

# Family Health Insurance Assistance Program (FHIAP) Survey of Enrollees and Individuals on the Reservation List Summary Report

## Background

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According to the Office of Oregon Health Plan Policy and Research (OHPPR), 11% of all Oregonians are uninsured. For Oregonians earning less than 200% of the federal poverty level (FPL), that rate increases to 21%.<sup>1</sup> Many of these individuals do not qualify for publicly sponsored health insurance because of income or assets. Others may work for employers who do not provide employer-sponsored insurance (ESI) or they may not work enough hours or have enough tenure to qualify when ESI is in place. As part of a national initiative, the State of Oregon received funding from the U.S. Health Resources and Services Administration (HRSA) in October 2000 for a yearlong effort to collect and analyze data necessary to design a plan for universal access to health care in the state.

The Family Health Insurance Assistance Program (FHIAP) could be an important component of a plan for expanded access. FHIAP was created by the Oregon legislature in 1997, is funded through the state's tobacco tax and provides premium subsidies for uninsured residents of the state who have a gross family income under 170% of FPL. In order to qualify, the individual or family must be uninsured for six months prior to enrolling for the FHIAP subsidy unless they are coming to FHIAP from the Oregon Health Plan (OHP). Families who meet the income requirements can receive sliding scale premium subsidies of 70%, 90% or 95%. As of May 2001, there were 4,722 people approved and enrolled in FHIAP, 365 approved to be enrolled, 50 applications under review, 5,611 applications sent out and 14,537 people on the reservation list for applications.

As part of the HRSA study, the Office of Oregon Health Plan Policy and Research (OHPPR) and the Oregon Health Policy Institute (OHPI) fielded a mail-return survey assessing consumer attitudes regarding access to health care provided to them through the Family Health Insurance Assistance Program (FHIAP). OHPI and HRSA staff as well as two residents from the Department of Family Medicine at the Oregon Health & Science University (OHSU) developed the survey. Dimensions assessed in the survey instrument included:

- Financial impacts of health care
- Drivers of insurance status
- Access to health care
- Children's health insurance status
- Health insurance history
- Health status
- Sources of information about FHIAP

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<sup>1</sup> Office of Oregon Health Plan Policy and Research (OHPPR) website, <<http://www.ohppr.state.or.us/faq>>, May 2001.

The survey was fielded in March and April 2001 to two groups: a random sample of FHIAP enrollees and to individuals on the FHIAP reservation list.<sup>2</sup>

Surveys were mailed to 625 persons from unduplicated households currently enrolled in FHIAP and 700 persons on the FHIAP reservation list. A three-wave mail-return protocol was applied, with an initial survey followed in one week by a reminder postcard, which was followed two weeks later by a replacement survey. The final return rate was 72% for the enrollee group and 55% for the reservation list group.

Finally, many of the findings are presented for enrollees and for those who are **uninsured** on the reservation list, rather than the entire sample from the reservation list. Some of those on the reservation list are currently receiving health benefits from the Oregon Health Plan, and because they currently have health insurance coverage, were taken out of the comparative data where appropriate.

## Key Findings

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- ❖ 98% of the surveyed enrollees stated that the FHIAP subsidy was “very important” to their family in getting access to health care.
- ❖ Individuals on the reservation list forego health care at a much higher rate than those who are enrolled in FHIAP.
- ❖ Expenses associated with health care have significant financial impact for families on the reservation list.
- ❖ Enrollees are more likely than those on the reservation list to have regular source of health care, and the source of care is more likely to be a private doctor’s office or clinic.
- ❖ Enrollees are more likely to have health care access for regular or routine care than those on the reservation list.
- ❖ Enrollees are more likely to have access to health care for an illness or injury than those on the reservation list.
- ❖ Enrollees are more likely to have access to preventive care than those on the reservation list. The disparity between the two groups grows with longer periods of time without insurance.
- ❖ Enrollees report better health status than individuals on the reservation list.
- ❖ Children in families on the reservation list are more likely to experience breaks in their insurance coverage than children of enrollees.
- ❖ Children in families on the reservation list are more likely than children of enrollees to miss days of school because they are not able to get needed medical care.

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<sup>2</sup> Copies of the surveys can be found in the Appendix.

## Respondent Demographics

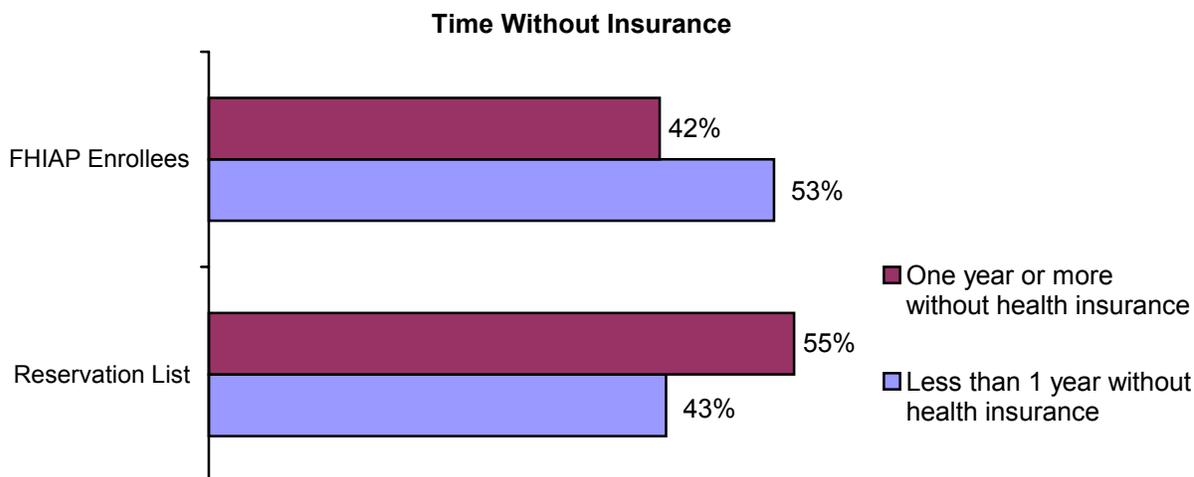
	<b>Enrollee</b>	<b>Reservation List</b>
<b>Gender</b>		
Female	77%	80%
Male	23%	20%
<b>Mean Age</b>	47	42
<b>Employment</b>		
Employed	62%	65%
Not Employed	38%	35%
<b>Hours Worked Per Week</b>		
Less than 20	19%	15%
20 to 29	27%	21%
30 or more	54%	64%
<b>Education</b>		
Less than high school	20%	14%
High school diploma or GED	30%	30%
More than high school	50%	56%
<b>Race</b>	91% white	86% white
<b>Ethnicity (% Hispanic, Spanish or Latino)</b>	4%	5%
<b>Marital Status</b>		
Married	50%	41%
Domestic partner or significant other	4%	9%
Single	16%	19%
Divorced	21%	24%
Widowed	7%	5%
Separated	2%	2%
<b>Percent with Children &lt;18 Living With Them</b>	47%	54%

## Prior Insurance Coverage

The majority of individuals and families enrolled for the FHIAP subsidy were previously enrolled with the Oregon Health Plan (51%). Other major sources were:

- Employer-sponsored insurance 23%
- Insurance through a family member's employer 10%
- Insurance purchased privately 7%

Individuals and families enrolled in or waiting for enrollment in FHIAP can be characterized as "insurance seekers" since a large proportion in each group report being without insurance for less than a year before applying for FHIAP.



These are individuals for whom health insurance is a value, and they report that they obtain health insurance when it is available and affordable for them. Only 11% of the enrollees and 16% of those on the reservation list were without health insurance for more than 5 years prior to their FHIAP application.

### ***In Their Own Words***

*“It is frightening to be without health insurance. Everyone should have affordable health insurance.”*

*“It is really hard not having medical coverage for my children so I have resorted to paying a big amount out of my own pocket so I can have coverage for my children now. I just don’t understand why there isn’t more health coverage for people who slide through the cracks.”*

*“I think everyone should have some health insurance. I am considered poverty level income, but make too much for the Oregon Health Plan. I am a single mother who has worked hard to support my child. But it seems you get a lot more benefits when you don’t work. I manage to have insurance as such for my child but can’t afford for both of us—would be nice to have affordable insurance for us working people.”*

*“Affordable health care (or the lack of) is of major importance. How can people work if they or their children are ill and unable to afford care—how can people live if they lose their homes to the high costs of care? Many important services are provided by tax dollars, but health care should be at the top of the list!”*

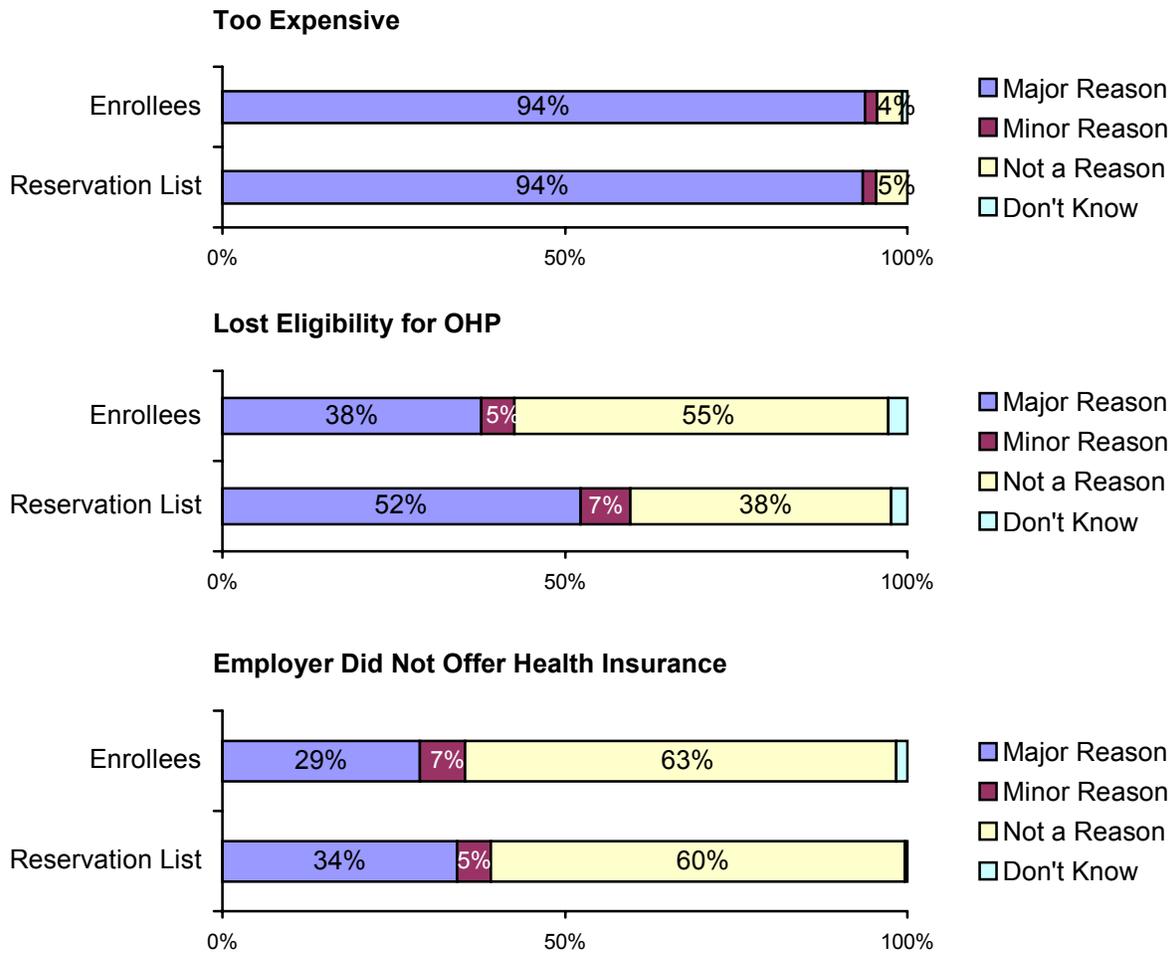
*“I am paying out of pocket for my son’s health insurance. It is a struggle. My son went without insurance for a couple months while I tried to figure out some health insurance that was affordable for me, because I make too much to qualify for OHP, but I make way too little to afford decent health insurance for my son even through my employer. Very frustrating.”*

*“Thankfully, our children are covered by OHP. However, my partner and I are living day-to-day praying that neither of us get hurt or sick. At this time I am being treated for cervical dysplasia. My out-of-pocket expenses will be around \$1,000 for a year of treatment and follow up. Provided*

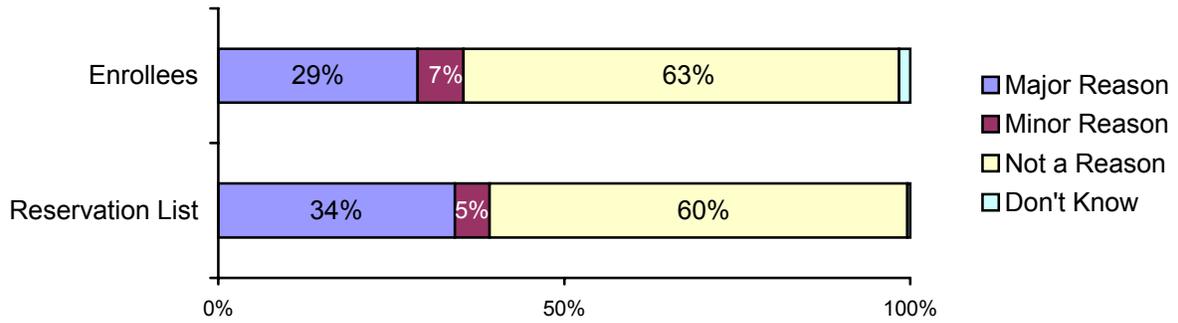
*the treatments work, we will be O.K. If it doesn't work, there isn't any way we could afford cancer treatment. I don't want to die from a curable disease from a simple lack of finances."*

### Reasons for Going Without Health Insurance

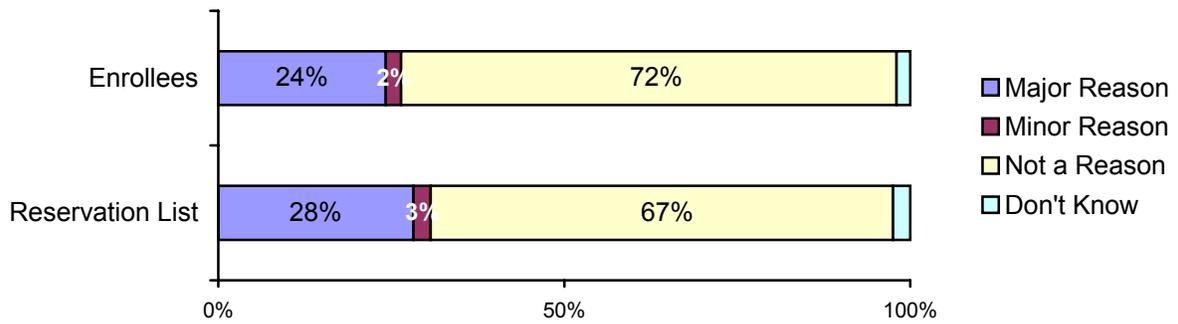
There are many reasons why individuals go without health insurance, ranging from divorce or separation to being refused insurance due to pre-existing medical conditions. For this population economic factors are the key drivers. FHIAP is often a "next step" after losing eligibility for the Oregon Health Plan, cited by 52% of those on the reservation list as a major reason for being uninsured. Finding themselves without Medicaid coverage, these individuals find health insurance in the private market too expensive. Employment does not lead to health insurance for this population: 65% of those who are currently employed report as a major reason that their employer does not offer insurance, and another 14% report as a major reason that they do not work enough hours or have not worked long enough to qualify for employer-sponsored insurance. Respondents were asked if each of the following was a major reason, a minor reason or not a reason for periods of uninsurance in their families.



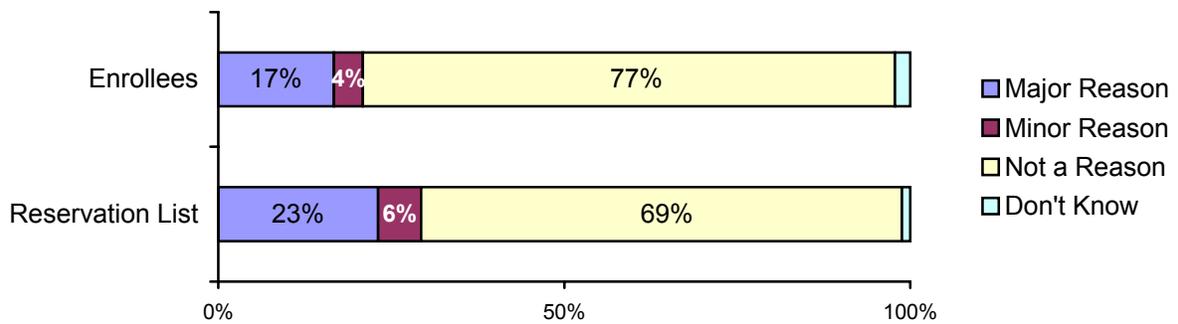
**Unemployed or Between Jobs**



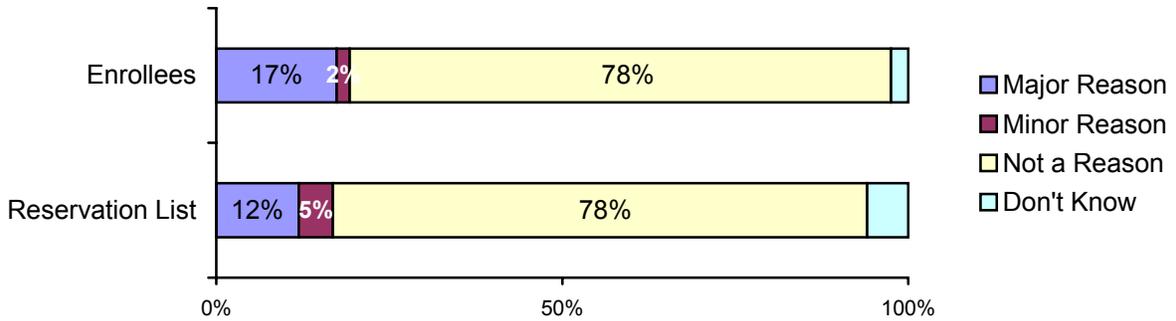
**Employment Did Not Offer Coverage for Dependents**



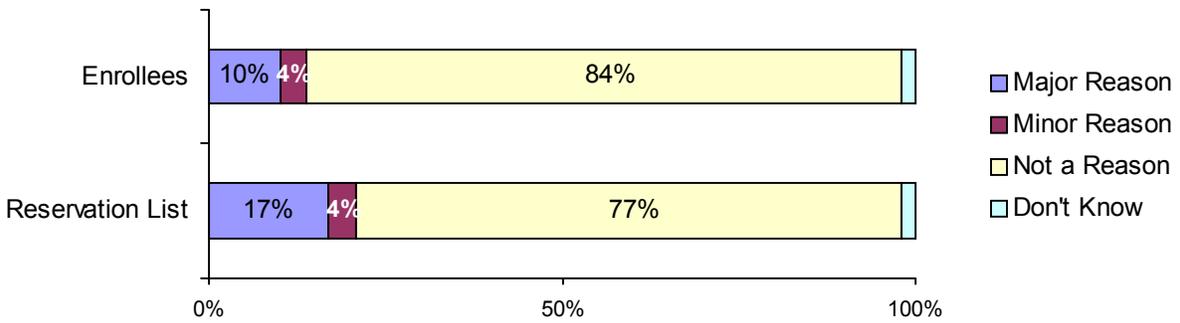
**Family Member's Health Insurance Did Not Cover Me**



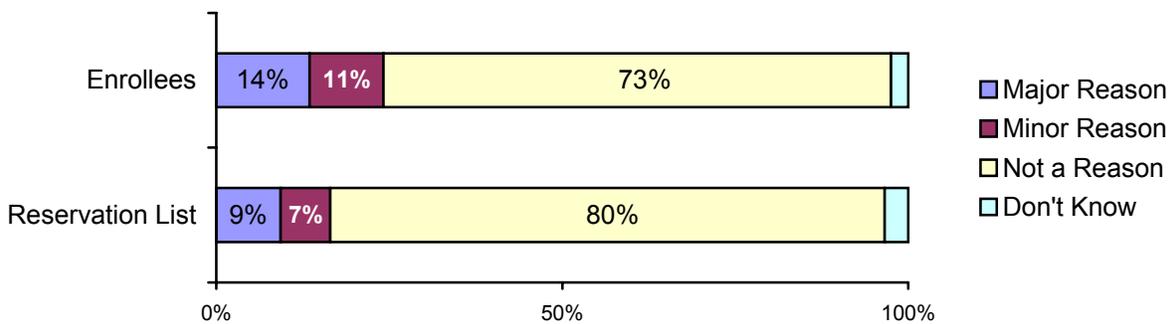
### Refused Insurance Due to Pre-Existing Conditions



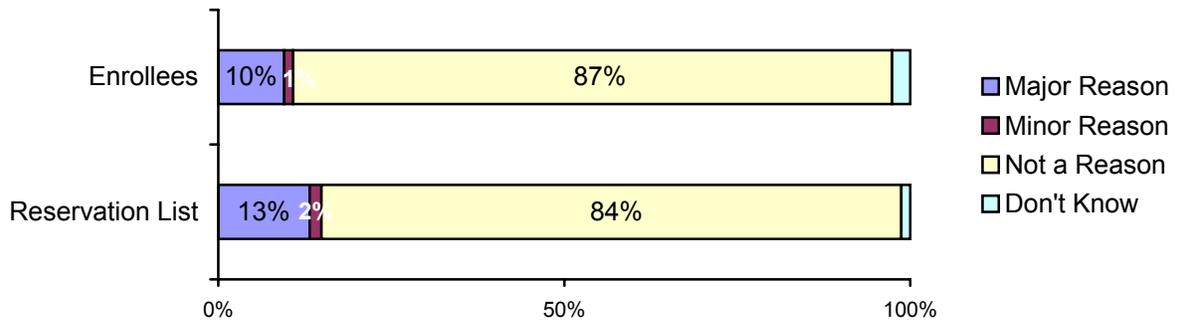
### Have Not Worked Long Enough or Do Not Work Enough Hours to Qualify for Employer Sponsored Insurance



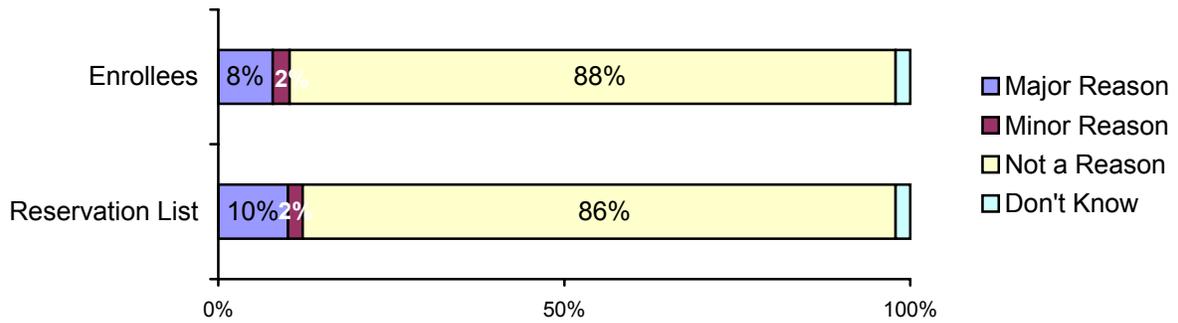
### I Did Not Know How to Get Health Insurance



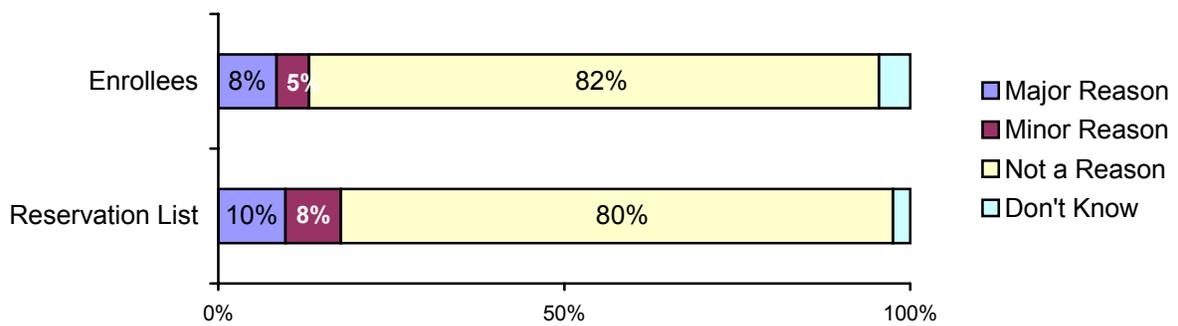
### Benefits From a Former Employer Ran Out

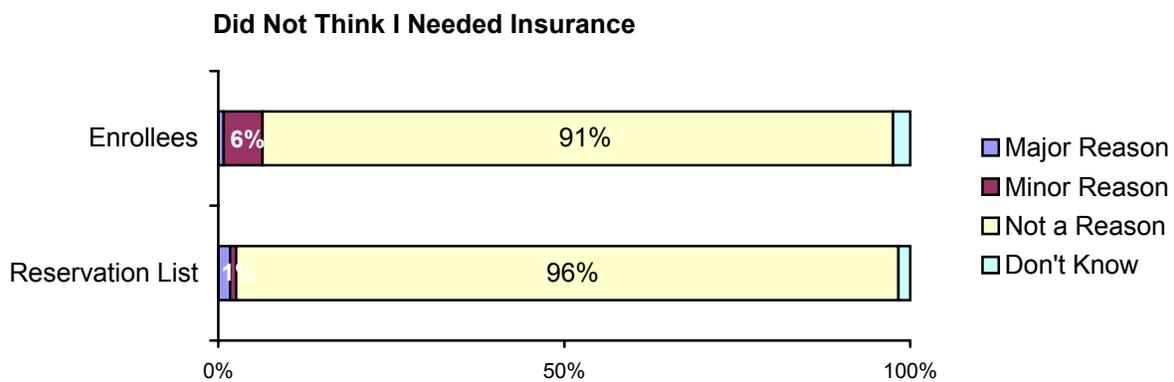
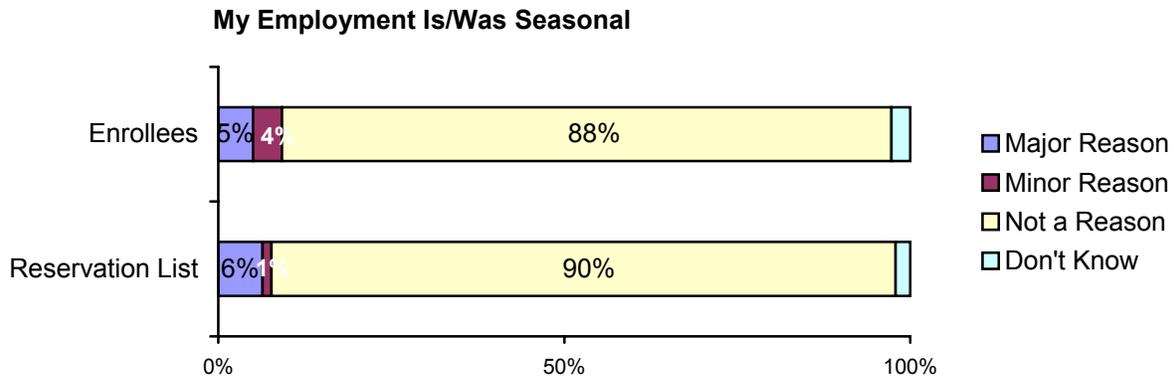


### Became Divorced or Separated



### Did Not Believe Anyone Would Sell Me Insurance





***In Their Own Words***

*“I just feel it’s bad when you try and work, you can’t get help with the high cost of insurance, but if I was to stay home and not even try and work we could qualify for benefits through OHP or FHIAP. Something’s wrong with this picture! I want to be able to help my family, but actually I’m hurting them by none of us having any insurance.”*

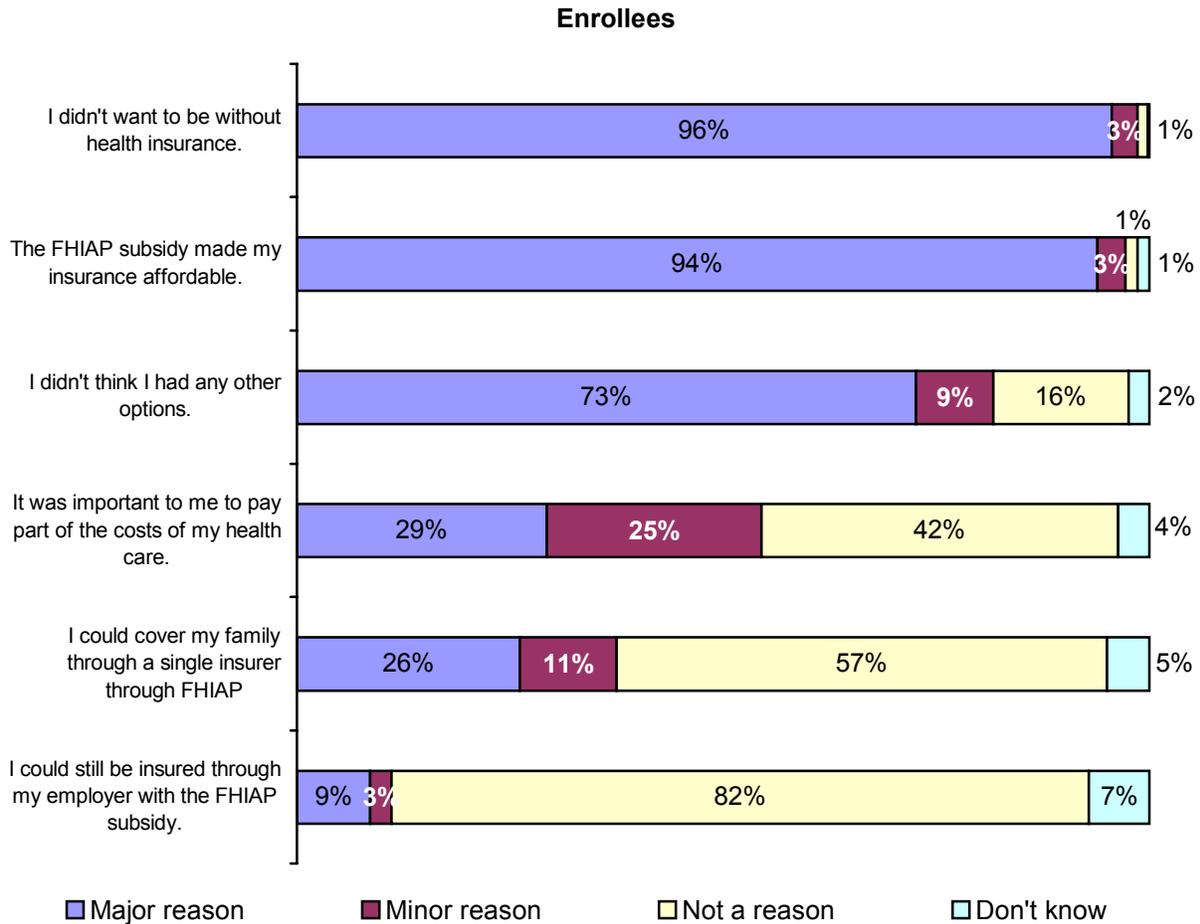
*“It would be nice to find insurance for myself. My husband has medical through his job, but we can’t afford to put me on it. I hope you can find a way to open up different plans to help people with large families and low incomes.”*

*“I’m scared!! I’ve been told insurance for me would be \$186. I’m supporting two boys on \$1,200 a month. I can’t afford health insurance when it’s 1/6<sup>th</sup> of my income. Please help!”*

*“My kids are insured by OHP. But our income was slightly too high to cover my husband and myself. He worked for over a year for an employer that promised insurance but never delivered. He just started a new job this week; we hope it will fulfill its promise in three months...”*

## Reasons for Applying for the FHIAP Subsidy

There are many reasons an individual or family may want to apply for the FHIAP subsidy. The most obvious one is economic as reflected in affordability, but the most often cited reason is security against the possibility of a catastrophic illness. The most often cited reasons for the FHIAP application are:



### *In Their Own Words*

*“I am very thankful for FHIAP—because I am 55 years old and unable to carry insurance. I’ve never been really sick and always had insurance. Now that I’m older, I’m divorced, living with my children and was unable to get insurance. I was very scared about what would happen to me if I got sick, because I couldn’t go to a doctor. Thank you for being there.”*

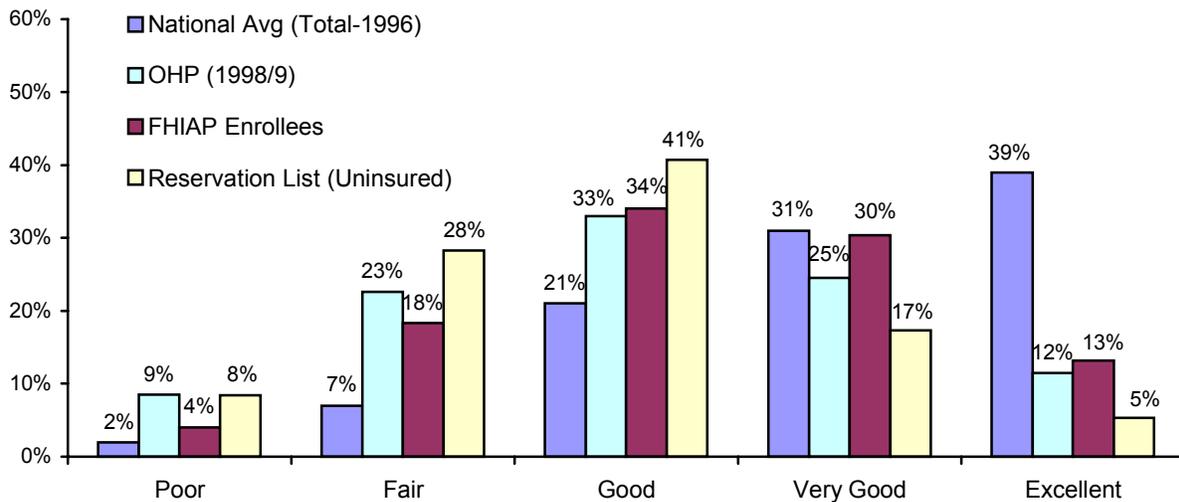
*“Needless to say, I am grateful that FHIAP exists. Luckily my family is in good health and rarely needs medical care. It gives me some peace of mind to know that we do have medical coverage that we otherwise could not afford.”*

## FHIAP Outreach

When asked how they heard about FHIAP, enrollees reported that word-of-mouth from friends and relatives as the most common source (31%). Individuals on the reservation list reported that the Oregon Health Plan was the most common source (43%) of information about the FHIAP subsidy. Other sources were:

Source	FHIAP Enrollees	Reservation List
Oregon Health Plan	30%	43%
Friend or Relative	31%	19%
Brochure	1%	9%
Clinic Social Worker	4%	8%
Medical Provider	6%	7%
Insurance Agent	15%	6%
County Health Department	6%	6%
Another State Agency	4%	5%
Services to Children and Families (SCF)	1%	4%
News Media	13%	2%
Head Start/Healthy Start	2%	2%
Schools	2%	1%
Internet	-	.5%

## Health Status<sup>3</sup>

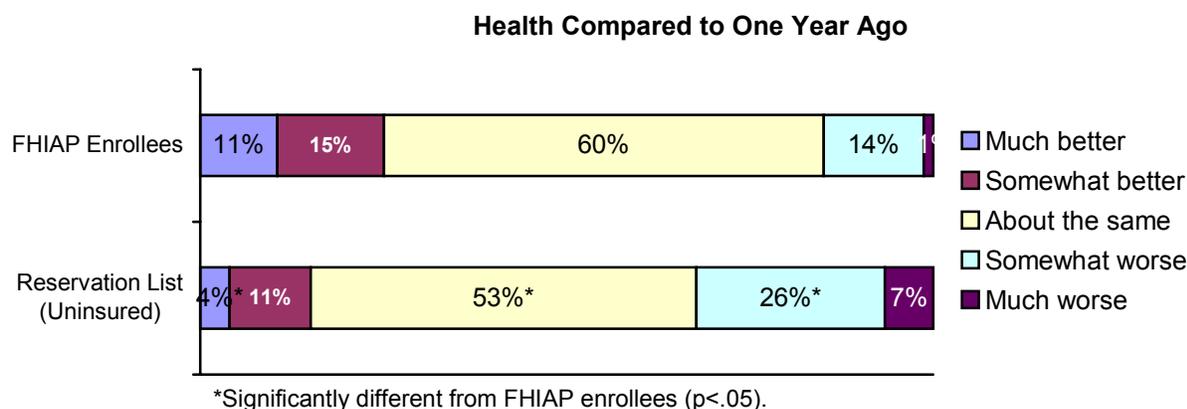


<sup>3</sup> National average data from, Kaiser Family Foundation, The Kaiser Commission on Medicaid and the Uninsured, *Uninsured in America: A Chartbook*, May 2000; OHP data from OMAP's 1997/1998 Consumer Assessment of Health Plan Survey.

The relative role of access to health insurance vis-à-vis poverty as a determinant of health status is a subject of debate. These data exhibit the complicated nature of the debate. If access to health insurance were the sole determinant of health status (or even the most important), we would expect that adults enrolled in OHP (up to 100% FPL), with a richer health benefits package available to them, would report better health status overall than those enrolled in FHIAP (up to 170% FPL). The chart on the previous page shows us this is not the case. OHP adult enrollees report a lower health status than the higher income FHIAP adult enrollees. However, without health insurance, those on the reservation list for the FHIAP program report significantly reduced health status when compared to either FHIAP enrollees or OHP enrollees.

In the Office of Medical Assistance Program’s (OMAP) 1997/1998 Consumer Assessment of Health Plan Survey, 31% of the Phase I<sup>4</sup> adult enrollees report themselves as having poor or fair health status while 22% of FHIAP enrollees report poor or fair health status. Finally, those who are uninsured on the FHIAP reservation list are the most likely to report their health as fair or poor (36%).

When asked to compare their health to what it was one year ago, enrollees perceive improvements in greater proportions than individuals who are uninsured on the reservation list: 25% of enrollees rate their health as “much better” or “somewhat better” than a year ago, while only 15% of the uninsured on the reservation list report the same improvement. Conversely, 32% of the uninsured respondents reported their health was “somewhat worse” or “much worse” from a year ago compared to 15% of enrollees reporting declines in health.



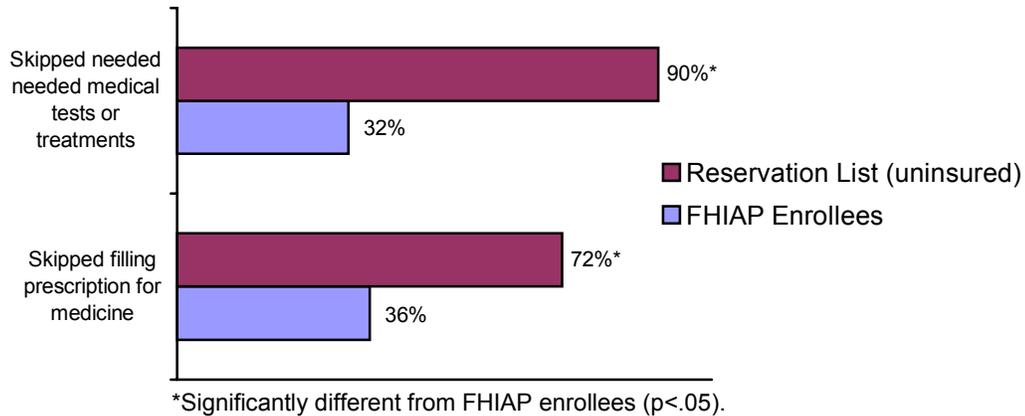
### Cost as a Barrier to Health Care

For individuals currently on the reservation list who are uninsured, the cost of health care acts as an effective barrier to getting needed health care. Individuals on the reservation list forego health care at a much higher rate than those who are enrolled in FHIAP.

<sup>4</sup> Phase I includes the TANF, pregnant women, and expansion (up to 100% FPL) Medicaid populations. Old Age Assistance (OAA) and the Blind and Disabled (BD) eligibility categories are not included.

- 90% of those on the reservation list who are uninsured report that because of cost, they have gone without a needed medical test or treatment in the last 6 months while 32% of the FHIAP enrollees report the same.
- 72% of those on the reservation list who are uninsured report that because of cost, they have gone without filling a prescription for medicine while 36% of the FHIAP enrollees report skipping prescriptions.

### % Foregoing Health Care



### *In Their Own Words*

*“I am four years in cancer recovery—my left kidney was removed. There are tests that I am supposed to have to monitor whether or not the cancer has recurred. Since moving to Oregon, I have not been able to have any of the tests due to costs and lack of insurance...”*

*“...my husband is diabetic. We run into financial hard times with getting his insulin and test tabs. We went without insulin for two weeks this month. This is dangerous and compounds his illnesses’ long-term effects. He is doing well overall, but not being able to have a doctor’s supervision over him is not smart. We are actively interested in avoiding diabetic complications, but this is challenging without medical health providers.”*

*“My husband hurt his hand and needed stitches. We did so at home because he won’t put the money out in more bills when the kids need doctors themselves.”*

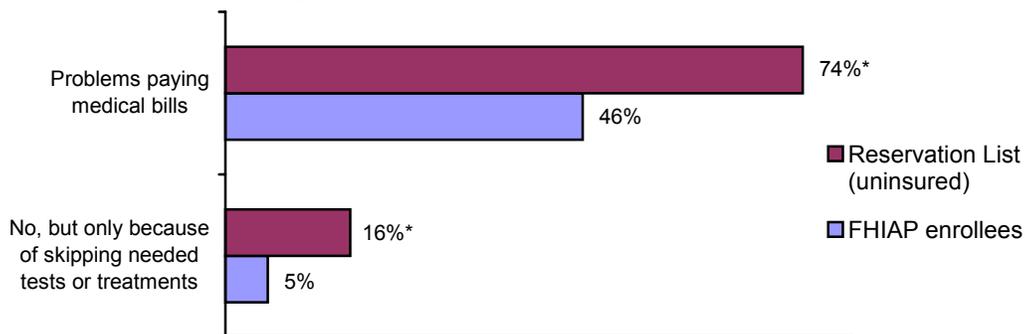
*“I work 30 to 38 hours a week. This keeps me from being a full-time, salaried employee so benefits are not an option. I desperately need blood checked/physical once a year for Hep C. I have looked into private insurance, but because of the latter, I am denied or the costs skyrocket. This [FHIAP] is my only option. I work. I pay taxes. I wouldn’t abuse. Thank you for even considering me.”*

## Financial Impacts of Health Care Costs on Families

Previous surveys of the general U.S. population have shown that 7% of those who are insured and 46% of the uninsured report medical bills as having a “major impact” on their family.<sup>5</sup> This is vastly different from the experience reported by those who are uninsured and on the reservation list, but also for those receiving FHIAP subsidies. For those receiving the FHIAP subsidy, 54% report medical bills as having a major impact on their family; for those on the reservation list, 72% report major impact from medical bills. A central difference between the population surveyed here and the general U.S. population is, of course, poverty. A study conducted for the state of Colorado in 2000 showed that below 185% of federal poverty level, a family has no disposable income to pay for health insurance after paying for essentials such as housing, food and transportation.<sup>6</sup> Assuming a similar cost-of-living in Oregon, it seems reasonable to assume that any additional expense for those living below 170% of poverty level, as individuals enrolled in FHIAP are, could have a significant impact on financial well-being. As one FHIAP enrollee stated about getting follow up care after three surgeries on his ear, “but haven’t been able to because of co-pays.” It is significant that with FHIAP subsidy, the financial impact of medical bills is reduced by 28 percentage points.

- 74% of those on the reservation list who are uninsured report that they had problems paying medical bills in the last 6 months, compared to 46% of the enrollees. Another 16% of those on the reservation list reported they had no problems with medical bills only because they skipped some tests or treatments.

### % Experiencing Problems Paying Medical Bills



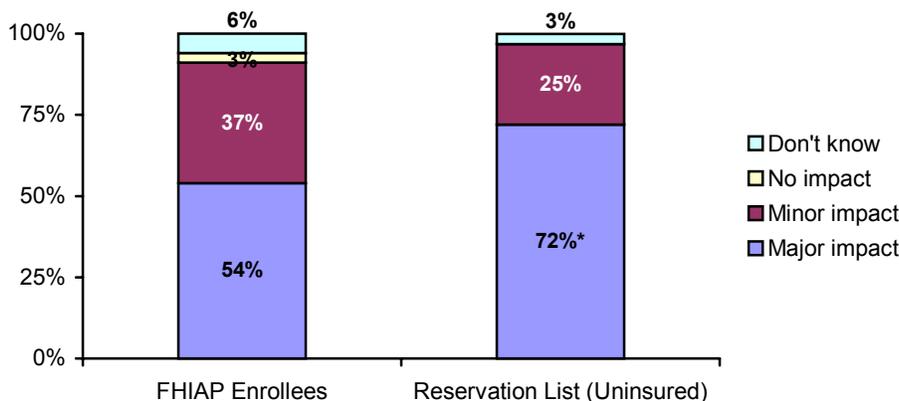
\*Significantly different from FHIAP enrollees (p<.05).

- Of those on the reservation list reporting problems paying medical bills, 72% reported that these bills had a major impact on their families and 25% reported a minor impact. For enrollees, of those reporting problems paying medical bills, 54% reported the bills as having a major impact on their families and 37% reported a minor impact.

<sup>5</sup> Kaiser Family Foundation, Uninsured in America: A Chartbook, May 2000, p.65.

<sup>6</sup> Glazner, Judith, Prices and Affordability of Health Insurance for Colorado’s Uninsured Population, July 2000, p. 4.

**Of Those Experiencing Problems Paying Medical Bills**



\*Significantly different from FHIAP enrollees (p<.05).

Out-of-pocket costs for health care are not significantly different between FHIAP enrollees and those on the reservation list, although FHIAP enrollees have the additional leverage provided them by their health insurance coverage.<sup>7</sup>

Out-of-Pocket Costs*	Enrollees	Reservation List (Uninsured)
<\$500 in the last 6 months	66%	63%
≥\$500 in the last 6 months	32%	31%
Don't know	2%	6%

***In Their Own Words***

*“In November 1999, I had open heart surgery at a cost of \$65,000. Still trying to pay off the \$34,000 left. I’m living on a fixed income and rapidly losing much of my retirement funds due to medical bills. Cost of medical care is outrageous, cost of insurance is outrageous. Can’t get help paying or qualifying for insurance because I was dumb enough to work hard and saved for retirement.”*

*“Health insurance is far too expensive for our family of 4. We’d have to do without a lot of basic needs to pay insurance premiums. So we have to hope we don’t get sick or need expensive surgery or care. It’s a real gamble I don’t like having to take with my family’s welfare.”*

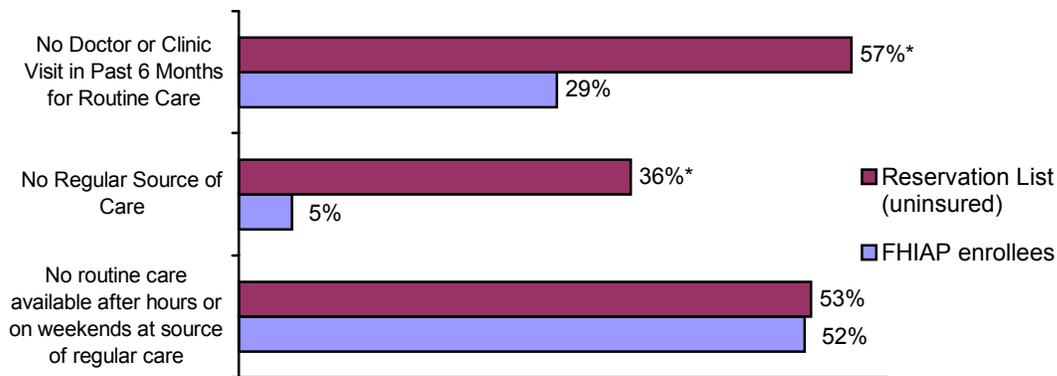
*“My husband and I had to file bankruptcy one year ago due to medical bills. We had our youngest daughter without medical insurance and the bills from that totaled over \$10,000. Also, our youngest daughter has had several medical problems, which has prevented us from being approved for private insurance. Any kind of assistance in obtaining insurance for my family would be wonderful.”*

<sup>7</sup> Out-of-pocket costs were defined for the respondents as, “...anything you pay for yourself and your family. Include any premiums and co-pays that you pay for.”

## Access to Care

Enrollees are more likely to have regular source of health care, and the source of care is more likely to be a private doctor’s office or clinic.

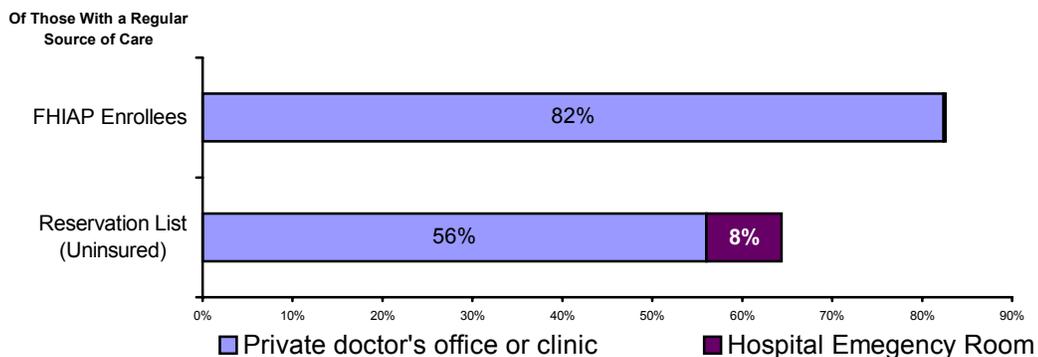
- 71% of enrollees reported having seen a provider in the last 6 months for regular or routine care while 43% of those on the uninsured on the reservation list have seen a provider for regular or routine care.
- 95% of the enrollees reported having a regular place to go when they were sick or wanted medical advice; this is true for 72% of those on the reservation list.
- Access to regular or routine care outside of regular office hours is not significantly different for those on the reservation list and those enrolled in FHIAP.



\*Significantly different from FHIAP enrollees (p<.05).

- 82% of the enrollees report using a private doctor’s office or clinic for their regular source of care while 56% of the uninsured on the reservation list report the same.
- 8% of the uninsured on the reservation list report using the emergency room as their usual source of care. Less than one-half of one percent of the enrollees report use of the emergency room for regular care.

### Regular Source of Care

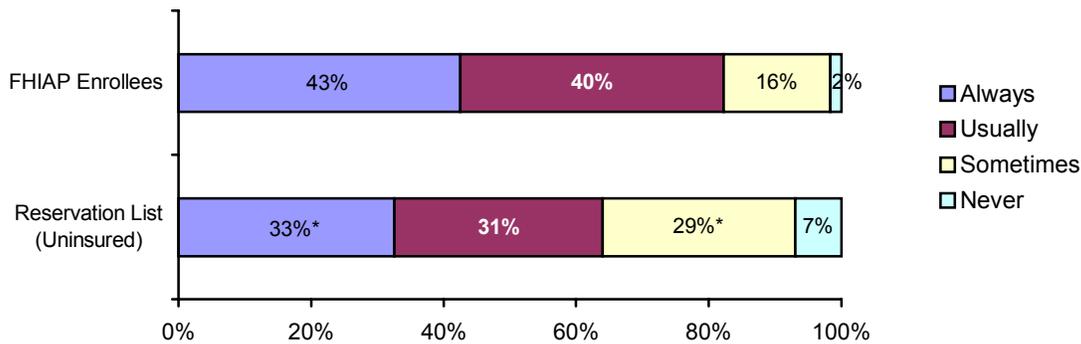


\*Significantly different from FHIAP enrollees (p<.05).

There are many components of “access to care”, including access to a regular source of care or a “medical home” not only for illness or injuries, but also for routine or regular care. For both kinds of care, medical access should be available within some standard of time. Crowded clinics, physicians with large patient loads, and geographical isolation can force individuals away from a continuous source of care, thereby interrupting the patient-physician relationship and compromising continuity of care.

- 83% of the FHIAP enrollees report they are able to get appointments for routine or regular care “Usually” or “Always”; 64% of those who are uninsured on the reservation list report the same.

**Access For Routine Care**

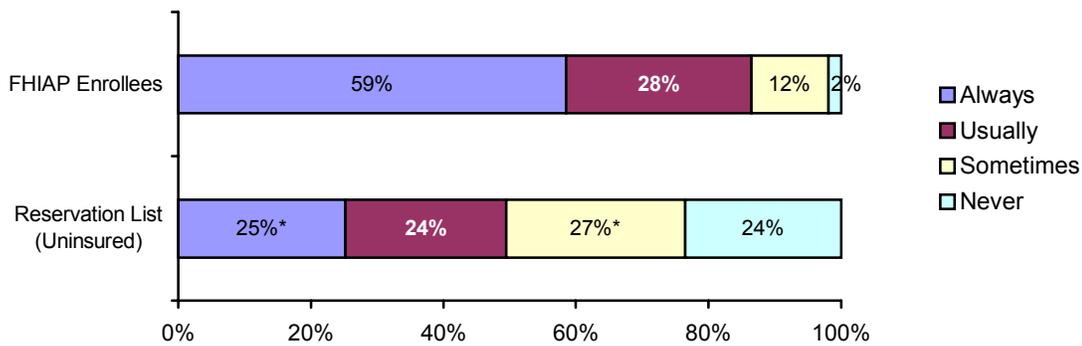


\*Significantly different from FHIAP enrollees (p<.05).

Having access to care for illnesses or injuries available in a timely manner is another essential component of adequate access.

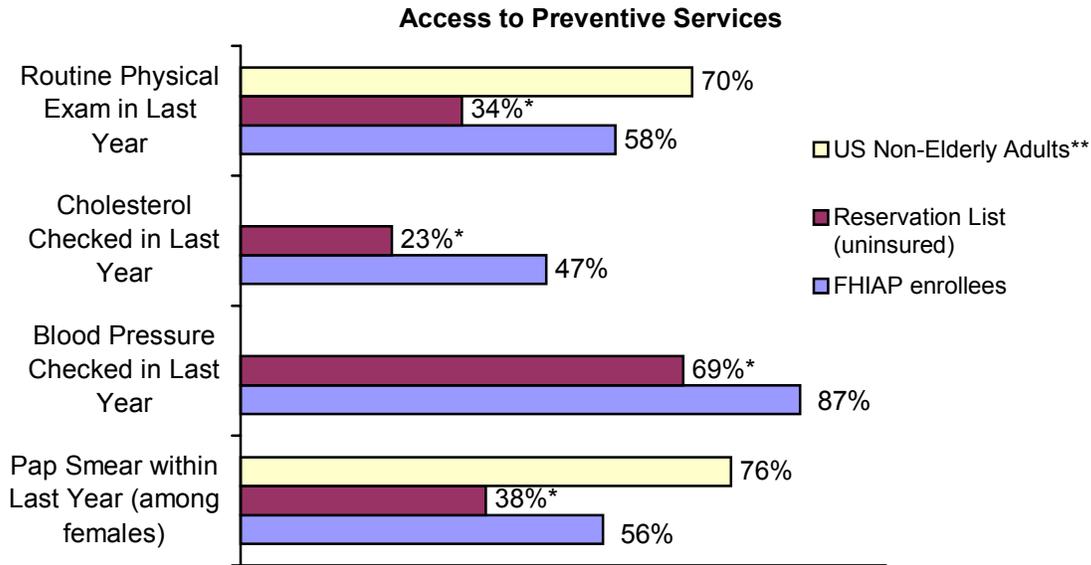
- 60% of those on the uninsured on the reservation list report that they have had an illness or injury in the last 6 months requiring care right away: 24% of those reported that they were “never” able to get care as soon as they needed. Only 2% of enrollees reported that they were “never” able to get care as soon as they needed for illness or injuries. At the same time 59% of enrollees report they were “always” able to get care as soon as they needed for illness or injuries.

**Access for Illness or Injury**



\*Significantly different from FHIAP enrollees (p<.05).

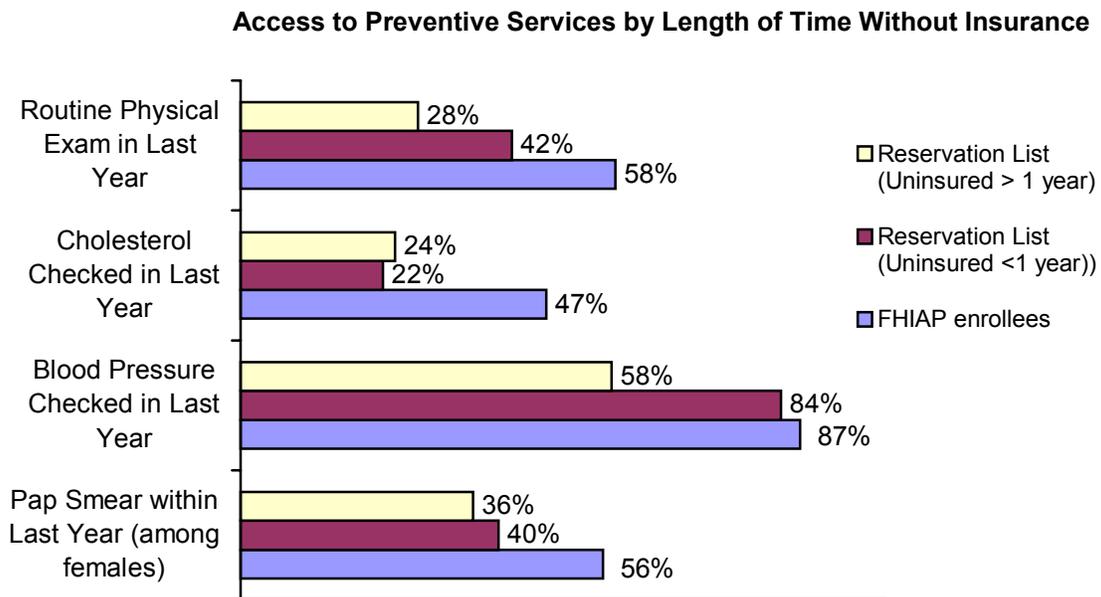
The disparity in access between enrollees and those uninsured on the reservation list extends to preventive care as well. The following chart shows the proportion of those receiving specified preventive services:



\*Significantly different from FHIAP enrollees (p<.05).

\*\*National average data from, Kaiser Family Foundation, The Kaiser Commission on Medicaid and the Uninsured, *Uninsured in America: A Chartbook*, May 2000, p. 53.

These disparities become even more marked when the length of time without insurance is examined for those on the reservation list:



\*Significantly different from FHIAP enrollees (p<.05).

***In Their Own Words***

*“It has been hard over the years to find continuous health care. I dislike having to change from a physician I trust to a stranger. I haven’t been able to find a new physician and don’t want to have to stay with one I don’t like.”*

*“I have just started a new job, and I need some kind of health insurance because I see my doctor every three months for my diabetes.”*

**Children’s Coverage**

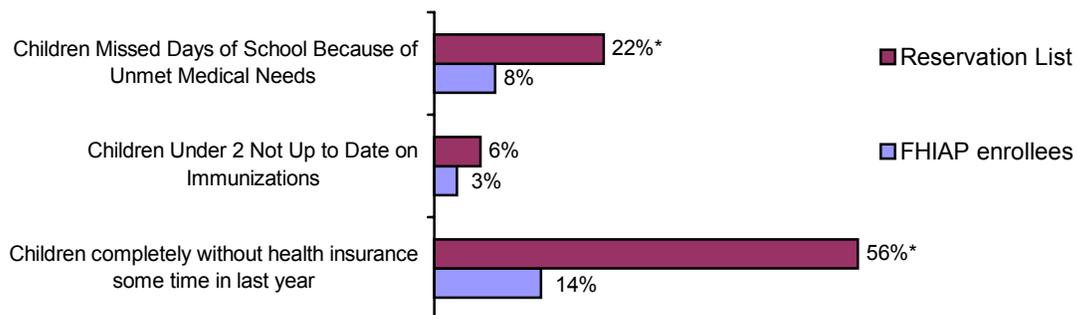
Several questions in the survey addressed the effect of insurance status on the children in the family. We were particularly interested in delivery of immunizations and missed days of school as indicators of some of the potentially adverse medical and social impacts resulting from gaps in insurance coverage.

Children in families on the reservation list are more likely to experience breaks in their insurance coverage.

- 56% of those individuals on the reservation list with children report that there was some period of time in the last 12 months when their children were completely without health coverage whereas 14% of enrolled individuals have experienced breaks in insurance for their children in the last 12 months.

Children in families on the reservation list are more likely to miss days of school because they are not able to get needed medical care.

- 22% of those individuals on the reservation list with children report that one or more of their children have missed days of school because they were not able to get needed medical care whereas 8% of enrolled families report that their children missed school days because of a lack of needed medical care.
- Disparity between enrollees and individuals on the reservation list regarding access to immunizations for children less than 2 years of age was not statistically significant. Most (over 92% for both groups) were able to keep their children under 2 up to date for their immunizations.



\*Significantly different from FHIAP enrollees (p<.05).

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## Importance of FHIAP

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It has been said that asking people how important certain kinds of assistance is to their lives is akin to handing a glass of water to an individual dying of thirst in the desert and then asking to “rate the importance of the glass of water.” There is almost no equivocation from enrollees when asked in this survey to **rate how important FHIAP has been to them in getting access to health care**: on a 5-point rating scale from “very important” to “not important at all”, **97% said it was “very important”, and the remaining 3% rated it as “somewhat important”**.

The issue of choice was also very important to enrollees: 75% rated having a choice of coverage options as “very important” and 20% rated coverage choice as “somewhat important”.

### *In Their Own Words*

*“Even though it remains hard at times to pay some medical bills due to low income, I could not receive any care without FHIAP and my insurance. My husband, who was always our main support, now has MS, and I have ongoing medical problems. I just want whoever it may concern to know we are very thankful for the FHIAP assistance.”*

*“I am self-employed and make too much for the Oregon Health Plan but not enough to pay regular premiums. This is a wonderful program and without it, I wouldn’t have health coverage for sure and it would be a struggle to buy health insurance for my child, which is very important. Also with so many families that try to get jobs and support their families it is a shame that so few employers offer benefits and so many people don’t get proper health care.”*

*“I thank you and God every day this FHIAP subsidy is available.”*

*“FHIAP has allowed my child and I access to good quality health care in our area and I am very appreciative of this.”*

*“I am very thankful for FHIAP—because I am 55 years old and unable to carry insurance. I’ve never been really sick and always had insurance. Now that I’m older, I’m divorced, living with my children and was unable to get insurance. I was very scared what would happen to me if I got sick, because I couldn’t go to a doctor. Thank you for being there.”*

*“I thank God for FHIAP. I haven’t needed to see a doctor for a while, but I can’t tell you how much I count on it. I went so many years without insurance and there were times I should have gone but couldn’t because of cost. I think I even feel better, the relief I feel just knowing should I need to see someone I have insurance now...”*

## Policy Tradeoffs

Finally, current enrollees in FHIAP were asked to put themselves in the shoes of state leaders and to respond to the following:

**As you know, FHIAP has a waiting list of families needing help with health insurance coverage. Because there is not enough money to help everyone, please tell us if you think it would be better to:**

**Reduce the subsidy and keep as many people as possible enrolled in FHIAP**  
**Or**  
**Reduce the number of people enrolled in FHIAP and keep the subsidy levels where they are now.**

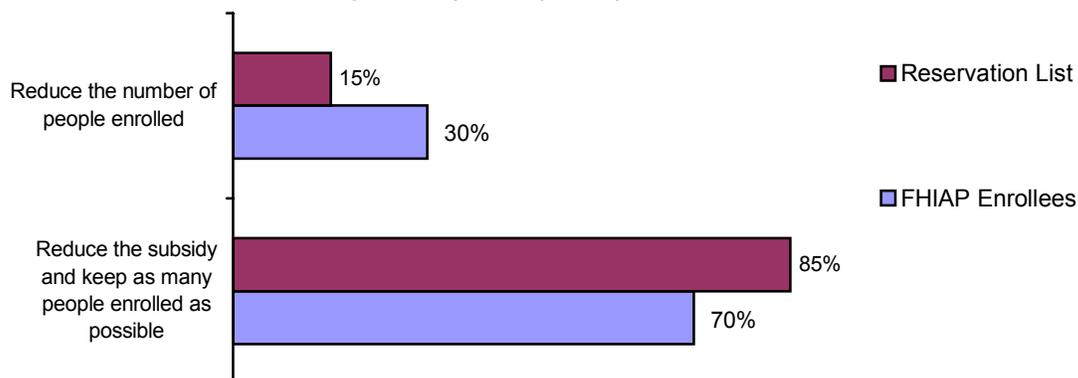
Many respondents declined to answer this question (15%), while many took time to write the research team about the struggle involved in answering this question. The major concern was that the choice was too difficult:

*“...[this question] is hard—in one way, because I have benefited from FHIAP, I want others to as well, but if I did not have FHIAP I would not be able to afford insurance.”*

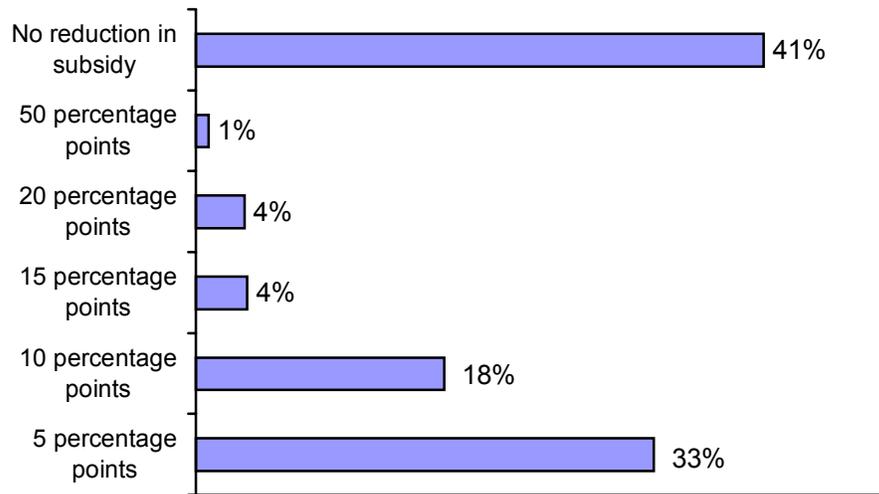
*“[this question] is not a fair or just question. It does not give me the option to say no to both answers. I do not want to see the subsidy reduced nor do I want to see a reduction of anyone enrolled. Medical care should and needs to be available to all at rates that are reasonable...”*

*“in reference to [this question]—I did not choose an answer because I thought the choice would depend on whether or not the people that might possibly removed from FHIAP would be eligible or able to get some kind of medical service somewhere else—or would these families have no where to turn? If a large amount of people would be without any—then maybe it would be better to have a small amount of coverage—rather than none at all.”*

Because there is not enough money to help everyone, it would be better to:



Enrollees were also asked by how much their subsidy could be reduced and they could maintain their health insurance:



## Observations

The HRSA study of universal access to health insurance in the state of Oregon includes an examination of the FHIAP program because it is likely to be a component of any expansion of access to health care coverage in the state. If an expansion of FHIAP were to be implemented, the participants would most likely be those who are currently on the reservation list from which the sample for this study was drawn. The reservation list currently has about 14,500 individuals on it. This survey has provided important information about the individuals most likely to benefit from any expansion of the Family Health Insurance Assistance Program:

- ❖ They are the working poor: 65% are working. Of those, 64% are working full-time.
- ❖ They have post-high school education: 56% report having education beyond their high school diploma.

Still, they are:

- ❖ Reporting higher rates of poor or fair health status than individuals in the same income range who have access to health insurance.
- ❖ Foregoing needed health care: 90% report having skipped some needed medical test or treatment in the last 6 months.
- ❖ Reporting problems paying medical bills: 74% report having problems with medical bills.

- ❖ Not being seen by medical professionals for regular or routine care: 57% report no physician visits for routine or regular care in the previous 6 months.
- ❖ Not receiving important preventive services.

*“This is hopeless. We, my husband and I, own our business...in 2000 we had a personal income of \$9,125... It is impossible to have health insurance or any needed medical treatment. I applied for the Oregon Health Plan and was refused. They said we had over \$5,000 in resources. It takes all of our income to stay in business...I pray to God nothing bad happens to us for one year until FHIAP can help cover us.”*

*“What is tragic is to make \$80 too much for OHP and realize you’ve just been penalized for getting a raise. There is no way we can afford to pay for full private coverage and pay any bills, food and house payment.”*

*“It is because my husband works swing shift, was laid off and not called back to date that we don’t have insurance. We have worked hard all our lives. And this has never happened to us. These have been really stressful months. I’m diabetic and it’s pretty sad when you can’t get the medical help you need...thank you for your time and for caring to ask.”*

*“Our family has benefited greatly from the services of FHIAP and OHP. First, when our income was lower, we had coverage with OHP. Then, I got a new job and increased my income, which caused some concern, as OHP could not keep giving us coverage due to our level of income. Yet our health insurance offered through my employer was outrageously expensive. For my family, the health insurance would cost me \$472 and I only made \$1,200 to \$1,400 a month. We were in need of some extra assistance and FHIAP helped us out greatly...Now, one year later, I have changed jobs again and have excellent medical benefits through my new employer and we are able to afford it without assistance. FHIAP was a great service when we were struggling and needed the assistance and now we are off the program and can provide independently. Thank you for all of the assistance. We hope the program will continue and will get more funding to help other families like ours when they need it. Thank you.”*