

**OPTIONS FOR UNIVERSAL HEALTH COVERAGE IN OREGON**  
**A FOCUS GROUP STUDY**

Phase II: Final Report

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## EXECUTIVE SUMMARY

In 2001, a comprehensive statewide study was initiated under the Health Resources and Services Administration's (HRSA) State Planning Grant Program by the Office for Oregon Health Policy & Research to explore and identify options for universal health coverage in Oregon. As part of the HRSA's State Planning Grant Program, a two-phase focus group study was conducted by the Department of Anthropology, Oregon State University to explore options for universal health coverage among key interest groups in Oregon. In each phase, focus groups were conducted among uninsured individuals, small business owners, and health care providers/administrators across Oregon. A total of 128 participants including, seventy-one uninsured individuals, thirty-two small employers, and twenty-five health care providers/administrators took part in eighteen focus group sessions organized across Oregon. This report provides a summary of the Phase I study and presents findings from the Phase II of the focus group study.

In Phase I, eight focus group interviews were conducted between March 3 and April 16, 2001. These focus groups were held in one rural, one suburban, and two urban regions in Oregon to capture insights about the diverse real life experiences and concerns of the study participants related to health care. In particular, the Phase I study examined the broad and often overlapping issues concerning affordability of and barriers to health coverage, opinions regarding

the Oregon Health Plan and other state efforts to provide low-cost health coverage, and expectations from a universal health plan among three groups of uninsured individuals; availability and affordability of employer-based health coverage and options for providing health coverage to employers among three groups of small employers; and patient barriers in accessing health coverage, opinions on safety-net clinics, the Oregon Health Plan, and universal health coverage among two groups of health care providers and administrators.

The Phase I findings suggest that the uninsured are concerned about health care and cannot afford the high cost of health insurance. Most of them are somewhat familiar with the Oregon Health Plan. Their experiences with the Oregon Health Plan have been generally negative, generating complaints about long waits, delayed and inflexible appointments, and impersonal treatment. The uninsured individuals would prefer more affordable and comprehensive coverage from the state. They do not expect the coverage to be free; they simply want more affordable coverage that is sensitive to their shifting financial situation and means. Finally, the study reveals that safety net clinics and community outreach centers play a crucial role in providing affordable, timely, and culturally sensitive health care to uninsured individuals.

The small employers, who participated in Phase I, suggest that they are more likely to participate in providing employee health coverage if the state were to offer tax benefits for offering health coverage to their employees. Small

employers, especially during the early years of their business, are often struggling to meet expenses and cannot always afford to provide coverage and/or share costs with employees.

The Phase I Health care providers/administrators are generally supportive of the idea of universal health coverage in Oregon. However, they view it as a system that could provide baseline health coverage and individuals can buy private insurance to augment their existing health care plan. Most health care providers/administrators perceive the universal health coverage model as adding the first or second tier to the existing health care system in Oregon. They strongly suggest that the success of a universal health coverage model would involve a balancing act with three important components, namely quality, access, and cost.

Upon conclusion of Phase I, the focus group research team and the HRSA members further refined and developed focus group questions in order to further explore the issues raised by the previous study participants. During several discussions with the HRSA team, a draft survey for Phase II was developed, circulated to HRSA staff and focus group researchers for comment, and revised accordingly. For the Phase II survey, the research team covered the following additional topics:

- i. Uninsured participants' opinions regarding the relative importance of health care needs in their everyday life; payment methods for health

- care (copays versus coinsurance); adequate benefits package as part of universal health coverage; barriers to accessing health care; quality of health care; and strategies to deal with lack of insurance.
- ii. Small employers' views on the importance of employee-health coverage to their business; cost of providing employee-health coverage; state incentives to encourage employers to offer health coverage; insurance pools; and issues of crowd out.
  - iii. Health care providers/administrators' opinions on capacity issues in providing adequate health care; and roles of safety net clinics.

In Phase II, ten focus group interviews were convened from April 18, to September 24, 2001 in five regions of Oregon. Focus group participants include forty-three uninsured individuals, sixteen small employers, and eleven health care providers/administrators. Key findings of the Phase II focus group study are as follows:

### Key Findings

- The uninsured individuals who participated in the Phase II study
  - Are concerned about their health care and find it difficult to pay the high cost of health care.
  - Rely on informal social networks of friends and family for health care recommendations.

- Learn about the Oregon Health Plan through discussions with friends and family members.
  - Have had unfavorable experiences with the Oregon Health Plan.
  - Would prefer more affordable and comprehensive health coverage from the state.
  - Feel that the universal health coverage plan should provide health insurance for the entire family.
  - Expect more low-cost health care insurance choices to be made available and/or supported by the state.
  - Expect health care supported by the state to be sensitive to their culture, worldview, and living conditions.
- Small employer participants in the Phase II study
    - Acknowledge the importance of offering employee health coverage and are willing to do so with state help.
    - Are ambivalent about the ability of purchasing alliances to offer cost-effective health coverage on a long term basis.
- Health care providers/administrators in the Phase II study
    - Are supportive of the idea of universal health coverage in Oregon.
    - Recommend a careful planning of the universal health coverage plan in order to avoid the unduly expensive medical system that is currently in practice.

- Support the idea of the prescription drug formulary to reduce costs incurred under the Oregon Health Plan.
- Recommend a sliding scale model for copay in which patients accessing certain health services make copays relative to the cost of health services.

## STUDY DESIGN AND GOALS

The Department of Anthropology, Oregon State University (OSU) has recently completed a two-phase focus group study on options of universal health coverage in Oregon. This study is part of a larger statewide study on the broad theme of universal coverage in Oregon, funded by a grant from the Health Resources and Services Administration (HRSA). The Office for Oregon Health Policy & Research (OHPR) is the lead agency to administer the statewide study on options for universal coverage. The HRSA study is designed to explore and identify options for universal coverage among the various interest groups in Oregon in order to address pressing health access and delivery problems in the state. A unique aspect of the HRSA study - one that distinguishes it from other such studies - is the emphasis on a research design that involves collection of both quantitative and qualitative data collected through appropriate research strategies. The concerted effort to blend quantitative and qualitative data with knowledge and skills of informants, researchers, policy makers, and administrators is the hallmark of the HRSA study.

The two-phase focus group study explored the opinion and options for universal health coverage in Oregon among three interest groups, namely uninsured individuals (broadly defined as those individuals who did not have health insurance at any time during twelve months before the focus group session), small employers (employing 25 or less employees), and health care

providers/administrators. In each phase, focus groups were conducted with uninsured individuals, small employers, and health care providers/administrators. All focus groups were conducted in diverse locations throughout Oregon. The regions were selected primarily on the basis of their location (rural or urban), population composition (ethnic and economic diversity), and availability of health care services.

In the first phase of the study, eight focus group interviews were conducted between March 3 and April 16, 2001. These focus groups were held in one rural, one suburban, and two urban regions in Oregon for a comprehensive understanding of the diverse real life experiences and concerns of uninsured Oregonians related to access and affordability of health care as well as expectations from a universal health coverage model. A focus group discussion format allowed the participants to identify and explore in depth the key issues related to health care and health coverage in Oregon. Using personal examples, stories, and narratives, the participants exchanged views and discussed their concerns and experiences of accessing health care as well as their opinions on options for universal health coverage in Oregon.

In particular, the Phase I study examined the broad and often overlapping issues concerning affordability of and barriers to health coverage, opinions regarding the Oregon Health Plan and other state efforts to provide low-cost health coverage, and expectations from a universal health plan among three

groups of uninsured individuals; availability and affordability of employer-based health coverage and options for providing health coverage to employers among three groups of small employers; and patient barriers in accessing health coverage, opinions on safety-net clinics, the Oregon Health Plan, and universal health coverage among two groups of health care providers and administrators.

The Phase I findings suggest that the uninsured Oregonians are concerned about their health care and cannot afford the high cost of health insurance. Most of them are somewhat familiar with the Oregon Health Plan, however, find it difficult to enroll and/or continue their coverage under the plan. Their experiences with the Oregon Health Plan have been generally negative. These experiences result in complaints about long waiting periods for appointments, delayed and inflexible appointment hours, and impersonal treatment by the health care providers. The uninsured individuals would prefer more affordable and comprehensive coverage from the state. They do not expect the coverage to be free; they simply want more affordable coverage that is sensitive to their changing financial situation and means. Finally, the study points out that safety net clinics and community outreach centers play a crucial role in providing affordable, timely, and culturally sensitive health care to uninsured Oregonians, especially to members of the ethnic minority groups in the state.

The small employers, who participated in Phase I, are more likely to participate in providing employee health coverage if the state were to offer tax

benefits for offering health coverage to their employees. Small employers, especially during the early years of their business, are often struggling to meet expenses and cannot always afford to provide coverage and/or share costs with employees. They expect the state health policy makers to be cognizant of and sensitive to the financial needs and capabilities of their businesses.

The Phase I Health care providers/administrators support the concept of universal health coverage in Oregon. However, they view it as a system that could provide baseline health coverage and individuals can buy private insurance to augment their existing health care plan. Most health care providers/administrators perceive the universal health coverage model as adding the first or second tier to the existing health care system in Oregon. They strongly suggest that the success of a universal health coverage model would depend upon a balancing act with three important components, namely quality, access, and cost.

Upon conclusion of Phase I, the focus group research team and the HRSA members further refined and developed the survey questions to explore the issues raised by the study participants in the first phase. During several discussions with the HRSA team, a draft survey for Phase II was developed, circulated to HRSA staff and focus group researchers for comment, and revised accordingly. As compared to the Phase I survey, the Phase II survey covers additional topics in the following broad areas:

- Uninsured participants' opinions regarding the relative importance of health care needs in their everyday life; payment methods for health care (copays versus coinsurance); adequate benefits package as part of universal health coverage; barriers to accessing health care; quality of health care; and strategies to deal with lack of insurance.
- Small employers' views on the importance of employee-health coverage to their business; cost of providing employee-health coverage; state incentives to encourage employers to offer health coverage; insurance pools; and issues of crowd out.
- Health care providers/administrators' opinions on capacity issues in providing adequate health care; and roles of safety net clinics.

The Phase II study consisted of ten focus groups with forty-three uninsured individuals, sixteen small business owners, and eleven health care providers/administrators. The focus groups were convened from April 18, to September 24, 2001. All focus group participants were recruited through informal social networks of the OSU and HRSA team members, professional contacts, and through telephone-based information. Two members of the OSU research team conducted all focus group sessions.

All focus group interviews, except one, were conducted in English by the OSU research staff. One focus group was conducted in Spanish. A local bilingual and bicultural interpreter participated in that focus group session. Twenty-dollar

incentives (Fred Meyer vouchers) were given to all uninsured participants and small employers. The health care providers/administrators were not monetarily compensated for their participation in the focus group sessions.

For this report, the focus group data are analyzed primarily for recurring themes. This analysis involves a careful listening of the interview tapes and review of the interview transcripts for important and common themes. This theme-based analysis is complemented with moderator notes and post-focus group debriefing among members of the research team. This report discusses the most commonly occurring themes and general issues that emerged across all focus group sessions as well as in debriefing sessions among members of the research team. Wherever appropriate, direct quotes from participants are provided in the report. Additionally, several general comments are made about the opinions and experiences of all, most, or some of the focus group participants.

The above qualitative research strategies, collectively known as the focus group methodology, complement quantitative methods by providing not only the means to understand participants' emotions and motivations on a topic(s), but also alternative insights into traditionally "ranked" and "scaled" responses. Focus groups and theme-based analyses are an effective means of understanding the subjective views of the informants, which often objective numbers fail to express. As a qualitative research methodology, focus groups

are primarily concerned with understanding attitudes rather than measuring them.

Keeping with goals of the larger HRSA study, this focus group research is aimed at understanding the real life experiences of the study participants with regard to the health care system in Oregon and to seek their suggestions on expanding the state's health care system, especially the Oregon Health Plan. The focus group research also provides an effective means to gain access to private, non-communicable, unconscious feelings, and emotions of informants regarding options for universal health coverage in Oregon. In a real sense, the focus group methodology used in this study is a direct, sensitive, and interactive method of assessing peoples' opinions. It approaches attitudes and priorities tangentially by allowing respondents to talk freely and to choose descriptive categories significant to them instead of using those categories that are significant to the researcher.

Although this focus group study has yielded important findings, it is necessary to identify its major limitation. The findings of this study are based on the experiences, opinions, and recommendations of a small sample of focus group participants. It is possible that others might have had experiences, opinions, and recommendations different from those of the study participants. Despite this limitation, this study provides important descriptive information on participants' experiences and views on universal health coverage in Oregon.

It is important to note that in the larger HRSA study, quantitative data can be used to set themes and issues, but focus groups narrative can be valuable in determining strategic programs, policies, and effective implementation strategies as well as for identifying areas for more in-depth analysis in a follow-up study.

***Sample: General Characteristics***

Keeping with the study design used in Phase I, ten focus groups with uninsured individuals, small employers, and health care providers/administrators were held in five different regions in Oregon, namely, Lincoln County, Linn-Benton County area, Umatilla County, Crook County, and the Portland metropolitan area. Five focus groups were held with uninsured individuals, three with small employers, and two with health care providers/administrators. The HRSA staff and OSU research team collaborated in planning the design of the study and in recruiting study participants. Generally, all focus group participants were recruited through informal social networks, professional contacts, and through telephone-based information. Tables 1 - 3 provide details about the focus group participants.

Table 1: Number of participants by focus group location (total participants=70)

Location	Uninsured	Small Employers	Health Care Providers/Administrators	Total
Crook County	21	6	5	32
Lincoln County	6	-	-	6
Linn-Benton County	10	4	-	14
Umatilla	6	5	-	11
Portland Area	-	1	6	7

Table 2: Focus group participants by gender (total participants=70)

Interest Group	Women	Men
Uninsured	27	16
Small Employers	7	9
Health Care Providers/Administrators	8	3

Table 3: Participants by self-identified ethnicity (total participants =70)

Interest Group	African American	Hispanic	Native American	White
Uninsured	5	27	6	5
Small Employers	1	-	-	15
Health Care Providers/Administrators	-	-	-	11

The Phase II study sample broadly represents four major ethnic groups in Oregon (Table 3). However, it should be noted that distinctions based on gender, age, and national origin are not made in this report. Such comparisons may be helpful, but the small number of participants coupled with the qualitative design of this study make such comparisons unreliable.

## RESULTS

For all interest groups, the Phase II findings tend to reinforce those of Phase I. In general, Phase II focus group participants - uninsured individuals, small employers, and health care providers/administrators - echoed the opinions of the Phase I participants. This is especially true for topics such as, health experiences of the uninsured, affordability of and barriers to health care and health coverage, ability to offer health care to employees, effectiveness of the Oregon Health Plan, and providing universal health coverage as a realistic goal in Oregon.

Accessibility and affordability of health care constitute primary concerns in the daily lives of uninsured individuals, small employers, and health care providers/administrators. Although most of the focus group participants, particularly uninsured individuals and small employers, said that health care is important to them, they tend to prioritize paying bills, saving money, paying for food and rent, maintaining businesses over decisions for health coverage. Health care providers/administrators expressed a general sense of satisfaction with the current state of the Oregon Health Plan as a health care system for the uninsured in Oregon. They showed cautious optimism toward state's efforts in planning a universal health coverage option for Oregonians and expressed skepticism over state's ability to launch an effective information and/or education campaign for the universal health coverage plan.

## **Uninsured Individuals**

In Phase II, five focus groups sessions were conducted with forty-five uninsured individuals residing in Crook County, Lincoln County, Linn-Benton County, Portland, and Umatilla County. Uninsured focus group participants represent four major ethnic communities in Oregon, namely, African American, Hispanic, Native American, and White. All participants have been uninsured at least once in the last twelve months. Most uninsured participants have families and work full time.

### ***Health Care Experiences***

Several focus group participants report they receive poor treatment based on their low-income and/or ethnic minority status and because they either were uninsured or on the Oregon Health Plan at the time of the visit. According to an uninsured participant from Umatilla County:

[A hospital visit] takes forever, especially if you are on the Oregon Health Plan...every time I go there around three or four in the afternoon, I leave around ten at night. Last year, I took my son to the hospital because I thought he had pneumonia. It took forever to admit him. It was very frustrating. I had to fight with everyone there to get him admitted.

Another uninsured participant from Umatilla County said:

Six months ago, I was sick with high fever. I went to the emergency at 1:00 AM. There were two boys. The boys were in a car accident and everyone was concerned about them. Nobody paid any attention to me. I told my daughter, why don't they check me, I am also very sick. I sat there in the emergency room for four hours. Then they gave me a shot and sent me home at six in the morning. They did not even explain for what they gave me the shot. I did not feel better after that for quite some time.

Many uninsured participants also report they receive little flexibility from providers in scheduling appointments. This problem is exacerbated because many work in jobs that do not allow for time off for doctor's appointments. According to an African American participant from Linn-Benton County area:

First of all, it is really difficult to find a doctor who would take OHP patients. Second, most OHP patients and uninsured patients are poor and often do not have any reliable means of transportation. Their employers do not allow them to visit the doctor during working hours. All this makes it very difficult for the uninsured patient to get health care in this state.

Because of their insurance status, many wait for longer periods to see a doctor than those with private or employer insurance. Uninsured participants describe their interaction with the doctor and the medical staff as generally rushed and impersonal. Often, they do not receive and/or understand instruction on prescriptions and follow-up visits. As one Hispanic woman from Umatilla County recounted:

One time my son was cleaning his ear and he popped it...I was uninsured at the time. The thing went all the way in and starts bleeding. All they did was quickly check his ear and they said he was fine. And he was bleeding. I don't know how come they said he was fine.

Another woman from Benton County relayed her experience with the Oregon Health Plan:

Two weeks ago my daughter was hospitalized and they were going to do an appendectomy...all of a sudden they called a surgeon and they were going to perform the surgery on her...he said she doesn't [need] an appendectomy, she has a kidney infection...so they were planning to cut her open for no reason...they did not call the consultant first...Why? Because [my daughter] was on the Oregon Health Plan. The surgeon was the last person they called. They didn't do any type of blood work or any kind of screening just because she had lower [abdominal] pain. So the

surgeon comes in and says let me see the x-ray and they didn't do one. So, they do one and he says she has [a] kidney infection. I am not cutting' this kid open.

A Native American participant from Lincoln County related his experience while seeking health care as an OHP participant in the following words:

The problem I've had is my doctor's attitude. I went to see one doctor, but he was so arrogant. He was rude and insensitive to me because I was on the Oregon Health Plan. I did not go back. Now, I can't find a doctor at all.

According to an African American participant from Linn-Benton County area,

As an OHP patient, I have faced racism, sexism, and all sorts of problems one can imagine. We are treated like charity cases and no one, I mean no one, is willing to help us. I guess I am angry about the whole situation. In my experience, I have felt that the medical staff has been culturally insensitive toward my beliefs health care needs. I think they all first need to learn how to treat fellow humans.

The above mentioned negative experiences of the focus group participants reflect a larger, perhaps even systemic, problem with the health care delivery

system in the state. As reported by the participants, some of these problems are due to the unavailability of interpreter services, cross-cultural misunderstanding, and/or excess patients in the hospital emergency rooms. It is clear that health care experiences similar to the ones mentioned above often contribute to an apprehensive attitude among uninsured and/or OHP participants, thus negatively affecting their access of health care in a timely manner.

Most uninsured Hispanic participants receive health care through safety net clinics. The sense of familiarity, community recommendation, and the availability of interpreters, individually and collectively, contribute to the Hispanic participants' decision to seek health care from safety net clinics in Oregon. For most focus group participants, good communication between the patient and provider at the safety net clinic contributes toward the overall satisfactory health care experience despite the often limited medical facilities and, at times, long waiting periods to see a health care provider. According to an uninsured participant from the Linn-Benton County region:

At the local community outreach clinic, I feel comfortable. I know it is a free clinic and that there is a lot of turn around of nurses, LPNs, and doctors. One day, I had to wait for three hours before speaking to a nurse. The place is not very clean; it is crowded; and poorly lit. But I

still feel comfortable there because the people are nice and understanding.

Many uninsured participants said they feel a sense of security and comfort while accessing health care from a safety net or community outreach clinic. Because of the high cost of health care, some also access health care from primary care providers who have flexible payment plans and who are in some way linked with the safety net clinic in the area. A few Hispanic participants said they consult their traditional healer for chronic health problems and treat minor injuries and infections with home remedies. Many uninsured participants said they access professional medical services only in emergency and/or crises. Focus group sessions with uninsured individuals revealed that when seriously ill, the uninsured receive care in three primary ways. First, they often pay out-of-pocket. Second, safety net clinics, community outreach centers, and some physicians treat them free or at a low cost. Third, they sometimes go to hospital emergency rooms for ambulatory care.

### ***Affordability of Health Care***

For uninsured individuals, the greatest barrier to health insurance is cost. Most uninsured participants consider health insurance far too expensive. As a result, many focus group participants have had to postpone seeking health care on several occasions during the last twelve months before the focus group

meetings. According to a Hispanic woman from Umatilla County, "It is too expensive. It's like two hundred dollars per month for each kid...all the kids that I have...[I will have] to give them the whole paycheck for insurance. So, what do I take home? Nothing." Paying for health care is difficult for all uninsured participants. Most participants report delaying health care simply because they cannot afford it. They feel they must put off obtaining health coverage until someone is very sick.

Many uninsured participants complain that their employers do not offer health coverage or it is too difficult for them to qualify and afford employer sponsored health coverage. Most said they need the paycheck for basic living, so finding a job that offered insurance was not a priority. According to a Hispanic man from Crook County,

Sometimes [we] don't ask [about health] insurance. It is the money that [we] need to feed [our] families first. I know that a lot of times [we] are not in a position to bargain with [our] boss because work is so short and jobs are so few, [we] have to take what [we] can get. A lot of people can't find work-at all.

A number of uninsured participants report that health insurance is unavailable because they work on a part-time basis for small employers. They believe that these businesses cannot afford to pay for coverage for their employees. Several

uninsured participants said that while their employer provides health coverage to some employees, they themselves are ineligible. Those who work part-time or on a seasonal basis, for example, usually do not qualify for insurance.

Uninsured participants express a sense of dissatisfaction with the current employer-based health coverage option that does not offer health benefits for low-wage temporary workers. Participants from the Hispanic communities said they are often able to obtain only low-wage jobs, which typically do not offer health coverage.

One major theme in the focus group interviews relates to an insurance gap for the low and low-middle working class. Although many uninsured participants are working on low wages and no health benefit jobs, they often are slightly above the income level that qualified them for state sponsored insurance programs. According to one Native American participant from Lincoln County:

I make \$1300 a month. So, I don't qualify for anything and I can't afford to purchase insurance because it is too expensive and my employer only offers Kaiser, but I don't live in Salem area. I live on the coast so I'm not covered.

According to another Native American participant from Lincoln County:

Currently, I am not on Oregon Health Plan because I make twenty dollars too much. I have no preventive health care coverage. The only time I have health coverage is if it's a dire emergency - I'm dying, so we go to the emergency room at the hospital.

Several participants narrated similar circumstances surrounding their current state of uninsurance and expressed frustration for not receiving some type of health coverage or assistance. Focus group participants often talk about the anxiety of living without health insurance while raising a family and working full time. A few uninsured focus group participants feel that the Oregon Health Plan will not be helpful until it covers all of their medical expenses. A woman from Umatilla County said, "I thought it was going to cover the whole thing. But they [the hospital] sent me many bills when I had my baby. [These bills were for] the lab- HIV test, pap smears, and stuff. They [the OHP] didn't cover that." Many other woman participants said they amassed large medical debts through their pregnancy despite their Oregon Health Plan coverage.

### ***Other Barriers to Accessing Health Care***

In addition to cost, many focus group participants recalled negative experiences while attempting to seek health care. A few describe the Oregon

Health Plan as a confusing and overly complicated system, and express limited understanding of their responsibilities and coverage benefits available under the Oregon Health Plan. One uninsured participant said:

It's confusing. Even though I have filled out the form before, I always have to go up to the desk and say you need to explain this to me. Like you have to sign-up for a specific organization if you live in a certain area. I don't know...it is really confusing.

Participants also noted that the reapplication process for the Oregon Health Plan is vague and overly complicated. Almost all uninsured participants feel that people should have to file for renewal under the Oregon Health Plan only once a year.

In general, focus group participants dislike the enrollment process, paperwork and do not fully understand how the system works. They feel frustrated by the long waits for doctors' appointments and are discouraged by the rude treatment they receive while accessing health care as Oregon Health Plan patients. One woman from the Linn-Benton County region explains how she developed unfavorable views of the Oregon Health Plan.

If you are on the Oregon Health Plan, then they will make you a low priority. You'll get the last available appointment. My daughter came

down with a temperature I took at home with an ear thermometer. It was 104 degrees. I took her to the [local] hospital twice in one night. None of the doctors would do anything for her. I took her over to Albany and they did a CAT SCAN and found she had [a serious sinus problem]. The people [at the local hospital] knew she was on the OHP so they didn't want to do anything extra. The doctors always see other patients first. The receptionist are polite...but they know you are on the OHP and they put you off to treat privately insured patients.

A few focus group participants are simply unaware of the Oregon Health Plan. Some have little knowledge of the qualifying criteria. Many participants describe the OHP literature as bulky and often confusing even when it is written in Spanish -- their native language. Many participants learn about the Oregon Health Plan through informal networks of friends and family members. Consequently, there is considerable misinformation about the enrollment criteria and health experiences as an OHP member. Participants from the Hispanic community fear that the information they report for the Oregon Health Plan will be turned over to the INS for review. Another commonly held belief among uninsured participants is that just children and pregnant mothers qualify for the Oregon Health Plan.

Language barriers remain a major issue for many Hispanic participants in accessing health care in Oregon. Many focus group participants are not aware

that the information material is available in their native language. The few participants who are successful in obtaining forms about health insurance options in their native language face difficulty in understanding and properly completing the forms. Mostly, the written language is awkward and unfamiliar to them. Overall, this has led many participants to believe they may have missed several opportunities for health coverage for themselves and for their family members.

### ***Other Means or Options for Universal Health Care***

Uninsured focus group participants prefer the state to provide low-cost, comprehensive health coverage for all family members. Echoing the views of the Phase I uninsured participants, the Phase II participants are willing to pay for health insurance as long as fees are reasonable and the coverage goes beyond basic care to include dental and vision care, prescription drugs, and other services. Even after extensive discussions in focus group sessions, there appears to be little consensus regarding the amount of money the uninsured participants are willing to pay toward a monthly premium, which ranged from \$10 to \$30. According to a Native American participant from Lincoln County:

We know for a fact that we will have to make some concessions and most of us are willing to do so if that provides us with some form of

health insurance. I would say that for an average person like me the contribution toward premium or copay should not be more than \$20.

Preferences for the source of health coverage - whether employers, the government, or the community - are mixed. Most uninsured participants neither like the idea of receiving financial assistance directly from the state to buy health insurance nor do they like their employers receiving such assistance. According to an African-American participant from the Linn-Benton County area:

First we need to make sure that we have a mechanism to track the money that the state gives to the individual for health care is actually spent on health care. Most people would like to buy food, beer, tobacco, etc. with that money. If the state can't make sure of that, then I am sure this strategy will not work at all.

Most uninsured participants also fear that any employer-based health coverage program would tie their health insurance to keeping their job. Since most of the uninsured participants are either unemployed or seasonally employed, they prefer state-sponsored insurance. Uninsured participants like the idea of strengthening community-sponsored clinics and safety net clinics. They find this option appealing because it provides them easy access to health care at a facility that is trusted and culturally sensitive to the health needs of ethnically

diverse communities. There is a strong concern, however, that the state authorities would probe into Hispanic workers' immigration status.

### **Small Employers**

Sixteen small employers (7 women and 9 men) participated in three focus group sessions organized in Crook County, Linn-Benton County area, and Umatilla County. Focus group participants manage diverse businesses ranging from flower shops to law firms with the help of several full-time and part-time (and seasonal) employees. Several participating small employers hire part-time migrant Hispanic workers for seasonal and short-term jobs. Slightly less than half of the small employers participating in the focus group sessions provide health coverage to their employees. Only one of the participating employers provides family coverage. None provide dental coverage.

### ***Health Coverage for Employees: Affordability, Current Practices, and Employers' Responsibility***

Among the Phase II participants, current practices and views related to employee insurance are considerably similar to those of the Phase I participants. Among small employers who participated in Phase II, those business owners who provide health insurance to employees limit their health benefits to only full-time employees and to those who have worked in their

organization for a certain period. The coverage is normally a minimal benefit package that includes both sizable deductibles and copays. Often employees are made to wait for a specified period of time (normally, sixty to ninety days) before they are covered under the employee-sponsored insurance. Often, the insurance company, and not the employer, normally dictate this waiting period. Small employers offering employee health insurance require forty to fifty percent cost sharing by the employee. Focus group participants feel that providing employee health coverage is an important issue for them. However, they cite several reasons for why they do not provide health coverage to their employees. One woman from Benton County articulated the some of the reason employer do not provide insurance.

Well, you know there are so many variants. I mean, is that person working full time? Is that person going to be working year around? In numerous cases, I don't think insurance is necessary. A lot of times the employees we have here are on a temporary basis and they don't care if they have insurance. They certainly don't expect it. So that is not a concern. Other people have insurance through their spouses. For us it would be an extra expense we could not afford.

Other focus group participants agree with the above view and, in general, feel that offering health coverage to employees is an important mechanism to maintain stability in business. However, high cost of health coverage is a major

determinant of employers' decision to not offer provide health coverage to their employees. Focus group participants are willing to offer employee health coverage if their business grows and profit levels increase.

### ***Options for Providing Health Coverage to Employees***

On the issue of options for providing cost-effective and affordable health coverage to employees, focus group participants have mixed opinions about using purchasing alliances. Almost all employer like the idea of lower insurance costs through insurance pools. However, because of the high administrative costs associated with insurance alliances, many employers have experienced that purchasing alliances are unable to offer a lower price for a comparable private insurance plan. Additionally, insurance alliances depend on large numbers of long-term participants. Many employers feel that most small businesses are transitory and fear that the alliance could collapse, especially in times when the overall regional, state, and national economy is experiencing a downward trend. According to a small business owner from the Linn-Benton area:

With small business, so many of them don't last a long time. I don't know how you could set up a stable pool of employers that would stay in the pool...you are probably going to lose at least fifteen [small businesses] each you. Who [will go] out and recruit [small employers] for

[insurance] pool. It seems like a good idea, but I think it really is riddled with potential problems.

Another small employer from the Linn-Benton area commented:

First of all, I don't think you are going to...get all small businesses interested in [joining insurance pools]. Having been involved with [small employers], I see [them as an] independent lot of people [who] tend not to collaborate with their competitors. So, I don't really think that it would work. I can't imagine that. And what if the insurance pool itself goes out of business? Who will be responsible then? I can't predict the market and would not want to risk buying into an unstable insurance pool.

Finally, most small business owners want their employee health care plans to be tailored to the specific needs of their few employees, business needs, and affordability. Small employers perceive larger alliances and insurance pools as limiting the availability choices for health coverage.

Small business employers are motivated to provide insurance for their employees if they are not already covered. Since the major barrier is financial, additional tax incentives and/or subsidies are perhaps the best option available for the state to encourage employer coverage. According to a small employer:

Well, I would say it was to keep quality workers working for you for a long period of time. Because even if they are single at the time eventually they may have a family and that is going to transform the importance of insurance for them. Medical cost is very expensive. You do have to have something, unless you are interested in rehiring every six months to fill that job over and over again. If you want someone to do a quality job and you want to keep him or her, you got to make it beneficial for him or her too. Because so many bigger companies offer it and a lot of people with families say that is the biggest thing they look for in a job. They say that they have to have health insurance before they would consider a job. And if you are employing the head of the household, definitely. So if we as small business employers were given an opportunity like tax breaks or a subsidy; it would be extremely helpful. The only realistic way small businesses are going to be able to give health insurance to their employees is if we do it in cooperation with the government. I think we, as business owner, the employers and the government should contribute to insurance plans to really make it work.

The above view reinforces a strong sense among focus group participants that small businesses need a considerable period of time to become established. Small employers feel especially vulnerable and financially insecure during the early years of their business. During these formative years of their business,

they are often unable to offer health coverage to employees. It is during this period that state-sponsored assistance and support to small employers would be most effective in terms of encouraging them to offer employee insurance.

### **Health Care Providers/Administrators**

Eleven health care providers/administrators (8 women and 3 men) participated in two focus group sessions and openly expressed their opinions, agreements, disagreements, and support of the current state of Oregon's health initiatives. Among the study participants in this interest group, six are physicians (including an HIV practitioner, an anesthesiologist, two internists, and two primary care physicians), one is a public health administrator, one is a hospital administrator, and one is a pharmacist. The public health administrator managed the local state health department. All physicians except the two primary care providers, and the pharmacist worked in large capacity hospitals.

### ***Experience with Uninsured Patients***

All focus group participants have extensive experience with uninsured individuals accessing health care services from their health facilities. The number of uninsured patients, relative to insured patients, seen by the focus group participants ranged from 40 percent to 95 percent. Many focus group participants in this interest group feel that the uninsured patients they see are

not vagrants or careless about their health, but are hardworking, belonging to working families, and struggling with the cost of health insurance. According to a focus group participant:

I think that there is a public misperception that the uninsured are people those who are homeless and lack a job. Seventy percent of the uninsured have families where there is at least one-person working full time. There were forty-seven million people who lacked insurance last year, and on top of those people many more were living on the verge...one paycheck away from lacking insurance.

Most participants describe the uninsured patient population as representing all ethnic groups, however, they do see a disproportionately large number of uninsured patients from the Hispanic community. In all focus group sessions with health care providers/administrators, this issue was repeatedly emphasized. Focus group participants, who see uninsured patients on a regular basis, are able to provide a broad description of the health care utilization pattern among uninsured patients. According to many focus group participants, uninsured patients generally access health care from the safety clinic or emergency room. Often, uninsured patients who enter the emergency room are referred to clinics and vice-versa. The participants in the focus groups generally feel that hospitals and clinics are absorbing the majority of costs for these visits.

Focus group participants believe that most uninsured individuals delay in seeking care for illnesses and rarely go in for check-up physical, pap smears, or other preventive health care measures. Participants maintain that uninsured individuals would like to use preventative care and yearly exams, but they neither have sufficient information nor the capacity to afford the health expenses. A few focus group health care providers/administrators suggest that uninsured individuals are generally unable to get time off work to go to the hospital or clinic, which is further complicated by the unavailability of transportation.

### ***Barriers Faced by Patients in Accessing Health Care***

Echoing the views of the Phase I participants, the Phase II health care providers and administrators identify cost, geographic location, language, lack of transport, and less information about the available health coverage as barriers faced by uninsured patients in accessing health care. Many participants recommend that the complexity of the health insurance system, especially the qualifying criteria for the Oregon Health Plan has become a barrier.

Participants suggest that accessing health care becomes even more difficult for patients from ethnic minority communities primarily because of language and cultural barriers. According to a participating physician:

Again, I'm going back to the Latino...There is a lot of paperwork. There is a lot of small writing when you get the papers for the Oregon Health Plan. The forms the cards have a lot of things to choose. Like they have to choose a dental provider, if they get the plan. I have called the Human Services and said...can you send us information on which your providers are so that we can give them to the patients. They don't know who to choose...it's pretty complicated. In Central Oregon, we really have no federal funded health care here at all. If you go to a doctor's office for a routine visit, you are going to pay sixty-four dollars minimum. A lot of people -especially the Hispanic community can't afford that. We have no sliding scale. Our doctors are not accepting anymore OHP patients. It is a real barrier to health care; it is a real barrier to preventative health care.

### ***Safety Net Clinics/ Community Outreach Programs***

All health care providers/administrators participants in both focus groups generally acknowledge the importance of safety net clinics and community outreach programs not only in providing basic health care and acting as a referral system, but also in providing immediate social support to uninsured and underinsured individuals. Many participant view safety nets as indispensable to Oregon's medical landscape. Although most participants feel that safety net clinics are under-funded, they perceive these clinics as

providing efficient and cost effective health care uninsured and underinsured individuals. According to a physician from the Portland area:

It is amazing what they [safety net clinics] do. The fact that they can do anything. It is third world medicine at its best. Their pharmacy is a trailer parked inside their shed, where they get whatever the drug reps or anyone else would donate to them...it is as front line as it gets...it is an amazing piece of work, they are all saints.

According to this physician from the Portland area:

If they didn't exist the ERs would be more over run than they are currently. After residency I worked for a group called Boston HealthCare and Homeless, and they actually calculated how much money they saved local ERs and local hospitals in care. We had a step down facility of sixty beds where we would take patients that would otherwise would have to stay in the hospital or at least the nursing facility for long-term antibiotics, asthma flares, or out of control diabetes. We had saved literally millions of dollars and the Boston hospital has no interest in compensating us.

In rural areas these clinic are in high demand. The funding normally comes from the federal government through grant, which are often inaccessible for

rural communities that do not have a full time grant writer. Additionally, these safety net clinics are vital community networks for minority ethnic groups.

They often act as a community center on top of providing health care.

### ***Evaluating the Oregon Health Plan***

All focus group participants support the Oregon Health Plan and describe the plan as a successful experiment in providing basic health care. One pharmacist from Crook County commented, "I think that Kitzhaber has done a very admirable job of trying to prioritize levels of care and how far up the ladder we can go financially." Several others applaud the plans ability to limit extraneous services and expand coverage to "hard to reach" populations. The payment schedules also appear to be satisfactory to the physicians involved, especially compared to earlier Medicaid payments. One physician pointed out:

I think it is great for my patient population. It has allowed a lot of freedom. It is better to have that amount of coverage than to have nothing. If I really have to, for example, get a brain MRI because I think that they have a tumor, I don't have to think about if the patient can pay for it or not. It has made a big difference in some peoples lives. It has been a really big stopgap for people to turn their lives around.

Although there is plenty of applause for the Oregon Health Plan, some focus group participants have some reservations about certain current practices and the future of the Oregon Health Plan. Some participants feel that high drug costs, lack of commitment among doctors to serve the state, a limited sense of responsibility on the part of the patients for continuing with the program as some of the serious problems facing the Oregon Health Plan. One Crook County health care professional stated, "You just can't walk into a pharmacy and pay \$200-\$300 dollars every month when you are on the Oregon Health Plan and cannot afford the health care you just received." While discussing the idea of the idea of formulary system to reduce drug cost, one physician said:

I truthfully don't have a problem with it as long as there are some exceptions. If it is not formulary, you literally have to stand on your head upside-down and talk to five hundred people to get what you need for your patient. It takes time and money and is incredibly frustrating. There must be more flexibility within a formulary system.

Another Crook County Health provider noted:

We get people in here (on the Oregon Health Plan) with infections, with major abscesses and major problems and they might get [some over-the-counter] drug, but they need to be on antibiotics. They have no money

to buy them. So we start calling churches...the lengths we go to try to find medications for these people are unbelievable.

Narrating the reasons for high health care cost under the Oregon Health Plan, a health care administrator from Crook County commented

If I come into the emergency room every other day with a headache, and if under the Oregon Health Plan I am not an emergent, the provider gets stuck with the bill. And I, the person who has now received treatment from the your facility, never gets any counseling. I am abusing the ER and have zero responsibility as the recipient of the health care. It is a pattern you can go through and [only] the [hospital] log book sees it.

The formulary system, patient awareness and responsibility, and cost sharing as means of reducing the so-called "misuse" of the health system were raised several times in focus group discussions. Among focus group health care providers/physicians, there is general agreement that controlling the drug cost and some manner of cost-sharing are necessary for the future of the Oregon Health Plan and for any future proposal to provide universal health coverage in Oregon. Reinforcing the suggestions of the Phase I participants, the Phase II health care providers/administrators recommend a sliding scale model for copay in which patients accessing certain services make copays relative to the cost of health services.

### *Universal Coverage as a Realistic Goal*

Most focus group participants perceive the idea of universal health coverage in Oregon as a realistic goal. However, they question its relative “fit” with the existing health care structure in Oregon. Some are skeptical about the state’s ability to effectively integrate the universal health coverage program with other health care plans and to adequately inform the concerned public about the plan. According to a physician from the Portland area:

The system is complicated. Universal coverage is not going to get everyone in the door no matter what. Everyone that is a realist knows that universal coverage is going to come freighted with the same problems. It is not going to come in on a gold plate. There are going to be people who are not going to take universal coverage no matter what. It’s not going to change dramatically. It may simply cover some of the most destitute and allow them the privilege of coming in and hopefully get some measure of care. In this country, we still do not think that health care is a right. Not when you get right down to it, it is a privilege.

Another physician from the Portland area said:

The pie for health care isn’t getting any large, but the part that actually gets to the benefit of the patients is actually getting smaller. Any sort of

universal coverage plan, in my mind, needs to get rid of all this middle management. Do we really mistrust doctors so much as to not make wise economic decisions on behalf of the patient population that we need to have managed care officers in every office, calling in and checking on us?

Many focus group participants suggest that in order to achieve a level of success through universal coverage there must be flexibility and sensitivity to the patients wants and needs. Because there is a growing ethnic diversity in Oregon, ethnically inflexible or insensitive plans may lead to further exclusion of the most marginalized and medically underserved citizens of Oregon.

***Paying for Universal Health Coverage: Comment from all three interest groups***

Focus group participants recommend that several options should be explored for financing the universal health coverage program in Oregon. Like the suggestions made by the Phase I participants, the Phase II participants recommend individuals' contributions in the form of taxes, tobacco tax, fast food tax, and sales tax to pay for universal health coverage. Throughout the three interest groups the majority of participants are willing to pay more taxes if people could actually gain better access to quality care. Furthermore, a number of participants feel frustrated with the insurance industry. Many feel

that they were being taken advantage of and believe it is the proper place for the state to intervene in some way. This feeling is especially strong among health care providers who feel that their patients would be better treated if they were to make all the decisions regardless of the restrictions imposed by insurance companies. According to a physician from Portland:

Our patients would be better off if we could do anything we damn well please, no matter what it costs or when it happened. If the insurance system was open and there were some strong state oversight of the system, you wouldn't have to go to so many sources, fill so many forms, and waste so much time. Nothing gets done this way. I think it would be efficient for the state's health care system to develop a plan to control the health insurance companies.

Many participants said they would like prescription drug costs to be more controlled by the state. According to a small employer from Umatilla County:

I think there is an advantage to having a state run system. Mainly it is more fair. They treat it like it is a service- it is not a product- people treat it like it is a product. It's not. It's a service. It is a very specialized unique service. It is not something like a dog massage or something. It's not like that. If you are denied the service you could die. And no one should be denied these services because of money.

Focus group participants also suggest that a universal health coverage option should be carefully designed to deal with the unduly expensive medical system that is currently in practice. Finally, they recommend for more federal funding to support the universal health coverage plan and for a continuous need to monitor and reduce the excessive and expensive use of the system.

## SUMMARY AND RECOMMENDATIONS

In many respects, findings of the Phase II focus group study, conducted among uninsured individuals, small employers, and health care providers/administrators, reinforce those of the Phase I study. The uninsured individuals who participated in the Phase II study are concerned about their health care and find it difficult to pay the high cost of health care. Many uninsured focus group participants rely on informal social networks of friends and family for health care recommendations. Most uninsured participants are familiar with the Oregon Health Plan. Some are currently on the Oregon Health Plan while others have had some experience seeking health care as OHP patients.

Uninsured participants generally learn about the Oregon Health Plan through discussions with friends and family members. Such information is often inaccurate and/or inadequate. Consequently, there are several common misconceptions about the benefits of the Oregon Health Plan and the responsibilities of its participants. Uninsured participants feel that the OHP enrollment forms are confusing and lack a condensed and easily understandable summary of responsibilities and benefits. Whatever the language the forms are printed in, perhaps they can be further simplified by using easily understandable language. Many uninsured participants suggest that the OHP renewal process should be simplified and extended to yearly basis.

Most uninsured participants generally have had unfavorable experiences with Oregon Health Plan, generating complains about long waits, delayed and inflexible appointments, cultural insensitivity, and impersonal treatment. These barriers are exacerbated due to the inflexible work hours, unavailability of transportation, and cultural/linguistic differences between the hospital staff and ethnic minorities. Uninsured participants living in rural areas of the state believe they are less likely to receive timely and adequate health care under the Oregon Health Plan. Participants report several instances of not finding providers who accept OHP patients. Collectively, the above issues suggest larger problems with the Oregon Health Plan in particular and the Oregon's health care system in general.

The Phase II uninsured participants would prefer more affordable and comprehensive health coverage from the state. They do not expect the coverage to be free; they simply want more affordable coverage that is sensitive to their financial situation and means. Although many fear they would not be able to afford copays at the time of emergency, most prefer it to paying monthly premiums. Additionally, they expect some exceptions to paying the copay at the time of the visit in cases of financial destitution. Uninsured participants expect the universal health coverage plan to cover dental, vision, prescription, and all prenatal and neonatal expenses. Out-of-pocket expenses, especially for lab work and medication, are unaffordable for most focus group participants on the Oregon Health Plan.

Uninsured participants strongly feel that the universal health coverage plan should provide health insurance for the entire family. They think of their family while talking about health coverage. Under current systems of health care, often the family caregivers are unable to fill their family role because they themselves are lacking health insurance. This invariably leads to an increase in the number of medical and emergency room visits, especially for children. The Oregon Health Plan and any future universal health coverage plan should make it easier for entire families to enroll under one simplified plan.

As part of the universal health coverage plan in Oregon, more low-cost health care insurance choices should be made available and/or supported. This includes strengthening the existing safety net clinics and community outreach centers for the uninsured and those with the Oregon Health Plan who prefer a more culturally sensitive medical environment. For economic and cultural reasons, the uninsured and low-income minorities heavily rely on the health care safety net, including physicians and clinics that charge discounted fees and allow payment in installments. Generally, safety net clinics provide health care in an efficient and cost effective manner. To improve outreach for the Oregon Health Plan, safety net clinics and other Hispanic community centers should be targeted as important information dissemination centers.

The Phase II small employers acknowledge the importance of offering employee health coverage and are willing to do so with state help. If possible, the state

should to offer either subsidy or a tax benefits to small business owners for offering health coverage to their employees. Employers would consider state operated insurance pools, if there is some way to stabilize them through fluctuating enrollment. Small employers, especially during the early years of their business, are often struggling to meet expenses and cannot always afford to provide coverage and share costs with employees. Yet, these are the kinds of employers that hire a majority of ethnic minority workers. Such small businesses could be targeted for incentives to encourage them to offer employees health coverage and contribute to premium costs.

Many small employers have mixed opinions about using purchasing alliances. Although they generally like the idea of lower insurance costs through insurance pools, many feel skeptical about the ability of purchasing alliances to offer cost-effective health coverage on a long term basis. Many small employers feel that most small businesses are transitory and fear that the alliance could collapse, especially in times when the overall regional, state, and national economy is experiencing a downward trend. Finally, most small employers want their plans to be tailored to the specific needs of their few employees, business needs, and affordability. Small employers perceive larger alliances and insurance pools as limiting the availability choices for health coverage.

The Phase II health care providers/administrators are generally supportive of the idea of universal health coverage in Oregon. However, they are unsure about the relative “fit” of the universal health coverage plan with the existing health care system in Oregon. Focus group participants in this interest group suggest that a universal health coverage option should be carefully designed to deal with the unduly expensive medical system that is currently in practice.

Health care providers/administrators generally support the idea of the formulary to reduce prescription currently incurred under the Oregon Health Plan. Additionally, they recommend patient awareness and responsibility and cost sharing as means of reducing the so-called “misuse” of the health system. Among focus group health care providers/physicians, there is general agreement that controlling the drug cost and some manner of cost-sharing are necessary for the future of the Oregon Health Plan and for any future proposal to provide universal health coverage in Oregon. Reinforcing the suggestions of the Phase I participants, the Phase II health care providers/administrators recommend a sliding scale model for copay in which patients accessing certain health services make copays relative to the cost of health services.

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