

Health Care Needs of Montcalm County  
Families and Communities Together Project

Michigan State University  
Department of Sociology

## **Purpose**

This project examines health service needs and utilization among the uninsured and underinsured residents of Montcalm County. Those without health insurance often report not having a regular source of medical care, and consistently report poorer health and health service outcomes. The study aims to understand the health care needs of the residents and to promote the maximal utilization of services by exploring the degree to which residents are aware of available services as well as their utilization of such services.

## **Methodology**

This study draws upon three sources of data. A stratified random sample of residents of Montcalm County was selected and was mailed a questionnaire seeking information about the health insurance status and health care utilization patterns of members of the household. This questionnaire is intended to provide background information about the county regarding health care and health insurance.

Further, we conducted four focus groups throughout Montcalm County between November 2007 and January 2008. Stanton, Carson City, Howard City, and Greenville were selected in order to be representative of Montcalm County. All of the focus groups began at 6:30pm, were held in community spaces, and lasted between one and a half hours and three hours. Dr. MacInnes moderated each focus group, while research assistants took notes and recorded the discussion. These focus group discussions varied but consistently addressed perceived health care needs and concerns, barriers to service utilization, and possible solutions to the identified problems.

Finally, a series of 10 interviews were conducted with residents in the county during the summer and early fall of 2008. These interviews also sought information about health care needs and concerns, barriers to service utilization, and solutions to the sited problems. These interviews were also digitally recorded and transcribed by research assistants. The following analysis uses transcriptions from the four focus groups as well as information from completed interviews in order to identify relevant themes regarding barriers to health care and possible solutions.

### **Barriers to health care: Key problems**

#### **Access to medical insurance and other programs and services**

Participants identified a variety of barriers to health care revolving around access to medical insurance. Qualifying for help, difficulty navigating public insurance programs, overall medical insurance expense, and lack of information about programs are challenges to accessing medical insurance that were repeatedly mentioned by participants.

Information regarding public health insurance and other available health services appears spotty at best. The process of searching for and finding information about existing services was described as complex. Several participants discussed difficulties in knowing where and if assistance is available. For example:

P- “They don’t offer a lot of information about where you could go or who you could contact for, you know, people with special needs.”

P- “But I mean, we make it, we make the system difficult for people who are in the know of all the systems people. You know what I mean, let alone people who are not in the know. You know we make it really tough for the people who really need to try to access it. You know, so then its not available, or you know its available but you’d have to be a

rocket scientist to try and figure out how to get it. And then some people really learn how to work the system really well.”

P- “If you do find out then you’ve got to go through computers. You don’t talk to people no more, okay, and you have no idea what kind of English these people are saying on these computers.”

P- “I think some of it was probably lack of information, as well as that communication. There was no one that she [her daughter] could talk to, that would give her a straight answer.”

Participants indicated that they gained awareness of most programs simply through word of mouth, though some cited television commercials, newspaper articles, and billboards as other sources of information on available programs and services. Information available on the internet was seen as an ineffective means for gaining information. Several participants pointed out that low-income families may not have access to the internet or even to a computer. In addition to needing computer access, finding out about programs and applying for the programs online may require some technical skills and time that are not accessible to some families. For example:

P- “They tell you go online, go online. All the poor people I know aren’t online. You can’t even afford the cable up here let alone go online.”

Gaining knowledge of existing programs is only the first step in receiving assistance. Thereafter, individuals face lengthy paperwork and processing. Participants told stories of long struggles navigating the system of governmental health insurance.

One participant described the process as such:

P- “...it took me three months to even see the case worker and when we got to see the case worker it took another three months to get the paper work processed. Ad once we go the paper work processed, then we had to go through A-CAP, because that was the program he was

available for. And then you had to back and start paperwork all over again with A-CAP, and then they start having you come into meetings and giving you the brochures.”

It can take years to navigate this process. For example, one woman said:

P- “I was really happy with that A-CAP, FIA out of Stanton. I was, it took me a long time, it took me almost two years to get my son on that.”

People may have to go through this process again and again if any changes occur in the household. One participant stated:

P- “...if your husband gets hired back and then laid off again, you got to do it all over again.”

Other participants claim that reapplication is necessary even when nothing changes in the household. For example:

P- “I had to keep going back there every three to six months and re-fill out an application, the old same stuff over that hasn’t changed. Had to keep reapplying and reapplying. And I keep getting cut off, it can’t be an ongoing thing.”

Participants speculated that the long application length for assistance is in part because of understaffed caseworkers. As one participant stated:

P- “They’re cutting the staff and the ones that are there have to double their clients. I mean they just have so, she said it’s horrible. She said, ‘I can’t even take care of basic needs for people.’ And so they’re really getting stressed out too.”

Many participants describe falling through the cracks in the medical insurance system; they often made too much money to qualify for public health insurance but could not afford to buy health insurance through their employers or out-of-pocket. This participant describes the frustration in falling through the cracks:

P- “...the people that say that’s its too much money to qualify for health services like Medicaid and Medicare. And not able to afford good health care out of their pocket, but not qualifying quite for the

programs that exist, because there's a lot of people that should qualify that just don't."

Another participant explains that health insurance through employment is too expensive for the family:

P- "And the insurance through his [her husband's] work, you've got to pay \$250 each paycheck. We can't afford that."

This example illustrates the difficulty many experience in getting health insurance even with employment. Employment, which is often thought to alleviate health insurance quandaries, may be just as out of reach as out-of-pocket medical insurance. Ironically, being employed can sometimes set up another challenge to medical insurance.

Employment, even in a low-wage job, can often disqualify people for public medical insurance. If one's place of employment does not offer medical insurance, or the cost is too high, people must go without health insurance. A woman in our focus groups describes this dilemma with her husband's employment:

P- "We had nothing, he had to take a job now, but it's a three-dollar pay cut, so we're really suffering. But he doesn't make enough for us to get an [health insurance], he make too much for us to be on assistance."

Parents often seem to fall through the cracks and end up without health insurance.

Parents first worry about getting health insurance for their children; their own health seems to be little more than an afterthought. One woman describes this struggle:

"And they try to keep as many things as going as they can, and some things just fall by the wayside. And sometimes that's mom and dad's health and they're taking care of their children. And it's not until they have no choice but to stop that they finally have to do something."

When people do fall through the cracks and end up without health insurance, participants explain that they try to avoid the doctor as much as possible. For example:

P- “It’s hard to go in – you have to go in accrue a bill that you can’t afford to pay, you know. And it gets to be pretty tight at times, and you just pray that you don’t get sick, you know.”

P- “You don’t go to the doctor anymore. You cut something, if it isn’t falling off you just bandage it back on.”

P- “Yeah, I’d just have to die I guess, if I got cancer or something. That’s about it.”

Moreover, those who were able to access information about health care and were successfully able to apply often found themselves on a waiting list. The following exchange illustrates this point:

M- “[D]oes anyone else in the room have health insurance or is everyone currently...”

P- “I’m on the waiting list.”

P- “I don’t know.”

M- “On the waiting list?”

P- “Yeah, me too, I’m 133.”

M- “So you know your number exactly.”

P- “Yeah, I called and they told me. Yup.”

Individuals face numerous barriers to obtaining health insurance. Lack of knowledge about available programs and difficulties with enrollment abound. However, even among those who have successfully obtained medical insurance, access to medical treatment is not guaranteed. Here, individuals face still more challenges.

### **Access to medical treatment**

Problems beyond access to medical insurance are barriers to medical treatment. Participants describe acceptance of public insurance, transportation, quality of care, and

perceived mistreatment as challenges to accessing medical treatment. Doctors who accept Medicaid and other similar programs are rare. Several participants commented on the challenge of finding medical care even when having access to public health insurance. For example, this participant spoke about the trouble of getting specialized care after receiving governmental help:

P- “The doctors are insensitive to Medicaid. You’ll get rejected so many times. So even if you can get it, it’s hell to try and get something done.”

Other participants displayed frustration at being turned away from doctor offices:

P- “...the first thing that you say is you have Medicare, and they’re like whoa, whoa, wait a minute we’ve got to find out if you can even come in here.”

P- “I don’t have what you say insurance; it’s like an 80/20 thing here with Medicare. And you’ve got to be careful, because a lot of people won’t even accept it no matter what you do.”

Even when finding a place that accepts Medicaid, there are sometimes other problems. One participant explains one such problem:

P- “My neighbor called every number in the phone book. She finally found one place, you get an appointment, they tell you the day you go in there and they give you an appointment. If you don’t go in there, you don’t show up, that’s it you can never go in there again. Cause there’s only like one place, I think it was in Stanton that you could get them to accept Medicaid.”

Another participant had to tell the doctor’s office that she would soon be on different health insurance (not Medicaid) in order to be treated:

P- “When I went in there I had Medicaid and at first they weren’t going to take me and I so I told them I was getting married in a couple of months and I would be on my husband’s insurance right away. That’s the only reason they took me, cause it was temporary.”

Finding a doctor's office that takes public health insurance poses a large barrier to receiving medical treatment. The process of searching for a provider imposes large time and resource constraints that in general make accessing care difficult.

Even finding a physician who accepts public health insurance does not ensure access to medical care. Several participants noted that the few providers to accept such insurance were typically located at a distance and in inconvenient locations. As participants stated:

- P- "If you can get assistance you've got to drive, travel halfway across the state to get it."
- P- "Yeah, anything even remotely close is twenty miles away. And there's no assistance for anybody to get around."
- P- "But then again there's not too many that will take Medicaid for dental. You have to drive a distance."

The cost of gas and unavailability of public transportation in these rural areas makes it difficult for people in the community to get to those few doctors who accept public health insurance. Extra travel time, sometimes coupled with inadequate access to transportation, once again imposes more constraints that make accessing care difficult.

When people do find a doctor that accepts government health insurance and also successfully find means to get to the office, the quality of care is another issue that may pose some challenges. Several participants felt that they received inferior care at doctors' offices because they are on government health insurance:

- P- "It depends on like, sometimes, when you're in there what type of care they give you. Like if you were on Medicaid or you was on Blue Cross you can tell the difference."
- P- "If you go in there and you tell them that that arm hurts and you need a morphine patch. They put a morphine patch on it and send you on down the road."

Not only are participants concerned regarding the actual medical care, they often feel they are treated as inferiors in the doctor's office:

- P- "I have a really big problem with the way we get treated going to the clinics and stuff we're treated very rudely."
- P- "And I am on Medicare, and my son is on MICHild and most of the times like, she says, you get treated pretty bad."
- P- "Not only underinsured, but if you try to use any state programs they make you feel like shit so bad that you don't want to do nothing."
- P- "Well, its almost like you're second class maybe. They look down at you because you're poor or you've made the wrong choices in life. And they just kind of judge you based on the fact that you're on Medicaid, not based on your life."

Perceived mistreatment from medical professionals, real or imagined, leads participants to avoid doctor offices and fail to apply to governmental assistance.

- P- "And that's what I mean, it just like I've heard all these horror stories and so people say 'I don't want to have to go and do that.'"
- P- "...they talk to other people, [who say] "Well I didn't get anywhere with them, they don't do anything,"
- P- "You know, so I think there's that whole stigma thing too."

These barriers to medical treatment further exasperate the problem of health care in Montcalm County. Once participants articulated these problems, the discussion turned to possible solutions.

### **Suggested Solutions**

Participant discussed possible solutions the problems they had identified. Such solutions included centralized information regarding medical insurance and other health

care programs, more effective media campaigns informing people of such programs, affordable medical services and insurance, and an increase in the number of caseworkers.

Individuals often find it difficult to understand what types of assistance are available and the requirements for their access. This problem is confounded by the fact that such programs are often administered by different agencies. One solution proposed was the creation of a centralized database of information:

P- “One of the things that we want to do, like over in Owego County and that things is to do like a common intake form. Just so that they didn’t have to go from here to here to here to here.”

P- “Something for what ever the special needs may be, for whoever, or whatever that you’re calling for. There should be a way to get it around and, if you need assistance get there how you could do it.”

P- “With an 800 number that says, like go to Lansing, to call that says this is where we could go.”

P- “An 800 number for health care info is not a bad idea at all.”

In addition to a centralized information source, some participants expressed a desire to have a physical location where individuals can have access to resources needed to fill out the relevant applications. For example:

P- “Since then, I’ve got him on the insurance that they accept, but now I’m trying to get my other kids the same insurance and if you don’t have a phone it’s kind of hard. You’ve got to go to a friend’s phone or a pay phone to call these places. That’d be kind of nice too, like with my unemployment I can go to Michigan Works and I can fax, I can make copies, I can get on the internet I can do all that stuff. That would be nice if they had some kind of health care place, some kind of health care place like that clinic. If they had some room in there where you could go in there and make phone calls as far as you’re health care needs. That would help.”

In order to counter the lack of information available about government health insurance and eligibility, several participants suggested different types of media campaigns:

- P- “I mean, I think some commercials on TV would help. I mean, because everybody and their brother has a TV.”
- P- “I think some really straight forward commercials that would explain about what it really is, instead.”
- P- “If we could get some type of information through the free papers that we get, that people do get up in this area that would be very helpful.”
- P- “I like the idea of mailing. The people that they have addresses of already, you guys take and put those people’s names on a postcard or a booklet or however you want to do it. Mail it to them. They’ve already made contact with these agencies, you already know who they are. Call the local newspapers, however you want to do it. Put it out there where it can be word of mouth, mail it and get it out there. So that people know that it’s available.”
- P- “Around here everybody gets a free paper ... The River Valley shopping paper. And that type of information needs to be in there, because that’s where everybody gets their information at. That’s the only free thing around here.”

A majority of participants were aware of the MICHild program, making it the most visible program discussed. One participant noted that her awareness of the MICHild program stemmed from frequently aired television commercials:

- P- “I see advertisements on the TV for MICHild, but that’s the only thing I ever see advertised. They never advertise anything else that I’ve seen.”

Participants offered solutions not only to increase awareness, but also to improve access to care. For example:

- P- “We are so in dire need of some more caseworkers, because there are so many people who aren’t even being heard.”

P- “So I just think if we could have something more local. That would make a big difference. A caseworker, and advocate, that you can call up and they could say come on over, we’ll see what we can do for you.”

P- “I think we shouldn’t need assistance for medical, cause I think it should be affordable and doctors need to lower their rates.”

There was also evidence of support for the idea that community based health fairs might help to provide basic medical care to those who would otherwise go without. This is demonstrated by the following exchange between respondents and the moderator.

M- “ What about something like... health fairs. You know, like in schools, that do screening - - blood pressure screening, basic care. Would people go to things like that?”

P- “Well they have them out at the college there out on Sidney Road. I know once a year, maybe twice a year and they are well attended. You know so that you do get the basic things like cholesterol and diabetes.”

P- “Yeah, I got mine done.”

P- “You can get your feet checked, your eyes checked.”

P- “Oh, well they didn’t have all that, but they had flu shot and cholesterol when I went but that’s better than nothing.”

M- “So you think people would attend if things like that were more commonly available.

P- “Yeah.”

### **Cost of services**

During interview sessions, participants were asked about contributing money in order to receive services. In general, participants told the indicated that they would have

no problem with contributing money as long as it was something they could afford.

There were several exchanges that showed this trend:

M- “Would you be willing to pay to enroll in these sorts of programs?”

P- “Well if I could afford it I guess I’d be willing to pay something that I could afford.”

M- “Well, for example, as you know MIChild has a \$5 a month copay – would you be willing to pay that amount?”

P- “Yeah we could afford that, but we don’t qualify for any program like that, there isn’t any program like that. That kind of program would be good. I know a lot of people who would take advantage of that type of opportunity. We aren’t necessarily looking for a hand out, just some help, something that’s affordable. Yeah, I’d do something like that.”

Another exchange is as follows:

M- “Would you be willing to pay to enroll in these sorts of programs?”

P- “Yeah, I’d pay little something that I could afford. I couldn’t afford \$400 like my job tries to charge me, but I could pay something. I’d be willing to pay something.”

In fact, through out the focus groups and interviews, not one participant said that they would not be willing to pay a fee in order to receive services, so long as the fee was within their financial capacity to pay.

### **Other issues and suggestions**

Despite the apparent difficulties associated with gaining access to health care and medical treatment, several participants expressed concern regarding the possibility that others would take advantage of state or federal programs. There seemed to be a general concern about individuals milking the system; taking assistance that they did not in fact need. One participant expressed this concern in saying:

P- “But somewhere along the line, what I really thinks needs to see happen in Montcalm County and Gratiot, Clinton and wherever else, I think some of the health care systems need some policing and with that said that was my point to be made is that tremendous amounts millions and millions of dollars get pumped into the system and there are people out there bleeding it off.”

Participants realize that resources are not unlimited, and believe that some individual exploit the system, thus taking away resources and services from individuals who truly need them. While this was not a particularly overt sentiment in the interviews and focus groups, but it was implied by several participants and blatantly stated by several others.

## **Conclusion**

The problems cited by participants show the challenges faced by residents in utilizing existing low cost health services and programs. These challenges deal with access to medical insurance as well as access to medical treatment. The most commonly noted problems participants face in accessing medical insurance include insufficient information about available programs and difficulties in navigating the application process. Key issues that prevent residents from securing health care include lack of transportation and an insufficient number of low cost providers and providers who accept public insurance.

While a dominant focus of this project was to identify such problems, participants also suggested solutions to these problems. To increase awareness about available programs, residents suggested that media campaigns (particularly television ads) and newspaper advertisements might promote dissemination of information. Participants also indicated that they would find it useful if all relevant information about relevant health programs were housed in a centralized and accessible location. Several participants

suggested that this information could be available via a toll-free phone call. Community based health events (such as health fairs) had a generous amount of support because they were seen as a relatively cheap way to conduct basic screenings and health check-ups. Finally, participants expressed a desire for a center or office that would provide access to information and technology that might aid in process of applying for services. Participants saw these solutions as ways the county and state could help residents in need gain access to health insurance and treatment.

Participants explained that they often felt that staff at local program offices were overwhelmed by the sheer number of people requiring help. Even when participants understood how to apply for a program, many spoke of “falling through the cracks” in the system. They made too much money to qualify for governmental insurance, but not enough money to buy insurance on their own.

Transportation was also an issue. Higher gas costs and time constraints make it difficult for participants to travel long distances to secure health care or to travel to state offices to apply for programs. Participants indicate that doctors who accept public insurance are rare and often located at an inconvenient distance. Participants also expressed frustration with perceived mistreatment by physicians. Many said that they felt they were treated differently because of their insurance status, and others mentioned that they felt there was a stigma attached to using public insurance.

These focus groups and interviews demonstrate some of the common barriers individuals face in their attempts to secure health insurance and health care in Montcalm County. Addressing these concerns will likely help those with limited access to health insurance or health care to secure needed services. Identifying the needs of the

underinsured and the uninsured is essential in order to understand how resources should be allocated in the future. This project provides insight into the key issues concerning health care access for the residents of the county, and provides some possible solutions.