
IOWA DEPARTMENT OF PUBLIC HEALTH

State Planning Grant



Striving to Expand Health
Insurance to All Iowans

Focus Group Proceedings
Spring 2001

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Key Findings

Health insurance – is it a broad issue with many implications for lowans? Is it a right to have health insurance? Is it a luxury? Is it a benefit of job or economic status? Should government play a role in health insurance beyond traditional federal programs? Is it an important issue to lowans in general or only to those who do not have health insurance? Currently, 10 percent of lowans have no health insurance coverage. Should the state accept that some lowans will always go without insurance or is it the state's responsibility to see that every lowan has health insurance coverage?

These questions were posed and addressed at a series of focus groups that were a part of Iowa's **State Planning Grant Program: Striving to Expand Access to Health Insurance to all Citizens**. The State of Iowa received a federal grant to conduct this planning project to study the issue of expanding access to health insurance for all lowans.

As part of the State Planning Grant program, the state wants to hear from lowans from across the state about their perspectives on health insurance. How do lowans react to the uninsured in their state? What are their perceptions of the problem of access to health insurance? Do lowans support an effort to increase access to health insurance? If the public appetite of the issue of uninsurance is that, indeed, action should be taken to increase access, what alternatives do lowans suggest?

These proceedings from a series of eight focus groups conducted in various parts of Iowa shed some light on these important questions and give insight into what lowans think about these issues.

Based on the comments elicited at the eight focus group meetings, some common themes or perceptions emerged:

- Participants agree health insurance is a quality of life issue, especially if people do not have insurance or pay a great deal of their income for insurance coverage. Participants also believe healthy lowans result in a more productive workforce, which results in a better state economy. Insurance coverage also results in employers being forced to offer more competitive benefits packages. Good, affordable health insurance also helps to retain and attract lowans. Participants also said lowans should not be forced to choose food or medicine versus insurance because of cost, particularly the elderly.

- Participants believe health care is a human right, and that most Iowans can access care if they choose to or when they need to. Participants also say many cannot access health insurance - the primary means to get care - because it is too costly, unless it is provided as part of their employment or they qualify for a federal program. A majority of the focus group participants believe individual responsibility rightly plays a part in Iowans' ability to access health insurance. The belief seems to be that Iowans should pay what they can, if the private sector or government can help control costs.
- Participants support the notion of a statewide insurance pool, where all Iowans could gain health insurance through the private sector. Participants believe such a pool would reduce health care costs and insurance premiums. In fact, they say if every Iowan had health insurance, healthier and more productive Iowans would be the result.
- Participants have a picture in their minds of who the uninsured are and how they get access to care. In general, the focus group participants believe the uninsured go without health care or turn to emergency rooms as their only recourse. Some see farmers, part-time employees and the working poor as the "typical" uninsured Iowan. Others have a broader view and say any Iowan can find themselves uninsured if their personal circumstances change.
- Participants believe insurance coverage should focus more on preventative medicine rather than waiting until Iowans face a health emergency. They believe a preventative focus will assist in reducing health care costs overall, including insurance premiums.
- Participants appear to divide the population up by need. For example, they agree all children should have health insurance. They also agree the elderly should continue to benefit from Medicare and believe prescription coverage should be offered. For adults, participants believe the workplace is where they access health insurance. There is general agreement that businesses should receive financial incentives to offer good health insurance to employees. If Iowans are self-employed, a pool would assist those Iowans to receive health insurance in the private sector.
- There is little support for national health insurance among participants. There is some increased support for a state health insurance program, but most do not support government insurance programs. Participants prefer to see a public/private partnership if government must be involved.

- Participants believe individuals are responsible for their own health care and insurance, except for children. Most believe people should be required to pay what they can, and support a sliding fee scale for insurance premiums.
- Participants agree every lowan should have health insurance, but they do not believe there is a large public outcry to address this issue. They say there is a need for public education about the issues surrounding the uninsured.
- When asked to rate health insurance as a human right, a benefit of economic level, responsibility of society or a luxury, the participants are split. There is no clear agreement on which statement participants agreed or disagreed with. Many view this as a philosophic question and the opinions vary.
- Participants say that if the state must get involved in creating an insurance program, the program should protect patient choice of physicians and other health care providers. Many participants say they would prefer to see funds spent at the local level rather than the state level if there was to be a statewide insurance program.

Overview of State Planning Grant

Iowa's State Planning Grant Program: Striving to Expand Access to Health Insurance to all Citizens

Iowa is one of 11 states awarded a significant grant from the federal Department of Health and Human Services (HHS) to assist in developing and examining options to expand health insurance benefits to its citizens. In FY 2000, HHS awarded \$13.6 million in grants to 11 states to develop designs for providing access to health insurance coverage to all citizens. The overarching program goal of the State Planning Grant Program, under which Iowa's award falls, is to encourage states to provide access to affordable health insurance coverage to all citizens by providing states the resources for planning and developing a supportive policy environment for implementation of these plans.

Iowa's grant is being managed by the Department of Public Health (IDPH). Iowa has selected a multi-faceted strategy to approach this initiative that is largely based on research and public input. The grant's goals include:

- Build a complete and data-driven picture of Iowa's uninsured population.
- Build a complete and data-driven picture of Iowans' beliefs on expanding access to health insurance.
- Design coverage options that will incorporate data on the uninsured and Iowans' beliefs regarding expanding access to health insurance.
- Create a strategy to achieve the goal of expanding access to health insurance.
- Prepare a report to the Secretary (of the Department of Health and Human Services) which can be used by other states to expand access to affordable health insurance to their citizens.

To accomplish the above goals, Iowa has formed a Strategic Planning Grant Alliance to oversee the effort. Led by Lt. Governor Sally Pederson, the Alliance will consider findings gained from extensive research and public input and create a strategic plan to move the state toward implementation of policies and programs necessary to increase and expand access to health insurance.

Striving to Expand Health Insurance to All Iowans

The IDPH has contracted with two firms to conduct grant activities. The Lewin Group is a consulting firm specializing in healthcare and economics policy. State Public Policy Group is an issue management company with an extensive history in healthcare issues and working toward policy change to assist Iowa's underserved populations.

Focus Group Methodology

Selection of Sites

The selection of sites for the eight focus groups held in March was based in part on geographic dispersion. It is important throughout this initiative to reach all areas of the state, given the emphasis on ascertaining public opinion about the issue of increased access to health care insurance to all Iowans. SPPG staff will ensure the additional 10 regional forums and the final round of focus groups are held in communities that cover the state geographically. The first round of focus groups afforded a good start.

Equally as important as geographic dispersion was the assurance that opinions were gained from individuals residing in both rural communities and larger urban centers. Opinions can vary widely in different settings and important lessons can be learned about how the state's plan should be developed to ensure full public support. We have also found that the general public views research findings as more credible when there is an assurance that opinions were sought from individuals with a variety of perspectives. Particularly in Iowa, the rural/urban issue is a key consideration.

Invitations/Selection of Participants

One thousand invitations were mailed to people living within a 30-mile radius of each community where focus groups were held. One-quarter of the invitations for each focus group were mailed to individuals with a record of involvement in public policy issues. For purposes of this study, these individuals were termed "activists." The other three-quarters were registered voters that had voted in the last two general elections (1998 and 2000) selected randomly from the Secretary of State's registered voter list. Up to eighteen reservations were accepted for each focus group. Within those eighteen individuals that agreed to participate, no more than six "activist" reservations were accepted.

Typically in focus group research, an incentive is used in order to gain participation from the desired population. In this case, participants were paid \$40 cash and provided a light meal during the focus group. In one instance, an additional \$20 was paid to one participant to cover childcare costs relating to participation.

Structure

The structure of the focus groups was consistent throughout the eight sessions. Each facilitator worked from a script that was designed to elicit the desired information without leading the responses of participants. The script was comprised of a series of three

premise paragraphs, which were each followed by several questions. The premises help participants understand the frame of reference for the follow up questions.

Participants were asked to sign a release in order to record the sessions. Sessions were tape-recorded following the introductions, and each session had a staff person stationed at a laptop computer to document participants' responses to the questions. When possible, verbatim responses were recorded. All comments were non-attributable - responses were never associated with the individual making them.

For the most part, participants, while encouraged to respond to questions, were not required to do so. The exceptions to this were questions number three under the first premise, and the final question. This structure encourages participation and allows more reticent individuals to "warm up" by responding to a couple of relatively simple questions. The facilitator worked to ensure that participation was easy and freely given, and that one or a few individuals didn't control the conversation.

While we built in this means to ensure participation of all participants, we found that it wasn't necessary. Individuals who chose to participate in these focus groups had a lot to say, and little encouragement was necessary to elicit responses to the questions.

Focus Group Summaries

Waterloo – March 12, 2001

State Planning Grant to Reduce Uninsurance

Focus Groups – Round 1

Covenant Hospital

12 Participants

Premise 1

Having access to health care insurance is a quality of life issue that can affect us in many ways – the health care we receive, the health care our family members receive, our economic status and well-being, and for our own peace of mind. For many of us, having access to health care insurance is a given. Some of us take it for granted because it is provided through employment, or we have the financial means to purchase it. Those of us who are fortunate enough not to be heavy users of health insurance are assured that, if we need it, our insurance is there.

Given these statements, consider and answer the following questions:

1. The premise stated that health care insurance is a quality of life issue. How is this a quality of life issue in lowans' lives?

- People can't afford it.
- If people don't have it, they just go without it.
- It is needed at all levels; healthier families will equal a healthier state. It will be good just to know it is taken care of.
- We are greatly impacted by the health of our family. If something catastrophic happens, you are in trouble.
- I see people every day who have to choose between medications and groceries. That isn't right and isn't the way it should have to be.
- I think younger people need to start thinking about it sooner. Then maybe employers would address it sooner.
- It seems like young people forgo it because of the cost.
- People don't seek help because of the cost but preventative care would be cheaper in the long run.
- It is a scary thing with small children not to have health care. If you feel you are not providing for your children, you feel like a failure.

- We are self-employed and our rates were just raised. It is difficult when you are self-employed.
- We are retired and one year our rates doubled. When you are older there are more things that you need health insurance for.
- It was commented how it affects productivity. I have been blessed with coverage and good health so I am really having my eyes opened to what other people are going through. I see it as one and as an important one. When I received this card the word political came to my mind. I was wondering how you are funded. I prefer to see less government involvement in this.
- On a personal note, people with severe illnesses are really affected when they aren't able to eat or care for themselves.

2. How important is it to you that all Iowans have access to health care insurance?

How important is it to Iowa?

- For me personally it is important. My husband has been disabled, lost his job and I have private insurance for our four kids and myself. I have had to take care of my kids and let myself go by the wayside. I would hate to see anyone in that position. I have always enjoyed living in Iowa, want to continue to live in Iowa, and think that Iowans need to take care of their own.
- It is important for people to stay healthy to help Iowa. There are a lot of people in Iowa who fall through the cracks and don't have insurance. I am lucky and have it through work but my husband has been out of work for two years. If I didn't have mine we would be in trouble.
- In awful situations it is important to have that net there for people.
- I think elderly people should have access to medicine.
- National health care was an issue with the last presidency and I would prefer it if it were a state issue. I would like to have more control over what our health care should be.
- I think it is very important to see everyone has health care available and if we want to keep our young people, we need to have it available.
- The word access was in the question. I think everyone needs access so they can have options. Right now it appears that there are a lot there already which is exciting to me. I was encouraged to see that there are options there now.
- I wish I knew what the statistics were on people in Iowa. But if I were to narrow it down, I think children need it the most. They are our future. People would give everything to have their health.
- I think we also have to be concerned about health care on a national level.

3. Which of the following statements do you agree with the most? Which do you agree with the least?

- Health insurance is a human right [three least, three most]
- Health insurance is a benefit of one's economic level [six most]
- It is the responsibility of society to provide health insurance for all [two most]
- Health insurance is a luxury [one most, nine least]

Premise 2

Some lowans do not have access to health care insurance. As you know, health insurance is a real comfort to a family with children, and especially important if there are family members with chronic illnesses. You also know that the times and the situation are always changing in Iowa. The economy may now be entering an uncertain time, and health care provider systems and insurance options are changing as well. For a variety of complex reasons, including economic hardship, about 10% of the people in our state have no health insurance. Through a federal grant, the state is developing a plan to come up with a way to offer health care insurance to all lowans. It is our job to assess what the public thinks about that idea.

1. Where do you think those 10% of lowans who are uninsured go for their medical care or do they receive medical care at all?

- Probably go to the emergency room.
- In Black Hawk County, they probably go to People's Clinic.
- Iowa City is a well known place to go.
- I don't think they get health care with any regularity, they only get care when they are really sick.
- I think emergency rooms or special clinics.
- I am surprised that it is only 10%. That seems low.
- We have a dichotomy here. The difference is between access and being able to afford it. I think people have access to it but will have to pay more for it.
- Veterans Hospitals are another place.
- I've never thought about it. When I go to the doctor, there are people there but complete health care needs to begin in the home. I had parents instill in me the need for proper health care.

2. Describe what you believe to be the characteristics of an "average" uninsured lowan.

- I don't think there is an average. He maybe wore a suit to work last week, but this week doesn't have a job.

- I think that as a large group you have to look at people in the middle of the economic scale. The upper end of the scale has insurance and so does the lower end of the scale with other benefits.
- Being self-employed, we were dropped from health care and I don't consider ourselves "uninsured."
- Low income people.
- Immigrants.
- I don't think we know who they are because they are interspersed with the "regular" population.
- I think the average uninsured is employed, but they are low wage earners.
- Rural families have more difficulty getting to places for health care.

3. What would be the advantages of everyone having health insurance in Iowa?

- Rates would drop for everyone. Visits to the doctor's office would go down. We are paying for everyone who doesn't have the insurance. The doctor's bill for the max but sometimes insurance pays only a portion and I wonder where the rest goes.
- There is always someone in the group who needs it. If Iowa were one large group, costs would go down.
- We would have a healthier population if people went for preventative care instead of just going to the emergency room.
- I think there would be a well being if people had health care.
- Emergency rooms are an expensive way for people to get health care. Getting health care in a timely basis is less expensive.
- A healthier work force helps the productivity level of the state of Iowa.

4. Now we want you to compare the importance of providing health insurance for all Iowans to the importance of benefits provided in other programs. Is it less important, as important, or more important to provide health insurance to all Iowans compared to providing.....

- Services to people with disabilities
 - Social Security
 - Veterans' benefits
 - Private retirement plans
-
- The same
 - Equally important
 - Equally important
 - Equally important
 - It is a choice

- Equally important

5. This plan will need the support of all Iowans to succeed. For health care insurance to be more widely available, more private sector companies will need to offer coverage to more employees. If it were up to you, how would you go about gaining the support of the business community to offer insurance to more employees?

- I think the companies wouldn't want to do that. They don't want to pay any more than they have to.
- I agree, tooth and nail all the way. They don't care about the health of their employees as much as they do the bottom line.
- I think when employees get older, the employers let them go on down the line. Employees are viewed as less important than they used to be.
- A healthier work force will increase productivity and help all costs. Maybe a tax incentive.
- I am lucky now to have good insurance but money going there can't go elsewhere. There needs to be fiscal incentives.
- The average uninsured Iowan is employed but the employer can't afford it. I think there needs to be enticements. It does help productivity.
- If you have to pay insurance, you might not be in business. I think though it is a human right issue. Hopefully through education, the broader picture, common good, would come through.
- When unemployment is as low as it is, it seems like an obvious enticement. People need to be reminded of that.
- Are you going to address areas other than businesses? When we draw up the bills, they say to not bother because we won't get money for that. I think that if you bring up the issues you need to get those ideas out there.

Premise 3

Many of our Iowa communities provide health care services for people in all kinds of personal or financial situations. The "free care" that you hear about - like the care provided in emergency rooms, community health centers, or free clinics - is not really free. It has to be paid for by somebody, or hospitals and other health care providers would go out of business. Through a variety of mechanisms, including our tax dollars, "free" care is paid for by all Iowans.

1. Who should be responsible to make sure all Iowans have access to health care? Is it the government, the private sector (business), or should it be up to uninsured individuals?

- Private sector. People don't want to take the responsibility.
- Too general of a question. I think everyone should be involved.
- I agree. Government has the means and the responsibility to organize some kind of programs. The creativity comes from other places.
- Small towns have fundraisers. In a smaller set-up, they know who needs the help where the government wouldn't.
- I prefer the government to be out of my life but I think they are the only ones who can provide the access. They are the only ones so far to offer equal rights.
- I agree. I don't think the other two groups can provide that access.
- I would say the 2nd and 3rd ones. Government is the people; the condition of the people is what will get the people motivated. When I picked up information, it wasn't all government programs. The faith-based communities can provide a lot of access. I prefer to keep it with the private and uninsured.

2. How should it be paid for? By what means?

- I've had one basic philosophy and that is government should not do for an individual what they can do for themselves. They should do on their own what they can. Those who have limitations should receive help.
- I've had friends who didn't want to come tonight because they thought it was close to socialism and we don't want to pay for others who aren't doing for themselves.
- Two ends of the spectrum. There are some who will never be able to pay, but I think people need to pay what they can. Insurance companies should be able to work together to come up with a plan.
- I have trouble with what quality health insurance would cover. Have there been discussions on what it should cover? Everyone should help everyone but there is always the contrast of what we have compared to other countries.
- Insurance by its very nature is a community effort. The people who pay it you hope are paying for people who do need it. I've worked in missions for 25 years where you just go from day to day to day and don't plan ahead. Overall it has to be a community effort.
- Let's take some of the gambling revenue from Iowa and use that to attract companies that want to help pay.

3. A portion of your monthly auto insurance bill goes into a fund to help others that may be in an accident with an uninsured motorist. While you may have never used this coverage, it is available to you. What if the same concept was used to pay costs for Iowans without health insurance? How much of a monthly surcharge would you be willing to personally pay on your health insurance for this purpose?

- I don't know at this point that I would be willing to pay a lot. I think we need to bring it under control first.
- I think five percent. I would like to see something with the sales tax.

4. Health care under such an insurance system as we are discussing could be delivered to people in a variety of ways. Please tell us your ideas or suggestions about how it should be delivered? We are interested in how it would be provided, not how it would be paid for.

- My secondary insurance has an 800 number you can call and ask questions but it lets you know if you should go to the doctor. It might keep some people out of the emergency rooms.
- There seems to be a big category of rural. They have to go farther, don't have as much available and it is more costly.
- Go to city hall; use the doctor over the Internet. There is always a doctor in that little box.
- PA clinics all around the state. You should go there but don't wait until you are at death's door.
- I think you would have to use existing structures. You don't want to start building new structures. There is a structure in place. Give people a little plastic card that goes through an administrative procedure.
- I don't know that I have an answer.
- HMO's are saving money. Not everyone agrees with how that is done but I think it could work.
- People should be within 15-30 minutes of getting health care.
- It's not a life and death situation but telemedicine could be very helpful.

5. How much public demand is there for providing insurance to those lowans that do not have it? What would the state have to do to make it an important issue to everyone?

- I don't think there is a public demand. It isn't in people's minds.
- The general public thinks that we have Medicaid. Most people think it is taken care of if they need it.
- There is a need for free clinics. I think through information, families of all ages could use free clinics.
- Influential people need to make decisions and be advocates for the people who need it.

Final Round Robin

For the last several years in Iowa those without health insurance have amounted to 10% to 12% of the population. Does it matter that some percentage of Iowa's population go without health insurance? You can answer by a simple yes or no – we'll just proceed around the room.

- All answered yes.
- There is so much corruption in insurance we really need to be careful about how this is handled.
- I am also worried about socialism and how the private sector will be affected by insurance coverage.

Ottumwa - March 13, 2001

State Planning Grant to Reduce Uninsurance

Focus Groups – Round 1

River Hills Community Health Center

16 Participants

Premise 1

Having access to health care insurance is a quality of life issue that can affect us in many ways – the health care we receive, the health care our family members receive, our economic status and well-being, and for our own peace of mind. For many of us, having access to health care insurance is a given. Some of us take it for granted because it is provided through employment, or we have the financial means to purchase it. Those of us who are fortunate enough not to be heavy users of health insurance are assured that, if we need it, our insurance is there.

Given these statements, consider and answer the following questions:

1. The premise stated that health care insurance is a quality of life issue. How is this a quality of life issue in lowans' lives?

- I do agree – I'm just trying to elaborate.
- Quality of life is being able to go to a hospital and being able to live. Health insurance provides quality of life.
- I think it's more a life and death issue than a quality of life issue – if you don't have a health card, they won't admit you into the hospital.
- If you go to the emergency room, they can't deny you service.
- I think one hospital in every county has to accept anyone, but I've heard stories of when you show up at the ER and they find out you don't have insurance, they'll send you down the road.
- And even if you get the service, you'll still be charged for it later down the road.
- My daughter works at the hospital and she has to write off a lot of her costs for people who can't pay.
- My biggest problem is that if you don't have insurance you don't get preventive care, especially with children.
- It reduces anxiety with families – especially with children. A lot of farmers worry continually about not having insurance. They can't afford it.
- Without farmers we wouldn't have a world.
- Right, and we leave them uninsured.

- Very few medical events are actually emergencies. A lot of problems can actually be prevented, but unfortunately, in our country, we don't do a lot of preventive medicine, even if you are insured, because it's just not available, at any price.
- Another issue that affects quality of life is that something can be caught and treated at an early stage, but because they don't have insurance, they don't treat it until it becomes an emergency, and then we as a society end up paying for it. We need better preventive care and we need more health insurance for everyone. The US is the only developed country in the world that doesn't provide health insurance for everyone.

2. How important is it to you that all Iowans have access to health care insurance?

How important is it to Iowa?

- Very important. (much agreement)
- I think it's as important as free public education is for all Iowans.
- Absolutely.
- I don't want it like England or Canada though. I spent a lot of time up in Rochester, and half the hospital is filled with the English or Canadians, and they have to get their medical care at a certain time.
- It's fundamental. I was travelling in Europe and had a medical emergency, and I felt much safer knowing that it was a socialist.

(Explanation from facilitator) *When we're talking about providing health insurance, we don't know the level of benefits or how it's going to be provided – and the department itself doesn't know – think about the question in the broadest sense.*

- I'm not sure, it would depend on how it would be funded or provided. It seems like a lot of times the quality of care goes down, it's like you need a key phrase, like "I have asthma." It's the same with the military – I think I had strep throat once, and couldn't get an appointment, and once I got in, the nurse was upset because the time slot was supposed to be kept open.
- It's important that we have some way of keeping people healthy, be it a voucher system. . .being healthy is the key to everything, you can't be a good farmer or a good teacher if you're not healthy.
- If it means to have everybody covered in a poorly-run system, and it means the majority of us get less care, then I'm against the system. In a perfect world, yes, everyone should have it, but not at the cost of my family's health.
- The schools started serving breakfast, and some of the kids would eat and eat until their time was up, and some of us started thinking that maybe that was their only meal. A child's job is learning.

- I have family members who are medical folks and you don't know how hard it is to get their prescriptions filled. If we could do nothing else in this state but make sure that poor folks get their prescriptions filled at the same rate as those individuals with insurance. This plan needs to provide some strong oversight on this issue.
- I think Iowa has a tremendous image in the U.S., but it's also very clear that we have an aging population, a population that is uniform racially, and the country is starting to think of us in a different way. Good health insurance would be a great plus for the whole state.
- I've been living in Iowa for 17 years, but I'm from Quebec, where there was universal coverage, and my mother had trouble getting treated right away. Here, the medicine is more aggressive. In Canada, the medicine is a little slower, but my parents are 80 years old, and they get everything they need.

3. Which of the following statements do you agree with the most? Which do you agree with the least?

- a) Health insurance is a human right
 - b) Health insurance is a benefit of one's economic level
 - c) It is the responsibility of society to provide health insurance for all
 - d) Health insurance is a luxury
- c/c – There are all kinds of health insurance, but some plans only cover about half the things that could go wrong with a person, it is the responsibility of society to provide high quality health care and preventive care.
 - a&c/c – I think we should take care of each other, but I don't think the government should be involved.
 - c/a&c/d – I think it is a luxury, because I haven't had it for 25 years and it's a luxury.
 - a – Basic care is a human right, I don't know if it's an insurance issue.
 - I, too, am having problems with insurance. My husband and I have punched a time clock all our lives, as "so called" professionals, and we chose jobs that would provide us with health insurance. We made choices.
 - a&c – I have 17 grandchildren, my son-in-law has insurance, but it is of no value, They have a hospital bill and a dental bill, and his paycheck doesn't cover it, and they don't qualify for any help.
 - Insurance is important if it works. A lot of times even if you have a prescription card, the pharmacy would tell you it didn't cover the medication. I would say c – but getting proper medical care is a luxury. Should it be a luxury?
 - c – The reason I say that is that I feel many employers don't offer health insurance or they offer little insurance, and sometimes the company is too small and the costs are prohibitive, but I feel a lot of employers look at the bottom line and say we can give

more money to shareholders if we cut the insurance benefits, and if we lose some people, the market is good enough that we can fill that spot. I think as long as we have the free-market system we need to have government-regulated health care.

- I don't know which one to pick. My husband says that the hospitals charge more now because the insurance companies will pay it.
- When we started out my wife and I started a small business and I couldn't afford insurance, but I kept putting aside money and that's what we used to take care of our medical needs. We sold the business and went into teaching and got insurance. Insurance is a luxury. I know we've got a lot of young kids who want to get married way too young these days, and they don't think about the future, and that kind of bothers me.
- I agree that a & c are probably the most important. I really like the idea of preventive care. For example, I'm on Medicare, and every year I go for a physical, which is not covered, and they'll pay for kidney transplants, but not the physicals. But we in Ottumwa are very lucky that we have this facility, and people can come here and get served and pay on a scale according to what they can afford.
- I think the health care concept is a wonderful idea, if you could bypass a whole level of administration and skip the insurance and just go to care.
- I'd say a & c, but I'd also say get rid of insurance and just provide care.
- I know I'm definitely the minority, but I don't feel that it's a right, but I don't think I should have to pay, but I don't think that if someone takes my money and gives it to someone else, that's forced charity, and that's not right. No where in the Constitution does it say that we have the right to health care. Everywhere in society we've said it's my right, we've victimized these people with Medicaid and welfare and Social Security.

(Additional question from facilitator) Do you think education is a right?

- I believe education through high school should be funded through my taxes.
- You may not have a child in school, but you still pay taxes to pay for the schools.

Premise 2

Some Iowans do not have access to health care insurance. As you know, health insurance is a real comfort to a family with children, and especially important if there are family members with chronic illnesses. You also know that the times and the situation are always changing in Iowa. The economy may now be entering an uncertain time, and health care provider systems and insurance options are changing as well. For a variety of complex reasons, including economic hardship, about 10% of the people in our state have no health insurance. Through a federal grant, the state is developing a plan to come up with a way to

offer health care insurance to all lowans. It is our job to assess what the public thinks about that idea.

- 10%? That's a crock.

1. Where do you think those 10% of lowans who are uninsured go for their medical care or do they receive medical care at all?

- About half of my married life I haven't had health insurance. I think quite a lot of it is through a school nurse who may take care of health situations. I made arrangements for a child who was pulling out rotten pieces of her teeth in class with a dentist at a lower cost. I very carefully told the parents and they told me that they were going to buy her a poodle.
- When you do not have health insurance you don't go to the doctor until you're ready to die, because if you do have money for the visit you can't afford to buy the prescriptions.
- I think the counties help a great deal, and each county is allotted a certain amount of money to send people to the University of Iowa – they set a limit, and once you go over that limit, the county helps out.
- When you say 10% don't have health insurance, does that include people who have Medicaid or Medicare?

(Facilitator comment) No, those are people without insurance.

- I do business with the Amish, they don't take Social Security or any of those services, they take care of each other, are they talking about those types of people?

2. Describe what you believe to be the characteristics of an “average” uninsured lowan.

- I've always been very self-reliant, though I haven't always had insurance. I think there's no reason. You may have a job that doesn't offer you insurance, like the farmers. I'm an independent businessman, I've got three employees including myself, I joined the National Business Association and got insurance through them, it cut my costs in half, from Blue Cross and Blue Shield.
- Characteristics are self-employed, underemployed or xxx – there are some people who just don't know what's out there.
- I think the majority is people of low income and can't afford it.
- If you're working for minimum wage, you're doing well to put food on the table and pay the rent.
- I'd like to know how they came up with the 10% figure.

- Some of those people could have the insurance if they wanted to work.
- Yeah – but you’ve got to look at the reality of the way that people are.
- I’m old, I’ve got MS, I’ve had it for 45 years, I retired at 65 and I still walk today.
- You’re very lucky, your skin care is appropriate, your sex is appropriate.
- Yeah, but if you want to work in Iowa City, you’ve got to pay the first and last month’s rents, you’ve got to have a car to get there.
- If you don’t have health insurance, and there’s a job available that pays, you can’t expect me to provide insurance.

(Facilitator comment) *So if everyone were motivated, we’d go to a job that has health insurance, and leave all the jobs that didn’t have health insurance, they’d have to provide.*

- The insurance companies would get together and make sure those businesses didn’t dry up.

3. What would be the advantages of everyone having health insurance in Iowa?

- It would be an advantage to the taxpayer, because we wouldn’t have to pay someone’s hospital costs.
- Most people don’t go to the doctor for little things, they try and fix it themselves, and like the lady said, a visit used to cost \$19, now it’s up to \$50 or \$75, for nothing.
- I think it would bring in business and bring in families, I think it would be an economic boom for Iowa.
- If it is good health care.
- I don’t think there’s a person in the US that doesn’t know that overeating and smoking are bad, but look at the amount of people that are overweight and smoke. We need to take advantage of the systems that are already in place, and take preventative messages into the schools, and teach children while they’re young.
- A lot of students learn from mom and dad at home. We would say, whatever your mom and dad does is their choice, and you have to make your choice.
- It may start at home, but there’s no amount of insurance that’s going to change me and what I do in my home. We may have to skip a generation, and start somewhere. My daughter’s in pre-school and she’s already telling me that she wishes I would stop smoking.

4. Now we want you to compare the importance of providing health insurance for all Iowans to the importance of benefits provided in other programs. Is it less important, as important, or more important to provide health insurance to all Iowans compared to providing.....

- Services to people with disabilities
- Social Security
- Veterans' benefits
- Private retirement plans

This question does not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

5. This plan being developed by the IDPH will need the support of all Iowans to succeed. For health care insurance to be more widely available, more employers will need to offer coverage to more employees. If it were up to you, how would you go about gaining the support of the business community to offer insurance to more employees?

- If you're a smart employer, you want to attract and keep good employees. I don't look at employees as commodities. When I worked at Vermeer, they had to keep good employees, or they would lose them to John Deere. It's just good business.
- It's a way of demonstrating respect to my staff; it's a way of getting dedicated career employees. Their single plan they will be paid for, they have to pay for family options. But it's expensive and shopping around is time consuming.
- Can the state be called in to negotiate on behalf of small businesses for less expensive insurance?
- That's what the National Business Association does for it's members, it creates a pool.

Premise 3

Many of our Iowa communities provide health care services for people in all kinds of personal or financial situations. The "free care" that you hear about - like the care provided in emergency rooms, community health centers, or free clinics - is not really free. It has to be paid for by somebody, or hospitals and other health care providers would go out of business. Through a variety of mechanisms, including our tax dollars, "free" care is paid for by all Iowans.

- 1. Who should be responsible to make sure all Iowans have access to health care? Is it the government, the private sector (business), or should it be up to uninsured individuals?**

- I think it should be the government's responsibility. I think having a buying club is a brilliant idea - to have lowans go in a pool to buy prescription medications, except for the drug companies.
- Why can't it be a joint deal between business and government?
- I think it's a great idea to have that exchange of ideas.
- The way it stands now, the state government put a freeze on the county government, so we can't even raise taxes to address this.
- I think the government needs to take the lead, because I think private individuals are going to only look at what's in it for them.

2. How should it be paid for? By what means?

- It's going to be paid for with tax dollars if it's paid for by the government, the question is whether it's structured through insurance, or through a buy-in group. Whatever it is, I'd like to see something with the least amount of administrative overhead.
- And the most choice – and that involves competition. A voucher program engenders this sort of competition and responsibility. I found a preventive package that would cut insurance costs by 50% and no one was interested, and the senior vice president of Blue Cross & Blue Shield told me that if they bought in, they'd go out of business. There's a state insurance commissioner that watches.
- Health insurance companies are the largest investors in new technology and new drugs. They're making their money not by what they take in and pay out, but in the steady flow. We have a perverse health care system where we reward and.....
- Interplay between individuality and personal responsibility, but we do need someone, as a society, for providing care, in a responsible way, and we should have incentives for people to take care of their health. We're the ones that end up getting cancer.
- There's no one best answer, there's a lot of different levels that we can be looking at. The medical savings accounts unfortunately run out this year and Congress needs to approve it again. Money you might spend on an insurance premium could be put into a savings account.
- We need a system that can take the profit out of the . . . we need a public/private partnership with people with idealistic minds like him, who are not motivated by profits, with some sort of government backing.
- When she was talking about showing respect for her employees, we could show respect for all lowans.
- We can educate up the wazoo, but people have to chose to listen.
- I don't know about giving free drugs to everybody.
- People should have a choice, and if they choose not to access the insurance, that's fine. Some of the families make just enough not to qualify for anything, but don't make enough to take care of their health care needs. I think another problem with

our health care system is that we don't know what it's going to cost when we walk in the door. We wouldn't put anything in our shopping cart if we didn't know the price, but then we're victim to the bill.

- I worry about the people who retire but aren't old enough for Medicare. Pre-existing conditions limit availability to coverage. She is physically unable to work. She can't get insurance because of all the previous conditions.

3. A portion of your monthly auto insurance bill goes into a fund to help others that may be in an accident with an uninsured motorist. While you may have never used this coverage, it is available to you. What if the same concept was used to pay costs for lowans without health insurance? How much of a monthly surcharge would you be willing to personally pay on your health insurance for this purpose?

- I would be willing to pay some.
- This auto surcharge is not an option, everyone pays for it no matter what.
- What if you put it as an option on the income tax?
- Supposedly, when you renew your license tags, you're to prove that you have car insurance.
- Who would manage it?

(Additional facilitator question) If it was a public/private partnership?

- I work to pay my bills. I don't want to pay for anyone else's.
- But you already do.
- I heard a story recently and his blood pressure medication is \$100 a month and asked the doctor if there was anything he could do and the doctor changed his prescription to \$6.70/month. Why would the doctor prescribe the more expensive one?
- People don't know what's available to them, and we could help with the education.

4. Health care under such an insurance system as we are discussing could be delivered to people in a variety of ways. Please tell us your ideas or suggestions about how it should be delivered? We are interested in how it would be provided, not how it would be paid for.

This question does not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

5. How much public demand is there for providing insurance to those Iowans that do not have it? What would the state have to do to make it an important issue to everyone?

This question does not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

Final Round Robin

For the last several years in Iowa those without health insurance have amounted to 10% to 12% of the population. Does it matter that some percentage of Iowa's population go without health insurance? You can answer by a simple yes or no – we'll just proceed around the room.

- One person said no. The rest said yes.
- I've seen people with serious injuries go to hospitals and be refused service and they've had to move on, and these are serious injuries.
- I worked with some people who had just moved back from Paris, France, and the government pays for everything, health care, education, everything.
- I heard that in California the state had to pay for someone's sex change, that's ridiculous.
- We talked to a doctor who worked in Illinois, and he said that if he moved to Iowa he could pay off his \$200k house in a year.

Villisca - March 14, 2001

State Planning Grant to Reduce Uninsurance

Focus Groups – Round 1

1st Presbyterian Church

16 Participants

Premise 1

Having access to health care insurance is a quality of life issue that can affect us in many ways – the health care we receive, the health care our family members receive, our economic status and well-being, and for our own peace of mind. For many of us, having access to health care insurance is a given. Some of us take it for granted because it is provided through employment, or we have the financial means to purchase it. Those of us who are fortunate enough not to be heavy users of health insurance are assured that, if we need it, our insurance is there.

Given these statements, consider and answer the following questions:

1. The premise stated that health care insurance is a quality of life issue. How is this a quality of life issue in Iowan's lives?

- It's life threatening at times. My wife has a degenerative liver condition. Once her status was entered, she was cut off from insurance within two weeks. She was offered insurance from the state, but it was cost prohibitive.
- We deal with elderly if they fall between the cracks. They don't seek care before it's too late.
- Mother is getting older and health insurance isn't what it should be.
- Yes, it is a given for many, but there are many that are underinsured. I'm 54 and I can't afford to pay it. I have a free clinic in Clarinda, but it must be frightening for many.
- One of my neighbors is on disability and she needs her teeth extracted but no dentist will touch her.
- It certainly affects quality of life if someone does not have insurance. Many people, elderly particularly, are caught between medicine and food.
- I've always taken it for granted and it is very important. It's always been provided. That's one reason I work, to get the insurance. We couldn't afford it out of our farm income. I see kids who don't have insurance who come to me as the school nurse.
- I do. We have no insurance. If something were to happen, we'd be in a lot of trouble. We're self-employed. We do not go to a doctor now and hardly ever have.

- I've known several situations, and one thing is, a lot of people are falling through the cracks. 50ish to 60 before Medicare. They've lost their job and can't get back in to work because they're older, yet they can't get disability and insurance. It does not take that much for you not to get insurance. If they know you have a heart murmur or back problems, you might not get it. You might have to lie to get it.
- If you do get insurance, it's prohibitive in cost. My wife had cancer, taking the chemo would be prohibitive without insurance.
- Yes, it's a quality of life issue. I was employed by someone else and had it provided. When I started my own business, I knew it would be a big issue. I applied for health insurance, they gave me a quote and everything was fine. When I quit and started the insurance, they sent me a list of things they wouldn't cover. We went from \$500 to \$840 quarterly in the first year.

2. How important is it to you that all Iowans have access to health care insurance?

How important is it to Iowa?

- Working at a hospital, Iowa rural hospitals are struggling to survive, yet we have to provide care to the uninsured. If everyone were insured, that would be beneficial.
- If everyone was to be able to be insured and spread the risk throughout Iowa, they (the insurance companies) could make a profit.
- It would cheapen everyone's premium too.
- They're (the insurance companies) picking and choosing and throwing out the rest of us.
- There is the Iowa HAWK-I program. One woman with children hired a babysitter, but with two incomes, they made too much. She quit her job to qualify for her children. Maybe we should up the income guidelines to the cost of inflation. Looking at the employment situation, people not on welfare but want to work, they can't do it. You have to care for your children first.
- Farmers are all concerned about this because it's a lot of money to drop over the years. They were able to negotiate with hospitals, but that's not available anymore. Yes, we definitely need something. After I turned 60, it ballooned. If I'd work for some companies, I'd be paying much less.

3. Which of the following statements do you agree with the most? Which do you agree with the least?

- a) Health insurance is a human right
- b) Health insurance is a benefit of one's economic level
- c) It is the responsibility of society to provide health insurance for all
- d) Health insurance is a luxury

- It's kinda weird because I feel like everyone should have it, but it can't be a free for all. Most people, unless you're really disabled, there should be a trade for it. I'd probably choose C for most. B for least.
- None of them are exactly what you feel. This is hard.
- I don't think it's the responsibility of society. Working at school, I see so many people expecting us to do everything for the kids.
- B, I agree with the most. It's a given. If you can afford it, you can have it. I don't think it's necessarily a human right.
- I think it's a human right. And I don't think it is a luxury.
- Between B and D, I would say B would be most. My least would be A.
- I'm going to go for A for the most. Then D would be least.
- C is the one I agree with the most. Society should provide. D is the least.
- None of them. B is a benefit. It's a toss up between B and D. I don't agree with any of them.
- I agree with A and least with D. How we think it should be or how it is?
- I think it's currently a luxury. If it's should be, then I'd change it to B for the most, but I don't agree with it 100 percent. I disagree with A.
- I agree with B and D the least.
- Generally I agree most with C. I have trouble distinguishing between health insurance and health care. I believe it is the responsibility to provide basic health insurance and least considering it a luxury.
- I agree with most C. The least is D.
- Most B, least A for some of same reasons already said.
- I think B and it definitely is a luxury. If it's free, it's abused.

Premise 2

Some lowans do not have access to health care insurance. As you know, health insurance is a real comfort to a family with children, and especially important if there are family members with chronic illnesses. You also know that the times and the situation are always changing in Iowa. The economy may now be entering an uncertain time, and health care provider systems and insurance options are changing as well. For a variety of complex reasons, including economic hardship, about 10% of the people in our state have no health insurance. Through a federal grant, the state is developing a plan to come up with a way to offer health care insurance to all lowans. It is our job to assess what the public thinks about that idea.

1. **Where do you think those 10% of lowans who are uninsured go for their medical care or do they receive medical care at all?**

- They don't go. We don't have it, we don't go. If we have an ailment, we stick it out. My wife's on a 50-plus thing, but other than that, I need to get a physical every year for my job and they pay less than half.
- Recently I had an option to go to Des Moines for a biopsy. I didn't even consider it because it is ridiculous. There's no way we can pay for this. I wasn't looking at the alternatives, just the money.
- People go without to the extent that they can. Our church is involved and food bank and free clinic. That's band-aid. Title XIX is available. A lot of paperwork. I read the article that dentists are not taking new cases.
- They go without.
- I'm quite sure they do.
- My daughter is uninsured and she's young and healthy so it's not much of a problem until something catastrophic happens to her. The minor problems she has had, mom pays for it. I would like a clear vision of what's in that 10 percent. When something catastrophic happens, they do go to the hospital and get cared for.
- They still get a bill.
- We tend to treat medical care as after it's happened, not preventative. I've never been in that situation, but I suppose you go to the ER and wait till it's life or death.
- I was at the understanding that there was always some type of care. I always thought they had different levels that people could afford. Just the two of us, we farmed and paid \$9,000 a year. It's a lot but we needed it due to our family history. I really didn't know people did without insurance.
- I think people do without. At school we try to tell all the families about the HAWK-I program. They said only 8,000 kids in Iowa are on that?

2. Describe what you believe to be the characteristics of an "average" uninsured Iowan.

- I think it's as varied as there are people. Some by choice, some by fate. In my business, I see people who don't have the money to pay for it. Others I see have the money but choose to spend on something else.
- That was well put.
- There are a lot of "working poor." 30,000 or less for a working couple. This is a little ridiculous.
- Take it one step further. How can they afford long term care? You should take it out when you're young enough to afford the premium.
- You probably won't need the elder care.

3. What would be the advantages of everyone having health insurance in Iowa?

- Would that be socialized medicine? That's what you're getting to.

- I agree. I'm against the state running everything. I think the people that can't get coverage should get help. If you go to a hospital bleeding you're going to get treatment. If everyone paid bills at my business, I could lower everyone's bills.
- I think health insurance is a two-edged sword. Providers raise the rates to pay for those who don't have it. Premiums go up and get very expensive, especially for a self-employed person. The ones that have are paying for the have-nots. Maybe we need some control on prices.
- It will get paid one way or the other. Wouldn't the overall general health of the state be improved? Wouldn't that help the overall economy?
- It would absolutely be an economic boon. You have to make the economic side of it affordable. Pay on a percentage basis in a certain bracket so you don't have to decide between medicine or insurance.
- Have-nots can't afford it or they'd have it.

4. Now we want you to compare the importance of providing health insurance for all lowans to the importance of benefits provided in other programs. Is it less important, as important, or more important to provide health insurance to all lowans compared to providing.....

Services to people with disabilities

- As important.
- Agree.

Social Security

- They gotta have it to pay the health insurance.
- It depends.
- Unfair question.
- I think people have to look at why these were put in effect. It was supposed to be a help, not at 100 percent. We've done some investing and that will take care of us.

Veterans' benefits

- I'm not one, but I think they deserve everything they get.
- Absolutely.
- We signed up in Des Moines when we first came to Iowa. We don't have a house payment, but we hardly have an income. You can own our house, but you can't have that money. They put us in a bracket. We're looking at 100 miles either direction, Des Moines or Omaha.

Private retirement plans

- As important. More.

- More.
- More.
- If you don't see the retirement plan...

5. This plan being developed by the IDPH will need the support of all Iowans to succeed. For health care insurance to be more widely available, more employers will need to offer coverage to more employees. If it were up to you, how would you go about gaining the support of the business community to offer insurance to more employees?

- Communication to friends of mine that are members of business community but to employers as well.
- Some tax benefit for premiums employer is paying.
- There's always a tax benefit. It's 100 percent deductible. I'm the mainstay and get 25 percent cut, but if I'm out, what about my employees. We also offer partial benefits to part timers. We're on a group policy so it's cheaper.
- About the only thing that would work would be tax benefits. 100 percent or 110 percent. It's hard to force them to do it unless there's an economic benefit.
- I'm not a business owner, I'm not sure.
- To get quality employees, you'll have to offer this or they'll go to another job. We already see that to a certain extent.
- Benefits are worth as much as wages.

Premise 3

Many of our Iowa communities provide health care services for people in all kinds of personal or financial situations. The "free care" that you hear about - like the care provided in emergency rooms, community health centers, or free clinics - is not really free. It has to be paid for by somebody, or hospitals and other health care providers would go out of business. Through a variety of mechanisms, including our tax dollars, "free" care is paid for by all Iowans.

1. Who should be responsible to make sure all Iowans have access to health care? Is it the government, the private sector (business), or should it be up to uninsured individuals?

- I think to some extent, you have to be responsible for yourself and your family. On the other hand, this is a human rights issue, it's a human right to get treatment. There should be health care available to everyone. Not on every street corner or in every town, but you need to know where that's at and have a plan.
- When you say access, do you mean location or insurance?

- Clearinghouse of information. A single number to call.
- Primarily the individual. You should know where it's at to get it. It's basic.
- How would you know whom to call?
- Sometimes someone who hasn't needed care is not aware of what's available whether it's a program with a sliding scale on your ability to pay. I think most of the info is readily available without too much effort.
- If you search around a little bit, you can find it. It's usually in a 20-30 mile radius.
- It depends on the level of care you need.
- My doctor said no one goes without. They just have to ask. Naturally that gets passed on. We all know that. People just don't know it and they don't ask.
- With today's attitude toward retirement, Social Security will be retirement. The same goes for health care. The government will provide. That's what young people think.
- Most of our areas have a courthouse and I send more up to the relief office and giving them direction, including Iowa City.

2. How should it be paid for? By what means?

- That's about the only way it will work unless you start a lottery or a cake auction.
- Let's raise the sales tax again. That's the answer to everything.
- We're all still paying for it. It doesn't matter how you tax it, it's still a tax.
- But it's equal and everybody pays it.
- Wasn't there a mention of people participating in their own costs on a sliding scale? It would make people feel better about themselves and might prevent abuse. I have a friend who has any little cost and will go get care. This can be abused by those with care.

3. A portion of your monthly auto insurance bill goes into a fund to help others that may be in an accident with an uninsured motorist. While you may have never used this coverage, it is available to you. What if the same concept was used to pay costs for lowans without health insurance? How much of a monthly surcharge would you be willing to personally pay on your health insurance for this purpose?

- I think you are now. You just have wrote in the policy.
- I don't have a car. I think it's great.
- But it's elective. You can choose to have or not to. If it's on my health insurance, I would say no, take it off.
- Unless you put it on the company.
- The company would just raise rates.

4. Health care under such an insurance system as we are discussing could be delivered to people in a variety of ways. Please tell us your ideas or suggestions about how it should be delivered? We are interested in how it would be provided, not how it would be paid for.

- You mean like socialized medicine?
- Give grants to local control. Give the state money to the community. A grant program, county by county. Take it out of state bureaucratic hands.
- Wouldn't it be the best grant writers would get the best money?
- Divide it up by population.
- You're still giving it to the state.
- If you give a county x number of dollars, would you give county y the same amount.
- Develop a formula. Age, population etc.
- It would still be the state to divide it up.
- Once it's divided let the local area use it.
- You get your formula set up and there's a factory that opens and doesn't provide insurance. The uninsured population has changed. Would the state change the disbursement?
- Erase the county lines. Health care providers to form a pool.
- Any employer is a health care provider. There was a pool available of carriers, only a half dozen. It was cost prohibitive then. It must be a mandatory thing that insurance companies help defray the costs.
- You're talking about everyone having their own policies, right? Maybe your premium would be subsidized. I think that would be the way. Each individual.
- I'm self employed and my wife is categorized that way. By the time I pay all that, we break our backs to get done what we can. Her medication is about 500 a month.
- Being one of those without, the income tax somehow sounds good to me, but then government is involved. We can't afford it. It's the way it is. We're prepared that if our life is short, it's short. It's ok. I believe everyone should pay their fair share. It's probably why we haven't searched out little programs because it's just not me. An income tax sliding scale thing sounds the most even. Individuals should be responsible for finding their own care. We know about options and we have things planned. Half of what we make in a year. We can't afford that. We're trying to start a business, on its third year. It's starting to go and I work 3 other jobs just to make enough.
- It still goes back to income. Going back to the HAWK-I program. If income level could be raised, these people could afford to get the insurance.
- Could you explain the HAWK-I program?
- It costs 10 a month per child, up to 20 for family.

- If you're above that 200 percentile, you qualify if you show you pay a certain percentage of your income. You are still eligible.
- 18 is the age limit.
- I didn't know that. I have grandchildren that could qualify.
- First I've heard of it.
- I feel like the info is out there, but it's a matter of people's priorities. If their children are healthy, they don't bother with the paperwork. I hope in this other plan to involve everyone, there are people that aren't a priority for them. We need to educate society to make that a priority.
- There are always people that abuse that. They wait after hours to go to the ER with no plans to pay. There's no way of stopping that.

5. How much public demand is there for providing insurance to those lowans that do not have it? What would the state have to do to make it an important issue to everyone?

- I think the demand is fairly low.
- People don't realize how those uninsured impact on their own health care costs. Not directly, but indirectly. And how it affects peoples' lifestyles. I don't think the general population understands the impact.
- I have people that have health care provided at no cost and they say let them eat cake. It's an attitude. People with it sympathize with those without it. I think there would be a willingness to work together if there was a clearinghouse of info.
- Looking at our own community, cause I've been in business for 18 years. Food stamps and welfare has been one of the worst abused, generation after generation. The state working to get women off them has been great. Women face paying their own insurance and they are not ready for it. They never had to worry about it. This is why we're seeing more awareness because we're getting women off welfare. I've seen women turn their lives around because they feel good about themselves, but they've lost all their benefits.
- I think there's a problem but I don't know how to fix it. I don't think the state can. If they try to fix it, they'll screw it up.
- You don't miss it if you don't have it. When I worked in a factory and it was provided at a low cost, I knew it was expensive if you bought it and I knew there were some without it and I had the let them eat cake attitude. I'd say there's not a big demand, there's only 10 percent. And those who pay themselves. Above that, people don't care. They don't want to provide for everybody. They look at their pay stub and look at the money coming out. They look at Social Security and don't want to pay health insurance for other people.

- I feel like the priority and value of health. Am I going to pay when my family is healthy, or will I risk it? I'm doing it because we need it. Many families make the choices based on the situations they're in.
- I think it's a matter of whose ox is being gored. There is sympathy. If there's a program developed that fairly does it, for the community, I don't think there would be any opposition if it's done fairly at a modest cost. HAWK-I expanded?
- Who pays for that?
- Can a college student qualify?
- Too old.
- They can't make enough to buy. How do they pay it? They're covered under their parents.
- What would they do if they didn't have a parent to do that?
- They'd do without. A lot of people go with their fingers crossed.
- I don't think people are aware of how many people fall in the cracks. They'd be surprised if they saw honest hard working people fall in the cracks. Medicine is so high right now, they need to do something to help the people at the age right now that are falling between the cracks who were unprepared for it. Medicare and Medicaid should do it, and have some way of phasing it out. They immediately need to use the funds to help. You can't pay that much all the time. A part of our checks have to go toward that. Where does all the tax money go? We have the Iowa lottery. Where does that go? I would think there'd be a windfall of taxes from that.
- I think a lot don't even think about it. If they're working and have their own insurance. A lack of interest in the subject.
- Everyone should want the responsibility. It should be by each county. If it's only 10 percent, is that nationwide? I think each county should help those people out with a subsidy program of some type if they can't pay. But it would have to be on an individual basis. I'm 65 and over, it's a serious problem with the elderly. There are many who can't pay. Our Social Security, it would take all but 9 dollars to pay for everything. It all hit at once, on my 65th birthday. If you're talking about insurance when you're kids, don't wait for the Medicare because it's not there. Now we might as well be paying our own insurance. We don't have a supplement. You pay 100 percent of your medicine. I just did therapy and saw husbands not taking their medicine so their wives can.
- I've done that at my age.
- I don't think people care unless they have to themselves.
- I agree. I really didn't think about this until things started coming up and I had to say no. Foolish, but what are you going to do? Between a rock and a hard place. Until you're in the situation you don't think about it. You figure 10 percent aren't working and don't care. I think I'd be surprised about the people around me.

- Are you sure that figure is accurate? I think it's higher than that.
- I think it's getting higher with the premiums jumping.
- Times have changed. Tech changes and machinery that cost a lot of money. Expensive medicines may not have been available years ago. Has the system been able to keep up with the advances? What will it be like 20 years from now?
- We're amazed at the prices of all these prescriptions. We can buy it next to nothing in another country. We were trained not to abuse this stuff. It comes down to, I really assumed with all these things, if there's something, we'll handle it. Somehow, somewhere, government was taking money to subsidize all this. What I hear tonight is no, it's coming out of others' payments. I assumed government was socializing the medicine.
- I went to Mexico. The rest of the medicine is so cheap.
- Don't we want the government to test everything and that drives up costs. Aren't we also on health care, doctor malpractice?
- The same medicine they treat sheep with is cheaper on the dollar than for humans.
- Once the medicine is approved, the American public is paying for it, not the foreign countries.
- Look at the profits of the pharmaceuticals. We're getting gouged.
- We have to take a little responsibility.
- Why aren't we as a society taking care of ourselves before other foreign countries?
- Going back to the medication, there's an 800 number, and if you work with the doctor you can get reduced payments.
- I've never seen the 800 number.
- It's a booklet they put out that has discounted programs. Not all medicines are on the list.
- Are they generic?
- No.
- Where did you get that?
- He found it in the Des Moines Register.
- A lot of manufacturers offer the programs, but they don't publicize it.
- I've talked to many agencies and they never told me that.

Final Round Robin

For the last several years in Iowa those without health insurance have amounted to 10% to 12% of the population. Does it matter that some percentage of Iowa's population go without health insurance? You can answer by a simple yes or no – we'll just proceed around the room.

- Yes – majority to all.
- I'd rather have the illness than the side effects.

Striving to Expand Health Insurance to All Iowans

- I could see if there was a traveling group of people from the state that make it in communities once or month or so.
- People are so apathetic that they wouldn't attend the meetings.

Postville - March 14, 2001

State Planning Grant to Reduce Uninsurance

Focus Groups – Round 1

Citizens State Community Center

15 Participants

Premise 1

Having access to health care insurance is a quality of life issue that can affect us in many ways – the health care we receive, the health care our family members receive, our economic status and well-being, and for our own peace of mind. For many of us, having access to health care insurance is a given. Some of us take it for granted because it is provided through employment, or we have the financial means to purchase it. Those of us who are fortunate enough not to be heavy users of health insurance are assured that, if we need it, our insurance is there.

Given these statements, consider and answer the following questions:

1. The premise stated that health care insurance is a quality of life issue. How is this a quality of life issue in lowans' lives?

- I think it is definitely an issue for a number of reasons in Iowa. The political spectrum for one, and we are concerned about people leaving Iowa and not coming back. The Vision Iowa Program and the rain forest; people need something to do. There is not a lot to do and there is a quality of life issue with what to do and health care. The list can go on and on.
- I think it is a quality of life issue. Need to have health to be able to do things.
- I remember when I had Title XIX and felt picked on and second class. Do not feel I have the same quality of care. I have Medicare but have to meet a different threshold to be able to get the care.
- I don't feel in the better-off group and am made to feel I don't deserve it. I don't make the money that others do. I used to make money but had a brain tumor and lost the insurance.
- Health maintenance is definitely a quality of life issue. That is a big problem when you don't have insurance. Go to the doctor or to get care only when you are almost dead.
- In our agency, it is a matter of "do you want to eat or take medication?" People do not have the funds.

- Quality of life is the access to care and the availability of insurance. By being the means to the end, we need the insurance.
- We have the care available and have the care in this part of the state but we don't have people that can access the care that is there. There is a good system in place.
- What do you mean by care available? We have the centers and the clinics.
- Good centers but hard to pay for it. Have to make the choice to do this.
- Insurance's basic principle is the insurance and the risk. It is more expensive for the rest of us when not everyone is insured. Spread the risk.

2. How important is it to you that all Iowans have access to health care insurance?

How important is it to Iowa?

- I think it is extremely important because if they don't, they use (health care) only when it is most expensive. They are then dependent on the community funds. When people don't have access to health insurance it comes back to haunt us.
- I also agree that it is quite important. I did some research on my own insurance. I don't see how most people my age could afford it if they had to provide it by themselves. Mine has skyrocketed. We have the facility to provide the care. Waukon did a remodel on their hospital. We have a good number of physicians and we worked hard to get the good ones. If you don't have insurance the chance of walking in and getting the service is slim. You would have to be taken in by an ambulance due to an all-or-nothing emergency and then it is an expensive matter. All the flags/sirens are red in this case. Pretty important.
- My daughter was going to college and she got sick. She should have used my insurance but the school took her. When we got to her she was so sick she could hardly ride in the car. She was only given oral meds. I gave my John Deere insurance card and the specialists were called and the bill was huge. \$4,000 were written off, the total was huge. She almost lost a kidney. There was a different attitude when I walked in. I don't know if it was a student vs. adult or the insurance card. I think it was the insurance and no worry on who was to pay.
- Fairness issue to everyone. Everyone deserves to be insured.
- This was the first time I ever ran into this.

3. Which of the following statements do you agree with most? Which do you agree with least?

- a) Health insurance is a human right
- b) Health insurance is a benefit of one's economic level
- c) It is the responsibility of society to provide health insurance for all
- d) Health insurance is a luxury

- C. It is just like education.
- B.
- A, as we have collectively stated and agreed upon. We need to have a healthy society. In England, there is a livestock problem, in Africa there is AIDS, we need to keep people healthy. We have paid the price of the century when we don't keep people healthy. Bubonic plague, AIDS, etc.
- It is a human right; everyone should have care.
- Our society has made the decision to make care available, it is there whether you have insurance or not, get care regardless of the level. There are some at the bottom of the economic picture, it is health care that makes them demeaned or it is the most expensive care? By making the insurance available, we make it less expensive for the folks. What about the small group that could pay for insurance but chose not to?
- We accept the responsibility most of the time to help people. There is inefficiency in the care. It is our responsibility because we don't have social insurance. There are drawbacks to the systems.
- They can apply to different sectors. If a young man is starting a business and he got injured then there would be another system for him also. Can't always afford the system offered to you.
- A and C. I would like to see the right to have insurance and this is an affordability issue and society has to pick up the rest.
- Tough choices, all of them. A. Would like it with the rights being put in it. This makes me think of government and don't want to turn it all to government. I lean towards C. I like responsibility and if the society takes the responsibility.
- Comments about another one. Doctors can tell you about a disease but if you don't take the responsibility then this is an issue. Don't want to waste the money on folks that access the system but don't take the responsibility to take the system on.
- A and C. Need to look at it as access to education like access to health care. Society should provide this.
- C. Much of the same reasons as others have said. It is a right and it is protected. Hospitals cannot turn you away if it is an emergency. We need to take responsibility. Need to have access to get the care.
- A and C If "A " said health care is a right, "C" says it more closely.
- I see on many different aspects. Is this a responsibility? C
- C. Agree with others.
- C. Think it a basic need like food, shelter, and clothing. We need to provide the insurance or it is a benefit of the luxury.
- Not just those that can't afford it. It hurts all those if you are well or not. I am taking care of myself and I pay the bills and it is easier than going through the systems.

They raise the rates so high then I don't go with that. Have talked with insurance and that is why they have so many plans, can get rid of those that are costly. Put in the various plans. High risk group, high premiums.

- Do you see the tobacco money as the courts' way of saying you have taken away from someone's health? Tobacco has taken away from health. Tobacco hid the risks. There are others that sell or go with risks, down hill skiers, Twinkies. We all do things that are hazardous to our health. Addictive products.

Premise 2

Some Iowans do not have access to health care insurance. As you know, health insurance is a real comfort to a family with children, and especially important if there are family members with chronic illnesses. You also know that the times and the situation are always changing in Iowa. The economy may now be entering an uncertain time, and health care provider systems and insurance options are changing as well. For a variety of complex reasons, including economic hardship, about 10% of the people in our state have no health insurance. Through a federal grant, the state is developing a plan to come up with a way to offer health care insurance to all Iowans. It is our job to assess what the public thinks about that idea.

1. Where do you think those 10% of Iowans who are uninsured go for their medical care or do they?

- They wait until the last minute to go, even with their children. It is \$55 to walk in the door. Wait until the last minute and get emergency room care. Many rural clinics are not open in the evening to get care.
- Think about the same way you do. With the high fuel costs, letting more health care items go. Teeth are not being cared for. With the economics going up then there is not enough money for health care. One person got sick and lost both his hands and feet and there was a big benefit for him. He was sick in just a few days. Could not avoid getting sick.
- Family planning. I am a family nurse practitioner. We have a sliding fee scale. We mostly see young working women. If they have insurance they see the doctor, but otherwise they come to us. Have birth control options and this is important.
- Some go to the University Hospitals.
- Some travel to the free clinics (Iowa City, Cedar Rapids, and Des Moines)
- Veteran facilities but Iowa City is the furthest away and it is hard to travel to this.
- We talk about a % that is uninsured and underinsured. Have health insurance but not mental, dental, vision, and substance abuse. These areas have extreme impacts on people's lives.
- Some children in the school system get health care from the nurses.

2. Describe what you believe to be the characteristics of an “average” uninsured Iowan.

- I don't think there is a typical person. The HAWK-I program is for the young and requires parental consent to get signed up. Elderly have problems getting health care. Underinsured - corporate America pays premium but many don't access because it's too expensive. Loss of a job can mean loss of benefits. Divorce cuts insurance for some families. The children are covered but one spouse is not. There is no such thing as a typical uninsured Iowan.
- There are some cluster groups, though. Self employed, farmers, rural areas. Half of medium income.
- Discrepancy in the counties.
- You could look in the counties and there can be extremes. More than the age. Multiple needs and reasons.
- Iowa is number 2 in the older populations.
- Undocumented that are not insured.
- Believe the 10% should be higher.
- Where do medical saving accounts fit in? I can't get anyone to give me a quote.
- It is very expensive, medical accounts. It has many different regulations.
- We are not a heavy industrialized state and there are self employed or small businesses that do not have full coverage.

3. What would be the advantages of everyone having health insurance in Iowa?

This question does not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

4. Now we want you to compare the importance of providing health insurance for all Iowans to the importance of benefits provided in other programs. Is it less important, as important, or more important to provide health insurance to all Iowans compared to providing.....

- Services to people with disabilities
- Social Security
- Veterans' benefits
- Private retirement plans

This question does not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have

anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

5. This plan being developed by the IDPH will need the support of all Iowans to succeed. For health care insurance to be more widely available, more employers will need to offer coverage to more employees. If it were up to you, how would you go about gaining the support of the business community to offer insurance to more employees?

- Does not take care of those that do not have an employer.
- The majority would say they cannot afford to offer it because of the cost or they would offer it.
- I don't think it should be in the hands of the employers. The state should have a program that it should be beyond the employers.
- Small businesses should have the same rates as the large businesses. Need to have a larger pool to get cost-effective insurance. I don't care who pays for it; everyone should have insurance no matter who pays for it, the business, the individual, and the government.
- The business should be excited to have someone else providing it or doing it for the people.
- It is a competitive advantage for the businesses to provide insurance. In this area there are many that are not making money and it would be hard to provide insurance to everyone.
- If it were more affordable it would be a good step.
- WW II is when health care and employers came together.
- Two percent premium and where does this go - for Wellmark, etc. Go to a pool for uninsured.
- The two are so ingrained. Condition of employment. Part of union.
- Is this the point in time to change this, not sure if this is it?
- Should look at this now when there are 10% affected. If the system works for them, then we can branch out.
- I disagree because this is something that affects everyone.
- Said that education is not tied to employment but insurance is. Need to make a change. What made the employer the responsible party? People need to buy into health care and then they take it on. The person on Title XIX is the one that calls at midnight. There is no different payment schedule so they call at all times. Not a social medicine advocate, but would not throw it out either. We have HAWK-I but kids are not enrolled in it. If you have employees you deduct for healthcare, I like that. Did not have enough options, I did offer health insurance to others when I first started my business. Everyone else had coverage under their husbands. I was

giving them a benefit they did not need. Part of the reason the businesses might not buy in is that it is complicated, lack of employee appreciation. I keep it now to draw and keep employees. If it is a right, why am I having to provide it? If it is A, then I will do just like I have to take the sales taxes.

- If the cost goes up, than others suffer.
- Demands drive the cost.
- Discussion on advertisement and the payment of insurance is \$5 whether the pill is \$70 or more.
- If we are looking at the 10-17% then we have to find a carrier. We are looking at a higher risk group that is hard to ensure.

Premise 3

Many of our Iowa communities provide health care services for people in all kinds of personal or financial situations. The “free care” that you hear about - like the care provided in emergency rooms, community health centers, or free clinics - is not really free. It has to be paid for by somebody, or hospitals and other health care providers would go out of business. Through a variety of mechanisms, including our tax dollars, “free” care is paid for by all Iowans.

1. Who should be responsible to make sure all Iowans have access to health care? Is it the government, the private sector (business), or should it be up to uninsured individuals?

- Government should provide for everyone. It is our tax dollars that go to the current programs and the money should go to the programs.
- We are the government.
- State level of government. There is a lot of stuff out there and it is hard to get the stuff done without asking a lot of questions. I learned about rent insurance when my aunt went on it, not from my own caseworker when I had problems.
- I am against that because I worked 30 years and have my federal benefits package. Benefits that came as a result of my work. Why would I pay for it if I already have the coverage and this is not beneficial for me?
- If it helps the state.
- I think it is all 3. Government sees it is available to us, private, individuals, and taxpayers can pay for it. Pay the premiums going into the plans. Should be cost-effective overall.
- We can buy into the plan. We might want a better plan but can start with a base.
- Can't afford to make it an individual decision because some will opt out and we will be where we are now.

- I have a son with a preexisting condition, he can't ever get coverage, and life insurance is another problem. Might have to be a show up at the door and get help. When will he have other insurance?
- County payments that don't get paid; everyone pays for it.
- We have fund drives to make up for the costs and keep up the hospitals.

2. How should it be paid for? By what means?

This question does not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

3. A portion of your monthly auto insurance bill goes into a fund to help others that may be in an accident with an uninsured motorist. While you may have never used this coverage, it is available to you. What if the same concept was used to pay costs for Iowans without health insurance? How much of a monthly surcharge would you be willing to personally pay on your health insurance for this purpose?

- Zero
- Why would I want insurance if that were the case? I would be an uninsured.
- You have auto insurance. Yes, case closed. I am protecting my assets.
- I have a high deductible and still pay a portion of it. Can't image it would be free.
- Somehow there has to be a larger pool. I am covered in my hospital, and covered at my work. Automatically covered as a condition of employment. I don't need this coverage. This coverage needs to go to part-timers, or those without insurance. We already pay an amount per month. "cost sharing"
- If I thought others would be covered I would pay a portion more.
- Each of us should have a policy, but with multi-employers and multi-coverage.
- I am willing to pay for others but want it said a different way. If I can afford x then my premiums would help cover them. Need to be the same basic coverage and cost.
- I think there is a return and a social component. Am I speaking as an individual or an employer? Who is contributing - individual or employer? This makes a difference. The cost to deliver the care is there and it does not get you well. Explanation of the process in the pharmacy vs insurance payment statement. Know cost right away at pharmacy but longer process in doctors insurance. Resolve problems at point of sale.

4. Health care under such an insurance system as we are discussing could be delivered to people in a variety of ways. Please tell us your ideas or suggestions

about how it should be delivered? We are interested in how it would be provided, not how it would be paid for.

- Approving and efficiency in how to pay for it. This is in the administrative process, not on the cost.
- Can we sell this to the insurance companies, do they like the system? They are sitting on premiums.
- It took over a year to get bills figured out. I paid bills before the insurance company did and it was a mess. Need to have a bigger pool, should be everyone in the state.
- I was satisfied with self-insurance but we shrunk so much and the insurance company did not want a group of 30. If government stepped in that would be the best. We cut the profit out of it.
- We have a self-insured system and if you have two major illnesses then it would be bad.
- Need to have a backup if there are more illnesses.
- Bigger pool. Better claim.
- How many insurance companies are there going to be? Should not be done by the government. The legislators are not going to go for that. There is Fanny Mae and others that fit the new systems.
- There could be many companies that could have a piece of the cake.
- Insurance companies are not going to go for this.
- There has to be some profit in the business for someone. Spread the coverage out. Someone is going to pick up the premium. We are doing that now with the programs. Do it with another program.
- Could be a major medical. Could start and if the pool gets larger then the state could step in.
- Under the current system my son cannot get covered when he is off of my insurance. Needs a system.

5. How much public demand is there for providing insurance to those lowans that do not have it? What would the state have to do to make it an important issue to everyone?

This question does not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

Final Round Robin

For the last several years in Iowa those without health insurance have amounted to 10% to 12% of the population. Does it matter that some percentage of Iowa's population go without health insurance? You can answer by a simple yes or no – we'll just proceed around the room.

- All yes.

Council Bluffs - March 14, 2001

State Planning Grant to Reduce Uninsurance

Focus Groups – Round 1

Council Bluffs Community health Center

14 Participants

Premise 1

Having access to health care insurance is a quality of life issue that can affect us in many ways – the health care we receive, the health care our family members receive, our economic status and well-being, and for our own peace of mind. For many of us, having access to health care insurance is a given. Some of us take it for granted because it is provided through employment, or we have the financial means to purchase it. Those of us who are fortunate enough not to be heavy users of health insurance are assured that, if we need it, our insurance is there.

Given these statements, consider and answer the following questions:

1. The premise stated that health care insurance is a quality of life issue. How is this a quality of life issue in lowan's lives?

- Without it, you're just sunk. I have Medicare and a supplement. I have family members without, and it's devastating. I'd like to see affordable insurance.
- If you don't have insurance, you won't go to the hospital, so your quality of life goes down. It's a necessity.
- Friends of mine who are my age don't have insurance. One has an HMO, and her cap is \$500, and one of her medications is \$100/month. It's either food or the prescription.
- I work with the state insurance department for people with Medicare insurance supplements. There is a problem. When a spouse retires, COBRA covers for three years, and then they may be rejected, or can't afford the insurance available. Out of pocket is \$3500/person/year. \$15 co-pay is not affordable. Older folks aren't getting their medication.
- If you're on a fixed income, or if you work at a low-paying job, you don't make enough to pay for insurance or pay for medicine, especially if they're diabetic or have breathing problems.
- Insurance is not affordable – sometimes it's more than a house payment. If you don't work for a big company, small companies can't and won't pay for health insurance for their employees. HAWK-I helps with the kids.

- I have Medicare with a health supplement. Out of labor unions in this area. Retired 20 years ago. Two years ago I had open heart surgery. If I'd attempted to pay without Medicare and supplement policy I'd have been in deep trouble.
- I work with people with disabilities with Medicare and Medicaid. Items like special eating utensils, etc. aren't covered by insurance.
- Very true – real cutback in what's considered necessary medical equipment. Items like standers aren't considered necessary.
- It runs the gamut, for every age group.
- We're seeing folks needing a transplant, etc. Medical bills are costing so much they can't afford housing and are almost on the street. We need a place to put these folks. Medicine and transportation are sometimes hard to cover. Lack of adequate housing makes things hard.
- We had a friend with several back surgeries who is now \$350,000 in debt. They had lost their insurance, and they had to move out of their nice house into a smaller house.
- I've noticed with students at the community college – they can't afford insurance, so they get really sick, sick to the point that they can't work or attend school. They can't afford insurance, can't afford to go to the doctor. We see depression in a lot of young people, and they can't afford to get and stay on the medication they need.
- As I was listening to some of the comments – there is some of that invincibility. There are some families having difficulty getting insurance or knowing that they need insurance. Then their small children don't have access to good health providers. Sometimes the adults don't have it either.
- I have insurance, but I don't like to go to the doctor, because it's a hassle with the insurance. They'll turn you in to a collection agency. I don't like going or taking my kids because it's such a hassle.
- It's formidable. It takes a lot of bookkeeping to keep track of the reports. If you don't do it exactly right, it's denied.

2. How important is it to you that all Iowans have access to health care insurance?

How important is it to Iowa?

- As I see it, this is the tip of the iceberg. If we can put a man on the moon, it makes no sense that our health programs are where they're at. I can only surmise that the state of Iowa – for the share of those people who have left this economy – people coming back to Iowa, there's a problem right there.
- It's important because if you go to the hospital or doctors, if you don't have insurance, it costs too much. The hospitals stick it to you if you don't have insurance. In the US we have so much, but there isn't affordable insurance. We're

- willing to pay our part, but we need something affordable. If Iowa could set the precedent, that would make me proud of Iowa.
- Our insurance pays it for someone who doesn't have insurance. It's more expensive to go the emergency room than a regular doctor.
 - It's very important. There are lots of programs for younger kids – 19 and under - but nothing for middle age.
 - Two of the most vulnerable groups are young and older citizens of Iowa. They are having the most difficulty getting insurance. Middle-aged people have a job and have access through their work.
 - I disagree with that. Insurance is not affordable. There are a lot of families falling through the cracks.
 - Income determines the kind of insurance you get. Beginning people don't have the money to buy that. Older people have to work really hard to get it.
 - It would be a boon for Iowa if we provide affordable insurance. It would attract business and people.
 - There would be a stronger economy because there are more healthy people.
 - For people with disabilities- it's important to have insurance. These individuals do better if they have more control over their funding. If persons with disabilities can live in the community, it's cheaper for them and better for the community.
 - For self-employed people, they can't afford insurance until the business gets in the black.
 - For years, my husband and I were in business. Until he reached 65, we couldn't afford insurance. After he started having health problems, we would've lost everything we had because of the medical bills.

3. Which of the following statements do you agree with the most? Which do you agree with the least?

- a) Health insurance is a human right
- b) Health insurance is a benefit of one's economic level
- c) It is the responsibility of society to provide health insurance for all
- d) Health insurance is a luxury

Agree with Most

a

a, c

a

c

a – tie it with c, for the people who economically can't afford it.

Agree with Least

b, c, d

c

b

d

d

- In Canada, I wrecked a truck. Got real good care, didn't see the same doctor twice, but got good care. Later, in Mexico, they have a social security system. I entered into one of the most corrupt, dishonest programs I'd ever been in. I picked up an amoeba in the food system. I formed an immediate dislike of that type of system. Lazy, dishonest. The way the program is distributed.
- Health insurance is like car insurance. You want to have it, but don't ever want to have to use it.

Premise 2

Some Iowans do not have access to health care insurance. As you know, health insurance is a real comfort to a family with children, and especially important if there are family members with chronic illnesses. You also know that the times and the situation are always changing in Iowa. The economy may now be entering an uncertain time, and health care provider systems and insurance options are changing as well. For a variety of complex reasons, including economic hardship, about 10% of the people in our state have no health insurance. Through a federal grant, the state is developing a plan to come up with a way to offer health care insurance to all Iowans. It is our job to assess what the public thinks about that idea.

1. Where do you think those 10% of Iowans who are uninsured go for their medical care or do they receive medical care at all?

- They put off going to the doctor until it's absolutely necessary. If I hadn't had insurance through work when I had a stroke, I couldn't have done it. I'm a business owner without insurance. I put it off as long as possible.
- I don't go to the doctor unless I absolutely have to. You make choices. You don't go to the doctor unless you're on your deathbed.
- I'm retired. I do the same thing. I don't want to go the doctor, because they want you to keep coming back for more tests, etc. It takes me away from work.
- You put off the doctor, and then can end up in the emergency room.
- For the families I work with, they get care through the free immunization clinics or maybe Visiting Nurses to help with a child with a chronic health condition. If the kids

get really ill, they'll go to the ER. They'll not renew medications for the kids because it's an out-of-pocket expense. There's very little preventive work going on. The free immunization clinic is the only place for some people to get those kids immunized. Many who use it are Hispanic workers who are new to Iowa. Many work in small companies that don't offer health insurance.

- Herbal and homeopathic medicine is used.
- In Iowa, Title XIX provides health care for kids. HAWK-I is for those above the cutoff rate for Title XIX. The problem is Mom and Dad. They just don't go to the doctor, and then wait until they end up in the emergency room.
- We use HAWK-I for our kids. The other care isn't affordable.
- I know firsthand that people don't go to the doctor. Health problems just get worse and worse. A lot of people are leaving Iowa. The productivity is low if you are not well, and that affects everything in the state.

2. Describe what you believe to be the characteristics of an “average” uninsured Iowan.

- Regular person on the street.
- Young family just starting out that doesn't have the resources to buy insurance. The cost is prohibitive.
- All ages – children, to families starting out who are trying to buy a home, pay for school and clothing for their kids.
- Seniors who can't afford it. It's an economic thing.
- Your neighbor. It could be anyone.
- There's no stereotype.
- There's no average. It could be anybody.

3. What would be the advantages of everyone having health insurance in Iowa?

- Productivity would go up.
- Income would go up.
- Quality of life would go up.
- Iowa would benefit because the economy would be stronger.
- It repeats itself. Children from a family that didn't use good health practices, their family in the future will be the same.
- Insurance programs must be portable. If you leave Iowa and go to Indiana, you should be able to take it with you.

4. Now we want you to compare the importance of providing health insurance for all Iowans to the importance of benefits provided in other programs. Is it less

important, as important, or more important to provide health insurance to all Iowans compared to providing.....

Services to people with disabilities

Social Security

Veterans' benefits

Private retirement plans

Services to people with disabilities

- 9 responded it was as important.
- 5 responded it was more important.

Social Security

- 4 responded it was as important.
- 1 responded it was more important.
- 7 responded it was less important.

Veterans' Benefits

- 9 responded it was as important.
- 4 responded it was more important.
- 1 responded it was less important.

Private retirement plans

- 1 responded it was as important.
 - 11 responded it was more important.
 - 1 responded it was less important.
-
- There are people funded through collective bargaining environments.
 - Considered private. That's why I don't want to answer. It's not relative one to the other.

5. This plan being developed by the IDPH will need the support of all Iowans to succeed. For health care insurance to be more widely available, more employers will need to offer coverage to more employees. If it were up to you, how would you go about gaining the support of the business community to offer insurance to more employees?

- Through taxes. Through businesses paying less taxes. And increase in income tax.
- There has to be a money advantage for a business to do that. Find productivity data – there's a positive outcome if their employees are healthy.

- For our organization, the price has gone up dramatically. Premium costs are expensive. Businesses would like to cover families, but it's prohibitively expensive. We've looked at preventive things, such as health club membership. Is there something creative we can do? Premium costs are so high.
- Try to set up a cooperative or pool, so smaller businesses have a bigger pool and get a better deal.
- There has to be an incentive. If you pay help a decent wage but can't afford insurance, you'll lose employees or you'll go out of business.
- For one agency, after they pay health insurance for families, the paycheck is almost gone. Thirty to forty percent increases every year.
- I was in a large company. Taking one person off payroll and getting rid of those benefits was equal to the payroll.
- Cooperative – putting small business together is a good idea. Even large companies where you're self-insured, the cost part will make it harder to offer.
- How can insurance premiums rise that high in comparison with the cost of living? Have a co-op, make it a large group.

Premise 3

Many of our Iowa communities provide health care services for people in all kinds of personal or financial situations. The “free care” that you hear about - like the care provided in emergency rooms, community health centers, or free clinics - is not really free. It has to be paid for by somebody, or hospitals and other health care providers would go out of business. Through a variety of mechanisms, including our tax dollars, “free” care is paid for by all Iowans.

1. Who should be responsible to make sure all Iowans have access to health care? Is it the government, the private sector (business), or should it be up to uninsured individuals?

- Government. That way everybody can have it.
- You can't leave it to the private sector, they wouldn't do it.
- I hate to say government, because government would screw it up.
- Mixture of government and business.
- It should be a collective effort. How do you make it affordable? All three entities should be involved.
- Government. Because we are the government, and we're all paying for the services we get. Government people forget that we are the government.
- Part of the problem is that the government people don't understand because they are covered. Until it happens to you, you don't understand it.
- We need local control. Do it at the state level.

- Cities and towns should be involved as well.

2. How should it be paid for? By what means?

- If everybody could pay a little, or a minimum amount – if everybody contributed, there shouldn't be a problem.
- That would more than take care of it.
- I would like to see Iowa regulating the insurance companies. Discussing, negotiating with them, taxpayers paying a piece of this, then companies could actually reduce what it would cost to give benefits to employees.
- Those who are uninsured are willing to pay something – but they can't pay what it costs now.
- Casinos.
- It would be nice to say what our taxes should go for. Through tax dollars.
- Tax dollars. That's the only way it makes sense. In our Judeo-Christian existence, the Bible says there will always be people who can't pay for themselves, and we have to help.
- Cost of living and cost of medical and drugs should be closer together. Health care costs are going up so much faster than anything else.
- Regulate what the hospitals and drug companies charge.
- What does the insurance company do with your premiums? Are they helping others, is someone getting rich, etc?
- Why can't we do insurance like IPERS, rather than having insurance companies? That would make it more affordable – give it to Iowans rather than the insurance company.
- The people that are building mammoth buildings are insurance people, doctors, bankers. Hospitals are always building new wings, etc. Right now things don't make sense.

3. A portion of your monthly auto insurance bill goes into a fund to help others that may be in an accident with an uninsured motorist. While you may have never used this coverage, it is available to you. What if the same concept was used to pay costs for Iowans without health insurance? How much of a monthly surcharge would you be willing to personally pay on your health insurance for this purpose?

- I have insurance. I haven't had to use it. I pay it every month, every year. I've had the uninsured motorist stuff, etc. Where does all that money go? All that money is wasted at this point.
- More than the auto insurance.
- I'd pay \$25-\$50 more.

- \$10-\$15/month.
- \$20
- \$25
- \$25
- Base it on a percentage of your income.
- Everyone should pay or no one does.
- I don't want to pay a penny. I'd rather do it through taxes. I don't think that's a fair way.
- Based on taxes is the best way.

4. Health care under such an insurance system as we are discussing could be delivered to people in a variety of ways. Please tell us your ideas or suggestions about how it should be delivered? We are interested in how it would be provided, not how it would be paid for.

- Don't do it like HMOs, PPOs, etc.
- Base on income of family, and size of family, and pro-rate it accordingly.
- For me personally, I want to be in control. This is where I want to go, this is who I want to see. I don't want to need a referral for a specialist.
- Like the Medicare system but on a state level. Pick your own doctor, see who you want to see.
- I agree.
- You should have a choice of where you go, and have treatment available in the community, not need to have to drive.

5. How much public demand is there for providing insurance to those lowans that do not have it? What would the state have to do to make it an important issue to everyone?

- Show another sad news item about this child or this person that has an accident and no insurance. Then we raise money through carnivals, etc.
- Public education.
- Television media gets to everyone. That's the fastest way to get it across.
- People aren't concerned about it. If you have insurance, you're not concerned. Until there's a catastrophic accident, people won't bond together to help others. We shouldn't have to wait until a crisis.
- People forget unless there's a crisis.
- I don't care how many programs there are, or how you advertise it. Unless there's a need people won't find out about it.
- Public service announcements. Iowa could sponsors those, to raise awareness that there is a need in Iowa.

- I think that things are so haywire now. We need to really sit down and give a lot of consideration. I'm in Older Iowans Legislature. We present 5 bills of what we think is important. I look at the bills I see in the paper, and some of them make no sense. They have nothing to do with humanity, way of life, quality of life. People need to get more serious about what's going on. Government is out of control.
- Do a census and find out who is not covered.
- People who would fill out the census form probably already have health care.
- If you did a census, you'd have to have people go out, not send a form.
- To make it an important issue – the 10% who don't have insurance need to be advocates.
- Unless you have a problem, you don't see the problem.
- Good approach to show that it does cost the insured.
- Open it up to everyone. If you're an Iowan, you have insurance. Employers could increase wages.

Final Round Robin

For the last several years in Iowa those without health insurance have amounted to 10% to 12% of the population. Does it matter that some percentage of Iowa's population go without health insurance? You can answer by a simple yes or no – we'll just proceed around the room.

- All said yes.

Primghar - March 15, 2001

State Planning Grant to Reduce Uninsurance

Focus Groups – Round 1

Primghar Mercy Medical Clinic

12 Participants

Premise 1

Having access to health care insurance is a quality of life issue that can affect us in many ways – the health care we receive, the health care our family members receive, our economic status and well-being, and for our own peace of mind. For many of us, having access to health care insurance is a given. Some of us take it for granted because it is provided through employment, or we have the financial means to purchase it. Those of us who are fortunate enough not to be heavy users of health insurance are assured that, if we need it, our insurance is there.

Given these statements, consider and answer the following questions:

1. The premise stated that health care insurance is a quality of life issue. How is this a quality of life issue in lowans' lives?

- It's especially important for people who are disabled. Their disability gives them the eligibility for health care, but they may lose their insurance if their disability changes. Why should there be a means test for people who are disabled? It affects my life and that of my family.
- I'm a fairly heavy user of insurance. If I wanted to change employment, that would be one of my primary concerns, would I be able to get insurance? If the employer offers insurance, you can't be turned down. There are a fair number of people who don't have insurance. So an illness that they might contract advances so far it's difficult to treat.
- I interview people who have pre-existing conditions. The particular pre-existing condition is a major issue. They may stick with a job that's not suitable because they don't want to lose their insurance.
- I work with public health nurses on lead inspections, etc. Children are not always getting needed care. They're over the limit for Medicare, but the employer doesn't offer insurance, or the cost through employment is too much. Children suffer. They don't go to the doctor when they need it. HAWK-I has helped a lot, but not everyone is aware of HAWK-I or goes to find it.

- It affects my family. I'm on disability. My wife can't afford insurance. My son had cancer, and has been taken off disability. It affects my family and other disabled families. If there's a disability, it's expensive.
- If you don't have insurance, you suffer an enormous amount of stress, which leads to other problems. When I retired, I stayed on my employer's policy for 9 months, and when I went to get insurance, I had only one choice. In 12 months my premium went from \$359 to \$479. I'm concerned about the period before I am eligible for Medicare. I'm concerned about the changes in bankruptcy laws. There's no out for individuals or families who have a catastrophic event like a health crisis, they'll never get out from under that.
- What I've seen – if there's a divorce, they lose financial stability, they then need medical help, but have trouble paying bills. It affects the whole family.
- It affects Iowans. If your employer offers it, it's great. When you cover employees and have a policy and an employee gets sick, the employer is very limited in changing coverage without seriously affecting employees or family members that do have an illness. I had the situation where one carrier wouldn't cover an employee because of a specific condition or job. Anyone with a pre-existing condition, you're at the mercy of the carrier because you can't change. That's sometimes held against the employee with a pre-existing condition by fellow employees. Once you have a condition, you're stuck with a carrier. The older you get the more expensive it gets. It's easy to get insurance with young employees.
- By having health insurance, it gives you that sense of confidence. You know that if something happens, insurance will take care of it and you're not paying for it, getting huge bills all at once. You can afford a monthly premium, but not a huge bill like \$10,000 that's payable in 30 days. Insurance gives a sense of confidence that it will help cover costs. People who don't have insurance and have a pre-existing condition can't get it. They want to take responsibility for their situation and take care of themselves, so they're not sticking the hospital with a bill.
- When you have insurance, you feel safe, like you are going to be taken care of. When you feel that way, protected and taken care of, everything else seems easier.
- There's a lot of evidence to show that when people don't have health insurance, they don't seek out health care. You increase society's risk at higher and higher medical costs. Problems wait until it's a trip to the emergency room. Somebody has to pay for that – you and I pay for it. I ran across some data not long ago about breast cancer – breast cancer has touched my family. Women who have breast cancer and do not have health insurance have a 49% higher mortality rate than those with insurance because they don't seek treatment.

- When people do seek health care on an emergency basis, it's not something that families put in their budget, unless they're very organized. They're taking away from something else that costs money.

2. How important is it to you that all lowans have access to health care insurance?

How important is it to Iowa?

- I tend to be more concerned about myself. But yes, it should be a concern of mine. I enjoy a luxury that some folks don't have. Between retirement benefits and part-time jobs I can take care of my obligation very nicely. For the elderly, Social Security may be only \$150/month and not cover everything. I will always share the cost.
- I don't think about all of Iowa and insurance. We've talked about the stress related to not having it. If everybody could get it, our medical costs could probably diminish greatly and provide a sense of wellbeing.
- It's important that everyone has access. But who's going to pay for that access? It's important to have access. But is it possible?
- I'm the only one in my family with health insurance. There are a lot of families with the same problem. They either go without health care, or get it and just can't pay off their bills.
- It's wishful thinking that all lowans would volunteer to take the insurance. Because in the overall sense, those that need it the most don't qualify. They're the ones that through the tax system the state underwrites it, their bills get covered. In the whole scope of things, most people, once they get sick, they can't afford to pay the premiums after they're sick. If a farmer gets injured, their income stream goes down, and they can't make insurance payments anymore. The state should help continue to foot coverage.
- Very few lowans have health insurance. We're paying for it anyway. If we had a plan, I think it could be fiscally run as cheaply as is done now, and going to people who need it.
- Yes, I feel strongly that lowans have access, and have it be their choice whether they take it. There is a sense of pride in our state. We want to think we can take care of everybody. We want to be known for our education, our health care, our recreation. It's a matter of pride for the state.

3. Which of the following statements do you agree with the most? Which do you agree with the least?

- a) Health insurance is a human right
- b) Health insurance is a benefit of one's economic level
- c) It is the responsibility of society to provide health insurance for all
- d) Health insurance is a luxury

Agree with most:

- Six participants agreed most with B
- Four agreed most with C.
- Two agreed most with D.

Agree with least:

- Eight participants agreed least with A.
- Four agreed least with D.

Premise 2

Some Iowans do not have access to health care insurance. As you know, health insurance is a real comfort to a family with children, and especially important if there are family members with chronic illnesses. You also know that the times and the situation are always changing in Iowa. The economy may now be entering an uncertain time, and health care provider systems and insurance options are changing as well. For a variety of complex reasons, including economic hardship, about 10% of the people in our state have no health insurance. Through a federal grant, the state is developing a plan to come up with a way to offer health care insurance to all Iowans. It is our job to assess what the public thinks about that idea.

1. Where do you think those 10% of Iowans who are uninsured go for their medical care or do they receive medical care at all?

- They go to the emergency room, when they go at all. Some don't get any care.
- I agree with the above answer. If they don't have insurance, they sure won't go for wellness checks, preventive things, etc.
- Some might go to social programs available throughout counties and states. They'd go to the ER when the situation is bad enough.
- Depends on which group. The elderly without health insurance do without. Those with children run to the ER. Programs like WIC try to do some preventive screening, but they can't do it all. They find out through WIC that their kids are lead-poisoned, but can't follow up.
- It's not just the 10%. Even the elderly just don't go until they absolutely need it even if they have health insurance. Because a lot of times it gets worse because you've waited too long.
- They'll go to the public health nurse and the county relief agencies. Hillburton will pay for part of ER, but they run out of funds after a while.
- They will go to the pharmacy and self-treat.

2. Describe what you believe to be the characteristics of an “average” uninsured Iowan.

- People who have jobs, who are working for a small employer who can't afford to get insurance for employees, or those who work part-time.
- The working poor. They make enough to pay their bills. Their employer doesn't offer an affordable plan or a plan at all. They make enough so they don't qualify for a lot of programs, but only make enough to just squeak by every month.
- Many men who work in agriculture don't have insurance.
- People who are working for an employer who has a group plan, but the premiums are so high they don't participate. They may stop purchasing insurance and hope they don't need it.
- The ones who don't have it at our place of work don't have a particular skill area, so they are stuck in a job without insurance. The ones that have the skills – engineers, C&C machinists - can work anywhere and get insurance.
- Part-time workers don't have health insurance. Or the insurance they have has such high deductibles it's like having no insurance.
- Some Iowans choose not to have insurance.

3. What would be the advantages of everyone having health insurance in Iowa?

- Population would hopefully be healthier, being proactive. Hospitals would have less bad debt.
- It would attract people to work in the state. It would be a draw.
- It would draw people to the state. States that have a high payout for welfare, that's where people go. If you're from a state that pays low, you'd try to move where they pay more.
- People would live longer.
- Individuals would see their costs stabilize. If the costs stabilized – but who's paying for everybody?
- Quality of life – if you had an illness, you could take care of it before it's life-threatening. There wouldn't be the worry of how to pay.
- It might cut down on telemarketing calls.
- My husband is an independent pharmacist. Every month, there is bad debt. Some are because people have no way to pay for their medicine. It would be a great asset not to have to try to find a way to write it off or collect.
- In the short run, economically thinking, it would keep premiums lower, or more stabilized for everyone. What happens now, if you have several catastrophic events at the hospital, the cost gets passed on to someone else, or the hospital closes their doors.

4. **Now we want you to compare the importance of providing health insurance for all Iowans to the importance of benefits provided in other programs. Is it less important, as important, or more important to provide health insurance to all Iowans compared to providing.....**

Services to people with disabilities

- 12 said it was as important.

Social Security

- 3 said it was less important.
- 7 said it was as important.
- 2 said it was more important.

Veterans' benefits

- 5 said it was as important.
- 7 said it was more important.

Private retirement plans

- 1 said it was less.
- 4 said it was as important.
- 6 said it was more important.

5. **This plan being developed by the IDPH will need the support of all Iowans to succeed. For health care insurance to be more widely available, more employers will need to offer coverage to more employees. If it were up to you, how would you go about gaining the support of the business community to offer insurance to more employees?**

- The practical answer is tax incentives. The more employees covered, the more incentive.
- Premiums that companies pay are deductible expenses now. It's difficult to force companies to provide health insurance. There needs to be a tremendous incentive.
- The more reputable companies that care about their employees do offer insurance anyway. Use tax incentives for the other companies.
- If the employer were paying part of the insurance and not all of the insurance that would help. The quality of employee would go up.
- This doesn't address the salary that the companies pay. There's an office here where the individual pays a portion of the premium, but it's a big chunk of their salary.
- The state should create a small employer group, to spread out risk.

- We're self-funded. Last year our average cost per participant was \$1,800. If I have to go to the CEO and say we have to offer health insurance to part-timers – those who work less than 30 hours per week. If we have 30 additional people, and the cost is \$50,000, we're not going to hire part-timers. The numbers would have to crunch for businesses to do it.
- You'd have to have a huge economic upswing of growth and profits to get employers to pay.
- If employers had to pay half the benefits for half-time employees, it might help.
- Isn't it 15 employees that an employer must offer insurance? The drug store that I work part-time at, we have insurance. The druggists say if they get to a certain number of employees, they'd have to let someone go. They aren't in a position to pay for employees. It has to be an economic incentive.
- As an employer, if I was told I have to have insurance for all employees, I would, and a lot of businesses would pick up and move. Companies will move offshore for cheaper labor. As a business, it has to fit into your bottom line. Do you pay for insurance, or will you upgrade machinery? Machinery can run 24/7 and doesn't complain.
- All employers can offer insurance, but it wouldn't necessarily be affordable. Right now everyone could offer insurance, but it would be so expensive it wouldn't be used.

Premise 3

Many of our Iowa communities provide health care services for people in all kinds of personal or financial situations. The “free care” that you hear about - like the care provided in emergency rooms, community health centers, or free clinics - is not really free. It has to be paid for by somebody, or hospitals and other health care providers would go out of business. Through a variety of mechanisms, including our tax dollars, “free” care is paid for by all Iowans.

1. Who should be responsible to make sure all Iowans have access to health care? Is it the government, the private sector (business), or should it be up to uninsured individuals?

- If you look at auto insurance, use that as an analogy. I like very much and believe in the idea of personal responsibility. I have been a provider in a health care system in Indiana, where benefits had very little restraint and there was overutilization, because it didn't cost the user anything. The insured must bear some portion of the cost of insurance, because there is no “free” care. Right now it's a matter of to whom it's free. We need a mechanism by which all people are expected to pay something.

People value the things they pay for, and don't value and abuse what they are given. All Iowans should pay for it.

- It has to start with the Legislature.
- Government to begin with.
- Like auto insurance. If you drive, you're responsible. You should pay something.
- I believe human nature is good, that people don't take advantage or are selfish. Most people try to pay their bills. But if they can't pay, they'll go to where they can get it.

2. How should it be paid for? By what means?

- Tax dollars.
- The insured need to pay a portion of their insurance, based on what they can afford. If you can afford the premium, that's great. The person who wants or needs insurance should pay something for it.
- The more we expect the government to pay for, the higher the taxes and the higher the usage. Everyone has to pay a portion to get it, but I'm not sure taxing is the vehicle I would choose. We have to have some type of control. The insurance industry is the only one that's guaranteed to make a profit every year. There has to be some control on insurance, because they're forcing a lot of other things to raise their prices.

3. A portion of your monthly auto insurance bill goes into a fund to help others that may be in an accident with an uninsured motorist. While you may have never used this coverage, it is available to you. What if the same concept was used to pay costs for Iowans without health insurance? How much of a monthly surcharge would you be willing to personally pay on your health insurance for this purpose?

- \$0
- \$0. I have a strong family and community and church support group. When someone is in dire straits, we help one another.
- \$0
- \$0
- Can't answer because I don't know what I'm buying. I don't know what kind of coverage they'd be provided. \$0 until I have more information.
- 5-10%
- 1-2%
- I don't agree with that. E911 charge ranges from \$.50 - \$1.00. For uninsured on your auto, you're getting something for that. I look at this as just another tax where I don't see a service coming out of that.

4. Health care under such an insurance system as we are discussing could be delivered to people in a variety of ways. Please tell us your ideas or suggestions about how it should be delivered? We are interested in how it would be provided, not how it would be paid for.

- Use income guidelines – you pay a certain amount if you have a certain income. Go to the local community hospital and doctor.
- If you take away choice of doctors, that's bad. It's a hassle to go to Iowa City. I don't know how it should be delivered.
- It should be available locally, so people don't have to travel. It shouldn't be a lot of red tape.
- And not so much deductible.
- The individual should go to their family health provider, period. First choice. I don't like insurance. There are too many hoops.
- Don't create another DNR for health care. The bureaucracy and the constant turnover of who you have to deal with is a problem. You're constantly re-educating people.
- Medicare is a good example. The billing is a circus.
- There should be freedom of choice.
- I don't buy that the bureaucracy is impenetrable. If there are good people, it can be useful. This would have to be administered by state or county government.
- You see too many people coming into the emergency room that waited all day, called the doctor's office after it was closed, and then got sent to the emergency room. Too many people say they need to run to a specialist. You should start with the family physician of your choice, get a referral to a specialist if needed. There should be some control over going to the emergency room.
- Most of the things in our area, we are treated like we're not in the State of Iowa. All of the funding or programs that are set up, the heavily populated areas get all of the benefits. Drug prices, everything. If you're in a less populated area, you're penalized.

5. How much public demand is there for providing insurance to those Iowans that do not have it? What would the state have to do to make it an important issue to everyone?

- I think there's a demand. It relates back to costs again. People will say they want health insurance, but don't want to pay for it. Others are willing to pay. Everyone wants health insurance, but not everyone is willing to pitch in a certain amount.
- Emphasize the effect on children. Children suffer the most. When they are young, they have many, many health needs.

- It's the parents' choice. With HAWK-I, that program has been there a long time, and it's not used, because parents are too lazy to fill out the forms. For example, if you're in a low-income bracket, have one spouse working, the other working at home. Insurance plans are mostly family or single. The problem with HAWK-I is that it goes for kids only – what about the non-working spouse? The state needed to look at that whole thing – low-income families, not just low-income kids.
- People place a lot of importance on children.
- I don't know. It's an empirical question that I'm sure someone could answer. It depends upon whom you ask. The individual who's well-insured and well-off, they are pretty separate from those in need. They don't see the needs of the poor. Public education campaign is the first thing.
- In my world, there's no one demanding health insurance. Send Dr. Gleason or someone like that, someone of stature, to address the problem.

Final Round Robin

For the last several years in Iowa those without health insurance have amounted to 10% to 12% of the population. Does it matter that some percentage of Iowa's population goes without health insurance? You can answer by a simple yes or no – we'll just proceed around the room.

- 8 yes
- 4 no

Burlington - March 21, 2001

State Planning Grant to Reduce Uninsurance

Focus Groups – Round 1

Great River Bend Medical Center

14 Participants

Premise 1

Having access to health care insurance is a quality of life issue that can affect us in many ways – the health care we receive, the health care our family members receive, our economic status and well-being, and for our own peace of mind. For many of us, having access to health care insurance is a given. Some of us take it for granted because it is provided through employment, or we have the financial means to purchase it. Those of us who are fortunate enough not to be heavy users of health insurance are assured that, if we need it, our insurance is there.

Given these statements, consider and answer the following questions:

1. The premise stated that health care insurance is a quality of life issue. How is this a quality of life issue in lowans' lives?

- I know we tried to apply for Title XIX and we made \$20 over the amount, so we were denied. We pay \$250 a month. To us a quality of life has really been hindered. We gotta decide do we feed the kids or get a blood test. We can't qualify for nothing.
- We see a lot of people if they had insurance they would go to their physician and get treated. An individual without insurance got pneumonia that turned into a serious infection. Because they waited so long, their quality of life, the individual was less able to perform the job they had.
- With elderly and what I'm working with, they are in between to get help from the government. They wait too long until they go and one of the big problems if you don't have insurance you just put it off.
- I guess in my situation I've had Crohns disease for almost 20 years. I have insurance coverage but I can't do my job like I used to. I keep insurance. It gets expensive.
- I think there are some considerations about basic access. When a three-year old gets an earache and you have to take them to the doctor. If you don't have insurance, you have to wait. People use an emergency room for primary care, if you've ever been in an emergency room, it's a quality of life issue. If they don't have insurance, they get poor service, plus the anxiety of what if something happens to my child, parent... in today's society, it's an oppressive thought.

- Seems to me as a quality of life issue, we make decisions based on our employment or standard of living. I don't have insurance but my wife has very good coverage. I would have been a fool to leave my job without it. We have to make decisions about our employment with that benefit.
- When a person or family has no insurance and goes to the doctor, one is expected to pay the charges up front. It's a big effect on the pocketbook.
- It seems that someone paying cash pays a premium price, if you have insurance, there's a discounted rate.
- We find that if you don't have insurance, they get charged a cheaper rate. It works both ways.
- Also people with Medicare can't afford the prescriptions they need to stay healthy> They have to choose between food and medicine.
- I have a granddaughter and it was presumed she had a heart murmur and at 6 months had open heart surgery and my son in law lost his job and lost his insurance, and they couldn't find a job, if they couldn't get Title XIX, they would not have had a quality of life.

2. How important is it to you that all Iowan's have access to health care insurance?

How important is it to Iowa?

- In my position in my job, a lot of people have access to insurance and don't take it, they'd rather gamble and not take it. There's a premium you pay for our coverage and \$350 deductible, but we don't cover preventative care. It's \$77 a pay period, which is pretty reasonable. You can go down to the other perspective, which is a \$1,000 deductible. It's important to me, but I don't understand why people who have access don't take it and we end up paying the bill.
- I feel it's important that everyone should have access, but quite a few young people who have multiple part time jobs and they are not big dollar jobs, and they don't have the option of buying insurance in their part time jobs. People don't make that much money to buy their own.
- It's crazy everybody should have the choice of coverage and if something happens, you are out of luck.
- Doesn't that work into our price?
- It's a different question about how you finance health insurance.
- For me it's the highest priority we have nationally. Our country is a disgrace with the health care system.
- We will spend thousands of dollars for an automobile, but we squeal like pigs when we have to pay for insurance. I just came back from the Bahamas and they are covered. Why can't we do that?
- Because it's socialized medicine.

- It's very important to me that everyone have access to insurance. I think the access is there. The ability to pay for it is different.
- But there is a state program where you take the insurance and get paid for it.
- Is that the HAWK-I?
- I don't think that's HAWK-I. It would go into a certain fund and then she would request the payments back.
- Everybody should have access.
- The state attempted with the HAWK-I program and there are a lot of hoops you have to jump through and it's not working very well.
- I also think their eligibility limits are far too low because they make just enough to pay the bills without health insurance, and I think they need to raise the limits and include insurance and preventive care.

3. Which of the following statements do you agree with the most? Which do you agree with the least?

- a) Health insurance is a human right
- b) Health insurance is a benefit of one's economic level
- c) It is the responsibility of society to provide health insurance for all
- d) Health insurance is a luxury

- Is it what I want or what I believe?
- I believe the current situation is B and D but I would like it to be society providing for all, including prescriptions and preventative care.
- I would take A because anybody that's living deserves health insurance.
- I'm really getting hung up on the right to health care and the right to health insurance. I think health care is a human right. B is the way we are now. Health insurance is not a luxury, it is how we pay for services. When we allow people to opt out the rest of us pay.
- Health insurance is a luxury but I believe in an ideal world, then it is the responsibility to provide insurance to everyone.
- I believe it is the responsibility of every citizen to hold our own situation and their feet to the fire to make insurance a better value than it is now. We need to be responsible as citizens to provide it no matter what their lot in life. It is disgusting that in this country that their lives are honed in by whether they have insurance. I don't believe it is government's responsibility. If this grant money could help people who are in trouble, that would be excellent.
- I guess I agree more with the line of thought he was taking – B is reality, I disagree it's a luxury, most of us have it. How we get to the end of everybody being covered is the debate.

- I believe it is a benefit of one's economic level. Insurance is costing us \$250 a month and doesn't cover preventative care. Somebody who has insurance through two jobs can go to the doctor when they need to.
- B is where we are at and I believe we need the government to provide for those that can't.
- B is where we're at but I don't necessarily feel it's government's responsibility to provide it for all but to provide it at an affordable price.
- I think she said what I wanted to say.
- I think it's more of a human right, but it's a pool issue. The more you allow people to opt out, the more we pay for it. Having lived in Europe, it's a much better system. People in Europe can't believe we have the system we do.
- I think everybody pretty much agreed it's a benefit of one's economic level, unfortunately, not everyone can afford the best coverage. There needs to be protection against catastrophic illness. I work and I have two sons and one who is autistic, and because of my income, we don't qualify for anything, and we have another son who has kidney failure and needs a transplant and after that, we're going to cap out on my insurance coverage. I'll be put in a position of making that decision; do we go into debt hundreds of thousands of dollars.
- B and C both, we all would like society to pay for us all but I don't think you'll see that in our country here.
- I don't know, I have to agree with B. It is a luxury for some if you have the right insurance, if you can afford it. I have Medicare, which helps, and I have a supplemental policy and I can afford to pay it. I visited the state of Washington and they go to Canada and buy their medications and they can buy it much cheaper than we can here.

Premise 2

Some Iowans do not have access to health care insurance. As you know, health insurance is a real comfort to a family with children, and especially important if there are family members with chronic illnesses. You also know that the times and the situation are always changing in Iowa. The economy may now be entering an uncertain time, and health care provider systems and insurance options are changing as well. For a variety of complex reasons, including economic hardship, about 10% of the people in our state have no health insurance. Through a federal grant, the state is developing a plan to come up with a way to offer health care insurance to all Iowans. It is our job to assess what the public thinks about that idea.

1. Where do you think those 10% of lowans who are uninsured go for their medical care or do they receive medical care at all?

- I think it was mentioned earlier, they go to an emergency room. Some physicians won't accept patients.
- They don't get care.
- Most cities in Iowa don't have community health centers.
- I think most people wait too long and then they go to the emergency room.
- It just keeps multiplying.
- There is a county public health system. In our county we have a facility.
- When I was a single parent, WIC was really good. He's 12 now; they're not geared for kids his age.
- Public schools play a role in health care in Iowa.
- There really are people that don't have care, and it's heartbreaking to see them. You tend to think of the middle-aged man who has the chest pain and lets it go and then has bypass. There's a lot of people in Iowa who die. By the time somebody realizes their problem, it's too late.

2. Describe what you believe to be the characteristics of an "average" uninsured lowan.

- It could be any one of us in this room.
- I think it's what the press has termed the working poor.
- It's like with a mortgage, people are only one paycheck away from no insurance.
- You can buy it, if you've got money. Have you ever heard of medical savings accounts? It's all there if you have money.
- I think the subject of preexisting conditions is very important, you may get another very nice job, but the preexisting conditions but aren't covered.
- Some of the federal laws protect you from that.
- They can't deny you if there's a gap in coverage.

3. What would be the advantages of everyone having health insurance in Iowa?

This question does not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

4. Now we want you to compare the importance of providing health insurance for all lowans to the importance of benefits provided in other programs. Is it less

important, as important, or more important to provide health insurance to all Iowans compared to providing.....

- Services to people with disabilities
- Social Security
- Veterans' benefits
- Private retirement plans

This question does not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

5. This plan being developed by the IDPH will need the support of all Iowans to succeed. For health care insurance to be more widely available, more employers will need to offer coverage to more employees. If it were up to you, how would you go about gaining the support of the business community to offer insurance to more employees?

- Retention tool, it keeps people.
- If they're healthy people, they would be more productive.
- More employers could form a group and it would make your premiums less.
- It'd help small businesses to be able to afford it.
- It's an economic issue for the employer.
- If you're expanding the pool, what about a state pool?
- Don't some other states do that?
- I work for 169 people in our company, it takes 2 years for someone who has been very ill, and our board has to decide to go somewhere else for coverage. Right now they are paying our full amount, but we may have to pay that.

Premise 3

Many of our Iowa communities provide health care services for people in all kinds of personal or financial situations. The "free care" that you hear about - like the care provided in emergency rooms, community health centers, or free clinics - is not really free. It has to be paid for by somebody, or hospitals and other health care providers would go out of business. Through a variety of mechanisms, including our tax dollars, "free" care is paid for by all Iowans.

1. Who should be responsible to make sure all lowans have access to health care? Is it the government, the private sector (business), or should it be up to uninsured individuals?

- Combination of business and government, they should have to work together. I think it should be regulatory, but there's rules if you want to do business in Iowa.
- Couldn't the state have their own system where they could have a group insurance to make it more affordable for some?
- A sliding fee scale.
- We're paying for Title XIX and HAWK-I, so put it in a pot and make it available to everyone without insurance.
- If we could get one insurance provider for everybody. They make big dollars for administrative fees. If they could take even half of what goes into administration and give it to health care.
- I think we're going to have to be very careful about how we deliver. We have a free market and it doesn't create efficiencies. It creates a scarce commodity. The government provides a lot of good services and the government's role is very substantial.
- If the state's already paying for insurance and gets the businesses to buy into a plan, it would save everybody money.
- It was kind of radical, because of all the private companies in insurance who lobby. It would be nice to institute a federal tax of 1 percent, and that could more than afford to pay for everybody.

2. How should it be paid for? By what means?

- The individuals have to have some accountability. It can't just be another freebie. Everyone has agreed it's a function of economic status and most people don't know what they have because their insurance is good enough. If we could just educate everyone. When you talk about socialized medicine, the fancy treatments we have are not an option.
- It will be below our quality.
- If anyone's been in the military and has seen socialized medicine...

3. A portion of your monthly auto insurance bill goes into a fund to help others that may be in an accident with an uninsured motorist. While you may have never used this coverage, it is available to you. What if the same concept was used to pay costs for lowans without health insurance? How much of a monthly surcharge would you be willing to personally pay on your health insurance for this purpose?

- I would be willing to pay a percent.

- I'd want to know why they are without, there has to be a means test.
- Because I opt to stay home, I'm not in a position to go get it.
- My insurance is all paid for. I have pretty good insurance. I sure would pay.
- There's got to be a flat rate.
- Either that or a sliding fee scale.
- It should have to be across the board.
- Maybe it should be tied to the income tax and turn around and give a deduction for those that are paying insurance.
- If the employers in the state got together and put in what they are spending.
- Government is not involved in auto insurance except that they make us have it. How does the percentage get into the pot if your employer pays it?
- They could transfer that cost to the employee and the employee would get it back in taxes at the end of the year.

4. Health care under such an insurance system as we are discussing could be delivered to people in a variety of ways. Please tell us your ideas or suggestions about how it should be delivered? We are interested in how it would be provided, not how it would be paid for.

This question does not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

5. How much public demand is there for providing insurance to those Iowans that do not have it? What would the state have to do to make it an important issue to everyone?

This question does not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

Final Round Robin

For the last several years in Iowa those without health insurance have amounted to 10% to 12% of the population. Does it matter that some percentage of Iowa's population go without health insurance? You can answer by a simple yes or no – we'll just proceed around the room.

- Yes (all yes)

Fort Dodge - March 21, 2001

State Planning Grant to Reduce Uninsurance

Focus Groups – Round 1

Fort Dodge Public Library

13 Participants

Premise 1

Having access to health care insurance is a quality of life issue that can affect us in many ways – the health care we receive, the health care our family members receive, our economic status and well-being, and for our own peace of mind. For many of us, having access to health care insurance is a given. Some of us take it for granted because it is provided through employment, or we have the financial means to purchase it. Those of us who are fortunate enough not to be heavy users of health insurance are assured that, if we need it, our insurance is there.

Given these statements, consider and answer the following questions:

1. The premise stated that health care insurance is a quality of life issue. How is this a quality of life issue in lowans' lives?

- Health insurance enables people to stay healthy. They are able to get to the doctor before an illness forces them to miss work or worse. They don't miss work and can be productive citizens...better provider for their families, better producers at work and are just stable people. It is better for society.
- When people are struggling to pay medical bills they end up needing more assistance. People with disabilities actually have to limit their productivity so they can continue to receive medical benefits. Because they can't work as much, it means they make less money and need other aid in housing and other assistance to get by.
- People are putting off seeing doctors because they cannot afford to see them if they don't have insurance. They end up going to the emergency room for basic medical treatment which drives all of our costs up. Even worse, they put off treating ailments in some cases until the point that it is life threatening or need more extensive medical care...and more costly. They also may be spreading illnesses by not being treated.
- It is also a question of stress. Not having insurance must be very stressful -- fear of getting ill and incurring additional debt. Having to choose between food and medical or heat, that cannot be good for people's stress levels, especially people who are already just scrapping by.

- This is already happening to the elderly. You are always hearing about older people who are having to take their meds every other day or being forced to choose between food and prescription drugs.
- It is about all of our quality of life. Uninsured people get sicker than those with insurance. They put off treatment and by the time they go in they can have real problems that might have been treated with less expensive care if they went in earlier.

2. How important is it to you that all Iowans have access to health care insurance?

How important is it to Iowa?

- It is extremely important. Not having insurance contributes to a number of problems, unemployment, child care, elder care, crime maybe. It is a very big deal.
- It should be the number one issue in Iowa. You don't hear a lot about it any more. You used to hear about it all the time.
- Most people don't know about the medical services that are available. They end up in the emergency room when they could be going to free clinics.
- High medical bills and not having insurance to pay the bills may be contributing to higher crime. It puts people in very desperate situations. What are people to do?
- Even those who do get some assistance like Medicaid are having trouble finding doctors who will treat them because the reimbursement rates are not as good as private pay insurance.

3. Which of the following statements do you agree with the most? Which do you agree with the least?

- a) Health insurance is a human right
- b) Health insurance is a benefit of one's economic level
- c) It is the responsibility of society to provide health insurance for all
- d) Health insurance is a luxury

- One agreed most with A. Two agreed most with B. Seven agreed most with C. One agreed most with D.
- Three disagreed most with A. One disagreed most with B. Seven disagreed most with D.

Premise 2

Some Iowans do not have access to health care insurance. As you know, health insurance is a real comfort to a family with children, and especially important if there are family members with chronic illnesses. You also know that the times and the situation are always changing in Iowa. The economy may now be entering an uncertain time, and health care

provider systems and insurance options are changing as well. For a variety of complex reasons, including economic hardship, about 10% of the people in our state have no health insurance. Through a federal grant, the state is developing a plan to come up with a way to offer health care insurance to all lowans. It is our job to assess what the public thinks about that idea.

1. Where do you think those 10% of lowans who are uninsured go for their medical care or do they receive medical care at all?

- A lot of them simply don't seek treatment. They just get and stay sick or injured. When it gets real bad they end up in the emergency room at three times the cost to the system to pay for their care.
- I would like to think they go to free clinics. We have two in Fort Dodge, but most people don't know what they are or where they are. The clinics operate with volunteer doctors and nurses. Most of their medicines and supplies are donated by hospitals and drug companies. It doesn't cost anything but people don't know about them.
- I would agree that it is the emergency room.
- Some go to primary care facilities like Broadlawns in Des Moines, but we don't have one of those in Ft. Dodge. There are also county hospitals I guess.
- Some go to the U of I but you have to go through a lot of hoops to get in there and you have to have a pretty serious situation. It is too far away to be practical for a lot of the state.
- There is local assistance too. But it is getting harder and harder for people on state or local aid to get in to see doctors. A lot of places won't take them or are at their limit.

2. Describe what you believe to be the characteristics of an "average" uninsured lowan.

- I think most are afraid of the cost. Even those of us who have insurance through work see how expensive our employee's share of the premiums are. A lot of them have jobs and work but the employers only gives them part-time hours so they don't qualify for company insurance.
- People with disabilities. A lot of them have Medicaid but in order to keep that they have to be unemployed or cannot make more than a minimal income.
- A lot of them have access to insurance through work but drop it because the premiums are too high to include their families. Our family plan cost something like \$550 a month. It is incredibly expensive. It costs business a ton to insure their employees. As the costs go up they are going to be forced to ask employees to pick

up more of the cost. A lot of them will simply choose to not have any because they will not be able to afford their share of the premiums.

- A lot of them are part-time employees who may hold two or three part time jobs that don't provide insurance because they don't work 40 hours a week for any of them. They cannot afford to buy private insurance because the money they make from those two or three part time jobs isn't enough.
- People that work for small business or are self-employed. Most small businesses cannot afford group health insure for their employees and are not required to provide it. The self-employed have to provide insurance for themselves. If they are just getting by, health insurance is not going to be a high priority, until the need it.
- I wouldn't disagree with what has been said. It is mostly low-income people who don't have a lot of education. Most have jobs, the working poor.
- Some of them can be high-income people. They don't have it because they can afford to pay for their health care out of their own pocket.
- People are frightened of the government programs. They have to provide private information and they don't like doing that. Others, especially older people are too proud to get help. They think it is charity and they were raised to think that was wrong.
- Young people who are healthy, they don't need it or at least they don't need it now. They take jobs, part time mostly, that don't offer insurance and don't think twice about it.
- People who are between jobs or get laid-off.
- Those people that have little or no education. They don't understand the importance of health care. They live day to day and don't have long term plans.
- Unfortunately, many are single mothers and their families. They are on assistance or have part-time jobs. They lack education and are young.

3. What would be the advantages of everyone having health insurance in Iowa?

- We would be healthier. Poor people wouldn't get as sick as they currently do...won't let minor illnesses become big ones.
- People wouldn't miss as much work or school due to illness. We would be better educated and more productive.
- A lot less social costs. Medical treatment cost should drop or stabilize because there would be less emergency room treatment and better preventative medicine. Less crime, abuse, and stress on people who are already stressed. Less alcohol and drug abuse that leads to crime.
- People would be less stressed and have a better outlook on life. They will believe they will have a chance to succeed and not have the risk of a major illness and its costs hanging over their head. I had some surgery last year. If it wasn't for my

insurance I would have been in very dire straits. You just cannot reach in your pocket and pay off a \$30,000 medical bill.

- I agree, people would have better piece of mind and be more productive at work.
- If people are working and getting better jobs they will pay more in taxes. That helps all of us, especially if we are not having to pick up the cost of their medical bills.
- I think it would create more jobs and reduce crime.
- General health care costs will go down. When someone does not pay a medical bill we pick up the cost as taxpayers anyway or the hospitals have to shift the cost to paying patients who have insurance. It would also cut down on expensive treatments for people who put off seeing a doctor because they don't have insurance and then skip on the bill which is picked up by government or private insurance companies who end up paying higher costs.
- If we could cover mental health costs with insurance we could get more able bodied workers in the workforce and cut down on crime. It is a public safety issue too.

4. **Now we want you to compare the importance of providing health insurance for all lowans to the importance of benefits provided in other programs. Is it less important, as important, or more important to provide health insurance to all lowans compared to providing.....**

Services to People with Disabilities

- All participants chose more important.

Social Security

- Four chose as important, four chose more important, five chose less important.

Veterans' Benefits

- Eight chose more important, four chose less important, one said they didn't know.

Private Retirement Plans

- Seven chose as important, six chose more important

5. **This plan being developed by the IDPH will need the support of all lowans to succeed. For health care insurance to be more widely available, more employers will need to offer coverage to more employees. If it were up to you, how would you go about gaining the support of the business community to offer insurance to more employees?**

- You would need to give them some type of a tax break. The costs are so high now that they cannot do it without some sort of tax break.

- Educate business on the value of health insurance. Less turnover and absenteeism...more production. Plus it will cut down on welfare, crime, and the cost of providing health care by the government. It could lower their taxes.
- They would need to be able to buy the insurance at a low cost, maybe buy into a larger pool or group. The bigger the group, the lower the cost to business.
- It would help attract workers to the state and help their business grow and be more profitable.
- It would improve the general quality of life in their community.

Premise 3

Many of our Iowa communities provide health care services for people in all kinds of personal or financial situations. The “free care” that you hear about - like the care provided in emergency rooms, community health centers, or free clinics - is not really free. It has to be paid for by somebody, or hospitals and other health care providers would go out of business. Through a variety of mechanisms, including our tax dollars, “free” care is paid for by all Iowans.

1. Who should be responsible to make sure all Iowans have access to health care? Is it the government, the private sector (business), or should it be up to uninsured individuals?

- All three need to be responsible. It is the only way it will work.
- It has to be government. It is the only one of the three that is big enough and has the resources to fund and administer it. Unfortunately, it is very costly and the budget is very bad right now.
- The general public. The general public needs to be educated on the need for health care so they can push all three into seeing that it gets done.

2. How should it be paid for? By what means?

- Taxes. Taxes are paying for most of the costs now. A government program might even lower costs for those paying for private insurance.
- That could result in a rationed health care system with the Government saying who gets a transplant and who doesn't get one. It may be impractical.

3. A portion of your monthly auto insurance bill goes into a fund to help others that may be in an accident with an uninsured motorist. While you may have never used this coverage, it is available to you. What if the same concept was used to pay costs for Iowans without health insurance? How much of a monthly

surcharge would you be willing to personally pay on your health insurance for this purpose?

- The general consensus of the group was this cost would be justifiable if it was in the \$100 to \$200 range.

4. Health care under such an insurance system as we are discussing could be delivered to people in a variety of ways. Please tell us your ideas or suggestions about how it should be delivered? We are interested in how it would be provided, not how it would be paid for.

- The government is the only entity big enough to provide the administration of a program this large.
- If business doesn't have to do the administration it would hold their costs down.
- How much public demand is there for providing insurance to those lowans that do not have it? What would the state have to do to make it an important issue to everyone?
- Probably not a lot of demand. We need to do a media program to educate people on the importance of insuring the uninsured.
- The people that need it the most don't know how to demand it or recognize its value in some cases.
- We'll need a major media blitz and public education effort.
- There should be mandatory education on it in schools.
- I think there is a lot of demand for it. You just need to make it easy for folks to access it and know about it.
- If you provide it they will come.
- The eligibility portion of this cannot be complicated. Qualifying for a lot of government programs have income levels and a lot of paper work. It needs to be made simple and the applications process must be accessible.
- The information for accessing it must be easy to get and easy to understand.
- I would agree, greater accessibility.
- It will require more education to tap into this demand.
- It must be easy to enroll in.
- The time is right to do this now. It just keeps getting more expensive by the day. It will be very difficult to implement in the future because the cost and problem will be too big.
- Can they extend HAWK-I to adults? That program seems to be working for children.
- Iowa is currently 48th in Medicare payments but we are rated as being 8th best in medical care. There should be away to get more federal funding for this; we just need to figure how to do it.

- It is not practical, but tax credits for personal responsibility, lifestyle issues like smoking, diet and drinking contribute as much as anything to higher health care costs. If you could provide an incentive for people to be more responsible in those areas it would help lower costs as much as anything we have discussed tonight.
- Questions on quality and service restrictions will need to be addressed carefully. It is very difficult to legislate compliance.
- Education is a must. Poorly educated people are the most at risk for being uninsured.
- Are their successful models in other states or counties we can duplicate? I understand that Sweden and Norway have very good state sponsored health plans.

Final Round Robin

For the last several years in Iowa those without health insurance have amounted to 10% to 12% of the population. Does it matter that some percentage of Iowa's population go without health insurance? You can answer by a simple yes or no – we'll just proceed around the room.

- Yes all around

Attachments

Focus Group Script

State Planning Grant to Reduce Uninsurance

Focus Groups – Round 1

March, 2001

- I. Welcome and introductions of SPPG staff and IDPH staff (IDPH introduced as fellow researchers)
 - Please feel free to continue to enjoy your meals while we begin
 - Explain agenda for the evening:
 - Make sure everyone signed research waiver
 - Tell them stipend will be handed out at the end and they will need to sign for that as well (pay overflow capacity and send home before meeting starts)
 - Tell them about the project
 - IDPH contracted with SPPG to assist them with their public outreach and education effort
 - About SPPG

- II. The State Planning Grant to Reduce Uninsurance
 - First stages of the planning process are to collect information, and assess attitudes and opinions on the idea of expanding access
 - We are asking your help by providing us your thoughts about specific aspects of the health care insurance system
 - IDPH awarded a federal grant to develop a plan to Reduce Uninsurance for lowans
 - Emphasis on developing a plan – not implementing
 - Can't implement a program yet, because we don't know enough about why people don't have insurance

- III. What we hope to accomplish with these focus groups
 - We want to tell lowans about this effort
 - We want to learn what you think about the idea of expanding access to health care insurance for all lowans
 - The information from these will help shape the coverage options that will be developed and dealt with at the planning level

- IV. Focus group structure*
- Use of a script for consistency and keeping on track
 - Premises set the stage for follow up questions
 - We take notes at the laptop, and will begin tape recording the session after our introductions
 - Comments are non-attributable – they will not be associated with who said what
 - Want everyone to talk
 - At times you may feel we are hurrying along, but we have a lot of questions we must cover in the allowed time.
 - We will end on time
 - Questions?
- V. Self Introductions (Remind the participants to use their first name only.)
- *Slater, as Team Leader of this effort, will conduct training session with all facilitators*

Start Recorder

Premise 1

Having access to health care insurance is a quality of life issue that can affect us in many ways – the health care we receive, the health care our family members receive, our economic status and well-being, and for our own peace of mind. For many of us, having access to health care insurance is a given. Some of us take it for granted because it is provided through employment, or we have the financial means to purchase it. Those of us who are fortunate enough not to be heavy users of health insurance are assured that, if we need it, our insurance is there.

Given these statements, consider and answer the following questions:

- 1. The premise stated that health care insurance is a quality of life issue. How is this a quality of life issue in Iowans' lives?**

- 2. How important is it to you that all Iowans have access to health care insurance? How important is it to Iowa?**

[Instruction to facilitator: Pass out the handouts containing the response categories for next question.]

3. Which of the following statements do you agree with the most? Which do you agree with the least?

- a) Health insurance is a human right
- b) Health insurance is a benefit of one's economic level
- c) It is the responsibility of society to provide health insurance for all
- d) Health insurance is a luxury

Premise 2

Some lowans do not have access to health care insurance. As you know, health insurance is a real comfort to a family with children, and especially important if there are family members with chronic illnesses. You also know that the times and the situation are always changing in Iowa. The economy may now be entering an uncertain time, and health care provider systems and insurance options are changing as well. For a variety of complex reasons, including economic hardship, about 10% of the people in our state have no health insurance. Through a federal grant, the state is developing a plan to come up with a way to offer health care insurance to all lowans. It is our job to assess what the public thinks about that idea.

- 1. Where do you think those 10% of lowans who are uninsured go for their medical care or do they receive medical care at all?**
- 2. Describe what you believe to be the characteristics of an “average” uninsured lowan.**
- 3. What would be the advantages of everyone having health insurance in Iowa?**
- 4. Now we want you to compare the importance of providing health insurance for all lowans to the importance of benefits provided in other programs. Is it less important, as important, or more important to provide health insurance to all lowans compared to providing.....**

(Do as a round robin - do not allow respondents to elaborate. Remember health insurance is being compared to each of the following separately, i.e. there are 4 subquestions.)

- Services to people with disabilities
- Social Security
- Veterans' benefits

- Private retirement plans
5. This plan being developed by the IDPH will need the support of all Iowans to succeed. For health care insurance to be more widely available, more employers will need to offer coverage to more employees. If it were up to you, how would you go about gaining the support of the business community to offer insurance to more employees?

Premise 3

Many of our Iowa communities provide health care services for people in all kinds of personal or financial situations. The “free care” that you hear about - like the care provided in emergency rooms, community health centers, or free clinics - is not really free. It has to be paid for by somebody, or hospitals and other health care providers would go out of business. Through a variety of mechanisms, including our tax dollars, “free” care is paid for by all Iowans.

1. Who should be responsible to make sure all Iowans have access to health care? Is it the government, the private sector (business), or should it be up to uninsured individuals?
2. How should it be paid for? By what means?
3. A portion of your monthly auto insurance bill goes into a fund to help others that may be in an accident with an uninsured motorist. While you may have never used this coverage, it is available to you. What if the same concept was used to pay costs for Iowans without health insurance? How much of a monthly surcharge would you be willing to personally pay on your health insurance for this purpose?
4. Health care under such an insurance system as we are discussing could be delivered to people in a variety of ways. Please tell us your ideas or suggestions about how it should be delivered? We are interested in how it would be provided, not how it would be paid for.
5. How much public demand is there for providing insurance to those Iowans that do not have it? What would the state have to do to make it an important issue to everyone?

Final Round Robin

For the last several years in Iowa those without health insurance have amounted to 10% to 12% of the population. Does it matter that some percentage of Iowa's population go without health insurance? You can answer by a simple yes or no – we'll just proceed around the room.

Thank you for your participation this evening. Your answers have been very interesting and will help influence the state as they continue this effort to develop a plan to expand access to health care insurance for all Iowans.

Don't forget to pass out the stipends!

Map of Focus Group Locations

Map 1. Focus Group Sites and Zip Codes of Focus Group Attendees



