

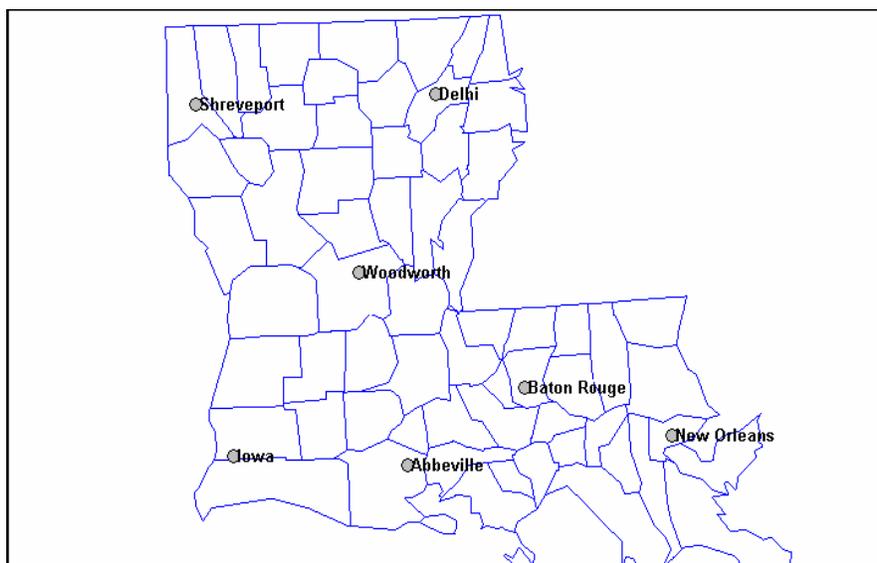
The Low-Income Uninsured

The paper, part of a series in Louisiana's uninsured, summarizes the Low-Income Uninsured Focus Group report that was commissioned by the Department of Health and Hospitals in 2004. Twenty percent of Louisiana residents lack health insurance coverage. However, when children and the elderly (who are covered in LaCHIP and Medicare respectively) are excluded, the number of uninsured increases to 25%, or one in four for people aged 19 to 64. Furthermore, when individuals with incomes above 200% of the federal poverty level (FPL), (\$36,800 for a family of four) are excluded the uninsured rate for those remaining non-elderly low-income adults is 43% or more than 435,000 adults.¹ To better understand the low-income uninsured, 8 focus groups of low-income adults, ages 19-64, were conducted. The focus groups were a mixture of individuals with and without dependent children, and individuals who currently access care through a variety of means including federally qualified health centers, rural health centers, charity hospitals, and other providers. Forty-two of the 61 focus group participants were employed; 19 participants were unemployed. Fourteen of the employed participants reported having access to employer-sponsored insurance and some of the focus groups participants reported that they had been insured at some point in the past.

This paper focuses on:

- Overall viewpoints on insurance;
- Patterns of care for the uninsured;
- What people want from insurance, and how their patterns of care would change, and;
- Thoughts on stigma and related issues.

Map of Focus Group Locations
for Uninsured Residents in Louisiana



¹Source:
Current Population Survey (CPS) combined data for 2000-2003

Overall Viewpoints on Insurance

The focus group participants seem to consistently have the same response and concerns across the board about what health insurance means to them. The two most common views about health insurance were that it is unaffordable and that having insurance means having security. Although many of the participants had access to insurance through an employer, those who had access indicated it was too expensive for them to purchase. Participants said they did not consider insurance to be a good value for the money because of high cost of monthly premiums, and the required deductibles and co-payments that must be paid.

Insecurity is a major issue because the uninsured live with the constant fear of how and where to access medical care, long-term effects of not receiving primary care, and the fear of getting sick and losing everything due to healthcare bills. A consistent response from the focus group was the fear of being sick and not knowing it because tests are unaffordable. Members of this focus group spoke very eloquently about their fears of illness and financial ruin, and said they would not be as worried about these things if they had coverage.

Patterns of Care

Some of the strategies our participants said they used to avoid seeking medical care include:

- Living with home remedies or use over-the-counter medications
- “Live with it” or “Wait it out”
- Diagnosing their own problems, by researching medical conditions via the Internet
- Obtaining medications during visits to Mexico
- Obtaining unused antibiotics from friends
- “I try to make myself not get sick”

Nearly every participant in the focus groups mentioned using the LSU charity hospitals and their associated clinics for medical care. Respondents gave feedback on their individual experiences. One person stated, “It pays to go to [local charity hospital] because health insurance is so expensive.” Participants frequently mentioned concerns with long waits to be seen in the emergency room and if it wasn’t life threatening took their chances and went back home. Employers in the focus group mentioned the fact that they could count on an employee missing a full day of work if they went to the charity hospital for care. Continuity of care was a concern because many of the participants reported that they rarely see the same doctor twice.

Another theme that emerged was that low-income residents of Louisiana lean on a vast array of formal and informal supports such as free clinics, pharmacy assistance programs, or having family help with payment of medical bills.

What People Would Want from Insurance and How Their Patterns of Care Would Change

Focus group participants were asked these two questions and the answers were consistent. Many participants talked about choosing their own doctors. Inquiring to their doctors based on their symptoms was a common response and some mentioned using the emergency room less for routine care. Several respondents like the idea of having an option of preventative care and receiving regular check ups. Participants would rather use private doctors rather than the charity system if the insurance allowed them. Additionally, participants would be more likely to follow medical advice because they could afford to.

Participants were asked what benefits they would like from health insurance. The table below

presents the rankings of the various benefits across the focus groups. The 5 categories represent what participants think are most important in an insurance program. The participants ranked these benefits according to their health status and on an assessment of risk. Note that not all participants ranked each benefit.

Benefit Category	Frequency of Rank Order				
	1 st	2 nd	3 rd	4 th	5 th
Hospital Care	27	7	7	10	6
Outpatient Surgery	0	6	6	14	26
Doctor Visits	24	14	8	4	7
Lab/x-ray	1	9	17	21	5
Prescription Drugs	7	23	16	6	6

Thoughts on Stigmas and Related Issues on Private or Public Insurance

One response that was not consistent among participants was related to treatment by health professional or office staff because of insurance status. Some participants reported that they were treated poorly, while others reported that they did not experience differential treatment.

Focus group participants were adamant in their responses that health insurance coverage is important and it does not make a difference if it is private or public insurance. Only a few respondents said they would rather carry a private insurance card rather than a Medicaid card.

Summary

If there is one overwhelming conclusion to be drawn from the focus group discussions, it is that coverage is sorely needed, and the sooner the better. Focus group participants said that having health insurance would improve their lives, in that they would feel more secure, would be more likely to follow through on treatment, and would be able to choose their own doctors and hospitals. It is clear that potential barriers, such as burdensome premiums and cost sharing obligations, should be considered in health insurance coverage options for the low-income uninsured.