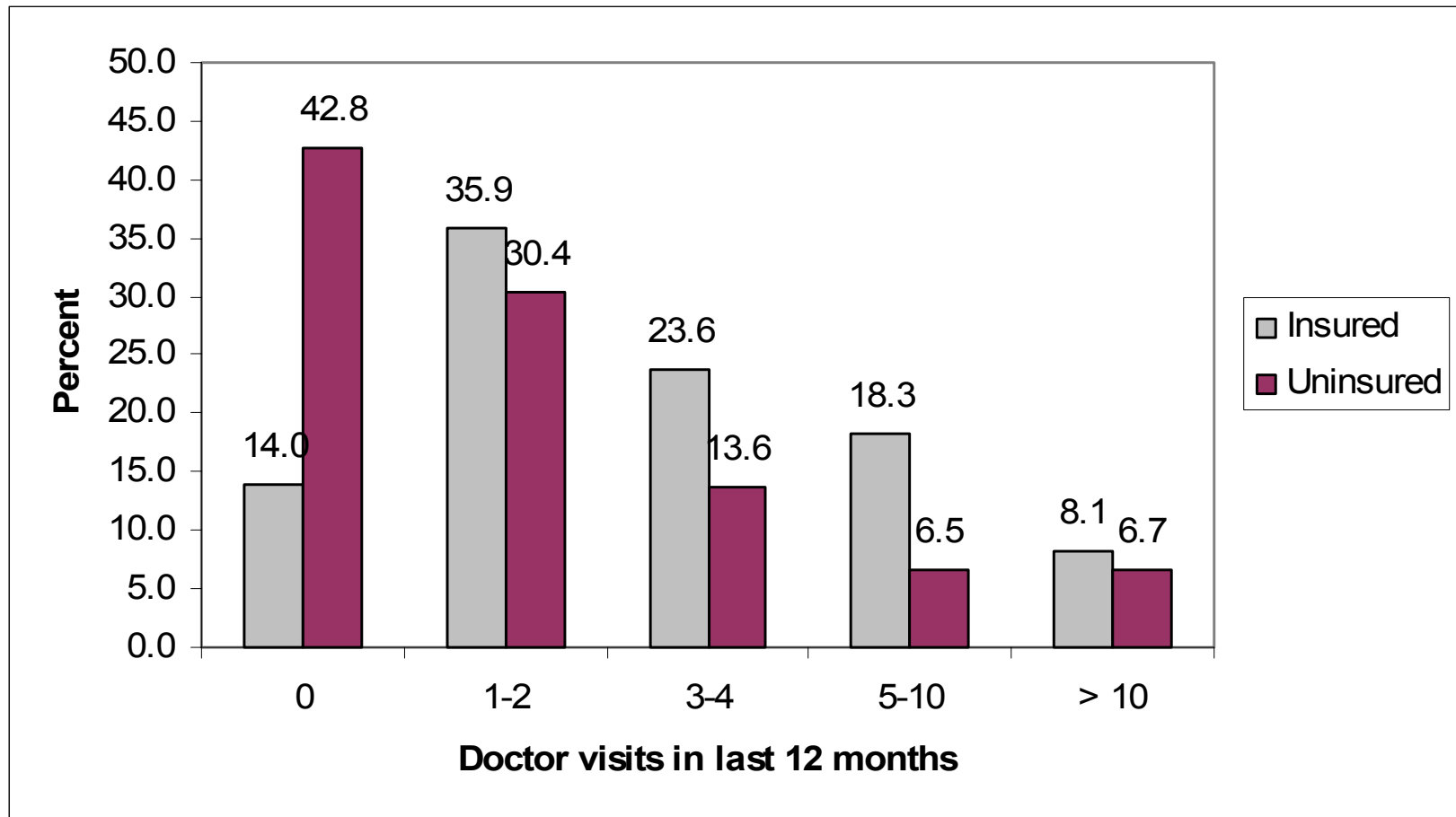
# Quality of Life: People with insurance tend to be healthier.



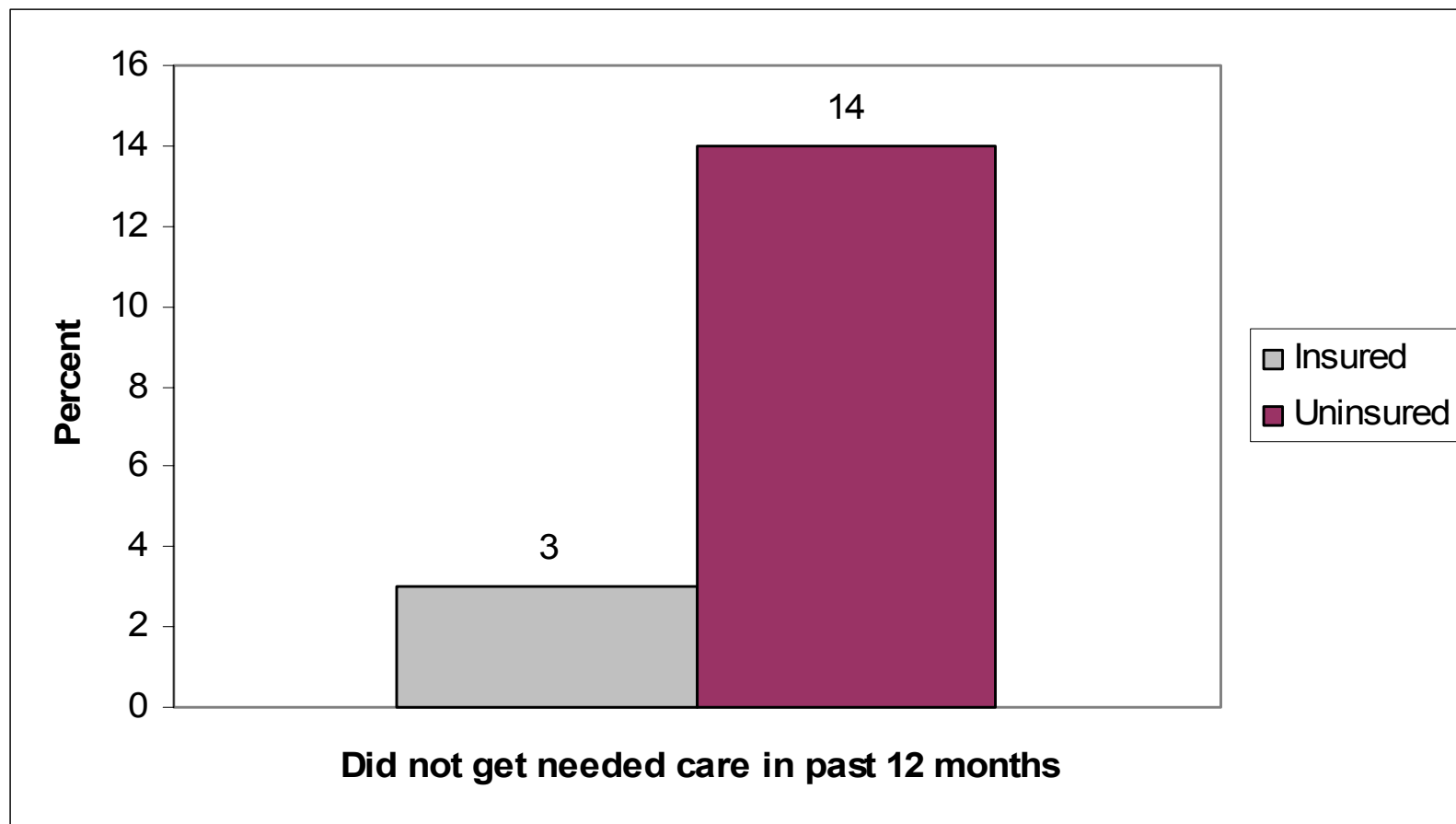
# The insured more often have a usual source of health care . . .



... and they get primary care more often.



# The uninsured more often do not get needed care.





# What we heard: Health status

Low-income female: “I had a bladder infection a while back and I didn’t have insurance, so I couldn’t afford to go; my son had had it a couple months before me so I end up taking his medicine that was left over...I would have to suffer if it had not been for that because there was no way I could afford to go [to the doctor].”

Rancher employer: “Dental care is so important and so many kids don’t get it out here.”

Hispanic female: “You pretend not to be sick. We had that example with Mary (not real name) just now when she had the seizure during this meeting. If she was covered by insurance she would be up to date with her medicine...I know she’s worried about it but has no money to take care of herself.”

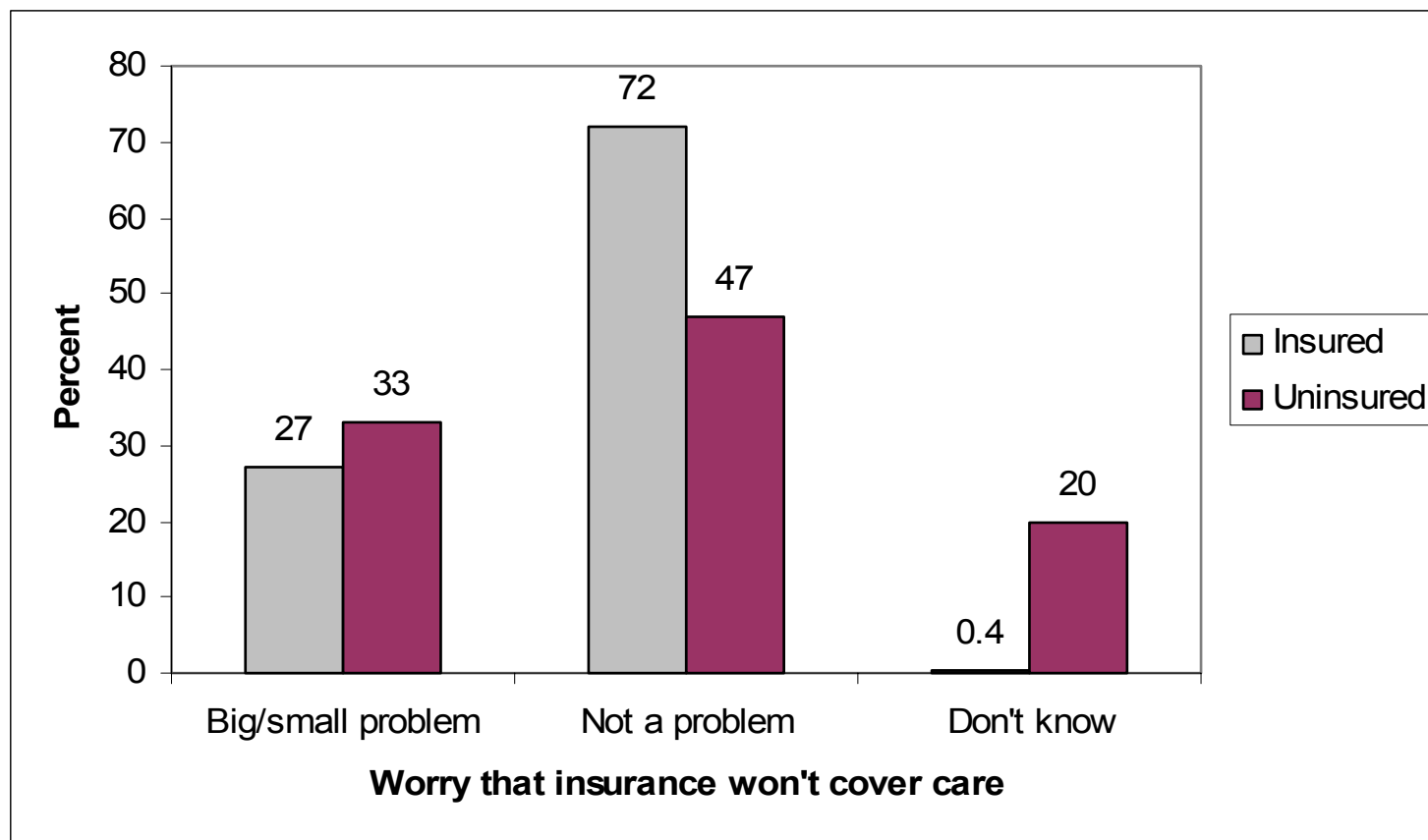
# What we heard: The uninsured delay care because of the cost



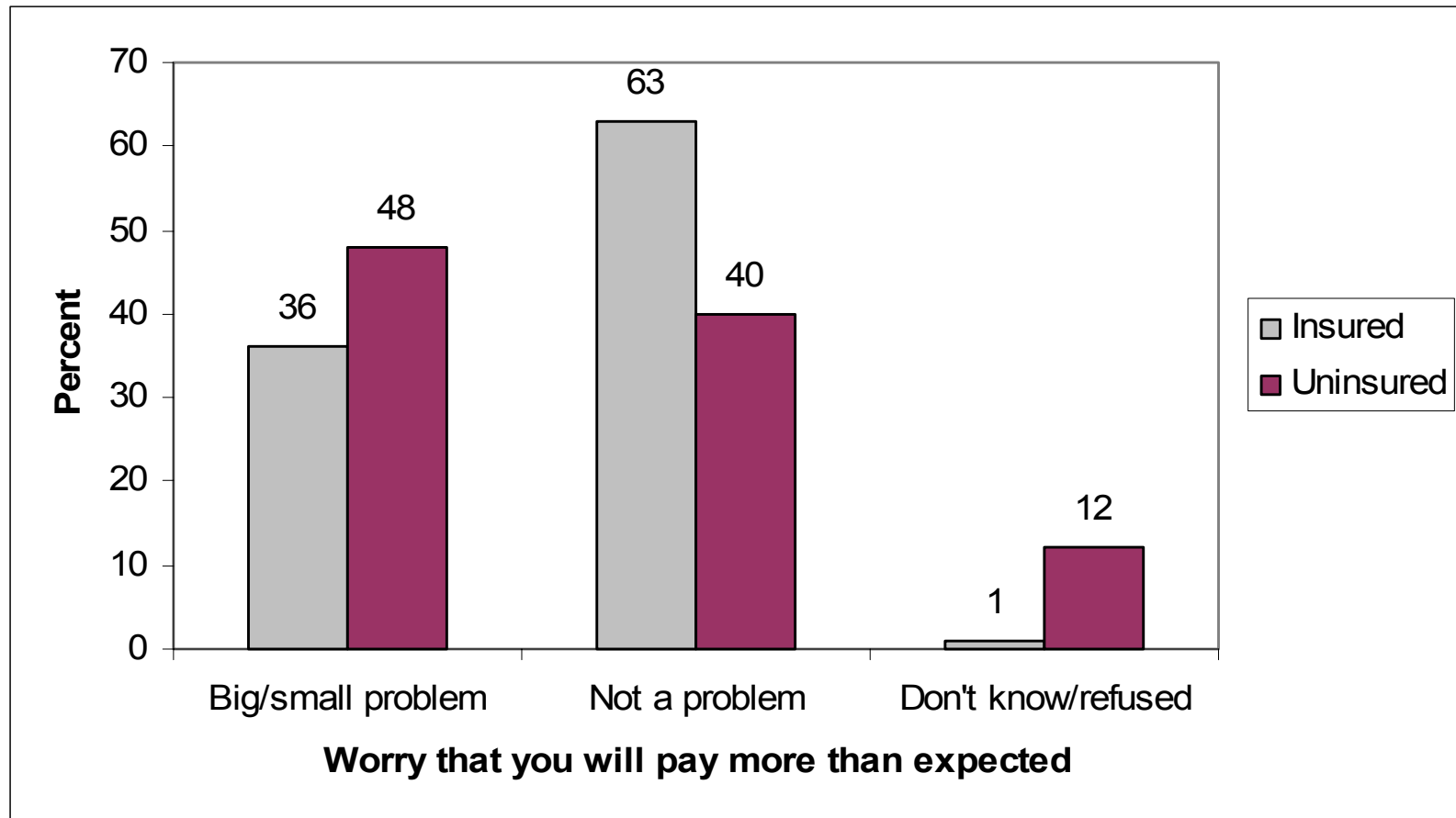
Hispanic female: "...And you know that to go to the doctor you have to pay for the office visit, then for the medicine and then you have to continue to go a few more times. So, even if there is a small problem you are always concerned about the money. So, you decide to let it go and pretend that nothing is wrong."



. . . but many of the uninsured and the *insured* worry that insurance won't cover care . . .



... and that they will have to pay more than expected.

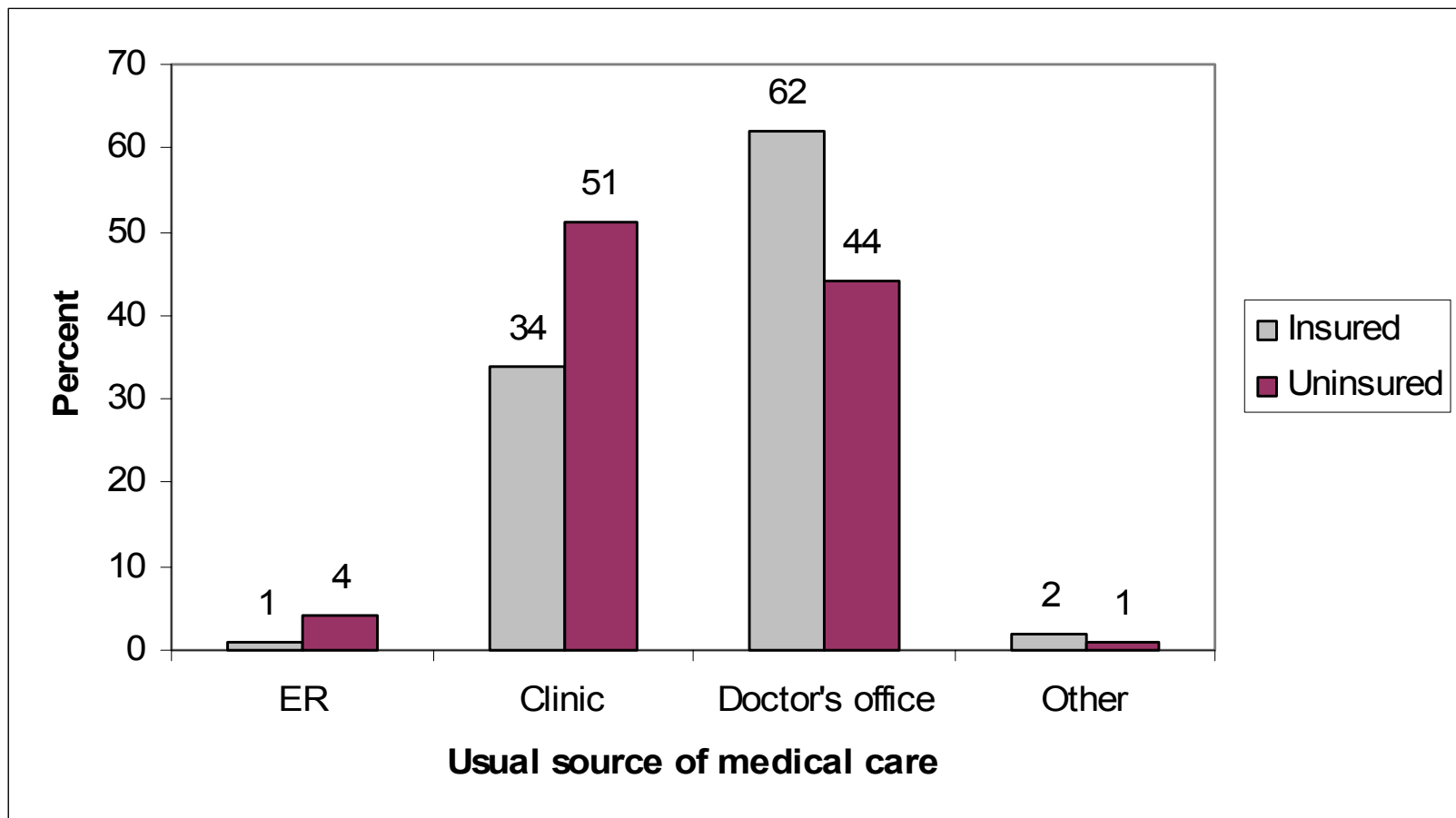


# What we heard: The underinsured consider cost, too

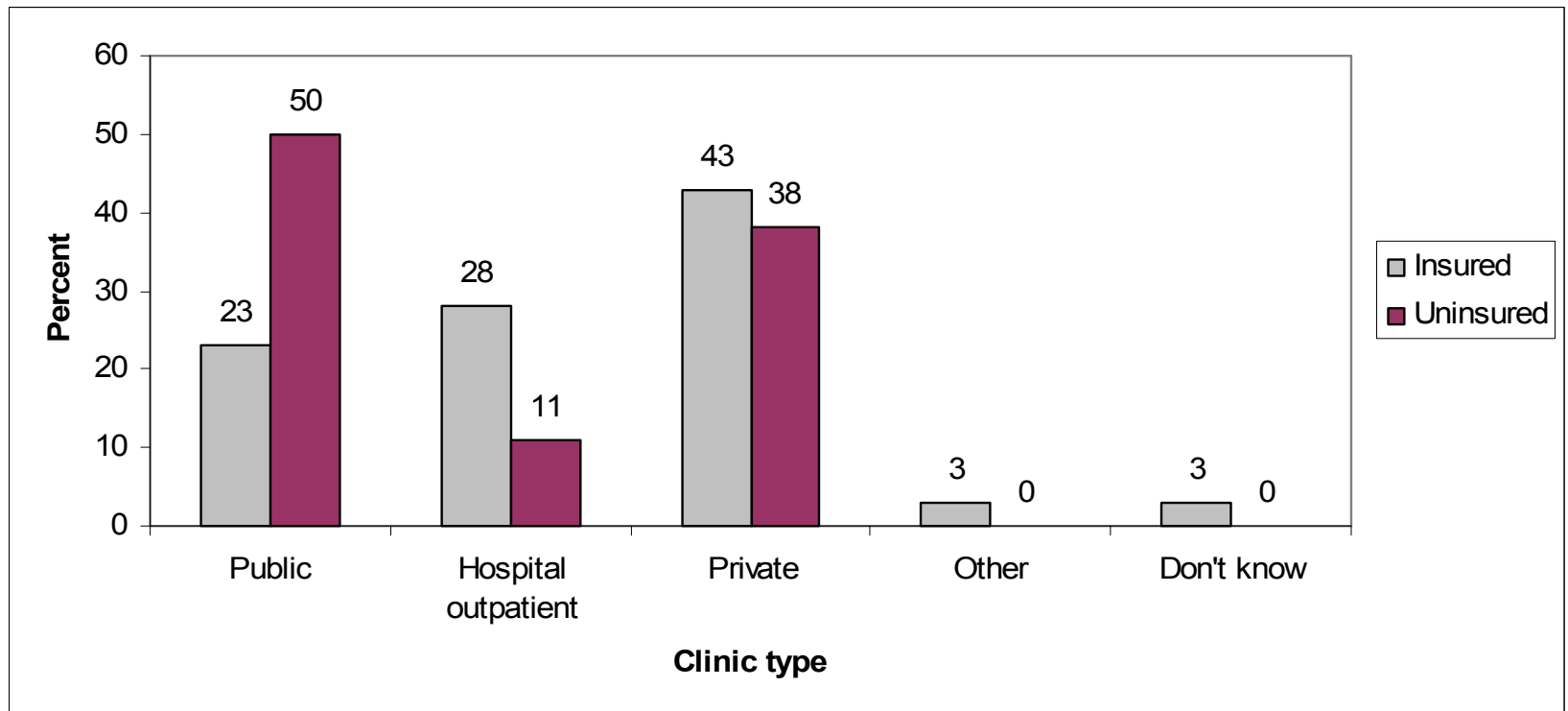


Self-employed female: “I would possibly be more proactive about my health needs if I had health insurance... I have a major medical that has a \$5000 deductible and it doesn’t do anything unless something really catastrophic happens and so I pretty much have to circumvent the AMA [preventive care guidelines] for things like Pap smears, mammograms. I sometimes can find a place that will do them, I have to ask, but what does it cost?”

# The usual source of medical care differs for the insured and the uninsured.



# The uninsured use public clinics more often.



# What we heard from the uninsured with access to public clinics...

Low-income male: “[This place means] being healthy so you can live a happy life...being healthy just makes me feel like a better person; like I’m more productive. My attitude is if I can’t go to work, I feel kind of worthless.”

Urban Native American Female: “This facility is basically one of the only urban Indian clinics, which is awesome. Because usually the urban Native American is the forgotten one. . once you move off the reservation you are no longer eligible for services.”

Urban Native American Male: “I want this clinic to be available for my grandchildren and their children.”

# What we heard from the uninsured with access to public clinics...

Low-income female: "...You really do have hope when you come here and you know that you've got a safe place to come, where they will take care of you."

Low-income female: "When I come here I know there's a sense of dignity that people treat you with no matter how crappy the situation is or no matter how many times you break out into tears in front of them. Sometimes in other places people seem more detached... There's not the same sense of, 'we'll work it out.' "

# ...but care in public clinics is limited

Native American Male: “There is a very limited resource of medication, knowledge, and equipment to take care of us [at the clinic for Ponca Tribe]. We used to have an x-ray machine but when our funding went to providing more services we had to eliminate a lot of things.”



Social worker at Federally Qualified Health Center:

“We fax a lot of prescriptions to Hy-Vee and this last month only 20% of those faxed prescriptions got picked up and paid for.”





# What we heard from the uninsured without access to public clinics...

Low-income female: “I’m being sued by a doctor’s office here. . . they want \$318 a month and the house payment is \$200 a month.”

Low-income female: “It costs \$79 to walk into a doctor’s office in my town...Just to go in and say real quick, ‘this is what’s going on.’ ”



# What we heard from the uninsured without access to public clinics...


African American male: “I want to know where do you fill the prescriptions that you get through the ER? Let me know [if they fill them there] and I’m going to that ER!”

Hispanic male: “But if you don’t have money, they don’t take care of you....You go to the people that sell medicine from the country you come from. We know that it’s illegal to buy those cheap medications but we don’t have too many options.”



# And so ...

- The uninsured report lower self-perceived health status ...
- ... and their use of the health care system is inefficient, which raises the price of health care and health insurance for everyone.



# What we heard: Adequate health insurance is a moral obligation

Self-employed female: “I feel so sad and hurt and worried to hear about pre-existing conditions [that prevent people from getting insurance]; it just seems like society couldn’t tolerate that.”

Rural small employer: “I look at what it is going to take for [my employees] to get insurance. If I have to, I will cut somewhere else, such as in advertising, to pay the cost. It is a social reason.”

Hispanic female: You just want to be able to take care of your family. We all need to be healthy...to be able to function, you know, in society, in school.”

# What we heard: Lack of health insurance affects quality of life

Without adequate health insurance you feel...

- “Stuck”
- “Depressed”
- “Frustrated”
- “Worried”
- “Mad”
- “Hopeless”
- “Suicidal”

Low-income female: “It’s a no win situation for a lot of these folks, cause it’s a cycle. If I can’t afford insurance; I can’t afford health care.”

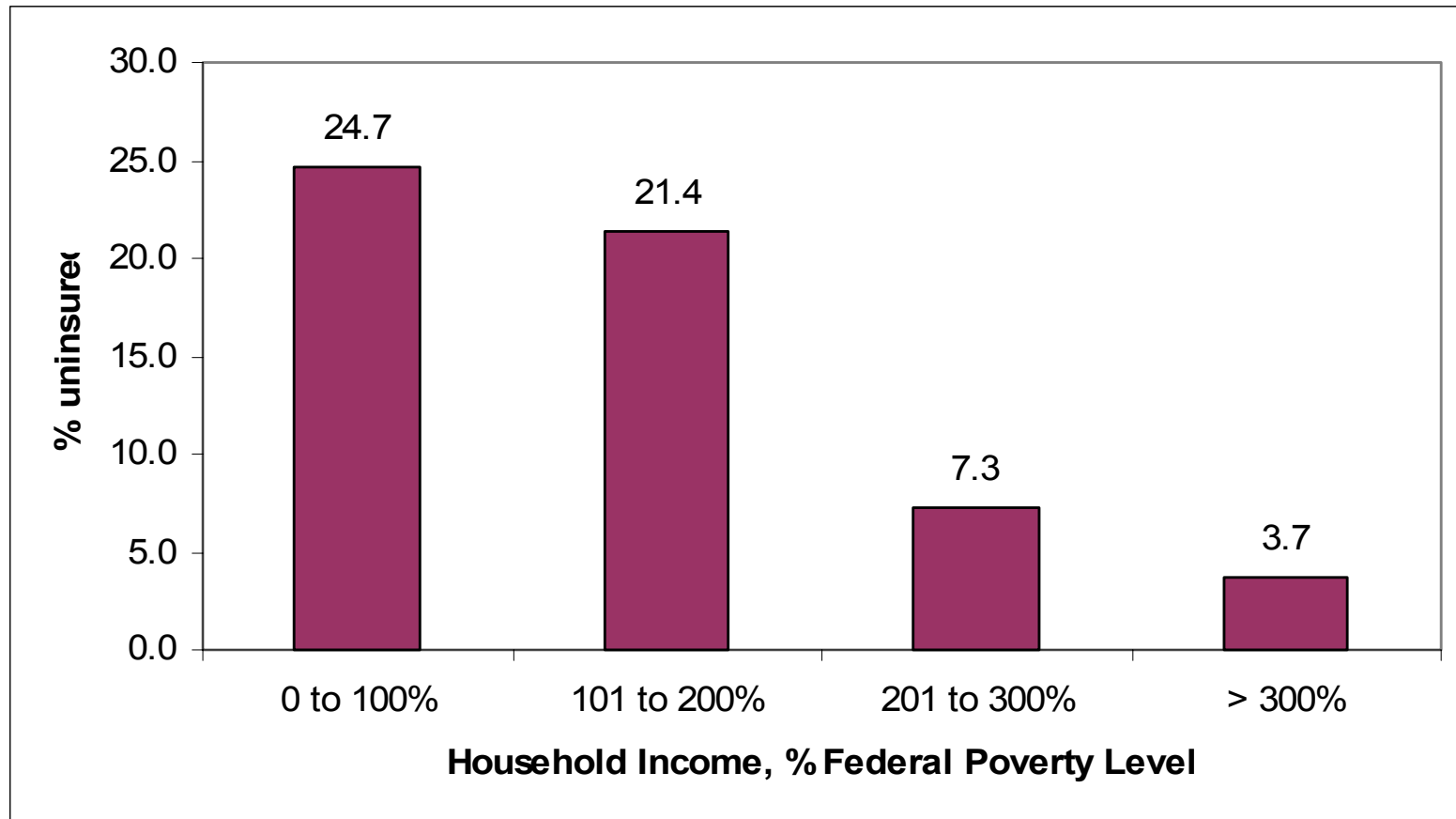
Low-income female: “When you’re surviving paycheck to paycheck, when you’re sick there’s no paycheck.”



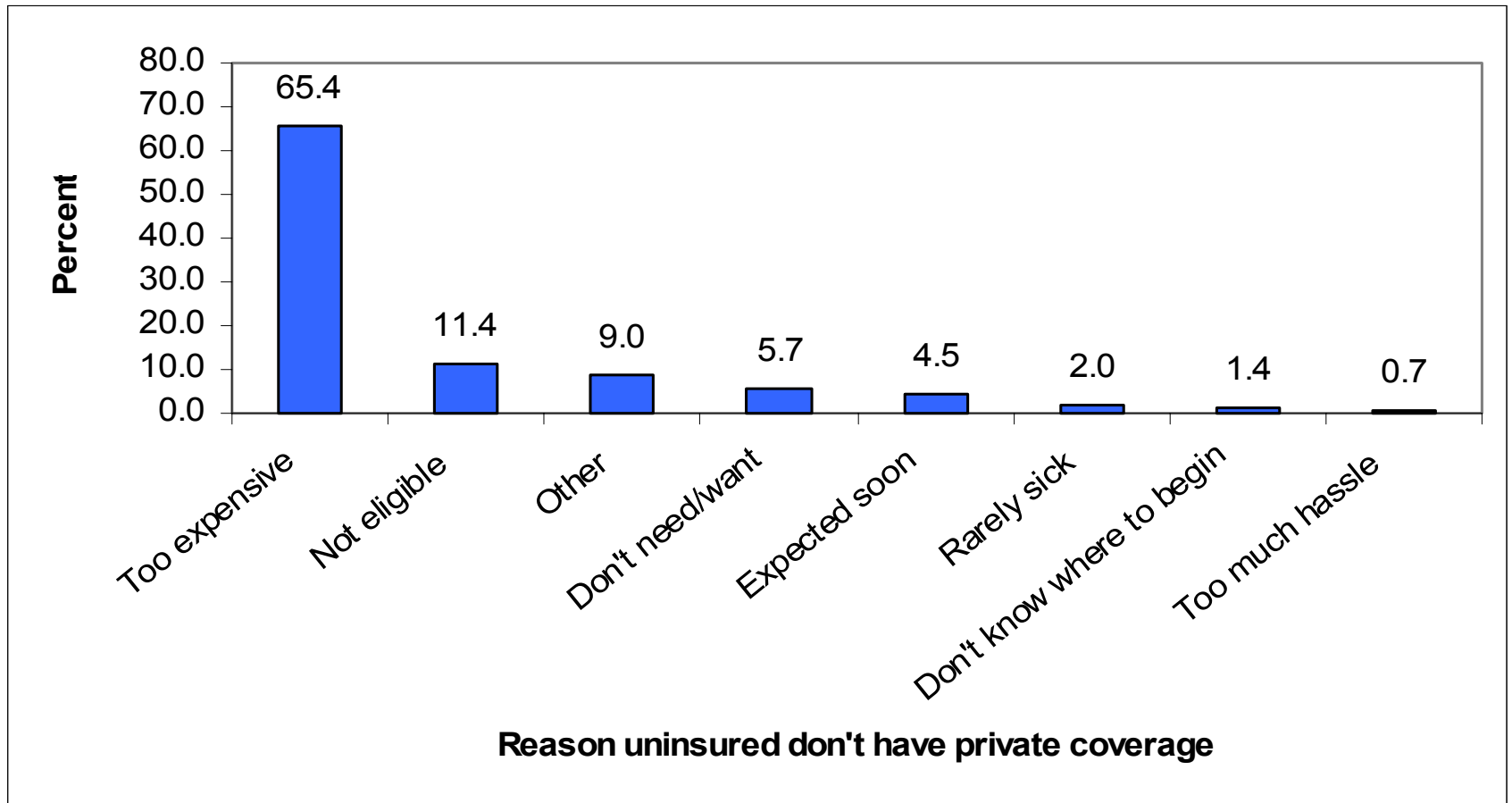
# And so ...

- Making health insurance affordable for the insured and the uninsured will
  - Provide access to health care
  - Allow people to fulfill their moral obligations
  - Prevent debt and loss of assets

# Those who make less money are more likely to be uninsured.

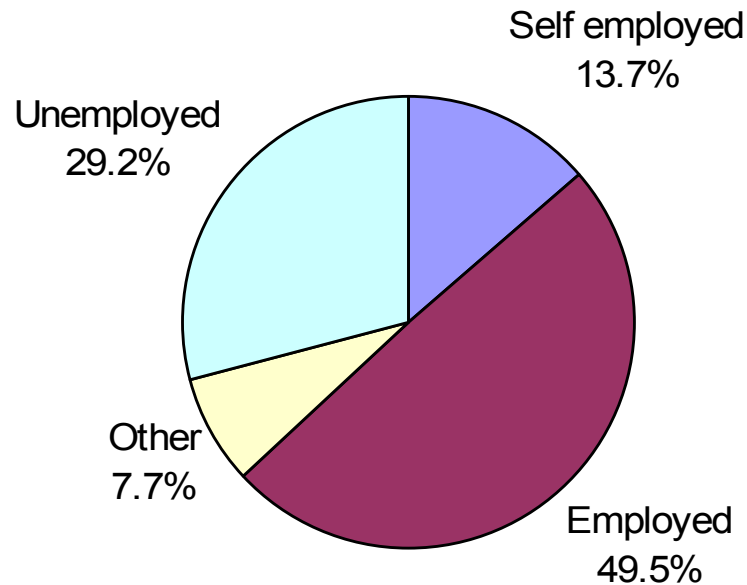


# Typically, the uninsured can't afford private health insurance.





# Most of the uninsured are employed . . .





# Employment and Uninsurance

- 63% of the employed are offered coverage  
... and 20% of them are uninsured.
- 37% of the employed are not offered coverage  
... and 39% of them are uninsured.

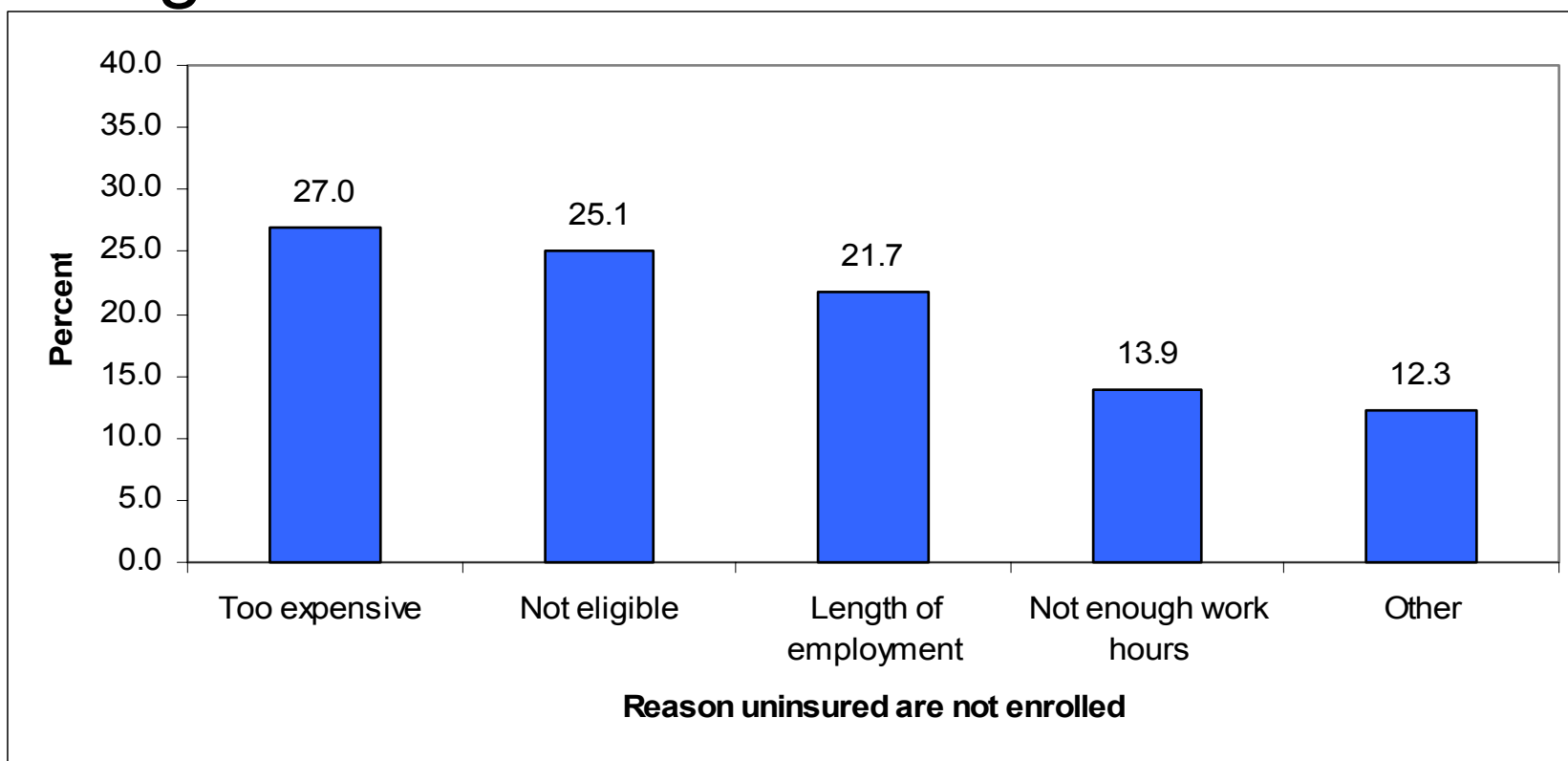


# What we heard about employment and insurance...

Low-income female: “People tend to think that if you’re uninsured you’re unemployed and that’s not the way it is.”

Low-income female: “But times have changed because every place I ever worked had insurance until my last two jobs...the place that I work at full-time did have insurance until five years ago, but they can’t afford it anymore. So, it’s not just the employees that are uninsured it’s the bosses that are uninsured, too. It’s got so expensive.”

The uninsured were not enrolled in employer-sponsored coverage primarily because it was too expensive or they were ineligible.





# What we heard: Too expensive

Low-income female: “My employer offers insurance, but it is ridiculous. There’s no way you can afford it, unless you have somebody else working in your household. It’s almost half a paycheck [every two weeks].”

Female refugee: “We come here with no English. We can’t get the good jobs at \$9 per hour; we get \$6 per hour. \$200 [per paycheck every two weeks] is too expensive for insurance. We have three kids and we have to feed them.”

Hispanic male: “If I was legal, I would be paid a fair wage and then I would be able to afford health insurance.”



# What we heard: Ineligible

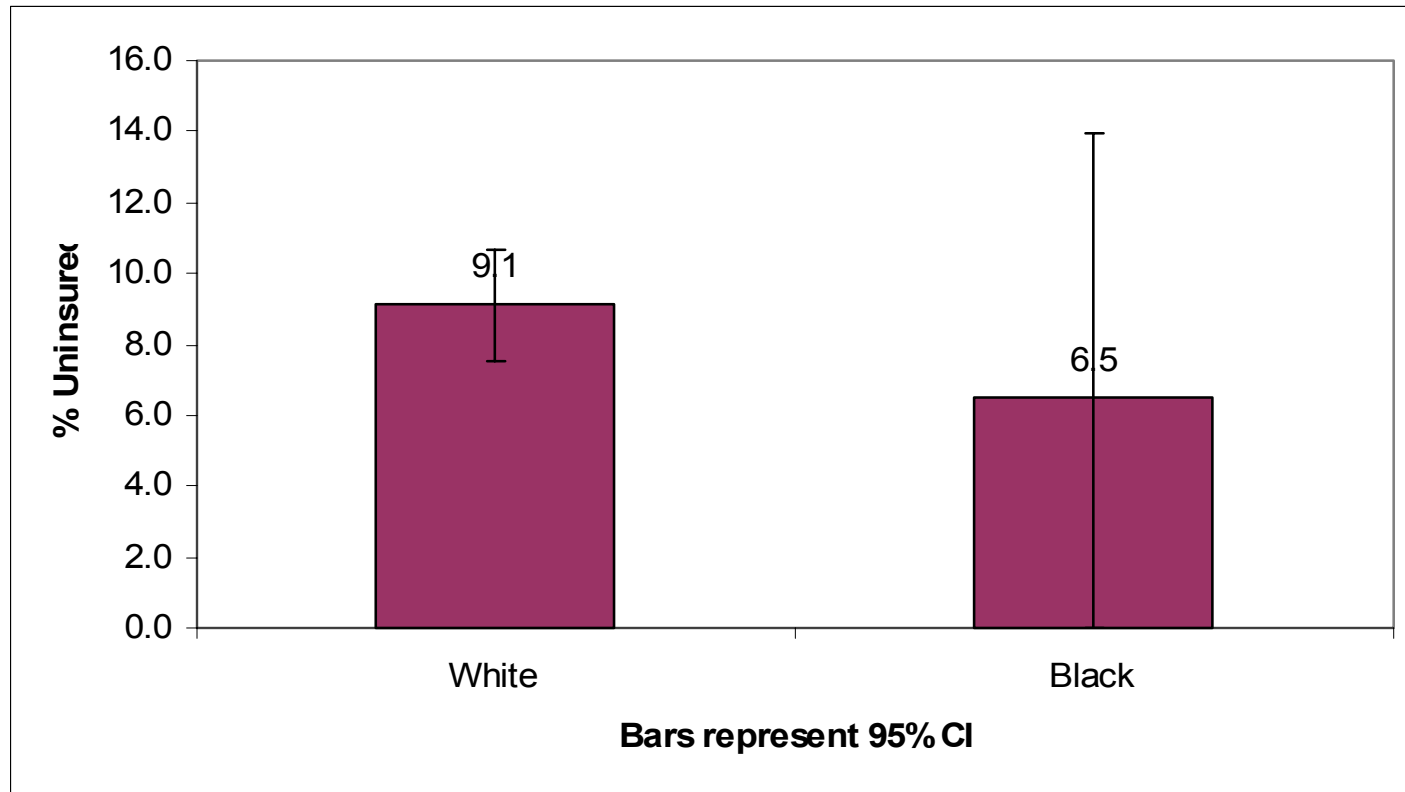
Low-income female: “I don’t qualify for any coverage...You have to be management.”

Low-income female: “You can’t work at [Company Y] and have insurance if you have diabetes.”

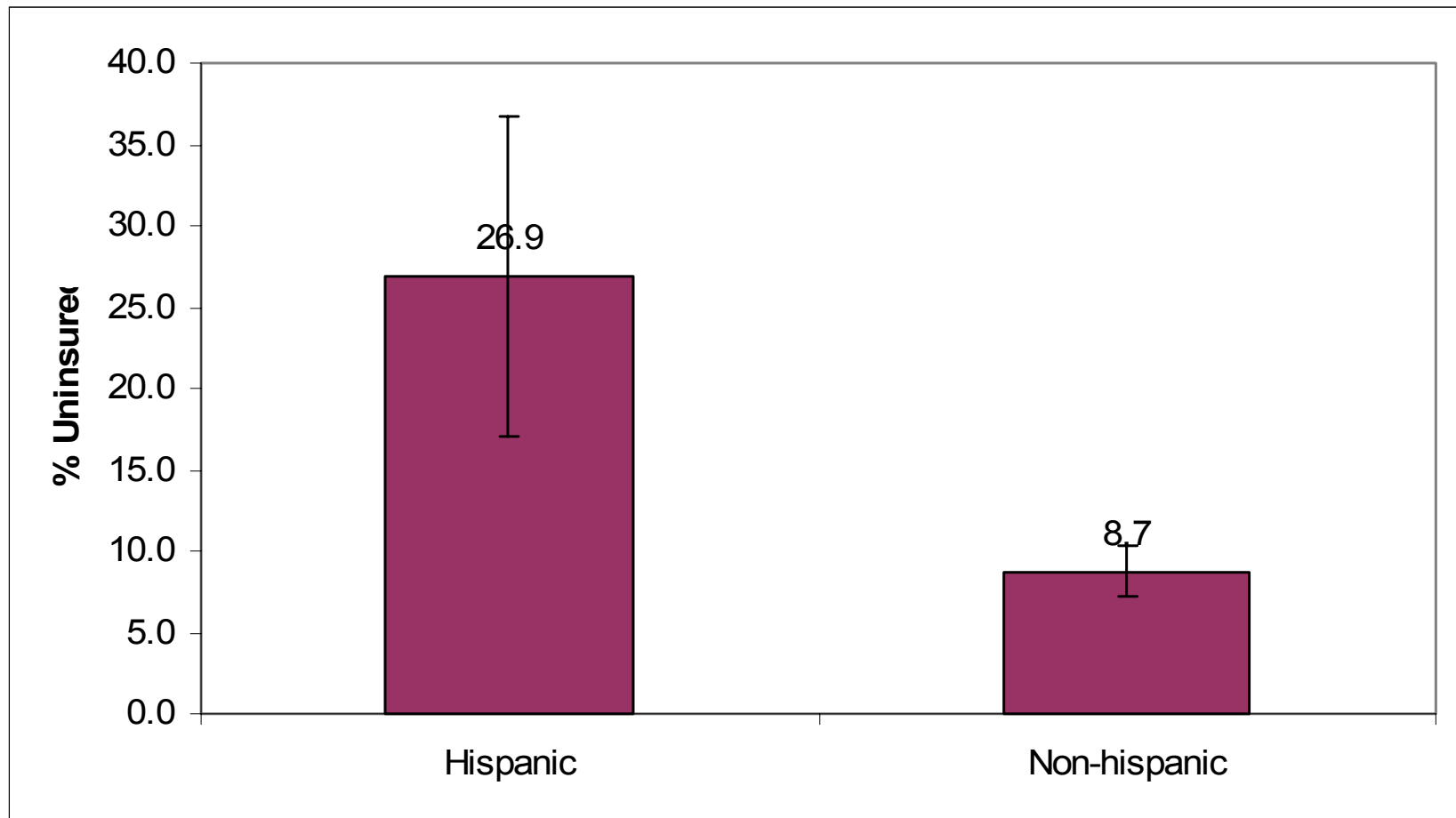
Native American female: “I’m working part-time and my job don’t offer insurance to part-timers. I’m not qualified for Medicaid because I’m employed, so I’m stuck.”

Hispanic male: “At [company X] they told me, ‘Oh, you’re not married to your wife because she doesn’t have the same last name’...My wife didn’t take my last name because we got married in Guatemala. My children were born in Guatemala [and have my wife’s last name] so they [company X] give me trouble for the coverage.”

# Uninsurance rates were similar for Black and White Nebraskans . . .



. . . but Hispanics have a high rate of uninsurance.





# What we heard from Blacks ...

Black female: “I had an accident at home. I did not have health insurance at the time and went to the hospital. They kept asking me a thousand questions; why I didn’t have health insurance...I’m self-employed so I had to stop [working] and go back on State assistance to get Medicaid... So we made it ‘Medicaid pending’ at the emergency--that was just what I told them.”

Black female: “You go from number to number to number trying to get the help you need. By the end of the day you done called 50,000 people...you hear all these different stories in a day in order to finally end up where somebody is going to help you.”



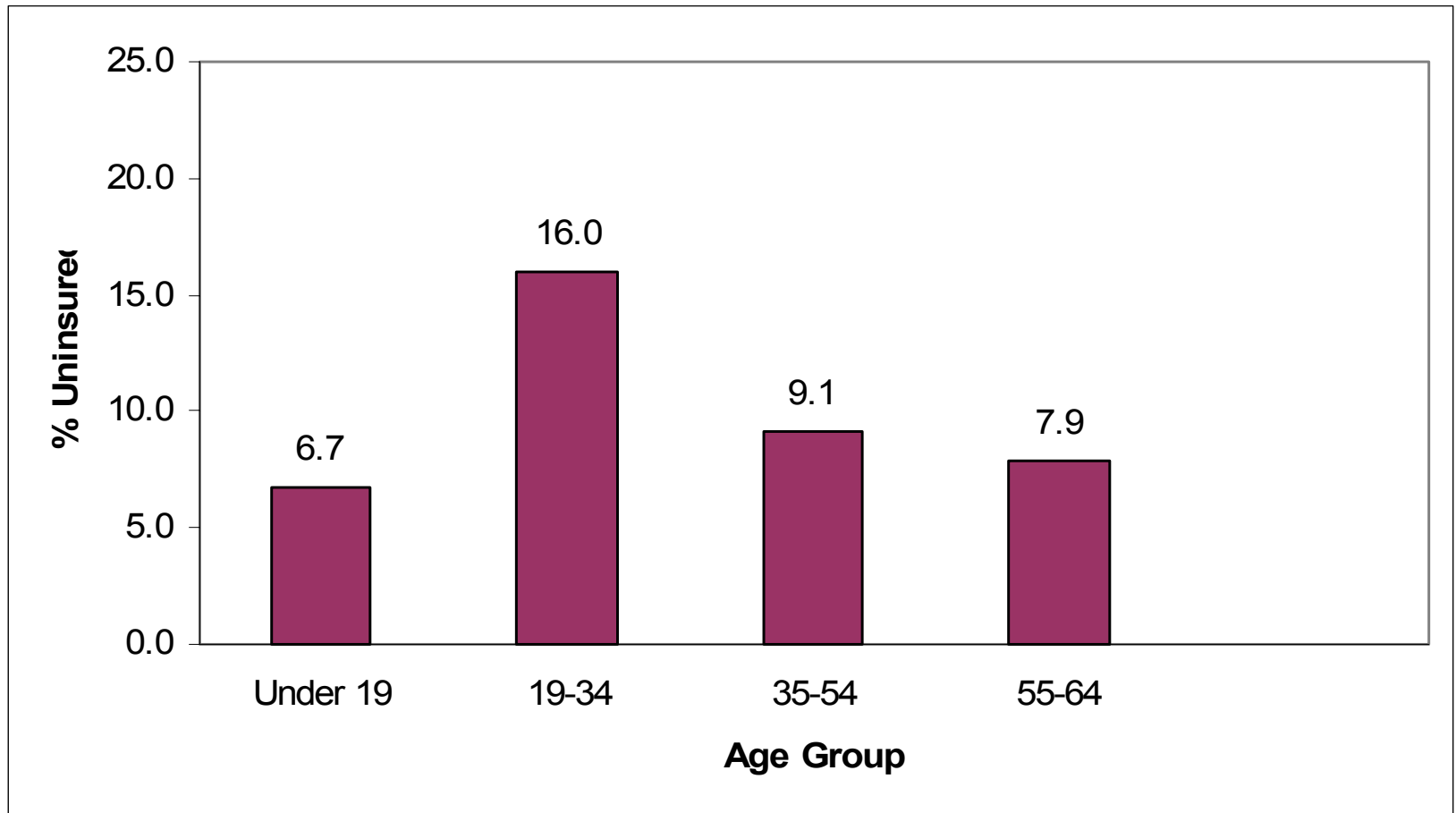
# What we heard from Hispanics...

Hispanic female: “People are shy to go get health insurance. Because you have to fulfill a lot of requirements. They ask questions. How much do you earn? Where do you work? How long have you been working? How many children do you have? So you think you don’t qualify and you don’t apply and feel like it’s not for you.”

Hispanic male: “The majority of the people that come from our countries...they are not used to having health insurance where you have to pay weekly. They think that you will never need it and that it’s just stealing money from your salary.”

Hispanic male: “Employers don’t explain the rights of health insurance. They charge us for it, but don’t explain it.”

# Young adults are more likely to be uninsured than other age groups.





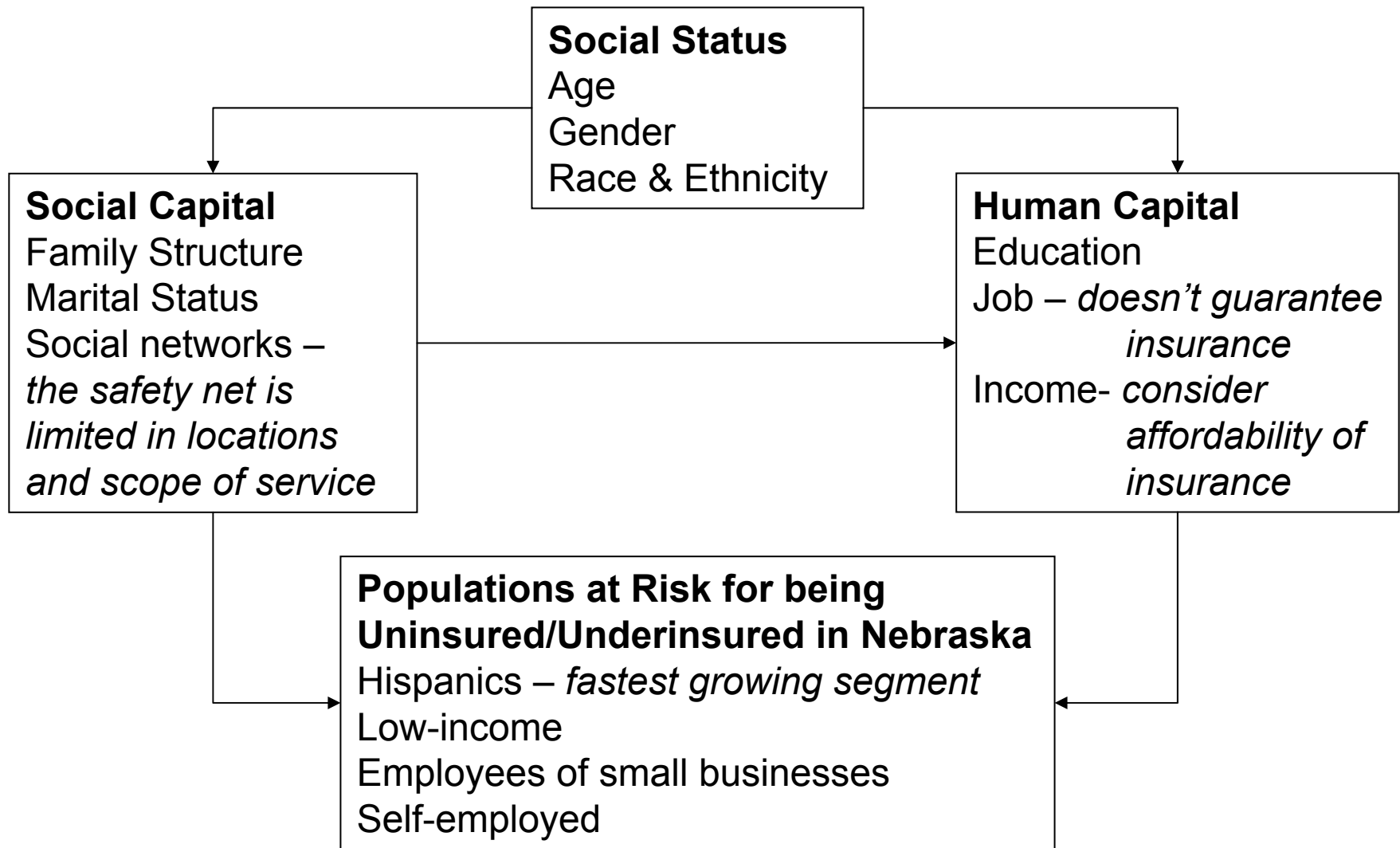
# What we heard from low-income college-aged...

College-aged male: “Most [students] are still on their parent’s insurance but my parents work for a small company and can’t get it.”

College-aged male: “We had insurance through my step-mom but she died. My Dad couldn’t afford the COBRA payments so we are both uninsured.”

College-aged male: “I can’t afford to pay \$300 to \$600 a month for insurance. I have bills to pay.”

# Predictors of Populations at Risk





# Recommendations: Hispanic input

## ■ Legal status

- Hispanic male: “If I was legal, I could maybe reach for health insurance.”

## ■ Information

- Hispanic female: “There is a need for more programs in our language where you can get more details about (health insurance), or that the employer gives a conference about what health insurance really is.”

# Recommendations

## ■ Provide access to care

- Low-income male: “There’s not enough places like this (East Central District Health Dept)...that can throw you a life line.
- Hispanic male: “It (Hope Medical Outreach) is a place to start for care.”

## ■ Help us to avoid debt

- Low-income female: “I’m being sued by a doctor’s office here. . . (those suing want) \$318 a month and the house payment is \$200 a month.”



# Recommendations: Target small employers for rural development

Self-employed rural male: “The first thing we said when we came in, is that one of the very serious problems of living in central Nebraska, as well as southwest Nebraska, are poor wages and lack of healthcare. And if there were ways that employers could have some help with the healthcare, they might hire more employees or they might invent more jobs, and come here and start them.”



# Recommendations: Small employers need options

Rancher: “I think these pools are the way to have the clout to control costs while bringing more people with high risks into the insurance system and be able to offer all these services (dental, prescriptions).”

Holdrege small-employer: “Tax credits are much more valuable than just the deduction off the front of the tax return like health insurance is now. A credit like the childcare credit, is refundable; a tax credit really has a lot of value because you get that even if you don’t owe anything.”

Omaha small-employer: “If we could get some kind of tax credit---I’m already laying out \$3500 a month for workman’s comp. If I could get some help to ease the burden of health insurance it would really help.”

# Recommendations: Consider primary and catastrophic care separately

Self-employed female: “You know, I think when we say health insurance, it’s too big a topic. If you can say who should help pay just the minimum needs... like a diabetic needs insulin, I need to have a mammogram every year, I need to have a Pap smear every year, and when my kids have strep throat ... There are certain things people have to have to get on in this world, just basic things; then I think you can talk about it.”

Self-employed female: “Have it be a usable product that isn’t just going to cover catastrophic care, but would give you access to preventive services.”



# Recommendations: Access to dental care and mental health

Native American female: “Mental health coverage is probably one of the most important aspects of our physical health and how much we thrive in this world.”

Self-employed female: “Nobody has dental insurance.”

Hispanic female: “You know that by going to the dentist you can avoid a lot of problems, but the cost is always in the back of your mind. So, I better not go.”



# Recommendation: Listen to the little people

Moderator: “Help me think about what is the most important thing that was said here tonight?”

Low-income female: “Insurance is too expensive.”

Low-income female: “How important dignity is to everybody regardless of economic status.”

Low-income female: “Listen to the little people.”

Moderator: “What do you want the state to hear?”



# Recommendation: Listen to the little people

Low-income female: “Everything that we’ve said.”

Moderator: “About lacking health insurance?”

Low-income male: “It creates debt.”

Low-income female: “... and despair.”

Low-income male: “I don’t care if a better plan comes from the man in the moon. We just need help!”