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GEORGIA HEALTHCARE COVERAGE PROJECT

Georgians' Attitudes on Providing Coverage for the Uninsured

KEY FINDINGS

1. Georgians are urgently alarmed about the escalating cost of healthcare and believe greed plays a major role.
2. While most Georgians concur with the statement, "Everyone should get the healthcare they need," a small but vocal group of higher income Georgians is less likely to agree.
3. Georgians are beginning to question whether the costs of having and using insurance coverage are worth the benefits of that coverage.
4. Most Georgians are very willing to consider almost any solution to curb rising healthcare costs and increasing numbers of uninsured. Georgians are also more willing to consider a universal coverage plan than they were in the early 1990s.
5. Georgians of all income levels feel a need for leadership and immediate action to address escalating costs and increasing numbers of uninsured.

GEORGIANS APPRECIATE:

*High Quality Care
Advanced Technology
Ready Access
Choice
Having Insurance Coverage
Safety Net Programs*

Between September 2002 and December 2002, 21 focus groups were conducted to assess Georgians' attitudes and opinions regarding the development of a plan for providing affordable insurance coverage for all Georgians. The focus groups were designed and facilitated by Georgia Health Decisions, a non-profit health research institution. This report summarizes the key findings.

WHAT GEORGIANS VALUE IN HEALTHCARE

Georgians fully recognize and appreciate how fortunate Americans are to have access to the highest quality healthcare in the world, provided they are able to pay for it. They value the caliber of physicians who practice in our country and the high standards that have been set for the delivery of healthcare services. A key component of this quality is the availability of advanced levels of technology, which offers seemingly limitless opportunity to address medical issues and extend life.

In addition, Georgians place a high priority on the ability to choose their own physicians, other healthcare providers, and facilities, while at the same time acknowledging the concessions they have made that limit those choices. They value having ready access to care and not having to wait for long periods for standard procedures or specialty care. Knowing that they are covered for routine healthcare and catastrophic illnesses provides great peace of mind to those who are insured. And programs, such as Medicare and Medicaid, that provide a safety net for the most vulnerable populations rank highly among the positive aspects of our nation's healthcare system.

Underlying these attributes, however, is an escalating concern that many of the favorable benefits of the American healthcare system are often available only to those who can afford to pay for them. Georgians are increasingly troubled by the large and growing body of people who do not have ready access to the highest level of care, namely, our uninsured.

COMMON CONCERNS

If a single issue could drive Georgians' conversations about the healthcare system, it would be alarm over the endless escalation of healthcare costs. Their frustration over these costs encompasses both healthcare services and insurance premiums. Georgians attribute the



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“I never meet my deductible, so all year I just pay for nothing.”

Woman from Wrightsville

“I think it’s a ridiculous idea to think that everyone will get all the healthcare they need. I don’t think it’s that way in life. You don’t get what you need, and life’s not fair.”

Man from Roswell

“It’s outrageous what they charge for healthcare.”

Woman from Toccoa

“The healthcare system has moved from taking care of people to taking care of pocketbooks.”

Man from Columbus

rising cost of healthcare to many factors, including malpractice lawsuits, development of new technology and the public’s demand for it, and paying for care for the indigent and uninsured. However, the escalating costs of both healthcare and insurance premiums are largely seen as a function of “greed” on the part of insurance companies, drug manufacturers, hospitals, and physicians. Ultimately, Georgians conclude that with costs rising exponentially on the one hand, and the ranks of the uninsured burgeoning on the other, those in the healthcare system must be “getting rich” at their expense.

Georgians also generally dislike managed care and perceive that the lower costs they were promised in return for restricted choice and increased access have not materialized. They are not pleased with what they perceive as administrative hassles, interference in their relationship with physicians, and limitations on access to specialists. Within this climate, a disquieting trend is emerging with regard to the perceived value of insurance. Many Georgians have begun to question the benefit of purchasing insurance coverage at costs that have reached unacceptably high levels. Aside from those with chronic illnesses or children, Georgians of all income levels are doubting the wisdom of having such a large portion of their incomes dedicated to insurance that they feel is not dependable and still often leaves them with costs, such as co-pays and coinsurance, that they cannot afford.

A DIVIDE IN OPINION

An interesting difference of opinion exists on issues of the uninsured and access to care between the more affluent residents included in this study and all other Georgians.

This small group of wealthier Georgians suggests that the uninsured do not place a high enough value on having insurance to make the sacrifices necessary to provide health coverage for themselves and their families. These higher income Georgians couch their comments in terms of “us” versus “them” and believe that those who are uninsured have adequate access to healthcare through government-subsidized clinics and hospital emergency rooms. In contrast, Georgians of all other income levels have sympathy with the plight of the uninsured and cite affordability as the main reason people do not have coverage. They believe a disparity in care exists, in that health professionals view the uninsured with disdain and do not provide them the same treatment options as those who have coverage.

In addition, while these more affluent Georgians philosophically agree that all Georgians should get the healthcare they need, they express a

“I believe that everyone should be able to get healthcare, everybody.”

Man from Patterson

“The fact that someone could get refused the care that could save their life because they are uninsured boggles the mind.”

Woman from Augusta

“No one who works for a living should be without healthcare; that’s just the bottom line.”

Man from Watkinville

“I think everyone is entitled to get good health care regardless of what your income is.”

Woman from Savannah

narrower concept of what constitutes need than other Georgians, most often limiting need to treatment in emergency situations. Because of this restricted definition of need and their conviction that such needs are already being met, the more affluent in the study are reluctant to support a program that expands health insurance coverage to all Georgians. Their opinions are influenced largely by the belief that they will shoulder a disproportionate share of the financial burden for such a system.

In stark contrast, most other Georgians are of one mind in their conviction that all individuals should get the healthcare they need. This belief often elicits strong emotion, with many questioning the fairness and wisdom of the current system that leaves so many people uninsured. They understand the relationship between providing expensive emergency care to the uninsured and the cost of their own insurance premiums. They do not, however, support unlimited access and would oppose any system that did not require everyone to make a financial contribution toward their care. Many suggest a sliding scale where people pay according to ability. Further, they strongly assert that individuals who work should be insured and should receive priority in any system that provides coverage for all. For some, however, these feelings do not extend to undocumented immigrants.

Given these views, most Georgians ardently support a plan that provides affordable insurance for those who are uninsured, particularly the most vulnerable. They also recommend that any new plan aim to help those who are excluded from the current system, particularly the working uninsured, those who have lost jobs, and those who have been denied coverage due to pre-existing conditions. Coverage through such a plan should be comprehensive, should include preventive care, and should impose reasonable limits to control costs.

A CALL FOR SOLUTIONS

Georgians are issuing a clear call for solutions to stem the tide of rising cost and lack of access to quality care, and are willing to consider a wide range of options to address the problem of the uninsured. Although no one option emerges as a complete and ideal solution, it is generally agreed that any approach must take into account quality of care, fairness, affordability, choice, and shared responsibility among all parties, namely, individuals, employers, insurers, providers, and government.

Two options have the broadest appeal: a buy-in to the Medicaid and/or Peachcare programs and the formation of individual- and employer-based insurance pools. The buy-in concept is particularly attractive because the Medicaid system is already in place and a buy-in would encourage shared responsibility with enrollees. The solution involving individual and employer

SOLUTIONS MUST ADDRESS:

Quality of Care

Fairness

Affordability

Choice

Shared Responsibility

POTENTIAL SOLUTIONS

- 1. A tax-funded program that provides free or reduced cost health services to the uninsured**
- 2. Individual insurance pools paid for by participants**
- 3. Small employer insurance pools**
- 4. Small employer tax credits**
- 5. Personal tax incentives**
- 6. Individual subsidies for those who can not afford insurance**
- 7. Employer subsidies**
- 8. Expansions of Medicaid and Peachcare**
- 9. Medicaid and Peachcare buy-in**
- 10. Mandated employer offers of health insurance**
- 11. Universal health insurance**

pools offers the advantages of affordability, choice, and shared responsibility among employers, government, and individuals. It also would maintain the traditional employer-based health insurance system, which many Georgians find comforting.

Among less popular solutions, tax credits for individuals and employers are welcome but not perceived as an option that would work alone to reduce the number of uninsured. As with subsidies, Georgians feel that individuals would most likely not purchase insurance with the additional funds. A program of free or reduced cost healthcare services should also be considered but may not result in the delivery of quality care to everyone in need. Mandating employers to offer care is one of the least appealing options because of its likely negative effect on the economy overall, causing small businesses to close and employees to suffer pay cuts or layoffs.

Interestingly, universal health insurance as an option is not perceived as negatively as it was a decade ago (when Georgia Health Decisions conducted similar research). At that time, staunch and pervasive resistance to the idea of universal health coverage blocked any real debate or productive conversation on the topic. Georgians vehemently dismissed the idea, being distrustful of any system that was not based on competition and free market values. Underlying concerns about higher taxes and increased government involvement in healthcare, diminished choice and quality, and impact on personal responsibility continue to be voiced, but there is a new open-mindedness to this option. A growing number of Georgians now believe that a universal coverage system would give everyone access to the same “quality of care” regardless of their financial resources, would be more “user-friendly,” and would place more emphasis on “prevention.”

A TIME FOR LEADERSHIP

Georgians are in full agreement that the leadership to find solutions for the healthcare system crisis has yet to emerge. They call for such leadership among the state’s healthcare policy makers and providers, business and insurance industry executives, and elected officials. Most importantly, they want average people, like themselves, to take part in forming solutions. Sadly, they hold little expectation that rampant increases in healthcare costs will be reversed any time soon due to this lack of visible leadership in exploring and seeking optimal solutions. Citing earlier political failures, particularly on the federal level, Georgians fear that their elected officials now view healthcare reform



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“Let’s see this on the next referendum in Georgia and get it done.”

Man from Toccoa

“You’ve got your politicians, your insurance companies, and your employers, and it’s just a big mess.”

Man from Albany

as a pariah, too risky to undertake. While they realize that relief will not come “overnight” nor will solutions be easy, Georgians are ready to address this issue because they are all affected, either directly or indirectly, by its painful and seemingly chronic symptoms of high cost and limited access to quality care.

METHODOLOGY

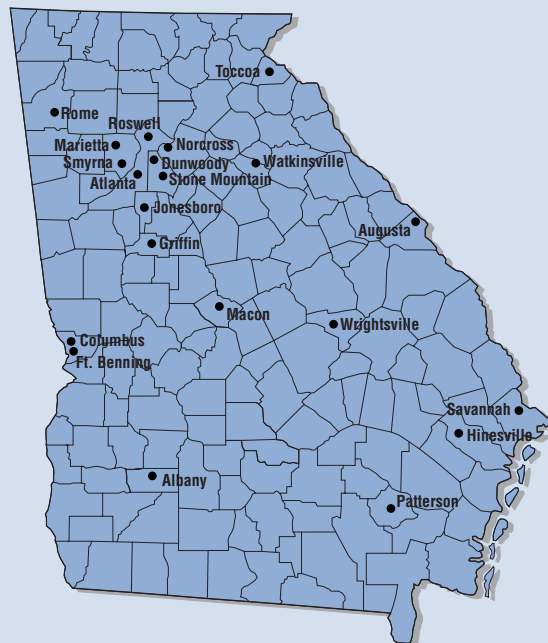
This effort relied on a scientifically valid population sampling technique known as the PRIZM Population Cluster Identification System developed by Claritas, Inc., a recognized marketing company specializing in the identification of neighborhood groupings with similar demographic backgrounds and consumer behavior patterns. The PRIZM System contains 15 Social Groups, each of which contains a stratum of the population based on degree of urbanization and income level. In Georgia, 10 of the 15 Social Groups represent 3 percent or more of Georgia’s total population. While it was determined not to be statistically necessary or financially feasible to sample Social Groups that made up less than 3 percent of the Georgia population, an exception was made to include the Urban Core Social Group due to the possibility that a large number of uninsured Georgians might have potentially been included in this Group. Combined, the 11 Social Groups represent 94 percent of Georgia’s population.

The focus groups were conducted in English in the communities identified as meeting the criteria for the Social Group. To ensure validity, two focus groups were conducted for each Social Group in different geographic locations where the PRIZM methodology indicated. The one exception was the Urban Core Social Group, where only one focus group was conducted due to the small size of that population. Participants fitting the description for each Social Group were solicited at random by telephone. Twelve participants per focus group were recruited, with an effort to match the age, race, and gender of the participants to those of the Social Group; an average of 11 individuals participated in each of the 21 focus groups. Each participant was provided a small stipend and a box meal for their participation. All focus groups were held in the evening and each lasted approximately 1.5 hours.

Focus Group Participant Demographics

Gender	Male	41%
	Female	59%
Age	20-35 Years	27%
	36-55 Years	49%
	Over 55 Years	24%
Education	Some High School	6%
	High School Diploma	52%
	College Degree	42%
Total Household Income	Less than \$25,000	24%
	\$26,000-45,000	41%
	\$46,000-85,000	22%
	Over \$85,000	13%
Primary Insurance Coverage	Employer Health Insurance	57%
	Individual Health Insurance	6%
	Medicare	9%
	Medicaid	1%
	Military Health Coverage	11%
	Uninsured	16%

Focus Group Locations



*For more information, please contact: The Governor's Office of the Consumers' Insurance Advocate 404-463-1010
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