



GEORGIA HEALTHCARE COVERAGE PROJECT

What Is the Georgia Healthcare Coverage Project?

The Georgia Healthcare Coverage Project is the result of a State Planning Grant for the Uninsured awarded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. The grant, awarded to the Governor's Office of the State of Georgia in July 2002, provides the state with the resources to collect data for formulating and evaluating policy options to reduce or eliminate the number of uninsured citizens in Georgia. Georgia is one of 32 states with State Planning Grants and was awarded a grant during HRSA's third round of funding.

The grant award to Georgia created the exciting opportunity to fund substantial research not previously possible and collect data that until now has not been available to Georgia's policy makers and citizens. Specifically, the grant enabled the simultaneous collection of data about the health insurance status of all Georgians in every area of the state, employee health benefits, Georgian's attitudes and opinions on the accessibility and affordability of health insurance and health care, and attitudes and opinions of key Georgia decision-makers. Each of these data collection efforts, conducted between September 2002 and January 2003, are described below.

How Was the Information Collected?

GEORGIA HOUSEHOLD HEALTH INSURANCE SURVEY

The University of Minnesota's School of Public Health Survey Research Center conducted a random digit dial telephone survey of Georgia households between October 2002 and January 2003. The purpose of the survey was to provide an accurate estimate of the number of uninsured citizens in Georgia by location, income, and selected characteristics that vary with insurance status.

The survey instrument was tailored specifically to Georgia and was based on the Coordinate State Coverage Survey designed by the State Health Access Data Assistance Center (SHADAC). Survey topics included health insurance status, access to health insurance, type of coverage, health status and access to care, use of services, and demographic characteristics of respondents. The survey design permitted data collection regarding the health insurance status of each individual in a household as well as detailed data about a randomly selected target individual in each household. Interviewers administered the survey using computer-assisted telephone interviewing (CATI) software, and the survey was conducted in English. The average interview lasted 12 minutes.

The random sample of Georgia telephone numbers was stratified by location and family income. Of the 46,804 telephone numbers included in the sample, 5,880 were never used, and 23,771 were either not household numbers or were not accessible due to technical problems. Among the respondents, 492 were unable to complete the survey due to language barriers, 692 were not eligible or were not mentally or physically able to respond, 5,810 refused, and 68 participated in partial interviews. A total of 10,088 respondents completed the full survey, with an overall response rate of 44% and a 63% cooperation rate.

GEORGIA EMPLOYER HEALTH BENEFITS SURVEY

Georgia State University completed a health benefits survey of 7,104 business establishments in Georgia, selected at random based on firm size and location. The purpose of this survey, conducted from October 2002 to January 2003, was to gather data on the characteristics of each establishment's work force and the benefits available to employees.

The survey sample was drawn from the ES202 Firm-level Employment and Address Data, collected by the Georgia Department of Labor, and compiled from the Tax and Wage Report, which is filed quarterly by



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each Georgia employer covered by unemployment insurance legislation. Georgia has a total labor force of approximately 3,935,000 individuals. The original sampling frame for this study consisted of a total of 239,258 records that represented 197,321 single site firms and 41,937 establishments that belong to 2,587 multi-site firms. The data reflected information on all private and local government employers in Georgia, who together employed 3,629,496 individuals in the fourth quarter of 2001. The state and federal workforce in Georgia, consisting of approximately 308,000 individuals in 2001, was excluded. Establishments with only one employee in the last month of the fourth quarter of 2001, and any establishment reporting no employees at the beginning of the quarter, were also excluded.

The survey was mailed with a request that the letter be forwarded to the individual responsible for employee benefits. The employer or representative was asked to complete one of two forms depending upon whether or not employees were offered any health benefits, and the respondent could submit replies electronically, by fax, or by mail in a pre-paid envelope. A follow up postcard was mailed to establishments that had not responded three weeks after the initial mailing, and a second survey was sent to those establishments that had not yet responded after six weeks. Accounting for 575 addresses that were identified as undeliverable, a total of 1,399 employers responded to the survey—a response rate of over 21%.

GEORGIANS ON HEALTH INSURANCE FOCUS GROUPS

Between September 2002 and December 2002, 21 focus groups were conducted to measure 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 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% 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% 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% 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 permitted. 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 hours and all lasted approximately 1.5 hours.

ATTITUDES OF SMALL GEORGIA EMPLOYERS ON HEALTH INSURANCE

Between February and April 2003, five focus groups with Georgia's independent small employers were conducted in the employers' communities. Small employers are those defined as having between 2 and 50 employees. Because there is no methodology similar to the PRIZM system for employers, the five focus



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groups were conducted in, and the small employers recruited from, five geographically separate and economically distinct counties in Georgia. Four of the counties selected lie outside of the metro-Atlanta region and represent each of the four county "tiers," defined by the One Georgia Authority as a relative measure of economic strength and utilized for the purposes of providing job creation tax credits. In addition, one metro-Atlanta county was selected for the purpose of differentiating between metro-Atlanta small employer concerns and the concerns of small employers elsewhere. Eight to twelve employers participated in each focus group and received a small stipend and a box meal for their participation.

GEORGIA KEY DECISION MAKER INTERVIEWS

Interviews with 44 key Georgia decision-makers were conducted for the purpose of understanding the attitudes and opinions of key leadership about health insurance, the uninsured, and access to care. Individuals were selected from the following five professional groups: consumers, employment in the executive branch of state government, insurers, legislators, and providers. Criteria for selection included current position, prior experience, and influence on healthcare related decisions in Georgia.

Interviews began in September 2002 and continued through March 2003. Originally, 28 interviewees were identified. However, due to the election cycle, four individuals who were not interviewed as of the date of change in state leadership were removed from the interview list and 20 new individuals were added as emerging key decision-makers or individuals initially not identified, bringing the total to 44. Individuals identified for participation were sent letters requesting their participation. Telephone, and in some cases in-person, follow-up took place to schedule the interviews. Non-respondents were sent a second letter.

All interviewees were asked to answer the same set of questions relating to their opinions on the uninsured, access to health insurance, and their beliefs about solutions to health insurance access issues. Interviews lasted about 30-45 minutes, and interviewees received no compensation for their participation.

ASSESSMENT OF GEORGIA'S PRIMARY CARE SAFETY NET

The National Center for Primary Care at Morehouse School of Medicine assessed the availability of low-cost or sliding-fee primary care services for the uninsured throughout Georgia. Conducted between September 2002 and February 2003, this assessment identified affordable primary care services available to an undifferentiated patient, rather than isolated categorical programs offering individual services such as mammography or family planning.

To meet the criteria for inclusion, a clinic or healthcare organization needed to be able to offer low-cost visits with a doctor or nurse practitioner to patients with a broad range of presenting conditions (such as adults with high blood pressure or children with history of asthma). To ensure that all aspects of the primary care safety net were taken into consideration, a wide variety of sources of information were used. Sources included a survey of district health officers, an information request made to Georgia's Division of Public Health, the HRSA Uniform Data Set and the HRSA Health Professional Shortage Areas database, the Georgia Association of Primary Health Care, the State of Georgia's Office of Rural Health, the American Medical Association Master File database, the Georgia Hospital Association, and the Grady Health System.

What Do the Data Show?

The data collected tell us more than we ever knew before about uninsured citizens in Georgia. In particular, the data reveal that access to health insurance is a statewide problem, not isolated within any particular city or area. They also show that uninsured Georgians are of all income levels, employment situations,



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racess and ethnicities, and ages, with some segments of Georgia's population more affected than others. The data also demonstrate that Georgians and Georgia's small employers have strong feelings about access to health insurance.

When and Where Can I View the Results?

Because the information available from the data collection effort is extensive, it is not possible to make available all the results at one time. Therefore, information will be made available on the www.insuringgeorgia.org website according to the following schedule:

March 2003 Who Is Uninsured in Georgia and Why? The demographics of uninsured and insured individuals in Georgia will be described through a series of reports that explore distinguishing characteristics, such as age, gender, geographic location, and employment status. The causes of un-insurance and the status of employer-sponsored health insurance, particularly by size of employer, will also be examined.

April 2003 Why Does Health Insurance Coverage for Georgians Matter? Attitudes of the public and employers on access to health insurance will be shared. In addition, information will be reported on costs associated with the uninsured.

May 2003 and Beyond What Can Be Done About the Uninsured in Georgia? Information about the uninsured, tailored to the geographic interests of state leadership and local governments, will be presented. Common themes and ideas for reducing the number of uninsured citizens will be described and analyzed.

How Will the Results Be Used?

The information emanating from this multifaceted effort might be used by policy makers to evaluate legislation and existing laws or by state agencies and non-profits to evaluate current programs. In addition, the data could be used by communities to justify the need for programs for the uninsured, such as Federally Qualified Community Health Centers. If future studies take place, the data could be compared to new data over time to measure change. However, the primary purpose for engaging in this simultaneous collection of data is to support the second phase of the State Planning Grant for the Uninsured. Scheduled for March 2003 to June 2003, this next phase will formulate and evaluate policy options that take into consideration the complex challenge of providing Georgians access to health care through health insurance or other financing mechanisms.