

## HEALTH INSURANCE SURVEY

# Knowledge Attitudes & Behaviors

OF MISSISSIPPI RESIDENTS

{JUNE 2015}

# FINAL REPORT



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# EXECUTIVE SUMMARY

In collaboration with the Center for Mississippi Health Policy (CMHP), the Social Science Research Center at Mississippi State University conducted a follow-up to a 2013 CMHP survey designed to assess Mississippi residents' knowledge, attitudes, and behaviors concerning the Patient Protection and Affordable Care Act (ACA). The current survey consisted of two waves of data collection: a fall 2014 wave (Oct-Nov) to collect a statewide sample (n=1,004) and a 2014-15 wave (Nov-Apr) to collect a larger, health-district-level sample (n=3,619). Therefore, findings are available for the state as a whole, as well as by health district. Overall, the results of the current survey demonstrate the following:

## *Health Insurance Status in Mississippi*

- Most Mississippians (84%) reported being covered by some form of health insurance, while 15% reported being uninsured.
- Just over half of Mississippians receive health insurance through their employer (51%); 18% are self-insured or insured through their parents, and 15% are covered through a government plan (i.e., Medicaid/Medicare).
- The expense of health insurance was the most common reason cited for having no insurance (36% of uninsured respondents).
- Respondents ages 35-44 represented the highest percentage of uninsured (19%), followed by 19-25 year olds (18%).
- Mississippians with higher incomes were less likely to be uninsured than those with lower incomes.
- The vast majority of Mississippians believe that health insurance is very important (91%) and is something they need (91%).

## *Affordable Care Act and Exchange Knowledge*

- Consistent with the results of the previous year, Mississippians were not

well informed about the ACA, the health insurance exchange or marketplace, or Medicaid expansion.

- When asked how much they knew about the ACA, over half of respondents (58.9%) knew only a little or nothing at all compared to 40.9% who knew some or a lot.
- Fewer still (30.4%) knew some or a lot about health insurance exchanges and marketplaces.
- Nearly half of respondents were either not at all aware (46%) or heard something but didn't know much (34%) about states' option to expand Medicaid.
- When asked whether they knew how Mississippi had decided to proceed with the option to expand Medicaid, 72% reported that they had not heard enough to say or didn't know.

## *Affordable Care Act and Exchange Attitudes*

- Approximately 41% of Mississippians reported support for the ACA, a slight increase from 2013 (38%).
- Although overall ACA support remained contested, Mississippians generally support



# EXECUTIVE SUMMARY

the specific provisions of the ACA, including subsidies for those with low income (82% support), equitable rates for those with pre-existing conditions (73% support), and expansion of Medicaid to include everyone below the poverty line (72%).

- Regardless of whether they are for or against the ACA in general, Mississippians are strongly opposed to imposing fines on those who do not buy insurance (77% opposed).

- Individuals with a government health insurance plan (i.e., Medicaid/Medicare) showed the highest support for the ACA (56%), while those with employer-based insurance showed the lowest support (35%).

- Those with lower incomes were more supportive of the ACA than those with higher incomes.

- Support for the ACA varied widely by public health district. Those in District V, which includes Hinds and Rankin Counties had the highest percentage of ACA supporters (55%), and District IX, which includes Hancock, Harrison, and Jackson counties, had the lowest percentage of ACA supporters (35%).

## *Affordable Care Act Behaviors*

- Only 18% of all Mississippians indicated that they would buy insurance through the exchange during the open enrollment period, though uninsured respondents were more likely to indicate that they would buy (45%).

- When asked if they would rather pay a fine or buy insurance, a slight majority (56%) said they would buy insurance; 22% said they would pay the fine, and 19% said they were uncertain.

## *Perceived Impact of the ACA*

- Close to half of Mississippians (44%) believed that the implementation of the marketplace generally led to higher insurance costs.

- When asked how they thought their family was affected by the ACA, 25% of respondents thought their family was worse off, 15 percentage points lower than in 2013 (40%).

- Many respondents were unsure as to whether the ACA led to more or less choice of health plans (23%) or whether there was little change in the choice of plans (30%).

## *Mississippi Population Health Status*

- In general, those who were uninsured reported poorer health status and access to care than those with some form of health insurance. The exception were those with a government-based health insurance plan (i.e., Medicaid/Medicare), who reported a lower health status than those uninsured.

- Income was associated with health status and access to care such that those with lower incomes had poorer health status and access to care than those with higher incomes.

# INTRODUCTION

## *The Affordable Care Act*

In late 2009, the first versions of the Patient Protection and Affordable Care Act (ACA) were passed by both the House of Representatives and the Senate. In March 2010, Congress passed an amended version of the ACA, HR 3950, that was then signed into law by President Obama (Affordable Health California, 2015). This was the first major national reform to American health care since 1965, when Medicare was introduced (ObamaCare Facts, 2015a).

The ACA aims to provide Americans with high-quality health care, increase the number of Americans that have health coverage, and control for the increasing costs of health care. The law contains a number of provisions to accomplish these goals. These include stipulations that coverage cannot be taken away from sick individuals and no one can be denied coverage based on pre-existing conditions. Insurance providers are required to cover preventive services, immunizations, and key medical expenses, while large companies—those with 50 or more employees—are required to provide insurance to their employees. Additionally, children can remain on their parents' insurance policy until age 26, and there are no annual limits for individual health care spending (H.R. 3590).

Federal or state marketplaces, also known as “exchanges,” organize the sale of health insurance products so that individuals and businesses are able to find health coverage that is best suited for their budget and health needs (Center for Mississippi Health Policy, 2011). While the federal government operates an exchange, states can elect to

create their own, or can join with other states to form a regional exchange. If a state chooses not to create a state-based exchange, the federal government will operate an exchange in the state.

In addition to the previously mentioned provisions, the ACA provides access to affordable care by offering health insurance plans for individuals at different income levels, expanding the Medicaid program, and subsidizing insurance purchased by individuals when needed. Exchanges must offer four levels of health coverage, which are dictated by the percentage of benefits provided by the plan. Bronze-level coverage pays an average of 60% of an individual's treatment, while the individual pays 40%. Silver-level coverage provides 70% of the cost of treatment, while the individual pays 30%. For Gold-level, the plan pays out 80% of treatment, and the individual pays 20%, and with platinum coverage, the plan covers 90% of treatment, and the individual only pays 10% (healthcare.gov, 2015a).

The expansion of the Medicaid program is another facet of the ACA designed to increase access to health care and reduce costs by providing insurance to all individuals with incomes at or below 138% of the Federal Poverty Level (FPL). However, a Supreme Court decision made Medicaid expansion elective, rather than mandatory, for states (Kaiser Family Foundation, 2015a). As of April 2015, 29 states and the District of Columbia have voted to expand Medicaid (Kaiser Family Foundation, 2015b). Reports by the Kaiser Family Foundation (2015c; 2015b) have shown that Medicaid expansion would provide insurance to an increasing number of people, particularly low-income

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individuals and minorities, saving the states money and increasing revenue with limited costs. Conversely, opponents of Medicaid expansion have argued that in order to control spending, states would need to limit reimbursements to health care providers, limit the services beneficiaries could receive, and cut government budgeting for non-medical public services (Owcharenko, 2013).

Another measure to ensure greater access to health insurance, and subsequently health care, is the provision of subsidies to individuals with low or middle income to assist them in affording health coverage. In addition to enrollment in government-sponsored health insurance, such as Medicaid, subsidies can take the form of tax credits and deductions or cost-sharing for medical expenditures (ObamaCare Facts, 2015b). These subsidies are intended for the population of low-income individuals who do not qualify for Medicaid, and yet they cannot afford insurance, even with the ACA exchange options. This coverage gap includes individuals and families falling between 29% FPL (\$6,829 for a family of 4) and 100% FPL (\$23,550 for a family of 4 or \$11,490 for an individual) (Kaiser Family Foundation, 2014a).

Representing another controversial aspect of the ACA, subsidies were called into question by the *King v. Burwell* case that was recently before the Supreme Court. Lawyers representing King questioned the legality of some individuals receiving tax subsidies in order to buy health insurance. While the Internal Revenue Service (IRS) claimed that all eligible Americans could receive a tax credit whether they purchased insurance through a state or

federally run exchange, King claimed that only individuals who garnered insurance through state-run exchanges were able to get tax subsidies (Constitutional Accountability Center, 2015). However, on June 25, 2015, the Supreme Court ruled in favor of *Burwell*, finding that subsidies could legally be provided for the purchase of insurance through either state or federally operated exchanges (Kurtzleben, 2015). This decision prevented the discontinuation of subsidies to almost 8 million individuals, who would have potentially been unable to afford insurance as a result, according to the U.S. Department of Health and Human Services (DHHS, 2015).

In order to distribute costs across the population, the ACA requires that all individuals buy health coverage. Individuals are not required to purchase, however, if they are already covered by Medicaid, Medicare, CHIP, TRICARE, a veteran's health program, a plan through an employer, insurance bought on one's own (that meets minimum ACA requirements), or a grandfathered plan purchased before the ACA was established (ObamaCare Facts, 2015c). When buying insurance through either the federal or state exchanges, individuals will purchase coverage that must include the following: outpatient services, emergency services, hospitalization, maternity and newborn care, mental health services, prescription drugs, rehabilitation, lab services, preventive programs, and pediatric services (ObamaCare Facts, 2015d).

If an individual does not purchase insurance through an exchange, and they do not have coverage through another approved source,

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then they are charged a fee. In 2014, the fee was \$95 per adult and \$47.50 per child, or 1% of the family income, whichever was greater. In 2015, that number increased to \$325 per adult and \$162.50 per child, or 2% of the family income. In 2016 and beyond, the penalty will again increase to \$695 per adult and \$347.50 per child, or 2.5% of the family income. Certain religious groups, undocumented immigrants, incarcerated citizens, Native American tribal members, families with low income, and individuals who pay more than 8% of their income for health insurance will not be penalized for not having insurance (healthcare.gov, 2015b).

## *Health Insurance, Health Care, and the ACA in Mississippi*

Research suggests that the ACA has improved access to health insurance and health care for millions nationwide, as well as helped to increase quality of care (Health Resources and Services Administration, 2015; The Commonwealth Fund, 2014). Still, more research is needed to fully understand the impacts of the ACA in Mississippi, where decision-makers chose not to run a state-based exchange, and rather, let the federal government operate the exchange.

Mississippi residents face a number of challenges in accessing health insurance in Mississippi. According to The Kaiser Family Foundation, just 28% of Mississippi's small businesses (under 50 employees) offered health benefits to employees in 2014 (Kaiser Family Foundation, 2014b), and only 52% of working Mississippians ages 19-64 had health coverage through their employer (Kaiser Family Foundation, 2014c).

As of January 2014, 454,000 Mississippians were uninsured (Kaiser Family Foundation, 2014a), representing 14% of the population (Kaiser Family Foundation, 2014d). Of these uninsured individuals, 53% were eligible for ACA subsidies in the form of financial assistance or tax credits; 16% were already eligible for Medicaid or the Children's Health Insurance Program (CHIP), but were not enrolled; and another 30% would have been eligible through Medicaid expansion had Mississippi chosen to broaden the program through the ACA, which it did not. As a result of this non-expansion, 138,000 Mississippians fall into the coverage gap (Kaiser Family Foundation, 2014a).

Some Mississippians have begun to seek health insurance through the federal exchange that is operated in the state. Mississippi Insurance Commissioner Mike Chaney reports that, to date, 104,000 Mississippians have signed up for coverage under the ACA (MPB, 2015). Of these, he reports, 97,000 received a subsidy to assist with the purchase.

In addition to insurance, access to health care can be a challenge in Mississippi. Fifty-four percent of Mississippi residents live in a Health Resources and Services Administration designated primary health professional shortage area, indicating that there are too few medical professionals to serve the surrounding population (Yerramilli & Fonseca, 2014). The Kaiser Family Foundation (2014e) estimates that Mississippi has roughly 60% of the medical professionals needed to meet the demand for optimal health care in the state.

Further, even if Mississippi were to expand Medicaid and have an adequate number



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of medical professionals, many individuals would likely be unable to obtain care due to insurance status. Individuals with Medicaid are less likely to have a usual source of care since many physicians will not accept this type of insurance. A CDC study found that, generally, fewer physicians accepted new Medicaid patients than privately insured patients (Gindi, Kirzinger & Cohen, 2013). This is consistent with findings from Mississippi, as one study found that 38% of primary care offices in Mississippi were not accepting new Medicaid patients, while only 7% were not accepting new privately insured patients (Cossman et al., 2014). Accordingly, the 2012 Behavioral Risk Factor Surveillance Survey (BRFSS) found that almost a quarter of individuals in the state rated their health as fair or poor (CDC, n.d.).

## *Knowledge and Attitudes toward the ACA*

### *Nationwide*

A 2013 national poll by the Kaiser Family Foundation revealed that many Americans were still unsure about the ACA (Kaiser Family Foundation, 2013). Fifty-seven percent reported that they did not understand how they would be impacted by the law. Almost half (48%) of the general public was not aware of their state's decision to host a state-run exchange, and over three-quarters (78%) were not aware of their governor's decision regarding Medicaid expansion—or whether there had been a decision. However, over half (52%) supported Medicaid expansion in their state.

With regard to attitudes toward the ACA as a whole, 37% reported a favorable opinion of the law, while 40% reported an

unfavorable opinion, and 23% withheld their opinion. Despite the low favorable ratings regarding the ACA overall, many of the specific provisions of the ACA were more popular. Seventy-six percent reported a favorable opinion of allowing dependent children to remain on parents' insurance plans until age 26. Seventy-one percent reported a favorable view of Medicaid expansion; 80% had a favorable opinion of the health insurance exchanges; and 76% viewed subsidies favorably. Regarding the provision that large employers be required to provide health insurance, 57% held a favorable opinion, whereas 66% reported a favorable opinion of guaranteeing insurance to individuals with pre-existing conditions. Conversely, however, the requirement to purchase health insurance was not viewed favorably, with just 40% reporting a positive opinion. Sixty-two percent of those interviewed who did not have insurance reported that they would have to “change their current health insurance arrangements” as a result of the ACA going into effect (Kaiser Family Foundation, 2013).

In 2015, the Kaiser Family Foundation conducted a follow-up poll that revealed the overall opinion of Americans regarding the ACA as slightly more favorable, with 43% reporting a favorable attitude (Kaiser Family Foundation, 2015d). Attitudes varied among different groups. Of those making less than \$40,000, 45% held favorable attitudes, compared to those making \$90,000 or more, of which 48% reported favorable attitudes. Respondents aged 50-64 were most likely to hold favorable attitudes (45%), while respondents aged 65 and older were least likely to hold favorable attitudes (36%). Forty-seven percent of

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women reported a favorable opinion, compared to 40% of men. Black Americans were most likely to hold favorable opinions (64%), compared to Hispanics (53%) and Whites (36%). Those under age 65 who did not have insurance were less likely to hold favorable views (34%), compared to those with insurance (47%).

## Mississippi

A 2013 Center for Mississippi Health Policy survey found that Mississippians have limited knowledge about the ACA, as well as their options for health care. In this survey assessing individual knowledge about the ACA and the new insurance exchanges, only 11% responded that they knew a lot about the ACA, and only 8% responded that they knew a lot about the exchanges. Sixty percent of individuals replied that they knew “only a little” or nothing about the ACA, while 70% reported knowing little to nothing about exchanges. Further, 66% of individuals did not know when the open enrollment period began, and 69% did not know that the Mississippi governor and legislator had opted not to expand Medicaid (Center for Mississippi Health Policy, 2014).

Among individuals reporting they did not have insurance in 2013 (23%), several reasons were cited for the lack of coverage: roughly half stated that it was too expensive, while over 30% cited employment reasons, including unemployment (25%) or their employer not offering coverage (9%) (Center for Mississippi Health Policy, 2014). Once the penalty for not having health coverage was explained, however, 36% of uninsured respondents stated they would make the purchase.

In keeping with national statistics, 38% of

respondents supported the ACA overall in 2013, while 46% reported an unfavorable opinion. Many of the specific provisions of the ACA were thought of more favorably, however. Sixty-six percent reported a favorable opinion of allowing dependent children to remain on parents’ insurance plans until age 26. Sixty-four percent reported a favorable view of Medicaid expansion, and 72% viewed subsidies favorably. Regarding the provision that large employers be required to provide health insurance, 76% held a favorable opinion, and 67% reported a favorable opinion of guaranteeing insurance to individuals with pre-existing conditions at the same rates as others. However, the requirement to purchase health insurance was not viewed as favorably, with 54% reporting a positive opinion. Just 15% reported a positive opinion for penalizing those without health care coverage through fines (Center for Mississippi Health Policy, 2014).

**2013 National and Mississippi ACA-related Attitudes Compared\***

	Percent Favorable	
	National	MS
ACA Overall	37%	38%
Extension of Dependent Coverage up to Age 26	76%	66%
Medicaid Expansion	71%	64%
Subsidy Assistance to Individuals	76%	72%
Employer Mandate	57%	76%
Guaranteed Issue to Those w/ Preexisting Conditions	66%	67%
Individual Mandate/Penalty	40%	-
Individual Mandate	-	54%
Individual Penalty	-	15%

\* These figures are drawn from the Kaiser Family Foundation 2013 survey and the 2013 Center for Mississippi Health Policy survey

# METHODOLOGY

## Overview

The current survey was conducted by the Family and Children Research Unit (FCRU) in the Social Science Research Center (SSRC) at Mississippi State University (MSU) in collaboration with the Center for Mississippi Health Policy (CMHP). The purpose of this study was to follow-up on the 2013 CMHP survey and to ascertain the knowledge, attitudes, and behaviors of Mississippians on the subject of health insurance coverage, access to care, Medicaid expansion, and the Patient Protection and Affordable Care Act (ACA).

To achieve this objective, a survey of Mississippi adults residing within the state was administered. The survey instrument was developed in collaboration with the Center for Mississippi Health Policy and drew upon previous health insurance research. Furthermore, this instrument was also derived from a health insurance survey conducted for the Center for Mississippi Health Policy (CMHP) by the University of Alabama at Birmingham (UAB) in 2013 (Blackburn, Ginter, Morrissey, & Rucks, 2013). Demographic questions ascertained respondents' age, race, gender, educational background, family size, income, and the county and Public Health District of their residence. For knowledge, respondents were asked about their level of awareness on various aspects of the ACA. Attitudinal questions measured the level of support that respondents had for coverage requirements, plan features, Medicaid expansion, income penalties, and ACA effectiveness. Behaviors were measured with questions, such as anticipated participation in the health insurance exchange and willingness to buy insurance

or pay a fine. Following the data analysis phase, this report was compiled for the Center for Mississippi Health Policy.

## Survey Method

This survey was completed in two waves, which created two samples: a statewide sample and a larger, public health district sample that was collected in order to make comparisons among the Mississippi Department of Health's nine Public Health Districts. The first wave targeted adults between the ages of 19 and 64 statewide and was administered between October and November 2014 by the Wolfgang Frese Survey Research Laboratory (SRL) using Computer Assisted Telephone Interviewing (CATI). This statewide sample consists of 1,004 completed interviews and was drawn from numbers of both landline and cellular telephones. Of the 1,004 completed surveys, 139, or 13.9%, were landlines while 865, or 86.1%, were cell phones. These numbers were generated with random digit dialing (RDD) to ensure that the sample is both reproducible and representative. The sampling error for the unweighted data is no larger than  $\pm 3.1\%$  at a 95% confidence interval. With the exception of the sample characteristics, all responses were weighted to be representative of the state as a whole. This weighting procedure takes into account age, gender, and racial composition to ensure that the data accurately reflects the overall state population. The cooperation rate was 87.4%.

In order to capture any differences among Mississippi Public Health Districts, the same survey was administered in a second wave of data collection to all nine districts with equal proportions between November

# METHODOLOGY

2014 and April 2015 to create the second sample. This sample had a total of 3,619 interviews completed (or approximately 400 per district). The sample included numbers of both landline and cellular telephones. Of the 3,619 completed surveys, 1,139, or 31.5%, were landlines while 2,480, or 68.5%, were cell phones. These numbers were generated with random digit dialing (RDD) to ensure that the sample is both reproducible and representative. For each public health district (n = 400), there is no larger than a  $\pm 5\%$  sampling error at a 95% confidence interval. All responses were weighted to be representative of each public health

district. This weighting procedure takes into account age, gender, and racial composition to ensure that the data accurately reflects the population in each public health district. The cooperation rate was 91.6%.

## Statistical Analysis

All significance testing was conducted using the chi-square test of independence. Overall differences between groups in a crosstab table were considered significant if the p-value from the chi-square test was less than 0.05. In order better understand which cells in a given cross-tabulation produced the statistically significant difference, residuals between the observed frequency and the expected frequency in a given cell were produced and converted to z-scores. A critical value of  $\pm 1.96$  corresponds to a p-value of 0.05 and critical value of  $\pm 2.58$  corresponds to a p-value of 0.01. Where necessary for interpretation, cells in cross-tabulation tables with statistically significant standardized residuals were flagged in the report.

All methodologies were approved by Mississippi State University's Institutional Review Board for Human Subjects prior to the data collection, and each member of the research team was trained in human subjects protection.

Statewide Sample Characteristics: Demographics		
Characteristic	Frequency	Percent
<b>Sex</b>		
Male	456	45.4
Female	548	54.6
<b>Race</b>		
White/Caucasian	589	58.7
Black/African American	376	37.5
Asian	4	0.4
Other	21	2.1
Refused	14	1.1
<b>Age</b>		
19-25	126	12.5
26-34	180	17.9
35-44	188	18.7
45-54	237	23.6
55-64	251	25
Refused	22	2.2

# METHODOLOGY

Statewide Sample Characteristics: Socio-economics		
Characteristic	Frequency	Percent
<b>Family Income</b>		
<\$10,000	145	14.4
\$10,000-\$29,999	205	20.4
\$30,000-\$59,999	250	24.9
\$60,000-\$99,999	178	17.7
>=\$100,000	102	10.2
Not Sure/Refused	124	12.4
<b>Employment Status</b>		
Full-Time	582	58
Part-Time	89	8.9
Student	44	4.4
Retired	62	6.2
Disability/Can't Work	90	9
Homemaker	43	4.3
Unemployed	88	8.8
Don't Know/Not Sure	1	0.1
Refused	5	0.5

## Social Climate Approach

To facilitate the interpretation and application of survey results, we used the social climate classification scheme developed by McMillan, Gresham, Valentine, Chambers, Frese, and Cosby (2005). A social climate approach considers how the knowledge, attitudes, and beliefs of individuals and institutions, separately and collectively over time, influence the norms of a society on a given issue. Issues that have universal support are fully ingrained into society and are held by the overwhelming majority of society. Issues with predominant support are strongly supported but continue to be rejected by a minority. Contested issues are areas in which there are substantial differences of opinion across society. Finally, beliefs with marginal support are supported by only a small segment of society. Identifying the social penetration of a given issue helps to facilitate more informed policy efforts. For instance, it may not be necessary to target universal or marginally supported issues that are already deeply ingrained. In contrast, issues that are predominantly supported can serve as anchors for ongoing efforts that target contested issues within the social climate (McMillan et al., 2005).

## Heuristic Classification Scheme for Assessing the Social Penetration of Normative Beliefs, Health Beliefs, and Practices

Universal	Universal normative beliefs, health beliefs, and practices held by the overwhelming majority of society members: 85-100%
Predominant	Predominant normative beliefs, health beliefs, and practices held by a predominance of society members: 65-84%
Contested	Contested normative beliefs, health beliefs, and practices held by half of society members: 35-64%
Marginal	Marginal normative beliefs, health beliefs, and practices held by 0-34% of society members

Source: McMillan et al. (2005)



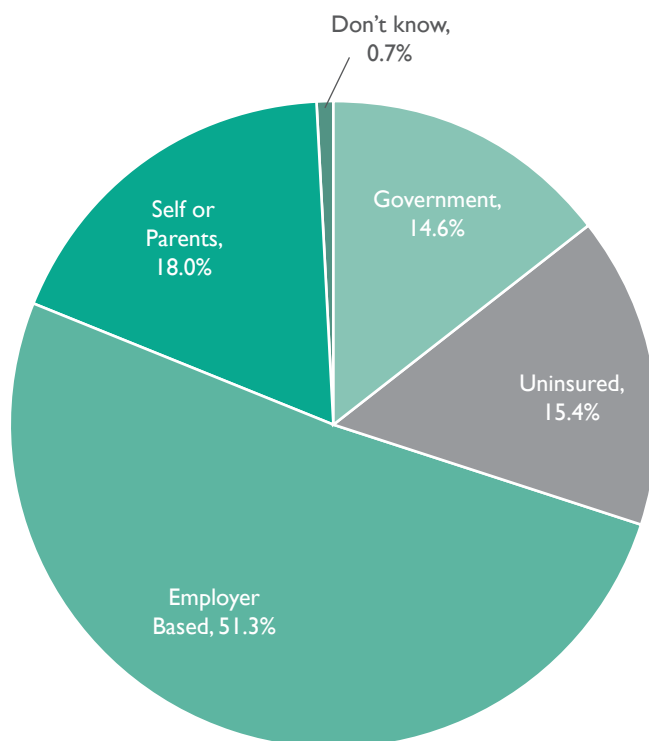
# RESULTS

## { INSURANCE STATUS FOR MISSISSIPPIS }

Most Mississippians reported being covered by some form of health insurance on the day of the survey, as shown in Figure 1 (83.9%). Approximately half of Mississippians (51.3%) get their insurance from their employers. However, 15.4% of individuals are still uninsured. This is down from the 2013 rate of 22.9% (Blackburn et al., 2013). As shown in Table 1, older adults (ages 55-64) had the lowest percentage of uninsured individuals (9.1%). Rates of uninsured also vary by income: 35.5% of individuals making less than \$10,000 per year and 32.5% of individuals making \$10,000 - \$29,999 were uninsured. In comparison, only 3.4% of respondents making over \$100,000 did not have insurance. Blacks had a slightly higher percentage of uninsured than Whites (17% vs 13.8%, respectively).

{ FIGURE ONE }

INSURANCE STATUS FOR MISSISSIPPIS



{ TABLE ONE }

Uninsured Mississippians by Demographics	
Age Category	Percentage Uninsured
19-25	18.2%
26-34	16.0%
35-44	19.0%
45-54	14.3%
55-64	9.1%
Income**	
<\$10,000	35.5%
\$10,000-\$29,999	32.5%
\$30,000-\$59,999	13.1%
\$60,000-\$99,999	6.9%
>=\$100,000	3.4%
Race	
White	13.8%
Black	17.0%
Other	20.0%

\*\*p<.01

# RESULTS

## {INSURANCE STATUS FOR MISSISSIPPIANS}

The expense of insurance was the most common reason cited for having no health insurance (36.1% of uninsured respondents). The second most common reason, cited by 19.4% of those uninsured, was that they were unemployed or had lost their job. See Table 2 for a complete list.

{TABLE TWO}

Reasons for no Health Insurance for Mississippians without Health Insurance	
	Percentage Uninsured
Too expensive	36.1%
Unemployed/lost job	19.4%
Other (please specify)	19.2%
Don't know	7.0%
Can't get it/refused due to poor health, illness, age	5.8%
Employer doesn't offer it	4.5%
Not eligible for employer coverage	3.5%
Don't need it	3.4%
Don't know how to get it	1.1%

Table 3 shows individuals' ratings of their health plan by type of plan. Those with insurance were asked to rate their experiences with their current plan, with "0" being the "worst health plan possible" and "10" being the "best health plan possible." Although ratings were generally positive, there was no statistically significant difference in ratings between those self-insured, insured through employer, or on Medicaid/Medicare.

{TABLE THREE}

Ratings of Health Plan for Mississippians with Health Insurance	
Government	7.95
Self or Parents	7.56
Employer Based	7.84

Table 4 shows individuals' employment situation by insurance status. Those who were insured were more likely to be employed full-time than those without health insurance (62.5% versus 39.7%).

{TABLE FOUR}

What best describes your employment situation today?									
	Employed Full-Time	Employed Part time	Student	Retired	On Disability	Home-maker	Not Employed	Don't Know	Refused
Insured	62.5%	7.6%	6.1%	5.8%	8.9%	4.1%	4.3%	0.1%	0.6%
Uninsured	39.7%	16.0%	3.8%	5.1%	4.5%	7.7%	22.4%	0.0%	0.6%
All	58.9%	8.9%	5.9%	5.9%	8.2%	4.7%	7.1%	0.1%	0.6%

\*\*p<.01

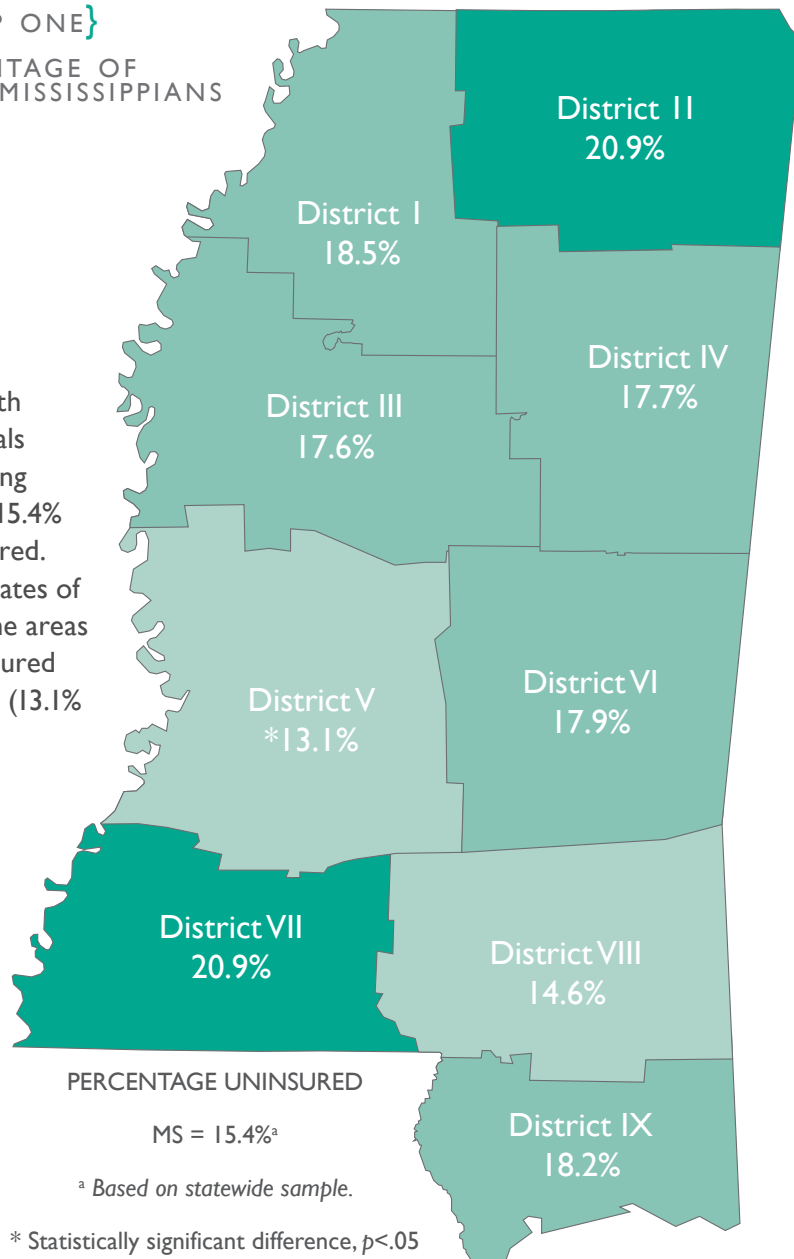
# RESULTS

## {INSURANCE STATUS FOR MISSISSIPPIANS}

### {MAP ONE}

#### PERCENTAGE OF UNINSURED MISSISSIPPIANS

Across Mississippi's nine public health districts, the percentage of individuals who are not insured varied depending on geography. Overall in the state, 15.4% of individuals reported being uninsured. Districts II and VII had the highest rates of uninsured, both at 20.9%. Among the areas with the lowest percentage of uninsured individuals were Districts V and VIII (13.1% and 14.6%).

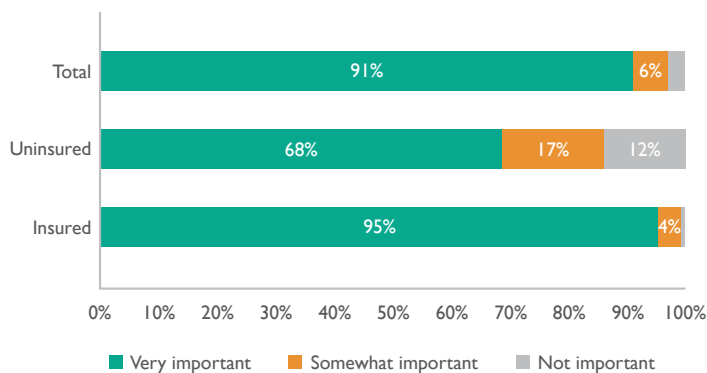


# RESULTS

## {BELIEFS ABOUT HEALTH INSURANCE AMONG MISSISSIPPIS}

{FIGURE TWO}

HOW IMPORTANT IS IT TO YOU PERSONALLY THAT YOU HAVE HEALTH INSURANCE?

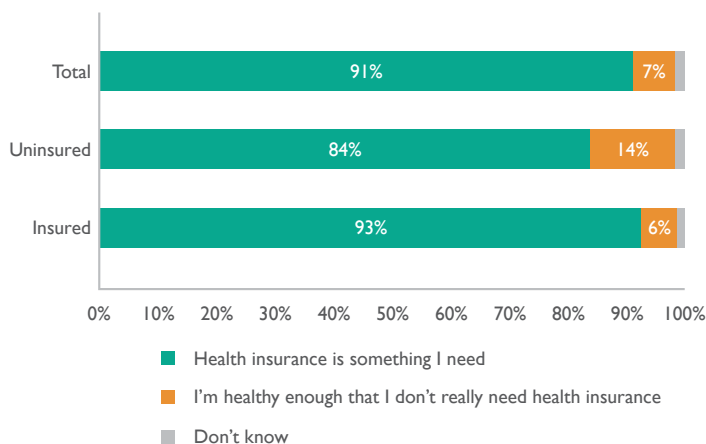


\*\*p<.01

When asked about the personal importance of health insurance, the majority of Mississippians answered that health insurance is very important (91%) and that it is something they need (91%). However, among the uninsured, only 68% rated having insurance as very important, and 84% stated that it is something that they need. Although an overwhelming majority of Mississippians answered that insurance is both important and necessary, fewer (71%) said that it is worth the money.

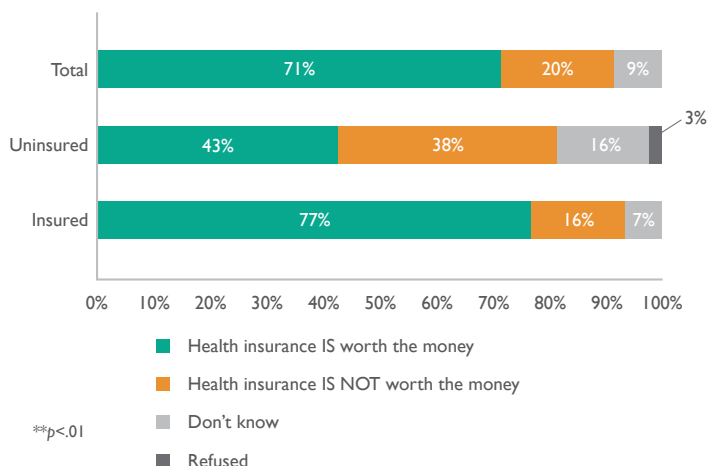
{FIGURE THREE}

WHICH OF THE FOLLOWING COMES CLOSEST TO YOUR VIEW?



{FIGURE FOUR}

WOULD YOU SAY THAT HEALTH INSURANCE IS OR IS NOT WORTH THE MONEY IT COSTS?



\*\*p<.01

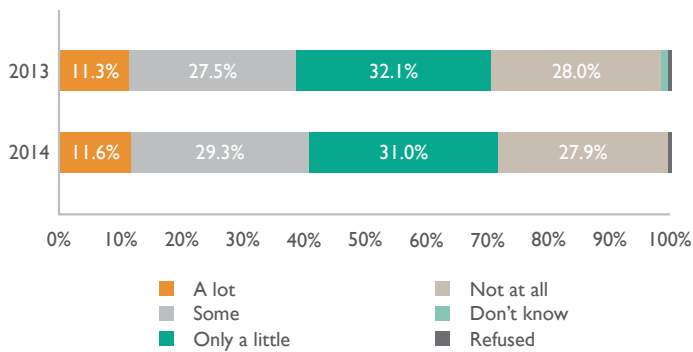
# RESULTS

## {AFFORDABLE CARE ACT AND EXCHANGE (MARKETPLACE) KNOWLEDGE}

Generally speaking, in the current survey, most Mississippians lacked knowledge regarding the ACA and Medicaid expansion, a trend that carried over from 2013 (Figures 5-8). When asked in 2014, overall, how much information individuals knew about the ACA, over half of respondents (58.9%) knew only a little or nothing at all, compared to 40.9% who knew some or a lot. Even fewer (30.4%) knew some or a lot about health insurance exchanges and marketplaces through which insurance could be purchased.

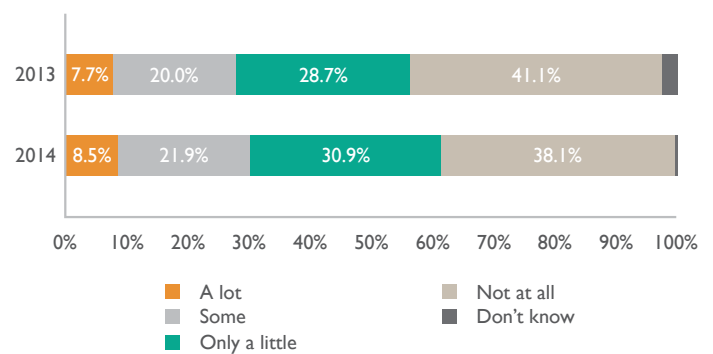
{FIGURE FIVE}

HOW MUCH DO YOU KNOW ABOUT THE HEALTH REFORM LAW KNOWN AS THE AFFORDABLE CARE ACT?



{FIGURE SIX}

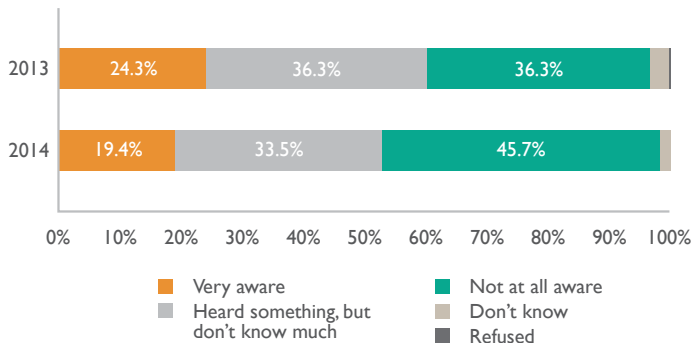
HOW MUCH DO YOU KNOW ABOUT A HEALTH INSURANCE EXCHANGE OR MARKETPLACE, WHERE PEOPLE MAY BUY HEALTH INSURANCE, WHICH WILL BE AVAILABLE UNDER THE AFFORDABLE CARE ACT?



In both 2013 and 2014, individuals were not well informed about Medicaid expansion. In 2014, nearly half of respondents were either not at all aware (45.7%) or heard something but didn't know much (33.5%) about states' option to expand Medicaid. When asked whether they knew how Mississippi had decided to proceed with the option to expand Medicaid, 72.3% reported that they had not heard enough to say or didn't know.

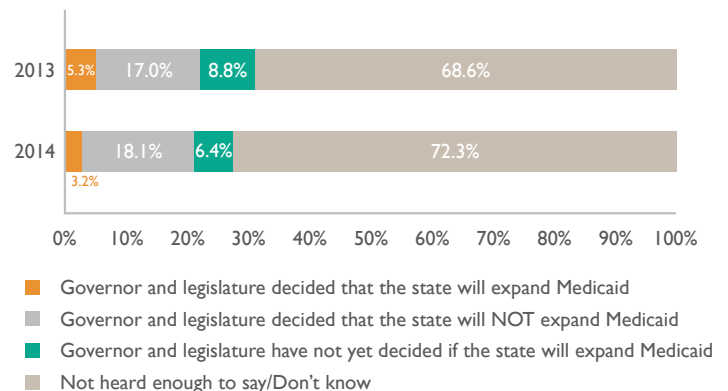
{FIGURE SEVEN}

HOW AWARE ARE YOU THAT STATES HAVE AN OPTION TO EXPAND MEDICAID TO COVER MORE PEOPLE?



{FIGURE EIGHT}

AS FAR AS YOU KNOW, IN MISSISSIPPI THE...





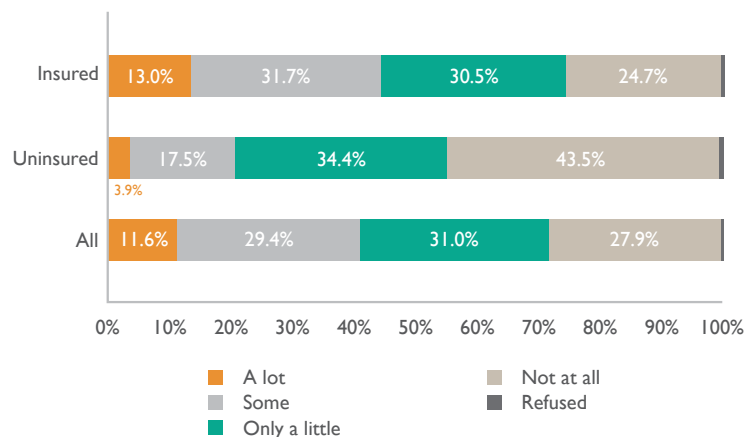
# RESULTS

## {AFFORDABLE CARE ACT AND EXCHANGE (MARKETPLACE) KNOWLEDGE}

Figures 9-11 show Mississippians' reported knowledge about the ACA by insurance status. Although Mississippians' lacked knowledge about the ACA regardless of insurance status, those without health insurance were significantly less likely than those with health insurance to report knowledge of the ACA in general, the health insurance exchange, and the open enrollment period.

{FIGURE NINE}

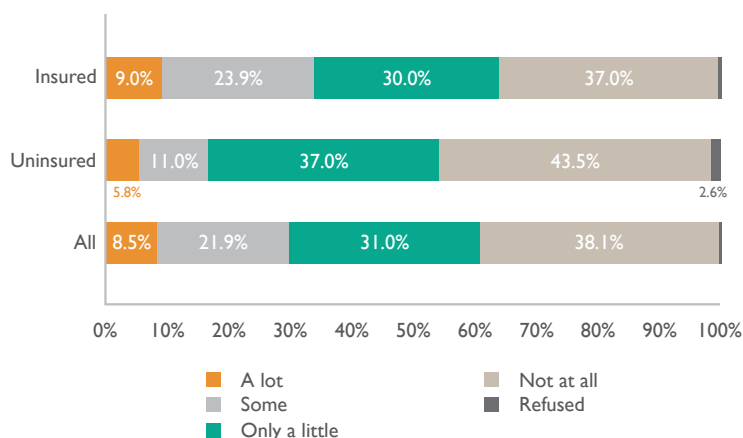
HOW MUCH DO YOU KNOW ABOUT THE HEALTH REFORM LAW KNOWN AS THE AFFORDABLE CARE ACT? WOULD YOU SAY...



\*\*p<.01

{FIGURE TEN}

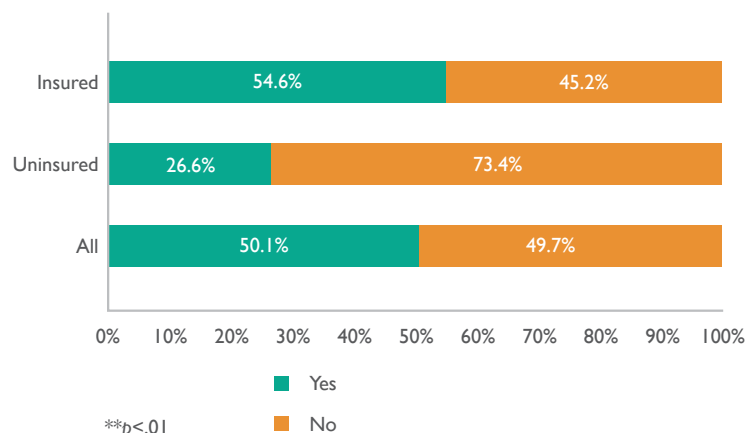
HOW MUCH DO YOU KNOW ABOUT A HEALTH INSURANCE EXCHANGE OR MARKETPLACE, WHERE PEOPLE MAY BUY HEALTH INSURANCE, WHICH WILL BE AVAILABLE UNDER THE AFFORDABLE CARE ACT? WOULD YOU SAY...



\*\*p<.01

{FIGURE ELEVEN}

ARE YOU AWARE OF THE OPEN ENROLLMENT PERIOD FOR OBTAINING HEALTH INSURANCE COVERAGE THROUGH THE HEALTH INSURANCE EXCHANGE OR MARKETPLACE THAT RUNS FROM NOVEMBER 15, 2014 TO FEBRUARY 15, 2015?



\*\*p<.01

# RESULTS

## {AFFORDABLE CARE ACT AND EXCHANGE (MARKETPLACE) KNOWLEDGE}

{TABLE FIVE}

How much do you know about the ACA?					
District	A lot	Some	Only a little	Not at all	Refused
1	9.2%	27.9%	39.9%	23.0%	0.0%
2	12.0%	27.1%	36.9%	24.0%	0.0%
3	9.8%	21.5%	41.1%	27.6%	0.0%
4	9.0%	26.4%	36.5%	28.1%	0.0%
5	9.6%	27.4%	39.6%	23.4%	0.0%
6	9.3%	27.1%	34.6%	28.9%	0.0%
7	9.9%	24.3%	41.1%	24.8%	0.0%
8	13.5%	29.4%	35.0%	21.5%	0.5%
9	12.6%	25.7%	37.5%	24.2%	0.0%
Total	10.7%	26.7%	38.0%	24.5%	0.1%

Table 5 shows Mississippians' reported knowledge about the ACA within each public health district. Knowledge about the ACA was low and did not vary significantly by district.

{TABLE SIX}

How much do you know about the ACA Marketplace/Exchanges?					
District	A lot	Some	Only a little	Not at all	Refused
1	6.1%	17.1%	35.2%	41.6%	0.0%
2	8.9%	20.0%	35.6%	35.3%	0.2%
3	8.2%	20.0%	30.6%	41.2%	0.0%
4	5.7%	21.1%	31.9%	41.3%	0.0%
5	7.8%	25.9%*	29.2%	37.0%	0.1%
6	5.7%	17.9%	35.0%	41.4%	0.0%
7	6.0%	21.4%	29.9%	41.8%	1.0%
8	6.9%	20.5%	33.0%	39.6%	0.0%
9	8.2%	23.0%	29.8%	39.0%	0.0%
Total	7.3%	21.5%	31.9%	39.1%	0.1%

As shown in Table 6, knowledge about the ACA marketplace was generally low across districts. However, those in District 5 (e.g., Hinds, Rankin, and Madison counties) were significantly more likely to have some knowledge about the marketplace than those in other districts.

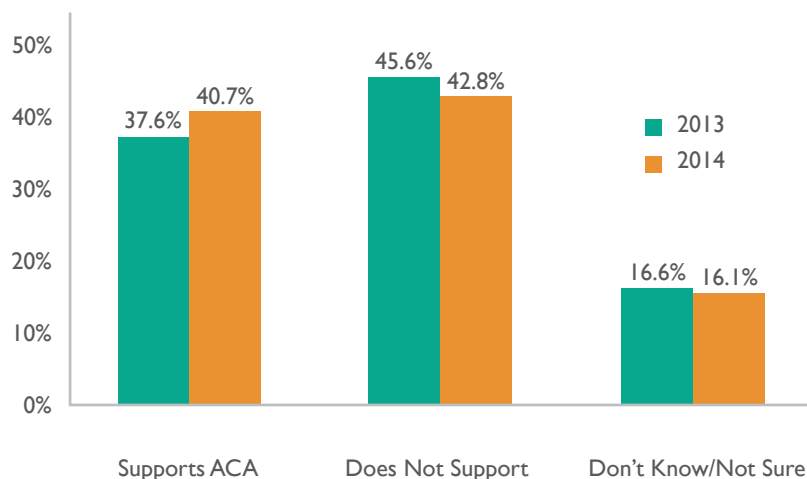
\*p<.05

# RESULTS

## {AFFORDABLE CARE ACT AND EXCHANGE (MARKETPLACE) ATTITUDES}

{FIGURE TWELVE}

SUPPORT FOR ACA AMONG MISSISSIPPIS



As shown in Figure 12, support for the ACA remained split in 2014, with 40.7% supporting the ACA and 42.8% not supporting it, compared to 37.6% supporting and 45.6% not supporting in 2013. Rates of uncertainty have stayed about the same.

{TABLE SEVEN}

Support for the ACA varied by insurance status, income, and race (see Table 7). For insurance status, individuals receiving government-based insurance were the mostly likely to express support (55.8%), and those with employer-based insurance were the least likely (35.3%). Those with lower incomes were more supportive of the ACA than those with higher incomes. Over half (63.6%) of those earning less than \$10,000 supported the ACA, compared to only 22.8% of individuals earning over \$100,000. Over half (59%) of individuals making between \$10,000 and \$29,999 support the ACA, as well. When comparing responses by race, Black individuals were most likely to support the ACA, with 76.1% saying they support the law, while only 15.9% of White Mississippians said they support it.

ACA Support by Insurance Status and Demographics	
Insurance Status**	Percentage Supporting
Government	55.8%
Self or Parents	45.3%
Employer Based	35.3%
Uninsured	38.7%
Income**	
<\$10,000	63.6%
\$10,000-\$29,999	59.0%
\$30,000-\$59,999	42.6%
\$60,000-\$99,999	28.2%
>=\$100,000	22.8%
Race**	
White	15.9%
Black	76.1%
Other	46.7%

\*\*p<.01

# RESULTS

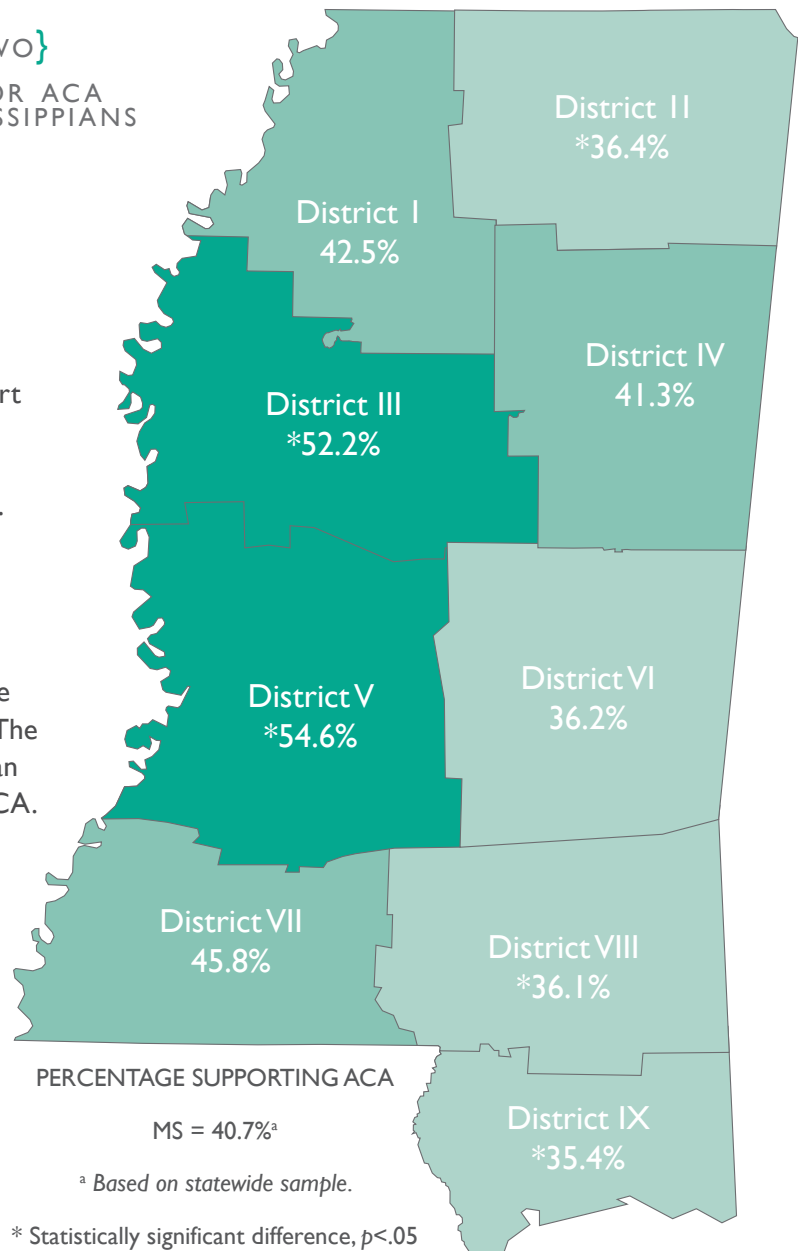
## {AFFORDABLE CARE ACT AND EXCHANGE (MARKETPLACE) ATTITUDES}

### {MAP TWO}

#### SUPPORT FOR ACA AMONG MISSISSIPPIANS

Support for the ACA varies widely by health district. Overall, less than half (40.7%)<sup>a</sup> of Mississippians say they support the ACA. District V had the highest support for the ACA, with 54.6% of individuals reporting support for the law. District III, which is primarily composed of Delta counties, had the next highest support for the ACA, with 52.2%. Of District VII respondents, 45.8% support the ACA. In District I, 42.5% support the act, and 41.3% of District IV support it. The remaining four districts each had less than 40% of respondents who support the ACA.

<sup>a</sup> Based on statewide sample.



# RESULTS

## {AFFORDABLE CARE ACT AND EXCHANGE (MARKETPLACE) ATTITUDES}

{TABLE EIGHT}

Mississippians Attitudes on Health Reform			
	Agree	Neither Agree nor Disagree	Disagree
<b>Universal [85-100%]</b>			
People should be able to buy insurance in any state if the plan offers better value	91.0%	2.3%	4.4%
<b>Predominant [65-84%]</b>			
All large employers should be required to provide health insurance to their employees	82.2%	3.4%	13.9%
There should be subsidies to help low-income people buy health insurance	80.1%	5.8%	12.0%
People with pre-existing conditions should not have to pay more for health insurance	74.3%	5.2%	18.1%
Children should be able to be covered by their parents' health insurance policy to age 26	73.3%	4.7%	19.8%
The Medicaid program should be expanded to cover everyone below the Federal Poverty line	72.1%	5.3%	16.8%
<b>Contested [35-65%]</b>			
Most individuals should be required to have health insurance	63.8%	5.2%	29.4%
<b>Marginal [0-34%]</b>			
Penalties or fines should be imposed on people who don't buy health insurance	16.3%	4.3%	77.0%

Although overall support for the ACA is contested in Mississippi, most residents support health care reform (See Table 8). In fact, many of the specific provisions of the ACA receive much higher support than the overall policy itself. For instance, 82.2% of respondents agreed that there should be subsidies to help low-income people buy health insurance. Also, the majority of respondents (74.3%) agreed that people with pre-existing conditions should not have to pay more for health insurance, and 73.3% agreed that children should be able to be covered by their parents' health insurance policy to age 26. Although most Mississippians were not aware of states' option to expand Medicaid coverage or how policy makers had acted on this option, most Mississippians (72.1%) supported expanding Medicaid to cover everyone below the Federal Poverty Line. In contrast, the requirement that most individuals should be required to have insurance was more contested among Mississippians (63.8% agree vs 29.4% disagree). Finally, very few Mississippians (16.3%) supported the provision to impose fines or penalties on people who do not buy insurance.

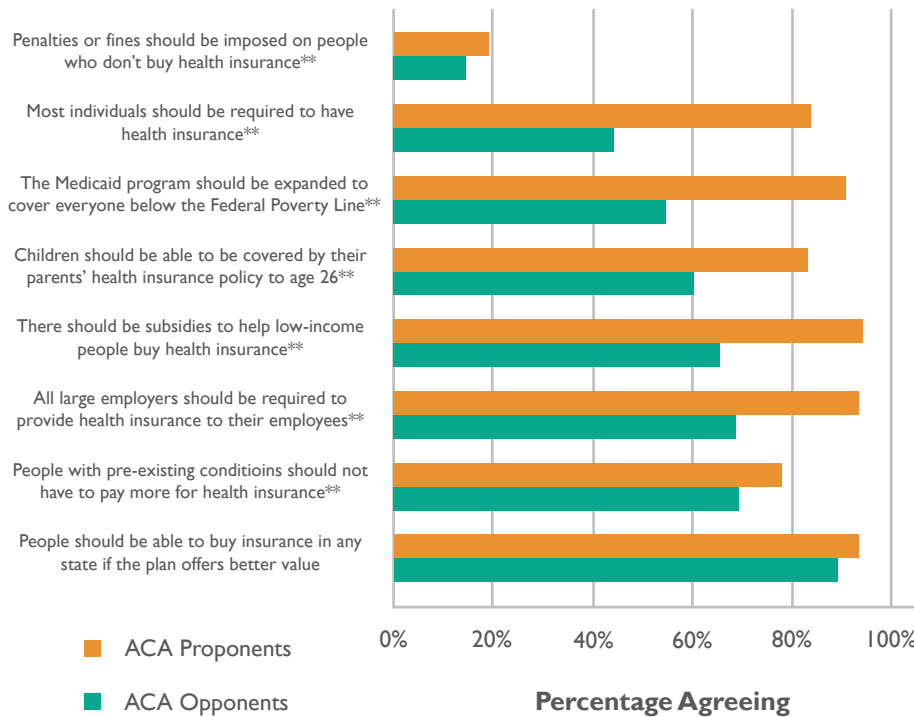


# RESULTS

## {AFFORDABLE CARE ACT AND EXCHANGE (MARKETPLACE) ATTITUDES}

{FIGURE THIRTEEN}

### HEALTHCARE REFORM ATTITUDES BY ACA SUPPORT



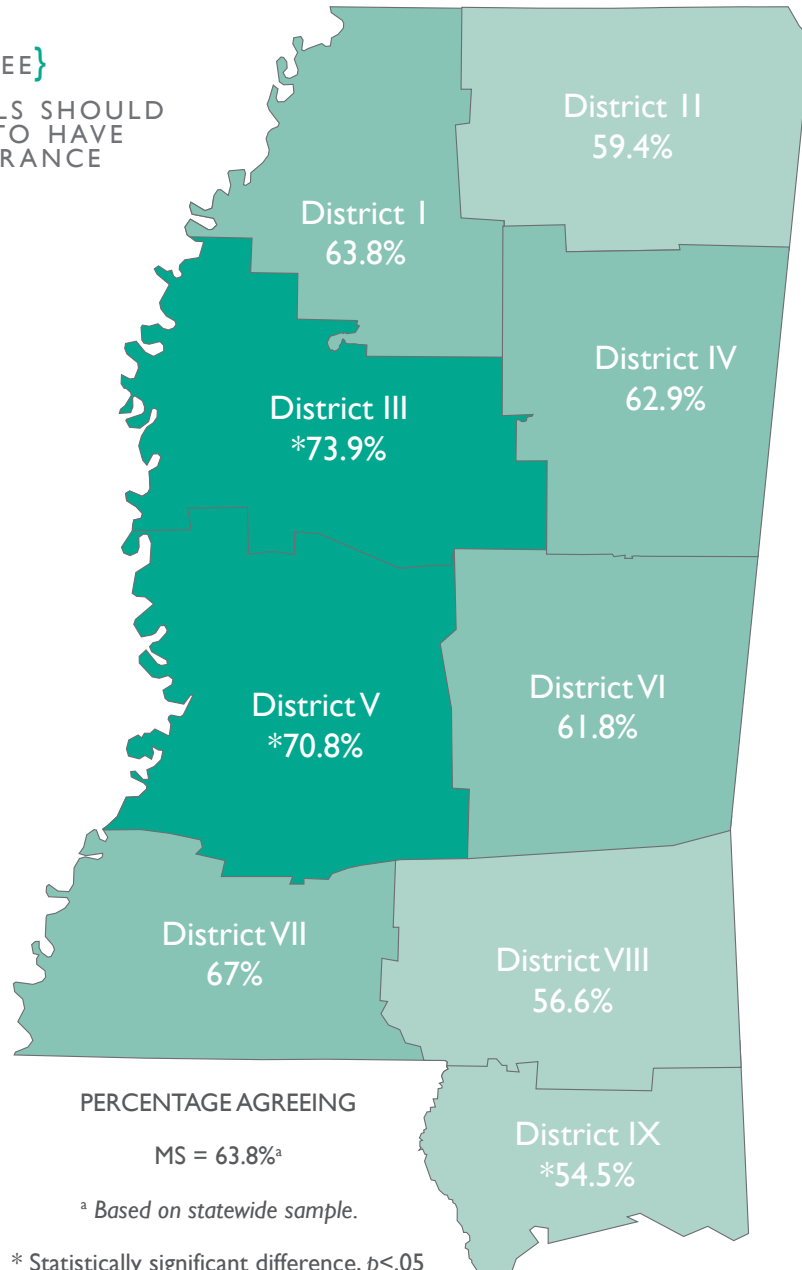
\*\*p<.01

Figure 13 shows the percentage of respondents who agreed with specific health care reforms by their overall support for the ACA. As expected, individuals who support the ACA are more likely to agree with specific provisions than ACA opponents. However, ACA opponents still show majority support for most ACA provisions, including the option to buy insurance in any state (89.5%), the requirement for large employers to provide health insurance (69.1%), no increased fees for pre-existing conditions (69.5%), and subsidies for people with low-income to buy insurance (65.8%), and Medicaid expansion (55%). Affordable Care Act opponents and proponents were most sharply divided on the issue of whether individuals should be required to have health insurance, with 44.5% of opponents supporting, compared to 83.8% of proponents. Mississippians, regardless of their overall stance on the ACA, showed little support for imposing penalties or fines on people who don't buy health insurance.

# RESULTS

## {AFFORDABLE CARE ACT AND EXCHANGE (MARKETPLACE) ATTITUDES}

{MAP THREE}  
MOST INDIVIDUALS SHOULD  
BE REQUIRED TO HAVE  
HEALTH INSURANCE

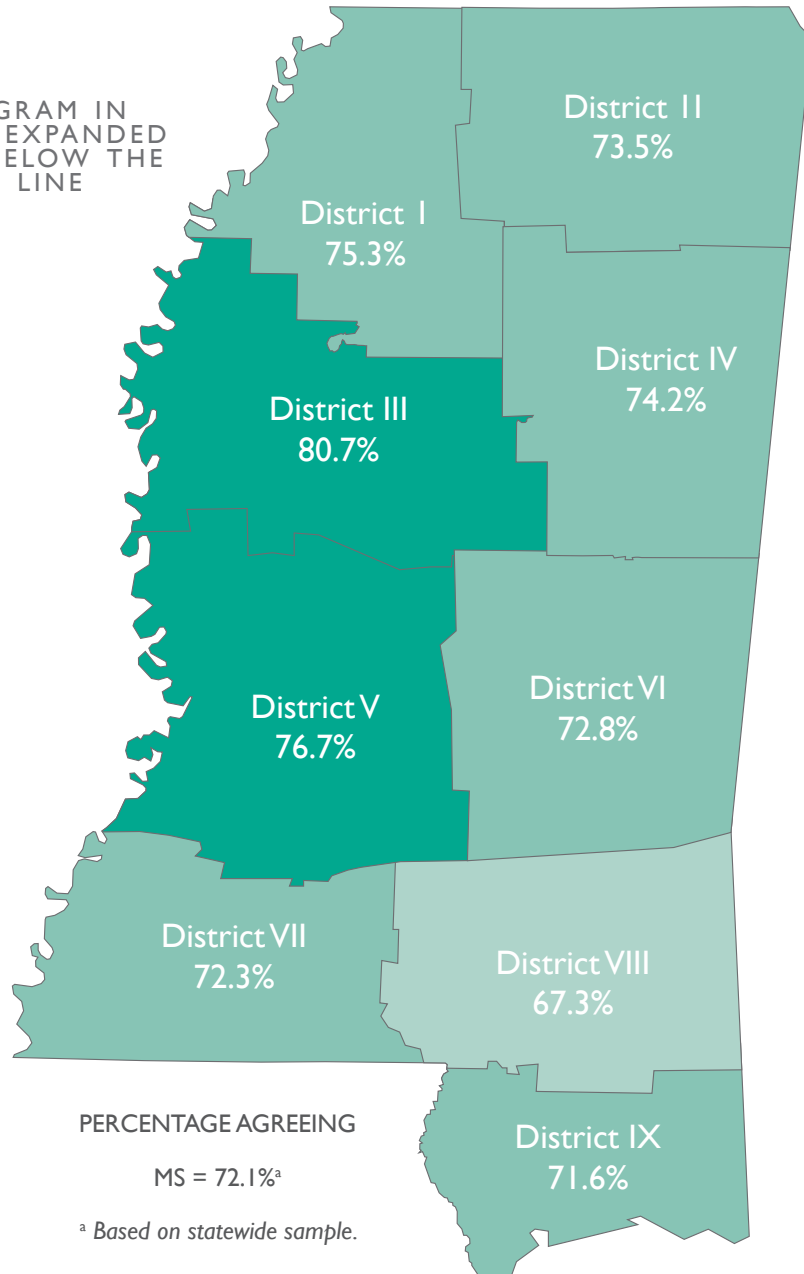


# RESULTS

{AFFORDABLE CARE ACT AND EXCHANGE (MARKETPLACE) ATTITUDES}

## {MAP FOUR}

THE MEDICAID PROGRAM IN MISSISSIPPI SHOULD BE EXPANDED TO COVER EVERYONE BELOW THE FEDERAL POVERTY LINE

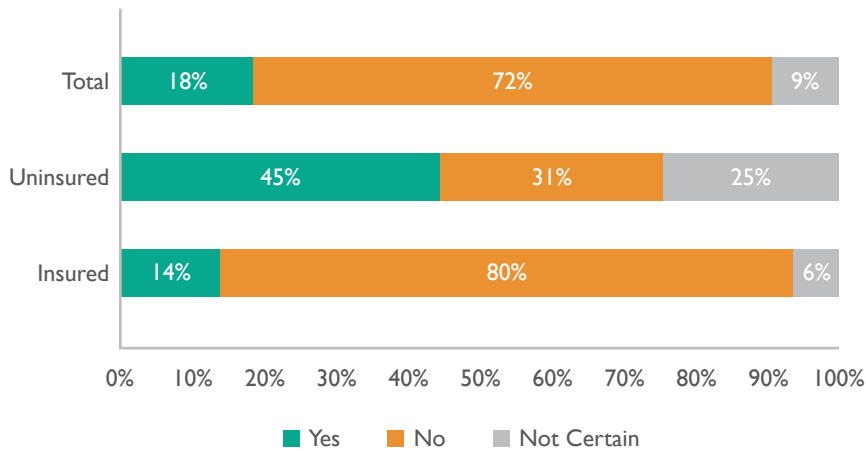


# RESULTS

## {AFFORDABLE CARE ACT AND MARKETPLACE ANTICIPATED BEHAVIORS}

{FIGURE FOURTEEN}

DO YOU THINK YOU WILL BUY INSURANCE COVERAGE THROUGH THE HEALTH INSURANCE EXCHANGE OR MARKETPLACE DURING THE OPEN ENROLLMENT PERIOD?

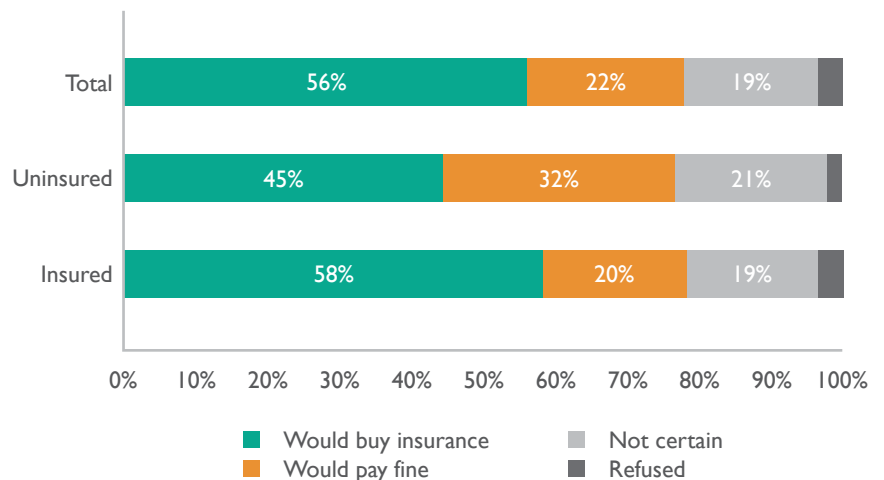


Generally, Mississippians are not in favor of buying health insurance through the marketplace (Figure 14). Only 18% of all Mississippians indicated that they would buy during the open enrollment period, though uninsured respondents were more likely to indicate that they would buy (45%).

\*\*p<.01

{FIGURE FIFTEEN}

UNDER THE ACA PEOPLE MUST HAVE HEALTH INSURANCE OR PAY A FINE OF TWO PERCENT OF THEIR INCOME. WOULD YOU:



As discussed above, Mississippians are not in favor of imposing fines on people who do not buy health insurance. If faced with paying a penalty of 2% of their income, a slight majority (56%) said they would buy insurance; 22% said they would pay the fine, and 19% said they were uncertain. A larger percentage of uninsured respondents reported that they would rather pay the fine than those who were insured (32% vs. 20%).

# RESULTS

## { PERCEIVED IMPACT OF THE ACA }

In 2013, 44.7% of Mississippians believed that there would be generally higher insurance costs in 2014 as a result of the health insurance exchanges or marketplaces. With the implementation of the marketplace since the 2013 survey was administered, we were able to ask participants to gauge how they believed insurance costs were actually affected (see Table 9). Similar to 2013, nearly half of Mississippians (43.9%) believed that the marketplace generally led to higher insurance costs. However, a quarter of respondents (25.3%) expressed uncertainty as to whether costs were impacted.

{ TABLE NINE }

Health Insurance Marketplaces Required by the ACA have resulted in:	
Generally higher health insurance costs	43.9%
Generally lower health insurance costs	9.7%
Not much of an impact on insurance costs	21.0%
Don't know	25.3%
Refused	0.1%
Total	100.0%

Consistent with the results shown in Table 9, considerable uncertainty was expressed concerning the availability of choices that resulted from the implementation of the marketplace (see Table 10).

{ TABLE TEN }

Health Insurance Marketplaces Required by the ACA have resulted in:	
A larger choice of health plans than was previously available	20.8%
A smaller choice of health plans that was previously available	25.2%
Little change in the choice of health plans available	30.3%
Don't know	23.4%
Refused	0.3%
Total	100.0%

When asked in 2013 how they believed that their family would be affected by the ACA in 2014, approximately 40% of Mississippians believed they would be worse off as a result of the ACA (see Table 11). Compared to 2013, when asked how they thought their family was affected by the ACA during 2014, a much smaller percentage of respondents (25.2%) thought their family was actually worse off, and a much larger percentage believed they were unaffected (48.5%).

{ TABLE ELEVEN }

Do You Think That You and Your Family Will Be (2013)/ Have Been (2014):		
	2013	2014
Unaffected by the Affordable Care Act	18.2%	48.5%
Better off as a result of the Affordable Care Act	21.6%	15.3%
Worse off as a result of the Affordable Care Act	39.9%	25.2%
Don't know	19.8%	10.8%
Refused	0.5%	0.2%
Total	100.0%	100.0%



# RESULTS

## {PERCEIVED IMPACT OF THE ACA}

When asked how they were affected by the ACA, Mississippians most commonly answered that they were unaffected, regardless of geography. However, there were some important regional differences as residents from Districts 8 and 9 were more likely to report being worse off as a result of the ACA than those in other districts. In comparison, residents in districts 5 and 7 were more likely to report being better off as a result of the ACA than other districts.

{TABLE TWELVE}

Do you think that you and your family have been:					
District	Unaffected by the ACA	Better off as a result of the ACA	Worse off as a result of the ACA	Don't know	Refused
1	49.4%*	16.4%	23.3%	10.2%	0.8%
2	41.6%	14.9%	29.6%	12.7%	1.1%
3	42.7%	18.7%	20.7%	17.9%*	0.0%
4	46.5%	14.7%	21.4%	16.7%	0.7%
5	45.2%	18.8%**	21.4%	13.7%	0.9%
6	46.6%	14.2%	23.1%	14.9%	1.1%
7	42.8%	20.4%*	28.9%	8.0%	0.0%
8	43.4%	14.9%	34.0%**	7.7%	0.0%
9	42.2%	9.7%	31.9%**	15.8%	0.3%
Total	44.4%	15.6%	26.1%	13.2%	0.6%

\* $p < .05$ , \*\* $p < .01$

# RESULTS

## {MISSISSIPPI POPULATION HEALTH STATUS}

{TABLE THIRTEEN}

Health Status of Mississippians by Insurance Coverage				
	Government	Self or Parents	Employer Based	Uninsured
Health Status**				
Excellent/Good	48.3%	85.6%	83.3%	69.7%
Fair/Poor	51.7%	14.4%	16.7%	29.7%
Access to Care**				
Not difficult	75.5%	91.2%	90.1%	48.4%
Difficult	23.8%	7.7%	8.5%	48.4%

\*\* $p < .01$

Table 13 presents health status and access to care among individuals by insurance status. Participants were asked to rate their current health status as poor, fair, good or excellent. Consistent with Ansari (2006), self-rated access to care was measured by asking respondents to rate their difficulty in getting medical care on a 5-point scale, listed in highest to lowest numeric order: *not at all difficult*, *not too difficult*, *somewhat difficult*, *very difficult*, or *extremely difficult*. We combined the categories such that *not at all difficult* and *not too difficult* were classified as “*not difficult*” and *somewhat difficult*, *very difficult*, and *extremely difficult* were classified as “*difficult*.”

Generally speaking, Mississippians report being in good health. Of individuals with insurance provided by their self/parents, 85.6% reported being in good or excellent

health, compared to 83.3% of individuals with employer-provided insurance. Roughly 70% of uninsured individuals reported being in good or excellent health. Interestingly, individuals receiving government-supported insurance had the worst self-rated health overall. Only 48.3% of government-aided participants reported having good or excellent health, while over half (51.7%) reported being in fair or poor health. Reported access to care varied by health insurance type, as well. Individuals receiving health insurance through their own means/ their parents’ means or their employers reported the highest access to care, with 91.2% and 90.1%, respectively, reporting that accessing care was not difficult. Most government-insured individuals (75.5%) also reported that care was not hard to access. However, almost one-quarter (23.8%) did report that care was difficult to get.

# RESULTS

## {MISSISSIPPI POPULATION HEALTH STATUS}

{TABLE FOURTEEN}

Health Status and Access to Care of Mississippians by Income		
Health Status by Income**		
	Excellent/Good	Fair/Poor
<\$10,000	52.6%	47.4%
\$10,000-\$29,999	61.5%	38.5%
\$30,000-\$59,999	75.3%	24.7%
\$60,000-\$99,999	88.0%	12.0%
>=\$100,000	83.6%	16.4%
Access to Care by Income**		
	Not difficult	Difficult
<\$10,000	55.3%	43.4%
\$10,000-\$29,999	63.7%	32.8%
\$30,000-\$59,999	82.2%	15.7%
\$60,000-\$99,999	92.6%	6.2%
>=\$100,000	97.9%	2.1%

\*\*p<.01

Income was associated with health status, such that individuals with higher income rated their health as better than those with lower income. Of individuals making less than \$10,000 per year, only 52.6% rated their health as excellent or good, while 61.5% individuals making between \$10,000 and \$29,999 rated their health as excellent or good. In comparison, those with higher incomes had much better health outcomes, with 88% of people making between \$60,000 and \$99,999 and 83.6% of people making over \$100,000 rating their health as good or excellent.

Access to care was also associated with income; individuals with higher incomes reported better access to care than those with lower incomes. Almost half (43.4%) of individuals making less than \$10,000 and almost one-third (32.8%) of individuals making between \$10,000 and \$29,999 reported difficulty accessing health care. Only 15.7% of individuals making between \$30,000 and \$59,999 reported difficulty. At the highest income levels, very few individuals reported difficulty in accessing care, with 6.2% of those making between \$60,000 and \$99,999 and 2.1% of those making more than \$100,000 reporting difficulty.

# RESULTS

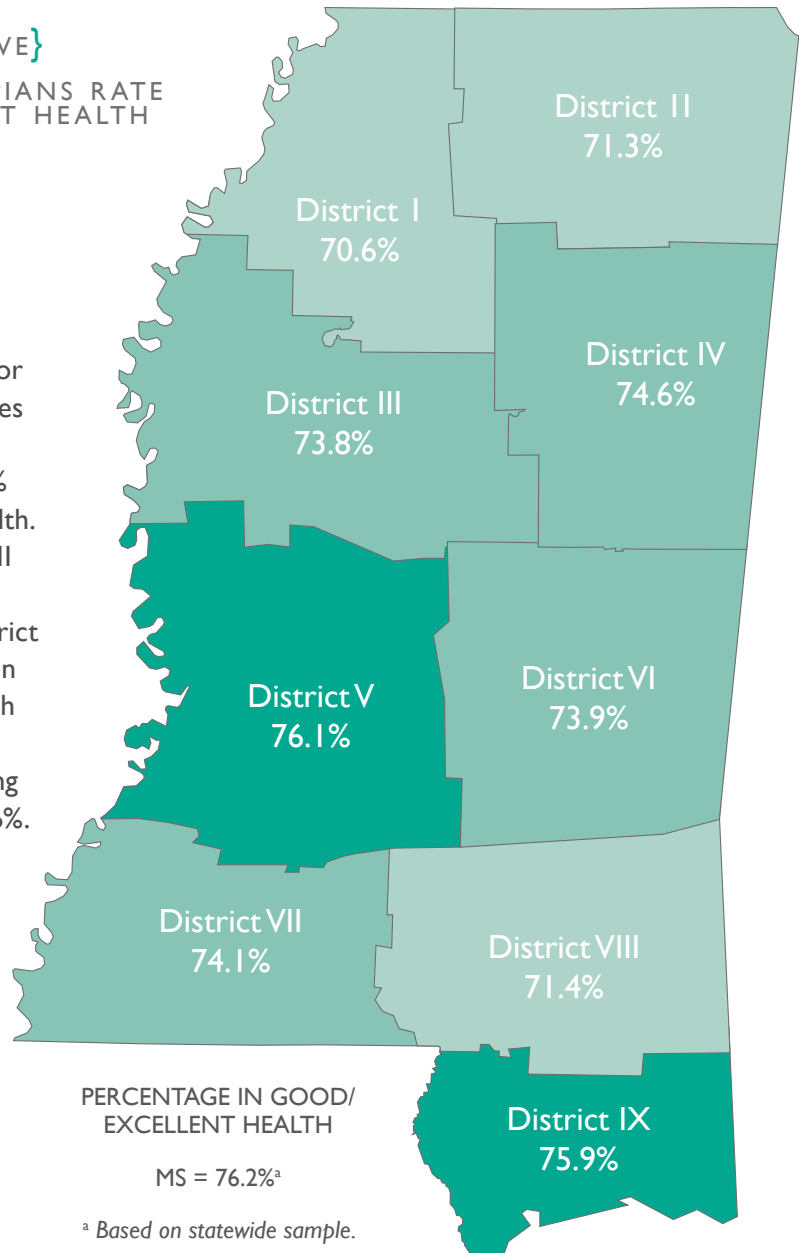
## {PUBLIC HEALTH DISTRICT AND HEALTH STATUS}

### {MAP FIVE}

#### HOW MISSISSIPPIANS RATE THEIR CURRENT HEALTH

The majority of Mississippians reported being in good health, with 76.2%<sup>a</sup> of respondents rating their health as good or excellent health. District V, which includes Madison and Hinds counties, reported having the best overall health, with 76.1% reporting being in good or excellent health. Of the bottom three districts, Districts II and VIII report over 71% in good health, with District II reporting 71.3% and District VIII reporting 71.4% of respondents are in good or excellent health. District I, which contains several Delta counties, had the lowest percentage of individuals reporting being in good or excellent health, at 70.6%.

<sup>a</sup> Based on statewide sample.



# RESULTS

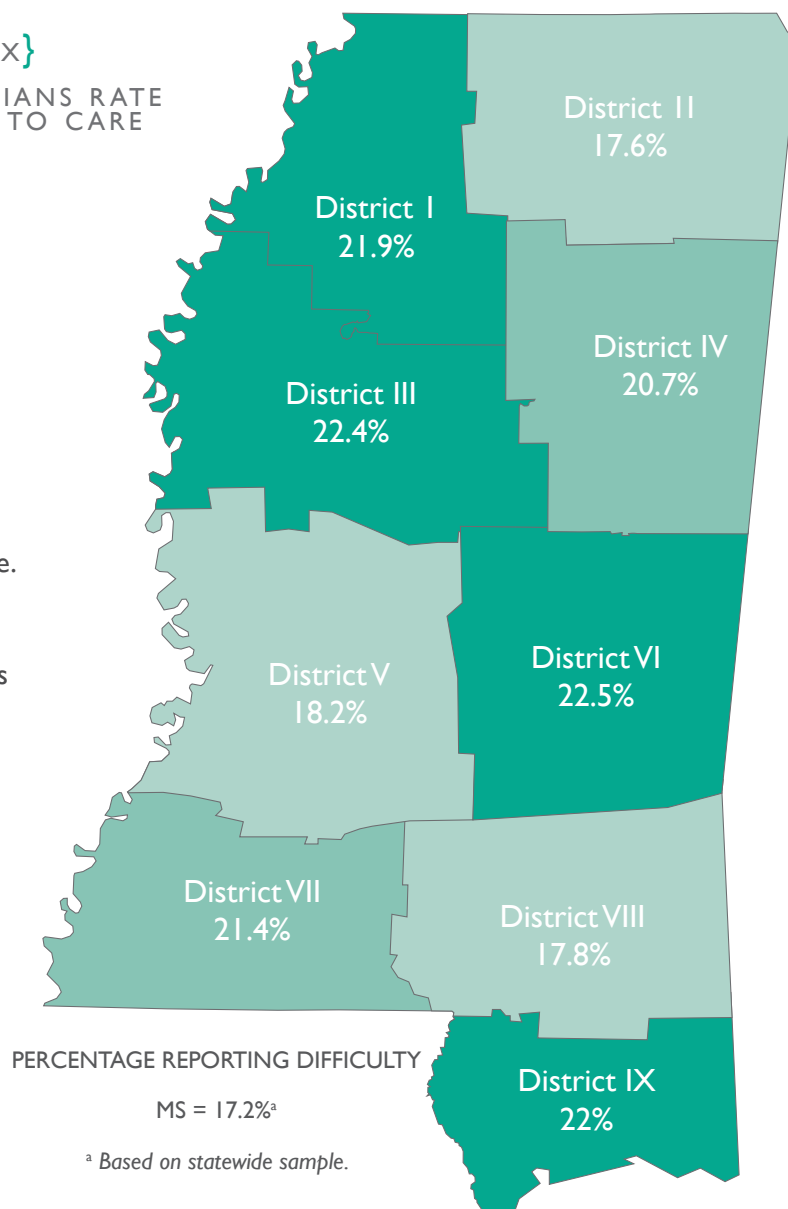
## {PUBLIC HEALTH DISTRICT AND ACCESS TO CARE}

### {MAP SIX}

#### HOW MISSISSIPPIANS RATE THEIR ACCESS TO CARE

We assessed how individuals in each public health district perceived their overall difficulty in accessing medical care. Difficulty included individuals who perceived finding care to be somewhat difficult, very difficult, and extremely difficult. In the state overall, 17.2%<sup>a</sup> of individuals reported difficulty finding care. District VI reported the most difficulty, with 22.5% of individuals reporting that care was hard to get. The health districts that include Delta counties also tended to report more difficulty getting medical care than other districts, with 21.9% of respondents in District I and 22.4% of respondents in District III reporting difficulty with care.

<sup>a</sup>Based on statewide sample.



# RESULTS

## {SUPPLEMENTARY PUBLIC HEALTH DISTRICT ANALYSES}

{TABLE FIFTEEN}

Public Health District:	I	II	III	IV	V	VI	VII	VIII	IX
<b>Insurance Status</b>									
Percentage on Medicaid/Medicare	15.4%	18.9%	26.5%*	21.1%	16.8%	15.7%	17.9%	15.4%	18.2%
Don't have insurance because too expensive	50.0%	43.2%	37.2%	36.4%	42.2%	26.5%	42.9%	42.9%	51.8%
<b>Beliefs about Insurance</b>									
Health insurance is very important	88.3%	88.2%	89.0%	88.3%	88.6%	85.0%	90.1%	86.5%	81.9%
Health insurance is necessary	86.0%	89.1%	91.8%	86.3%	89.0%	87.9%	91.5%	90.2%	84.8%
Health insurance is worth the money	71.4%	66.7%	71.0%	65.9%	70.6%	60.4%	63.4%	62.3%	62.7%
<b>Knowledge</b>									
Didn't know much/not at all aware of states option to expand Medicaid	84.2%	75.6%	81.2%	78.2%	73.1%	80.7%	77.6%	77.7%	75.5%
Not aware of Mississippi's decision to not expand Medicaid	80.7%	76.7%	80.8%	82.0%	73.0%	82.2%	75.6%	74.5%	76.7%
<b>ACA Attitudes</b>									
Agree/strongly agree people should be able to buy insurance in any state	89.5%	92.0%	92.2%	84.9%	87.8%	91.1%	94.5%	85.9%	90.8%
Agree/strongly agree large employers should be required to provide insurance	82.1%	83.4%	90.2%	83.0%	82.7%	88.6%	87.0%	80.6%	86.2%
Agree people with pre-existing conditions should not pay more for insurance	72.3%	79.1%	75.3%	72.8%	75.1%	75.8%	74.5%	75.6%	73.8%
Agree penalties or fines should be imposed on people who don't buy insurance	15.0%	18.2%	15.5%	16.1%	19.7%	16.4%	17.3%	16.3%	16.2%
Agree there should be subsidies to help low income people buy health insurance	81.4%	83.1%	85.0%	78.5%	82.0%	80.4%	80.7%	73.7%	79.6%
<b>Behaviors</b>									
Will buy insurance through exchange during open enrollment	12.2%	9.1%*	15.1%	10.1%	21.7%*	14.3%	11.4%	9.3%*	10.4%*

\* $p < .05$

## DISCUSSION

Uninsured rates are declining, but more work is needed to target individuals most likely to be without coverage. The percentage of Mississippians reporting a lack of health coverage is down from 23% in 2013 to 15% in 2014. This decline in uninsured residents since the ACA took effect mirrors similar trends nationwide, where the uninsured rate fell from a high of 18% in the third quarter of 2013 to 13% in late 2014 (Gallup, 2015). Reporting low income, living in health districts II and VII, or being Black or between the ages of 35-44 were associated with a lack of health insurance coverage. Nevertheless, most uninsured Mississippians were strong (84%) in their belief that health insurance is something they need, and 45% claimed intention to purchase insurance during the ACA open enrollment, up from 38% in 2013. Therefore, increased educational and outreach efforts should be targeted to meet the health insurance needs of these uninsured individuals, and given that the expense of health insurance was the foremost barrier to its purchase, greater awareness of Medicaid, CHIP, and ACA subsidy availability and eligibility is warranted.

Additional efforts are needed to inform more Mississippians, both insured and uninsured, about the ACA. Less than half (45%) of insured respondents reported to know “some to a lot” about the ACA. However, the percentage of uninsured respondents reporting to know “some

to a lot” was much lower, at 21%.

Knowledge regarding the exchange, or marketplace, was even lower, with just 33% of insured and 17% of uninsured reporting to know “some to a lot” about them. Fewer residents reported knowledge of Mississippi’s stance toward Medicaid expansion, with 19% of insured and 16% of uninsured reporting they were aware of the decision not to expand the program. These findings point to the ongoing need for public education regarding the ACA and the federal exchange operating in Mississippi, particularly among the uninsured.

Increased understanding of the ACA could lead to more favorable opinions of the law. Attitudes toward the ACA—across all Mississippians—are mixed, depending on whether respondents are being asked about the ACA as a whole, or about the various components of the law. Similar to national findings, Mississippians are more favorable to specific ACA provisions than to the law itself. Just 4 in 10 Mississippians support the ACA as a whole, whereas considerably more support ACA subsidies (8 in 10), equitable rates for those with preexisting conditions (7 in 10), or an extension of coverage for dependents until age 26 (7 in 10). Highlighting the inconsistencies in attitude further, 6 in 10 respondents support the individual mandate, but just 2 in 10 support individual penalties for not having coverage. Given that, when speaking of personal experience, fewer Mississippians are concerned about the ill



## DISCUSSION



effects of the ACA (just 25% stated that their family is worse off as a result of the law this year compared to 40% last year), a more global understanding of the ACA could continue to erode assumptions and impact attitudes.

Several barriers may limit strides to achieve greater health care coverage in Mississippi. Despite strong support for Medicaid expansion among Mississippians (72%), the decision not to expand the program creates a permanent coverage gap for those with incomes too high to be eligible for Medicaid, but too low to receive subsidies. This gap could have potentially been enlarged if the Supreme Court had ruled that ACA subsidies were illegal for individuals in states with federally run exchanges.

Another potential limiting factor is whether Mississippians gaining health coverage will have access to health care providers. Given that much of the state is experiencing health care provider

shortages, some residents have reported difficulties accessing care. This is especially true of respondents reporting low incomes or those living in health districts I, III, and VI. House Bill 317 was enacted in 2012 to create the Office of Mississippi Physician Workforce (OMPW), with the goal of increasing the physician workforce throughout Mississippi (UMMC, 2015). Future research will demonstrate the gains made regarding these efforts.

In conclusion, progress has been made over the past year in the numbers of Mississippians insured, as well as the numbers of uninsured who claim they plan to enroll in coverage via the ACA. And yet, if advancements are to be continued, efforts are still needed to educate the public about the ACA, target those most at-risk of being uninsured, and reconsider policies that would benefit all citizens.

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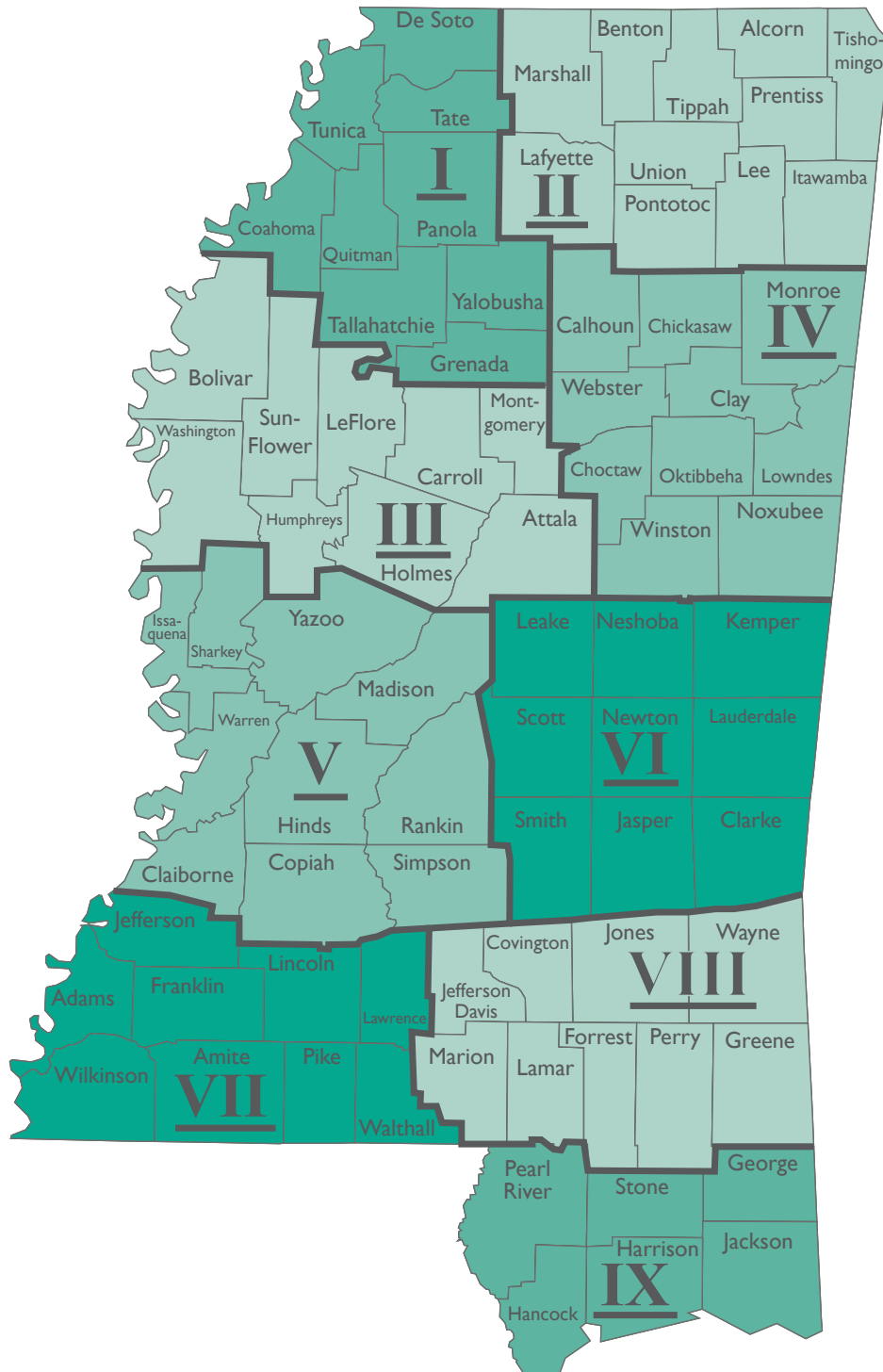
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# APPENDIX A

## {SAMPLE PUBLIC HEALTH DISTRICT MAP}





# APPENDIX B

## { SURVEY INSTRUMENT }

Hello, my name is \_\_\_\_\_. I am calling from the Social Science Research Center at Mississippi State University. We are conducting a research study of Mississippian's knowledge, attitudes, and beliefs regarding health insurance coverage options and the Affordable Care Act. This interview is completely voluntary. You may end your participation at any time. All of your responses are confidential. You may refuse to answer any questions that you consider too personal. This interview will take about 12 minutes. May I begin?

Are you at least 19 years but less than 65? Y/N/DK/RF IF "N/DK/RF" END SURVEY

Are you a Mississippi resident? Y/N/DK/RF IF " N/DK/RF" END SURVEY

Are you currently talking to me on a cell phone or a regular landline phone?

Cellphone

Landline

No comment IF "NC" END SURVEY

Is this a business phone? Y/N/DK/RF IF "N/DK/RF" END SURVEY

Are you at home or in another location where you can safely talk to me? Y/N/DK/RF

IF "N/DK/RF" END SURVEY



1. A health plan includes any private insurance plan through your employer or a plan you purchased yourself, as well as a government program like Medicare or Medicaid. Are you now covered by any form of health insurance or health plan or do you not have health insurance at this time?

- ☐ Covered by insurance
- ☐ Not covered by insurance
- ☐ Don't know
- ☐ Refused

1A. [If covered by insurance] Which of the following is your MAIN source of health insurance coverage?

- ☐ Plan through your or your spouse's employer [Note to interviewer: this includes COBRA pronounced köbr ]
- ☐ Plan you purchased yourself [Note to interviewer: this includes "high risk" pool or plan]
- ☐ Medicare
- ☐ Medicaid
- ☐ Some other government program [Read if necessary: This includes the VA, TRICARE, or the Indian Health Service, for example.]
- ☐ Plan through your parents
- ☐ Don't know
- ☐ Refused

1B. We want to know your rating of all your experiences with [plan chosen above]. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate [plan chosen above]?

[Enter valid number: 0 - 10] DK/RF

1C. [If 1A = 'Plan you purchased yourself' ] Did you purchase your insurance through the healthcare.gov Marketplace/Exchange?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

1Cb. [If you purchased your insurance through the marketplace/exchange/healthcare.gov]: How did you hear about the Marketplace:

- ☐ Friend/family member
- ☐ Health care provider
- ☐ News media
- ☐ Health fair
- ☐ My employer
- ☐ Health insurance agent/broker
- ☐ Internet
- ☐ Other (please specify)
- ☐ Don't know
- ☐ Refused

1Cc. [If you purchased your insurance through the marketplace/exchange/healthcare.gov]: What was your

primary source of assistance during the enrollment process?

- ☐ Health care navigator
- ☐ Exchange representative
- ☐ Local health insurance broker or agent
- ☐ Insurance company
- ☐ Hospital
- ☐ Worker at county health department or community health center
- ☐ Worker for other health care provider
- ☐ Friend/family member
- ☐ Health fair
- ☐ Other (please specify)
- ☐ Don't know
- ☐ Refused

1D. [If covered by insurance] Was there any time in the last 12 months when you did not have health insurance of some kind?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

1E. [If NOT covered by insurance] Was there any time in the last 12 months when you had health insurance of some kind?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

1F. [If NOT covered by insurance] What is the MAIN reason you do not currently have health insurance? [Do NOT read list – single response only – probe for “main reason” if respondent mentions more than one reason why they are uninsured]

- ☐ Too expensive
- ☐ Unemployed/lost job
- ☐ Don't need it
- ☐ Employer doesn't offer it
- ☐ Can't get it/refused due to poor health, illness, age
- ☐ Not eligible for employer coverage
- ☐ Don't know how to get it
- ☐ Other (please specify)
- ☐ Don't know
- ☐ Refused

1G. [If NOT covered by insurance] How long have you been uninsured:

[Do NOT read:]

- ☐ Less than 3 months
- ☐ 3 months to less than a year
- ☐ 1 year to less than 2 years
- ☐ 2 years or more
- ☐ Don't know
- ☐ Refused

1H. [If NOT covered by insurance] Have you tried to enroll through the Marketplace/Exchange?

- ☐ Yes
- ☐ No
- ☐ Refused

1Ia. [If not covered by insurance but answered "Yes" to "Have you tried to enroll through the Marketplace/Exchange"]: Why did you not enroll?

- ☐ Plan(s) unaffordable
- ☐ Too complicated
- ☐ Website didn't function
- ☐ No access to computer
- ☐ Did not like plan(s) offered
- ☐ Other (please specify)
- ☐ Don't know
- ☐ Refused

2. How much do you know about the health reform law known as the Affordable Care Act? [Note to interviewer: this is sometimes called "Obamacare"] Would you say ...

- ☐ A lot
- ☐ Some
- ☐ Only a little
- ☐ Not at all
- ☐ Refused

3. Do you believe you have enough information about the health reform law to understand how it affects you and your family?

- ☐ Yes, have enough information
- ☐ No, do not have enough information
- ☐ Don't know
- ☐ Refused

4. How much do you know about a health insurance exchange or marketplace, where people may buy health insurance, which will be available under the Affordable Care Act? Would you say ...

- ☐ A lot
- ☐ Some
- ☐ Only a little
- ☐ Not at all
- ☐ Refused

5. Are you aware of the open enrollment period for obtaining health insurance coverage through the health insurance exchange or marketplace that runs from November 15, 2014 to February 15, 2015?

- ☐ Yes
- ☐ No
- ☐ Refused

6. How aware are you that states have an option to expand Medicaid to cover more people?

- ☐ Very aware
- ☐ Heard something, but don't know much
- ☐ Not at all aware
- ☐ Don't know
- ☐ Refused

7. As far as you know, in Mississippi the:

- ☐ Governor and legislature decided that the state will expand Medicaid
- ☐ Governor and legislature decided that the state will not expand Medicaid
- ☐ Governor and legislature have not yet decided if the state will expand Medicaid
- ☐ Not heard enough to say
- ☐ Don't know
- ☐ Refused

8. Overall, how difficult is it for you to get medical care when you need it?

- ☐ Not at all difficult
- ☐ Not too difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult
- ☐ Don't know
- ☐ Refused

9. Would rate your current health as:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know
- ☐ Refused

10. How important is it to you personally that you have health insurance?

- ☐ Very important
- ☐ Somewhat important
- ☐ Not too important
- ☐ Not at all important
- ☐ Don't know
- ☐ Refused

11. Which of the following comes closest to your view? [Read all and rotate]

- ☐ Health insurance is something I need
- ☐ I'm healthy enough that I don't really need health insurance
- ☐ Don't know
- ☐ Refused

12. Would you say that health insurance IS or IS NOT worth the money it costs?

- ☐ Health insurance is worth the money
- ☐ Health insurance is not worth the money
- ☐ Don't know
- ☐ Refused

13. To what extent do you agree or disagree with the following statements:

Please indicate whether you Strongly Agree, Agree, Neither Agree, nor Disagree, Disagree, or Strongly Disagree

- a. Most individuals should be required to have health insurance.  
SA\_\_\_A\_\_\_N\_\_\_D\_\_\_SD\_\_\_DK/RF
- b. People with pre-existing conditions should not have to pay more for health insurance.  
SA\_\_\_A\_\_\_N\_\_\_D\_\_\_SD\_\_\_DK/RF
- c. Children should be able to be covered on their parent health insurance policy to age 26.  
SA\_\_\_A\_\_\_N\_\_\_D\_\_\_SD\_\_\_DK/RF
- d. People should be able to buy health insurance in any state if the plan offers better value.  
SA\_\_\_A\_\_\_N\_\_\_D\_\_\_SD\_\_\_DK/RF
- e. Penalties or fines should be imposed on people who don't buy health insurance.  
SA\_\_\_A\_\_\_N\_\_\_D\_\_\_SD\_\_\_DK/RF
- f. There should be subsidies to help low-income people buy health insurance.  
SA\_\_\_A\_\_\_N\_\_\_D\_\_\_SD\_\_\_DK/RF
- g. All large employers should be required to provide health insurance to their employees.  
SA\_\_\_A\_\_\_N\_\_\_D\_\_\_SD\_\_\_DK/RF
- h. The Medicaid program in Mississippi should be expanded to cover everyone below the Federal Poverty Level. SA\_\_\_A\_\_\_N\_\_\_D\_\_\_SD\_\_\_DK/RF

20. Do you think you will buy insurance coverage through the health insurance exchange or marketplace during the open enrollment period that runs November 15, 2014 to February 15, 2015?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

20A. [If No or Don't Know] If health insurance plans in your area all offered the same benefits, which of the following factors would be the MOST important in determining your plan choice? [Randomize response options]

- ☐ Low monthly cost
- ☐ The doctors and hospitals available in the plan
- ☐ The out-of-pocket costs, like copays and deductibles, in the plan
- ☐ Customer satisfaction and quality ratings
- ☐ A brand I know and trust
- ☐ Other
- ☐ Nothing
- ☐ Don't know
- ☐ Refused

21. How many people are in your household? That is, how many members of your family live with you at this address?

- ☐ People
- ☐ Don't know
- ☐ Refused

22. What is the highest level of school you have completed or the highest degree you have received?  
[Do NOT read:]

- ☐ Less than high school (grades 1-8 or no formal schooling)
- ☐ High school incomplete (grades 9-11 or grade 12 with NO degree)
- ☐ High school graduate or GED
- ☐ Some college, no degree (includes community college)
- ☐ Two year associate degree from a college/university
- ☐ Four year college or university degree/bachelor's degree
- ☐ Some postgraduate or professional schooling, no postgraduate degree
- ☐ Postgraduate or professional degree, including master's doctorate, medical or law degree
- ☐ Don't know
- ☐ Refused

23. What best describes your employment situation today? [Read in order]

- ☐ Employed, full-time
- ☐ Employed, part-time
- ☐ Student
- ☐ Retired
- ☐ On disability, can't work
- ☐ Homemaker, or stay at home parent?
- ☐ Unemployed
- ☐ Don't know
- ☐ Refused

23A. [If employed] Do you work for an organization that has 50 or more employees including all of its locations and worksites?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

24. [If NOT covered by insurance] What would you be willing to pay per month for health insurance coverage for yourself? \$\_\_\_\_\_ DK/RF

24A. [If NOT covered by insurance] What would you be willing to pay per month for health insurance coverage for yourself and your family? \$\_\_\_\_\_ DK/RF

25. What would make you investigate buying coverage through a health insurance exchange or marketplace? [Randomize response options]

- ☐ Low monthly cost
- ☐ The doctors and hospitals available in the plan
- ☐ The out-of-pocket costs, such as copays and deductibles, in the plan
- ☐ Customer satisfaction and quality ratings
- ☐ A brand I know and trust
- ☐ I get sick
- ☐ Nothing
- ☐ Don't know
- ☐ Refused

26. I have changed or plan to change my existing health insurance plan for 2015 as a result of the Affordable Care Act.

- ☐ Yes
- ☐ No
- ☐ Yes, but only if the cost is less than what I pay now
- ☐ Don't know
- ☐ Refused



27. In what format would you MOST prefer to get information about the health insurance options available through the Affordable Care Act? [do not read responses]

- ☐ Pamphlet mailed to home
- ☐ Television
- ☐ Radio
- ☐ Internet
- ☐ Email
- ☐ Call to home
- ☐ Family & friends
- ☐ Employer
- ☐ Insurance agent or broker
- ☐ Church
- ☐ Community organization
- ☐ Physician's office
- ☐ I don't want more information [Do not read]
- ☐ Don't know
- ☐ Refused

28. What year were you born? 19\_\_ DK/RF

29. In what county do you live?  
[List of counties in Mississippi, DK, RF]

30. Do you consider yourself Hispanic or Latino?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

31. What is your race?

- ☐ White or Caucasian
- ☐ Black or African-American
- ☐ Asian
- ☐ Other
- ☐ Refused

32. Please stop me when I read the category that best describes your 2013 household income from all sources BEFORE taxes?

- ☐ Less than \$10,000
- ☐ 10 to 20,000
- ☐ 20 to 30,000
- ☐ 30 to 40,000
- ☐ 40 to 50,000
- ☐ 50 to 60,000
- ☐ 60 to 70,000
- ☐ 70 to 80,000
- ☐ 80 to 90,000
- ☐ 90 to 100,000
- ☐ More than \$100,000
- ☐ Don't know
- ☐ Refused

33. Indicate the sex of respondent. [Ask only if necessary]

- ☐ Male
- ☐ Female
- ☐ Refused

This concludes our survey. We thank you for your participation.

If you have any questions about this research, please contact Dr. Linda Southward, Research Professor at Mississippi State University. Dr. Southward can be contacted by telephone at area code (662) 325-8079 or by email at [Linda.Southward@ssrc.msstate.edu](mailto:Linda.Southward@ssrc.msstate.edu)

If you have an questions regarding the survey center responsible for collecting this data, please contact Dr. John F. Edwards, Director of the Survey Research Laboratory at Mississippi State University. Dr. Edwards can be contacted by telephone at area code (662) 325-9726 or by email at [je@ssrc.msstate.edu](mailto:je@ssrc.msstate.edu)

If you have any questions regarding your rights as a research participant, please contact Mississippi State University's Office of Regulatory Compliance at area code (662) 325-3994.

14. Do you think the health insurance exchanges or marketplaces (where you can buy health insurance) required by the Affordable Care Act have resulted in:

- ☐ Generally higher health insurance costs
- ☐ Generally lower health insurance costs
- ☐ Not much of an impact on insurance costs
- ☐ Don't know
- ☐ Refused

15. Do you think the health insurance exchanges or marketplaces required by the Affordable Care Act have resulted in:

- ☐ A larger choice of health plans than was previously available
- ☐ A smaller choice of health plans than was previously available
- ☐ Little change in the choice of health plans available
- ☐ Don't know
- ☐ Refused

16. Do you think that you and your family have been: [Rotate answers]

- ☐ Unaffected by the Affordable Care Act
- ☐ Better off as a result of the Affordable Care Act
- ☐ Worse off as a result of the Affordable Care Act
- ☐ Don't know
- ☐ Refused

17. Do you support the health reform law known as the Affordable Care Act?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

18. Under the Affordable Care Act people must buy health insurance or pay a fine of 2 percent of their income. Would you?

- ☐ Buy insurance
- ☐ Pay the fine
- ☐ Not certain
- ☐ Refused

19. Do you think you might be eligible for a subsidy to get health insurance as a result of the Affordable Care Act?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

# APPENDIX C

## {WEIGHTED FREQUENCIES}

## Frequency Tables for Health Insurance Survey

[Q1] Are you now covered by any form of health insurance or health plan or do you not have health insurance at this time?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	846	84.2	84.2	84.2
2 No	154	15.4	15.4	99.6
3 Don't Know/Not Sure	4	.4	.4	100.0
4 Refused	0	.0	.0	100.0
Total	1004	100.0	100.0	

[Q2] Which of the following is your MAIN source of health insurance coverage?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Plan through your or your spouse's employer	515	51.3	60.9	60.9
2 Plan you purchased yourself	113	11.3	13.4	74.3
3 Medicare	54	5.4	6.4	80.6
4 Medicaid	62	6.2	7.4	88.0
5 Some other government program	31	3.1	3.7	91.7
6 Plan through your parents	68	6.7	8.0	99.7
7 Don't know	3	.3	.3	100.0
8 Refused	0	.0	.0	100.0
Total	846	84.2	100.0	
Missing System	159	15.8		
Total	1004	100.0		

**[Q3] We want to know your rating of all your experiences with your health care plan. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health care plan?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	6	.6	.7	.7
	1	5	.5	.6	1.3
	2	9	.9	1.1	2.4
	3	18	1.8	2.1	4.5
	4	14	1.4	1.7	6.2
	5	59	5.9	7.0	13.2
	6	53	5.3	6.2	19.5
	7	114	11.4	13.5	33.0
	8	268	26.7	31.7	64.6
	9	118	11.8	14.0	78.6
	10	165	16.4	19.5	98.1
	11 Don't know	16	1.6	1.9	100.0
Total		846	84.2	100.0	
Missing	System	159	15.8		
Total		1004	100.0		

**[Q4] Did you purchase your insurance through the healthcare.gov Marketplace/Exchange?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	18	1.8	15.9	15.9
	2 No	91	9.1	80.6	96.5
	3 Don't Know/Not Sure	4	.4	3.5	100.0
	Total	113	11.3	100.0	
Missing	System	891	88.7		
Total		1004	100.0		

**[Q5] How did you hear about the Marketplace?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Friend/family member	4	.4	24.9	24.9
	2 Health care provider	0	.0	1.9	26.8
	3 News media	5	.5	28.5	55.3
	4 Health fair	0	.0	2.1	57.4
	5 My employer	1	.1	2.9	60.3
	6 Health insurance agent/broker	1	.1	4.3	64.6
	7 Internet	6	.6	35.4	100.0
	Total	18	1.8	100.0	
Missing	System	986	98.2		
Total		1004	100.0		

**[Q6] What was your primary source of assistance during the enrollment process?**

		Frequency	Percent	Valid Percent
Valid	1 Health care navigator	6	.6	31.3
	2 Exchange representative	5	.5	27.6
	3 Local health insurance broker or agent	2	.2	13.2
	7 Worker for other health care provider	0	.0	2.5
	8 Friend/family member	1	.1	7.4
	9 Health fair	0	.0	2.1
	10 Other (please specify)	1	.1	3.3
	11 Don't know	2	.2	12.5
	Total	18	1.8	100.0
Missing	System	986	98.2	
Total		1004	100.0	

**[Q6] What was your primary source of assistance during the enrollment process?**

		Cumulative Percent
Valid	1 Health care navigator	31.3
	2 Exchange representative	58.9
	3 Local health insurance broker or agent	72.2
	7 Worker for other health care provider	74.7
	8 Friend/family member	82.1
	9 Health fair	84.2
	10 Other (please specify)	87.5
	11 Don't know	100.0
	Total	
Missing	System	
Total		

**[Q6\_oth] Open ended response to Q6**

	Frequency
Herself	1

**[Q7] Was there any time in the last 12 months when you did not have health insurance of some kind?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	83	8.3	9.8	9.8
2 No	758	75.5	89.6	99.4
3 Don't Know/Not Sure	5	.5	.6	100.0
Total	846	84.2	100.0	
Missing System	159	15.8		
Total	1004	100.0		

**[Q8] Was there any time in the last 12 months when you had health insurance of some kind?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	61	6.1	38.4	38.4
2 No	97	9.7	61.4	99.8
3 Don't Know/Not Sure	0	.0	.2	100.0
Total	159	15.8	100.0	
Missing System	846	84.2		
Total	1004	100.0		



**[Q9] What is the MAIN reason you do not currently have health insurance?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
1 Too expensive	57	5.7	36.1	36.1
2 Unemployed/lost job	31	3.1	19.4	55.5
3 Don't need it	5	.5	3.4	58.9
4 Employer doesn't offer it	7	.7	4.5	63.4
5 Can't get it/refused due to poor health, illness, age	9	.9	5.8	69.2
6 Not eligible for employer coverage	6	.6	3.5	72.7
7 Don't know how to get it	2	.2	1.1	73.8
8 Other (please specify)	30	3.0	19.2	93.0
9 Don't know	11	1.1	7.0	100.0
Total	159	15.8	100.0	
Missing				
System	846	84.2		
Total	1004	100.0		

**[Q9\_oth] Open ended response to Q9**

	Frequency
Can't be on parents' plan anymore	1
Change of jobs	1
Cheaper to pay out of pocket	1
Company just got bought out	1
Couldn't transfer insurance	1
Denied	1
Didn't follow through with it	1
Do not go to the doctor	1
Employer offered insurance for 12 years until Obamacare	1
Had it but did not renew the coverage	1
Had it with a job and then quit and missed the deadline	1
Have to be employed at least 60 days in order to get insurance	1
Haven't really checked into getting any.	1
Health care doesnt start until December	1
Husband is about to enter the army	1
In between jobs	1
Insurance wasn't worth it	1
My job got rid of it because of Obama Care	1
Not eligible as of yet	1
Not working and trying to get on disability	1
Oldest child turned 18- was on Medicaid	1

**[Q9\_oth] Open ended response to Q9**

	Frequency
Own company	1
Refused coverage	1
Religious beliefs	1
Retired	1
Self-employed	1
Self-employed - makes insurance too expensive	1
Started a new job	1
Too busy right now	1
Too expensive after she turned 19 and lost medicaid	1
Too late to sign up	1
Too much income	1
Trying to get from current employer	1
Waiting for enrollment	1
When she turned 19 they discontinued her medicaid	1

**[Q10] How long have you been uninsured?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Less than 3 months	16	1.6	10.1	10.1
2 3 months to less than a year	31	3.1	19.7	29.8
3 1 year to less than 2 years	26	2.6	16.4	46.3
4 2 years or more	80	8.0	50.5	96.8
5 Don't know	5	.5	3.1	99.9
6 Refused	0	.0	.1	100.0
Total	159	15.8	100.0	
Missing System	846	84.2		
Total	1004	100.0		

**[Q11] Have you tried to enroll through the Marketplace/Exchange?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	28	2.8	17.8	17.8
2 No	128	12.8	81.1	98.8
3 Don't Know/Not Sure	2	.2	1.2	100.0
Total	159	15.8	100.0	
Missing System	846	84.2		
Total	1004	100.0		

[Q12] Why did you not enroll?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Plan(s) unaffordable	18	1.8	11.2	11.2
	2 Too complicated	19	1.8	11.7	22.9
	3 Website didn't function	6	.6	3.7	26.6
	4 No access to computer	4	.4	2.6	29.2
	5 Did not like plan(s) offered	10	1.0	6.0	35.3
	6 Other (please specify)	52	5.2	32.9	68.2
	7 Don't know	45	4.5	28.4	96.6
	8 Refused	5	.5	3.4	100.0
	Total	159	15.8	100.0	
Missing	System	846	84.2		
Total		1004	100.0		

[Q12\_oth] Open ended response to Q12

	Frequency
Applied and was denied	1
At the time I had a job	1
Bad experience--gave her the run around	1
Can go to the doctor for \$20	1
Cheaper not to enroll	1
Couldn't enroll on phone	1
Couldn't get his call thru	1
Did not have time to do it	1
Did not hear about it	1
Did not know	1
Did not know about exchange	1
Did not know about it	7
Did not know how	1
Did not qualify because she is not working	1
Did not think about it	1
Didn't look into the plans	1
Doesn't want to pay for something forced upon you, can't afford	1
Don't go to the doctor	1
Feel he doesn't have to buy insurance because of the law	1
Got offered private insurance through job	1
Got turned down	1
Hasn't been to the doctor much	1
Have a busy schedule	1

[Q12\_oth] Open ended response to Q12

	Frequency
Have not applied	1
Haven't done any research on it	1
Haven't had time	1
Haven't heard of it	1
Haven't started looking yet	1
Heard alot about invasion of privacy online	1
Husband applied and she did not	1
Income would have been to high.	1
It wasn't during this time period when she lost the medicaid	1
Just didn't follow through with it but did apply	1
Just haven't	1
Just lost job	1
Just saw advertisement for insurance on TV	1
Never decided to seek these options	1
Never really wanted to	1
No idea what this is	1
No money	1
No time, busy	1
Not a provider in his area at 1st and then too expensive	1
Not aware of it	1
Not enough money	1
Not enough time	1
Not sure	1
Past the time available	1
Previously had insurance through the exchange	1
Prices too high	1
Stated was unemployed to other insurance company was not helped	1
Talked to someone on phone - a helpline	1
The cost, too expensive	1
They never called back	1
Too busy	1
Too expensive	1
Turned down	1
Wait time was too long	1
Waiting for enrollment period	1
Was not aware	1
Was with blue cross blue shield until recently	1
Waste of time	1

**[Q13] How much do you know about the health reform law known as the Affordable Care Act? Would you say...**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 A lot	116	11.6	11.6	11.6
2 Some	294	29.3	29.3	40.9
3 Only a little	311	31.0	31.0	71.9
4 Not at all	280	27.9	27.9	99.8
5 Refused	2	.2	.2	100.0
Total	1004	100.0	100.0	

**[Q14] Do you believe you have enough information about the health reform law to understand how it affects you and your family?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes, have enough information	458	45.6	45.6	45.6
2 No, do not have enough information	502	50.0	50.0	95.6
3 Don't Know/Not Sure	41	4.1	4.1	99.6
4 Refused	4	.4	.4	100.0
Total	1004	100.0	100.0	

**[Q15] How much do you know about a health insurance exchange or marketplace, where people may buy health insurance, which will be available under the Affordable Care Act? Would you say...**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 A lot	85	8.5	8.5	8.5
2 Some	220	21.9	21.9	30.4
3 Only a little	311	30.9	30.9	61.4
4 Not at all	383	38.1	38.1	99.5
5 Refused	5	.5	.5	100.0
Total	1004	100.0	100.0	

**[Q16] Are you aware of the open enrollment period for obtaining health insurance coverage through the health insurance exchange or marketplace that runs from November 15, 2014 to February 15, 2015?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	503	50.1	50.1	50.1
2 No	499	49.7	49.7	99.8
3 Refused	2	.2	.2	100.0
Total	1004	100.0	100.0	

**[Q17] How aware are you that states have an option to expand Medicaid to cover more people?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Very aware	195	19.4	19.4	19.4
2 Heard something, but don't know much	336	33.5	33.5	52.9
3 Not at all aware	459	45.7	45.7	98.6
4 Don't Know	14	1.4	1.4	100.0
Total	1004	100.0	100.0	

**[Q18] As far as you know, in Mississippi the...**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Governor and legislature decided that the state will expand Medicaid	32	3.2	3.2	3.2
2 Governor and legislature decided that the state will not expand Medicaid	182	18.1	18.1	21.3
3 Governor and legislature have not yet decided if the state will expand Medicaid	64	6.4	6.4	27.7
4 Not heard enough to say	645	64.3	64.3	91.9
5 Don't know	80	8.0	8.0	100.0
6 Refused	0	.0	.0	100.0
Total	1004	100.0	100.0	

**[Q19] Overall, how difficult is it for you to get medical care when you need it?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Not at all difficult	612	60.9	60.9	60.9
2 Not too difficult	204	20.3	20.3	81.2
3 Somewhat difficult	102	10.2	10.2	91.4
4 Very difficult	44	4.4	4.4	95.8
5 Extremely difficult	26	2.6	2.6	98.4
6 Don't know	13	1.3	1.3	99.7
7 Refused	3	.3	.3	100.0
Total	1004	100.0	100.0	

**[Q20] Would you rate your current health as...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Excellent	318	31.7	31.7	31.7
	2 Good	448	44.6	44.6	76.2
	3 Fair	181	18.0	18.0	94.2
	4 Poor	57	5.7	5.7	99.9
	6 Refused	1	.1	.1	100.0
	Total	1004	100.0	100.0	

**[Q21] How important is it to you personally that you have health insurance?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Very important	911	90.7	90.7	90.7
	2 Somewhat important	61	6.1	6.1	96.9
	3 Not too important	18	1.8	1.8	98.7
	4 Not at all important	9	.9	.9	99.6
	5 Don't know	0	.0	.0	99.6
	6 Refused	4	.4	.4	100.0
	Total	1004	100.0	100.0	

**[Q22] Which of the following comes closest to your view?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Health insurance is something I need	916	91.2	91.2	91.2
	2 I'm healthy enough that I don't really need health insurance	73	7.3	7.3	98.5
	3 Don't know	14	1.4	1.4	99.9
	4 Refused	1	.1	.1	100.0
	Total	1004	100.0	100.0	

**[Q23] Would you say that health insurance IS or IS NOT worth the money it costs?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Health insurance is worth the money	717	71.4	71.4	71.4
	2 Health insurance is not worth the money	198	19.7	19.7	91.1
	3 Don't Know/Not Sure	85	8.4	8.4	99.6
	4 Refused	4	.4	.4	100.0
	Total	1004	100.0	100.0	

**[Q24a] Most individuals should be required to have health insurance: To what extent to you agree or disagree with the following statements, please indicate whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Strongly agree	194	19.3	19.3	19.3
2 Agree	447	44.5	44.5	63.8
3 Neither agree nor disagree	52	5.2	5.2	69.0
4 Disagree	216	21.5	21.5	90.5
5 Strongly disagree	79	7.9	7.9	98.4
6 Not sure	13	1.3	1.3	99.7
7 Refused	3	.3	.3	100.0
Total	1004	100.0	100.0	

**[Q24b] People with pre-existing conditions should not have to pay more for health insurance:**  
**[Level of agreement]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Strongly agree	218	21.7	21.7	21.7
2 Agree	528	52.6	52.6	74.3
3 Neither agree nor disagree	52	5.2	5.2	79.4
4 Disagree	157	15.7	15.7	95.1
5 Strongly disagree	25	2.4	2.4	97.5
6 Not sure	22	2.2	2.2	99.7
7 Refused	3	.3	.3	100.0
Total	1004	100.0	100.0	

**[Q24c] Children should be able to be covered by their parents' health insurance policy to age 26: [Level of agreement]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Strongly agree	206	20.5	20.5	20.5
2 Agree	530	52.8	52.8	73.3
3 Neither agree nor disagree	47	4.7	4.7	77.9
4 Disagree	165	16.5	16.5	94.4
5 Strongly disagree	34	3.4	3.4	97.8
6 Not sure	22	2.1	2.1	99.9
7 Refused	1	.1	.1	100.0
Total	1004	100.0	100.0	



**[Q24d] People should be able to buy health insurance in any state if the plan offers better value:**  
**[Level of agreement]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Strongly agree	231	23.0	23.0	23.0
2 Agree	682	67.9	67.9	91.0
3 Neither agree nor disagree	23	2.3	2.3	93.2
4 Disagree	44	4.3	4.3	97.6
5 Strongly disagree	1	.1	.1	97.6
6 Not sure	24	2.4	2.4	100.0
Total	1004	100.0	100.0	

**[Q24e] Penalties or fines should be imposed on people who don't buy health insurance: [Level of agreement]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Strongly agree	39	3.9	3.9	3.9
2 Agree	125	12.5	12.5	16.3
3 Neither agree nor disagree	43	4.3	4.3	20.7
4 Disagree	528	52.5	52.5	73.2
5 Strongly disagree	246	24.5	24.5	97.7
6 Not sure	22	2.2	2.2	99.9
7 Refused	1	.1	.1	100.0
Total	1004	100.0	100.0	

**[Q24f] There should be subsidies to help low-income people buy health insurance: [Level of agreement]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Strongly agree	189	18.8	18.8	18.8
2 Agree	616	61.4	61.4	80.1
3 Neither agree nor disagree	59	5.8	5.8	86.0
4 Disagree	88	8.7	8.7	94.7
5 Strongly disagree	33	3.3	3.3	98.0
6 Not sure	19	1.9	1.9	99.9
7 Refused	1	.1	.1	100.0
Total	1004	100.0	100.0	

**[Q24g] All large employers should be required to provide health insurance to their employees:**  
**[Level of agreement]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Strongly agree	241	24.0	24.0	24.0
2 Agree	585	58.3	58.3	82.2
3 Neither agree nor disagree	34	3.4	3.4	85.6
4 Disagree	111	11.0	11.0	96.6
5 Strongly disagree	28	2.8	2.8	99.5
6 Not sure	5	.5	.5	99.9
7 Refused	1	.1	.1	100.0
Total	1004	100.0	100.0	

**[Q24h] The Medicaid program in Mississippi should be expanded to cover everyone below the Federal Poverty Line: [Level of agreement]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Strongly agree	209	20.9	20.9	20.9
2 Agree	515	51.2	51.2	72.1
3 Neither agree nor disagree	54	5.3	5.3	77.4
4 Disagree	136	13.6	13.6	91.0
5 Strongly disagree	32	3.2	3.2	94.2
6 Not sure	53	5.3	5.3	99.5
7 Refused	5	.5	.5	100.0
Total	1004	100.0	100.0	

**[Q25] Do you think the health insurance exchanges or marketplaces (where you can buy health insurance) required by the Affordable Care Act have resulted in:**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Generally higher health insurance costs	440	43.9	43.9	43.9
2 Genrally lower health insurance costs	98	9.7	9.7	53.6
3 Not much of an impact on insurance costs	211	21.0	21.0	74.6
4 Don't know	254	25.3	25.3	99.9
5 Refused	1	.1	.1	100.0
Total	1004	100.0	100.0	

**[Q26] Do you think the health insurance exchanges or marketplaces required by the Affordable Care Act have resulted in:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 A larger choice of health plans than was previously available	209	20.8	20.8	20.8
	2 A smaller choice of health plans than was previously available	253	25.2	25.2	46.0
	3 Little change in the choice of health plans available	305	30.3	30.3	76.3
	4 Don't know	235	23.4	23.4	99.7
	5 Refused	3	.3	.3	100.0
	Total	1004	100.0	100.0	

**[Q27] Do you think that you and your family have been:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Unaffected by the Affordable Care Act	486	48.4	48.4	48.4
	2 Better off as a result of the Affordable Care Act	154	15.4	15.4	63.8
	3 Worse off as a result of the Affordable Care Act	254	25.3	25.3	89.1
	4 Don't know	108	10.7	10.7	99.8
	5 Refused	2	.2	.2	100.0
	Total	1004	100.0	100.0	

**[Q28] Do you support the health reform law known as the Affordable Care Act?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	408	40.7	40.7	40.7
	2 No	429	42.8	42.8	83.4
	3 Don't Know/Not Sure	162	16.1	16.1	99.6
	4 Refused	4	.4	.4	100.0
	Total	1004	100.0	100.0	

**[Q29] Under the Affordable Care Act people must buy health insurance or pay a fine of 2 percent of their income. Would you...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Buy insurance	566	56.3	56.3	56.3
	2 Pay the fine	217	21.7	21.7	78.0
	3 Not certain	190	19.0	19.0	96.9
	4 Refused	31	3.1	3.1	100.0
	Total	1004	100.0	100.0	

**[Q30] Do you think you might be eligible for a subsidy to get health insurance as a result of the Affordable Care Act?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	253	25.1	25.1	25.1
2 No	564	56.2	56.2	81.3
3 Not Certain	177	17.6	17.6	98.9
4 Refused	11	1.1	1.1	100.0
Total	1004	100.0	100.0	

**[Q31] Do you think you will buy insurance coverage through the health insurance exchange or marketplace during the open enrollment period that runs November 15, 2014 to February 15, 2015?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	185	18.4	18.4	18.4
2 No	727	72.3	72.3	90.8
3 Not Certain	93	9.2	9.2	100.0
Total	1004	100.0	100.0	

**[Q32] If health insurance plans in your area all offered the same benefits, which of the following factors would be the MOST important in determining your plan choice?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Low monthly cost	161	16.0	19.6	19.6
2 The doctors and hospitals available in the plan	219	21.8	26.7	46.3
3 The out-of-pocket costs, like copays and deductibles, in the plan	238	23.7	29.1	75.4
4 Customer satisfaction and quality ratings	39	3.9	4.8	80.1
5 A brand I know and trust	59	5.9	7.3	87.4
6 Other	36	3.6	4.4	91.7
7 Nothing	31	3.1	3.7	95.5
8 Don't know	35	3.5	4.3	99.8
9 Refused	2	.2	.2	100.0
Total	819	81.6	100.0	
Missing System	185	18.4		
Total	1004	100.0		

**[Q33] How many people are in your household? That is, how many members of your family live with you at this address?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	99	9.9	9.9	9.9
2	287	28.6	28.6	38.5
3	239	23.8	23.8	62.2
4	212	21.1	21.1	83.3
5	104	10.3	10.3	93.7
6	41	4.1	4.1	97.7
7	11	1.1	1.1	98.9
8	5	.5	.5	99.4
9	0	.0	.0	99.4
10	0	.0	.0	99.4
88 Don't Know	1	.1	.1	99.6
99 Refused	4	.4	.4	100.0
Total	1004	100.0	100.0	

**[Q34] What is the highest level of school you have completed or the highest degree you have received?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Never attended school or only attended kindergarten	4	.4	.4	.4
2 Grades 1 through 8 (elementary)	29	2.9	2.9	3.2
3 Grades 9 through 11 (some high school)	103	10.3	10.3	13.5
4 Grade 12 or GED (high school graduate)	307	30.6	30.6	44.1
5 Some college	150	15.0	15.0	59.1
6 Associates degree	122	12.2	12.2	71.3
7 College graduate (college 4 years or more)	160	15.9	15.9	87.2
8 Some graduate studies	9	.9	.9	88.1
9 Masters, Doctorate, Professional Degree	119	11.8	11.8	99.9
10 Don't Know/Not Sure	1	.1	.1	100.0
11 Refused	0	.0	.0	100.0
Total	1004	100.0	100.0	

**[Q35] What best describes your employment situation today?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Employed, full-time	592	59.0	59.0	59.0
2 Employed, part-time	89	8.9	8.9	67.9
3 Student	59	5.9	5.9	73.7
4 Retired	57	5.7	5.7	79.4
5 On Disability, can't work	82	8.1	8.1	87.5
6 A Homemaker or stay at home parent	48	4.7	4.7	92.3
7 Unemployed	71	7.1	7.1	99.3
8 Don't know	1	.1	.1	99.4
9 Refused	6	.6	.6	100.0
Total	1004	100.0	100.0	

**[Q36] Do you work for an organization that has 50 or more employees including all of its locations and worksites?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	500	49.8	73.3	73.3
2 No	176	17.5	25.7	99.1
3 Don't Know/Not Sure	6	.6	.9	100.0
Total	682	67.9	100.0	
Missing System	322	32.1		
Total	1004	100.0		

[Q37] What would you be willing to pay per month for health insurance coverage for yourself?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Nothing	3	.3	2.0	2.0
	1	1	.1	.4	2.4
	10	1	.1	.8	3.2
	12	4	.4	2.7	5.9
	15	1	.1	.6	6.5
	20	17	1.7	10.8	17.3
	25	7	.7	4.5	21.9
	30	2	.2	1.3	23.2
	34	0	.0	.3	23.4
	35	0	.0	.2	23.7
	40	4	.4	2.6	26.2
	45	2	.2	1.3	27.5
	50	6	.6	3.9	31.4
	55	1	.1	.7	32.0
	56	1	.1	.6	32.7
	60	5	.5	2.9	35.6
	65	2	.2	1.0	36.6
	75	1	.1	.5	37.1
	80	1	.1	.5	37.6
	90	0	.0	.2	37.8
	100	23	2.3	14.8	52.6
	120	1	.1	.4	53.0
	125	1	.1	.9	53.9
	140	1	.1	.5	54.4
	150	0	.0	.2	54.6
	160	1	.1	.6	55.2
	200	11	1.1	6.9	62.1
	300	1	.1	.7	62.8
	350	0	.0	.2	63.0
	500	2	.2	1.4	64.4
	8888 Don't Know	55	5.4	34.5	98.9
	9999 Refused	2	.2	1.1	100.0
	Total	159	15.8	100.0	
Missing	System	846	84.2		
Total		1004	100.0		

**[Q38] What would you be willing to pay per month for health insurance coverage for yourself and your family?**

		Frequency	Percent	Valid Percent
Valid	0 Nothing	6	.6	3.8
	1	2	.2	1.1
	10	1	.1	.4
	15	0	.0	.1
	20	2	.2	1.2
	25	1	.1	.8
	30	1	.1	.7
	35	0	.0	.1
	40	4	.4	2.4
	50	7	.7	4.5
	60	3	.3	2.1
	65	2	.2	1.0
	70	3	.3	1.9
	75	0	.0	.2
	100	15	1.4	9.2
	110	0	.0	.2
	120	3	.3	1.9
	140	1	.1	.5
	150	1	.1	.8
	175	1	.1	.7
	200	8	.8	5.1
	250	4	.4	2.4
	300	10	1.0	6.5
	500	5	.5	3.4
	600	5	.5	3.3
	700	0	.0	.2
	1000	0	.0	.1
	1500	2	.2	1.2
	2000	1	.1	.4
	4680	1	.1	.6
	7777 I don't have any family or I live alone	7	.7	4.7
	8888 Don't know	57	5.6	35.7
	9999 Refused	4	.4	2.7
	Total	159	15.8	100.0
Missing	System	846	84.2	
Total		1004	100.0	



[Q38] What would you be willing to pay per month for health insurance coverage for yourself and your family?

		Cumulative Percent
Valid	0 Nothing	3.8
	1	5.0
	10	5.3
	15	5.5
	20	6.7
	25	7.5
	30	8.2
	35	8.3
	40	10.7
	50	15.2
	60	17.3
	65	18.3
	70	20.2
	75	20.4
	100	29.6
	110	29.7
	120	31.6
	140	32.1
	150	32.9
	175	33.6
	200	38.7
	250	41.0
	300	47.5
	500	51.0
	600	54.3
	700	54.6
	1000	54.7
	1500	55.8
	2000	56.2
	4680	56.9
	7777 I don't have any family or I live alone	61.6
	8888 Don't know	97.3
	9999 Refused	100.0
	Total	
Missing	System	
Total		

**[Q40] Please respond yes or no to the following statement: I have changed or plan to change my existing health insurance plan for 2015 as a result of the Affordable Care Act.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	111	11.1	11.1	11.1
2 No	778	77.5	77.5	88.6
3 Yes, but only if the cost is less than what I pay now	92	9.2	9.2	97.8
4 Not at all	15	1.5	1.5	99.3
5 Refused	7	.7	.7	100.0
Total	1004	100.0	100.0	

**[Q41] In what format would you MOST prefer to get information about the health insurance options available through the Affordable Care Act?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Pamphlet mailed to home	349	34.8	34.8	34.8
2 Television	102	10.1	10.1	44.9
3 Radio	6	.6	.6	45.5
4 Internet	159	15.9	15.9	61.4
5 Email	145	14.4	14.4	75.8
6 Call to home	10	1.0	1.0	76.8
7 Family and friends	23	2.2	2.2	79.0
8 Employer	21	2.1	2.1	81.2
9 Insurance agent or broker	27	2.7	2.7	83.8
11 Community organization	1	.1	.1	83.9
12 Physician's office	12	1.2	1.2	85.1
13 I don't want more information	115	11.5	11.5	96.6
14 Don't know	21	2.1	2.1	98.7
15 Refused	13	1.3	1.3	100.0
Total	1004	100.0	100.0	

1. Are you having pain or discomfort?
2. Have you been hospitalized?
3. Do you experience shortness of breath?
4. Have you ever had any chronic conditions?
5. Has your medical condition ever changed?
6. WOMEN: Are you pregnant?

7. Do you have any chronic conditions?
8. Have you ever had any chronic conditions?
9. Do you have any chronic conditions?
10. If you have any chronic conditions, please list them below.

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