HEALTH INSURANCE SURVEY

Knowledge Attitudes & Behaviors

OF MISSISSIPPI RESIDENTS

{NOVEMBER 2017}

MISSISSIPPI STATE UNIVERSITY™

SOCIAL SCIENCE RESEARCH CENTER

FINAL REPORT

PREPARED FOR

THE CENTER FOR MISSISSIPPI HEALTH POLICY

PREPARED BY

FAMILY AND CHILDREN RESEARCH UNIT
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{STATUS FOR MISSISSIPPIANS}

EXECUTIVE SUMMARY

In collaboration with the Center for Mississippi Health Policy (CMHP), the Social Science Research Center (SSRC) at Mississippi State University (MSU) conducted a survey designed to assess Mississippi residents' knowledge, attitudes, and behaviors concerning the Patient Protection and Affordable Care Act (ACA). This survey was a follow up to two previous administrations conducted in 2013 by the University of Alabama at Birmingham (UAB) and in 2015 by the Family and Children Research Unit (FCRU) of SSRC at MSU. Overall, the results of the current survey (2017) demonstrate the following:

Health Insurance Status in Mississippi

- Most Mississippians (84%) reported being covered by some form of health insurance, while 16% reported being uninsured.

- Just over half of Mississippians received health insurance through their employer (53%); 16% are self-insured or insured through their parents, and 14% are covered through a government plan (i.e., Medicaid/Medicare).

- Among uninsured respondents, the most common reason cited for having no insurance was the cost of health insurance (45%) followed by unemployment or job loss (25%).

- 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%).

- While acknowledging the importance of health insurance, a quarter of Mississippians do not believe that health insurance is worth the cost.

Affordable Care Act and Exchange Knowledge

- Although many Mississippians reported lacking sufficient knowledge about the ACA and the marketplace, there has been an increase in the percentage of respondents who say they have enough information about the ACA from 2013 (37%) to 2017 (54%).

- When asked how much they knew about the ACA, over half of respondents (60%) knew 'only a little' or 'nothing at all' compared to 40% who knew 'some' or 'a lot.' Fewer respondents (30%) knew 'some' or 'a lot' about health insurance exchanges and marketplaces.

Affordable Care Act and Exchange Attitudes:

- Support for the ACA in Mississippi has increased by nearly 10 percentage points since 2013. In 2017, 47% of Mississippians reported supporting the ACA compared to 41% in 2015 and 38% in 2013.

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EXECUTIVE SUMMARY

- Although divided on the ACA as a whole, Mississippians generally support the specific provisions of the ACA, including subsidies for those with low income (82% support), equitable rates for those with pre-existing conditions (78% support), and expansion of Medicaid to include everyone below the poverty line (72%).

- Regardless of whether they are for or against the ACA as a whole, few Mississippians are in favor of imposing fines on those who do not buy insurance (18%).

- Individuals with a government health insurance plan (i.e., Medicaid/Medicare) showed the highest support for the ACA (67%), while those with employer-based insurance showed the lowest support (47%).

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

Perceived Impact of the ACA:

- A slight majority of Mississippians (52%) believe that the implementation of the marketplace has led to higher insurance costs.

- Few Mississippians believe that they are better off as a result of the ACA (17%) while the largest share believe they have been unaffected (47%); the remaining share of respondents believe they are worse off (29%) or don't know (6%).

- In regard to the choice of plans, many Mississippians believe that they have a smaller choice of plans than was previously available (36%) compared to 20% who believe they have a larger choice.

Affordable Care Act and Exchange Attitudes:

- Those enrolled in a government-based health insurance plan (i.e., Medicaid/Medicare) rated their health more poorly than those with other health insurance statuses, including those without health insurance; 49% of respondents with government insurance reported fair/poor self-rated health compared to 29% of those who were uninsured, 23% of those who purchased their own insurance, and 19% of those with employer-based insurance.

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

- Less than half (45%) of individuals without health insurance reported having a regular source of care.

- Respondents with government or employer based insurance had the highest rates of receiving many screening and preventative services in the 12 months prior to the survey. For example, respondents with government-based insurance (Medicaid/Medicare) had the highest percentage of wellness exams (82%), screenings for sexually transmitted infections (STI; 37%), blood pressure check (94%), and mammograms (56%).

INTRODUCTION

The Affordable Care Act

In March 2010, Congress passed the Patient Protection and Affordable Care Act (ACA), HR 3950, and President Obama signed the bill into law (Affordable Health California, 2015). The ACA marked the first major national healthcare reform since the introduction of Medicare in 1965 (ObamaCare Facts, 2015a). Since 2010, the Supreme Court has upheld the ACA twice, both in part and whole—once in 2012 and again in 2015 (eHealth, 2016). In March 2017, House Republicans introduced the American Health Care Act, which aimed to reverse several provisions of the ACA. Under the AHCA, individuals would no longer be penalized for failing to obtain and maintain health insurance, employers would not be required to offer affordable coverage to employees, and subsidies would end. Additionally, the AHCA narrows eligibility for Medicaid and allows states to determine what benefits insurers must offer (UCSF/UC Hastings Consortium in Law, Science, and Health Policy, 2017). Additionally, the bill phases out the federal matching funds for Medicaid expansion under the ACA (Reynolds & Mann, 2017). The House of Representatives passed an amended version of the AHCA in May 2017. As of October 2017, the bill is currently up for debate in the Senate (UCSF/UC Hastings Consortium in Law, Science, and Health Policy, 2017). Senate Republicans proposed several amendments, but were not able to obtain the required 51 votes to pass the law under budget reconciliation before September 30. Debates in the Senate have not yet been scheduled (Congress.gov, 2017).

The ACA's main goals are to provide Americans with access to high-quality health care, to increase coverage, and to manage the increasing costs of health care. In order to accomplish these goals, the ACA includes stipulations that no one can be denied coverage based on pre-existing conditions and coverage cannot be revoked from sick individuals. The law requires insurers to cover immunizations, preventative services, and "essential health benefits", which include but are not limited to emergency services, maternity and newborn care, mental health and substance use disorder services, and prescription drugs (Center for Consumer Information & Insurance Oversight, 2017). Additionally, large businesses—who employ 50 people or more—are required to provide insurance to their employees. Children may remain on their parents' plans until age 26. There are no limits to individual health care spending per year (The Patient Protection and Affordable Care Act, 2010).

Individuals seeking insurance under the ACA may choose from four levels of coverage. Bronze-level coverage pays 60% of an individual's expenses, while the individual pays 40%. Silver-level coverage pays 70% of an individual's expenses, while the individual pays 30%. Gold-level coverage pays 80% of an individual's expenses, while the individual pays 20%. With platinum-level coverage, the insurer pays 90% of an individual's expenses, while the individual pays 10% (healthcare.gov, 2015). In addition, marketplace plans offer a "catastrophic" plan to those who are under age 30 at the beginning of the plan year, or have a hardship or affordability exemption. Catastrophic plans pay less than 60% of an individual's expenses. As of March 2016, 70% of individuals who signed up for insurance under the ACA enrolled in silver-level plans, 22% enrolled in bronze-level plans, six percent in gold-level plans, and only two percent in platinum-level plans. The Mississippi marketplace showed a similar trend: 84% enrolled in silver-level plans and 12% enrolled in bronze-level plans (Kaiser Family Foundation, 2016a).

INTRODUCTION

The ACA allows states to decide how they want to operate healthcare exchanges. Individual states can run exchanges independently, join with others to create a regional exchange, or allow the federal government to run the exchange within their state. As of 2017, 28 states, including Mississippi, had elected to let the federal government operate the exchange within the state. In a federally-facilitated marketplace, the Department of Health and Human Services manages all facets of the insurance system. Individuals and small employers apply for and enroll in coverage through healthcare.gov (Kaiser Family Foundation, 2017a).

The ACA also initiated a significant expansion of Medicaid in order to increase access to health care and reduce costs. Before 2012, Medicaid enrollment was open only to low-income children, pregnant women, elderly individuals, and the disabled. The ACA expanded Medicaid eligibility to all adults with incomes below 138% of the federal poverty line (FPL). A Supreme Court decision in June 2012 made Medicaid expansion optional for states (Kaiser Family Foundation, 2012). As of September 2017, 32 states implemented the Medicaid expansion. Mississippi chose not to expand Medicaid (Kaiser Family Foundation, 2017b). In states that chose not to expand Medicaid, however, many adults fall into the "coverage gap"—they do not qualify for Medicaid, but cannot afford to purchase health insurance, even with ACA exchange options. Nationally, 2.6 million individuals fall into the coverage gap. More than 100,000 are Mississippians (Kaiser Family Foundation, 2016b). To help individuals in the coverage gap obtain health insurance, the ACA offers subsidies to low and middle income individuals. Subsidies can include tax credits, deductions, and cost-sharing for medical expenses (ObamaCare Facts, 2015b). Individuals are required to enroll in silver-level plans, which cover 70% of expenses, in order to qualify for reduced cost-sharing. For enrollees with incomes less than or equal to 150% FPL, a silver-plan variant will pay 94% of expenses; between 150 and 200% FPL, 87% of expenses; and between 200 and 250% FPL, 73% of expenses (Kaiser Family Foundation, 2015a). However, in 2015, the Supreme Court heard King v. Burwell, which challenged whether individuals in states with federally-facilitated exchanges should be eligible for health insurance subsidies. Removal of these subsidies would have severely limited the scope of the ACA's provisions for those who fall in the coverage gap (Mochoruk & Sheiner, 2015). In June 2015, the Supreme Court voted 6-3 in favor of providing subsidies for individuals in states with federally-facilitated marketplaces (King v. Burwell, 2015, slip op. at 21).

Finally, the ACA includes an individual mandate that requires all individuals buy health insurance. Individuals are exempt from the mandate if they are already covered by Medicaid, Medicare, CHIP, TRICARE, a program for veterans, a plan through an employer, private insurance that meets minimum ACA requirements, or any plan purchased before the ACA was established (ObamaCare Facts, 2015c). Individuals are required to purchase a health insurance plan that includes 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 have coverage from another source and fails to purchase insurance through the marketplace, he or she is charged a fee. The penalty is $695 per adult and $347.50 per child, or 2.5% of the household income, whichever is greater (healthcare.gov, 2017).

INTRODUCTION

Mississippi and the ACA

Data show that in six years, the ACA significantly improved access to healthcare within the United States. Between 2010 and 2016, the rate of uninsured nonelderly adults dropped by 10 percent—around 20 million fewer uninsured individuals (Zammitti, Cohen, & Martinez, 2016). A 2016 survey by the Commonwealth Fund found that nearly half of surveyed adults who purchased marketplace plans were uninsured for more than two years before the ACA. Of these individuals, 61% said they utilized services covered by their marketplace plans that they would not have been able to access or afford before (Collins et al., 2016). The impact of the ACA in Mississippi, however, is more difficult to define.

Mississippians overwhelmingly believe that health insurance is important – a fact evidenced by existing data. A 2015 Center for Mississippi Health Policy (CMHP) survey found that 84% of Mississippians were covered by some form of health insurance (Center for Mississippi Health Policy, 2015). In 2015, 41% of Mississippians received health insurance from their employers and 38% were insured on Medicaid/Medicare. In general, uninsured individuals living in Mississippi report poorer health status than their insured counterparts. Individuals with lower incomes were more likely to report poorer health status and access to care (Center for Mississippi Health Policy, 2015). In 2013, 441,100 Mississippians were uninsured—roughly 24% of the state's nonelderly adult population. By 2016, however, the percentage of uninsured adults dropped by five percent (Kaiser Family Foundation, 2016c).

Knowledge, attitudes, and behavior about the ACA

Knowledge

Consistent with findings from a 2013 CMHP survey, Mississippians knew relatively little about the ACA in 2015. Nearly 59% of respondents reported knowing 'little to nothing at all' about the law, while 41% reported knowing 'some' or 'a lot.' Only 30% knew ''some' or 'a lot' about exchanges and marketplaces. Medicaid knowledge was also limited. 46% of survey respondents were not aware that states had the option to expand Medicaid. 72% of respondents said they did not know whether or not Mississippi had decided to expand Medicaid (Center for Mississippi Health Policy, 2015). A Kaiser Family Foundation poll found that 56% of Americans got information about the health care law from friends and family and that at least some ACA media coverage had focused on the politics and controversies around the law (KFF, 2016e).

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Attitudes

Although the ACA aims to bring down health insurance costs, uninsured Mississippians in 2015 most commonly cited cost as the main reason for not purchasing insurance. They overwhelmingly supported specific provisions, like subsidies (82%) and expansion of Medicaid (72%). The fine for not purchasing coverage, however, was strongly opposed by 77%. Only 18% indicated they would purchase coverage during open enrollment. Nearly half of Mississippians believed that the implementation of a marketplace would raise insurance costs. Only 41% reported support for the ACA as a whole, which follows the national trend (Kaiser Family Foundation, 2016e). However, 91% of Mississippians believe health insurance is very important and necessary to have (Center for Mississippi Health Policy, 2015). National surveys conducted in 2012 reflect this disconnect. Most people supported individual ACA policies when the connection to the law was not explicitly stated (Gross et al 2012).

Behavior

From the implementation of the ACA in 2010 to 2015, the percentage of uninsured Mississippians only dropped by six percent (Garrett & Gangopadhyaya, 2016, p.9). Nearly half of uninsured Mississippians indicated they would purchase insurance during the open enrollment period. When asked if they would rather pay a fine or pay for insurance, 56% reported they would rather buy insurance, while 22% said they would pay the fine. Overall, respondents were unsure whether or not the ACA led to a wider choice of health plans (Center for Mississippi Health Policy, 2015). If the ACA were repealed, an estimated 230,000 Mississippians would lose coverage (Center on Budget and Policy Priorities, 2016).

METHODOLOGY

Overview

The current survey (2017) 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). This study follows up on a 2013 University of Alabama at Birmingham (UAB)-CMHP and 2015 FCRU-CMHP survey of the knowledge, attitudes, and behaviors of Mississippians regarding the Patient Protection and Affordable Care Act (ACA), health insurance coverage, and health care utilization.

The survey instrument was developed in collaboration with the CMHP and was derived from the original health insurance survey conducted for the CMHP by UAB in 2013 (Blackburn, Ginter, Morrisey, & Rucks, 2013). Demographic information was collected concerning the respondents' age, race, gender, educational background, family size, and income. To determine knowledge, respondents were asked to rate their level of awareness on various aspects of the ACA. Attitudinal questions measured the level of support respondents had for coverage requirements, plan features, Medicaid expansion, income penalties, and overall ACA effectiveness. Behaviors were indicated by questions such as willingness to buy insurance rather than pay a fine. Following the data analysis, the current report was compiled for the CMHP by the SSRC.

Survey Method

This survey targeted adults between the ages of 19 and 64 and was administered between June and August 2017 by the Wolfgang Frese Survey Research Laboratory (SRL) using Computer Assisted Telephone Interviewing (CATI).

In order to maximize the coverage of respondents, a dual-frame sampling design was employed. The sample included both cellular and landline telephone numbers. To ensure a reproducible and representative sample, probability-based sampling via random digit dial (RDD) was used within each of the two frames. In total, 35,522 telephone numbers were obtained for the state of Mississippi. Of the 1,000 completed surveys, 220 (22.0%) were landlines and 780 (78.0%) were cell phones. The cooperation rate was 20.4%. Given this sample size, the margin of error for the un-weighted data is ±3.10%. With the exception of the sample characteristics, all responses were weighted to be representative of the state as a whole. This weighting procedure accounts for age, gender, educational attainment, income level, and racial composition to ensure that the data accurately reflect the overall state population. Chi-square analyses were used to assess the statistical significance of observed differences in categorical outcomes and analysis of variance models were used to test differences in continuous outcomes. All reported p-values reflect two-tailed tests. Due to differences in the sampling methodology between the 2013 survey and the 2015 and 2017 surveys, tests of statistical significance were not conducted across years. In general, don't know and refused responses were treated as missing data if either category accounted for five percent or less of the total responses, except when comparing across years (to maintain consistency with previous reports).

METHODOLOGY

The methodology was 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.

Social Climate

To assist in interpreting and applying survey results, we used the social climate classification scheme developed by McMillen, Gresham, Valentine, Chambers, Frese, and Cosby (2005). A social climate approach considers how the knowledge, attitudes, and beliefs of individuals and institutions influence societal norms on a given issue. Issues that have universal support are affirmed by the overwhelming majority of society. Predominant issues are supported by a majority of society, but do not have ubiquitous support. Substantial differences in opinion indicate contested issues. Finally, marginal issues are supported by only small segment of society. Classifying an issue within the social climate helps inform policy efforts. For example, policymakers may not choose to tackle universal or marginal issues that are already deeply ingrained. Conversely, universally supported issues can serve as foundations for efforts that target contested issues within the social climate (McMillen 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: McMillen, Gresham, Valentine, Chambers, Frese, and Cosby (2005)

METHODOLOGY

Survey Respondent Demographics

Tables 1 and 2 provide a demographic breakdown of the survey sample. Table 1 provides a basic demographic breakdown of respondents by gender, race, and age. Table 2 provides a socioeconomic profile of respondents in the sample. All frequencies shown in these tables are unweighted.

Table 1. Sample Characteristics: Demographics

Characteristic	Frequency	Percent
Sex		
Male	443	44.3
Female	556	55.6
Refused	1	0.1
Race		
White/Caucasian	528	52.8
Black/African American	412	41.2
Asian or Pacific Islander	4	0.4
American Indian/Alaskan Native	5	0.5
Multiracial	22	2.2
Other	4	0.4
Don't know/Refused	25	2.5
Age		
19-25	86	8.6
26-34	128	12.8
35-44	195	19.5
45-54	246	24.6
55-65	325	32.5
Refused	20	2

Note. Frequencies are unweighted.

Table 2. Sample Characteristics: Socioeconomic Indicators

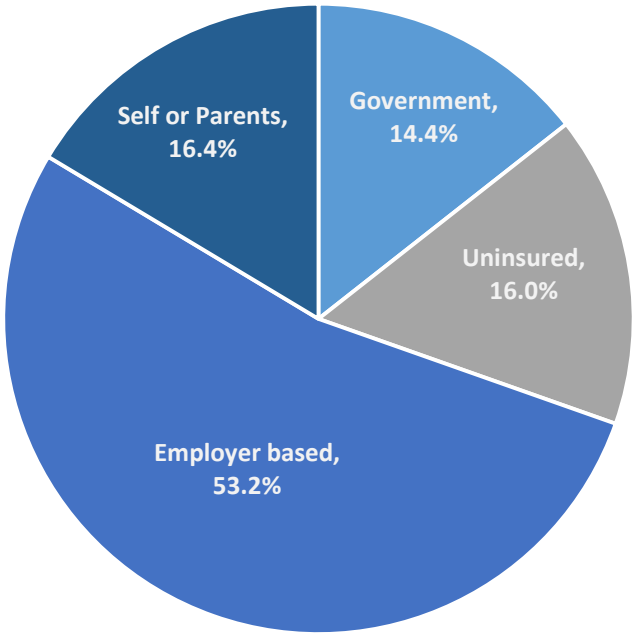
Characteristic	Frequency	Percent
Education		
Less Than High School (Grades 1-8)	10	1
Some High School (Grades 9-11)	67	6.7
High School/GED	228	22.8
Some College	231	23.1
Associate Degree	133	13.3
Bachelor's Degree	204	20.4
Master's Degree	86	8.6
Beyond Master's Degree	38	3.8
Don't Know/Refused	3	0.3
Family Income		
< $10,000	111	11.1
$10,000 - $29,999	233	23.3
$30,000 - $59,999	238	23.8
$60,000 - $99,999	174	17.4
>= $100,000	147	14.7
Don't know /Refused	97	9.7
Employment Status		
Full-Time	577	58
Part-Time	74	7.4
Student	21	2.1
Retired	84	8.4
Disability/Can't Work	128	12.8
Homemaker	29	2.9
Unemployed	77	7.7
Don't know /Refused	5	0.5

Note. Frequencies are unweighted.

RESULTS

{INSURANCE STATUS FOR MISSISSIPPIANS}

At the time of the survey, most survey respondents (84%) reported being covered by some form of insurance, as shown in Figure 1. Of those who were eligible, 31% of respondents reported that they had purchased their insurance through the healthcare.gov marketplace. This accounts for 5% of the total sample. Just over half of Mississippians (53%) receive coverage through their employer. The uninsured rate has dropped by 7 percentage points over the last four years, down from nearly 23% in 2013 to 16% in 2017 (Blackburn et al., 2013). As shown in Table 3, adults ages 45-54 had the lowest percentage of uninsured individuals (9%). This has changed from 2015, when adults age 55-64 had the lowest percentage of uninsured individuals (Southward et al., 2015). Uninsured rates also vary by income: over half of individuals making less than $10,000 a year report being uninsured (56%). Only 27% of those who make between $10,000 and $29,999 report being uninsured. In comparison, only 3% of those who make more than $100,000 were uninsured. Finally, uninsured rates differ by race: Blacks had a higher percentage of uninsured individuals than whites (19% and 12%, respectively).



{FIGURE ONE}
INSURANCE STATUS FOR MISSISSIPPIANS

Table 3. Uninsured Mississippians by Demographics

Characteristic	%
Age Category***	
19-25	24.8%
26-34	24.5%
35-44	15.6%
45-54	9.0%
55-64	11.2%
Income***	
< $10,000	55.6%
$10,000 - $29,999	26.9%
$30,000 - $59,999	19.4%
$60,000 - $99,999	6.2%
>= $100,000	2.6%
Race***	
White	12.1%
Black	19.3%
Other	39.5%

*p <.05, **p <.01, ***p <.001

Uninsured respondents most commonly cited the cost of insurance as a reason for having no health insurance (45%). The second most common reason, cited by 1 in 4 uninsured respondents, was unemployment or job loss. See Table 4 for a complete list.

Table 4. Reasons for no Health Insurance for Mississippians without Health Insurance

Reason	%
Too expensive	45.0%
Unemployed/lost job	25.0%
Can't get it/refused due to poor health, illness, age	0.9%
Employer doesn't offer it	8.9%
Not eligible for employer coverage	1.1%
Don't need it	3.6%
Don't know how to get it	0.0%
Other	15.5%

Table 5 shows respondents' 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 5. Ratings of Health Plan for Mississippians with Health Insurance

Source of Insurance	Mean
Government (Medicaid/Medicare)	7.8
Self or Parents	7.4
Employer based	7.3

Note. No statistically significant difference

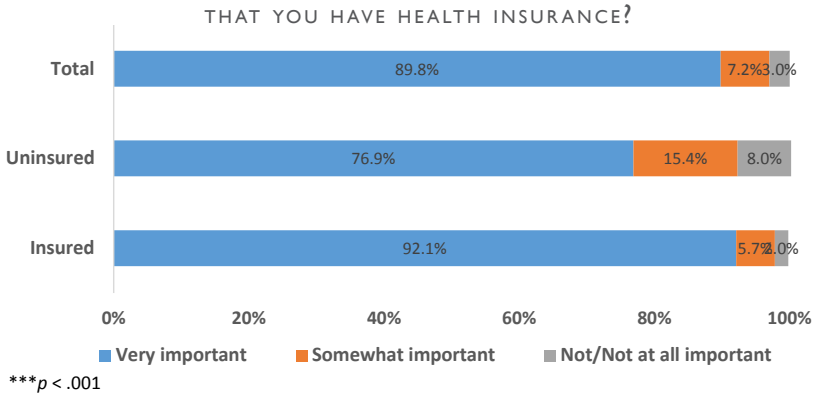
RESULTS

{BELIEFS ABOUT HEALTH INSURANCE AMONG MISSISSIPPIANS}

When asked whether having health insurance coverage was personally important, the majority (90%) of Mississippians said that health insurance was very important and something they need (90%). However, among those without health insurance, only 77% rated having insurance as very important. One in five uninsured respondents (20%) reported believing they did not need health insurance due to their current health. Although an overwhelming majority of Mississippians believe health insurance is important and necessary, fewer indicated that it was worth the money (70%). Only 55% of uninsured respondents indicated that health insurance was worth the cost.

{FIGURE TWO}

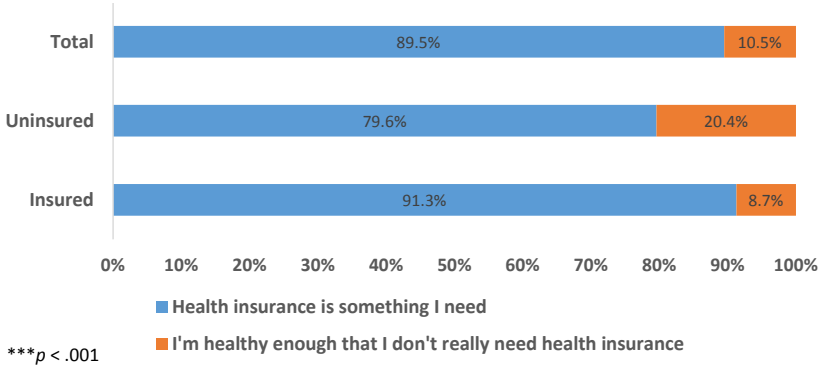
HOW IMPORTANT IS IT TO YOU PERSONALLY THAT YOU HAVE HEALTH INSURANCE?



***$p < .001$

{FIGURE THREE}

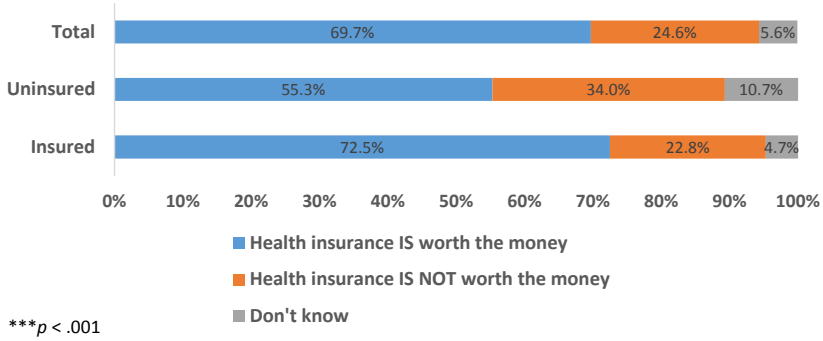
WHICH OF THE FOLLOWING COMES CLOSEST TO YOUR VIEW?



***$p < .001$

{FIGURE FOUR}

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



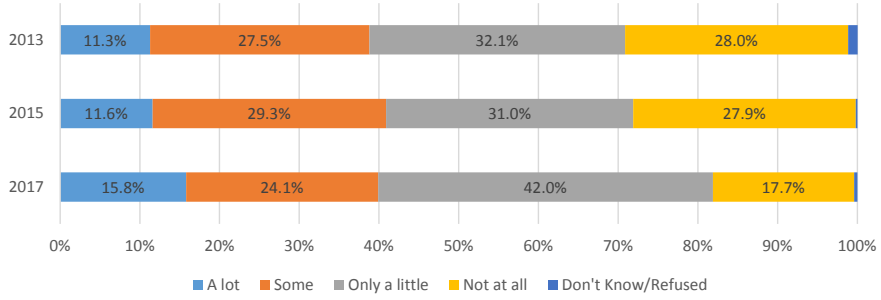
***$p < .001$

RESULTS

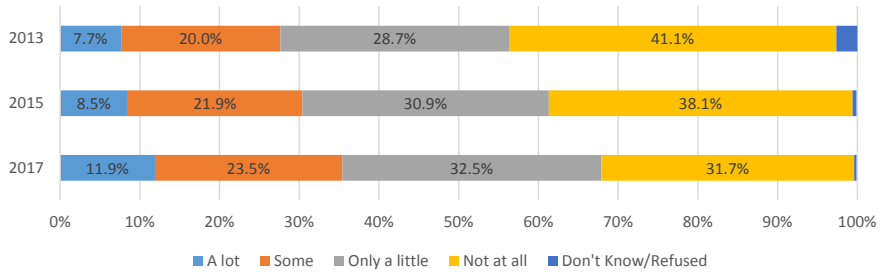
{AFFORDABLE CARE ACT AND EXCHANGE (MARKETPLACE) KNOWLEDGE}

In the 2017 survey, most Mississippians reported lacking knowledge about the ACA and marketplaces, a trend that carried over from 2013 (Figures 5-7). In 2017, nearly 60% of respondents either knew "only a little" or nothing at all about the ACA. More people indicated they knew about healthcare marketplaces than in previous surveys, but this group still represents a minority of respondents. Additionally, more Mississippians indicated they had enough information about the law to understand how it affects their families than in 2013 or 2015 (Figure 7).

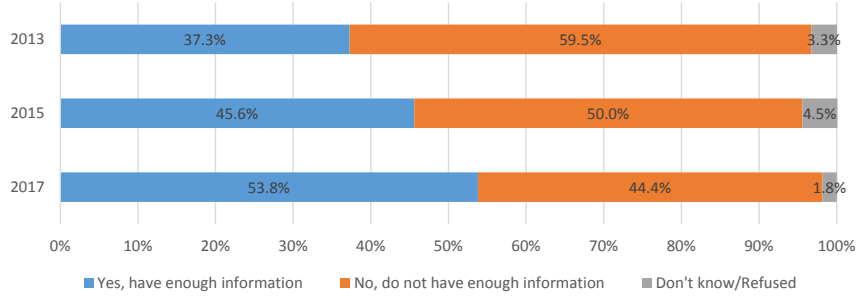
{FIGURE FIVE}
HOW MUCH DO YOU KNOW ABOUT THE HEALTH REFORM LAW KNOWN AS THE AFFORDABLE CARE ACT?



{FIGURE SIX}
HOW MUCH DO YOU KNOW ABOUT A HEALTH INSURANCE EXCHANGE OR MARKETPLACE, WHEREPEOPLE MAY BUY HEALTH INSURANCE, WHICH WILL BE AVAILABLE UNDER THE AFFORDABLE CARE ACT?



{FIGURE SEVEN}
DO YOU HAVE ENOUGH INFORMATION ABOUT THE HEALTH REFORM LAW TO UNDERSTAND HOW IT AFFECTS YOU AND YOUR FAMILY?



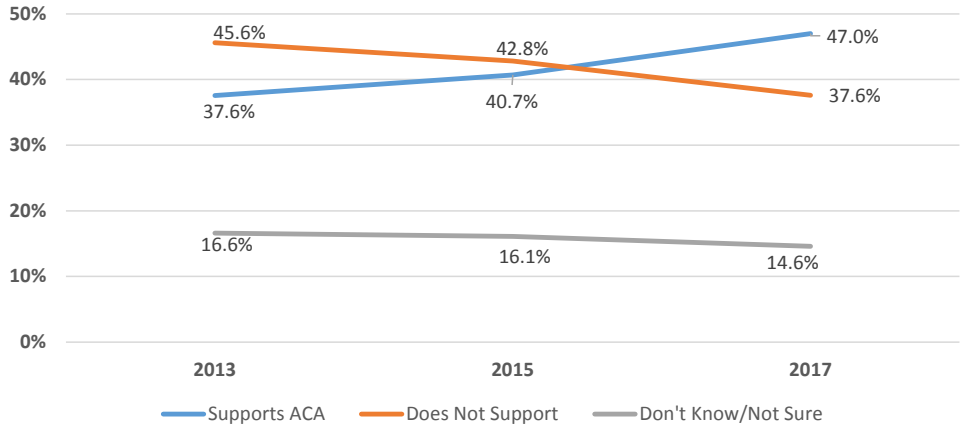
Note. Significance tests not conducted due changes in sampling methodology.

RESULTS

{AFFORDABLE CARE ACT AND EXCHANGE (MARKETPLACE) ATTITUDES}

As shown in Figure 8, support for the ACA in Mississippi has increased by nearly 10 percentage points since 2013. However, support is still split. In 2017, 47% of Mississippians reported support for the ACA, while 38% indicated they did not support the law. Rates of uncertainty have remained about the same since 2013.

{FIGURE EIGHT}
SUPPORT FOR ACA AMONG MISSISSIPPIANS



Note. Significance tests not conducted due changes in sampling methodology.

Support for the ACA varies by insurance status, income, and race (see Table 6). Those who received health insurance from the government (i.e., Medicaid or Medicare), were most likely to support the ACA (67%), whereas those who were insured through an employer were least likely to support the law (47%). Support for the ACA also decreased as income increased; 68% of those with incomes less than $10,000 reported support for the ACA, while only 36% of respondents with incomes greater than $100,000 reported support. When comparing response by race, Black individuals were most likely to support the ACA (87%), while White Mississippians were significantly less likely to say they support the law (32%).

Table 6. ACA Support by Insurance Status and Demographics

Characteristic	%
Insurance Status* **	
Government	66.7%
Self or Parents	64.2%
Employer based	46.8%
Uninsured	64.0%
Income* **	
< $10,000	68.4%
$10,000 - $29,999	71.4%
$30,000 - $59,999	62.9%
$60,000 - $99,999	46.3%
>= $100,000	35.6%
Race* **	
White	32.2%
Black	86.7%
Other	65.6%

*p <.05, **p <.01, ***p <.001

RESULTS

{AFFORDABLE CARE ACT AND EXCHANGE (MARKETPLACE) ATTITUDES}

Although support for the ACA as a whole has increased since 2015 it remains contested. However, as in previous years many specific provisions of the ACA are widely supported and several have shown increased support. In fact, many specific elements of the ACA receive more support than the policy itself. For example, 82% of respondents agreed that there should be subsidies to help low-income people buy health insurance. Nearly 78% of respondents agreed that people with pre-existing conditions should not have to pay more for health insurance. Nearly 74% agreed that children should be allowed to stay on their parents' policies until age 26. Even though Mississippi was one of 19 states that opted not to expand Medicaid, 72% of Mississippians agreed that the Medicaid program should be expanded to cover everyone below the Federal Poverty Line. Not all provisions of the ACA were widely supported, however. The requirement that most individuals should have health insurance was contested, receiving only 58% support. Finally, only 18% of Mississippians agreed that penalties or fines should be imposed on those who do not buy health insurance.

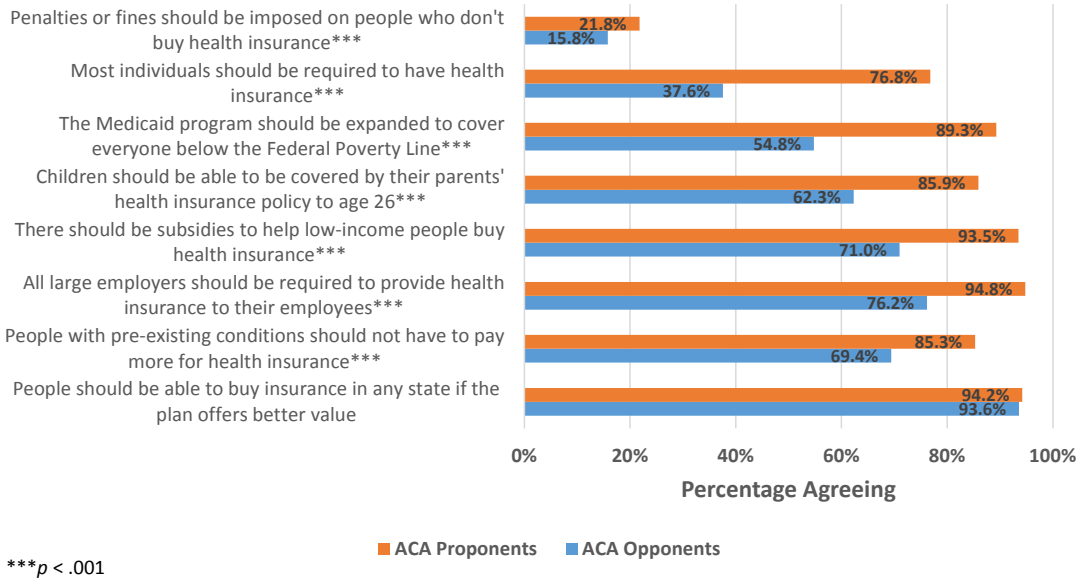
Table 7. Mississippians Attitudes on Health Reform (% agree or strongly agree)

	2013	2015	2017
Universal [85-100%]			
People should be able to buy insurance in any state if the plan offers better value	89.5%	91.0%	91.7%
Predominant [65-84%]			
All large employers should be required to provide health insurance to their employees	76.0%	82.2%	85.4%
There should be subsidies to help low-income people buy health insurance	71.5%	80.1%	81.6%
People with pre-existing conditions should not have to pay more for health insurance	66.4%	74.2%	77.9%
Children should be able to be covered by their parents' health insurance policy to age 26	65.9%	73.2%	73.9%
The Medicaid program should be expanded to cover everyone below the Federal Poverty Line	63.9%	72.1%	72.1%
Contested [35-65%]			
Most individuals should be required to have health insurance	53.7%	63.8%	58.1%
Marginal [0-34%]			
Penalties or fines should be imposed on people who don't buy health insurance	14.8%	16.3%	18.0%

Note. Significance tests not conducted due changes in sampling methodology.

Figure 10 shows the percentage of respondents who agreed with specific health care reforms by their overall support for the ACA. Overall, individuals who support specific provisions of the ACA also support the policy overall. However, opponents of the ACA still indicate majority support for most ACA provisions. Opponents express majority support for the requirement for large employers to provide health insurance to employees (76%), no increased fees for pre-existing conditions (69%), subsidies for those who need help buying insurance (71%), and Medicaid expansion (55%). Mississippians showed the greatest division on the individual mandate which requires individuals to have health insurance. Only 38% of ACA opponents supported this provision, compared to 77% of ACA proponents. Mississippians, whether for or against the ACA, do not support imposing penalties or fines on people who do not buy health insurance.

{FIGURE TEN}
HEALTHCARE REFORM ATTITUDES BY ACA SUPPORT



***$p < .001$

RESULTS

{PERCEIVED IMPACT OF THE ACA }

Despite overall support for specific provisions of the ACA, Mississippians were less optimistic about the policy's effects. Over half of respondents (52%) believed that the health insurance marketplaces created by the ACA led to higher healthcare costs, while 22% said they did not know how the policy affected healthcare costs (Table 8). Respondents were also uncertain about how the policy changed the choice of health plans available. Approximately one-third of respondents (35%) said they thought the choice of health plans was smaller than before, 29% said there was little to no change, and 17% indicated they did not know (Table 9).

Table 8. Health Insurance Marketplaces Required by the ACA have resulted in:

Response	%
Generally higher health insurance costs	51.6%
Generally lower health insurance costs	7.3%
Not much of an impact on insurance costs	18.9%
Don't know	22.2%
Total	100.0%

Table 9. Health Insurance Marketplaces Required by the ACA have resulted in:

Response	%
A larger choice of health plans than was previously available	19.5%
A smaller choice of health plans than was previously available	34.8%
Little change in the choice of health plans available	28.7%
Don't know	17.0%
Total	100.0%

Table 10 contrasts Mississippians' expectations of how the ACA would affect them and their families prior to the initial health insurance exchange roll-out and their perceptions of how they were affected in years after. In 2013, the largest share of respondents (40%) expected that they would be worse off as a result of the ACA. In subsequent surveys, this figure decreased to 25% and 29% in 2014 and 2017, respectively. However, this decrease did not correspond to an increase in the percentage of respondents who reported being better off as a result of the ACA. Rather, there has been a sharp increase in the percentage of respondents who reported that they are unaffected by the ACA, from 18% in 2013 to 47% in 2017.

Table 10. Do You Think That You and Your Family Will Be (2013)/Have Been (2014-2017):

	2013	2014	2017
Unaffected by the Affordable Care Act	18.2%	48.5%	47.0%
Better off as a result of the Affordable Care Act	21.6%	15.3%	17.4%
Worse off as a result of the Affordable Care Act	39.9%	25.2%	29.3%
Don't know	19.8%	10.8%	6.2%
Refused	0.5%	0.2%	0.1%
Total	100.0%	100.0%	100.0%

Note. Significance tests not conducted due changes in sampling methodology.

Table 11 reflects respondents' self-assessments of their health status, access to care, and whether they have a regular source of care by insurance status. Participants were asked to rate their current health status as poor, fair, good, or excellent. Consistent with Ansari (2006), access to care was measured by asking respondents to rate their difficulty getting medical care on a five-point scale, from not at all difficult to 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."

Overall, Mississippians report being in good health. Individuals whose insurance was provided by an employer were the most likely to report good health (81%). Those who were insured by themselves or their parents are the next most likely to report good health (77%). Of uninsured respondents, 71% reported good health. The percentage of those on Medicaid/ Medicare who reported good health, however, was significantly lower (51%).

Access to care varied by insurance type. Individuals with insurance through their employer or self/parents reported the highest access to care, with 89% and 87%, respectively, reporting that care was not difficult to obtain. In contrast, nearly one-third of government-insured individuals reported difficulty in accessing care, even though they most frequently reported having a regular source of care. Almost two-thirds of uninsured respondents reported difficulty in accessing care and only 45% indicated they had a regular source of care.

Table 11. Health Status of Mississippians by Insurance Coverage

	Government	Self or Parents	Employer based	Uninsured
Health Status***				
Excellent/Good	51.0%	77.2%	81.4%	71.1%
Fair/Poor	49.0%	22.8%	18.6%	28.9%
Access to Care***				
Not difficult	68.3%	87.0%	88.8%	37.9%
Difficult	31.7%	13.0%	11.2%	62.1%
Regular Source of Care***				
Yes	88.1%	78.5%	81.9%	45.0%
No	11.9%	21.5%	18.1%	55.0%

*p <.05, **p <.01, ***p <.001

Income was significantly associated with health status, such that those with higher income were more likely to report good health than those with lower income (Table 12). Of those with incomes less than $10,000, more than half (59%) reported poor health, compared to 19% of those with incomes over $100,000. Overall, respondents with incomes between $60,000 and $99,999 reported good health most frequently (86%).

Those with higher incomes were also more likely to report easy access to care and regular sources of care than those with lower incomes. Respondents in the lowest income bracket, making less than $10,000 a year, were split evenly regarding access to care. These respondents were also the least likely to report having a regular source of care. Individuals in the $60,000 to $99,999 bracket were the most likely to report ease of access to care (89%). Respondents in the highest income bracket, however, were significantly more likely to report having a regular source of care.

Table 12. Health Status and Access to Care of Mississippians by Income

	Excellent/Good	Fair/Poor
Health Status ***		
< $10,000	41.3%	58.7%
$10,000 - $29,999	59.0%	41.0%
$30,000 - $59,999	77.4%	22.6%
$60,000 - $99,999	85.8%	14.2%
>= $100,000	81.2%	18.8%
	Not difficult	**Difficult**
Access to Care ***		
< $10,000	50.0%	50.0%
$10,000 - $29,999	59.4%	40.6%
$30,000 - $59,999	75.6%	24.4%
$60,000 - $99,999	89.0%	11.0%
>= $100,000	87.2%	12.8%
	Yes	**No**
Regular Source of Care***		
< $10,000	61.9%	38.1%
$10,000 - $29,999	65.8%	34.2%
$30,000 - $59,999	73.6%	26.4%
$60,000 - $99,999	80.7%	19.3%
>= $100,000	89.8%	10.2%

*p <.05, **p <.01, ***p <.001

Table 13 shows respondents' utilization of screening and preventive services by insurance type. The pattern of utilization varies depending both on the type of services and on the respondents' insurance status. In general, respondents with government or employer based insurance had the highest rates of receiving screening and preventative services. Respondents' with government-based insurance (Medicaid/Medicare) had the highest percentage of wellness exams (82%), screenings for sexually transmitted infections (STI; 37%), blood pressure check (94%), and mammograms (56%). As expected, those without health insurance tended to have the lowest utilization rates of screenings and preventative services.

Table 13. Health Care Utilization of Mississippians by Insurance Status

	Government	Self or Parents	Employer based	Uninsured
Wellness exam or physical***	82.5%	67.9%	78.9%	45.3%
STI screening***	37.1%	19.3%	19.8%	21.9%
Blood glucose screening***	64.3%	51.0%	65.1%	33.3%
Pneumonia vaccine***	23.2%	23.3%	13.1%	9.6%
Flu vaccine***	44.8%	46.9%	48.7%	25.3%
Cholesterol check***	69.1%	48.8%	69.3%	29.1%
Colon cancer screening***	22.0%	11.7%	17.1%	7.5%
Dental exam***	53.1%	63.2%	66.9%	32.1%
Blood pressure check***	94.4%	80.0%	86.9%	64.8%
Mammogram***	56.1%	36.0%	51.3%	26.8%
Paptest***	61.7%	63.6%	67.3%	46.3%

Note. Based on the 12 months prior to survey.
*p <.05, **p <.01, ***p <.001

CONCLUSION

The rate of Mississippians who report being covered by some form of health insurance has not increased significantly since 2015. However, there have been important continuities and shifts in knowledge, attitudes, and behaviors about health insurance and the Affordable Care Act. The perceived importance of health insurance in Mississippi persists; 9 in 10 Mississippians believe health insurance is important and something they need. However, Mississippi continues to rank in the top 5 states for the highest rate of uninsured residents.

The most notable change was in the overall support for the ACA among Mississippians. Since 2013, support for the ACA has increased by 9%. Nearly half of Mississippians (47%) now support the ACA compared to just 38% in 2013. Mississippians continue to show majority support most of the major provisions in the law. Even the most contested health reform issues, such as the individual mandate and penalties for remaining uninsured, saw modest gains in support. In addition to showing more support for the ACA, Mississippians showed increases in knowledge about the ACA. The percentage of Mississippians who indicated they knew enough about the ACA to understand how it affected them and their family increased by over 16 percent. Additionally, knowledge about exchanges and marketplaces increased by 5 percent.

The results of this survey suggest that an economic disparity exists regarding insurance status and attitudes towards the ACA. Mississippians with higher incomes are more likely to have insurance than their low-income counterparts, but less likely to support the ACA. Those who receive insurance through their employer report significantly lower approval rates than those who have a personal plan or Medicare/Medicaid. Low-income Mississippians have higher uninsured rates, but are also more likely to report fair or poor health, indicating that quality coverage may be less accessible to this population. A large majority of uninsured Mississippians believe insurance is personally important, but cited cost most frequently as the main reason for not having health insurance. Over half of respondents believed ACA marketplaces have resulted in generally higher insurance costs.

In conclusion, support for the ACA in Mississippi is still contested, though the importance of health insurance is not. Knowledge about the law and approval ratings have concurrently increased since 2013. The findings of this survey indicate that economic barriers still prevent Mississippi from reducing its uninsured rate to the level of other states. Though progress has been made, efforts are still needed to target those who are at-risk of being uninsured, to reduce cost barriers, and to form policies that ensure comprehensive coverage for all citizens.

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APPENDIX A:

{SURVEY INSTRUMENT}

APPENDIX B:

{WEIGHTED FREQUENCIES}