



Nebraska
Center
for
Rural
Health
Research

Health Insurance Coverage in Nebraska: Results from the Nebraska State Planning Grant

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Authors:

Keith Mueller, Ph.D.

Jane Meza, Ph.D.

Erin Carlson, M.P.H.

Katherine Jones, Ph.D.

Roslyn Fraser-Maginn, B.A.

Brandi Shay, B.A.

Liyan Xu, M.S.

Nebraska Center for Rural Health Research
University of Nebraska Medical Center
Department of Preventive & Societal Medicine
984350 Nebraska Medical Center
Omaha, NE 68198-4350

Contents
(click to GO TO)

Executive Summary	2
Background and Purpose	3
Results	4
Section 1: How many Nebraskans are uninsured and who are they?	4
Section 2: What difference does health insurance make?	11
Section 3: Why do Nebraskans lack health insurance?	14
Section 4: Where do the uninsured go for health care?	18
Section 5: What are the results of uninsurance?	20
Section 6: Why should we care about the uninsured?	21
Section 7: What policy options do the uninsured and small employers favor for obtaining/providing insurance?	22
Section 8: Conclusion	24
Appendix A - Data Collection	25
Appendix B - Survey Instrument	29
Figures and Tables	
Figure 1. Types of Coverage of Insured Nebraskans Under Age 65	4
Figure 2. Types of Coverage of Insured Nebraskans of All Ages	4
Figure 3. Distribution of Uninsured by Income According to Federal Poverty Level	5
Table 1. 2003 Federal Poverty Level Income Guidelines	5
Figure 4. Percentage of Uninsurance for Nebraskans Under Age 65 by Poverty Level	6
Figure 5. Reasons Uninsured Nebraskans Under Age 65 Do Not Have Private Insurance Coverage	6
Figure 6. Age Groups as Percentages of All Uninsured Nebraskans Under Age 65	7
Figure 7. Percentage Uninsured Nebraskans Under Age 65 by Age Group	7
Figure 8. Percentage Uninsured Nebraskans Aged 18 to 64 by Employment Status	8
Figure 9. Percentage of Nebraska Businesses Offering Health Insurance by Number of Employees	8
Figure 10. Reasons Uninsured Nebraskans Aged 18 to 64 Were Not Enrolled in Employer-Sponsored Health Insurance	9
Figure 11. Percentage Uninsured Nebraskans Under Age 65 by Race/Ethnicity	10
Figure 12. Number of Doctor Visits in Past 12 Months by Insurance Status	11
Figure 13. Health Status of Insured and Uninsured Nebraskans Under Age 65	12
Figure 14. Level of Worry Among Insured and Uninsured Nebraskans That They Will Have to Pay More Than Expected for Care	13
Figure 15. Level of Worry Among Insured and Uninsured Nebraskans That Insurance Won't Cover Care	14
Figure 16. Reasons Uninsured Nebraskans Under Age 65 Do Not Have Private Insurance Coverage	15
Figure 17. Reasons Uninsured Nebraskans Aged 18 to 64 Were Not Enrolled in Employer-Sponsored Health Insurance	16
Figure 18. Usual Source of Care, by Insurance Status	18
Figure 19. Type of Clinic in Which Care is Obtained, by Insurance Status	19
Figure A1. Nebraska State Planning Grant Survey Focus Group Locations by Health Planning Region	25
Table A1. Summary of Nebraska State Planning Grant Uninsured and Underinsured Focus Group Participants	27
Table A2. Federal Poverty Level Income Guidelines	27
Table A3. Summary of Nebraska State Planning Grant Small Employer Focus Group Participants	28

EXECUTIVE SUMMARY

In September 2003, the Nebraska Department of Health and Human Services contracted with the University of Nebraska Medical Center to examine the characteristics of the uninsured in Nebraska and to suggest strategies for providing them with access to affordable health insurance coverage. This one-year contract was issued as part of the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) State Planning Grants Program. For more information, see the HRSA Web site (www.hrsa.gov).

In order to examine the characteristics of the uninsured in Nebraska and to develop policy recommendations, researchers at the University of Nebraska Medical Center conducted a household telephone survey of 3,750 Nebraskans and held 13 focus groups across the state's six health planning regions.

Key Results

- Approximately 9.9% of Nebraskans (145,000 persons) are uninsured (they are under age 65 and have no health insurance of any type—private insurance, Medicare, Medicaid, or military insurance). Statistically, 9.9% is a number that represents a range between 8.3% and 11.5% uninsurance. This range is consistent with other reports such as the U.S. Census Bureau's Current Population Survey, which describes Nebraska's uninsurance rate as 10.8%,¹ representing a range between 9.9% and 11.7%. Nebraska's uninsurance rate compares favorably to the nation's 15.6% uninsurance rate.²
- Nearly four out of five of uninsured Nebraskans reside in households with incomes at or below 200% of Federal Poverty Level (FPL). (See Table 1 for incomes corresponding with Federal Poverty Levels.)
- Among the uninsured, 21% are under age 19, 34% are aged 19 to 34, and 40% are aged 35 to 64.
- Sixty-three percent of the uninsured live in households where the head of the household is employed.
- Approximately 57% of uninsured Nebraskans, compared to 86% of insured Nebraskans, visited a doctor in the last 12 months.
- Fourteen percent of the uninsured reported that there was a time in the last 12 months when they needed care but could not get it compared to 3% of the insured.
- Thirty-three percent of uninsured Nebraskans and 27% of insured Nebraskans were concerned that insurance would not cover the cost of their health care.

Next Steps

On the basis of the survey and focus group results, the Nebraska Health Insurance Policy Coalition will identify priority uninsured populations and policy options that may address their health insurance needs. These policy options will be presented to focus groups of priority populations for feedback. The Coalition will ultimately present policy recommendations to the Nebraska legislature to increase health insurance options for Nebraskans.

¹DeNavas-Walt, C., Proctor, B. D., & Mills, R. J. U.S. Census Bureau, Current Population Reports, P60-226, Income, Poverty, and Health Insurance Coverage in the United States: 2003, Table 9. U.S. Government Printing Office, Washington, DC, 2004.

²DeNavas-Walt, C., Proctor, B. D., & Mills, R. J. U.S. Census Bureau, Current Population Reports, P60-226, Income, Poverty, and Health Insurance Coverage in the United States: 2003, Table 5. U.S. Government Printing Office, Washington, DC, 2004.

BACKGROUND AND PURPOSE

In September 2003, the Nebraska Department of Health and Human Services contracted with the University of Nebraska Medical Center to examine the characteristics of the uninsured in Nebraska and to suggest strategies for providing them with access to affordable health insurance coverage. This one-year contract was issued as part of the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) State Planning Grants Program. For more information, see the HRSA Web site (www.hrsa.gov). At the conclusion of the grant, each state submits a report to the Secretary of Health and Human Services. Together, these state reports provide additional data about the general characteristics of the uninsured nationwide and about potential models for states seeking to provide comprehensive coverage.

In order to examine the characteristics of the uninsured in Nebraska and to develop policy recommendations, researchers at the University of Nebraska Medical Center conducted a household telephone survey of 3,750 Nebraskans and held 13 focus groups across the state's six health planning regions. The household survey was conducted from March 10 through May 8, 2004, and the focus groups were conducted from June 3 through July 27, 2004. The purpose of the household survey was to determine the characteristics and location of the uninsured in the state. The purpose of the focus groups was to improve the research team's understanding of the experience of the uninsured in Nebraska and to understand the factors small employers consider when deciding whether to offer health insurance to their employees. This report describes the findings of the household survey and the focus group interviews. As an aid to readers who want to consult a specific section, each section of the report listed in the table of contents is written as a stand-alone document, containing not only the data pertinent to that section, but also any relevant data from other sections.

The Extent of the Problem

Approximately 10% of Nebraskans (145,000 people) under age 65 are without health insurance. Fifty-seven percent of uninsured Nebraskans reported visiting a doctor in the past 12 months while 86% of insured Nebraskans saw a doctor in the same time period. The uninsured were less likely than the insured to report "excellent/very good" health status and more likely than the insured to report "fair/poor" health status. Not having adequate health insurance may lead Nebraskans to delay or do without health care, which can result in more serious illness and an increase in the number of preventable conditions.

The Role of Employer-Sponsored Insurance

Twenty-nine percent of uninsured Nebraskans are unemployed. Many of Nebraska's uninsured are low-income, working families who do not have insurance coverage available through their jobs and cannot afford to purchase private health insurance—65% of the uninsured stated that cost was the reason they did not purchase private insurance. Nearly 68% of Nebraskans under age 65 obtain health insurance through their employer. Of employed Nebraskans, those who are offered health insurance through their employer are less likely to be uninsured than employed Nebraskans who are not offered insurance through their employer. Specifically, of employed Nebraskans offered coverage by their employer, 20% were uninsured; of those not offered coverage through their employer, 39% were uninsured. Due to the high cost of premiums, small businesses that have fewer than ten employees are less likely to offer health insurance as an employee benefit than are larger employers.

How the Uninsured in Nebraska Meet Their Health Care Needs

When the uninsured seek health care, they are more likely to use public clinics than the insured—50% of the uninsured relied on public clinics (such as services available through some public health departments or Federally Qualified Health Centers) as the source of their care compared to 23% of the insured. In areas where public clinics do not exist, the uninsured reported more difficulty obtaining treatment, and that they had used home remedies and medications prescribed for someone else. The uninsured without

access to public clinics reported fearing the debt they would incur by seeking treatment and thus chose to delay care as long as possible.

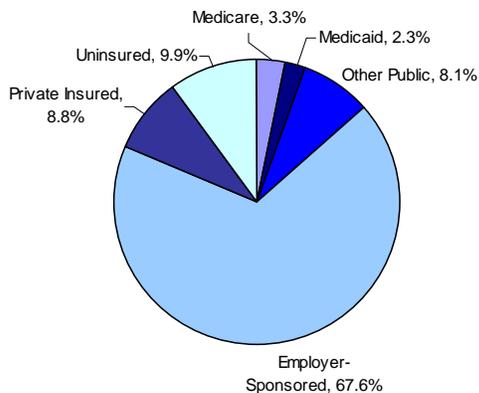
RESULTS

Responses to the telephone survey and data gathered during focus group meetings were used to characterize the health insurance status of Nebraskans. These results answer a series of questions in the sections that follow: (1) How many Nebraskans are uninsured and who are they? (2) What difference does health insurance make? (3) Why do Nebraskans lack health insurance? (4) Where do the uninsured go for health care? (5) What are the results of uninsurance? (6) Why should we care about the uninsured? and (7) What policy options do the uninsured and small employers favor for obtaining/providing insurance?

Section 1: How many Nebraskans are uninsured and who are they?

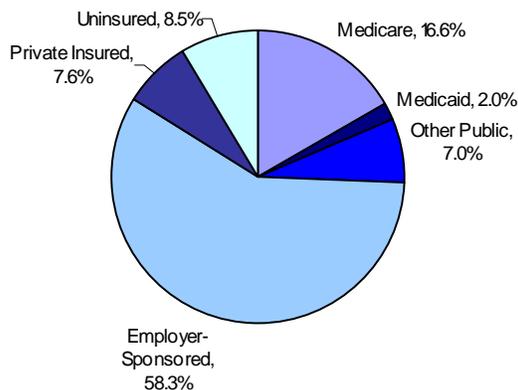
Although almost 68% of Nebraskans under age 65 received health insurance coverage through their employers, and nearly all Nebraskans aged 65 and older were covered through Medicare, approximately 145,000 non-elderly Nebraskans (10%) lacked health insurance in 2004 (Figures 1 and 2).

Figure 1. Types of Coverage of Insured Nebraskans Under Age 65



Note: Other public insurance includes Railroad Retirement Plan, TRICARE/CHAMPUS, Indian Health Service, and SCHIP.

Figure 2. Types of Coverage of Insured Nebraskans of All Ages

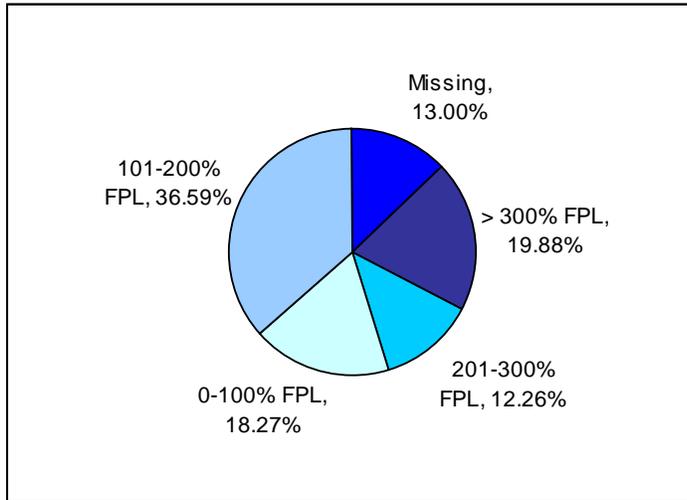


Note: Other public insurance includes Railroad Retirement Plan, TRICARE/CHAMPUS, Indian Health Service, and SCHIP.

The uninsured have lower incomes.

Seventy-nine percent of the uninsured in Nebraska made 300% or less of federal poverty level (FPL) (Figure 3).

Figure 3. Distribution of Uninsured by Income According to Federal Poverty Level



Income categories used in this report are based upon the 2003 FPL income guidelines (Table 1).

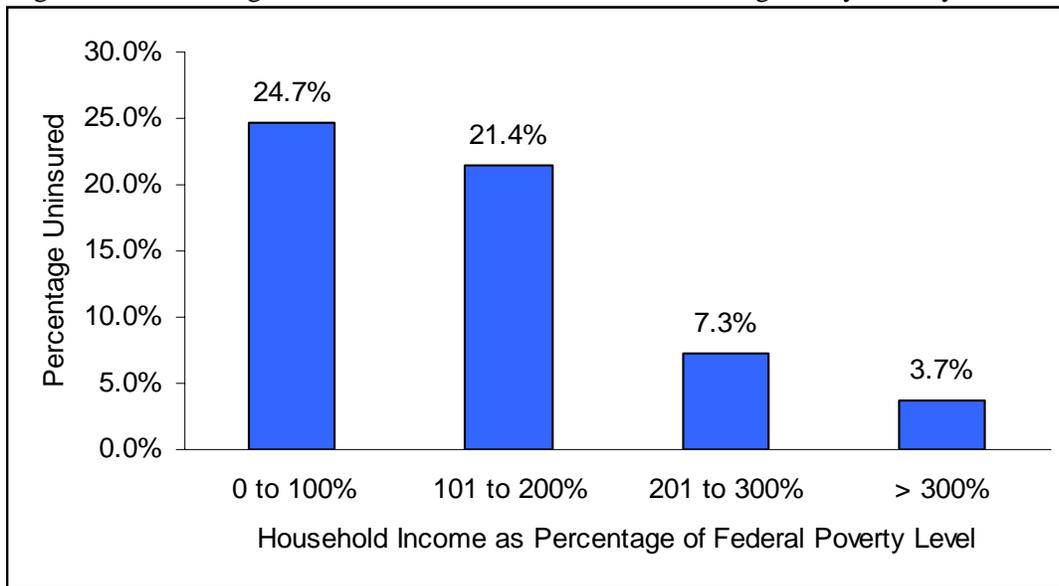
Table 1. 2003 Federal Poverty Level (FPL) Income Guidelines

Family Size	100% FPL	200% FPL	300% FPL
1	\$8,980	\$17,960	\$26,940
2	\$12,120	\$24,240	\$36,360
3	\$15,260	\$30,520	\$45,780
4	\$18,400	\$36,800	\$55,200
5	\$21,540	\$49,360	\$74,040
6	\$24,680	\$49,360	\$74,040
7	\$27,820	\$55,640	\$83,460
8	\$30,960	\$61,920	\$92,880

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, The 2003 HHS Poverty Guidelines.

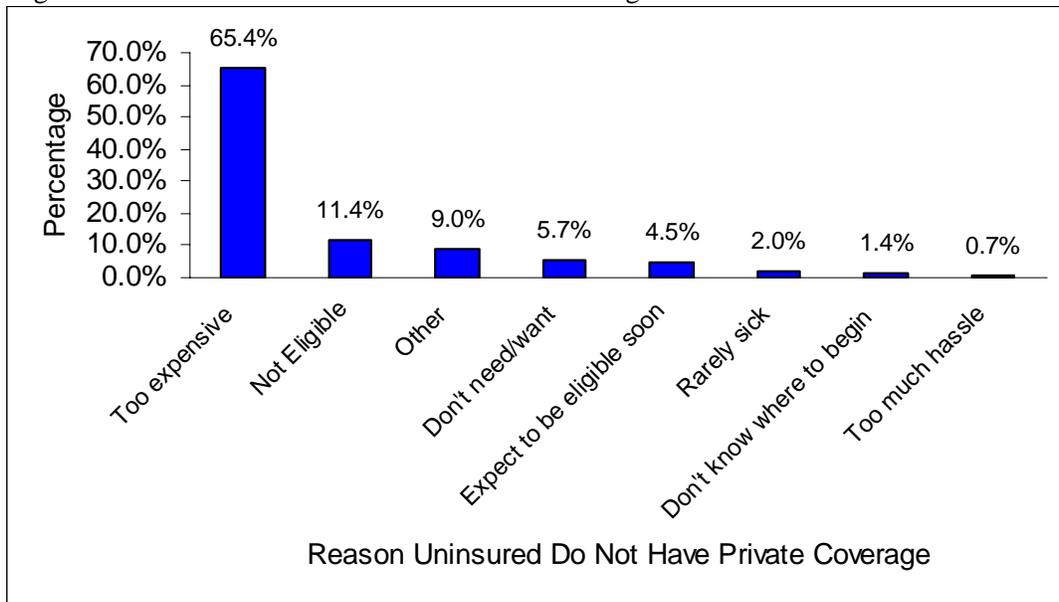
Nebraskans under age 65 at 200% FPL or below were more likely to be uninsured than Nebraskans of the same age group earning at or above 201% FPL. Approximately one-fifth of those earning between 101% and 200% FPL and one-fourth of those at 100% FPL or below were without health insurance (Figure 4).

Figure 4. Percentage of Uninsurance for Nebraskans Under Age 65 by Poverty Level



The cost of health insurance was the primary barrier to purchasing private health insurance. More than 65% of the uninsured under age 65 reported that they could not afford private health insurance (Figure 5).

Figure 5. Reasons Uninsured Nebraskans Under Age 65 Do Not Have Private Insurance Coverage



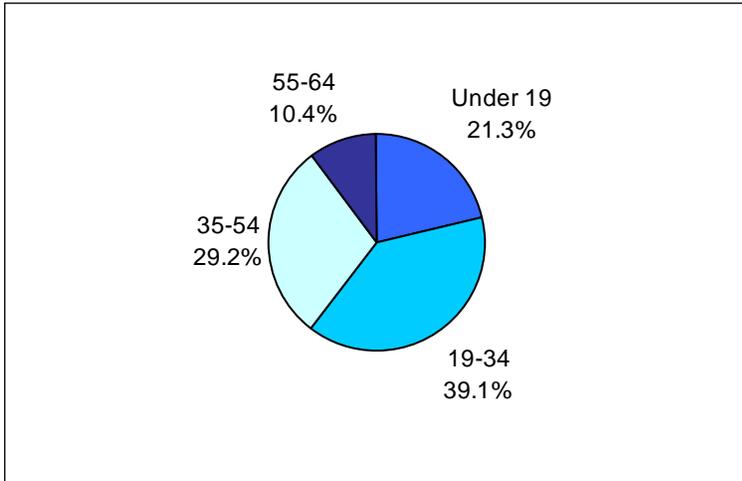
What we heard:

“Well, what if you are not even making enough to cover all your stuff? I mean your expenses exceed your income. You’re on a tight budget because you have to pay for food and all your personal needs each month.”—Urban Native American female

The uninsured are working-age adults.

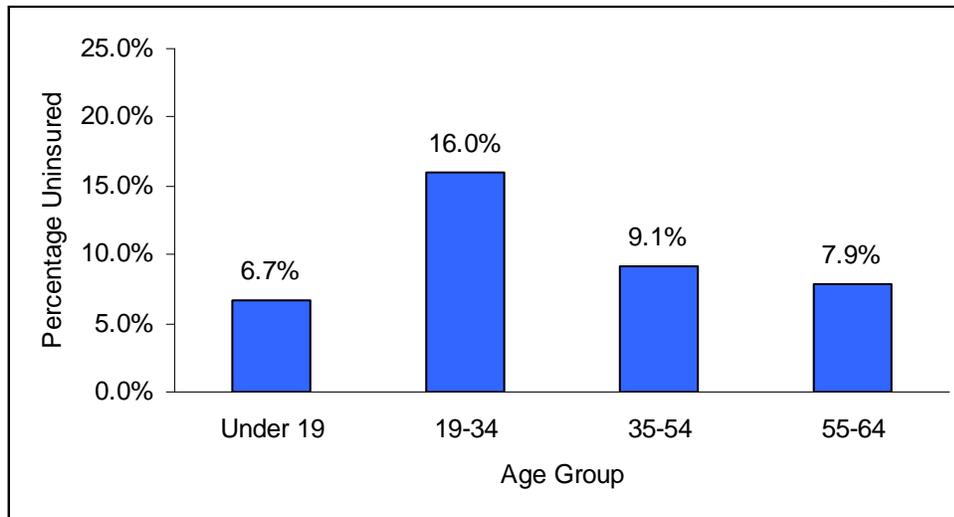
Approximately 21% of uninsured Nebraskans were children, and the remainder were working age adults. More than 68% of the uninsured under age 65 who are without health insurance were between 19 and 54 years of age (Figure 6).

Figure 6. Age Groups as Percentages of All Uninsured Nebraskans Under Age 65



Young adults were more likely to be uninsured than any other age group (Figure 7).

Figure 7. Percentage Uninsured Nebraskans Under Age 65 by Age Group



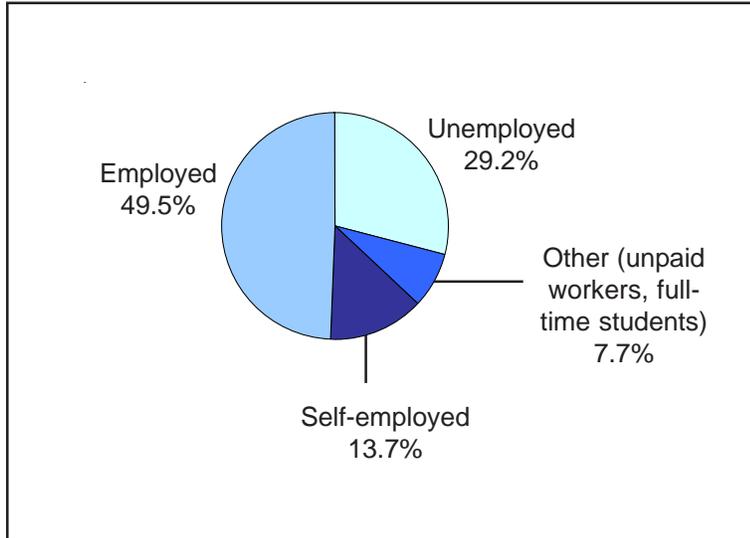
What we heard:

“People I know . . . are still paying off doctor bills they got when they were in their twenties, and they are in their thirties and forties now. Because it was so expensive, and they didn’t have insurance when they got sick or whatever.”—Low income White male

The majority of the uninsured are employed.

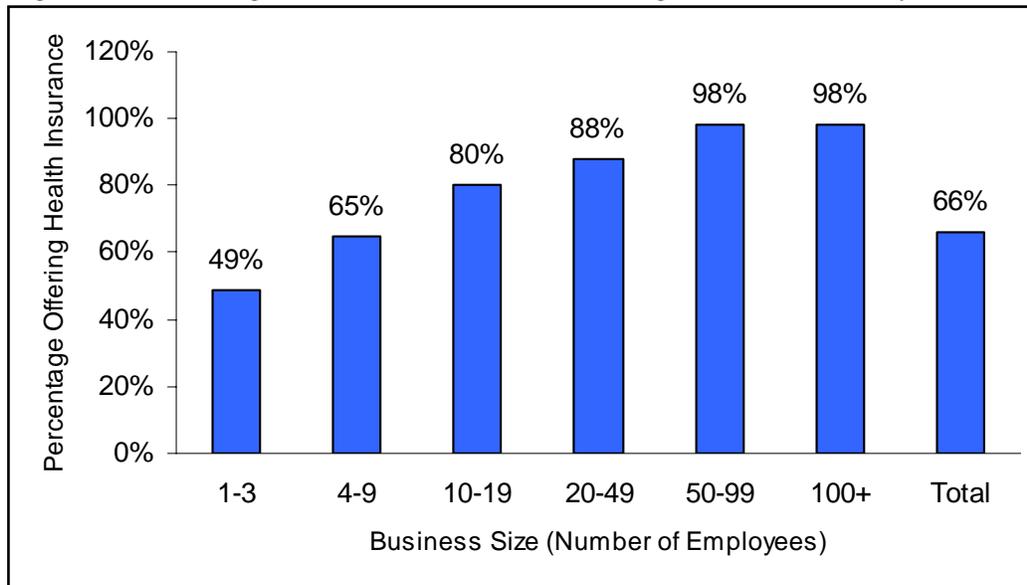
Over 63% of uninsured Nebraskans aged 18-64 were employed. However, only two-thirds of those who were employed were offered health insurance by their employer. Those offered coverage by their employer were less likely to be uninsured. Specifically, of those offered coverage by their employer, 20% were uninsured; of those not offered coverage through their employer, 39% were uninsured (Figure 8).

Figure 8. Percentage Uninsured Nebraskans Aged 18 to 64 by Employment Status



Employees of small businesses were at a greater risk of being uninsured. Employers with fewer than 10 employees were least likely to offer health insurance (Figure 9).

Figure 9. Percentage of Nebraska Businesses Offering Health Insurance by Number of Employees

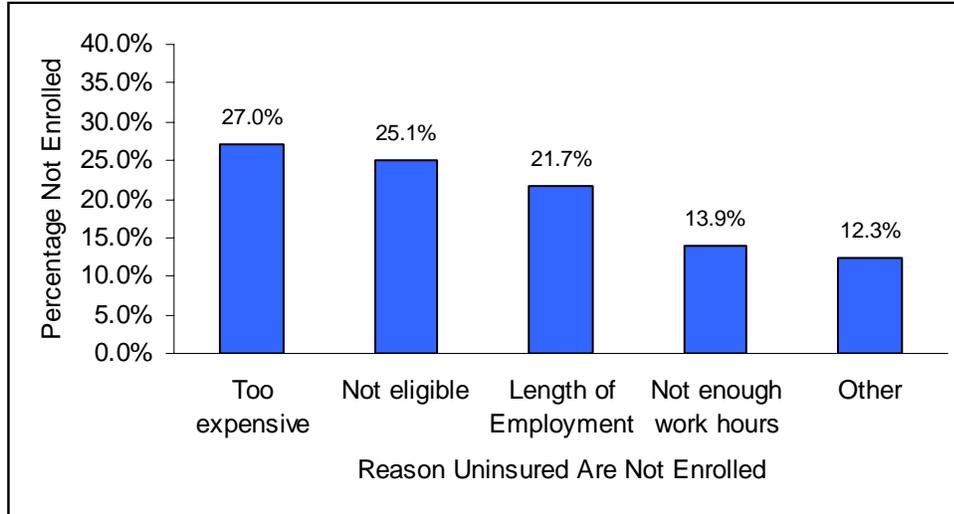


Source: Nebraska Workforce Development, Department of Labor, 2004.

Note: The Nebraska Workforce Development Department of Labor Survey, from which these data are taken, was conducted as part of the Nebraska State Planning Grant to identify which types of industries and business sizes were most likely to offer benefits to their full and part-time employees.

The uninsured were not enrolled in employer-sponsored coverage primarily because it was too expensive or they were ineligible (Figure 10).

Figure 10. Reasons Uninsured Nebraskans Aged 18 to 64 Were Not Enrolled in Employer-Sponsored Health Insurance



What we heard:

“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].—Low-income White female

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

“Middle-class, working people can’t afford the health care or the health insurance.”—College-aged male

“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.”—Native American female

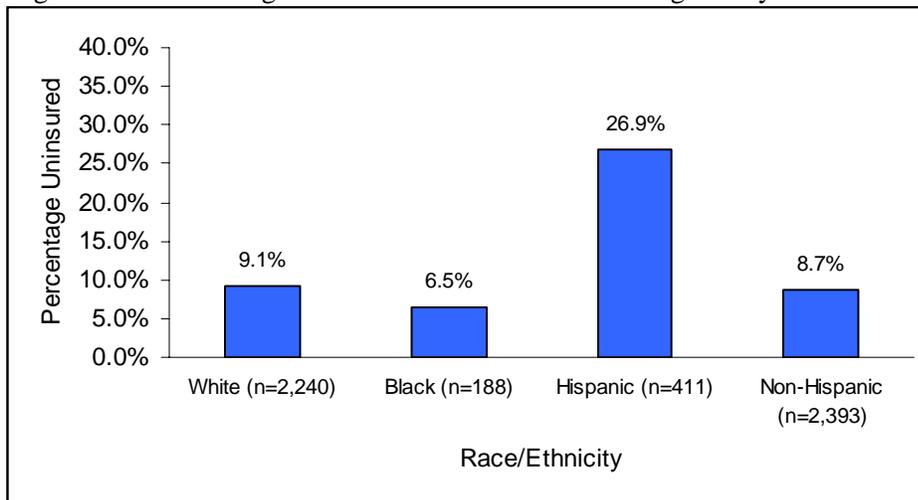
“I don’t qualify for any coverage. . . . You have to be management.”—Low-income White female

“Most jobs don’t offer health insurance. Especially the small businesses. They can’t afford it.”—Rural Hispanic male

The uninsured are from all racial and ethnic groups, but Hispanics are most likely to be uninsured.

Uninsurance rates were similar for White and Black Nebraskans. However, Hispanics were nearly three times as likely to be uninsured as were non-Hispanic whites. In addition to the common barriers of cost and eligibility, Hispanic focus group participants also reported that barriers to obtaining health insurance for them included lack of information about the role of health insurance in the U.S. health care system, lack of information about how to obtain health insurance, legal status, and language barriers (Figure 11).

Figure 11. Percentage Uninsured Nebraskans Under Age 65 by Race/Ethnicity



Note: The percentages for Blacks and Whites are statistically in the same range. Blacks are undercounted because of issues pertaining to telephone ownership and response rate.

What we heard:

“And when they don’t get covered the first time [because of the deductible], a lot of people I know cancel it because they think it doesn’t work. And they tell their coworkers that they tried to use it but it didn’t work and so other people also cancel it. There is misinformation, a need for more education about health insurance, deductible, coverage, the time that has to pass so you’re covered, doctor visits, co-pay, etc. A lot of people don’t know the difference between the deductible and the co-pay.”—Rural Hispanic female

“The employers—the factories—don’t explain if they have it or how to use it.”—Rural Hispanic male

“If your children are not born here, they can’t get insurance. Even if the mother and father are both working, [children] don’t get coverage because they don’t have social security numbers.”—Rural Hispanic male

“A lot of the people who come here and try to make a living sometimes have to make a choice between giving their family a house or getting health care.”—Rural Hispanic female

“The majority of the people who 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.”—Rural Hispanic male

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

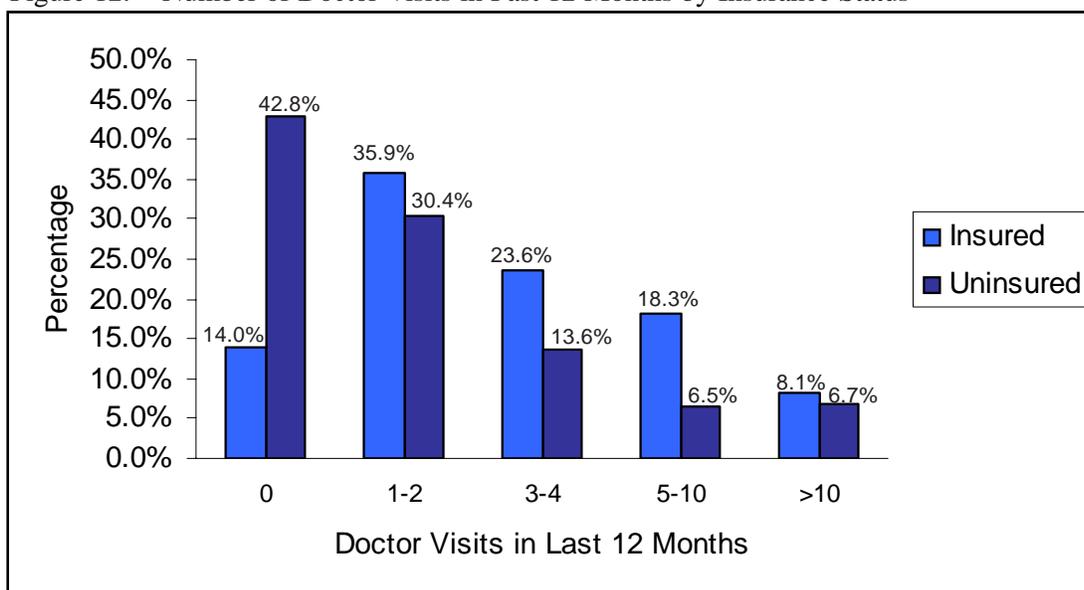
Section 2. What difference does health insurance make?

Having health insurance affects an individual's access to health care.

Uninsured focus group participants reported having less access to health care because providers prefer to see insured patients and because the focus group participants feared that they would not be able to pay the bills for treatment. Lacking insurance reportedly limited the use of all levels of care including preventive, primary, and acute care. The uninsured did not report increased use of hospital emergency departments for treatment needs for fear of the charges incurred.

- Health insurance status affects access to primary and preventive health care. Approximately 27% of uninsured Nebraskans under age 65 did not have a regular source for medical care, compared to 6% of insured Nebraskans. About 57% of uninsured Nebraskans, compared to 86% of insured Nebraskans, visited a doctor in the last 12 months (Figure 12).

Figure 12. Number of Doctor Visits in Past 12 Months by Insurance Status



- Health insurance status affects access to acute care. Approximately 14% of uninsured Nebraskans, compared to 3% of insured Nebraskans, reported not getting needed care in the past 12 months.

What we heard:

“Last year, I was pregnant and I lost my twin babies. But I went to the clinic and they asked me if I had insurance and because I didn’t have it they couldn’t take care of me. They said I had to wait until it was an emergency. I waited for 2 days, holding in the pain. When I went to Kearney [for care], it was too late. I had already lost my babies. If I had had medical assistance when I needed it, I would not have lost my babies.”—Rural Hispanic female

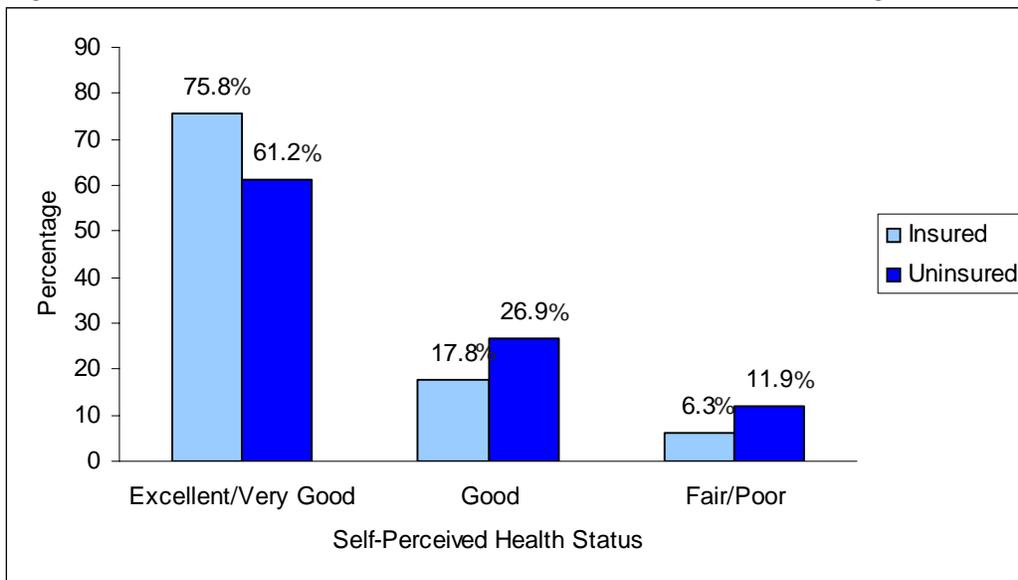
“[Insurance status is] the first thing they ask when you go to the hospital.”—Low income White female

Having health insurance affects an individual's health status.

Insured Nebraskans under age 65 reported being in better health than those without health insurance. Health insurance status impacts whether or not an individual can receive care when it is needed, whether or not an individual can obtain preventive care or be seen by a specialist, and reportedly affects how an individual is treated in the health care setting. People without health insurance were more likely to delay seeking treatment for an illness, with the wait often resulting in increased anxiety, poorer health outcomes, and higher bills than would have resulted had they received treatment earlier. These factors affect overall quality of life, including an individual's ability to provide for his or her family and contribute to his or her community.

- Being uninsured is associated with health status. Approximately 94% of the insured, compared to 88% of the uninsured, described their health as “Good” or “Excellent/Very Good” (Figure 13).
- Nebraskans without insurance tend to delay obtaining health care. Fourteen percent of the uninsured reported that there was a time in the last 12 months when they needed care but could not get it, compared to 3% of the insured.

Figure 13. Health Status of Insured and Uninsured Nebraskans Under Age 65



Uninsured focus group participants reported receiving poorer quality health care and being treated with less respect than the insured.

What we heard:

“My mother didn’t see a doctor for an infection because she was afraid of how much it would cost. A bladder infection turned into a blood infection and that is what essentially killed her.”—Female urban employer

“They [the people that provide health services] ask you, ‘Why didn’t you get here before you were so ill?’ But you think, ‘I don’t have insurance or money.’ And if you have to get hospitalized and can’t go to work, then your family can’t eat. That’s why you hold on [and don’t seek care] until the last minute.”—Rural Hispanic female

“[Health insurance allows] better medical attention. If you don’t have health insurance, most of the time the doctors don’t care if you die, because you don’t have insurance and you can’t pay.”—Rural Hispanic female

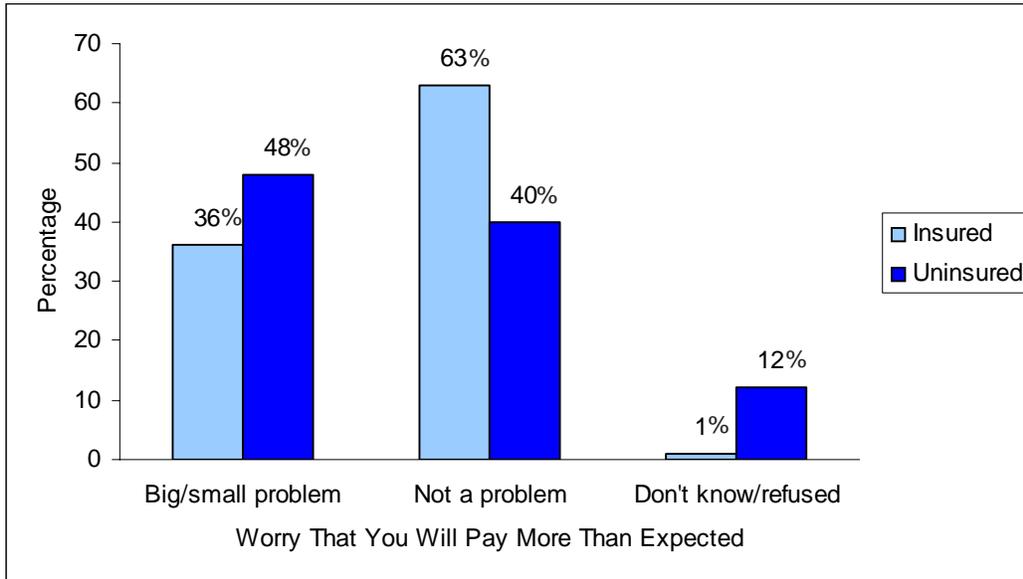
“The first thing that doctor sees is that you have no insurance, that’s how he’s going to treat you.”—Low income White female

But some of the insured also worry about costs.

Both the insured and uninsured worried that care would cost more than they expected. Many of the insured have policies with high deductibles and co-pays, or pre-existing conditions that are not covered. Those insured facing these uncovered expenses are considered to be underinsured. Farley (as cited in Comer and Mueller, 1992³) defined the underinsured as those whose out-of-pocket expenses exceed 10% of their income, while Taylor et al. (2003⁴) defined the underinsured as those who have high deductibles relative to their income. Adequate health insurance provides peace of mind by protecting assets and avoiding debt.

- The cost of health care concerned both the insured and the uninsured. Thirty-six percent of the insured and 48% of the uninsured worried that they will have to pay more than expected for health care (Figure 14).

Figure 14. Level of Worry Among Insured and Uninsured Nebraskans That They Will Have to Pay More than Expected for Care

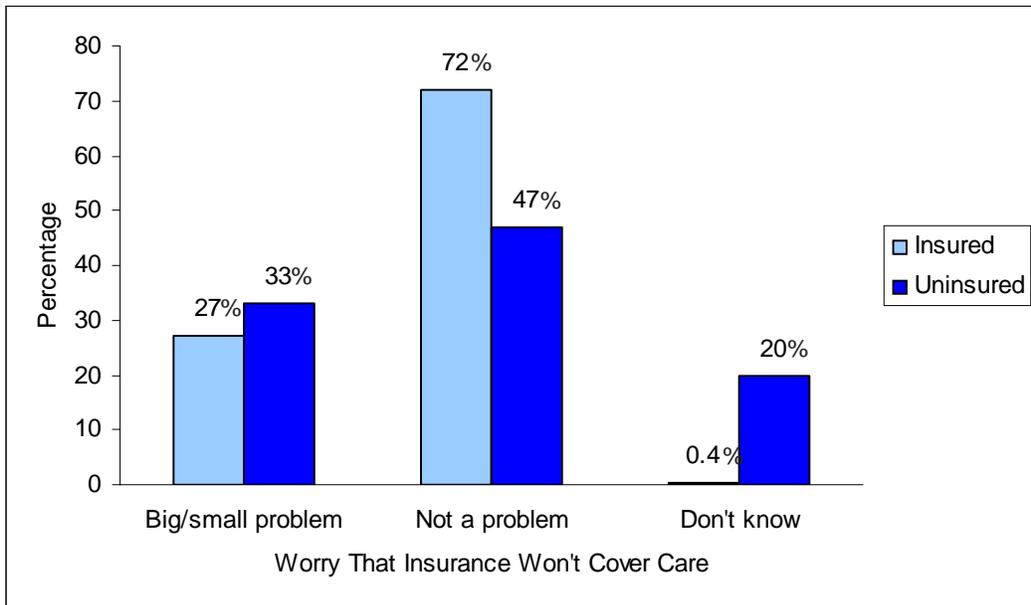


³Comer J, Mueller K. Correlates of health insurance coverage: evidence from the Midwest. J Health Care Poor Underserved. 1992 Fall;3(2):305-20.

⁴Taylor P, et al. Small town health care safety nets: report on a pilot study. J Rural Health. 2003 Spring;19(2):125-34.

- Both insured and uninsured Nebraskans worried that they do not have sufficient health coverage. Twenty-seven percent of insured Nebraskans and 33% of uninsured Nebraskans were concerned that insurance would not cover the cost of their health care (Figure 15).

Figure 15. Level of Worry Among Insured and Uninsured Nebraskans That Insurance Won't Cover Care



What we heard:

“We don’t have any preventive coverage, no annual checkups, no well-baby exams, no immunizations. . . . I would get something beyond just the major medical if I could afford it.”—Rural employer

“I would possibly be more proactive about my health needs if I had health insurance. . . . I have major medical that has a \$5,000 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?”—Self-employed female

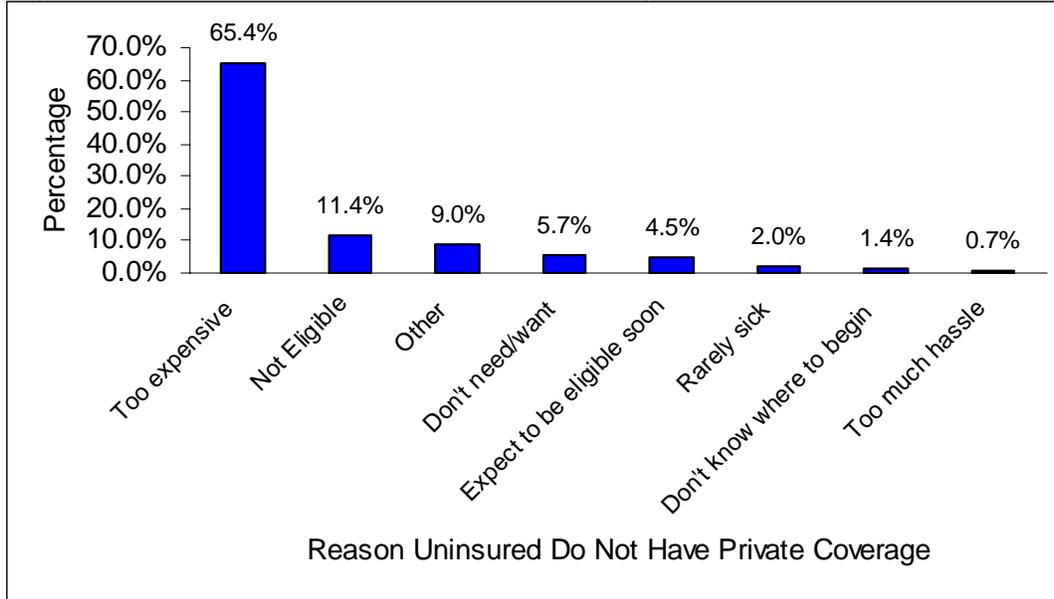
Section 3: Why do Nebraskans lack health insurance?

Nebraskans lack health insurance because of the high cost of private premiums and employee contributions for employer-sponsored coverage. Uninsured focus group participants spoke of having to decide between meeting basic needs and purchasing health insurance. Low-income working families were especially vulnerable to this dilemma, often not earning enough to afford health insurance, but earning too much to qualify for public programs. Many uninsured Nebraskans also said that employer-sponsored insurance was not a viable option either because employee contributions were too high or because they were ineligible.

Health insurance is not affordable.

- Uninsured Nebraskans feel that health insurance is too expensive. Approximately 65.4% of the uninsured under age 65 have not purchased health insurance because it is too expensive (Figure 16).

Figure 16. Reasons Uninsured Nebraskans Under Age 65 Do Not Have Private Insurance Coverage



- The uninsured make a calculated risk when choosing not to purchase health insurance. Uninsured focus group participants reported valuing health insurance and finding it difficult to make the decision to be without it. Many of the uninsured understand the risk they are taking in choosing not to purchase health insurance. They have chosen to take that risk rather than forgo meeting basic needs such as feeding their families and paying rent.
- Consumers want health insurance to provide value. When deciding whether or not to purchase health insurance, uninsured focus group participants considered the value provided by the insurance. If a significant portion of a paycheck is sacrificed to pay for health insurance, purchasers want the insurance to cover primary and preventive care without incurring significant debt for deductibles, office co-pays, and medications.

What we heard:

“We cut it [our health insurance] two weeks ago because it [went up and now it is] too expensive. We don’t have the money. It’s not enough to pay for other bills and food. . . . And we have three kids, you know. What are we going to feed them if we give them the whole check? It’s difficult.”—Female refugee

“Uninsurance is a crisis in rural America. The majority of people who are without health insurance are without it because of the cost.”—Rural employer

“[People don’t have insurance] because of the high price of health insurance and the low salaries.”—Rural Hispanic female

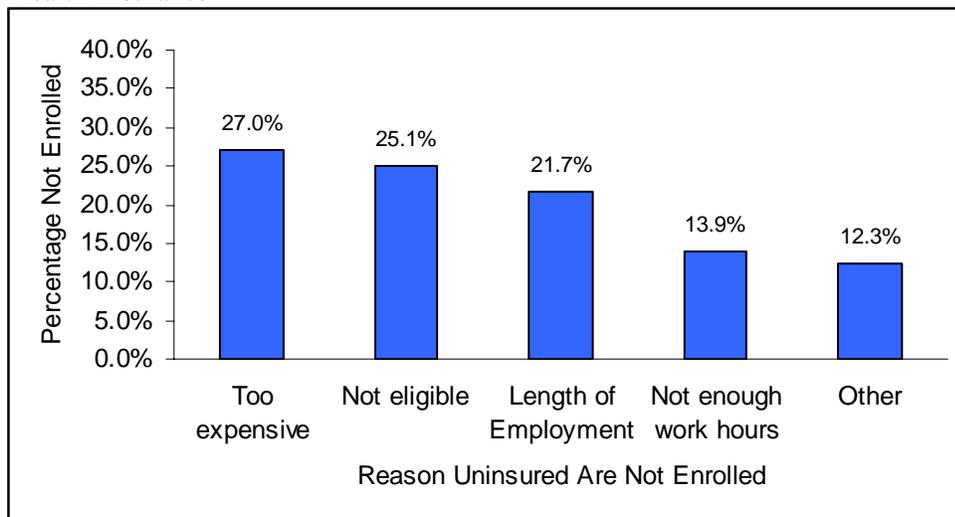
“There are a lot of companies that sell health insurance, but you either have it or you eat.”—Rural Hispanic male

“ ‘Well kids, can’t eat lunch this week because I’ve got to make a co-pay when we take John to the doctor Monday.’ . . . Stuff like that happens if you’ve got to make co-pays. I can’t put gas in my car because I’ve got to go to the doctor and I’ve got to make a co-pay for them to see me.”—African American female

Barriers exist to employer-sponsored coverage.

- Fewer employers are offering the benefit of health insurance. Approximately 48% of Nebraska’s uninsured said that their employer did not offer health coverage.
- Many of the uninsured cannot afford the cost of the employee contribution for employer-sponsored coverage. Twenty-seven percent of the uninsured said they could not participate in the available employer-sponsored insurance plan because it was too expensive (Figure 17).

Figure 17. Reasons Uninsured Nebraskans Aged 18 to 64 Were Not Enrolled in Employer-Sponsored Health Insurance



- Small businesses are less likely than are larger businesses to offer health benefits. The high cost of health insurance premiums for small businesses is passed on to employees. Only 45% of businesses employing between one and three employees and 65% of businesses employing four to nine people were able to offer health insurance to their employees.*+

- Employers find it difficult for benefits to keep pace with rising health insurance costs. Approximately 57% of employers said the reason they did not offer health insurance was because it was too expensive. Approximately 16% said they did not offer it because employees can't afford the contribution, and 14% said an inability to control costs precluded the provision of employee coverage.*+

What we heard:

“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.”—Low-income White female

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

“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.”—Native American female

“I don't qualify for any coverage. . . . You have to be management.”—Low-income White female

“If [the employers] charge you \$40 a week, like [a large local employer], that's all right, but the smaller companies charge you a lot, as much as \$300. If you get work in a smaller company you end up paying too much.”—Rural Hispanic female

It is difficult to qualify for public programs.

- Many uninsured Nebraskans are among the “working poor” and do not qualify for public programs. Focus group participants relayed the message that despite interest in participating in public programs, their income levels were too high to qualify. Some participants also said that lack of citizenship made them ineligible for public programs.

What we heard:

“I am a single mother and I used to have Medicaid for my son until he turned 18 and he had to start working part-time, so they took away the Medicaid. That is absurd because if he gets sick he can't afford to go to the doctor.”—Rural Hispanic female

“It is difficult to qualify for Kids Connection . . . to qualify and maintain it, because they make a revision every six months, and if you earn one more dollar they take it away.”—Rural Hispanic female

“I was just diagnosed on May 9 with Stage III B terminal lung cancer, and knowing that I was going to have humongous hospital bills, medical bills, I basically went in and quit my jobs [neither of which offered health insurance] and took medical leave, because I knew I had to try to get zero income so I could get Medicaid.”—Low-income White female

*Source: Nebraska Workforce Development, Department of Labor, 2004.

+Note: The Nebraska Workforce Development Department of Labor Survey, from which these data are taken, was conducted as part of the Nebraska State Planning Grant to identify which types of industries and business sizes were most likely to offer benefits to their full- and part-time employees.

“They took it [Medicaid] away, straight up. . . . I didn’t make no more money and no less; they just took it away. And I even went as far as telling my [social] worker . . . ‘you know, just let my son stay on it, you know what I’m saying. I don’t care about me too much. I’m concerned about my son, you know, with that asthma.’”—African American female

“Also, at Kids Connection, if the children don’t have social security numbers they can’t be part of it. That’s because it’s part of the state. It’s different because for that you have to be a citizen.”—Rural Hispanic female

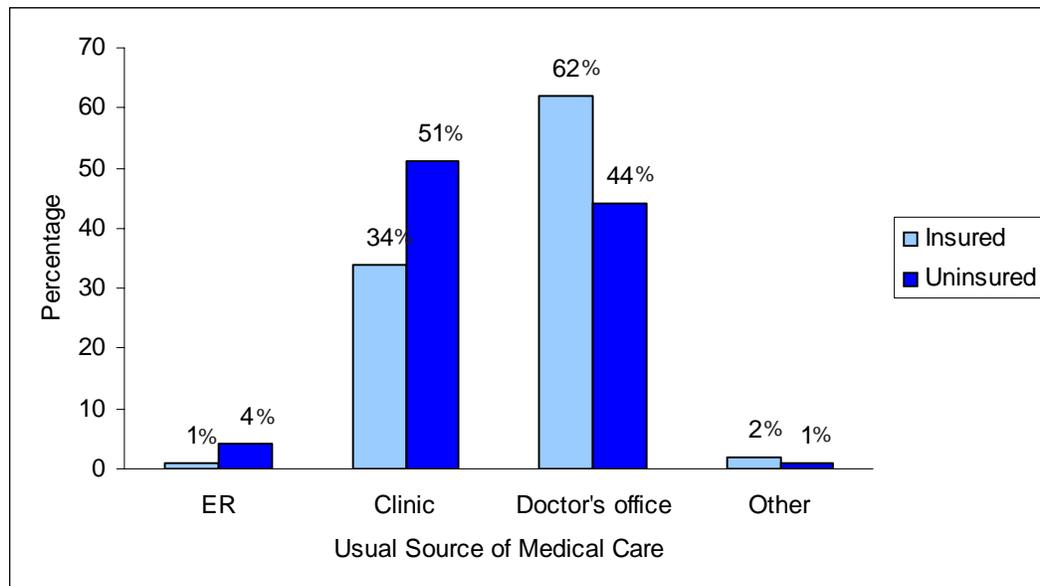
Section 4: Where do the uninsured go for health care?

The uninsured often delay or go without needed medical care. Home remedies and leftover medications previously prescribed for a different person or condition are substituted for medical treatment, for fear of incurring high costs and debt in the formal health care system. When the uninsured do seek care, their needs are sometimes met through formal safety-net providers, such as Federally Qualified Health Centers, and the informal safety net, which consists of private providers who have agreed to provide care said they were less likely to delay necessary primary care for fear of incurring debt. Public clinics, such as Federally Qualified Health Centers, are not available in most Nebraska communities. However, care provided by both the formal and informal safety nets was often described as limited in scope and uncoordinated. For the uninsured, seeking care in the emergency room was considered an option of last resort for fear of the high cost incurred.

The uninsured are more likely to seek care in a clinic than in a doctor’s office.

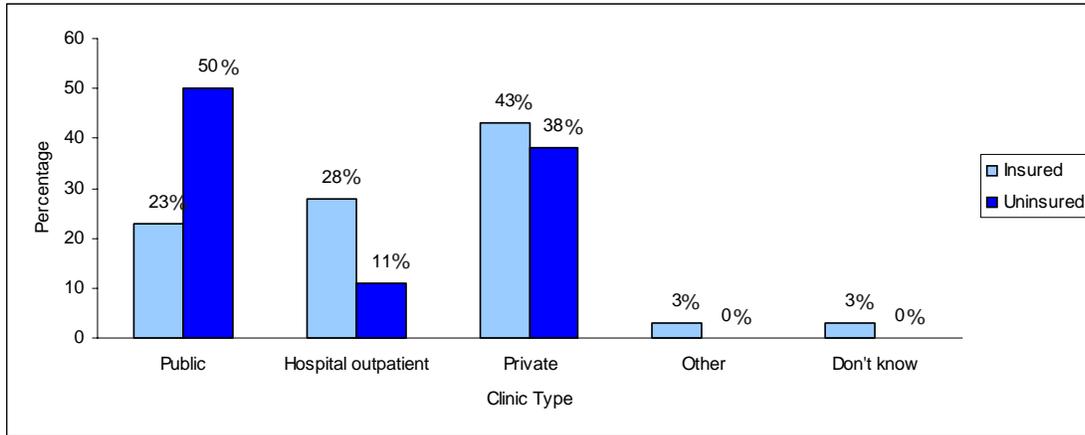
- The usual source of medical care differs for the insured and the uninsured. Forty-four percent of the uninsured, compared to 62% of the insured, reported a doctor’s office as their usual source of care (Figure 18).

Figure 18. Usual Source of Care by Insurance Status



- The uninsured rely on public clinics, where available, for their health care. Fifty percent of the uninsured named public clinics as their source for health care, whereas 23% of the insured said the same (Figure 19).

Figure 19. Type of Clinic in Which Care is Obtained, by Insurance Status



What we heard from those with access to a formal safety-net clinic:

“They [Federally Qualified Health Care Center in east central Nebraska] don’t throw you out the door if you say you don’t have the money. If you can’t afford to give them nothing, they still treat you just like you had a \$100 in your pocket.”—Low-income White 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.”—Low-income male

“There is a very limited resource of medication, knowledge, and equipment to take care of us [at the clinic for urban members of the 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.”—Native American male

“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

“We go to One World [Federally Qualified Health Center]. There is no other place to help us in this community.”—Urban Hispanic

“But that clinic [One World] has no more capacity, as well as HOPE [clinic]; they are both saturated.”—Urban Hispanic male

What we heard from those without access to a formal safety-net clinic:

“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.’ ”—Low-income female

“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.”—Rural Hispanic male

Section 5: What are the results of uninsurance?

Lacking health insurance affects individuals’ and families’ quality of life. Nebraskans without adequate health insurance reported that they were likely to delay needed medical care; make decisions between spending income on health care or basic needs; and experience adverse psychological consequences, often as a result of the financial consequences of being uninsured.

Being uninsured affects quality of life.

- People without insurance tend to delay obtaining health care. Fourteen percent of the uninsured reported that there was a time in the last 12 months when they needed care but could not get it, compared to 3% of the insured.
- The uninsured worry about paying for health care. Forty-eight percent of the uninsured compared to 36% of the insured worried that they would have to pay more than expected for health care.
- Uninsured Nebraskans often must choose between meeting basic needs and obtaining medical care. Uninsured focus group participants reported facing the dilemma of deciding between meeting basic needs for their families, such as food and rent, or using money to obtain health care for themselves or a family member.
- Uninsured individuals reported feeling distressed because they lacked health insurance. Some focus group participants reported concerns about the possibility of becoming ill and not being able to obtain treatment, and others reported feeling distraught over large debts they had incurred for hospital and doctor bills because they were uninsured.

What we heard:

Without adequate health insurance, participants reported feeling

“Stuck”

“Depressed”

“Frustrated”

“Worried”

“Mad”

“Hopeless”

“Suicidal”

“My mother didn’t see a doctor for an infection because she was afraid of how much it would cost. A bladder infection turned to a kidney infection, which turned into a blood infection, and that is what essentially killed her.”—Urban employer

“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.”—Rural Hispanic female

“People are being forced into bankruptcy.”—Rural employer

“Sometimes instead of getting better you get sicker because you worry too much thinking about what you owe.”—Hispanic male

“A lot of the people who come here and try to make a living sometimes have to make a choice between giving their family a house or getting health care.”—Rural Hispanic 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.”—Low-income female

“We have a friend who had an aneurysm. . . . Now they are in the situation where what they owe is worth more than their ranch.”—Rural employer

High rates of uninsurance affect economic development in rural communities.

Economic growth in rural communities is affected by the difficulty small employers have in offering health insurance. Focus group participants reported that young people are less likely to remain in rural communities when the majority of available jobs are with small businesses that do not offer health insurance.

Section 6: Why should we care about the uninsured?

Uninsurance hurts the productivity of Nebraska’s workers. In addition to the moral obligation, economic considerations also drive concerns about uninsurance in Nebraska. Uninsurance can result in inefficient use of the health care system, driving up health care costs for all while often resulting in an increased burden on community social services. Uninsurance is also reportedly costly to both public and private sectors, resulting in more sick days and less productive employees.

What we heard:

“Spending all that money on insurance and health care impedes development. We don’t have the money to put into something else in the community when it is all going to health care costs.”—Rural small employer

“Well, if an employer pays for your health insurance, they’re investing in themselves ’cause if you injure yourself at home and can’t show up for work, they’re losing productivity, but if they insure you, you can get treatment and you can get back to work a lot faster.”—White male community college student

“To get young people, kids, to come back to these communities, you need financially viable businesses or they have nothing to come back to.”—Rural small employer

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

- Providing health insurance is believed by some to be a moral obligation. Because the health of individuals determines the health of communities, many employers and inadequately insured focus group participants believed that providing health insurance to employees was a moral obligation. Both groups agreed that having adequate health insurance allowed Nebraskans to enjoy a higher quality of life by helping them to maintain their health through prevention and early treatment and to minimize worry about incurring medical debt.

What we heard:

“Probably half of the ranchers and small business owners in this area [Panhandle] don’t have insurance. Not having insurance is a crisis in rural communities. The problem is fluctuations in your net income each year coupled with the continual 20% increase in premiums each year.”—Rural small employer

“Having health insurance allows you to fulfill your obligation to your family and maintain a quality life, a healthy life.”—Native American 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.”—Self-employed female

“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.”—Rural small employer

“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.”—Rural Hispanic female

Section 7: What policy options do the uninsured and small employers favor for obtaining/providing insurance?

- Individual subsidies were welcome, though not the most preferred method. Low-income focus group participants preferred to receive health benefits through their employer rather than to receive individual subsidies or a defined contribution because of the difficulty of researching and buying private insurance. However, some of the working poor reported that they would appreciate any subsidy, provided it would help make health insurance more affordable and prevent the accumulation of debt from medical bills.
- State involvement to control costs was considered more valuable than state employer subsidies. Many of the employer focus group participants expressed reservations about state subsidies to help with the cost of premiums. Although they agreed that help was needed to continue to provide employee coverage, they argued that state subsidies for premiums would require increasing taxes on other activities to provide the funds. In addition, they believed that providing subsidies would not address the root problem of continually escalating insurance and health care costs. Employer focus group participants inquired, “If the state accepts responsibility for paying

part of employee premiums, would the state also accept responsibility for controlling the rising cost of health insurance?" They welcomed state involvement to control premium costs.

- Small employers asked for purchasing pools. Small employers, both those who do and those who do not offer health insurance, considered purchasing alliances as a strategy to pool risks, decrease the cost of offering health insurance, and increase the availability of health insurance for those with pre-existing conditions. A consistent theme was that small businesses with 10 or fewer employees have little or no access to group policies.
- Tax credits were perceived as helpful to some types of businesses. Tax credits were generally preferred over tax deductions and viewed favorably, with the caveat that they be refundable or represent a credit for those whose net taxable income may be negative. Tax credits were not perceived as helpful for non-profit organizations.
- Defined employer contributions received positive and negative feedback. The advantages of providing a defined contribution to an employee to purchase health insurance were that it made the cost to the employer predictable and it made the insurance portable for the employee. The disadvantage of a defined contribution was not knowing if the employee actually purchased insurance.
- Primary care coverage should be separate from catastrophic coverage. Several participants suggested that catastrophic coverage should be considered separately from coverage for primary and preventive care. Insured and uninsured participants voiced concern that having catastrophic coverage does not provide access to basic care. In addition, those with incomes of up to 200% of FPL should be provided with some type of bare bones public program to provide primary care and prescription medications.

What we heard:

"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."—Self-employed female

"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]."—Rural 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."—Rural small employer

"If we could get some kind of tax credit—I'm already laying out \$3,500 a month for workman's comp. If I could get some help to ease the burden of health insurance, it would really help."—Urban small employer

Section 8: Conclusion

Providing health insurance to all Nebraskans will support their contributions to Nebraska’s economy and help all Nebraskans achieve “the good life.” The cost of health care is a barrier to access for the uninsured and the underinsured that results in health disparities, burdens the health and social service providers in communities, and contributes to the inefficient use of the health care system. The consequences of uninsurance can be damaging to individuals, families, businesses, and communities and may be mitigated by implementing policies to provide coverage for low-income Nebraskans and to provide small employers with affordable health insurance options through purchasing pools and/or tax credits. Participants in the small employer and self-employed focus groups believed that ultimately, steps must be taken by insurance companies, health care administrators, and policy makers to begin to control insurance costs before coverage will be affordable for all Nebraskans. Participants across all groups conveyed the message that the entire U.S. health care system is broken and that they would prefer to have access to health care and not health insurance.

What we heard:

“I think we need to separate health insurance versus health care here for your research. I don’t believe in it [health insurance]. It’s the only system we happen to have in this region, but I don’t think it’s the only one we hope for. There’s other ways to get health care than paying for insurance that isn’t going to pay for health care anyway.”—Rural self-employed female

“I think the medical system in this country sucks. It’s horrible. If you don’t have money, you don’t get health care and that’s BS. That’s not the way it’s supposed to be.”—Male community college student

“Poor people die a lot faster; that’s the truth of the matter.”—Low-income White female

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

For links to additional uninsurance resources, please
click here and scroll down:

www.unmc.edu/rural/links

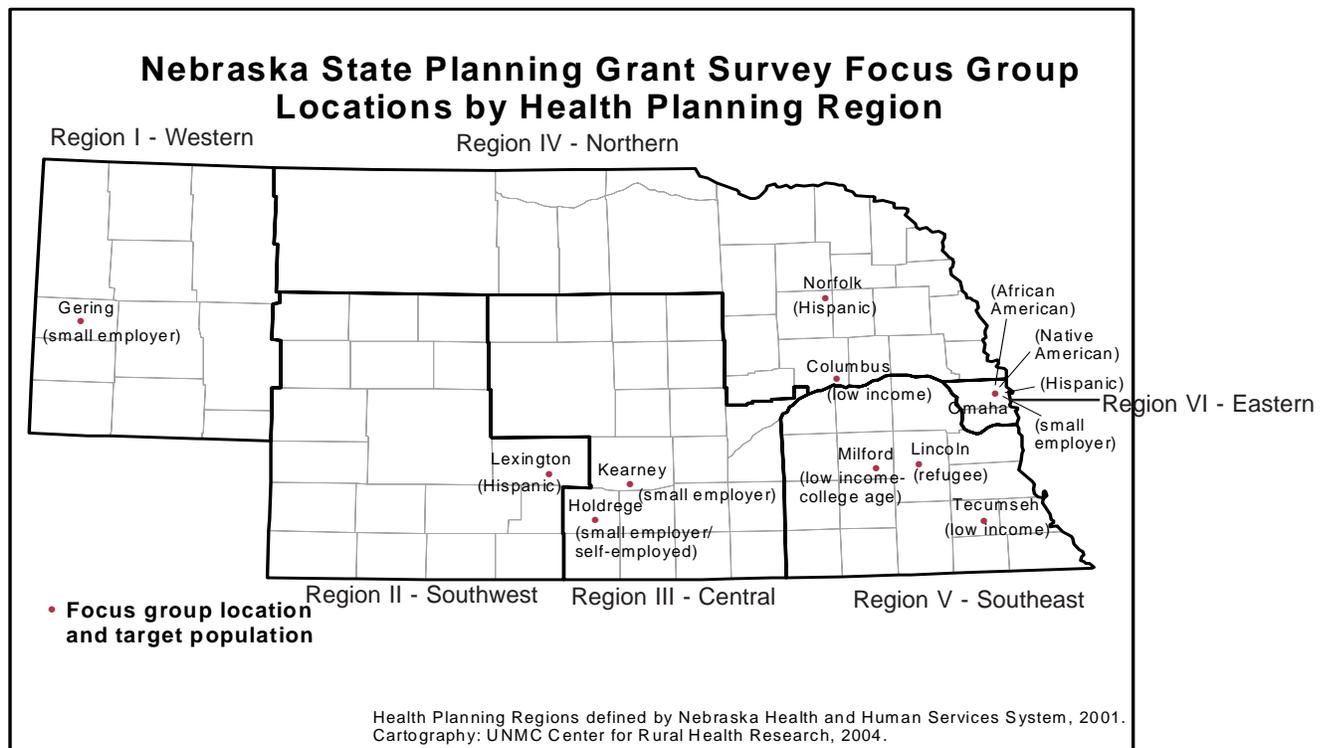
APPENDIX A. DATA COLLECTION

The Household Survey

Statistical information in this report is based on data collected from the Nebraska State Planning Grant random-digit dialed household telephone survey. Random-digit dialing was used to minimize selection bias due to unlisted numbers. Based on the preferred language of the respondent, the survey was conducted in English or Spanish. To insure balanced geographic sampling, approximately six hundred surveys were completed from within each of Nebraska's six health planning regions (Figure A1). One person in each contacted household was randomly selected to complete the survey. To obtain more precise estimates of the uninsurance rates among minorities, Hispanics and African Americans were sampled with higher probability in certain areas of the state.

Between March 10 and May 8, 2004, 3,750 adults between the ages of 19 and 64 were surveyed; 2,625 surveys were completed, resulting in a response rate of 70%. The purpose of the survey was to identify the demographic characteristics of Nebraska's uninsured, their geographic location, their perceived health status, and the nature of the barriers they encountered in obtaining health insurance. The survey required approximately 20 minutes to complete. Each participant was asked up to 47 questions covering the following general topics: the types of health insurance available to the respondent, the amount of coverage the respondent had, a description of the respondent's health services utilization patterns, the respondent's perception of his/her health status, and the respondent's attitudes about health care and health insurance. Demographic questions about race, marital status, employment status, and age were also included.

Figure A1.



The Focus Groups

Data collected in the household survey were supplemented by information obtained from participants in 13 focus groups conducted between June 3 and July 27, 2004, across the six health planning regions of Nebraska (Figure A1). Based on data collected in the household survey, the following demographic groups that are most likely to be uninsured or underinsured were targeted for inclusion in the focus groups: urban African-Americans, urban Native Americans, rural Hispanics, urban Hispanics, students in technical college, those with low income, and refugees. Focus groups of small employers and self-employed Nebraskans were also conducted, as data indicates that these groups also struggle to offer/obtain health insurance. Specific information about the 13 focus groups is summarized in Tables A1 and A3.

Key contacts known and respected within each demographic group were used to recruit and host the focus groups. These key contacts were obtained by working with the State of Nebraska Department of Health and Human Services, the Nebraska State Health Insurance Policy Coalition, Area Health Education Centers, and members of civic organizations. Each key contact was asked to recruit 10 to 12 focus group participants. As required by the Institutional Review Board at the University of Nebraska Medical Center, an informed consent process was used to insure that all focus group participants were fully informed about measures taken to protect their privacy and about the risks and benefits of participating in the groups. The participants were offered a light meal and \$40 stipend as compensation for the approximately four hours of their time required for travel and participation in the focus groups. Demographic information, income, and insurance status were obtained anonymously from each participant in order to interpret the findings of each group. Proceedings from each of the groups were audio-recorded and transcribed. All of the Hispanic groups were conducted in Spanish. Transcripts of the focus groups were analyzed to identify the frequency of participant comments categorized according to themes.

Table A1. Summary of Nebraska State Planning Grant Uninsured and Underinsured Focus Group Participants

Focus Group	Location	Health Planning Region	Number of Participants	Number and Percentage of Female Participants	Number and Percentage of Uninsured Participants	Mode of Annual Household Income Range of Participants (number responding)	Number of Participants at 100% FPL or below ¹ (% of Those Responding to Income Question)
Uninsured Hispanic Student	Lexington	II	10	9 (90%)	9 (90%)	\$10,000–\$12,449 (10)	7 (70%)
African-American	Milford	V	12	1 (8%)	12 (100%)	Less than \$5,000 (12)	8 (67%)
Uninsured Hispanic	Omaha	VI	8	7 (88%)	8 (100%)	\$10,000–\$12,499 (7)	6 (75%)
Urban Native American	Norfolk	IV	18	7 (39%)	14 (78%)	\$10,000–\$12,449 (12)	9 (82%)
Low Income	Omaha	VI	10	6 (60%)	10 (100%)	\$10,000–\$12,499 (8)	7 (88%)
Refugee	Columbus	IV	12	8 (67%)	12 (100%)	\$7,500–\$9,999 (12)	10 (83%)
Low Income	Lincoln	V	7	5 (71%)	5 (71%)	\$15,000–\$19,999 ² (5)	3 (60%)
Urban Hispanic	Tecumseh	V	10	8 (80%)	10 (100%)	\$5,000–\$7,499 (10)	8 (80%)
TOTALS	Omaha	VI	14	10 (71%)	14 (100%)	\$10,000–\$12,499 (11)	10 (91%)
			101	61 (60%)	94 (93%)	Less than \$5,000 ³	68 (67%)

¹See Table A2 for a description of the Federal Poverty Level (FPL) Guidelines.

²The median was used because there was not a mode. Each respondent reported a different income range. Responses ranged from categories “less than \$5,000” to “\$40,000 to \$49,999.”

³The reported incomes from the focus group composed of full-time students lowered the overall mode. When the student group is not considered, the overall income mode is \$10,000 to \$12,499.

Table A2. Federal Poverty Level (FPL) Income Guidelines

Family Size	100% FPL	200% FPL	300% FPL
1	\$8,980	\$17,960	\$26,940
2	\$12,120	\$24,240	\$36,360
3	\$15,260	\$30,520	\$45,780
4	\$18,400	\$36,800	\$55,200
5	\$21,540	\$49,360	\$74,040
6	\$24,680	\$49,360	\$74,040
7	\$27,820	\$55,640	\$83,460
8	\$30,960	\$61,920	\$92,880

Table A3. Summary of Nebraska State Planning Grant Small Employer Focus Group Participants

Focus Group	Location	Health Planning Region	Number of Businesses Represented	Average Number of Employees	Average Annual Salary Range of Employees	Number and Percentage of Businesses Offering Insurance (%)	Average Range of Employee Participation in Employer Health Plan (of Those Offering Coverage)	Number and Percentage of Participants Reporting That Coverage is "Very Important" or "Important" to Employees ¹
Small Urban Employers (construction and service)	Omaha	VI	6	23	\$15,000–\$19,999	4 (67%)	50%–74%	4 (67%)
Small Rural Employers (agriculture)	Gering	I	6	13	\$25,000–\$29,999	5 (83%)	75%–99%	5 (83%)
Self-Employed/Micro-Employers	Holdrege	III	8	4	\$20,000–\$24,000	3 (38%)	100%	6 (75%)
Small Employers	Kearney	III	12	18	\$30,000–\$34,999	9 (75%)	75%–99%	11 (92%)
TOTALS			32	14	\$25,000–\$29,999	21 (66%)	75%–99%	26 (81%)

¹Categories to choose from were "Very Important," "Important," "Somewhat Important," "Not at all Important," and "Don't Know."

APPENDIX B. SURVEY INSTRUMENT

Due to the nature of a response-driven telephone survey, some questions only appear when certain responses are given at the time the survey is administered. For this reason, some questions may be missing from this survey version.

I. SELECTION QUESTIONS

1. What county do you live in? [S4]
2. What is your zip code? [S5]
3. How many people currently live or stay in this house, apartment, or mobile home? [S6]

For every person in the household, questions are asked about age, sex, and relationship (e.g., spouse, parent, child) to person on phone. At the end of this series of questions, the computer will select a single person (referred to as “TARGET”) to be the person of interest for all further survey questions.

4. How long have (has TARGET) lived in Nebraska?
_____ # years [S11A] _____ # months [S11B]

5. I am going to read you a list of different types of health insurance. Please tell me if you have (TARGET has) CURRENTLY any of the following. Answer for each type that applies to you (TARGET).

Do you (Does TARGET) CURRENTLY have:

- a. Medicare? (Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card.) [H1]
- b. Do you (does TARGET) have additional insurance to supplement Medicare, such as a self-purchased Medigap policy like Blue Cross Blue Shield C+, or a retiree benefit? [H1B]
- c. Do you (does TARGET) have coverage through Medicaid QMB, SLMB, QI1 or QI2? [H1C]
- d. Do you (does TARGET) have insurance that pays for at least some of the costs of prescription drugs? [H1D]
- e. A Railroad Retirement Plan? [H2]
- f. TRICARE/CHAMPUS, through either an active duty military member, retiree or through the Veteran’s Affairs service connected to a disability? [H3]
- g. Indian Health Service? [H4]
- h. Medical Assistance Program (MAP) or Medicaid? [H5]
- i. SCHIP (KidsCount)? [H6]

- j. Health insurance through your (TARGET's) work or union? [H11]
 - k. Health insurance through someone else's work or union? [H12]
 - l. Health insurance bought directly by you (TARGET)? [H13]
 - m. Health insurance bought directly by someone else? [H14]
6. Is this an individual or family policy? [POLICY]
- 1 individual policy
 - 2 family (covers more than one person)
7. Do you (does TARGET) have insurance that pays for prescription drugs? [DRUG]
- 1 Yes
 - 2 No
8. According to the information you provided, you do (TARGET does) not have health insurance coverage. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital? [H15]
9. Have you (Has TARGET) had insurance coverage for all of the past 12 months [H17]
10. How many months during the past year were you without coverage? [H18]
11. Have you (Has TARGET) been covered by any health insurance IN THE PAST 12 MONTHS? [H19]
12. The next questions concern health insurance that other people in your household may have at this time.

The following questions are asked for every person in the household:

- a. Does your (relationship) currently have health insurance? [STAT#]
 - 1 Yes
 - 2 No
- b. What type of insurance is this person covered by? [TYPE#]
 - 1 Medicare
 - 2 Railroad Retirement Plan
 - 3 TRICARE/CHAMPUS, through either an active duty military member, retiree or through the Veteran's Affairs service connected to a disability.
 - 4 Indian Health Service
 - 5 Medicaid
 - 6 SCHIP
 - 11 Health insurance through your (TARGET's) work or union
 - 12 Health insurance through someone else's work or union
 - 13 Health insurance bought directly by you (TARGET)
 - 14 Health insurance bought directly by someone else
 - 19 No Private/Public
 - 20 Other Non Insurance (Probe for type) (SPECIFY)_____

c. According to the information you have provided (relationship) currently do not have health care coverage. Is that correct? [VERIFY#]

- 1 Yes
- 2 No

d. Is your (relationship) currently employed? [EMPST#]

- 1 Yes
- 2 No

e. How many hours per week does your (relationship) usually work at their primary place of employment? [HOURS#]

f. Thinking about the primary place of employment, is your (relationship) employed by the government, a PRIVATE company, a non-profit organization, or self-employed or working in a family business? [SECTOR#]

- 1 Government
- 2 Private for profit company
- 3 Non-profit organization including tax exempt and charitable organizations
- 4 Self employed
- 5 Unpaid worker for a family business

g. Counting all locations where this employer operates, what is the total number of persons who work for your (relationship) employer? [SIZE#]

CATEGORIZATION OF TARGET RESPONDENT BY ANNUAL INSURANCE COVERAGE

1. PUBLIC INSURANCE: The TARGET has PUBLIC health insurance for all or part of the year.

2. GROUP INSURANCE: The TARGET has health insurance through their employer/union or through someone else's employer/union and the TARGET has held this insurance for the past 12 months.

3. ON/GROUP: The TARGET has health insurance through their employer/union or through someone else's employer/union but the TARGET has not had insurance for the entire past 12 months.

4. ON/ELSE: The TARGET is not currently work insured and has health insurance through a self purchased policy, or had someone buy health insurance for them, but the TARGET did not have insurance for the entire past 12 months.

5. INDIVIDUAL: The TARGET is not work insured and bought health insurance on their own or someone else bought it for them, and the TARGET had the insurance all of the past 12 months.

6. UNINSURED: If the TARGET has not been covered by health insurance in the past 12 months.

7. UNINSURED PART YEAR: The TARGET has had health insurance some time during the past 12 months, but does not have insurance now.

8. SCREEN ONLY: The TARGET answers "don't know" or "refuses" to answer the question asking them if they had any health insurance in the past 12 months; or, the TARGET answers "don't know" or

“refuses” to answer the question asking if there was a time in the past 12 months that they were not covered by health insurance.

9. SCREEN ONLY: Any other cases not yet sorted.

II. INSURANCE STATUS-BASED QUESTIONS

The following questions are asked:

*For all Insurance/Non-insurance types
Not asked of SCREEN ONLY cases*

1. Does the firm you (TARGET) work for offer health insurance as a benefit to any of its employees? [EMPCOV1]

- 1 Yes
- 2 No

2. Does your (TARGET's) employer contribute to the cost of this benefit? [EMPCOV2]

- 1 Yes
- 2 No

3. Can your (TARGET's) employer coverage be extended to cover dependents? [EMPCOV3]

- 1 Yes
- 2 No

4. Why aren't you (TARGET) included in your employer's group health insurance plan? [EMPCOV4]

- 1 Do not need or want any health insurance
- 2 Rarely sick
- 3 Too much hassle/paperwork
- 4 Could not afford/too expensive
- 5 Benefit package didn't meet needs
- 6 Rejected because of health condition
- 7 NOT ELIGIBLE to receive coverage
- 8 DO NOT work enough hours in a week
- 9 Have NOT worked there long enough
- 10 Other (specify) _____

When you answer the next questions, do not include dental visits.

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, cancer doctors and others who specialize in one area of health care.

1. In the last 12 months, did you or a doctor think you needed to see a specialist? [SPEC]

- 1 Yes
- 2 No

2. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see? [REF]

- 1 A big problem
- 2 A small problem

- 3 Not a problem
- 4 I didn't need to see a specialist in the last 12 months.

3. In the last 12 months, how often did you get an appointment for regular or routine health care as soon as you wanted? [APPT]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 I didn't need an appointment for regular or routine care in the last 12 months.

4. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted? [URGCARE]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 I didn't need care right away for an illness or injury in the last 12 months.

5. In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary? [DOCCARE]

- 1 A big problem
- 2 A small problem
- 3 Not a problem
- 4 I had no visits in the last 12 months.

The following questions are asked:

For Targets UNINSURED

For Targets UNINSURED PART YEAR

For Targets with INDIVIDUAL purchased insurance

1. Does your (TARGET's) spouse or partner have insurance through their work or union? [COV1]

- 1 yes
- 2 no
- 98 not applicable/ no spouse/partner or spouse/partner doesn't work

2. Could this insurance policy be extended to cover you (TARGET)? [COV2]

- 1 Yes
- 2 No

3. Is your (TARGET's) spouse or partner ELIGIBLE for health insurance through their work or union, but chosen not to sign up for it? [COV3]

- 1 Yes
- 2 No

4. If that family member were to sign up for that health insurance, could the policy be extended to cover you (TARGET)? [COV4]

- 1 Yes
- 2 No

The following questions are asked:

For Targets UNINSURED

For Targets UNINSURED PART YEAR

1. What is the main reason you (TARGET) do not get insurance through that family member? [COV5]
 - 1 Do not need or want any health insurance
 - 2 Rarely sick
 - 3 Too much hassle/paperwork
 - 4 Could not afford/too expensive
 - 5 Benefit package didn't meet needs
 - 6 Rejected because of health condition
 - 7 NOT ELIGIBLE to receive coverage
 - 8 Own plan through work is cheaper/benefits better
 - 9 Expect to get own health insurance soon
 - 10 After waiting period will be covered by family member's policy
 - 11 Other (specify) _____

2. What is the main reason you have (TARGET has) not bought health insurance on your (their) own? [OWNCOV]
 - 1 Do not need or want any health insurance
 - 2 Rarely sick
 - 3 Do not know where to begin/where to go
 - 4 Too much hassle/paperwork
 - 5 Could not afford/too expensive
 - 6 Expect to be covered by a health insurance policy shortly
 - 7 Benefit package didn't meet needs
 - 8 Rejected because of health condition
 - 9 NOT ELIGIBLE to receive coverage
 - 10 Other (specify) _____

3. Have you (TARGET/TARGET's parents) ever asked for or been given information about one of the STATE public health programs, such as Medicaid? [PUB1]
 - 1 Yes
 - 2 No

4. If you (TARGET) learned you (they) were eligible for health coverage through a public program, would you (TARGET) enroll? [PUB2]
 - 1 Yes
 - 2 No

5. If you (TARGET) learned you (they) were eligible for health coverage through a public program at no cost to you (TARGET) or your family, would you (TARGET) enroll? [PUB3]
 - 1 Yes
 - 2 No

6. Please tell me why you (TARGET) would not enroll? [PUB4]

The following questions are asked:

For Targets with INDIVIDUAL purchased insurance

For Targets with GROUP insurance

How Worried Are You That ...

1. Your benefits under your current health care plan will be cut back substantially? Are you very worried, somewhat worried, not too worried, or not worried at all? [NE5]

- 1 very worried
- 2 somewhat worried
- 3 not too worried
- 4 not worried at all

2. You will lose your health insurance benefits? Are you very worried, somewhat worried, not too worried, or not worried at all? [NE6]

- 1 very worried
- 2 somewhat worried
- 3 not too worried
- 4 not worried at all

3. Why do you feel this change might happen? [NE7]

- 01 Premium cost increases
- 02 Loss of employment
- 03 Change of employment
- 04 Employer no longer offering
- 05 Divorce or separation
- 06 COBRA will end
- 07 Change in income, age, family composition will make me ineligible
- 08 Other (please specify)

III. UTILIZATION AND DEMOGRAPHIC SELECTION – Asked of all respondents

1. Is there a regular place that you (TARGET) go for medical care? [USC]

- 1 Yes
- 2 No

2. Where does [TARGET usually go/you usually go] for medical care. Is that an: [USCKIND]

- 1 Emergency room or urgent care center
- 2 Clinic
- 3 Doctor's office
- 4 Or some place else (specify) _____

3. Is this clinic a . . . [CLINIC]

- 1 Public health, community, or free clinic
- 2 Hospital outpatient clinic
- 3 Private clinic
- 4 Other (please specify) _____

4. Is there a particular health care professional or traditional healer you (TARGET) usually see when you (TARGET) go there? [USCPERS]

- 1 Yes
- 2 No

5. What is the main reason you (TARGET) DO NOT have a regular place that you go for health care? [WHYNOUSC]

- 1 Can't afford it
- 2 DO NOT have health insurance
- 3 Rarely get sick
- 4 Clinic hours don't fit my schedule
- 5 Transportation difficulties
- 6 Language barrier
- 7 Do not like/trust/believe in doctors
- 8 Clinic I used to go to closed
- 9 Just moved, DO NOT have a regular place yet
- 10 Just switched insurance, DO NOT have regular place yet
- 11 Two or more places depending on what's wrong
- 12 Other (specify above)

6. In the past twelve months, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays, emergency room or urgent care visits. [DOC12M]

7. In the past six months, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays, emergency room or urgent care visits. [DOC6M]

8. In the past three months, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays, emergency room or urgent care visits. [DOC3M]

9. During the past 12 months, have you (TARGET) been a patient overnight in a hospital? [INPUSE]

- 1 Yes
- 2 No

10. How many times have you (TARGET) been admitted to a hospital DURING THE PAST 12 MONTHS? [INPUSE2]

11. During the past 12 months, have you (TARGET) been to a hospital emergency room or urgent care center? [ERUSE]

- 1 Yes
- 2 No

12. Do you currently have insurance that pays for dental care? [DENTAL]

- 1 Yes
- 2 No

13. Was there a time in the past 12 months when you needed medical care, but could not get it?

[NOTGET]

- 1 Yes
- 2 No

14. What is the main reason you did not get medical care? Note: if more than one instance ask about the most recent. [_2.5]

- 01 Cost [Include no insurance]
- 02 Distance
- 03 Office wasn't open when I could get there.
- 04 Too long a wait for an appointment
- 05 Too long a wait in waiting room
- 06 No child care
- 07 No transportation
- 08 No access for people with disabilities
- 09 The medical provider didn't speak my language.
- 10 Other

15. How long did the problem/illness last? [_2.6]

- 1 day or less
- up to 1 week
- 1 or 2 weeks
- 3 or 4 weeks
- 5 to 12 weeks
- 13 to 26 weeks
- 27 to 52 weeks
- 53 weeks or more
- more than 1 month to 3 months
- more than 3 to 6 months
- more than 6 to 12 months
- more than 12 months
- more than one year

OTHER PROBLEMS GETTING CARE

The next series of questions asks you to rate potential problems in obtaining medical care, telling us if it is a big problem, a small problem, not a problem, or you don't know.

16. The first one is, difficulties with transportation such as getting to the doctor's office or clinic. Is that a big problem, a small problem or not a problem for you? [TRANSP]

- 1 A big problem
- 2 A small problem
- 3 Not a problem

17. The doctors don't speak the same language that you do. Is that a big problem, a small problem or not a problem? [LANG]

- 1 A big problem
- 2 A small problem
- 3 Not a problem

18. Getting an appointment as soon as you need? [GTAPPT]

- 1 A big problem
- 2 A small problem
- 3 Not a problem

19. Knowing where to go for professional help. [KNOW]
1 A big problem
2 A small problem
3 Not a problem
20. Doctors don't understand your culture, the values, attitudes, and behaviors you learned growing up. Is that a big problem, a small problem or not a problem? [CULTURE]
1 A big problem
2 A small problem
3 Not a problem
21. Work or family responsibilities make it difficult for you to get the health care you need? [WKFAM]
1 A big problem
2 A small problem
3 Not a problem
22. The doctor's office or clinic isn't open when you can go? [OFFHRS]
1 A big problem
2 A small problem
3 Not a problem
23. Doctors don't respect your religious beliefs? [RELIG]
1 A big problem
2 A small problem
3 Not a problem
24. Finding someone to take care of your children makes it difficult to get the health care you need? [CHDCARE]
1 A big problem
2 A small problem
3 Not a problem
25. You can't see the doctor you want to see? [PREFDOC]
1 A big problem
2 A small problem
3 Not a problem
26. You worry that your insurance won't cover the care you might receive. Is that a big problem, a small problem or not a problem? [INSCOV]
1 A big problem
2 A small problem
3 Not a problem
27. You worry that you will have to pay more for the care than you expect, such as additional charges besides co-pays? [CHARGES]
1 A big problem
2 A small problem
3 Not a problem

ADDITIONAL QUESTIONS FOR ALL RESPONDENTS

How worried are you that over the next year:

28. You won't be able to afford prescription drugs? Are you very worried, somewhat worried, not too worried, or not worried at all? [NE1]

- 1 Very worried
- 2 Somewhat worried
- 3 Not too worried
- 4 Not worried at all

29. You won't be able to afford health services you think you need? Are you very worried, somewhat worried, not too worried, or not worried at all? [NE2]

- 1 Very worried
- 2 Somewhat worried
- 3 Not too worried
- 4 Not worried at all

30. How would rate the likelihood that you will need to see a doctor or other health care professional physician in the coming year? [NE3]

- Very likely
- Somewhat likely
- Not very likely
- Not likely at all
- Does not know

31. How would rate the likelihood that you will need to be admitted to a hospital for a reason that keeps you there for at least one overnight? [NE4]

- Very likely
- Somewhat likely
- Not very likely
- Not likely at all
- Does not know

32. Would you say your TARGET's health, in general, is excellent, very good, good, fair, or poor? [HSTAT]

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

33. Are you (Is TARGET) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group? [HISP]

- 1 No, not of Hispanic origin
- 2 Yes, Mexican, Mexican American, Chicano
- 3 Yes, Puerto Rican
- 4 Yes, Cuban
- 5 Yes, other Spanish/Hispanic/Latino

34. Now choose one or more races for yourself (TARGET). Which race or races do you consider yourself (TARGET) to be: [MAY SELECT MORE THAN ONE] [RACE]

- 1 White
- 2 Black, African-American
- 3 Asian Indian
- 4 Chinese
- 5 American Indian or Alaska Native
- 6 Korean
- 7 Vietnamese
- 8 Hmong
- 9 Filipino
- 10 Japanese
- 11 Other Pacific Islander
- 12 Some other race? What race is that? _____

35. Are you (Is TARGET) currently: [MARSTAT]

- 1 Never married
- 2 Married
- 3 Living with partner
- 4 Divorced
- 5 Separated
- 6 Widowed

36. What is the highest level of education you have (TARGET has) completed? [EDUC]

- 1 No formal education
- 2 Grade school (1 to 8 years)
- 3 Some high school (9 to 11 years)
- 4 High school graduate or GED (received a high school equivalency diploma)
- 5 Some college/technical or vocational school/training after high school
- 6 College graduate
- 7 Postgraduate degree/study

37. Are you (Is TARGET) currently: [EMPSTAT1]

- 1 Self employed or own your business
- 2 Employed by someone
- 3 Unpaid worker for family business, farm, or home
- 4 Retired
- 5 Unemployed, or not working
- 6 Full-time student (greater than three-fourths time)

38. Do you (Does TARGET) have more than one paying job? [EMPSTAT2]

- 1 Yes
- 2 No

39. What is the total number of hours usually worked per week? [HOURS]

40. For the job you work (TARGET works) at the most hours, what is the total number of hours usually worked per week? [EMPHRS]

41. Is this a permanent, temporary, or seasonal job? [EMPERM]

- 1 Permanent
- 2 Temporary
- 3 Seasonal

42. How long have you (has TARGET) been employed in this position? [TENURE]

- 1 Less than 1 month
- 2 More than 1 month but less than 6 months
- 3 More than 6 months but less than 1 year
- 4 More than 1 year but less than 5 years
- 5 5 years or more

43. Thinking about the employer you work (TARGET works) for, what industry most closely describes the employer? [INDUST]

- 1 Government, public administration
- 2 Health care
- 3 Education
- 4 Social Services
- 5 Agriculture, farming, forestry and fishing
- 6 Construction, mining
- 7 Manufacturing*
- 8 Transportation, communications and utilities**
- 9 Retail and wholesale trade/sales***
- 10 Banking, finance, insurance, real estate
- 11 Entertainment or tourism
- 12 Business and repair services (such as mechanic, electrician, plumber)
- 13 Personal services (such as child care, house cleaning, stylist)
- 14 Professional and related services (such as legal services, financial planning, web design)
- 15 Other (specify) _____

**Manufacturing examples: factory, textile mill, steel mill, automobile manufacturer, electronic equipment manufacturer, chemical/drug manufacturer, food processing, printing, publishing*

***Public Utilities examples: electric company, air transportation, trucking, busing, television and radio services/broadcasting, telecommunications)*

****Retail/Wholesale examples: department stores, restaurants, grocery stores, distributor*

44. During the past 12 months, has your household ever been without telephone service for more than 24 hours? [PHONE]

- 1 Yes
- 2 No

45. Over the past twelve months, what was the total number of days, weeks, or months your household was without telephone service? [PHONE2]

Now I am going to ask some questions about your or your family's income. This income information is important because it helps the state understand how to make health care more affordable.

46. How many people live on your or your family's income who CURRENTLY LIVE in the household?
[TOTCNT]

How many of these people are children under age 21? [KIDCNT]

47. What was your household's gross, pre-tax income from all sources for the year 2003? (This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this FAMILY who are 15 years or older. If you are self-employed or own your own business, please report your net income.) If one million dollars (\$1,000,000) or more, enter 999996. [INCOME]

IF TARGET REFUSES OR CANNOT ESTIMATE INCOME...

How about if I give you some categories? Would you say income is [INCOME2]

- 1 Less than \$5,000
- 2 \$5,000 and \$7,499
- 3 \$7,500 and \$9,999
- 4 \$10,000 and \$12,499
- 5 \$12,500 and \$14,999
- 6 \$15,000 and \$19,999
- 7 \$20,000 and \$24,999
- 8 \$25,000 and \$29,999
- 9 \$30,000 and \$34,999
- 10 \$35,000 and \$39,999
- 11 \$40,000 and \$49,999
- 12 \$50,000 and \$59,999
- 13 \$60,000 and \$74,999
- 14 \$75,000 or more