

APPENDIX A

RECRUITMENT ACTIVITIES

Appendix A of the report—Understanding Barriers to Health Insurance of Insured and Sporadically Insured Alaskans—documents the recruitment efforts undertaken for each focus group. The Alaska Department of Health and Social Services (DHSS) provided local contacts in different communities to recruit participants for the focus groups. Frequently, these contacts were a public-health nurse or an employee of a community health clinic, a nonprofit organization, or some other type of health-related agency. Even after DHSS requested their help, the University of Alaska Anchorage’s Institute of Social and Economic Research (ISER) staff found that most contacts were still uncomfortable providing names and telephone numbers; so they developed other ways to locate participants. In addition to DHSS-provided contacts, ISER used face-to-face interviews, newspaper notices, radio station announcements, Chambers of Commerce directories, and telephone books; posted flyers; made announcements at meetings; sent messages via E-mail ListServes; and relied on word-of-mouth to recruit participants.

ISER developed a demographic questionnaire to select participants from the groups that were identified by DHSS. Appendix D contains the demographic questionnaires.

As an incentive to participate, each participant was given a prepaid, 300-minute long-distance telephone card at the end of their focus group.

RECRUITMENT ACTIVITIES: FOCUS GROUPS FOR INDIVIDUALS

ANCHORAGE: Uninsured, Low-income, Minorities, and Students

A representative of Alaska's Department of Health and Social Services (DHSS) contacted the Anchorage Neighborhood Health Center (ANHC). Their marketing director posted flyers at ANHC and placed a free notification in the *Anchorage Daily News* (ADN) and the *Anchorage Press*. The Institute of Social and Economic Research (ISER) put a notice on Craig's List and posted flyers at a variety of locations around town—job service, retail stores, grocery stores, coffee shops, University of Alaska Anchorage, and Alaska Pacific University.

As a result of these various postings, ISER received inquiries from 18 people (37 calls). Through the screener, researchers determined that one person wasn't qualified (3 calls); two people were qualified to participate (2 calls) but couldn't because of time conflicts; and 14 participants were scheduled to attend (27 calls), but one cancelled when we made reminder calls. Of the 13 anticipated participants, 10 people attended this focus group. Two people who were scheduled to attend arrived after the group was underway. Late arrivals were not admitted if they had missed hearing the background of the project and, especially, their rights as research participants. These potential participants were thanked for their willingness to attend and given a calling card. Six people came to the group without being screened; they were also thanked and given a calling card. Unfortunately, the newspaper notifications included the location of the group but did not include instructions to contact ISER to determine eligibility to participate. We investigated running a second group at the same time but, because of the lack of meeting space, could not do so.

Recruitment Sources: *Anchorage Daily News*, *Anchorage Press*, local contacts, E-mail (Craig's List)

ANCHORAGE: Homeless and Uninsured

DHSS representative made contact with the Social Service coordinator at Bean's Café, who posted flyers at Bean's Café and at neighboring Brother Francis Shelter. Twice, a few days prior to the date of the group, two ISER staff recruited at the Café during the lunch hour (10:30 a.m.–1:30 p.m.). Participants were recruited simply by asking if they were interested and via an announcement over the loudspeaker. Of the 14 participants who were screened, seven attended. All recruiting and screenings were done in person.

Recruitment Sources: Face-to-face interviews, local contact, flyers

CONFERENCE IN ANCHORAGE: Attendees were Alaska Natives from across the state

DHSS gave ISER contact information for the organizer of a conference being held in Anchorage. The conference participants were predominantly Alaska Natives and came from all parts of the state. The organizer developed a registration form that was faxed to potential participants; 54 people registered.

With this overwhelming response, research staff decided to run two focus groups on the evening of Tuesday, November 28, at First Alaskans Institute, located a little more than a block from the Center where the conference was held. ISER assigned the 54 registrants to one of the two groups, based upon their residence. An informational flyer was faxed to each registrant. The ISER focus-group moderator and a DHSS representative from Anchorage also gave a brief presentation about the focus groups during a conference session on the morning of the scheduled groups.

At the time of the scheduled groups, only two of the 54 people who had registered arrived for the focus groups. One came to let us know he could not attend as he had to pick up someone from the airport. The other person brought a friend who resides in Anchorage. ISER staff spoke with these two individuals in an abbreviated focus group.

The next day the conference organizer relayed that people said they could not find the building. Two days later ISER held a focus group during a conference lunch break; 22 people participated.

Recruitment Sources: local contact, flyers, E-mail

MATANUSKA-SUSITNA: Uninsured, Low-income, Seasonally Employed

DHSS contacted a public-health nurse and a clinic director in the Matanuska-Susitna (Mat-Su) Borough. Ten days before this group was scheduled to meet, no one had signed up to participate. ISER posted flyers in Palmer and Wasilla (two communities in the Mat-Su) in grocery stores, national retailers, coffee shops, a fly-fishing shop, and other locations; posted free notices in the *Frontiersman* newspaper and in an *Anchorage Daily News* supplement that is sent only to Mat-Su. To fill this focus group, 115 people were contacted (238 calls), of which 67 were disqualified through the screening questionnaire (120 calls). Of the 10 anticipated participants, six people attended this focus group. Two participants had not been screened.

Recruitment Sources: *ADN*, *Frontiersman* newspaper, flyers, local contacts, friend referral

KODIAK: Uninsured, Low-income, Immigrants

Recruitment and screening in Kodiak resulted in running two groups simultaneously—one group in English and one in Spanish. The English-speaking participants were recruited when they called ISER's 800-number printed on flyers they had seen posted at the local health clinic; while the names of the nine Spanish-speaking participants came from a community contact who works specifically with the Hispanic population in Kodiak. To fill these focus groups, ISER contacted a total of 21 people through 71 phone calls. Of the 21 possible participants, one completed the screener and qualified for the focus group but was unable to attend the meeting (two calls); five were eliminated because they were unable to attend on the specific date (31 calls); and 15 people were scheduled to participate (41 calls). None of those scheduled cancelled during call-backs. Of the 15 who agreed to participate, ten arrived; and one additional participant came, unscreened, for a total of 11 participants in the focus groups (two in the English-speaking focus group and nine in the Spanish-speaking group).

Recruitment Sources: Advertisement in the *Kodiak Daily Mirror* (daily newspaper), advertisement on the local radio station, flyers distributed around town (such as post offices and health clinics) as well as the contact in Kodiak who provided the names of Spanish-speaking participants.

KODIAK: Uninsured, Immigrants, Fishing and Seasonal Employees

The focus of this group was to be seasonal employees—typically working for the local canneries and in fishing-related businesses. Numerous people stepped in to find participants. A school-district employee who also works with the Filipino population contacted acquaintances and encouraged them to participate in the focus group. A public-health nurse posted flyers around town to recruit participants. Another nurse provided the names of seven people who were very interested in the project. These efforts resulted in a group that was racially mixed, with some fishermen and fishery-related employees, and many who were uninsured. In the end, 40 people were contacted through a total of 125 calls. Sixteen of these were terminated for various reasons (were not interested, didn't have time, etc) for a total of 52 calls. Fourteen people were schedule to participate in the focus group, and no one cancelled during call-backs. Nine participants arrived at the focus group, three of whom were unscreened but had learned about it from flyers posted around town.

Recruitment Sources: Advertisement in the local newspaper and on the radio station, contacts identified by the state, and flyers posted around town

KODIAK: Alaska Natives

After discussing the content and purpose of the focus group, Kodiak Area Native Association (KANA) contacted 12 potential participants and gave ISER their names and contact information.

ISER staff contacted 14 people to participate in the focus group—twelve from KANA and two from small-business contacts—making 44 phone calls to contact the 14 possible participants. One person completed the screener and was qualified to participate but was unable to attend. In the end, 13 participants were screened and scheduled for the focus group (44 calls). Of these 13 people, eight arrived and took part in the focus group.

Recruitment Sources: Advertisement in the local newspaper and on the radio station in Kodiak, referrals from KANA

KENAI: Uninsured

ISER researchers contacted a local health clinic whose staff posted flyers and passed along the word to their friends; they also gave ISER names of individuals who were interested in participating. Word spread quickly on the Kenai Peninsula as a number of people contacted ISER through the 800-telephone number and E-mail to learn more about the group. In the end, 53 people were contacted (169 phone calls); 25 of these possible participants were eliminated through the screening process because they did not fit the criteria (for example, already had some form of health insurance) or they were not interested in participating (65 calls). Four people completed the screener but were unable

to attend (17 calls). Thirteen people were scheduled to attend; six arrived and participated.

Recruitment Sources: Advertisement on the local radio station and in the local newspaper (*Peninsula Clarion*); referrals from the staff of the clinic; and the 800-telephone number advertised on flyers (three people contacted ISER)

KENAI: Uninsured (Old Believers)

Nikolaevsk was chosen as the site of a focus group because it has the largest population of Old Believers. ISER contacted public-health nurses as well as staff at clinics and schools—all of whom posted flyers and spoke with possible participants; however, no one was able to provide ISER with names of actual participants. ISER located a community resident who recruited nine potential participants. After attempting to contact all nine (nine calls), only one was screened and agreed to participate. Ultimately, a total of six people participated, five of whom were not prescreened.

Recruitment Sources: Flyers posted and distributed around the community, local contacts, clinics, and schools

RECRUITMENT ACTIVITIES: FOCUS GROUPS FOR SMALL-BUSINESS EMPLOYERS

ANCHORAGE: Health-insurance Brokers or Representatives

ISER made an initial phone call to the president of the Alaska Association of Health Underwriters (AAHU), who was very enthused about the project and asked members of their board of directors at their next meeting if their membership list could be given to ISER. The board was reluctant to release the names of their members, but they invited ISER researchers to attend their next general meeting to talk about the project. ISER researchers presented information about the project and distributed sign-up sheets; there was little response (two people). ISER then reviewed the Anchorage Chamber of Commerce and Alaska Communications Systems (ACS) directories, from which they compiled a list of businesses under the heading “insurance.” This yielded 111 businesses (184 phone calls). From these 111 businesses, 70 were eliminated because they didn’t sell health-insurance products; this required 91 calls. Thirteen brokers who were qualified to participate couldn’t do so because of scheduling conflicts with the date of the focus groups (27 calls). Fourteen brokers said they would participate (26 calls). Of those fourteen, four cancelled when they received a reminder call about the group; of the ten expected participants, five attended.

Recruitment Sources: Announcement at AAHU luncheon, Anchorage Chamber of Commerce directory, ACS (telephone) directory, flyers, and local contact

ANCHORAGE: Small Businesses

The DHSS representative provided seven contact names. One of these contacts suggested ISER review the Anchorage Chamber of Commerce directory to locate businesses. Using a random start, researchers selected every seventh name in the directory, excluding listings in the insurance section. This led to 164 businesses that were potential participants; it took 220 calls to schedule businesses for this group. Fifty-one of these businesses had telephones that were no longer working, and 56 screening calls eliminated 39 businesses that were not eligible to participate. Through an additional 16 calls, nine employers qualified to participate but could not do so because of scheduling conflicts. Ultimately, 14 people were scheduled to participate (30 calls); 9 attended.

Recruitment Sources: Local contact, Anchorage Chamber of Commerce directory

MAT-SU: Small Businesses

Using the Wasilla and Palmer Chambers of Commerce directories, ISER researchers made 215 calls to schedule this group of 102 potential business participants. It required 104 calls to determine that 58 businesses were not qualified; nine calls to determine nine numbers were not working; and three calls to find out that one potential participant had a scheduling conflict. Of the 15 people scheduled to attend (55 calls), nine participated in the focus group.

Recruitment Sources: Wasilla and Palmer Chambers of Commerce directories

KODIAK: Small Business

ISER obtained an electronic version of the Kodiak Chamber of Commerce directory. Using a random start, researchers selected every third business. This yielded 215 small businesses in the Kodiak area, requiring 520 phone calls to contact them. Out of these 215, screeners eliminated 103 because they did not fit the focus-group criteria (193 phone calls). Twenty-one Kodiak businesses that qualified to participate couldn't do so because of scheduling conflicts (46 phone calls). Seven of the phone numbers were not working or they were no longer in business (10 calls). Eighteen employers said they would participate in the focus group (46 phone calls); of those 18 expected participants, nine attended the focus group.

Recruitment Sources: Kodiak Chamber of Commerce directory, advertisements in the local newspaper (*Kodiak Daily Mirror*), and announcements on the local radio station

KENAI: Small Business

DHSS provided a local contact who made an announcement at a chamber of commerce meeting prior to the focus group. ISER staff also used the Kenai/Soldotna/Sterling Chamber of Commerce directory to compile a list of potential participants. Using a random start, researchers selected every seventh name in the directory, excluding listings under hospitals/clinics and insurance agencies, leading to 277 businesses that were potential participants. To schedule this group, 646 calls were made. Fourteen of the 277 businesses had phones that were no longer working (26 calls); 292 screening calls eliminated 146 small businesses that were not interested or were not eligible to participate. Fifteen employers were qualified but were unable to attend (27 calls). Ultimately, 18 small-business employers were scheduled to participate (38 calls); six employers attended the group.

Recruitment Sources: Chamber of Commerce announcement, local contact, Kenai/Soldotna/Sterling Chamber of Commerce directory

Recruitment Sources and Number of Attendees

	Number of Attendees	Telephone Calls	Local Contacts	Flyers	Newspaper Advertisements	E-Mail	Radio Advertisements	Face-to-Face Interviews	Chambers of Commerce Directories	Other*
Focus Groups with Individuals										
Anchorage: Uninsured, Low-income, Minorities, and Students	10	37								
Anchorage: Homeless and Uninsured	7	0								
Anchorage: Conference Alaska Natives	24	0								
Matanuska-Susitna: Uninsured, Low-income, and Seasonally employed	6	238								
Kodiak: Uninsured, Low-income, and Spanish-speaking	11	71								
Kodiak: Uninsured (2 groups)	9	125								
Kodiak: Alaska Natives	8	44								
Kenai: Uninsured	6	169								
Kenai: Uninsured Old Believers	6	9								
Focus Groups with Small-Business Employers										
Anchorage	9	220								
Matanuska-Susitna	9	215								
Kodiak	9	520								
Kenai	6	646								
Focus Group with Health-Insurance Representatives										
Anchorage	5	184								

*Notice placed on Craig's List, an electronic classified-advertisement service; announcements at luncheons, telephone directories

APPENDIX B
QUESTIONS FROM ALASKA'S DEPARTMENT OF
HEALTH AND SOCIAL SERVICES

The Alaska Department of Health and Social Services (DHSS) provided University of Alaska's Institute of Social and Economic Research (ISER) with two sets of questions. ISER researchers used these to develop questions for focus group participants.

FIRST SET OF QUESTIONS FROM THE SCOPE OF WORK

1. What does it mean to be healthy?
2. What is your definition of: health insurance, health benefits, access to care?
3. What are the benefits of health insurance?
4. What keeps you—and other people—from having health insurance?
5. What is your view of the coverage offered by Medicaid and Denali KidCare?
6. What would you and your family value in a good insurance/benefits program?

SECOND SET OF QUESTIONS SENT BY ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

INDIVIDUALS

1. What is affordable coverage? How much are the uninsured willing to pay?
2. Why do uninsured individuals and families not participate in public programs for which they are eligible?
3. Why do uninsured individuals and families disenroll from public programs?
4. Why do uninsured individuals and families not participate in employer-sponsored coverage for which they are eligible?
5. Do workers want their employers to play a role in providing insurance or would some other method be preferable?
6. How likely are individuals to be influenced by (1) availability of subsidies, (2) tax credits or other incentives?
7. What other barriers, besides affordability, prevent the purchase of health insurance?
8. How are the uninsured getting their medical needs met?
9. What are the features of an adequate, barebones benefits package?
10. How should “underinsured” be defined? How many of those defined as “insured” are underinsured?

BUSINESS

1. What influences the employer’s decision about whether or not to offer coverage? What are the primary reasons employers give for electing not to provide coverage?
2. How do employers make decisions about the health insurance they will offer to their employees? What factors go into their decisions regarding premium contributions, benefits packages, and other features of the coverage?
3. What would be the likely response of employers to an economic downturn or continued increases in costs?
4. What employer and employee groups are most susceptible to crowd-out?

5. How likely are employers who do not offer coverage to be influenced by
 - Expansion/development of purchasing alliances?
 - Individual or employer subsidies?
 - Additional tax incentives?
6. What other alternatives might be available to motivate employers not now providing or contributing to coverage?"

APPENDIX C

DISCUSSION GUIDES

Appendix C of the report—Understanding Barriers to Health Insurance of Insured and Sporadically Insured Alaskans—includes discussion guides for the following groups:

Uninsured or Intermittently Insured Individuals

Alaska Natives

Small-Business Employers

Health Insurance Representatives

The discussion guides began with an introduction to the statewide project, the Institute of Social and Economic Research (ISER), and the purpose of the focus group. During this introduction, facilitators instructed participants on how focus groups work and what to expect in a focus group. They invited participants to ask questions about the process and advised them that they could choose not to answer any questions. Confidentiality was explained and all participants and researchers agreed to abide by it. Participants signed consent forms agreeing to participate in the focus groups.

DISCUSSION GUIDE

[TARGET SEGMENTS: UNINSURED OR INTERMITTENTLY INSURED INDIVIDUALS]

I. WELCOME AND INTRODUCTIONS

Hello and welcome to our session. My name is Virgene Hanna, and I want to thank you for taking the time to join us in this discussion. I'd like also to introduce Rosyland Frazier. We work for the University of Alaska Anchorage. The state hired the University to learn about why people in Alaska are uninsured. By learning about the barriers, the state hopes to increase the number of Alaskans who have health insurance and, as a consequence, have access to health care in the future. This is one of 20 sessions that will be held throughout the state.

Your opinions are very important. There are **no right or wrong answers** to these questions and you may have different opinions on what is being said. We welcome all points of view, and we just **need to agree that at times we will disagree.** Please **feel free to share your thoughts** even if they are different from what others have said.

There are a few ground rules: First of all, please **speak one at a time**; secondly, don't have any **side conversations**; and finally, please **turn off your cell phones**. Be aware that **I may need to interrupt** so we can get through all the questions I have.

Rosyland will be taking notes and we will be tape recording this session because we don't want to miss any of your comments. It is sometimes difficult to capture in writing everything that people are saying so the recording ensures that we won't miss any of your comments. Rosyland will **write down what is said, but not who said it.** I assure you that the information that you share will be held in the strictest of confidence. We will only be using first names and **no names will be used in our report.** Our findings and conclusions will be made public through newspaper reports and policy documents.

You were invited here today because you represent people who are not insured or don't have health insurance all the time and because we think you will be able to help us to learn more about people's decisions about health insurance.

Does anyone have any questions before I begin?

II. WARM-UP: GENERAL DISCUSSION OF AVAILABILITY OF HEALTH INSURANCE AND COVERAGE

(Round robin) I would like you to tell us your first name, how long you have lived in this community, and describe what you think should be covered in a basic, low-cost health insurance plan.

Do you have health insurance now? (round robin) (flip chart with these questions and keep a tally)

- If yes, what is it? How do you get it? Have you ever been without insurance? If so, what were the circumstances that caused you to be without it?
- If no, when, if ever, did you have health insurance? What are the circumstances that cause you to be without it?
- If you have insurance now, or when you've had it in the past, did it meet your needs? [**Probe: pay your bills, cover enough services, access to services?**]

Health Insurance Coverage

- For those of you who work for a company, does your employer offer any type of health insurance coverage for its employees? Are you eligible for that coverage now? If you are not eligible, why?
- If you are eligible for employer-sponsored health insurance and haven't signed up for it, why don't you sign up for it?
- If someone else in your family is eligible for employer-sponsored health insurance and hasn't signed up for it, why doesn't that person sign up for it?
- If you, or someone else in your family, could get a credit on your taxes that would reduce the amount you owed, would you be more likely to sign up for your employer's health insurance?
- We just talked about tax credits, what other kinds of things might make you more likely to sign up for your employer's health insurance?
- Do you think employers should provide health insurance for their employees?

III. IN-DEPTH: UNINSURED OR INTERMITTENTLY INSURED—REASONS, CONSEQUENCES, ABILITY TO PAY, PUBLIC PROGRAMS, AND RESPONSIBILITY TO PROVIDE

Reasons (other than cost) for Not Getting Coverage

- What are reasons, besides cost, that you and others you may know might not buy health insurance on your own or sign up for coverage? (**Probe: health status, don't have a problem getting care without it, . . .**)

Consequences of No Coverage

If you or a family member got sick or needed medical care, where would you go for care? How would you pay the bill for that care? [**Probe: borrow the money, wouldn't pay, would pay over a long period of time, etc.**]

Willingness and Ability to Pay

- How much would you be willing or able to pay each month out of your own pocket for a health plan that provides basic coverage for doctor visits, hospitalizations, and prescription drugs?

Government and Health Insurance

- Raise your hand if you know about government programs that help you pay for your medical expenses? COUNT
- Raise your hand if you believe that you or other members of your family are currently eligible for one of these programs? COUNT
 - If you think you're eligible, have you signed up? COUNT
 - If you haven't signed up, what is keeping you from signing up?
- Raise your hand if you have ever used a program that helps pay for your medical bills? COUNT. Lower your hands if you are using one of these programs now.
 - Of those of you with your hands still up, what happened so that you are not in the program now?
- From what you know, do you think Medicaid is a good or bad program? What about Denali KidCare?

Responsibility

Who do you think should be responsible for providing health insurance coverage?

[Probe: individuals, employers, government, others?]

IV. IN-DEPTH: STRATEGIES, RECOMMENDATIONS, AND SUGGESTIONS

- What would your recommendation be to increase health insurance coverage of people throughout Alaska?
- Let's pretend you have one minute to talk with government officials about health insurance. What are the main points you would want to make?
- Is there anything else related to the topic of health insurance that you would like to make before we close? Have we missed anything?
- In other groups people have brought up the idea of using their PFDs to buy health insurance. What do you think of this idea?

V. WRAP-UP

I want to **thank you** again for sharing your ideas. Your input has been very helpful. Rosyland/Meghan will give you your pre-paid calling card as you leave.

DISCUSSION GUIDE

[TARGET SEGMENTS: ALASKA NATIVES]

I. WELCOME AND INTRODUCTIONS

Hello and welcome to our session. My name is Virgene Hanna, and I want to thank you for taking the time to join us in this discussion. I'd like also to introduce Rosyland Frazier. We work for the University of Alaska Anchorage. The state hired the University to learn about why people in Alaska are uninsured. By learning about the barriers, the state hopes to increase the number of Alaskans who have health insurance and, as a consequence, have access to health care in the future. This is one of 20 sessions that will be held throughout the state.

Your opinions are very important. There are **no right or wrong answers** to these questions and you may have different opinions on what is being said. We welcome all points of view, and we just **need to agree that at times we will disagree.** Please **feel free to share your thoughts** even if they are different from what others have said.

There are a few ground rules: First of all, please **speak one at a time**; secondly, don't have any **side conversations**; and finally, please **turn off your cell phones**. Be aware that **I may need to interrupt** so we can get through all the questions I have.

Rosyland will be taking notes and we will be tape recording this session because we don't want to miss any of your comments. It is sometimes difficult to capture in writing everything that people are saying so the recording ensures that we won't miss any of your comments. Rosyland will **write down what is said, but not who said it.** I assure you that the information that you share will be held in the strictest of confidence. We will only be using first names and **no names will be used in our report.** Our findings and conclusions will be made public through newspaper reports and policy documents.

Does anyone have any questions before I begin?

II. WARM-UP: GENERAL DISCUSSION OF INDIAN HEALTH SERVICE COVERAGE AND ACCESS TO SERVICES

(Round robin) I would like you to tell us your first name, where you are from, and whether you receive services through Indian Health Services (IHS).

Access to Services

If you or a family member got sick or needed medical care, where would you go for care? How would you pay the bill for that care? [**Probe: borrow the money, wouldn't pay, would pay over a long period of time, etc.**]

If you were someplace that didn't have an IHS hospital or clinic and you needed health care, what would you do?

- What are some of the circumstances that cause you to be without access to this system of care?

III. IN-DEPTH: OPINION OF INDIAN HEALTH SERVICE COVERAGE, PRIVATE INSURANCE, ABILITY TO PAY, PUBLIC PROGRAMS, AND RESPONSIBILITY TO PROVIDE

Indian Health Service Coverage

Do the services IHS provides meet your needs? If yes, why? If not, why not? [**Probe: pay your bills, cover enough services, access to services?**]

Do you think of IHS care as being the same as health insurance? How is it similar and how is it different?

Private Health Insurance

Do you have health insurance?

- If yes, what is it? How do you get it (through a spouse)? Have you ever been without health insurance?
- Why do you have health insurance?
- Do you get care through other government programs such as Medicaid, Denali Kid Care, or VA?

For those of you who work for a company, does your employer offer any type of health insurance coverage for its employees? Are you eligible for that coverage now? If you are not eligible, why?

- If you are eligible for employer-sponsored health insurance and haven't signed up for it, why don't you sign up for it?
- If someone else in your family is eligible for employer-sponsored health insurance and hasn't signed up for it, why doesn't that person sign up for it?

Incentives for Private Insurance

- If you, or someone else in your family, could get a credit on your taxes that would reduce the amount you owed, would you be more likely to sign up for your employer's health insurance?
- We just talked about tax credits, what other kinds of things might make you more likely to sign up for your employer's health insurance? Benefits package, lower premium, low deductible, co-pay,...

Responsibility

Do you think employers should provide health insurance for their employees?

Health Insurance Benefits

What services should be covered in a basic, low-cost health insurance plan?

Reasons (other than cost) for Not Getting Private Health Insurance

- What are reasons, besides cost, that you and others you may know, might not buy health insurance on your own or sign up for coverage? What makes it attractive beyond what IHS provides? What are the barriers? (**Probe: health status, don't have a problem getting care without it, . . .**)

Willingness and Ability to Pay

- How much would you be willing or able to pay each month out of your own pocket for an additional health plan?

Public Programs (specify state vs. feds) and Health Insurance

- Raise your hand if you know about government programs that help you pay for your medical expenses?
- Raise your hand if you believe that you or other members of your family are currently eligible for one of these programs? If you think you're eligible, have you signed up? If you haven't signed up, what is keeping you from signing up?
- Raise your hand if you have ever used a program that helps pay for your medical bills? Lower your hand if you are using one of these programs now. Of those of you with your hands still up, why aren't you using the program now? If so, what happened so that you are not in the program now?
- From what you know, do you think Medicaid is a good or bad program?
- What about Denali KidCare?

IV. IN-DEPTH: STRATEGIES, RECOMMENDATIONS, AND SUGGESTIONS

- Who do you think should be responsible for providing health-insurance coverage? [**Probe: individuals, employers, government, others?**]
- What would your recommendation be to increase health-care coverage of people throughout Alaska?
- Let's pretend you have one minute to talk with government officials about health-care coverage. What are the main points you would want to make?
- Is there anything else related to the topic of health insurance that you would like to make before we close? Have we missed anything?

V. WRAP-UP

I want to thank you again for taking the time to participate in this discussion. Your input has been very helpful. Rosylind/Meghan will give you your pre-paid calling card as you leave.

DISCUSSION GUIDE

[TARGET SEGMENTS: SMALL-BUSINESS EMPLOYERS]

I. WELCOME AND INTRODUCTIONS

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This session will help the state identify factors that influence employers' decisions to offer or not to offer health insurance to employees. There are no right or wrong answers, and you may have different opinions on what is being said. We welcome all points of view, and we just need to agree that, at times, we'll disagree. Please feel free to share your thoughts even if they are different from what others have said. There are a few ground rules: First of all, please speak one at a time; secondly, don't have any side conversations; and finally, please turn off your cell phones. Be aware that I may need to interrupt so we can get through all the questions I have.

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You were invited here today because you represent small employers and because we think you will be able to help us to learn more about how businesses decide whether or not to provide health insurance coverage for their employees.

Does anyone have any questions before I begin?

II. WARM-UP

(Round robin) I would like you to tell us your first name, how long you have lived in this community, a brief description of your business, and how you define health insurance (coverage, cost, access).

(Round robin) Do you now provide health insurance for your employees? If yes, what were the key factors in your decision to offer coverage? If no, what were the key factors in your decision not to offer coverage?

III. IN-DEPTH: FACTORS INFLUENCING EMPLOYERS, PUBLIC PROGRAMS, DRAWBACKS, AND BENEFITS

Factors Influencing Employers' Provision of Health Coverage

- This next question is two sides of the same coin. Under what conditions **did** your and under what conditions **would** your company offer health coverage? (**Probe: competition for workers, price of premiums, etc.**)

For those of you who offer health insurance:

- What **factors** went into your decisions regarding: (record on chart on the wall)
 - premium contributions
 - benefit package
 - features of the coverage
- Under what circumstances would your company have to seriously **reassess** the health coverage it offers? Please explain.
- How do you think you would **change the coverage** you offer in response to an **economic downturn or continued increases** in costs?
 - employer/employee contribution ratio
 - changing plans
 - other benefit reductions
- What have your **rate increases** been over the last three years?

For both groups:

- What **percent** of your employees use **publicly funded** coverage? Knowing that publicly funded coverage is available under some circumstances: (a) **Did you change** your company's health insurance program in the past? (b) Do you feel you **don't need to offer** coverage to employees because of these programs? (c) Have you heard of the term crowd-out?
- From the company's perspective, what are the main **drawbacks to offering and to not** offering coverage?
- How do your employees **benefit from having or not having** coverage?

IV. IN-DEPTH: STRATEGIES, RECOMMENDATIONS, AND SUGGESTIONS

Just a few more questions before we close our session today.

- What would you recommend that might **increase health coverage** of employees in Alaska?
- What should the **government's role** be in increasing health coverage?
- Are there any **additional comments** that you would like to make or anything I've missed?

V. WRAP-UP

Thank you again for taking the time to participate in this discussion. Your input has been very helpful. Rosyland/Meghan will give you your pre-paid calling card as you leave.

DISCUSSION GUIDE

[TARGET SEGMENTS: HEALTH INSURANCE REPRESENTATIVES]

I. WELCOME AND INTRODUCTIONS

Hello and welcome to our session. My name is Virgene Hanna, and I want to thank you for taking the time to join us in this discussion. I'd like also to introduce Rosyland Frazier. We work for the University of Alaska Anchorage. The state hired the University to learn about why people in Alaska are uninsured. By learning about the barriers, the state hopes to increase the number of Alaskans who have health insurance and, as a consequence, have access to health care in the future. We are holding these focus groups in different locations around the state.

There are no right or wrong answers today and you may have different opinions on what is being said. We welcome all points of view, and we just need to agree that at times we'll disagree. Please feel free to share your thoughts even if they are different from what others have said.

There are a few ground rules: First of all, please **speak one at a time**; secondly, don't have any **side conversations**; and finally, please **turn off your cell phones**. Be aware that **I may need to interrupt** so we can get through all the questions I have.

Rosyland will be taking notes and we will be tape recording this session because we don't want to miss any of your comments. It is sometimes difficult to capture in writing everything that people are saying, so the recording just ensures that we won't miss any of your comments. Rosyland will write down what is said, but not who said it. I assure you that the information that you share will be held in the strictest of confidence. We will only be using first names and no names will be used in our report. Some of our findings and conclusions will be made public through newspaper reports and policy documents. We would also like to request that you don't discuss any personal information you learn about someone else in this group outside of this group. We cannot guarantee your anonymity because your co-participants may reveal something they learn in this group.

You were invited here today as representatives of the insurance industry and because we think you can help us learn more about how businesses decide whether to provide health insurance coverage for their employees.

Does anyone have any questions before I begin?

II. WARM-UP

(Round robin) I would like you to tell us your first name, how long you have lived in this community, and what features should be included in a bare-bones, low-cost, health insurance plan?

III. IN-DEPTH: FACTORS INFLUENCING EMPLOYERS, COST, FACTORS OTHER THAN COST, CROWD-OUT, COVERAGE, AND INDUSTRY INFORMATION

Factors Influencing Employers' Provision of Health Coverage

- What are the major reasons that small employers offer health insurance? (e.g., employee retention, employee satisfaction, morale, etc.)
- What attributes are most important to them when deciding to offer health insurance (i.e., cost, comprehensiveness, catastrophic care?)
- What factors do you think go into small employers' decisions regarding: (record on chart on the wall)
 - premium contributions
 - the benefit package
 - features of the coverage
- What size small business is most likely to offer health insurance? Which size is less likely to offer health insurance? (2 to 10 employees versus 11 to 50 employees)
- Are there different types of businesses that are more likely to offer health insurance? (i.e. professional services, construction, etc.) and what types are less likely to offer health insurance (i.e., retail, cleaning, etc.)

Cost of Health Insurance

- For those employers who offer health insurance, what have the rate increases been over the last three years?
- What are your clients doing differently as a result of the increase in cost? [**Probe: move to a different carrier, increase employee contributions, change benefit plan design, drop health benefits, cost sharing, premium sharing, etc.**]
- How do you think employers would respond to an economic downturn or continued increases in costs?
 - change the coverage they offer
 - employer/employee contribution ration
 - changing plans
 - other benefit reductions
- For employers who do not offer coverage, how likely is it that they would be influenced by the following:
 - expansion or development of purchasing alliances
 - individual or employer subsidies
 - tax incentives
- For employers who don't currently provide or contribute to coverage, what alternatives might motivate them to do so?

Crowd-Out

- Have you heard of certain groups of employers more susceptible to crowd-out?
 - dropping private coverage for public coverage
 - refusing private coverage and staying with public coverage
 - taking actions to force or encourage employees to take public coverage

Factors Other than Cost

Other than cost, what do you believe are the major problems and concerns small employers have with offering health insurance to employees?

Broker Service/ Broker Information

For those of you who represent multiple carriers, how do you decide what plan type and company to represent? (i.e., commissions/incentives, claims service, educational materials, etc.)

What concerns, if any, have you received from clients about complicated plan administration? How do you counter those concerns?

Increasing Health Coverage

- Imagine you have been hired to develop ideas and practical ways to increase health coverage of employees. What are some different options and solutions that you would suggest? Consider the roles and responsibilities of the following:
 - employees
 - individuals
 - employers
 - state
- What idea or recommendations do you feel would be most readily embraced by (a) employers, (b) employees?
- Are there ideas or recommendations that you feel would NOT be embraced by (a) employers, (b) employees? Why?

IV. IN-DEPTH: RESPONSIBILITY TO PROVIDE, STRATEGIES, RECOMMENDATIONS, AND SUGGESTIONS

- Who do you think should be responsible for providing health insurance coverage? [**Probe: individuals, employers, government, others?**]
- What would your recommendation be to increase health-care coverage of people throughout Alaska?
- Let's pretend you have one minute to talk with government officials about health-care coverage. What are the main points you would want to make?
- Is there anything else related to the topic of health insurance that you would like to make before we close? Have we missed anything?

V. WRAP-UP

I want to thank you again for taking the time to participate in this discussion. Your input has been very helpful. Rosylind/Meghan will give you your pre-paid calling card as you leave.

[If there is time]

Potential Role of State Government

- How appealing is the idea of participating in a subsidized insurance program through the government? [**Probe: Premium discounts, tax credits, Medicaid expansion, etc.**]
- How do you feel about state funds being used to help make coverage more affordable to lower-wage employees in Alaska? [**Probe: tax breaks for individuals or firms, premium supports, etc.**]
- Are there other government-led incentives you think would be effective in encouraging employers to offer health insurance and should these incentives be offered to companies that already offer health insurance?
- How do you think employers would respond to the idea that health insurance should be mandated by the government?

APPENDIX D

DEMOGRAPHIC QUESTIONNAIRES

Appendix D of the report—Understanding Barriers to Health Insurance of Insured and Sporadically Insured Alaskans—includes the demographic questionnaires for the following groups:

Individuals

Small-Business Employers

Health-Insurance Representatives

The University of Alaska’s Institute of Social and Economic Research (ISER) developed a demographic questionnaire to recruit and select diverse representatives among the groups identified by the Department of Health and Social Services (DHSS). The demographic questionnaire was used to identify a cross-section of the target groups who were willing to share their experiences and opinions related to health insurance. ISER took advantage of reports from other states located on the State Health Access Data Assistance Center (SHADAC) Web site. Researchers reviewed several prior models for demographic questionnaires and, subsequently, chose questions that were appropriate to identify and select the target populations identified in the scope of work. The demographic questionnaire format had to be revised for each group, based upon the target group of participants.

INDIVIDUALS RECRUITMENT SCREENER

RESPONDENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: WORK _____ HOME _____
CELL _____

Intvr. Initials	Date and Day of the Week	Time of Day	Disposition

DATE RECRUITED: _____ RECRUITED BY: _____

CONFIRMED BY: _____ DATE CONFIRMED: _____

Hello, is this (NAME)_____?

My name is (NAME) and I am calling from the Institute of Social and Economic Research, at the University of Alaska Anchorage. We are working with the Alaska Department of Health and Social Services to find men and women who will share their opinions of and experiences with health insurance.

(SKIP THIS PARAGRAPH IF THEY CALLED US BECAUSE OF THE NEWSPAPER AD. THEY ALREADY KNOW WHEN AND WHERE IT IS.)

We would like to invite you to be part of a small discussion group of (LOCATION) residents. We will be serving a light meal and offering a pre-paid calling card in return for your participation. The discussion is scheduled for _____ at (____) and will last 1 and 1/2 hours.

Would you be able to attend?

- Yes No → THANK AND TERMINATE
↓

Great! We have some questions to see if you qualify for this group.

1. Are you between 18 and 64 years of age?

- Yes No → THANK AND TERMINATE
↓

1a. Is your age between?

18 to 20
21 to 30
31 to 40
41 to 50
51 to 60
61 to 64

2. Are you currently . . .

Self-Employed	SKIP TO Q3.
Employed by someone else	
Unemployed	↓
Disabled	
Retired	
Student	
Other_____	

2a. Does a family member or anyone you live with, work for

<input type="radio"/> An advertising, public relations, or market-research firm	→ THANK AND TERMINATE
<input type="radio"/> A health insurance company	
<input type="radio"/> Any type of health-care company such as a hospital, doctor's office, or urgent-care center	
<input type="radio"/> Alaska Department of Health and Social Services	
<input type="radio"/> No	SKIP TO Q8

3. What is your current job?
4. Who is your employer? (IF EMPLOYED BY ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES OR ISER, TERMINATE.)
5. What kind of business or industry is this? [IF NECESSARY, SAY "What do they make or do at this business?"]
- Construction
 - Eating and Drinking Places
 - Education Services
 - Fishing
 - Health Services is it a health-care company such as a hospital, doctor's office, or urgent-care center TERMINATE
 - Hospitals TERMINATE
 - Health insurance company TERMINATE
 - Hotels and Lodging Places
 - An advertising, public relations, or market-research firm TERMINATE
 - Other Industry
 - Other Services
 - Professional Services
 - Public Administration - Government
 - Retail Trade:
What is the name of the retailer _____
Box Store _____ Other _____
 - Transportation, Communication and Other
 - Welfare and Religious Services
 - Wholesale
 -

5a. Does a family member or anyone you live with, work for

<input type="radio"/> An advertising, public relations, or market-research firm	→ THANK AND TERMINATE
<input type="radio"/> A health insurance company	
<input type="radio"/> Any type of health-care company such as a hospital, doctor's office, or urgent-care center	
<input type="radio"/> Alaska Department of Health and Social Services	
<input type="radio"/> No	(CONTINUE)

6. Approximately how many hours do you work each week? _____
(PART TIME EQUALS LESS THAN 30 HOURS PER WEEK; FULL TIME EQUALS 30 OR MORE)

7. Do you consider yourself a seasonal employee?
 Yes No →SKIP TO Q8



7a. Please explain

(SEASONAL OCCUPATIONS HAVE TWO DISTINGUISHING CHARACTERISTICS:
1. CONSIDERABLE VARIATION IN THE NUMBER OF EMPLOYEES FROM ONE PERIOD TO THE NEXT, (EXAMPLE: FROM QUARTER TO QUARTER) AND 2. A SEASONAL PATTERN TO THE VARIATION (EXAMPLE: HIGH PERIODS OF EMPLOYMENT OCCUR IN THE SAME QUARTER EACH YEAR).

8. Do you have health insurance or some type of coverage for health care like Indian Health Service or Veterans benefits?

Yes →(TERMINATE) No



9. At any time in the last 12 months did you have health insurance?

Yes No (SKIP to Q10)



9a. How many months did you have health coverage?
_____?

IF MORE THAN 3 MONTHS — TERMINATE

IF LESS THAN 3 MONTHS — CONTINUE

Now I have a few background questions.

10. How many years have you lived in Alaska?

1 to 5 years

6 to 15 years

Over 15 years

Born and raised in the Alaska (SKIP TO Q 13)

11. How many years have you lived in the U.S.?

Less than a year

1 to 5 years

6 to 15 years

Over 15 years

Born and raised in the U.S. (SKIP TO Q 13)

12. What country are you originally from _____?

13. How many people live in your household?

13a. Is your annual household income, before taxes, between

- Less than \$5,000
- 5,000 to 7,499
- 7,500 to 9,999
- 10,000 to 12,499
- 12,500 to 14,999
- 15,000 to 19,999
- 20,000 to 24,999
- 25,000 to 29,999
- 30,000 to 34,999
- 35,000 to 39,999
- 40,000 to 49,999
- 50,000 to 59,999
- 60,000 to 64,999
- 65,000 or more
- unknown

2006 HHS Poverty Guidelines	
Persons in Family or Household	Alaska
1	\$12,250
2	16,500
3	20,750
4	25,000
5	29,250
6	33,500
7	37,750
8	42,000
For each additional person, add	4,250

14. What is your marital status?
- Single
 - Married
 - Separated
 - Divorced
 - Widowed
15. Interviewer:(RECORD GENDER)
- Male
 - Female
16. What is the highest grade of school you have completed?
- Less than high school
 - High school graduate or GED
 - Some college
 - Bachelor's degree
 - Advanced degree
17. Do you consider yourself to be?
- Black/African American
 - Hispanic
 - Asian
 - Caucasian/White
 - Pacific Islander
 - Alaska Native/Native American
18. Have you participated in a focus group in the past 6 months?
- Yes →(TERMINATE) No
- ↓
19. In the focus group we (will attempt) want to learn from your personal experiences. Do you have opinions on health insurance?
- a. Yes
 - b. No [TERMINATE]
 - c. Maybe
 - d. Don't know/no answer

INVITATION

The discussion is scheduled for _____ at (____:____) and will last 1 and 1/2 hours. No one is allowed to enter the session once it has begun. If you have any questions, please call ISER at 786-7710.

Physical location _____

Room _____

[PROVIDE DIRECTIONS AS NEEDED]

Parking is available

Review meeting information

Day of the Week _____

Date _____

Time _____

We will give you a reminder call, so could I have your day and evening phone numbers?

[REPEAT THEIR NAME] _____

Day phone _____

Evening phone _____

Thank you

(PLEASE ARRIVE AT 11:45 PM THE GROUP WILL BEGIN PROMPTLY AT 12 NOON.

PLEASE ARRIVE AT 5:45 PM THE GROUP WILL BEGIN PROMPTLY AT 6:00 PM.)

SMALL-BUSINESS EMPLOYERS RECRUITMENT SCREENER

RESPONDENT NAME: _____

TITLE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ HOME _____ CELL _____

DATE RECRUITED: _____ RECRUITED BY: _____

CONFIRMED BY: _____ DATE CONFIRMED: _____

Intvr. Initials	Date and Day of the Week	Time of Day	Disposition

(RECRUIT Alaskan COMPANIES ONLY—For national and international companies decisions on health care are made in other locations)

INITIAL COMPANY CONTACT—SECRETARY/RECEPTIONIST/SWITCHBOARD)

Hello, this is _____. I'm calling from the Institute of Social and Economic Research at the University of Alaska Anchorage. May I please speak to the person at your work location who is most involved in deciding whether or not health insurance is made available to your employees? This is strictly research of small businesses for the state of Alaska. There will be no attempt to sell your company anything.

(IF RESPONDENT IS NOT AVAILABLE, GET THEIR NAME AND EXTENSION AND SCHEDULE A CALL BACK)

(WHEN QUALIFIED RESPONDENT IS ON THE PHONE, SAY:)

Hello, my name is _____ and I'm calling from the Institute of Social and Economic Research at the University of Alaska Anchorage. Today, we are conducting a brief survey of small businesses and health insurance. This is strictly research on small businesses; there will be no attempt to sell you anything. Do you have any questions before I begin?

1. What is your role in the decision-making process for your company when selecting which health plans are made available to your employees? Are you: (READ LIST)

		CIRCLE ONE	
	The sole decision maker	1	(CONTINUE)
	One of a group of people who make the final decisions	2	
	One of a group of people who make recommendations to the final decision maker	3	
OR	Not directly involved	4	(ASK TO SPEAK TO PERSON DIRECTLY INVOLVED AND BEGIN AGAIN)
(DO NOT READ)	Don't know	5	
(DO NOT READ)	Don't currently offer health plans	6	(CONTINUE)

2. Which of the following describes your company? (READ LIST)

- My company makes its own benefit decisions. → (CONTINUE)
- My company is part of a larger organization that makes benefit decisions on our behalf. → (THANK AND TERMINATE)

- 3a. Including both part-time and full-time employees at all of your locations, how many employees in total does your company or organization employ?

_____ (WRITE NUMBER HERE)

<ul style="list-style-type: none"> <input type="radio"/> 1 → (THANK AND TERMINATE) <input type="radio"/> 2–10 <input type="radio"/> 11–50 <input type="radio"/> 51 OR MORE → (THANK AND TERMINATE)
--

3b. Now, defining full-time as working at least 30 hours per week, how many people are employed full-time, including those in remote locations? Please include yourself in this number.

_____ (FULL-TIME)

	CIRCLE ONE	
	1	1
(READ CHOICES IF RESPONDENT WAS UNSURE)	2-10	2
	11-50	3

4a. Does your organization or company currently offer health insurance coverage to its employees?

No Yes → Skip to Q.5



Continue

4b. Has your organization/company ever offered health insurance to its employees?

Yes No → Skip to Q.5d Don't know → Skip to Q.5d



Continue

4c. Have you, in the last few years, contacted insurance carriers and/or brokers to obtain information about providing health insurance to your employees?

Yes No

4d. Which one of the following statements comes closest to your view? (READ LIST)

	CIRCLE ONE	
I definitely will <u>never</u> offer health-care insurance to my employees.	1 →	(THANK AND TERMINATE)
I will probably not offer health-care insurance to my employees.	2 →	CONTINUE. ATTEMPT TO RECRUIT A MIX. SKIP TO Q.7)
I might offer health-care insurance to my employees.	3	
I am likely to offer health-care insurance to my employees in the future.	4	

5. (REFER TO 4a: IF "YES" IS MARKED, ASK Q.5. ALL OTHERS SKIP TO Q.7)
Which health plan does your company or organization currently offer? (DO NOT
READ LIST. RECRUIT A MIX OF HEALTH PLANS)

CIRCLE

- 1 Premera Blue Cross
- 2 Principal Life Insurance Company
- 3 Aetna Life Insurance Company
- 4 United HealthCare Insurance Company
- 5 Symetra Life Insurance Company
- 6 Mega Life and Health Insurance Company
- 7 Great West Life and Annuity Insurance Company
- 8 Golden Rule Insurance Company
- 9 Unum Life Insurance Company of America
- 10 Avemco Insurance Company
- 11 Reliastar Life Insurance Company
- 12 Hartford Life and Accident Insurance Company
- 13 Metropolitan Life Insurance Company
- 14 Standard Insurance Company
- 15 Lifewise Assurance Company
- 16 Guardian Life Insurance Company of America
- 17 United of Omaha Life Insurance Company
- 18 Life Insurance Company of North America
- 19 Fortis Benefits Insurance Company
- 20 Stonebridge Life Insurance Company
- 21 Other (Please specify) _____

- 22 Self-insured/company funds and provides own
Health-plan coverage to employees → (THANK AND TERMINATE)

6. Does your company use an external consulting company or broker in making
your health care plan decisions?

No Yes → (ATTEMPT TO RECRUIT A MIX)



Continue

(ASK EVERYONE)

7. And, for how long has your company or organization been in business?
(DO NOT READ LIST)

	CIRCLE	
Less than 3 years	1 →	(THANK AND TERMINATE IF "NO" MARKED IN Q.4a)
3 to 5 years	2	
6 to 10 years	3	
11 to 15 years	4	(ATTEMPT TO RECRUIT A MIX)
More than 15 years	5	

_____ (WRITE NO. OF YEARS HERE)

8. What type of industry is your company? (RECRUIT A MIX; RECORD)

9. Which of the following describes the wages of the majority of your employees?
(READ LIST. CIRCLE ALL APPROPRIATE RESPONSES)

	CIRCLE ALL MENTIONS	
Minimum wage	1	
Hourly	2	
Salaried	3	
Independent contractors	4 →	(IF ONLY CODE 4 CIRCLED, THANK AND TERMINATE)
OR Some other type of wage earner	5	

- 10a. What is your title? (RECORD ANSWER VERBATIM)

- 10b. Approximately how long have you been in a position to decide whether or not a health plan is made available to your employees? Has it been (READ LIST)

	CIRCLE	
Less than 1 year	1	(RECRUIT A MIX)
1 to 3 years	2	
4 to 6 years	3	
Longer than 6 years	4	

11. Have you or has anyone living in your household ever worked for (READ LIST)

- An advertising, public relations, or market-research firm
- A health insurance company → (THANK AND TERMINATE)
- Any type of health-care company such as a hospital, doctor's office, or urgent-care center

INVITATION

We are scheduling focus-group discussions with professionals like you to explore their experiences regarding employee health insurance. The discussion is part of a research study being conducted with small business employers to identify policy options that could better assist them in offering health insurance to their employees. The discussion is scheduled for _____ at (__:__) and will last 1 and 1/2 hours.

A light meal will be served and pre-paid calling cards worth \$_____ will be given to each participant in appreciation of his or her time. Let me assure you that this is not a sales meeting. The discussion is strictly for research purposes. No one will attempt to sell you anything. Are you able to attend the meeting?

Yes No → ASK FOR REFERRAL TO OTHER DECISION-MAKER;
↓ THEN, THANK AND TERMINATE

CONTINUE

Physical location _____

Room _____

[PROVIDE DIRECTIONS AS NEEDED]

Parking is available

Review meeting information

Day of the Week _____

Date _____

Time _____

Please arrive at 11:45 pm the group will begin promptly at 12 noon.

Please arrive at 5:45 pm the group will begin promptly at 6:00 pm.

We will be serving a light meal. The session begins promptly at _____ so please be there 15 minutes early. No one is allowed to enter the session once it has begun. If you have any questions, please call ISER at 786-7710. We will give you a reminder call, so could I have your day and evening phone numbers?

[REPEAT THEIR NAME] _____

Day phone _____

Evening phone _____

HEALTH INSURANCE REPRESENTATIVES RECRUITMENT SCREENER

RESPONDENT NAME:

TITLE: _____

COMPANY NAME:

ADDRESS: _____ CITY: _____ STATE: __ ZIP: _____

TELEPHONE: Work _____ Home _____ Cell _____

Intvr. Initials	Date and Day of the Week	Time of Day	Disposition

DATE RECRUITED: _____ RECRUITED BY: _____

CONFIRMED BY: _____ DATE CONFIRMED: _____

Hello, this is _____. I'm calling from the Institute of Social and Economic Research at the University of Alaska Anchorage. We are conducting a study about issues facing health insurance representatives who work with businesses to obtain and keep health insurance. We would greatly value your opinions. May I ask you a few questions?

1. First, are you personally responsible for representing or selling health care plans to Anchorage employers?

- Yes →(CONTINUE)
- No →(THANK AND TERMINATE)

2. Do you currently sell health-care benefits to companies with:

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
10 or fewer full-time employees	1	2	8
11-to-50 full-time employees	1	2	8
More than 50 full-time employees	1	2	8



(IF ONLY CIRCLED RESPONSE, THANK AND TERMINATE)

3. What percentage of your health-insurance business is with small businesses that have 2 to 50 employees? _____%

4. For how many years have you been representing or selling health-care plans to area employers? (DO NOT READ LIST)

CIRCLE ONE

- Less than 2 years 1 → (THANK AND TERMINATE)
- 2 - 5 years 2
- 6-10 years 3
- 11-15 years 4
- More than 15 years 5

5. Which health plans does your organization currently represent to small business clients?

- 1 Premera Blue Cross
- 2 Aetna Life Insurance Company
- 3 Avemco Insurance Company
- 4 Fortis Benefits Insurance Company
- 5 Golden Rule Insurance Company
- 6 Great West Life and Annuity Insurance Company
- 7 Guardian Life Insurance Company of America
- 8 Hartford Life and Accident Insurance Company
- 9 Life Insurance Company of North America
- 10 Lifewise Assurance Company
- 11 Mega Life and Health Insurance Company
- 12 Metropolitan Life Insurance Company
- 13 Principal Life Insurance Company
- 14 Reliastar Life Insurance Company
- 15 Standard Insurance Company
- 16 Stonebridge Life Insurance Company
- 17 Symetra Life Insurance Company
- 18 United HealthCare Insurance Company
- 19 United of Omaha Life Insurance Company
- 20 Unum Life Insurance Company of America
- 21 Other (Please specify) _____

- 22 Self-insured/company funds and provides own health-plan coverage to employees

6. Interviewer: RECORD GENDER. DO NOT ASK.

- 1 Male
- 2 Female

INVITATION

We are scheduling focus group discussions with professionals like you to discuss issues facing those who help employers purchase health insurance. We will be serving a light meal and offering pre-paid calling cards in return for your participation. The discussion is scheduled for _____ at (____:____) and it will last 1 and 1/2 hours.

Are you able to attend?

Yes No → THANK AND TERMINATE



Continue

The session begins promptly at ____:____ so please be there 15 minutes early. No one is allowed to enter the session once it has begun. If you have any questions, please call ISER at 786-7710.

Physical location _____

Room _____

[PROVIDE DIRECTIONS AS NEEDED]

Parking is available

Review meeting information

Day of the Week _____

Date _____

Time _____

We will give you a reminder call, so could I have your day and evening phone numbers?

[REPEAT THEIR NAME] _____

Day phone _____

Evening phone _____

Thank you

(PLEASE ARRIVE AT 11:45 PM. THE GROUP WILL BEGIN PROMPTLY AT 12 NOON.

PLEASE ARRIVE AT 5:45 PM. THE GROUP WILL BEGIN PROMPTLY AT 6:00 PM.)

APPENDIX E

CONSENT FORMS

Appendix E of the report—Understanding Barriers to Health Insurance of Insured and Sporadically Insured Alaskans—includes consent forms for the following groups:

- Individuals
- Small-Business Employers
- Health-Insurance Representatives

Informed consent is the term given to the communication process that allows individuals to make an informed choice about participation in a research study. This process is reflected in an informed-consent document that contains specific, required information about the research study. The informed-consent document serves as the formal authorization by an individual of his or her agreement to participate in the proposed research. The human subjects in this project must participate willingly, having been adequately informed about the research by way of these consent forms.

UNINSURED ALASKANS' FOCUS GROUPS-INDIVIDUAL

PRINCIPAL INVESTIGATORS:

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DESCRIPTION:

The Alaska Department of Health and Social Services (DHSS) wants to know what can be done so that more people have the health care they need. An important part of being healthy is having health care insurance. DHSS needs to know Alaskans' ideas about, and problems with, getting and keeping health insurance coverage. You are being asked to be a part of a focus group where you will be asked questions about your health insurance.

This focus group will last about 90 minutes. During the focus group, 10 – 12 people will talk about why they do or don't have health insurance, what would make it easier to get health insurance, what should be included in health insurance, and more questions like these. There are no right or wrong answers – we want to hear about your ideas. The group will be led by a moderator. An assistant moderator will be taking notes and tape record the meeting. At the start of the focus group, there is a short survey that asks about your background and your experience with health insurance coverage. The survey will take about 15 minutes.

CONFIDENTIALITY:

The focus groups will be audio taped. The tapes are to make sure that all comments are included. The tapes will be erased after the report is written. The survey **WILL NOT HAVE YOUR NAME ON IT, SO YOUR RESPONSES CAN NOT BE CONNECTED TO YOU.** All focus group information will remain confidential. It will be kept in a locked file that is only accessible to the research team. All identifiers will be destroyed at the end of the study. Information from this study will never be released in a way that any individual could be identified.

BENEFITS:

There is no direct benefit to you for participating in this study. However, your participation may help lead to improved access to affordable health insurance coverage for uninsured Alaskans.

COMPENSATION:

During the focus group, we will provide a light meal or snack. In appreciation for your participation in our study, we will offer a pre-paid telephone calling card.

RISKS:

There are no known risks to you from participating in this study.

VOLUNTARY NATURE OF PARTICIPATION:

Your participation in this study is voluntary. You may stop at any time and are not required to answer any questions. You are free to make your own choice about being in this study or not and you may quit at any time without penalty.

CONTACT PEOPLE:

If you have any questions about this research, please contact the principal investigators at the numbers above. If you have any questions or concerns about your rights as a research subject, please contact Dr. Douglas Causey, Vice Provost for Research and Graduate Studies at the University of Alaska Anchorage, 786-1099.

In signing this form, I acknowledge that I have read and understand the study and I voluntarily agree to participate in this study.

Signature of Participant

Date

Print Name

A copy of this consent form is attached for you to keep.

UNINSURED ALASKANS' FOCUS GROUPS-BUSINESS

PRINCIPAL INVESTIGATORS:

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DESCRIPTION:

The Alaska Department of Health and Social Services (DHSS) wants to know what can be done so that more people have the health care they need. An important part of being healthy is having health care insurance. DHSS needs to know Alaskans' ideas about, and problems with, getting and keeping health insurance coverage. You are being asked to be a part of a focus group where you will be asked questions about your experiences with health insurance coverage for your employees.

This focus group will last about 90 minutes. During the focus group, 10 – 12 people will talk about why they do or don't have health insurance for their employees, what would make it easier to get health insurance, what should be included in health insurance, and more questions like these. There are no right or wrong answers – we want to hear about your ideas. The group will be led by a moderator. An assistant moderator will be taking notes and tape record the meeting. At the start of the focus group, there is a short survey that asks about your background and your experience with health insurance coverage. The survey will take about 15 minutes.

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Signature of Participant

Date

Print Name

A copy of this consent form is attached for you to keep.

UNINSURED ALASKANS' FOCUS GROUPS-HEALTH INSURANCE REPRESENTATIVE

PRINCIPAL INVESTIGATORS:

Virgene Hanna
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Rosylnd Frazier
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anrrf@uaa.alaska.edu

DESCRIPTION:

The Alaska Department of Health and Social Services (DHSS) wants to know what can be done so that more people have the health care they need. An important part of being healthy is having health care insurance. DHSS needs to know Alaskans' ideas about, and problems with, getting and keeping health insurance coverage. You are being asked to be a part of a focus group where you will be asked questions about your experiences with working with employers to obtain and keep health insurance coverage for their employees.

This focus group will last about 90 minutes. During the focus group, 10 – 12 people will talk about why employers do or don't have health insurance for their employees, what would make it easier to get health insurance, what should be included in health insurance, and more questions like these. There are no right or wrong answers – we want to hear about your ideas. The group will be led by a moderator. An assistant moderator will be taking notes and tape record the meeting. At the start of the focus group, there is a short survey that asks about your background and your experience with health insurance coverage. The survey will take about 15 minutes.

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Print Name

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APPENDIX F

INSURANCE AND EMPLOYMENT QUESTIONNAIRES

Appendix F of the report—Understanding Barriers to Health Insurance of Insured and Sporadically Insured Alaskans—includes insurance and employment questionnaires for Individuals and for Small-Business Employers.

All participants completed a brief questionnaire prior to the start of each focus group. Staff from Alaska’s Department of Health and Social Services (DHSS) and UAA’s Institute of Social and Economic Research (ISER) jointly developed the content of the questionnaire.

The questionnaire for the focus groups with individuals was divided into two series of questions—one for participants who were currently covered by any type of health plan or insurance and one for those who were not. For participants who were currently covered by any type of health insurance, questions addressed plan benefits and source of insurance. The questionnaire also asked about the importance of insurance to the household and the risk of losing coverage within the next 12 months.

Participants who did not have health insurance responded to questions regarding past coverage, current eligibility to enroll in an employer-sponsored health plan, and reasons why they do not have insurance. All participants answered a series of questions about employment status for themselves and, as applicable, for their spouses. These questions included the type of job, hours worked per week, industry, number of people employed by the business or company, and employment permanence. Participants were also asked about involvement in public programs.

The questionnaire for the focus groups with small-business employers was divided into two series of questions—one for employers who currently offered health insurance and the other for those who did not. Those currently offering insurance responded to questions about when their plan refused coverage, waiting periods, coverage for the spouse and children of employees, percentage of the premium paid by employer, which groups of employees are offered insurance, the type of plan, and changes that have occurred in the health plan in the last year.

For those companies that did not offer insurance, the questionnaire asked why employers may not offer health-care coverage to their employees, whether the company was currently trying to find ways to offer health insurance to its employees, the motivational value of incentives that make it easier for companies to offer health insurance, and their perception on varied health-insurance-related statements. All participants were asked about the percentage of the health-insurance premium that should be paid by the worker and by the employer.

QUESTIONNAIRE FOR INDIVIDUALS

SECTION A

A1. Are you currently covered by any type of health plan or insurance?

Yes → Continue

No → Skip to Section B

	Please Circle One		
A2. Which of the following best describes how you get your current primary health-insurance coverage?	On your own	Through your spouse	Through someone else in the family

A3. Thinking about your health insurance, can it be extended to provide health insurance coverage for			
your spouse	Yes	No	Not applicable
your children	Yes	No	Not applicable

A4. Does your health insurance include			
Counseling – Mental Health Services	Yes	No	Don't Know
Dental	Yes	No	Don't Know
Prescriptions	Yes	No	Don't Know
Vision care, including vision checkups	Yes	No	Don't Know
Preventive health services, such as mammograms and immunizations	Yes	No	Don't Know

A5. Is your health insurance provided through			
your employer (or workplace union)	Yes	No	Not Applicable
your spouse's employer (or workplace union)	Yes	No	Not Applicable
someone else in the family's employer (or workplace union)	Yes	No	Not Applicable
a plan you purchase on your own directly from an insurance company	Yes	No	Not Applicable
a COBRA plan	Yes	No	Not Applicable
Medicaid	Yes	No	Not Applicable
VA	Yes	No	Not Applicable
CHAMPUS, or other military plan	Yes	No	Not Applicable
Other (specify) _____	Yes	No	Not Applicable

A6. How important do you think health insurance is for you and your household?

Very Important

Important

Neutral

Not Important

Not Very Important

A7. Are you concerned that you may lose your health-insurance coverage within the next 12 months?

- Yes → Continue No → Skip Question A8. Go to Question A9.

A8. Why do you think you may be at risk for losing your health insurance coverage?

A9. Are you concerned that someone else in your household may lose their health coverage within the next 12 months?

- Yes → Continue No → Skip Question A10. Go to Section C

A10. Why do you think someone in your household may be at risk for losing health-insurance coverage?

If you currently have health insurance, skip to Section C

If you are not covered by any type of health insurance, please complete section B below.

SECTION B

B1. Are you currently employed?

- Yes → Continue No → Go to Question B4

B2. Are you eligible to enroll in your employer's health insurance plan?

- Yes No

B3. What is the main reason you are not enrolled in your employer's health insurance program?

B4. At any time during the past 12 months were you covered by any type of health-insurance plan?

- Yes → Continue No → Go to B7

B5. What types of health-insurance coverage did you have during the past 12 months?

- Insured through your employer (or workplace union)
- Insured through your spouse's employer (or workplace union)
- Insured through someone else in your household
- Insured through Medicare
- Insured through Medicaid
- Insured through VA
- Insured through CHAMPUS, or other military plan
- Insured through a plan you purchased on your own
- Insured through a COBRA plan
- Other (specify)_____

B6. During the past 12 months how long were you covered by any of these health insurance plans?

<input type="radio"/> 1 month	<input type="radio"/> 5 months	<input type="radio"/> 9 months
<input type="radio"/> 2 months	<input type="radio"/> 6 months	<input type="radio"/> 10 months
<input type="radio"/> 3 months	<input type="radio"/> 7 months	<input type="radio"/> 11 months
<input type="radio"/> 4 months	<input type="radio"/> 8 months	<input type="radio"/> 12 months

B7. Some people buy health insurance on their own. What are the main reasons you have not bought health insurance on your own: Please mark all that apply.

- I do not need health insurance
- I do not want health insurance
- I am rarely sick
- I do not know where to begin/where to go
- It is too much hassle/paperwork
- I cannot afford/too expensive
- I expect to be covered by a policy shortly
- The benefit package being offered didn't meet my needs
- I am not eligible for reasons other than health
- I doubt I am eligible because of my current health status
- I have been rejected due to a pre-existing health condition
- Other, specify_____

B8. What is the ONE MAIN reason why you do not have health insurance now?

B9. Does anyone beside you help pay your medical bills when you go to a doctor or hospital?

Yes - And who is that? (Mark all that apply)

No → Continue



<input type="radio"/> Medicare
<input type="radio"/> Railroad Retirement Plan
<input type="radio"/> CHAMPUS
<input type="radio"/> Veteran's Affairs service connected to a disability
<input type="radio"/> Military health care
<input type="radio"/> Medical Assistance or Medicaid
<input type="radio"/> GAMC or General Assistance Medical Care
<input type="radio"/> CHIP or Children's Health Insurance Plan
<input type="radio"/> Workers Compensation for specific injury/illness
<input type="radio"/> Employer pays for bills, but not an insurance policy
<input type="radio"/> Family member pays out of pocket for any bills
<input type="radio"/> Indian Health Service
<input type="radio"/> Other, specify _____.

SECTION C

C1.

- If you are unemployed, skip to question C8.
- If you are employed, continue with question C2 below. If you have more than one job, please answer the questions about the job where you work the most hours.

C2. What is your job title or describe the main kind of work you do.

C3. How many hours do you work per week?

_____ hours per week

C4. What kind of business or industry is this?

- Construction
- Eating and Drinking Places
- Education Services
- Health Services
- Hospitals
- Hotels and Lodging Places
- Professional Services
- Public Administration - Government
- Retail Trade
- Transportation, Communication, and Other
- Welfare and Religious Services
- Wholesale
- Other, specify _____

C5. Are you employed by

- Government
- Private company
- Non-profit organization
- Self-employed
- Working in a family business
- None of the above

C6. Approximately how many people are employed by your employer?
Your best guess is fine.

_____ employees

C7. Would you describe your job as (Please select only one)

- Seasonal
- Temporary
- Regular, year-round employment
- Other (specify) _____

If you are currently **unemployed**, answer Questions C8 and C9.

If you are currently **employed**, skip to Question C10.

C8. What is the main reason you are unemployed?

C9. Are you currently receiving

- TANF - Temporary Assistance to Needy Families
- General Assistance or General Relief
- Public Housing Subsidies
- Food Stamps
- SSI - Supplemental Security Income
- SSDI - Social Security Disability
- Other Public Assistance, specify _____

C10. Do you have a spouse?

- Yes → Continue
- No → **STOP This completes your Survey. Thank you**

C11. Is your spouse currently employed or not employed?

- Spouse Employed → Skip to Question C13
- Spouse Unemployed → Continue

C12. What is the main reason your spouse is unemployed?

This completes your survey. Thank you.

If your spouse has more than one job, please answer the following questions about the job where he or she works the most hours.

C13. What is your spouse's job title or the main kind of work they do?

C14. How many hours does your spouse work per week?

_____ hours per week

C15. What kind of business or industry is this?

- Construction
- Eating and Drinking Places
- Education Services
- Health Services
- Hospitals
- Hotels and Lodging Places
- Other Industry
- Other Services
- Professional Services
- Public Administration - Government
- Retail Trade
- Transportation, Communication and Other
- Welfare and Religious Services
- Wholesale

C16. Is your spouse employed by

- Government
- Private company
- Non-profit organization.
- Self-employed
- Working in a family business
- None of the above

C17. Approximately how many people are employed by your spouse's employer? Your best guess is fine.

_____ employees

C18. Would you describe your spouse's job as

- Seasonal
- Temporary
- Regular, year-round employment
- Other (specify)_____

C19. Is your spouse eligible to enroll in their employer's insurance plan?

- Yes No

**This completes your survey.
Thank you for taking the time to answer our questions.**

QUESTIONNAIRE FOR SMALL-BUSINESS EMPLOYERS

SECTION A

1. Is health insurance offered to employees of your company?

Yes No → Skip to Section B



Continue

2. What are the main reasons you offer health insurance to your employees?
(Please check all that apply.)

- a. Wanted by employees
- b. Should be a company responsibility
- c. Needed to recruit the best people
- d. Reduces employee turnover
- e. Increases productivity
- f. Reduces absenteeism
- g. Improves morale
- h. Other → Please specify _____

3. Does your health plan refuse to cover employees who have certain health problems or conditions?

Yes No

4. Is there a waiting period before employees are covered by your health insurance?

Yes No → Skip to Q.6



5. What is the waiting period for employees to be eligible to participate?

- 30 days or less
- 31 to 60 days
- 61 to 90 days
- More than 90 days → Please specify _____

6. Does your health insurance cover children of employees?

Yes No



What percentage of the premium is paid by the employer? _____%

7. Does your health insurance cover spouses of employees?

Yes No



What percentage of the premium is paid by the employer? _____%

8. In your organization, which of the following groups are offered health insurance? (Please check one box in each row.)

Part-time employees (less than 30 hrs/wk)	Yes	No	Don't know	No such employee
Temporary employees	Yes	No	Don't know	No such employee
Hourly employees	Yes	No	Don't know	No such employee
Seasonal employees	Yes	No	Don't know	No such employee
Employees who are union members	Yes	No	Don't know	No such employee
Salaried employees	Yes	No	Don't know	No such employee

9. What is the minimum number of hours per week an employee has to work to be eligible for health insurance? _____ hours per week

10. How many of your employees are currently eligible for this plan and how many are currently enrolled? Your best guess is fine.

	Eligible	Enrolled
Full-time employees		
Part-time employees		
Temporary or seasonal employees		
COBRAs		
Eligible employees who are		
under 30 years old		
30-39 years old		
40-49 years old		
50-64 years old?		
Retirees who are		
age 65 and over		
under age 65		

11. What type of health-insurance plan does your company have? (Check only one.)

- Preferred Provider Plan (PPP)
- Point of Service Plan (POS)
- Indemnity Plan.
- Other (Please describe) _____

12. Do you offer a “cafeteria-style” health-insurance plan where employees can select from different coverage options?
 Yes No
13. Do you offer catastrophic health insurance **ONLY** option?
 Yes No
14. Do employees have to pay anything (a co-payment or co-insurance) when they visit a physician?
 Yes No
15. Have there been any interruptions in health benefits since your company began sponsoring employee health-care coverage?
 Yes No

16. For each of the following options, please indicate “Yes,” if this is a change in employee health benefits that occurred in the last year; “No,” if this change did not occur in the last year; or “Don’t know,” if you are unsure whether this change to employee health benefits occurred in this last year.

Option	Yes. This is a change that occurred during this last year	No. This change did not occur during this last year	Don't know— unsure whether this change occurred during this last year
a. One or more plans were dropped			
b. A new health plan was added			
c. An old health plan was replaced			
d. Benefits were decreased			
e. Benefits were increased			
f. Employee costs were increased			
g. Employee costs were decreased			
h. The cost to the company was increased			
i. The cost to the company was decreased			
j. Single-service plans were added			
k. Single-service plans were dropped			
l. Single-service plans were replaced			

17. In the past 12 months, has the overall design of this health plan changed by (check one box in each row):

a. increasing co-payments for physician services	Yes	No	Don't Know
b. introducing a new pharmacy co-payment structure, such as a tiered structure	Yes	No	Don't Know
c. reducing benefits; if so, which benefits? _____	Yes	No	Don't Know
d. increasing benefits; if yes, which benefits? _____	Yes	No	Don't Know
e. some other manner; if yes, what was that? _____	Yes	No	Don't Know

18. Is your company health insurance self-funded?

Yes No → Skip to SECTION C

19. How long has your company self-funded its health insurance?

Less than 12 months → Skip to SECTION C
 One year or more → Continue. Go to Question 20.

20. Which of the following are reasons you decided to self-fund? (Check one box in each row.)

	Yes	No	Don't Know
a. Expected savings from self-funding			
b. Consistency with a national plan			
c. Freedom from state mandates			
d. Richer benefit package than routinely available			
e. Other _____			

**This is the end of Section A
Please skip to Section C**

SECTION B

B1. The following is a list of reasons employers may not offer health-care coverage to their employees. For each of these reasons, please indicate whether it is a “major,” “minor,” or “not a reason” for your company.

REASONS FOR <u>NOT</u> OFFERING HEALTH CARE COVERAGE TO EMPLOYEES	MAJOR REASON	MINOR REASON	NOT A REASON
a. Revenue is too uncertain to commit to a plan			
b. Costs of employee health benefits are too difficult to control			
c. Premiums are too high/too expensive			
d. The financial status of the organization prohibits it at this time			
e. It is an administrative hassle			
f. Too much paperwork			
g. Not familiar enough with coverage options/Don't have enough information to make a decision about benefits			
h. Policy offerings are too complicated			
i. Setting up a plan is too time-consuming			
j. The company had an adverse experience with the administration of employee health-care coverage			
k. Past negative claim experiences			
l. The company was denied coverage			
m. High employee turnover			
n. Most employees are not interested in coverage			
o. Most employees would not be eligible			
p. Employees cannot afford it			
q. Employees prefer wages and/or other benefits			
r. Employees are generally covered under other plans, such as through a spouse, a union, or Medicaid			
s. Most employees are part-time, temporary, or contracted			
t. Not the company's responsibility			
u. Little value to this kind of company			
v. Company can attract good employees without offering health insurance			
w. Business is too newly established			
x. Other reason why your business does not offer a health plan (Please describe briefly)_____			

B2. Is your company currently trying to find ways to offer health insurance to your employees?

Yes No

B3. Following is a list of incentives that might make it easier for companies to offer health insurance to its employees. For each incentive, please indicate how likely it would be to motivate your company to offer health insurance. (Please check one box in each row.)

POSSIBLE INCENTIVES TO OFFER HEALTH INSURANCE TO EMPLOYEES	VERY LIKELY	SOMEWHAT LIKELY	NOT AT ALL LIKELY	DON'T KNOW
a. Lower premium rates				
b. Elimination of the required minimum employee participation				
c. Implementation of a small-business purchasing alliance such as pooling options to get group coverage with other employers				
d. Government subsidy of premiums for low-income employees				
e. Tax credits for offering health insurance				
f. Being able to offer a very basic catastrophic hospital coverage plan				
g. Making the state-employee health plan available to private employers				
h. Making defined contribution plans easier to set up				
i. Mandated by law				
j. Some other incentive to offer a health plan (Please describe briefly)_____				

B4. For each of the following statements, indicate whether you strongly agree, somewhat agree, are unsure, somewhat disagree, or strongly disagree.

	STRONGLY AGREE	SOMEWHAT AGREE	UNSURE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
a. Providing health insurance to more Alaska residents would make financial sense overall					
b. Businesses pay in other ways if they don't provide health-care coverage for their employees					
c. Employees see health-care coverage as part of their compensation					
d. Uninsured get the same quality of health care as those with health-care coverage					
e. The benefits of early intervention and better management of chronic and acute health problems outweigh the costs of health insurance					
f. In general, health insurance is not a good value for what it costs					
g. Workers without health-care coverage are absent more and are less productive than those with it					
h. Hospital bills are inflated to pay for uninsured health care					
i. The uninsured use the emergency room twice as much as those with insurance.					
j. Providing health insurance to more Alaska residents is an employer responsibility.					
k. Providing health insurance to more Alaska residents is the responsibility of government.					

SECTION C

C1. In your opinion, what percentage of a worker's health-insurance premium **should be** paid by the individual worker? (Circle only one answer.)

- | | | |
|-----|-----|------|
| 0% | 40% | 80% |
| 10% | 50% | 90% |
| 20% | 60% | 100% |
| 30% | 70% | |

C2. In your opinion, what percentage of a worker's health-insurance premium **should be** paid by the employer? (Circle only one answer.)

- | | | |
|-----|-----|------|
| 0% | 40% | 80% |
| 10% | 50% | 90% |
| 20% | 60% | 100% |
| 30% | 70% | |

C3. Does your company offer Flexible Spending Accounts which allow employees to pay for health and/or dependent-care expenses before taxes?

- Yes No

**This completes your survey.
Thank you for taking the time to answer our questions.**

APPENDIX G

RESPONSES TO INSURANCE AND EMPLOYMENT QUESTIONNAIRE FOR INDIVIDUALS

Appendix G of the report—Understanding Barriers to Health Insurance of Insured and Sporadically Insured Alaskans—includes responses to the insurance and employment questionnaires for participants in the focus groups for Individuals and for Alaska Natives.

All participants completed a brief questionnaire prior to the start of each focus group. Staff from Alaska’s Department of Health and Social Services (DHSS) and UAA’s Institute of Social and Economic Research (ISER) jointly developed the content of the questionnaire.

The questionnaire for the focus groups with individuals and Alaska Natives was divided into two series of questions—one for participants who were currently covered by any type of health plan or insurance and those who were not. For those who were currently covered by any type of health insurance, questions addressed plan benefits and source of insurance. The questionnaire also asked about the importance of insurance to the household and the risk of losing coverage within the next 12 months. For those participants who did not have health insurance, questions addressed past coverage, current eligibility to enroll in an employer-sponsored health plan, and reasons why they do not have insurance.

All participants were asked a series of questions about employment status for themselves and, as applicable, for their spouses. This included the type of job, hours worked per week, industry, number of people employed by the business or company, and employment permanence. Participants were also asked about involvement in public programs.

QUESTIONNAIRE FOR INDIVIDUALS
[NUMBER OF RESPONSES (VALID PERCENT IN PARENTHESES)]

SECTION A

A1. Are you currently covered by any type of health plan or insurance?

- Yes → Continue No → Skip to Section B.
24 (27%) 64 (73%)

	Please Circle One		
A2. Which of the following best describes how you get your current primary health insurance coverage?	On your own 21 (91%)	Through your spouse 2 (9%)	Through someone else in the family 0

A3. Thinking about your health insurance, can it be extended to provide health insurance coverage for			
Your spouse	Yes 9 (38%)	No 6 (25%)	Not applicable 6 (25%)
Your children	Yes 10 (42%)	No 3 (13%)	Not applicable 7 (29%)

A4. Does your health insurance include			
Counseling—Mental Health Services	Yes 8 (35%)	No 8 (35%)	Don't Know 7 (30%)
Dental	Yes 14 (61%)	No 7 (30%)	Don't Know 2 (9%)
Prescriptions	Yes 16 (70%)	No 4 (17%)	Don't Know 3 (13%)
Vision care, including vision checkups	Yes 14 (64%)	No 6 (27%)	Don't Know 2 (9%)
Preventive health services, such as mammograms and immunizations	Yes 13 (59%)	No 2 (9%)	Don't Know 7 (32%)

A5. Is your health insurance provided through			
Your employer (or workplace union)	Yes 11 (46%)	No 10 (42%)	Not applicable 1 (4%)
Your spouse's employer (or workplace union)	Yes 3 (13%)	No 13 (54%)	Not applicable 5 (21%)
Employer of someone else in the family (or workplace union)	Yes 1 (4%)	No 18 (75%)	Not applicable 2 (8%)
Plan you purchase on your own directly from an insurance company	Yes 4 (17%)	No 18 (75%)	Not applicable 2 (8%)
A COBRA plan	Yes 21 (88%)	No 1 (4%)	Not applicable 2 (8%)
Medicaid	Yes 1 (4%)	No 20 (83%)	Not applicable 1 (4%)
VA	Yes 1 (4%)	No 21 (88%)	Not applicable 0
CHAMPUS, or other military plan	Yes 0	No 22 (92%)	Not applicable 0
Other (specify): [Denali KidCare (1), Federal plan/Blue Cross (1), KANA (1), Retirement (2), None listed (1)]	Yes 6 (25%)	No 15 (63%)	Not applicable 1 (4%)

- A6. How important do you think health insurance is for you and your household?
- Very Important..... **22 (96%)**
 - Important**1 (4%)**
 - Neutral.....0
 - Not Important.....0
 - Not Very Important0

- A7. Are you concerned that you may lose your health insurance coverage within the next 12 months?

- Yes→Continue **2 (9%)**
- No→Skip Question A8. Go to Question A9. **21 (91%)**

- A8. Why do you think you may be at risk for your losing health insurance coverage?

Job relocation (1); Too costly (1)

- A9. Are you concerned that someone else in your household may lose their health coverage within the next 12 months?

- Yes→ Continue **2 (10%)**
- No→ Skip Question A10. Go to Section C. **18 (90%)**

- A10. Why do you think someone in your household may be at risk for losing health insurance coverage?

Job relocation (1); Insurance company cutting back (1)

- If you currently have health insurance skip to Section C .
.....**24 (27%)**
- If you are not covered by any type of health insurance
please complete section B below.....**64 (73%)**

SECTION B

- B1. Are you currently employed?

- Yes→ Continue **40 (65%)**
- No→ Go to Question B4. **22 (36%)**

- B2. Are you eligible to enroll in your employer's health insurance plan?

- Yes **4 (11%)**
- No **34 (90%)**

- B3. What is the main reason you are not enrolled in your employer's health insurance program?

[Employer does not provide (19); Self-employed (7); Don't work enough hours (3); Not enough time in system (2); premium deduction too expensive (2), Didn't make time yet (1); too expensive for employer to offer (1)].

- B4. At any time during the past 12 months were you covered by any type of health insurance plan?

- Yes→ Continue **11 (18%)**
- No→ Go to B7 **51 (82%)**

B5. What types of health insurance coverage did you have during the past 12 months?

- Insured through your employer (or workplace union)..... 1 (8%)
- Insured through your spouse's employer (or workplace union) 1 (8%)
- Insured through someone else in your household 0
- Insured through Medicare..... 1 (8%)
- Insured through Medicaid 3 (25%)
- Insured through VA..... 0
- Insured through CHAMPUS, or other military plan 0
- Insured through a plan you purchased on your own 0
- Insured through a COBRA plan 1 (8%)
- Other 6 (46%)

[IHS (2), Sears Roebuck (1), Temp Blue Cross (1), Workman's Comp. (2)]

B6. During the past 12 months, how long were you covered by any of these health insurance plans?

<input type="radio"/> 1 month	<input type="radio"/> 5 months	<input type="radio"/> 9 months	1 (8%)
<input type="radio"/> 2 months	<input type="radio"/> 6 months	<input type="radio"/> 10 months	1 (8%)
<input type="radio"/> 3 months	<input type="radio"/> 7 months	<input type="radio"/> 11 months	1 (8%)
<input type="radio"/> 4 months	<input type="radio"/> 8 months	<input type="radio"/> 12 months	4 (33%)

B7. Some people buy health insurance on their own. What are the main reasons you have not bought health insurance on your own: Please mark all that apply.

- I do not need health insurance 1 (2%)
- I do not want health insurance..... 2 (3%)
- I am rarely sick 5 (9%)
- I do not know where to begin/where to go 9 (16%)
- It is too much hassle/paperwork 1 (2%)
- I cannot afford/too expensive..... 52 (90%)
- I expect to be covered by a policy shortly..... 0
- The benefit package being offered didn't meet my needs 2 (3%)
- I am not eligible for reasons other than health..... 1 (2%)
- I doubt I am eligible because of my current health status 4 (7%)
- I have been rejected due to a pre-existing health condition..... 4 (7%)
- Other 6 (10%)

[IHS (ANMC care and KANA coverage) (2); Government should pay (1); Huge deductible (1); Multiple pre-existing conditions (1); Self-employed (1)]

B8. What is the ONE MAIN reason why you do not have health insurance now?

[Too expensive/Can't afford it (37); Employer doesn't offer it (4); Pre-existing condition/too expensive (3); Unable to purchase (2); IHS/ANMC eligible (2); Need more information (1); Didn't get it yet (1); New employee/still on probation (1); Disabled/unable to work (1); Didn't meet required hours (1); Application process overwhelming (1); Immigration status (1)]

C4. What kind of business or industry is this?

- Construction 0
- Eating and Drinking Places 3 (5%)
- Education Services..... 2 (3%)
- Health Services 3 (5%)
- Hospitals..... 0
- Hotels and Lodging Places..... 4 (7%)
- Professional Services 5 (9%)
- Public Administration–Government 4 (7%)
- Retail Trade..... 2 (3%)
- Transportation, Communication and Other..... 2 (3%)
- Welfare and Religious Services..... 2 (3%)
- Social Service Agency 13 (22%)
- Wholesale..... 0
- Other 19 (32%)

[Fishing (11); Tribal (3); Beauty salon (1); Child care (1); Health service/Retail (1); Software development (1); Tribal Council (1)]

C5. Are you employed by?

- Government..... 11 (19%)
- Private company..... 13 (22%)
- Non-profit organization 16 (27%)
- Self-employed 18 (31%)
- Working in family business 1 (2%)

C6. Approximately how many people are employed by your employer? Your best guess is fine.

<u>Number of Employees</u>	<u># Responses</u>	<u>Percent</u>
1	11	(23%)
2-11.....	13	(27%)
15-100.....	12	(25%)
120 +.....	12	(25%)

C7. Would you describe your job as (please select only one):

- Seasonal 10 (17%)
- Temporary 5 (9%)
- Part-time..... 1 (2%)
- Regular, year-round employment 40 (69%)
- Other 2 (3%)

[Sporadic (1); Year-round seasonal (1)]

If you are currently unemployed, answer Questions C8 and C9.....**29 (33%)**

If you are currently employed, skip to Question C10.**58 (67%)**

C8. What is the main reason you are unemployed?

[Disabled/Health problems (9); Retired (5); Stay-at-home parent/caregiver (4); Lack of jobs (2); No permanent address/phone (1); Seasonal layoff (1); Immigration problems (1); Student (1); Past employer reorganized (1)]

C9. Are you currently receiving?

- TANF (Temporary Assistance to Needy Families) 2 (8%)
- General Assistance or General Relief 1 (4%)
- Public Housing Subsidies 1 (4%)
- Food Stamps 3 (13%)
- SSI (Supplemental Security Income)..... 2 (8%)
- SSDI (Social Security Disability)..... 1 (4%)
- Other Public Assistance 5 (21%)

[AFDC (1); Medicaid applied (1); UI benefits (1); Unemployment (1); USPS disability retirement (1)]

C10. Do you have a spouse?

Yes → Continue
44 (51%)

No → **STOP. This completes your Survey.**
42 (49%)

Thank you

C11. Is your spouse currently employed or not employed?

- Spouse Employed → Skip to Question C13 27 (61%)
- Spouse Unemployed → Continue..... 17 (39%)

C12. What is the main reason your spouse is unemployed?

[Disabled/Injured (6); No jobs available (3); Retired (3); Child-care provider (2); Seasonal layoff (1); Spouse isn't here (1); Preference/not looking (1)]

This completes your survey. Thank you.

If your spouse has more than one job, please answer the following questions about the job where he or she works the most hours.

C13. What is your spouse's job title or the main kind of work they do?

[Fishing (8); Education/Library (3); Sales and Retail-Related (3); Maintenance/Misc. Labor (2); Transportation (2); Management (1); Business/Financial Operations (1); Computer/Mathematics (1); Community/Social Services (1); Office/Admin Support (1); Military (1)]

C14. How many hours does your spouse work per week?

[10-39 (4); 40 (6); 50-70 (7); Varies/with season or circumstances (3)]

C15. What kind of business or industry is this?

- Construction 1 (4%)
- Eating and Drinking Places 0
- Education Services..... 3 (11%)
- Health Services 0
- Hospitals..... 0
- Hotels and Lodging Places..... 2 (7%)
- Other Industry..... 0
- Other Services..... 2 (7%)
- Professional Services..... 1 (4%)
- Public Administration–Government 0
- Retail Trade..... 3 (11%)
- Transportation, Communication and Other..... 1 (4%)
- Welfare and Religious Services..... 1 (4%)
- Wholesale..... 1 (4%)
- Other 9 (33%)

[Fishing (8); Military (1)]

C16. Is your spouse employed by:

- Government..... 2 (8%)
- Private company..... 10 (42%)
- Non-profit organization 5 (21%)
- Self-employed 5 (21%)
- Working in family business 1 (4%)
- None of the above 1 (4%)

C17. Approximately how many people are employed by your spouse's employer? Your best guess is fine.

<u>Number of Employees</u>	<u># Responses</u>	<u>Percent</u>
1	2	(13%)
2-10.....	6	(38%)
15-100.....	6	(38%)
150 200.....	2	(13%)

C18. Would you describe your job as (please select only one):

- Seasonal 7 (28%)
- Temporary 6 (24%)
- Regular, year-round employment 10 (40%)
- Other 2 (8%)

[School year (2)]

C19. Is your spouse eligible to enroll in their employer's insurance plan?

Yes	No	Not applicable
9 (36%)	10 (40%)	6 (24%)

QUESTIONNAIRE FOR ALASKA NATIVES
[NUMBER OF RESPONSES (VALID PERCENT IN PARENTHESES)]

SECTION A

A1. Are you currently covered by any type of health plan or insurance?

- Yes → Continue No → Skip to Section B.
12 (39%) **19 (61%)**

	Please Circle One		
A2. Which of the following best describes how you get your current primary health insurance coverage?	On your own 10 (83%)	Through your spouse 2 (17%)	Through someone else in the family 0

A3. Thinking about your health insurance, can it be extended to provide health insurance coverage for			
Your spouse	Yes 6 (50%)	No 1 (8%)	Not applicable 4 (34%)
Your children	Yes 7 (58%)	No 0	Not applicable 4 (34%)

A4. Does your health insurance include			
Counseling–Mental Health Services	Yes 6 (50%)	No 2 (17%)	Don't Know 4 (34%)
Dental	Yes 11 (92%)	No 0	Don't Know 1 (8%)
Prescriptions	Yes 9 (75%)	No 0	Don't Know 3 (25%)
Vision care, including vision checkups	Yes 10 (91%)	No 0	Don't Know 1 (9%)
Preventive health services, such as mammograms and immunizations	Yes 7 (58%)	No 0	Don't Know 5 (42%)

A5. Is your health insurance provided through			
Your employer (or workplace union)	Yes 8 (47%)	No 3 (25%)	Not applicable 1 (8%)
Your spouse's employer (or workplace union)	Yes 3 (25%)	No 6 (50%)	Not applicable 3 (25%)
Employer of someone else in the family (or workplace union)	Yes 1 (8%)	No 10 (85%)	Not applicable 1 (8%)
Plan you purchase on your own directly from an insurance company	Yes 11 (92%)	No 0	Not applicable 0
A COBRA plan	Yes 0	No 11 (92%)	Not applicable 1 (8%)
Medicaid	Yes 0	No 12 (100%)	Not applicable 0
VA	Yes 0	No 12 (100%)	Not applicable 0
CHAMPUS, or other military plan	Yes 0	No 12 (100%)	Not applicable 0
Other (specify): [Denali KidCare (1), Federal plan/Blue Cross (1), KANA (1), Retirement (1),]	Yes 4 (33%)	No 8 (67%)	Not applicable 0

- A6. How important do you think health insurance is for you and your household?
- Very Important 11 (92%)
 - Important.....1 (8%)
 - Neutral0
 - Not Important.....0
 - Not Very Important.....0
- A7. Are you concerned that you may lose your health insurance coverage within the next 12 months?
- Yes→Continue
2 (17%)
 - No→Skip Question A8. Go to Question A9.
10 (83%)
- A8. Why do you think you maybe at risk for your losing health insurance coverage?
- Job relocation (1); Too costly (1)**
- A9. Are you concerned that someone else in your household may lose their health coverage within the next 12 months?
- Yes→ Continue
2 (20%)
 - No→ Skip Question A10. Go to Section C.
8 (80%)
- A10. Why do you think someone in your household maybe at risk for losing health insurance coverage?
- Job relocation (1); Insurance company cutting back (1)**

If you currently have health insurance skip to Section C 12 (39%)

If you are not covered by any type of health insurance please complete section B below..... 19 (61%)

SECTION B

- B1. Are you currently employed?
- Yes→ Continue
13 (77%)
 - No→ Go to Question B4.
4 (24%)
- B2. Are you eligible to enroll in your employer's health insurance plan?
- Yes
2 (17%)
 - No
10 (84%)
- B3. What is the main reason you are not enrolled in your employer's health insurance program?
- [Employer does not provide (6); Self-employed (1); Don't work enough hours (1); Not enough time in system (2); Didn't make time yet (1)].**
- B4. At any time during the past 12 months were you covered by any type of health insurance plan?
- Yes→ Continue
7 (41%)
 - No→ Go to Question B7.
10 (59%)

B5. What types of health insurance coverage did you have during the past 12 months?

- Insured through your employer (or workplace union)..... 1 (14%)
- Insured through your spouse's employer (or workplace union) 0
- Insured through someone else in your household 0
- Insured through Medicare..... 1 (14%)
- Insured through Medicaid 2 (29%)
- Insured through VA..... 0
- Insured through CHAMPUS, or other military plan 0
- Insured through a plan you purchased on your own 0
- Insured through a COBRA plan 0
- Other 4 (50%)

[IHS (2), Sears Roebuck (1), Workman's Comp. (2)]

B6. During the past 12 months, how long were you covered by any of these health insurance plans?

<input type="radio"/> 1 month	<input type="radio"/> 5 months	<input type="radio"/> 9 months	1 (13%)
<input type="radio"/> 2 months	<input type="radio"/> 6 months	<input type="radio"/> 10 months	1 (13%)
<input type="radio"/> 3 months	<input type="radio"/> 7 months	<input type="radio"/> 11 months	
<input type="radio"/> 4 months	<input type="radio"/> 8 months	<input type="radio"/> 12 months	4 (50%)

B7. Some people buy health insurance on their own. What are the main reasons you have not bought health insurance on your own: Please mark all that apply.

- I do not need health insurance 1 (7%)
- I do not want health insurance..... 1 (7%)
- I am rarely sick 1 (7%)
- I do not know where to begin/where to go 4 (27%)
- It is too much hassle/paperwork 0
- I cannot afford/too expensive..... 13 (87%)
- I expect to be covered by a policy shortly..... 0
- The benefit package being offered didn't meet my needs 0
- I am not eligible for reasons other than health..... 0
- I doubt I am eligible because of my current health status..... 0
- I have been rejected due to a pre-existing health condition..... 0
- Other 2 (13%)

[IHS (ANMC care and KANA coverage) (2)]

B8. What is the ONE MAIN reason why you do not have health insurance now?

[Too expensive/Can't afford it (6); Employer doesn't offer it (2); Unable to purchase (1); IHS/ANMC eligible (2); Need more information (1); Didn't get it yet (1); New employee/still on probation (1); Disabled/unable to work (1)]

B9. Does anyone besides you help pay your medical bills when you go to a doctor or hospital?

- Yes—And who is that? (Mark all that apply) No→Continue
- ↓ 14 (82%) 3 (18%)
- Medicare..... 1 (7%)
- Railroad Retirement Plan 0
- CHAMPUS 0
- Veteran's Affairs service connected to a disability..... 0
- Military health care 0
- Medical Assistance or Medicaid 3 (22%)
- GAMC or General Assistance Medical Care 0
- CHIP or Children's Health Insurance Plan..... 0
- Workers Compensation for specific injury/illness 0
- Employer pays for bills, but not an insurance policy 0
- Family member pays out of pocket for any bills..... 0
- Indian Health Service 11 (79%)
- Other 1 (7%)

[KANA (1)]

SECTION C

C1.

- If you are unemployed, skip to question C8..... 6 (19%)
- If you are employed, continue with question C2 below.
If you have more than one job, please answer the questions
about the job where you work the most hours. 24 (77%)

C2. What is your job title or describe the main kind of work you do.

[Office/Admin Support (8); Community/Social Services (7); Business/Financial Operations (3);
Food Preparation/Serving (2); Maintenance/Misc. Labor (3); Transportation (1)]

C3. How many hours do you work per week?

[5-20 (4); 23-30 (7);32-37.5 (7); 40 (5); 45-55 (1)]

C4. What kind of business or industry is this?

- Construction 0
- Eating and Drinking Places 0
- Education Services..... 0
- Health Services 1 (4%)
- Hospitals..... 0
- Hotels and Lodging Places..... 0
- Professional Services 0
- Public Administration–Government 3 (13%)
- Retail Trade..... 0
- Transportation, Communication and Other..... 2 (8%)
- Welfare and Religious Services..... 1 (4%)
- Social Service Agency 13 (54%)
- Wholesale..... 0
- Other 4 (17%)

[Tribal (3); Tribal Council (1)]

C5. Are you employed by?

- Government..... 9 (38%)
- Private company..... 1 (4%)
- Non-profit organization 13 (54%)
- Self-employed 1 (4%)
- Working in family business 0

C6. Approximately how many people are employed by your employer? Your best guess is fine.

<u>Number of Employees</u>	<u># Responses</u>	<u>Percent</u>
1	2	(10%)
2-11.....	4	(19%)
15-100.....	7	(34%)
120 +.....	8	(38%)

C7. Would you describe your job as (please select only one):

- Seasonal0
- Temporary 0
- Part-time.....0
- Regular, year-round employment24 (100%)
- Other 0

If you are currently unemployed, answer Questions C8 and C9.**7 (23%)**

If you are currently employed, skip to Question C10.**23 (77%)**

C8. What is the main reason you are unemployed?

[Disabled/Health problems (4); Retired (2); Lack of jobs (2)]

C9. Are you currently receiving?

- TANF (Temporary Assistance to Needy Families) 1 (17%)
- General Assistance or General Relief 0
- Public Housing Subsidies 1 (17%)
- Food Stamps 0
- SSI (Supplemental Security Income)..... 1 (17%)
- SSDI (Social Security Disability)..... 1 (17%)
- Other Public Assistance 2 (331%)

[UI benefits (1); Disability retirement (1)]

C10. Do you have a spouse?

Yes → Continue
16 (53%)

No → **STOP. This completes your Survey.**
14 (47%)

Thank you

C11. Is your spouse currently employed or not employed?

- Spouse Employed → Skip to Question C13 **10 (63%)**
- Spouse Unemployed → Continue..... **6 (38%)**

C12. What is the main reason your spouse is unemployed?

[Disabled/Injured (1); No jobs available (3); Retired (1); Child-care provider (1)]

This completes your survey. Thank you.

If your spouse has more than one job, please answer the following questions about the job where he or she works the most hours.

C13. What is your spouse's job title or the main kind of work they do?

[Education/Library (3); Sales and Retail-Related (1); Maintenance/Misc. Labor (2); Transportation (1); Management (1)]

C14. How many hours does your spouse work per week?

[10-39 (3); 40 (3); 50-70 (1); Varies/with season or circumstances (1)]

C15. What kind of business or industry is this?

- Construction 1 (10%)
- Eating and Drinking Places 0
- Education Services..... 3 (30%)
- Health Services 0
- Hospitals..... 0
- Hotels and Lodging Places..... 0
- Other Industry..... 0
- Other Services..... 0
- Professional Services 0
- Public Administration–Government 0
- Retail Trade..... 1 (10%)
- Transportation, Communication and Other..... 0
- Welfare and Religious Services..... 0
- Wholesale..... 1 (10%)
- Other 2 (20%)
- Missing.....2 (20%)

[Fishing (8); Military (1)]

C16. Is your spouse employed by:

- Government..... 1 (13%)
- Private company.....2 (25%)
- Non-profit organization 4 (50%)
- Self-employed 0
- Working in family business 0
- None of the above 1 (13%)

C17. Approximately how many people are employed by your spouse's employer? Your best guess is fine.

<u>Number of Employees</u>	<u># Responses</u>	<u>Percent</u>
1	0	0
2-10.....	4	(50%)
15-100.....	4	(50%)
150 200.....	0	0

C18. Would you describe your job as (please select only one):

- Seasonal1 (11%)
- Temporary1 (11%)
- Regular, year-round employment5 (56%)
- Other 2 (22%)

[School year (2)]

C19. Is your spouse eligible to enroll in their employer's insurance plan?

Yes	No	Not applicable
5 (56%)	4 (44%)	0

APPENDIX H

RESPONSES TO SURVEY QUESTIONNAIRE FOR SMALL-BUSINESS EMPLOYERS

Appendix H of the report—Understanding Barriers to Health Insurance of Insured and Sporadically Insured Alaskans—includes responses to the survey questionnaire for participants in the focus groups for Small-Business Employers.

All participants completed a brief questionnaire prior to the start of each focus group. Staff from Alaska’s Department of Health and Social Services (DHSS) and UAA’s Institute of Social and Economic Research (ISER) jointly developed the content of the questionnaire.

The questionnaire was divided into two series of questions—one for employers who currently offered health insurance, and the other for those who did not. Those who currently offered insurance responded to questions about when their plan refused coverage, waiting periods, coverage for spouses and children of employees, percentage of premium paid by the employer, which groups of employees are offered insurance, the type of plan, and changes that have occurred in the health plan in the last year.

Those companies not offering insurance answered questions about why employers may not offer health-care coverage to their employees, whether the company was currently trying to find ways to offer health insurance to its employees, the motivational value of incentives that make it easier for companies to offer health insurance, and their perception on varied health-insurance-related statements. All participants were asked about the percentage of the health-insurance premium that should be paid by the worker and by the employer.

Questionnaire for Employers

[NUMBER OF RESPONSES (VALID PERCENT IN PARENTHESES)]

SECTION A

1. Is health insurance offered to employees of your company?
- Yes No → Skip to Section B.
↓ 8 (27%) 22 (73%)
2. What are the main reasons you offer health insurance to your employees? (Please check all that apply.)
- a. Wanted by employees 5 (63%)
 b. Should be a company responsibility 2 (25%)
 c. Needed to recruit the best people..... 3 (38%)
 d. Reduces employee turnover..... 5 (63%)
 e. Increases productivity 2 (25%)
 f. Reduces absenteeism 2 (25%)
 g. Improves morale 4 (50%)
 h. Other (Please specify) 3 (38%)
↓
[A health organization, by nature, needs to provide health insurance (1); As a benefit to the employees who work for us (1); Our company treats us as men with families (1)]
3. Does your health plan refuse to cover employees who have certain health problems or conditions?
- Yes No
0 8 (100%)
4. Is there a waiting period before employees are covered by your health insurance?
- Yes No → Skip to Q.6
↓ 8 (100%) 0
5. What is the waiting period for employees to be eligible to participate?
- 30 days or less..... 0
 31 to 60 days 2 (25%)
 61 to 90 days 4 (50%)
 More than 90 days (Please specify) 2 (25%)
[91 days (1); Plan is open to enrollment twice per year (1)]
6. Does your health insurance cover children of employees?
- Yes No
↓ 6 (75%) 2 (25%)
- What percentage of the premium is paid by the employer?
- | | | | |
|------------|---------|------------|---------|
| 0 percent | 2 (40%) | 70 percent | 1 (20%) |
| 50 percent | 1 (20%) | 75 percent | 1 (20%) |
| | | Don't know | 1 |

12. Do you offer a “cafeteria-style” health-insurance plan where employees can select from different coverage options?
- Yes No
2 (25%) 6 (75%)
13. Do you offer catastrophic health insurance **ONLY** option?
- Yes No
1 (13%) 7 (88%)
14. Do employees have to pay anything (co-payment or co-insurance) when they visit a physician?
- Yes No (depends)
7 (88%) 1 (13%)
15. Have there been any interruptions in health benefits since your company began sponsoring employee health-care coverage?
- Yes No
0 8 (100%)
16. For each of the following options, please indicate “Yes,” if this is a change in employee health benefits that occurred in the last year; “No,” if this change did not occur in the last year; or “Don’t know,” if you are unsure whether this change to employee health benefits occurred in this last year.

Option	Yes. This is a change that occurred during this last year	No. This change did not occur during this last year	Don’t know—unsure whether this change occurred during this last year
a. One or more plans were dropped	1 (13%)	7 (88%)	0
b. A new health plan was added	2 (25%)	6 (75%)	0
c. An old health plan was replaced	1 (14%)	6 (86%)	0
d. Benefits were decreased	2 (25%)	5 (63%)	1 (13%)
e. Benefits were increased	2 (25%)	5 (63%)	1 (13%)
f. Employee costs were increased	4 (50%)	4 (50%)	0
g. Employee costs were decreased	2 (25%)	6 (75%)	0
h. The cost to the company was increased	5 (63%)	3 (38%)	0
i. The cost to the company was decreased	2 (25%)	6 (75%)	0
j. Single-service plans were added	[0]	6 (75%)	2 (25%)
k. Single-service plans were dropped	[0]	6 (75%)	2 (25%)
l. Single-service plans were replaced	[0]	6 (75%)	2 (25%)

17. In the past 12 months, has the overall design of this health plan changed by (Check one box in each row.)

a. increasing co-payments for physician services	Yes 0	No 8 (100%)	Don't Know 0
b. introducing a new pharmacy co-payment structure, such as a tiered structure	Yes 1 (13%)	No 5 (63%)	Don't Know 2 (25%)
c. reducing benefits; if so, which benefits? _____	Yes 0	No 8 (100%)	Don't Know 0
d. increasing benefits; if yes, which benefits? _____	Yes 0	No 8 (100%)	Don't Know 0
e. some other manner; if yes, what was that? [Traditional plan to HDHP and HAS (1)]	Yes 1 (13%)	No 6 (75%)	Don't Know 1 (13%)

18. Is your company health insurance self-funded?

Yes No
0 8 (100%)

19. How long has your company self-funded its health insurance?

Less than 12 months → Skip to SECTION C.
 One year or more → Continue. Go to Question 20.

20. Which of the following are reasons you decided to self-fund? (Check one box in each row.)

	Yes	No	Don't Know
a. Expected savings from self-funding			
b. Consistency with a national plan			
c. Freedom from state mandates			
d. Richer benefit package than routinely available			
e. Other _____			

**This is the end of Section A
Please skip to Section C on page 9**

SECTION B [THIS SECTION IS FOR THOSE WHO DO NOT OFFER INSURANCE: N=24]

B1. The following is a list of reasons why employers may not offer health-care coverage to their employees. For each of these reasons please indicate whether it is a “major,” “minor,” or “not a reason” for your company.

REASONS FOR <u>NOT</u> OFFERING HEALTH-CARE COVERAGE TO EMPLOYEES	MAJOR REASON	MINOR REASON	NOT A REASON
a. Revenue is too uncertain to commit to a plan	9 (43%)	8 (38%)	4 (19%)
b. Costs of employee health benefits are too difficult to control	12 (60%)	2 (10%)	6 (30%)
c. Premiums are too high/too expensive	21 (96%)	1 (4%)	0
d. The financial status of the organization prohibits it at this time	12 (57%)	8 (38%)	1 (5%)
e. It is an administrative hassle	1 (5%)	6 (32%)	12 (63%)
f. Too much paperwork	1 (5%)	6 (32%)	12 (63%)
g. Not familiar enough with coverage options/Don't have enough information to make a decision about benefits	3 (14%)	13 (62%)	5 (24%)
h. Policy offerings are too complicated	2 (11%)	11 (58%)	6 (32%)
i. Setting up a plan is too time-consuming	0	7 (41%)	10 (59%)
j. The company had an adverse experience with the administration of employee health-care coverage	1 (6%)	2 (11%)	15 (83%)
k. Past negative claim experiences	1 (5%)	2 (11%)	16 (84%)
l. The company was denied coverage	1 (5%)	0	18 (95%)
m. High employee turnover	2 (11%)	3 (17%)	13 (72%)
n. Most employees are not interested in coverage	1 (5%)	9 (47%)	9 (47%)
o. Most employees would not be eligible	4 (20%)	2 (10%)	14 (70%)
p. Employees cannot afford it	8 (42%)	7 (37%)	4 (21%)
q. Employees prefer wages and/or other benefits	4 (21%)	2 (11%)	13 (68%)
r. Employees are generally covered under other plans, such as through a spouse, a union, or Medicaid	4 (20%)	7 (35%)	9 (45%)
s. Most employees are part-time, temporary, or contracted	2 (10%)	4 (20%)	14 (70%)
t. Not the company's responsibility	0	4 (22%)	14 (78%)
u. Little value to this kind of company	0	4 (21%)	15 (79%)
v. Company can attract good employees without offering health insurance	1 (6%)	2 (11%)	15 (83%)
w. Business is too newly established	2 (10%)	2 (10%)	16 (80%)
x. Other reason why your business does not offer a health plan (Please describe briefly) [High cost and adverse riders (1); Company too small (1); Group plan not available to 2 or 3 employees (1); Don't know of plan available to my business that is a value for the cost (1)]	2 (11%)	Level not specified 2 (11%)	

B2. Is your company currently trying to find ways to offer health insurance to your employees?

- Yes No
10 (48%) 11 (52%)

B3. Following is a list of incentives that might make it easier for companies to offer health insurance to its employees. For each incentive, please indicate how likely it would be to motivate your company to offer health insurance. (Please check one box in each row.)

POSSIBLE INCENTIVES TO OFFER HEALTH INSURANCE TO EMPLOYEES	VERY LIKELY	SOMEWHAT LIKELY	NOT AT ALL LIKELY	DON'T KNOW
a. Lower premium rates	16 (76%)	5 (24%)	0	0
b. Elimination of the required minimum employee participation	13 (62%)	7 (33%)	0	1 (5%)
c. Implementation of a small-business purchasing alliance such as Pooling options to get group coverage with other employers	15 (68%)	6 (27%)	0	1 (5%)
d. Government subsidy of premiums for low-income employees	9 (45%)	8 (40%)	1 (5%)	2 (10%)
e. Tax credits for offering health insurance	9 (45%)	8 (40%)	2 (10%)	1 (5%)
f. Being able to offer a very basic catastrophic hospital coverage plan	12 (57%)	7 (34%)	1 (5%)	1 (5%)
g. Making the state-employee health plan available to private employers	10 (50%)	4 (20%)	1 (5%)	5 (25%)
h. Making defined contribution plans easier to set up	6 (30%)	7 (35%)	2 (10%)	5 (25%)
i. Mandated by law	4 (24%)	2 (12%)	7 (41%)	4 (24%)
j. Some other incentive to offer a health plan (Describe): [Affordability (1); Access to affordable, quality catastrophic policies accompanied by tax-deductible medical savings account (1); Grants (1); Very simple plan, easy to set up and stop as I have turnover (1); No descriptions listed (3)]	4 (19%)	2 (10%)	0	1 (5%)

B4. For each of the following statements, indicate whether you strongly agree, somewhat agree, are unsure, somewhat disagree, or strongly disagree.

	STRONGLY AGREE	SOMEWHAT AGREE	UNSURE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
a. Providing health insurance to more Alaska residents would make financial sense overall	14 (64%)	3 (14%)	5 (23%)	0	0
b. Businesses pay in other ways if they don't provide health-care coverage for their employees	3 (14%)	7 (34%)	5 (24%)	3 (14%)	3 (14%)
c. Employees see health-care coverage as part of their compensation	2 (10%)	8 (38%)	8 (38%)	1 (5%)	2 (10%)
d. Uninsured get the same quality of health care as those with health-care coverage	3 (14%)	1 (5%)	1 (5%)	7 (32%)	10 (46%)
e. The benefits of early intervention and better management of chronic and acute health problems outweigh the costs of health insurance	7 (32%)	11 (50%)	3 (14%)	1 (5%)	0
f. In general, health insurance is not a good value for what it costs	11 (50%)	3 (14%)	3 (14%)	2 (9%)	3 (14%)
g. Workers without health-care coverage are absent more and are less productive than those with it	2 (9%)	2 (9%)	6 (27%)	7 (32%)	5 (23%)
h. Hospital bills are inflated to pay for uninsured health care	15 (71%)	3 (14%)	3 (14%)	0	0
i. The uninsured use the emergency room twice as much as those with insurance.	7 (32%)	2 (9%)	11 (50%)	0	2 (9%)
j. Providing health insurance to more Alaska residents is an employer responsibility.	3 (14%)	0	3 (14%)	4 (18%)	12 (55%)
k. Providing health insurance to more Alaska residents is the responsibility of government.	6 (27%)	4 (18%)	3 (14%)	5 (23%)	4 (18%)

SECTION C [THIS SECTION ANSWERED BY ALL—THOSE WHO CURRENTLY OFFER INSURANCE AND THOSE WHO DO NOT: N=32]

C1. In your opinion, what percentage of a worker's health insurance premium **should be** paid by the individual worker? (Circle only one answer.)

0% [3 (12%)]	40% [1 (4%)]	80% [4 (15%)]
10% [3 (12%)]	50% [5 (20%)]	90% [0]
20% [2 (8%)]	60% [1 (4%)]	100% [2 (8%)]
30% [3 (12%)]	70% [2 (8%)]	

C2. In your opinion, what percentage of a worker's health insurance premium **should be** paid by the employer? (Circle only one answer.)

0% [4 (15%)]	40% [0]	80% [1 (4%)]
10% [1 (4%)]	50% [5 (19%)]	90% [2 (8%)]
20% [5 (19%)]	60% [1 (4%)]	100% [2 (8%)]
30% [2 (8%)]	70% [3 (12%)]	

C3. Does your company offer Flexible Spending Accounts which allow employees to pay for health and/or dependent-care expenses before taxes?

Yes No
 ↓ 4 (13%) 26 (87%)

Thank you

APPENDIX I
“MEASURING THE ADEQUACY OF COVERAGE OR
UNDERINSURANCE,” STATE HEALTH ACCESS DATA
ASSISTANCE CENTER

Appendix I of the report—Understanding Barriers to Health Insurance of Insured and Sporadically Insured Alaskans—includes a copy of the article “Measuring the Adequacy of Coverage or Underinsurance,” from the State Health Access Data Assistance Center.

There is no one definition for what it means to be underinsured. The State Health Access Data Assistance Center (SHADAC) identifies three approaches to determine whether a person’s health care is adequate: The first approach looks at a family’s ability to pay out of pocket for health-care needs, premiums, and deductibles and how these costs impact the family income. A second approach looks at the adequacy of coverage and how well it protects the health-care needs of the insured. The third approach involves the perceptions of those covered by insurance: Do they feel their needs are being met or unmet?

Measuring the Adequacy of Coverage or Underinsurance

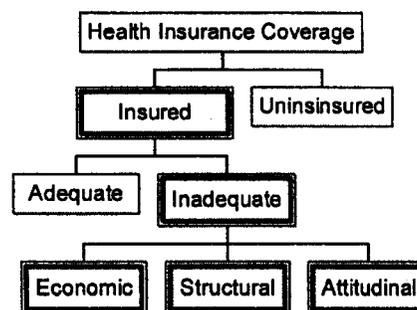
While there is no simple answer to the question of what it means for a person to be underinsured, the research literature has identified three approaches to the measurement of health insurance.

These approaches: economic, structural and attitudinal may be used individually or in combination for a comprehensive measurement of whether or not health care coverage may be considered adequate.

Economic approaches seek to identify the adequacy of the coverage in terms of a person's ability to pay for health needs and out of pocket costs such as premiums and deductibles.

Structural approaches attempt to identify the adequacy of coverage in terms of whether the benefits provided by the coverage plan are appropriately commensurate with some benchmark of benefits.

Attitudinal approaches look to identify the adequacy of health insurance coverage in terms of the perceptions of the person covered.



Economic Approach

Under the economic measurement approach, focus is placed on how a catastrophic illness may affect the family income of people who are insured.

The following questions have been used to measure this economic dimension:

- Do the premium costs for a particular health insurance plan to the person (consumer paid premiums) exceed X% of the person's income? (Shearer, 2000)
- In the past year, did the out-of-pocket expenses for necessary medical care exceed X% of the person's income? (Daly, 2000; Salmon, 1988)
- Is there a Y% chance that the out-of-pocket expenses for necessary medical care will exceed X% of the person's income for the coming year? (Short and Banthin, 1995; Kuttner, 1999)

Structural Approach

The structural components of underinsurance include parts of a benefits package that do not sufficiently protect the health care needs of an insured person (Bashshur, Smith, and Styles, 1993). Several authors define underinsurance in structural terms of a positive response to some variant of the question:

- Relative to some benefits package, is there at least one benefit that is NOT covered by a particular health insurance plan?" (Fox, McManus, Almeida, & Graham, 1997; Kentucky Cabinet for Health Services, 2001; Short & Banthin, 1995).

Attitudinal Approach

There are two types of attitudinal approaches identified in the research literature. The first can be cast as perceptions of unmet healthcare needs while the second focuses on satisfaction with health care coverage.

- Is there at least one health benefit *not* covered by insurance that the person would prefer to receive? (Davis, 2000)
- Is there at least one symptom during the past year that the person believed required medical treatment but for which insurance did not cover treatment? (Baker, Shapiro, Schur, & Freeman, 1998)
- Is there at least one health benefit covered by a particular health insurance plan that the person would prefer to receive but is not eligible to receive? (Daly, 2000)

Limitations and Considerations in the Selection of an Approach

Wide variation in rates of underinsurance is not only reflective of the different measurement categories and benchmarks used, but may reveal the limitations and complexities of the measurement approaches themselves.

1. Economic Approach Limitations and Considerations

An obvious limitation with the economic approach is that the ability to pay for necessary medical (health) benefits is income related. For example, suppose that two individuals both had out-of-pocket payments of \$2000, but that the first individual's income was \$12,000 and the second individual's income was \$120,000. In such a case, the impact of the \$2000 out-of-pocket expense is likely to be much more of a burden for the former than the latter. Indeed, it seems likely that the former would be considered underinsured and the latter not, even though the relevant out-of-pocket payment was, in both cases, identical.

2. Structural Approach Limitations and Considerations

The limitations of the structural approach include selection of the benchmark benefits package and the need to update the benchmark as advances in health care result in more cost effective care or make new treatments available. The determination of a benchmark benefits package is fraught with political and philosophical issues and, as noted above, significantly affects measured underinsurance rates.

3. Attitudinal Approach Limitations and Considerations

The utility of the perceived unmet need for healthcare services approach is compromised by the measurement problems associated with its reliance on “perceived need.” Expected health care needs may never become actual health care needs; thus, the failure to satisfy this need ought not count as an actual instance of underinsurance. Furthermore, some restriction on the range of those unmet health care “needs” seems warranted. Suppose, for example, that a person going bald decides that he wants to correct the baldness with a hair replacement procedure. However, upon investigation the person discovers that his health insurance plan will not cover the hair replacement procedure. Should we in this case conclude that the person is underinsured because his health plan has failed to cover a desired benefit? If the relevant health care needs are nothing more than subjective preferences, then the concept of underinsurance based on unmet health care needs will be much too coarsely grained. Any time a person had a health care want, no matter how trivial or unnecessary, that was not met by his or her health insurance plan, the person would be underinsured.

On the other side of the equation, many desired health care services are not necessary for the health of the individual even if a general need for care is assumed. If particular services are necessary for the health of the individual and are not covered by the person’s health insurance plan, then there is a *prima facie* reason for saying that the person is underinsured. Pulling these points together, we are now in a position to offer a general characterization of one way that a person’s health insurance plan can be inadequate based on this approach: *If the health insurance plan fails to cover one or more benefits that the person believes to be necessary for his or her health, then the health insurance plan is inadequate and the person is underinsured.*

The above kinds of problems suggest that we need to somehow index the measurements of perceived unmet need – i.e., we need to weight the measurements of subscriber satisfaction by taking into account relevant differences amongst the subscribers. To this end, one could use the following conceptual directions as a guide in finding the source of satisfaction or dissatisfaction with a health plan: 1) expectations for the plan’s benefit structure; 2) the plan’s actual benefit and organizational structure; 3) characteristics of subscribers including demographics and socioeconomic positions; 4) consumer characteristics; 5) health care system orientations (Gerst, Rogson and Hetherington, 1969).

A final concern is that a person should possess a certain basic knowledge of the health plan in order for this approach to be useful. When subscribers have incorrect information, they may hold unrealistic expectations and be unreasonably demanding or undemanding, depending on the type of misinformation held (Gerst, Rogson and Hetherington, 1969).

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APPENDIX J

TABLES

Appendix J of the report—Understanding Barriers to Health Insurance of Insured and Sporadically Insured Alaskans—includes most of the tables referenced in this report. They are based upon the participant responses to the demographic questionnaires.

INDIVIDUALS

Table 1. Community, Insurance Status, and Subcategories of Individuals in Focus Groups

Community	Specific Populations	
	Insurance Status	Subcategories
Anchorage	Uninsured	Minorities, students
Anchorage	Uninsured	Veterans, homeless, minorities
Anchorage	Indian Health Service (IHS)	Alaska Natives
Anchorage	IHS	Alaska Natives
Matanuska-Susitna	Uninsured	
Kodiak	Uninsured	Immigrants, seasonal workers
Kodiak	Uninsured	Immigrants, seasonal workers
Kodiak	Uninsured	
Kodiak	IHS	Alaska Natives
Kenai Peninsula	Uninsured	
Kenai Peninsula	Uninsured	Immigrants, seasonal workers

Table 2. Number of Participants in Focus Groups for Individuals who Completed Demographic Questionnaire by Place of Focus Group

Location	Number	Percent
Anchorage	37	48%
Matanuska-Susitna	5	6%
Kodiak	25	32%
Kenai	11	14%
Total	78	100%

Table 3. Participants in Focus Groups for Individuals by Years of Age*

Years of Age	Number	Percent
18 to 20	1	1%
21 to 30	6	8%
31 to 40	12	15%
41 to 50	25	32%
51 to 60	26	33%
61 to 64	8	10%
Total	78	99%

Table 4. Race and Ethnicity of Participants in Focus Groups for Individuals*

Race/Ethnicity	Number	Percent
Black/African American	1	1%
Hispanic	12	14%
Asian	1	1%
Caucasian/White	40	45%
Pacific Islander	2	2%
Alaska Native/American Indian	31	35%
Other/Combination	1	1%
Total	88	99%

Table 5. Gender of Participants in Focus Groups for Individuals

Gender	Number	Percent
Male	24	31%
Female	53	69%
Total	77	100%

Table 6. Education Level of Participants in Focus Groups for Individuals*

Education Level	Number	Percent
Question not asked this version of the Demographic Questionnaire	6	8%
Less than high school	10	13%
High school graduate/GED	23	30%
Some college	25	32%
Bachelor's degree	8	10%
Advanced degree	5	6%
Total	77	99%

Table 7. Marital Status of Participants in Focus Groups for Individuals

Marital Status	Number	Percent
Single	22	29%
Married	38	49%
Separated	4	5%
Divorced	6	8%
Widowed	4	5%
Living with significant other	3	4%
Total	77	100%

* Percent does not add up to 100%

Table 8. Number of Participants in Focus Groups for Individuals Who Are Below Poverty Line Based on Annual Income and Number of Household Members*

Below Poverty Line	Number	Percent
Yes	29	37%
No	44	56%
Don't know	5	6%
Total	78	99%

Table 9. Number of Participants in Focus Groups by Number of Years They Have Lived in the United States

Years Lived in U.S.	Number	Percent
6 to 15 Years	9	17%
Over 15 years	4	8%
Born/raised in U.S.	40	75%
Total	53	100%

Table 10. Number of Individuals Called, Contacted, Scheduled, and Attending Each Focus Group of Individuals

Community	Number of Calls	Number of People Called	Number of People Scheduled	Number of People Attending	Number Arriving Who Had Not Completed Demographic Questionnaire
Anchorage	0	0	14	7	0
Anchorage	37	18	13	10	0
Anchorage (2 groups)	0	0	0	24	24
Mat Su	238	115	10	6	2
Kodiak (2 groups)	71	21	15	11	1
Kodiak	125	40	14	9	3
Kodiak	44	14	13	8	0
Kenai	169	53	13	6	0
Kenai	9	9	1	6	5

* Percent does not add up 100%.

ALASKA NATIVES

Table 11. Participants in Focus Groups for Alaska Natives by Years of Age

Years of Age	Number	Percent
21 to 30	2	8%
31 to 40	5	20%
41 to 50	7	28%
51 to 60	9	36%
61 to 64	2	8%
Total	25	100%

Table 12. Race and Ethnicity of Participants in Alaska Native Focus Groups

Race/Ethnicity	Number	Percent
Caucasian/White	2	8%
Alaska Native/American Indian.	23	92%
Total	25	100%

Table 13. Marital Status of Participants in Alaska Native Focus Groups

Marital Status	Number	Percent
Single	8	32%
Married	13	52%
Divorced	2	8%
Widowed	2	8%
Total	25	100%

Table 14. Gender of Participants in Alaska Native Focus Groups

Gender	Number	Percent
Male	4	16%
Female	21	84%
Total	25	100%

Table 15. Education Level of Participants of Alaska Native Focus Groups

Education Level	Number	Percent
Less than high school	3	12%
High school graduate/GED	9	36%
Some college	9	36%
Bachelor's degree	3	12%
Advanced degree	1	4%
Total	25	100%

HEALTH-INSURANCE REPRESENTATIVES

Table 16. Do You Currently Sell Health-Care Benefits to Companies with Fewer than 10, 11 to 50, or More than 50 Employees?

Business Size	Fewer than 10 Employees	11 to 50 Employees	More than 50 Employees
Yes	4	5	3
No	1	0	2

Table 17. Percentage of the Health-Insurance Representative's Health-Insurance Clients that Are Small-Businesses with 2 to 50 Employees

Percentage	Number
50%	2
60%	1
100%	2

Table 18. Which Health Plans Does Your Organization Currently Represent to Small-Business Clients?

Health Insurance Companies	Number of Health-Insurance Representatives
Premera Blue Cross	5
Principal Life Insurance Company	5
Aetna Life Insurance Company	3
Great West Life and Annuity Insurance Company	3
Guardian Life Insurance Company of America	2
Lifewise Assurance Company	2
Metropolitan Life Insurance Company	2
StarMark	2
Avemco Insurance Company	1
Fortis Benefits Insurance Company	1
Hartford Life and Accident Insurance Company	1
Reliastar Life Insurance Company	1
Standard Insurance Company	1
Symetra Life Insurance Company	1
United HealthCare Insurance Company	1

Table 19. Number of Years Selling Health-Care Plans

Number of Years	Number	Percent
2-5 years	1	20%
6-10 years	0	0%
More than 15 years	4	80%
Total	5	100%

SMALL-BUSINESS EMPLOYERS

Table 20. Number of Participants in Focus Groups for Small-Business Employers who Completed Demographic Questionnaire by Place of Focus Group

	Number Attending	Of those Attending, Number Who Completed Demographic Questionnaire
Anchorage	8	8
Palmer	9	9
Kodiak	9	7
Kenai	5	5
Total	31	29

Table 21. Number of Small-Business Employers by Years in Business

Number of Years in Business	Number	Percent
4 to 10	9	32%
11 to 20	7	25%
21 to 30	9	32%
31 to 50	3	11%
Total	28	100%

Table 22. Number of Small-Business Employers by Type of Industry

Type of Industry	Number of Small-Business Employers
Other Services***	9
Retail	7
Construction	4
Hospitality**	2
Education and Health Services	2
Professional Services	2
Wholesale	1
Transportation	1
Other industry*	1

*Air for welding tanks and breathing

**Eating/Drinking Places and Hotels/Lodging

***Auto body repair; Chamber of Commerce, Collection Agency, Fishing Charter, Nonprofit Food Bank, Pain Relief, Printing, Travel Agency, Web Design/Consulting

Table 23. Including both Part-time and Full-time Employees at All of Your Locations, How Many Employees in Total Does Your Company or Organization Employ?

Employees at All Your Locations	Number	Percent
2-10	21	72%
11-50	8	28%
Total	29	100%

Table 24. Defining Full-time as Working at Least 30 Hours per Week, How Many People Are Employed Full-time, Including Those in Remote Locations?

Full-time Employees	Number	Percent
1-10	23	79%
11-50	6	21%
Total	29	100%

Table 25. What Is Your Role in the Decision-Making Process for Your Company when Selecting Which Health Plans Are Made Available to Your Employees?

Role in Decision-Making Process	Number	Percent
Sole decision maker	15	53%
One of a group of people who make the final decisions	10	36%
One of a group of people who make recommendations to the final decision maker	3	11%
Total	28	100%

Table 26. Have You, in the Last Few Years, Contacted Insurance Carriers and/or Brokers to Obtain Information about Providing Health Insurance to Your Employees?

	Number	Percent
Yes	14	67%
No	7	33%
Total	21	100%

Table 27. Number of Calls, Contacted, Scheduled, and Attending each Focus Group of Small Business Employers

Community	Number of Calls Made	Number of Small-Business Employers Contacted	Number of Small-Business Employers Scheduled	Number of Small-Business Employers Attending	Number Arriving Who Hadn't Completed Demographic Questionnaire
Mat Su	215	102	15	9	1
Anchorage	220	164	14	9	1
Kodiak	520	215	18	9	0
Kenai	646	277	18	6	0
Anchorage	184	111	14	5	0

Table 28. Which of the Following Best Describes the Majority of Your Employees?

Majority of Your Employees	Yes	No	Total
Minimum wage	3	26	29
Hourly	24	5	29
Salaried	10	19	29
Independent contractor	1	28	29
Other*	3	26	29
*Sales Commission = 2; Missing Answer = 1			

Table 29. Has Your Organization or Company Ever Offered Health Insurance to Its Employees?

	Number	Percent
Yes	3	14%
No	18	86%
Total	21	100.0

Table 30. Which Health Plan Does Your Company or Organization Currently Offer?

Health Plan	Number	Percent
Premera Blue-Cross	6	75%
Other*	2	25%
Total	8	100%

*John Alden and King County of Seattle