


Uninsured Texans: Attitudes Toward Coverage



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Prepared for
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Prepared by
Ann Lessem, Ph.D.
James Dyer, Ph.D.
Steve Borders
Jason Vendel

Public Policy Research Institute
Texas A&M University

Focus Groups



Focus Group Sites



Focus Group Participants



⌘ Unemployed individuals - 113

⌘ Employed individuals - 83

⌘ Small employers - 127

⌘ Total - 323

Focus Group Topics

1. Why so many Texans do not have health insurance
2. What assistance might help more Texans obtain health insurance
3. What questions/concerns do people have about health insurance (non-financial)
4. How can people learn more about health insurance
5. What experiences have people had

1. Why So Many Do Not Have

⌘ COST!!!!!!

- ☑ of the premium
- ☑ of the co-pay
- ☑ of the deductible
- ☑ of other necessities

Other Factors



- ⌘ Employment and economic conditions
- ⌘ Power and control of insurance providers
- ⌘ Political factors
- ⌘ Knowledge factors
- ⌘ Factors related to the cost of medical care
- ⌘ Factors unique to Texas

Factors Specific to Small Employers



⌘ Composition of groups

⌘ Availability and ease of purchase

⌘ Use of discretionary funds

2. What Kinds of Assistance

- ⌘ New programs
- ⌘ Expansion of existing programs
- ⌘ Assistance to small employers
- ⌘ Financing programs
- ⌘ Regulating insurance providers
- ⌘ Appeals to elected officials
- ⌘ Creating and disseminating information

3. What Questions or Concerns

- ⌘ Coverage
- ⌘ Claims and payments
- ⌘ Other policies and procedures
- ⌘ Customer satisfaction
- ⌘ Small employers

4. How People Can Learn More



- ⌘ Central access point
- ⌘ Information for small employers
- ⌘ Published information
- ⌘ Personal contact
- ⌘ Meetings and special events
- ⌘ Mass distribution

5. What Kinds of Experiences



- ⌘ Good experiences
- ⌘ Experiences of small employers
- ⌘ Experiences related to communication
- ⌘ Experiences related to claims and service
- ⌘ Experiences related to unfair practices and perceived deception

Stories



⌘ Falling through the cracks

⌘ Making hard decisions

⌘ Catching a moving target

⌘ Running out of luck

Telephone Survey



Who are the Uninsured?



⌘ Mostly Young - 29% are under 30

⌘ Mostly White

- ⊗ 68% White, Non-Hispanic

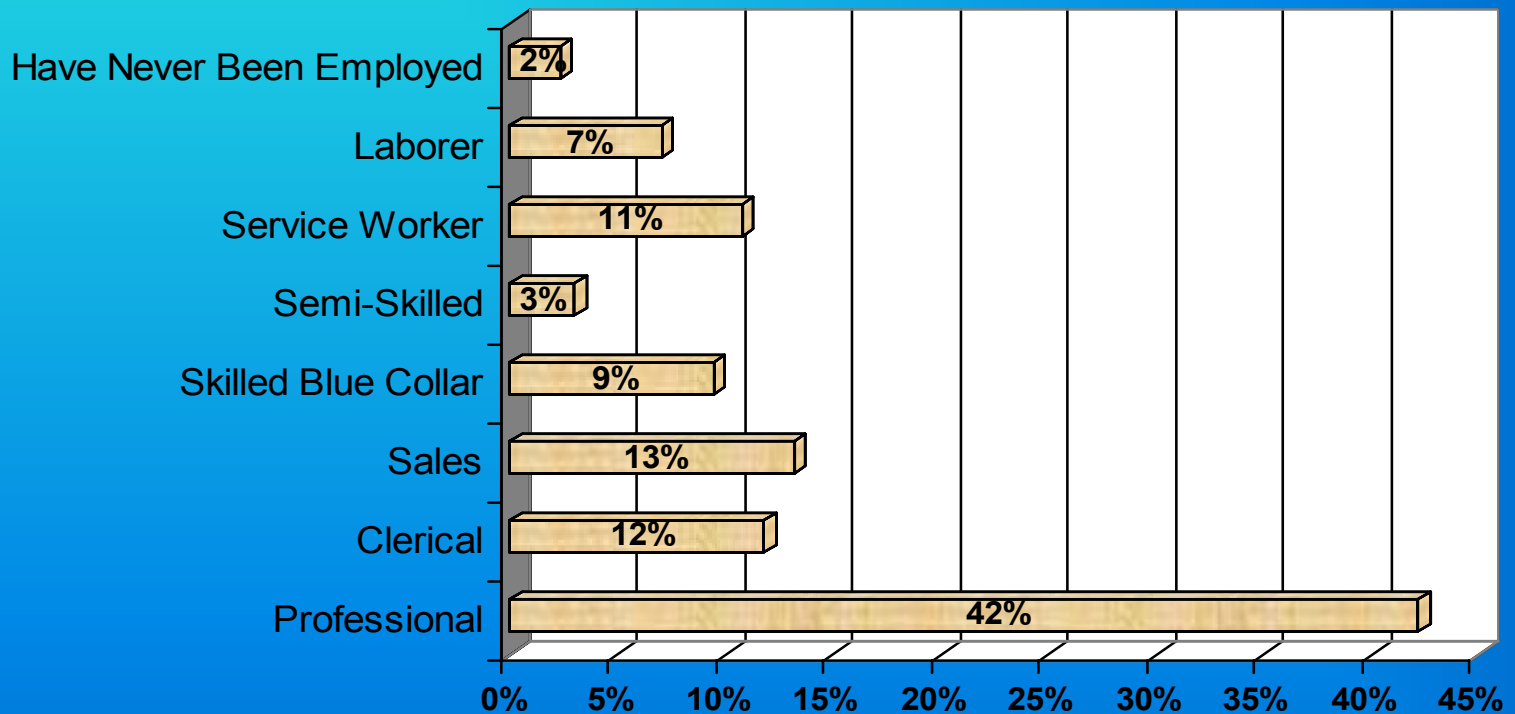
- ⊗ 23% Hispanic

- ⊗ 5% African-American

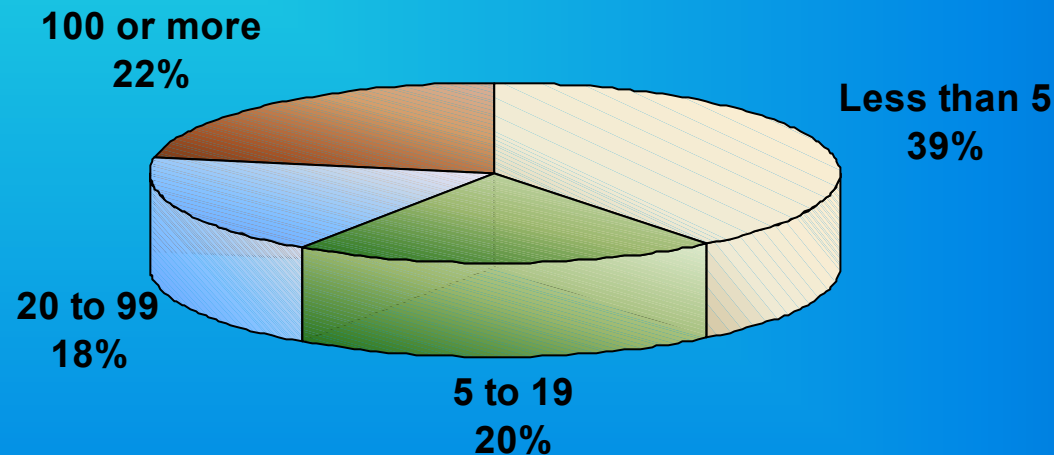
⌘ They are well educated - 59% have been to college

⌘ They are disproportionately self-employed (36%) and most work full-time

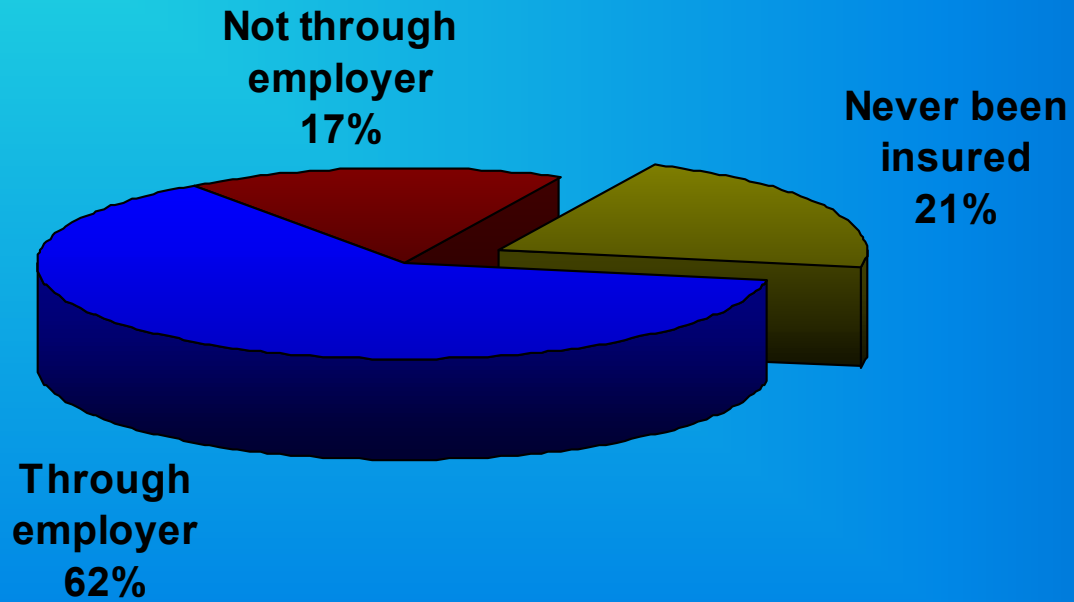
Percentage of Workers Who are Uninsured by Occupation



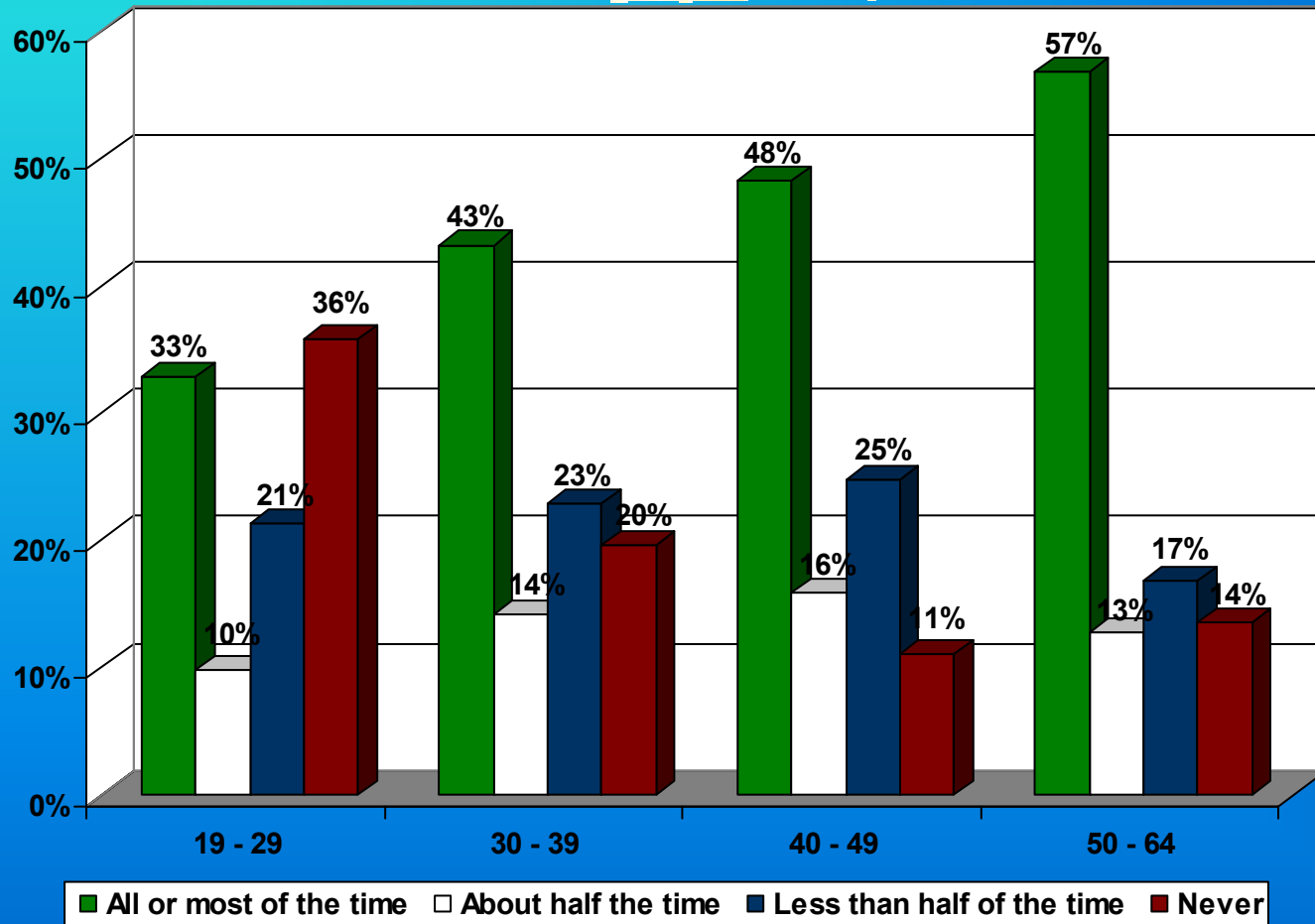
Percentage of Workers Who Are Uninsured By Firm Size (Number of Employees)



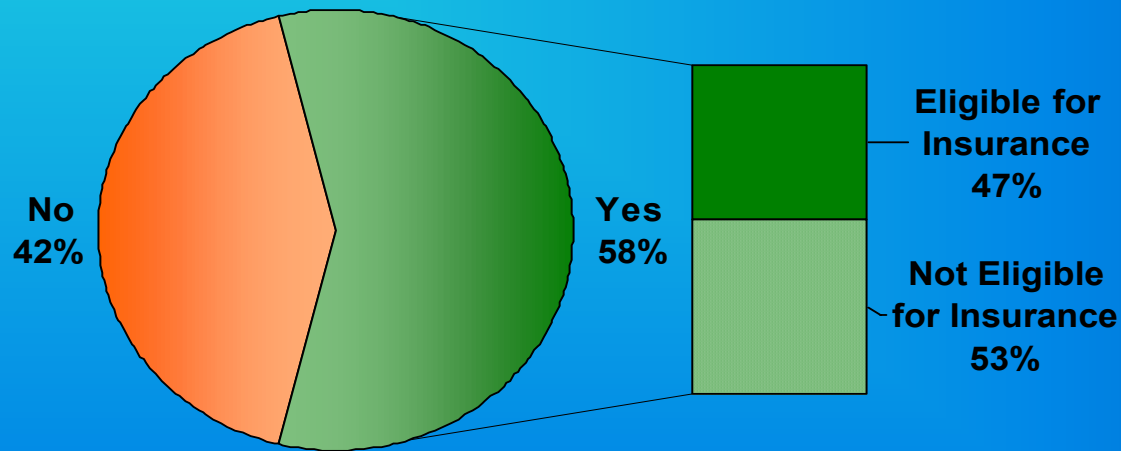
Previously Insured



History with Health Insurance by Age Group



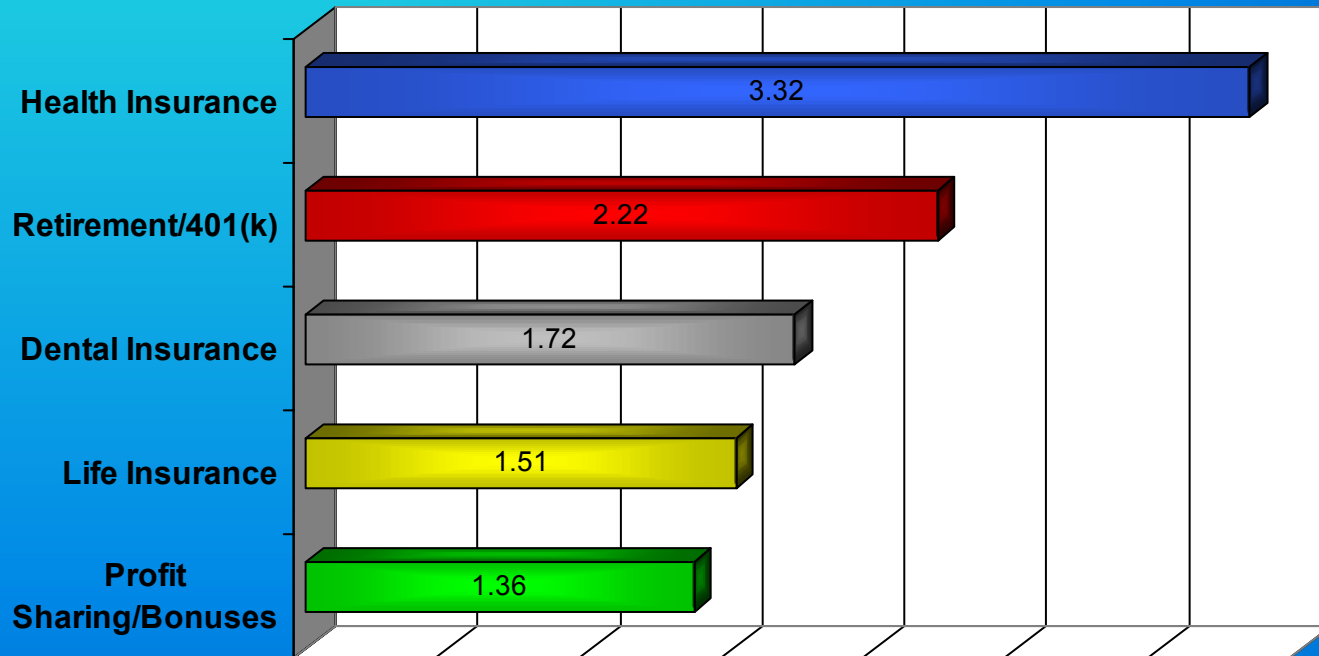
Health Insurance Availability in the Workplace and Eligibility for Coverage



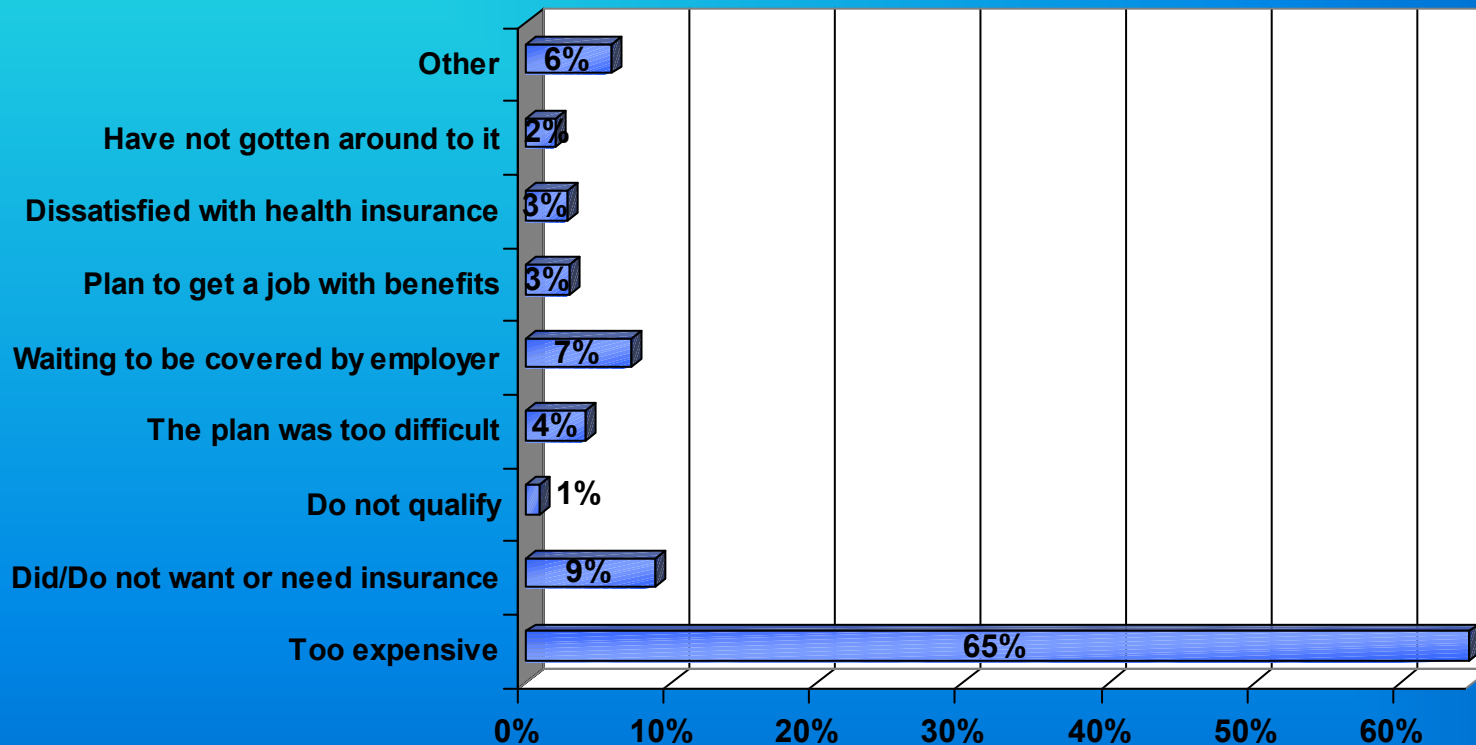
Top Reasons for Not Taking Insurance Offered by Employer

Reasons	Percentage
Too expensive	58%
Have not gotten around to it	13%
Did not want or need the insurance	11%
Do or did not like the health plan	4%
Hope to get other insurance	4%
The plan was too difficult and time consuming	4%

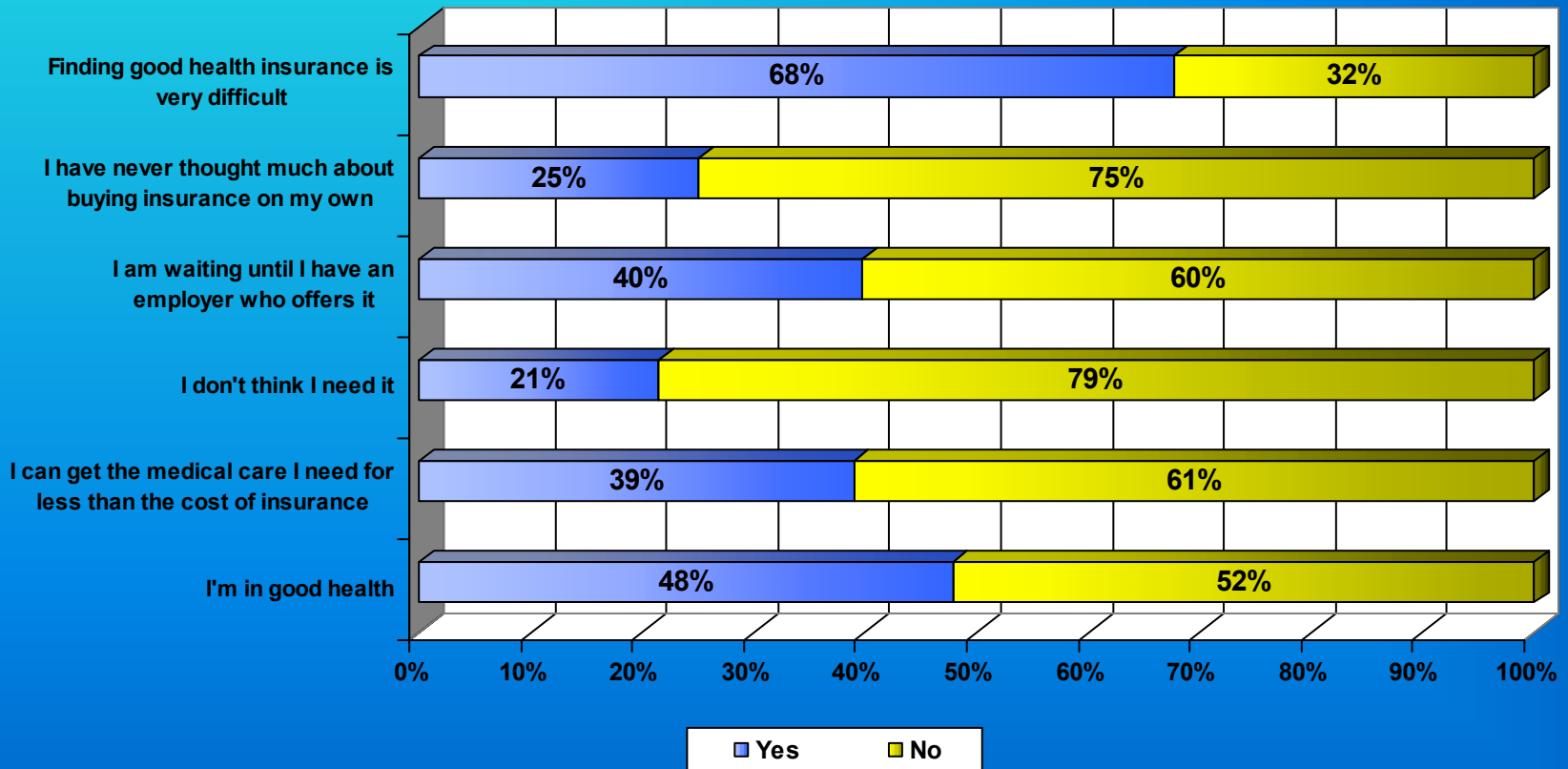
Average Rankings of Importance of Job Benefits



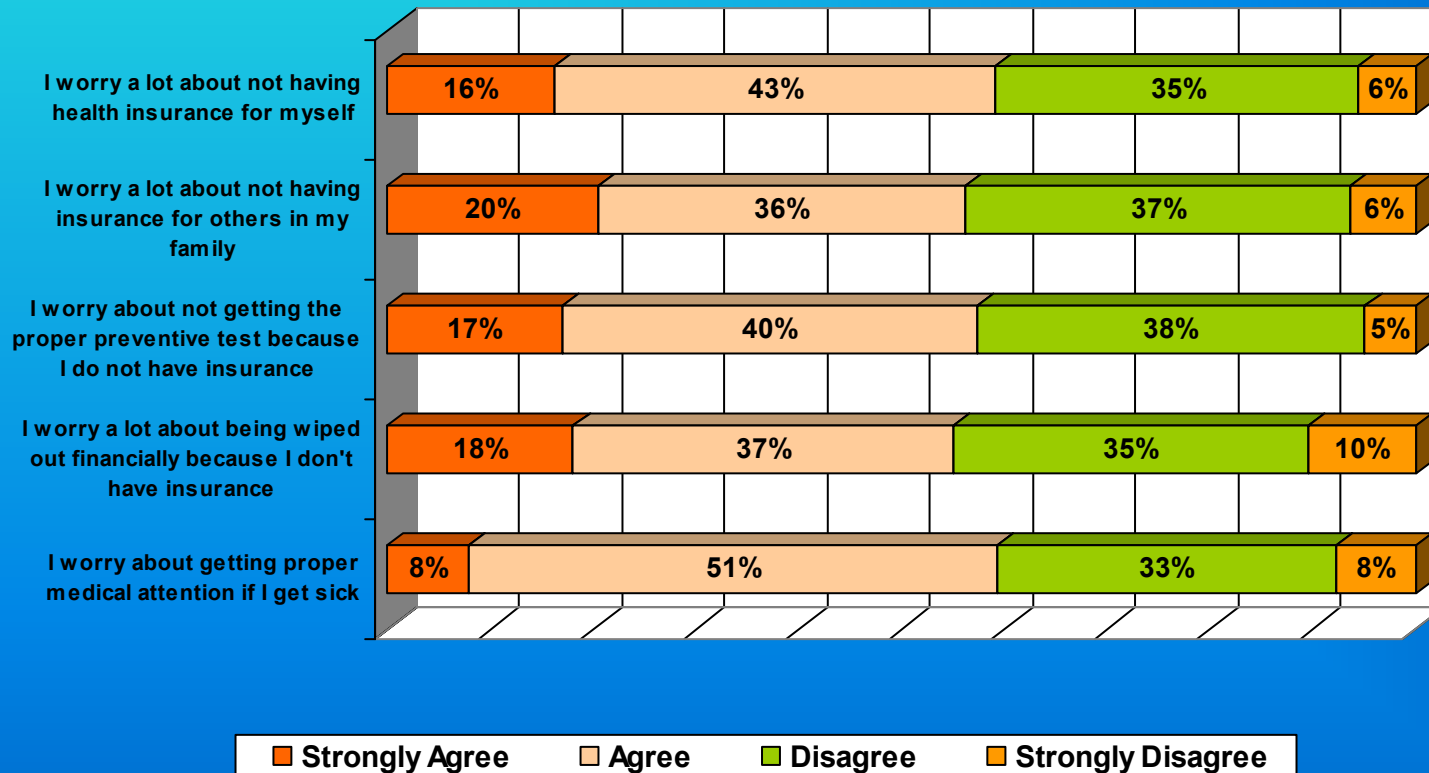
The Main Reason For Not Buying Health Insurance



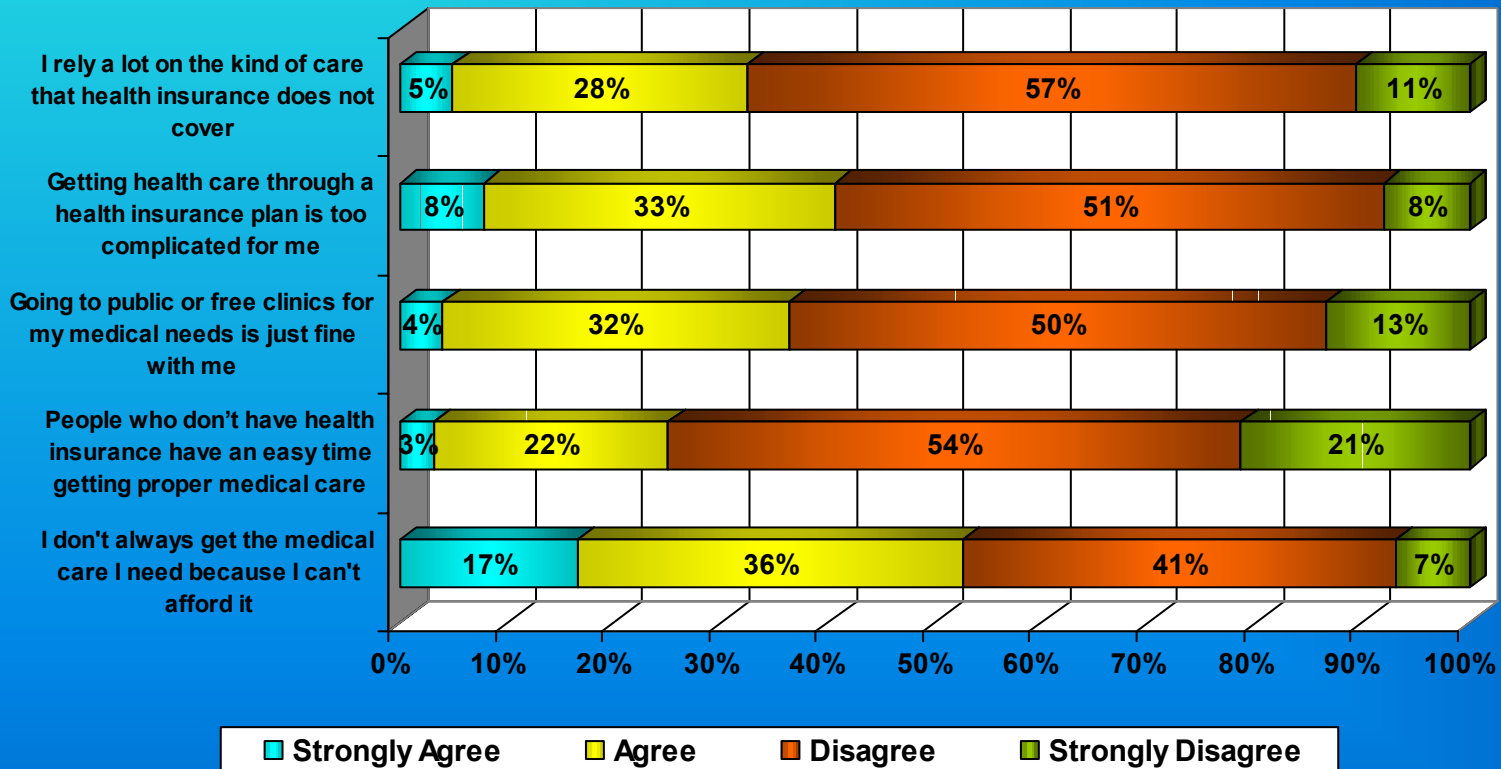
Other Reasons For Not Buying Health Insurance



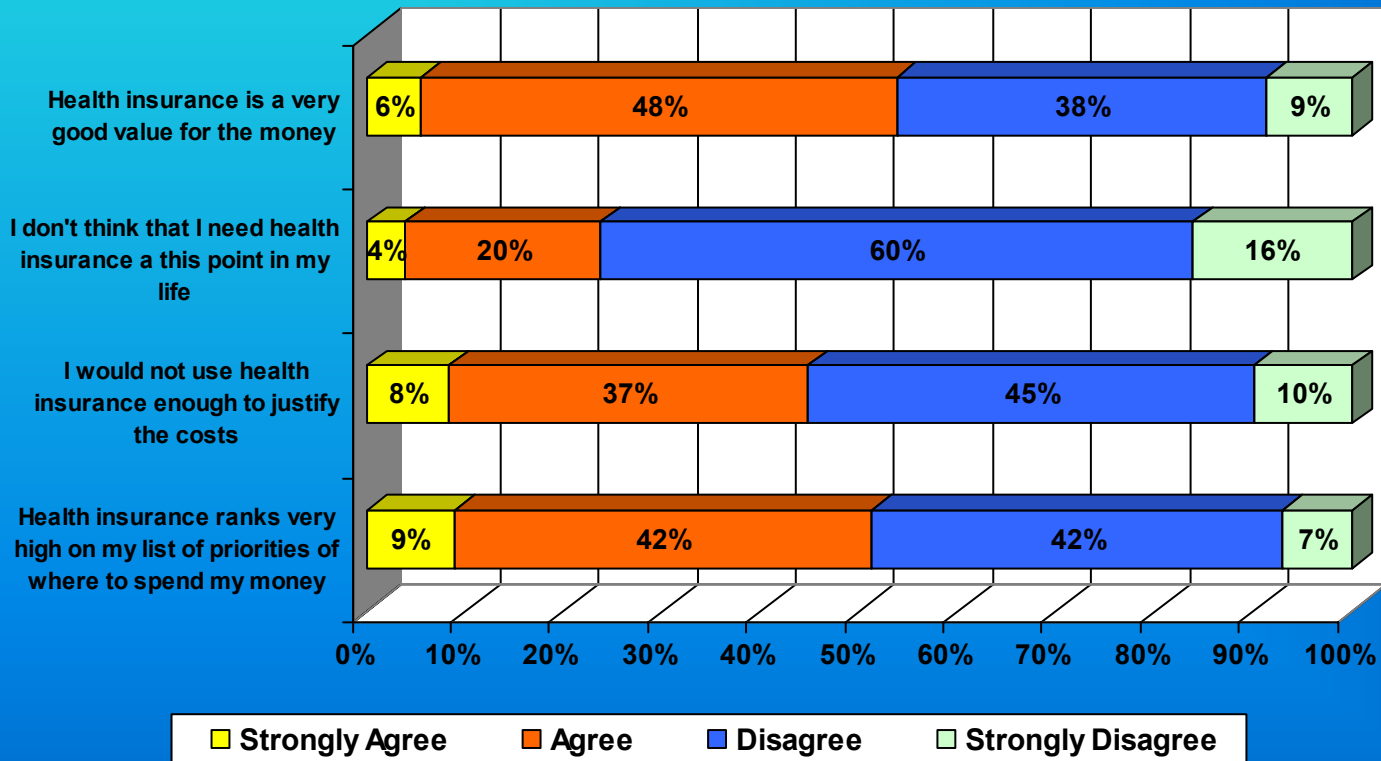
Non-Poor Uninsured Concerns About Health Care



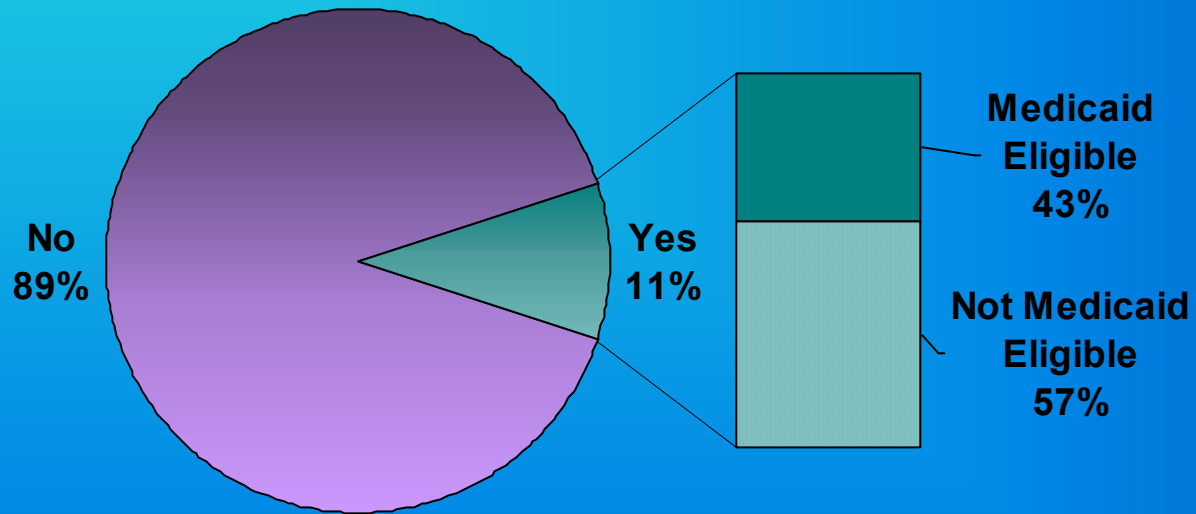
Non-Poor Uninsured Opinions About Access to Health Care



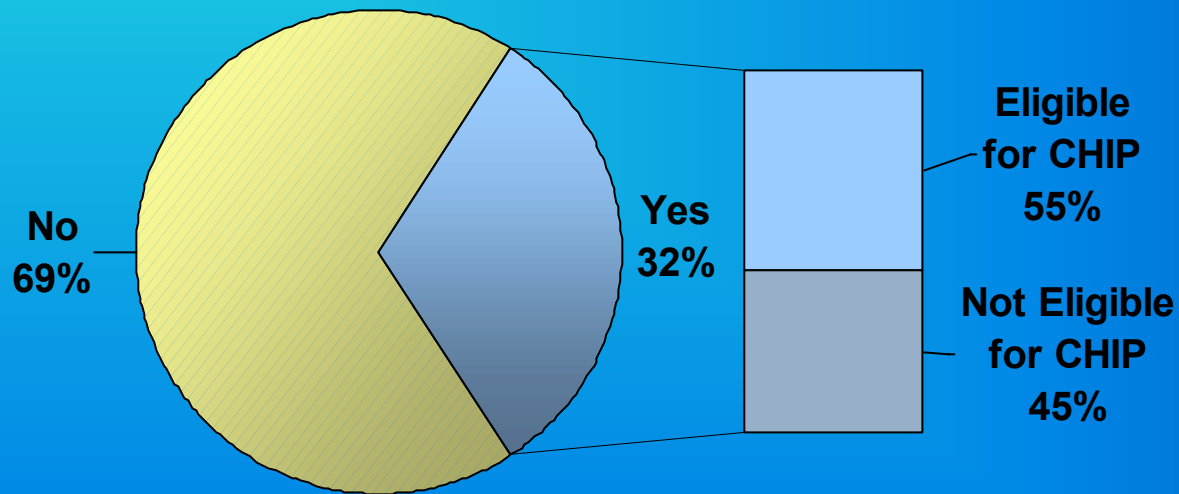
Non-Poor Uninsured Barriers to Purchasing Health Insurance



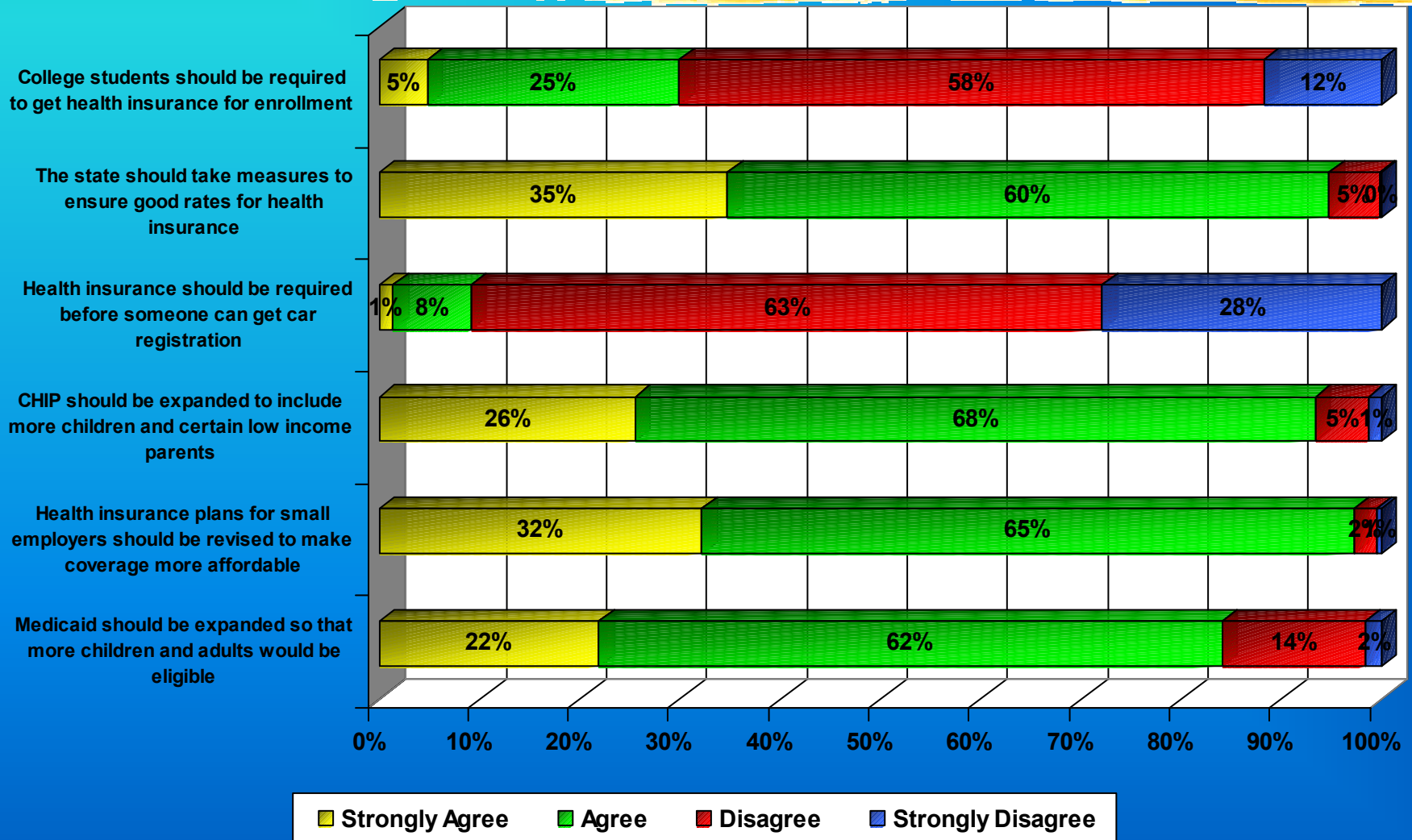
Tried to Enroll in TexCare Medicaid and Were Eligible



Tried to Enroll in CHIP and Were Eligible



Non-Poor Uninsured Opinions About Improving Access to Health Insurance



Segment Analysis



Overview



⌘ Purpose

⌘ Two scales

☑ Ability to pay

☑ Motivation to buy

Developing the Scales

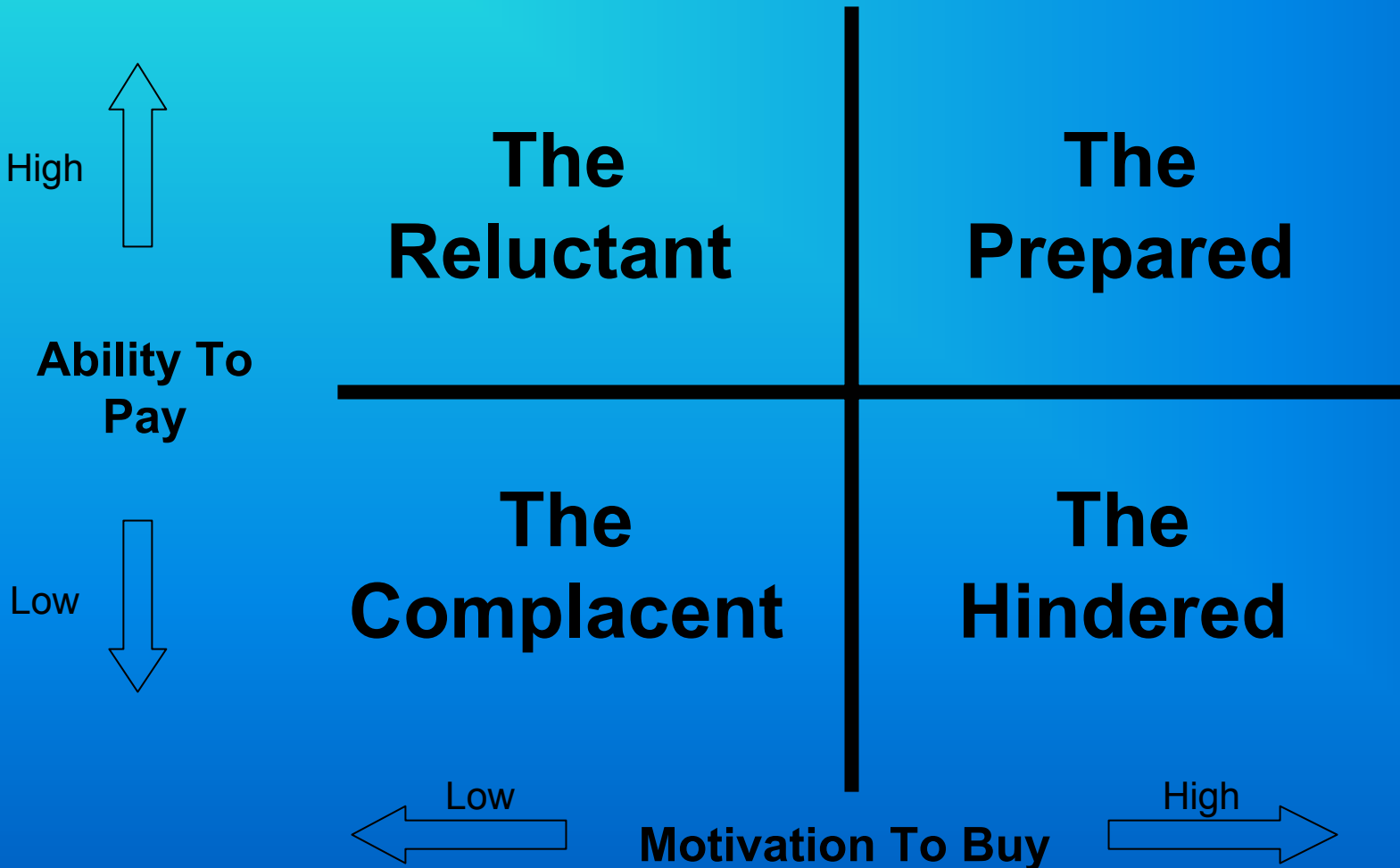


⌘ Choosing questions

⌘ Assigning values

⌘ Calculating score

Segment Matrix



The Prepared: 28.3%



- ⌘ Both male and female
- ⌘ Oldest group
- ⌘ Multiple person households with dependant children
- ⌘ Large urban areas
- ⌘ Poorest health of all groups
- ⌘ Professional and blue-collar; few in retail trade

The Prepared: 28.3%, cont.

- ⌘ Many “not employed” and self-employed
- ⌘ Most have previously owned health insurance
- ⌘ Rate other job benefits relatively lower
- ⌘ Seek health insurance on their own
- ⌘ Cite confusion or other barriers
- ⌘ Do not like public clinics

The Reluctant: 16.2%

- ⌘ Majority male
- ⌘ Disproportionately young, few over 50
- ⌘ More likely to be sole person in household; unlikely to have dependants
- ⌘ Urban and suburban
- ⌘ Healthiest group
- ⌘ Professionals; few blue-collar workers

The Reluctant: 16.2%, cont.

- ⌘ Many have never had health insurance
- ⌘ Comparatively few have ever bought (mandatory) automobile insurance
- ⌘ Prefer other job benefits to health insurance
- ⌘ Say they don't need health insurance
- ⌘ Cost is not a major factor in being uninsured
- ⌘ Most acceptant of public clinics

The Complacent: 19.4%



- ⌘ Male and female
- ⌘ Youngest group
- ⌘ Less likely to have dependents
- ⌘ Suburban; not large urban
- ⌘ Second healthiest group
- ⌘ Retail trade, manufacturing;
few professionals

The Complacent: 19.4%, cont.

- ⌘ Many “not employed” or part-time workers; few self-employed
- ⌘ Most unlikely to have ever owned health insurance
- ⌘ Prefer other job benefits to health insurance
- ⌘ Cost is a major barrier
- ⌘ Many say they “don’t need” health insurance; acceptant of free clinics

The Hindered: 36.1%



- ⌘ Female
- ⌘ Over 40 years old
- ⌘ Most likely to have dependants
- ⌘ Relatively bad health
- ⌘ Manufacturing, contract labor; few full time workers
- ⌘ Small employers

The Hindered: 36.1%, cont.



- ⌘ Have previously owned health insurance
- ⌘ Health insurance is an important job benefit
- ⌘ Cost is a major barrier
- ⌘ Do not like public clinics

Representation and Other Considerations

- ⌘ Only non-poor uninsured were surveyed
- ⌘ Non-poor uninsured are 1/3 of total uninsured population
- ⌘ How would distribution differ with additional population?

Policy Considerations and Implications



Using the Data



- ⌘ The four groups can serve as a means to think about the uninsured and policy
- ⌘ Characteristics identified through segment analysis provide insights into types of uninsured Texans
- ⌘ Issues identified in the focus groups provide possible policy strategies

The Prepared



⌘ Why prepared?

- ☑ Coverage denied

- ☑ Do not understand how to obtain coverage

⌘ What to do?

- ☑ Change the rules

- ☑ Provide information

- ☑ Simplify the process

The Reluctant



⌘ Why reluctant?

- ☑ Think they are healthy
- ☑ Have other priorities

⌘ What to do?

- ☑ Marketing and advertising strategies
- ☑ Educational campaigns

The Complacent

⌘ Why complacent?

- ☑ Think they are healthy
- ☑ Have other priorities
- ☑ Don't meet eligibility criteria

⌘ What to do?

- ☑ Educational campaigns
- ☑ Simplify the process
- ☑ Give it to them

The Hindered



⌘ Why hindered?

- ☑ May have health conditions that raise costs
- ☑ Don't meet eligibility criteria

⌘ What to do?

- ☑ New programs and/or expansion of existing programs
- ☑ Modifications of rules
- ☑ Information and simplification

Alternative Strategies



⌘ Healthiest first

⌘ Poorest first

⌘ Most motivated first

⌘ Likeliest to afford it first

Healthiest First



Reluctant

Complacent

Hindered

Prepared

⌘ Typically the lowest utilizers of care

⌘ Builds the risk pool making it stronger and more symmetrical (lowers the risk of adverse selection)

Healthiest - Pros and Cons

- 📄 Provides protection from unexpected loss due to illness or injury
- 📄 Small group allows a chance to test before expansion
- 📄 Initially requires least government intervention
- 🖱️ Group least motivated to purchase insurance
- 🖱️ Those with the most pressing needs are last to be served

Poorest First



Hindered

Complacent

Reluctant

Prepared

⌘ Cost is the big issue and this group has little ability to pay

⌘ Most likely requires subsidies

Poorest - Pros and Cons

- 📄 Helps the largest group without insurance first
- 📄 Although there is most likely a high degree of pent-up demand, the high number of individuals could strengthen the pool
- 🖱️ Most likely requires substantial subsidies
- 🖱️ The Complacent feel they do not need insurance and access free clinics
- 🖱️ Does little at first to assist those most in need

Most Motivated First



Prepared

Hindered

Reluctant

Complacent

⌘ Assists those with the greatest desire for insurance

⌘ Reduces barriers to coverage

Most Motivated - Pros and Cons

- 📄 High immediate impact - Prepared and Hindered are two largest groups of uninsured
- 📄 Addresses those with immediate health needs first
- 📄 The Prepared seek information on their own, lowering outreach and educational costs
- 🖱️ Pre-existing limitations would have to be removed
- 🖱️ Brings high utilizers to the pool immediately - adverse selection

Likeliest to Afford it First



Reluctant

Prepared

Hindered

Complacent


⌘ Makes insurance affordable

⌘ Motivates those with little desire to purchase insurance

Likeliest to Afford - Pros and Cons

- 📄 First group requires no subsidies
- 📄 Strengthens risk pool because they are low utilizers of care
- 📄 Potentially more public support because of removal of barriers
- 🖱 Reluctant prefer pay over health benefits and will be difficult to motivate
- 🖱 Prepared want insurance, but need pre-existing conditions removed

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