**Review of SD's Uninsured: Follow-Up** Study by **GRB-USD December 2004 Study** 

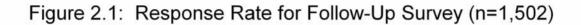
# **Purpose of Study**

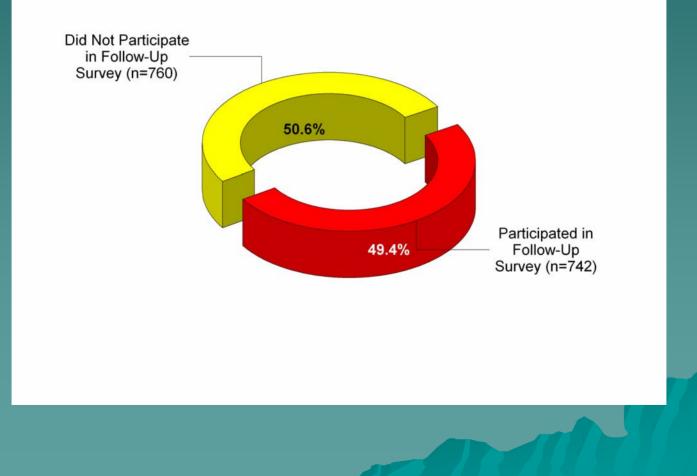
# Follow-up study of 2001 Lewin Study to determine

- (1) Reasons for not having health insurance,
- Health related reasons preventing insurance coverage,
- (3) Obtaining health care without insurance.

GRB attempted to contact 1,502 Lewin study respondents without insurance.

742 (49.4%) contacted





Insurance Status of Respondents Of the 742 individuals contacted

392 (52.8%) no health insurance

350 (47.2%) had coverage

## % Insured & Uninsured by Region n=742

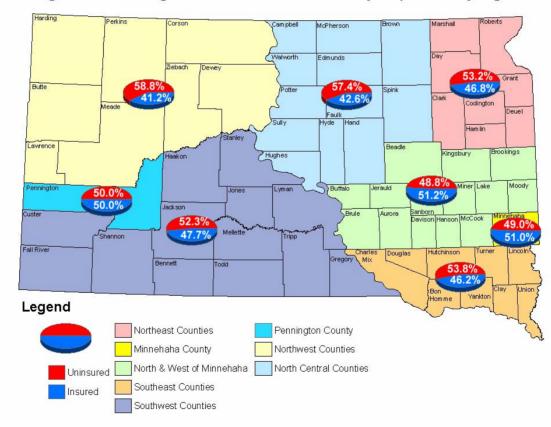


Figure 3.1: Percentage of Insured and Uninsured Survey Respondents by Region

### Insurance By Work Status n=742

Work Status	Insured	<b>Uninsured</b>
Full-Time	49.6%	50.4%
Part-Time	28.6%	71.4%
Retired	75.3%	24.7%
Working-Home	37.0%	63.0%
Unemployed	26.5%	73.5%
Total	47.2%	52.8%

### Insurance by Education n=739

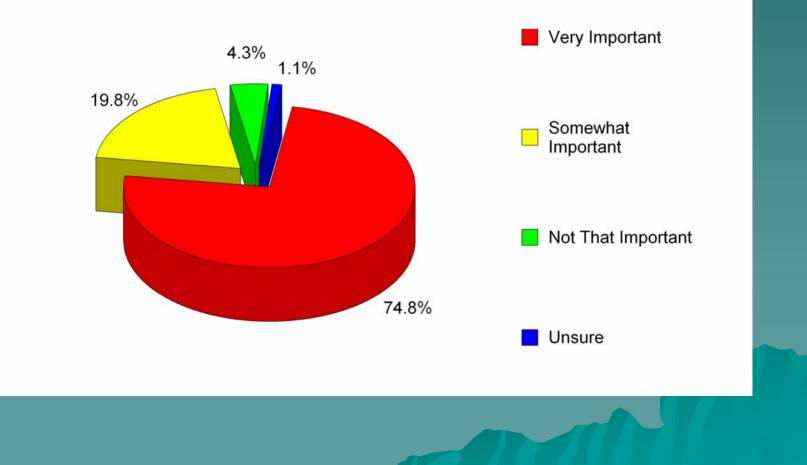
<b>Education</b>	Insured	<b>Uninsured</b>
< <b>HS</b>	30.3%	69.7%
Some HS	50.9%	49.1%
HS Grad	44.4%	55.6%
Some Tech	52.0%	48.0%
Tech Sch	48.6%	51.4%
Some College	43.0%	57.0%
College BA	60.4%	39.6%
Grad or Prof	66.7%	33.3%
Total	47.2%	52.8%

# Insurance by Race n=742

Race	Insured	Uninsured
White	46.4%	53.6%
Am Indian	64.3%	35.7%
Hispanic	*	*
African Am	*	*
Asian	*	*
* Too small sample		

### How Important Was Health Insurance?

Figure 3.6: Importance of Health Insurance (n=742)



Importance of Insurance by Insurance Status n=734 Insured Uninsured Very Imp. 84.8% 67.4% Somewhat Imp 13.5% 25.9% 1.7% Not Imp 6.8% Total 100.0% 100.0%

### Why Lack Insurance? n=392

Figure 3.5: Why Respondents Lack Health Insurance (n=392)

0%	:	20%	40%		60%	80%
				Cannot affo	rd it	
	Employ	er does not prov	ide it			
	Unemploye	ed				
	Other					
Car	nnot get it/be	een rejected				
Me	dicare/Medi	caid				
Do	not need it/v	vant it				
Con	nbination of	above factors				
India	an Health C	overage				
Appl	lying/have a	pplied for it				
0%	:	20%	40%		60%	80%

#### Acceptable Cost for Uninsured n=392

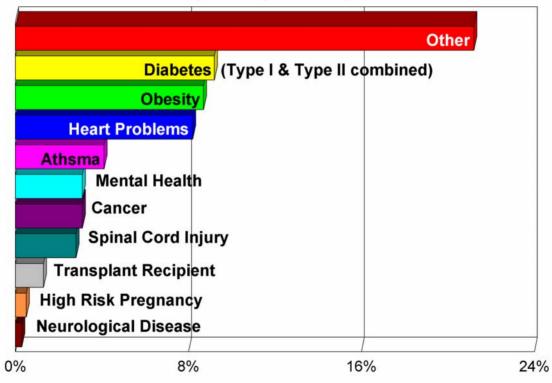
Acceptable Level of Insurance to Uninsured - \$150 per month. 60.8% of respondents without insurance would be willing to pay less than \$150 per month. ♦ 3.8% willing to pay \$0. 13.0% willing to pay \$150 to \$300

per month.

What About Medical Condition as a Barrier? 97 (25%) of 392 uninsured stated that a current medical condition prevents them from obtaining health insurance.

# Medical Condition Preventing Insurance

Figure 3.6a: Types of Medical Conditions (All Respondents)

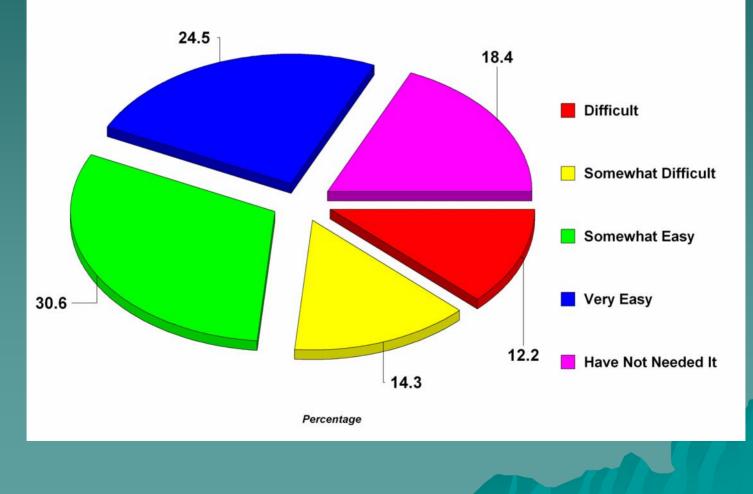


#### Where Medical Care Was Obtained n=392

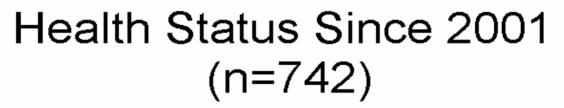
Com. HIth Center	14%
Local Emerg Room	21%
Indian HIth Service	1%
Physicians Office	45%
Urgent Care Center	4%
Hospital	5%
Family Practice	1%
NADRIC	1%
Veterans Adm	3%
Chiropractor	1%
Local Clinic	4%
<b>Combination of Factors</b>	1%

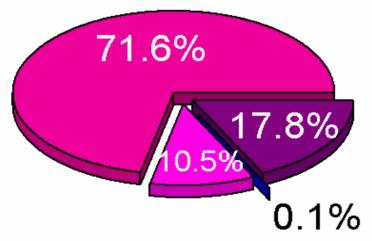
# **Difficulty Getting Care**

Figure 3.7: Difficulty Obtaining Health Care While Uninsured (n=392)



# **Health Status Since 2001**

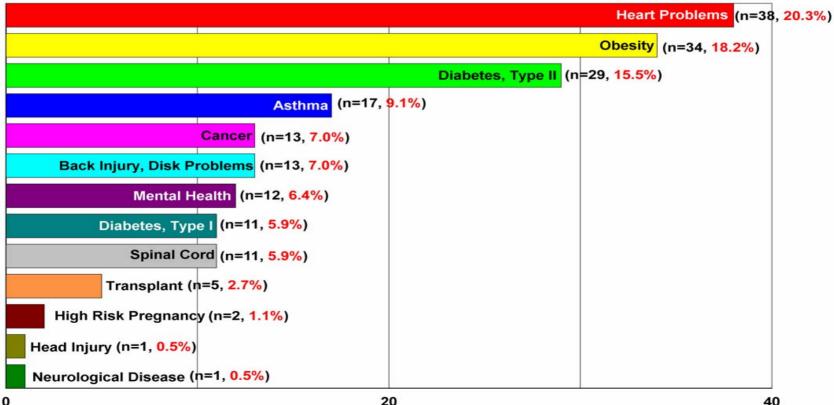




- Better
- About the Same
- Worse
- Unsure

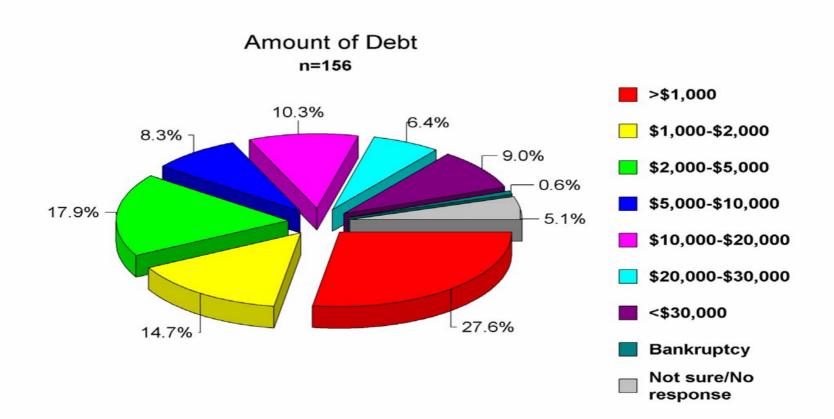
#### Medical Condition Keeping **Uninsured From Getting Insurance**

Figure 3.9: Medical Conditions Uninsured Respondents Believe Will Keep Them From Obtaining Health Insurance (n=187)



Bars Represent Number of Cases

#### **Debt Owed**



# **Conclusions-2004 Study**

91.5% of South Dakotans have health insurance coverage in 2003. ♦ 8.5% of South Dakotans do not have health insurance coverage. That is 48,355 adult South Dakotans. 12.5% or 6,020 do not have coverage because of pre-existing conditions

# **Conclusions - Continued**

 Most individuals felt health insurance was important to them

- Most respondents were willing to pay if were available at lower cost.
- Regardless of insurance coverage status, most South Dakotans had reasonable access to care.
- This research suggests that persons are not being turned away when they need care.

# Final Conclusion for GRB Study

"While many South Dakotans would benefit from expanded healthcare coverage, it is not certain from this study that such an expansion would substantially alter access to healthcare when needed."