The Health Status of Low-income Study Participants in Detroit, Michigan and the Long-term Health Impact of Being Uninsured

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Abstract

Health care in the United States is an issue of debate and concern due to its impact on American citizens and its increasing cost to the government, employers, and insurance policy holders. Those who seem to be most directly affected by decisions of legislators and health insurance companies are often those who have little ability or power to influence laws and regulations due to their socioeconomic standing. Utilizing qualitative data from “The Working Families Study,” an ongoing, in-depth examination of families facing distress, challenges faced by low-income people in accessing health are explored, with a goal of understanding how uninsured and publicly insured Americans manage their health care, receive care, and handle the various trade-offs they face with a limited budget. As a result, this thesis provides a nuanced understanding of challenges facing this population regarding health care that could help influence policy in the future.

Data used in this thesis comes from the Working Families Study, a qualitative study of low-income families during the recession. Sample members have been interviewed six times between 2006 and 2011 and primarily live in Southeast Michigan, with most living within the city of Detroit. Drawing upon case studies of five participants, I compare the insured, whether through private insurance or Medicaid, and the uninsured to provide information on unmet needs of participants. By comparing experiences of the insured to the uninsured, an in-depth accounting of questions such as how low-income individuals pay for prescriptions, what individuals do if they are unable to afford their prescriptions, and how an individual’s health varies between study years if uninsured, is provided.

A large number of women in “The Working Families Study” receive health care through Medicaid, the federal health insurance for the low-income. Nevertheless, needs remain unmet if participants are unable to afford co-pays, prescriptions, and other uncovered costs. The circumstances of each participant are examined and analyzed to determine the trade-offs poor women make and the likely impact on their health. Also, the location where care is sought on a regular basis is an area of focus (outpatient facilities, free clinics, emergency rooms, etc.).

Lifestyle choices affecting health, such as fewer regular exams by physicians, inadequate nutrition and high-risk behaviors, will be examined to determine if there is a difference in health status from the beginning of the study through the last study year. As a result of reduced care, the uninsured participants examined have experienced more health concerns than their insured counterparts. Specific health concerns and challenges for the uninsured participants in the study arise and will hopefully allow for a better understanding of this population.
Introduction

Health care in the United States remains an issue of importance for policymakers and Americans alike as the country is currently in the beginning stages of health care reform under the Obama Administration and The Affordable Care Act. The issue is significant to many individuals as millions of Americans continue to go without any form of regular care or insurance. While programs such as Medicare and Medicaid seek to provide care for some through government resources, low-income individuals who do not qualify for these federally funded programs often go without care, in some cases increasing their chances of becoming critically ill.

Uninsured individuals often struggle with a variety of challenges resulting from limited income and resources. To further burden the uninsured, when in need of care, medical debt is often the result. This thesis, based on “The Working Families” study, seeks to understand the experiences of women lacking quality medical care and the long-term ramifications of being low-income on the women’s health. Five case studies examine the individual circumstances of respondents within the study dealing with medical related issues. Each woman was interviewed once a year from 2006 to 2011 by the authors of the study, in order to fully analyze their condition over a long period of time. The health care data to be utilized is one of the focuses of “The Working Families” study, along with education, employment, government assistance, food choices, and parenthood among others. The majority of women who participated in the study are members of a minority group and lived in the city of Detroit, which has been severely impacted by the recession and the increase in outsourcing.

After each of the five women’s transcripts are reviewed, data will be used to form a bigger picture understanding of the struggles members of this income bracket
experience frequently including payment for care, purchasing prescriptions, transportation to and from medical facilities, lack of regular exams, and no designated family physician. To gain a deeper understanding, where these individuals receive care and their experiences of care at these facilities will be noted. After fully studying each of the five women throughout the six-year study, the information obtained will be utilized to increase awareness and policy pertaining to individuals who struggle with financing health care.

**Background**

While insurance and quality of care are the main focuses of this study, there are many factors affecting an individual’s health, some which cannot be controlled. Within the United States, race and ethnicity have a large impact on one’s income and socioeconomic status. Serious health concerns inflicted due to racial differences and socioeconomic status, often indicating one’s income. Problems faced by the minority low-income population often include lower self-related health, death from heart disease, high blood pressure, and obesity. While there are many factors impacting one’s health, the state of Michigan is trying to do their part to reduce the number of people without access to care.

Medicaid and Medicare are both funded by the state and federal government, but ran by the individual states. Federal government statistics report that in 2009, 2,124,018 people in the state of Michigan were enrolled in Medicaid and approximately 60 million throughout the country. In order for states to receive federal funding for Medicaid, the state must cover certain groups on individuals. These groups on individuals are called mandatory eligibility groups, while the state can also enroll optional eligibility groups in
the program by choice. The states set the criteria for their constituents enrollment in Medicaid, but the criteria must meet minimum standards put in place by the federal government. The majority of eligibility groups are determined by their income, calculated in relation to the Federal Poverty Level (FLP)\textsuperscript{ii}. For other groups eligible for Medicaid coverage, income includes assistance from other government programs such as Supplemental Security Income. Medicaid will cover more individuals in 2014 and after due to the new guidelines in The Affordable Care Act, an act passed by Congress and signed by President Obama, which aims to improve health care within the United States\textsuperscript{iii}.

Medicare is also a joint state and federally funded government program, but it is designed for individuals 65 and older, younger individuals with disabilities, and people requiring dialysis or kidney transplants as a result of End Stage Renal Disease. The program consists of four main parts: Part A, Part B, Part C, and Part D. Part A is designated as hospital insurance while Part B is general medical insurance. Part C contains the Medicare Advantage Plans and Part D covers prescriptions. Medicare does not always cover the full costs of care; therefore most individuals require supplemental insurance or must pay for certain services out-of-pocket\textsuperscript{iv}.

Currently children in Michigan qualifying for health insurance through the state are covered under a program called MIChild. Michigan’s version of health care coverage for children of low-income families, MIChild, began September 1, 1998. The program is ongoing, with no time limit set, as long as funding is still available.\textsuperscript{v} While the program covers individuals with pre-existing conditions, it does not cover medical bills that occur
previous to enrollment in the program. In addition, MIChild covers the cost of
prescriptions, with no copayment required by the family.

To receive coverage under MIChild an individual must be under the age of 19,
have no insurance or Medicaid, have a social security number, reside in Michigan, meet
monthly family income limits, and be a U.S. citizen or qualifying immigrantvi. A child’s
financial eligibility for the program is determined by their fiscal group, which contains
the child and their parents or guardians. MIChild costs families who qualify ten dollars a
month, regardless of the number of children in the family. The State of Michigan also
offers similar services for qualifying parents, under the age of 19 or pregnant, and their
children called Healthy Kids. Services under MIChild and Healthy Kids include dental
services, medicine, mental health services, family planning, and hospital care among
others. Individuals who must cover services for their children or themselves that are not
fully covered by Medicaid, Medicare or MIChild, or individuals who do not qualify for
any of these programs, often face large medical debt.

In July of 2009, Representative Mary Jo Kilroy of Ohio introduced H.R. 3421:
Medical Debt Relief Act of 2010 to the House that would require any form of medical
debt that has been settled or fully paid to be excluded from an individual’s consumer
credit report. Currently, an individual’s credit report states if a medical bill was
“…delinquent, charged off, or in collection for credit reporting purposes…”. This Act
would require credit reporting agencies to remove health care debt, totaling less than
$2,500, that has been paid off from credit reports within 45 days after it is paid or settled.
This information on a consumer’s credit report can greatly impact their credit standing;
prohibiting individuals from possibly qualifying for certain loans and other credit related
items\textsuperscript{vii}. The bill passed in the House in September of 2010, but failed to pass in the Senate before the session of Congress ended, so it may no longer be considered for passage. Although H.R. 3421 failed to pass before the Congressional session ended, the Act has been reintroduced as H.R. 2086: Medical Debt Responsibility Act of 2011. Proceedings on the bill are currently in progress, with Representative Peterson from Minnesota listed as a new cosponsor\textsuperscript{viii}. Along with H.R. 2086, there are strong efforts to reform health care, making it more affordable and consumer oriented.

The Affordable Care Act, passed under the Obama administration, will greatly impact an individual’s ability to gain medical coverage after they lose their job. Fully going into implementation in 2014, the Act will reduce medical debt of individuals who become unemployed. A recent Commonwealth Fund Survey found that individuals who were low-income were more likely to remain uninsured after the loss of their job. The Commonwealth Fund reported seventy percent of individuals who had incomes below 200 percent of the FLP and lost their job along with health benefits, became uninsured\textsuperscript{ix}. The increasing rate of unemployment, as a result of the recession, led to an increase in medical debt due to a reduction in health care coverage. The poor population was affected more than their higher income peers, leading them further into poverty as a result\textsuperscript{x}.

\textbf{Literature Review}

Recent studies, such as one by the Pew Research Center, have found Americans becoming increasingly more aware and anxiety ridden about their health care and the overall health care system within the United States of America\textsuperscript{xi}. In a study of registered voters in August 2010, 78 percent of respondents believed health care was an issue of
Health care programs to aid the poor have changed as an increased awareness of health and the ability to hold employment have been linked. As public health concerns have been studied further, it has become increasingly apparent that low-income Americans face more struggles to obtaining care than cost alone. Challenges experienced by the low-income population, in addition to cost, include language barriers, shortage of physicians in low-income areas, and lack of awareness of illness symptoms. There is a strong known correlation between poverty and poor health outcomes. Challenges, mostly exclusive to the poor, include lower life expectancy and greater chance for chronic illness making the relationship between income and health quite complex.

The Center for Disease Control (CDC) states research increasingly proves there are large health care disparities across the United States leading to a decrease in life expectancy, heightened health risk factors, and a decrease in quality of life. The CDC distinguishes health care disparities apart from health care inequalities and inequities as “differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.”

There is clear evidence, from previous studies, of racial barriers impacting an individual’s health care coverage throughout the United States. In a study based on race, black children from low-income families were as likely as white children to go without
health insurance, but black children were 24 percent more likely to have public coverage than their white counterparts and 19 percent less likely to have insurance sponsored by their parents employer. In the same analysis, it is reported that, Black and Hispanic individuals in adulthood were less likely to have a regular source of health care or to have seen a physician in the past twelve months. These figures are particularly alarming because they are controlled for demographic and socioeconomic characteristics, health insurance coverage, and other important factors. Therefore, this study makes it evident that minorities, such as blacks and Hispanics, are more likely to go without care regardless of health insurance and geographic location.

In 2010, 8.2 percent of black children and 35 percent of Hispanic children lived in poverty, compared to a significantly lower 12.4 percent of white children. In the same report, it was noted that 22 percent of all American children lived in poverty in 2010, meaning nearly one in four children were from a family with limited income. It is fairly evident given the previous statistics that black and Hispanic children are more likely to be living in poverty than their white counterparts, yet when economic means are still accounted for, white people are more likely to have accessed care within a one-year frame than their minority peers. As a result of more minority individuals in poverty, this group on average have a decreased lifespan compared to their white peers and suffer far greater from diseases of impoverished individuals, which are often preventable. Due to the significant impact on minorities, the penalty of poorer health and loss in productivity has taken on an aspect of color. Race is one of the most important determining factors in quality of care, access to care, and affordability.

**Insurance Coverage**
The increasing cost of health care for employees and employers has strained the actual pay an employee receives after paying their health insurance premium, while median wages have not increased and income inequality continues to become more prevalent. Twenty-nine percent of Americans, in a study, said they had trouble obtaining or paying for medical care in the past year alone. This number is an increase from the 23 percent of adults who previously answered yes to this question in February of 2009. Twenty seven percent of all respondents in the study believed that their health care benefits would likely be reduced or eliminated in the future as a cost saving measure by their employer, increasing the number of uninsured in the United States.

The American Medical Association President, Cecil Wilson, stated that by the year 2020 health costs will have skyrocketed to the point a family of four with an annual income of $80,000 will spend approximately one fourth of their overall income on health care alone. With health care costs rising faster than inflation, and salaries failing to do the same, Americans will likely struggle to pay for health care costs even more so in the near future. The United States Census Bureau reported the Preliminary 2011 Estimated Average Poverty Thresholds at $11,491 for a household containing one individual, $14,667 for a household containing two individuals, and $17,992 for a household containing three individuals. While the poverty threshold figures are current, one can roughly compare Wilson’s future projections to the poverty thresholds today and notice the disparity between the cost of health care in the future and the current income of those in poverty. If the poverty threshold in 2020 were an unlikely $80,000, a family of four would still be struggling to pay for insurance with one fourth of their income going to health care.
Not only are low-income individuals suffering from a lack of health care, they also suffer from costs when they encounter an emergency and have no other choice, but to obtain health services. Due to the value of health and life, individuals do all they can to pay for health care services, and often go bankrupt in the process. Currently, the health care system within the United States relies partially on government funded programs and poor private-market arrangements to protect many Americans, but far too many are still left without any form of protection. Due to the high cost of coverage, in 1965 Medicare and Medicaid were created to aid the elderly and those with chronic health concerns in obtaining care. As a result of these programs, a growing percentage of health care costs has been covered by the government instead of individuals or private insurance companies. Although the working poor are the focus of our study, they are not the only Americans to suffer from the high costs of health insurance.

Most middle-income individuals in America are covered under private insurance plans offered through their employment, but the number of Americans with private insurance is decreasing as employers are raising premiums paid by employees to offset the cost of health care policies. This is of increasing concern to many because without the ability to purchase employer-sponsored health insurance plans for an affordable cost, even those who are earning well above the poverty line are unable to afford the cost of coverage.

From the year 2006 to the year 2007 an estimated 46 million Americans on an average day went without any form of health insurance. This number is most likely an underestimate because it does not account for those who were insured during the time of the study, but uninsured during some other time period within the year. Research on
the uninsured is somewhat limited due to its complex nature and the lack of records for this population. Barriers of obtaining long-term stable coverage for those with ongoing health care needs are numerous, including taking a position that does not offer health benefits, losing one’s job or transitioning to a new job, getting divorced, determining disability and waiting for long periods of time to become enrolled in public coverage. All of these factors result in lack of adequate coverage for many individuals including those who are unable to afford coverage due to their income or employer. This is of increasing importance in our lifetime as currently almost one half of the population in the United States of working age suffers from an ongoing chronic condition, requiring care.

In 2003 alone, more than one out of six Americans went without any form of health insurance. While the number of uninsured for the entire year is high, the figures of those going without insurance at least once during a two-year period from 2002 to 2003 are staggering. During this time period, one out of every three Americans went without insurance at one point or for the entire two years. Out of these Americans, eight out of ten were employed and six percent of the unemployed were seeking employment. It may be surprising to some that only fifteen percent of the unemployed without insurance were out of the labor force and it was most often due to disability, serious illness, or the need to be a family caregiver.

While a lack of insurance is overwhelming to individuals who go without care, it should be noted by those who currently are covered by private insurance as well. Uninsured individuals raise the costs of health care for everyone. Various government programs pay for health coverage for some of the uninsured through revenue generated
from taxpayers. Insured individuals also suffer when physicians and hospitals increase the costs for their privately insured patients as a result of low-income patients not being able to afford care or government programs not willing to pay the full cost of the care rendered. By shifting the cost to privately insured patients, insurance companies are forced to either reduce the services they cover or raise premiums, co-payments, and deductibles. The rise in the cost of insurance premiums decreases the number of employers willing to offer coverage, resulting in more uninsured individuals. \textsuperscript{xxxii} The result of the cost of the uninsured being passed onto the insured results in a never-ending cycle because insured individuals may be potentially left unable to afford their coverage with the increasing cost.

**Access to Care**

Access to health care plays a pivotal role in the overall health of low-income individuals within the United States. Access to care is aided by private health insurance coverage, a regular source of care, and a primary care provider\textsuperscript{xxxiii}. Access to health care is defined as having use of personal health services in a timely manner in order to obtain desired health outcomes. Three steps are required to access health care: entry into the health system, having access to health care sites when care is needed, and having the ability to obtain providers who can adequately treat patients individual needs and with whom they can develop a relationship\textsuperscript{xxxiv}. Important factors influencing access to care include social, cultural, and language differences along with health literacy.\textsuperscript{xxxv}

Important aspects of these disparities include differential access to health information, health promotion, prevention activities, safe housing, nutritious foods, convenient exercise spaces, freedom from ambient violence, adequate social support, and communities with social capital as well as disparate access to
health insurance, a regular source of care, a usual primary care provider, and quality health care

The lack of a regular physician and preventive care leads to a further risk of fatal diseases, such as cancer, diabetes, and heart disease, because of uninsured patients’ failure to be screened in earlier stages of illness. As a result of a lack of regular care, poor individuals are often forced to wait until their condition worsens and then they must seek care through an emergency room. Not only are emergency rooms more expensive, there is no primary or follow-up care after their visit.

Data and Methods

To further understand the challenges and consequences of low income and the impact on health, five respondents in the Working Families Study were examined. The five respondents studied were selected based on their medical and health insurance struggles throughout the period of the study. After choosing the respondents which would be further evaluated in the case studies, all six of each respondent’s transcripts from their interviews were reviewed. Specific notes were taken on certain struggles they faced in relation to health care access and coverage. The information was coded in a table format to easily compare changes from the beginning of the study, termed wave one, and the end of the study, termed wave six.

Important aspects of the respondents’ interviews to examine included if the individual was insured at the time of the interview, experienced any period without insurance between the current interview and the previous year’s interview, if the individual was employed at the time of the interview, and if the respondent’s children currently had a form of health insurance. By charting this information in a Microsoft Word table, one could easily compare the changes in coverage and health concerns.
throughout the six waves of the study and better compare each respondent’s individual circumstances to the other four respondents. Three main focus areas to analyze within the case studies included access to care, medical debt, and the uninsured. In addition, the respondents were compared as a group for similarities and differences to gain a further understanding of the overall population and conditions and challenges they may face.

**Case Studies**

During the Working Families Study, low-income women living in the city of Detroit, Michigan were interviewed five times between 2006 and 2011. Throughout the study, questions pertaining to medical care along with other demographics were asked. Each respondent was given a number and a pseudonym to be identified by throughout the span of the study. All of the respondents discussed in the study are referred to by their given pseudonym, allowing a level of anonymity that could not be provided if their legal name were to be utilized.

**Geneva**

Geneva is a lower-income black mother of four who begins the study as legally married, but separated. While working in 1999, she slipped and suffered permanent spinal damage, breaking her neck and rupturing two discs in her back, making it difficult for her to work. Beginning in wave two, she starts seeing a psychiatrist for depression as a result of her injury (Appendix A). Geneva has no regular physician and tries to go to the doctor as little as possible due to cost stating “It makes a bill”\(^{\text{xxxviii}}\). If she was able to afford insurance, she would most likely go to a private doctor for regular exams, but has been unable to do so for the past five years. Through Medicare in wave four, she is required to pay a $100 co-pay for a doctor’s visit and $225 per day or a 20% co-pay if
she goes to the hospital. While she has been experiencing psychological challenges, she does not go to the hospital even if she is in a poor state because of the cost. However, once her co-pay for doctor visits for the year has been reached, she is able to go to the doctor for exams on a more regular basis. She is in medical debt of $1283 from a recent hospitalization where Medicare would only cover a portion of the cost (appendix a).

In wave six, Geneva states she is unable to pay her medical debt because of her other financial obligations. She has contemplated filing bankruptcy in the past, but is unable to afford to file, causing her debt to increase and her credit score to decrease. She portrays her frustration saying, “…I wanna be current on bills. I don’t wanna just be behind all of the time. It’ll work itself out though. I just gotta get a second job.” Although her food stamps have increased in wave two, she is still unable to provide nutritious foods for her children, such as fruit, vegetables and milk, on a regular basis because of cost. Geneva struggles to receive adequate care even with the aid of Medicaid and Medicare. Due to the cost of going to the dentist, Geneva has not had her mouth examined in two years. In wave five, she is experiencing pain at the time of the interview, but takes Motrin on a regular basis to reduce the discomfort caused by her teeth. Geneva is satisfied with the medical care available for her children and states that she never has to skip prescriptions due to cost.

Nichelle

Nichelle is a black mother who begins the study separated from her husband. She receives Medicaid, food stamps, MIChild for her children, and social security for one of her son’s who has a chronic throat condition requiring surgery every couple of months. In wave one of the study, Nichelle is on Medicaid and has been for about a year at the time
of her first interview. At wave two of the study, she has health insurance through her employer, a major university, while her children are receiving health insurance through the state of Tennessee, where they live at the time. “I don’t have them on there because it’s a big chunk of money for them. So right now, it’s just me. They’re still getting insurance through the state. So, I mean, it’s a big chunk,” states Nichelle. Wave three finds Nichelle on Medicaid once again as she attempts to start her own business, selling crafts. In wave four, the family moves from Tennessee back to Michigan and, as a result, Nichelle and her children lose their health care coverage. She is relieved in waves five and six when she qualifies for Medicaid in the state of Michigan and her children can also be covered under MIChild, reducing her anxiety to a degree.

Nichelle struggles throughout the study with medical debt as her oldest son is diagnosed with a chronic kidney condition in wave four and her youngest has attention deficit hyperactivity disorder. In wave one, she has three to four thousand dollars in medical debt as a result of medical bills she incurred while she was without Medicaid. Her medical bills continue to increase as she is unable to make the monthly payments required to pay them off. In wave two she continues to have medical debt and in wave three her medical debt is approximately three thousand dollars. In wave four, Nichelle states that she still has medical debt, but she has been able to pay off a portion of the debt, slightly reducing the burden. During waves five and six, while her family is covered under Medicaid, she does not mention any form of medical debt in either of her interviews.

Due to the overwhelming task of being a low-income single mother, Nichelle struggles with depression throughout the study. “I’ve been depressed quite a lot, and um
you know, I just – sometimes, you know, I just go into my own world sometime, you
know. Like sometime I feel helpless,” Nichelle says. She states in round one her access
to care is not that bad, but it is challenging sometimes to get into the doctor because she
has to make appointments at least two weeks in advance. Nichelle also finds it difficult
during this time to obtain referrals to other physicians due to her health coverage and
limited resources. During wave two she sees a doctor two blocks over from where she is
living, making it very convenient to walk to visits. She believes the care is not the best,
but it is okay. In order to see the doctor at the clinic, she must make an appointment in
advance. In wave three she avoids going to the doctor due to expense, and when she must
go she finds it difficult to pay for services. Nichelle explains,

Yeah and it actually had to kinda come out of my pocket. That’s what I’m sayin
it’s been kinda big chunks of money. Like I had to take right before we left and I
had to, because for whatever reason, the insurance doesn’t cover glasses or exams
for adults 21 and over, or 20 yeah. So I had to pay a big chunk of money, like
$300 something to get an eye exam and get my glasses and stuff so that was really
hard. And I think I had to go to urgent care and the insurance actually didn’t
cover, cover part of it or something so. But I, yeah I’ve been needing to go to the
doctor and I kind just of put things off. I’ve been having problems with my
shoulder and it’s been getting worse and worse, but I’ve just kinda been puttin it
off, you know.

In wave four, Nichelle encounters many health challenges due to a hurt ankle, requiring
surgery and limiting her ability to work. During this time she needs physical therapy for
her ankle, but has only been able to have three appointments due to lack of insurance.
Along with her ankle Nichelle has a shoulder spur during wave four, also requiring
surgery. In wave five she is diagnosed with emphysema and continues to have shoulder
and ankle pain.

As a full-time student in wave five, it is difficult for her to afford care even with
Medicaid, but fortunately she is able to receive three-dollar prescriptions. In order for
Nichelle to see a doctor, she must wait approximately four months due to the difficulty of getting an appointment. In her sixth interview, she is trying hard to lose weight, as she has been for most of the study, to better her health but is struggling to afford the proper food needed to do so. She also finds it increasingly difficult to provide the right foods for her son who has a chronic kidney condition which will most likely decrease his lifespan dramatically. During the year between her fifth and sixth interview, she was diagnosed with kidney stones, furthering her efforts to try and eat a healthy, balanced diet.

Without transportation it is difficult for Nichelle to see her physician to monitor her weight as often as she would like, but continues with her goals to become healthier. Nichelle states, “…we have not went to a lot of doctors appointments and stuff this year because of the um transportation.” She continues to struggle with the pressure and stress of being a low-income mother and seeks counseling to help with her depression in wave six. During this time, she also takes antidepressants to aid with her ongoing clinical depression (Appendix B).

Judy

Judy has three children, one of whom is autistic. During the beginning of the study, Judy has Medicaid and is working at a fast food restaurant to support herself and her family (Appendix C). During her second interview, approximately one year later, Judy is employed as a certified nursing assistant at a nursing home. While Judy is still struggling financially, she is hopeful she will be able to afford health insurance once she has reached the mandatory employed period of 90 days. She is no longer covered under Medicaid at this point because she is making slightly over the amount needed to qualify and must go without any form of coverage.
Despite Judy’s hopes of paying for private insurance through her employer, in her third interview she states that she is unable to afford it because of its cost and remains uninsured through waves four and five, while still working at the nursing home. Judy explains, “It would be too much. Even just for me. It’s just too much. It would make my check go from full time to part time and I would feel like I’m drowning again.” Although Judy does not have insurance, she really wishes she could afford coverage. Without coverage Judy is left to worry about her health in the future and the risk of acquiring medical debt if she would need to seek care.

In waves one and two of the study, Judy has no medical debt from any form of doctor or hospital bills. Her story changes in waves three, four, and five as she continues to go without insurance, requiring her to pay out of pocket for all medical expenses. In wave two she contracts pneumonia and must go to urgent care to seek treatment. While she has to go to urgent care once during the year, she still remains without medical debt. She has no regular physician for herself or her children, who are insured under MIChild, and therefore has gone without any formal annual physical for a few years. In wave three, Judy has medical debt of $2,500 to $3,000 that she was unable to pay when she was in need of care and, as a result, she is feeling more burdened by her lack of insurance and the cost of services. By wave four Judy has $5,000 in medical debt from her previous health bills, a burn, and a sprained ankle. In wave five Judy has $248 dollars worth of medical debt from a routine doctor’s visit for acid reflux (Appendix C).

Throughout the study, Judy has very little access to any form of regular care, such as annual exams, and only seeks care if there is a true emergency. In the event she does have an emergency, she must go to the emergency room and makes sure to tell the
physicians she cannot be admitted into the hospital because it would be too costly. When Judy is forced to go to the emergency room, she pays a high price, often increasing her medical debt.

Annette

Annette is a low-income black woman who is searching for employment when she is first interviewed. Without employment and a small income, she is without health insurance and has serious asthma attacks a few times a year. In waves two and three, she qualifies for Medicaid as a result of her asthma, but then loses her coverage once again when she becomes employed providing care during the day for an elderly woman. At the time of waves four, five, and six, she is told she makes just over the amount necessary to qualify for Medicaid.

At the beginning of the study, Annette has medical debt from previous hospital visits for her asthma when she was not covered by Medicaid. As the study progresses, Annette’s medical bills begin piling up and in wave three she has $10,000 of medical debt from a two-day stay in the hospital as a result of an asthma attack. In wave four she is diagnosed as a borderline diabetic with high blood pressure, in addition to her pre-existing asthma. These conditions cause her monthly health costs to rise as she must now purchase testing strips costing thirty-five dollars and needles costing twenty dollars for fifty. In addition to her new testing supply needs, she is paying approximately forty additional dollars for her prescriptions each month. To reduce the cost of her testing supplies, she has started using needles and test strips twice. To make her medicines last longer, Annette will cut pills in half or skip doses completely. In wave five of the study, Annette is on eight prescriptions costing approximately $100 per month. By wave six her
monthly prescription expenses for pills has decreased, but are still quite expensive at $62 a month. She states that she tries to go without medication if she cannot afford it at times, but her kids offer to help her with the cost of her prescriptions when needed.

Annette has limited access to care throughout the study and must purposely go to free clinics or clinics that accept Medicaid. Annette has difficulty getting to the clinics because of lack of transportation. In wave one, without insurance she must go to a low-costing clinic. Annette pays ten dollars per doctor visit and five dollars per prescription through the clinic. In waves two and three Annette has Medicaid and must travel to a specific clinic to receive care. During this time, transportation is difficult to and from the clinic because it is not within walking distance and she is without a vehicle. During waves four, five, and six, while without insurance, Annette goes to a doctor that asks only for a donation in return for an appointment. While the cost is low, she must make an appointment approximately three months in advance in order to be seen and must plan on spending the entire day at the clinic when she goes, due to a very long wait time despite having scheduled an appointment.

**Geri**

Geri is a single black mother of two whose children live with their father. Geri has been unemployed for over a year at the beginning of the study and is unable to find work. Due to owing back taxes, she has been denied unemployment insurance and lives with her sister and five nieces and nephews. Geri receives no form of assistance or income at the time of her interview, but helps the household by babysitting during the day. While she has been unemployed she has not had any form of insurance and does not qualify for Medicaid. During wave one lack of health insurance is not critical as she has no health
concerns and does not need to visit the doctor on a regular basis. She does not have insurance by her second interview and is forced to go to the dentist when she experiences chronic tooth pain. Luckily, she is able to get into a dentist within 24 hours, and has to have a tooth pulled resulting in a $170 bill she is unable to pay at the time of service. During this time she is employed through a temp agency but unable to get insurance through her employer until the factory where she has been placed hires her on full-time.

In wave three, Geri now has coverage through the factory where she has now been hired-on as a full-time employee. A few months prior to her wave three interview Geri developed asthma requiring an inhaler. At this time, she only owes a medical bill of $53 and has had no other health concerns over the last year. Unfortunately during her wave four interview, Geri reveals that she has been laid off from the factory where she was working and is now without employment and insurance. A few months after having been laid off she required a hysterectomy, which resulted in a hospital bill of $2,000, which she has still not been able to pay at the time of the interview. While she still does not go to the doctor on a regular basis, she was required to receive aftercare post surgery, adding to her expenses. At the time of her last interview, Geri had had insurance throughout the year while in school full-time, but was unable to pay the monthly fee of $68 for the last couple of months. She states in her wave six interview that she will be paying her insurance bill shortly so she can ensure she is covered.

Geri’s access to care is very limited for the first five waves of the study, so she does not seek care unless it is an emergency. Due to cost, the only encounters Geri has with a doctor over the first five years are when she has to have a tooth pulled, is diagnosed with asthma, and requires a hysterectomy. She has had insurance for the last
few months at the time of her wave six interview, which has allowed her to see a
physician at very little to no additional cost. Had she had access to a dentist in previous
years, she most likely would not have had to have had a tooth pulled on an emergency
basis in wave two.

Findings

Throughout the examination of the five women in each of the case studies, three
main underlying themes were present. While insurance came and went for the women,
chronic conditions remained regardless. If the women were not covered by some form of
insurance, medical debt was often the result. In addition, all of the women spoke of the
financial burden of going to the doctor as a result of factors aside from the actual care
itself.

All five of the women experienced periods of no insurance or Medicaid at some
point during the study. While some women had chronic health conditions, it did not mean
that they automatically qualified for Medicaid, despite being low-income. Throughout
most of the Working Families study, Geneva received Medicaid and Medicare, in part
because of her permanent spinal damage from an on-the-job injury. In the last year of the
study, however, Geneva was not covered by Medicaid or Medicare because she was
deemed ineligible because of her $500/week income. Even though she does not have any
form of medical coverage during this period, she still must manage her chronic back pain
and her depression financially.

Nichelle struggles from various health concerns throughout the study and goes
without care during years four and five of the study. During this time she must manage
her health needs, only receiving care when it is absolutely necessary. In addition to her
weight concerns, she injures her ankle and shoulder in year four, limiting her ability to work and any form of strenuous physical activity. Nichelle’s injuries are specifically of concern because she does not have insurance when she is injured and must cope with the inability to receive the needed physical therapy (Appendix B). In the last year of the study, Nichelle is diagnosed with kidney stones and believes it is the result of lack of regular care and diet. Throughout the span of the study Nichelle suffers from depression that goes untreated due to expense. In year one she states, “I’ve been depressed quite a lot, and um you know, I just – sometimes, you know, I just go into my own world sometime, you know. Like sometime I feel helpless”\textsuperscript{xlv}.

Judy is the only woman of the five featured in the case studies who does not have an ongoing chronic condition throughout the study (Appendix C). While she suffers from a burn, sprained ankle, pneumonia and acid reflux at one point during the six years, she does not have to cope with managing a chronic condition without insurance on a regular basis. However, she deals with the acute conditions she encounters during the study without insurance. Judy has Medicaid in year one of the study, but has no form of health coverage for the following five years of the study. Describing her frustration over the cost of health insurance, Judy states “It would be too much. Even just for me. It’s just too much. It would make my check go from full time to part time and I would feel like I’m drowning again”\textsuperscript{xlvi}.

Annette goes without insurance for four of the six years of the Working Families Study. In years two and three Annette qualifies for Medicaid, but in year one and the years following year three, Annette is left with no health care coverage. Throughout the period of the study, Annette suffers from various life-threatening conditions. Annette has
had asthma throughout her life and is forced to receive emergency medical care from time to time. She has had insomnia for quite some time prior to the study and during the length of the study, most likely from stress and anxiety. In year four, Annette faces the challenging diagnosis of diabetes and high blood pressure. With the diagnoses of diabetes come various prescription medications and expensive testing supplies.

Geri goes through most of the study without any form of steady insurance. Geri has no insurance for the first two years and then receives insurance through her employer in year three. However, in year four she is laid off and looses her insurance resulting in no coverage for the next two years. She is able to get an affordable plan in year six and has been doing so on a regular basis, but has been unable to pay for her coverage the last couple of months at the time of her interview. Geri begins the study in good health, but experiences illness throughout the six years and often does not receive the proper care she needs as a result of no coverage. In wave two she is forced to get an aching tooth pulled, but faces her most concerning health condition in year four when she is required to have a hysterectomy.

From the women in our study it is evident that medical debt is a significant problem and concern for this population. Throughout the six-year span of the study, all five of the women face medical debt. The debt ranges from a couple hundred of dollars for a doctor’s visit to Annette’s debt of $10,000. Annette acquired her debt as a result of having chronic asthma and being forced to go to the hospital on various occasions. In wave three, Annette is increasingly frustrated with the cost of health care and the amount of debt she has acquired. She states,

That just don’t make no sense for what they charge. I’m like y’all out your mind. Ten thous… nine thousand dollars every time I think about that, I’m like, ok, you
get ten thousand out of me, it’ll be a trick to it and I don’t want to see it, I don’t have it. And even if they set up a payment plan, I can’t pay it. I don’t have it. Just don’t have it. I can’t afford to get sick and I got asthma\textsuperscript{xlvii}.

The prevalence of medical debt among these five women illustrates the frequency of debt from health care that this population faces as a whole. Without insurance to cover health costs, simple doctor’s visits can take years to pay off. Geri explains, “you clean up my bill, I mean you clean up so many minor bills and then comes a big one. I mean you can’t win for losing, and it is stressful. It is stressful, that medical bill is on my nerves”\textsuperscript{xlviii}.

In addition to the cost of care charged by the health facility itself, there are several other cost factors limiting the women’s ability to receive proper health care. There are common struggles the women face in obtaining care such as the cost of transportation, the time one must wait to get an appointment, and the wait time at the doctor’s office itself. It is mentioned by almost all of the women on different occasions throughout the study that they must plan to be at the doctor for most of their day, even when having a scheduled appointment. A consequence of going to a community health facility within close proximity to their home means they often have to wait for hours due to overcrowding and an insufficient number of physicians.

\textbf{Conclusion}

There has been ongoing health care legislation that is either in effect or set to be implemented in the future which aims to help the low-income population in the United States. The Affordable Care Act was signed on March 23, 2010 by President Barack Obama to reform the health care system in America. The Affordable Care Act is an attempt to make coverage more feasible, efficient, and attainable to the majority of American citizens. Several provisions, which have not been as well promoted as others,
help those who are covered by Medicaid and those who were uninsured at the time of its passing.

In June 2010, the National Prevention, Health Promotion, and Public Health Council was created to develop strategies to improve the nation’s health through prevention and health promotion. This council could potentially have a large impact on the low-income population, and higher income Americans as well, by improving their knowledge base and daily health decisions, along with lowering overall costs of care through prevention. To aid in prevention, effective January 1, 2010, the Medicaid prescription drug rebate plan for name brand drugs was improved to a rate of 23.1% to individuals and also increased the rebate on generic drugs to 13%.

To improve the management of those who are enrolled in both Medicare and Medicaid, the Federal Coordinated Health Care Office, also known as the Medicaid-Medicare Coordination Office, was established in March of 2010. The office seeks to provide enrollees of both Medicare and Medicaid with high quality care in the most cost-effective method possible. The establishment of the office will lower confusion for those receiving both government provided plans as there will be one central source to contact and to handle the individual’s plans.

One of the most important aspects of the Affordable Care Act for those struggling financially is the change in health care funding for low-income adults in some states. As of April 1, 2010, states have had the option of receiving federal funds that would match the state’s contribution for individuals who have an income up to 133 percent of the poverty level. This does not impact children of these individuals as they are already covered at this income level and at somewhat higher income levels as well. States
currently have the ability to choose the income threshold for Medicaid recipients, but as of January 2014 all adults who are within this income level will be made eligible for Medicaid within all 50 states. This is particularly hopeful for the low-income population going without care because states will have the responsibility of setting their level of income for an individual to qualify and at the very least it must be up to 133% of the FLP. As of 2009 the federal government was paying approximately two-thirds of a qualifying individual’s Medicaid coverage while the state of Michigan was in charge of paying the other third.

Further provisions went into effect in 2011, as the Affordable Care Act continued to make changes to the health care system. In January of last year, Health Homes to Coordinate Care was created. As a result of this implementation, states are now able to receive increased funding from the federal government to integrate health services for those who have a life-long chronic illness. Through this program, acute, primary and behavioral health services will be coordinated, allowing for reduced confusion among an individual’s multiple health providers. In the same month, a program became effective that helps states with the funding of preventative care for Medicaid patients.

The Medicaid Incentives for Prevention of Chronic Diseases Program was formed to test the effectiveness of prevention programs provided for individuals on Medicaid. The program tests whether other programs offering financial and non-financial incentives impact the goal of lowering the rate of chronic disease for patients on Medicaid. Later in the year, on October 1, 2011, a new option titled Community First Choice was initiated to make it easier for individuals with a disability to live within a particular community. The program offers states the option of providing these individuals with the ability to have a
home attendant or live in the community with a community-based attendant. Each state opting to provide this program will receive an increase of six percent to their matched federal funds for health care$^{\text{iii}}$. This option allows individuals to further choose where they are able to live by increasing services to those who need them most.

The Affordable Care Act set a guideline of January 1 of this year for the Secretary to form the Medicaid Quality Measurement Program. This program seeks to improve the quality of care for enrollees of Medicaid by evaluating the measurement system currently in place. In addition, this measure allows for gaps in the system to be decreased by expanding the measurement system already in use$^{\text{iv}}$. By initiating this program the Affordable Care Act enhances the support for Medicaid and improving the long-term health outcomes of Medicaid participants.

In October of this year, every state within the U.S. will receive two more years of additional funding for the Children’s Health Insurance Program. This program currently provides medical coverage to children of low-income parents who do not qualify for Medicaid, but cannot financially afford to cover their children with a health insurance plan. The Act continues its goal of bettering the health of low-income Americans by hoping to improve access to preventative services for those on Medicaid. The program, slated to begin on January 1, 2013, will encourage and allow states to provide preventative services to patients on Medicaid. In order to provide these services to this population, the federal government will increase their existing matching of funds for health care by one percent.

In addition to promoting preventative care by furthering services, the Act is hoping to encourage physicians to serve low-income communities by increasing the
Medicaid payments for services to primary care physicians. The Affordable Care Act will cover more Medicaid patients as of 2013, so it will require the state to pay providers no less than one hundred percent of the reimbursement rate for Medicare throughout 2013 and 2014 for these primary care services. This increase in payment to Medicaid providers will be fully covered by the federal government.

In an effort to provide every individual within the United States access to affordable health care coverage, Medicaid eligibility will be changing in January of 2014. Currently Medicaid excludes a number of individuals who are unable to pay for their own insurance due to income, and this legislation seeks to decrease the occurrence of that problem. By mandating that all individuals in every state who are making less than 133 percent of the federal poverty level, more adults will have access to health services. This increase in coverage will end the exclusion of low-income adults from Medicaid that has been happening for years as a result of current standards. In order to finance this increase, states will receive 100 percent funding from the federal government for the first three years and then potentially reduce its funding to 90 percent in subsequent years. For states that initiated this program in earlier years, additional funding will also be provided.

Perhaps the most controversial and one of the most significant changes allowed by the Affordable Care Act, The Affordable Insurance Exchange, is likely to result in the most change in the health care system in the United States. The Affordable Insurance Exchange will allow people who cannot obtain insurance directly through their employer to purchase it through this program. The Exchange will allow for a more competitive insurance market and enable owners of small businesses and other individuals to purchase a qualified health benefit plan that may be eligible for a tax credit. The hope is
that those who go without any form of insurance now will have a way of financing a quality plan when this provision is enacted. Another significant change is set to occur in October of 2015 when the federal matching rate of funds provided to states for health care is increased for the Children’s Health Insurance Program (CHIP). The funding of the program will increase significantly by as little as 23 percentage points and up to as high as 100 percent to enable states to increase the number of children they covered under CHIP. The implementation of this provision of The Affordable Care Act will decrease the number of kids without health insurance due to their parent or guardian’s income.

The future is optimistic for low-income individuals, in terms of health care, as they hope the legislation provides more services for them in the future. While each of the respondents in our case studies might eventually be eligible for Medicaid, most of the women are left without coverage or any form of regular chronic disease management in the meantime. Debt the women have obtained from health services provided to them while not covered by any form of insurance will not go away, even in the event they become eligible Medicaid. Until policymakers address broader issues impacting health, such as nutrition and exercise, the women in our study will continue to face negative health consequences from lifestyle choices and the inability to afford nutritious foods. However, areas of concern in our study such as the number of physicians in low-income areas and low-income women who make just enough above the poverty line to not qualify for Medicaid, will most likely be remedied as a result of this legislation. To further our support of low-income women and children, policymakers must continue to closely examine this population and keep abreast with what they are facing. As a result of having limited resources, low-income individuals often go unheard by their well to do
counterparts. To ensure the financial well-being and the overall health of our country, as a society we must take notice of this population to thrive in the future and to be known as a country that cares for their citizens.

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vi "Answers to Frequently Asked Questions."


xii "Pessimism about National Economy Rises, Personal Financial Views Hold Steady."


xiv Swartz


"Pessimism about National Economy Rises, Personal Financial Views Hold Steady."


### Appendix A

<table>
<thead>
<tr>
<th>Coding: Geneva</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
<th>Wave 4</th>
<th>Wave 5</th>
<th>Wave 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Problems</strong></td>
<td>Permanently spinal injury from work related accident; son has autism and receives ssi</td>
<td>Depressive, panic attacks</td>
<td>Permanently spinal injury from work related accident; depression</td>
<td>Permanently spinal injury from work related accident; depression</td>
<td>Permanently spinal injury from work related accident; depression</td>
<td>Permanently spinal injury from work related accident; depression</td>
</tr>
<tr>
<td><strong>Medical Debt</strong></td>
<td>Paying off debt from hospital stay 2 or 3 years ago</td>
<td>$1283</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Insurance</strong></td>
<td>Medicaid and Medicare</td>
<td>Medicaid and Medicare</td>
<td>Medicaid and Medicare</td>
<td>Medicaid and Medicare</td>
<td>Medicaid and Medicare</td>
<td>None; makes 500 a week and cost is $300 for herself and children through employer excluding dental and vision</td>
</tr>
<tr>
<td>Children's Insurance</td>
<td>MIChild for 2 minor children; adult son goes without insurance; 4 kids</td>
<td>MIChild</td>
<td>MIChild</td>
<td>Healthy Kids</td>
<td>MIChild/Healthy Kids</td>
<td>MIChild, costs $10/month; no longer receives ssi for autistic son</td>
</tr>
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<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Self-medicating</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Cuts pills and skips doses to make meds last longer</td>
</tr>
<tr>
<td>Employment</td>
<td>No; receiving disability</td>
<td>No; receiving disability</td>
<td>No; receiving disability</td>
<td>Yes; works at restaurant.</td>
<td>No, going to school to become a medical administrator assistant</td>
<td>Yes, employed at a nonprofit called Family Care Network.</td>
</tr>
<tr>
<td>Employer offer insurance?</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No (temp employer)</td>
<td>N/A</td>
<td>Yes, but too expensive.</td>
</tr>
<tr>
<td>Access to care</td>
<td>Free clinic nearby but it takes at least two weeks to get an appointment</td>
<td>Sees psychiatrist for depression, avoids going to the doctor as much as possible due to cost, usually goes to er when in need of care bc it is cheaper for her to do so</td>
<td>Very limited; no regular physician or dental care</td>
<td>Very limited; no regular physician or dental care</td>
<td>Very limited; no regular physician or dental care</td>
<td>Very limited; goes to Holy Cross Hospital if she needs care for $50</td>
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</tr>
<tr>
<td>Any periods of no insurance in last year?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
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### Appendix B

<table>
<thead>
<tr>
<th>Coding: Nichelle 004</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
<th>Wave 4</th>
<th>Wave 5</th>
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<td></td>
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</tr>
<tr>
<td>Health Problems</td>
<td>Depression</td>
<td>Weight: trying to lose weight</td>
<td>Hurt ankle limiting her ability to work; youngest son was diagnosed with ADHD and oldest was diagnosed with kidney disease</td>
<td>Allergies, emphysema, still has ankle and shoulder pain, trying to lose weight</td>
<td>Depression, allergies, weight, kidney stones</td>
<td></td>
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</tr>
<tr>
<td>Medical Debt</td>
<td>Insuranece</td>
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<td></td>
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</tr>
<tr>
<td>Yes, unable to make payments on it. Quote: “Um, I think maybe the highest might be $1000. Um you know, and this was during the time when I wasn't gettin' Medicaid, so I've got like quite a few.” (33) “...probably 'bout 3, 4 thousand dollars.” (33)</td>
<td>Medicaid Quote: “for about a year”</td>
<td></td>
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</tr>
<tr>
<td>Yes</td>
<td>Through employer</td>
<td></td>
<td></td>
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<tr>
<td>Yes, 3000. Pg. 11</td>
<td>Medicaid</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Still has medical debt, but a portion of it has been paid off.</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not mentioned</td>
<td>Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Yes, went without for large portion of year, but now has Medicaid.
<table>
<thead>
<tr>
<th>Children’s Insurance</th>
<th>MICT</th>
<th>Through the state</th>
<th>Yes, through the state</th>
<th>No...lost insurance when they moved from Tennessee to Michigan</th>
<th>MICT; pays for everything for her sons so she does not have to worry about the cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Note: Some medical debt is from medical bills for her children when they did not have insurance.</td>
<td>MICT</td>
<td>Through wave 2 respondent lives at shelter in Tennessee</td>
<td>Yes, through the state.</td>
<td>Son has chronic health condition involving throat which requires surgeries every couple of months</td>
<td>MICT; pays for everything for her sons so she does not have to worry about the cost</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-medicating</th>
<th>No</th>
<th>No</th>
<th>Not able to afford certain prescriptions.</th>
<th>N/A</th>
<th>No</th>
<th>No; takes antidepressants</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employment</th>
<th>No</th>
<th>Yes</th>
<th>Owns soap business</th>
<th>Very limited; online accounting, soap business</th>
<th>Very limited-selling soap occasionally, full-time student</th>
<th>No, full-time student</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer offer insurance?</th>
<th>N/A</th>
<th>Yes</th>
<th>N/A</th>
<th>No</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to care</td>
<td>Note:</td>
<td>Had ankle surgery; Receiving physical therapy for ankle; had surgery for shoulder spur; has only been able to have three physical therapy treatments due to lack of insurance</td>
<td>Wait time to get kids into doctor is pretty long, about 4 months; able to obtain $3 prescriptions for allergies and emphysema</td>
<td>Working with counselor, sees someone regarding weight, difficult to make appointments because of lack of transportation</td>
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</tr>
<tr>
<td>“Um, usually it’s not bad. The only thing I find sometimes it’s like makin’a – when you’re makin’ an appointment with a doctor and they be a week or two before you can actually get in.” (36)</td>
<td>“Um, and then um, if you need to go see another doctor, it’s kinda just like a hassle ‘cause tryna get referrals and things like that right now” (36)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Any periods of no insurance in last year?</td>
<td>Wave 1</td>
<td>Wave 2</td>
<td>Wave 3</td>
<td>Wave 4</td>
<td>Wave 5</td>
<td>Wave 6</td>
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</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes; moved from having insurance with employer to being covered by Medicaid</td>
<td>Yes, moved back to Michigan and now is waiting for coverage</td>
<td>Yes, waited to be approved by state for coverage for several months</td>
<td>No, covered by Medicaid for entire year</td>
</tr>
</tbody>
</table>

Appendix C

<table>
<thead>
<tr>
<th>Coding: Judy 011</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
<th>Wave 4</th>
<th>Wave 5</th>
<th>Wave 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Problems</td>
<td>Son with autism</td>
<td>Had pneumonia at one point during year, otherwise considers herself to be healthy</td>
<td>None</td>
<td>Burn, sprained ankle,</td>
<td>Acid reflux which required doctor’s visit resulting in bill of $248</td>
<td>Not available</td>
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<tr>
<td>Medical Debt</td>
<td>N/A</td>
<td>N/A</td>
<td>2,500-3,000</td>
<td>5,000</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Insurance</td>
<td>Medicaid</td>
<td>Hopefully through employer once she has been there 90 days but not at time of interview</td>
<td>No, cannot afford it.</td>
<td>None</td>
<td>No, cannot afford employer’s health plan.</td>
<td></td>
</tr>
<tr>
<td>Children's Insurance</td>
<td>MIChild</td>
<td>MIChild</td>
<td>MIChild</td>
<td>No</td>
<td>None</td>
<td></td>
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</tr>
<tr>
<td>Self-medicating</td>
<td>N/A</td>
<td>Takes vitamins to remain healthy</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td>Yes, Coney Island.</td>
<td>Yes, nursing home CNA.</td>
<td>Yes, nursing home CNA.</td>
<td>Yes, nursing home CNA.</td>
<td>Yes, nursing home CNA.</td>
<td></td>
</tr>
<tr>
<td>Employer offer insurance?</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes, too expensive.</td>
<td>Yes, too expensive.</td>
<td>Yes, expensive.</td>
<td></td>
</tr>
<tr>
<td>Access to care</td>
<td>No comment</td>
<td>Went to urgent care when she had pneumonia; no regular for her kids or herself</td>
<td>Hasn't been for check-up or to dentist since '06</td>
<td>Urgent care or emergency room</td>
<td>Only if there is an emergency</td>
<td></td>
</tr>
<tr>
<td>Any periods of no insurance in last year?</td>
<td>No</td>
<td>Yes, during interview</td>
<td>Yes, entire year.</td>
<td>Yes, entire year.</td>
<td>Yes, entire year.</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix D

<table>
<thead>
<tr>
<th>Coding: Annette 111</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
<th>Wave 4</th>
<th>Wave 5</th>
<th>Wave 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Problems</strong></td>
<td>Asthma, possible depression from stress, non-cancerous lump in breast</td>
<td>Asthma, insomnia</td>
<td>Asthma</td>
<td>Borderline diabetic, high blood pressure, asthma</td>
<td>Diabetes, high cholesterol, high blood pressure, anxiety, asthma</td>
<td>Asthma, diabetes, cataracts,</td>
</tr>
<tr>
<td><strong>Medical Debt</strong></td>
<td>Yes, from emergency visits for asthma.</td>
<td>Not mentioned</td>
<td>$10,000 from one 2 day hospital visit</td>
<td>Medical expenses including $40 medicine each month plus $35 for testing strips and $20 for 50 needles</td>
<td>Medical expenses 8 prescriptions equaling about 100 a month</td>
<td>Prescriptions cost $52-62 dollars a month-usually pays for with help from her kids</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Insurance</strong></td>
<td>None</td>
<td>Yes, Medicaid</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Children’s Insurance</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Self-medicating</strong></td>
<td>Gets prescriptions when she can, but goes without on a regular basis due to cost.</td>
<td>All prescriptions covered by medicaid</td>
<td>No</td>
<td>Using test strips and needles twice bc of cost</td>
<td>Sometimes cuts pills in half, skips doses due to cost</td>
<td>Goes without medicine due to cost sometime s</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td>None</td>
<td>None, in computer training program.</td>
<td>Working for an elderly woman making sure she is looked after during the day</td>
<td>Working for an elderly woman</td>
<td>Working for an elderly woman</td>
<td>Working for an elderly woman full-time</td>
</tr>
<tr>
<td>Employer offer insurance?</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>---------------------------</td>
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<td>-----</td>
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<td>----</td>
</tr>
<tr>
<td>Access to care</td>
<td>Free clinic, $10 per visit, $5 per prescription</td>
<td>Must go to a certain clinic, transportation is a challenge</td>
<td>Can go to emergency room, but cannot be admitted into the hospital</td>
<td>Goes to doctor but must make apt well in advance and has to wait awhile</td>
<td>Doctor asks for donation, must see doctor every three months, takes almost 3 months to get an apt</td>
<td>Long wait at doctor's office</td>
</tr>
<tr>
<td>Any periods of no insurance in last year?</td>
<td>Yes, entire year.</td>
<td>Yes, a few months at the beginning of the year.</td>
<td>No</td>
<td>Yes</td>
<td>Yes, entire year</td>
<td>Yes, entire year.</td>
</tr>
</tbody>
</table>

**Appendix E**

<table>
<thead>
<tr>
<th>Coding: Geri 166</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
<th>Wave 4</th>
<th>Wave 5</th>
<th>Wave 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Problems</td>
<td>None</td>
<td>None</td>
<td>Develope d asthma a few months ago requiring inhaler</td>
<td>Had hysterectomy a few months ago</td>
<td>None</td>
<td>Poor eye sight requiring glasses but cannot afford them at this point</td>
</tr>
<tr>
<td></td>
<td></td>
<td>other than having to get tooth pulled earlier in the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Debt</td>
<td>No</td>
<td>$170 from getting tooth pulled</td>
<td>Bill of around $53</td>
<td>$2,000 hysterectomy hospital bill</td>
<td>None</td>
<td>None, but is paying $35 or $68 each month for insurance</td>
</tr>
<tr>
<td>--------------</td>
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<td>--------------------------------</td>
<td>-------------------</td>
<td>---------------------------------</td>
<td>------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Insurance</td>
<td>None</td>
<td>None</td>
<td>Yes, through employer.</td>
<td>Lost insurance when she was laid off. Currently uninsured</td>
<td>Currently uninsured but she believes she can get coverage at a discounted rate and hopes to be covered very soon</td>
<td>Has had it during year, but does not have it currently because she hasn’t paid</td>
</tr>
<tr>
<td>Children’s Insurance</td>
<td>Covered through their father</td>
<td>Covered through their father</td>
<td>Covered by father.</td>
<td>Covered by their father</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Self-medicating</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No…takes vitamins to stay healthy</td>
<td>No</td>
</tr>
<tr>
<td>Employment</td>
<td>None</td>
<td>Yes, job at factory through temp agency.</td>
<td>Yes, working at factory.</td>
<td>Was working at a factory but was laid off when it closed</td>
<td>Full-time student in criminal justice</td>
<td>Full-time student in criminal justice</td>
</tr>
<tr>
<td>Employer offer insurance?</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Access to care</td>
<td>Does not need to see a doctor</td>
<td>Has not had a checkup in at least 2 years.</td>
<td>Doesn’t go to the doctor unless it’s an emergency</td>
<td>Received after care for hysterectomy but does not regularly go to doctor</td>
<td>Very little access to care.</td>
<td>Can go to the doctor when she has her insurance for no or very little cost</td>
</tr>
<tr>
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<td>--------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>---------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Any periods of no insurance in last year?</td>
<td>Yes, entire year.</td>
<td>Yes, entire year.</td>
<td>Yes</td>
<td>Yes, at time of her interview</td>
<td>Yes, entire year.</td>
<td>Yes, at time of interview.</td>
</tr>
</tbody>
</table>