

**Focus Group with  
North Dakota's Uninsured  
Governor's Health Insurance  
Advisory Committee  
State Planning Grant**

February 2, 2005



*Center for*  
**Rural Health**

University of North Dakota  
School of Medicine and Health Sciences

**Garth Kruger, MA,  
Research Analyst**

Website: <http://medicine.nodak.edu/crh>

**What did we want to learn?**

- ❖ Examine why some North Dakota residents are uninsured.
- ❖ Determine how important health insurance is to the uninsured.
- ❖ Assess if uninsured families in North Dakota are getting health care.
- ❖ Determine what it would take for uninsured North Dakotans to get health insurance.

## What was done?

- Ninety-one uninsured North Dakota residents were invited to participate in telephone focus groups.
  - Phone call reminders
  - Uninsured persons were identified through a prior telephone survey
- One focus group
  - Participants were given \$20 dollars for their contributions.
  - Held via telephone which originated from Grand Forks.
  - The focus group began at 7:00 pm on November 18th, 2004 and lasted one hour.



## Who was there?

- Five participants
  - Two males, three females
- Two participants reported never having had insurance. One person had been without it for 15 years.
- One participant had insurance but was speaking on behalf of his wife who did not.
- One participant had acquired health insurance less than a month prior to the focus group.

## What did they say in the groups?

- **What reasons do uninsured North Dakotans give for not having health insurance coverage**
  - Far and away participants' primary reason for not having insurance was cost. One participant noted:

*“My husband and I just have never been able to afford it and we’ve just never been able to find a job that has offered it.”*
  - Employers don't offer insurance, or those that do may require high deductibles.
  - Employers hire only part-time, non-benefited positions.
  - Employers exclude coverage that extends to family members.

## What did they say in the groups? (cont)

- Employers have mandated waiting periods for coverage.

*“I changed jobs...once I started I had to wait for about a month and then they put me on health insurance, but before I got the job, there was a couple months I had no health insurance, and I couldn't afford COBRA. It was too high. Who can afford that when you don't have a job and can't pay for it?”*
- The costs of participating in COBRA are too high.
- Inability to work due to a health condition renders individuals unable to afford coverage.
- One participant believed that eligibility for IHS would meet his healthcare needs.

## What did they say in the groups? (cont)

### **How important is health insurance to the uninsured?**

- The group resoundingly agreed that health insurance was extremely important to them.

*“I think it’s essential for everyone to have some health insurance coverage because... nobody is rich enough to be able to afford all those medical bills, and some of them can be astronomically high and break a whole family completely.”*

## What did they say in the groups? (cont)

### **Are the uninsured getting health care?**

- All participants indicated that both they and their family members had foregone some form of healthcare because of their lack of insurance.

*“I was told that I should go get a mammogram. Well, that’s all good and well, but I can’t afford \$150. Am I going to pay the rent or am I going to go get an X-Ray?”*

- No participant had a regular medical provider.
- One man expressed frustration, feeling stigmatized by his lack of insurance.

*“I have medical problems, and I don’t go [to a doctor] because I can’t afford them. I’m asked every time if I have insurance and I don’t have insurance.”*

## What did they say in the groups? (cont)

### What is affordable health insurance coverage?

- Participants felt they could afford between \$25 to \$150 per month with allowances made for income, family size, and type of plan offered.
- Participants indicated that low cost, high deductible insurance is not especially attractive because: a) it does not provide enough coverage for things they would want covered b) if they did use their insurance, they'd have to pay both the deductible and the insurance premium c) they have no financial assets to protect, only their health.

## What did they say in the groups? (cont)

### What is affordable health insurance coverage?

- For some, it is simply cheaper on a monthly basis to pay the hospital rather than insurance.

*“I guess the way we look at it now, \$400 a month is what it would cost for her health insurance, so if we could put even \$200 a month down on our bills, its cheaper than health insurance, almost, as long as the hospital allows us to pay it off that way.”*



## What did they say in the groups? (cont)

### Potential Solutions

Participants were asked what they believed might be potential methods for getting more uninsured health insurance coverage.

- ✓ Sliding fee scales (both at doctor's office and for insurance)
- ✓ Universal insurance coverage
- ✓ A rich husband
- ✓ 'Alternative insurance' programs where 'beneficiaries' pay a monthly fee for discounts on an array of healthcare services offered by network providers (see website).



## What did we learn?

- ❖ Cost is the main issue.
- ❖ Health insurance and health care is desired by the uninsured, but unaffordable.
- ❖ Health care is often foregone because of a lack of insurance and high medical costs.
- ❖ High deductible, low cost plans are not especially attractive to low income purchasers.
- ❖ Employers are increasingly cutting back on their health benefits or not offering them.



## What did we learn?

- ❖ Participants reported that affordable plans would range from \$25 - \$150 a month.
- ❖ Solutions for health insurance offerings may include the use of income based scales.
- ❖ Continue and increase education about accessing health care services, as well as utilizing and purchasing insurance.
- ❖ Continued efforts in outreach to make people aware of prevention and treatment services (both state funded and locally offered programs).



**For more information contact:**

**Center for Rural Health  
School of Medicine and Health Sciences  
Grand Forks, ND 58202-9037**

**Garth Kruger, 701-777-4498  
e-mail: [gkruger@medicine.nodak.edu](mailto:gkruger@medicine.nodak.edu)  
<http://medicine.nodak.edu/crh>**